Utah Statewide Ambulatory Surgery Data Standard Report (AMBST-1)

2006

Utah Hospital and Freestanding Ambulatory Surgery Center Utilization and Charge Profile of Outpatient Surgery, Facility Detail

Released by the Utah Health Data Committee
Utah Hospital and Freestanding Ambulatory Surgery Center Utilization and Charge Profile of Outpatient Surgery, Facility Detail

released by
Utah Health Data Committee
The Office of Health Care Statistics
Utah Department of Health

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Table of Contents

Executive Summary ................................................................. i

Introduction ................................................................................... 1
  The Health Data Committee .......................................................... 1
  The Ambulatory Surgery Database ............................................... 1
  Data Processing and Quality ......................................................... 2
  Patient Confidentiality ................................................................. 2

About This Report ........................................................................ 3
  Organization of Report ................................................................. 3
  Description of Tables .................................................................. 5
  Description of Terminology ......................................................... 6
  Limitations and Sources of Variation .......................................... 8
  Notes ......................................................................................... 9

Hospital and FASC Characteristics ............................................. 11
  Table 1. Hospital and Freestanding Ambulatory Surgery Center Characteristics ........................................ 11

Utilization Profile, Statewide, 2006 ............................................ 14
  Table 2. Number of CPT-4 and ICD-9 Procedures by Selected Ambulatory Surgery Reporting Category ......................................................... 14
  Table 3. Most Commonly Performed CPT-4 and ICD-9 Procedures ................................................................. 15
  Table 4. Procedure APG Category, Procedure APG ................................................................. 16
  Table 5. Average Total Charges for Each APG Category and Procedure APG ......................................................... 19
  Table 6. Ambulatory Surgery Patient Visits by Patient Profile ......................................................... 22

Four-Year Trends ........................................................................ 24
  Figure 1. Number and Percentage of Lower Gastrointestinal Endoscopies by Facility Type, 1999-2006 ............................... 24
  Figure 2. Number and Percentage of Cataract Procedures by Facility Type, 1999-2006 ......................................................... 25
  Figure 3. Average Facility Charge for Lower Gastrointestinal Endoscopies by Facility Type, 1999-2006 ............................... 26
  Figure 4. Average Facility Charge for Cataract Procedures by Facility Type, 1999-2006 ......................................................... 27

(Continued on the next page)
Utilization Profiles by Facility, 2006, in alphabetical order by facility name online .......................................................... 28

AMB ST1-1. Number of CPT-4 and ICD-9 Procedures by Selected Ambulatory Surgery Reporting Category ............
AMB ST1-2. Most Commonly Performed CPT-4 and ICD-9 Procedures .................................................................
AMB ST1-3. Average Charge for 20 Most Commonly Reported CPT-4 and ICD-9 Procedures ..................................
AMB ST1-4. Procedure APG Category, Procedure APG ..................................................................................
AMB ST1-5. Average Total Charges for Each APG Category and Procedure APG ...................................................
AMB ST1-6. Ambulatory Surgery Patient Visits by Patient Profile ..........................................................................

Note: The above six facility-level tables are grouped by hospital and appear in the following order. For example, Allen Memorial Hospital (AMB ST1-1 through AMB ST1-6), Alta View Hospital (AMB ST1-1 through AMB ST1-6), etc.

### Hospitals

<table>
<thead>
<tr>
<th>Hospital Name</th>
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<tbody>
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<tr>
<td>Alta View Hospital</td>
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<tr>
<td>American Fork Hospital</td>
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<td>Ashley Regional Medical Center</td>
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<td>Davis Hospital and Medical Center</td>
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<td>116</td>
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<td>Milford Valley Memorial Hospital**</td>
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<td>Mountain View Hospital</td>
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<td>The Orthopedic Specialty Hospital</td>
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<td>San Juan Hospital* - CAH</td>
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<td>Uintah Basin Medical Center*</td>
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<td>UHC/University Hospital and Clinics</td>
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<td>University of Utah Huntsman Cancer Hospital</td>
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<td>University of Utah Orthopaedic Center</td>
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<td>Utah Valley Regional Medical Center</td>
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<td>Valley View Medical Center - CAH</td>
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### Freestanding Amulatory Surgical Centers

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<tbody>
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<td>Central Utah Surgical Center</td>
<td>401</td>
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<tr>
<td>Coral Desert Surgery Center</td>
<td>423</td>
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<tr>
<td>Davis Surgical Center</td>
<td>415</td>
</tr>
<tr>
<td>Intermountain Avenues Surgical Center</td>
<td>403</td>
</tr>
<tr>
<td>Madsen Surgery Center (UHC)</td>
<td>412</td>
</tr>
<tr>
<td>McKay-Dee Surgical Center</td>
<td>404</td>
</tr>
<tr>
<td>Mtn. West Surgical Center</td>
<td>424</td>
</tr>
<tr>
<td>Moran Eye Center (UHC)</td>
<td>416</td>
</tr>
<tr>
<td>Mount Ogden Surgical Center</td>
<td>414</td>
</tr>
<tr>
<td>Northern Utah Endoscopy Center</td>
<td>419</td>
</tr>
<tr>
<td>Park City Surgical Center (formerly Healthsouth)</td>
<td>418</td>
</tr>
<tr>
<td>Provo Surgical Center (formerly Healthsouth)</td>
<td>405</td>
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<tr>
<td>Ridgeline Endoscopy Center</td>
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<td>Salt Lake Endoscopy Center*</td>
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<td>Salt Lake Surgical Center (formerly Healthsouth)</td>
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<tr>
<td>South Towne Surgery Center</td>
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<tr>
<td>St. George Surgical Center</td>
<td>408</td>
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<tr>
<td>St. Mark’s Outpatient Surgical Center</td>
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<tr>
<td>SurgiCare Center of Utah</td>
<td>422</td>
</tr>
<tr>
<td>Wasatch Endoscopy Center</td>
<td>411</td>
</tr>
<tr>
<td>Zion Eye Institute</td>
<td>421</td>
</tr>
</tbody>
</table>

* San Juan Hospital and Uintah Basin Medical Center did not submit CPT4 codes.
** Milford Valley Memorial Hospital and Salt Lake Endoscopy Center did not submit ambulatory surgery data in 2006.

*Facilities that do not report CPT-4 procedure codes are not included in AMB ST 1-4 and AMB ST 1-5 because APG classifications cannot be calculated for these facilities.

Reportable procedure codes exclude codes in the “Other” category and CPT4 blood draw codes reported in previous years. Codes in Table 1-2 that have no descriptive labels are no longer current.
2006 Utah Hospital and Freestanding Ambulatory Surgery Center Utilization and Charge Profile of Outpatient Surgery

Executive Summary

The 2006 Utah ambulatory surgery database contains data on reportable procedures from all 64 ambulatory surgery facilities throughout the state, which includes 43 acute care hospital based surgery centers and 21 freestanding ambulatory surgery centers that submitted ambulatory data for 2006. Reportable procedures are listed in the Introduction on page one. Information on ICD9 and CPT4 codes and APGs includes only these reportable procedures and excludes procedures in the “Other” category in previous reports. Starting with 2005, CPT4 blood draw codes 36000, 36415, and 36600 also are excluded. The annual Utah Hospital and Ambulatory Surgery Center Utilization and Charges Profile is a compilation of statewide and facility specific summary statistics for selected ambulatory surgical procedures occurring between January 1, 2006 and December 31, 2006. This profile was designed to meet the needs of the health industry and policy makers to assess the volumes, average charge, most frequently performed procedures, and other variations among the performances of hospitals and ambulatory surgical centers in Utah. Throughout this report, “all facilities” refers to all ambulatory surgery facilities, “hospitals” refers to the acute care hospital based surgery centers and “FASCs” refers to freestanding ambulatory surgery centers.

Highlights

• There were 304,435 patient visits with 387,253 reportable ambulatory ICD-9 procedures and 412,135 reportable CPT4 procedures for 64 facilities reported in 2006. Approximately 74% of outpatient visits and 74% of ambulatory procedures (CPT-4) occurred in hospitals. FASCs accounted for the remaining 26% of outpatient visits and 26% of ambulatory procedures.

• The statewide total charges reported for all reportable ambulatory procedures for all facilities were $1,020,850,545 in 2006. The average charge for all reported ambulatory procedures was $3,353 with the average hospital and FASCs charges being $3,637 and $2,559 respectively. The total charge is not the actual payment or reimbursement.

• The most commonly reported reportable procedure APG (Ambulatory Patient Groups) for all facilities was Lower Gastrointestinal Endoscopy (APG 117, N=64,409). For hospitals it was also Lower Gastrointestinal Endoscopy (APG 117, N=47,953), followed by Arthroscopy (APG 025, N=25,432). For FASCs the most commonly reported procedures were Lower Gastrointestinal Endoscopy (APG 117, N=16,456) followed by Cataract Procedures (APG 214, N=11,976).

• In general, hospitals performed substantially more procedures than FASCs, with a few exceptions (APG Category 11 Eye and Ocular Adnexa including Laser Eye Procedures, APG 213.) Variation in number of procedures across APGs was considerable. Hospitals and FASCs performed roughly comparable volumes of procedures on APG Nervous System procedures (APG Category 10, 26,119 and 9,585 respectively) and APG Eye and Ocular Adnexa procedures (APG Category 11, 11,129 and 19,770 respectively). In contrast, hospitals reported almost 100 times as many Cardiovascular System procedures as FASCs reported (APG Category 04, 25,823 and 259 respectively).
The highest average charge was Cochlear Device Implantation (APG 231, $48,074 for hospitals, FASCs did not report this procedure). Second highest was Neurostimulator and Ventricular Shunt Implantation (APG 197, $22,134 for hospitals, $4,462 for FASCs). Third was Pacemaker Insertion and Replacement (APG 078, $21,180 for hospitals, FASCs did not report this procedure). Fourth was Cardiac Electrophysiologic Tests (APG 074, $21,121 for hospitals, FASCs did not report this procedure.) The average charges were comparable for hospitals and FASCs. For example, Eye and Ocular Adnexa (APG Category 11) procedures were $3,062 and $2,446 respectively. Only records with a single APG are included in the calculation of average total charges.

During the past eight years (1999 through 2006), the number of Lower Gastrointestinal Endoscopies (APG 117) performed at FASCs has more than tripled (from 4,924 to 16,456 procedures per year). At hospitals the number has more than tripled (from 14,567 to 47,953 procedures per year). The annual percentage of these procedures performed at hospitals is higher than at FASCs. The annual percentage at FASCs has fluctuated. It increased (from 25% to 40% in 2001), then decreased (to 26% in 2006, see Figure 1). During the period, the number of Cataract Procedures (APG 214) performed at FASCs doubled (6,177 to 11,976), while hospitals showed a smaller increase (4,270 to 4,618 or about a 10% increase). The annual percentage of Cataract Procedures performed at FASCs has risen (from 59% to 72%), with a complementary drop in the annual percentage at hospitals (from 41% to 28%, see Figure 2).

During the past eight years, the average charge for Lower Gastrointestinal Endoscopies (APG 117) performed at hospitals has increased ($691 to $1,114, or a 61% increase since 1999). The FASC trend first decreased then increased, showing a 82% increase in average charges since 1999, (see Figure 3). In 2006 the average facility charge for this procedure was comparable at FASCs ($1,188) and hospitals ($1,114). The average charge for Cataract Procedures (APG 214) at hospitals has increased ($2,239 to $3,046, or 36%, from 1999 through 2006). The average charge at FASCs for Cataract Procedures (APG 214) has increased less ($2,211 to $2,594, or 17%, from 1999 through 2006).

The average charges are based on single-procedure discharges only (51% of ICD-9-CM procedures and 69% of CPT4 procedures) and may not apply to multiple-procedure discharges.
Introduction

The Utah Hospital and Freestanding Ambulatory Surgery Center Utilization and Charge Profile of Outpatient Surgery standard report (AMBST-1) is an annual report from the ambulatory surgery data released by the Utah Health Data Committee. The AMBST-1 report will serve as a basis for verification of the reported data and for development of smaller, consumer oriented reports. In addition, the ambulatory surgery data will be used in the evaluation and monitoring of ambulatory surgery facility utilization trends.

The Health Data Committee

The Utah Health Data Committee is composed of 13 governor-appointed members. The committee was created through the Utah Health Data Authority Act of 1990 and is staffed by the Office of Health Care Statistics (OHCS), which manages the Utah ambulatory surgery database.

The committee’s purpose, per Chapter 33a, Title 26a, Utah Code Annotated, is “to direct a statewide effort to collect, analyze and distribute health care data to facilitate the promotion and accessibility of quality and cost-effective health care and also to facilitate interaction among those with concern for health care issues.”

The Ambulatory Surgery Database

Administrative Rule R428-11, which became effective in March of 1998, mandated that all Utah licensed hospital based surgery centers (referred to as “hospitals” in this report) and freestanding ambulatory surgery centers (“FASCs”) report information on selected ambulatory surgical procedures. However, voluntary reporting started on January 1, 1996.

The database contains consolidated information on complete billing, medical diagnosis and procedure codes, personal characteristics describing a patient, the services received, and the charges billed for each visit for a selected subset of ambulatory surgical procedures. All reported procedure codes required by Administrative Rule R428-11 are listed below.

<table>
<thead>
<tr>
<th>Description</th>
<th>CPT- 4 Codes</th>
<th>ICD-9-CM Procedure Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mastectomy</td>
<td>19120-19220</td>
<td>850-8599</td>
</tr>
<tr>
<td>Musculoskeletal</td>
<td>20000-29909</td>
<td>760-8499</td>
</tr>
<tr>
<td>Respiratory</td>
<td>30000-32999</td>
<td>300-3499</td>
</tr>
<tr>
<td>Cardiovascular</td>
<td>33010-37799</td>
<td>350-3999</td>
</tr>
<tr>
<td>Lymphatic/Hematic</td>
<td>38100-38999</td>
<td>400-4199</td>
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<td>Diaphragm</td>
<td>39501-39599</td>
<td>ICD9 Codes in Respiratory</td>
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<td>Digestive System</td>
<td>40490-49999</td>
<td>420-5499</td>
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<td>Urinary</td>
<td>50010-53899</td>
<td>550-5999</td>
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<tr>
<td>Description</td>
<td>CPT-4 Codes</td>
<td>ICD-9-CM Procedure Codes</td>
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<tr>
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<td>Male Genital</td>
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<td>Female Genital</td>
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<td>Endocrine/Nervous</td>
<td>60000-64999</td>
<td>010-0799</td>
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<td>Eye</td>
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<tr>
<td>Heart Catheterization</td>
<td>93501-93660</td>
<td>ICD9 Codes in Cardiovascular</td>
</tr>
</tbody>
</table>

Starting in 2005, CPT4 codes 36000, 36416 and 36600 (blood draw codes) were excluded.

These selected procedures are significant surgical procedures. A significant procedure is a procedure that is normally scheduled, constitutes the reason for the patient visit and dominates the time and resources expended during the visit. R428-11 does not require ambulatory surgery facilities to report ancillary procedures. The database does contain nonsignificant procedures but only as entries for a visit that includes multiple procedures, at least one of which must be a significant procedure. Visits during which no significant procedure was performed are not reported by hospitals or FASCs and thus are not included in the database.

The Office of Health Care Statistics has collected information from 64 Utah ambulatory surgery facilities in 2006. Of these 64 facilities, 43 are acute care hospitals, while the remaining 21 are FASCs. Milford Valley Memorial Hospital and Salt Lake Endoscopy Center submitted no ambulatory surgery data in 2006. Healthsouth Park City Surgical Center closed in the spring of 2006, so is only partially represented. Also Coral Desert Surgery Center only reported the 1st quarter of data. The current reporting by the FASCs is dramatically incomplete and caution should be used when trying to perform market level comparisons with this data. In this year 16, out of 37 possible, FASCs are not reporting. Efforts will be made over the next year or two to improve this reporting.

**Data Processing and Quality**

**Data Submission**

The Utah Ambulatory Surgical Submittal Manual provides data element definitions to encourage all hospitals and FASCs to report the data in a standard format. The Office of Health Care Statistics receives ambulatory surgery data quarterly from these facilities in various formats and media. The data are then converted into a standard format.

**System Edits**

The data are validated through a process of automated editing and report verification. Each record is subjected to a series of edits that check for accuracy, consistency, completeness, and conformity with definitions specified in the data submittal manual. The data supplier is notified of records failing the edit check and is provided with corrections or comment on these records.

**Facility Reviews**

Each facility is provided with a 35-day review period to validate the compiled data against the facility records. Any inconsistencies discovered by the facilities are reevaluated or corrected.
**Patient Confidentiality**

It is important to the committee that no individual patient is identifiable from the Ambulatory Surgery Public-Use Data Files. Public disclosure of individual ambulatory surgery data is to be carefully guarded by the use of calculated or aggregate values. To this end, patient age and payers are grouped, Utah residential zip codes with less than 30 visits in a calendar year are grouped into county abbreviations, and zip codes outside Utah with less than 30 visits are grouped into state abbreviations.

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**About This Report**

This report is designed to be a tool for analysis of health care issues, and includes a wide range of data for applications by many user groups. Consumers, employers, payers, policy makers and providers may begin to use this type of data to facilitate health care decisions.

**Organization of Report**

This report provides summary information and comparisons at the statewide level and at the facility level for ICD-9-CM (International Classification of Diseases, 9th Revision, Clinical Modification), CPT-4 (Current Procedural Terminology, 4th edition) and APG (Ambulatory Patient Groups) codes and demographic data. Several sections of the report have separate breakdowns for each of the two basic types of facilities: acute care hospital outpatient surgery centers (hospitals) and freestanding ambulatory surgery center (FASCs). The tables in this report are primarily procedure based, with the exception of the demographic tables, which are based on visits.

**CPT-4 and ICD-9-CM Codes**

In general, hospitals and FASCs use different coding systems. Hospitals tend to use ICD-9-CM codes, while FASCs use primarily CPT-4 codes. For 2006, 64 facilities reported ambulatory surgery data. Among these 64 facilities, 43 were hospitals and the remaining 21 were FASCs. Among the 43 hospitals, 40 reported both ICD-9 and CPT-4 codes, two reported only ICD-9 codes, and one reported CPT-4 codes exclusively. Among the 21 FASCs, 10 reported CPT-4 codes exclusively, 11 reported both ICD-9 and CPT-4 codes and none reported ICD-9 codes exclusively.

The CPT-4 and ICD-9 coding systems are similar but not identical. For example, dermabrasion, which is the removal of the outer layer of the skin, can be reported with the single ICD-9 code, 86.25. In contrast, the CPT-4 coding system divides dermabrasion into the three separate CPT-4 codes, representing dermabrasion performed on the entire face (15780), a segment of the face (15781), or another part of the body (15783).

This report presents separate sets of summary statistics for ICD-9 and CPT-4 values and categories. Because the procedures are coded differently under the CPT-4 and ICD-9 systems, the total number of procedures within each of the CPT-4 or ICD-9 categories may not match (See Table 2, for example).

**APGs (Ambulatory Patient Groups)**

The APG patient classification system, a CPT-based grouper software product, was developed by 3M Health Information Systems. It was designed to explain the type and amount of resources used in an ambulatory visit, serving a similar function for outpatient visits as DRGs (Diagnostic Related Groups) do for inpatient care. Where DRGs use ICD-9 primary diagnoses as the initial classification variable to develop mutually exclusive DRG categories, APGs use CPT-4 procedures. For example, APG-214 is a cataract procedure, which includes CPT-4 codes 66840, 66850, 66852, 66920, 66930, 66940, 66983, 66984, 66985, and 66986.1
As procedures are grouped into mutually exclusive APGs, procedure APGs are grouped into mutually exclusive procedure APG categories. In an analogous manner, DRGs are grouped into mutually exclusive MDCs (Major Diagnostic Categories). As stated in the *Ambulatory Patient Groups Definitions Manual, Version 2.1*, by 3M Health Information Systems, these APG categories correspond to “general bodily systems” such as the integumentary system or the respiratory system. APG version 2.1 was used for this report. The basic unit of payment in the development of the APGs is the visit, which is defined as any interaction between a patient and a health care professional.

The APG patient classification system groups thousands of CPT-4 codes into a manageable set of APG procedures or categories. This allows the OHCS to report all ambulatory services to users in a useful way and to produce meaningful comparisons between ambulatory care facilities. However, the OHCS started using the APG software recently to analyze the ambulatory surgery data. As the APG software developer acknowledged, “the data elements used to define APGs were limited to the information routinely collected on the Medicare claim form”¹. In contrast to Medicare data, the Utah ambulatory surgery data include all ages of patients and all types of payer sources. These differences in patient population require users to be aware of the limitations of the APG software and to pay special attention when using APGs to analyze non-Medicare populations.

**Number of Procedures**

In the Utah ambulatory surgery database, one record is generated for each patient visit. This record can have up to six CPT-4 entries, six APG entries, and six ICD-9 entries, with at least one entry representing a significant procedure. Many records have multiple ICD-9 or CPT-4 entries representing multiple procedures. Since this report is based on procedures, not visits, the total number of procedures performed will be greater than the total number of reported ambulatory surgery visits. Also, the number of reported procedures differs, depending on the procedure code system used. For instance, in 2006, the total number of reported ambulatory surgery visits was 304,435, but the total number of reportable procedures performed was 387,253 under the ICD-9 coding system and 412,135 under the CPT-4 coding system (See Table 2). Among all facilities that report ICD-9-CM codes, 49% of all visits include multiple procedures. For all facilities that report CPT-4 codes, this percentage is lower at 31%. These percentages are not listed in the report tables.

This report only contains APG values that represent reportable procedures. In past reports CPT-4 and ICD-9 procedures are reported differently. Non-reportable procedures were represented in tables that summarize ICD-9 and CPT-4 values. For example, Table 2 contained a category called “other” for both the CPT-4 and ICD-9 coding system, which consisted of non-reportable procedures in both systems. In this report, non-reportable procedures have been omitted.

**Average Total Charges**

Each visit has a total charge associated with it, which represents the total charges for all services rendered. Thus, for visits in which multiple procedures are performed, it is impossible to ascertain the charge for an individual procedure performed. Because of this, average total charges are calculated using only records that have single CPT-4, ICD-9 or procedure APG entries. Sixty nine percent of all visits that include CPT-4 procedures have single reportable CPT-4 entries and 51% of all visits that include ICD-9 procedures have single reportable ICD-9 entries. As mentioned above, in contrast to ICD-9 values and CPT-4 values, only APG values that represent significant procedures appear in the report. If only one CPT-4 or ICD-9 procedure is reported for a visit, that procedure will be significant. In these cases, total charges for CPT-4 or ICD-9 values are calculated from significant procedures as they are for APGs.

**Patient Demographics**

Summary statistics are given for gender, age, source of admission, discharge status, primary payer and local health district of patient residence.
**Reportable Procedures**

A patient visit is reported only if one or more of a reportable group of procedures is performed. The procedure does not have to be the principle procedure. All significant procedures performed during a visit are treated equally in this report.

**Description of Tables**

**Statewide Tables**

This report includes one chart that summarizes characteristics of all facilities and five tables that report statewide summary information on ambulatory surgeries in 2006.

Chart 1: Hospital and Freestanding Ambulatory Surgery Center (FASC) Characteristics.

Table 2: The number and percentage of reportable procedures performed for selected ambulatory surgery reporting categories. Grouped ICD-9 and CPT-4 codes are reported separately. The number and percentage of procedures performed for all facilities, hospitals and FASCs are listed. The purpose of Table 2 is to present a statewide overview of the volume of ambulatory surgery procedures. The total number of ICD-9 procedures (387,253) does not match the total number of CPT-4 procedures (412,135). This is a result of the fact that ICD-9 and CPT-4 are different coding systems and that some hospitals report only ICD-9 codes whereas some FASCs report only CPT-4 codes. Direct comparison between the top ICD-9 panel and the bottom CPT-4 panel would not be meaningful.

Table 3: Statewide total numbers and percentages for the 20 most commonly performed procedures, ICD-9 and CPT-4 codes listed separately. A breakdown by facility type (freestanding or hospital) is included. The listed procedures are not restricted to reportable procedures.

Table 4: Statewide total frequency for each procedure APG category (N=14) and procedure APG (N=103). Statewide totals for all facilities, all hospitals and all FASCs are listed. Table 4 provides a detailed and comprehensive view of the ambulatory surgery groups. The APG values are restricted to reportable outpatient procedure APGs.

Table 5: Statewide average total charges for each procedure APG category and procedure APG. Statewide average total charges for all facilities, all hospitals and all FASCs are listed. Only records with a single reportable procedure code or APG are included in the calculation for this table. One patient visit could have more than one APG if the patient has multiple procedures performed. The facilities report only the total charge for all procedures performed in a visit. Therefore, direct comparison of average total charges at the visit level may compare “apples” (only procedure performed) to “oranges” (multiple procedures performed), which will lead to biased conclusions.

Table 6: Statewide ambulatory surgery patient profile. Gender, age, source of admission, discharge status, primary payer category and patient’s local health district are listed. Statewide total numbers of patient visits and percentage distributions are included, as well as totals for freestanding and hospital based facilities. One patient visit might include a single procedure or multiple procedures. Thus, the total number of patient visits in Table 6 is smaller than the total number of procedures in Table 2.
Facility Tables
A set of six tables is designed for each facility in a format similar to the statewide tables. Each table also provides comparative information on individual facilities and their peer group’s performance. The Health Data Committee System Technical Advisory Committee proposed two peer groups: a hospital group and an FASC group.

AMB ST 1-1: The number and percentage of procedures performed for selected ambulatory surgery reporting categories for each facility. ICD-9 and CPT-4 codes are grouped separately. The number and percentage of procedures performed in the selected categories for hospitals statewide is listed along with the totals for each particular hospital. Likewise, the number and percentage of procedures performed in the selected categories for FASCs statewide is listed along with the totals for each particular FASC.

AMB ST 1-2: Facility specific total numbers and percentages for the 20 most commonly performed procedures, ICD-9 and CPT-4 listed separately. For each hospital, the statewide percentage for all hospitals combined for these procedure codes is included. A similar listing occurs for FASCs. The top 20 procedures for either coding system (ICD-9 or CPT-4) are not restricted to the reportable procedures.

AMB ST 1-3: Facility specific average total charges for the 20 most frequently performed ICD-9 procedures and/or CPT-4 procedures for each facility, listed in order of descending frequency. The average total charge for each procedure for the particular facility is listed, as well as the statewide average total charge for the particular facility type. Only records with a single procedure code are included in the calculation.

AMB ST 1-4: Facility specific frequency for each procedure APG category and procedure APG. Statewide total numbers for either hospitals or FASCs are listed, depending on the type of facility in question.

AMB ST 1-5: Facility specific average total charge for each procedure APG category and procedure APG. Statewide average total charges for either hospitals or FASCs are listed, depending on the type of facility in question. Only records with a single procedure code or APG are included in the calculation.

AMB ST 1-6: Facility specific patient profile. Gender, age, source of admission, discharge status, primary payer category and patient’s local health district are listed. Facility specific total numbers and percentages are included, as well as statewide totals for either freestanding or hospital based facilities, depending on the type of facility in question.

Description of Terminology
Reporting Category: Required reporting ICD-9 and CPT-4 codes defined by Administrative Rule R428-11. See
Introduction, p. 1 for the reportable codes included in analyses for this report.

All Facilities: All reporting freestanding ambulatory surgery centers (FASCs) and hospital based ambulatory surgery centers (hospitals) in this report.

All Hospitals: All reporting hospital based ambulatory surgery centers (hospitals) in this report.

All FASCs: All reporting freestanding ambulatory surgery center (FASCs) in this report.

Average Total Charge: Average statewide total charge included in the billing form for hospital group or FASC group. This is different than the cost of treatment or payment received by the facility. Total charge is the amount with a revenue code of “001” on the UB92 form.

Sources of Admission:

Physician Referral - The patient was admitted to this facility upon recommendation of his or her personal physician not affiliated with an HMO.

Clinic Referral - The patient was admitted to this facility upon recommendation of this facility’s clinic physicians.

HMO Referral - The patient was admitted to this facility upon recommendation of an HMO physician.

Other Hospital - The patient was admitted to this facility as a transfer from an acute care facility where he or she was an inpatient.

Skilled Nursing Facility - The patient was admitted to this facility as a transfer from a skilled nursing facility where he or she was an inpatient.

Other Health Care Facility - The patient was admitted to this facility as a transfer from a health care facility other than an acute care or skilled nursing facility.

Emergency Department - The patient was admitted to this facility upon recommendation of this facility’s emergency room physician.

Court/Law Enforcement - The patient was admitted to this facility upon the direction of a court of law, or upon the request of a law enforcement agency representative.

Local Health District of Patient Residence:
The following are multi-county districts.

Bear River - Includes Box Elder, Cache and Rich counties.

Southeastern Utah - Includes Carbon, Emery, Grand, and San Juan counties.

Central Utah - Includes Juab, Millard, Piute, Sevier, Wayne and Sanpete counties.
Southwest Utah - Includes Garfield, Iron, Kane, Washington, and Beaver counties.

Tri-County - Includes Daggett, Duchesne, Uintah counties.


Limitations and Sources of Variation

Billed Charges versus Actual Payment
This report gives the total billed charges for each visit. Although this is a useful indicator of facility performance, these totals represent the pre-contractual prices for services and procedures performed. The actual and contractual payment may differ.

APG versus CPT-4 and ICD-9
Starting in 2003, ICD-9 or CPT-4 summary tables include only reportable procedure values. Not every reportable procedure code is assigned a procedure APG. For instance, the CPT-4 value of ‘63030’ (Lumbar Laminectomy-one interspace lumbar) is a reportable procedure. The APG software, however, assigns an error APG value of ‘993’ to this procedure in the outpatient setting because ‘63030’ is classified as strictly an inpatient procedure. The APG value of ‘993’ does not appear in the report but the CPT-4 value of ‘63030’ does.

Peer Groups
Ambulatory surgery centers differ in the severity and complexity of cases treated. This fact can make direct comparison between two facilities or comparison of individual facilities with statewide totals difficult. Facilities with similar levels of case severity and complexity could be grouped into what are called peer groups. This kind of comparison is not done in this report. Though the distinction is made between FASCs and hospitals, there can be large differences in the severity and complexity of cases treated between two hospitals or between two FASCs.

Size, Location and Teaching Status of Facility
These three factors have an impact on the severity and complexity of procedures performed and services rendered. Larger facilities offer a more extensive array of procedures and services. These larger facilities tend to require more complex equipment as well as personnel with advanced training. Facilities located in urban areas tend to incur greater costs than their rural counterparts. Higher labor costs and a disproportionate number of elderly patients are among the factors that contribute to this difference. Medical education programs in hospitals incur higher costs due to the following: a) greater number and complexity of ancillary procedures performed, b) use of latest medical technologies, c) resident training, and) provision of unique tertiary services such as a burn unit.

Outlier Cases
A facility’s overall average charge is sometimes unduly influenced by a small number of very expensive or inexpensive procedures. An example of this would be the insertion of pacemakers (APG 078), for which the average statewide charge in 2006 was $20,180. The average charges for the facilities that performed these could be severely inflated, with the average charge not being representative of what is “typical” for the facility in question. Identification and exclusion of extremely high or low values (outliers) that have a large impact on the average is not done in this report.

Coding
Inter-facility variations may be a reflection of the differences in coding practices and quality of data. Inconsistent ICD-9 and CPT-4 procedure coding among facilities may lead to under reporting of procedures.
For example, diagnostic cardiac catheterization is ICD-9 code 37.22 or 37.23, corresponding to CPT-4 codes 93501 through 93572. In 2006 16 facilities reported ICD-9 codes 37.22 or 37.23 as a single procedure, whereas 15 facilities reported the corresponding CPT-4 codes as a single procedure. Since the 3M APG classification is a CPT-based grouper software, the APG classification in Table 4 and Table 5 includes only the cases and charges of diagnostic cardiac catheterization (APG 076) reported by these hospitals. Obviously the total number of cardiac catheterization procedures is under reported when only the visits with a single CPT-4 procedure code are counted. Similar under reporting of this procedure occurs in the facility-level tables.

The data are reported as they were submitted to the Health Data Committee. Users of the data should be aware of the data quality issue noted here and take it into consideration when using the report. The committee will continue to work with data suppliers to improve the quality of the Utah ambulatory surgery database.

To assure the highest quality data possible, the committee implemented the following:

1. The Utah Ambulatory Surgical Submittal Manual provides data element definitions and standards to ensure all ambulatory surgery centers will report similar data.

2. Systematic edits were put into place to identify missing or invalid data fields and ambulatory surgery centers were required to correct these.

3. Each facility is provided with a 35-day review period to validate the committee’s data against their hospital records.

Despite the detailed edit and evaluation process, data quality is still an issue, but it is expected to improve over time as facilities become accustomed to reporting data. At this time, data quality should be taken into account when making decisions or comparisons based on this data.

**Notes**

### Table 1
**Hospital and Freestanding Ambulatory Surgery Center (FASC) Characteristics: 2006**

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<tr>
<th>ID</th>
<th>Hospital Name</th>
<th>Own</th>
<th>Affiliation</th>
<th>County</th>
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1. Facility ID Number
2. Owner Category: G=Government, I=Investor-Owned, N=Not for Profit
3. Urban or Rural location of facility
4. Teaching facility (Yes/No)
5. Facility reports CPT-4 Codes
6. Facility reports ICD-9-CM Codes
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<td>Duchesne</td>
<td>Roosevelt</td>
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<tr>
<td>125</td>
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<td>457</td>
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1 Facility ID Number
2 Owner Category: G=Government, I=Investor-Owned, N=Not for Profit
3 Urban or Rural location of facility
4 Teaching facility (Yes/No)
5 Facility reports CPT-4 codes
6 Facility reports ICD-9-CM codes
Table 1 (continued)
Hospital and Freestanding Ambulatory Surgery Center (FASC) Characteristics: 2006

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<th>ID</th>
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<th>Beds</th>
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<td>Summit</td>
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<td>Davis</td>
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<td>Y</td>
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<td>R</td>
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<td>2</td>
<td>Y</td>
<td>N</td>
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</tbody>
</table>

**Milford Valley Memorial Hospital and Salt Lake Endoscopy Center did not submit ambulatory surgery data in 2006. CAH is Critical Access Hospital.

1Facility ID Number
2Owner Category: G=Government, I=Investor-Owned, N=Not for Profit
3Urban or Rural location of facility
4Teaching facility (Yes/No)
5Facility reports CPT-4 codes
6Facility reports ICD-9-CM codes

Note: The facilities in the above list, with addresses, phone numbers, and number of beds, can be obtained as a “cut and paste” document from the website http://health.utah.gov/hda/usersupport.php and click on “List of data providers”.

TABLE 2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

<table>
<thead>
<tr>
<th>Reporting Category (ICD-9-CM CODES)</th>
<th>Procedures Reported (#)</th>
<th>Procedures Reported (%)</th>
<th>Procedures Reported (#)</th>
<th>Procedures Reported (%)</th>
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</table>

SOURCE: Utah Ambulatory Surgery Database
Utah Health Data Committee/Office of Health Care Statistics.
Reportable* excludes codes in the former "Other" category and CPT4 blood draw codes in previous reports.
# TABLE 3

**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006**

**MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES**

## STATENWIDE TOTALS

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<th>CPT-4 CODE</th>
<th>CPT-4 DESCRIPTION</th>
<th>#</th>
<th>%</th>
<th>#</th>
<th>%</th>
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**SOURCE:** Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

Reportable* excludes codes in the former "Other" category and CPT4 blood draw codes in previous reports.
STATEWIDE TOTALS

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<th>Procedure APG category</th>
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<th>HOSPITALS</th>
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01 INTEGUMENTARY SYSTEM
002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION 2,060 2,028 32
003 COMPLEX INCISION AND DRAINAGE 101 76 25
004 SIMPLE INCISION AND DRAINAGE 39 23 16
006 SIMPLE DEBRIDEMENT AND DESTRUCTION 184 157 27
007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT 1,561 1,202 359
008 SIMPLE EXCISION AND BIOPSY 1,578 1,012 566
009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRANGE 1,497 1,367 130
010 SIMPLE SKIN REPAIR 13 12 1
011 SIMPLE INCISION AND EXCISION OF BREAST 2,948 2,366 582
012 BREAST RECONSTRUCTION AND MASTECTOMY 695 635 60

02 MUSCULOSKELETAL SYSTEM
021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT 8,397 6,410 1,987
022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT 2,816 2,231 585
023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES 3,011 2,131 880
024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES 16,456 11,532 4,924
025 ARTHROSCOPY 35,231 25,432 9,799
026 REPLACEMENT OF CAST 67 63 4
027 SPLINT, STRAPPING AND CAST REMOVAL 369 368 1
028 CLOSED TREATMENT FX & DISLOCATION OF FINGER, TOE & TRUNK 67 54 13
029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK 759 656 103
030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES 5,683 4,342 1,341
031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA 1,651 470 181
032 BUNION PROCEDURES 2,496 1,569 927
033 ARTHROPLASTY 774 512 262
034 HAND AND FOOT TENOTOMY 374 279 95
035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION 2,852 2,033 819

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052 NEEDLE AND CATHERTER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION 657 656 1
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054 SIMPLE ENDOCOPY OF THE UPPER AIRWAY 340 300 40
055 ENDOCOPY OF THE LOWER AIRWAY 1,870 1,865 5

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075 PLACEMENT OF TRANSVENOUS CATHETERS 48 48 0
076 DIAGNOSTIC CARDIAC CATHERIZATION 18,184 18,184 0
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078 PACEMAKER INSERTION AND REPLACEMENT 488 488 0
079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE 777 746 31
080 MINOR VASCULAR REPAIR AND FISTULA CONSTRUCTION 903 898 5
081 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION 201 181 20
082 VASCULAR LIGATION 587 403 184
083 RESUSCITATION AND CARDIOVERSION 6 6 0

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092 CHEMOTHERAPY EXCEPT BY EXTENDED INFUSION 19 19 0
094 BLOOD AND BLOOD PRODUCT EXCHANGE 131 131 0
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# Table 4: Statewide Totals

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Source: Utah Ambulatory Surgery Database

Utah Health Data Committee/Organization of Health Care Statistics

Reportable* excludes codes in the former "Other" category and CPT4 blood draw codes in previous reports.
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**TABLE 5**

**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006**

**PROCEDURE APG CATEGORY, PROCEDURE APG, AVERAGE TOTAL CHARGES, SINGLE APG ONLY BASED ON REPORTABLE* CPT-4 PROCEDURES**

<table>
<thead>
<tr>
<th>Procedure APG category</th>
<th>Procedure APG</th>
<th>Average Total Charges</th>
<th>All Facilities</th>
<th>Hospitals</th>
<th>FASCs</th>
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**SOURCE:** Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

Reportable* excludes codes in the former "Other" category and CPT4 blood draw codes in previous reports.
### TABLE 6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006

#### NUMBER OF REPORTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

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<th>Patient Visits(All) (#)</th>
<th>Patient Visits(HOSPITALS) (#)</th>
<th>Patient Visits(FASCs) (#)</th>
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<td>(%)</td>
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<td>Emergency Room</td>
<td>4,679</td>
<td>4,679</td>
<td>0</td>
</tr>
<tr>
<td>Court/Law Enforcement</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Unknown</td>
<td>1,502</td>
<td>11</td>
<td>0</td>
</tr>
<tr>
<td>Not Reported</td>
<td>24,038</td>
<td>13,155</td>
<td>10,883</td>
</tr>
</tbody>
</table>

(Continued)
### TABLE 6
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006**

**NUMBER OF REPORTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

<table>
<thead>
<tr>
<th>Patient Profile</th>
<th>Patient Visits (All) (#)</th>
<th>Patient Visits (HOSPITALS) (%)</th>
<th>Patient Visits (FASCs) (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>DISCHARGE STATUS</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Home Health Care</td>
<td>297,896 97.9</td>
<td>223,834 99.8</td>
<td>74,062 92.5</td>
</tr>
<tr>
<td>Another Hospital</td>
<td>173 0.1</td>
<td>103 0.0</td>
<td>70 0.1</td>
</tr>
<tr>
<td>Skilled Nursing Facility</td>
<td>111 0.0</td>
<td>111 0.0</td>
<td>0 0.0</td>
</tr>
<tr>
<td>Intermediate Care</td>
<td>11 0.0</td>
<td>11 0.0</td>
<td>0 0.0</td>
</tr>
<tr>
<td>Another Type of Institution</td>
<td>52 0.0</td>
<td>46 0.0</td>
<td>6 0.0</td>
</tr>
<tr>
<td>Under Care of Home Service</td>
<td>169 0.1</td>
<td>169 0.1</td>
<td>0 0.0</td>
</tr>
<tr>
<td>Left Against Medical Advice</td>
<td>16 0.0</td>
<td>16 0.0</td>
<td>0 0.0</td>
</tr>
<tr>
<td>Under care of Home Provider</td>
<td>1 0.0</td>
<td>1 0.0</td>
<td>0 0.0</td>
</tr>
<tr>
<td>Expired</td>
<td>5 0.0</td>
<td>5 0.0</td>
<td>0 0.0</td>
</tr>
<tr>
<td>Unknown</td>
<td>6,001 2.0</td>
<td>56 0.0</td>
<td>5,945 7.4</td>
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<tr>
<td>Not Reported</td>
<td>0 0.0</td>
<td>0 0.0</td>
<td>0 0.0</td>
</tr>
<tr>
<td><strong>PRIMARY PAYER</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medicare</td>
<td>69,047 22.7</td>
<td>45,634 20.3</td>
<td>23,413 29.2</td>
</tr>
<tr>
<td>Medicaid</td>
<td>18,805 6.2</td>
<td>14,157 6.3</td>
<td>4,648 5.8</td>
</tr>
<tr>
<td>Other Government</td>
<td>5,903 1.9</td>
<td>3,504 1.6</td>
<td>2,399 3.0</td>
</tr>
<tr>
<td>Blue Cross/Blue Shield</td>
<td>46,604 15.3</td>
<td>30,700 13.7</td>
<td>15,904 19.9</td>
</tr>
<tr>
<td>Other Commercial</td>
<td>22,464 7.4</td>
<td>15,100 6.7</td>
<td>7,364 9.2</td>
</tr>
<tr>
<td>Managed Care (HMO, PPO)</td>
<td>126,977 41.7</td>
<td>105,175 46.9</td>
<td>21,802 27.2</td>
</tr>
<tr>
<td>Self Pay</td>
<td>3,759 1.2</td>
<td>2,539 1.1</td>
<td>1,220 1.5</td>
</tr>
<tr>
<td>Industrial &amp; Worker Comp</td>
<td>5,969 2.0</td>
<td>3,834 1.7</td>
<td>2,135 2.7</td>
</tr>
<tr>
<td>Charity and Unclassified</td>
<td>2,340 0.8</td>
<td>2,186 1.0</td>
<td>154 0.2</td>
</tr>
<tr>
<td>Childrens Health Insurance</td>
<td>441 0.1</td>
<td>177 0.1</td>
<td>264 0.3</td>
</tr>
<tr>
<td>Unknown</td>
<td>1,362 0.4</td>
<td>1,256 0.6</td>
<td>106 0.1</td>
</tr>
<tr>
<td>Not Reported</td>
<td>764 0.3</td>
<td>90 0.0</td>
<td>674 0.8</td>
</tr>
<tr>
<td><strong>LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bear River</td>
<td>19,462 6.4</td>
<td>15,979 7.1</td>
<td>3,483 4.3</td>
</tr>
<tr>
<td>Central Utah</td>
<td>9,451 3.1</td>
<td>8,148 3.6</td>
<td>1,303 1.6</td>
</tr>
<tr>
<td>Davis County</td>
<td>36,334 11.9</td>
<td>23,241 10.4</td>
<td>13,093 16.3</td>
</tr>
<tr>
<td>Salt Lake County</td>
<td>103,374 34.0</td>
<td>76,236 34.0</td>
<td>27,138 33.9</td>
</tr>
<tr>
<td>Southeastern Utah</td>
<td>6,171 2.0</td>
<td>5,436 2.4</td>
<td>735 0.9</td>
</tr>
<tr>
<td>Southwest Utah</td>
<td>16,406 5.4</td>
<td>13,567 6.0</td>
<td>2,839 3.5</td>
</tr>
<tr>
<td>Summit County</td>
<td>3,957 1.3</td>
<td>3,096 1.4</td>
<td>861 1.1</td>
</tr>
<tr>
<td>Tooele County</td>
<td>5,681 1.9</td>
<td>4,599 2.0</td>
<td>1,082 1.4</td>
</tr>
<tr>
<td>Tri-County</td>
<td>6,171 2.0</td>
<td>5,798 2.6</td>
<td>373 0.5</td>
</tr>
<tr>
<td>Utah County</td>
<td>46,088 15.1</td>
<td>35,900 16.0</td>
<td>10,188 12.7</td>
</tr>
<tr>
<td>Wasatch County</td>
<td>2,136 0.7</td>
<td>1,771 0.8</td>
<td>365 0.5</td>
</tr>
<tr>
<td>Weber County</td>
<td>36,408 12.0</td>
<td>21,412 9.5</td>
<td>14,996 18.7</td>
</tr>
<tr>
<td>Unknown Utah</td>
<td>80 0.0</td>
<td>49 0.0</td>
<td>31 0.0</td>
</tr>
<tr>
<td>Outside Utah</td>
<td>12,502 4.1</td>
<td>8,923 4.0</td>
<td>3,579 4.5</td>
</tr>
<tr>
<td>Unknown, Not Reported</td>
<td>215 0.1</td>
<td>198 0.1</td>
<td>17 0.0</td>
</tr>
</tbody>
</table>

**SOURCE:** Utah Ambulatory Surgery Database, Utah Health Data Committee/Office of Health Care Statistics.
Figure 1. Number and Percentage of Lower Gastrointestinal Endoscopies (APG 117) by Facility Type and Year, Utah, Hospitals and Freestanding Ambulatory Surgery Centers (FASCs), 1999-2006
Figure 2. Number and Percentage of Cataract Procedures (APG 214) by Facility Type and Year, Utah, Hospitals and Freestanding Ambulatory Surgery Centers (FASCs), 1999-2006
Figure 3. Average Charge for Lower Gastrointestinal Endoscopies (APG 117) by Facility Type and Year, Utah, Hospitals and Freestanding Ambulatory Surgery Centers (FASCs), 1999-2006
Figure 4. Average Charge for Cataract Procedures (APG 214) by Facility Type and Year, Utah, Hospitals and Freestanding Ambulatory Surgery Centers (FASCs), 1999-2006
### UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006

**NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY**

<table>
<thead>
<tr>
<th>Reporting Category (ICD-9-CM CODES)</th>
<th>Procedures Performed (#)</th>
<th>Procedures Performed-All Hospitals (#)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mastectomy (85.0-85.99)</td>
<td>0</td>
<td>7,021</td>
</tr>
<tr>
<td>Musculoskeletal (76.0-84.99)</td>
<td>0</td>
<td>65,753</td>
</tr>
<tr>
<td>Respiratory (30.0-34.99)</td>
<td>0</td>
<td>3,438</td>
</tr>
<tr>
<td>Cardiovascular (35.0-39.99)</td>
<td>0</td>
<td>15,180</td>
</tr>
<tr>
<td>Lymphatic/Hemetic (40.0-41.99)</td>
<td>0</td>
<td>3,088</td>
</tr>
<tr>
<td>Digestive System (42.0-54.99)</td>
<td>0</td>
<td>107,581</td>
</tr>
<tr>
<td>Urinary (55.0-59.99)</td>
<td>0</td>
<td>8,752</td>
</tr>
<tr>
<td>Male Genital (60.0-64.99)</td>
<td>0</td>
<td>3,460</td>
</tr>
<tr>
<td>Female Genital (65.0-71.99)</td>
<td>2</td>
<td>15,319</td>
</tr>
<tr>
<td>Endocrine/Nervous (01.0-07.99)</td>
<td>0</td>
<td>28,111</td>
</tr>
<tr>
<td>Eye (08.0-16.99)</td>
<td>0</td>
<td>19,328</td>
</tr>
<tr>
<td>Ear (18.0-20.99)</td>
<td>0</td>
<td>14,440</td>
</tr>
<tr>
<td>Nose,Mouth,Pharynx (21.0-29.99)</td>
<td>0</td>
<td>30,240</td>
</tr>
</tbody>
</table>

**Number of CPT-4 Procedures**

<table>
<thead>
<tr>
<th>Reporting Category (CPT-4 CODES)</th>
<th>Procedures Performed (#)</th>
<th>Procedures Performed-All Hospitals (#)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mastectomy (19120-19220)</td>
<td>7</td>
<td>3,001</td>
</tr>
<tr>
<td>Musculoskeletal (20000-29909)</td>
<td>72</td>
<td>65,018</td>
</tr>
<tr>
<td>Respiratory (30000-32999 &amp; 39501-39599)</td>
<td>4</td>
<td>13,975</td>
</tr>
<tr>
<td>Cardiovascular (33010-37799 &amp; 39501-93660)</td>
<td>14</td>
<td>31,569</td>
</tr>
<tr>
<td>Lymphatic/Hemetic (38100-38999)</td>
<td>3</td>
<td>2,606</td>
</tr>
<tr>
<td>Digestive (40490-49999)</td>
<td>404</td>
<td>115,754</td>
</tr>
<tr>
<td>Urinary (50010-53899)</td>
<td>11</td>
<td>8,580</td>
</tr>
<tr>
<td>Male Genital (54000-55899)</td>
<td>5</td>
<td>3,059</td>
</tr>
<tr>
<td>Female Genital (56405-58999)</td>
<td>25</td>
<td>11,517</td>
</tr>
<tr>
<td>Endocrine/Nervous (60000-64999)</td>
<td>18</td>
<td>29,931</td>
</tr>
<tr>
<td>Eye (65091-68899)</td>
<td>39</td>
<td>11,422</td>
</tr>
<tr>
<td>Ear (69000-69979)</td>
<td>0</td>
<td>7,860</td>
</tr>
</tbody>
</table>

**SOURCE:** Utah Ambulatory Surgery Database
Utah Health Data Committee/Office of Health Care Statistics.

Reportable* excludes codes in the former "Other" category and CPT blood draw codes in previous reports.
### Most Commonly Performed CPT-4 and ICD-9 Reportable* Procedures

#### ICD-9

<table>
<thead>
<tr>
<th>ICD-9 Code</th>
<th>ICD-9 Description</th>
<th>#</th>
<th>%</th>
<th>% ALL Hospitals</th>
</tr>
</thead>
<tbody>
<tr>
<td>All ICD-9 Procedures</td>
<td></td>
<td>2</td>
<td>100.0</td>
<td>100.0</td>
</tr>
<tr>
<td>6632</td>
<td>OTH BILAT LIGATION&amp;DIV FALLOP TUBES</td>
<td>2</td>
<td>100.0</td>
<td>0.00</td>
</tr>
</tbody>
</table>

#### CPT-4

<table>
<thead>
<tr>
<th>CPT-4 Code</th>
<th>CPT-4 Description</th>
<th>#</th>
<th>%</th>
<th>% ALL Hospitals</th>
</tr>
</thead>
<tbody>
<tr>
<td>All CPT-4 Procedures</td>
<td></td>
<td>602</td>
<td>100.0</td>
<td>100.0</td>
</tr>
<tr>
<td>43239</td>
<td>UGI ENDO; W/BX 1/MX</td>
<td>90</td>
<td>15.0</td>
<td>5.96</td>
</tr>
<tr>
<td>45378</td>
<td>COLONOSCOPY FLEX; DX-SEP PROC</td>
<td>82</td>
<td>13.6</td>
<td>7.39</td>
</tr>
<tr>
<td>45384</td>
<td>COLONOSCOPY FLEX; REMV LES-FORCE</td>
<td>62</td>
<td>10.3</td>
<td>0.34</td>
</tr>
<tr>
<td>46936</td>
<td>DESTRUCT HEMORRHOIDS METH; INTNL&amp;</td>
<td>25</td>
<td>4.2</td>
<td>0.01</td>
</tr>
<tr>
<td>43257</td>
<td>UP GI ENDO; THERM ENRGY MUSC LW ES</td>
<td>23</td>
<td>3.8</td>
<td>0.34</td>
</tr>
<tr>
<td>66984</td>
<td>EXTRACAPSULAR CATARACT REMV IOL</td>
<td>23</td>
<td>3.8</td>
<td>1.42</td>
</tr>
<tr>
<td>43235</td>
<td>UGI ENDO; DX W/O CLCT SPECMN-SP</td>
<td>17</td>
<td>2.8</td>
<td>1.32</td>
</tr>
<tr>
<td>47563</td>
<td>LAPAROSCOPY SURG; CHOLECT W/CHOLAN</td>
<td>14</td>
<td>2.3</td>
<td>1.32</td>
</tr>
<tr>
<td>66821</td>
<td>DISCSSION AND CATARACT; LASER S</td>
<td>12</td>
<td>2.0</td>
<td>0.22</td>
</tr>
<tr>
<td>G0121</td>
<td>COLOREC CNCR SCR; COLONSCPY NO HI</td>
<td>11</td>
<td>1.8</td>
<td>0.21</td>
</tr>
<tr>
<td>29881</td>
<td>SCOPE KNEE SURG; W/ MENISCECT MED/</td>
<td>10</td>
<td>1.7</td>
<td>1.59</td>
</tr>
<tr>
<td>49505</td>
<td>REPR INIT ING HERNIA 5YR/MORE; R</td>
<td>10</td>
<td>1.7</td>
<td>0.95</td>
</tr>
<tr>
<td>52000</td>
<td>CYSTOURETHROSCPY-SEP PROC</td>
<td>10</td>
<td>1.7</td>
<td>0.13</td>
</tr>
<tr>
<td>45380</td>
<td>COLONOSCOPY FLEX; W/BX 1/MX</td>
<td>9</td>
<td>1.5</td>
<td>5.63</td>
</tr>
<tr>
<td>64721</td>
<td>NEUROPLASTY; MEDIAN CARPAL TUNNE</td>
<td>9</td>
<td>1.5</td>
<td>0.74</td>
</tr>
<tr>
<td>25605</td>
<td>CLOS TX DIST RADIAL FX; REQ MANI</td>
<td>7</td>
<td>1.2</td>
<td>0.06</td>
</tr>
<tr>
<td>19120</td>
<td>EXC BRST CYST TUMR/LES OPN M/F 1</td>
<td>6</td>
<td>1.0</td>
<td>0.50</td>
</tr>
<tr>
<td>20680</td>
<td>REMOVAL OF IMPLANT; DEEP</td>
<td>6</td>
<td>1.0</td>
<td>0.87</td>
</tr>
<tr>
<td>29880</td>
<td>SCOPE KNEE SURG; W/MENISCECT MED&amp;</td>
<td>6</td>
<td>1.0</td>
<td>0.45</td>
</tr>
<tr>
<td>43249</td>
<td>UGI ENDO; W/BALLOON DILAT ESOPHA</td>
<td>6</td>
<td>1.0</td>
<td>1.05</td>
</tr>
</tbody>
</table>

**Source:** Utah Ambulatory Surgery Database
Utah Health Data Committee/Office of Health Care Statistics
Reportable* excludes codes in the former "Other" category and CPT4 blood draw codes in previous reports.
### ICD-9 Procedures

<table>
<thead>
<tr>
<th>ICD-9 Code</th>
<th>ICD-9 Description</th>
<th>#</th>
<th>Ave TOT CHRG</th>
<th>Ave TOT CHRG (ALL Hospitals)</th>
</tr>
</thead>
<tbody>
<tr>
<td>6632</td>
<td>OTH BILAT LIGATION &amp; DIV FALLOP TUBES</td>
<td>2</td>
<td>$9,857</td>
<td>$3,166</td>
</tr>
</tbody>
</table>

### CPT-4 Procedures

<table>
<thead>
<tr>
<th>CPT-4 Code</th>
<th>CPT-4 Description</th>
<th>#</th>
<th>Ave TOT CHRG</th>
<th>Ave TOT CHRG (ALL Hospitals)</th>
</tr>
</thead>
<tbody>
<tr>
<td>45384</td>
<td>COLONOSCOPY FLEX; REMV LES-FORCE</td>
<td>48</td>
<td>$3,826</td>
<td>$1,652</td>
</tr>
<tr>
<td>45378</td>
<td>COLONOSCOPY FLEX; DX-SEP PROC</td>
<td>36</td>
<td>$2,517</td>
<td>$499</td>
</tr>
<tr>
<td>43257</td>
<td>UP GI ENDO; THERM ENRGY MUSC LW ES</td>
<td>23</td>
<td>$5,143</td>
<td>$5,143</td>
</tr>
<tr>
<td>66984</td>
<td>EXTRACAPSULAR CATARACT REMV IOL</td>
<td>22</td>
<td>$1,882</td>
<td>$3,042</td>
</tr>
<tr>
<td>45380</td>
<td>COLONOSCOPY FLEX; W/BX 1/MX</td>
<td>4</td>
<td>$2,879</td>
<td>$1,278</td>
</tr>
<tr>
<td>47563</td>
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<td>$8,396</td>
<td>$8,396</td>
</tr>
<tr>
<td>29880</td>
<td>SCOPE KNEE SURG; W/MENISCECT MED &amp;</td>
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<td>$1,783</td>
<td>$1,783</td>
</tr>
<tr>
<td>52000</td>
<td>CYSTOURETHRSCOPY-SEP PROC</td>
<td>3</td>
<td>$1,827</td>
<td>$1,827</td>
</tr>
</tbody>
</table>

**Source:** Utah Ambulatory Surgery Database

Reportable* excludes codes in the former "Other" category and CPT4 blood draw codes in previous reports.
<table>
<thead>
<tr>
<th>Procedure APG</th>
<th>TOTAL #</th>
<th>TOTAL # (ALL Hospitals)</th>
</tr>
</thead>
<tbody>
<tr>
<td>01 INTEGUMENTARY SYSTEM</td>
<td>16</td>
<td>8,878</td>
</tr>
<tr>
<td>002 Superficial Needle Biopsy and Aspiration</td>
<td>1</td>
<td>2,028</td>
</tr>
<tr>
<td>007 Complex Excision, Biopsy and Debridement</td>
<td>3</td>
<td>3,202</td>
</tr>
<tr>
<td>008 Simple Excision and Biopsy</td>
<td>5</td>
<td>1,012</td>
</tr>
<tr>
<td>011 Simple Incision and Excision of Breast</td>
<td>6</td>
<td>2,366</td>
</tr>
<tr>
<td>012 Breast Reconstruction and Mastectomy</td>
<td>1</td>
<td>635</td>
</tr>
<tr>
<td>02 MUSCULOSKELETAL SYSTEM</td>
<td>63</td>
<td>58,082</td>
</tr>
<tr>
<td>021 Complex Musculoskeletal Procedures Excluding Hand and Foot</td>
<td>3</td>
<td>6,410</td>
</tr>
<tr>
<td>023 Complex Hand and Foot Musculoskeletal Procedures</td>
<td>1</td>
<td>2,131</td>
</tr>
<tr>
<td>024 Simple Hand and Foot Musculoskeletal Procedures</td>
<td>20</td>
<td>11,532</td>
</tr>
<tr>
<td>025 Arthroscopy</td>
<td>21</td>
<td>25,432</td>
</tr>
<tr>
<td>028 Closed Treatment FX &amp; Dislocation of Finger, Toe &amp; Trunk</td>
<td>1</td>
<td>54</td>
</tr>
<tr>
<td>029 Closed Treatment FX &amp; Dislocation Exc Finger, Toe &amp; Trunk</td>
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SOURCE: Utah Ambulatory Surgery Database
Utah Health Data Committee/Office of Health Care Statistics
Reportable* excludes codes in the former "Other" category and CPT blood draw codes in previous reports.
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SOURCE: Utah Ambulatory Surgery Database
Utah Health Data Committee/Office of Health Care Statistics
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### AMB 1-6

**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006**

**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

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**SOURCE:** Utah Ambulatory Surgery Database, Utah Health Data Committee/Office of Health Care Statistics.
### Number of CPT-4 and ICD-9 Reportable Procedures by Selected Ambulatory Surgery Reporting Category

<table>
<thead>
<tr>
<th>Reporting Category (ICD-9-CM CODES)</th>
<th>Procedures Performed (#)</th>
<th>Procedures Performed-All Hospitals (#)</th>
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<tbody>
<tr>
<td>Mastectomy (85.0-85.99)</td>
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<td>Musculoskeletal (76.0-84.99)</td>
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<td>65,753</td>
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<td>Respiratory (30.0-34.99)</td>
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<td>3,438</td>
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<td>Cardiovascular (35.0-39.99)</td>
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<td>15,180</td>
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<td>Lymphatic/Hematoc (40.0-41.99)</td>
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<tr>
<td>Digestive System (42.0-54.99)</td>
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<td>Urinary (55.0-59.99)</td>
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<td>Male Genital (60.0-64.99)</td>
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<td>Female Genital (65.0-71.99)</td>
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<td>15,319</td>
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<td>Endocrine/Nervous (01.0-07.99)</td>
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<td>28,111</td>
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<td>Eye (08.0-16.99)</td>
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<td>19,328</td>
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<td>Ear (18.0-20.99)</td>
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<td>Nose, Mouth, Pharynx (21.0-29.99)</td>
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<td>30,240</td>
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<table>
<thead>
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<th>Reporting Category (CPT-4 CODES)</th>
<th>Procedures Performed (#)</th>
<th>Procedures Performed-All Hospitals (#)</th>
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</thead>
<tbody>
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<td>Mastectomy (19120-19220)</td>
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<td>Musculoskeletal (20000-29909)</td>
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<td>Respiratory (30000-32999 &amp; 39501-39599)</td>
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<tr>
<td>Cardiovascular (33010-37799 &amp; 93501-93660)</td>
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<td>Urinary (50010-53899)</td>
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<td>Ear (69000-69979)</td>
<td>283</td>
<td>7,860</td>
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**SOURCE:** Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics.

Reportable excludes codes in the former "Other" category and CPT blood draw codes in previous reports.
### Most Commonly Performed CPT-4 and ICD-9 Reportable* Procedures

**ICD-9 Code** | **ICD-9 Description** | **#** | **%** | **% All Hospitals**
---|---|---|---|---
All ICD-9 Procedures | | 15,920 | 100.0 | 100.0
4523 | Colonoscopy | 1,836 | 11.5 | 7.45
4516 | EGD W/CLOS BX | 1,610 | 10.1 | 5.75
4542 | Endo Polypectomy Large Intestine | 1,160 | 7.52 | 3.92
806 | Excision Semilunar Cartilage Knee | 558 | 3.5 | 1.86
4525 | CLOS [ENDO] BX Large Intestine | 550 | 3.5 | 2.61
4525 | Colonoscopy, W/Bx | 1,836 | 11.5 | 7.45
1201 | Myringotomy With Insertion of Tube | 472 | 3.0 | 3.56
8147 | Other Repair of Knee | 469 | 3.0 | 0.75
4836 | Endoscopic Polypectomy of Rectum | 440 | 2.8 | 1.10
4292 | Dilation of Esophagus | 276 | 1.7 | 1.54
5123 | Laparoscopic Cholecystectomy | 276 | 1.7 | 2.01
2025 | Restoration of Tooth by Filling | 245 | 1.5 | 0.68
234 | Rotator Cuff Repair | 210 | 1.3 | 0.49
8363 | Other Repair of Knee | 469 | 2.9 | 0.75
8147 | Other Repair of Knee | 469 | 2.9 | 0.75
29877 | Scope Knee Surg; Debr/SHAVE CA | 427 | 2.9 | 1.88
29881 | Scope Knee Surg; W/MENISCECT MED/ | 371 | 2.4 | 1.88
45385 | Colonoscopy, W/Remv Les-SNA | 356 | 2.3 | 1.88
41899 | Unlist PROC Dent/Alveol Structures | 272 | 1.8 | 0.77
47562 | Laparoscopy Surgical; Cholect | 264 | 1.7 | 0.77
66984 | Tympanostomy General Anesthesia | 243 | 1.6 | 0.77
29880 | Scope Knee Surg; W/Menisect Med/ | 186 | 1.2 | 0.45
43249 | UGI Endo; W/Balloon Dilat Esoph | 174 | 1.1 | 1.05
49505 | Refr Init Ing Hernia 5yr/Mor; R | 166 | 1.1 | 1.05
66984 | Extracapsular Cataract Remv IOL | 160 | 1.1 | 1.05
29826 | SCOPE SHOULDER; DECOMP SUBACROM | 146 | 1.0 | 1.05
29823 | SCOPE SHOULDER SURGICAL; DEBRID | 138 | 1.0 | 0.95
58662 | LAP SURG; W/FULG/EXCIS LES-OVARY | 132 | 0.9 | 0.45
43235 | UGI Endo; DX W/WO CLCT SPECMM-SP | 130 | 0.9 | 1.05
52332 | Cyoutsorethroscope W/Insr Stent | 130 | 0.9 | 0.45
42820 | T&A; UNDER AGE 12 | 125 | 0.9 | 1.36
23420 | Reconstr CMPL Shldr Cuff Avul CHR | 123 | 0.9 | 0.45

**CPT-4 Code** | **CPT-4 Description** | **#** | **%** | **% All Hospitals**
---|---|---|---|---
All CPT-4 Procedures | | 14,352 | 100.0 | 100.0
45380 | Colonoscopy, Flex; W/Bx 1/Mx | 1,903 | 13.3 | 5.63
45378 | Colonoscopy, Flex; Dx-Sep Proc | 1,690 | 11.8 | 7.39
43239 | UGI Endo; W/Bx 1/Mx | 1,605 | 11.2 | 5.96
29877 | Scope Knee Surg; Debr/Shave CA | 427 | 3.0 | 3.01
29881 | Scope Knee Surg; W/Menisect Med/ | 371 | 2.6 | 1.88
45385 | Colonoscopy, Flex; W/Remv Les-SNA | 356 | 2.5 | 1.81
41899 | Unlist PROC Dent/Alveol Structures | 272 | 1.9 | 0.98
47562 | Laparoscopy Surgical; Cholect | 264 | 1.8 | 0.77
69436 | Tympanostomy General Anesthesia | 243 | 1.7 | 0.77
29880 | Scope Knee Surg; W/Menisect Med/ | 186 | 1.3 | 0.45
43249 | UGI Endo; W/Balloon Dilat Esoph | 174 | 1.2 | 1.05
49505 | Repr Init Ing Hernia 5yr/Mor; R | 166 | 1.2 | 0.95
66984 | Extracapsular Cataract Remv IOL | 160 | 1.1 | 1.42
29826 | Scope Shoulder; Decomp Subacrom | 146 | 1.0 | 1.05
29823 | Scope Shoulder Surgical; Debrird | 138 | 1.0 | 0.95
58662 | Lap Surg; W/Fulg/Excis Les-Ovary | 132 | 0.9 | 0.50
43235 | UGI Endo; Dx W/Wo Clct Specmm-SP | 130 | 0.9 | 1.32
52332 | Cyoutsorethroscope W/Insr Stent | 130 | 0.9 | 0.42
42820 | T&A; Under Age 12 | 125 | 0.9 | 1.36
23420 | Reconstr Cmpl Shldr Cuff Avul CH | 123 | 0.9 | 0.10

**SOURCE:** Utah Ambulatory Surgery Database
Utah Health Data Committee/Office of Health Care Statistics
Reportable* excludes codes in the former "Other" category and CPT4 blood draw codes in previous reports.
<table>
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<tr>
<th>ICD-9 CODE</th>
<th>ICD-9 DESCRIPTION</th>
<th>#</th>
<th>AVE TOT CHRG</th>
<th>AVE TOT CHRG(ALL Hospitals )</th>
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<td>$839</td>
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<th>CPT-4 DESCRIPTION</th>
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SOURCE: Utah Ambulatory Surgery Database
Reportable* excludes codes in the former "Other" category and CPT4 blood draw codes in previous reports.
<table>
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<th>Procedure APG category</th>
<th>TOTAL #</th>
<th>TOTAL # (ALL Hospitals)</th>
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<td>002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION</td>
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<td>003 COMPLEX INCISION AND DRAINAGE</td>
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<td>004 SIMPLE INCISION AND DRAINAGE</td>
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<tr>
<td>006 SIMPLE DEBRIDEMENT AND DESTRUCTION</td>
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<td>007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT</td>
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<td>1,012</td>
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<td>009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER &amp; REARRANGE</td>
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<td>011 SIMPLE INCISION AND EXCISION OF BREAST</td>
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<td>012 BREAST RECONSTRUCTION AND MASTECTOMY</td>
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<td>02 MUSCULOSKELETAL SYSTEM</td>
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<tr>
<td>027 SPLINT, STRAPPING AND CAST REMOVAL</td>
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<tr>
<td>028 CLOSED TREATMENT FX &amp; DISLOCATION OF FINGER, TOE &amp; TRUNK</td>
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<td>029 CLOSED TREATMENT FX &amp; DISLOCATION EXC FINGER, TOE &amp; TRUNK</td>
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<td>656</td>
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<tr>
<td>033 ARTHROPLASTY</td>
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<td>034 HAND AND FOOT TENOTOMY</td>
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<td>035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION</td>
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<td>036 RESPIRATORY SYSTEM</td>
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<td>05 HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE</td>
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<tr>
<td>080 MINOR VASCULAR REPAIR AND FISTULA CONSTRUCTION</td>
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AMERICAN BUREAU OF SURGERY 1-4  
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006 
PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

118  Alta View Hospital

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SOURCE: Utah Ambulatory Surgery Database
Utah Health Data Committee/Office of Health Care Statistics
Reportable* excludes codes in the former "Other" category and CPT blood draw codes in previous reports.
## Table: Procedure APG Category and Charges

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<td>236 TONSIL AND ADENOID PROCEDURES</td>
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SOURCE: Utah Ambulatory Surgery Database
Utah Health Data Committee/Office of Health Care Statistics
Reportable* excludes codes in the former "Other" category and CPT blood draw codes in previous reports.
### Number of Selected Ambulatory Surgery Patient Visits by Patient Profile

<table>
<thead>
<tr>
<th>Patient Profile</th>
<th>Patient Visits</th>
<th>Patient Visits-All Hospitals</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(#)</td>
<td>(%)</td>
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#### GENDER

<table>
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<tr>
<th>Gender</th>
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#### AGE

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<tr>
<td>29-365 days</td>
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<tr>
<td>1-4 years</td>
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<td>5-9</td>
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<td>10-14</td>
<td>132</td>
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<tr>
<td>15-17</td>
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<tr>
<td>18-19</td>
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<td>20-24</td>
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<td>25-29</td>
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<td>65-69</td>
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#### SOURCE OF ADMISSION

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<th>Patient Visits</th>
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<td>HMO Referral</td>
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<td>Other Hospital</td>
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<tr>
<td>Skilled Nursing Facility</td>
<td>0</td>
<td>0.0</td>
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<tr>
<td>Other Health Care Facility</td>
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<td>0.0</td>
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<tr>
<td>Emergency Room</td>
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</tr>
<tr>
<td>Court/Law Enforcement</td>
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(Continued)
### 118 Alta View Hospital

<table>
<thead>
<tr>
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<th>Patient Visits-All Hospitals (%)</th>
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<td>Intermediate Care Facility</td>
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<tr>
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<td>Left Against Medical Advice</td>
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<tr>
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<td><strong>PRIMARY PAYER</strong></td>
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<td>Medicare</td>
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<td>14,157</td>
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<td>Other government</td>
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<td>3,504</td>
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<td>Blue Cross/Blue Shield</td>
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<td>30,700</td>
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<td>Industrial &amp; Worker Comp</td>
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**SOURCE:** Utah Ambulatory Surgery Database, Utah Health Data Committee/Office of Health Care Statistics.
### Number of CPT-4 and ICD-9 Reportable* Procedures by Selected Ambulatory Surgery Reporting Category

<table>
<thead>
<tr>
<th>Reporting Category (ICD-9-CM Codes)</th>
<th># Performed</th>
<th>(%)</th>
<th># Performed-All Hospitals</th>
<th>(%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mastectomy (85.0-85.99)</td>
<td>12,714</td>
<td>100.0</td>
<td>321,711</td>
<td>100.0</td>
</tr>
<tr>
<td>Musculoskeletal (76.0-84.99)</td>
<td>2,863</td>
<td>22.5</td>
<td>65,753</td>
<td>20.4</td>
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<tr>
<td>Respiratory (30.0-34.99)</td>
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<td>3,438</td>
<td>1.1</td>
</tr>
<tr>
<td>Cardiovascular (35.0-39.99)</td>
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<td>0.5</td>
<td>15,180</td>
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</tr>
<tr>
<td>Lymphatic/Hemetic (40.0-41.99)</td>
<td>47</td>
<td>0.4</td>
<td>3,088</td>
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<tr>
<td>Digestive System (42.0-54.99)</td>
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<td>42.1</td>
<td>107,581</td>
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<tr>
<td>Urinary (55.0-59.99)</td>
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<td>1.9</td>
<td>8,752</td>
<td>2.7</td>
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<tr>
<td>Male Genital (60.0-64.99)</td>
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<td>1.1</td>
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<td>Female Genital (65.0-71.99)</td>
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<tr>
<td>Endocrine/Nervous (01.0-07.99)</td>
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<td>28,111</td>
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<tr>
<td>Eye (08.0-16.99)</td>
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<td>19,328</td>
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<td>Ear (18.0-20.99)</td>
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<table>
<thead>
<tr>
<th>Reporting Category (CPT-4 CODES)</th>
<th># Performed</th>
<th>(%)</th>
<th># Performed-All Hospitals</th>
<th>(%)</th>
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<tr>
<td>Mastectomy (19120-19220)</td>
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<tr>
<td>Musculoskeletal (20000-29909)</td>
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<tr>
<td>Respiratory (30000-32999 &amp; 39501-39599)</td>
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<td>Cardiovascular (33010-37799 &amp; 93501-93660)</td>
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<td>Lymphatic/Hemetic (38100-38999)</td>
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<tr>
<td>Digestive (40490-49999)</td>
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<td>Male Genital (54000-55899)</td>
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<td>Female Genital (56405-58999)</td>
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<tr>
<td>Endocrine/Nervous (60000-64999)</td>
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**Source:** Utah Ambulatory Surgery Database
Utah Health Data Committee/Office of Health Care Statistics.

Reportable* excludes codes in the former "Other" category and CPT blood draw codes in previous reports.
### ICD-9 Codes

<table>
<thead>
<tr>
<th>ICD-9 Code</th>
<th>Description</th>
<th>#</th>
<th>%</th>
<th>% ALL Hospitals</th>
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<td>100.0</td>
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<td>4513</td>
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<td>EGD W/CLOS BX</td>
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<td>316</td>
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<td>2.01</td>
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<td>DILATION OF ESOPHAGUS</td>
<td>294</td>
<td>2.3</td>
<td>5.75</td>
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<tr>
<td>283</td>
<td>TONSILLECTOMY WITH ADENOIDECTOMY</td>
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<tr>
<td>1341</td>
<td>PHACOEMULSIFICATION&amp;ASPIR CATARACT</td>
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<td>1.7</td>
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<td>INSRT IOL-CATARACT EXTRACT-1 STAGE</td>
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<td>TONSILLECTOMY WITH ADENOIDECTOMY</td>
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### CPT-4 Codes

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<th>Description</th>
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<th>% ALL Hospitals</th>
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<td>100.0</td>
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<td>69436</td>
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**SOURCE:** Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

Reportable* excludes codes in the former "Other" category and CPT4 blood draw codes in previous reports.
## UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006

### Average Total Charges for Most Commonly Performed CPT-4 and ICD-9 Reportable* Procedures, Single ICD-9 or CPT-4 Only

#### ICD-9 Procedures

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Source: Utah Ambulatory Surgery Database

Reportable* excludes codes in the former "Other" category and CPT4 blood draw codes in previous reports.
<table>
<thead>
<tr>
<th>Procedure APG Category</th>
<th>TOTAL #</th>
<th>TOTAL # (ALL Hospitals)</th>
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### AMB ST 1-4
**Utah Hospital and Freestanding Ambulatory Surgery Center (FASC) Utilization and Charge Profile of Outpatient Surgery, 2006**

**Procedure APG Category, Procedure APG, Based on Reportable CPT-4 Procedures**

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<th>Procedure APG</th>
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**Source:** Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

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### American Fork Hospital

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SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

Reportable* excludes codes in the former "Other" category and CPT blood draw codes in previous reports.
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### 136 American Fork Hospital

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**SOURCE:** Utah Ambulatory Surgery Database, Utah Health Data Committee/Office of Health Care Statistics.
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<th>(%)</th>
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SOURCE: Utah Ambulatory Surgery Database
Utah Health Data Committee/Office of Health Care Statistics.
Reportable* excludes codes in the former "Other" category and CPT blood draw codes in previous reports.
## MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES

### ICD-9 Code and Description

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### CPT-4 Code and Description

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**Source:** Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

Reportable* excludes codes in the former "Other" category and CPT4 blood draw codes in previous reports.
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**SOURCE:** Utah Ambulatory Surgery Database

Reportable* excludes codes in the former "Other" category and CPT4 blood draw codes in previous reports.
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**Source:** Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

Reportable* excludes codes in the former "Other" category and CPT blood draw codes in previous reports.
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## Procedure APG Category

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**SOURCE:** Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

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**SOURCE:** Utah Ambulatory Surgery Database, Utah Health Data Committee/Office of Health Care Statistics.
### Number of CPT-4 and ICD-9 Reportable* Procedures by Selected Ambulatory Surgery Reporting Category

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<th>Reporting Category (ICD-9-CM CODES)</th>
<th>Procedures Performed (#)</th>
<th>Procedures Performed-All Hospitals (#)</th>
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SOURCE: Utah Ambulatory Surgery Database
Utah Health Data Committee/Office of Health Care Statistics.
Reportable* excludes codes in the former "Other" category and CPT blood draw codes in previous reports.
### Most Commonly Performed CPT-4 and ICD-9 Reportable Procedures

**ICD-9 Code** | **ICD-9 Description** | **#** | **%** | **% All Hospitals**
--- | --- | --- | --- | ---
All ICD-9 Procedures | 1,039 | 100.0 | 100.0
4523 | COLONOSCOPY | 123 | 11.8 | 7.45
4516 | EGD W/CLOS BX | 96 | 9.2 | 5.75
4542 | ENDO POLYPECTOMY LARGE INTESTINE | 94 | 9.0 | 3.92
8554 | BILATERAL BREAST IMPLANT | 88 | 8.5 | 0.67
5123 | LAPAROSCOPIC CHOLECYSTECTOMY | 36 | 3.5 | 2.01
4525 | CLOS (ENDO) BX LARGE INTESTINE | 35 | 3.4 | 1.10
856 | MASTOPEXY | 23 | 2.2 | 0.04
0443 | RELEASE OF CARPAL TUNNEL | 21 | 2.0 | 0.04
4701 | LAPAROSCOPIC APPENDECTOMY | 19 | 1.8 | 0.56
2001 | MYRINGOTOMY WITH INSERTION OF TUBE | 18 | 1.7 | 3.56
4836 | [ENDOSCOPIC] POLYPECTOMY OF RECTUM | 17 | 1.6 | 1.10
8026 | ARTHROSCOPY OF KNEE | 15 | 1.4 | 1.86
8594 | REMOVAL OF IMPLANT OF BREAST | 14 | 1.3 | 0.11
8552 | HERNIORRHAPHY | 13 | 1.2 | 0.14
4701 | LAPAROSCOPIC APPENDECTOMY | 13 | 1.2 | 0.37
6812 | UGI ENDO; W/BALLOON DILAT ESOPHA | 12 | 1.1 | 1.05
8532 | MASTOPEXY | 11 | 1.0 | 0.11
4292 | UGI ENDO; W/BALLOON DILAT ESOPHA | 10 | 0.9 | 0.14
42820 | T&A; UNDER AGE 12 | 10 | 0.9 | 1.36
42821 | T&A; AGE 12 OR OVER | 9 | 0.8 | 0.37
4523 | COLONOSCOPY FLEX; DX-SEP PROC | 126 | 15.7 | 5.55
45380 | COLONOSCOPY FLEX; W/BX 1/MX | 105 | 13.1 | 0.63
43239 | UGI ENDO; W/BX 1/MX | 101 | 12.6 | 5.96
45385 | COLONOSCOPY FLEX; W/REMV LES-SNA | 55 | 6.8 | 1.81
44970 | LAPAROSCOPY SURGICAL APPENDECTOM | 23 | 2.9 | 0.61
47563 | LAPAROSCOPY SURG; CHOLECT W/CHOLAN | 23 | 2.9 | 1.32
49505 | REPR INIT ING HERNIA 5YR/MORE; R | 23 | 2.9 | 0.95
29848 | ENDOR SURG REL TRANS CARP LIG | 21 | 2.6 | 0.31
58563 | HISTEROSC SURG; W/ENDOMETRIAL AB | 18 | 2.0 | 0.47
43249 | UGI ENDO; W/BALLOON DILAT ESOPHA | 13 | 1.6 | 1.05
47562 | LAPAROSCOPIC SURGICAL; CHOLECT | 13 | 1.6 | 0.77
49585 | REPR UMBIL HERNIA 5YR/OVER; RDU | 11 | 1.4 | 0.32
29881 | SCOPE KNEE SURG;W/MENISCECT MED/ | 10 | 1.2 | 1.59
42280 | T&A; UNDER AGE 12 | 10 | 1.2 | 1.36
42821 | T&A; AGE 12 OR OVER | 9 | 1.1 | 0.37
49585 | REPR UMBIL HERNIA 5YR/OVER; RDU | 11 | 1.4 | 0.32
29881 | SCOPE KNEE SURG;W/MENISCECT MED/ | 10 | 1.2 | 1.59
42280 | T&A; UNDER AGE 12 | 10 | 1.2 | 1.36
42821 | T&A; AGE 12 OR OVER | 9 | 1.1 | 0.37
69436 | SYNOVECTECT LTD SEP PRO | 6 | 0.7 | 0.24
32355 | UGI ENDO; DX W/O CLCT SPECMN-SP | 6 | 0.7 | 1.32
49520 | REPR RECUR ING HERN ANY AGE; RDU | 6 | 0.7 | 0.09

**CPT-4 Code** | **CPT-4 Description** | **#** | **%** | **% All Hospitals**
--- | --- | --- | --- | ---
All CPT-4 Procedures | 804 | 100.0 | 100.0
45378 | COLONOSCOPY FLEX; DX-SEP PROC | 126 | 15.7 | 7.39
45380 | COLONOSCOPY FLEX; W/BX 1/MX | 105 | 13.1 | 5.63
43239 | UGI ENDO; W/BX 1/MX | 101 | 12.6 | 5.96
45385 | COLONOSCOPY FLEX; W/REMV LES-SNA | 55 | 6.8 | 1.81
34270 | LAPAROSCOPY SURGICAL APPENDECTOM | 23 | 2.9 | 0.61
47563 | LAPAROSCOPY SURG; CHOLECT W/CHOLAN | 23 | 2.9 | 1.32
49505 | REPR INIT ING HERNIA 5YR/MORE; R | 23 | 2.9 | 0.95
29848 | ENDO WRST SURG REL TRANS CARP LIG | 21 | 2.6 | 0.31
58563 | HISTEROSC SURG; W/ENDOMETRIAL AB | 18 | 2.0 | 0.47
43249 | UGI ENDO; W/BALLOON DILAT ESOPHA | 13 | 1.6 | 1.05
47562 | LAPAROSCOPIC SURGICAL; CHOLECT | 13 | 1.6 | 0.77
49585 | REPR UMBIL HERNIA 5YR/OVER; RDU | 11 | 1.4 | 0.32
29881 | SCOPE KNEE SURG;W/MENISCECT MED/ | 10 | 1.2 | 1.59
42280 | T&A; UNDER AGE 12 | 10 | 1.2 | 1.36
42821 | T&A; AGE 12 OR OVER | 9 | 1.1 | 0.37
69436 | SYNOVECTECT LTD SEP PRO | 6 | 0.7 | 0.24
32355 | UGI ENDO; DX W/O CLCT SPECMN-SP | 6 | 0.7 | 1.32
49520 | REPR RECUR ING HERN ANY AGE; RDU | 6 | 0.7 | 0.09

**Source:** Utah Ambulatory Surgery Database
Utah Health Data Committee/Office of Health Care Statistics
Reportable* excludes codes in the former "Other" category and CPT4 blood draw codes in previous reports.
## Average Total Charges for Most Commonly Performed CPT-4 and ICD-9 Reportable* Procedures, Single ICD-9 or CPT-4 Only

### ICD-9 Procedures

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<th>ICD-9 Description</th>
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<th>Ave Tot CHRG (ALL Hospitals)</th>
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<td>512</td>
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<td>Bilateral breast implant</td>
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<td>Endo polypectomy large intestine</td>
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<td>4516</td>
<td>Endo polypectomy small intestine</td>
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<td>Laparoscopic appendectomy</td>
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<td>Tonsillectomy with adenoidectomy</td>
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<td>4443</td>
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### CPT-4 Procedures

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<th>CPT-4 Description</th>
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**Source:** Utah Ambulatory Surgery Database

*Reportable* excludes codes in the former "Other" category and CPT4 blood draw codes in previous reports.
## Procedure APG Category

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**Source:** Utah Ambulatory Surgery Database  
Utah Health Data Committee/Office of Health Care Statistics  
Reportable* excludes codes in the former "Other" category and CPT blood draw codes in previous reports.
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SOURCE: Utah Ambulatory Surgery Database
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**SOURCE OF ADMISSION**

- Physician Referral: 704 (96.0%) vs. 202,212 (90.1%)
- Clinic Referral: 0 (0.0%) vs. 553 (0.2%)
- HMO Referral: 0 (0.0%) vs. 3,605 (1.6%)
- Other Hospital: 0 (0.0%) vs. 90 (0.0%)
- Skilled Nursing Facility: 0 (0.0%) vs. 22 (0.0%)
- Other Health Care Facility: 0 (0.0%) vs. 25 (0.0%)
- Emergency Room: 29 (4.0%) vs. 4,679 (2.1%)
- Court/Law Enforcement: 0 (0.0%) vs. 0 (0.0%)
- Unknown: 0 (0.0%) vs. 11 (0.0%)
- Not Reported: 0 (0.0%) vs. 13,155 (5.9%)
### 104 Bear River Valley Hospital

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<tr>
<th>Patient Profile</th>
<th>Patient Visits (#)</th>
<th>Patient Visits-All Hospitals (%)</th>
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<td>Intermediate Care Facility</td>
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**SOURCE:** Utah Ambulatory Surgery Database, Utah Health Data Committee/Office of Health Care Statistics.
<table>
<thead>
<tr>
<th>Reporting Category (ICD-9-CM CODES)</th>
<th>Procedures Performed (#)</th>
<th>Procedures Performed-All Hospitals (%)</th>
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<tbody>
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<tr>
<td>Musculoskeletal (76.0-84.99)</td>
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<tr>
<td>Respiratory (30.0-34.99)</td>
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<tr>
<td>Cardiovascular (35.0-39.99)</td>
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<tr>
<td>Lymphatic/Hemetic (40.0-41.99)</td>
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<tr>
<td>Digestive System (42.0-54.99)</td>
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<tr>
<td>Urinary (55.0-59.99)</td>
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<tr>
<td>Male Genital (60.0-64.99)</td>
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<td>Eye (08.0-16.99)</td>
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<td>Ear (18.0-20.99)</td>
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<td>Nose, Mouth, Pharynx (21.0-29.99)</td>
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<table>
<thead>
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<th>Procedures Performed-All Hospitals (%)</th>
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SOURCE: Utah Ambulatory Surgery Database
Utah Health Data Committee/Office of Health Care Statistics.
Reportable* excludes codes in the former "Other" category and CPT blood draw codes in previous reports.
## Most Commonly Performed CPT-4 and ICD-9 Reportable Procedures

### ICD-9 Code and Description

<table>
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<th>ICD-9 Code</th>
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<th>%</th>
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<td>283</td>
<td>Tonsillectomy with Adenoidectomy</td>
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<td>0.18</td>
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### CPT-4 Code and Description

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</table>

**Source:** Utah Ambulatory Surgery Database

*Reportable* excludes codes in the former "Other" category and CPT4 blood draw codes in previous reports.
<table>
<thead>
<tr>
<th>ICD-9 Code</th>
<th>ICD-9 Description</th>
<th>#</th>
<th>Average Total Charge (All Hospitals)</th>
<th>Average Total Charge (All Hospitals)</th>
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<tbody>
<tr>
<td>2001</td>
<td>MyringotomY With Insertion Of Tube</td>
<td>40</td>
<td>$1,317</td>
<td>$1,466</td>
</tr>
<tr>
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Source: Utah Ambulatory Surgery Database
Reportable* excludes codes in the former "Other" category and CPT4 blood draw codes in previous reports.
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Utah Health Data Committee/Office of Health Care Statistics
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SOURCE: Utah Ambulatory Surgery Database
Utah Health Data Committee/Office of Health Care Statistics
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SOURCE: Utah Ambulatory Surgery Database
Utah Health Data Committee/Office of Health Care Statistics.
Reportable* excludes codes in the former "Other" category and CPT blood draw codes in previous reports.
103 Brigham City Community Hospital

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<thead>
<tr>
<th>ICD-9 CODE</th>
<th>ICD-9 DESCRIPTION</th>
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SOURCE: Utah Ambulatory Surgery Database
Utah Health Data Committee/Office of Health Care Statistics
Reportable* excludes codes in the former "Other" category and CPT4 blood draw codes in previous reports.
### ICD-9 Procedures

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<th>ICD-9 Code</th>
<th>ICD-9 Description</th>
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### CPT-4 Procedures

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SOURCE: Utah Ambulatory Surgery Database

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SOURCE: Utah Ambulatory Surgery Database
Utah Health Data Committee/Office of Health Care Statistics
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## 103 Brigham City Community Hospital

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**SOURCE:** Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

Reportable* excludes codes in the former "Other" category and CPT blood draw codes in previous reports.
## Number of Selected Ambulatory Surgery Patient Visits by Patient Profile

**103 Brigham City Community Hospital**

<table>
<thead>
<tr>
<th>Patient Profile</th>
<th>Patient Visits ($#$)</th>
<th>Patient Visits-All Hospitals ($#$)</th>
<th>Patient Visits-All Hospitals (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>GENDER</td>
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<tr>
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<td>Unknown</td>
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<tr>
<td>Not Reported</td>
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<tr>
<td>AGE</td>
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<td>60-64</td>
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**SOURCE OF ADMISSION**

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<th>Source of Admission</th>
<th>Patient Visits ($#$)</th>
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(Continued)
### Patient Profile

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**SOURCE:** Utah Ambulatory Surgery Database, Utah Health Data Committee/Office of Health Care Statistics.
### Number of CPT-4 and ICD-9 Reportable* Procedures by Selected Ambulatory Surgery Reporting Category

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<tr>
<th>Reporting Category (ICD-9-CM Codes)</th>
<th>Procedures Performed</th>
<th>Procedures Performed-All Hospitals</th>
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</thead>
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<tr>
<td><strong>CPT-4 CODES</strong></td>
<td>(#)</td>
<td>(%)</td>
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<tr>
<td><strong>CPT-4 CODES</strong></td>
<td>(#)</td>
<td>(%)</td>
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<td>Reporting Category (ICD-9-CM Codes)</td>
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<tr>
<td>Mastectomy (85.0-85.99)</td>
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<tr>
<td>Musculoskeletal (76.0-84.99)</td>
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<td>Cardiovascular (35.0-39.99)</td>
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<td>Nose, Mouth, Pharynx (21.0-29.99)</td>
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</table>

| Reporting Category (CPT-4 CODES)    | 5,657                | 100.0                             |
| Mastectomy (19120-19220)            | 68                   | 1.2                               |
| Musculoskeletal (20000-29909)       | 2,620                | 46.3                              |
| Respiratory (30000-32999 & 39501-39599) | 756 | 13.4                          |
| Cardiovascular (33010-37799 & 93501-93660) | 34 | 0.6                          |
| Lymphatic/Hemetic (38100-38999)     | 29                   | 0.5                               |
| Digestive (40490-49999)             | 969                  | 17.1                              |
| Urinary (50010-53899)               | 207                  | 3.7                               |
| Male Genital (54000-55899)          | 81                   | 1.4                               |
| Female Genital (56405-58999)        | 187                  | 3.3                               |
| Endocrine/Nervous (60000-64999)     | 230                  | 4.1                               |
| Eye (65091-68899)                   | 28                   | 0.5                               |
| Ear (69000-69979)                   | 448                  | 7.9                               |

**SOURCE:** Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics.

Reportable* excludes codes in the former "Other" category and CPT blood draw codes in previous reports.
### ICD-9 Code and Description

<table>
<thead>
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<th>Description</th>
<th>#</th>
<th>%</th>
<th>% ALL Hospitals</th>
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<tr>
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<tr>
<td>283</td>
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<tr>
<td>806</td>
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<td>8021</td>
<td>Arthroscopy of Shoulder</td>
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### CPT-4 Code and Description

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SOURCE: Utah Ambulatory Surgery Database
Utah Health Data Committee/Office of Health Care Statistics
Reportable* excludes codes in the former "Other" category and CPT4 blood draw codes in previous reports.
### ICD-9 Procedures

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<th>ICD-9 Code</th>
<th>ICD-9 Description</th>
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### CPT-4 Procedures

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<tr>
<th>CPT-4 Code</th>
<th>CPT-4 Description</th>
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SOURCE: Utah Ambulatory Surgery Database

Reportable* excludes codes in the former "Other" category and CPT4 blood draw codes in previous reports.
## AMB ST 1-4
### UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
**PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE CPT-4 PROCEDURES**

### Procedure APG category

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<th>TOTAL # (ALL Hospitals)</th>
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<td>134 COMPLEX CYSTORETHROSCOPY AND LITHOLAPAXY</td>
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procedure APG category
procedure APG                        TOTAL # TOTAL # (ALL Hospitals)
135 MODERATE CYSTOURETHEROSCOPY                      31       1,846
136 SIMPLE CYSTOURETHEROSCOPY                        1       606
137 COMPLEX CYSTOURETHEROSCOPY                       2            125
138 SIMPLE URETHRAL PROCEDURES                       12       153
08 MALE GENITAL SYSTEM
151 TESTICULAR AND EPIDIDYMAL PROCEDURES             7       1,397
153 COMPLEX PENILE PROCEDURES                        3       413
154 SIMPLE PENILE PROCEDURES                         13       680
12   FACIAL, EAR, NOSE, MOUTH AND THROAT              1,590       27,995
11   EYE AND OCULAR ADNEXA                            28       11,129
10 NERVOUS SYSTEM
195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP 32 19,763
197 NEUROSTIMULATOR AND VENTRICULAR SHUNT IMPLANTATION 3 828
198 NERVE REPAIR AND DESTRUCTION                      171       4,690
180 COLPOSCOPY                                      4        339
179 HYSTEROSCOPY                                    94        2,718
178 DILATION AND CURETTAGE                           2        709
177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES            9       1,642
176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES           13       1,421
10 NERVOUS SYSTEM
214 CATARACT PROCEDURES                             22        4,618
215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES           5        469
216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES          1        294
12 FACIAL, EAR, NOSE, MOUTH AND THROAT
123 NASAL CAUTERIZATION AND PACKING                 1,590       27,995
124 COMPLEX FACIAL AND ENT PROCEDURES                245       5,543
125 SIMPLE FACIAL AND ENT PROCEDURES                 798       13,699
126 TONSIL AND ADENOID PROCEDURES                    524       8,152

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<table>
<thead>
<tr>
<th>Procedure APG category</th>
<th>TOTAL #</th>
<th>AVE TOT CHRG</th>
<th>AVE TOT CHRG(ALL Hospitals)</th>
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<td><strong>10 NERVOUS SYSTEM</strong></td>
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<td>195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP</td>
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<td><strong>11 EYE AND OCULAR ADNEXA</strong></td>
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<td>214 CATARACT PROCEDURES</td>
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<td><strong>12 FACIAL, EAR, NOSE, MOUTH AND THROAT</strong></td>
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<td>233 NASAL CAUTERIZATION AND PACKING</td>
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<td>234 COMPLEX FACIAL AND ENT PROCEDURES</td>
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<td>235 SIMPLE FACIAL AND ENT PROCEDURES</td>
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<tr>
<td>236 TONSIL AND ADENOID PROCEDURES</td>
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145 Cache Valley Specialty Hospital

<table>
<thead>
<tr>
<th>Patient Profile</th>
<th>Patient Visits (#)</th>
<th>Patient Visits-All Hospitals (#)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(%)</td>
<td></td>
</tr>
</tbody>
</table>

**GENDER**

- Female: 1,793 (49.9) vs. 122,108 (54.4)
- Male: 1,803 (50.1) vs. 102,236 (45.6)
- Unknown: 0 (0.0) vs. 4 (0.0)
- Not Reported: 0 (0.0) vs. 4 (0.0)

**AGE**

- 1-28 days: 0 (0.0) vs. 704 (0.3)
- 29-365 days: 79 (2.2) vs. 2,863 (1.3)
- 1-4 years: 458 (12.7) vs. 11,046 (4.9)
- 5-9: 264 (7.3) vs. 6,088 (2.7)
- 10-14: 113 (3.1) vs. 4,673 (2.1)
- 15-17: 160 (4.4) vs. 5,017 (2.2)
- 18-19: 126 (3.5) vs. 3,697 (1.6)
- 20-24: 234 (6.5) vs. 10,637 (4.7)
- 25-29: 225 (6.3) vs. 12,527 (5.6)
- 30-34: 196 (5.5) vs. 12,120 (5.5)
- 35-39: 168 (4.7) vs. 12,327 (5.5)
- 40-44: 225 (6.3) vs. 14,081 (6.3)
- 45-49: 274 (7.6) vs. 17,506 (7.8)
- 50-54: 268 (7.5) vs. 25,054 (11.2)
- 55-59: 193 (5.4) vs. 20,980 (9.4)
- 60-64: 145 (4.0) vs. 16,994 (7.6)
- 65-69: 178 (4.9) vs. 14,770 (6.6)
- 70-74: 116 (3.2) vs. 12,538 (5.6)
- 75-79: 95 (2.6) vs. 10,175 (4.5)
- 80-84: 56 (1.6) vs. 6,704 (3.0)
- 85-89: 16 (0.4) vs. 2,983 (1.3)
- 90 +: 6 (0.2) vs. 865 (0.4)
- Not Reported: 1 (0.0) vs. 707 (0.3)

**SOURCE OF ADMISSION**

- Physician Referral: 17 (0.5) vs. 202,212 (90.1)
- Clinic Referral: 4 (0.1) vs. 553 (0.2)
- HMO Referral: 3,575 (99.4) vs. 3,605 (1.6)
- Other Hospital: 0 (0.0) vs. 90 (0.0)
- Skilled Nursing Facility: 0 (0.0) vs. 22 (0.0)
- Other Health Care Facility: 0 (0.0) vs. 25 (0.0)
- Emergency Room: 0 (0.0) vs. 4,679 (2.1)
- Court/Law Enforcement: 0 (0.0) vs. 0 (0.0)
- Unknown: 0 (0.0) vs. 11 (0.0)
- Not Reported: 0 (0.0) vs. 13,155 (5.9)

(Continued)
**AMB ST 1-6**

**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006**

**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

### 145 Cache Valley Specialty Hospital

<table>
<thead>
<tr>
<th>Patient Profile</th>
<th>Patient Visits (#)</th>
<th>Patient Visits-All Hospitals (%)</th>
</tr>
</thead>
<tbody>
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<td>Another Hospital</td>
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<tr>
<td>Skilled Nursing Facility</td>
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<tr>
<td>Intermediate Care Facility</td>
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<tr>
<td>Other Type of Institution</td>
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</tr>
<tr>
<td>Under Care of Home Service</td>
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<tr>
<td>Left Against Medical Advice</td>
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<tr>
<td>Under Care of Home IV Provider</td>
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<tr>
<td>Expired</td>
<td>0</td>
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<tr>
<td>Unknown</td>
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<tr>
<td>Not Reported</td>
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<td>0.0</td>
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<tr>
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**SOURCE:** Utah Ambulatory Surgery Database, Utah Health Data Committee/Office of Health Care Statistics.
NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

<table>
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<th>(%)</th>
<th>#</th>
<th>(%)</th>
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</thead>
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<td>65,753</td>
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<th>(%)</th>
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SOURCE: Utah Ambulatory Surgery Database
Utah Health Data Committee/Office of Health Care Statistics.
Reportable* excludes codes in the former "Other" category and CPT blood draw codes in previous reports.
## Most Commonly Performed CPT-4 and ICD-9 Reportable* Procedures

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**Source:** Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

Reportable* excludes codes in the former "Other" category and CPT4 blood draw codes in previous reports.
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SOURCE: Utah Ambulatory Surgery Database
Reportable* excludes codes in the former "Other" category and CPT4 blood draw codes in previous reports.
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**SOURCE:** Utah Ambulatory Surgery Database  
Utah Health Data Committee/Office of Health Care Statistics  
Reportable excludes codes in the former "Other" category and CPT blood draw codes in previous reports.
### UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006

**PROCEDURE APG CATEGORY, PROCEDURE APG, SINGLE APG ONLY**

**BASED ON REPORTABLE CPT-4 PROCEDURES**

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SOURCE: Utah Ambulatory Surgery Database
Utah Health Data Committee/Office of Health Care Statistics
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**Source:** Utah Ambulatory Surgery Database, Utah Health Data Committee/Office of Health Care Statistics.
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<tr>
<th>Reporting Category (ICD-9-CM Codes)</th>
<th>Procedures Performed (#)</th>
<th>Procedures Performed-All Hospitals (%)</th>
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</thead>
<tbody>
<tr>
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<tr>
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<tr>
<td>Respiratory (30.0-34.99)</td>
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<tr>
<td>Cardiovascular (35.0-39.99)</td>
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<tr>
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<tr>
<td>Urinary (55.0-59.99)</td>
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<td>Male Genital (60.0-64.99)</td>
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<td>Female Genital (65.0-71.99)</td>
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<tr>
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<td>Eye (08.0-16.99)</td>
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<tr>
<td>Ear (18.0-20.99)</td>
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<td>Nose, Mouth, Pharynx (21.0-29.99)</td>
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<table>
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<tr>
<th>Reporting Category (CPT-4 Codes)</th>
<th>Procedures Performed (#)</th>
<th>Procedures Performed-All Hospitals (%)</th>
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</thead>
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<td>Ear (69000-69979)</td>
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SOURCE: Utah Ambulatory Surgery Database
Utah Health Data Committee/Office of Health Care Statistics.
Reportable* excludes codes in the former "Other" category and CPT blood draw codes in previous reports.
# MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES

## ICD-9 CODES

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<thead>
<tr>
<th>ICD-9 Code</th>
<th>Description</th>
<th>Count</th>
<th>% All Hospitals</th>
<th>% ALL Hospitals</th>
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<td>MYRINGOTOMY WITH INSERTION OF TUBE</td>
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<td>LAPAROSCOPIC CHOLECYSTECTOMY</td>
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<td>2.01</td>
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<tr>
<td>282</td>
<td>TONSILLECTOMY WITHOUT ADENOIDECTOMY</td>
<td>5</td>
<td>4.9</td>
<td>0.62</td>
</tr>
<tr>
<td>443</td>
<td>GASTROENTROST WITHOUT GASTRECTOMY</td>
<td>4</td>
<td>3.9</td>
<td>0.60</td>
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<tr>
<td>7756</td>
<td>REPAIR OF HAMMER TOE</td>
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<tr>
<td>8339</td>
<td>EXCISION LESION OTHER SOFT TISSUE</td>
<td>4</td>
<td>3.9</td>
<td>0.28</td>
</tr>
<tr>
<td>7768</td>
<td>LOCAL EXC LESION/TISSUE TARSALMTS</td>
<td>3</td>
<td>2.9</td>
<td>0.21</td>
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<tr>
<td>283</td>
<td>TONSILLECTOMY WITH ADENOIDECTOMY</td>
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<td>2.0</td>
<td>1.68</td>
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<td>5424</td>
<td>CLOSED BIOPSY INTRA-ABDOMINAL MASS</td>
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## CPT-4 CODES

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<th>Description</th>
<th>Count</th>
<th>% All Hospitals</th>
<th>% ALL Hospitals</th>
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<td>45378</td>
<td>COLONOSCOPY FLEX; DX-SEP PROC</td>
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<td>27.4</td>
<td>7.39</td>
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<tr>
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<td>UGI ENDO; DX W/WO CLCT SPECMN-SP</td>
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<td>44100</td>
<td>BX INTESTINE CAPSULE TUBE PERORA</td>
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<td>9.0</td>
<td>0.03</td>
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<tr>
<td>47563</td>
<td>LAPAROSCP SURG; CHOLECT W/CHOLAN</td>
<td>37</td>
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<tr>
<td>69436</td>
<td>TYPHANOSTOMY GENERAL ANESTHESIA</td>
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<td>0.09</td>
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<tr>
<td>49505</td>
<td>REPR INIT IHNIA 5YR/MORE; R</td>
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<td>64721</td>
<td>NEUROPLASTY; MEDIAN CARPAL TUNNE</td>
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<td>58563</td>
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<td>T&amp;A; UNDER AGE 12</td>
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<tr>
<td>42826</td>
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<td>HALLUX VALGUS; PHALANX OSTEOTOMY</td>
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<tr>
<td>58558</td>
<td>HISTEROSCP SURG; W/BX &amp; POLYE</td>
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<td>28296</td>
<td>HALLUX VALGUS; W/METATARSAL OSTE</td>
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</tbody>
</table>

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SOURCE: Utah Ambulatory Surgery Database  
Utah Health Data Committee/Office of Health Care Statistics  
Reportable* excludes codes in the former "Other" category and CPT4 blood draw codes in previous reports.
### Utah Hospital and Freestanding Ambulatory Surgery Center (FASC) Utilization and Charge Profile of Outpatient Surgery, 2006

Average total charges for most commonly performed CPT-4 and ICD-9 reportable* procedures, single ICD-9 or CPT-4 only.

---

**ICD-9 Procedures**

<table>
<thead>
<tr>
<th>ICD-9 Code</th>
<th>ICD-9 Description</th>
<th>#</th>
<th>Ave Tot Chrg</th>
<th>Ave Tot Chrg(All Hospitals)</th>
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<td>Laparoscopic Cholecystectomy</td>
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<td>$3,166</td>
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<td>282</td>
<td>Tonsillectomy without Adenoidectomy</td>
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<td>28201</td>
<td>Myringotomy with Insertion of Tube</td>
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<td>Gastroenterost without Gastroectomy</td>
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<tr>
<td>283</td>
<td>Tonsillectomy with Adenoidectomy</td>
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<td>5424</td>
<td>Closed Biopsy intra-Abdominal Mass</td>
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<td>6702</td>
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<td>4999</td>
<td>Other Operations on Anus</td>
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<td>5302</td>
<td>Unilateral Repair Indirect Inc Hernia</td>
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<td>Salpingectomy w/Removal Tubal Pg</td>
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<td>Amputation of Toe</td>
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**CPT-4 Procedures**

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<th>CPT-4 Code</th>
<th>CPT-4 Description</th>
<th>#</th>
<th>Ave Tot Chrg</th>
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<tr>
<td>45378</td>
<td>Colonoscopy Flex; Dx-Sep Proc</td>
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<tr>
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**Source:** Utah Ambulatory Surgery Database

Reportable* excludes codes in the former "Other" category and CPT-4 blood draw codes in previous reports.
<table>
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<tr>
<th>Procedure APG Category</th>
<th>Procedure APG</th>
<th>Total #</th>
<th>Total # (All Hospitals)</th>
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<td>002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION</td>
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<td>008 SIMPLE EXCISION AND BIOPSY</td>
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<tr>
<td>012 BREAST RECONSTRUCTION AND MASTECTOMY</td>
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<tr>
<td>02 MUSCULOSKELETAL SYSTEM</td>
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SOURCE: Utah Ambulatory Surgery Database
Utah Health Data Committee/Office of Health Care Statistics
Reportable* excludes codes in the former "Other" category and CPT blood draw codes in previous reports.
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SOURCE: Utah Ambulatory Surgery Database
Utah Health Data Committee/Office of Health Care Statistics
Reportable* excludes codes in the former "Other" category and CPT blood draw codes in previous reports.
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### 113 Central Valley Medical Center - CAH

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<td>35,900 (16.0%)</td>
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<tr>
<td>Wasatch County</td>
<td>0 (0.0%)</td>
<td>1,771 (0.8%)</td>
</tr>
<tr>
<td>Weber County</td>
<td>0 (0.0%)</td>
<td>21,412 (9.5%)</td>
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<tr>
<td>Unknown Utah</td>
<td>1 (0.1%)</td>
<td>49 (0.0%)</td>
</tr>
<tr>
<td>Outside Utah</td>
<td>5 (0.7%)</td>
<td>8,923 (4.0%)</td>
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<tr>
<td>Unknown, Not Reported</td>
<td>0 (0.0%)</td>
<td>197 (0.1%)</td>
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**SOURCE:** Utah Ambulatory Surgery Database, Utah Health Data Committee/Office of Health Care Statistics.
Number of CPT-4 and ICD-9 Reportable* Procedures by Selected Ambulatory Surgery Reporting Category

<table>
<thead>
<tr>
<th>Reporting Category (ICD-9-CM Codes)</th>
<th># (Performed)</th>
<th>%</th>
<th># (Performed-All Hospitals)</th>
<th>%</th>
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<tbody>
<tr>
<td>Mastectomy (85.0-85.99)</td>
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<td>Urinary (55.0-59.99)</td>
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<table>
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SOURCE: Utah Ambulatory Surgery Database
Utah Health Data Committee/Office of Health Care Statistics.
Reportable* excludes codes in the former "Other" category and CPT blood draw codes in previous reports.
# MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES

## ICD-9 Procedures

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<th>ICD-9 DESCRIPTION</th>
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## CPT-4 Procedures

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Source: Utah Ambulatory Surgery Database
Utah Health Data Committee/Office of Health Care Statistics
Reportable* excludes codes in the former "Other" category and CPT4 blood draw codes in previous reports.
<table>
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<tr>
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**CPT-4 Procedures**

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**SOURCE:** Utah Ambulatory Surgery Database

*Reportable* excludes codes in the former "Other" category and CPT4 blood draw codes in previous reports.
119 Cottonwood Hospital Medical Center

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SOURCE: Utah Ambulatory Surgery Database
Utah Health Data Committee/Office of Health Care Statistics
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SOURCE: Utah Ambulatory Surgery Database
Utah Health Data Committee/Office of Health Care Statistics
Reportable* excludes codes in the former "Other" category and CPT blood draw codes in previous reports.
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SOURCE: Utah Ambulatory Surgery Database
Utah Health Data Committee/Office of Health Care Statistics.
Reportable* excludes codes in the former "Other" category and CPT blood draw codes in previous reports.
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Utah Health Data Committee/Office of Health Care Statistics
Reportable* excludes codes in the former "Other" category and CPT4 blood draw codes in previous reports.
### UTOPIA HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006

**AVERAGE TOTAL CHARGES FOR MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES, SINGLE ICD-9 OR CPT-4 ONLY**

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SOURCE: Utah Ambulatory Surgery Database
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SOURCE: Utah Ambulatory Surgery Database
Utah Health Data Committee/Office of Health Care Statistics
Reportable* excludes codes in the former "Other" category and CPT blood draw codes in previous reports.
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SOURCE: Utah Ambulatory Surgery Database
Utah Health Data Committee/Office of Health Care Statistics
Reportable* excludes codes in the former "Other" category and CPT blood draw codes in previous reports.
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### Number of Selected Ambulatory Surgery Patient Visits by Patient Profile

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### Primary Payer

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### Local Health District of Patient Residence

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<td>Unknown, Not Reported</td>
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<td>0.1</td>
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</table>

**Source:** Utah Ambulatory Surgery Database, Utah Health Data Committee/Office of Health Care Statistics.
<table>
<thead>
<tr>
<th>Reporting Category (ICD-9-CM Codes)</th>
<th>Procedures Performed (#)</th>
<th>Procedures Performed-All Hospitals (#)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mastectomy (85.0-85.99)</td>
<td>625 100.0</td>
<td>321,711 100.0</td>
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<tr>
<td>Musculoskeletal (76.0-84.99)</td>
<td>6 1.0</td>
<td>7,021 2.2</td>
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<tr>
<td>Respiratory (30.0-34.99)</td>
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<tr>
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<td>3,438 1.1</td>
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<tr>
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<td>3,088 1.0</td>
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<tr>
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<td>107,581 33.4</td>
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<tr>
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<tr>
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<td>19,328 6.0</td>
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<tr>
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<td>14,440 4.5</td>
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<tr>
<td>Nose, Mouth, Pharynx (21.0-29.99)</td>
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<td>30,240 9.4</td>
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<table>
<thead>
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<th>Reporting Category (CPT-4 Codes)</th>
<th>Procedures Performed (#)</th>
<th>Procedures Performed-All Hospitals (#)</th>
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</thead>
<tbody>
<tr>
<td>Mastectomy (19120-19220)</td>
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<tr>
<td>Musculoskeletal (20000-29909)</td>
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<td>Cardiovascular (33010-37799 &amp; 93501-93660)</td>
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<tr>
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<tr>
<td>Ear (69000-69979)</td>
<td>40 8.2</td>
<td>7,860 2.6</td>
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</table>

SOURCE: Utah Ambulatory Surgery Database
Utah Health Data Committee/Office of Health Care Statistics.
Reportable* excludes codes in the former "Other" category and CPT blood draw codes in previous reports.
### ANB ST 1-2

**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006**

#### MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES

<table>
<thead>
<tr>
<th>ICD-9 CODE</th>
<th>ICD-9 DESCRIPTION</th>
<th>#</th>
<th>%</th>
<th>% ALL Hospitals</th>
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<td>COLONOSCOPY</td>
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<td>19.4</td>
<td>7.45</td>
</tr>
<tr>
<td>2001</td>
<td>MYRINGOTOMY WITH INSERTION OF TUBE</td>
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<td>10.4</td>
<td>3.56</td>
</tr>
<tr>
<td>201</td>
<td>DISCISSION OF SECONDARY MEMBRANE</td>
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<td>1.8</td>
<td>0.18</td>
</tr>
<tr>
<td>1364</td>
<td>REMOVAL OF TYMPANOSTOMY TUBE</td>
<td>9</td>
<td>1.4</td>
<td>0.13</td>
</tr>
<tr>
<td>6823</td>
<td>HYSTEROSCOPY</td>
<td>13</td>
<td>2.1</td>
<td>0.30</td>
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<tr>
<td>4513</td>
<td>OTHER ENDOSCOPY OF SMALL INTESTINE</td>
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<td>2.4</td>
<td>1.88</td>
</tr>
<tr>
<td>4516</td>
<td>EGD W/CLOS BX</td>
<td>34</td>
<td>5.4</td>
<td>5.75</td>
</tr>
<tr>
<td>4525</td>
<td>CLOS [ENDO] BX LARGE INTESTINE</td>
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<td>2.61</td>
</tr>
<tr>
<td>49650</td>
<td>REPR INIT ING HERNIA 5YR/MORE; R</td>
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<td>0.19</td>
</tr>
<tr>
<td>58120</td>
<td>DILATION &amp; CURET DX &amp;/ THERAPEUT</td>
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<td>1.2</td>
<td>0.23</td>
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<tr>
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<td>FROBE NASOLACRIM DUCT; REQ GEN A</td>
<td>3</td>
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<td>0.11</td>
</tr>
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<td>0.18</td>
</tr>
<tr>
<td>69424</td>
<td>VENTILATING TUBE REMV RQR GEN AN</td>
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<td>0.07</td>
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<tr>
<td>47563</td>
<td>LAPARSCPY SURG; CHOLECT W/CHOLAN</td>
<td>3</td>
<td>0.6</td>
<td>1.32</td>
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<tr>
<td>8521</td>
<td>LOCAL EXCISION OF LESION OF BREAST</td>
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<table>
<thead>
<tr>
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<th>CPT-4 DESCRIPTION</th>
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<td>100.0</td>
<td>100.0</td>
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<tr>
<td>6952</td>
<td>ASPIRATION CURET FOLLOWING DELIV/AB</td>
<td>7</td>
<td>1.1</td>
<td>0.47</td>
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<tr>
<td>6629</td>
<td>OTH BIL ENDO DESTRUC FALLOP TUBES</td>
<td>6</td>
<td>1.0</td>
<td>0.32</td>
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<tr>
<td>6909</td>
<td>OTHER DILATION&amp;URETAGE OF UTERUS</td>
<td>6</td>
<td>1.0</td>
<td>0.47</td>
</tr>
<tr>
<td>78120</td>
<td>DISCISSION 2ND CATARACT; LASER S</td>
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<td>2.9</td>
<td>1.32</td>
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<tr>
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<td>REPR INIT ING HERNIA 5YR/MORE; R</td>
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<td>0.8</td>
<td>0.95</td>
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<tr>
<td>66811</td>
<td>FROBE NASOLACRIM DUCT; REQ GEN A</td>
<td>3</td>
<td>0.6</td>
<td>0.11</td>
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</tbody>
</table>

**SOURCE:** Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

Reportable* excludes codes in the former "Other" category and CPT4 blood draw codes in previous reports.
## Average Total Charges for Most Commonly Performed CPT-4 and ICD-9 Reportable* Procedures, Single ICD-9 or CPT-4 Only

### ICD-9 Procedures

<table>
<thead>
<tr>
<th>ICD-9 Code</th>
<th>ICD-9 Description</th>
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<th>Ave TOT CHRG</th>
<th>Ave TOT CHRG (ALL Hospitals)</th>
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<td>$838</td>
<td>$947</td>
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<td>TONSILLECTOMY WITH ADENOIDECTOMY</td>
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<td>$2,169</td>
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<td>$1,072</td>
<td>$1,356</td>
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<tr>
<td>4516</td>
<td>EGD W/CLOS BX</td>
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<td>$861</td>
<td>$1,301</td>
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<td>4836</td>
<td>[ENDOSCOPIC] POLYPECTOMY OF RECTUM</td>
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<td>$1,113</td>
<td>$1,228</td>
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<td>ENDO POLYPECTOMY LARGE INTESTINE</td>
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<td>4824</td>
<td>CLOSED BIOPSY OF RECTUM</td>
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<td>ENDO POLYPECTOMY LARGE INTESTINE</td>
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<td>$1,021</td>
<td>$1,297</td>
</tr>
<tr>
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<td>ENDOMETRIAL ABLATION</td>
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</tr>
<tr>
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<td>LOCAL EXCISION OF LESION OF BREAST</td>
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<td>$2,260</td>
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<td>1359</td>
<td>OTHER EXTRACAPSULAR EXTRACTION LENS</td>
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<td>LAPAROSCOPIC CHOLECYSTECTOMY</td>
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<td>4341</td>
<td>ENDO EXC/DESTRUC LES/TISSUE STOMACH</td>
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### CPT-4 Procedures

<table>
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<tr>
<th>CPT-4 Code</th>
<th>CPT-4 Description</th>
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<th>Ave TOT CHRG (ALL Hospitals)</th>
</tr>
</thead>
<tbody>
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<td>45378</td>
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<td>$949</td>
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<tr>
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<td>69436</td>
<td>TYMpanostomy GENERAL ANESTHESIA</td>
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<td>$1,147</td>
<td>$1,166</td>
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<tr>
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<td>$2,502</td>
<td>$2,072</td>
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<tr>
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<td>$2,469</td>
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<tr>
<td>66821</td>
<td>DISCSECTION 2ND CATARACT; LASER S</td>
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<td>$744</td>
<td>$770</td>
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<tr>
<td>45385</td>
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<td>VENTILATING TUBE REMY RQR GEN AN</td>
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<td>$1,169</td>
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</table>

**Source:** Utah Ambulatory Surgery Database

Reportable* excludes codes in the former "Other" category and CPT4 blood draw codes in previous reports.
## Procedure APG category

<table>
<thead>
<tr>
<th>Procedure APG category</th>
<th>TOTAL #</th>
<th>TOTAL # (ALL Hospitals)</th>
</tr>
</thead>
</table>

### 01 INTEGUMENTARY SYSTEM
- **008** SIMPLE EXCISION AND BIOPSY: 2 (1,012)
- **011** SIMPLE INCISION AND EXCISION OF BREAST: 4 (2,366)
- **012** BREAST RECONSTRUCTION AND MASTECTOMY: 1 (635)

### 02 MUSCULOSKELETAL SYSTEM
- **024** SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES: 5 (11,532)
- **035** ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION: 1 (2,033)
- **055** HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE: 5 (3,114)
- **097** TRANSFUSION: 1 (1,021)

### 03 DIGESTIVE SYSTEM
- **113** ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY: 1 (649)
- **116** THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION: 5 (5,914)
- **117** LOWER GASTROINTESTINAL ENDOSCOPY: 195 (47,953)
- **119** HERNIA AND HYDROCELE PROCEDURES: 10 (6,882)
- **123** COMPLEX LAPAROSCOPIC PROCEDURES: 17 (15,680)

### 04 MALE GENITAL SYSTEM
- **151** TESTICULAR AND EPIDIDYMAL PROCEDURES: 1 (1,397)
- **154** SIMPLE PENILE PROCEDURES: 1 (680)

### 05 FEMALE GENITAL SYSTEM
- **178** DILATION AND CURETTAGE: 6 (709)
- **179** HYSTEROSCOPY: 19 (2,718)
- **180** COLPOSCOPY: 1 (339)

### 11 EYE AND OCULAR ADNEXA
- **213** LASER EYE PROCEDURES: 11 (710)
- **215** COMPLEX ANTERIOR SEGMENT EYE PROCEDURES: 3 (469)
- **217** SIMPLE ANTERIOR SEGMENT EYE PROCEDURES: 2 (238)
- **219** SIMPLE POSTERIOR SEGMENT EYE PROCEDURES: 2 (436)

### 12 FACIAL, EAR, NOSE, MOUTH AND THROAT
- **233** NASAL CAUTERIZATION AND PACKING: 1 (323)
- **235** SIMPLE FACIAL AND ENT PROCEDURES: 40 (13,699)
- **236** TONSIL AND ADENOID PROCEDURES: 46 (8,352)

---

**SOURCE:** Utah Ambulatory Surgery Database
Utah Health Data Committee/Office of Health Care Statistics

Reportable* excludes codes in the former "Other" category and CPT blood draw codes in previous reports.
<table>
<thead>
<tr>
<th>Procedure APG category</th>
<th>Procedure APG</th>
<th>TOTAL #</th>
<th>AVE TOT CHRG</th>
<th>AVE TOT CHRG (ALL Hospitals)</th>
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<td>012 BREAST RECONSTRUCTION AND MASTECTOMY</td>
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<td>024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES</td>
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<tr>
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<tr>
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<td>119 HERNIA AND HYDROCELE PROCEDURES</td>
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<td>$3,546</td>
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**SOURCE:** Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

Reportable* excludes codes in the former "Other" category and CPT blood draw codes in previous reports.
### NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

<table>
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<tr>
<th>Patient Profile</th>
<th>Patient Visits (#)</th>
<th>Patient Visits (%)</th>
<th>Patient Visits-All Hospitals (#)</th>
<th>Patient Visits-All Hospitals (%)</th>
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(Continued)
### 116 Delta Community Medical Center – CAH

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<th>Patient Visits-All Hospitals (%)</th>
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**SOURCE:** Utah Ambulatory Surgery Database, Utah Health Data Committee/Office of Health Care Statistics.
<table>
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<tr>
<th>Reporting Category (ICD-9-CM CODES)</th>
<th>Procedures Performed (#)</th>
<th>Procedures Performed-All Hospitals (%)</th>
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SOURCE: Utah Ambulatory Surgery Database
Utah Health Data Committee/Office of Health Care Statistics.
Reportable* excludes codes in the former "Other" category and CPT blood draw codes in previous reports.
### MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES

#### Dixie Regional Medical Center

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**SOURCE:** Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

Reportable* excludes codes in the former "Other" category and CPT4 blood draw codes in previous reports.
**ICD-9 Procedures**

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**CPT-4 Procedures**

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**SOURCE:** Utah Ambulatory Surgery Database

Reportable* excludes codes in the former "Other" category and CPT4 blood draw codes in previous reports.
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SOURCE: Utah Ambulatory Surgery Database
Utah Health Data Committee/Office of Health Care Statistics
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Utah Health Data Committee/Office of Health Care Statistics
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(Continued)
### AMB ST 1-6

**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006**

**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

<table>
<thead>
<tr>
<th>Patient Profile</th>
<th>Patient Visits (#)</th>
<th>Patient Visits-All Hospitals (%)</th>
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<td>Intermediate Care Facility</td>
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<tr>
<td>Another Type of Institution</td>
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<tr>
<td>Under Care of Home Service</td>
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<tr>
<td>Left Against Medical Advice</td>
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<tr>
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<td>Southeastern Utah</td>
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<td>Summit County</td>
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<tr>
<td>Tooele County</td>
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<tr>
<td>Tri-County</td>
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**SOURCE:** Utah Ambulatory Surgery Database, Utah Health Data Committee/Office of Health Care Statistics.
### Fillmore Community Medical Center - CAH

<table>
<thead>
<tr>
<th>Reporting Category (ICD-9-CM Codes)</th>
<th>Procedures Performed (#)</th>
<th>Procedures Performed-All Hospitals (%)</th>
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</thead>
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<tr>
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<td>Musculoskeletal (76.0-84.99)</td>
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<td>Respiratory (30.0-34.99)</td>
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<td>0.0</td>
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<tr>
<td>Cardiovascular (35.0-39.99)</td>
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<td>0.0</td>
</tr>
<tr>
<td>Lymphatic/Hematologic (40.0-41.99)</td>
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<td>0.0</td>
</tr>
<tr>
<td>Digestive System (42.0-54.99)</td>
<td>92</td>
<td>73.0</td>
</tr>
<tr>
<td>Urinary (55.0-59.99)</td>
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<td>0.0</td>
</tr>
<tr>
<td>Respiratory (35.0-39.99)</td>
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<td>0.0</td>
</tr>
<tr>
<td>Lymphatic/Hematologic (40.0-41.99)</td>
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<td>0.0</td>
</tr>
<tr>
<td>Digestive (42.0-54.99)</td>
<td>92</td>
<td>73.0</td>
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<tr>
<td>Urinary (55.0-59.99)</td>
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<td>0.0</td>
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<tr>
<td>Male Genital (60.0-64.99)</td>
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<tr>
<td>Female Genital (65.0-71.99)</td>
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<tr>
<td>Endocrine/Nervous (01.0-07.99)</td>
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<td>4.0</td>
</tr>
<tr>
<td>Eye (08.0-16.99)</td>
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<td>0.0</td>
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<tr>
<td>Ear (18.0-20.99)</td>
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<td>7.9</td>
</tr>
<tr>
<td>Nose, Mouth, Pharynx (21.0-29.99)</td>
<td>9</td>
<td>7.1</td>
</tr>
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</table>

**SOURCE:** Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics.

Reportable* excludes codes in the former "Other" category and CPT blood draw codes in previous reports.
### UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006

#### MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES

**ICD-9 CODE** | **ICD-9 DESCRIPTION** | **#** | **%** | **% ALL Hospitals**
--- | --- | --- | --- | ---
All ICD-9 Procedures | 126 | 100.0 | 100.0 |
4523 | COLONOSCOPY | 32 | 25.4 | 7.45 |
4525 | CLOS [ENDO] BX LARGE INTESTINE | 19 | 15.1 | 2.61 |
4516 | EGD W/CLOS BX | 12 | 9.5 | 5.75 |
4824 | CLOSED BIOPSY OF RECTUM | 9 | 7.1 | 0.49 |
2001 | MYRINGOTOMY WITH INSERTION OF TUBE | 8 | 6.3 | 3.56 |
283 | TONSILLECTOMY WITH ADENOIDECTOMY | 7 | 5.6 | 1.68 |
5421 | LAPAROSCOPY | 5 | 4.0 | 0.49 |
0443 | RELEASE OF CARPAL TUNNEL | 4 | 3.2 | 1.12 |
4542 | ENDO POLYPECTOMY LARGE INTESTINE | 4 | 3.2 | 3.92 |
6952 | ASPIRATION CURET FOLLOWING DELIV/AB | 4 | 3.2 | 0.47 |
4543 | ENDO DESTRUC OTH LES/TISS LG INTEST | 3 | 2.4 | 0.07 |
201 |/removal of tympanostomy tube | 2 | 1.6 | 0.13 |
5304 | UNILAT REP DIRECTING hern-gft | 2 | 1.6 | 0.49 |
7751 | BUNIONEC SOFT-OSEOT 1ST METATARS | 2 | 1.6 | 0.28 |
407 | OTHER EXC/AVUL CRANIL & PERIPH NERV | 1 | 0.8 | 0.22 |
283 | TONSILLECTOMY WITHOUT ADENOIDECTOMY | 1 | 0.8 | 0.62 |
286 | ADENOIDECTOMY WITHOUT TONSILLECTOMY | 1 | 0.8 | 0.37 |
4835 | LOCAL EXCISION RECTAL LESION/TISSUE | 1 | 0.8 | 0.02 |
4836 | (ENDOSCOPIC) POLYPECTOMY OF RECTUM | 1 | 0.8 | 1.10 |
5314 | BILAT REP DIR ING hern w/gft/prosth | 1 | 0.8 | 0.07 |

**CPT-4 CODE** | **CPT-4 DESCRIPTION** | **#** | **%** | **% ALL Hospitals**
--- | --- | --- | --- | ---
All CPT-4 Procedures | 105 | 100.0 | 100.0 |
45378 | COLONOSCOPY FLEX; DX-SEP PROC | 32 | 30.5 | 7.39 |
45380 | COLONOSCOPY FLEX; W/BX 1/MX | 25 | 23.8 | 5.63 |
43239 | UGI ENDO; W/BX 1/MX | 11 | 10.5 | 5.96 |
42820 | T&A; UNDER AGE 12 | 10 | 9.5 | 1.36 |
69436 | TYPANOSTOMY GENERAL ANESTHESIA | 4 | 3.8 | 0.18 |
45383 | COLONOSCOPY FLEX; W/ABLAT LES | 3 | 2.9 | 0.13 |
45385 | COLONOSCOPY FLEX; W/RE MV LES-SNA | 3 | 2.9 | 1.81 |
49659 | UNLISTED LAP PROC-HERNIOPLSTY/OT | 3 | 2.9 | 0.16 |
29484 | ENDO WRST SURG REL TRANS CARP LIG | 2 | 1.9 | 0.31 |
45384 | COLONOSCOPY FLEX; REMV LES-FORECE | 2 | 1.9 | 0.34 |
28080 | EXC INTERDIGITL NEUROMA SINGLE EA | 1 | 1.0 | 0.19 |
28926 | HALLOX VALGUS; W/METATARSAL OSTE | 1 | 1.0 | 0.25 |
42821 | T&A; AGE 12 OR OVER | 1 | 1.0 | 0.37 |
42825 | TONSILLECT PRIM/SEC; UNDER AGE 1 | 1 | 1.0 | 0.12 |
42830 | ADENOIDECTOMY PRIMARY; UNDER AGE | 1 | 1.0 | 0.35 |
43235 | UGI ENDO; DX W/WO CLCT SPECMN-SP | 1 | 1.0 | 1.32 |
49650 | LAPAROSCPY SURG; REPR INIT ING HE | 1 | 1.0 | 0.19 |
54161 | CIRC NO CLAMP/DORSL SLIT; NOT NB | 1 | 1.0 | 0.17 |
58120 | DILATION & CURET DX / THERAPEUT | 1 | 1.0 | 0.23 |
69424 | VENTILATING TUBE REMV RQR GEN AN | 1 | 1.0 | 0.07 |

*SOURCE: Utah Ambulatory Surgery Database
Utah Health Data Committee/Office of Health Care Statistics
Reportable* excludes codes in the former "Other" category and CPT4 blood draw codes in previous reports.*
<table>
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<tr>
<th>ICD-9 Code</th>
<th>ICD-9 Description</th>
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<th>Ave Tot Chrg (All Hospitals)</th>
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<td>COLONOSCOPY</td>
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<td>$928</td>
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<tr>
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<td>EGD W/CLOS BX</td>
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SOURCE: Utah Ambulatory Surgery Database
Reportable* excludes codes in the former "Other" category and CPT4 blood draw codes in previous reports.
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<tr>
<th>Procedure APG category</th>
<th>Procedure APG</th>
<th>TOTAL #</th>
<th>TOTAL # (ALL Hospitals)</th>
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<td>024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES</td>
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<td>06 DIGESTIVE SYSTEM</td>
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<td>117 LOWER GASTROINTESTINAL ENDOSCOPY</td>
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<td>123 COMPLEX LAPAROSCOPIC PROCEDURES</td>
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SOURCE: Utah Ambulatory Surgery Database
Utah Health Data Committee/Office of Health Care Statistics
Reportable* excludes codes in the former "Other" category and CPT blood draw codes in previous reports.
## Utah Hospital and Freestanding Ambulatory Surgery Center (FASC) Utilization and Charge Profile of Outpatient Surgery, 2006

**Based on Reportable** CPT-4 Procedures

### Procedure APG Category

<table>
<thead>
<tr>
<th>Procedure APG</th>
<th>TOTAL #</th>
<th>AVE TOT CHRG</th>
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**Source:** Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

Reportable excludes codes in the former "Other" category and CPT blood draw codes in previous reports.
### Number of Selected Ambulatory Surgery Patient Visits by Patient Profile

#### GENDER

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#### AGE

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#### SOURCE OF ADMISSION

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Source: Utah Ambulatory Surgery Database, Utah Health Data Committee/Office of Health Care Statistics.
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SOURCE: Utah Ambulatory Surgery Database
Utah Health Data Committee/Office of Health Care Statistics.
Reportable* excludes codes in the former "Other" category and CPT blood draw codes in previous reports.
## MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES

**ICD-9 CODE** | **ICD-9 DESCRIPTION** | **#** | **%** | **% ALL Hospitals**
--- | --- | --- | --- | ---
All ICD-9 Procedures | 259 | 100.0 | 100.0 |
4523 | COLONOSCOPY | 75 | 29.0 | 7.45 |
4516 | EGD W/CLOS BX | 45 | 17.4 | 5.75 |
4542 | ENDO POLYPECTOMY LARGE INTESTINE | 30 | 11.6 | 3.92 |
2001 | MYRINGOTOMY WITH INSERTION OF TUBE | 16 | 6.2 | 3.56 |
4525 | CLOS [ENDO] BX LARGE INTESTINE | 15 | 5.8 | 2.61 |
4836 | [ENDOSCOPIC] POLYPECTOMY OF RECTUM | 14 | 5.4 | 1.10 |
4513 | OTHER ENDOSCOPY OF SMALL INTESTINE | 13 | 5.0 | 1.10 |
283 | TONSILLECTOMY WITH ADENOIDECTOMY | 10 | 3.9 | 1.68 |
5123 | LAPAROSCOPIC CHOLECYSTECTOMY | 7 | 2.7 | 2.01 |
4341 | ENDO EXC/DESTRUC LES/TISSUE STOMACH | 4 | 1.5 | 0.15 |
5304 | UNILAT REPR DIRECT ING HERN-GFT | 4 | 1.5 | 0.49 |
282 | TONSILLECTOMY WITHOUT ADENOIDECTOMY | 3 | 1.2 | 0.62 |
4824 | CLOSED BIOPSY OF RECTUM | 3 | 1.2 | 0.49 |
5303 | UNILAT REPR DIRECT ING HERN-GFT | 3 | 1.2 | 0.33 |
286 | TONSILLECTOMY WITHOUT ADENOIDECTOMY | 3 | 1.2 | 0.37 |
4946 | EXCISION OF HEMORRHOIDS | 2 | 0.8 | 0.16 |
6373 | VASECTOMY | 2 | 0.8 | 0.04 |
2132 | LOCAL EXC/DESTRUC OTH LESION NSE | 1 | 0.4 | 0.08 |
2189 | OTH REPAIR&PLASTIC OPERATIONS NOSE | 1 | 0.4 | 0.13 |
286 | ADENOIDECTOMY WITHOUT TONSILLECTOMY | 1 | 0.4 | 0.37 |
4024 | EXCISION OF INGUINAL LYMPH NODE | 1 | 0.4 | 0.03 |

**CPT-4 CODE** | **CPT-4 DESCRIPTION** | **#** | **%** | **% ALL Hospitals**
--- | --- | --- | --- | ---
All CPT-4 Procedures | 248 | 100.0 | 100.0 |
45378 | COLONOSCOPY FLEX; DX-SEP PROC | 61 | 24.6 | 7.39 |
43239 | UGI ENDO; W/BX 1/MX | 44 | 17.7 | 5.96 |
45385 | COLONOSCOPY FLEX; W/REMV LES-SNA | 39 | 15.7 | 1.81 |
45380 | COLONOSCOPY FLEX; W/BX 1/MX | 17 | 6.9 | 5.63 |
69436 | TYMMPANOSTOMY GENERAL ANESTHESIA | 16 | 6.5 | 0.90 |
43235 | UGI ENDO; DX W/WO CLCT SPECMN-SP | 11 | 4.4 | 1.32 |
G0121 | COLOREC CNCR SCR;COLNSCPY NO HI | 10 | 4.0 | 0.21 |
42280 | T&A; UNDER AGE 1 | 9 | 3.6 | 1.36 |
47562 | LAPAROSCOPIC SURGICAL; CHOLECT | 6 | 2.4 | 0.77 |
49505 | REPR INIT ING HERNIA 5YR/MORE; R | 6 | 2.4 | 0.95 |
43251 | UGI ENDO; W/REMV TUMOR/LES-SNARE | 4 | 1.6 | 0.06 |
42826 | TONSILLECTOMY PKR/SEC; AGE 12/O | 2 | 0.8 | 0.01 |
46260 | HEMORRHOIDECT INTL&EXT CMPLX/EX | 2 | 0.8 | 0.04 |
49585 | REPR UMBIL HERNIA 5YR/OVER; RDUCE | 2 | 0.8 | 0.32 |
55250 | VASECT UNI/BIL-SEP PROC-POSTOP | 2 | 0.8 | 0.04 |
G0105 | COLOREC CANCR SCR; COLNSCPY HI R | 2 | 0.8 | 0.07 |
38500 | BX/EXCISION LYMPH NODE; OPEN SUP | 1 | 0.4 | 0.08 |
42821 | T&A; AGE 12 OR OVER | 1 | 0.4 | 0.37 |
42825 | TONSILLECT PKR/SEC; UNDER AGE 1 | 1 | 0.4 | 0.12 |
42830 | ADENOIDECTOMY PRIMARY; UNDER AGE | 1 | 0.4 | 0.35 |

*SOURCE: Utah Ambulatory Surgery Database*

*Utah Health Data Committee/Office of Health Care Statistics*

*Reportable* excludes codes in the former "Other" category and CPT4 blood draw codes in previous reports.
**Average Total Charges for Most Commonly Performed CPT-4 and ICD-9 Reportable* Procedures, Single ICD-9 or CPT-4 Only**

### ICD-9 Procedures

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<tr>
<th>ICD-9 CODE</th>
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<th>AVE TOT CHRG (ALL Hospitals)</th>
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*Source: Utah Ambulatory Surgery Database*

Reportable* excludes codes in the former "Other" category and CPT4 blood draw codes in previous reports.
<table>
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<tr>
<th>Procedure APG category</th>
<th>Procedure APG</th>
<th>TOTAL #</th>
<th>TOTAL # (ALL Hospitals)</th>
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SOURCE: Utah Ambulatory Surgery Database
Utah Health Data Committee/Office of Health Care Statistics
Reportable* excludes codes in the former "Other" category and CPT blood draw codes in previous reports.
<table>
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<tr>
<th>Procedure APG category</th>
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<th>AVE TOT CHRG (ALL Hospitals)</th>
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SOURCE: Utah Ambulatory Surgery Database
Utah Health Data Committee/Office of Health Care Statistics
Reportable* excludes codes in the former "Other" category and CPT blood draw codes in previous reports.
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<th>Patient Visits-All Hospitals (#)</th>
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(Continued)
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006**

**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

**110 Garfield Memorial Hospital**

<table>
<thead>
<tr>
<th>Patient Profile</th>
<th>Patient Visits</th>
<th>Patient Visits-All Hospitals</th>
</tr>
</thead>
<tbody>
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<th>(%)</th>
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SOURCE: Utah Ambulatory Surgery Database
Utah Health Data Committee/Office of Health Care Statistics.
Reportable* excludes codes in the former "Other" category and CPT blood draw codes in previous reports.
### ICD-9 Procedures

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### CPT-4 Procedures

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**SOURCE:** Utah Ambulatory Surgery Database  
Utah Health Data Committee/Office of Health Care Statistics  
Reportable* excludes codes in the former "Other" category and CPT4 blood draw codes in previous reports.
## Gunnison Valley Hospital - CAH

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**SOURCE:** Utah Ambulatory Surgery Database

Reportable* excludes codes in the former "Other" category and CPT4 blood draw codes in previous reports.
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SOURCE: Utah Ambulatory Surgery Database
Utah Health Data Committee/Office of Health Care Statistics
Reportable* excludes codes in the former "Other" category and CPT blood draw codes in previous reports.
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**SOURCE:** Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

Reportable* excludes codes in the former "Other" category and CPT blood draw codes in previous reports.
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SOURCE: Utah Ambulatory Surgery Database
Utah Health Data Committee/Office of Health Care Statistics.
Reportable* excludes codes in the former "Other" category and CPT blood draw codes in previous reports.
**MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE\(^*\) PROCEDURES**

### ICD-9 Code

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<td>0.52</td>
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</table>

*SOURCE: Utah Ambulatory Surgery Database*

Utah Health Data Committee/Office of Health Care Statistics

Reportable* excludes codes in the former "Other" category and CPT4 blood draw codes in previous reports.
### Average Total Charges for Most Commonly Performed CPT-4 and ICD-9 Reportable* Procedures, Single ICD-9 or CPT-4 Only

#### ICD-9 Procedures

<table>
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<tr>
<th>ICD-9 Code</th>
<th>ICD-9 Description</th>
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<th>Ave Tot Chrg (All Hospitals)</th>
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<td>EGD W/Clos BX</td>
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<td>Other Extracapsular Extraction Lens</td>
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#### CPT-4 Procedures

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<td>$2,178</td>
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*Source: Utah Ambulatory Surgery Database

Reportable* excludes codes in the former "Other" category and CPT4 blood draw codes in previous reports.
## Procedure APG Category, Procedure APG, Based on Reportable* CPT-4 Procedures

**Procedure APG Category**

<table>
<thead>
<tr>
<th>Procedure APG Category</th>
<th>TOTAL #</th>
<th>TOTAL # (ALL Hospitals)</th>
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### Utah Hospital and Freestanding Ambulatory Surgery Center (FASC) Utilization and Charge Profile of Outpatient Surgery, 2006

**Procedure APG Category, Procedure APG, Based on Reportable* CPT-4 Procedures**

<table>
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<th>TOTAL # (ALL Hospitals)</th>
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<td><strong>254 MYEOGRAPHY</strong></td>
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*Reportable* excludes codes in the former "Other" category and CPT blood draw codes in previous reports.

**SOURCE:** Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

Reportable* excludes codes in the former "Other" category and CPT blood draw codes in previous reports.
<table>
<thead>
<tr>
<th>Procedure APG category</th>
<th>Procedure APG</th>
<th>TOTAL #</th>
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<th>AVE TOT CHRG(ALL Hospitals )</th>
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SOURCE: Utah Ambulatory Surgery Database
Utah Health Data Committee/Office of Health Care Statistics
Reportable* excludes codes in the former "Other" category and CPT blood draw codes in previous reports.
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(Continued)
### DISCHARGE STATUS

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### PRIMARY PAYER

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<td>Charity and Unclassified</td>
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### LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE

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<tr>
<td>Bear River</td>
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<td>Salt Lake County</td>
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<table>
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<th>Procedures Performed (#)</th>
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<tr>
<td>Musculoskeletal (76.0-84.99)</td>
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<td>Respiratory (30.0-34.99)</td>
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<tr>
<td>Cardiovascular (35.0-39.99)</td>
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<td>15,180</td>
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<tr>
<td>Lymphatic/Hematologic (40.0-41.99)</td>
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<tr>
<td>Digestive System (42.0-54.99)</td>
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<tr>
<td>Urinary (55.0-59.99)</td>
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<td>Male Genital (60.0-64.99)</td>
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<tr>
<td>Endocrine/Nervous (01.0-07.99)</td>
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<tr>
<td>Eye (08.0-16.99)</td>
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<td>Ear (18.0-20.99)</td>
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<td>Nose, Mouth, Pharynx (21.0-29.99)</td>
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<table>
<thead>
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<td>Ear (69000-69979)</td>
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SOURCE: Utah Ambulatory Surgery Database
Utah Health Data Committee/Office of Health Care Statistics.
Reportable* excludes codes in the former "Other" category and CPT blood draw codes in previous reports.
## MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES

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</tbody>
</table>

*SOURCE: Utah Ambulatory Surgery Database
Utah Health Data Committee/Office of Health Care Statistics
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SOURCE: Utah Ambulatory Surgery Database
Utah Health Data Committee/Office of Health Care Statistics
Reportable* excludes codes in the former "Other" category and CPT blood draw codes in previous reports.
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### 117 Jordan Valley Medical Center

#### Patient Profile

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<td>Salt Lake County</td>
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<td>76,236</td>
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<td>Southeastern Utah</td>
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<td>Southwest Utah</td>
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<tr>
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<td>Tooele County</td>
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<td>Utah County</td>
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**SOURCE:** Utah Ambulatory Surgery Database, Utah Health Data Committee/Office of Health Care Statistics.
## NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

<table>
<thead>
<tr>
<th>Reporting Category (ICD-9-CM CODES)</th>
<th>Procedures Performed (#)</th>
<th>Procedures Performed-All Hospitals (#)</th>
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<td>Musculoskeletal (76.0-84.99)</td>
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<tr>
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<td>Eye (08.0-16.99)</td>
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<tr>
<td>Nose, Mouth, Pharynx (21.0-29.99)</td>
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<th>Procedures Performed-All Hospitals (#)</th>
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<td>Ear (69000-69979)</td>
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**SOURCE:** Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics.

Reportable* excludes codes in the former "Other" category and CPT blood draw codes in previous reports.
### MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES

#### ICD-9 Code List

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<thead>
<tr>
<th>ICD-9 Code</th>
<th>ICD-9 Description</th>
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<th>%</th>
<th>% All Hospitals</th>
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<tr>
<td>1371</td>
<td>INSRT IOL-CATARACT EXTRACT-1 STAGE</td>
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<td>11.5</td>
<td>1.37</td>
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<tr>
<td>4516</td>
<td>EGD W/CLOS BX</td>
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<tr>
<td>4542</td>
<td>ENDO POLYPECTOMY LARGE INTESTINE</td>
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<td>3.92</td>
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<tr>
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<td>CLOS [ENDO] BX LARGE INTESTINE</td>
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<td>4513</td>
<td>OTHER ENDOSCOPY OF SMALL INTESTINE</td>
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<td>1.88</td>
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<td>CLOSED BIOPSY OF RECTUM</td>
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<td>0331</td>
<td>SPINAL TAP</td>
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<td>5794</td>
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#### CPT-4 Code List

<table>
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<th>CPT-4 Code</th>
<th>CPT-4 Description</th>
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<tr>
<td>51702</td>
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</tr>
<tr>
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<td>1.3</td>
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<tr>
<td>62272</td>
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<td>62311</td>
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<td>0.6</td>
<td>0.18</td>
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(Source: Utah Ambulatory Surgery Database
Utah Health Data Committee/Office of Health Care Statistics
Reportable* excludes codes in the former "Other" category and CPT4 blood draw codes in previous reports.)
## Average Total Charges for Most Commonly Performed CPT-4 and ICD-9 Reportable Procedures, Single ICD-9 or CPT-4 Only

**ICD-9 Procedures**

<table>
<thead>
<tr>
<th>ICD-9 Code</th>
<th>ICD-9 Description</th>
<th>#</th>
<th>Ave Tot Chrg</th>
<th>Ave Tot Chrg (All Hospitals)</th>
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<td>$1,301</td>
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<td>Endo Polypectomy Large Intestine</td>
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<tr>
<td>66984</td>
<td>Extracapsular Cataract Remv Iol</td>
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<tr>
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<td>Laparoscopy Surgical; w/Fulg Ovidu</td>
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<td>Tympanostomy General Anesthesia</td>
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<td>Tendon Sheath Incision</td>
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<td>$1,894</td>
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<tr>
<td>58670</td>
<td>Laparoscopy Surgical; w/Fulg Ovidu</td>
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<td>$3,660</td>
<td>$3,770</td>
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**CPT-4 Procedures**

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<th>CPT-4 Description</th>
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<th>Ave Tot Chrg (All Hospitals)</th>
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<td>Colonoscopy Flex; W/Bx 1/MX</td>
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<td>$2,391</td>
<td>$1,278</td>
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<td>66984</td>
<td>Extracapsular Cataract Remv Iol</td>
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<td>$2,983</td>
<td>$3,042</td>
</tr>
<tr>
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<td>$3,660</td>
<td>$3,770</td>
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**Source:** Utah Ambulatory Surgery Database

Reportable* excludes codes in the former "Other" category and CPT4 blood draw codes in previous reports.
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SOURCE: Utah Ambulatory Surgery Database
Utah Health Data Committee/Office of Health Care Statistics
Reportable* excludes codes in the former "Other" category and CPT blood draw codes in previous reports.
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<tr>
<th>Procedure APG category</th>
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SOURCE: Utah Ambulatory Surgery Database
Utah Health Data Committee/Office of Health Care Statistics
Reportable* excludes codes in the former "Other" category and CPT blood draw codes in previous reports.
### Patient Profile

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<th>Patient Visits - All Hospitals</th>
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### Source of Admission

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(Continued)
### 114 Kane County Hospital

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<td>(%)</td>
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#### DISCHARGE STATUS
- **Home or Self Care**: 288 (100.0) / 223,834 (99.8)
- **Another Hospital**: 0 (0.0) / 103 (0.0)
- **Skilled Nursing Facility**: 0 (0.0) / 111 (0.0)
- **Intermediate Care Facility**: 0 (0.0) / 11 (0.0)
- **Another Type of Institution**: 0 (0.0) / 46 (0.0)
- **Under Care of Home Service**: 0 (0.0) / 16 (0.0)
- **Under Care of Home IV Provider**: 0 (0.0) / 1 (0.0)
- **Expired**: 0 (0.0) / 5 (0.0)
- **Unknown**: 0 (0.0) / 56 (0.0)
- **Not Reported**: 0 (0.0) / 0 (0.0)

#### PRIMARY PAYER
- **Medicare**: 113 (39.2) / 45,634 (20.3)
- **Medicaid**: 26 (9.0) / 14,157 (6.3)
- **Other government**: 2 (0.7) / 3,504 (1.6)
- **Blue Cross/Blue Shield**: 26 (9.0) / 30,700 (13.7)
- **Other Commercial**: 117 (40.6) / 15,100 (6.7)
- **Managed Care (HMO, PPO)**: 0 (0.0) / 105,175 (46.9)
- **Self Pay**: 4 (1.4) / 2,539 (1.1)
- **Industrial & Worker Comp**: 0 (0.0) / 3,834 (1.7)
- **Charity and Unclassified**: 0 (0.0) / 2,186 (1.0)
- **Childrens Health Insurance**: 0 (0.0) / 177 (0.1)
- **Unknown**: 0 (0.0) / 1,256 (0.6)
- **Not Reported**: 0 (0.0) / 90 (0.0)

#### LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE
- **Bear River**: 0 (0.0) / 15,979 (7.1)
- **Central Utah**: 0 (0.0) / 8,148 (3.6)
- **Davis County**: 0 (0.0) / 23,241 (10.4)
- **Salt Lake County**: 0 (0.0) / 76,236 (34.0)
- **Southeastern Utah**: 0 (0.0) / 5,436 (2.4)
- **Southwest Utah**: 229 (79.5) / 13,567 (6.0)
- **Summit County**: 0 (0.0) / 3,096 (1.4)
- **Tooele County**: 0 (0.0) / 4,599 (2.0)
- **Tri-County**: 0 (0.0) / 5,798 (2.6)
- **Utah County**: 0 (0.0) / 35,900 (16.0)
- **Wasatch County**: 0 (0.0) / 1,771 (0.8)
- **Weber County**: 0 (0.0) / 21,412 (9.5)
- **Unknown Utah**: 0 (0.0) / 49 (0.0)
- **Outside Utah**: 59 (20.5) / 8,923 (4.0)
- **Unknown, Not Reported**: 0 (0.0) / 197 (0.1)

**SOURCE:** Utah Ambulatory Surgery Database, Utah Health Data Committee/Office of Health Care Statistics.
### AMB ST 1-1

**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006**

**NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY**

**107 Lakeview Hospital**

<table>
<thead>
<tr>
<th>Reporting Category (ICD-9-CM CODES)</th>
<th>Procedures Performed (#)</th>
<th>Procedures Performed-All Hospitals (#)</th>
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<tr>
<td>Urinary (55.0-59.99)</td>
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<td>Male Genital (60.0-64.99)</td>
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**Reporting Category (CPT-4 CODES)**

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**SOURCE:** Utah Ambulatory Surgery Database

*Reportable* excludes codes in the former "Other" category and CPT blood draw codes in previous reports.
**MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES**

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**SOURCE:** Utah Ambulatory Surgery Database
Utah Health Data Committee/Office of Health Care Statistics
Reportable* excludes codes in the former "Other" category and CPT4 blood draw codes in previous reports.
**Source:** Utah Ambulatory Surgery Database

Reportable* excludes codes in the former "Other" category and CPT4 blood draw codes in previous reports.
## Procedure APG Category, Procedure APG, Based on Reportable* CPT-4 Procedures

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## UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006

**PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES**

<table>
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<th>Procedure APG</th>
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**SOURCE:** Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

Reportable* excludes codes in the former "Other" category and CPT blood draw codes in previous reports.
## Procedure APG Category

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**SOURCE:** Utah Ambulatory Surgery Database  
Utah Health Data Committee/Office of Health Care Statistics  
Reportable* excludes codes in the former "Other" category and CPT blood draw codes in previous reports.
### 107 Lakeview Hospital

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#### GENDER

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#### AGE

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<td>553</td>
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<tr>
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(Continued)
## AMB ST 1-6

**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006**

**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

<table>
<thead>
<tr>
<th>107 Lakeview Hospital</th>
<th>Patient Profile</th>
<th>Patient Visits</th>
<th>Patient Visits-All Hospitals</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>Patient Profile</td>
<td>Patient Visits</td>
<td>Patient Visits-All Hospitals</td>
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</tbody>
</table>

### DISCHARGE STATUS

<table>
<thead>
<tr>
<th>Patient Profile</th>
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<th>Patient Visits-All Hospitals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home or Self Care</td>
<td>4,717 99.9</td>
<td>223,834 99.8</td>
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<tr>
<td>Another Hospital</td>
<td>0 0.0</td>
<td>103 0.0</td>
</tr>
<tr>
<td>Skilled Nursing Facility</td>
<td>1 0.0</td>
<td>111 0.0</td>
</tr>
<tr>
<td>Intermediate Care Facility</td>
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<td>11 0.0</td>
</tr>
<tr>
<td>Another Type of Institution</td>
<td>1 0.0</td>
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<tr>
<td>Under Care of Home Service</td>
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</tr>
<tr>
<td>Left Against Medical Advice</td>
<td>1 0.0</td>
<td>16 0.0</td>
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<tr>
<td>Under Care of Home IV Provider</td>
<td>0 0.0</td>
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<tr>
<td>Expired</td>
<td>0 0.0</td>
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<tr>
<td>Unknown</td>
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### PRIMARY PAYER

<table>
<thead>
<tr>
<th>Patient Profile</th>
<th>Patient Visits</th>
<th>Patient Visits-All Hospitals</th>
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<tr>
<td>Medicare</td>
<td>1,389 29.4</td>
<td>45,634 20.3</td>
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<tr>
<td>Medicaid</td>
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<td>14,157 6.3</td>
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<tr>
<td>Other government</td>
<td>64 1.4</td>
<td>3,504 1.6</td>
</tr>
<tr>
<td>Blue Cross/Blue Shield</td>
<td>871 18.4</td>
<td>30,700 13.7</td>
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<tr>
<td>Other Commercial</td>
<td>248 5.3</td>
<td>15,100 6.7</td>
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<tr>
<td>Managed Care (HMO, PPO)</td>
<td>1,822 38.6</td>
<td>105,175 46.9</td>
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<tr>
<td>Self Pay</td>
<td>109 2.3</td>
<td>2,539 1.1</td>
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<tr>
<td>Industrial &amp; Worker Comp</td>
<td>57 1.2</td>
<td>3,834 1.7</td>
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<tr>
<td>Charity and Unclassified</td>
<td>15 0.3</td>
<td>2,186 1.0</td>
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<tr>
<td>Childrens Health Insurance</td>
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<tr>
<td>Unknown</td>
<td>0 0.0</td>
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<tr>
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<td>90 0.0</td>
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</table>

### LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE

<table>
<thead>
<tr>
<th>Patient Profile</th>
<th>Patient Visits</th>
<th>Patient Visits-All Hospitals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bear River</td>
<td>47 1.0</td>
<td>15,979 7.1</td>
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<tr>
<td>Central Utah</td>
<td>8 0.2</td>
<td>8,148 3.6</td>
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<tr>
<td>Davis County</td>
<td>4,003 84.8</td>
<td>23,241 10.4</td>
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<tr>
<td>Salt Lake County</td>
<td>348 7.4</td>
<td>76,236 34.0</td>
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<tr>
<td>Southeastern Utah</td>
<td>5 0.1</td>
<td>5,436 2.4</td>
</tr>
<tr>
<td>Southwest Utah</td>
<td>10 0.2</td>
<td>13,567 6.0</td>
</tr>
<tr>
<td>Summit County</td>
<td>9 0.2</td>
<td>3,096 1.4</td>
</tr>
<tr>
<td>Tooele County</td>
<td>53 1.1</td>
<td>4,599 2.0</td>
</tr>
<tr>
<td>Tri-County</td>
<td>6 0.1</td>
<td>5,798 2.6</td>
</tr>
<tr>
<td>Utah County</td>
<td>20 0.4</td>
<td>35,900 16.0</td>
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<tr>
<td>Wasatch County</td>
<td>4 0.1</td>
<td>1,771 0.8</td>
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<tr>
<td>Weber County</td>
<td>121 2.6</td>
<td>21,412 9.5</td>
</tr>
<tr>
<td>Unknown</td>
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<td>49 0.0</td>
</tr>
<tr>
<td>Outside Utah</td>
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<td>8,923 4.0</td>
</tr>
<tr>
<td>Unknown, Not Reported</td>
<td>0 0.0</td>
<td>197 0.1</td>
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</table>

**SOURCE:** Utah Ambulatory Surgery Database, Utah Health Data Committee/Office of Health Care Statistics.
### Number of CPT-4 and ICD-9 Reportable* Procedures by Selected Ambulatory Surgery Reporting Category

#### Reporting Category (ICD-9-CM Codes)

<table>
<thead>
<tr>
<th>Category</th>
<th>Procedures Performed</th>
<th>Procedures Performed-All Hospitals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mastectomy</td>
<td>30,531</td>
<td>321,711</td>
</tr>
<tr>
<td>Musculoskeletal</td>
<td>5,629</td>
<td>65,753</td>
</tr>
<tr>
<td>Respiratory</td>
<td>542</td>
<td>3,438</td>
</tr>
<tr>
<td>Cardiovascular</td>
<td>4,301</td>
<td>15,180</td>
</tr>
<tr>
<td>Lymphatic/Hematologic</td>
<td>696</td>
<td>3,088</td>
</tr>
<tr>
<td>Digestive System</td>
<td>10,457</td>
<td>107,581</td>
</tr>
<tr>
<td>Urinary</td>
<td>1,167</td>
<td>8,752</td>
</tr>
<tr>
<td>Male Genital</td>
<td>134</td>
<td>3,460</td>
</tr>
<tr>
<td>Female Genital</td>
<td>1,627</td>
<td>15,319</td>
</tr>
<tr>
<td>Endocrine/Nervous</td>
<td>638</td>
<td>28,111</td>
</tr>
<tr>
<td>Eye</td>
<td>2,499</td>
<td>19,328</td>
</tr>
<tr>
<td>Ear</td>
<td>304</td>
<td>14,440</td>
</tr>
<tr>
<td>Nose, Mouth, Pharynx</td>
<td>1,866</td>
<td>30,240</td>
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</table>

#### Reporting Category (CPT-4 Codes)

<table>
<thead>
<tr>
<th>Category</th>
<th>Procedures Performed</th>
<th>Procedures Performed-All Hospitals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mastectomy</td>
<td>26,176</td>
<td>304,292</td>
</tr>
<tr>
<td>Musculoskeletal</td>
<td>4,157</td>
<td>65,018</td>
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<tr>
<td>Respiratory</td>
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<td>13,975</td>
</tr>
<tr>
<td>Cardiovascular</td>
<td>5,123</td>
<td>31,569</td>
</tr>
<tr>
<td>Lymphatic/Hematologic</td>
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<td>2,606</td>
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<tr>
<td>Digestive</td>
<td>9,729</td>
<td>115,754</td>
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<tr>
<td>Urinary</td>
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<td>8,580</td>
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<tr>
<td>Male Genital</td>
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<td>3,059</td>
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<td>Female Genital</td>
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<tr>
<td>Endocrine/Nervous</td>
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<td>29,931</td>
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<tr>
<td>Eye</td>
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<td>11,422</td>
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<tr>
<td>Ear</td>
<td>167</td>
<td>7,860</td>
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**Source:** Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics.

Reportable* excludes codes in the former "Other" category and CPT blood draw codes in previous reports.
## Most Commonly Performed CPT-4 and ICD-9 Reportable* Procedures

### ICD-9

<table>
<thead>
<tr>
<th>ICD-9 Code</th>
<th>ICD-9 Description</th>
<th>#</th>
<th>%</th>
<th>% All Hospitals</th>
</tr>
</thead>
<tbody>
<tr>
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<td>100.0</td>
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<td>COLONOSCOPY</td>
<td>2,088</td>
<td>6.8</td>
<td>7.45</td>
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<tr>
<td>4516</td>
<td>EGD W/CLOS BX</td>
<td>1,802</td>
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<td>5.75</td>
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<td>4542</td>
<td>ENDO POLYPECTOMY LARGE INTESTINE</td>
<td>1,212</td>
<td>4.0</td>
<td>3.92</td>
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<tr>
<td>8051</td>
<td>EXCISION OF INTERVERTEBRAL DISC</td>
<td>720</td>
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<td>0.48</td>
</tr>
<tr>
<td>1474</td>
<td>OTHER MECHANICAL VITRECTOMY</td>
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<td>5123</td>
<td>LAPAROSCOPIC CHOLECYSTECTOMY</td>
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<td>2.01</td>
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<tr>
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<td>CLOS [ENDO] BX LARGE INTESTINE</td>
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<td>8026</td>
<td>ARTHROSCOPY OF KNEE</td>
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<tr>
<td>4521</td>
<td>LAPAROSCOPY</td>
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<td>0.49</td>
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<td>1475</td>
<td>INJECTION OF VITREOUS SUBSTITUTE</td>
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<tr>
<td>149</td>
<td>OTH OP RETINA CHOROID&amp;POST CHAMB</td>
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<td>REPR ATRIAL SEPTAL DEFEC-FROSTH-CLO</td>
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<td>CARD EP STIM&amp;RECORDING STUDIES</td>
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<td>0.34</td>
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<td>OTHER CYSTOSCOPY</td>
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### CPT-4

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<th>CPT-4 Description</th>
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<th>%</th>
<th>% All Hospitals</th>
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</thead>
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<td>100.0</td>
<td></td>
</tr>
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<td>COLONOSCOPY FLEX; DX-SEP PROC</td>
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<td>7.9</td>
<td>7.39</td>
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<tr>
<td>43239</td>
<td>UGI ENDO; W/BD 1/MX</td>
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<td>6.4</td>
<td>5.96</td>
</tr>
<tr>
<td>45380</td>
<td>COLONOSCOPY FLEX; W/BD 1/MX</td>
<td>1,589</td>
<td>6.1</td>
<td>5.63</td>
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<tr>
<td>93545</td>
<td>INJ PROC-CATH; SELECT CORONRY AN</td>
<td>488</td>
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<td>1.15</td>
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<tr>
<td>60738</td>
<td>VITRECTOMY MECH; W/MEMBRANE STRI</td>
<td>457</td>
<td>0.31</td>
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<tr>
<td>47563</td>
<td>LAPARSOPY SURG; CHOLECT W/CHOLAN</td>
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<tr>
<td>93543</td>
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<td>93556</td>
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<td>IMAG SUPERVIS 1r-CATH; VENT/ATRI</td>
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<td>29881</td>
<td>SCOPE KNEE SURG;W/MENISCECT MED/</td>
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<td>1.59</td>
</tr>
<tr>
<td>63075</td>
<td>DISKECT AN; CERVICAL 1 INTERSPA</td>
<td>269</td>
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<td>0.14</td>
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<tr>
<td>22554</td>
<td>ARTHRODESIS W/MINI DISK;BELOW</td>
<td>267</td>
<td>1.0</td>
<td>0.15</td>
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<tr>
<td>93620</td>
<td>COMP EP EVAL;LT ATRIAL VENT HIS</td>
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<tr>
<td>93621</td>
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<td>0.18</td>
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<td>63030</td>
<td>LAMINOT W/ DECOMP; 1 INTERSPACE</td>
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<td>49650</td>
<td>LAPAROSCOPY SURG; REPR INIT ING HE</td>
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<td>UGI ENDO; W/BALLOON DILAT ESOPHA</td>
<td>237</td>
<td>0.9</td>
<td>1.05</td>
</tr>
</tbody>
</table>

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**Source:** Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

Reportable* excludes codes in the former "Other" category and CPT4 blood draw codes in previous reports.
### ICD-9 Procedures

<table>
<thead>
<tr>
<th>ICD-9 Code</th>
<th>Description</th>
<th>Total</th>
<th>Average Total Charge (LDS Hospital)</th>
<th>Average Total Charge (All Hospitals)</th>
</tr>
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<tbody>
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<td>ICD-9 Procedures</td>
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<td>$3,269</td>
<td>$3,166</td>
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<tr>
<td>4523</td>
<td>COLONOSCOPY</td>
<td>1,701</td>
<td>$640</td>
<td>$947</td>
</tr>
<tr>
<td>4516</td>
<td>EGD W/CLOS BX</td>
<td>862</td>
<td>$1,059</td>
<td>$1,297</td>
</tr>
<tr>
<td>4542</td>
<td>ENDO POLYPECTOMY LARGE INTESTINE</td>
<td>544</td>
<td>$4,924</td>
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</tr>
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<td>CLOS [ENDO] BX LARGE INTESTINE</td>
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<td>$946</td>
<td>$1,356</td>
</tr>
<tr>
<td>45378</td>
<td>COLONOSCOPY FLEX; DX-SEP PROC</td>
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<td>$641</td>
<td>$949</td>
</tr>
<tr>
<td>45380</td>
<td>COLONOSCOPY FLEX; W/BX 1/MX</td>
<td>1,150</td>
<td>$929</td>
<td>$1,278</td>
</tr>
<tr>
<td>47563</td>
<td>LAPAROSCOPY SURG; CHOLECYSTECTOMY</td>
<td>377</td>
<td>$5,158</td>
<td>$6,476</td>
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Source: Utah Ambulatory Surgery Database

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SOURCE: Utah Ambulatory Surgery Database
Utah Health Data Committee/Office of Health Care Statistics
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**SOURCE:** Utah Ambulatory Surgery Database
Utah Health Data Committee/Office of Health Care Statistics
Reportable* excludes codes in the former "Other" category and CPT blood draw codes in previous reports.
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### 121 LDS Hospital

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**SOURCE:** Utah Ambulatory Surgery Database, Utah Health Data Committee/Office of Health Care Statistics.
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SOURCE: Utah Ambulatory Surgery Database
Utah Health Data Committee/Office of Health Care Statistics.
Reportable* excludes codes in the former "Other" category and CPT blood draw codes in previous reports.
### ICD-9 Procedures

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### CPT-4 Procedures

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**SOURCE:** Utah Ambulatory Surgery Database  
Utah Health Data Committee/Office of Health Care Statistics  
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### ICD-9 Procedures

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<th>ICD-9 Description</th>
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<th>Avg TOT CHRG(ALL Hospitals )</th>
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### CPT-4 Procedures

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SOURCE: Utah Ambulatory Surgery Database

Reportable* excludes codes in the former "Other" category and CPT4 blood draw codes in previous reports.
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SOURCE: Utah Ambulatory Surgery Database
Utah Health Data Committee/Office of Health Care Statistics
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## UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006

### Procedure APG Category, Procedure APG, Single APG Only Based on Reportable* CPT-4 Procedures

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**Source:** Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

Reportable* excludes codes in the former "Other" category and CPT blood draw codes in previous reports.
<table>
<thead>
<tr>
<th>Patient Profile</th>
<th>Patient Visits (#)</th>
<th>Patient Visits-All Hospitals (#)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(%)</td>
<td></td>
</tr>
</tbody>
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### GENDER
- **Female**
  - 4,721
  - 54.7
  - 122,108
  - 54.4
- **Male**
  - 3,912
  - 45.3
  - 102,236
  - 45.6
- **Unknown**
  - 0
  - 0.0
  - 4
  - 0.0
- **Not Reported**
  - 0
  - 0.0
  - 4
  - 0.0

### AGE
- **1-28 days**
  - 0
  - 0.0
  - 704
  - 0.3
- **29-365 days**
  - 73
  - 0.8
  - 2,863
  - 1.3
- **1-4 years**
  - 453
  - 5.2
  - 11,046
  - 4.9
- **5-9**
  - 257
  - 3.0
  - 6,088
  - 2.7
- **10-14**
  - 159
  - 1.8
  - 4,673
  - 2.1
- **15-17**
  - 185
  - 2.1
  - 5,017
  - 2.2
- **18-19**
  - 147
  - 1.7
  - 3,697
  - 1.6
- **20-24**
  - 508
  - 5.9
  - 10,637
  - 4.7
- **25-29**
  - 436
  - 5.1
  - 12,527
  - 5.6
- **30-34**
  - 418
  - 4.8
  - 12,120
  - 5.5
- **35-39**
  - 409
  - 4.7
  - 12,327
  - 5.5
- **40-44**
  - 549
  - 6.4
  - 14,081
  - 6.3
- **45-49**
  - 647
  - 7.5
  - 17,506
  - 7.8
- **50-54**
  - 997
  - 11.5
  - 25,054
  - 11.2
- **55-59**
  - 827
  - 9.6
  - 20,980
  - 9.4
- **60-64**
  - 617
  - 7.1
  - 16,994
  - 7.6
- **65-69**
  - 524
  - 6.1
  - 14,770
  - 6.6
- **70-74**
  - 496
  - 5.7
  - 12,538
  - 5.6
- **75-79**
  - 406
  - 4.7
  - 10,175
  - 4.5
- **80-84**
  - 316
  - 3.7
  - 6,704
  - 3.0
- **85-89**
  - 157
  - 1.8
  - 2,983
  - 1.3
- **90 +**
  - 52
  - 0.6
  - 865
  - 0.4
- **Not Reported**
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  - 0.0
  - 707
  - 0.3

### SOURCE OF ADMISSION
- **Physician Referral**
  - 8,316
  - 96.3
  - 202,212
  - 90.1
- **Clinic Referral**
  - 3
  - 0.0
  - 553
  - 0.2
- **HMO Referral**
  - 1
  - 0.0
  - 3,605
  - 1.6
- **Other Hospital**
  - 1
  - 0.0
  - 90
  - 0.0
- **Skilled Nursing Facility**
  - 0
  - 0.0
  - 22
  - 0.0
- **Other Health Care Facility**
  - 0
  - 0.0
  - 25
  - 0.0
- **Emergency Room**
  - 311
  - 3.6
  - 4,679
  - 2.1
- **Court/Law Enforcement**
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  - 0.0
  - 0
  - 0.0
- **Unknown**
  - 1
  - 0.0
  - 11
  - 0.0
- **Not Reported**
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  - 0.0
  - 13,155
  - 5.9

(Continued)
### Local Health District of Patient Residence

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<th>Patient Visits-All Hospitals (#)</th>
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**Source:** Utah Ambulatory Surgery Database, Utah Health Data Committee/Office of Health Care Statistics.
**NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY**

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SOURCE: Utah Ambulatory Surgery Database
Utah Health Data Committee/Office of Health Care Statistics.
Reportable* excludes codes in the former "Other" category and CPT blood draw codes in previous reports.
### ICD-9 Code Table

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### CPT-4 Code Table

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**Source:** Utah Ambulatory Surgery Database  
Utah Health Data Committee/Office of Health Care Statistics  
Reportable* excludes codes in the former "Other" category and CPT4 blood draw codes in previous reports.
## Average Total Charges for Most Commonly Performed CPT-4 and ICD-9 Reportable* Procedures, Single ICD-9 or CPT-4 Only

### ICD-9 Procedures

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<tr>
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<th>ICD-9 Description</th>
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<th>Ave Tot Chrg (All Hospitals)</th>
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**Source:** Utah Ambulatory Surgery Database

Reportable* excludes codes in the former "Other" category and CPT4 blood draw codes in previous reports.
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SOURCE: Utah Ambulatory Surgery Database
Utah Health Data Committee/Office of Health Care Statistics
Reportable* excludes codes in the former "Other" category and CPT blood draw codes in previous reports.
### McKay Dee Hospital Center

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(Continued)
### AMB ST 1-6

**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006**

**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

<table>
<thead>
<tr>
<th>Patient Profile</th>
<th>Patient Visits (#)</th>
<th>Patient Visits-All Hospitals (#)</th>
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<tbody>
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<tr>
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<tr>
<td>Skilled Nursing Facility</td>
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<td>111</td>
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<tr>
<td>Intermediate Care Facility</td>
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<td>11</td>
</tr>
<tr>
<td>Another Type of Institution</td>
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<td>46</td>
</tr>
<tr>
<td>Under Care of Home Service</td>
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<td>166</td>
</tr>
<tr>
<td>Left Against Medical Advice</td>
<td>3</td>
<td>16</td>
</tr>
<tr>
<td>Under Care of Home IV Provider</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Expired</td>
<td>0</td>
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<td>56</td>
</tr>
<tr>
<td>Not Reported</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

| PRIMARY PAYER | | |
| Medicare | 3,573 | 45,634 |
| Medicaid | 740 | 14,157 |
| Other government | 385 | 3,504 |
| Blue Cross/Blue Shield | 1,366 | 30,700 |
| Other Commercial | 513 | 15,100 |
| Managed Care(HMO, PPO) | 7,999 | 105,175 |
| Self Pay | 105 | 2,539 |
| Industrial & Worker Comp | 158 | 3,834 |
| Charity and Unclassified | 438 | 2,186 |
| Childrens Health Insurance | 17 | 177 |
| Unknown | 24 | 1,256 |
| Not Reported | 0 | 90 |

| LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE | | |
| Bear River | 768 | 15,979 |
| Central Utah | 10 | 8,148 |
| Davis County | 3,422 | 23,241 |
| Salt Lake County | 107 | 76,236 |
| Southeastern Utah | 2 | 5,436 |
| Southwest Utah | 8 | 13,567 |
| Summit County | 57 | 3,096 |
| Tooele County | 9 | 4,599 |
| Tri-County | 7 | 5,798 |
| Utah County | 24 | 35,900 |
| Wasatch County | 5 | 1,771 |
| Weber County | 10,584 | 21,412 |
| Unknown Utah | 5 | 49 |
| Outside Utah | 309 | 8,923 |
| Unknown, Not Reported | 1 | 197 |

**SOURCE:** Utah Ambulatory Surgery Database, Utah Health Data Committee/Office of Health Care Statistics.
<table>
<thead>
<tr>
<th>Reporting Category (ICD-9-CM CODES)</th>
<th>Procedures Performed (#)</th>
<th>Procedures Performed-All Hospitals (%)</th>
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<tbody>
<tr>
<td>4,994</td>
<td>321,711</td>
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<tr>
<td>Mastectomy (85.0-85.99)</td>
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<td>2.9</td>
</tr>
<tr>
<td>Musculoskeletal (76.0-84.99)</td>
<td>911</td>
<td>18.2</td>
</tr>
<tr>
<td>Respiratory (30.0-34.99)</td>
<td>37</td>
<td>0.7</td>
</tr>
<tr>
<td>Cardiovascular (35.0-39.99)</td>
<td>267</td>
<td>5.3</td>
</tr>
<tr>
<td>Lymphatic/Hemetic (40.0-41.99)</td>
<td>13</td>
<td>0.3</td>
</tr>
<tr>
<td>Digestive System (42.0-54.99)</td>
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<tr>
<td>Urinary (55.0-59.99)</td>
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<tr>
<td>Male Genital (60.0-64.99)</td>
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<td>0.9</td>
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<tr>
<td>Female Genital (65.0-71.99)</td>
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<tr>
<td>Endocrine/Nervous (01.0-07.99)</td>
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<td>8.5</td>
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<tr>
<td>Eye (08.0-16.99)</td>
<td>127</td>
<td>2.5</td>
</tr>
<tr>
<td>Ear (18.0-20.99)</td>
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<td>5.2</td>
</tr>
<tr>
<td>Nose,Mouth,Pharynx (21.0-29.99)</td>
<td>386</td>
<td>7.7</td>
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</table>

<table>
<thead>
<tr>
<th>Reporting Category (CPT-4 CODES)</th>
<th>Procedures Performed (#)</th>
<th>Procedures Performed-All Hospitals (%)</th>
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<td>304,292</td>
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<tr>
<td>Mastectomy (19120-19220)</td>
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<tr>
<td>Musculoskeletal (20000-29909)</td>
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</tr>
<tr>
<td>Respiratory (30000-32999 &amp; 39501-39599)</td>
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<td>3.8</td>
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<td>Cardiovascular (33010-37799 &amp; 93501-93660)</td>
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<td>17.3</td>
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<tr>
<td>Lymphatic/Hemetic (38100-38999)</td>
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<td>Digestive (40490-49999)</td>
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<tr>
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<tr>
<td>Male Genital (54000-55899)</td>
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<td>Female Genital (56405-58999)</td>
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<td>Ear (69000-69979)</td>
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<td>2.8</td>
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SOURCE: Utah Ambulatory Surgery Database
Utah Health Data Committee/Office of Health Care Statistics.
Reportable* excludes codes in the former "Other" category and CPT blood draw codes in previous reports.
## Utah Hospital and Freestanding Ambulatory Surgery Center (FASC) Utilization and Charge Profile of Outpatient Surgery, 2006

### Most Commonly Performed CPT-4 and ICD-9 Reportable Procedures

#### ICD-9 Code | ICD-9 Description | # | % | % All Hospitals
--- | --- | --- | --- | ---

**All ICD-9 Procedures** 4,994 100.0 100.0

4523 | Colonoscopy | 346 8.7 7.45
4542 | Endo Polypectomy Large Intestine | 502 6.0 3.92
4513 | Other Endoscopy of Small Intestine | 251 5.0 1.88
0392 | Injection of OTH AGT into Spinal Canal | 241 4.8 2.68
2001 | Myringotomy with Insertion of Tube | 224 4.5 2.61
5123 | Laparoscopic Cholecystectomy | 160 3.2 2.01
806 | Excision Semilunar Cartilage Knee | 158 3.2 1.86
283 | Tonsillectomy with Adenoidectomy | 158 3.2 1.86
3722 | Left Heart Cardiac Catheterization | 122 2.4 1.06
4292 | Dilatation of Esophagus | 119 2.4 1.54
8363 | Rotator Cuff Repair | 85 1.7 0.74
8147 | Other Repair of Knee | 81 1.6 0.75
4836 | Endoscopic Polypectomy of Rectum | 73 1.5 1.10
0391 | Injection Anes-SPINAL CANAL ANALG | 71 1.4 2.05
598 | Ureteral Catheterization | 51 1.0 0.59
4525 | CLOS (ENDO) BX LARGE INTESTINE | 49 1.0 2.61
4701 | Laparoscopic Appendectomy | 46 0.9 0.56

**CPT-4 Code | CPT-4 Description | # | % | % All Hospitals
--- | --- | --- | --- | ---

**All CPT-4 Procedures** 5,096 100.0 100.0

45378 | Colonoscopy Flex; DX-SEP PROC | 342 6.7 7.39
43239 | UGI ENDO; W/BX 1/MX | 221 4.3 5.96
45380 | Colonoscopy Flex; W/BX 1/MX | 209 4.1 5.63
62311 | INJ 1 NOT NEUROLYTIC-EPI; LUMB/ | 192 3.8 1.51
45385 | Colonoscopy Flex;W/BEMV LES-GENA | 174 3.4 2.05
47563 | Laparoscopy Surg; Cholec W/CHOLAN | 158 3.1 1.32
43235 | UGI ENDO; DX W/WO CLCT SPECMN-SP | 153 3.0 1.32
93543 | INJ PROC-CATH; Lt VENT/ATRIAL AN | 133 2.6 1.08
93545 | INJ PROC-CATH; SELECT CORONARY AN | 128 2.5 1.15
93510 | LT HRT CATH RETRO-BRACH/FEM; PER | 121 2.4 0.93
43249 | UGI ENDO; W/BALLOON DILAT ESOPHA | 118 2.3 1.05
93555 | IMAG SUPRVS I&R-CATH; VENT/ATRI | 118 2.3 0.93
29881 | Scope Knee Surg; W/MENISC/CT MED/ | 116 2.3 1.59
93556 | IMAG SUPRVS I&R-CATH; PULM ANGI | 116 2.3 0.98
69436 | Tympanostomy General Anesthesia | 115 2.3 1.90
42820 | Tar; Under Age 12 | 106 2.1 1.36
29826 | Scope Shoulder; Decom Subacrom | 92 1.8 1.09
29827 | Scope Shoulder; W/ROTOR CUFF | 76 1.5 0.55
49505 | Repr Init Ing Hernia SR/MORE; R | 63 1.2 0.95
64476 | INJ ANES FACET JT; LUMB/SAC-EO A | 58 1.1 0.60

**Source:** Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

Reportable* excludes codes in the former "Other" category and CPT4 blood draw codes in previous reports.
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<tr>
<th>ICD-9 CODE</th>
<th>ICD-9 DESCRIPTION</th>
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<th>AVE TOT CHRG (ALL Hospitals)</th>
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<td>INJECTION OTH AGT INTO SPINAL CANAL</td>
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<td>$751</td>
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<td>4513</td>
<td>OTHER ENDOSCOPY OF SMALL INTESTINE</td>
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<td>4516</td>
<td>EGD W/CLOS BX</td>
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<td>806</td>
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<td>$1,356</td>
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<td>$1,431</td>
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<td>5305</td>
<td>LOCAL EXCISION OF LESION OF BREAST</td>
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<td>$3,133</td>
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<th>CPT-4 DESCRIPTION</th>
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<td>45378</td>
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<td>47563</td>
<td>LAPAROSCOPY SURG; CHOLECT W/CHOLAN</td>
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<td>$6,230</td>
<td>$6,476</td>
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<td>42820</td>
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<td>TRANSFUSION BLOOD/BLOOD COMPONENTS</td>
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<td>49505</td>
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<td>$4,392</td>
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SOURCE: Utah Ambulatory Surgery Database
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SOURCE: Utah Ambulatory Surgery Database
Utah Health Data Committee/Office of Health Care Statistics
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## Procedure APG category

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**SOURCE:** Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

Reportable* excludes codes in the former "Other" category and CPT blood draw codes in previous reports.
### Number of Selected Ambulatory Surgery Patient Visits by Patient Profile

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<th>Patient Profile</th>
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<th>Patient Visits-All Hospitals (#)</th>
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(Continued)
## Patient Profile

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<tr>
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<td>Charity and Unclassified</td>
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## PRIMARY PAYER

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<td>Industrial &amp; Worker Comp</td>
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<td>Charity and Unclassified</td>
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## LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE

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</tr>
<tr>
<td>Southeastern Utah</td>
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<tr>
<td>Southwest Utah</td>
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<td>0.3</td>
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<tr>
<td>Summit County</td>
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<td>0.0</td>
</tr>
<tr>
<td>Tooele County</td>
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<tr>
<td>Tri-County</td>
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**SOURCE:** Utah Ambulatory Surgery Database, Utah Health Data Committee/Office of Health Care Statistics.
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<th>Procedures Performed-All Hospitals (%)</th>
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<td>Cardiovascular (35.0-39.99)</td>
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<td>Lymphatic/Hemetic (40.0-41.99)</td>
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<th>Procedures Performed-All Hospitals (%)</th>
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<td>Ear (69000-69979)</td>
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SOURCE: Utah Ambulatory Surgery Database
Utah Health Data Committee/Office of Health Care Statistics.
Reportable* excludes codes in the former "Other" category and CPT blood draw codes in previous reports.
### MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES

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<th>ICD-9 DESCRIPTION</th>
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<th>% ALL Hospitals</th>
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SOURCE: Utah Ambulatory Surgery Database
Utah Health Data Committee/Office of Health Care Statistics
Reportable* excludes codes in the former "Other" category and CPT4 blood draw codes in previous reports.
# Utilization and Charge Profile of Outpatient Surgery, 2006

## Average Total Charges for Most Commonly Performed CPT-4 and ICD-9 Reportable Procedures, Single ICD-9 or CPT-4 Only

### ICD-9 Procedures

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### CPT-4 Procedures

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**SOURCE:** Utah Ambulatory Surgery Database

Reportable* excludes codes in the former "Other" category and CPT4 blood draw codes in previous reports.
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SOURCE: Utah Ambulatory Surgery Database
Utah Health Data Committee/Office of Health Care Statistics
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SOURCE: Utah Ambulatory Surgery Database
Utah Health Data Committee/Office of Health Care Statistics
Reportable* excludes codes in the former "Other" category and CPT blood draw codes in previous reports.
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**SOURCE OF ADMISSION**

| Source                  | Patient Visits (#) | Patient Visits-All Hospitals (#) | (%)|
|-------------------------|--------------------|----------------------------------|----|----------------------------------|
| Physician Referral      | 2,065              | 202,212                          | 99.3| 90.1                             |
| Clinic Referral         | 0                  | 553                              | 0.0| 0.2                             |
| HMO Referral            | 4                  | 3,605                            | 0.2| 1.6                             |
| Other Hospital          | 0                  | 90                               | 0.0| 0.0                             |
| Skilled Nursing Facility| 6                  | 22                               | 0.3| 0.0                             |
| Other Health Care Facility| 0                | 25                               | 0.0| 0.0                             |
| Emergency Room          | 5                  | 4,679                            | 0.2| 2.1                             |
| Court/Law Enforcement   | 0                  | 0                                | 0.0| 0.0                             |
| Unknown                 | 0                  | 11                               | 0.0| 0.0                             |
| Not Reported            | 0                  | 13,155                           | 0.0| 5.9                             |

(Continued)
## AMB ST 1-6

### UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006

#### NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

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<th>Patient Visits ($#$)</th>
<th>Patient Visits-All Hospitals ($#$)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>DISCHARGE STATUS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Home or Self Care</td>
<td>2,078 (99.9)</td>
<td>223,834 (99.8)</td>
</tr>
<tr>
<td>Another Hospital</td>
<td>1 (0.0)</td>
<td>103 (0.0)</td>
</tr>
<tr>
<td>Skilled Nursing Facility</td>
<td>0 (0.0)</td>
<td>111 (0.0)</td>
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<tr>
<td>Intermediate Care Facility</td>
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<tr>
<td>Another Type of Institution</td>
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<tr>
<td>Under Care of Home Service</td>
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<td>Left Against Medical Advice</td>
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<td>Under Care of Home IV Provider</td>
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<td>Expired</td>
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<td>Not Reported</td>
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<td>0 (0.0)</td>
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<tr>
<td><strong>PRIMARY PAYER</strong></td>
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<tr>
<td>Medicare</td>
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<td>Medicaid</td>
<td>157 (7.5)</td>
<td>14,157 (6.3)</td>
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<tr>
<td>Other government</td>
<td>49 (2.4)</td>
<td>3,504 (1.6)</td>
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<tr>
<td>Blue Cross/Blue Shield</td>
<td>397 (19.1)</td>
<td>30,700 (13.7)</td>
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<tr>
<td>Other Commercial</td>
<td>144 (6.9)</td>
<td>15,100 (6.7)</td>
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<td>Managed Care (HMO, PPO)</td>
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<td>105,175 (46.9)</td>
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<td>Self Pay</td>
<td>18 (0.9)</td>
<td>2,539 (1.1)</td>
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<td>Industrial &amp; Worker Comp</td>
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<tr>
<td>Charity and Unclassified</td>
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<td>2,186 (1.0)</td>
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<td>Childrens Health Insurance</td>
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<td>Unknown</td>
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<td><strong>LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE</strong></td>
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<tr>
<td>Bear River</td>
<td>1 (0.0)</td>
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<tr>
<td>Central Utah</td>
<td>3 (0.1)</td>
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<tr>
<td>Davis County</td>
<td>8 (0.4)</td>
<td>23,241 (10.4)</td>
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<tr>
<td>Salt Lake County</td>
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<td>76,236 (34.0)</td>
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<tr>
<td>Southeastern Utah</td>
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<tr>
<td>Southwest Utah</td>
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<td>13,567 (6.0)</td>
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<tr>
<td>Summit County</td>
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<td>Tooele County</td>
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<tr>
<td>Tri-County</td>
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<td>5,798 (2.6)</td>
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<tr>
<td>Utah County</td>
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<td>Wasatch County</td>
<td>0 (0.0)</td>
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<td>Weber County</td>
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<tr>
<td>Outside Utah</td>
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<td>8,923 (4.0)</td>
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<tr>
<td>Unknown, Not Reported</td>
<td>0 (0.0)</td>
<td>197 (0.1)</td>
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</tbody>
</table>

**SOURCE:** Utah Ambulatory Surgery Database, Utah Health Data Committee/Office of Health Care Statistics.
### Number of CPT-4 and ICD-9 Reportable Procedures by Selected Ambulatory Surgery Reporting Category

<table>
<thead>
<tr>
<th>Reporting Category (ICD-9-CM Codes)</th>
<th>Procedures Performed (#)</th>
<th>Procedures Performed-All Hospitals (#)</th>
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</thead>
<tbody>
<tr>
<td>Mastectomy (85.0-85.99)</td>
<td>152</td>
<td>7,021</td>
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<tr>
<td>Musculoskeletal (76.0-84.99)</td>
<td>2,152</td>
<td>65,753</td>
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<tr>
<td>Respiratory (30.0-34.99)</td>
<td>110</td>
<td>3,438</td>
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<tr>
<td>Cardiovascular (35.0-39.99)</td>
<td>329</td>
<td>15,180</td>
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<tr>
<td>Lymphatic/Hemetic (40.0-41.99)</td>
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<tr>
<td>Digestive System (42.0-54.99)</td>
<td>3,586</td>
<td>107,581</td>
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<tr>
<td>Urinary (55.0-59.99)</td>
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<td>8,752</td>
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<tr>
<td>Male Genital (60.0-64.99)</td>
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<td>3,460</td>
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<td>Female Genital (65.0-71.99)</td>
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</tr>
<tr>
<td>Endocrine/Nervous (01.0-07.99)</td>
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<td>Eye (08.0-16.99)</td>
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<tr>
<td>Ear (18.0-20.99)</td>
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<td>14,440</td>
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<tr>
<td>Nose, Mouth, Pharynx (21.0-29.99)</td>
<td>1,312</td>
<td>30,240</td>
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<table>
<thead>
<tr>
<th>Reporting Category (CPT-4 Codes)</th>
<th>Procedures Performed (#)</th>
<th>Procedures Performed-All Hospitals (#)</th>
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</thead>
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<td>Musculoskeletal (20000-29909)</td>
<td>2,448</td>
<td>65,018</td>
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<tr>
<td>Respiratory (30000-32999 &amp; 39501-39599)</td>
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<td>13,975</td>
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<tr>
<td>Cardiovascular (33010-37799 &amp; 39501-93660)</td>
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<tr>
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<tr>
<td>Ear (69000-69979)</td>
<td>369</td>
<td>7,860</td>
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</tbody>
</table>

**Source:** Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics.

Reportable* excludes codes in the former "Other" category and CPT blood draw codes in previous reports.
### UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006

#### MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES

**ICD-9 CODE** | **ICD-9 DESCRIPTION** | **#** | **%** | **% ALL Hospitals**
--- | --- | --- | --- | ---
All ICD-9 Procedures | 12,390 | 100.0 | 100.0
4523 | COLONOSCOPY | 886 | 7.2 | 7.45
4516 | EGD W/CLOS BX | 774 | 6.2 | 5.75
0391 | INJECTION ANES-SPINAL CANAL ANALG | 732 | 5.9 | 2.05
0392 | INJECTION OTH AGT INTO SPINAL CANAL | 730 | 5.9 | 2.68
2001 | MYRINGOTOMY WITH INSERTION OF TUBE | 541 | 4.4 | 3.56
4542 | ENDO POLYPECTOMY LARGE INTESTINE | 412 | 3.3 | 3.92
1371 | INSRT IOL-CATARACT EXTRACT-1 STAGE | 320 | 2.6 | 1.37
1341 | PHACOEMULSIFICATION&ASPIR CATARACT | 319 | 2.6 | 1.38
283 | TONSILLECTOMY WITH ADENOIDECTOMY | 260 | 2.1 | 1.68
4525 | CLOS [ENDO] BX LARGE INTESTINE | 208 | 1.7 | 2.61
2169 | OTHER TURBINECTOMY | 200 | 1.6 | 0.76
5123 | LAPAROSCOPIC CHOLECYSTECTOMY | 192 | 1.5 | 2.01
806 | EXCISION SEMILUNAR CARTILAGE KNEE | 186 | 1.5 | 1.86
2188 | OTHER SEPTOPLASTY | 166 | 1.3 | 0.46
4292 | DILATION OF ESOPHAGUS | 147 | 1.2 | 1.54
6823 | ENDOMETRIAL ABLATION | 136 | 1.1 | 0.62
282 | TONSILLECTOMY WITHOUT ADENOIDECTOMY | 132 | 1.1 | 0.62
6909 | OTHER DILATION&CURETTAGE OF UTERUS | 118 | 1.0 | 0.47
0443 | RELEASE OF CARPAL TUNNEL | 117 | 0.9 | 1.12
4513 | OTHER ENDOSCOPY OF SMALL INTESTINE | 106 | 0.9 | 1.88

**CPT-4 CODE** | **CPT-4 DESCRIPTION** | **#** | **%** | **% ALL Hospitals**
--- | --- | --- | --- | ---
All CPT-4 Procedures | 13,179 | 100.0 | 100.0
45378 | COLONOSCOPY FLEX; DX-SEP PROC | 886 | 6.7 | 7.39
43239 | UGI ENDO; W/BX 1/MX | 772 | 5.9 | 5.96
62311 | INJ 1 NOT NEUROLYTIC-EPID; LUMB/ | 505 | 3.8 | 1.51
45380 | COLONOSCOPY FLEX; W/BX 1/MX | 386 | 2.9 | 5.63
66984 | EXTRACAPSULAR CATARACT REMV IOL | 319 | 2.4 | 2.61
69436 | TYPANOSTOMY GENERAL ANESTHESIA | 275 | 2.1 | 1.90
62310 | INJ 1 NOT NEUROLYTIC-EPID;CERV/T | 269 | 2.0 | 0.35
93545 | INJ PROC-CATH; SELECT CORONRY AN | 205 | 1.6 | 1.15
93556 | IMAG SUPERVS 1&R-CATH; PULM ANGI | 202 | 1.5 | 1.08
42820 | T&A; UNDER AGE 12 | 194 | 1.5 | 1.36
30140 | SUBMUCOS RES TURBINEATE PART/CMP | 184 | 1.4 | 0.67
36430 | TRANSFUSION BLOOD/BLOOD COMPONENT | 183 | 1.4 | 0.34
93543 | INJ PROC-CATH; LT VENT/ATRIAL AN | 176 | 1.3 | 1.08
93555 | IMAG SUPERVS 1&R-CATH; VENT/ATRI | 176 | 1.3 | 0.93
30520 | SEPTOPLASTY/SUBMUCOS RES W/GFT | 174 | 1.3 | 0.74
45385 | COLONOSCOPY FLEX; W/REMOV LES-SNA | 169 | 1.3 | 1.81
93510 | LT HRT CATH RETRO-BRACH/FEM; PER | 160 | 1.2 | 0.93
29881 | SCOPE KNEE SURG;W/MENISCECT MED/ | 153 | 1.2 | 1.59
58662 | LAP SURG; W/FULG/EXCIS LES-OVARY | 141 | 1.1 | 0.50
58563 | HYSSTEROSURG; W/ENDOMETRIAL AB | 131 | 1.0 | 0.47

**SOURCE:** Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

Reportable* excludes codes in the former "Other" category and CPT4 blood draw codes in previous reports.
### ICD-9 Code Table

<table>
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<tr>
<th>ICD-9 Code</th>
<th>ICD-9 Description</th>
<th>#</th>
<th>Ave Tot Chrg</th>
<th>Ave Tot Chrg (All Hospitals)</th>
</tr>
</thead>
<tbody>
<tr>
<td>4523</td>
<td>Colonoscopy</td>
<td>5,016</td>
<td>$4,164</td>
<td>$3,166</td>
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<tr>
<td>4516</td>
<td>EGD W/CLOS BX</td>
<td>818</td>
<td>$1,159</td>
<td>$947</td>
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<tr>
<td>283</td>
<td>Endo Polypectomy Large Intestine</td>
<td>317</td>
<td>$2,087</td>
<td>$1,297</td>
</tr>
<tr>
<td>5123</td>
<td>Laparoscopic Cholecystectomy</td>
<td>169</td>
<td>$9,054</td>
<td>$6,118</td>
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<tr>
<td>4525</td>
<td>Clos [Endo] BX Large Intestine</td>
<td>132</td>
<td>$2,161</td>
<td>$1,356</td>
</tr>
<tr>
<td>4542</td>
<td>Endo Polypectomy Large Intestine</td>
<td>317</td>
<td>$2,087</td>
<td>$1,297</td>
</tr>
<tr>
<td>283</td>
<td>Tonsillectomy With Adenoidectomy</td>
<td>206</td>
<td>$3,514</td>
<td>$2,169</td>
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<tr>
<td>5304</td>
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<td>48</td>
<td>$5,359</td>
<td>$3,643</td>
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<td>6629</td>
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### CPT-4 Code Table

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<th>CPT-4 Description</th>
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<th>Ave Tot Chrg (All Hospitals)</th>
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<td>$3,451</td>
<td>$2,895</td>
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<td>$1,166</td>
<td>$1,299</td>
</tr>
<tr>
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<td>Colonoscopy Flex; W/BX 1/MX</td>
<td>530</td>
<td>$1,166</td>
<td>$1,299</td>
</tr>
<tr>
<td>45384</td>
<td>Colonoscopy Flex; W/BX 1/MX</td>
<td>530</td>
<td>$1,166</td>
<td>$1,299</td>
</tr>
<tr>
<td>45385</td>
<td>Colonoscopy Flex; W/BX 1/MX</td>
<td>530</td>
<td>$1,166</td>
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</tr>
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</tr>
<tr>
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<td>530</td>
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</tr>
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<td>$1,166</td>
<td>$1,299</td>
</tr>
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</tr>
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</tr>
<tr>
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<td>$1,299</td>
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<td>$1,299</td>
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<td>$1,299</td>
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<tr>
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</tr>
<tr>
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## Ogden Regional Medical Center

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SOURCE: Utah Ambulatory Surgery Database
Utah Health Data Committee/Office of Health Care Statistics
Reportable* excludes codes in the former "Other" category and CPT blood draw codes in previous reports.
AMOUNT ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
PROCEDURE APG CATEGORY, PROCEDURE APG, SINGLE APG ONLY
BASED ON REPORTABLE CPT-4 PROCEDURES

142 Ogden Regional Medical Center

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SOURCE: Utah Ambulatory Surgery Database
Utah Health Data Committee/Office of Health Care Statistics
Reportable* excludes codes in the former "Other" category and CPT blood draw codes in previous reports.
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### SOURCE OF ADMISSION

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(Continued)
## 142 Ogden Regional Medical Center

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<td>(%)</td>
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### DISCHARGE STATUS
- **Home or Self Care**: 9,587 (99.9) / 223,834 (99.8)
- **Another Hospital**: 1 (0.0) / 103 (0.0)
- **Skilled Nursing Facility**: 4 (0.0) / 111 (0.0)
- **Intermediate Care Facility**: 1 (0.0) / 11 (0.0)
- **Another Type of Institution**: 2 (0.0) / 46 (0.0)
- **Under Care of Home Service**: 6 (0.1) / 166 (0.1)
- **Left Against Medical Advice**: 0 (0.0) / 16 (0.0)
- **Under Care of Home IV Provider**: 0 (0.0) / 1 (0.0)
- **Expired**: 0 (0.0) / 5 (0.0)
- **Unknown**: 34 (0.4) / 1,256 (0.6)
- **Not Reported**: 0 (0.0) / 0 (0.0)

### PRIMARY PAYER
- **Medicare**: 1,532 (16.0) / 45,634 (20.3)
- **Medicaid**: 461 (4.8) / 14,157 (6.3)
- **Other government**: 137 (1.4) / 3,504 (1.6)
- **Blue Cross/Blue Shield**: 1,892 (19.7) / 30,700 (13.7)
- **Other Commercial**: 512 (5.3) / 15,100 (6.7)
- **Managed Care (HMO, PPO)**: 4,854 (50.6) / 105,175 (46.9)
- **Self Pay**: 41 (0.4) / 2,539 (1.1)
- **Industrial & Worker Comp**: 121 (1.3) / 3,834 (1.7)
- **Charity and Unclassified**: 17 (0.2) / 2,186 (1.0)
- **Childrens Health Insurance**: 0 (0.0) / 177 (0.1)
- **Unknown**: 34 (0.4) / 1,256 (0.6)
- **Not Reported**: 0 (0.0) / 0 (0.0)

### LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE
- **Bear River**: 609 (6.3) / 15,979 (7.1)
- **Central Utah**: 4 (0.0) / 8,148 (3.6)
- **Davis County**: 1,928 (20.1) / 23,241 (10.4)
- **Salt Lake County**: 54 (0.6) / 76,236 (34.0)
- **Southeastern Utah**: 4 (0.0) / 5,436 (2.4)
- **Southwest Utah**: 6 (0.1) / 13,567 (6.0)
- **Summit County**: 34 (0.4) / 3,096 (1.4)
- **Tooele County**: 4 (0.0) / 4,599 (2.0)
- **Tri-County**: 9 (0.1) / 5,798 (2.6)
- **Utah County**: 9 (0.1) / 35,900 (16.0)
- **Wasatch County**: 2 (0.0) / 1,771 (0.8)
- **Webber County**: 6,772 (70.5) / 21,412 (9.5)
- **Unknown Utah**: 2 (0.0) / 49 (0.0)
- **Outside Utah**: 162 (1.7) / 8,923 (4.0)
- **Unknown, Not Reported**: 2 (0.0) / 197 (0.1)

**SOURCE**: Utah Ambulatory Surgery Database, Utah Health Data Committee/Office of Health Care Statistics.
### Number of CPT-4 and ICD-9 Reportable* Procedures by Selected Ambulatory Surgery Reporting Category

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SOURCE: Utah Ambulatory Surgery Database
Utah Health Data Committee/Office of Health Care Statistics.
Reportable* excludes codes in the former "Other" category and CPT blood draw codes in previous reports.
## UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006

### MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES

- **ICD-9 CODE** | **ICD-9 DESCRIPTION** | **#** | **%** | % ALL Hospitals
---|---|---|---|---
- | All ICD-9 Procedures | 5,581 | 100.0 | 100.0
0481 | INJECTION ANESIN PERIPH NERVE ANALG | 751 | 13.5 | 0.34
0489 | INJECTION OTH AGT EXCEPT NEUROLYTIC | 623 | 11.2 | 0.24
2321 | RESTORATION OF TOOTH BY FILLING | 361 | 6.5 | 0.68
2341 | APPLICATION OF CROWN | 256 | 4.6 | 0.49
0443 | RELEASE OF CARPAL TUNNEL | 187 | 3.4 | 1.12
2341 | ROOT CANAL NOT OTHERWISE SPECIFIED | 165 | 3.0 | 0.36
2370 | EXCISION SEMILUNAR CARTILAGE KNEE | 153 | 2.7 | 1.86
2349 | OTHER DENTAL RESTORATION | 123 | 2.2 | 0.30
1371 | INSRT IOL-CATARACT EXTRACT-1 STAGE | 109 | 2.0 | 0.37
1341 | PHACOEMULSIFICATION&ASPIR CATARACT | 108 | 1.9 | 1.38
2341 | INJECTION THERAPEUTIC SBSTNC IN JNT/LIG | 98 | 1.8 | 0.50
8086 | OTH LOCAL EXC/DESTRUC LES KNEE JNT | 95 | 1.7 | 0.85
0392 | INJECTION OTH AGT INTO SPINAL CANAL | 93 | 1.7 | 2.68
0391 | INJECTION ANES-SPINAL CANAL ANALG | 85 | 1.5 | 2.05
2001 | MYRINGOTOMY WITH INSERTION OF TUBE | 85 | 1.5 | 3.56
0421 | DESTRUC CRANIAL&PERIPHERAL NERVES | 79 | 1.4 | 0.30
2309 | EXTRACTION OF OTHER TOOTH | 70 | 1.3 | 0.18
6952 | ASPIRATION CURET FOLLOWING DELIV/AB | 67 | 1.2 | 0.47
8183 | OTHER REPAIR OF SHOULDER | 63 | 1.1 | 0.76
8201 | EXPLORATION TENDON SHEATH HAND | 59 | 1.1 | 0.38

- **CPT-4 CODE** | **CPT-4 DESCRIPTION** | **#** | **%** | % ALL Hospitals
---|---|---|---|---
- | All CPT-4 Procedures | 5,256 | 100.0 | 100.0
64484 | INJ ANES EPIDURL; LUMB/SAC-EA AD | 647 | 12.3 | 0.57
64483 | INJ ANES EPIDURL; LUMB/SAC 1 LEV | 508 | 9.7 | 0.98
41899 | UNLIST PROC DENTOALVEOL STRUCTUR | 499 | 9.5 | 0.98
64476 | INJ ANES FACET JT; LUMB/SAC-EA A | 310 | 5.9 | 0.60
64475 | INJ ANES FACET JT; LUMB/SAC-1LEV | 169 | 3.2 | 1.36
64472 | INJ ANES FACET JT; CERV/THOR-EA | 151 | 2.9 | 0.28
64623 | DESTRUC FACET JT NRV; L/S-EA AD | 145 | 2.8 | 0.13
64721 | NEOPLASTY; MEDIAN CARPAL TUNNE | 126 | 2.4 | 0.14
29881 | SCOPE KNEE SURG;W/MENISCECT MED/ | 107 | 2.0 | 0.19
66984 | EXTRACAPSULAR CATARACT REMV IOL | 101 | 1.9 | 1.42
28285 | CORRECTION HAMMERTOE | 91 | 1.7 | 0.51
20610 | ARTHROCENTESIS ASPIR/INJ; MAJ J | 89 | 1.7 | 0.42
20680 | REMOVAL OF IMPLANT; DEEP | 75 | 1.4 | 0.87
29826 | SCOPE SHOULDER; DECOMP SUBACROM | 63 | 1.2 | 1.09
29877 | SCOPE KNEE SURG; DEBRID/SHAVE CA | 61 | 1.2 | 1.01
64470 | INJ ANES FACET JT; CERV/THOR-1LE | 61 | 1.2 | 0.14
64627 | DESTRUC FACET NRV; CERV/THOR-EA A | 60 | 1.1 | 0.18
26055 | TENDON SHEATH INCISION | 59 | 1.1 | 0.42
64622 | DESTRUC FACET JT NRV; L/S-1 LEVE | 59 | 1.1 | 0.25
62310 | INJ 1 NOT NEUROLYTIC-EPID;CERV/T | 54 | 1.0 | 0.35

**SOURCE:** Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

Reportable* excludes codes in the former "Other" category and CPT4 blood draw codes in previous reports.
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<th>ICD-9 CODE</th>
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SOURCE: Utah Ambulatory Surgery Database
Reportable* excludes codes in the former "Other" category and CPT4 blood draw codes in previous reports.
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### Procedure APG Category

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**SOURCE:** Utah Ambulatory Surgery Database  
Utah Health Data Committee/Office of Health Care Statistics  
Reportable* excludes codes in the former "Other" category and CPT blood draw codes in previous reports.
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**SOURCE:** Utah Ambulatory Surgery Database
Utah Health Data Committee/Office of Health Care Statistics
Reportable* excludes codes in the former "Other" category and CPT blood draw codes in previous reports.
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| **SOURCE OF ADMISSION**|                    |                                  |
| Physician Referral     | 3,222              | 202,212                          |
| Clinic Referral        | 0                  | 553                              |
| HMO Referral           | 1                  | 3,605                            |
| Other Hospital         | 0                  | 90                               |
| Skilled Nursing Facility| 0                  | 22                               |
| Other Health Care Facility| 0                  | 25                               |
| Emergency Room         | 36                 | 4,679                            |
| Court/Law Enforcement  | 0                  | 0                                |
| Unknown                | 0                  | 11                               |
| Not Reported           | 0                  | 13,155                           |

(Continued)
### 135 Orem Community Hospital

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**SOURCE:** Utah Ambulatory Surgery Database, Utah Health Data Committee/Office of Health Care Statistics.
### Number of CPT-4 and ICD-9 Reportable* Procedures by Selected Ambulatory Surgery Reporting Category

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<th>Procedures Performed-All Hospitals (#)</th>
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<td>Ear (18.0-20.99)</td>
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<td>Nose, Mouth, Pharynx (21.0-29.99)</td>
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<th>Procedures Performed-All Hospitals (#)</th>
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<td>Ear (69000-69979)</td>
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Source: Utah Ambulatory Surgery Database
Utah Health Data Committee/Office of Health Care Statistics.
Reportable* excludes codes in the former "Other" category and CPT blood draw codes in previous reports.
### Most Commonly Performed CPT-4 and ICD-9 Reportable Procedures

**ICD-9 Code | ICD-9 Description | # | % | % All Hospitals**

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**CPT-4 Code | CPT-4 Description | # | % | % All Hospitals**

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*Reportable* excludes codes in the former "Other" category and CPT4 blood draw codes in previous reports.

**Source:** Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

*Reportable* excludes codes in the former "Other" category and CPT4 blood draw codes in previous reports.
AVERAGE TOTAL CHARGES FOR MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES, SINGLE ICD-9 OR CPT-4 ONLY

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SOURCE: Utah Ambulatory Surgery Database

Reportable* excludes codes in the former "Other" category and CPT4 blood draw codes in previous reports.
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SOURCE: Utah Ambulatory Surgery Database
Utah Health Data Committee/Office of Health Care Statistics
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SOURCE: Utah Ambulatory Surgery Database
Utah Health Data Committee/Office of Health Care Statistics
Reportable* excludes codes in the former "Other" category and CPT blood draw codes in previous reports.
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126 Pioneer Valley Hospital

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**SOURCE:** Utah Ambulatory Surgery Database, Utah Health Data Committee/Office of Health Care Statistics.
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<th>Reporting Category (ICD-9-CM CODES)</th>
<th>Procedures Performed (#)</th>
<th>Procedures Performed (All Hospitals) (#)</th>
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Reportable* excludes codes in the former "Other" category and CPT blood draw codes in previous reports.
### ICD-9 Code Table

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### CPT-4 Code Table

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**SOURCE:** Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

Reportable* excludes codes in the former "Other" category and CPT4 blood draw codes in previous reports.
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<tr>
<th>ICD-9 CODE</th>
<th>ICD-9 DESCRIPTION</th>
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**CPT-4 Code**

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**SOURCE:** Utah Ambulatory Surgery Database

Reportable* excludes codes in the former "Other" category and CPT4 blood draw codes in previous reports.
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Utah Health Data Committee/Office of Health Care Statistics
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SOURCE: Utah Ambulatory Surgery Database
Utah Health Data Committee/Office of Health Care Statistics
Reportable* excludes codes in the former "Other" category and CPT blood draw codes in previous reports.
### Number of Selected Ambulatory Surgery Patient Visits by Patient Profile

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(Continued)
# AMB ST 1-6
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006**
**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

122 Primary Children's Medical Center

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**DISCHARGE STATUS**

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**PRIMARY PAYER**

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**LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE**

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**SOURCE:** Utah Ambulatory Surgery Database, Utah Health Data Committee/Office of Health Care Statistics.
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<th>Procedures Performed-All Hospitals (%)</th>
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SOURCE: Utah Ambulatory Surgery Database
Utah Health Data Committee/Office of Health Care Statistics.
Reportable* excludes codes in the former "Other" category and CPT blood draw codes in previous reports.
### Most Commonly Performed CPT-4 and ICD-9 Reportable Procedures

#### ICD-9 Code and Description:

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<tr>
<th>ICD-9 Code</th>
<th>ICD-9 Description</th>
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#### CPT-4 Code and Description:

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<td>93510</td>
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<td>STARRING; UNNA BOOT</td>
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</table>

**Source:** Utah Ambulatory Surgery Database
Utah Health Data Committee/Office of Health Care Statistics

Reportable* excludes codes in the former "Other" category and CPT4 blood draw codes in previous reports.
### Average Total Charges for Most Commonly Performed CPT-4 and ICD-9 Reportable* Procedures, Single ICD-9 or CPT-4 Only

#### ICD-9 Procedures

<table>
<thead>
<tr>
<th>ICD-9 Code</th>
<th>ICD-9 Description</th>
<th>Count</th>
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<th>Average Total Charge (All Hospitals)</th>
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<td>Tonsillectomy Without Adenoidectomy</td>
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<td>Unilat Repr Direct Ing Hern-Gft</td>
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#### CPT-4 Procedures

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*Source: Utah Ambulatory Surgery Database*  
Reportable* excludes codes in the former "Other" category and CPT4 blood draw codes in previous reports.*
### Procedure APG Category, Procedure APG, Based on Reportable CPT-4 Procedures

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<td>003 COMPLEX INCISION AND DRAINAGE</td>
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<td>006 SIMPLE DEBRIDEMENT AND DESTRUCTION</td>
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<td>012 BREAST RECONSTRUCTION AND MASTECTOMY</td>
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### 120 Salt Lake Regional Medical Center

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**SOURCE:** Utah Ambulatory Surgery Database
Utah Health Data Committee/Office of Health Care Statistics
Reportable* excludes codes in the former "Other" category and CPT blood draw codes in previous reports.
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120 Salt Lake Regional Medical Center
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(Continued)
## AMB ST 1-6

**U TAH HOSPITAL AND FREE STANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006**

**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

### Patient Profile

<table>
<thead>
<tr>
<th>Patient Profile</th>
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<th>Patient Visits-All Hospitals (%)</th>
</tr>
</thead>
<tbody>
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<tr>
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<tr>
<td>Intermediate Care Facility</td>
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<tr>
<td>Another Type of Institution</td>
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<tr>
<td>Under Care of Home Service</td>
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<td>0.0</td>
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<tr>
<td>Left Against Medical Advice</td>
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<td>Under Care of Home IV Provider</td>
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<td>0.0</td>
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<tr>
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<tr>
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<tr>
<td><strong>PRIMARY PAYER</strong></td>
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<tr>
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<td>Other government</td>
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<td>Charity and Unclassified</td>
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<td>Childrens Health Insurance</td>
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<td>Southwest Utah</td>
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</tr>
<tr>
<td>Unknown, Not Reported</td>
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<td>1.8</td>
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</table>

**SOURCE:** Utah Ambulatory Surgery Database, Utah Health Data Committee/Office of Health Care Statistics.
<table>
<thead>
<tr>
<th>Reporting Category (ICD-9-CM CODES)</th>
<th>Procedures Performed (#)</th>
<th>Procedures Performed - All Hospitals (#)</th>
<th>(%)</th>
<th>(%)</th>
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</thead>
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<td>100.0</td>
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<tr>
<td>Musculoskeletal (76.0-84.99)</td>
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<td>65,753</td>
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<tr>
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</tr>
<tr>
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<tr>
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<tr>
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<tr>
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<tr>
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<td>Nose, Mouth, Pharynx (21.0-29.99)</td>
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<th>Procedures Performed (#)</th>
<th>Procedures Performed - All Hospitals (#)</th>
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SOURCE: Utah Ambulatory Surgery Database
Utah Health Data Committee/Office of Health Care Statistics.
Reportable* excludes codes in the former "Other" category and CPT blood draw codes in previous reports.
**Most Commonly Performed CPT-4 and ICD-9 Reportable Procedures**

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<thead>
<tr>
<th>ICD-9 Code</th>
<th>ICD-9 Description</th>
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<tr>
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<td>COLONOSCOPY</td>
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<td>MIRINGOTOMY WITH INSERTION OF TUBE</td>
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<tr>
<td>4525</td>
<td>CLOS (ENDO) BX LARGE INTESTINE</td>
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<tr>
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<table>
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<th>CPT-4 Description</th>
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<th>% All Hospitals</th>
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</table>

**Source:** Utah Ambulatory Surgery Database Utah Health Data Committee/Office of Health Care Statistics

Reportable* excludes codes in the former "Other" category and CPT4 blood draw codes in previous reports.
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<tr>
<th>ICD-9 CODE</th>
<th>ICD-9 DESCRIPTION</th>
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<th>AVE TOT CHRG (ALL Hospitals)</th>
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SOURCE: Utah Ambulatory Surgery Database
Reportable* excludes codes in the former "Other" category and CPT4 blood draw codes in previous reports.
<table>
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<th>Procedure APG category</th>
<th>Procedure APG</th>
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<th>TOTAL # (ALL Hospitals)</th>
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<td>115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION</td>
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<td></td>
<td>117 LOWER GASTROINTESTINAL ENDOSCOPY</td>
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<td>47,953</td>
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SOURCE: Utah Ambulatory Surgery Database
Utah Health Data Committee/Office of Health Care Statistics
Reportable* excludes codes in the former "Other" category and CPT blood draw codes in previous reports.
128  San Juan Hospital - CAH

<table>
<thead>
<tr>
<th>Procedure APG category</th>
<th>Procedure APG</th>
<th>TOTAL #</th>
<th>AVE TOT CHRG</th>
<th>AVE TOT CHRG (ALL Hospitals)</th>
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<tbody>
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<td>06  DIGESTIVE SYSTEM</td>
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<td>$2,400</td>
<td>$1,114</td>
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SOURCE: Utah Ambulatory Surgery Database
Utah Health Data Committee/Office of Health Care Statistics
Reportable* excludes codes in the former "Other" category and CPT blood draw codes in previous reports.
<table>
<thead>
<tr>
<th>Patient Profile</th>
<th>Patient Visits-All Hospitals</th>
<th>Patient Visits-All Hospitals</th>
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<tr>
<td>Not Reported</td>
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<tr>
<td>1-4 years</td>
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<tr>
<td>5-9</td>
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<td>10-14</td>
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<td>4,673 (2.1)</td>
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<td>15-17</td>
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<tr>
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(Continued)
# AMB ST 1-6

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006

NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

128 San Juan Hospital - CAH

<table>
<thead>
<tr>
<th>Patient Profile</th>
<th>Patient Visits (#)</th>
<th>Patient Visits-All Hospitals (%)</th>
</tr>
</thead>
<tbody>
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<tr>
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<tr>
<td>Intermediate Care Facility</td>
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<tr>
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<tr>
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<tr>
<td>Left Against Medical Advice</td>
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<tr>
<td>Under Care of Home IV Provider</td>
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<tr>
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**SOURCE:** Utah Ambulatory Surgery Database, Utah Health Data Committee/Office of Health Care Statistics.
<table>
<thead>
<tr>
<th>Reporting Category (ICD-9-CM Codes)</th>
<th>Procedures Performed (#)</th>
<th>Procedures Performed - All Hospitals (#)</th>
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</thead>
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<tr>
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<td>7,021</td>
</tr>
<tr>
<td>Musculoskeletal (76.0-84.99)</td>
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<td>65,753</td>
</tr>
<tr>
<td>Respiratory (30.0-34.99)</td>
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<tr>
<td>Cardiovascular (35.0-39.99)</td>
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<td>15,180</td>
</tr>
<tr>
<td>Lymphatic/Hematologic (40.0-41.99)</td>
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<td>3,088</td>
</tr>
<tr>
<td>Digestive System (42.0-54.99)</td>
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<td>107,581</td>
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<tr>
<td>Urinary (55.0-59.99)</td>
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<td>Male Genital (60.0-64.99)</td>
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<tr>
<td>Endocrine/Nervous (01.0-07.99)</td>
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<td>28,111</td>
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<tr>
<td>Ear (18.0-20.99)</td>
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<td>Nose, Mouth, Pharynx (21.0-29.99)</td>
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<td>30,240</td>
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<table>
<thead>
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<th>Reporting Category (CPT-4 CODES)</th>
<th>Procedures Performed (#)</th>
<th>Procedures Performed - All Hospitals (#)</th>
</tr>
</thead>
<tbody>
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<td>Musculoskeletal (20000-29909)</td>
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<td>Respiratory (30000-32999 &amp; 39501-39599)</td>
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<td>Digestive (40490-49999)</td>
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<td>Urinary (50010-53899)</td>
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<td>Male Genital (54000-55899)</td>
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<tr>
<td>Ear (69000-69979)</td>
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<td>7,860</td>
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SOURCE: Utah Ambulatory Surgery Database
Utah Health Data Committee/Office of Health Care Statistics.
Reportable* excludes codes in the former "Other" category and CPT blood draw codes in previous reports.
### MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES

**130 Sanpete Valley Hospital - CAH**

<table>
<thead>
<tr>
<th>ICD-9 CODE</th>
<th>ICD-9 DESCRIPTION</th>
<th>#</th>
<th>%</th>
<th>% ALL Hospitals</th>
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<td>COLONOSCOPY</td>
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</tr>
<tr>
<td>4516</td>
<td>EGD W/CLOS BX</td>
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<td>ENDO POLYPECTOMY LARGE INTESTINE</td>
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<td>PHACOEMULSIFICATION&amp;ASPIR CATARACT</td>
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<td>OTHER ENDOSCOPY OF SMALL INTESTINE</td>
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<td>LAPAROSCOPY</td>
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SOURCE: Utah Ambulatory Surgery Database
Utah Health Data Committee/Office of Health Care Statistics
Reportable* excludes codes in the former "Other" category and CPT4 blood draw codes in previous reports.
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**Source:** Utah Ambulatory Surgery Database

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Utah Health Data Committee/Office of Health Care Statistics  
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Source: Utah Ambulatory Surgery Database
Utah Health Data Committee/Office of Health Care Statistics

Reportable* excludes codes in the former "Other" category and CPT blood draw codes in previous reports.


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(Continued)
### 130 Sanpete Valley Hospital - CAH

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**SOURCE:** Utah Ambulatory Surgery Database, Utah Health Data Committee/Office of Health Care Statistics.
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SOURCE: Utah Ambulatory Surgery Database
Utah Health Data Committee/Office of Health Care Statistics.
Reportable* excludes codes in the former "Other" category and CPT blood draw codes in previous reports.
# UTUH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006

## Most Commonly Performed CPT-4 and ICD-9 Reportable* Procedures

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**SOURCE:** Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

Reportable* excludes codes in the former "Other" category and CPT4 blood draw codes in previous reports.
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**Source:** Utah Ambulatory Surgery Database

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### Sevier Valley Medical Center

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**SOURCE:** Utah Ambulatory Surgery Database
Utah Health Data Committee/Office of Health Care Statistics

Reportable* excludes codes in the former "Other" category and CPT blood draw codes in previous reports.
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**SOURCE:** Utah Ambulatory Surgery Database, Utah Health Data Committee/Office of Health Care Statistics.
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SOURCE: Utah Ambulatory Surgery Database
Utah Health Data Committee/Office of Health Care Statistics.
Reportable* excludes codes in the former "Other" category and CPT blood draw codes in previous reports.
## Most Commonly Performed CPT-4 and ICD-9 Reportable Procedures

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**Source:** Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

Reportable* excludes codes in the former "Other" category and CPT4 blood draw codes in previous reports.
### ICD-9 Procedures

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### CPT-4 Procedures

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**Source:** Utah Ambulatory Surgery Database

Reportable* excludes codes in the former "Other" category and CPT4 blood draw codes in previous reports.
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124  St. Marks Hospital

**procedure APG category** | **procedure APG** | **TOTAL #** | **TOTAL # (ALL Hospitals)**
--- | --- | --- | ---
1113 | ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY | 51 | 649
1114 | PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY | 19 | 392
1115 | DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION | 399 | 22,453
1116 | THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION | 167 | 5,914
1117 | LOWER GASTROINTESTINAL ENDOSCOPY | 433 | 47,953
1118 | ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES | 88 | 1,561
1119 | HERNIA AND HYDROCELE PROCEDURES | 244 | 6,882
1120 | COMPLEX ANAL AND RECTAL PROCEDURES | 176 | 1,098
1121 | SIMPLE ANAL AND RECTAL PROCEDURES | 79 | 497
1122 | MISCELLANEOUS ABDOMINAL PROCEDURES | 31 | 506
1123 | COMPLEX LAPAROSCOPIC PROCEDURES | 882 | 15,680
1124 | SIMPLE LAPAROSCOPIC PROCEDURES | 5 | 170
1125 | URINARY SYSTEM | 451 | 7,472
1131 | RENAL EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY | 9 | 848
1132 | SIMPLE URINARY STUDIES AND PROCEDURES | 1 | 1
1133 | URINARY CATHETERIZATION AND DILATION | 60 | 380
1134 | COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY | 218 | 3,513
1135 | MODERATE CYSTOURETHROSCOPY | 116 | 1,846
1136 | SIMPLE CYSTOURETHROSCOPY | 33 | 606
1137 | COMPLEX URETHRAL PROCEDES | 9 | 125
1138 | SIMPLE URETHRAL PROCEDURES | 5 | 153
1139 | MALE GENITAL SYSTEM | 42 | 2,684
1151 | TESTICULAR AND EPIDIDYMAL PROCEDURES | 28 | 1,397
1152 | INSERTION OF PENILE PROSTHESIS | 3 | 56
1153 | COMPLEX PENILE PROCEDURES | 2 | 413
1154 | SIMPLE PENILE PROCEDURES | 8 | 680
1155 | PROSTATE NEEDLE AND PUNCH BIOPSY | 1 | 138
1140 | FEMALE GENITAL SYSTEM | 503 | 6,830
1176 | COMPLEX FEMALE REPRODUCTIVE PROCEDURES | 103 | 1,642
1177 | SIMPLE FEMALE REPRODUCTIVE PROCEDURES | 75 | 1,421
1178 | DILATION AND CURETTAGE | 124 | 709
1179 | HYSTEROscopy | 185 | 2,718
1180 | COLPOSCOPY | 16 | 339
1181 | NERVOUS SYSTEM | 7,446 | 26,119
1195 | NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP | 6,580 | 19,763
1196 | REVISION AND REMOVAL OF NEUROLOGICAL DEVICE | 16 | 212
1197 | NEUROSTIMULATOR AND VENTRICULAR SHUNT IMPLANTATION | 81 | 828
1198 | NERVE REPAIR AND DESTRUCTION | 693 | 4,690
1199 | SPINAL TAP | 76 | 626
1110 | EYE AND OCULAR ADNEXA | 1,006 | 11,129
2123 | LASER EYE PROCEDURES | 1 | 710
2124 | CATARACT PROCEDURES | 34 | 4,618
2125 | COMPLEX ANTERIOR SEGMENT EYE PROCEDURES | 5 | 469
2127 | SIMPLE ANTERIOR SEGMENT EYE PROCEDURES | 10 | 238
2128 | COMPLEX POSTERIOR SEGMENT EYE PROCEDURES | 56 | 374
2129 | SIMPLE POSTERIOR SEGMENT EYE PROCEDURES | 294 | 436
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Source: Utah Ambulatory Surgery Database
Utah Health Data Committee/Office of Health Care Statistics
Reportable* excludes codes in the former "Other" category and CPT blood draw codes in previous reports.
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SOURCE: Utah Ambulatory Surgery Database
Utah Health Data Committee/Office of Health Care Statistics
Reportable* excludes codes in the former "Other" category and CPT blood draw codes in previous reports.
### Number of Selected Ambulatory Surgery Patient Visits by Patient Profile

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**SOURCE:** Utah Ambulatory Surgery Database, Utah Health Data Committee/Office of Health Care Statistics.
### NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

<table>
<thead>
<tr>
<th>Reporting Category (ICD-9-CM CODES)</th>
<th>Procedures Performed (#)</th>
<th>Procedures Performed-All Hospitals (%)</th>
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<td><strong>Mastectomy</strong> (85.0-85.99)</td>
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<tr>
<td><strong>Lymphatic/Hemetic</strong> (40.0-41.99)</td>
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<tr>
<td><strong>Digestive System</strong> (42.0-54.99)</td>
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<tr>
<td><strong>Urinary</strong> (55.0-59.99)</td>
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<tr>
<td><strong>Male Genital</strong> (60.0-64.99)</td>
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<td><strong>Female Genital</strong> (65.0-71.99)</td>
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<td><strong>Endocrine/Nervous</strong> (01.0-07.99)</td>
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<td><strong>Nose,Mouth,Pharynx</strong> (21.0-29.99)</td>
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<th>Procedures Performed-All Hospitals (%)</th>
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<td><strong>Female Genital</strong> (56405-58999)</td>
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<tr>
<td><strong>Ear</strong> (69000-69979)</td>
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**SOURCE:** Utah Ambulatory Surgery Database
Utah Health Data Committee/Office of Health Care Statistics.
Reportable* excludes codes in the former "Other" category and CPT blood draw codes in previous reports.
### Most Commonly Performed CPT-4 and ICD-9 Reportable* Procedures

#### ICD-9

<table>
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<tr>
<th>ICD-9 CODE</th>
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<tr>
<td>7968</td>
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#### CPT-4

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<tr>
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<td>SCOPE SHOULDER; DECOMP SUBACROM</td>
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<td>1.09</td>
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<td>29888</td>
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**Source:** Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

Reportable* excludes codes in the former "Other" category and CPT4 blood draw codes in previous reports.
AVERAGE TOTAL CHARGES FOR MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES, SINGLE ICD-9 OR CPT-4 ONLY

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<th>ICD-9 DESCRIPTION</th>
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<th>AVE TOT CHRG(ALL Hospitals)</th>
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<table>
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SOURCE: Utah Ambulatory Surgery Database
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SOURCE: Utah Ambulatory Surgery Database
Utah Health Data Committee/Office of Health Care Statistics
Reportable* excludes codes in the former "Other" category and CPT blood draw codes in previous reports.
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SOURCE: Utah Ambulatory Surgery Database
Utah Health Data Committee/Office of Health Care Statistics
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**SOURCE:** Utah Ambulatory Surgery Database, Utah Health Data Committee/Office of Health Care Statistics.
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<td>Ear (69000-69979)</td>
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SOURCE: Utah Ambulatory Surgery Database
Utah Health Data Committee/Office of Health Care Statistics.
Reportable* excludes codes in the former "Other" category and CPT blood draw codes in previous reports.
### MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES

**ICD-9 Procedures**

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<tr>
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**CPT-4 Procedures**

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**SOURCE:** Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

Reportable* excludes codes in the former "Other" category and CPT4 blood draw codes in previous reports.
<table>
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<tr>
<th>ICD-9 CODE</th>
<th>ICD-9 DESCRIPTION</th>
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SOURCE: Utah Ambulatory Surgery Database
Reportable* excludes codes in the former "Other" category and CPT4 blood draw codes in previous reports.
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SOURCE: Utah Ambulatory Surgery Database
Utah Health Data Committee/Office of Health Care Statistics
Reportable* excludes codes in the former "Other" category and CPT blood draw codes in previous reports.
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**SOURCE:** Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

Reportable* excludes codes in the former "Other" category and CPT blood draw codes in previous reports.
###patient visits by patient profile

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<th>Patient Visits-All Hospitals (%)</th>
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### Utah Hospital and Freestanding Ambulatory Surgery Center (FASC) Utilization and Charge Profile of Outpatient Surgery, 2006

**Number of CPT-4 and ICD-9 Reportable* Procedures by Selected Ambulatory Surgery Reporting Category**

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<tr>
<th>Reporting Category (ICD-9-CM CODES)</th>
<th>Procedures Performed (#)</th>
<th>Procedures Performed-All Hospitals (#)</th>
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<table>
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<th>Procedures Performed-All Hospitals (#)</th>
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**SOURCE:** Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics.

Reportable* excludes codes in the former "Other" category and CPT blood draw codes in previous reports.
### Most Commonly Performed CPT-4 and ICD-9 Reportable* Procedures

#### ICD-9 Code Descriptions

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#### CPT-4 Code Descriptions

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<th>CPT-4 Description</th>
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<th>%</th>
<th>% All Hospitals</th>
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**SOURCE:** Utah Ambulatory Surgery Database  
Utah Health Data Committee/Office of Health Care Statistics  
Reportable* excludes codes in the former "Other" category and CPT4 blood draw codes in previous reports.
109 Uintah Basin Medical Center

<table>
<thead>
<tr>
<th>ICD-9 CODE</th>
<th>ICD-9 DESCRIPTION</th>
<th>#</th>
<th>AVE TOT CHRG</th>
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<table>
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<tbody>
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Source: Utah Ambulatory Surgery Database

Reportable* excludes codes in the former "Other" category and CPT4 blood draw codes in previous reports.
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<th>Procedure APG category</th>
<th>Procedure APG</th>
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<tr>
<td></td>
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<td>5</td>
<td>1,367</td>
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SOURCE: Utah Ambulatory Surgery Database
Utah Health Data Committee/Office of Health Care Statistics
Reportable* excludes codes in the former "Other" category and CPT blood draw codes in previous reports.
## Uintah Basin Medical Center

<table>
<thead>
<tr>
<th>Procedure APG category</th>
<th>Procedure APG</th>
<th>TOTAL #</th>
<th>AVE TOT CHRG</th>
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SOURCE: Utah Ambulatory Surgery Database
Utah Health Data Committee/Office of Health Care Statistics
Reportable* excludes codes in the former "Other" category and CPT blood draw codes in previous reports.
<table>
<thead>
<tr>
<th>Patient Profile</th>
<th>Patient Visits ($)</th>
<th>Patient Visits-All Hospitals ($)</th>
<th>Patient Visits (%)</th>
<th>Patient Visits-All Hospitals (%)</th>
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<tr>
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<td>0.4</td>
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(Continued)
### Patient Profile

<table>
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<th>Patient Profile</th>
<th>Patient Visits</th>
<th>Patient Visits-All Hospitals</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(#)</td>
<td>(%)</td>
</tr>
</tbody>
</table>

#### DISCHARGE STATUS

- **Home or Self Care**: 2,351 (99.7) 223,834 (99.8)
- **Another Hospital**: 4 (0.2) 103 (0.0)
- **Skilled Nursing Facility**: 2 (0.1) 111 (0.0)
- **Intermediate Care Facility**: 0 (0.0) 11 (0.0)
- **Another Type of Institution**: 0 (0.0) 46 (0.0)
- **Under Care of Home Service**: 0 (0.0) 16 (0.1)
- **Left Against Medical Advice**: 0 (0.0) 16 (0.0)
- **Under Care of Home IV Provider**: 0 (0.0) 1 (0.0)
- **Expired**: 0 (0.0) 5 (0.0)
- **Unknown**: 1 (0.0) 56 (0.0)
- **Not Reported**: 0 (0.0) 0 (0.0)

#### PRIMARY PAYER

- **Medicare**: 545 (23.1) 45,634 (20.3)
- **Medicaid**: 200 (8.5) 14,157 (6.3)
- **Other government**: 59 (2.5) 3,504 (1.6)
- **Blue Cross/Blue Shield**: 315 (13.4) 30,700 (13.7)
- **Other Commercial**: 248 (10.5) 15,100 (6.7)
- **Managed Care (HMO, PPO)**: 804 (34.1) 105,175 (46.9)
- **Self Pay**: 116 (4.9) 2,539 (1.1)
- **Industrial & Worker Comp**: 39 (1.7) 3,834 (1.7)
- **Charity and Unclassified**: 0 (0.0) 2,186 (1.0)
- **Childrens Health Insurance**: 0 (0.0) 177 (0.1)
- **Unknown**: 32 (1.4) 1,256 (0.6)
- **Not Reported**: 0 (0.0) 90 (0.0)

#### LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE

- **Bear River**: 0 (0.0) 15,979 (7.1)
- **Central Utah**: 1 (0.0) 8,148 (3.6)
- **Davis County**: 0 (0.0) 23,241 (10.4)
- **Salt Lake County**: 6 (0.3) 76,236 (34.0)
- **Southeastern Utah**: 4 (0.2) 5,436 (2.4)
- **Southwest Utah**: 0 (0.0) 13,567 (6.0)
- **Summit County**: 0 (0.0) 3,096 (1.4)
- **Tooele County**: 0 (0.0) 4,599 (2.0)
- **Tri-County**: 2,322 (98.5) 5,798 (2.6)
- **Utah County**: 6 (0.3) 35,900 (16.0)
- **Wasatch County**: 1 (0.0) 1,771 (0.8)
- **Weber County**: 0 (0.0) 21,412 (9.5)
- **Unknown Utah**: 0 (0.0) 49 (0.0)
- **Outside Utah**: 18 (0.8) 8,923 (4.0)
- **Unknown, Not Reported**: 0 (0.0) 197 (0.1)

**SOURCE**: Utah Ambulatory Surgery Database, Utah Health Data Committee/Office of Health Care Statistics.
### Number of CPT-4 and ICD-9 Reportable* Procedures by Selected Ambulatory Surgery Reporting Category

<table>
<thead>
<tr>
<th>Reporting Category (ICD-9-CM Codes)</th>
<th>Procedures Performed (#)</th>
<th>Procedures Performed-All Hospitals (#)</th>
<th>(%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mastectomy</td>
<td>8,166</td>
<td>321,711</td>
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<tr>
<td>(85.0-85.99)</td>
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<tr>
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<td>(76.0-84.99)</td>
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<tr>
<td>Respiratory</td>
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<td>15,180</td>
<td>3.8</td>
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<tr>
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<tr>
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<td>2.2</td>
</tr>
<tr>
<td>(55.0-59.99)</td>
<td>154</td>
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<td>Male Genital</td>
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<td>4.5</td>
</tr>
<tr>
<td>(60.0-64.99)</td>
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</tr>
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<td>Female Genital</td>
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<td>15,319</td>
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<tr>
<td>(65.0-71.99)</td>
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<tr>
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<td>(01.0-07.99)</td>
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<td>Eye</td>
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<td>4.5</td>
</tr>
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<td>(18.0-20.99)</td>
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<td>8.2</td>
</tr>
<tr>
<td>Nose,Mouth,Pharynx</td>
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<td>15,319</td>
<td>5.3</td>
</tr>
<tr>
<td>(21.0-29.99)</td>
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<td>11,517</td>
<td>5.0</td>
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<table>
<thead>
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<th>Reporting Category (CPT-4 CODES)</th>
<th>Procedures Performed (#)</th>
<th>Procedures Performed-All Hospitals (#)</th>
<th>(%)</th>
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</thead>
<tbody>
<tr>
<td>Mastectomy</td>
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<td>304,292</td>
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<td>29,931</td>
<td>4.6</td>
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<td>(54000-55899)</td>
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<td>4.6</td>
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<tr>
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<td>436</td>
<td>11,517</td>
<td>5.0</td>
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<tr>
<td>(65091-68899)</td>
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<tr>
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</table>

**SOURCE:** Utah Ambulatory Surgery Database
Utah Health Data Committee/Office of Health Care Statistics.
Reportable* excludes codes in the former "Other" category and CPT blood draw codes in previous reports.
125 UHC/University Hospitals & Clinics

<table>
<thead>
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<th>ICD-9 Description</th>
<th>#</th>
<th>%</th>
<th>% All Hospitals</th>
</tr>
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<tr>
<td>All ICD-9 Procedures</td>
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<td>100.0</td>
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<td>CLOS [ENDO] BX LARGE INTESTINE</td>
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<td>17.8</td>
<td>2.61</td>
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<td>4516</td>
<td>EGD W/CLOS BX</td>
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SOURCE: Utah Ambulatory Surgery Database
Utah Health Data Committee/Office of Health Care Statistics
Reportable* excludes codes in the former "Other" category and CPT4 blood draw codes in previous reports.
## URTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006

### Average Total Charges for Most Commonly Performed CPT-4 and ICD-9 Reportable Procedures, Single ICD-9 or CPT-4 Only

**ICD-9 Procedures**

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**CPT-4 Procedures**

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**Source:** Utah Ambulatory Surgery Database

Reportable* excludes codes in the former "Other" category and CPT4 blood draw codes in previous reports.
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**SOURCE:** Utah Ambulatory Surgery Database
Utah Health Data Committee/O北方of Health Care Statistics
Reportable* excludes codes in the former "Other" category and CPT blood draw codes in previous reports.
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SOURCE: Utah Ambulatory Surgery Database
Utah Health Data Committee/Office of Health Care Statistics
Reportable* excludes codes in the former "Other" category and CPT blood draw codes in previous reports.
<table>
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<tr>
<th>Patient Profile</th>
<th>Patient Visits</th>
<th>Patient Visits-All Hospitals</th>
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<td>(%)</td>
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(Continued)
### AMB ST 1-6

**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006**

**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

<table>
<thead>
<tr>
<th>Patient Profile</th>
<th>Patient Visits (#)</th>
<th>Patient Visits-All Hospitals (%)</th>
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<tr>
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**SOURCE:** Utah Ambulatory Surgery Database, Utah Health Data Committee/Office of Health Care Statistics.
<table>
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<tr>
<th>Reporting Category (ICD-9-CM CODES)</th>
<th>Procedures Performed (#)</th>
<th>(%)</th>
<th>Procedures Performed-All Hospitals (#)</th>
<th>(%)</th>
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SOURCE: Utah Ambulatory Surgery Database
Utah Health Data Committee/Office of Health Care Statistics.
Reportable* excludes codes in the former "Other" category and CPT blood draw codes in previous reports.
# Most Commonly Performed CPT-4 and ICD-9 Reportable* Procedures

## ICD-9 Procedures

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<th>ICD-9 Description</th>
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<th>% ALL Hospitals</th>
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<td>Oth Dx Proc Lymphatic Structures</td>
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## CPT-4 Procedures

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<th>% ALL Hospitals</th>
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*Source: Utah Ambulatory Surgery Database*

Utah Health Data Committee/Office of Health Care Statistics*

Reportable* excludes codes in the former "Other" category and CPT4 blood draw codes in previous reports.*
## Average Total Charges for Most Commonly Performed CPT-4 and ICD-9 Reportable Procedures, Single ICD-9 or CPT-4 Only

### ICD-9 Procedures

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### CPT-4 Procedures

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*SOURCE: Utah Ambulatory Surgery Database*

Reportable* excludes codes in the former "Other" category and CPT4 blood draw codes in previous reports.
## Table: Procedure APG Category, Procedure APG, Based on Reportable* CPT-4 Procedures

<table>
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## AMB ST 1-4

**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006**

**PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES**

### procedure APG category

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**SOURCE: Utah Ambulatory Surgery Database**

Utah Health Data Committee/Office of Health Care Statistics

Reportable* excludes codes in the former "Other" category and CPT blood draw codes in previous reports.
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SOURCE: Utah Ambulatory Surgery Database
Utah Health Data Committee/Office of Health Care Statistics
Reportable* excludes codes in the former "Other" category and CPT blood draw codes in previous reports.
### Number of Selected Ambulatory Surgery Patient Visits by Patient Profile

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### Number of Selected Ambulatory Surgery Patient Visits by Patient Profile

#### 310 University of Utah Huntsman Cancer Hospital

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**Source:** Utah Ambulatory Surgery Database, Utah Health Data Committee/Office of Health Care Statistics.
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<th>Reporting Category (ICD-9-CM CODES)</th>
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<th>Procedures Performed-All Hospitals (#)</th>
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SOURCE: Utah Ambulatory Surgery Database
Utah Health Data Committee/Office of Health Care Statistics.
Reportable* excludes codes in the former "Other" category and CPT blood draw codes in previous reports.
### ICD-9 Procedures

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### CPT-4 Procedures

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SOURCE: Utah Ambulatory Surgery Database
Utah Health Data Committee/Office of Health Care Statistics
Reportable* excludes codes in the former "Other" category and CPT4 blood draw codes in previous reports.
<table>
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<tr>
<th>ICD-9 CODE</th>
<th>ICD-9 DESCRIPTION</th>
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SOURCE: Utah Ambulatory Surgery Database

Reportable* excludes codes in the former "Other" category and CPT4 blood draw codes in previous reports.
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<th>Procedure APG</th>
<th>TOTAL #</th>
<th>TOTAL # (ALL Hospitals)</th>
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SOURCE: Utah Ambulatory Surgery Database
Utah Health Data Committee/Office of Health Care Statistics
Reportable* excludes codes in the former "Other" category and CPT blood draw codes in previous reports.
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**SOURCE:** Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

Reportable* excludes codes in the former "Other" category and CPT blood draw codes in previous reports.
### Number of Selected Ambulatory Surgery Patient Visits by Patient Profile

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## 309 University of Utah Orthopaedic Center

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### LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE

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**SOURCE:** Utah Ambulatory Surgery Database, Utah Health Data Committee/Office of Health Care Statistics.
## Number of CPT-4 and ICD-9 Reportable* Procedures by Selected Ambulatory Surgery Reporting Category

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SOURCE: Utah Ambulatory Surgery Database
Utah Health Data Committee/Office of Health Care Statistics.
Reportable* excludes codes in the former "Other" category and CPT blood draw codes in previous reports.
### Utah Valley Regional Medical Center

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Utah Health Data Committee/Office of Health Care Statistics
Reportable* excludes codes in the former "Other" category and CPT4 blood draw codes in previous reports.
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Source: Utah Ambulatory Surgery Database

Reportable* excludes codes in the former "Other" category and CPT4 blood draw codes in previous reports.
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SOURCE: Utah Ambulatory Surgery Database
Utah Health Data Committee/Office of Health Care Statistics
Reportable* excludes codes in the former "Other" category and CPT blood draw codes in previous reports.
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SOURCE: Utah Ambulatory Surgery Database
Utah Health Data Committee/Office of Health Care Statistics

Reportable* excludes codes in the former "Other" category and CPT blood draw codes in previous reports.
### AMB ST 1-6

**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006**

**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

<table>
<thead>
<tr>
<th>Patient Profile</th>
<th>Patient Visits (#)</th>
<th>Patient Visits (%</th>
<th>Patient Visits-All Hospitals (#)</th>
<th>Patient Visits-All Hospitals (%)</th>
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<tbody>
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(Continued)
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<th>Patient Visits-All Hospitals</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>($)</td>
<td>(%)</td>
</tr>
</tbody>
</table>

### DISCHARGE STATUS
- **Home or Self Care**: 16,071 (99.7%) 223,834 (99.8%)
- **Another Hospital**: 3 (0.0%) 103 (0.0%)
- **Skilled Nursing Facility**: 10 (0.1%) 111 (0.0%)
- **Intermediate Care Facility**: 0 (0.0%) 11 (0.0%)
- **Another Type of Institution**: 5 (0.0%) 46 (0.0%)
- **Under Care of Home Service**: 28 (0.2%) 169 (0.1%)
- **Left Against Medical Advice**: 1 (0.0%) 16 (0.0%)
- **Under Care of Home IV Provider**: 0 (0.0%) 1 (0.0%)
- **Expired**: 0 (0.0%) 5 (0.0%)
- **Unknown**: 143 (0.9%) 1,256 (0.6%)
- **Not Reported**: 0 (0.0%) 0 (0.0%)

### PRIMARY PAYER
- **Medicare**: 2,997 (18.6%) 45,634 (20.3%)
- **Medicaid**: 892 (5.5%) 14,137 (6.3%)
- **Other government**: 121 (0.8%) 3,504 (1.6%)
- **Blue Cross/Blue Shield**: 472 (2.9%) 30,700 (13.7%)
- **Other Commercial**: 754 (4.7%) 15,100 (6.7%)
- **Self Pay**: 104 (0.6%) 2,539 (1.1%)
- **Industrial & Worker Comp**: 164 (1.0%) 3,834 (1.7%)
- **Charity and Unclassified**: 311 (1.9%) 2,186 (1.0%)
- **Managed Care (HMO, PPO)**: 10,149 (63.0%) 105,175 (46.9%)
- **Other Commercial**: 754 (4.7%) 15,100 (6.7%)
- **Blue Cross/Blue Shield**: 472 (2.9%) 30,700 (13.7%)
- **Medicare**: 2,997 (18.6%) 45,634 (20.3%)
- **Primary Payer**: 0 (0.0%) 0 (0.0%)

### LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE
- **Bear River**: 25 (0.2%) 15,979 (7.1%)
- **Central Utah**: 1,220 (7.6%) 8,148 (3.6%)
- **Davis County**: 43 (0.3%) 23,241 (10.4%)
- **Salt Lake County**: 279 (1.7%) 76,236 (34.0%)
- **Southeastern Utah**: 337 (2.1%) 5,436 (2.4%)
- **Southwest Utah**: 83 (0.5%) 13,567 (6.0%)
- **Summit County**: 33 (0.2%) 3,096 (1.4%)
- **Tooele County**: 20 (0.1%) 4,599 (2.0%)
- **Tri-County**: 175 (1.1%) 5,798 (2.6%)
- **Utah County**: 13,335 (82.7%) 35,900 (16.0%)
- **Wasatch County**: 281 (1.7%) 1,771 (0.8%)
- **Weber County**: 22 (0.1%) 21,412 (9.5%)
- **Unknown Utah**: 7 (0.0%) 49 (0.0%)
- **Outside Utah**: 248 (1.5%) 8,923 (4.0%)
- **Unknown, Not Reported**: 10 (0.1%) 197 (0.1%

**SOURCE:** Utah Ambulatory Surgery Database, Utah Health Data Committee/Office of Health Care Statistics.
### Number of CPT-4 and ICD-9 Reportable* Procedures by Selected Ambulatory Surgery Reporting Category

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<thead>
<tr>
<th>Reporting Category (ICD-9-CM CODES)</th>
<th>Procedures Performed (#)</th>
<th>Procedures Performed-All Hospitals (#)</th>
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<tr>
<td>Musculoskeletal (76.0-84.99)</td>
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<td>Respiratory (30.0-34.99)</td>
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<tr>
<td>Cardiovascular (35.0-39.99)</td>
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<td>Lymphatic/Hemetic (40.0-41.99)</td>
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<tr>
<td>Eye (08.0-16.99)</td>
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<tr>
<td>Ear (18.0-20.99)</td>
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<td>Nose, Mouth, Pharynx (21.0-29.99)</td>
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<table>
<thead>
<tr>
<th>Reporting Category (CPT-4 CODES)</th>
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<tbody>
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<td>Mastectomy (19120-19220)</td>
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<td>3,001</td>
</tr>
<tr>
<td>Musculoskeletal (20000-29909)</td>
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</tr>
<tr>
<td>Respiratory (30000-32999 &amp; 39501-39599)</td>
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</tr>
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<td>Cardiovascular (33010-37799 &amp; 93501-93660)</td>
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<td>31,569</td>
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<tr>
<td>Lymphatic/Hemetic (38100-38999)</td>
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<td>Digestive (40490-49999)</td>
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<tr>
<td>Male Genital (54000-55899)</td>
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<tr>
<td>Female Genital (56405-58999)</td>
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<tr>
<td>Endocrine/Nervous (60000-64999)</td>
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<td>Eye (65091-68899)</td>
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<tr>
<td>Ear (69000-69979)</td>
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<td>7,860</td>
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SOURCE: Utah Ambulatory Surgery Database
Utah Health Data Committee/Office of Health Care Statistics.
Reportable* excludes codes in the former "Other" category and CPT blood draw codes in previous reports.
## Most Commonly Performed CPT-4 and ICD-9 Reportable Procedures

### ICD-9 Code

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### CPT-4 Code

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SOURCE: Utah Ambulatory Surgery Database
Utah Health Data Committee/Office of Health Care Statistics
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SOURCE: Utah Ambulatory Surgery Database
Utah Health Data Committee/Office of Health Care Statistics
Reportable* excludes codes in the former "Other" category and CPT blood draw codes in previous reports.
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**Total**

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SOURCE: Utah Ambulatory Surgery Database
Utah Health Data Committee/Office of Health Care Statistics
Reportable* excludes codes in the former "Other" category and CPT blood draw codes in previous reports.
### Number of Selected Ambulatory Surgery Patient Visits by Patient Profile

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(Continued)
### 112 Valley View Medical Center

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**SOURCE:** Utah Ambulatory Surgery Database, Utah Health Data Committee/Office of Health Care Statistics.
### Number of Selected Ambulatory Surgery Patient Visits by Patient Profile

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(Continued)
## 112 Valley View Medical Center

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**SOURCE:** Utah Ambulatory Surgery Database,
Utah Health Data Committee/Office of Health Care Statistics.
401 Central Utah Surgical Center

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<tr>
<th>Reporting Category (ICD-9-CM CODES)</th>
<th>Procedures Performed (#)</th>
<th>Procedures Performed - All FASCs (%)</th>
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<td>Urinary (55.0-59.99)</td>
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<td>Male Genital (60.0-64.99)</td>
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<table>
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<th>Procedures Performed (#)</th>
<th>Procedures Performed - All FASCs (%)</th>
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SOURCE: Utah Ambulatory Surgery Database
Utah Health Data Committee/Office of Health Care Statistics.
Reportable* excludes codes in the former "Other" category and CPT blood draw codes in previous reports.
## Most Commonly Performed CPT-4 and ICD-9 Reportable* Procedures

### ICD-9

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### CPT-4

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**Source:** Utah Ambulatory Surgery Database  
Utah Health Data Committee/Office of Health Care Statistics  
Reportable* excludes codes in the former "Other" category and CPT4 blood draw codes in previous reports.
### AMB ST 1-3

**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006**

**AVERAGE TOTAL CHARGES FOR MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES, SINGLE ICD-9 OR CPT-4 ONLY**

<table>
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<th>ICD-9 CODE</th>
<th>ICD-9 DESCRIPTION</th>
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<th>AVE TOT CHRG (ALL FASCs)</th>
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**SOURCE:** Utah Ambulatory Surgery Database

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SOURCE: Utah Ambulatory Surgery Database
Utah Health Data Committee/Office of Health Care Statistics
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<td>AVE TOT CHRG (ALL FASCs)</td>
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<td>$842</td>
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<td>214 CATARACT PROCEDURES</td>
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<tr>
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<tr>
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## NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

### GENDER

<table>
<thead>
<tr>
<th>Gender</th>
<th>Patient Visits</th>
<th>Patient Visits-All FASCs</th>
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<tbody>
<tr>
<td>Female</td>
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<td>44,181</td>
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<tr>
<td>Male</td>
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<td>35,842</td>
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<td>Unknown</td>
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<td>24</td>
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<tr>
<td>Not Reported</td>
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<td>36</td>
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### AGE

<table>
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<th>Age</th>
<th>Patient Visits</th>
<th>Patient Visits-All FASCs</th>
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</thead>
<tbody>
<tr>
<td>1-28 days</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>29-365 days</td>
<td>29</td>
<td>488</td>
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<tr>
<td>1-4 years</td>
<td>279</td>
<td>3,538</td>
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<tr>
<td>5-9</td>
<td>168</td>
<td>2,024</td>
</tr>
<tr>
<td>10-14</td>
<td>153</td>
<td>1,065</td>
</tr>
<tr>
<td>15-17</td>
<td>278</td>
<td>1,445</td>
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<tr>
<td>18-19</td>
<td>271</td>
<td>1,166</td>
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<tr>
<td>20-24</td>
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<td>3,240</td>
</tr>
<tr>
<td>25-29</td>
<td>566</td>
<td>3,566</td>
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<tr>
<td>30-34</td>
<td>481</td>
<td>3,445</td>
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<tr>
<td>35-39</td>
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<td>3,684</td>
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<td>40-44</td>
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<td>45-49</td>
<td>654</td>
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<tr>
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<td>825</td>
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<tr>
<td>55-59</td>
<td>856</td>
<td>6,931</td>
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<tr>
<td>60-64</td>
<td>827</td>
<td>6,093</td>
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<tr>
<td>65-69</td>
<td>939</td>
<td>6,852</td>
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<tr>
<td>70-74</td>
<td>1,019</td>
<td>7,021</td>
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<tr>
<td>75-79</td>
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<td>6,205</td>
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<td>80-84</td>
<td>539</td>
<td>4,151</td>
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<tr>
<td>85-89</td>
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<td>1,852</td>
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<td>503</td>
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### SOURCE OF ADMISSION

<table>
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<th>Patient Visits</th>
<th>Patient Visits-All FASCs</th>
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<tbody>
<tr>
<td>Physician Referral</td>
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<td>66,582</td>
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<tr>
<td>Clinic Referral</td>
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<tr>
<td>HMO Referral</td>
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<td>1</td>
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<tr>
<td>Other Hospital</td>
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<td>0</td>
</tr>
<tr>
<td>Skilled Nursing Facility</td>
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<td>0</td>
</tr>
<tr>
<td>Other Health Care Facility</td>
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<td>1</td>
</tr>
<tr>
<td>Emergency Room</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Court/Law Enforcement</td>
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<td>0</td>
</tr>
<tr>
<td>Unknown</td>
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<td>1,491</td>
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<tr>
<td>Not Reported</td>
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</table>

(Continued)
### 401 Central Utah Surgical Center

| Patient Profile | Patient Visits ($
| (%) | Patient Visits-All FASCs ($|
| (%) |

#### DISCHARGE STATUS

- **Home or Self Care** 10,899 100.0 74,062 92.5
- **Another Hospital** 0 0.0 70 0.1
- **Skilled Nursing Facility** 0 0.0 0 0.0
- **Intermediate Care Facility** 0 0.0 0 0.0
- **Another Type of Institution** 0 0.0 6 0.0
- **Under Care of Home Service** 0 0.0 0 0.0
- **Left Against Medical Advice** 0 0.0 0 0.0
- **Under Care of Home IV Provider** 0 0.0 0 0.0
- **Expired** 0 0.0 0 0.0
- **Unknown** 0 0.0 106 0.1
- **Not Reported** 0 0.0 0 0.0

#### PRIMARY PAYER

- **Medicare** 3,421 31.4 23,413 29.2
- **Medicaid** 335 3.1 4,648 5.8
- **Other government** 142 1.3 2,399 3.0
- **Blue Cross/Blue Shield** 1,856 17.0 15,904 19.9
- **Other Commercial** 1,083 9.9 7,364 9.2
- **Managed Care(HMO, PPO)** 3,320 30.5 21,802 27.2
- **Self Pay** 318 2.9 1,220 1.5
- **Industrial & Worker Comp** 382 3.5 2,135 2.7
- **Charity and Unclassified** 32 0.3 154 0.2
- **Childrens Health Insurance** 8 0.1 264 0.3
- **Unknown** 0 0.0 106 0.1
- **Not Reported** 2 0.0 674 0.8

#### LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE

- **Bear River** 11 0.1 3,483 4.3
- **Central Utah** 1,016 9.3 1,303 1.6
- **Davis County** 28 0.3 13,093 16.3
- **Salt Lake County** 185 1.7 27,138 33.9
- **Southeastern Utah** 485 4.4 735 0.9
- **Southwest Utah** 46 0.4 2,839 3.5
- **Summit County** 19 0.2 861 1.1
- **Tooele County** 15 0.1 1,082 1.4
- **Tri-County** 92 0.8 373 0.5
- **Utah County** 8,532 78.3 10,188 12.7
- **Wasatch County** 167 1.5 365 0.5
- **Weber County** 9 0.1 14,996 18.7
- **Unknown Utah** 7 0.1 31 0.0
- **Outside Utah** 287 2.6 3,579 4.5
- **Unknown, Not Reported** 0 0.0 17 0.0

**SOURCE:** Utah Ambulatory Surgery Database, Utah Health Data Committee/Office of Health Care Statistics.
## NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

<table>
<thead>
<tr>
<th>Reporting Category (ICD-9-CM Codes)</th>
<th>Procedures Performed (#)</th>
<th>Procedures Performed-All FASCs (#)</th>
<th>(%)</th>
<th>(%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mastectomy (85.0-85.99)</td>
<td>2</td>
<td>1,897</td>
<td>0.2</td>
<td>2.9</td>
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<tr>
<td>Musculoskeletal (76.0-84.99)</td>
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<td>17.8</td>
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<td>0.2</td>
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<tr>
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<tr>
<td>Lymphatic/Hematologic (40.0-41.99)</td>
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<td>Digestive System (42.0-54.99)</td>
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<tr>
<td>Urinary (55.0-59.99)</td>
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<tr>
<td>Male Genital (60.0-64.99)</td>
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<tr>
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</tr>
<tr>
<td>Endocrine/Nervous (01.0-07.99)</td>
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<tr>
<td>Eye (08.0-16.99)</td>
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<table>
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<th>Reporting Category (CPT-4 Codes)</th>
<th>Procedures Performed (#)</th>
<th>Procedures Performed-All FASCs (#)</th>
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<th>(%)</th>
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<td>Respiratory (30000-32999 &amp; 39501-39599)</td>
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<td>Cardiovascular (33010-37799 &amp; 93501-93660)</td>
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<td>Lymphatic/Hematologic (38100-38999)</td>
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<td>0.1</td>
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<td>Digestive (40490-49999)</td>
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<tr>
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<td>9.2</td>
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<td>3.6</td>
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</table>

SOURCE: Utah Ambulatory Surgery Database
Utah Health Data Committee/Office of Health Care Statistics.
Reportable* excludes codes in the former "Other" category and CPT blood draw codes in previous reports.
### Most Commonly Performed CPT-4 and ICD-9 Reportable* Procedures

#### ICD-9 Code

<table>
<thead>
<tr>
<th>ICD-9 Code</th>
<th>ICD-9 Description</th>
<th>#</th>
<th>%</th>
<th>% All FASCs</th>
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<td>INSRT IOL-CATARACT EXTRACT-1 STAGE</td>
<td>162</td>
<td>12.9</td>
<td>10.19</td>
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<tr>
<td>2001</td>
<td>MYRINGOTOMY WITH INSERTION OF TUBE</td>
<td>123</td>
<td>9.8</td>
<td>3.84</td>
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<td>4523</td>
<td>COLONOSCOPY</td>
<td>87</td>
<td>7.0</td>
<td>5.02</td>
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<td>4525</td>
<td>CLOS [ENDO] BX LARGE INTESTINE</td>
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<td>806</td>
<td>EXCISION SEMILUNAR CARTILAGE KNEE</td>
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<td>1364</td>
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<td>OTH LOCAL EXC/DESTRUC LES SHLOR JNT</td>
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<td>2.7</td>
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<td>RELEASE OF CARPAL TUNNEL</td>
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<td>2.6</td>
<td>1.23</td>
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<td>8183</td>
<td>OTHER REPAIR OF SHOULDER</td>
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<td>2.6</td>
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<tr>
<td>4516</td>
<td>EGD W/CLOS BX</td>
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All ICD-9 Procedures: 1,251 100.0 100.0

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All CPT-4 Procedures: 1,337 100.0 100.0

*Reportable* excludes codes in the former "Other" category and CPT4 blood draw codes in previous reports.

**Source:** Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics
### ICD-9 Procedures

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### CPT-4 Procedures

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**SOURCE:** Utah Ambulatory Surgery Database

Reportable* excludes codes in the former "Other" category and CPT4 blood draw codes in previous reports.
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**SOURCE:** Utah Ambulatory Surgery Database  
Utah Health Data Committee/Office of Health Care Statistics  
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## 423 Coral Desert Surgery Center

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<th>AVE TOT CHRG (ALL FASCs )</th>
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**SOURCE:** Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

Reportable* excludes codes in the former "Other" category and CPT blood draw codes in previous reports.
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<th>Patient Visits-All FASCs (#)</th>
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(Continued)
### 423 Coral Desert Surgery Center

<table>
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<th>Patient Visits-All FASCs (%)</th>
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**SOURCE:** Utah Ambulatory Surgery Database, Utah Health Data Committee/Office of Health Care Statistics.
### AMB ST 1-1

**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006**

**NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY**

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<th>Reporting Category (ICD-9-CM CODES)</th>
<th>Procedures Performed (#)</th>
<th>Procedures Performed-All FASCs (%)</th>
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SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics.

Reportable* excludes codes in the former "Other" category and CPT blood draw codes in previous reports.
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**ICD-9 Code ICD-9 Description # % % All FASCs**

All ICD-9 Procedures

Does not report ICDs

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SOURCE: Utah Ambulatory Surgery Database
Utah Health Data Committee/Office of Health Care Statistics
Reportable* excludes codes in the former "Other" category and CPT4 blood draw codes in previous reports.
## Ambulatory Surgery Center Utilization and Charge Profile of Outpatient Surgery, 2006

### Average Total Charges for Most Commonly Performed CPT-4 and ICD-9 Reportable* Procedures, Single ICD-9 or CPT-4 Only

#### ICD-9 Procedures

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#### CPT-4 Procedures

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SOURCE: Utah Ambulatory Surgery Database
Utah Health Data Committee/Office of Health Care Statistics
Reportable* excludes codes in the former "Other" category and CPT blood draw codes in previous reports.
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### 415 Davis Surgical Center

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**SOURCE:** Utah Ambulatory Surgery Database, Utah Health Data Committee/Office of Health Care Statistics.
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SOURCE: Utah Ambulatory Surgery Database
Utah Health Data Committee/Office of Health Care Statistics.
Reportable* excludes codes in the former "Other" category and CPT blood draw codes in previous reports.
## Most Commonly Performed CPT-4 and ICD-9 Reportable* Procedures

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*SOURCE: Utah Ambulatory Surgery Database
Utah Health Data Committee/Office of Health Care Statistics*

*Reportable* excludes codes in the former "Other" category and CPT4 blood draw codes in previous reports.
## Average Total Charges for Most Commonly Performed CPT-4 and ICD-9 Reportable* Procedures, Single ICD-9 or CPT-4 Only

### ICD-9 Procedures

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Source: Utah Ambulatory Surgery Database
*Reportable* excludes codes in the former "Other" category and CPT 4 blood draw codes in previous reports.
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SOURCE: Utah Ambulatory Surgery Database
Utah Health Data Committee/Office of Health Care Statistics
Reportable* excludes codes in the former "Other" category and CPT blood draw codes in previous reports.
<table>
<thead>
<tr>
<th>Procedure APG</th>
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<th>AVE TOT CHRG(ALL FASCs )</th>
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SOURCE: Utah Ambulatory Surgery Database
Utah Health Data Committee/Office of Health Care Statistics
Reportable* excludes codes in the former "Other" category and CPT blood draw codes in previous reports.

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
PROCEDURE APG CATEGORY, PROCEDURE APG, SINGLE APG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES
### NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

#### GENDER

<table>
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<tr>
<th>Gender</th>
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<th>Patient Visits-All FASCs (%)</th>
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<td>44,181</td>
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<tr>
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#### AGE

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<td>29-365 days</td>
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<td>15-17</td>
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#### SOURCE OF ADMISSION

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(Continued)
### Number of Selected Ambulatory Surgery Patient Visits by Patient Profile

#### DISCHARGE STATUS

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#### PRIMARY PAYER

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#### LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE

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**Source:** Utah Ambulatory Surgery Database, Utah Health Data Committee/Office of Health Care Statistics.
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<th>Procedures Performed-All FASCs (#)</th>
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SOURCE: Utah Ambulatory Surgery Database
Utah Health Data Committee/Office of Health Care Statistics.
Reportable* excludes codes in the former "Other" category and CPT blood draw codes in previous reports.
### ICD-9 Code Table

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### CPT-4 Code Table

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**Source:** Utah Ambulatory Surgery Database
Utah Health Data Committee/Office of Health Care Statistics
Reportable* excludes codes in the former "Other" category and CPT4 blood draw codes in previous reports.
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Source: Utah Ambulatory Surgery Database

Reportable* excludes codes in the former "Other" category and CPT4 blood draw codes in previous reports.
### Procedure APG Category, Procedure APG, Based on Reportable* CPT-4 Procedures

<table>
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<th>Procedure APG</th>
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**SOURCE:** Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

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SOURCE: Utah Ambulatory Surgery Database
Utah Health Data Committee/Office of Health Care Statistics
Reportable* excludes codes in the former "Other" category and CPT blood draw codes in previous reports.
### Number of Selected Ambulatory Surgery Patient Visits by Patient Profile

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### 412 Madsen Surgery Center

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<td>Salt Lake County</td>
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**SOURCE:** Utah Ambulatory Surgery Database, Utah Health Data Committee/Office of Health Care Statistics.
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<th>Reporting Category (ICD-9-CM CODES)</th>
<th>Procedures Performed (#)</th>
<th>Procedures Performed-All FASCs (#)</th>
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<tr>
<td>Lymphatic/Hemetic</td>
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<td>Digestive System</td>
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<tr>
<td>Nose,Mouth,Pharynx</td>
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<tr>
<td>Ear</td>
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<td>3,915</td>
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SOURCE: Utah Ambulatory Surgery Database
Utah Health Data Committee/Office of Health Care Statistics.
Reportable* excludes codes in the former "Other" category and CPT blood draw codes in previous reports.
### MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES

<table>
<thead>
<tr>
<th>ICD-9 CODE</th>
<th>ICD-9 DESCRIPTION</th>
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<th>%</th>
<th>% ALL FASCs</th>
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<td>1371</td>
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<td>7.2</td>
<td>10.19</td>
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<tr>
<td>1341</td>
<td>PHACOEMULSIFICATION&amp;ASPIR CATA RACT</td>
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<td>7.2</td>
<td>6.87</td>
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<tr>
<td>0392</td>
<td>INJECTION OTH AGT INTO SPINAL CANAL</td>
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<td>2.01</td>
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<tr>
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<td>ENDOMETRIAL ABLATION</td>
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<table>
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<th>CPT-4 CODE</th>
<th>CPT-4 DESCRIPTION</th>
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<th>%</th>
<th>% ALL FASCs</th>
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<td>TYPANOSTOMY GENERAL ANESTHESIA</td>
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**SOURCE:** Utah Ambulatory Surgery Database
Utah Health Data Committee/Office of Health Care Statistics

Reportable* excludes codes in the former *Other* category and CPT4 blood draw codes in previous reports.
## Average Total Charges for Most Commonly Performed CPT-4 and ICD-9 Reportable* Procedures, Single ICD-9 or CPT-4 Only

### ICD-9 Procedures

<table>
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<tr>
<th>ICD-9 Code</th>
<th>ICD-9 Description</th>
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<th>AVE TOT CHRG (ALL FASCs)</th>
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<td>SCOPE KNEE SURG; DEBRID/SHAVE CA</td>
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<td>$2,792</td>
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### CPT-4 Procedures

<table>
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<th>CPT-4 Description</th>
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<td>58662</td>
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<td>$3,314</td>
<td>$2,740</td>
</tr>
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<td>HYSTEROSC SURG; W/ENDOMETRIAL AB</td>
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<td>$3,259</td>
</tr>
<tr>
<td>29877</td>
<td>SCOPE KNEE SURG; DEBRID/SHAVE CA</td>
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<td>$2,542</td>
<td>$2,792</td>
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<td>$1,635</td>
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<tr>
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**Source:** Utah Ambulatory Surgery Database

*Reportable* excludes codes in the former "Other" category and CPT4 blood draw codes in previous reports.
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### McKay-Dee Surgical Center

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12 FACIAL, EAR, NOSE, MOUTH AND THROAT | 2,906 | 15,186 |

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13 THERAPEUTIC AND OTHER RADIOLOGICAL PROCEDURES | 2 | 190 |

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**SOURCE:** Utah Ambulatory Surgery Database
Utah Health Data Committee/Office of Health Care Statistics
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**404 McKay-Dee Surgical Center**

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(Continued)
### 404 McKay-Dee Surgical Center

<table>
<thead>
<tr>
<th>Patient Profile</th>
<th>Patient Visits (#)</th>
<th>Patient Visits-All FASCs (#)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(%)</td>
<td>(%)</td>
</tr>
</tbody>
</table>

#### DISCHARGE STATUS
- **Home or Self Care**: 6,755 (99.6) | 74,062 (92.5)
- **Another Hospital**: 29 (0.4)  | 70 (0.1)
- **Skilled Nursing Facility**: 0 (0.0) | 0 (0.0)
- **Intermediate Care Facility**: 0 (0.0) | 0 (0.0)
- **Another Type of Institution**: 0 (0.0) | 6 (0.0)
- **Under Care of Home Service**: 0 (0.0) | 0 (0.0)
- **Left Against Medical Advice**: 0 (0.0) | 0 (0.0)
- **Under Care of Home IV Provider**: 0 (0.0) | 0 (0.0)
- **Expired**: 0 (0.0) | 0 (0.0)
- **Unknown**: 62 (0.9) | 106 (0.1)
- **Not Reported**: 0 (0.0) | 0 (0.0)

#### PRIMARY PAYER
- **Medicare**: 1,219 (18.0) | 23,413 (29.2)
- **Medicaid**: 419 (6.2) | 4,648 (5.8)
- **Other government**: 272 (4.0) | 2,399 (3.0)
- **Blue Cross/Blue Shield**: 548 (8.1) | 15,904 (19.9)
- **Other Commercial**: 268 (4.0) | 7,364 (9.2)
- **Managed Care (HMO, PPO)**: 3,741 (55.1) | 21,802 (27.2)
- **Self Pay**: 60 (0.9) | 1,220 (1.5)
- **Industrial & Worker Comp**: 164 (2.4) | 2,135 (2.7)
- **Charity and Unclassified**: 29 (0.4) | 154 (0.2)
- **Childrens Health Insurance**: 2 (0.0) | 264 (0.3)
- **Unknown**: 62 (0.9) | 106 (0.1)
- **Not Reported**: 0 (0.0) | 674 (0.8)

#### LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE
- **Bear River**: 440 (6.5) | 3,483 (4.3)
- **Central Utah**: 2 (0.0) | 1,303 (1.6)
- **Davis County**: 1,553 (22.9) | 13,093 (16.3)
- **Salt Lake County**: 61 (0.9) | 27,138 (33.9)
- **Southeastern Utah**: 1 (0.0) | 735 (0.9)
- **Southwest Utah**: 2 (0.0) | 2,839 (3.5)
- **Summit County**: 15 (0.2) | 861 (1.1)
- **Tooele County**: 8 (0.1) | 1,082 (1.4)
- **Tri-County**: 5 (0.1) | 373 (0.5)
- **Utah County**: 11 (0.2) | 10,188 (12.7)
- **Wasatch County**: 3 (0.0) | 365 (0.5)
- **Weber County**: 4,557 (67.2) | 14,996 (18.7)
- **Unknown Utah**: 2 (0.0) | 31 (0.0)
- **Outside Utah**: 124 (1.8) | 3,579 (4.5)
- **Unknown, Not Reported**: 0 (0.0) | 17 (0.0)

**SOURCE:** Utah Ambulatory Surgery Database, Utah Health Data Committee/Office of Health Care Statistics.
Number of CPT-4 and ICD-9 Reportable* Procedures by Selected Ambulatory Surgery Reporting Category

<table>
<thead>
<tr>
<th>Reporting Category (ICD-9-CM Codes)</th>
<th>Procedures Performed (#)</th>
<th>Procedures Performed-All FASCs (#)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mastectomy (85.0-85.99)</td>
<td>.</td>
<td>1,897</td>
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<tr>
<td>Musculoskeletal (76.0-84.99)</td>
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</tr>
<tr>
<td>Respiratory (30.0-34.99)</td>
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<tr>
<td>Cardiovascular (35.0-39.99)</td>
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<tr>
<td>Lymphatic/Hemic (40.0-41.99)</td>
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<td>Digestive System (42.0-54.99)</td>
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<tr>
<td>Urinary (55.0-59.99)</td>
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<tr>
<td>Male Genital (60.0-64.99)</td>
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<tr>
<td>Female Genital (65.0-71.99)</td>
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<td>Endocrine/Nervous (01.0-07.99)</td>
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<td>Eye (08.0-16.99)</td>
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<tr>
<td>Nose, Mouth, Pharynx (21.0-29.99)</td>
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<tr>
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<td>Lymphatic/Hemic (38100-38999)</td>
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<td>Ear (69000-69979)</td>
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<td>3,915</td>
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SOURCE: Utah Ambulatory Surgery Database
Utah Health Data Committee/Office of Health Care Statistics.
Reportable* excludes codes in the former "Other" category and CPT blood draw codes in previous reports.
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006

MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES

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<th>ICD-9 CODE</th>
<th>ICD-9 DESCRIPTION</th>
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<th>% ALL FASCs</th>
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Does not report ICDs

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<td>UNLIST PROC DENTOALVEOL STRUCTUR</td>
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<td>2.24</td>
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<td>1.55</td>
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<td>64721</td>
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<td>69436</td>
<td>TYMPANOSTOMY GENERAL ANESTHESIA</td>
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<td>2.97</td>
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<td>45378</td>
<td>COLONOSCOPY FLEX; DX-SEP PROC</td>
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<td>SCOPE SHOULDER; DECOMP SUBACROM</td>
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<td>30140</td>
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SOURCE: Utah Ambulatory Surgery Database
Utah Health Data Committee/Office of Health Care Statistics
Reportable* excludes codes in the former "Other" category and CPT4 blood draw codes in previous reports.
### ICD-9 Procedures

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<tr>
<th>ICD-9 Code</th>
<th>ICD-9 Description</th>
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<th>AVE TOT CHRG (ALL FASCs)</th>
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<td>1,346</td>
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<td>1,346</td>
<td>$2,075</td>
<td>$2,558</td>
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<td>41899</td>
<td>UNLIST PROC DENTOALVEOL STRUCTUR</td>
<td>441</td>
<td>$2,722</td>
<td>$2,063</td>
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<tr>
<td>66821</td>
<td>DISCISSION 2ND CATARACT; LASER S</td>
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<td>$686</td>
<td>$844</td>
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<td>$686</td>
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<td>45378</td>
<td>COLONOSCOPY FLEX; W/BX 1/MX</td>
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<td>$961</td>
<td>$1,178</td>
</tr>
<tr>
<td>29880</td>
<td>SCOPE KNEE SURG; W/MENISCECT MED &amp;</td>
<td>24</td>
<td>$5,562</td>
<td>$3,253</td>
</tr>
</tbody>
</table>

**SOURCE:** Utah Ambulatory Surgery Database

Reportable* excludes codes in the former "Other" category and CPT4 blood draw codes in previous reports.
# UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006

**PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES**

<table>
<thead>
<tr>
<th>Procedure APG category</th>
<th>TOTAL #</th>
<th>TOTAL # (ALL FASCs)</th>
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</thead>
<tbody>
<tr>
<td>01 INTEGUMENTARY SYSTEM</td>
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<tr>
<td>004 SIMPLE INCISION AND DRAINAGE</td>
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</tr>
<tr>
<td>007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT</td>
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<td>16</td>
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SOURCE: Utah Ambulatory Surgery Database
Utah Health Data Committee/Office of Health Care Statistics
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### 414 Mount Ogden Surgical Center

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**SOURCE:** Utah Ambulatory Surgery Database, Utah Health Data Committee/Office of Health Care Statistics.
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SOURCE: Utah Ambulatory Surgery Database
Utah Health Data Committee/Office of Health Care Statistics.
Reportable* excludes codes in the former "Other" category and CPT blood draw codes in previous reports.
424  Mountain West Surgical Center

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SOURCE: Utah Ambulatory Surgery Database
Utah Health Data Committee/Office of Health Care Statistics
Reportable* excludes codes in the former "Other" category and CPT4 blood draw codes in previous reports.
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**CPT-4 Code**

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**Source:** Utah Ambulatory Surgery Database

Reportable* excludes codes in the former "Other" category and CPT4 blood draw codes in previous reports.
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**Note:** The above table represents the utilization and charge profile of outpatient surgery, 2006 for the Mountain West Surgical Center. The data is categorized based on reportable CPT-4 procedures.
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SOURCE: Utah Ambulatory Surgery Database
Utah Health Data Committee/Office of Health Care Statistics
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SOURCE: Utah Ambulatory Surgery Database
Utah Health Data Committee/Office of Health Care Statistics
Reportable* excludes codes in the former "Other" category and CPT blood draw codes in previous reports.
## Number of Selected Ambulatory Surgery Patient Visits by Patient Profile

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<th>Patient Visits-All FASCs (#)</th>
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(Continued)
### AMB ST 1-6

**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006**

**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

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<th>Patient Visits-All FASCs</th>
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**SOURCE:** Utah Ambulatory Surgery Database,
Utah Health Data Committee/Office of Health Care Statistics.
Number of CPT-4 and ICD-9 Reportable* Procedures by Selected Ambulatory Surgery Reporting Category

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*Reportable* excludes codes in the former "Other" category and CPT blood draw codes in previous reports.
### Most Commonly Performed CPT-4 and ICD-9 Reportable* Procedures

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<tr>
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<td>0.12</td>
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</table>

**Source:** Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

Reportable* excludes codes in the former "Other" category and CPT4 blood draw codes in previous reports.
## AVERAGE TOTAL CHARGES FOR MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES, SINGLE ICD-9 OR CPT-4 ONLY

### ICD-9 Procedures

<table>
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<tr>
<th>ICD-9 CODE</th>
<th>ICD-9 DESCRIPTION</th>
<th>#</th>
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<th>AVE TOT CHRG (ALL FASCs)</th>
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### CPT-4 Procedures

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### SOURCE: Utah Ambulatory Surgery Database

Reportable* excludes codes in the former "Other" category and CPT4 blood draw codes in previous reports.
## Moran Eye Center

<table>
<thead>
<tr>
<th>Procedure APG category</th>
<th>Procedure APG</th>
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<th>TOTAL # (ALL FASCs)</th>
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<tr>
<td>008 SIMPLE EXCISION AND BIOPSY</td>
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<td>566</td>
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<td></td>
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<tr>
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<td><strong>12 FACIAL, EAR, NOSE, MOUTH AND THROAT</strong></td>
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<tr>
<td>233 NASAL CAUTERIZATION AND PACKING</td>
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**SOURCE:** Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

Reportable* excludes codes in the former "Other" category and CPT blood draw codes in previous reports.
<table>
<thead>
<tr>
<th>Procedure APG category</th>
<th>TOTAL #</th>
<th>AVE TOT CHRG</th>
<th>AVE TOT CHRG(ALL FASCs )</th>
</tr>
</thead>
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<td>01 INTEGUMENTARY SYSTEM</td>
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SOURCE: Utah Ambulatory Surgery Database
Utah Health Data Committee/Office of Health Care Statistics
Reportable* excludes codes in the former "Other" category and CPT blood draw codes in previous reports.
### NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

<table>
<thead>
<tr>
<th>Patient Profile</th>
<th>Patient Visits</th>
<th>Patient Visits - All FASCs</th>
</tr>
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<td>(%)</td>
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<tr>
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</tr>
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</table>

| AGE                            |      |          |      |          |
| 1-28 days                     | 1    | 0.0      | 1    | 0.0      |
| 29-365 days                   | 6    | 0.1      | 488  | 0.6      |
| 1-4 years                     | 52   | 1.1      | 3,538 | 4.4    |
| 5-9                           | 52   | 1.1      | 2,024 | 2.5    |
| 10-14                         | 32   | 0.7      | 1,065 | 1.3    |
| 15-17                         | 25   | 0.5      | 1,445 | 1.8    |
| 18-19                         | 18   | 0.4      | 1,166 | 1.5    |
| 20-24                         | 91   | 1.9      | 3,240 | 4.0    |
| 25-29                         | 155  | 3.2      | 3,566 | 4.5    |
| 30-34                         | 176  | 3.6      | 3,445 | 4.3    |
| 35-39                         | 190  | 3.9      | 3,684 | 4.6    |
| 40-44                         | 192  | 4.0      | 4,254 | 5.3    |
| 45-49                         | 249  | 5.1      | 5,271 | 6.6    |
| 50-54                         | 317  | 6.5      | 7,286 | 9.1    |
| 55-59                         | 402  | 8.3      | 6,931 | 8.7    |
| 60-64                         | 387  | 8.0      | 6,053 | 7.6    |
| 65-69                         | 499  | 10.3     | 6,852 | 8.6    |
| 70-74                         | 645  | 13.3     | 7,021 | 8.8    |
| 75-79                         | 616  | 12.7     | 6,205 | 7.7    |
| 80-84                         | 501  | 10.3     | 4,151 | 5.2    |
| 85-89                         | 206  | 4.2      | 1,852 | 2.3    |
| 90+                           | 47   | 1.0      | 503   | 0.6    |
| Not Reported                  | 1    | 0.0      | 3     | 0.0     |

| SOURCE OF ADMISSION            |      |          |      |          |
| Physician Referral             | 0    | 0.0      | 66,582 | 83.1    |
| Clinic Referral                | 0    | 0.0      | 1,125  | 1.4     |
| HMO Referral                   | 0    | 0.0      | 1     | 0.0     |
| Other Hospital                 | 0    | 0.0      | 0     | 0.0     |
| Skilled Nursing Facility       | 0    | 0.0      | 0     | 0.0     |
| Other Health Care Facility     | 0    | 0.0      | 1     | 0.0     |
| Emergency Room                 | 0    | 0.0      | 0     | 0.0     |
| Court/Law Enforcement          | 0    | 0.0      | 0     | 0.0     |
| Unknown                        | 0    | 0.0      | 1,491  | 1.9     |
| Not Reported                   | 4,859 | 100.0    | 10,883 | 13.6    |

(Continued)
<table>
<thead>
<tr>
<th>Patient Profile</th>
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<th>Patient Visits-All FASCs</th>
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NUMBER OF CPT-4 AND ICD-9 REPORTABLE PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

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SOURCE: Utah Ambulatory Surgery Database
Utah Health Data Committee/Office of Health Care Statistics.
Reportable* excludes codes in the former "Other" category and CPT blood draw codes in previous reports.
### Northern Utah Endoscopy Center

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**SOURCE:** Utah Ambulatory Surgery Database  
Utah Health Data Committee/Office of Health Care Statistics  
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### ICD-9 Procedures

<table>
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<th>ICD-9 Description</th>
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<th>Ave Tot Chrg (All FASCs)</th>
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### CPT-4 Procedures

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*Source: Utah Ambulatory Surgery Database

Reportable* excludes codes in the former "Other" category and CPT4 blood draw codes in previous reports.
## Procedure APG Category, Procedure APG, Based on Reportable* CPT-4 Procedures

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<tr>
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**SOURCE:** Utah Ambulatory Surgery Database
Utah Health Data Committee/Office of Health Care Statistics
Reportable* excludes codes in the former "Other" category and CPT blood draw codes in previous reports.
## Northern Utah Endoscopy Center

<table>
<thead>
<tr>
<th>Procedure APG category</th>
<th>Procedure APG</th>
<th>TOTAL #</th>
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<th>AVE TOT CHRG (ALL FASCs)</th>
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SOURCE: Utah Ambulatory Surgery Database
Utah Health Data Committee/Office of Health Care Statistics
Reportable* excludes codes in the former "Other" category and CPT blood draw codes in previous reports.
<table>
<thead>
<tr>
<th>Patient Profile</th>
<th>Patient Visits</th>
<th>Patient Visits-All FASCs</th>
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<td>(%)</td>
</tr>
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<td>75-79</td>
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<tr>
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<td>85-89</td>
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<td>HMO Referral</td>
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<td>Other Hospital</td>
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</tr>
<tr>
<td>Skilled Nursing Facility</td>
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<tr>
<td>Other Health Care Facility</td>
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<td>Emergency Room</td>
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<td>Court/Law Enforcement</td>
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<tr>
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</tr>
</tbody>
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(Continued)
# Utah Hospital and Freestanding Ambulatory Surgery Center (FASC) Utilization and Charge Profile of Outpatient Surgery, 2006

## Number of Selected Ambulatory Surgery Patient Visits by Patient Profile

### 419 Northern Utah Endoscopy Center

<table>
<thead>
<tr>
<th>Patient Profile</th>
<th>Patient Visits (#)</th>
<th>Patient Visits-All FASCs (#)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>DISCHARGE STATUS</strong></td>
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<tr>
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<td>74,062</td>
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<td>70</td>
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<tr>
<td>Skilled Nursing Facility</td>
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<td>0</td>
</tr>
<tr>
<td>Intermediate Care Facility</td>
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<td>0</td>
</tr>
<tr>
<td>Another Type of Institution</td>
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<td>6</td>
</tr>
<tr>
<td>Under Care of Home Service</td>
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<td>0</td>
</tr>
<tr>
<td>Left Against Medical Advice</td>
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<td>0</td>
</tr>
<tr>
<td>Under Care of Home IV Provider</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Expired</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Unknown</td>
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<td>5,945</td>
</tr>
<tr>
<td>Not Reported</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

| **PRIMARY PAYER**                        |                    |                             |
| Medicare                                 | 833                | 23,413                      |
| Medicaid                                 | 67                 | 4,648                       |
| Other government                         | 35                 | 2,399                       |
| Blue Cross/Blue Shield                   | 607                | 15,904                      |
| Other Commercial                         | 219                | 7,364                       |
| Managed Care(HMO, PPO)                   | 642                | 21,802                      |
| Self Pay                                 | 0                  | 1,220                       |
| Industrial & Worker Comp                 | 0                  | 2,135                       |
| Charity and Unclassified                 | 1                  | 154                         |
| Children's Health Insurance              | 0                  | 264                         |
| Unknown                                  | 0                  | 106                         |
| Not Reported                              | 66                 | 674                         |

| **LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE** |                    |                             |
| Bear River                                | 2,052              | 3,483                       |
| Central Utah                              | 2                  | 1,303                       |
| Davis County                              | 8                  | 13,093                      |
| Salt Lake County                          | 5                  | 27,138                      |
| Southeastern Utah                         | 0                  | 735                         |
| Southwest Utah                            | 3                  | 2,839                       |
| Summit County                             | 1                  | 861                         |
| Tooele County                             | 1                  | 1,082                       |
| Tri-County                                | 1                  | 373                         |
| Utah County                                | 4                  | 10,188                      |
| Wasatch County                            | 0                  | 365                         |
| Weber County                               | 7                  | 14,996                      |
| Unknown Utah                               | 0                  | 31                          |
| Outside Utah                              | 386                | 3,579                       |
| Unknown, Not Reported                      | 0                  | 17                          |

**Source:** Utah Ambulatory Surgery Database, Utah Health Data Committee/Office of Health Care Statistics.
<table>
<thead>
<tr>
<th>Reporting Category (ICD-9-CM CODES)</th>
<th>Procedures Performed (#)</th>
<th>Procedures Performed-All FASCs (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mastectomy (85.0-85.99)</td>
<td>.</td>
<td>65,542</td>
</tr>
<tr>
<td>Musculoskeletal (76.0-84.99)</td>
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<td>1,897</td>
</tr>
<tr>
<td>Respiratory (30.0-34.99)</td>
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<tr>
<td>Cardiovascular (35.0-39.99)</td>
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<tr>
<td>Lymphatic/Hemetic (40.0-41.99)</td>
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<tr>
<td>Digestive System (42.0-54.99)</td>
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<td>102</td>
</tr>
<tr>
<td>Urinary (55.0-59.99)</td>
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<td>14,143</td>
</tr>
<tr>
<td>Male Genital (60.0-64.99)</td>
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<tr>
<td>Female Genital (65.0-71.99)</td>
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</tr>
<tr>
<td>Endocrine/Nervous (01.0-07.99)</td>
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<tr>
<td>Eye (08.0-16.99)</td>
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<tr>
<td>Ear (18.0-20.99)</td>
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<tr>
<td>Nose, Mouth, Pharynx (21.0-29.99)</td>
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</table>

<table>
<thead>
<tr>
<th>Reporting Category (CPT-4 CODES)</th>
<th>Procedures Performed (#)</th>
<th>Procedures Performed-All FASCs (%)</th>
</tr>
</thead>
<tbody>
<tr>
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<tr>
<td>Musculoskeletal (20000-29909)</td>
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<tr>
<td>Respiratory (30000-32999 &amp; 39501-39599)</td>
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<td>8,972</td>
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<tr>
<td>Cardiovascular (33010-37799 &amp; 93660)</td>
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<td>311</td>
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<tr>
<td>Lymphatic/Hemetic (38100-38999)</td>
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<tr>
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</tr>
<tr>
<td>Urinary (50010-53899)</td>
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<td>Male Genital (54000-55899)</td>
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<tr>
<td>Endocrine/Nervous (60000-64999)</td>
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<td>Ear (69000-69979)</td>
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<td>3,915</td>
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SOURCE: Utah Ambulatory Surgery Database
Utah Health Data Committee/Office of Health Care Statistics.
Reportable* excludes codes in the former "Other" category and CPT blood draw codes in previous reports.
**Most Commonly Performed CPT-4 and ICD-9 Reportable* Procedures**

### ICD-9

<table>
<thead>
<tr>
<th>ICD-9 Code</th>
<th>ICD-9 Description</th>
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<th>% All FASCs</th>
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<tr>
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<td>Does not report ICDs</td>
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### CPT-4

<table>
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<th>CPT-4 Description</th>
<th>#</th>
<th>%</th>
<th>% All FASCs</th>
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<td>13</td>
<td>13.3</td>
<td>2.24</td>
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<tr>
<td>45380</td>
<td>COLONOSCOPY FLEX; W/BX 1/MX</td>
<td>8</td>
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<tr>
<td>29848</td>
<td>ENDO WRST SURG REL TRNS CARP LIG</td>
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<tr>
<td>45378</td>
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<td>0.00</td>
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<td>1.0</td>
<td>0.00</td>
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</table>

**Source:** Utah Ambulatory Surgery Database
Utah Health Data Committee/Office of Health Care Statistics

*Reportable* excludes codes in the former "Other" category and CPT4 blood draw codes in previous reports.
## ICD-9 Procedures

**Does not report ICDS**

### CPT-4 Procedures

<table>
<thead>
<tr>
<th>CPT-4 CODE</th>
<th>CPT-4 DESCRIPTION</th>
<th>#</th>
<th>AVE TOT CHRG</th>
<th>AVE TOT CHRG(ALL FASCs)</th>
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</thead>
<tbody>
<tr>
<td>41899</td>
<td>UNLIST PROC DENTOALVEOL STRUCTUR</td>
<td>13</td>
<td>$3,084</td>
<td>$2,063</td>
</tr>
<tr>
<td>45380</td>
<td>COLONOSCOPY FLEX; W/BX 1/MX</td>
<td>8</td>
<td>$1,340</td>
<td>$1,178</td>
</tr>
<tr>
<td>29848</td>
<td>ENDO WRST SURG REL TRNS CARP LIG</td>
<td>5</td>
<td>$2,266</td>
<td>$1,997</td>
</tr>
<tr>
<td>45378</td>
<td>COLONOSCOPY FLEX; DX-SEP PROC</td>
<td>4</td>
<td>$1,340</td>
<td>$1,177</td>
</tr>
<tr>
<td>29848</td>
<td>COLONOSCOPY FLEX; W/ABLAT LES</td>
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<td>$1,674</td>
<td>$783</td>
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<tr>
<td>25620</td>
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<tr>
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<td>HYSTEROSC SURG; W/ENDOMETRIAL AB</td>
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</tr>
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<tr>
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<td>$1,953</td>
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</tr>
<tr>
<td>26055</td>
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</tr>
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**SOURCE:** Utah Ambulatory Surgery Database

Reportable* excludes codes in the former "Other" category and CPT4 blood draw codes in previous reports.
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<td>177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES</td>
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<td></td>
</tr>
<tr>
<td>179 Hysteroscopy</td>
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<td>10 NERVOUS SYSTEM</td>
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<tr>
<td>195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP</td>
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SOURCE: Utah Ambulatory Surgery Database  
Utah Health Data Committee/Office of Health Care Statistics  
Reportable* excludes codes in the former "Other" category and CPT blood draw codes in previous reports.
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<th>Procedure APG category</th>
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<th>TOTAL #</th>
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<th>AVE TOT CHRG(ALL FASCs)</th>
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SOURCE: Utah Ambulatory Surgery Database
Utah Health Data Committee/Office of Health Care Statistics
Reportable* excludes codes in the former "Other" category and CPT blood draw codes in previous reports.
## Number of Selected Ambulatory Surgery Patient Visits by Patient Profile

### GENDER

<table>
<thead>
<tr>
<th>Gender</th>
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<th>Patient Visits-All FASCs (#)</th>
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<th>(%)</th>
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### AGE

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### SOURCE OF ADMISSION

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(Continued)
### AMB ST 1-6

**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006**

**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

<table>
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<th>Patient Visits-All FASCs</th>
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<td>1.3</td>
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</table>

**SOURCE:** Utah Ambulatory Surgery Database, Utah Health Data Committee/Office of Health Care Statistics.
<table>
<thead>
<tr>
<th>Reporting Category (ICD-9-CM CODES)</th>
<th>Procedures Performed (#)</th>
<th>Procedures Performed-All FASCs (%)</th>
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<th>Reporting Category (CPT-4 CODES)</th>
<th>Procedures Performed (#)</th>
<th>Procedures Performed-All FASCs (%)</th>
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SOURCE: Utah Ambulatory Surgery Database
Utah Health Data Committee/Office of Health Care Statistics.
Reportable* excludes codes in the former "Other" category and CPT blood draw codes in previous reports.
### MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES

#### All ICD-9 Procedures

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<tr>
<th>ICD-9 CODE</th>
<th>ICD-9 DESCRIPTION</th>
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<th>%</th>
<th>% ALL FASCs</th>
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- 41899 UNLIST PROC DENTOALVEOL STRUCTUR 533 45.5 2.24
- 28285 CORRECTION HAMMERTOE 63 5.4 0.86
- 43770 43770 49 4.2 0.19
- 42820 T&A; UNDER AGE 12 17 1.5 1.25
- 69436 TYMpanostomy GENERAL ANESTHESIA 17 1.5 2.97
- 40819 EXCISION OF FRENUM LABIAL OR BUC 16 1.4 0.02
- 42821 T&A; AGE 12 OR OVER 16 1.4 0.49
- 28035 RELEASE TARSAL TUNNEL 15 1.3 0.04
- 28080 EXC INTERDIGITL NEUROMA SINGLE EA 15 1.3 0.30
- 30520 SEPTOPLASTY/SUBMUCOS RES W/GFT 15 1.3 1.43
- 28108 EXC BONE CYST/TUMR PHALANGES FO0 14 1.2 0.06
- 64704 NEUROPLASTY; NERVE OF HAND OR PO 14 1.2 0.05
- 30140 SUBMUCOS RES TURBINE PART/CMPL 13 1.1 2.08
- 30410 RHINO PRIM; CMPLT EXTERNAL PARTS 13 1.1 0.07
- 64721 NEUROPLASTY; MEDIAN CARPAL TUNNE 13 1.1 1.36
- 58353 ENDOMET ABLAT THERM W/O SCOPE GU 11 0.9 0.02
- 64708 NEUROPLSTY PERIPHERL NERV; NOT SP 11 0.9 0.05
- 24075 EXC TUMR SFT TISS UP ARM/ELB; SU 8 0.7 0.04
- 28119 OSTEC CALCAN; SPUR W/WO PLANTAR 8 0.7 0.11
- 28110 OSTEC PARTIAL EXCISION 1/5 MT HE 7 0.6 0.09

**SOURCE:** Utah Ambulatory Surgery Database
Utah Health Data Committee/Office of Health Care Statistics

Reportable* excludes codes in the former "Other" category and CPT4 blood draw codes in previous reports.
405  Provo Surgical Center

**ICD-9 Procedures**

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**SOURCE:** Utah Ambulatory Surgery Database

Reportable* excludes codes in the former "Other" category and CPT4 blood draw codes in previous reports.
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<th>TOTAL # (ALL FASCs)</th>
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SOURCE: Utah Ambulatory Surgery Database
Utah Health Data Committee/Office of Health Care Statistics
Reportable* excludes codes in the former "Other" category and CPT blood draw codes in previous reports.
## Utilization and Charge Profile of Outpatient Surgery, 2006

### Based on Reportable* CPT-4 Procedures

*Source: Utah Ambulatory Surgery Database
Utah Health Data Committee/Office of Health Care Statistics
Reportable* excludes codes in the former "Other" category and CPT blood draw codes in previous reports.

<table>
<thead>
<tr>
<th>Procedure APG Category</th>
<th>Procedure APG</th>
<th>TOTAL #</th>
<th>AVE TOT CHRG</th>
<th>AVE TOT CHRG(ALL FASCs)</th>
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### AMB ST 1-6

**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006**

**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

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<th>Patient Visits</th>
<th>Patient Visits-All FASCs</th>
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**SOURCE:** Utah Ambulatory Surgery Database, Utah Health Data Committee/Office of Health Care Statistics.
NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

<table>
<thead>
<tr>
<th>Reporting Category(ICD-9-CM CODES)</th>
<th>Procedures Performed (#)</th>
<th>Procedures Performed-All FASCs (#)</th>
<th>(%)</th>
<th>(%)</th>
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<tbody>
<tr>
<td>Mastectomy (85.0-85.99)</td>
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<td>Digestive System (42.0-54.99)</td>
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<td>Urinary (55.0-59.99)</td>
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<td>Male Genital (60.0-64.99)</td>
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<td>Digestive (40490-49999)</td>
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SOURCE: Utah Ambulatory Surgery Database
Utah Health Data Committee/Office of Health Care Statistics.
Reportable* excludes codes in the former "Other" category and CPT blood draw codes in previous reports.
# Most Commonly Performed CPT-4 and ICD-9 Reportable* Procedures

### ICD-9 Codes

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<th>ICD-9 Description</th>
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### CPT-4 Codes

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*SOURCE: Utah Ambulatory Surgery Database
Utah Health Data Committee/Office of Health Care Statistics
Reportable* excludes codes in the former "Other" category and CPT4 blood draw codes in previous reports.*
### Average Total Charges for Most Commonly Performed CPT-4 and ICD-9 Reportable* Procedures, Single ICD-9 or CPT-4 Only

**ICD-9 Procedures**

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<th>ICD-9 DESCRIPTION</th>
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<th>AVE TOT CHRG (ALL FASCs)</th>
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**CPT-4 Procedures**

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<th>CPT-4 DESCRIPTION</th>
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**Source:** Utah Ambulatory Surgery Database

Reportable* excludes codes in the former "Other" category and CPT4 blood draw codes in previous reports.
## Procedure APG Category, Procedure APG, Based on Reportable* CPT-4 Procedures

<table>
<thead>
<tr>
<th>Procedure APG category</th>
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<td>113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY</td>
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<td>114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY</td>
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<td>118 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES</td>
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**SOURCE:** Utah Ambulatory Surgery Database
Utah Health Data Committee/Office of Health Care Statistics

Reportable* excludes codes in the former "Other" category and CPT blood draw codes in previous reports.
## Ridgeline Endoscopy Center

<table>
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<tr>
<th>Procedure APG</th>
<th>Procedure</th>
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<th>AVE TOT CHRG(ALL FASCs)</th>
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**SOURCE:** Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

Reportable* excludes codes in the former "Other" category and CPT blood draw codes in previous reports.
## Patient Profile

<table>
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<th>Patient Visits-All FASCs (#)</th>
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<td>(%)</td>
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(Continued)
**420 Ridgeline Endoscopy Center**

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407 Salt Lake Surgical Center

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<th>(%)</th>
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SOURCE: Utah Ambulatory Surgery Database
Utah Health Data Committee/Office of Health Care Statistics.
Reportable* excludes codes in the former "Other" category and CPT blood draw codes in previous reports.
### Most Commonly Performed CPT-4 and ICD-9 Reportable* Procedures

**ICD-9**

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**Does not report ICDs**

**CPT-4**

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**SOURCE:** Utah Ambulatory Surgery Database
Utah Health Data Committee/Office of Health Care Statistics

Reportable* excludes codes in the former "Other" category and CPT4 blood draw codes in previous reports.
AMB ST 1-3

U TAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006

AVERAGE TOTAL CHARGES FOR MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES, SINGLE ICD-9 OR CPT-4 ONLY

407  Salt Lake Surgical Center

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ICD-9 Procedures

Does not report ICDS

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SOURCE: Utah Ambulatory Surgery Database

Reportable* excludes codes in the former "Other" category and CPT4 blood draw codes in previous reports.
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## 407 Salt Lake Surgical Center

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**Source:** Utah Ambulatory Surgery Database  
Utah Health Data Committee/Office of Health Care Statistics  
Reportable* excludes codes in the former "Other" category and CPT blood draw codes in previous reports.
<table>
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## Procedure APG Category

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*SOURCE: Utah Ambulatory Surgery Database*

*Utah Health Data Committee/Office of Health Care Statistics*

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<th>Patient Profile</th>
<th>Patient Visits (#)</th>
<th>Patient Visits-All FASCs (%)</th>
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</table>

### DISCHARGE STATUS

- **Home or Self Care**: 3,197 (100.0) / 74,062 (92.5)
- **Another Hospital**: 70 (0.1)
- **Skilled Nursing Facility**: 0 (0.0)
- **Intermediate Care Facility**: 0 (0.0)
- **Another Type of Institution**: 6 (0.0)
- **Under Care of Home Service**: 0 (0.0)
- **Left Against Medical Advice**: 0 (0.0)
- **Under Care of Home IV Provider**: 0 (0.0)
- **Expired**: 0 (0.0)
- **Unknown**: 106 (0.1)
- **Not Reported**: 0 (0.0)

### PRIMARY PAYER

- **Medicare**: 799 (25.0) / 23,413 (29.2)
- **Medicaid**: 606 (19.0) / 4,648 (5.8)
- **Other government**: 27 (0.8) / 2,399 (3.0)
- **Blue Cross/Blue Shield**: 942 (29.5) / 15,904 (19.9)
- **Other Commercial**: 261 (8.2) / 7,364 (9.2)
- **Managed Care (HMO, PPO)**: 379 (11.9) / 21,802 (27.2)
- **Self Pay**: 0 (0.0) / 1,220 (1.5)
- **Industrial & Worker Comp**: 90 (2.8) / 2,135 (2.7)
- **Charity and Unclassified**: 0 (0.0) / 154 (0.2)
- **Childrens Health Insurance**: 0 (0.0) / 264 (0.3)
- **Unknown**: 0 (0.0) / 106 (0.1)
- **Not Reported**: 93 (2.9) / 674 (0.8)

### LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE

- **Bear River**: 16 (0.5) / 3,483 (4.3)
- **Central Utah**: 16 (0.5) / 1,303 (1.6)
- **Davis County**: 186 (5.8) / 13,093 (16.3)
- **Salt Lake County**: 2,401 (75.1) / 27,138 (33.9)
- **Southeastern Utah**: 15 (0.5) / 735 (0.9)
- **Southwest Utah**: 13 (0.4) / 2,839 (3.5)
- **Summit County**: 77 (2.4) / 861 (1.1)
- **Tooele County**: 99 (3.1) / 1,082 (1.4)
- **Tri-County**: 77 (2.4) / 373 (0.5)
- **Utah County**: 67 (2.1) / 10,188 (12.7)
- **Wasatch County**: 30 (0.9) / 365 (0.5)
- **Weber County**: 38 (1.2) / 14,996 (18.7)
- **Unknown Utah**: 2 (0.1) / 31 (0.0)
- **Outside Utah**: 160 (5.0) / 3,579 (4.5)
- **Unknown, Not Reported**: 0 (0.0) / 17 (0.0)

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**SOURCE**: Utah Ambulatory Surgery Database, Utah Health Data Committee/Office of Health Care Statistics.
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SOURCE: Utah Ambulatory Surgery Database
Utah Health Data Committee/Office of Health Care Statistics.
Reportable* excludes codes in the former "Other" category and CPT blood draw codes in previous reports.
### Most Commonly Performed CPT-4 and ICD-9 Reportable* Procedures

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SOURCE: Utah Ambulatory Surgery Database
Utah Health Data Committee/Office of Health Care Statistics
Reportable* excludes codes in the former "Other" category and CPT4 blood draw codes in previous reports.
## AMB ST 1-3

**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006**

**AVERAGE TOTAL CHARGES FOR MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES, SINGLE ICD-9 OR CPT-4 ONLY**

### ICD-9 Procedures

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### Does not report ICDS

### CPT-4 Procedures

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### Source:
Utah Ambulatory Surgery Database

*Reportable* excludes codes in the former "Other" category and CPT4 blood draw codes in previous reports.
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### 417 South Towne Surgical Center

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Utah Health Data Committee/Office of Health Care Statistics

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## South Towne Surgical Center

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**Source:** Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

Reportable* excludes codes in the former "Other" category and CPT blood draw codes in previous reports.
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**SOURCE:** Utah Ambulatory Surgery Database, Utah Health Data Committee/Office of Health Care Statistics.
## Number of CPT-4 and ICD-9 Reportable* Procedures by Selected Ambulatory Surgery Reporting Category

| Reporting Category (ICD-9-CM CODES) | Procedures Performed (#) | Procedures Performed-All FASCs (#) | (%) | (%)
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| Reporting Category (CPT-4 CODES)   | Procedures Performed (#) | Procedures Performed-All FASCs (#) | (%) | (%)
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SOURCE: Utah Ambulatory Surgery Database
Utah Health Data Committee/Office of Health Care Statistics.
Reportable* excludes codes in the former "Other" category and CPT blood draw codes in previous reports.
### Most Commonly Performed CPT-4 and ICD-9 Reportable Procedures

#### ICD-9 Code

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*Source: Utah Ambulatory Surgery Database*
*Utah Health Data Committee/Office of Health Care Statistics*

Reportable* excludes codes in the former "Other" category and CPT4 blood draw codes in previous reports.
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SOURCE: Utah Ambulatory Surgery Database
Utah Health Data Committee/Office of Health Care Statistics
Reportable* excludes codes in the former "Other" category and CPT blood draw codes in previous reports.
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<tr>
<th>Procedure APG category</th>
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<th>AVE TOT CHRG(all FAScS)</th>
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Source: Utah Ambulatory Surgery Database
Utah Health Data Committee/Office of Health Care Statistics
Reportable* excludes codes in the former "Other" category and CPT blood draw codes in previous reports.
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

<table>
<thead>
<tr>
<th>Patient Profile</th>
<th>Patient Visits ( # )</th>
<th>Patient Visits-All FASCs ( # )</th>
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**GENDER**

<table>
<thead>
<tr>
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**AGE**

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**SOURCE OF ADMISSION**

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(Continued)
## AMB ST 1-6

**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006**

**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

### 408 St. George Surgical Center

<table>
<thead>
<tr>
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<th>Patient Visits-All FASCs (%)</th>
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<tr>
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<tr>
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**SOURCE:** Utah Ambulatory Surgery Database, Utah Health Data Committee/Office of Health Care Statistics.
### Number of CPT-4 and ICD-9 Reportable* Procedures by Selected Ambulatory Surgery Reporting Category

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<th>(%)</th>
<th>#</th>
<th>(%)</th>
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<th>(%)</th>
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<td>100.0</td>
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**SOURCE:** Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics.

Reportable* excludes codes in the former "Other" category and CPT blood draw codes in previous reports.
## Ambulatory Surgery Procedures Report

### ICD-9 Procedures

<table>
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### CPT-4 Procedures

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**Source:** Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

Reportable* excludes codes in the former "Other" category and CPT4 blood draw codes in previous reports.
### AMB ST 1-3

**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
AVERAGE TOTAL CHARGES FOR MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES, SINGLE ICD-9 OR CPT-4 ONLY**

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<th>AVE TOT CHRG(ALL FASCs )</th>
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**SOURCE:** Utah Ambulatory Surgery Database

Reportable* excludes codes in the former "Other" category and CPT4 blood draw codes in previous reports.
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## AMB ST 1-4

**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006**

**PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES**

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**SOURCE:** Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

Reportable* excludes codes in the former "Other" category and CPT blood draw codes in previous reports.
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409 St. Marks Outpatient Surgical Center

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**409 St. Marks Outpatient Surgical Center**

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**SOURCE:** Utah Ambulatory Surgery Database, Utah Health Data Committee/Office of Health Care Statistics.
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<th>Procedures Performed (#)</th>
<th>(%)</th>
<th>Procedures Performed-All FASCs (#)</th>
<th>(%)</th>
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SOURCE: Utah Ambulatory Surgery Database
Utah Health Data Committee/Office of Health Care Statistics.
Reportable* excludes codes in the former "Other" category and CPT blood draw codes in previous reports.
**Most Commonly Performed CPT-4 and ICD-9 Reportable* Procedures**

<table>
<thead>
<tr>
<th>ICD-9 Code</th>
<th>ICD-9 Description</th>
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<th>% All FASCs</th>
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*SOURCE: Utah Ambulatory Surgery Database
Utah Health Data Committee/Office of Health Care Statistics
Reportable* excludes codes in the former "Other" category and CPT4 blood draw codes in previous reports.*
### ICD-9 Procedures

**Does not report ICDS**

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<th>ICD-9 DESCRIPTION</th>
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### CPT-4 Procedures

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<td>140</td>
<td>$800</td>
<td>$844</td>
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<tr>
<td>67038</td>
<td>VITRECTOMY MECH; W/MEMBRANE STRI</td>
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<td>$1,300</td>
<td>$3,712</td>
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<tr>
<td>65426</td>
<td>EXC/TRANSPOSITION PTERYGIUM; W/G</td>
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<td>$2,095</td>
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<tr>
<td>67840</td>
<td>EXC LES LID NO CLOS/W SMPL DIR C</td>
<td>17</td>
<td>$731</td>
<td>$757</td>
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<tr>
<td>67800</td>
<td>EXCISION OF CHALAZION; SINGLE</td>
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<td>$625</td>
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<tr>
<td>67924</td>
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<td>67040</td>
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<td>$1,550</td>
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<tr>
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<td>$5,548</td>
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</table>

**SOURCE:** Utah Ambulatory Surgery Database

Reportable* excludes codes in the former "Other" category and CPT4 blood draw codes in previous reports.
## Procedure APG Category

<table>
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<tr>
<th>Procedure APG Category</th>
<th>Procedure APG</th>
<th>TOTAL #</th>
<th>TOTAL # (ALL FASCs)</th>
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<td>008 SIMPLE EXCISION AND BIOPSY</td>
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<tr>
<td>11 EYE AND OCULAR ADNEXA</td>
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<td>213 LASER EYE PROCEDURES</td>
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<tr>
<td>214 CATARACT PROCEDURES</td>
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<td>215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES</td>
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<td>220 STRABISMUS AND MUSCLE EYE PROCEDURES</td>
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SOURCE: Utah Ambulatory Surgery Database
Utah Health Data Committee/Office of Health Care Statistics
Reportable* excludes codes in the former "Other" category and CPT blood draw codes in previous reports.
<table>
<thead>
<tr>
<th>Procedure APG category</th>
<th>Procedure APG</th>
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<th>AVE TOT CHRG(ALL FASCs )</th>
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SOURCE: Utah Ambulatory Surgery Database
Utah Health Data Committee/Office of Health Care Statistics
Reportable* excludes codes in the former "Other" category and CPT blood draw codes in previous reports.
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**Source:** Utah Ambulatory Surgery Database, Utah Health Data Committee/Office of Health Care Statistics.
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SOURCE: Utah Ambulatory Surgery Database
Utah Health Data Committee/Office of Health Care Statistics.
Reportable* excludes codes in the former "Other" category and CPT blood draw codes in previous reports.
### MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES

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**SOURCE:** Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

Reportable* excludes codes in the former "Other" category and CPT4 blood draw codes in previous reports.
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SOURCE: Utah Ambulatory Surgery Database
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SOURCE: Utah Ambulatory Surgery Database
Utah Health Data Committee/Office of Health Care Statistics
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*SOURCE: Utah Ambulatory Surgery Database
Utah Health Data Committee/Office of Health Care Statistics
Reportable* excludes codes in the former "Other" category and CPT blood draw codes in previous reports.
### Patient Profile Utilization and Charge Profile of Outpatient Surgery, 2006

#### Number of Selected Ambulatory Surgery Patient Visits by Patient Profile

<table>
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<tr>
<th>Patient Profile</th>
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<th>Patient Visits-All FASCs (#)</th>
<th>Patient Visits-All FASCs (%)</th>
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#### Source of Admission

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<th>(%)</th>
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SOURCE: Utah Ambulatory Surgery Database
Utah Health Data Committee/Office of Health Care Statistics.
Reportable* excludes codes in the former *"Other"* category and CPT blood draw codes in previous reports.
### Most Commonly Performed CPT-4 and ICD-9 Reportable* Procedures

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<th>ICD-9 DESCRIPTION</th>
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SOURCE: Utah Ambulatory Surgery Database
Utah Health Data Committee/Office of Health Care Statistics
Reportable* excludes codes in the former "Other" category and CPT4 blood draw codes in previous reports.
## Wasatch Endoscopy Center

<table>
<thead>
<tr>
<th>ICD-9 Code</th>
<th>ICD-9 Description</th>
<th>#</th>
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<th>Ave TOT CHRG (All FASCs)</th>
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Source: Utah Ambulatory Surgery Database

Reportable* excludes codes in the former "Other" category and CPT4 blood draw codes in previous reports.
411  Wasatch Endoscopy Center

<table>
<thead>
<tr>
<th>Procedure APG category</th>
<th>Procedure APG</th>
<th>TOTAL #</th>
<th>TOTAL # (ALL FASCs)</th>
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<tbody>
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<td>MISCELLANEOUS ABDOMINAL PROCEDURES</td>
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SOURCE: Utah Ambulatory Surgery Database
Utah Health Data Committee/Office of Health Care Statistics
Reportable* excludes codes in the former "Other" category and CPT blood draw codes in previous reports.
### Procedure APG category

<table>
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<th>Procedure APG category</th>
<th>Procedure</th>
<th>TOTAL #</th>
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<th>AVE TOT CHRG(ALL FASCs)</th>
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SOURCE: Utah Ambulatory Surgery Database  
Utah Health Data Committee/Office of Health Care Statistics  
Reportable* excludes codes in the former "Other" category and CPT blood draw codes in previous reports.
<table>
<thead>
<tr>
<th>Patient Profile</th>
<th>Patient Visits</th>
<th>Patient Visits-All FASCs</th>
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(Continued)
### 411 Wasatch Endoscopy Center

<table>
<thead>
<tr>
<th>Patient Profile</th>
<th>Patient Visits</th>
<th>Patient Visits-All FASCs</th>
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#### DISCHARGE STATUS

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<td>Left Against Medical Advice</td>
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#### PRIMARY PAYER

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#### LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE

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**SOURCE:** Utah Ambulatory Surgery Database, Utah Health Data Committee/Office of Health Care Statistics.
## NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

<table>
<thead>
<tr>
<th>Reporting Category (ICD-9-CM CODES)</th>
<th>Procedures Performed (#)</th>
<th>Procedures Performed-All FASCs (#)</th>
<th>(%)</th>
<th>(%)</th>
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</thead>
<tbody>
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<th>(%)</th>
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SOURCE: Utah Ambulatory Surgery Database
Utah Health Data Committee/Office of Health Care Statistics.
Reportable* excludes codes in the former "Other" category and CPT blood draw codes in previous reports.
# Most Commonly Performed CPT-4 and ICD-9 Reportable Procedures

## ICD-9 Procedures

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<th>ICD-9 DESCRIPTION</th>
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<th>%</th>
<th>% All FASCs</th>
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## CPT-4 Procedures

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<td>1.55</td>
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<td>PROBE NASOLAC DUCT; W/INSERT TUB</td>
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<td>0.17</td>
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<td>0.06</td>
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Source: Utah Ambulatory Surgery Database
Utah Health Data Committee/Office of Health Care Statistics
Reportable* excludes codes in the former "Other" category and CPT4 blood draw codes in previous reports.
## Average Total Charges for Most Commonly Performed CPT-4 and ICD-9 Reportable* Procedures, Single ICD-9 or CPT-4 Only

### ICD-9 Procedures

<table>
<thead>
<tr>
<th>ICD-9 Code</th>
<th>ICD-9 Description</th>
<th>Count</th>
<th>Average Total Charge</th>
<th>Average Total Charge (All FASCs)</th>
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<td>$2,558</td>
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<td>$844</td>
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<tr>
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### CPT-4 Procedures

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SOURCE: Utah Ambulatory Surgery Database
Utah Health Data Committee/Office of Health Care Statistics
Reportable* excludes codes in the former "Other" category and CPT blood draw codes in previous reports.
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SOURCE: Utah Ambulatory Surgery Database
Utah Health Data Committee/Office of Health Care Statistics
Reportable* excludes codes in the former "Other" category and CPT blood draw codes in previous reports.
### Patient Profile Utilization and Charge Profile of Outpatient Surgery, 2006

**421 Zion Eye Institute**

<table>
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<th>Patient Visits (#)</th>
<th>Patient Visits-All FASCs (#)</th>
<th>Patient Visits (%)</th>
<th>Patient Visits-All FASCs (%)</th>
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(Continued)
## 421 Zion Eye Institute

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<th>Patient Visits-All FASCs</th>
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<td>(%)</td>
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### DISCHARGE STATUS
- **Home or Self Care**: 1,123 (100.0) 74,062 (92.5)
- **Another Hospital**: 0 (0.0) 70 (0.1)
- **Skilled Nursing Facility**: 0 (0.0) 0 (0.0)
- **Intermediate Care Facility**: 0 (0.0) 0 (0.0)
- **Another Type of Institution**: 0 (0.0) 6 (0.0)
- **Under Care of Home Service**: 0 (0.0) 0 (0.0)
- **Left Against Medical Advice**: 0 (0.0) 0 (0.0)
- **Under Care of Home IV Provider**: 0 (0.0) 0 (0.0)
- **Expired**: 0 (0.0) 0 (0.0)
- **Unknown**: 1 (0.1) 106 (0.1)
- **Not Reported**: 2 (0.2) 674 (0.8)

### PRIMARY PAYER
- **Medicare**: 764 (68.0) 23,413 (29.2)
- **Medicaid**: 20 (1.8) 4,648 (5.8)
- **Other government**: 5 (0.4) 2,399 (3.0)
- **Blue Cross/Blue Shield**: 59 (5.3) 15,904 (19.9)
- **Other Commercial**: 46 (4.1) 7,364 (9.2)
- **Managed Care(MMO, PPO)**: 205 (18.3) 21,802 (27.2)
- **Self Pay**: 21 (1.9) 1,220 (1.5)
- **Industrial & Worker Comp**: 0 (0.0) 2,135 (2.7)
- **Charity and Unclassified**: 0 (0.0) 154 (0.2)
- **Childrens Health Insurance**: 0 (0.0) 264 (0.3)
- **Unknown**: 1 (0.1) 106 (0.1)
- **Not Reported**: 2 (0.2) 674 (0.8)

### LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE
- **Bear River**: 2 (0.2) 3,483 (4.3)
- **Central Utah**: 10 (0.9) 1,303 (1.6)
- **Davis County**: 0 (0.0) 13,093 (16.3)
- **Salt Lake County**: 3 (0.3) 27,138 (33.9)
- **Southeastern Utah**: 4 (0.4) 735 (0.9)
- **Southwest Utah**: 887 (79.0) 2,839 (3.5)
- **Summit County**: 0 (0.0) 861 (1.1)
- **Tooele County**: 0 (0.0) 1,082 (1.4)
- **Tri-County**: 0 (0.0) 373 (0.5)
- **Utah County**: 1 (0.1) 10,188 (12.7)
- **Wasatch County**: 0 (0.0) 365 (0.5)
- **Webber County**: 2 (0.2) 14,996 (18.7)
- **Unknown Utah**: 0 (0.0) 31 (0.0)
- **Outside Utah**: 214 (19.1) 3,579 (4.5)
- **Unknown, Not Reported**: 0 (0.0) 17 (0.0)

**SOURCE:** Utah Ambulatory Surgery Database, Utah Health Data Committee/Office of Health Care Statistics.