

2003

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



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Freestanding Ambulatory
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released by
Utah Health Data Committee
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Utilization Profiles by Facility, 2003, in alphabetical order by facility name online 28

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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

111 Allen Memorial Hospital	128 San Juan Hospital*
118 Alta View Hospital	130 Sanpete Valley Hospital
136 American Fork Hospital	132 Sevier Valley Hospital
134 Ashley Valley Medical Center	124 St. Mark's Hospital
104 Bear River Valley Hospital	307 The Orthopedic Specialty Hospital
101 Beaver Valley Hospital*	144 Timpanogos Regional Hospital
103 Brigham City Community Hospital	109 Uintah Basin Medical Center*
145 Cache Valley Specialty Hospital	125 University of Utah Hospital and Clinics
106 Castleview Hospital	138 Utah Valley Regional Medical Center
113 Central Valley Medical Center	112 Valley View Medical Center
119 Cottonwood Hospital Medical Center	
108 Davis Hospital and Medical Center	
116 Delta Community Medical Center	
140 Dixie Regional Medical Center	
115 Fillmore Community Medical Center	
110 Garfield Memorial Hospital and Clinics	
129 Gunnison Valley Hospital	
139 Heber Valley Medical Center	
117 Jordan Valley Hospital	
114 Kane County Hospital*	
107 Lakeview Hospital	
121 LDS Hospital	
105 Logan Regional Hospital	
141 McKay-Dee Hospital Center	
102 Milford Valley Memorial Hospital*	
137 Mountain View Hospital	
133 Mountain West Medical Center (formerly Tooele)	
142 Ogden Regional Medical Center	
135 Orem Community Hospital	
126 Pioneer Valley Hospital	
122 Primary Children's Medical Center	
120 Salt Lake Regional Medical Center	

Freestanding Ambulatory Surgical Centers

401 Central Utah Surgical Center
423 Coral Desert Surgery Center
415 Davis Surgical Center
418 Healthsouth Park City Surgical Center
405 Healthsouth Provo Surgical Center
407 Healthsouth Salt Lake Surgical Center
403 Intermountain Surgical Center
412 Madsen (formerly Wasatch) Surgery Center
404 McKay-Dee Surgical Center
416 Moran Eye Center
414 Mount Ogden Surgical Center
419 Northern Utah Endoscopy Center
420 Ridgeline Endoscopy Center
406 Salt Lake Endoscopy Center
417 South Towne Surgery Center
408 St. George Surgical Center+
409 St. Mark's Outpatient Surgical Center
410 SurgiCare Center of Utah
411 Wasatch Endoscopy Center
421 Zion Eye Institute
422 Utah Surgical

*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.

**Milford Valley Memorial Hospital did not submit ambulatory surgery data in 2003.

†Facilities that reported a few CPT-4 reportable codes may be included in AMB ST 1-4 and AMB ST 1-5, but their APG classifications may be under reported.

Reportable procedure codes exclude codes in the "Other" category reported in previous years. Codes in Table 1-2 that have no descriptive labels are no longer current.

2003 Utah Hospital and Freestanding Ambulatory Surgery Center Utilization and Charge Profile of Outpatient Surgery

Executive Summary

The 2003 Utah ambulatory surgery database contains data on reportable procedures from all 62 ambulatory surgery facilities throughout the state, which includes 41 acute care hospital based surgery centers and 21 freestanding ambulatory surgery centers that submitted ambulatory data for 2003. Reportable procedures are listed in the Introduction on page one. Starting this year, information on ICD9 and CPT4 codes and APGs includes only these reportable procedures and excludes procedures in the “Other” category in previous reports. 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, 2003 and December 31, 2003. 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 279,874 patient visits and 333,225 reportable ambulatory ICD-9 procedures for 62 facilities reported in 2003. Approximately 70% of surgical outpatient visits and 87% of ambulatory procedures occurred in hospitals. FASCs accounted for the remaining 30% of patient visits and 13% of ICD-9 procedures.
- The statewide total charge reported for all reportable ambulatory procedures for all facilities is \$713,160,001 in 2003. The average charge for all reported ambulatory procedures was \$2,612 with the average hospital and FASCs charges being \$2,913 and \$1,901 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=51,138). For hospitals it was also Lower Gastrointestinal Endoscopy (APG 117, N=33,312), followed by Arthroscopy (APG 025, N=20,364). For FASCs the most commonly reported procedures were Lower Gastrointestinal Endoscopy (APG 117, N=17,826) followed by Cataract Procedures (APG 214, N=11,306).
- 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 comparable volumes of procedures on APG Nervous System procedures (APG Category 10, 17,622 and 11,220 respectively) and APG Eye and Ocular Adnexa procedures (APG Category 11, 10,930 and 18,216 respectively). In contrast, hospitals reported nearly 30 times as many Cardiovascular System procedures as FASCs reported (APG Category 04, 25,643 and 867 respectively).

-
- The highest average charge was Cochlear Device Implantation (APG 231, \$56,335 for hospitals, FASCs did not report this procedure). Second highest was Radiation Therapy and Hyperthermia (APG 252, \$20,493 for hospitals FASCs did not report this procedure). Third was Neurostimulator and Ventricular Shunt Implantation (APG 197, \$19,201 for hospitals and \$4,416 for FASCs). Fourth was Pacemaker Insertion and Replacement (APG 078, \$18,642 for hospitals, FASCs did not report this procedure). The average charges of Eye and Ocular Adnexa (APG Category 11) procedures were comparable for hospitals and FASCs, \$2,574 and \$2,053 respectively. Only records with a single APG are included in the calculation of average total charges.
 - During the past five years (1999 through 2003), the number of Lower Gastrointestinal Endoscopies (APG 117) performed at FASCs has more than tripled (from 4,924 to 17,826 procedures per year). At hospitals the number has more than doubled (from 14,567 to 33,312 procedures per year). The annual percentage of these procedures performed at hospitals is higher than at FASCs, but the annual percentage at FASCs is increasing (from 25% to 35%, see Figure 1). During the same five years, the number of Cataract Procedures (APG 214) performed at FASCs shows a sharper increase (6,177 to 11,306) than at hospitals (4,270 to 4,649 respectively.) The annual percentage of Cataract Procedures performed at FASCs has risen (from 59% to 71%), with a complementary drop in the annual percentage at hospitals (from 41% to 29%, see Figure 2).
 - During the past five years, the average charge for Lower Gastrointestinal Endoscopies (APG 117) performed at hospitals shows a steady increase (\$691 to \$956 or a 38% increase since 1999). The average facility charge for the same procedure performed at FASCs is lower than at hospitals. Its trend first decreased then increased showing a 33% increase since 1999, see Figure 3). The average charge for Cataract Procedures (APG 214) at hospitals has increased by (\$2,239 to \$2,790 or 25%) since 1999, whereas the average charge at FASCs has varied annually by as much as 10% but has not increased overall. The average charges are based on single-procedure discharges only (46% of ICD-9-CM procedures and 70% 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.

Types of Surgical Service to be Submitted if Performed in Operating or Procedure Room

<u>Description</u>	<u>CPT- 4 Codes</u>	<u>ICD-9-CM Procedure Codes</u>
Mastectomy	19120-19220	850-8599
Musculoskeletal	20000-29909	760-8499
Respiratory	30000-32999	300-3499
Cardiovascular	33010-37799	350-3999
Lymphatic/Hematic	38100-38999	400-4199
Diaphragm	39501-39599	<i>ICD9 Codes in Respiratory</i>
Digestive System	40490-49999	420-5499
Urinary	50010-53899	550-5999

<u>Description</u>	<u>CPT- 4 Codes</u>	<u>ICD-9-CM Procedure Codes</u>
Male Genital	54000-55899	600-6499
Female Genital	56405-58999	650-7199
Endocrine/Nervous	60000-64999	010-0799
Eye	65091-68899	080-1699
Ear	69000-69979	180-2099
Nose, Mouth, Pharynx	<i>CPT Codes in Musculoskeletal & Respiratory</i>	210-2999
Heart Catheterization	93501-93660	<i>ICD9 Codes in Cardiovascular</i>

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 62 Utah ambulatory surgery facilities in 2003. Of these 62 facilities, 41 are acute care hospitals, while the remaining 21 are FASCs. Milford Valley Memorial Hospital submitted no ambulatory surgery data in 2003.

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.

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 2003, 62 facilities reported ambulatory surgery data. Among these 62 facilities, 41 were hospitals and the remaining 21 were FASCs. Among the 41 hospitals, 37 reported both ICD-9 and CPT-4 codes, four reported only ICD-9 codes, and none reported CPT-4 codes exclusively. Among the 21 FASCs, 13 reported CPT-4 codes exclusively, 8 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 66986¹.

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 2.0*, by 3M Health Information Systems, these APG categories correspond to “general bodily systems” such as the integumentary system or the respiratory system. APG version 2.0 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 2003, the total number of reported ambulatory surgery visits was 279,874, but the total number of reportable procedures performed was 333,225 under the ICD-9 coding system and 378,688 under the CPT-4 coding system (See Table 2). Among all facilities that report ICD-9-CM codes, 54% of all visits include multiple procedures. For all facilities that report CPT-4 codes, this percentage is lower at 30%. 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. Seventy percent of all visits that include CPT-4 procedures have single reportable CPT-4 entries and 46% 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 2003.

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 (333,225) does not match the total number of CPT-4 procedures (378,688). 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.

Figure 1: Number of Lower Gastrointestinal Endoscopies by Facility Type and Year, Utah, Hospitals and FASCs, 1999—2003.

Figure 2: Number of Lower Cataract Procedures by Facility Type and Year, Utah, Hospitals and FASCs, 1999—2003.

Figure 3: Average Facility Charge for Lower Gastrointestinal Endoscopies by Facility Type and Year, Utah, Hospitals and FASCs, 1999—2003.

Figure 4: Average Facility Charge for Cataract Procedures by Facility Type and Year, Utah, Hospitals and FASCs, 1999—2003.

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.

Weber-Morgan - Includes Weber and Morgan 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 d) 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 2003 was \$18,642. 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 2003 49 facilities reported ICD-9 codes 37.22 or 37.23 as a single procedure, whereas 12 facilities reported 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

1. *Ambulatory Patient Groups Definitions Manual, Version 2.0*. Wallingford, CT: 3M Health Information Systems.

Table 1
Hospital and Freestanding Ambulatory Surgery Center (FASC) Characteristics: 2003

ID ¹	Hospital Name	Own ²	Affiliation	County	City	U/R ³	Teach ⁴	Beds	Report CPT-4 ⁵	Report ICD-9 ⁶
111	Allen Memorial Hospital	G	Rural Health Management	Grand	Moab	R	N	38	Y	Y
118	Alta View Hospital	N	IHC	Salt Lake	Sandy	U	N	80	Y	Y
136	American Fork Hospital	N	IHC	Utah	American Fork	U	N	76	Y	Y
134	Ashley Valley Medical Center	I	LifePoint Hospitals	Uintah	Vernal	R	N	39	Y	Y
104	Bear River Valley Hospital	N	IHC	Box Elder	Tremonton	R	N	14	Y	Y
101	Beaver Valley Hospital	G	Freestanding	Beaver	Beaver	R	N	36	N	Y
103	Brigham City Community Hospital	I	MountainStar Healthcare	Box Elder	Brigham City	R	N	49	Y	Y
145	Cache Valley Specialty Hospital	I	National Surgical Hospital	Cache	North Logan	R	N	22	Y	Y
106	Castleview Hospital	I	LifePoint Hospitals	Carbon	Price	R	N	84	Y	Y
113	Central Valley Medical Center	N	Rural Health Management	Juab	Nephi	R	N	19	Y	Y
119	Cottonwood Hospital Medical Center	N	IHC	Salt Lake	Murray	U	N	213	Y	Y
108	Davis Hospital and Medical Center	I	IASIS Health Care	Davis	Layton	U	N	126	Y	Y
116	Delta Community Medical Center	N	IHC	Millard	Delta	R	N	20	Y	Y
140	Dixie Regional Medical Center	N	IHC	Washington	St. George	R	N	137	Y	Y
115	Fillmore Community Medical Center	N	IHC	Millard	Fillmore	R	N	20	Y	Y
110	Garfield Memorial Hospital and Clinics	N	IHC	Garfield	Panguitch	R	N	44	Y	Y
129	Gunnison Valley Hospital	G	Rural Health Management	Sanpete	Gunnison	R	N	26	Y	Y
139	Heber Valley Medical Center	N	IHC	Wasatch	Heber	R	N	19	Y	Y
117	Jordan Valley Hospital	I	IASIS Health Care	Salt Lake	West Jordan	U	N	50	Y	Y
114	Kane County Hospital	G	Freestanding	Kane	Kanab	R	N	38	N	Y
107	Lakeview Hospital	I	MountainStar Healthcare	Davis	Bountiful	U	N	128	Y	Y
121	LDS Hospital	N	IHC	Salt Lake	Salt Lake City	U	Y	520	Y	Y

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

Table 1 (continued)
Hospital and Freestanding Ambulatory Surgery Center (FASC) Characteristics: 2003

ID ¹	Hospital Name	Own ²	Affiliation	County	City	U/R ³	Teach ⁴	Beds	Report CPT-4 ⁵	Report ICD-9 ⁶
105	Logan Regional Hospital	N	IHC	Cache	Logan	R	N	147	Y	Y
141	McKay-Dee Hospital Center	N	IHC	Weber	Ogden	U	Y	269	Y	Y
102	Milford Valley Memorial Hospital**	G	Rural Health Management	Beaver	Milford	R	N	34	N	N
137	Mountain View Hospital	I	MountainStar Healthcare	Utah	Payson	U	N	116	Y	Y
133	Mountain West Medical Center	G	Rural Health Mgmt	Tooele	Tooele	R	N	35	Y	Y
142	Ogden Regional Medical Center	I	MountainStar Healthcare	Weber	Ogden	U	N	227	Y	Y
135	Orem Community Hospital	N	IHC	Utah	Orem	U	N	20	Y	Y
126	Pioneer Valley Hospital	I	IASIS Health Care	Salt Lake	West Valley	U	Y	139	Y	Y
122	Primary Children's Medical Center	N	IHC	Salt Lake	Salt Lake City	U	N	232	Y	Y
120	Salt Lake Regional Medical Center	I	IASIS Health Care	Salt Lake	Salt Lake City	U	Y	168	Y	Y
128	San Juan Hospital	G	Managed	San Juan	Monticello	R	N	34	N	Y
130	Sanpete Valley Hospital	N	IHC	Sanpete	Mt. Pleasant	R	N	20	Y	Y
132	Sevier Valley Hospital	N	IHC	Sevier	Richfield	R	N	42	Y	Y
124	St. Mark's Hospital	I	MountainStar Healthcare	Salt Lake	Salt Lake City	U	Y	294	Y	Y
307	The Orthopedic Specialty Hospital	I	Freestanding	Salt Lake	Salt Lake City	U	N	14	Y	Y
144	Timpanogos Regional Hospital	I	MountainStar Healthcare	Utah	Orem	U	N	47	Y	Y
109	Uintah Basin Medical Center	G	Freestanding	Duchesne	Roosevelt	R	N	42	N	Y
125	University of Utah Hospital and Clinics	G	Freestanding	Salt Lake	Salt Lake City	U	Y	425	Y	Y
138	Utah Valley Regional Medical Center	N	IHC	Utah	Provo	U	N	395	Y	Y
112	Valley View Medical Center	N	IHC	Iron	Cedar City	R	N	42	Y	Y

¹Facility ID Number

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³Urban or Rural location of facility

⁴Teaching facility (Yes/No)

⁵Facility reports CPT-4 codes

⁶Facility reports ICD-9-CM codes

Table 1 (continued)
Hospital and Freestanding Ambulatory Surgery Center (FASC) Characteristics: 2003

ID ¹	FASC Name	Own ²	Affiliation	County	City	U/R ³	Teach ⁴	Beds	Report CPT-4 ⁵	Report ICD-9 ⁶
401	Central Utah Surgical Center	I	Nueterra Healthcare	Utah	Provo	U	N	5	Y	N
423	Coral Desert Surgery Center	I	Nueterra Healthcare	Washington	St. George	R	N	5	Y	Y
415	Davis Surgical Center	I	Nueterra Healthcare	Davis	Layton	U	N	4	Y	N
418	Healthsouth Park City Surgical Center	I	HealthSouth	Summit	Park City	R	N	2	Y	N
405	Healthsouth Provo Surgical Center	I	HealthSouth	Utah	Provo	U	Y	5	Y	N
407	Healthsouth Salt Lake Surgical Center	I	HealthSouth	Salt Lake	Salt Lake City	U	N	8	Y	N
403	Intermountain Surgical Center	N	IHC	Salt Lake	Salt Lake City	U	N	4	Y	Y
412	Madsen (formerly Wasatch) Surgery Center	G	Freestanding	Salt Lake	Salt Lake City	U	Y	2	Y	Y
404	McKay-Dee Surgical Center	N	IHC	Weber	Ogden	U	Y	6	Y	Y
416	Moran Eye Center	G	Freestanding	Salt Lake	Salt Lake City	U	Y	10	Y	Y
414	Mount Ogden Surgical Center	I	Nueterra Healthcare	Weber	Ogden	U	Y	2	Y	N
419	Northern Utah Endoscopy Center	I	Nueterra Healthcare	Cache	Logan	R	N	2	Y	Y
420	Ridgeline Endoscopy Center	I	Freestanding	Weber	Ogden	U	N	2	Y	N
406	Salt Lake Endoscopy Center	I	Freestanding	Salt Lake	Salt Lake City	U	N	2	Y	N
417	South Towne Surgery Center	I	Freestanding	Salt Lake	Sandy	U	N	4	Y	N
408	St. George Surgical Center	I	Freestanding	Washington	St. George	R	N	4	Y	Y
409	St. Mark's Outpatient Surgical Center	I	MountainStar Healthcare	Salt Lake	Salt Lake City	U	Y	4	Y	N
410	SurgiCare Center of Utah	I	Freestanding	Salt Lake	Salt Lake City	U	N	4	Y	N
422	Utah Surgical Center	I	Nueterra Healthcare	Salt Lake	West Valley	U	N	4	Y	Y
411	Wasatch Endoscopy Center	I	MountainStar Healthcare	Salt Lake	Salt Lake City	U	Y	2	Y	N
421	Zion Eye Institute	I	Freestanding	Washington	St. George	R	N	2	Y	N

Milford Valley Memorial Hospital** did not submit ambulatory surgery data in 2003.

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.htm> and click on “List of data providers”.

An alternative source for a list of Utah hospitals and ambulatory surgery centers is the Utah Department of Health Website, <http://health.utah.gov> and click on “Licensing/Certifying”.

TABLE 2
 UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

STATEWIDE TOTALS

Reporting Category (ICD-9-CM CODES)	ALL FACILITIES		HOSPITALS		FASCs	
	Procedures Reported (#)	(%)	Procedures Reported (#)	(%)	Procedures Reported (#)	(%)
Reporting Category (ICD-9-CM CODES)	333,225	100.0	288,895	100.0	44,330	100.0
Mastectomy (85.0-85.99)	7,864	2.4	6,818	2.4	1,046	2.4
Musculoskeletal (76.0-84.99)	67,648	20.3	60,015	20.8	7,633	17.2
Respiratory (30.0-34.99)	3,082	0.9	2,981	1.0	101	0.2
Cardiovascular (35.0-39.99)	16,467	4.9	15,622	1.0	845	1.9
Lymphatic/Hemetic (40.0-41.99)	2,343	0.7	2,260	0.8	83	0.2
Digestive System (42.0-54.99)	95,742	28.7	90,070	31.2	5,672	12.8
Urinary (55.0-59.99)	8,304	2.5	8,063	2.8	241	0.5
Male Genital (60.0-64.99)	3,738	1.1	3,587	1.2	151	0.3
Female Genital (65.0-71.99)	15,030	4.5	13,770	4.8	1,260	2.8
Endocrine/Nervous (01.0-07.99)	25,358	7.6	22,387	7.7	2,971	6.7
Eye (08.0-16.99)	33,114	9.9	19,254	6.7	13,860	31.3
Ear (18.0-20.99)	18,339	5.5	15,474	5.4	2,865	6.5
Nose, Mouth, Pharynx (21.0-29.99)	36,196	10.9	28,594	9.9	7,602	17.1
Reporting Category (CPT-4 CODES)	378,688	100.0	264,491	100.0	114,197	100.0
Mastectomy (19120-19220)	3,539	0.9	3,203	1.2	336	0.3
Musculoskeletal (20000-29909)	77,385	20.4	54,392	20.6	22,993	20.1
Respiratory (30000-32999 & 39501-39599)	21,991	5.8	12,829	4.9	9,162	8.0
Cardiovascular (33010-37799 & 93501-93660)	35,293	9.3	34,097	12.9	1,196	1.0
Lymphatic/Hemetic (38100-38999)	2,478	0.7	2,304	0.9	174	0.2
Digestive System (40490-49999)	134,274	35.5	94,766	35.8	39,508	34.6
Urinary (50010-53899)	10,426	2.8	8,849	3.3	1,577	1.4
Male Genital (54000-55899)	3,762	1.0	3,229	1.2	533	0.5
Female Genital (56405-58999)	13,167	3.5	10,000	3.8	3,167	2.8
Endocrine/Nervous (60000-64999)	32,653	8.6	20,833	7.9	11,820	10.4
Eye (65091-68899)	29,490	7.8	11,183	4.2	18,307	16.0
Ear (69000-69979)	14,230	3.8	8,806	3.3	5,424	4.7

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

TABLE 3

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES

STATEWIDE TOTALS

		ALL FACILITIES		HOSPITALS		FASCs	
ICD-9 CODE	ICD-9 DESCRIPTION	#	%	#	%	#	%
All Reportable*	ICD-9 Procedures	333,225	100.0	288,895	100.0	44,330	100.0
4523	COLONOSCOPY	18,288	5.5	17,504	6.1	784	1.8
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	16,045	4.8	14,906	5.2	1,139	2.6
2001	MYRINGOTOMY W/INSRT TUBE	14,846	4.5	12,588	4.4	2,258	5.1
4542	ENDO POLYPECTOMY LG INTESTINE	10,852	3.3	9,779	3.4	1,073	2.4
1371	IOL PROSTH-CATARACT EXTRACT-1-STAGE	9,240	2.8	4,608	1.6	4,632	10.4
1341	PHACOEMLUSIFICATION-ASPIR CATARACT	8,933	2.7	4,534	1.6	4,399	9.9
0392	INJ OTH AGENT SPINAL CANAL	7,909	2.4	7,025	2.4	884	2.0
4525	CLO [ENDO] BX LG INTESTINE	7,069	2.1	6,547	2.3	522	1.2
283	TONSILLECTOMY W/ADENOIDECTOMY	6,600	2.0	5,384	1.9	1,216	2.7
4513	OTH ENDO SM INTESTINE	6,411	1.9	6,184	2.1	227	0.5
0391	INJ ANES SPINAL CANAL-ANALGESIA	5,964	1.8	5,064	1.8	900	2.0
806	EXC SEMILUNAR CARTILAGE-KNEE	5,959	1.8	5,175	1.8	784	1.8
5123	LAP CHOLEY	5,947	1.8	5,946	2.1	1	0.0
8026	ARTHSCPY-KNEE	5,115	1.5	4,567	1.6	548	1.2
4292	DILAT ESOPH	4,778	1.4	3,848	1.3	930	2.1
0443	RELEASE CARPAL TUNNEL	4,235	1.3	3,541	1.2	694	1.6
8086	OTH LOC EXC/DESTRUC JT LES-KNEE	4,074	1.2	3,742	1.3	332	0.7
3722	LT HEART CARD CATH	3,530	1.1	3,530	1.2	.	.
2169	OTH TURBINECTOMY	3,274	1.0	2,175	0.8	1,099	2.5
8521	LOC EXC LES BREAST	3,251	1.0	2,973	1.0	278	0.6
CPT-4 CODE	CPT-4 DESCRIPTION	#	%	#	%	#	%
All Reportable*	CPT-4 Procedures	378,688	100.0	264,491	100.0	114,197	100.0
45378	COLONOSCOPY FLEX; DX-SEP PROC	24,536	6.5	16,020	6.1	8,516	7.5
43239	UGI ENDO; W/BX 1/MX	20,773	5.5	13,966	5.3	6,807	6.0
66984	EXTRACAPSULAR CATARACT REMV IOL	15,442	4.1	4,404	1.7	11,038	9.7
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	12,785	3.4	9,381	3.5	3,404	3.0
69436	TYMPANOSTOMY GENERAL ANESTHESIA	11,201	3.0	6,639	2.5	4,562	4.0
45380	COLONOSCOPY FLEX; W/BX 1/MX	9,873	2.6	6,312	2.4	3,561	3.1
42820	T&A; UNDER AGE 12	6,075	1.6	4,230	1.6	1,845	1.6
29881	SCOPE KNEE SURG;W/MENISCECT MED/	5,921	1.6	4,024	1.5	1,897	1.7
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	5,758	1.5	3,815	1.4	1,943	1.7
41899	UNLIST PROC DENTOALVEOL STRUCTUR	5,747	1.5	3,675	1.4	2,072	1.8
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	5,456	1.4	3,825	1.4	1,631	1.4
29877	SCOPE KNEE SURG; DEBRID/SHAVE CA	4,321	1.1	3,108	1.2	1,213	1.1
30520	SEPTOPLASTY/SUBMUCOS RES W/GFT	3,916	1.0	2,148	0.8	1,768	1.5
30140	SUBMUCOS RES TURBINATE PART/CMPL	3,899	1.0	1,815	0.7	2,084	1.8
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	3,806	1.0	2,057	0.8	1,749	1.5
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	3,735	1.0	3,531	1.3	204	0.2
64721	NEUROPLASTY; MEDIAN @ CARPAL TUN	3,705	1.0	2,304	0.9	1,401	1.2
49505	REPR INIT ING HERNIA 5YR/MORE; R	3,548	0.9	2,795	1.1	753	0.7
93545	INJ PROC-CATH; SELECT CORONRY AN	3,336	0.9	3,336	1.3	.	.
29826	SCOPE SHOULDER; DECOMP SUBACROM	3,300	0.9	2,321	0.9	979	0.9

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

Reportable* excludes codes in the former "Other" category in previous reports.

TABLE 4
 UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGES PROFILE OF OUTPATIENT SURGERY, 2003
 PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

STATEWIDE TOTALS

Procedure APG category	ALL FACILITIES	HOSPITALS	FASCs
Procedure APG	#	#	#
01 INTEGUMENTARY SYSTEM	9,871	8,392	1,479
002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	2,877	2,819	58
003 COMPLEX INCISION AND DRAINAGE	100	75	25
004 SIMPLE INCISION AND DRAINAGE	45	29	16
006 SIMPLE DEBRIDEMENT AND DESTRUCTION	140	125	15
007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	1,490	1,059	431
008 SIMPLE EXCISION AND BIOPSY	1,400	893	507
009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRANGE	275	184	91
010 SIMPLE SKIN REPAIR	5	5	0
011 SIMPLE INCISION AND EXCISION OF BREAST	3,105	2,817	288
012 BREAST RECONSTRUCTION AND MASTECTOMY	434	386	48
02 MUSCULOSKELETAL SYSTEM	69,292	48,493	20,799
021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	8,046	6,083	1,963
022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	2,535	1,938	597
023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	2,614	1,829	785
024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	15,744	10,165	5,579
025 ARTHROSCOPY	28,899	20,364	8,535
026 REPLACEMENT OF CAST	54	51	3
027 SPLINT, STRAPPING AND CAST REMOVAL	98	98	0
028 CLOSED TREATMENT FX & DISLOCATION OF FINGER, TOE & TRUNK	61	49	12
029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	694	611	83
030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	4,226	3,214	1,012
031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	531	397	134
032 BUNION PROCEDURES	2,536	1,475	1,061
033 ARTHROPLASTY	703	486	217
034 HAND AND FOOT TENOTOMY	302	234	68
035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	2,249	1,499	750
03 RESPIRATORY SYSTEM	11,110	6,895	4,215
052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	715	706	9
053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	8,655	4,493	4,162
054 SIMPLE ENDOSCOPY OF THE UPPER AIRWAY	372	334	38
055 ENDOSCOPY OF THE LOWER AIRWAY	1,368	1,362	6
04 CARDIOVASCULAR SYSTEM	26,510	25,643	867
074 CARDIAC ELECTROPHYSIOLOGIC TESTS	2,379	2,379	0
075 PLACEMENT OF TRANSVENOUS CATHETERS	751	750	1
076 DIAGNOSTIC CARDIAC CATHETERIZATION	17,680	17,680	0
077 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	1,801	1,469	332
078 PACEMAKER INSERTION AND REPLACEMENT	517	517	0
079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	740	714	26
080 MINOR VASCULAR REPAIR AND FISTULA CONSTRUCTION	1,445	1,407	38
081 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	612	273	339
082 VASCULAR LIGATION	573	442	131
083 RESUSCITATION AND CARDIOVERSION	12	12	0
05 HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	2,538	2,342	196
092 CHEMOTHERAPY EXCEPT BY EXTENDED INFUSION	9	9	0
094 BLOOD AND BLOOD PRODUCT EXCHANGE	26	26	0

TABLE 4
 UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGES PROFILE OF OUTPATIENT SURGERY, 2003
 PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

STATEWIDE TOTALS

Procedure APG category		ALL FACILITIES	HOSPITALS	FASCs
Procedure APG		#	#	#
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	1,711	1,515	196
	097 TRANSFUSION	792	792	0
06	DIGESTIVE SYSTEM	117,063	82,913	34,150
	111 ALIMENTARY TESTS AND SIMPLE TUBE PLACEMENT	204	204	0
	112 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	2,253	1,137	1,116
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	1,059	832	227
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	498	336	162
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	26,494	17,918	8,576
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	6,921	4,477	2,444
	117 LOWER GASTROINTESTINAL ENDOSCOPY	51,138	33,312	17,826
	118 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	1,642	1,553	89
	119 HERNIA AND HYDROCELE PROCEDURES	8,067	6,781	1,286
	120 COMPLEX ANAL AND RECTAL PROCEDURES	1,132	911	221
	121 SIMPLE ANAL AND RECTAL PROCEDURES	611	544	67
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	529	516	13
	123 COMPLEX LAPAROSCOPIC PROCEDURES	16,280	14,187	2,093
	124 SIMPLE LAPAROSCOPIC PROCEDURES	235	205	30
07	URINARY SYSTEM	8,963	7,406	1,557
	131 RENAL EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	1,400	727	673
	132 SIMPLE URINARY STUDIES AND PROCEDURES	3	3	0
	133 URINARY CATHETERIZATION AND DILATATION	342	331	11
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	3,500	3,121	379
	135 MODERATE CYSTOURETHROSCOPY	2,738	2,378	360
	136 SIMPLE CYSTOURETHROSCOPY	715	623	92
	137 COMPLEX URETHRAL PROCEDURES	136	117	19
	138 SIMPLE URETHRAL PROCEDURES	129	106	23
08	MALE GENITAL SYSTEM	3,471	2,988	483
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	1,628	1,293	335
	152 INSERTION OF PENILE PROSTHESIS	73	72	1
	153 COMPLEX PENILE PROCEDURES	438	416	22
	154 SIMPLE PENILE PROCEDURES	1,017	901	116
	155 PROSTATE NEEDLE AND PUNCH BIOPSY	315	306	9
09	FEMALE GENITAL SYSTEM	6,975	5,316	1,659
	171 ARTIFICIAL FERTILIZATION	1	1	0
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	1,303	1,138	165
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	1,626	1,162	464
	178 DILATION AND CURETTAGE	1,028	831	197
	179 HYSTEROSCOPY	2,816	2,031	785
	180 COLPOSCOPY	201	153	48
10	NERVOUS SYSTEM	28,842	17,622	11,220
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	20,172	11,950	8,222
	196 REVISION AND REMOVAL OF NEUROLOGICAL DEVICE	211	165	46
	197 NEUROSTIMULATOR AND VENTRICULAR SHUNT IMPLANTATION	571	461	110
	198 NERVE REPAIR AND DESTRUCTION	7,296	4,478	2,818
	199 SPINAL TAP	592	568	24
11	EYE AND OCULAR ADNEXA	29,146	10,930	18,216

TABLE 4
 UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGES PROFILE OF OUTPATIENT SURGERY, 2003
 PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

STATEWIDE TOTALS

Procedure APG category	Procedure APG	ALL FACILITIES	HOSPITALS	FASCs
		#	#	#
	211 MINOR OPHTHALMOLOGICAL TESTS AND PROCEDURES	313	29	284
	213 LASER EYE PROCEDURES	2,518	932	1,586
	214 CATARACT PROCEDURES	15,955	4,649	11,306
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	1,418	475	943
	216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	988	351	637
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	686	185	501
	218 COMPLEX POSTERIOR SEGMENT EYE PROCEDURES	511	376	135
	219 SIMPLE POSTERIOR SEGMENT EYE PROCEDURES	260	192	68
	220 STRABISMUS AND MUSCLE EYE PROCEDURES	1,255	794	461
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	2,407	793	1,614
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	764	477	287
	223 VITRECTOMY	2,071	1,677	394
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	47,045	29,079	17,966
	231 COCHLEAR DEVICE IMPLANTATION	40	40	0
	233 NASAL CAUTERIZATION AND PACKING	282	218	64
	234 COMPLEX FACIAL AND ENT PROCEDURES	8,297	5,162	3,135
	235 SIMPLE FACIAL AND ENT PROCEDURES	26,055	15,442	10,613
	236 TONSIL AND ADENOID PROCEDURES	12,371	8,217	4,154
13	THERAPUTIC AND OTHER RADIOLOGICAL PROCEDURES	4,625	3,748	877
	252 RADIATION THERAPY AND HYPERTHERMIA	2	2	0
	253 VASCULAR RADIOLOGY EXCEPT FOR VENOGRAPHY OF EXTREMITY	1,815	1,528	287
	254 MYELOGRAPHY	1,011	431	580
	255 MISCELLANEOUS RADIOLOGICAL PROCEDURES WITH CONTRAST	1,797	1,787	10
14	PHYSICAL MEDICINE AND REHABILITATION	2	2	0
	272 PHYSICAL THERAPY	2	2	0

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

TABLE 5
 UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 PROCEDURE APG CATEGORY, PROCEDURE APG, AVERAGE TOTAL CHARGES, SINGLE APG ONLY
 BASED ON REPORTABLE* CPT-4 PROCEDURES

STATEWIDE TOTALS		*****AVERAGE TOTAL CHARGES*****		
Procedure APG category	Procedure APG	ALL FACILITIES	HOSPITALS	FASCs
01	INTEGUMENTARY SYSTEM	\$2,204	\$2,329	\$1,387
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	\$1,856	\$1,821	\$3,782
	003 COMPLEX INCISION AND DRAINAGE	\$2,087	\$2,503	\$1,193
	004 SIMPLE INCISION AND DRAINAGE	\$2,128	\$2,861	\$1,213
	006 SIMPLE DEBRIDEMENT AND DESTRUCTION	\$1,934	\$1,996	\$1,269
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	\$2,272	\$2,689	\$1,303
	008 SIMPLE EXCISION AND BIOPSY	\$1,950	\$2,380	\$1,151
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRANGE	\$3,000	\$2,990	\$3,031
	010 SIMPLE SKIN REPAIR	\$2,925	\$2,925	.
	011 SIMPLE INCISION AND EXCISION OF BREAST	\$2,309	\$2,426	\$1,260
	012 BREAST RECONSTRUCTION AND MASTECTOMY	\$4,081	\$4,376	\$1,494
02	MUSCULOSKELETAL SYSTEM	\$2,933	\$3,320	\$2,092
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	\$4,158	\$4,704	\$2,347
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	\$2,686	\$3,131	\$1,553
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	\$3,186	\$3,886	\$2,036
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	\$1,997	\$2,294	\$1,457
	025 ARTHROSCOPY	\$3,419	\$3,776	\$2,729
	026 REPLACEMENT OF CAST	\$1,876	\$1,876	.
	027 SPLINT, STRAPPING AND CAST REMOVAL	\$524	\$524	.
	028 CLOSED TREATMENT FX & DISLOCATION OF FINGER, TOE & TRUNK	\$1,792	\$1,922	\$1,486
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	\$2,373	\$2,528	\$1,387
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	\$3,479	\$3,911	\$2,100
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	\$1,873	\$2,240	\$951
	032 BUNION PROCEDURES	\$2,500	\$3,144	\$1,756
	033 ARTHROPLASTY	\$3,663	\$4,649	\$2,264
	034 HAND AND FOOT TENOTOMY	\$1,727	\$1,827	\$1,229
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	\$684	\$679	\$703
03	RESPIRATORY SYSTEM	\$1,647	\$1,669	\$1,390
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	\$953	\$957	\$709
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	\$2,510	\$2,885	\$1,399
	054 SIMPLE ENDOSCOPY OF THE UPPER AIRWAY	\$1,079	\$994	\$1,795
	055 ENDOSCOPY OF THE LOWER AIRWAY	\$1,724	\$1,724	\$1,554
04	CARDIOVASCULAR SYSTEM	\$4,837	\$4,966	\$1,640
	074 CARDIAC ELECTROPHYSIOLOGIC TESTS	\$11,869	\$11,869	.
	075 PLACEMENT OF TRANSVENOUS CATHETERS	\$2,141	\$2,141	\$2,280
	076 DIAGNOSTIC CARDIAC CATHETERIZATION	\$4,944	\$4,944	.
	077 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	\$10,060	\$10,655	\$2,207
	078 PACEMAKER INSERTION AND REPLACEMENT	\$18,642	\$18,642	.
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	\$2,179	\$2,283	\$1,201
	080 MINOR VASCULAR REPAIR AND FISTULA CONSTRUCTION	\$3,622	\$3,673	\$1,593
	081 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	\$2,842	\$3,307	\$1,551
	082 VASCULAR LIGATION	\$3,727	\$3,967	\$1,883
	083 RESUSCITATION AND CARADIOVERSION	\$12,450	\$12,450	.
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	\$2,848	\$3,010	\$1,371
	094 BLOOD AND BLOOD PRODUCT EXCHANGE	\$4,776	\$4,776	.
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	\$3,317	\$3,705	\$1,371
	097 TRANSFUSION	\$2,084	\$2,084	.

TABLE 5
 UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 PROCEDURE APG CATEGORY, PROCEDURE APG, AVERAGE TOTAL CHARGES, SINGLE APG ONLY
 BASED ON REPORTABLE* CPT-4 PROCEDURES

STATEWIDE TOTALS		*****AVERAGE TOTAL CHARGES*****		
Procedure APG category	Procedure APG	ALL FACILITIES	HOSPITALS	FASCs
06	DIGESTIVE SYSTEM	\$1,590	\$1,825	\$998
	111 ALIMENTARY TESTS AND SIMPLE TUBE PLACEMENT	\$787	\$787	.
	112 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	\$850	\$1,000	\$685
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	\$663	\$729	\$433
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	\$749	\$862	\$501
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	\$946	\$987	\$848
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	\$1,229	\$1,381	\$798
	117 LOWER GASTROINTESTINAL ENDOSCOPY	\$925	\$956	\$867
	118 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	\$2,650	\$2,679	\$2,451
	119 HERNIA AND HYDROCELE PROCEDURES	\$2,643	\$2,876	\$1,526
	120 COMPLEX ANAL AND RECTAL PROCEDURES	\$2,058	\$2,344	\$1,106
	121 SIMPLE ANAL AND RECTAL PROCEDURES	\$1,753	\$1,854	\$1,061
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	\$2,409	\$2,435	\$1,125
	123 COMPLEX LAPAROSCOPIC PROCEDURES	\$4,649	\$4,923	\$2,687
	124 SIMPLE LAPAROSCOPIC PROCEDURES	\$9,706	\$10,668	\$5,974
07	URINARY SYSTEM	\$3,277	\$3,713	\$2,020
	131 RENAL EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	\$4,462	\$6,705	\$2,379
	132 SIMPLE URINARY STUDIES AND PROCEDURES	\$2,700	\$2,700	.
	133 URINARY CATHETERIZATION AND DILATATION	\$2,704	\$2,727	\$1,650
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	\$3,398	\$3,653	\$1,976
	135 MODERATE CYSTOURETHROSCOPY	\$2,619	\$2,892	\$1,274
	136 SIMPLE CYSTOURETHROSCOPY	\$1,650	\$1,768	\$959
	137 COMPLEX URETHRAL PROCEDURES	\$3,304	\$3,621	\$1,533
	138 SIMPLE URETHRAL PROCEDURES	\$1,495	\$1,570	\$1,120
08	MALE GENITAL SYSTEM	\$2,424	\$2,549	\$1,627
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	\$2,070	\$2,171	\$1,701
	152 INSERTION OF PENILE PROSTHESIS	\$13,372	\$13,411	\$11,013
	153 COMPLEX PENILE PROCEDURES	\$2,821	\$2,856	\$2,111
	154 SIMPLE PENILE PROCEDURES	\$1,433	\$1,466	\$1,192
	155 PROSTATE NEEDLE AND PUNCH BIOPSY	\$3,748	\$3,741	\$4,128
09	FEMALE GENITAL SYSTEM	\$2,689	\$2,961	\$1,789
	171 ARTIFICIAL FERTILIZATION	\$724	\$724	.
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	\$4,031	\$4,273	\$2,279
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	\$2,099	\$2,362	\$1,124
	178 DILATION AND CURETTAGE	\$1,694	\$1,817	\$1,060
	179 HYSTEROSCOPY	\$2,966	\$3,360	\$2,161
	180 COLPOSCOPY	\$2,109	\$2,234	\$1,701
10	NERVOUS SYSTEM	\$1,284	\$1,454	\$907
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	\$785	\$836	\$672
	196 REVISION AND REMOVAL OF NEUROLOGICAL DEVICE	\$4,903	\$5,633	\$2,348
	197 NEUROSTIMULATOR AND VENTRICULAR SHUNT IMPLANTATION	\$17,364	\$19,201	\$4,416
	198 NERVE REPAIR AND DESTRUCTION	\$1,858	\$2,095	\$1,433
	199 SPINAL TAP	\$1,136	\$1,172	\$384
11	EYE AND OCULAR ADNEXA	\$2,225	\$2,574	\$2,053
	211 MINOR OPHTHALMOLOGICAL TESTS AND PROCEDURES	\$2,670	\$1,391	\$2,757
	213 LASER EYE PROCEDURES	\$630	\$642	\$623
	214 CATARACT PROCEDURES	\$2,370	\$2,790	\$2,197

TABLE 5
 UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 PROCEDURE APG CATEGORY, PROCEDURE APG, AVERAGE TOTAL CHARGES, SINGLE APG ONLY
 BASED ON REPORTABLE* CPT-4 PROCEDURES

STATEWIDE TOTALS		*****AVERAGE TOTAL CHARGES*****		
Procedure APG category	Procedure APG	ALL FACILITIES	HOSPITALS	FASCs
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	\$2,381	\$2,228	\$2,443
	216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	\$1,942	\$1,881	\$1,974
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	\$1,941	\$2,320	\$1,745
	218 COMPLEX POSTERIOR SEGMENT EYE PROCEDURES	\$4,439	\$4,521	\$4,246
	219 SIMPLE POSTERIOR SEGMENT EYE PROCEDURES	\$1,900	\$2,589	\$1,474
	220 STRABISMUS AND MUSCLE EYE PROCEDURES	\$1,909	\$1,783	\$2,559
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	\$2,244	\$3,198	\$1,855
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	\$1,474	\$1,766	\$1,110
	223 VITRECTOMY	\$4,517	\$4,907	\$3,538
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	\$1,831	\$1,992	\$1,507
	231 COCHLEAR DEVICE IMPLANTATION	\$56,335	\$56,335	.
	233 NASAL CAUTERIZATION AND PACKING	\$2,158	\$2,294	\$1,418
	234 COMPLEX FACIAL AND ENT PROCEDURES	\$3,173	\$3,775	\$1,787
	235 SIMPLE FACIAL AND ENT PROCEDURES	\$1,529	\$1,425	\$1,738
	236 TONSIL AND ADENOID PROCEDURES	\$1,584	\$1,795	\$1,178
13	THERAPUTIC AND OTHER RADIOLOGICAL PROCEDURES	\$1,928	\$1,931	\$1,211
	252 RADIATION THERAPY AND HYPERTHERMIA	\$20,493	\$20,493	.
	253 VASCULAR RADIOLOGY EXCEPT FOR VENOGRAPHY OF EXTREMITY	\$5,014	\$5,014	.
	254 MYELOGRAPHY	\$2,486	\$2,518	\$1,310
	255 MISCELLANEOUS RADIOLOGICAL PROCEDURES WITH CONTRAST	\$1,345	\$1,346	\$815

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

TABLE 6

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 NUMBER OF REPORTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

STATEWIDE TOTALS

Patient Profile	Patient Visits(All)		Patient Visits(HOSPITALS)		Patient Visits(FASCs)	
	(#)	(%)	(#)	(%)	(#)	(%)
GENDER						
Female	153,407	54.8	107,216	54.5	46,191	55.6
Male	126,304	45.1	89,560	45.5	36,744	44.2
Unknown	70	0.0	2	0.0	68	0.1
Not Reported	93	0.0	0	0.0	93	0.1
AGE						
1-28 days	200	0.1	199	0.1	1	0.0
29-365 days	3,571	1.3	2,895	1.5	676	0.8
1-4 years	15,142	5.4	10,718	1.5	4,424	5.3
5-9	8,193	2.9	6,003	5.4	2,190	2.6
10-14	6,050	2.2	4,605	3.1	1,445	1.7
15-17	6,021	2.2	4,474	2.3	1,547	1.9
18-19	4,940	1.8	3,608	2.3	1,332	1.6
20-24	14,930	5.3	10,974	1.8	3,956	4.8
25-29	15,126	5.4	11,529	5.6	3,597	4.3
30-34	14,620	5.2	10,974	5.6	3,646	4.4
35-39	15,068	5.4	11,089	5.6	3,979	4.8
40-44	18,993	6.8	13,913	7.1	5,080	6.1
45-49	21,190	7.6	15,367	7.8	5,823	7.0
50-54	25,846	9.2	18,693	9.5	7,153	8.6
55-59	22,785	8.1	16,175	8.2	6,610	8.0
60-64	19,720	7.0	13,797	7.0	5,923	7.1
65-69	18,784	6.7	12,250	6.2	6,534	7.9
70-74	17,701	6.3	11,038	5.6	6,663	8.0
75-79	15,503	5.5	9,345	4.7	6,158	7.4
80-84	10,055	3.6	5,890	3.0	4,165	5.0
85-89	4,241	1.5	2,520	1.3	1,721	2.1
90 +	1,183	0.4	720	0.4	463	0.6
Not Reported	212	0.1	201	0.1	11	0.0
SOURCE OF ADMISSION						
Physician Referral	232,941	83.2	176,073	89.5	56,868	68.4
Clinic Referral	3,686	1.3	2,347	1.2	1,339	1.6
HMO Referral	125	0.0	119	0.1	6	0.0
Other Hospital	71	0.0	71	0.0	0	0.0
Skilled Nursing Facility	21	0.0	21	0.0	0	0.0
Other Health Care Facility	26	0.0	26	0.0	0	0.0
Emergency Room	3,467	1.2	3,467	1.8	0	0.0
Court/Law Enforcement	3	0.0	3	0.0	0	0.0
Unknown	12,114	4.3	3,359	1.7	0	10.5
Not Reported	27,420	9.8	11,292	5.7	16,128	19.4

(Continued)

TABLE 6
 UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 NUMBER OF REPORTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

STATEWIDE TOTALS

Patient Profile	Patient Visits(All)		Patient Visits(HOSPITALS)		Patient Visits(FASCs)	
	(#)	(%)	(#)	(%)	(#)	(%)
DISCHARGE STATUS						
Home Health Care	246,921	88.2	196,083	99.6	50,838	61.2
Another Hospital	162	0.1	125	0.1	37	0.0
Skilled Nursing Facility	75	0.0	72	0.0	3	0.0
Intermediate Care	11	0.0	9	0.0	2	0.0
Another Type of Institution	44	0.0	44	0.0	0	0.0
Under Care of Home Service	103	0.0	103	0.1	0	0.0
Left Against Medical Advice	18	0.0	17	0.0	1	0.0
Under care of Home Provider	5	0.0	5	0.0	0	0.0
Expired	16	0.0	16	0.0	0	0.0
Unknown	32,519	11.6	304	0.2	32,215	38.8
Not Reported	0	0.0	0	0.0	0	0.0
PRIMARY PAYER						
Medicare	67,180	24.0	42,451	21.6	24,729	29.8
Medicaid	17,581	6.3	13,275	6.7	4,306	5.2
Other Government	5,034	1.8	3,257	1.7	1,777	2.1
Blue Cross/Blue Shield	43,021	15.4	27,366	13.9	15,655	18.8
Other Commercial	26,013	9.3	17,254	8.8	8,759	10.5
Managed Care(HMO, PPO)	108,678	38.8	84,762	43.1	23,916	28.8
Self Pay	4,247	1.5	3,009	1.5	1,238	1.5
Industrial & Worker Comp	5,960	2.1	4,001	2.0	1,959	2.4
Charity and Unclassified	154	0.1	106	0.1	48	0.1
Childrens Health Insurance	516	0.2	258	0.1	258	0.3
Unknown	1,036	0.4	964	0.5	72	0.1
Not Reported	454	0.2	75	0.0	379	0.5
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE						
Bear River	17,828	6.4	13,556	6.9	4,272	5.1
Central Utah	8,038	2.9	6,602	3.4	1,436	1.7
Davis County	31,555	11.3	21,257	10.8	10,298	12.4
Salt Lake County	98,306	35.1	68,961	35.0	29,345	35.3
Southeastern Utah	5,018	1.8	4,049	2.1	969	1.2
Southwest Utah	15,396	5.5	11,167	5.7	4,229	5.1
Summit County	3,719	1.3	2,258	1.1	1,461	1.8
Tooele County	5,056	1.8	3,742	1.9	1,314	1.6
Tri-County	5,451	1.9	5,041	2.6	410	0.5
Utah County	42,520	15.2	32,261	16.4	10,259	12.3
Wasatch County	2,053	0.7	1,500	0.8	553	0.7
Weber County	31,803	11.4	17,573	8.9	14,230	17.1
Unknown Utah	119	0.0	60	0.0	59	0.1
Outside Utah	12,880	4.6	8,682	4.4	4,198	5.1
Unknown, Not Reported	133	0.0	70	0.0	63	0.1

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

Figure 1. Number and Percentage of Lower Gastrointestinal Endoscopies by Facility Type and Year, Utah, Hospitals and Freestanding Ambulatory Surgery Centers (FASCs), 1999-2003

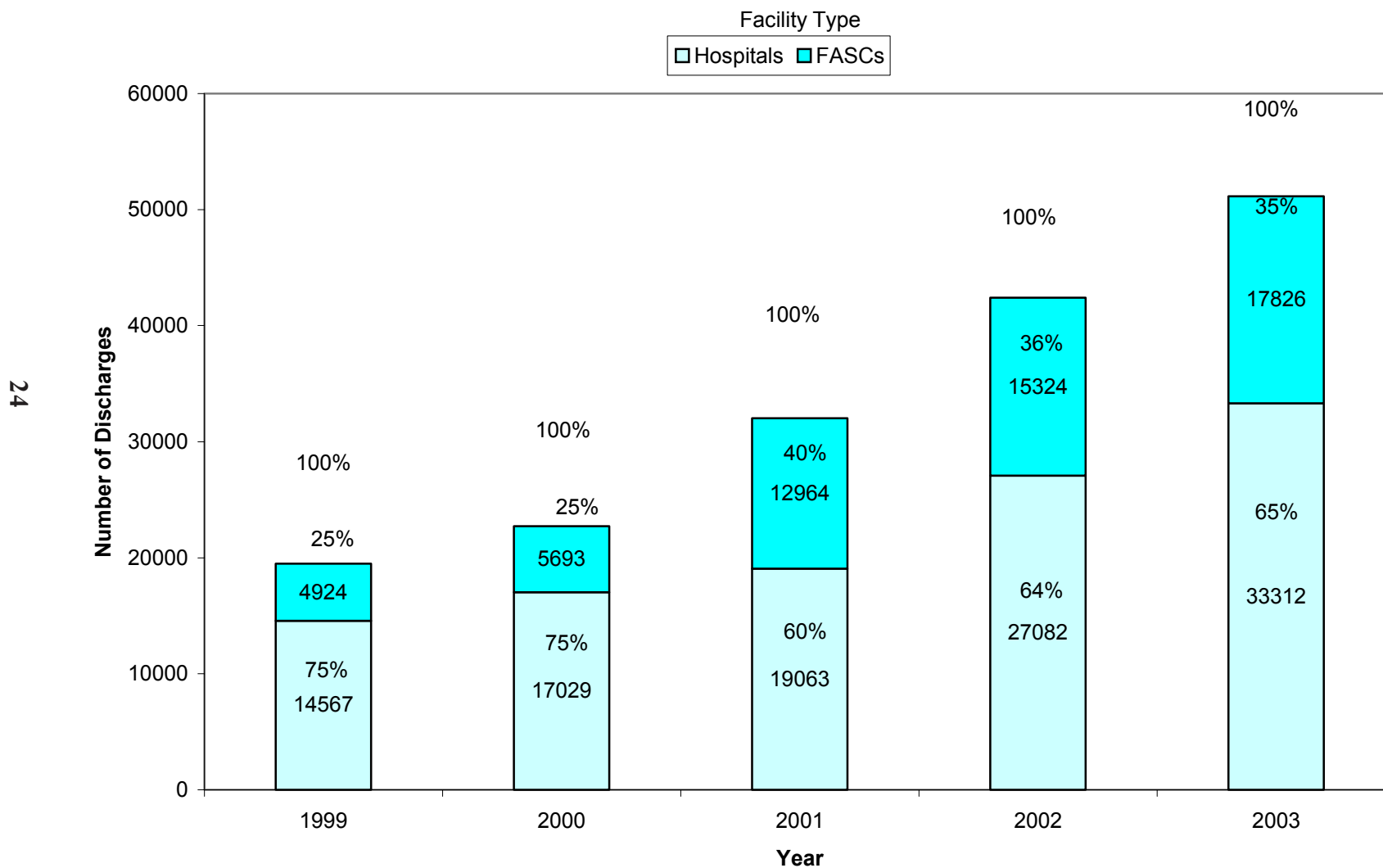


Figure 2. Number and Percentage of Cataract Procedures by Facility Type and Year, Utah, Hospitals and Freestanding Ambulatory Surgery Centers (FASCs), 1999-2003

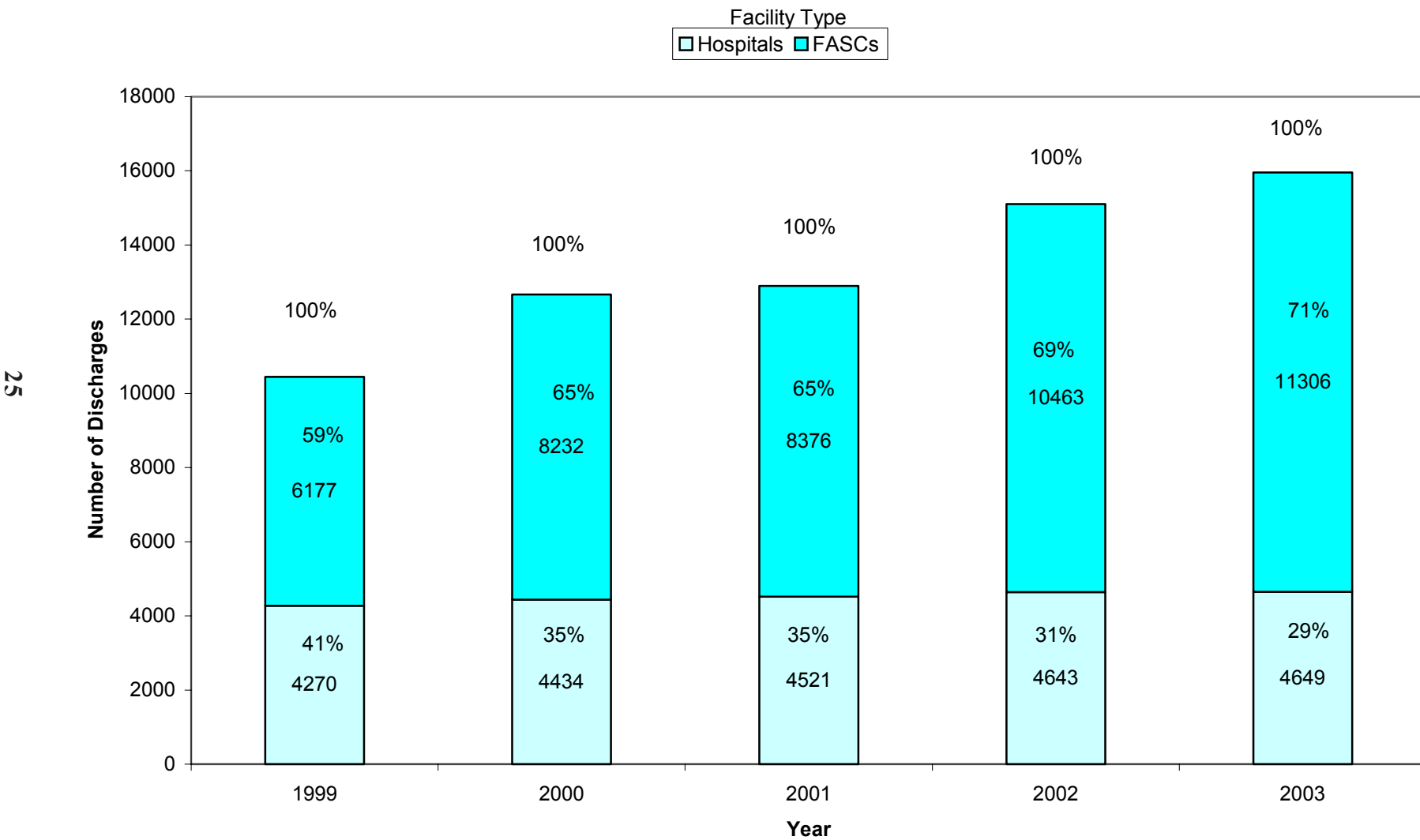


Figure 3. Average Facility Charge for Lower Gastrointestinal Endoscopies by Facility Type and Year, Utah, Hospitals and Freestanding Ambulatory Surgery Centers (FASCs), 1999-2003

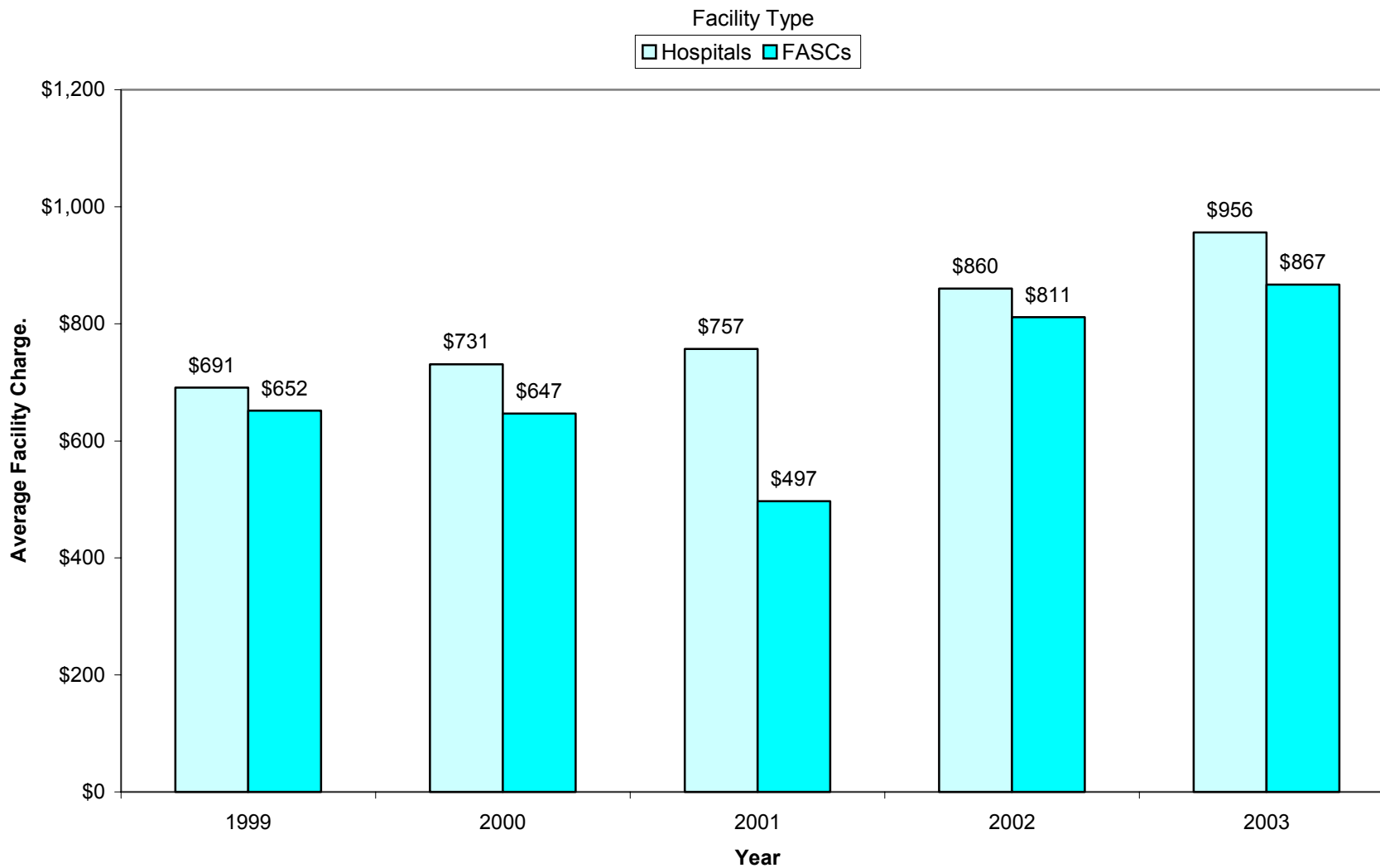
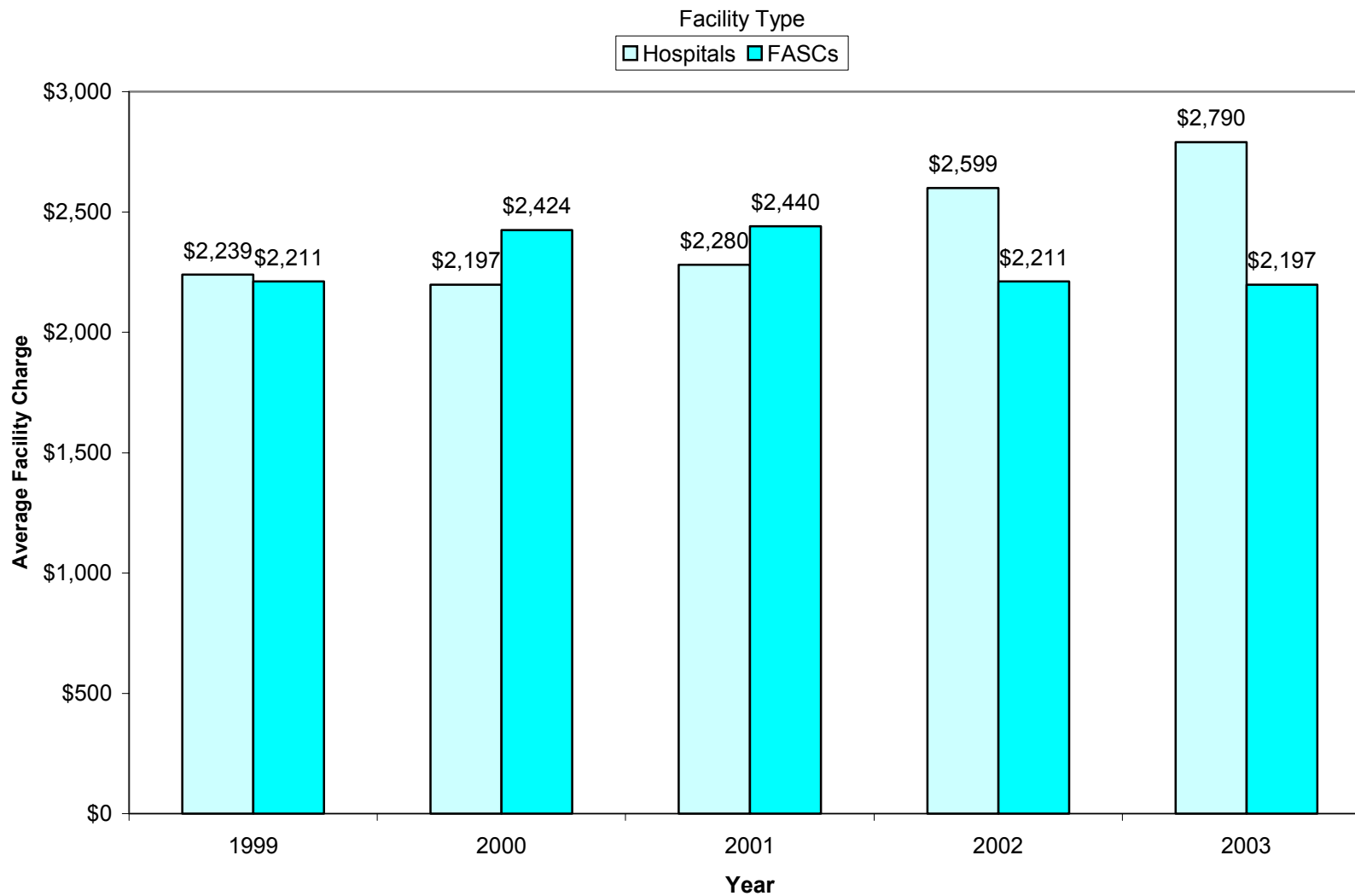


Figure 4. Average Facility Charge for Cataract Procedures by Facility Type and Year, Utah, Hospitals and Freestanding Ambulatory Surgery Centers (FASCs), 1999-2003



UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

111 Allen Memorial Hospital

Reporting Category(ICD-9-CM CODES)	Procedures Performed		Procedures Performed-All Hospitals	
	(#)	(%)	(#)	(%)
Reporting Category(ICD-9-CM CODES)	255	100.0	288,895	100.0
Mastectomy (85.0-85.99)	15	5.9	6,818	2.4
Musculoskeletal (76.0-84.99)	20	7.8	60,015	20.8
Respiratory (30.0-34.99)	0	0.0	2,981	1.0
Cardiovascular (35.0-39.99)	2	0.8	15,622	5.4
Lymphatic/Hemetic (40.0-41.99)	2	0.8	2,260	0.8
Digestive System (42.0-54.99)	177	69.4	90,070	31.2
Urinary (55.0-59.99)	3	1.2	8,063	2.8
Male Genital (60.0-64.99)	3	1.2	3,587	1.2
Female Genital (65.0-71.99)	17	6.7	13,770	4.8
Endocrine/Nervous (01.0-07.99)	7	2.7	22,387	7.7
Eye (08.0-16.99)	0	0.0	19,254	6.7
Ear (18.0-20.99)	0	0.0	15,474	5.4
Nose, Mouth, Pharynx (21.0-29.99)	9	3.5	28,594	9.9
Reporting Category(CPT-4 CODES)	179	100.0	264,491	100.0
Mastectomy (19120-19220)	6	3.4	3,203	1.2
Musculoskeletal (20000-29909)	15	8.4	54,392	20.6
Respiratory (30000-32999 & 39501-39599)	0	0.0	12,829	4.9
Cardiovascular (33010-37799 & 93501-93660)	1	0.6	34,097	12.9
Lymphatic/Hemetic (38100-38999)	2	1.1	2,304	0.9
Digestive (40490-49999)	140	78.2	94,766	35.8
Urinary (50010-53899)	2	1.1	8,849	3.3
Male Genital (54000-55899)	0	0.0	3,229	1.2
Female Genital (56405-58999)	7	3.9	10,000	3.8
Endocrine/Nervous (60000-64999)	6	3.4	20,833	7.9
Eye (65091-68899)	0	0.0	11,183	4.2
Ear (69000-69979)	0	0.0	8,806	3.3

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics.

Reportable* excludes codes in the former "Other" category in previous reports.

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES

111 Allen Memorial Hospital

ICD-9 CODE	ICD-9 DESCRIPTION	#	%	% ALL Hospitals
All ICD-9 Procedures		255	100.0	100.0
4523	COLONOSCOPY	46	18.0	6.06
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	36	14.1	5.16
4542	ENDO POLYPECTOMY LG INTESTINE	26	10.2	3.38
5123	LAP CHOLEY	12	4.7	2.06
4525	CLO [ENDO] BX LG INTESTINE	11	4.3	2.27
8521	LOC EXC LES BREAST	9	3.5	1.03
7021	VAGINOSCOPY	7	2.7	0.01
5304	UNILAT REPR INDIRECT ING HERN-GFT	6	2.4	0.52
0443	RELEASE CARPAL TUNNEL	5	2.0	1.23
282	TONSILLECTOMY WO ADENOIDECTOMY	5	2.0	0.67
4836	[ENDO] POLYPECTOMY RECTUM	5	2.0	0.93
4921	ANOSCOPY	5	2.0	0.06
6732	DESTRUC LES CERV-CAUT	5	2.0	0.07
806	EXC SEMILUNAR CARTILAGE-KNEE	5	2.0	1.79
5315	BILAT REPR INDIRECT ING HERN-GFT	3	1.2	0.05
5316	BIL REPR ING HERN DIRCT-INDRCT-GFT	3	1.2	0.03
5732	OTH CYSTOSCOPY	3	1.2	0.59
6902	D&C FOLLOWING DELIV/AB	3	1.2	0.24
251	EXC/DESTRUC LES/TISS TONGUE	2	0.8	0.02
3893	VENOUS CATH-NEC	2	0.8	0.30

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		179	100.0	100.0
45378	COLONOSCOPY FLEX; DX-SEP PROC	35	19.6	6.06
43239	UGI ENDO; W/BX 1/MX	26	14.5	5.28
45384	COLONOSCOPY FLEX; REMV LES-FORCE	19	10.6	0.40
45380	COLONOSCOPY FLEX; W/BX 1/MX	11	6.1	2.39
47562	LAPAROSCOPY SURGICAL; CHOLECT	11	6.1	0.84
49505	REPR INIT ING HERNIA 5YR/MORE; R	10	5.6	1.06
57454	COLPSCPY CERV UP/ADJ VAG; BX&CUR	6	3.4	0.01
19120	EXC BRST CYST TUMR/LES OPN M/F 1	5	2.8	0.74
64721	NEUROPLASTY; MEDIAN @ CARPAL TUN	5	2.8	0.87
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	3	1.7	0.56
49520	REPR RECUR ING HERN ANY AGE; RD	3	1.7	0.12
29880	SCOPE KNEE SURG;W/MENISCECT MED&	2	1.1	0.42
29881	SCOPE KNEE SURG;W/MENISCECT MED/	2	1.1	1.52
38525	BX/EXC LYMPH NODE; OPN DP AX NOD	2	1.1	0.16
43235	UGI ENDO; DX W/VO CLCT SPECMN-SP	2	1.1	1.45
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	2	1.1	3.55
49560	REPR INIT INCS/VENT HERNIA; RDUC	2	1.1	0.16
49585	REPR UMBIL HERNIA 5YR/OVER; RDUC	2	1.1	0.30
52000	CYSTOURETHROSCOPY-SEP PROC	2	1.1	0.15
19125	EXC BRST LES ID RAD MARKR OPN;1	1	0.6	0.31

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

Reportable* excludes codes in the former "Other" category in previous reports.

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 AVERAGE TOTAL CHARGES FOR MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES, SINGLE ICD-9 OR CPT-4 ONLY

111 Allen Memorial Hospital

ICD-9 CODE	ICD-9 DESCRIPTION	#	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
ICD-9 Procedures		182	\$3,139	\$2,542
4523	COLONOSCOPY	37	\$2,631	\$849
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	21	\$2,788	\$1,037
4542	ENDO POLYPECTOMY LG INTESTINE	18	\$3,614	\$1,101
4525	CLO [ENDO] BX LG INTESTINE	9	\$4,036	\$1,172
8521	LOC EXC LES BREAST	9	\$3,116	\$2,242
5123	LAP CHOLEY	7	\$6,797	\$5,170
7021	VAGINOSCOPY	7	\$751	\$1,638
5304	UNILAT REPR INDIRECT ING HERN-GFT	6	\$3,461	\$3,100
282	TONSILLECTOMY WO ADENOIDECTOMY	5	\$2,950	\$2,010
6732	DESTRUC LES CERV-CAUT	5	\$616	\$1,743
0443	RELEASE CARPAL TUNNEL	3	\$2,722	\$1,882
5315	BILAT REPR INDIRECT ING HERN-GFT	3	\$4,436	\$4,355
5316	BIL REPR ING HERN DIRCT-INDRCT-GFT	3	\$5,188	\$4,330
5732	OTH CYSTOSCOPY	3	\$311	\$3,080
6902	D&C FOLLOWING DELIV/AB	3	\$3,815	\$2,179
251	EXC/DESTRUC LES/TISS TONGUE	2	\$2,529	\$2,175
4011	BX LYMPHATIC STRUCT	2	\$3,078	\$2,755
4513	OTH ENDO SM INTESTINE	2	\$2,367	\$917
4836	[ENDO] POLYPECTOMY RECTUM	2	\$2,374	\$1,012
4921	ANOSCOPY	2	\$2,255	\$253

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
CPT-4 Procedures		155	\$3,380	\$2,284
45378	COLONOSCOPY FLEX; DX-SEP PROC	31	\$2,624	\$818
43239	UGI ENDO; W/BX 1/MX	20	\$3,039	\$1,035
45384	COLONOSCOPY FLEX; REMV LES-FORCE	17	\$3,596	\$1,158
45380	COLONOSCOPY FLEX; W/BX 1/MX	10	\$3,948	\$1,174
49505	REPR INIT ING HERNIA 5YR/MORE; R	10	\$4,199	\$3,015
47562	LAPAROSCOPY SURGICAL; CHOLECT	9	\$7,111	\$5,048
57454	COLPSCP Y CERV UP/ADJ VAG; BX&CUR	6	\$713	\$1,500
19120	EXC BRST CYST TUMR/LES OPN M/F 1	5	\$3,001	\$2,212
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	3	\$3,024	\$2,065
49520	REPR RECUR ING HERN ANY AGE; RD	3	\$3,914	\$3,184
64721	NEUROPLASTY; MEDIAN @ CARPAL TUN	3	\$2,722	\$1,823
29880	SCOPE KNEE SURG;W/MENISCECT MED&	2	\$7,424	\$3,594
29881	SCOPE KNEE SURG;W/MENISCECT MED/	2	\$6,776	\$3,303
38525	BX/EXC LYMPH NODE; OPN DP AX NOD	2	\$3,078	\$3,599
43235	UGI ENDO; DX W/VO CLCT SPECMN-SP	2	\$2,367	\$822
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	2	\$3,861	\$1,059
49560	REPR INIT INCS/VENT HERNIA; RDUC	2	\$3,382	\$2,979
49585	REPR UMBIL HERNIA 5YR/OVER; RDUC	2	\$3,612	\$2,725
52000	CYSTOURETHROSCOPY-SEP PROC	2	\$281	\$1,712
19125	EXC BRST LES ID RAD MARKR OPN;1	1	\$3,097	\$2,955

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

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

111 Allen Memorial Hospital

Procedure APG category	Procedure APG	TOTAL #	TOTAL # (ALL Hospitals)
01	INTEGUMENTARY SYSTEM	10	8,392
	008 SIMPLE EXCISION AND BIOPSY	3	893
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRANGE	1	184
	011 SIMPLE INCISION AND EXCISION OF BREAST	6	2,817
02	MUSCULOSKELETAL SYSTEM	11	48,493
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	6	10,165
	025 ARTHROSCOPY	4	20,364
	032 BUNION PROCEDURES	1	1,475
04	CARDIOVASCULAR SYSTEM	1	25,643
	075 PLACEMENT OF TRANSVENOUS CATHETERS	1	750
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	3	2,342
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	3	1,515
06	DIGESTIVE SYSTEM	134	82,913
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	2	832
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	1	336
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	28	17,918
	117 LOWER GASTROINTESTINAL ENDOSCOPY	67	33,312
	119 HERNIA AND HYDROCELE PROCEDURES	21	6,781
	120 COMPLEX ANAL AND RECTAL PROCEDURES	3	911
	121 SIMPLE ANAL AND RECTAL PROCEDURES	1	544
	123 COMPLEX LAPAROSCOPIC PROCEDURES	11	14,187
07	URINARY SYSTEM	2	7,406
	136 SIMPLE CYSTOURETHROSCOPY	2	623
09	FEMALE GENITAL SYSTEM	7	5,316
	180 COLPOSCOPY	7	153
10	NERVOUS SYSTEM	5	17,622
	198 NERVE REPAIR AND DESTRUCTION	5	4,478
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	6	29,079
	235 SIMPLE FACIAL AND ENT PROCEDURES	2	15,442
	236 TONSIL AND ADENOID PROCEDURES	4	8,217

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

Reportable* excludes codes in the former "Other" category in previous reports.

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 PROCEDURE APG CATEGORY, PROCEDURE APG, SINGLE APG ONLY
 BASED ON REPORTABLE* CPT-4 PROCEDURES

111 Allen Memorial Hospital

Procedure APG category	Procedure APG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
01	INTEGUMENTARY SYSTEM	10	\$3,173	\$2,329
	008 SIMPLE EXCISION AND BIOPSY	3	\$3,200	\$2,380
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRAN	1	\$4,021	\$2,990
	011 SIMPLE INCISION AND EXCISION OF BREAST	6	\$3,017	\$2,426
02	MUSCULOSKELETAL SYSTEM	7	\$5,663	\$3,320
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	3	\$3,748	\$2,294
	025 ARTHROSCOPY	4	\$7,100	\$3,776
04	CARDIOVASCULAR SYSTEM	1	\$3,675	\$4,966
	075 PLACEMENT OF TRANSVENOUS CATHETERS	1	\$3,675	\$2,141
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	3	\$4,083	\$3,010
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	3	\$4,083	\$3,705
06	DIGESTIVE SYSTEM	116	\$3,528	\$1,825
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	1	\$3,002	\$729
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	1	\$1,286	\$862
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	22	\$2,978	\$987
	117 LOWER GASTROINTESTINAL ENDOSCOPY	60	\$3,161	\$956
	119 HERNIA AND HYDROCELE PROCEDURES	21	\$3,829	\$2,876
	120 COMPLEX ANAL AND RECTAL PROCEDURES	2	\$2,713	\$2,344
	123 COMPLEX LAPAROSCOPIC PROCEDURES	9	\$7,111	\$4,923
07	URINARY SYSTEM	2	\$281	\$3,713
	136 SIMPLE CYSTOURETHROSCOPY	2	\$281	\$1,768
09	FEMALE GENITAL SYSTEM	7	\$749	\$2,961
	180 COLPOSCOPY	7	\$749	\$2,234
10	NERVOUS SYSTEM	3	\$2,722	\$1,454
	198 NERVE REPAIR AND DESTRUCTION	3	\$2,722	\$2,095
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	6	\$2,231	\$1,992
	235 SIMPLE FACIAL AND ENT PROCEDURES	2	\$870	\$1,425
	236 TONSIL AND ADENOID PROCEDURES	4	\$2,911	\$1,795

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

Reportable* excludes codes in the former "Other" category in previous reports.

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

111 Allen Memorial Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
GENDER				
Female	134	60.4	107,216	54.5
Male	88	39.6	89,560	45.5
Unknown	0	0.0	2	0.0
Not Reported	0	0.0	0	0.0
AGE				
1-28 days	1	0.5	199	0.1
29-365 days	0	0.0	2,895	1.5
1-4 years	2	0.9	10,718	5.4
5-9	3	1.4	6,003	3.1
10-14	6	2.7	4,605	2.3
15-17	4	1.8	4,474	2.3
18-19	4	1.8	3,608	1.8
20-24	10	4.5	10,974	5.6
25-29	11	5.0	11,529	5.9
30-34	7	3.2	10,974	5.6
35-39	10	4.5	11,089	5.6
40-44	15	6.8	13,913	7.1
45-49	18	8.1	15,367	7.8
50-54	37	16.7	18,693	9.5
55-59	37	16.7	16,175	8.2
60-64	22	9.9	13,797	7.0
65-69	11	5.0	12,250	6.2
70-74	10	4.5	11,038	5.6
75-79	7	3.2	9,345	4.7
80-84	5	2.3	5,890	3.0
85-89	1	0.5	2,520	1.3
90 +	1	0.5	720	0.4
Not Reported	1	0.5	201	0.1
SOURCE OF ADMISSION				
Physician Referral	220	99.1	176,073	89.5
Clinic Referral	0	0.0	2,347	1.2
HMO Referral	0	0.0	119	0.1
Other Hospital	0	0.0	71	0.0
Skilled Nursing Facility	0	0.0	21	0.0
Other Health Care Facility	0	0.0	26	0.0
Emergency Room	2	0.9	3,467	1.8
Court/Law Enforcement	0	0.0	3	0.0
Unknown	0	0.0	3,359	1.7
Not Reported	0	0.0	11,292	5.7

(Continued)

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

111 Allen Memorial Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	222	100.0	196,083	99.6
Another Hospital	0	0.0	125	0.1
Skilled Nursing Facility	0	0.0	72	0.0
Intermediate Care Facility	0	0.0	9	0.0
Another Type of Institution	0	0.0	44	0.0
Under Care of Home Service	0	0.0	103	0.1
Left Against Medical Advice	0	0.0	17	0.0
Under Care of Home IV Provider	0	0.0	5	0.0
Expired	0	0.0	16	0.0
Unknown	0	0.0	304	0.2
Not Reported	0	0.0	0	0.0
PRIMARY PAYER				
Medicare	41	18.5	42,451	21.6
Medicaid	42	18.9	13,275	6.7
Other government	1	0.5	3,257	1.7
Blue Cross/Blue Shield	63	28.4	27,366	13.9
Other Commercial	36	16.2	17,254	8.8
Managed Care(HMO, PPO)	36	16.2	84,762	43.1
Self Pay	0	0.0	3,009	1.5
Industrial & Worker Comp	3	1.4	4,001	2.0
Charity and Unclassified	0	0.0	106	0.1
Childrens Health Insurance	0	0.0	258	0.1
Unknown	0	0.0	964	0.5
Not Reported	0	0.0	75	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	0	0.0	13,556	6.9
Central Utah	0	0.0	6,602	3.4
Davis County	0	0.0	21,257	10.8
Salt Lake County	0	0.0	68,961	35.0
Southeastern Utah	222	100.0	4,049	2.1
Southwest Utah	0	0.0	11,167	5.7
Summit County	0	0.0	2,258	1.1
Tooele County	0	0.0	3,742	1.9
Tri-County	0	0.0	5,041	2.6
Utah County	0	0.0	32,261	16.4
Wasatch County	0	0.0	1,500	0.8
Weber County	0	0.0	17,573	8.9
Unknown Utah	0	0.0	60	0.0
Outside Utah	0	0.0	8,682	4.4
Unknown, Not Reported	0	0.0	69	0.0

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

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

118 Alta View Hospital

Reporting Category (ICD-9-CM CODES)	Procedures Performed		Procedures Performed-All Hospitals	
	(#)	(%)	(#)	(%)
Reporting Category (ICD-9-CM CODES)	14,247	100.0	288,895	100.0
Mastectomy (85.0-85.99)	235	1.6	6,818	2.4
Musculoskeletal (76.0-84.99)	4,190	29.4	60,015	20.8
Respiratory (30.0-34.99)	55	0.4	2,981	1.0
Cardiovascular (35.0-39.99)	16	0.1	15,622	5.4
Lymphatic/Hemetic (40.0-41.99)	53	0.4	2,260	0.8
Digestive System (42.0-54.99)	4,739	33.3	90,070	31.2
Urinary (55.0-59.99)	595	4.2	8,063	2.8
Male Genital (60.0-64.99)	162	1.1	3,587	1.2
Female Genital (65.0-71.99)	710	5.0	13,770	4.8
Endocrine/Nervous (01.0-07.99)	345	2.4	22,387	7.7
Eye (08.0-16.99)	576	4.0	19,254	6.7
Ear (18.0-20.99)	687	4.8	15,474	5.4
Nose, Mouth, Pharynx (21.0-29.99)	1,884	13.2	28,594	9.9
Reporting Category (CPT-4 CODES)	11,134	100.0	264,491	100.0
Mastectomy (19120-19220)	103	0.9	3,203	1.2
Musculoskeletal (20000-29909)	3,226	29.0	54,392	20.6
Respiratory (30000-32999 & 39501-39599)	531	4.8	12,829	4.9
Cardiovascular (33010-37799 & 93501-93660)	17	0.2	34,097	12.9
Lymphatic/Hemetic (38100-38999)	43	0.4	2,304	0.9
Digestive (40490-49999)	5,046	45.3	94,766	35.8
Urinary (50010-53899)	552	5.0	8,849	3.3
Male Genital (54000-55899)	93	0.8	3,229	1.2
Female Genital (56405-58999)	547	4.9	10,000	3.8
Endocrine/Nervous (60000-64999)	346	3.1	20,833	7.9
Eye (65091-68899)	275	2.5	11,183	4.2
Ear (69000-69979)	355	3.2	8,806	3.3

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics.

Reportable* excludes codes in the former "Other" category in previous reports.

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES

118 Alta View Hospital

ICD-9 CODE	ICD-9 DESCRIPTION	#	%	% ALL Hospitals
All ICD-9 Procedures		14,247	100.0	100.0
4523	COLONOSCOPY	988	6.9	6.06
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	929	6.5	5.16
8026	ARTHSCPY-KNEE	679	4.8	1.58
4542	ENDO POLYPECTOMY LG INTESTINE	671	4.7	3.38
2001	MYRINGOTOMY W/INSRT TUBE	523	3.7	4.36
806	EXC SEMILUNAR CARTILAGE-KNEE	510	3.6	1.79
8086	OTH LOC EXC/DESTRUC JT LES-KNEE	346	2.4	1.30
4525	CLO [ENDO] BX LG INTESTINE	328	2.3	2.27
5123	LAP CHOLEY	264	1.9	2.06
4836	[ENDO] POLYPECTOMY RECTUM	232	1.6	0.93
283	TONSILLECTOMY W/ADENOIDECTOMY	223	1.6	1.86
5732	OTH CYSTOSCOPY	220	1.5	0.59
8021	ARTHSCPY-SHLDR	217	1.5	0.62
232	RESTORATION TOOTH-FILLING	209	1.5	0.57
2341	APPLIC CROWN	203	1.4	0.54
0443	RELEASE CARPAL TUNNEL	179	1.3	1.23
2370	ROOT CANAL-NOS	178	1.2	0.37
1371	IOL PROSTH-CATARACT EXTRACT-1-STAGE	174	1.2	1.60
1341	PHACOEMULSIFICATION-ASPIR CATARACT	171	1.2	1.57
5421	LAPAROSCOPY	165	1.2	0.71

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		11,134	100.0	100.0
45378	COLONOSCOPY FLEX; DX-SEP PROC	980	8.8	6.06
43239	UGI ENDO; W/BX 1/MX	911	8.2	5.28
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	799	7.2	3.55
29881	SCOPE KNEE SURG;W/MENISCECT MED/	376	3.4	1.52
45380	COLONOSCOPY FLEX; W/BX 1/MX	353	3.2	2.39
29877	SCOPE KNEE SURG; DEBRID/SHAVE CA	318	2.9	1.18
69436	TYMPANOSTOMY GENERAL ANESTHESIA	272	2.4	2.51
47562	LAPAROSCOPY SURGICAL; CHOLECT	241	2.2	0.84
41899	UNLIST PROC DENTOALVEOL STRUCTUR	237	2.1	1.39
49505	REPR INIT ING HERNIA 5YR/MORE; R	214	1.9	1.06
42820	T&A; UNDER AGE 12	169	1.5	1.60
64721	NEUROPLASTY; MEDIAN @ CARPAL TUN	150	1.3	0.87
66984	EXTRACAPSULAR CATARACT REMV IOL	150	1.3	1.67
30520	SEPTOPLASTY/SUBMUCOS RES W/GFT	137	1.2	0.81
58662	LAP SURG; W/FULG/EXCIS LES-OVARY	136	1.2	0.62
29880	SCOPE KNEE SURG;W/MENISCECT MED&	132	1.2	0.42
52005	CYSTOURETHROSCOPY W/URETERAL CAT	129	1.2	0.42
28285	CORRECTION HAMMERTOES	114	1.0	0.59
52332	CYSTOURETHROSCOPY W/INSRT STENT	110	1.0	0.46
20680	REMOVAL OF IMPLANT; DEEP	106	1.0	0.81

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

Reportable* excludes codes in the former "Other" category in previous reports.

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 AVERAGE TOTAL CHARGES FOR MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES, SINGLE ICD-9 OR CPT-4 ONLY

118 Alta View Hospital

ICD-9 CODE	ICD-9 DESCRIPTION	#	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
ICD-9 Procedures		5,052	\$1,712	\$2,542
4523	COLONOSCOPY	845	\$1,032	\$849
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	527	\$1,189	\$1,037
4542	ENDO POLYPECTOMY LG INTESTINE	476	\$1,284	\$1,101
5123	LAP CHOLEY	246	\$3,212	\$5,170
283	TONSILLECTOMY W/ADENOIDECTOMY	197	\$1,329	\$1,740
4525	CLO [ENDO] BX LG INTESTINE	190	\$1,241	\$1,172
0443	RELEASE CARPAL TUNNEL	129	\$1,552	\$1,882
6952	ASPIR CURET FOLLOWING DELIV/AB	124	\$1,390	\$1,938
5304	UNILAT REPR INDIRECT ING HERN-GFT	114	\$2,113	\$3,100
4836	[ENDO] POLYPECTOMY RECTUM	107	\$1,196	\$1,012
282	TONSILLECTOMY WO ADENOIDECTOMY	88	\$1,416	\$2,010
8221	EXC LES TENDON SHEATH HAND	79	\$1,369	\$1,892
8521	LOC EXC LES BREAST	58	\$1,626	\$2,242
8201	EXPLOR TENDON SHEATH HAND	51	\$1,318	\$1,752
4513	OTH ENDO SM INTESTINE	45	\$1,136	\$917
5732	OTH CYSTOSCOPY	44	\$2,560	\$3,080
6629	OTH BIL ENDO DESTRUC FALLOP TUBES	44	\$2,039	\$2,947
5341	REPR UMB HERN W/PROSTH	43	\$2,077	\$3,433
544	EXC/DESTRUC PERITONEAL TISS	42	\$2,078	\$3,011
7751	BUNIONEC SOFT-OSTEOT 1ST METATARS	42	\$2,296	\$2,899

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
CPT-4 Procedures		6,095	\$1,838	\$2,284
45378	COLONOSCOPY FLEX; DX-SEP PROC	845	\$1,033	\$818
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	679	\$1,301	\$1,059
43239	UGI ENDO; W/BX 1/MX	535	\$1,198	\$1,035
45380	COLONOSCOPY FLEX; W/BX 1/MX	230	\$1,291	\$1,174
47562	LAPAROSCOPY SURGICAL; CHOLECT	226	\$3,155	\$5,048
41899	UNLIST PROC DENTOALVEOL STRUCTUR	225	\$1,641	\$2,122
69436	TYMPANOSTOMY GENERAL ANESTHESIA	191	\$593	\$1,016
49505	REPR INIT ING HERNIA 5YR/MORE; R	187	\$2,246	\$3,015
66984	EXTRACAPSULAR CATARACT REMV IOL	148	\$2,976	\$2,786
29881	SCOPE KNEE SURG;W/MENISCECT MED/	146	\$2,587	\$3,303
42820	T&A; UNDER AGE 12	145	\$1,292	\$1,662
64721	NEUROPLASTY; MEDIAN @ CARPAL TUN	133	\$1,534	\$1,823
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	73	\$1,456	\$2,065
20680	REMOVAL OF IMPLANT; DEEP	63	\$1,348	\$2,378
58662	LAP SURG; W/FULG/EXCIS LES-OVARY	60	\$2,050	\$3,700
42821	T&A; AGE 12 OR OVER	53	\$1,436	\$2,003
25111	EXCISION OF GANGLION WRIST; PRIM	52	\$1,388	\$1,932
43659	UNLISTED LAPAROSCOPY PROC STOMAC	43	\$10,855	\$12,399
49585	REPR UMBIL HERNIA 5YR/OVER; RDUC	42	\$1,958	\$2,725
19120	EXC BRST CYST TUMR/LES OPN M/F 1	39	\$1,454	\$2,212

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

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

118 Alta View Hospital

Procedure APG category		TOTAL #	TOTAL # (ALL Hospitals)
Procedure APG			
01	INTEGUMENTARY SYSTEM	193	8,392
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	2	2,819
	003 COMPLEX INCISION AND DRAINAGE	4	75
	004 SIMPLE INCISION AND DRAINAGE	1	29
	006 SIMPLE DEBRIDEMENT AND DESTRUCTION	3	125
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	38	1,059
	008 SIMPLE EXCISION AND BIOPSY	37	893
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRANGE	5	184
	011 SIMPLE INCISION AND EXCISION OF BREAST	79	2,817
	012 BREAST RECONSTRUCTION AND MASTECTOMY	24	386
02	MUSCULOSKELETAL SYSTEM	3,023	48,493
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	323	6,083
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	152	1,938
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	56	1,829
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	643	10,165
	025 ARTHROSCOPY	1,463	20,364
	028 CLOSED TREATMENT FX & DISLOCATION OF FINGER, TOE & TRUNK	4	49
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	20	611
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	193	3,214
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	15	397
	032 BUNION PROCEDURES	123	1,475
	033 ARTHROPLASTY	7	486
	034 HAND AND FOOT TENOTOMY	1	234
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	23	1,499
03	RESPIRATORY SYSTEM	211	6,895
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	168	4,493
	054 SIMPLE ENDOSCOPY OF THE UPPER AIRWAY	4	334
	055 ENDOSCOPY OF THE LOWER AIRWAY	39	1,362
04	CARDIOVASCULAR SYSTEM	9	25,643
	080 MINOR VASCULAR REPAIR AND FISTULA CONSTRUCTION	4	1,407
	081 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	3	273
	082 VASCULAR LIGATION	2	442
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	54	2,342
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	53	1,515
	097 TRANSFUSION	1	792
06	DIGESTIVE SYSTEM	4,602	82,913
	111 ALIMENTARY TESTS AND SIMPLE TUBE PLACEMENT	1	204
	112 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	66	1,137
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	13	832
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	5	336
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	971	17,918
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	155	4,477
	117 LOWER GASTROINTESTINAL ENDOSCOPY	2,147	33,312
	118 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	45	1,553
	119 HERNIA AND HYDROCELE PROCEDURES	425	6,781
	120 COMPLEX ANAL AND RECTAL PROCEDURES	13	911

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

118 Alta View Hospital

procedure APG category	procedure APG	TOTAL #	TOTAL # (ALL Hospitals)
	121 SIMPLE ANAL AND RECTAL PROCEDURES	5	544
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	14	516
	123 COMPLEX LAPAROSCOPIC PROCEDURES	693	14,187
	124 SIMPLE LAPAROSCOPIC PROCEDURES	49	205
07	URINARY SYSTEM	511	7,406
	131 RENAL EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	39	727
	133 URINARY CATHETERIZATION AND DILATATION	16	331
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	243	3,121
	135 MODERATE CYSTOURETHROSCOPY	186	2,378
	136 SIMPLE CYSTOURETHROSCOPY	25	623
	138 SIMPLE URETHRAL PROCEDURES	2	106
08	MALE GENITAL SYSTEM	113	2,988
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	56	1,293
	152 INSERTION OF PENILE PROSTHESIS	2	72
	153 COMPLEX PENILE PROCEDURES	3	416
	154 SIMPLE PENILE PROCEDURES	20	901
	155 PROSTATE NEEDLE AND PUNCH BIOPSY	32	306
09	FEMALE GENITAL SYSTEM	241	5,316
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	82	1,138
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	47	1,162
	178 DILATION AND CURETTAGE	48	831
	179 HYSTEROSCOPY	59	2,031
	180 COLPOSCOPY	5	153
10	NERVOUS SYSTEM	314	17,622
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	94	11,950
	197 NEUROSTIMULATOR AND VENTRICULAR SHUNT IMPLANTATION	12	461
	198 NERVE REPAIR AND DESTRUCTION	208	4,478
11	EYE AND OCULAR ADNEXA	272	10,930
	214 CATARACT PROCEDURES	179	4,649
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	3	475
	216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	16	351
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	4	185
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	60	793
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	10	477
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	1,454	29,079
	233 NASAL CAUTERIZATION AND PACKING	4	218
	234 COMPLEX FACIAL AND ENT PROCEDURES	252	5,162
	235 SIMPLE FACIAL AND ENT PROCEDURES	778	15,442
	236 TONSIL AND ADENOID PROCEDURES	420	8,217
13	THERAPUTIC AND OTHER RADIOLOGICAL PROCEDURES	3	3,748
	255 MISCELLANEOUS RADIOLOGICAL PROCEDURES WITH CONTRAST	3	1,787

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

Reportable* excludes codes in the former "Other" category in previous reports.

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 PROCEDURE APG CATEGORY, PROCEDURE APG, SINGLE APG ONLY
 BASED ON REPORTABLE* CPT-4 PROCEDURES

118 Alta View Hospital

Procedure APG category	Procedure APG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
01	INTEGUMENTARY SYSTEM	131	\$1,735	\$2,329
	003 COMPLEX INCISION AND DRAINAGE	1	\$1,580	\$2,503
	004 SIMPLE INCISION AND DRAINAGE	1	\$516	\$2,861
	006 SIMPLE DEBRIDEMENT AND DESTRUCTION	2	\$1,942	\$1,996
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	26	\$1,459	\$2,689
	008 SIMPLE EXCISION AND BIOPSY	18	\$1,267	\$2,380
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRAN	2	\$1,503	\$2,990
	011 SIMPLE INCISION AND EXCISION OF BREAST	59	\$1,659	\$2,426
	012 BREAST RECONSTRUCTION AND MASTECTOMY	22	\$2,712	\$4,376
02	MUSCULOSKELETAL SYSTEM	1,053	\$2,265	\$3,320
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	60	\$2,862	\$4,704
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	50	\$2,120	\$3,131
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	18	\$1,969	\$3,886
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	312	\$1,451	\$2,294
	025 ARTHROSCOPY	375	\$2,963	\$3,776
	028 CLOSED TREATMENT FX & DISLOCATION OF FINGER, TOE & TRUNK	1	\$425	\$1,922
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	10	\$1,271	\$2,528
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	159	\$2,180	\$3,911
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	4	\$1,834	\$2,240
	032 BUNION PROCEDURES	61	\$2,181	\$3,144
	033 ARTHROPLASTY	1	\$4,807	\$4,649
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	2	\$1,276	\$679
03	RESPIRATORY SYSTEM	35	\$1,858	\$1,669
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	11	\$2,096	\$2,885
	054 SIMPLE ENDOSCOPY OF THE UPPER AIRWAY	1	\$1,314	\$994
	055 ENDOSCOPY OF THE LOWER AIRWAY	23	\$1,768	\$1,724
04	CARDIOVASCULAR SYSTEM	3	\$2,521	\$4,966
	080 MINOR VASCULAR REPAIR AND FISTULA CONSTRUCTION	1	\$1,590	\$3,673
	082 VASCULAR LIGATION	2	\$2,987	\$3,967
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	35	\$2,531	\$3,010
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	35	\$2,531	\$3,705
06	DIGESTIVE SYSTEM	3,198	\$1,644	\$1,825
	112 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	7	\$1,579	\$1,000
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	11	\$828	\$729
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	5	\$1,034	\$862
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	568	\$1,191	\$987
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	47	\$1,352	\$1,381
	117 LOWER GASTROINTESTINAL ENDOSCOPY	1,765	\$1,172	\$956
	118 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	8	\$2,547	\$2,679
	119 HERNIA AND HYDROCELE PROCEDURES	283	\$2,174	\$2,876
	120 COMPLEX ANAL AND RECTAL PROCEDURES	11	\$1,615	\$2,344
	121 SIMPLE ANAL AND RECTAL PROCEDURES	4	\$1,123	\$1,854
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	5	\$6,816	\$2,435
	123 COMPLEX LAPAROSCOPIC PROCEDURES	440	\$2,861	\$4,923
	124 SIMPLE LAPAROSCOPIC PROCEDURES	44	\$10,728	\$10,668

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 PROCEDURE APG CATEGORY, PROCEDURE APG, SINGLE APG ONLY
 BASED ON REPORTABLE* CPT-4 PROCEDURES

118 Alta View Hospital

procedure APG category	Procedure APG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
07	URINARY SYSTEM	81	\$2,036	\$3,713
	131 RENAL EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	4	\$4,121	\$6,705
	133 URINARY CATHETERIZATION AND DILATATION	5	\$1,603	\$2,727
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	20	\$2,458	\$3,653
	135 MODERATE CYSTOURETHROSCOPY	38	\$1,686	\$2,892
	136 SIMPLE CYSTOURETHROSCOPY	13	\$1,698	\$1,768
	138 SIMPLE URETHRAL PROCEDURES	1	\$5,167	\$1,570
08	MALE GENITAL SYSTEM	85	\$2,758	\$2,549
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	34	\$1,597	\$2,171
	152 INSERTION OF PENILE PROSTHESIS	2	\$14,439	\$13,411
	153 COMPLEX PENILE PROCEDURES	3	\$1,642	\$2,856
	154 SIMPLE PENILE PROCEDURES	18	\$1,218	\$1,466
	155 PROSTATE NEEDLE AND PUNCH BIOPSY	28	\$4,444	\$3,741
09	FEMALE GENITAL SYSTEM	144	\$2,337	\$2,961
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	49	\$3,196	\$4,273
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	31	\$1,552	\$2,362
	178 DILATION AND CURETTAGE	30	\$1,522	\$1,817
	179 HYSTEROSCOPY	32	\$2,575	\$3,360
	180 COLPOSCOPY	2	\$1,917	\$2,234
10	NERVOUS SYSTEM	167	\$2,274	\$1,454
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	4	\$422	\$836
	197 NEUROSTIMULATOR AND VENTRICULAR SHUNT IMPLANTATION	6	\$20,383	\$19,201
	198 NERVE REPAIR AND DESTRUCTION	157	\$1,629	\$2,095
11	EYE AND OCULAR ADNEXA	220	\$2,767	\$2,574
	214 CATARACT PROCEDURES	176	\$2,977	\$2,790
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	1	\$2,689	\$2,228
	216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	14	\$1,894	\$1,881
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	2	\$1,614	\$2,320
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	22	\$1,974	\$3,198
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	5	\$1,787	\$1,766
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	865	\$1,287	\$1,992
	233 NASAL CAUTERIZATION AND PACKING	2	\$1,105	\$2,294
	234 COMPLEX FACIAL AND ENT PROCEDURES	68	\$1,973	\$3,775
	235 SIMPLE FACIAL AND ENT PROCEDURES	493	\$1,157	\$1,425
	236 TONSIL AND ADENOID PROCEDURES	302	\$1,346	\$1,795
13	THERAPUTIC AND OTHER RADIOLOGICAL PROCEDURES	1	\$1,117	\$1,931
	255 MISCELLANEOUS RADIOLOGICAL PROCEDURES WITH CONTRAST	1	\$1,117	\$1,346

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

Reportable* excludes codes in the former "Other" category in previous reports.

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

118 Alta View Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
GENDER				
Female	4,899	57.3	107,216	54.5
Male	3,653	42.7	89,560	45.5
Unknown	0	0.0	2	0.0
Not Reported	0	0.0	0	0.0
AGE				
1-28 days	0	0.0	199	0.1
29-365 days	63	0.7	2,895	1.5
1-4 years	444	5.2	10,718	5.4
5-9	237	2.8	6,003	3.1
10-14	179	2.1	4,605	2.3
15-17	214	2.5	4,474	2.3
18-19	180	2.1	3,608	1.8
20-24	587	6.9	10,974	5.6
25-29	585	6.8	11,529	5.9
30-34	542	6.3	10,974	5.6
35-39	565	6.6	11,089	5.6
40-44	679	7.9	13,913	7.1
45-49	710	8.3	15,367	7.8
50-54	1,000	11.7	18,693	9.5
55-59	840	9.8	16,175	8.2
60-64	567	6.6	13,797	7.0
65-69	418	4.9	12,250	6.2
70-74	306	3.6	11,038	5.6
75-79	219	2.6	9,345	4.7
80-84	129	1.5	5,890	3.0
85-89	73	0.9	2,520	1.3
90 +	15	0.2	720	0.4
Not Reported	0	0.0	201	0.1
SOURCE OF ADMISSION				
Physician Referral	8,453	98.8	176,073	89.5
Clinic Referral	3	0.0	2,347	1.2
HMO Referral	4	0.0	119	0.1
Other Hospital	1	0.0	71	0.0
Skilled Nursing Facility	0	0.0	21	0.0
Other Health Care Facility	0	0.0	26	0.0
Emergency Room	90	1.1	3,467	1.8
Court/Law Enforcement	1	0.0	3	0.0
Unknown	0	0.0	3,359	1.7
Not Reported	0	0.0	11,292	5.7

(Continued)

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

118 Alta View Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	8,543	99.9	196,083	99.6
Another Hospital	1	0.0	125	0.1
Skilled Nursing Facility	2	0.0	72	0.0
Intermediate Care Facility	0	0.0	9	0.0
Another Type of Institution	1	0.0	44	0.0
Under Care of Home Service	4	0.0	103	0.1
Left Against Medical Advice	1	0.0	17	0.0
Under Care of Home IV Provider	0	0.0	5	0.0
Expired	0	0.0	16	0.0
Unknown	0	0.0	304	0.2
Not Reported	0	0.0	0	0.0
PRIMARY PAYER				
Medicare	1,110	13.0	42,451	21.6
Medicaid	297	3.5	13,275	6.7
Other government	44	0.5	3,257	1.7
Blue Cross/Blue Shield	302	3.5	27,366	13.9
Other Commercial	659	7.7	17,254	8.8
Managed Care(HMO, PPO)	5,763	67.4	84,762	43.1
Self Pay	115	1.3	3,009	1.5
Industrial & Worker Comp	176	2.1	4,001	2.0
Charity and Unclassified	2	0.0	106	0.1
Childrens Health Insurance	15	0.2	258	0.1
Unknown	69	0.8	964	0.5
Not Reported	0	0.0	75	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	12	0.1	13,556	6.9
Central Utah	18	0.2	6,602	3.4
Davis County	104	1.2	21,257	10.8
Salt Lake County	7,885	92.2	68,961	35.0
Southeastern Utah	9	0.1	4,049	2.1
Southwest Utah	16	0.2	11,167	5.7
Summit County	52	0.6	2,258	1.1
Tooele County	83	1.0	3,742	1.9
Tri-County	18	0.2	5,041	2.6
Utah County	243	2.8	32,261	16.4
Wasatch County	26	0.3	1,500	0.8
Weber County	16	0.2	17,573	8.9
Unknown Utah	2	0.0	60	0.0
Outside Utah	67	0.8	8,682	4.4
Unknown, Not Reported	1	0.0	69	0.0

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

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

136 American Fork Hospital

Reporting Category (ICD-9-CM CODES)	Procedures Performed		Procedures Performed-All Hospitals	
	(#)	(%)	(#)	(%)
Reporting Category (ICD-9-CM CODES)	10,752	100.0	288,895	100.0
Mastectomy (85.0-85.99)	241	2.2	6,818	2.4
Musculoskeletal (76.0-84.99)	2,492	23.2	60,015	20.8
Respiratory (30.0-34.99)	12	0.1	2,981	1.0
Cardiovascular (35.0-39.99)	203	1.9	15,622	5.4
Lymphatic/Hemetic (40.0-41.99)	53	0.5	2,260	0.8
Digestive System (42.0-54.99)	3,811	35.4	90,070	31.2
Urinary (55.0-59.99)	202	1.9	8,063	2.8
Male Genital (60.0-64.99)	92	0.9	3,587	1.2
Female Genital (65.0-71.99)	870	8.1	13,770	4.8
Endocrine/Nervous (01.0-07.99)	667	6.2	22,387	7.7
Eye (08.0-16.99)	351	3.3	19,254	6.7
Ear (18.0-20.99)	1,039	9.7	15,474	5.4
Nose, Mouth, Pharynx (21.0-29.99)	719	6.7	28,594	9.9
Reporting Category (CPT-4 CODES)	9,546	100.0	264,491	100.0
Mastectomy (19120-19220)	146	1.5	3,203	1.2
Musculoskeletal (20000-29909)	2,981	31.2	54,392	20.6
Respiratory (30000-32999 & 39501-39599)	164	1.7	12,829	4.9
Cardiovascular (33010-37799 & 93501-93660)	164	1.7	34,097	12.9
Lymphatic/Hemetic (38100-38999)	52	0.5	2,304	0.9
Digestive (40490-49999)	4,078	42.7	94,766	35.8
Urinary (50010-53899)	220	2.3	8,849	3.3
Male Genital (54000-55899)	85	0.9	3,229	1.2
Female Genital (56405-58999)	585	6.1	10,000	3.8
Endocrine/Nervous (60000-64999)	332	3.5	20,833	7.9
Eye (65091-68899)	182	1.9	11,183	4.2
Ear (69000-69979)	557	5.8	8,806	3.3

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics.

Reportable* excludes codes in the former "Other" category in previous reports.

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES

136 American Fork Hospital

ICD-9 CODE	ICD-9 DESCRIPTION	#	%	% ALL Hospitals
All ICD-9 Procedures		10,752	100.0	100.0
2001	MYRINGOTOMY W/INSRT TUBE	947	8.8	4.36
4523	COLONOSCOPY	854	7.9	6.06
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	604	5.6	5.16
4513	OTH ENDO SM INTESTINE	358	3.3	2.14
4542	ENDO POLYPECTOMY LG INTESTINE	357	3.3	3.38
5123	LAP CHOLEY	344	3.2	2.06
283	TONSILLECTOMY W/ADENOIDECTOMY	236	2.2	1.86
0443	RELEASE CARPAL TUNNEL	232	2.2	1.23
0407	OTH EXC/AVUL CRANIAL & PERIPH NERV	186	1.7	0.25
806	EXC SEMILUNAR CARTILAGE-KNEE	185	1.7	1.79
6952	ASPIR CURET FOLLOWING DELIV/AB	171	1.6	0.51
4292	DILAT ESOPH	154	1.4	1.33
8086	OTH LOC EXC/DESTRUC JT LES-KNEE	150	1.4	1.30
1341	PHACOEMULSIFICATION-ASPIR CATARACT	147	1.4	1.57
1371	IOL PROSTH-CATARACT EXTRACT-1-STAGE	146	1.4	1.60
7751	BUNIONEC SOFT-OSTEOT 1ST METATARS	136	1.3	0.31
7756	REPR HAMMER TOE	135	1.3	0.39
8521	LOC EXC LES BREAST	129	1.2	1.03
4836	[ENDO] POLYPECTOMY RECTUM	118	1.1	0.93
4525	CLO [ENDO] BX LG INTESTINE	115	1.1	2.27

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		9,546	100.0	100.0
45378	COLONOSCOPY FLEX; DX-SEP PROC	845	8.9	6.06
43239	UGI ENDO; W/BX 1/MX	591	6.2	5.28
69436	TYMPANOSTOMY GENERAL ANESTHESIA	484	5.1	2.51
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	307	3.2	1.34
43235	UGI ENDO; DX W/VO CLCT SPECMN-SP	248	2.6	1.45
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	248	2.6	3.55
42820	T&A; UNDER AGE 12	212	2.2	1.60
28285	CORRECTION HAMMERTOE	204	2.1	0.59
28080	EXC INTERDIGITL NEUROMA SINGLE EA	169	1.8	0.23
29848	ENDO WRST SURG REL TRNS CARP LIG	162	1.7	0.33
29881	SCOPE KNEE SURG;W/MENISCECT MED/	156	1.6	1.52
29877	SCOPE KNEE SURG; DEBRID/SHAVE CA	151	1.6	1.18
45384	COLONOSCPY FLEX; REMV LES-FORCE	151	1.6	0.40
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	150	1.6	0.78
66984	EXTRACAPSULAR CATARACT REMV IOL	147	1.5	1.67
28296	HALLUX VALGUS; W/METATARSAL OSTE	135	1.4	0.28
58662	LAP SURG; W/FULG/EXCIS LES-OVARY	130	1.4	0.62
45380	COLONOSCOPY FLEX; W/BX 1/MX	114	1.2	2.39
44970	LAPAROSCOPY SURGICAL APPENDECTOM	108	1.1	0.41
42830	ADENOIDECTOMY PRIMARY; UNDER AGE	98	1.0	0.41

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

Reportable* excludes codes in the former "Other" category in previous reports.

AMB ST 1-3

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 AVERAGE TOTAL CHARGES FOR MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES, SINGLE ICD-9 OR CPT-4 ONLY

136 American Fork Hospital

ICD-9 CODE	ICD-9 DESCRIPTION	#	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
ICD-9 Procedures		4,772	\$1,635	\$2,542
4523	COLONOSCOPY	709	\$660	\$849
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	388	\$765	\$1,037
5123	LAP CHOLEY	300	\$3,222	\$5,170
4542	ENDO POLYPECTOMY LG INTESTINE	263	\$977	\$1,101
283	TONSILLECTOMY W/ADENOIDECTOMY	204	\$1,327	\$1,740
4513	OTH ENDO SM INTESTINE	204	\$573	\$917
6952	ASPIR CURET FOLLOWING DELIV/AB	169	\$945	\$1,938
0443	RELEASE CARPAL TUNNEL	149	\$1,604	\$1,882
3899	OTH PUNCT VEIN	102	\$1,586	\$1,085
282	TONSILLECTOMY WO ADENOIDECTOMY	89	\$1,330	\$2,010
4701	LAP APPENDECTOMY	89	\$4,245	\$6,389
4709	OTH APPENDECTOMY	68	\$3,331	\$4,322
4525	CLO [ENDO] BX LG INTESTINE	66	\$911	\$1,172
7751	BUNIONEC SOFT-OSTEOT 1ST METATARS	60	\$1,728	\$2,899
0407	OTH EXC/AVUL CRANIAL & PERIPH NERV	57	\$1,331	\$2,049
806	EXC SEMILUNAR CARTILAGE-KNEE	57	\$2,642	\$3,679
8521	LOC EXC LES BREAST	54	\$1,239	\$2,242
4836	[ENDO] POLYPECTOMY RECTUM	48	\$930	\$1,012
4524	FLEX SIGMOIDOSCOPY	45	\$711	\$508
8221	EXC LES TENDON SHEATH HAND	41	\$1,547	\$1,892

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
CPT-4 Procedures		5,069	\$1,630	\$2,284
45378	COLONOSCOPY FLEX; DX-SEP PROC	707	\$668	\$818
43239	UGI ENDO; W/BX 1/MX	392	\$761	\$1,035
69436	TYMPANOSTOMY GENERAL ANESTHESIA	347	\$821	\$1,016
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	282	\$3,227	\$5,262
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	202	\$950	\$1,059
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	197	\$563	\$822
42820	T&A; UNDER AGE 12	175	\$1,326	\$1,662
66984	EXTRACAPSULAR CATARACT REMV IOL	145	\$2,675	\$2,786
29848	ENDO WRST SURG REL TRNS CARP LIG	144	\$1,695	\$2,220
45384	COLONOSCPY FLEX; REMV LES-FORCE	118	\$970	\$1,158
44970	LAPAROSCOPY SURGICAL APPENDECTOM	91	\$4,301	\$6,356
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	84	\$996	\$1,278
49505	REPR INIT ING HERNIA 5YR/MORE; R	75	\$1,977	\$3,015
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	74	\$1,319	\$2,065
45380	COLONOSCOPY FLEX; W/BX 1/MX	73	\$960	\$1,174
44950	APPENDECTOMY;	67	\$3,325	\$4,343
19120	EXC BRST CYST TUMR/LES OPN M/F 1	62	\$1,296	\$2,212
28296	HALLUX VALGUS; W/METATARSAL OSTE	62	\$1,772	\$3,030
29881	SCOPE KNEE SURG;W/MENISCECT MED/	50	\$2,617	\$3,303
20680	REMOVAL OF IMPLANT; DEEP	48	\$1,790	\$2,378

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

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

136 American Fork Hospital

Procedure APG category		TOTAL #	TOTAL # (ALL Hospitals)
Procedure APG			
01	INTEGUMENTARY SYSTEM	260	8,392
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	18	2,819
	003 COMPLEX INCISION AND DRAINAGE	11	75
	004 SIMPLE INCISION AND DRAINAGE	1	29
	006 SIMPLE DEBRIDEMENT AND DESTRUCTION	3	125
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	55	1,059
	008 SIMPLE EXCISION AND BIOPSY	20	893
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRANGE	6	184
	011 SIMPLE INCISION AND EXCISION OF BREAST	138	2,817
	012 BREAST RECONSTRUCTION AND MASTECTOMY	8	386
02	MUSCULOSKELETAL SYSTEM	2,775	48,493
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	180	6,083
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	73	1,938
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	152	1,829
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	1,008	10,165
	025 ARTHROSCOPY	903	20,364
	028 CLOSED TREATMENT FX & DISLOCATION OF FINGER, TOE & TRUNK	1	49
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	29	611
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	180	3,214
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	5	397
	032 BUNION PROCEDURES	208	1,475
	033 ARTHROPLASTY	17	486
	034 HAND AND FOOT TENOTOMY	11	234
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	8	1,499
03	RESPIRATORY SYSTEM	53	6,895
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	7	706
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	44	4,493
	054 SIMPLE ENDOSCOPY OF THE UPPER AIRWAY	2	334
04	CARDIOVASCULAR SYSTEM	108	25,643
	075 PLACEMENT OF TRANSVENOUS CATHETERS	37	750
	077 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	10	1,469
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	14	714
	080 MINOR VASCULAR REPAIR AND FISTULA CONSTRUCTION	37	1,407
	081 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	2	273
	082 VASCULAR LIGATION	7	442
	083 RESUSCITATION AND CARDIOVERSION	1	12
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	49	2,342
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	42	1,515
	097 TRANSFUSION	7	792
06	DIGESTIVE SYSTEM	3,826	82,913
	111 ALIMENTARY TESTS AND SIMPLE TUBE PLACEMENT	1	204
	112 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	1	1,137
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	50	832
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	25	336
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	840	17,918
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	217	4,477

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

136 American Fork Hospital

procedure APG category	procedure APG	TOTAL #	TOTAL # (ALL Hospitals)
	117 LOWER GASTROINTESTINAL ENDOSCOPY	1,398	33,312
	118 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	35	1,553
	119 HERNIA AND HYDROCELE PROCEDURES	228	6,781
	120 COMPLEX ANAL AND RECTAL PROCEDURES	12	911
	121 SIMPLE ANAL AND RECTAL PROCEDURES	14	544
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	27	516
	123 COMPLEX LAPAROSCOPIC PROCEDURES	972	14,187
	124 SIMPLE LAPAROSCOPIC PROCEDURES	6	205
07	URINARY SYSTEM	208	7,406
	131 RENAL EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	4	727
	133 URINARY CATHETERIZATION AND DILATATION	39	331
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	60	3,121
	135 MODERATE CYSTOURETHROSCOPY	74	2,378
	136 SIMPLE CYSTOURETHROSCOPY	26	623
	137 COMPLEX URETHRAL PROCEDURES	5	117
08	MALE GENITAL SYSTEM	73	2,988
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	56	1,293
	152 INSERTION OF PENILE PROSTHESIS	3	72
	153 COMPLEX PENILE PROCEDURES	4	416
	154 SIMPLE PENILE PROCEDURES	10	901
09	FEMALE GENITAL SYSTEM	224	5,316
	171 ARTIFICIAL FERTILIZATION	1	1
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	73	1,138
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	63	1,162
	178 DILATION AND CURETTAGE	23	831
	179 HYSTEROSCOPY	56	2,031
	180 COLPOSCOPY	8	153
10	NERVOUS SYSTEM	261	17,622
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	88	11,950
	197 NEUROSTIMULATOR AND VENTRICULAR SHUNT IMPLANTATION	1	461
	198 NERVE REPAIR AND DESTRUCTION	156	4,478
	199 SPINAL TAP	16	568
11	EYE AND OCULAR ADNEXA	182	10,930
	214 CATARACT PROCEDURES	150	4,649
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	8	475
	216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	1	351
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	15	185
	220 STRABISMUS AND MUSCLE EYE PROCEDURES	2	794
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	1	793
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	5	477
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	1,190	29,079
	233 NASAL CAUTERIZATION AND PACKING	11	218
	234 COMPLEX FACIAL AND ENT PROCEDURES	103	5,162
	235 SIMPLE FACIAL AND ENT PROCEDURES	636	15,442
	236 TONSIL AND ADENOID PROCEDURES	440	8,217
13	THERAPUTIC AND OTHER RADIOLOGICAL PROCEDURES	13	3,748

AMB ST 1-4

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

136 American Fork Hospital

procedure APG category	procedure APG	TOTAL #	TOTAL # (ALL Hospitals)
	253 VASCULAR RADIOLOGY EXCEPT FOR VENOGRAPHY OF EXTREMITY	7	1,528
	255 MISCELLANEOUS RADIOLOGICAL PROCEDURES WITH CONTRAST	6	1,787

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

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 PROCEDURE APG CATEGORY, PROCEDURE APG, SINGLE APG ONLY
 BASED ON REPORTABLE* CPT-4 PROCEDURES

136 American Fork Hospital

Procedure APG category	Procedure APG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
01	INTEGUMENTARY SYSTEM	157	\$1,516	\$2,329
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	17	\$872	\$1,821
	003 COMPLEX INCISION AND DRAINAGE	6	\$2,757	\$2,503
	006 SIMPLE DEBRIDEMENT AND DESTRUCTION	1	\$1,634	\$1,996
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	22	\$1,575	\$2,689
	008 SIMPLE EXCISION AND BIOPSY	6	\$1,339	\$2,380
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRAN	2	\$1,450	\$2,990
	011 SIMPLE INCISION AND EXCISION OF BREAST	101	\$1,491	\$2,426
	012 BREAST RECONSTRUCTION AND MASTECTOMY	2	\$4,440	\$4,376
02	MUSCULOSKELETAL SYSTEM	887	\$2,253	\$3,320
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	65	\$3,505	\$4,704
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	17	\$2,362	\$3,131
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	28	\$2,339	\$3,886
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	277	\$1,651	\$2,294
	025 ARTHROSCOPY	260	\$2,368	\$3,776
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	20	\$1,550	\$2,528
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	133	\$2,832	\$3,911
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	1	\$4,920	\$2,240
	032 BUNION PROCEDURES	75	\$1,779	\$3,144
	033 ARTHROPLASTY	9	\$4,986	\$4,649
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	2	\$487	\$679
03	RESPIRATORY SYSTEM	10	\$1,791	\$1,669
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	4	\$1,185	\$957
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	6	\$2,195	\$2,885
04	CARDIOVASCULAR SYSTEM	52	\$1,356	\$4,966
	075 PLACEMENT OF TRANSVENOUS CATHETERS	29	\$1,132	\$2,141
	077 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	1	\$7,515	\$10,655
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	11	\$548	\$2,283
	080 MINOR VASCULAR REPAIR AND FISTULA CONSTRUCTION	5	\$1,669	\$3,673
	081 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	1	\$3,339	\$3,307
	082 VASCULAR LIGATION	5	\$2,484	\$3,967
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	19	\$2,709	\$3,010
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	18	\$2,703	\$3,705
	097 TRANSFUSION	1	\$2,815	\$2,084
06	DIGESTIVE SYSTEM	2,616	\$1,393	\$1,825
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	44	\$653	\$729
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	21	\$1,165	\$862
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	589	\$695	\$987
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	117	\$992	\$1,381
	117 LOWER GASTROINTESTINAL ENDOSCOPY	1,120	\$776	\$956
	118 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	15	\$2,092	\$2,679
	119 HERNIA AND HYDROCELE PROCEDURES	145	\$1,918	\$2,876
	120 COMPLEX ANAL AND RECTAL PROCEDURES	11	\$1,646	\$2,344
	121 SIMPLE ANAL AND RECTAL PROCEDURES	5	\$868	\$1,854
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	8	\$1,692	\$2,435

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 PROCEDURE APG CATEGORY, PROCEDURE APG, SINGLE APG ONLY
 BASED ON REPORTABLE* CPT-4 PROCEDURES

136 American Fork Hospital

procedure APG category	Procedure APG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
	123 COMPLEX LAPAROSCOPIC PROCEDURES	540	\$3,417	\$4,923
	124 SIMPLE LAPAROSCOPIC PROCEDURES	1	\$4,759	\$10,668
07	URINARY SYSTEM	52	\$2,308	\$3,713
	131 RENAL EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	1	\$6,344	\$6,705
	133 URINARY CATHETERIZATION AND DILATATION	9	\$2,403	\$2,727
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	16	\$2,607	\$3,653
	135 MODERATE CYSTOURETHROSCOPY	17	\$1,982	\$2,892
	136 SIMPLE CYSTOURETHROSCOPY	5	\$1,347	\$1,768
	137 COMPLEX URETHRAL PROCEDURES	4	\$2,481	\$3,621
08	MALE GENITAL SYSTEM	38	\$2,441	\$2,549
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	24	\$1,716	\$2,171
	152 INSERTION OF PENILE PROSTHESIS	3	\$10,449	\$13,411
	153 COMPLEX PENILE PROCEDURES	4	\$2,593	\$2,856
	154 SIMPLE PENILE PROCEDURES	7	\$1,405	\$1,466
09	FEMALE GENITAL SYSTEM	105	\$2,370	\$2,961
	171 ARTIFICIAL FERTILIZATION	1	\$724	\$724
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	39	\$3,492	\$4,273
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	21	\$1,303	\$2,362
	178 DILATION AND CURETTAGE	16	\$1,322	\$1,817
	179 HYSTEROSCOPY	26	\$2,341	\$3,360
	180 COLPOSCOPY	2	\$1,299	\$2,234
10	NERVOUS SYSTEM	123	\$1,005	\$1,454
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	49	\$338	\$836
	198 NERVE REPAIR AND DESTRUCTION	58	\$1,566	\$2,095
	199 SPINAL TAP	16	\$1,015	\$1,172
11	EYE AND OCULAR ADNEXA	172	\$2,507	\$2,574
	214 CATARACT PROCEDURES	148	\$2,677	\$2,790
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	6	\$531	\$2,228
	216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	1	\$1,281	\$1,881
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	13	\$1,485	\$2,320
	220 STRABISMUS AND MUSCLE EYE PROCEDURES	1	\$1,828	\$1,783
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	1	\$2,543	\$3,198
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	2	\$3,439	\$1,766
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	714	\$1,127	\$1,992
	233 NASAL CAUTERIZATION AND PACKING	2	\$1,445	\$2,294
	234 COMPLEX FACIAL AND ENT PROCEDURES	29	\$2,661	\$3,775
	235 SIMPLE FACIAL AND ENT PROCEDURES	383	\$859	\$1,425
	236 TONSIL AND ADENOID PROCEDURES	300	\$1,318	\$1,795
13	THERAPUTIC AND OTHER RADIOLOGICAL PROCEDURES	2	\$675	\$1,931
	253 VASCULAR RADIOLOGY EXCEPT FOR VENOGRAPHY OF EXTREMITY	1	\$1,117	\$5,014
	255 MISCELLANEOUS RADIOLOGICAL PROCEDURES WITH CONTRAST	1	\$232	\$1,346

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

Reportable* excludes codes in the former "Other" category in previous reports.

AMB ST 1-6

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

136 American Fork Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
GENDER				
Female	4,194	57.5	107,216	54.5
Male	3,101	42.5	89,560	45.5
Unknown	0	0.0	2	0.0
Not Reported	0	0.0	0	0.0
AGE				
1-28 days	0	0.0	199	0.1
29-365 days	136	1.9	2,895	1.5
1-4 years	444	6.1	10,718	5.4
5-9	228	3.1	6,003	3.1
10-14	206	2.8	4,605	2.3
15-17	177	2.4	4,474	2.3
18-19	172	2.4	3,608	1.8
20-24	485	6.6	10,974	5.6
25-29	565	7.7	11,529	5.9
30-34	519	7.1	10,974	5.6
35-39	484	6.6	11,089	5.6
40-44	493	6.8	13,913	7.1
45-49	536	7.3	15,367	7.8
50-54	609	8.3	18,693	9.5
55-59	518	7.1	16,175	8.2
60-64	457	6.3	13,797	7.0
65-69	397	5.4	12,250	6.2
70-74	348	4.8	11,038	5.6
75-79	262	3.6	9,345	4.7
80-84	172	2.4	5,890	3.0
85-89	68	0.9	2,520	1.3
90 +	19	0.3	720	0.4
Not Reported	0	0.0	201	0.1
SOURCE OF ADMISSION				
Physician Referral	7,061	96.8	176,073	89.5
Clinic Referral	0	0.0	2,347	1.2
HMO Referral	0	0.0	119	0.1
Other Hospital	0	0.0	71	0.0
Skilled Nursing Facility	1	0.0	21	0.0
Other Health Care Facility	0	0.0	26	0.0
Emergency Room	233	3.2	3,467	1.8
Court/Law Enforcement	0	0.0	3	0.0
Unknown	0	0.0	3,359	1.7
Not Reported	0	0.0	11,292	5.7

(Continued)

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

136 American Fork Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	7,285	99.9	196,083	99.6
Another Hospital	5	0.1	125	0.1
Skilled Nursing Facility	3	0.0	72	0.0
Intermediate Care Facility	0	0.0	9	0.0
Another Type of Institution	0	0.0	44	0.0
Under Care of Home Service	1	0.0	103	0.1
Left Against Medical Advice	0	0.0	17	0.0
Under Care of Home IV Provider	0	0.0	5	0.0
Expired	0	0.0	16	0.0
Unknown	1	0.0	304	0.2
Not Reported	0	0.0	0	0.0
PRIMARY PAYER				
Medicare	1,320	18.1	42,451	21.6
Medicaid	361	4.9	13,275	6.7
Other government	73	1.0	3,257	1.7
Blue Cross/Blue Shield	369	5.1	27,366	13.9
Other Commercial	565	7.7	17,254	8.8
Managed Care(HMO, PPO)	4,313	59.1	84,762	43.1
Self Pay	123	1.7	3,009	1.5
Industrial & Worker Comp	102	1.4	4,001	2.0
Charity and Unclassified	0	0.0	106	0.1
Childrens Health Insurance	5	0.1	258	0.1
Unknown	64	0.9	964	0.5
Not Reported	0	0.0	75	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	9	0.1	13,556	6.9
Central Utah	74	1.0	6,602	3.4
Davis County	13	0.2	21,257	10.8
Salt Lake County	140	1.9	68,961	35.0
Southeastern Utah	24	0.3	4,049	2.1
Southwest Utah	15	0.2	11,167	5.7
Summit County	6	0.1	2,258	1.1
Tooele County	13	0.2	3,742	1.9
Tri-County	13	0.2	5,041	2.6
Utah County	6,903	94.6	32,261	16.4
Wasatch County	20	0.3	1,500	0.8
Weber County	7	0.1	17,573	8.9
Unknown Utah	2	0.0	60	0.0
Outside Utah	54	0.7	8,682	4.4
Unknown, Not Reported	2	0.0	69	0.0

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

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

134 Ashley Valley Medical Center

Reporting Category(ICD-9-CM CODES)	Procedures Performed		Procedures Performed-All Hospitals	
	(#)	(%)	(#)	(%)
Reporting Category(ICD-9-CM CODES)	2,626	100.0	288,895	100.0
Mastectomy (85.0-85.99)	43	1.6	6,818	2.4
Musculoskeletal (76.0-84.99)	441	16.8	60,015	20.8
Respiratory (30.0-34.99)	20	0.8	2,981	1.0
Cardiovascular (35.0-39.99)	24	0.9	15,622	5.4
Lymphatic/Hemetic (40.0-41.99)	7	0.3	2,260	0.8
Digestive System (42.0-54.99)	763	29.1	90,070	31.2
Urinary (55.0-59.99)	36	1.4	8,063	2.8
Male Genital (60.0-64.99)	10	0.4	3,587	1.2
Female Genital (65.0-71.99)	27	1.0	13,770	4.8
Endocrine/Nervous (01.0-07.99)	398	15.2	22,387	7.7
Eye (08.0-16.99)	318	12.1	19,254	6.7
Ear (18.0-20.99)	229	8.7	15,474	5.4
Nose, Mouth, Pharynx (21.0-29.99)	310	11.8	28,594	9.9
Reporting Category(CPT-4 CODES)	2,415	100.0	264,491	100.0
Mastectomy (19120-19220)	18	0.7	3,203	1.2
Musculoskeletal (20000-29909)	456	18.9	54,392	20.6
Respiratory (30000-32999 & 39501-39599)	154	6.4	12,829	4.9
Cardiovascular (33010-37799 & 93501-93660)	92	3.8	34,097	12.9
Lymphatic/Hemetic (38100-38999)	7	0.3	2,304	0.9
Digestive (40490-49999)	910	37.7	94,766	35.8
Urinary (50010-53899)	38	1.6	8,849	3.3
Male Genital (54000-55899)	4	0.2	3,229	1.2
Female Genital (56405-58999)	18	0.7	10,000	3.8
Endocrine/Nervous (60000-64999)	429	17.8	20,833	7.9
Eye (65091-68899)	165	6.8	11,183	4.2
Ear (69000-69979)	124	5.1	8,806	3.3

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics.

Reportable* excludes codes in the former "Other" category in previous reports.

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES

134 Ashley Valley Medical Center

ICD-9 CODE	ICD-9 DESCRIPTION	#	%	% ALL Hospitals
All ICD-9 Procedures		2,626	100.0	100.0
0392	INJ OTH AGENT SPINAL CANAL	264	10.1	2.43
4523	COLONOSCOPY	225	8.6	6.06
2001	MYRINGOTOMY W/INSRT TUBE	218	8.3	4.36
1341	PHACOEMULSIFICATION-ASPIR CATARACT	153	5.8	1.57
1371	IOL PROSTH-CATARACT EXTRACT-1-STAGE	151	5.8	1.60
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	137	5.2	5.16
283	TONSILLECTOMY W/ADENOIDECTOMY	83	3.2	1.86
5123	LAP CHOLEY	80	3.0	2.06
4542	ENDO POLYPECTOMY LG INTESTINE	76	2.9	3.38
4513	OTH ENDO SM INTESTINE	66	2.5	2.14
0443	RELEASE CARPAL TUNNEL	47	1.8	1.23
282	TONSILLECTOMY WO ADENOIDECTOMY	46	1.8	0.67
806	EXC SEMILUNAR CARTILAGE-KNEE	34	1.3	1.79
2263	ETHMOIDECTOMY	32	1.2	0.54
0391	INJ ANES SPINAL CANAL-ANALGESIA	30	1.1	1.75
4525	CLO [ENDO] BX LG INTESTINE	28	1.1	2.27
4836	[ENDO] POLYPECTOMY RECTUM	28	1.1	0.93
5732	OTH CYSTOSCOPY	28	1.1	0.59
2169	OTH TURBINECTOMY	26	1.0	0.75
4292	DILAT ESOPH	22	0.8	1.33

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		2,415	100.0	100.0
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	283	11.7	1.44
45378	COLONOSCOPY FLEX; DX-SEP PROC	225	9.3	6.06
66984	EXTRACAPSULAR CATARACT REMV IOL	151	6.3	1.67
43239	UGI ENDO; W/BX 1/MX	136	5.6	5.28
69436	TYMPANOSTOMY GENERAL ANESTHESIA	111	4.6	2.51
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	93	3.9	3.55
42820	T&A; UNDER AGE 12	62	2.6	1.60
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	49	2.0	1.45
47562	LAPAROSCOPY SURGICAL; CHOLECT	47	1.9	0.84
64721	NEUROPLASTY; MEDIAN @ CARPAL TUN	45	1.9	0.87
61795	STEREOTAC VOL-INTRA/EXTRACRAN/SP	43	1.8	0.04
36430	TRANSFUSION BLOOD/BLOOD COMPONENT	37	1.5	0.30
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	32	1.3	0.56
45380	COLONOSCOPY FLEX; W/BX 1/MX	32	1.3	2.39
47563	LAPAROSCPY SURG; CHOLECT W/CHOLAN	32	1.3	1.34
20680	REMOVAL OF IMPLANT; DEEP	29	1.2	0.81
31255	NASAL/SINUS ENDO; W/TOT ETHMOECT	29	1.2	0.36
52000	CYSTOURETHROSCOPY-SEP PROC	28	1.2	0.15
30140	SUBMUCOS RES TURBINATE PART/CMPL	26	1.1	0.69
36600	ART PUNCTURE WITHDRAWAL BLD DX	25	1.0	0.37

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

Reportable* excludes codes in the former "Other" category in previous reports.

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 AVERAGE TOTAL CHARGES FOR MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES, SINGLE ICD-9 OR CPT-4 ONLY

134 Ashley Valley Medical Center

ICD-9 CODE	ICD-9 DESCRIPTION	#	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
ICD-9 Procedures		1,287	\$2,733	\$2,542
0392	INJ OTH AGENT SPINAL CANAL	238	\$446	\$718
4523	COLONOSCOPY	177	\$981	\$849
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	81	\$962	\$1,037
5123	LAP CHOLEY	69	\$7,983	\$5,170
283	TONSILLECTOMY W/ADENOIDECTOMY	66	\$3,491	\$1,740
4542	ENDO POLYPECTOMY LG INTESTINE	57	\$1,094	\$1,101
4513	OTH ENDO SM INTESTINE	35	\$1,113	\$917
282	TONSILLECTOMY WO ADENOIDECTOMY	28	\$3,745	\$2,010
5732	OTH CYSTOSCOPY	28	\$1,530	\$3,080
0443	RELEASE CARPAL TUNNEL	26	\$3,819	\$1,882
4525	CLO [ENDO] BX LG INTESTINE	21	\$1,207	\$1,172
806	EXC SEMILUNAR CARTILAGE-KNEE	20	\$6,046	\$3,679
5305	UNILAT REPR ING HERN-GFT-NOS	17	\$7,357	\$3,477
8521	LOC EXC LES BREAST	16	\$4,287	\$2,242
4836	[ENDO] POLYPECTOMY RECTUM	14	\$1,061	\$1,012
8511	CLO [PERCUT] [NEEDLE] BX BREAST	13	\$712	\$1,046
7867	REMOV IMPLNT DEVICE-TIBIA & FIB	11	\$5,132	\$2,427
7933	OP REDUC W/INT FIX-CARP-METACARP	11	\$6,812	\$3,449
7936	OP REDUC FX W/INT FIX-TIBIA & FIB	11	\$6,375	\$4,526
7751	BUNIONEC SOFT-OSTEOT 1ST METATARS	9	\$3,907	\$2,899

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
CPT-4 Procedures		1,592	\$2,742	\$2,284
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	249	\$441	\$767
45378	COLONOSCOPY FLEX; DX-SEP PROC	177	\$981	\$818
66984	EXTRACAPSULAR CATARACT REMV IOL	151	\$3,643	\$2,786
69436	TYMPANOSTOMY GENERAL ANESTHESIA	83	\$1,950	\$1,016
43239	UGI ENDO; W/BX 1/MX	81	\$962	\$1,035
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	79	\$1,151	\$1,059
42820	T&A; UNDER AGE 12	48	\$3,509	\$1,662
47562	LAPAROSCOPY SURGICAL; CHOLECT	40	\$7,880	\$5,048
36430	TRANSFUSION BLOOD/BLOOD COMPONENT	30	\$1,635	\$2,084
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	29	\$8,125	\$5,262
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	28	\$1,001	\$822
52000	CYSTOURETHROSCOPY-SEP PROC	28	\$1,530	\$1,712
64721	NEUROPLASTY; MEDIAN @ CARPAL TUN	28	\$3,937	\$1,823
45380	COLONOSCOPY FLEX; W/BX 1/MX	26	\$1,162	\$1,174
36600	ART PUNCTURE WITHDRAWAL BLD DX	23	\$754	\$1,008
20680	REMOVAL OF IMPLANT; DEEP	22	\$4,910	\$2,378
42821	T&A; AGE 12 OR OVER	17	\$3,470	\$2,003
29881	SCOPE KNEE SURG;W/MENISCECT MED/	16	\$6,162	\$3,303
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	16	\$3,691	\$2,065
49505	REPR INIT ING HERNIA 5YR/MORE; R	14	\$6,545	\$3,015

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

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

134 Ashley Valley Medical Center

Procedure APG category		TOTAL #	TOTAL # (ALL Hospitals)
Procedure APG			
01	INTEGUMENTARY SYSTEM	52	8,392
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	9	2,819
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	9	1,059
	008 SIMPLE EXCISION AND BIOPSY	11	893
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRANGE	5	184
	011 SIMPLE INCISION AND EXCISION OF BREAST	17	2,817
	012 BREAST RECONSTRUCTION AND MASTECTOMY	1	386
02	MUSCULOSKELETAL SYSTEM	428	48,493
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	55	6,083
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	16	1,938
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	24	1,829
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	123	10,165
	025 ARTHROSCOPY	60	20,364
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	23	611
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	68	3,214
	032 BUNION PROCEDURES	28	1,475
	033 ARTHROPLASTY	6	486
	034 HAND AND FOOT TENOTOMY	1	234
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	24	1,499
03	RESPIRATORY SYSTEM	105	6,895
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	10	706
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	84	4,493
	054 SIMPLE ENDOSCOPY OF THE UPPER AIRWAY	3	334
	055 ENDOSCOPY OF THE LOWER AIRWAY	8	1,362
04	CARDIOVASCULAR SYSTEM	29	25,643
	075 PLACEMENT OF TRANSVENOUS CATHETERS	8	750
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	1	714
	080 MINOR VASCULAR REPAIR AND FISTULA CONSTRUCTION	18	1,407
	081 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	2	273
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	43	2,342
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	6	1,515
	097 TRANSFUSION	37	792
06	DIGESTIVE SYSTEM	750	82,913
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	2	832
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	187	17,918
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	43	4,477
	117 LOWER GASTROINTESTINAL ENDOSCOPY	351	33,312
	119 HERNIA AND HYDROCELE PROCEDURES	44	6,781
	120 COMPLEX ANAL AND RECTAL PROCEDURES	3	911
	121 SIMPLE ANAL AND RECTAL PROCEDURES	1	544
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	1	516
	123 COMPLEX LAPAROSCOPIC PROCEDURES	118	14,187
07	URINARY SYSTEM	35	7,406
	133 URINARY CATHETERIZATION AND DILATATION	3	331
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	1	3,121
	135 MODERATE CYSTOURETHROSCOPY	3	2,378

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

134 Ashley Valley Medical Center

procedure APG category	procedure APG	TOTAL #	TOTAL # (ALL Hospitals)
	136 SIMPLE CYSTOURETHROSCOPY	28	623
08	MALE GENITAL SYSTEM	6	2,988
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	2	1,293
	155 PROSTATE NEEDLE AND PUNCH BIOPSY	4	306
09	FEMALE GENITAL SYSTEM	4	5,316
	178 DILATION AND CURETTAGE	3	831
	179 HYSTEROSCOPY	1	2,031
10	NERVOUS SYSTEM	381	17,622
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	290	11,950
	198 NERVE REPAIR AND DESTRUCTION	89	4,478
	199 SPINAL TAP	2	568
11	EYE AND OCULAR ADNEXA	164	10,930
	214 CATARACT PROCEDURES	154	4,649
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	2	475
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	3	185
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	1	793
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	3	477
	223 VITRECTOMY	1	1,677
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	332	29,079
	233 NASAL CAUTERIZATION AND PACKING	3	218
	234 COMPLEX FACIAL AND ENT PROCEDURES	27	5,162
	235 SIMPLE FACIAL AND ENT PROCEDURES	164	15,442
	236 TONSIL AND ADENOID PROCEDURES	138	8,217
13	THERAPUTIC AND OTHER RADIOLOGICAL PROCEDURES	3	3,748
	254 MYELOGRAPHY	2	431
	255 MISCELLANEOUS RADIOLOGICAL PROCEDURES WITH CONTRAST	1	1,787

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

Reportable* excludes codes in the former "Other" category in previous reports.

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 PROCEDURE APG CATEGORY, PROCEDURE APG, SINGLE APG ONLY
 BASED ON REPORTABLE* CPT-4 PROCEDURES

134 Ashley Valley Medical Center

Procedure APG category	Procedure APG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
01	INTEGUMENTARY SYSTEM	47	\$3,604	\$2,329
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	8	\$1,522	\$1,821
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	8	\$4,725	\$2,689
	008 SIMPLE EXCISION AND BIOPSY	10	\$3,185	\$2,380
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRAN	3	\$3,502	\$2,990
	011 SIMPLE INCISION AND EXCISION OF BREAST	17	\$4,295	\$2,426
	012 BREAST RECONSTRUCTION AND MASTECTOMY	1	\$4,021	\$4,376
02	MUSCULOSKELETAL SYSTEM	208	\$5,205	\$3,320
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	22	\$7,430	\$4,704
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	7	\$4,274	\$3,131
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	7	\$4,809	\$3,886
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	62	\$4,200	\$2,294
	025 ARTHROSCOPY	27	\$6,403	\$3,776
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	16	\$3,206	\$2,528
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	39	\$6,156	\$3,911
	032 BUNION PROCEDURES	19	\$5,606	\$3,144
	033 ARTHROPLASTY	2	\$9,914	\$4,649
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	7	\$647	\$679
03	RESPIRATORY SYSTEM	15	\$1,333	\$1,669
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	10	\$779	\$957
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	3	\$3,198	\$2,885
	054 SIMPLE ENDOSCOPY OF THE UPPER AIRWAY	1	\$2,096	\$994
	055 ENDOSCOPY OF THE LOWER AIRWAY	1	\$519	\$1,724
04	CARDIOVASCULAR SYSTEM	22	\$4,838	\$4,966
	075 PLACEMENT OF TRANSVENOUS CATHETERS	7	\$3,999	\$2,141
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	1	\$2,399	\$2,283
	080 MINOR VASCULAR REPAIR AND FISTULA CONSTRUCTION	13	\$5,460	\$3,673
	081 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	1	\$5,053	\$3,307
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	35	\$2,186	\$3,010
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	5	\$5,489	\$3,705
	097 TRANSFUSION	30	\$1,635	\$2,084
06	DIGESTIVE SYSTEM	544	\$2,521	\$1,825
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	110	\$972	\$987
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	27	\$1,242	\$1,381
	117 LOWER GASTROINTESTINAL ENDOSCOPY	283	\$1,044	\$956
	119 HERNIA AND HYDROCELE PROCEDURES	26	\$5,886	\$2,876
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	1	\$3,983	\$2,435
	123 COMPLEX LAPAROSCOPIC PROCEDURES	97	\$8,023	\$4,923
07	URINARY SYSTEM	35	\$1,551	\$3,713
	133 URINARY CATHETERIZATION AND DILATATION	3	\$148	\$2,727
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	1	\$3,307	\$3,653
	135 MODERATE CYSTOURETHROSCOPY	3	\$2,567	\$2,892
	136 SIMPLE CYSTOURETHROSCOPY	28	\$1,530	\$1,768
08	MALE GENITAL SYSTEM	5	\$3,212	\$2,549
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	1	\$3,212	\$2,171

AMB ST 1-5
 UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 PROCEDURE APG CATEGORY, PROCEDURE APG, SINGLE APG ONLY
 BASED ON REPORTABLE* CPT-4 PROCEDURES

134 Ashley Valley Medical Center

procedure APG category Procedure APG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
155 PROSTATE NEEDLE AND PUNCH BIOPSY	4	\$3,212	\$3,741
09 FEMALE GENITAL SYSTEM	3	\$3,592	\$2,961
178 DILATION AND CURETTAGE	3	\$3,592	\$1,817
10 NERVOUS SYSTEM	293	\$951	\$1,454
195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	253	\$437	\$836
198 NERVE REPAIR AND DESTRUCTION	38	\$4,362	\$2,095
199 SPINAL TAP	2	\$1,218	\$1,172
11 EYE AND OCULAR ADNEXA	161	\$3,607	\$2,574
214 CATARACT PROCEDURES	154	\$3,638	\$2,790
215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	2	\$2,855	\$2,228
217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	3	\$2,945	\$2,320
221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	1	\$2,318	\$3,198
223 VITRECTOMY	1	\$3,649	\$4,907
12 FACIAL, EAR, NOSE, MOUTH AND THROAT	189	\$2,840	\$1,992
233 NASAL CAUTERIZATION AND PACKING	1	\$2,897	\$2,294
234 COMPLEX FACIAL AND ENT PROCEDURES	3	\$5,289	\$3,775
235 SIMPLE FACIAL AND ENT PROCEDURES	92	\$2,018	\$1,425
236 TONSIL AND ADENOID PROCEDURES	93	\$3,573	\$1,795
13 THERAPUTIC AND OTHER RADIOLOGICAL PROCEDURES	3	\$1,049	\$1,931
254 MYELOGRAPHY	2	\$1,372	\$2,518
255 MISCELLANEOUS RADIOLOGICAL PROCEDURES WITH CONTRAST	1	\$405	\$1,346

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

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

134 Ashley Valley Medical Center

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
GENDER				
Female	1,010	51.1	107,216	54.5
Male	965	48.9	89,560	45.5
Unknown	0	0.0	2	0.0
Not Reported	0	0.0	0	0.0
AGE				
1-28 days	1	0.1	199	0.1
29-365 days	28	1.4	2,895	1.5
1-4 years	105	5.3	10,718	5.4
5-9	63	3.2	6,003	3.1
10-14	52	2.6	4,605	2.3
15-17	50	2.5	4,474	2.3
18-19	34	1.7	3,608	1.8
20-24	76	3.8	10,974	5.6
25-29	79	4.0	11,529	5.9
30-34	74	3.7	10,974	5.6
35-39	96	4.9	11,089	5.6
40-44	117	5.9	13,913	7.1
45-49	129	6.5	15,367	7.8
50-54	185	9.4	18,693	9.5
55-59	158	8.0	16,175	8.2
60-64	149	7.5	13,797	7.0
65-69	169	8.6	12,250	6.2
70-74	157	7.9	11,038	5.6
75-79	131	6.6	9,345	4.7
80-84	77	3.9	5,890	3.0
85-89	31	1.6	2,520	1.3
90 +	14	0.7	720	0.4
Not Reported	1	0.1	201	0.1
SOURCE OF ADMISSION				
Physician Referral	1,914	96.9	176,073	89.5
Clinic Referral	0	0.0	2,347	1.2
HMO Referral	0	0.0	119	0.1
Other Hospital	0	0.0	71	0.0
Skilled Nursing Facility	0	0.0	21	0.0
Other Health Care Facility	0	0.0	26	0.0
Emergency Room	61	3.1	3,467	1.8
Court/Law Enforcement	0	0.0	3	0.0
Unknown	0	0.0	3,359	1.7
Not Reported	0	0.0	11,292	5.7

(Continued)

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

134 Ashley Valley Medical Center

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	1,972	99.8	196,083	99.6
Another Hospital	3	0.2	125	0.1
Skilled Nursing Facility	0	0.0	72	0.0
Intermediate Care Facility	0	0.0	9	0.0
Another Type of Institution	0	0.0	44	0.0
Under Care of Home Service	0	0.0	103	0.1
Left Against Medical Advice	0	0.0	17	0.0
Under Care of Home IV Provider	0	0.0	5	0.0
Expired	0	0.0	16	0.0
Unknown	0	0.0	304	0.2
Not Reported	0	0.0	0	0.0
PRIMARY PAYER				
Medicare	599	30.3	42,451	21.6
Medicaid	185	9.4	13,275	6.7
Other government	68	3.4	3,257	1.7
Blue Cross/Blue Shield	354	17.9	27,366	13.9
Other Commercial	199	10.1	17,254	8.8
Managed Care(HMO, PPO)	419	21.2	84,762	43.1
Self Pay	41	2.1	3,009	1.5
Industrial & Worker Comp	87	4.4	4,001	2.0
Charity and Unclassified	0	0.0	106	0.1
Childrens Health Insurance	0	0.0	258	0.1
Unknown	23	1.2	964	0.5
Not Reported	0	0.0	75	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	0	0.0	13,556	6.9
Central Utah	0	0.0	6,602	3.4
Davis County	3	0.2	21,257	10.8
Salt Lake County	5	0.3	68,961	35.0
Southeastern Utah	2	0.1	4,049	2.1
Southwest Utah	2	0.1	11,167	5.7
Summit County	0	0.0	2,258	1.1
Tooele County	1	0.1	3,742	1.9
Tri-County	1,924	97.4	5,041	2.6
Utah County	3	0.2	32,261	16.4
Wasatch County	0	0.0	1,500	0.8
Weber County	0	0.0	17,573	8.9
Unknown Utah	0	0.0	60	0.0
Outside Utah	35	1.8	8,682	4.4
Unknown, Not Reported	0	0.0	69	0.0

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

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

104 Bear River Valley Hospital

Reporting Category (ICD-9-CM CODES)	Procedures Performed		Procedures Performed-All Hospitals	
	(#)	(%)	(#)	(%)
Reporting Category(ICD-9-CM CODES)	787	100.0	288,895	100.0
Mastectomy (85.0-85.99)	112	14.2	6,818	2.4
Musculoskeletal (76.0-84.99)	191	24.3	60,015	20.8
Respiratory (30.0-34.99)	2	0.3	2,981	1.0
Cardiovascular (35.0-39.99)	0	0.0	15,622	5.4
Lymphatic/Hemetic (40.0-41.99)	0	0.0	2,260	0.8
Digestive System (42.0-54.99)	170	21.6	90,070	31.2
Urinary (55.0-59.99)	2	0.3	8,063	2.8
Male Genital (60.0-64.99)	1	0.1	3,587	1.2
Female Genital (65.0-71.99)	99	12.6	13,770	4.8
Endocrine/Nervous (01.0-07.99)	24	3.0	22,387	7.7
Eye (08.0-16.99)	27	3.4	19,254	6.7
Ear (18.0-20.99)	48	6.1	15,474	5.4
Nose, Mouth, Pharynx (21.0-29.99)	111	14.1	28,594	9.9
Reporting Category(CPT-4 CODES)	544	100.0	264,491	100.0
Mastectomy (19120-19220)	4	0.7	3,203	1.2
Musculoskeletal (20000-29909)	183	33.6	54,392	20.6
Respiratory (30000-32999 & 39501-39599)	2	0.4	12,829	4.9
Cardiovascular (33010-37799 & 93501-93660)	0	0.0	34,097	12.9
Lymphatic/Hemetic (38100-38999)	0	0.0	2,304	0.9
Digestive (40490-49999)	230	42.3	94,766	35.8
Urinary (50010-53899)	2	0.4	8,849	3.3
Male Genital (54000-55899)	1	0.2	3,229	1.2
Female Genital (56405-58999)	74	13.6	10,000	3.8
Endocrine/Nervous (60000-64999)	13	2.4	20,833	7.9
Eye (65091-68899)	11	2.0	11,183	4.2
Ear (69000-69979)	24	4.4	8,806	3.3

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, 2003
MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES

104 Bear River Valley Hospital

ICD-9 CODE	ICD-9 DESCRIPTION	#	%	% ALL Hospitals
All ICD-9 Procedures		787	100.0	100.0
8554	BILAT BREAST IMPLNT	54	6.9	0.06
2319	OTH SURG TOOTH EXTRACT	46	5.8	0.08
2001	MYRINGOTOMY W/INSRT TUBE	40	5.1	4.36
283	TONSILLECTOMY W/ADENOIDECTOMY	29	3.7	1.86
5123	LAP CHOLEY	27	3.4	2.06
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	24	3.0	5.16
5421	LAPAROSCOPY	20	2.5	0.71
6823	ENDOMETRIAL ABLATION	20	2.5	0.40
0443	RELEASE CARPAL TUNNEL	19	2.4	1.23
4523	COLONOSCOPY	19	2.4	6.06
8021	ARTHSCPY-SHLDR	18	2.3	0.62
8026	ARTHSCPY-KNEE	17	2.2	1.58
6812	HYSTEROSCOPY	16	2.0	0.29
856	MASTOPEXY	16	2.0	0.03
2309	EXTRACT OTH TOOTH	11	1.4	0.20
8023	ARTHSCPY-WRIST	11	1.4	0.18
8183	OTH REPR SHLDR	11	1.4	0.81
8363	ROTATOR CUFF REPR	11	1.4	0.53
8532	BILAT REDUC MAMMO	10	1.3	0.15
4525	CLO [ENDO] BX LG INTESTINE	9	1.1	2.27

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		544	100.0	100.0
43239	UGI ENDO; W/BX 1/MX	29	5.3	5.28
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	26	4.8	1.34
42820	T&A; UNDER AGE 12	25	4.6	1.60
45378	COLONOSCOPY FLEX; DX-SEP PROC	22	4.0	6.06
41899	UNLIST PROC DENTOALVEOL STRUCTUR	21	3.9	1.39
69436	TYMPANOSTOMY GENERAL ANESTHESIA	20	3.7	2.51
58563	HYSTEROSC SURG; W/ENDOMETRIAL AB	17	3.1	0.31
58662	LAP SURG; W/FULG/EXCIS LES-OVARY	15	2.8	0.62
29848	ENDO WRST SURG REL TRNS CARP LIG	12	2.2	0.33
29826	SCOPE SHOULDER; DECOMP SUBACROM	11	2.0	0.88
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	11	2.0	3.55
29881	SCOPE KNEE SURG;W/MENISCECT MED/	10	1.8	1.52
66984	EXTRACAPSULAR CATARACT REMV IOL	10	1.8	1.67
45380	COLONOSCOPY FLEX; W/BX 1/MX	9	1.7	2.39
47562	LAPAROSCOPY SURGICAL; CHOLECT	9	1.7	0.84
58558	HYSTEROSCPY SURG; W/BX &/ POLYPE	9	1.7	0.40
49505	REPR INIT ING HERNIA 5YR/MORE; R	7	1.3	1.06
26055	TENDON SHEATH INCISION	6	1.1	0.40
29824	SCOPE SHLDR SURG;DIST CLAVICULEC	6	1.1	0.31
29877	SCOPE KNEE SURG; DEBRID/SHAVE CA	6	1.1	1.18

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

Reportable* excludes codes in the former "Other" category in previous reports.

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 AVERAGE TOTAL CHARGES FOR MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES, SINGLE ICD-9 OR CPT-4 ONLY

104 Bear River Valley Hospital

ICD-9 CODE	ICD-9 DESCRIPTION	#	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
ICD-9 Procedures		245	\$1,926	\$2,542
8554	BILAT BREAST IMPLNT	48	\$677	\$2,230
283	TONSILLECTOMY W/ADENOIDECTOMY	26	\$1,629	\$1,740
4523	COLONOSCOPY	18	\$1,422	\$849
5123	LAP CHOLEY	18	\$5,311	\$5,170
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	13	\$1,319	\$1,037
0443	RELEASE CARPAL TUNNEL	7	\$1,664	\$1,882
4513	OTH ENDO SM INTESTINE	6	\$1,374	\$917
4525	CLO [ENDO] BX LG INTESTINE	6	\$1,396	\$1,172
8532	BILAT REDUC MAMMO	6	\$4,500	\$5,736
4542	ENDO POLYPECTOMY LG INTESTINE	5	\$1,300	\$1,101
5304	UNILAT REPR INDIRECT ING HERN-GFT	4	\$3,449	\$3,100
6622	BIL ENDO LIG-DIVIS FALLOPIAN TUBES	3	\$3,049	\$3,493
6823	ENDOMETRIAL ABLATION	3	\$3,393	\$4,047
8201	EXPLOR TENDON SHEATH HAND	3	\$1,391	\$1,752
8221	EXC LES TENDON SHEATH HAND	3	\$1,397	\$1,892
8339	EXC LES OTH SOFT TISS	3	\$1,528	\$2,454
287	CNTRL HEMORR AFTER T&A	2	\$2,412	\$2,339
4543	ENDO DEST OTH LES/TISS LG INTEST	2	\$1,706	\$1,170
5305	UNILAT REPR ING HERN-GFT-NOS	2	\$2,820	\$3,477
5349	OTH UMB HERNIORRHAPHY	2	\$2,088	\$2,307

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
CPT-4 Procedures		255	\$2,046	\$2,284
42820	T&A; UNDER AGE 12	22	\$1,583	\$1,662
41899	UNLIST PROC DENTOALVEOL STRUCTUR	16	\$45	\$2,122
45378	COLONOSCOPY FLEX; DX-SEP PROC	16	\$1,465	\$818
69436	TYMPANOSTOMY GENERAL ANESTHESIA	16	\$1,115	\$1,016
43239	UGI ENDO; W/BX 1/MX	12	\$1,335	\$1,035
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	12	\$5,448	\$5,262
29848	ENDO WRST SURG REL TRNS CARP LIG	10	\$1,806	\$2,220
58563	HYSTEROSC SURG; W/ENDOMETRIAL AB	10	\$3,165	\$4,160
45380	COLONOSCOPY FLEX; W/BX 1/MX	8	\$1,473	\$1,174
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	7	\$1,343	\$1,059
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	6	\$1,374	\$822
49505	REPR INIT ING HERNIA 5YR/MORE; R	6	\$3,105	\$3,015
66984	EXTRACAPSULAR CATARACT REMV IOL	6	\$1,986	\$2,786
42821	T&A; AGE 12 OR OVER	4	\$1,878	\$2,003
47562	LAPAROSCOPY SURGICAL; CHOLECT	4	\$4,754	\$5,048
58670	LAPARSCPY SURGICAL; W/FULG OVIDU	4	\$3,009	\$2,832
19120	EXC BRST CYST TUMR/LES OPN M/F 1	3	\$2,194	\$2,212
26055	TENDON SHEATH INCISION	3	\$1,391	\$1,661
49320	LAP-ABD DX-W/WO SPECMN-SEP PROC	3	\$3,322	\$3,181
58353	ENDOMET ABLAT THERM W/O SCOPE GU	3	\$3,526	\$3,415

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

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

104 Bear River Valley Hospital

Procedure APG category	Procedure APG	TOTAL #	TOTAL # (ALL Hospitals)
01	INTEGUMENTARY SYSTEM	10	8,392
	006 SIMPLE DEBRIDEMENT AND DESTRUCTION	1	125
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	3	1,059
	008 SIMPLE EXCISION AND BIOPSY	2	893
	011 SIMPLE INCISION AND EXCISION OF BREAST	3	2,817
	012 BREAST RECONSTRUCTION AND MASTECTOMY	1	386
02	MUSCULOSKELETAL SYSTEM	170	48,493
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	32	6,083
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	1	1,938
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	9	1,829
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	19	10,165
	025 ARTHROSCOPY	69	20,364
	026 REPLACEMENT OF CAST	1	51
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	8	611
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	20	3,214
	032 BUNION PROCEDURES	9	1,475
	033 ARTHROPLASTY	2	486
06	DIGESTIVE SYSTEM	198	82,913
	112 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	1	1,137
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	1	832
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	35	17,918
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	8	4,477
	117 LOWER GASTROINTESTINAL ENDOSCOPY	44	33,312
	119 HERNIA AND HYDROCELE PROCEDURES	14	6,781
	120 COMPLEX ANAL AND RECTAL PROCEDURES	3	911
	123 COMPLEX LAPAROSCOPIC PROCEDURES	91	14,187
	124 SIMPLE LAPAROSCOPIC PROCEDURES	1	205
07	URINARY SYSTEM	2	7,406
	133 URINARY CATHETERIZATION AND DILATATION	1	331
	136 SIMPLE CYSTOURETHROSCOPY	1	623
08	MALE GENITAL SYSTEM	1	2,988
	154 SIMPLE PENILE PROCEDURES	1	901
09	FEMALE GENITAL SYSTEM	40	5,316
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	3	1,138
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	2	1,162
	178 DILATION AND CURETTAGE	5	831
	179 HYSTEROSCOPY	27	2,031
	180 COLPOSCOPY	3	153
10	NERVOUS SYSTEM	13	17,622
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	2	11,950
	198 NERVE REPAIR AND DESTRUCTION	11	4,478
11	EYE AND OCULAR ADNEXA	11	10,930
	214 CATARACT PROCEDURES	10	4,649
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	1	793
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	90	29,079
	233 NASAL CAUTERIZATION AND PACKING	1	218

AMB ST 1-4

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

104 Bear River Valley Hospital

procedure APG category	procedure APG	TOTAL #	TOTAL # (ALL Hospitals)
234	COMPLEX FACIAL AND ENT PROCEDURES	6	5,162
235	SIMPLE FACIAL AND ENT PROCEDURES	52	15,442
236	TONSIL AND ADENOID PROCEDURES	31	8,217

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

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 PROCEDURE APG CATEGORY, PROCEDURE APG, SINGLE APG ONLY
 BASED ON REPORTABLE* CPT-4 PROCEDURES

104 Bear River Valley Hospital

Procedure APG category	Procedure APG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
01	INTEGUMENTARY SYSTEM	7	\$1,958	\$2,329
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	2	\$1,872	\$2,689
	008 SIMPLE EXCISION AND BIOPSY	1	\$2,623	\$2,380
	011 SIMPLE INCISION AND EXCISION OF BREAST	3	\$2,194	\$2,426
	012 BREAST RECONSTRUCTION AND MASTECTOMY	1	\$755	\$4,376
02	MUSCULOSKELETAL SYSTEM	60	\$2,172	\$3,320
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	9	\$2,163	\$4,704
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	2	\$1,571	\$3,886
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	14	\$1,714	\$2,294
	025 ARTHROSCOPY	19	\$2,345	\$3,776
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	3	\$2,861	\$2,528
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	7	\$2,774	\$3,911
	032 BUNION PROCEDURES	6	\$1,859	\$3,144
06	DIGESTIVE SYSTEM	92	\$2,531	\$1,825
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	18	\$1,348	\$987
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	2	\$1,314	\$1,381
	117 LOWER GASTROINTESTINAL ENDOSCOPY	32	\$1,445	\$956
	119 HERNIA AND HYDROCELE PROCEDURES	11	\$2,952	\$2,876
	120 COMPLEX ANAL AND RECTAL PROCEDURES	2	\$3,138	\$2,344
	123 COMPLEX LAPAROSCOPIC PROCEDURES	27	\$4,481	\$4,923
09	FEMALE GENITAL SYSTEM	14	\$3,092	\$2,961
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	3	\$3,526	\$4,273
	178 DILATION AND CURETTAGE	1	\$1,067	\$1,817
	179 HYSTEROSCOPY	10	\$3,165	\$3,360
10	NERVOUS SYSTEM	5	\$1,515	\$1,454
	198 NERVE REPAIR AND DESTRUCTION	5	\$1,515	\$2,095
11	EYE AND OCULAR ADNEXA	7	\$1,803	\$2,574
	214 CATARACT PROCEDURES	6	\$1,986	\$2,790
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	1	\$708	\$3,198
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	68	\$1,156	\$1,992
	233 NASAL CAUTERIZATION AND PACKING	1	\$1,624	\$2,294
	234 COMPLEX FACIAL AND ENT PROCEDURES	4	\$2,255	\$3,775
	235 SIMPLE FACIAL AND ENT PROCEDURES	36	\$664	\$1,425
	236 TONSIL AND ADENOID PROCEDURES	27	\$1,631	\$1,795

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

Reportable* excludes codes in the former "Other" category in previous reports.

AMB ST 1-6

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

104 Bear River Valley Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
GENDER				
Female	296	66.5	107,216	54.5
Male	149	33.5	89,560	45.5
Unknown	0	0.0	2	0.0
Not Reported	0	0.0	0	0.0
AGE				
1-28 days	0	0.0	199	0.1
29-365 days	12	2.7	2,895	1.5
1-4 years	21	4.7	10,718	5.4
5-9	20	4.5	6,003	3.1
10-14	11	2.5	4,605	2.3
15-17	26	5.8	4,474	2.3
18-19	8	1.8	3,608	1.8
20-24	45	10.1	10,974	5.6
25-29	37	8.3	11,529	5.9
30-34	41	9.2	10,974	5.6
35-39	34	7.6	11,089	5.6
40-44	33	7.4	13,913	7.1
45-49	36	8.1	15,367	7.8
50-54	30	6.7	18,693	9.5
55-59	19	4.3	16,175	8.2
60-64	20	4.5	13,797	7.0
65-69	18	4.0	12,250	6.2
70-74	10	2.2	11,038	5.6
75-79	10	2.2	9,345	4.7
80-84	5	1.1	5,890	3.0
85-89	5	1.1	2,520	1.3
90 +	4	0.9	720	0.4
Not Reported	0	0.0	201	0.1
SOURCE OF ADMISSION				
Physician Referral	428	96.2	176,073	89.5
Clinic Referral	2	0.4	2,347	1.2
HMO Referral	0	0.0	119	0.1
Other Hospital	0	0.0	71	0.0
Skilled Nursing Facility	0	0.0	21	0.0
Other Health Care Facility	0	0.0	26	0.0
Emergency Room	15	3.4	3,467	1.8
Court/Law Enforcement	0	0.0	3	0.0
Unknown	0	0.0	3,359	1.7
Not Reported	0	0.0	11,292	5.7

(Continued)

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

104 Bear River Valley Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	444	99.8	196,083	99.6
Another Hospital	1	0.2	125	0.1
Skilled Nursing Facility	0	0.0	72	0.0
Intermediate Care Facility	0	0.0	9	0.0
Another Type of Institution	0	0.0	44	0.0
Under Care of Home Service	0	0.0	103	0.1
Left Against Medical Advice	0	0.0	17	0.0
Under Care of Home IV Provider	0	0.0	5	0.0
Expired	0	0.0	16	0.0
Unknown	0	0.0	304	0.2
Not Reported	0	0.0	0	0.0
PRIMARY PAYER				
Medicare	44	9.9	42,451	21.6
Medicaid	21	4.7	13,275	6.7
Other government	9	2.0	3,257	1.7
Blue Cross/Blue Shield	47	10.6	27,366	13.9
Other Commercial	27	6.1	17,254	8.8
Managed Care(HMO, PPO)	192	43.1	84,762	43.1
Self Pay	95	21.3	3,009	1.5
Industrial & Worker Comp	7	1.6	4,001	2.0
Charity and Unclassified	0	0.0	106	0.1
Childrens Health Insurance	1	0.2	258	0.1
Unknown	2	0.4	964	0.5
Not Reported	0	0.0	75	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	379	85.2	13,556	6.9
Central Utah	0	0.0	6,602	3.4
Davis County	7	1.6	21,257	10.8
Salt Lake County	5	1.1	68,961	35.0
Southeastern Utah	0	0.0	4,049	2.1
Southwest Utah	0	0.0	11,167	5.7
Summit County	1	0.2	2,258	1.1
Tooele County	0	0.0	3,742	1.9
Tri-County	0	0.0	5,041	2.6
Utah County	0	0.0	32,261	16.4
Wasatch County	1	0.2	1,500	0.8
Weber County	8	1.8	17,573	8.9
Unknown Utah	0	0.0	60	0.0
Outside Utah	44	9.9	8,682	4.4
Unknown, Not Reported	0	0.0	69	0.0

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

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

101 Beaver Valley Hospital

Reporting Category(ICD-9-CM CODES)	Procedures Performed		Procedures Performed-All Hospitals	
	(#)	(%)	(#)	(%)
Reporting Category(ICD-9-CM CODES)	282	100.0	288,895	100.0
Mastectomy (85.0-85.99)	6	2.1	6,818	2.4
Musculoskeletal (76.0-84.99)	7	2.5	60,015	20.8
Respiratory (30.0-34.99)	1	0.4	2,981	1.0
Cardiovascular (35.0-39.99)	24	8.5	15,622	5.4
Lymphatic/Hemetic (40.0-41.99)	0	0.0	2,260	0.8
Digestive System (42.0-54.99)	99	35.1	90,070	31.2
Urinary (55.0-59.99)	1	0.4	8,063	2.8
Male Genital (60.0-64.99)	1	0.4	3,587	1.2
Female Genital (65.0-71.99)	23	8.2	13,770	4.8
Endocrine/Nervous (01.0-07.99)	18	6.4	22,387	7.7
Eye (08.0-16.99)	1	0.4	19,254	6.7
Ear (18.0-20.99)	24	8.5	15,474	5.4
Nose, Mouth, Pharynx (21.0-29.99)	77	27.3	28,594	9.9
Reporting Category(CPT-4 CODES)	.	.	264,491	100.0
Mastectomy (19120-19220)	.	.	3,203	1.2
Musculoskeletal (20000-29909)	.	.	54,392	20.6
Respiratory (30000-32999 & 39501-39599)	.	.	12,829	4.9
Cardiovascular (33010-37799 & 93501-93660)	.	.	34,097	12.9
Lymphatic/Hemetic (38100-38999)	.	.	2,304	0.9
Digestive (40490-49999)	.	.	94,766	35.8
Urinary (50010-53899)	.	.	8,849	3.3
Male Genital (54000-55899)	.	.	3,229	1.2
Female Genital (56405-58999)	.	.	10,000	3.8
Endocrine/Nervous (60000-64999)	.	.	20,833	7.9
Eye (65091-68899)	.	.	11,183	4.2
Ear (69000-69979)	.	.	8,806	3.3

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics.

Reportable* excludes codes in the former "Other" category in previous reports.

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES

101 Beaver Valley Hospital

ICD-9 CODE	ICD-9 DESCRIPTION	#	%	% ALL Hospitals
All ICD-9 Procedures				
282	TONSILLECTOMY W/ADENOIDECTOMY	65	23.0	1.86
4523	COLONOSCOPY	39	13.8	6.06
2001	MYRINGOTOMY W/INSRT TUBE	24	8.5	4.36
3899	OTH PUNCT VEIN	23	8.2	0.06
0443	RELEASE CARPAL TUNNEL	16	5.7	1.23
4513	OTH ENDO SM INTESTINE	11	3.9	2.14
4525	CLO [ENDO] BX LG INTESTINE	11	3.9	2.27
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	8	2.8	5.16
5303	UNILAT REPR DIRECT ING HERN-GFT	8	2.8	0.39
282	TONSILLECTOMY WO ADENOIDECTOMY	5	1.8	0.67
4524	FLEX SIGMOIDOSCOPY	5	1.8	0.23
5341	REPR UMB HERN W/PROSTH	3	1.1	0.18
6621	BIL ENDO LIG-CRUSH FALLOPIAN TUBES	3	1.1	0.00
6902	D&C FOLLOWING DELIV/AB	3	1.1	0.24
6909	OTH D&C UTERUS	3	1.1	0.61
6952	ASPIR CURET FOLLOWING DELIV/AB	3	1.1	0.51
8512	OP BX BREAST	3	1.1	0.08
0392	INJ OTH AGENT SPINAL CANAL	2	0.7	2.43
2130	EXC/DESTRUC LES NOSE NOS	2	0.7	0.01
286	ADENOIDECTOMY WO TONSILLECTOMY	2	0.7	0.42

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures				

Does not report CPTs

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 AVERAGE TOTAL CHARGES FOR MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES, SINGLE ICD-9 OR CPT-4 ONLY

101 Beaver Valley Hospital

ICD-9 CODE	ICD-9 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
<hr/> ICD-9 Procedures				
283	TONSILLECTOMY W/ADENOIDECTOMY	64	\$1,669	\$1,740
4523	COLONOSCOPY	36	\$646	\$849
3899	OTH PUNCT VEIN	23	\$47	\$1,085
2001	MYRINGOTOMY W/INSRT TUBE	22	\$842	\$1,051
0443	RELEASE CARPAL TUNNEL	16	\$1,041	\$1,882
4513	OTH ENDO SM INTESTINE	9	\$708	\$917
4525	CLO [ENDO] BX LG INTESTINE	9	\$764	\$1,172
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	6	\$672	\$1,037
282	TONSILLECTOMY WO ADENOIDECTOMY	5	\$2,323	\$2,010
4524	FLEX SIGMOIDOSCOPY	5	\$660	\$508
5303	UNILAT REPR DIRECT ING HERN-GFT	4	\$2,355	\$3,243
5341	REPR UMB HERN W/PROSTH	3	\$1,827	\$3,433
6902	D&C FOLLOWING DELIV/AB	3	\$1,628	\$2,179
6909	OTH D&C UTERUS	3	\$1,509	\$2,052
6952	ASPIR CURET FOLLOWING DELIV/AB	3	\$1,447	\$1,938
8512	OP BX BREAST	3	\$2,215	\$2,313
0392	INJ OTH AGENT SPINAL CANAL	2	\$576	\$718
2130	EXC/DESTRUC LES NOSE NOS	2	\$121	\$1,540
4254	OTH INTRATHOR ESOPHAGOENTEROST	2	\$673	\$673
5361	INCIS HERN REPR W/PROSTH	2	\$1,927	\$4,770

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
<hr/> CPT-4 Procedures				

Does not report CPTs

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

AMB ST 1-6

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

101 Beaver Valley Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
GENDER				
Female	134	50.4	107,216	54.5
Male	132	49.6	89,560	45.5
Unknown	0	0.0	2	0.0
Not Reported	0	0.0	0	0.0
AGE				
1-28 days	0	0.0	199	0.1
29-365 days	10	3.8	2,895	1.5
1-4 years	26	9.8	10,718	5.4
5-9	33	12.4	6,003	3.1
10-14	13	4.9	4,605	2.3
15-17	7	2.6	4,474	2.3
18-19	6	2.3	3,608	1.8
20-24	13	4.9	10,974	5.6
25-29	15	5.6	11,529	5.9
30-34	10	3.8	10,974	5.6
35-39	11	4.1	11,089	5.6
40-44	5	1.9	13,913	7.1
45-49	17	6.4	15,367	7.8
50-54	15	5.6	18,693	9.5
55-59	14	5.3	16,175	8.2
60-64	15	5.6	13,797	7.0
65-69	24	9.0	12,250	6.2
70-74	16	6.0	11,038	5.6
75-79	9	3.4	9,345	4.7
80-84	6	2.3	5,890	3.0
85-89	1	0.4	2,520	1.3
90 +	0	0.0	720	0.4
Not Reported	0	0.0	201	0.1
SOURCE OF ADMISSION				
Physician Referral	264	99.2	176,073	89.5
Clinic Referral	0	0.0	2,347	1.2
HMO Referral	0	0.0	119	0.1
Other Hospital	0	0.0	71	0.0
Skilled Nursing Facility	0	0.0	21	0.0
Other Health Care Facility	0	0.0	26	0.0
Emergency Room	1	0.4	3,467	1.8
Court/Law Enforcement	0	0.0	3	0.0
Unknown	0	0.0	3,359	1.7
Not Reported	1	0.4	11,292	5.7

(Continued)

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

101 Beaver Valley Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	264	99.2	196,083	99.6
Another Hospital	0	0.0	125	0.1
Skilled Nursing Facility	0	0.0	72	0.0
Intermediate Care Facility	1	0.4	9	0.0
Another Type of Institution	0	0.0	44	0.0
Under Care of Home Service	0	0.0	103	0.1
Left Against Medical Advice	0	0.0	17	0.0
Under Care of Home IV Provider	0	0.0	5	0.0
Expired	0	0.0	16	0.0
Unknown	1	0.4	304	0.2
Not Reported	0	0.0	0	0.0
PRIMARY PAYER				
Medicare	59	22.2	42,451	21.6
Medicaid	46	17.3	13,275	6.7
Other government	8	3.0	3,257	1.7
Blue Cross/Blue Shield	25	9.4	27,366	13.9
Other Commercial	37	13.9	17,254	8.8
Managed Care(HMO, PPO)	85	32.0	84,762	43.1
Self Pay	3	1.1	3,009	1.5
Industrial & Worker Comp	2	0.8	4,001	2.0
Charity and Unclassified	0	0.0	106	0.1
Childrens Health Insurance	0	0.0	258	0.1
Unknown	0	0.0	964	0.5
Not Reported	1	0.4	75	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	1	0.4	13,556	6.9
Central Utah	3	1.1	6,602	3.4
Davis County	1	0.4	21,257	10.8
Salt Lake County	2	0.8	68,961	35.0
Southeastern Utah	2	0.8	4,049	2.1
Southwest Utah	246	92.5	11,167	5.7
Summit County	0	0.0	2,258	1.1
Tooele County	0	0.0	3,742	1.9
Tri-County	0	0.0	5,041	2.6
Utah County	0	0.0	32,261	16.4
Wasatch County	0	0.0	1,500	0.8
Weber County	0	0.0	17,573	8.9
Unknown Utah	0	0.0	60	0.0
Outside Utah	7	2.6	8,682	4.4
Unknown, Not Reported	4	1.5	69	0.0

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

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

103 Brigham City Community Hospital

Reporting Category (ICD-9-CM CODES)	Procedures Performed		Procedures Performed-All Hospitals	
	(#)	(%)	(#)	(%)
Reporting Category(ICD-9-CM CODES)	3,490	100.0	288,895	100.0
Mastectomy (85.0-85.99)	75	2.1	6,818	2.4
Musculoskeletal (76.0-84.99)	788	22.6	60,015	20.8
Respiratory (30.0-34.99)	4	0.1	2,981	1.0
Cardiovascular (35.0-39.99)	5	0.1	15,622	5.4
Lymphatic/Hemetic (40.0-41.99)	19	0.5	2,260	0.8
Digestive System (42.0-54.99)	1,139	32.6	90,070	31.2
Urinary (55.0-59.99)	4	0.1	8,063	2.8
Male Genital (60.0-64.99)	16	0.5	3,587	1.2
Female Genital (65.0-71.99)	396	11.3	13,770	4.8
Endocrine/Nervous (01.0-07.99)	275	7.9	22,387	7.7
Eye (08.0-16.99)	471	13.5	19,254	6.7
Ear (18.0-20.99)	188	5.4	15,474	5.4
Nose, Mouth, Pharynx (21.0-29.99)	110	3.2	28,594	9.9
Reporting Category(CPT-4 CODES)	2,583	100.0	264,491	100.0
Mastectomy (19120-19220)	51	2.0	3,203	1.2
Musculoskeletal (20000-29909)	561	21.7	54,392	20.6
Respiratory (30000-32999 & 39501-39599)	20	0.8	12,829	4.9
Cardiovascular (33010-37799 & 93501-93660)	29	1.1	34,097	12.9
Lymphatic/Hemetic (38100-38999)	18	0.7	2,304	0.9
Digestive (40490-49999)	1,096	42.4	94,766	35.8
Urinary (50010-53899)	7	0.3	8,849	3.3
Male Genital (54000-55899)	16	0.6	3,229	1.2
Female Genital (56405-58999)	265	10.3	10,000	3.8
Endocrine/Nervous (60000-64999)	165	6.4	20,833	7.9
Eye (65091-68899)	255	9.9	11,183	4.2
Ear (69000-69979)	100	3.9	8,806	3.3

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics.

Reportable* excludes codes in the former "Other" category in previous reports.

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES

103 Brigham City Community Hospital

ICD-9 CODE	ICD-9 DESCRIPTION	#	%	% ALL Hospitals
All ICD-9 Procedures		3,490	100.0	100.0
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	209	6.0	5.16
1371	IOL PROSTH-CATARACT EXTRACT-1-STAGE	200	5.7	1.60
1341	PHACOEMULSIFICATION-ASPIR CATARACT	199	5.7	1.57
4523	COLONOSCOPY	178	5.1	6.06
2001	MYRINGOTOMY W/INSRT TUBE	153	4.4	4.36
0392	INJ OTH AGENT SPINAL CANAL	134	3.8	2.43
4542	ENDO POLYPECTOMY LG INTESTINE	114	3.3	3.38
4525	CLO [ENDO] BX LG INTESTINE	92	2.6	2.27
5123	LAP CHOLEY	91	2.6	2.06
8026	ARTHSCPY-KNEE	75	2.1	1.58
0391	INJ ANES SPINAL CANAL-ANALGESIA	73	2.1	1.75
283	TONSILLECTOMY W/ADENOIDECTOMY	69	2.0	1.86
6823	ENDOMETRIAL ABLATION	69	2.0	0.40
8183	OTH REPR SHLDR	69	2.0	0.81
4292	DILAT ESOPH	67	1.9	1.33
6812	HYSTEROSCOPY	66	1.9	0.29
8021	ARTHSCPY-SHLDR	63	1.8	0.62
806	EXC SEMILUNAR CARTILAGE-KNEE	59	1.7	1.79
4513	OTH ENDO SM INTESTINE	51	1.5	2.14
0443	RELEASE CARPAL TUNNEL	47	1.3	1.23

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		2,583	100.0	100.0
43239	UGI ENDO; W/BX 1/MX	209	8.1	5.28
66984	EXTRACAPSULAR CATARACT REMV IOL	199	7.7	1.67
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	135	5.2	1.44
45378	COLONOSCOPY FLEX; DX-SEP PROC	131	5.1	6.06
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	124	4.8	3.55
45380	COLONOSCOPY FLEX; W/BX 1/MX	101	3.9	2.39
69436	TYMPANOSTOMY GENERAL ANESTHESIA	85	3.3	2.51
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	75	2.9	1.34
58558	HYSTEROSCPY SURG; W/BX &/ POLYPE	69	2.7	0.40
58563	HYSTEROSC SURG; W/ENDOMETRIAL AB	68	2.6	0.31
42820	T&A; UNDER AGE 12	60	2.3	1.60
29826	SCOPE SHOULDER; DECOMP SUBACROM	53	2.1	0.88
43248	UGI ENDO; W/INSRT GUIDE WIRE	53	2.1	0.18
49505	REPR INIT ING HERNIA 5YR/MORE; R	51	2.0	1.06
29881	SCOPE KNEE SURG;W/MENISCECT MED/	48	1.9	1.52
58662	LAP SURG; W/FULG/EXCIS LES-OVARY	44	1.7	0.62
23120	CLAVICULECTOMY; PARTIAL	39	1.5	0.23
29848	ENDO WRST SURG REL TRNS CARP LIG	32	1.2	0.33
19120	EXC BRST CYST TUMR/LES OPN M/F 1	24	0.9	0.74
43235	UGI ENDO; DX W/VO CLCT SPECMN-SP	24	0.9	1.45

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

Reportable* excludes codes in the former "Other" category in previous reports.

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 AVERAGE TOTAL CHARGES FOR MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES, SINGLE ICD-9 OR CPT-4 ONLY

103 Brigham City Community Hospital

ICD-9 CODE	ICD-9 DESCRIPTION	#	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
ICD-9 Procedures		1,115	\$2,454	\$2,542
4523	COLONOSCOPY	166	\$1,706	\$849
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	135	\$1,482	\$1,037
4542	ENDO POLYPECTOMY LG INTESTINE	79	\$1,873	\$1,101
5123	LAP CHOLEY	72	\$6,349	\$5,170
283	TONSILLECTOMY W/ADENOIDECTOMY	65	\$1,946	\$1,740
0392	INJ OTH AGENT SPINAL CANAL	61	\$183	\$718
4525	CLO [ENDO] BX LG INTESTINE	48	\$1,875	\$1,172
4513	OTH ENDO SM INTESTINE	24	\$1,417	\$917
8521	LOC EXC LES BREAST	20	\$2,517	\$2,242
6952	ASPIR CURET FOLLOWING DELIV/AB	17	\$1,796	\$1,938
8221	EXC LES TENDON SHEATH HAND	15	\$2,205	\$1,892
5349	OTH UMB HERNIORRHAPHY	14	\$2,894	\$2,307
5305	UNILAT REPR ING HERN-GFT-NOS	13	\$4,263	\$3,477
282	TONSILLECTOMY WO ADENOIDECTOMY	12	\$2,160	\$2,010
4836	[ENDO] POLYPECTOMY RECTUM	12	\$1,614	\$1,012
6909	OTH D&C UTERUS	12	\$1,687	\$2,052
8399	OTH OPER MUSC-TENDON-FASCIA-BURSA	12	\$2,341	\$2,341
4701	LAP APPENDECTOMY	11	\$5,826	\$6,389
8363	ROTATOR CUFF REPR	11	\$5,378	\$6,202
0943	PROBE NASOLACRML DUCT	9	\$1,690	\$1,041

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
CPT-4 Procedures		1,572	\$2,478	\$2,284
66984	EXTRACAPSULAR CATARACT REMV IOL	190	\$2,805	\$2,786
43239	UGI ENDO; W/BX 1/MX	135	\$1,480	\$1,035
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	132	\$181	\$767
45378	COLONOSCOPY FLEX; DX-SEP PROC	119	\$1,686	\$818
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	96	\$1,859	\$1,059
45380	COLONOSCOPY FLEX; W/BX 1/MX	71	\$1,944	\$1,174
69436	TYMPANOSTOMY GENERAL ANESTHESIA	71	\$1,625	\$1,016
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	59	\$6,396	\$5,262
42820	T&A; UNDER AGE 12	55	\$1,907	\$1,662
49505	REPR INIT ING HERNIA 5YR/MORE; R	33	\$4,294	\$3,015
29881	SCOPE KNEE SURG;W/MENISCECT MED/	30	\$3,640	\$3,303
29826	SCOPE SHOULDER; DECOMP SUBACROM	22	\$4,673	\$4,555
29848	ENDO WRST SURG REL TRNS CARP LIG	22	\$2,666	\$2,220
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	20	\$1,360	\$822
19120	EXC BRST CYST TUMR/LES OPN M/F 1	19	\$2,505	\$2,212
19125	EXC BRST LES ID RAD MARKR OPN;1	16	\$2,824	\$2,955
47562	LAPAROSCOPY SURGICAL; CHOLECT	13	\$6,138	\$5,048
58120	DILATION & CURET DX &/ THERAPEUT	13	\$1,671	\$1,817
24999	UNLISTED PROCEDURE HUMERUS OR EL	12	\$2,341	\$3,018
44970	LAPAROSCOPY SURGICAL APPENDECTOM	12	\$5,865	\$6,356

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

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

103 Brigham City Community Hospital

Procedure APG category		TOTAL #	TOTAL # (ALL Hospitals)
Procedure APG			
01	INTEGUMENTARY SYSTEM	72	8,392
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	7	2,819
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	11	1,059
	008 SIMPLE EXCISION AND BIOPSY	3	893
	011 SIMPLE INCISION AND EXCISION OF BREAST	45	2,817
	012 BREAST RECONSTRUCTION AND MASTECTOMY	6	386
02	MUSCULOSKELETAL SYSTEM	538	48,493
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	112	6,083
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	19	1,938
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	10	1,829
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	96	10,165
	025 ARTHROSCOPY	187	20,364
	027 SPLINT, STRAPPING AND CAST REMOVAL	1	98
	028 CLOSED TREATMENT FX & DISLOCATION OF FINGER, TOE & TRUNK	3	49
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	25	611
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	48	3,214
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	8	397
	032 BUNION PROCEDURES	18	1,475
	033 ARTHROPLASTY	1	486
	034 HAND AND FOOT TENOTOMY	1	234
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	9	1,499
03	RESPIRATORY SYSTEM	5	6,895
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	2	706
	054 SIMPLE ENDOSCOPY OF THE UPPER AIRWAY	1	334
	055 ENDOSCOPY OF THE LOWER AIRWAY	2	1,362
04	CARDIOVASCULAR SYSTEM	13	25,643
	075 PLACEMENT OF TRANSVENOUS CATHETERS	1	750
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	1	714
	080 MINOR VASCULAR REPAIR AND FISTULA CONSTRUCTION	10	1,407
	083 RESUSCITATION AND CARDIOVERSION	1	12
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	16	2,342
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	6	1,515
	097 TRANSFUSION	10	792
06	DIGESTIVE SYSTEM	1,092	82,913
	112 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	4	1,137
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	8	832
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	3	336
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	233	17,918
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	86	4,477
	117 LOWER GASTROINTESTINAL ENDOSCOPY	364	33,312
	119 HERNIA AND HYDROCELE PROCEDURES	121	6,781
	120 COMPLEX ANAL AND RECTAL PROCEDURES	12	911
	121 SIMPLE ANAL AND RECTAL PROCEDURES	10	544
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	6	516
	123 COMPLEX LAPAROSCOPIC PROCEDURES	244	14,187
	124 SIMPLE LAPAROSCOPIC PROCEDURES	1	205

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

103 Brigham City Community Hospital

procedure APG category	procedure APG	TOTAL #	TOTAL # (ALL Hospitals)
07	URINARY SYSTEM	7	7,406
	131 RENAL EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	2	727
	133 URINARY CATHETERIZATION AND DILATATION	1	331
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	2	3,121
	136 SIMPLE CYSTOURETHROSCOPY	1	623
	138 SIMPLE URETHRAL PROCEDURES	1	106
08	MALE GENITAL SYSTEM	8	2,988
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	7	1,293
	154 SIMPLE PENILE PROCEDURES	1	901
09	FEMALE GENITAL SYSTEM	176	5,316
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	1	1,138
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	16	1,162
	178 DILATION AND CURETTAGE	18	831
	179 HYSTEROSCOPY	139	2,031
	180 COLPOSCOPY	2	153
10	NERVOUS SYSTEM	165	17,622
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	139	11,950
	198 NERVE REPAIR AND DESTRUCTION	25	4,478
	199 SPINAL TAP	1	568
11	EYE AND OCULAR ADNEXA	254	10,930
	214 CATARACT PROCEDURES	203	4,649
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	11	475
	216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	4	351
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	11	185
	220 STRABISMUS AND MUSCLE EYE PROCEDURES	9	794
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	13	793
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	3	477
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	203	29,079
	234 COMPLEX FACIAL AND ENT PROCEDURES	9	5,162
	235 SIMPLE FACIAL AND ENT PROCEDURES	109	15,442
	236 TONSIL AND ADENOID PROCEDURES	85	8,217
13	THERAPUTIC AND OTHER RADIOLOGICAL PROCEDURES	1	3,748
	255 MISCELLANEOUS RADIOLOGICAL PROCEDURES WITH CONTRAST	1	1,787

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, 2003
 PROCEDURE APG CATEGORY, PROCEDURE APG, SINGLE APG ONLY
 BASED ON REPORTABLE* CPT-4 PROCEDURES

103 Brigham City Community Hospital

Procedure APG category	Procedure APG	TOTAL #	AVE TOT CHR	AVE TOT CHRG(ALL Hospitals)
01	INTEGUMENTARY SYSTEM	55	\$2,356	\$2,329
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	7	\$333	\$1,821
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	9	\$2,215	\$2,689
	008 SIMPLE EXCISION AND BIOPSY	2	\$4,035	\$2,380
	011 SIMPLE INCISION AND EXCISION OF BREAST	35	\$2,651	\$2,426
	012 BREAST RECONSTRUCTION AND MASTECTOMY	2	\$3,231	\$4,376
02	MUSCULOSKELETAL SYSTEM	258	\$3,299	\$3,320
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	37	\$4,507	\$4,704
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	8	\$2,509	\$3,131
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	7	\$2,348	\$3,886
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	46	\$2,365	\$2,294
	025 ARTHROSCOPY	93	\$3,651	\$3,776
	027 SPLINT, STRAPPING AND CAST REMOVAL	1	\$400	\$524
	028 CLOSED TREATMENT FX & DISLOCATION OF FINGER, TOE & TRUNK	1	\$685	\$1,922
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	15	\$2,146	\$2,528
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	35	\$3,597	\$3,911
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	3	\$1,617	\$2,240
	032 BUNION PROCEDURES	9	\$3,556	\$3,144
	033 ARTHROPLASTY	1	\$3,299	\$4,649
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	2	\$153	\$679
03	RESPIRATORY SYSTEM	4	\$670	\$1,669
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	2	\$280	\$957
	055 ENDOSCOPY OF THE LOWER AIRWAY	2	\$1,061	\$1,724
04	CARDIOVASCULAR SYSTEM	10	\$4,159	\$4,966
	075 PLACEMENT OF TRANSVENOUS CATHETERS	1	\$494	\$2,141
	080 MINOR VASCULAR REPAIR AND FISTULA CONSTRUCTION	9	\$4,567	\$3,673
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	6	\$2,706	\$3,010
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	4	\$3,303	\$3,705
	097 TRANSFUSION	2	\$1,512	\$2,084
06	DIGESTIVE SYSTEM	659	\$2,647	\$1,825
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	2	\$2,396	\$729
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	3	\$2,284	\$862
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	155	\$1,465	\$987
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	19	\$1,709	\$1,381
	117 LOWER GASTROINTESTINAL ENDOSCOPY	292	\$1,818	\$956
	119 HERNIA AND HYDROCELE PROCEDURES	58	\$3,878	\$2,876
	120 COMPLEX ANAL AND RECTAL PROCEDURES	8	\$2,929	\$2,344
	121 SIMPLE ANAL AND RECTAL PROCEDURES	4	\$2,633	\$1,854
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	1	\$2,001	\$2,435
	123 COMPLEX LAPAROSCOPIC PROCEDURES	117	\$5,822	\$4,923
07	URINARY SYSTEM	4	\$4,004	\$3,713
	131 RENAL EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	1	\$9,101	\$6,705
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	1	\$3,901	\$3,653
	136 SIMPLE CYSTOURETHROSCOPY	1	\$1,449	\$1,768
	138 SIMPLE URETHRAL PROCEDURES	1	\$1,564	\$1,570

AMB ST 1-5
 UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 PROCEDURE APG CATEGORY, PROCEDURE APG, SINGLE APG ONLY
 BASED ON REPORTABLE* CPT-4 PROCEDURES

103 Brigham City Community Hospital

procedure APG category Procedure APG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
08 MALE GENITAL SYSTEM	4	\$2,279	\$2,549
151 TESTICULAR AND EPIDIDYMAL PROCEDURES	3	\$2,136	\$2,171
154 SIMPLE PENILE PROCEDURES	1	\$2,709	\$1,466
09 FEMALE GENITAL SYSTEM	28	\$2,023	\$2,961
177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	12	\$2,049	\$2,362
178 DILATION AND CURETTAGE	13	\$1,671	\$1,817
179 HYSTEROSCOPY	3	\$3,439	\$3,360
10 NERVOUS SYSTEM	143	\$323	\$1,454
195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	134	\$182	\$836
198 NERVE REPAIR AND DESTRUCTION	8	\$2,387	\$2,095
199 SPINAL TAP	1	\$2,609	\$1,172
11 EYE AND OCULAR ADNEXA	222	\$2,811	\$2,574
214 CATARACT PROCEDURES	192	\$2,809	\$2,790
215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	10	\$2,245	\$2,228
216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	2	\$3,275	\$1,881
217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	3	\$3,222	\$2,320
220 STRABISMUS AND MUSCLE EYE PROCEDURES	7	\$3,303	\$1,783
221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	8	\$2,865	\$3,198
12 FACIAL, EAR, NOSE, MOUTH AND THROAT	160	\$1,788	\$1,992
234 COMPLEX FACIAL AND ENT PROCEDURES	1	\$1,603	\$3,775
235 SIMPLE FACIAL AND ENT PROCEDURES	81	\$1,604	\$1,425
236 TONSIL AND ADENOID PROCEDURES	78	\$1,981	\$1,795

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

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

103 Brigham City Community Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
GENDER				
Female	1,185	56.1	107,216	54.5
Male	927	43.9	89,560	45.5
Unknown	0	0.0	2	0.0
Not Reported	0	0.0	0	0.0
AGE				
1-28 days	0	0.0	199	0.1
29-365 days	40	1.9	2,895	1.5
1-4 years	91	4.3	10,718	5.4
5-9	49	2.3	6,003	3.1
10-14	39	1.8	4,605	2.3
15-17	47	2.2	4,474	2.3
18-19	32	1.5	3,608	1.8
20-24	104	4.9	10,974	5.6
25-29	119	5.6	11,529	5.9
30-34	103	4.9	10,974	5.6
35-39	105	5.0	11,089	5.6
40-44	151	7.1	13,913	7.1
45-49	169	8.0	15,367	7.8
50-54	162	7.7	18,693	9.5
55-59	122	5.8	16,175	8.2
60-64	124	5.9	13,797	7.0
65-69	160	7.6	12,250	6.2
70-74	179	8.5	11,038	5.6
75-79	131	6.2	9,345	4.7
80-84	123	5.8	5,890	3.0
85-89	46	2.2	2,520	1.3
90 +	16	0.8	720	0.4
Not Reported	0	0.0	201	0.1
SOURCE OF ADMISSION				
Physician Referral	2,013	95.3	176,073	89.5
Clinic Referral	2	0.1	2,347	1.2
HMO Referral	0	0.0	119	0.1
Other Hospital	0	0.0	71	0.0
Skilled Nursing Facility	0	0.0	21	0.0
Other Health Care Facility	0	0.0	26	0.0
Emergency Room	79	3.7	3,467	1.8
Court/Law Enforcement	0	0.0	3	0.0
Unknown	0	0.0	3,359	1.7
Not Reported	18	0.9	11,292	5.7

(Continued)

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

103 Brigham City Community Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	2,108	99.8	196,083	99.6
Another Hospital	3	0.1	125	0.1
Skilled Nursing Facility	0	0.0	72	0.0
Intermediate Care Facility	0	0.0	9	0.0
Another Type of Institution	0	0.0	44	0.0
Under Care of Home Service	0	0.0	103	0.1
Left Against Medical Advice	0	0.0	17	0.0
Under Care of Home IV Provider	0	0.0	5	0.0
Expired	1	0.0	16	0.0
Unknown	0	0.0	304	0.2
Not Reported	0	0.0	0	0.0
PRIMARY PAYER				
Medicare	661	31.3	42,451	21.6
Medicaid	138	6.5	13,275	6.7
Other government	7	0.3	3,257	1.7
Blue Cross/Blue Shield	331	15.7	27,366	13.9
Other Commercial	128	6.1	17,254	8.8
Managed Care(HMO, PPO)	765	36.2	84,762	43.1
Self Pay	32	1.5	3,009	1.5
Industrial & Worker Comp	49	2.3	4,001	2.0
Charity and Unclassified	1	0.0	106	0.1
Childrens Health Insurance	0	0.0	258	0.1
Unknown	0	0.0	964	0.5
Not Reported	0	0.0	75	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	1,930	91.4	13,556	6.9
Central Utah	3	0.1	6,602	3.4
Davis County	14	0.7	21,257	10.8
Salt Lake County	7	0.3	68,961	35.0
Southeastern Utah	0	0.0	4,049	2.1
Southwest Utah	3	0.1	11,167	5.7
Summit County	1	0.0	2,258	1.1
Tooele County	0	0.0	3,742	1.9
Tri-County	1	0.0	5,041	2.6
Utah County	3	0.1	32,261	16.4
Wasatch County	0	0.0	1,500	0.8
Weber County	99	4.7	17,573	8.9
Unknown Utah	0	0.0	60	0.0
Outside Utah	51	2.4	8,682	4.4
Unknown, Not Reported	0	0.0	69	0.0

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

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

145 Cache Valley Specialty Hospital

Reporting Category(ICD-9-CM CODES)	Procedures Performed		Procedures Performed-All Hospitals	
	(#)	(%)	(#)	(%)
Reporting Category(ICD-9-CM CODES)	7,002	100.0	288,895	100.0
Mastectomy (85.0-85.99)	79	1.1	6,818	2.4
Musculoskeletal (76.0-84.99)	2,911	41.6	60,015	20.8
Respiratory (30.0-34.99)	19	0.3	2,981	1.0
Cardiovascular (35.0-39.99)	47	0.7	15,622	5.4
Lymphatic/Hemetic (40.0-41.99)	21	0.3	2,260	0.8
Digestive System (42.0-54.99)	251	3.6	90,070	31.2
Urinary (55.0-59.99)	131	1.9	8,063	2.8
Male Genital (60.0-64.99)	58	0.8	3,587	1.2
Female Genital (65.0-71.99)	331	4.7	13,770	4.8
Endocrine/Nervous (01.0-07.99)	283	4.0	22,387	7.7
Eye (08.0-16.99)	78	1.1	19,254	6.7
Ear (18.0-20.99)	853	12.2	15,474	5.4
Nose, Mouth, Pharynx (21.0-29.99)	1,940	27.7	28,594	9.9
Reporting Category(CPT-4 CODES)	5,409	100.0	264,491	100.0
Mastectomy (19120-19220)	69	1.3	3,203	1.2
Musculoskeletal (20000-29909)	2,165	40.0	54,392	20.6
Respiratory (30000-32999 & 39501-39599)	1,067	19.7	12,829	4.9
Cardiovascular (33010-37799 & 93501-93660)	68	1.3	34,097	12.9
Lymphatic/Hemetic (38100-38999)	19	0.4	2,304	0.9
Digestive (40490-49999)	901	16.7	94,766	35.8
Urinary (50010-53899)	159	2.9	8,849	3.3
Male Genital (54000-55899)	51	0.9	3,229	1.2
Female Genital (56405-58999)	165	3.1	10,000	3.8
Endocrine/Nervous (60000-64999)	193	3.6	20,833	7.9
Eye (65091-68899)	49	0.9	11,183	4.2
Ear (69000-69979)	503	9.3	8,806	3.3

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics.

Reportable* excludes codes in the former "Other" category in previous reports.

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES

145 Cache Valley Specialty Hospital

ICD-9 CODE	ICD-9 DESCRIPTION	#	%	% ALL Hospitals
All ICD-9 Procedures		7,002	100.0	100.0
2001	MYRINGOTOMY W/INSRT TUBE	714	10.2	4.36
8026	ARTHSCPY-KNEE	474	6.8	1.58
283	TONSILLECTOMY W/ADENOIDECTOMY	280	4.0	1.86
806	EXC SEMILUNAR CARTILAGE-KNEE	272	3.9	1.79
0443	RELEASE CARPAL TUNNEL	220	3.1	1.23
2219	OTH DX PROC NASAL SINUSES	186	2.7	0.22
2263	ETHMOIDECTOMY	180	2.6	0.54
2169	OTH TURBINECTOMY	179	2.6	0.75
8086	OTH LOC EXC/DESTRUC JT LES-KNEE	173	2.5	1.30
215	SUBMUCOUS RESECT NASAL SEPTUM	153	2.2	0.20
222	INTRANASAL ANTROTOMY	152	2.2	0.35
8021	ARTHSCPY-SHLDR	145	2.1	0.62
286	ADENOIDECTOMY WO TONSILLECTOMY	121	1.7	0.42
282	TONSILLECTOMY WO ADENOIDECTOMY	118	1.7	0.67
8183	OTH REPR SHLDR	115	1.6	0.81
2349	OTH DENTAL RESTORATION	113	1.6	0.11
8023	ARTHSCPY-WRIST	110	1.6	0.18
8145	OTH REPR CRUCIATE LIGAMNT	101	1.4	0.55
8076	SYNOVECT-KNEE	85	1.2	0.39
2162	FX TURBINATES	81	1.2	0.21

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		5,409	100.0	100.0
69436	TYMPANOSTOMY GENERAL ANESTHESIA	376	7.0	2.51
42820	T&A; UNDER AGE 12	245	4.5	1.60
29881	SCOPE KNEE SURG;W/MENISCECT MED/	199	3.7	1.52
30140	SUBMUCOS RES TURBINATE PART/CMPL	175	3.2	0.69
30520	SEPTOPLASTY/SUBMUCOS RES W/GFT	175	3.2	0.81
31256	NASL/SINUS ENDO SURG W/MAX ANTRO	144	2.7	0.29
41899	UNLIST PROC DENTOALVEOL STRUCTUR	125	2.3	1.39
42830	ADENOIDECTOMY PRIMARY; UNDER AGE	115	2.1	0.41
31255	NASAL/SINUS ENDO; W/TOT ETHMOECT	112	2.1	0.36
64721	NEUROPLASTY; MEDIAN @ CARPAL TUN	111	2.1	0.87
29826	SCOPE SHOULDER; DECOMP SUBACROM	106	2.0	0.88
20680	REMOVAL OF IMPLANT; DEEP	104	1.9	0.81
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	102	1.9	0.56
29888	ARTHSCPY AIDED ACL REPR/AUG/RECO	99	1.8	0.55
29848	ENDO WRST SURG REL TRNS CARP LIG	92	1.7	0.33
29877	SCOPE KNEE SURG; DEBRID/SHAVE CA	88	1.6	1.18
30930	FRACTURE NASL TURBINATE THERAPEU	84	1.6	0.24
28285	CORRECTION HAMMERTOES	76	1.4	0.59
29880	SCOPE KNEE SURG;W/MENISCECT MED&	71	1.3	0.42
50590	LITHOTRIPSY XTRACORP SHOCK WAVE	62	1.1	0.27

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

Reportable* excludes codes in the former "Other" category in previous reports.

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 AVERAGE TOTAL CHARGES FOR MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES, SINGLE ICD-9 OR CPT-4 ONLY

145 Cache Valley Specialty Hospital

ICD-9 CODE	ICD-9 DESCRIPTION	#	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
ICD-9 Procedures		1,358	\$2,600	\$2,542
283	TONSILLECTOMY W/ADENOIDECTOMY	178	\$1,297	\$1,740
2349	OTH DENTAL RESTORATION	101	\$2,453	\$2,379
282	TONSILLECTOMY WO ADENOIDECTOMY	74	\$1,647	\$2,010
8521	LOC EXC LES BREAST	49	\$1,858	\$2,242
0443	RELEASE CARPAL TUNNEL	46	\$1,320	\$1,882
5123	LAP CHOLEY	37	\$5,889	\$5,170
194	MYRINGOPLASTY	29	\$1,531	\$2,565
8221	EXC LES TENDON SHEATH HAND	28	\$1,366	\$1,892
7867	REMOV IMPLNT DEVICE-TIBIA & FIB	25	\$2,052	\$2,427
7932	OP REDUC FX W/INT FIX-RADIUS & ULNA	25	\$5,632	\$4,898
8051	EXC INTERVERTEBRAL DISC	25	\$3,871	\$5,993
5303	UNILAT REPR DIRECT ING HERN-GFT	22	\$2,602	\$3,243
5304	UNILAT REPR INDIRECT ING HERN-GFT	22	\$2,371	\$3,100
8201	EXPLOR TENDON SHEATH HAND	22	\$1,525	\$1,752
7869	REMOV IMPLNT DEVICE-OTH BONE	20	\$2,213	\$2,512
2171	CLO REDUC NASAL FX	19	\$1,307	\$1,757
6952	ASPIR CURET FOLLOWING DELIV/AB	14	\$1,432	\$1,938
7936	OP REDUC FX W/INT FIX-TIBIA & FIB	14	\$4,703	\$4,526
4011	BX LYMPHATIC STRUCT	12	\$2,259	\$2,755
4946	EXC HEMORRHOIDS	12	\$2,300	\$2,404

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
CPT-4 Procedures		2,227	\$2,551	\$2,284
69436	TYMPANOSTOMY GENERAL ANESTHESIA	185	\$975	\$1,016
42820	T&A; UNDER AGE 12	143	\$1,277	\$1,662
29881	SCOPE KNEE SURG;W/MENISCECT MED/	131	\$2,696	\$3,303
41899	UNLIST PROC DENTOALVEOL STRUCTUR	106	\$2,479	\$2,122
29848	ENDO WRST SURG REL TRNS CARP LIG	80	\$1,549	\$2,220
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	67	\$1,688	\$2,065
20680	REMOVAL OF IMPLANT; DEEP	63	\$1,909	\$2,378
29877	SCOPE KNEE SURG; DEBRID/SHAVE CA	60	\$2,672	\$3,093
50590	LITHOTRIPSY XTRACORP SHOCK WAVE	57	\$1,211	\$6,705
29880	SCOPE KNEE SURG;W/MENISCECT MED&	54	\$2,788	\$3,594
49505	REPR INIT ING HERNIA 5YR/MORE; R	47	\$2,579	\$3,015
58353	ENDOMET ABLAT THERM W/O SCOPE GU	46	\$2,566	\$3,415
64721	NEUROPLASTY; MEDIAN @ CARPAL TUN	45	\$1,385	\$1,823
27570	MANIP KNEE JNT UNDER GEN ANESTHE	42	\$1,753	\$2,260
19120	EXC BRST CYST TUMR/LES OPN M/F 1	40	\$1,709	\$2,212
47562	LAPAROSCOPY SURGICAL; CHOLECT	33	\$5,902	\$5,048
69610	TYMPANIC MEMB REPR W/NO SITE PRE	28	\$1,087	\$1,475
29888	ARTHSCPY AIDED ACL REPR/AUG/RECO	22	\$8,413	\$7,278
42821	T&A; AGE 12 OR OVER	22	\$1,418	\$2,003
66984	EXTRACAPSULAR CATARACT REMV IOL	21	\$3,248	\$2,786

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

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

145 Cache Valley Specialty Hospital

Procedure APG category		TOTAL #	TOTAL # (ALL Hospitals)
Procedure APG			
01	INTEGUMENTARY SYSTEM	124	8,392
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	1	2,819
	003 COMPLEX INCISION AND DRAINAGE	4	75
	006 SIMPLE DEBRIDEMENT AND DESTRUCTION	3	125
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	14	1,059
	008 SIMPLE EXCISION AND BIOPSY	24	893
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRANGE	9	184
	011 SIMPLE INCISION AND EXCISION OF BREAST	59	2,817
	012 BREAST RECONSTRUCTION AND MASTECTOMY	10	386
02	MUSCULOSKELETAL SYSTEM	2,016	48,493
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	262	6,083
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	66	1,938
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	65	1,829
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	397	10,165
	025 ARTHROSCOPY	972	20,364
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	9	611
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	130	3,214
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	47	397
	032 BUNION PROCEDURES	40	1,475
	033 ARTHROPLASTY	20	486
	034 HAND AND FOOT TENOTOMY	2	234
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	6	1,499
03	RESPIRATORY SYSTEM	481	6,895
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	472	4,493
	054 SIMPLE ENDOSCOPY OF THE UPPER AIRWAY	8	334
	055 ENDOSCOPY OF THE LOWER AIRWAY	1	1,362
04	CARDIOVASCULAR SYSTEM	68	25,643
	075 PLACEMENT OF TRANSVENOUS CATHETERS	2	750
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	2	714
	080 MINOR VASCULAR REPAIR AND FISTULA CONSTRUCTION	24	1,407
	081 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	20	273
	082 VASCULAR LIGATION	20	442
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	26	2,342
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	26	1,515
06	DIGESTIVE SYSTEM	238	82,913
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	1	4,477
	119 HERNIA AND HYDROCELE PROCEDURES	91	6,781
	120 COMPLEX ANAL AND RECTAL PROCEDURES	18	911
	121 SIMPLE ANAL AND RECTAL PROCEDURES	3	544
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	2	516
	123 COMPLEX LAPAROSCOPIC PROCEDURES	123	14,187
07	URINARY SYSTEM	158	7,406
	131 RENAL EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	62	727
	133 URINARY CATHETERIZATION AND DILATATION	3	331
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	48	3,121
	135 MODERATE CYSTOURETHROSCOPY	30	2,378

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

145 Cache Valley Specialty Hospital

procedure APG category	procedure APG	TOTAL #	TOTAL # (ALL Hospitals)
	136 SIMPLE CYSTOURETHROSCOPY	3	623
	137 COMPLEX URETHRAL PROCEDURES	4	117
	138 SIMPLE URETHRAL PROCEDURES	8	106
08	MALE GENITAL SYSTEM	48	2,988
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	30	1,293
	153 COMPLEX PENILE PROCEDURES	2	416
	154 SIMPLE PENILE PROCEDURES	16	901
09	FEMALE GENITAL SYSTEM	126	5,316
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	63	1,138
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	10	1,162
	178 DILATION AND CURETTAGE	2	831
	179 HYSTEROSCOPY	43	2,031
	180 COLPOSCOPY	8	153
10	NERVOUS SYSTEM	155	17,622
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	2	11,950
	197 NEUROSTIMULATOR AND VENTRICULAR SHUNT IMPLANTATION	7	461
	198 NERVE REPAIR AND DESTRUCTION	146	4,478
11	EYE AND OCULAR ADNEXA	49	10,930
	214 CATARACT PROCEDURES	23	4,649
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	14	475
	216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	4	351
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	2	185
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	2	793
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	3	477
	223 VITRECTOMY	1	1,677
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	1,797	29,079
	233 NASAL CAUTERIZATION AND PACKING	28	218
	234 COMPLEX FACIAL AND ENT PROCEDURES	312	5,162
	235 SIMPLE FACIAL AND ENT PROCEDURES	934	15,442
	236 TONSIL AND ADENOID PROCEDURES	523	8,217
13	THERAPUTIC AND OTHER RADIOLOGICAL PROCEDURES	1	3,748
	255 MISCELLANEOUS RADIOLOGICAL PROCEDURES WITH CONTRAST	1	1,787

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

Reportable* excludes codes in the former "Other" category in previous reports.

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 PROCEDURE APG CATEGORY, PROCEDURE APG, SINGLE APG ONLY
 BASED ON REPORTABLE* CPT-4 PROCEDURES

145 Cache Valley Specialty Hospital

Procedure APG category	Procedure APG	TOTAL #	AVE TOT CHR	AVE TOT CHRG(ALL Hospitals)
01	INTEGUMENTARY SYSTEM	91	\$2,081	\$2,329
	003 COMPLEX INCISION AND DRAINAGE	4	\$1,666	\$2,503
	006 SIMPLE DEBRIDEMENT AND DESTRUCTION	2	\$1,426	\$1,996
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	11	\$2,267	\$2,689
	008 SIMPLE EXCISION AND BIOPSY	12	\$1,477	\$2,380
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRAN	2	\$2,245	\$2,990
	011 SIMPLE INCISION AND EXCISION OF BREAST	50	\$1,896	\$2,426
	012 BREAST RECONSTRUCTION AND MASTECTOMY	10	\$3,792	\$4,376
02	MUSCULOSKELETAL SYSTEM	908	\$2,952	\$3,320
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	78	\$3,715	\$4,704
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	40	\$4,368	\$3,131
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	29	\$2,991	\$3,886
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	148	\$1,745	\$2,294
	025 ARTHROSCOPY	447	\$2,968	\$3,776
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	7	\$2,170	\$2,528
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	92	\$4,208	\$3,911
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	44	\$1,760	\$2,240
	032 BUNION PROCEDURES	16	\$2,489	\$3,144
	033 ARTHROPLASTY	7	\$3,468	\$4,649
03	RESPIRATORY SYSTEM	20	\$2,133	\$1,669
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	19	\$2,161	\$2,885
	054 SIMPLE ENDOSCOPY OF THE UPPER AIRWAY	1	\$1,605	\$994
04	CARDIOVASCULAR SYSTEM	29	\$3,088	\$4,966
	075 PLACEMENT OF TRANSVENOUS CATHETERS	2	\$2,794	\$2,141
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	2	\$2,095	\$2,283
	080 MINOR VASCULAR REPAIR AND FISTULA CONSTRUCTION	22	\$3,226	\$3,673
	081 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	1	\$4,112	\$3,307
	082 VASCULAR LIGATION	2	\$2,351	\$3,967
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	20	\$3,384	\$3,010
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	20	\$3,384	\$3,705
06	DIGESTIVE SYSTEM	174	\$3,543	\$1,825
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	1	\$2,886	\$1,381
	119 HERNIA AND HYDROCELE PROCEDURES	77	\$2,438	\$2,876
	120 COMPLEX ANAL AND RECTAL PROCEDURES	16	\$2,182	\$2,344
	121 SIMPLE ANAL AND RECTAL PROCEDURES	3	\$2,206	\$1,854
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	1	\$3,167	\$2,435
	123 COMPLEX LAPAROSCOPIC PROCEDURES	76	\$5,015	\$4,923
07	URINARY SYSTEM	109	\$1,972	\$3,713
	131 RENAL EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	57	\$1,211	\$6,705
	133 URINARY CATHETERIZATION AND DILATATION	3	\$3,661	\$2,727
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	19	\$3,862	\$3,653
	135 MODERATE CYSTOURETHROSCOPY	18	\$2,158	\$2,892
	136 SIMPLE CYSTOURETHROSCOPY	3	\$1,700	\$1,768
	137 COMPLEX URETHRAL PROCEDURES	4	\$2,513	\$3,621
	138 SIMPLE URETHRAL PROCEDURES	5	\$1,505	\$1,570

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 PROCEDURE APG CATEGORY, PROCEDURE APG, SINGLE APG ONLY
 BASED ON REPORTABLE* CPT-4 PROCEDURES

145 Cache Valley Specialty Hospital

procedure APG category		TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
Procedure APG				
08	MALE GENITAL SYSTEM	35	\$2,414	\$2,549
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	20	\$2,752	\$2,171
	153 COMPLEX PENILE PROCEDURES	2	\$2,473	\$2,856
	154 SIMPLE PENILE PROCEDURES	13	\$1,886	\$1,466
09	FEMALE GENITAL SYSTEM	84	\$2,463	\$2,961
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	53	\$2,796	\$4,273
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	4	\$1,592	\$2,362
	179 HYSTEROSCOPY	23	\$2,015	\$3,360
	180 COLPOSCOPY	4	\$1,516	\$2,234
10	NERVOUS SYSTEM	61	\$3,981	\$1,454
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	1	\$545	\$836
	197 NEUROSTIMULATOR AND VENTRICULAR SHUNT IMPLANTATION	7	\$22,344	\$19,201
	198 NERVE REPAIR AND DESTRUCTION	53	\$1,621	\$2,095
11	EYE AND OCULAR ADNEXA	38	\$2,474	\$2,574
	214 CATARACT PROCEDURES	22	\$3,221	\$2,790
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	9	\$1,069	\$2,228
	216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	4	\$1,692	\$1,881
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	2	\$1,737	\$2,320
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	1	\$3,305	\$3,198
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	629	\$1,598	\$1,992
	233 NASAL CAUTERIZATION AND PACKING	3	\$2,510	\$2,294
	234 COMPLEX FACIAL AND ENT PROCEDURES	39	\$3,630	\$3,775
	235 SIMPLE FACIAL AND ENT PROCEDURES	348	\$1,493	\$1,425
	236 TONSIL AND ADENOID PROCEDURES	239	\$1,408	\$1,795

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

Reportable* excludes codes in the former "Other" category in previous reports.

AMB ST 1-6

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

145 Cache Valley Specialty Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
GENDER				
Female	1,716	49.6	107,216	54.5
Male	1,746	50.4	89,560	45.5
Unknown	0	0.0	2	0.0
Not Reported	0	0.0	0	0.0
AGE				
1-28 days	0	0.0	199	0.1
29-365 days	100	2.9	2,895	1.5
1-4 years	430	12.4	10,718	5.4
5-9	239	6.9	6,003	3.1
10-14	133	3.8	4,605	2.3
15-17	154	4.4	4,474	2.3
18-19	105	3.0	3,608	1.8
20-24	295	8.5	10,974	5.6
25-29	210	6.1	11,529	5.9
30-34	198	5.7	10,974	5.6
35-39	177	5.1	11,089	5.6
40-44	246	7.1	13,913	7.1
45-49	273	7.9	15,367	7.8
50-54	214	6.2	18,693	9.5
55-59	170	4.9	16,175	8.2
60-64	152	4.4	13,797	7.0
65-69	145	4.2	12,250	6.2
70-74	93	2.7	11,038	5.6
75-79	70	2.0	9,345	4.7
80-84	38	1.1	5,890	3.0
85-89	14	0.4	2,520	1.3
90 +	5	0.1	720	0.4
Not Reported	1	0.0	201	0.1
SOURCE OF ADMISSION				
Physician Referral	15	0.4	176,073	89.5
Clinic Referral	3	0.1	2,347	1.2
HMO Referral	87	2.5	119	0.1
Other Hospital	0	0.0	71	0.0
Skilled Nursing Facility	0	0.0	21	0.0
Other Health Care Facility	0	0.0	26	0.0
Emergency Room	0	0.0	3,467	1.8
Court/Law Enforcement	0	0.0	3	0.0
Unknown	3,357	97.0	3,359	1.7
Not Reported	0	0.0	11,292	5.7

(Continued)

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

145 Cache Valley Specialty Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	3,462	100.0	196,083	99.6
Another Hospital	0	0.0	125	0.1
Skilled Nursing Facility	0	0.0	72	0.0
Intermediate Care Facility	0	0.0	9	0.0
Another Type of Institution	0	0.0	44	0.0
Under Care of Home Service	0	0.0	103	0.1
Left Against Medical Advice	0	0.0	17	0.0
Under Care of Home IV Provider	0	0.0	5	0.0
Expired	0	0.0	16	0.0
Unknown	0	0.0	304	0.2
Not Reported	0	0.0	0	0.0
PRIMARY PAYER				
Medicare	367	10.6	42,451	21.6
Medicaid	398	11.5	13,275	6.7
Other government	42	1.2	3,257	1.7
Blue Cross/Blue Shield	1,351	39.0	27,366	13.9
Other Commercial	363	10.5	17,254	8.8
Managed Care(HMO, PPO)	717	20.7	84,762	43.1
Self Pay	1	0.0	3,009	1.5
Industrial & Worker Comp	146	4.2	4,001	2.0
Charity and Unclassified	0	0.0	106	0.1
Childrens Health Insurance	2	0.1	258	0.1
Unknown	1	0.0	964	0.5
Not Reported	74	2.1	75	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	2,817	81.4	13,556	6.9
Central Utah	3	0.1	6,602	3.4
Davis County	24	0.7	21,257	10.8
Salt Lake County	27	0.8	68,961	35.0
Southeastern Utah	1	0.0	4,049	2.1
Southwest Utah	5	0.1	11,167	5.7
Summit County	1	0.0	2,258	1.1
Tooele County	1	0.0	3,742	1.9
Tri-County	5	0.1	5,041	2.6
Utah County	11	0.3	32,261	16.4
Wasatch County	0	0.0	1,500	0.8
Weber County	38	1.1	17,573	8.9
Unknown Utah	3	0.1	60	0.0
Outside Utah	526	15.2	8,682	4.4
Unknown, Not Reported	0	0.0	69	0.0

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

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

106 Castleview Hospital

Reporting Category(ICD-9-CM CODES)	Procedures Performed		Procedures Performed-All Hospitals	
	(#)	(%)	(#)	(%)
Reporting Category(ICD-9-CM CODES)	3,538	100.0	288,895	100.0
Mastectomy (85.0-85.99)	45	1.3	6,818	2.4
Musculoskeletal (76.0-84.99)	583	16.5	60,015	20.8
Respiratory (30.0-34.99)	16	0.5	2,981	1.0
Cardiovascular (35.0-39.99)	9	0.3	15,622	5.4
Lymphatic/Hemetic (40.0-41.99)	13	0.4	2,260	0.8
Digestive System (42.0-54.99)	1,089	30.8	90,070	31.2
Urinary (55.0-59.99)	121	3.4	8,063	2.8
Male Genital (60.0-64.99)	219	6.2	3,587	1.2
Female Genital (65.0-71.99)	84	2.4	13,770	4.8
Endocrine/Nervous (01.0-07.99)	262	7.4	22,387	7.7
Eye (08.0-16.99)	45	1.3	19,254	6.7
Ear (18.0-20.99)	353	10.0	15,474	5.4
Nose, Mouth, Pharynx (21.0-29.99)	699	19.8	28,594	9.9
Reporting Category(CPT-4 CODES)	3,471	100.0	264,491	100.0
Mastectomy (19120-19220)	28	0.8	3,203	1.2
Musculoskeletal (20000-29909)	657	18.9	54,392	20.6
Respiratory (30000-32999 & 39501-39599)	407	11.7	12,829	4.9
Cardiovascular (33010-37799 & 93501-93660)	51	1.5	34,097	12.9
Lymphatic/Hemetic (38100-38999)	20	0.6	2,304	0.9
Digestive (40490-49999)	1,335	38.5	94,766	35.8
Urinary (50010-53899)	226	6.5	8,849	3.3
Male Genital (54000-55899)	205	5.9	3,229	1.2
Female Genital (56405-58999)	66	1.9	10,000	3.8
Endocrine/Nervous (60000-64999)	257	7.4	20,833	7.9
Eye (65091-68899)	21	0.6	11,183	4.2
Ear (69000-69979)	198	5.7	8,806	3.3

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

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES

106 Castleview Hospital

ICD-9 CODE	ICD-9 DESCRIPTION	#	%	% ALL Hospitals
All ICD-9 Procedures		3,538	100.0	100.0
2001	MYRINGOTOMY W/INSRT TUBE	286	8.1	4.36
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	237	6.7	5.16
283	TONSILLECTOMY W/ADENOIDECTOMY	191	5.4	1.86
4523	COLONOSCOPY	177	5.0	6.06
4525	CLO [ENDO] BX LG INTESTINE	120	3.4	2.27
0443	RELEASE CARPAL TUNNEL	119	3.4	1.23
2162	FX TURBINATES	114	3.2	0.21
4542	ENDO POLYPECTOMY LG INTESTINE	110	3.1	3.38
6011	CLO [PERCUT] [NEEDLE] BX PROSTATE	90	2.5	0.05
5123	LAP CHOLEY	89	2.5	2.06
2169	OTH TURBINECTOMY	87	2.5	0.75
806	EXC SEMILUNAR CARTILAGE-KNEE	79	2.2	1.79
0392	INJ OTH AGENT SPINAL CANAL	73	2.1	2.43
640	CIRCUMCISION	73	2.1	0.30
2188	OTH SEPTOPLASTY	69	2.0	0.61
4513	OTH ENDO SM INTESTINE	50	1.4	2.14
4824	CLO [ENDO] BX RECTUM	50	1.4	0.44
5732	OTH CYSTOSCOPY	47	1.3	0.59
7781	OTH PART OSTEC-SCAPULA-CLAV-THOR	42	1.2	0.49
8086	OTH LOC EXC/DESTRUC JT LES-KNEE	42	1.2	1.30

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		3,471	100.0	100.0
43239	UGI ENDO; W/BX 1/MX	238	6.9	5.28
45378	COLONOSCOPY FLEX; DX-SEP PROC	165	4.8	6.06
69436	TYMPANOSTOMY GENERAL ANESTHESIA	146	4.2	2.51
45380	COLONOSCOPY FLEX; W/BX 1/MX	124	3.6	2.39
55700	BX PROS; NDLE/PUNCH 1/MX ANY APP	120	3.5	0.07
42820	T&A; UNDER AGE 12	118	3.4	1.60
30930	FRACTURE NASL TURBINATE THERAPEU	113	3.3	0.24
64721	NEUROPLASTY; MEDIAN @ CARPAL TUN	107	3.1	0.87
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	87	2.5	3.55
42821	T&A; AGE 12 OR OVER	76	2.2	0.36
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	75	2.2	1.34
30520	SEPTOPLASTY/SUBMUCOS RES W/GFT	74	2.1	0.81
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	72	2.1	1.44
30140	SUBMUCOS RES TURBINATE PART/CMPL	70	2.0	0.69
50590	LITHOTRIPSY XTRACORP SHOCK WAVE	53	1.5	0.27
44970	LAPAROSCOPY SURGICAL APPENDECTOM	52	1.5	0.41
49505	REPR INIT ING HERNIA 5YR/MORE; R	50	1.4	1.06
29881	SCOPE KNEE SURG;W/MENISCECT MED/	49	1.4	1.52
53852	TRNSURETH DSTRUC PROS TISS;RADIO	40	1.2	0.04
31267	NASL/SINUS ENDO; W/TISS REMV MAX	38	1.1	0.25

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, 2003
 AVERAGE TOTAL CHARGES FOR MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES, SINGLE ICD-9 OR CPT-4 ONLY

106 Castleview Hospital

ICD-9 CODE	ICD-9 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
ICD-9 Procedures		1,566	\$3,050	\$2,542
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	128	\$1,525	\$1,037
4523	COLONOSCOPY	125	\$1,181	\$849
283	TONSILLECTOMY W/ADENOIDECTOMY	120	\$1,735	\$1,740
6011	CLO [PERCUT] [NEEDLE] BX PROSTATE	89	\$904	\$1,181
640	CIRCUMCISION	73	\$583	\$1,442
0392	INJ OTH AGENT SPINAL CANAL	71	\$419	\$718
5123	LAP CHOLEY	70	\$8,849	\$5,170
4542	ENDO POLYPECTOMY LG INTESTINE	66	\$1,474	\$1,101
0443	RELEASE CARPAL TUNNEL	58	\$3,111	\$1,882
4525	CLO [ENDO] BX LG INTESTINE	45	\$1,480	\$1,172
5732	OTH CYSTOSCOPY	40	\$2,683	\$3,080
6097	OTH TRNSUR DESTR PROS TISS OTH THRM	39	\$6,884	\$5,890
4701	LAP APPENDECTOMY	30	\$8,620	\$6,389
806	EXC SEMILUNAR CARTILAGE-KNEE	28	\$4,701	\$3,679
4513	OTH ENDO SM INTESTINE	24	\$2,097	\$917
7902	CLO REDUC FX WO INT FIX-RADIUS-ULNA	22	\$4,134	\$2,117
8086	OTH LOC EXC/DESTRUC JT LES-KNEE	21	\$4,449	\$3,394
8521	LOC EXC LES BREAST	19	\$4,188	\$2,242
598	URETERAL CATH	17	\$5,147	\$4,543
5303	UNILAT REPR DIRECT ING HERN-GFT	15	\$5,050	\$3,243

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
CPT-4 Procedures		1,789	\$2,972	\$2,284
43239	UGI ENDO; W/BX 1/MX	128	\$1,509	\$1,035
45378	COLONOSCOPY FLEX; DX-SEP PROC	113	\$1,187	\$818
69436	TYMPANOSTOMY GENERAL ANESTHESIA	88	\$1,155	\$1,016
45380	COLONOSCOPY FLEX; W/BX 1/MX	71	\$1,492	\$1,174
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	71	\$419	\$767
42820	T&A; UNDER AGE 12	67	\$1,673	\$1,662
64721	NEUROPLASTY; MEDIAN @ CARPAL TUN	65	\$3,203	\$1,823
55700	BX PROS; NDLE/PUNCH 1/MX ANY APP	62	\$942	\$1,175
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	59	\$1,560	\$1,059
42821	T&A; AGE 12 OR OVER	51	\$1,819	\$2,003
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	49	\$8,856	\$5,262
50590	LITHOTRIPSY XTRACORP SHOCK WAVE	43	\$9,581	\$6,705
53852	TRNSURETH DSTRUC PROS TISS;RADIO	39	\$6,884	\$5,658
49505	REPR INIT ING HERNIA 5YR/MORE; R	37	\$5,321	\$3,015
54150	CIRC USING CLAMP/OTH DEVICE; NB	33	\$251	\$168
29881	SCOPE KNEE SURG;W/MENISCECT MED/	32	\$4,499	\$3,303
54160	CIRC NOT CLAMP DEVC/DORSL SLIT;	28	\$252	\$227
45383	COLONOSCOPY FLEX; W/ABLAT LES	25	\$1,484	\$990
52000	CYSTOURETHROSCOPY-SEP PROC	24	\$2,291	\$1,712
36430	TRANSFUSION BLOOD/BLOOD COMPONEN	21	\$1,063	\$2,084

SOURCE: Utah Ambulatory Surgery Database
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UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

106 Castleview Hospital

Procedure APG category	Procedure APG	TOTAL #	TOTAL # (ALL Hospitals)
01	INTEGUMENTARY SYSTEM	101	8,392
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	38	2,819
	006 SIMPLE DEBRIDEMENT AND DESTRUCTION	2	125
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	12	1,059
	008 SIMPLE EXCISION AND BIOPSY	15	893
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRANGE	6	184
	011 SIMPLE INCISION AND EXCISION OF BREAST	27	2,817
	012 BREAST RECONSTRUCTION AND MASTECTOMY	1	386
02	MUSCULOSKELETAL SYSTEM	590	48,493
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	130	6,083
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	26	1,938
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	6	1,829
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	144	10,165
	025 ARTHROSCOPY	151	20,364
	026 REPLACEMENT OF CAST	1	51
	027 SPLINT, STRAPPING AND CAST REMOVAL	27	98
	028 CLOSED TREATMENT FX & DISLOCATION OF FINGER, TOE & TRUNK	2	49
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	28	611
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	22	3,214
	032 BUNION PROCEDURES	23	1,475
	033 ARTHROPLASTY	1	486
	034 HAND AND FOOT TENOTOMY	3	234
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	26	1,499
03	RESPIRATORY SYSTEM	121	6,895
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	20	706
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	97	4,493
	054 SIMPLE ENDOSCOPY OF THE UPPER AIRWAY	3	334
	055 ENDOSCOPY OF THE LOWER AIRWAY	1	1,362
04	CARDIOVASCULAR SYSTEM	18	25,643
	078 PACEMAKER INSERTION AND REPLACEMENT	4	517
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	3	714
	080 MINOR VASCULAR REPAIR AND FISTULA CONSTRUCTION	10	1,407
	083 RESUSCITATION AND CARDIOVERSION	1	12
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	39	2,342
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	9	1,515
	097 TRANSFUSION	30	792
06	DIGESTIVE SYSTEM	1,062	82,913
	112 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	1	1,137
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	4	832
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	5	336
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	271	17,918
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	37	4,477
	117 LOWER GASTROINTESTINAL ENDOSCOPY	420	33,312
	119 HERNIA AND HYDROCELE PROCEDURES	104	6,781
	120 COMPLEX ANAL AND RECTAL PROCEDURES	3	911
	121 SIMPLE ANAL AND RECTAL PROCEDURES	3	544

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

106 Castleview Hospital

procedure APG category	procedure APG	TOTAL #	TOTAL # (ALL Hospitals)
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	5	516
	123 COMPLEX LAPAROSCOPIC PROCEDURES	207	14,187
	124 SIMPLE LAPAROSCOPIC PROCEDURES	2	205
07	URINARY SYSTEM	183	7,406
	131 RENAL EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	53	727
	133 URINARY CATHETERIZATION AND DILATATION	6	331
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	43	3,121
	135 MODERATE CYSTOURETHROSCOPY	45	2,378
	136 SIMPLE CYSTOURETHROSCOPY	32	623
	138 SIMPLE URETHRAL PROCEDURES	4	106
08	MALE GENITAL SYSTEM	244	2,988
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	11	1,293
	154 SIMPLE PENILE PROCEDURES	73	901
	155 PROSTATE NEEDLE AND PUNCH BIOPSY	160	306
09	FEMALE GENITAL SYSTEM	25	5,316
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	15	1,162
	178 DILATION AND CURETTAGE	3	831
	179 HYSTEROSCOPY	3	2,031
	180 COLPOSCOPY	4	153
10	NERVOUS SYSTEM	230	17,622
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	83	11,950
	198 NERVE REPAIR AND DESTRUCTION	141	4,478
	199 SPINAL TAP	6	568
11	EYE AND OCULAR ADNEXA	21	10,930
	214 CATARACT PROCEDURES	19	4,649
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	1	185
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	1	477
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	774	29,079
	233 NASAL CAUTERIZATION AND PACKING	2	218
	234 COMPLEX FACIAL AND ENT PROCEDURES	130	5,162
	235 SIMPLE FACIAL AND ENT PROCEDURES	411	15,442
	236 TONSIL AND ADENOID PROCEDURES	231	8,217
13	THERAPUTIC AND OTHER RADIOLOGICAL PROCEDURES	33	3,748
	254 MYELOGRAPHY	15	431
	255 MISCELLANEOUS RADIOLOGICAL PROCEDURES WITH CONTRAST	18	1,787

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, 2003
 PROCEDURE APG CATEGORY, PROCEDURE APG, SINGLE APG ONLY
 BASED ON REPORTABLE* CPT-4 PROCEDURES

106 Castleview Hospital

Procedure APG category	Procedure APG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
01	INTEGUMENTARY SYSTEM	63	\$3,335	\$2,329
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	18	\$1,871	\$1,821
	006 SIMPLE DEBRIDEMENT AND DESTRUCTION	1	\$3,400	\$1,996
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	5	\$3,552	\$2,689
	008 SIMPLE EXCISION AND BIOPSY	10	\$3,089	\$2,380
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRAN	5	\$3,095	\$2,990
	011 SIMPLE INCISION AND EXCISION OF BREAST	23	\$4,451	\$2,426
	012 BREAST RECONSTRUCTION AND MASTECTOMY	1	\$6,567	\$4,376
02	MUSCULOSKELETAL SYSTEM	240	\$4,304	\$3,320
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	28	\$6,855	\$4,704
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	10	\$3,849	\$3,131
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	2	\$4,810	\$3,886
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	48	\$3,404	\$2,294
	025 ARTHROSCOPY	82	\$4,711	\$3,776
	027 SPLINT, STRAPPING AND CAST REMOVAL	16	\$237	\$524
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	25	\$4,045	\$2,528
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	9	\$6,807	\$3,911
	032 BUNION PROCEDURES	14	\$5,104	\$3,144
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	6	\$922	\$679
03	RESPIRATORY SYSTEM	16	\$1,758	\$1,669
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	10	\$993	\$957
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	4	\$3,093	\$2,885
	054 SIMPLE ENDOSCOPY OF THE UPPER AIRWAY	1	\$2,435	\$994
	055 ENDOSCOPY OF THE LOWER AIRWAY	1	\$3,396	\$1,724
04	CARDIOVASCULAR SYSTEM	10	\$6,185	\$4,966
	078 PACEMAKER INSERTION AND REPLACEMENT	1	\$12,498	\$18,642
	080 MINOR VASCULAR REPAIR AND FISTULA CONSTRUCTION	9	\$5,483	\$3,673
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	23	\$1,379	\$3,010
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	2	\$4,697	\$3,705
	097 TRANSFUSION	21	\$1,063	\$2,084
06	DIGESTIVE SYSTEM	612	\$2,994	\$1,825
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	4	\$3,273	\$729
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	5	\$1,390	\$862
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	144	\$1,499	\$987
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	19	\$2,855	\$1,381
	117 LOWER GASTROINTESTINAL ENDOSCOPY	273	\$1,373	\$956
	119 HERNIA AND HYDROCELE PROCEDURES	56	\$5,150	\$2,876
	120 COMPLEX ANAL AND RECTAL PROCEDURES	2	\$3,733	\$2,344
	121 SIMPLE ANAL AND RECTAL PROCEDURES	2	\$5,666	\$1,854
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	3	\$2,891	\$2,435
	123 COMPLEX LAPAROSCOPIC PROCEDURES	104	\$8,186	\$4,923
07	URINARY SYSTEM	143	\$4,870	\$3,713
	131 RENAL EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	43	\$9,581	\$6,705
	133 URINARY CATHETERIZATION AND DILATATION	2	\$2,354	\$2,727
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	35	\$3,513	\$3,653

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 PROCEDURE APG CATEGORY, PROCEDURE APG, SINGLE APG ONLY
 BASED ON REPORTABLE* CPT-4 PROCEDURES

106 Castleview Hospital

procedure APG category	Procedure APG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
	135 MODERATE CYSTOURETHROSCOPY	30	\$2,732	\$2,892
	136 SIMPLE CYSTOURETHROSCOPY	29	\$2,289	\$1,768
	138 SIMPLE URETHRAL PROCEDURES	4	\$2,120	\$1,570
08	MALE GENITAL SYSTEM	181	\$2,197	\$2,549
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	7	\$4,038	\$2,171
	154 SIMPLE PENILE PROCEDURES	73	\$583	\$1,466
	155 PROSTATE NEEDLE AND PUNCH BIOPSY	101	\$3,236	\$3,741
09	FEMALE GENITAL SYSTEM	18	\$3,488	\$2,961
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	13	\$3,453	\$2,362
	178 DILATION AND CURETTAGE	3	\$3,656	\$1,817
	179 HYSTEROSCOPY	2	\$3,457	\$3,360
10	NERVOUS SYSTEM	161	\$1,828	\$1,454
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	81	\$414	\$836
	198 NERVE REPAIR AND DESTRUCTION	75	\$3,413	\$2,095
	199 SPINAL TAP	5	\$953	\$1,172
11	EYE AND OCULAR ADNEXA	21	\$1,239	\$2,574
	214 CATARACT PROCEDURES	19	\$1,102	\$2,790
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	1	\$2,399	\$2,320
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	1	\$2,692	\$1,766
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	258	\$2,132	\$1,992
	233 NASAL CAUTERIZATION AND PACKING	2	\$4,083	\$2,294
	234 COMPLEX FACIAL AND ENT PROCEDURES	16	\$7,323	\$3,775
	235 SIMPLE FACIAL AND ENT PROCEDURES	115	\$1,809	\$1,425
	236 TONSIL AND ADENOID PROCEDURES	125	\$1,734	\$1,795
13	THERAPUTIC AND OTHER RADIOLOGICAL PROCEDURES	32	\$1,417	\$1,931
	254 MYELOGRAPHY	15	\$2,006	\$2,518
	255 MISCELLANEOUS RADIOLOGICAL PROCEDURES WITH CONTRAST	17	\$897	\$1,346

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

Reportable* excludes codes in the former "Other" category in previous reports.

AMB ST 1-6

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

106 Castleview Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
GENDER				
Female	1,225	48.6	107,216	54.5
Male	1,297	51.4	89,560	45.5
Unknown	0	0.0	2	0.0
Not Reported	0	0.0	0	0.0
AGE				
1-28 days	51	2.0	199	0.1
29-365 days	52	2.1	2,895	1.5
1-4 years	130	5.2	10,718	5.4
5-9	85	3.4	6,003	3.1
10-14	96	3.8	4,605	2.3
15-17	73	2.9	4,474	2.3
18-19	43	1.7	3,608	1.8
20-24	100	4.0	10,974	5.6
25-29	107	4.2	11,529	5.9
30-34	103	4.1	10,974	5.6
35-39	92	3.6	11,089	5.6
40-44	155	6.1	13,913	7.1
45-49	170	6.7	15,367	7.8
50-54	217	8.6	18,693	9.5
55-59	197	7.8	16,175	8.2
60-64	182	7.2	13,797	7.0
65-69	199	7.9	12,250	6.2
70-74	151	6.0	11,038	5.6
75-79	177	7.0	9,345	4.7
80-84	75	3.0	5,890	3.0
85-89	46	1.8	2,520	1.3
90 +	21	0.8	720	0.4
Not Reported	51	2.0	201	0.1
SOURCE OF ADMISSION				
Physician Referral	2,416	95.8	176,073	89.5
Clinic Referral	5	0.2	2,347	1.2
HMO Referral	0	0.0	119	0.1
Other Hospital	0	0.0	71	0.0
Skilled Nursing Facility	0	0.0	21	0.0
Other Health Care Facility	0	0.0	26	0.0
Emergency Room	101	4.0	3,467	1.8
Court/Law Enforcement	0	0.0	3	0.0
Unknown	0	0.0	3,359	1.7
Not Reported	0	0.0	11,292	5.7

(Continued)

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

106 Castleview Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	2,511	99.6	196,083	99.6
Another Hospital	2	0.1	125	0.1
Skilled Nursing Facility	2	0.1	72	0.0
Intermediate Care Facility	0	0.0	9	0.0
Another Type of Institution	0	0.0	44	0.0
Under Care of Home Service	7	0.3	103	0.1
Left Against Medical Advice	0	0.0	17	0.0
Under Care of Home IV Provider	0	0.0	5	0.0
Expired	0	0.0	16	0.0
Unknown	0	0.0	304	0.2
Not Reported	0	0.0	0	0.0
PRIMARY PAYER				
Medicare	774	30.7	42,451	21.6
Medicaid	355	14.1	13,275	6.7
Other government	7	0.3	3,257	1.7
Blue Cross/Blue Shield	355	14.1	27,366	13.9
Other Commercial	382	15.1	17,254	8.8
Managed Care(HMO, PPO)	546	21.6	84,762	43.1
Self Pay	19	0.8	3,009	1.5
Industrial & Worker Comp	51	2.0	4,001	2.0
Charity and Unclassified	0	0.0	106	0.1
Childrens Health Insurance	0	0.0	258	0.1
Unknown	33	1.3	964	0.5
Not Reported	0	0.0	75	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	2	0.1	13,556	6.9
Central Utah	44	1.7	6,602	3.4
Davis County	4	0.2	21,257	10.8
Salt Lake County	7	0.3	68,961	35.0
Southeastern Utah	2,339	92.7	4,049	2.1
Southwest Utah	8	0.3	11,167	5.7
Summit County	0	0.0	2,258	1.1
Tooele County	1	0.0	3,742	1.9
Tri-County	86	3.4	5,041	2.6
Utah County	3	0.1	32,261	16.4
Wasatch County	0	0.0	1,500	0.8
Weber County	2	0.1	17,573	8.9
Unknown Utah	1	0.0	60	0.0
Outside Utah	25	1.0	8,682	4.4
Unknown, Not Reported	0	0.0	69	0.0

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

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

113 Central Valley Medical Center

Reporting Category(ICD-9-CM CODES)	Procedures Performed		Procedures Performed-All Hospitals	
	(#)	(%)	(#)	(%)
Reporting Category(ICD-9-CM CODES)	1,051	100.0	288,895	100.0
Mastectomy (85.0-85.99)	6	0.6	6,818	2.4
Musculoskeletal (76.0-84.99)	144	13.7	60,015	20.8
Respiratory (30.0-34.99)	3	0.3	2,981	1.0
Cardiovascular (35.0-39.99)	1	0.1	15,622	5.4
Lymphatic/Hemetic (40.0-41.99)	2	0.2	2,260	0.8
Digestive System (42.0-54.99)	668	63.6	90,070	31.2
Urinary (55.0-59.99)	28	2.7	8,063	2.8
Male Genital (60.0-64.99)	8	0.8	3,587	1.2
Female Genital (65.0-71.99)	43	4.1	13,770	4.8
Endocrine/Nervous (01.0-07.99)	15	1.4	22,387	7.7
Eye (08.0-16.99)	11	1.0	19,254	6.7
Ear (18.0-20.99)	71	6.8	15,474	5.4
Nose,Mouth,Pharynx (21.0-29.99)	51	4.9	28,594	9.9
Reporting Category(CPT-4 CODES)	323	100.0	264,491	100.0
Mastectomy (19120-19220)	5	1.5	3,203	1.2
Musculoskeletal (20000-29909)	73	22.6	54,392	20.6
Respiratory (30000-32999 & 39501-39599)	3	0.9	12,829	4.9
Cardiovascular (33010-37799 & 93501-93660)	2	0.6	34,097	12.9
Lymphatic/Hemetic (38100-38999)	1	0.3	2,304	0.9
Digestive (40490-49999)	144	44.6	94,766	35.8
Urinary (50010-53899)	25	7.7	8,849	3.3
Male Genital (54000-55899)	1	0.3	3,229	1.2
Female Genital (56405-58999)	27	8.4	10,000	3.8
Endocrine/Nervous (60000-64999)	11	3.4	20,833	7.9
Eye (65091-68899)	7	2.2	11,183	4.2
Ear (69000-69979)	24	7.4	8,806	3.3

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

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES

113 Central Valley Medical Center

ICD-9 CODE	ICD-9 DESCRIPTION	#	%	% ALL Hospitals
All ICD-9 Procedures		1,051	100.0	100.0
4513	OTH ENDO SM INTESTINE	199	18.9	2.14
4523	COLONOSCOPY	142	13.5	6.06
2001	MYRINGOTOMY W/INSRT TUBE	63	6.0	4.36
4466	ESOPHAGOGAST SPHINCTER COMPETENCE	43	4.1	0.09
4525	CLO [ENDO] BX LG INTESTINE	43	4.1	2.27
5123	LAP CHOLEY	40	3.8	2.06
5159	INCIS OTH BILE DUCT	29	2.8	0.01
5451	LAP LYSIS PERITONEAL ADHES	28	2.7	0.30
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	27	2.6	5.16
7756	REPR HAMMER TOE	20	1.9	0.39
282	TONSILLECTOMY WO ADENOIDECTOMY	18	1.7	0.67
7759	OTH BUNIONEC	17	1.6	0.10
4542	ENDO POLYPECTOMY LG INTESTINE	16	1.5	3.38
6909	OTH D&C UTERUS	16	1.5	0.61
7738	OTH DIVIS-TARSALS & METATARSALS	15	1.4	0.03
4701	LAP APPENDECTOMY	12	1.1	0.36
0443	RELEASE CARPAL TUNNEL	10	1.0	1.23
5303	UNILAT REPR DIRECT ING HERN-GFT	10	1.0	0.39
5349	OTH UMB HERNIORRHAPHY	10	1.0	0.31
5421	LAPAROSCOPY	10	1.0	0.71

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		323	100.0	100.0
43280	LAP SURG-ESOPHAGOGASTRIC FUNDOPL	29	9.0	0.08
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	23	7.1	1.34
69436	TYMPANOSTOMY GENERAL ANESTHESIA	21	6.5	2.51
49505	REPR INIT ING HERNIA 5YR/MORE; R	14	4.3	1.06
58120	DILATION & CURET DX &/ THERAPEUT	13	4.0	0.31
28285	CORRECTION HAMMERTOES	11	3.4	0.59
28296	HALLUX VALGUS; W/METATARSAL OSTE	10	3.1	0.28
64721	NEUROPLASTY; MEDIAN @ CARPAL TUN	10	3.1	0.87
44970	LAPAROSCOPY SURGICAL APPENDECTOM	9	2.8	0.41
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	8	2.5	0.56
49585	REPR UMBIL HERNIA 5YR/OVER; R DUC	7	2.2	0.30
42820	T&A; UNDER AGE 12	6	1.9	1.60
42825	TONSILLECT PRIM/SEC; UNDER AGE 1	6	1.9	0.13
52000	CYSTOURETHROSCOPY-SEP PROC	6	1.9	0.15
52281	CYSTOURETHROSCOPY W/CALIBRAT	6	1.9	0.08
28308	OSTEOTOMY METATARSAL; NOT 1ST MT	5	1.5	0.07
44200	LAPAROSCPY SURG; ENTEROLYS-SEP P	5	1.5	0.04
47562	LAPAROSCOPY SURGICAL; CHOLECT	5	1.5	0.84
49320	LAP-ABD DX-W/O SPECMN-SEP PROC	5	1.5	0.27
49560	REPR INIT INCS/VENT HERNIA; R DUC	5	1.5	0.16

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

Reportable* excludes codes in the former "Other" category in previous reports.

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 AVERAGE TOTAL CHARGES FOR MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES, SINGLE ICD-9 OR CPT-4 ONLY

113 Central Valley Medical Center

ICD-9 CODE	ICD-9 DESCRIPTION	#	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
ICD-9 Procedures		525	\$2,154	\$2,542
4513	OTH ENDO SM INTESTINE	141	\$1,116	\$917
4523	COLONOSCOPY	105	\$1,042	\$849
4525	CLO [ENDO] BX LG INTESTINE	32	\$1,200	\$1,172
4466	ESOPHAGOGAST SPHINCTER COMPETENCE	27	\$6,933	\$7,856
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	20	\$1,221	\$1,037
282	TONSILLECTOMY WO ADENOIDECTOMY	17	\$2,954	\$2,010
6909	OTH D&C UTERUS	12	\$2,358	\$2,052
0443	RELEASE CARPAL TUNNEL	10	\$1,634	\$1,882
4542	ENDO POLYPECTOMY LG INTESTINE	8	\$1,444	\$1,101
283	TONSILLECTOMY W/ADENOIDECTOMY	7	\$2,754	\$1,740
4292	DILAT ESOPH	7	\$1,090	\$1,030
4701	LAP APPENDECTOMY	7	\$7,134	\$6,389
5303	UNILAT REPR DIRECT ING HERN-GFT	7	\$3,914	\$3,243
6902	D&C FOLLOWING DELIV/AB	7	\$2,498	\$2,179
5349	OTH UMB HERNIORRHAPHY	6	\$2,441	\$2,307
5421	LAPAROSCOPY	6	\$3,792	\$3,185
5732	OTH CYSTOSCOPY	6	\$1,807	\$3,080
5123	LAP CHOLEY	5	\$6,439	\$5,170
586	DILAT URETHRA	5	\$1,849	\$2,141
8521	LOC EXC LES BREAST	5	\$2,404	\$2,242

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
CPT-4 Procedures		287	\$4,146	\$2,284
43280	LAP SURG-ESOPHAGOGASTRIC FUNDOPL	28	\$7,003	\$7,324
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	22	\$5,988	\$5,262
69436	TYMPANOSTOMY GENERAL ANESTHESIA	21	\$1,894	\$1,016
49505	REPR INIT ING HERNIA 5YR/MORE; R	14	\$4,628	\$3,015
58120	DILATION & CURET DX &/ THERAPEUT	13	\$2,538	\$1,817
64721	NEUROPLASTY; MEDIAN @ CARPAL TUN	10	\$1,634	\$1,823
28296	HALLUX VALGUS; W/METATARSAL OSTE	9	\$4,131	\$3,030
44970	LAPAROSCOPY SURGICAL APPENDECTOM	9	\$6,576	\$6,356
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	8	\$3,275	\$2,065
28285	CORRECTION HAMMERTOES	6	\$2,831	\$2,100
42820	T&A; UNDER AGE 12	6	\$2,831	\$1,662
42825	TONSILLECT PRIM/SEC; UNDER AGE 1	6	\$2,541	\$1,801
49585	REPR UMBIL HERNIA 5YR/OVER; RDOC	6	\$4,557	\$2,725
52281	CYSTOURETHROSCOPY W/CALIBRAT	6	\$1,791	\$1,782
44200	LAPAROSCPY SURG; ENTEROLYS-SEP P	5	\$5,097	\$4,418
49320	LAP-ABD DX-W/O SPECMN-SEP PROC	5	\$3,876	\$3,181
52000	CYSTOURETHROSCOPY-SEP PROC	5	\$1,797	\$1,712
58662	LAP SURG; W/FULG/EXCIS LES-OVARY	5	\$5,797	\$3,700
20680	REMOVAL OF IMPLANT; DEEP	4	\$3,374	\$2,378
47562	LAPAROSCOPY SURGICAL; CHOLECT	4	\$7,003	\$5,048

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

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

113 Central Valley Medical Center

Procedure APG category		TOTAL #	TOTAL # (ALL Hospitals)
Procedure APG			
01	INTEGUMENTARY SYSTEM	11	8,392
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	1	2,819
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	4	1,059
	008 SIMPLE EXCISION AND BIOPSY	1	893
	011 SIMPLE INCISION AND EXCISION OF BREAST	4	2,817
	012 BREAST RECONSTRUCTION AND MASTECTOMY	1	386
02	MUSCULOSKELETAL SYSTEM	67	48,493
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	2	6,083
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	1	1,938
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	11	1,829
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	34	10,165
	025 ARTHROSCOPY	1	20,364
	032 BUNION PROCEDURES	16	1,475
	034 HAND AND FOOT TENOTOMY	2	234
03	RESPIRATORY SYSTEM	1	6,895
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	1	4,493
04	CARDIOVASCULAR SYSTEM	2	25,643
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	1	714
	080 MINOR VASCULAR REPAIR AND FISTULA CONSTRUCTION	1	1,407
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	1	2,342
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	1	1,515
06	DIGESTIVE SYSTEM	125	82,913
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	1	17,918
	119 HERNIA AND HYDROCELE PROCEDURES	36	6,781
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	1	516
	123 COMPLEX LAPAROSCOPIC PROCEDURES	87	14,187
07	URINARY SYSTEM	25	7,406
	133 URINARY CATHETERIZATION AND DILATATION	2	331
	135 MODERATE CYSTOURETHROSCOPY	7	2,378
	136 SIMPLE CYSTOURETHROSCOPY	14	623
	138 SIMPLE URETHRAL PROCEDURES	2	106
08	MALE GENITAL SYSTEM	1	2,988
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	1	1,293
09	FEMALE GENITAL SYSTEM	15	5,316
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	1	1,138
	178 DILATION AND CURETTAGE	13	831
	179 HYSTEROSCOPY	1	2,031
10	NERVOUS SYSTEM	10	17,622
	198 NERVE REPAIR AND DESTRUCTION	10	4,478
11	EYE AND OCULAR ADNEXA	7	10,930
	213 LASER EYE PROCEDURES	2	932
	214 CATARACT PROCEDURES	5	4,649
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	53	29,079
	234 COMPLEX FACIAL AND ENT PROCEDURES	4	5,162
	235 SIMPLE FACIAL AND ENT PROCEDURES	26	15,442
	236 TONSIL AND ADENOID PROCEDURES	23	8,217

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

113 Central Valley Medical Center

procedure APG category	procedure APG	TOTAL #	TOTAL # (ALL Hospitals)
14	PHYSICAL MEDICINE AND REHABILITATION	1	2
	272 PHYSICAL THERAPY	1	2

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

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 PROCEDURE APG CATEGORY, PROCEDURE APG, SINGLE APG ONLY
 BASED ON REPORTABLE* CPT-4 PROCEDURES

113 Central Valley Medical Center

Procedure APG category	Procedure APG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
01	INTEGUMENTARY SYSTEM	11	\$3,304	\$2,329
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	1	\$10,674	\$1,821
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	4	\$2,051	\$2,689
	008 SIMPLE EXCISION AND BIOPSY	1	\$2,503	\$2,380
	011 SIMPLE INCISION AND EXCISION OF BREAST	4	\$2,452	\$2,426
	012 BREAST RECONSTRUCTION AND MASTECTOMY	1	\$5,155	\$4,376
02	MUSCULOSKELETAL SYSTEM	46	\$3,945	\$3,320
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	1	\$8,505	\$4,704
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	1	\$10,639	\$3,131
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	5	\$4,442	\$3,886
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	25	\$3,003	\$2,294
	025 ARTHROSCOPY	1	\$5,580	\$3,776
	032 BUNION PROCEDURES	13	\$4,574	\$3,144
03	RESPIRATORY SYSTEM	1	\$4,633	\$1,669
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	1	\$4,633	\$2,885
04	CARDIOVASCULAR SYSTEM	2	\$2,282	\$4,966
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	1	\$1,752	\$2,283
	080 MINOR VASCULAR REPAIR AND FISTULA CONSTRUCTION	1	\$2,813	\$3,673
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	1	\$5,542	\$3,010
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	1	\$5,542	\$3,705
06	DIGESTIVE SYSTEM	119	\$5,831	\$1,825
	119 HERNIA AND HYDROCELE PROCEDURES	34	\$4,985	\$2,876
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	1	\$3,292	\$2,435
	123 COMPLEX LAPAROSCOPIC PROCEDURES	84	\$6,203	\$4,923
07	URINARY SYSTEM	19	\$1,869	\$3,713
	133 URINARY CATHETERIZATION AND DILATATION	1	\$3,258	\$2,727
	135 MODERATE CYSTOURETHROSCOPY	5	\$1,885	\$2,892
	136 SIMPLE CYSTOURETHROSCOPY	11	\$1,794	\$1,768
	138 SIMPLE URETHRAL PROCEDURES	2	\$1,551	\$1,570
08	MALE GENITAL SYSTEM	1	\$1,975	\$2,549
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	1	\$1,975	\$2,171
09	FEMALE GENITAL SYSTEM	15	\$2,951	\$2,961
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	1	\$6,504	\$4,273
	178 DILATION AND CURETTAGE	13	\$2,538	\$1,817
	179 HYSTEROSCOPY	1	\$4,764	\$3,360
10	NERVOUS SYSTEM	10	\$1,634	\$1,454
	198 NERVE REPAIR AND DESTRUCTION	10	\$1,634	\$2,095
11	EYE AND OCULAR ADNEXA	7	\$2,346	\$2,574
	213 LASER EYE PROCEDURES	2	\$1,455	\$642
	214 CATARACT PROCEDURES	5	\$2,702	\$2,790
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	51	\$2,603	\$1,992
	234 COMPLEX FACIAL AND ENT PROCEDURES	4	\$4,459	\$3,775
	235 SIMPLE FACIAL AND ENT PROCEDURES	25	\$2,067	\$1,425
	236 TONSIL AND ADENOID PROCEDURES	22	\$2,874	\$1,795

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

Reportable* excludes codes in the former "Other" category in previous reports.

AMB ST 1-6

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

113 Central Valley Medical Center

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
GENDER				
Female	420	55.9	107,216	54.5
Male	331	44.1	89,560	45.5
Unknown	0	0.0	2	0.0
Not Reported	0	0.0	0	0.0
AGE				
1-28 days	0	0.0	199	0.1
29-365 days	8	1.1	2,895	1.5
1-4 years	28	3.7	10,718	5.4
5-9	18	2.4	6,003	3.1
10-14	21	2.8	4,605	2.3
15-17	23	3.1	4,474	2.3
18-19	12	1.6	3,608	1.8
20-24	49	6.5	10,974	5.6
25-29	35	4.7	11,529	5.9
30-34	50	6.7	10,974	5.6
35-39	58	7.7	11,089	5.6
40-44	35	4.7	13,913	7.1
45-49	58	7.7	15,367	7.8
50-54	67	8.9	18,693	9.5
55-59	62	8.3	16,175	8.2
60-64	49	6.5	13,797	7.0
65-69	55	7.3	12,250	6.2
70-74	50	6.7	11,038	5.6
75-79	32	4.3	9,345	4.7
80-84	23	3.1	5,890	3.0
85-89	18	2.4	2,520	1.3
90 +	0	0.0	720	0.4
Not Reported	0	0.0	201	0.1
SOURCE OF ADMISSION				
Physician Referral	747	99.5	176,073	89.5
Clinic Referral	0	0.0	2,347	1.2
HMO Referral	0	0.0	119	0.1
Other Hospital	0	0.0	71	0.0
Skilled Nursing Facility	0	0.0	21	0.0
Other Health Care Facility	0	0.0	26	0.0
Emergency Room	1	0.1	3,467	1.8
Court/Law Enforcement	0	0.0	3	0.0
Unknown	0	0.0	3,359	1.7
Not Reported	3	0.4	11,292	5.7

(Continued)

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

113 Central Valley Medical Center

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	741	98.7	196,083	99.6
Another Hospital	1	0.1	125	0.1
Skilled Nursing Facility	0	0.0	72	0.0
Intermediate Care Facility	0	0.0	9	0.0
Another Type of Institution	4	0.5	44	0.0
Under Care of Home Service	2	0.3	103	0.1
Left Against Medical Advice	1	0.1	17	0.0
Under Care of Home IV Provider	0	0.0	5	0.0
Expired	1	0.1	16	0.0
Unknown	1	0.1	304	0.2
Not Reported	0	0.0	0	0.0
PRIMARY PAYER				
Medicare	197	26.2	42,451	21.6
Medicaid	92	12.3	13,275	6.7
Other government	10	1.3	3,257	1.7
Blue Cross/Blue Shield	152	20.2	27,366	13.9
Other Commercial	69	9.2	17,254	8.8
Managed Care(HMO, PPO)	209	27.8	84,762	43.1
Self Pay	14	1.9	3,009	1.5
Industrial & Worker Comp	8	1.1	4,001	2.0
Charity and Unclassified	0	0.0	106	0.1
Childrens Health Insurance	0	0.0	258	0.1
Unknown	0	0.0	964	0.5
Not Reported	0	0.0	75	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	1	0.1	13,556	6.9
Central Utah	694	92.4	6,602	3.4
Davis County	0	0.0	21,257	10.8
Salt Lake County	0	0.0	68,961	35.0
Southeastern Utah	0	0.0	4,049	2.1
Southwest Utah	1	0.1	11,167	5.7
Summit County	0	0.0	2,258	1.1
Tooele County	24	3.2	3,742	1.9
Tri-County	0	0.0	5,041	2.6
Utah County	25	3.3	32,261	16.4
Wasatch County	1	0.1	1,500	0.8
Weber County	0	0.0	17,573	8.9
Unknown Utah	2	0.3	60	0.0
Outside Utah	3	0.4	8,682	4.4
Unknown, Not Reported	0	0.0	69	0.0

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

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

119 Cottonwood Hospital Medical Center

Reporting Category(ICD-9-CM CODES)	Procedures Performed		Procedures Performed-All Hospitals	
	(#)	(%)	(#)	(%)
Reporting Category(ICD-9-CM CODES)	27,499	100.0	288,895	100.0
Mastectomy (85.0-85.99)	610	2.2	6,818	2.4
Musculoskeletal (76.0-84.99)	4,294	15.6	60,015	20.8
Respiratory (30.0-34.99)	159	0.6	2,981	1.0
Cardiovascular (35.0-39.99)	456	1.7	15,622	5.4
Lymphatic/Hemetic (40.0-41.99)	131	0.5	2,260	0.8
Digestive System (42.0-54.99)	12,071	43.9	90,070	31.2
Urinary (55.0-59.99)	502	1.8	8,063	2.8
Male Genital (60.0-64.99)	207	0.8	3,587	1.2
Female Genital (65.0-71.99)	1,409	5.1	13,770	4.8
Endocrine/Nervous (01.0-07.99)	802	2.9	22,387	7.7
Eye (08.0-16.99)	3,055	11.1	19,254	6.7
Ear (18.0-20.99)	1,136	4.1	15,474	5.4
Nose, Mouth, Pharynx (21.0-29.99)	2,667	9.7	28,594	9.9
Reporting Category(CPT-4 CODES)	23,661	100.0	264,491	100.0
Mastectomy (19120-19220)	298	1.3	3,203	1.2
Musculoskeletal (20000-29909)	3,705	15.7	54,392	20.6
Respiratory (30000-32999 & 39501-39599)	1,501	6.3	12,829	4.9
Cardiovascular (33010-37799 & 93501-93660)	1,576	6.7	34,097	12.9
Lymphatic/Hemetic (38100-38999)	113	0.5	2,304	0.9
Digestive (40490-49999)	11,818	49.9	94,766	35.8
Urinary (50010-53899)	424	1.8	8,849	3.3
Male Genital (54000-55899)	173	0.7	3,229	1.2
Female Genital (56405-58999)	1,005	4.2	10,000	3.8
Endocrine/Nervous (60000-64999)	795	3.4	20,833	7.9
Eye (65091-68899)	1,640	6.9	11,183	4.2
Ear (69000-69979)	613	2.6	8,806	3.3

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

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES

119 Cottonwood Hospital Medical Center

ICD-9 CODE	ICD-9 DESCRIPTION	#	%	% ALL Hospitals
All ICD-9 Procedures		27,499	100.0	100.0
4523	COLONOSCOPY	2,809	10.2	6.06
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	2,316	8.4	5.16
4542	ENDO POLYPECTOMY LG INTESTINE	1,910	6.9	3.38
1371	IOL PROSTH-CATARACT EXTRACT-1-STAGE	1,338	4.9	1.60
1341	PHACOEMULSIFICATION-ASPIR CATARACT	1,334	4.9	1.57
2001	MYRINGOTOMY W/INSRT TUBE	952	3.5	4.36
4525	CLO [ENDO] BX LG INTESTINE	860	3.1	2.27
5123	LAP CHOLEY	538	2.0	2.06
4836	[ENDO] POLYPECTOMY RECTUM	526	1.9	0.93
8026	ARTHSCPY-KNEE	494	1.8	1.58
4513	OTH ENDO SM INTESTINE	461	1.7	2.14
283	TONSILLECTOMY W/ADENOIDECTOMY	449	1.6	1.86
4292	DILAT ESOPH	433	1.6	1.33
806	EXC SEMILUNAR CARTILAGE-KNEE	389	1.4	1.79
8086	OTH LOC EXC/DESTRUC JT LES-KNEE	384	1.4	1.30
2169	OTH TURBINECTOMY	343	1.2	0.75
8521	LOC EXC LES BREAST	302	1.1	1.03
282	TONSILLECTOMY WO ADENOIDECTOMY	271	1.0	0.67
2188	OTH SEPTOPLASTY	248	0.9	0.61
6909	OTH D&C UTERUS	196	0.7	0.61

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		23,661	100.0	100.0
45378	COLONOSCOPY FLEX; DX-SEP PROC	2,291	9.7	6.06
43239	UGI ENDO; W/BX 1/MX	2,248	9.5	5.28
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	2,080	8.8	3.55
66984	EXTRACAPSULAR CATARACT REMV IOL	1,319	5.6	1.67
45380	COLONOSCOPY FLEX; W/BX 1/MX	870	3.7	2.39
47562	LAPAROSCOPY SURGICAL; CHOLECT	516	2.2	0.84
69436	TYMPANOSTOMY GENERAL ANESTHESIA	495	2.1	2.51
29877	SCOPE KNEE SURG; DEBRID/SHAVE CA	355	1.5	1.18
42820	T&A; UNDER AGE 12	347	1.5	1.60
30140	SUBMUCOS RES TURBINATE PART/CMPL	341	1.4	0.69
30520	SEPTOPLASTY/SUBMUCOS RES W/GFT	325	1.4	0.81
29881	SCOPE KNEE SURG;W/MENISCECT MED/	303	1.3	1.52
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	300	1.3	1.45
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	282	1.2	0.78
93545	INJ PROC-CATH; SELECT CORONRY AN	276	1.2	1.26
49505	REPR INIT ING HERNIA 5YR/MORE; R	267	1.1	1.06
19120	EXC BRST CYST TUMR/LES OPN M/F 1	257	1.1	0.74
93543	INJ PROC-CATH; LT VENT/ATRIAL AN	257	1.1	1.18
93555	IMAG SUPERVS I&R-CATH; VENT/ATRI	255	1.1	0.99
93556	IMAG SUPERVS I&R-CATH; PULM ANGI	252	1.1	1.16

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

Reportable* excludes codes in the former "Other" category in previous reports.

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 AVERAGE TOTAL CHARGES FOR MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES, SINGLE ICD-9 OR CPT-4 ONLY

119 Cottonwood Hospital Medical Center

ICD-9 CODE	ICD-9 DESCRIPTION	#	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
ICD-9 Procedures		10,967	\$1,397	\$2,542
4523	COLONOSCOPY	2,018	\$568	\$849
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	1,355	\$562	\$1,037
4542	ENDO POLYPECTOMY LG INTESTINE	1,117	\$658	\$1,101
5123	LAP CHOLEY	493	\$3,257	\$5,170
283	TONSILLECTOMY W/ADENOIDECTOMY	400	\$1,085	\$1,740
4525	CLO [ENDO] BX LG INTESTINE	381	\$694	\$1,172
4513	OTH ENDO SM INTESTINE	268	\$590	\$917
282	TONSILLECTOMY WO ADENOIDECTOMY	207	\$1,093	\$2,010
4836	[ENDO] POLYPECTOMY RECTUM	193	\$629	\$1,012
6952	ASPIR CURET FOLLOWING DELIV/AB	190	\$1,451	\$1,938
5011	CLO [PERCUT] [NEEDLE] BX LIVER	172	\$1,496	\$1,657
3722	LT HEART CARD CATH	165	\$3,371	\$5,595
8521	LOC EXC LES BREAST	158	\$1,345	\$2,242
5304	UNILAT REPR INDIRECT ING HERN-GFT	110	\$2,044	\$3,100
6629	OTH BIL ENDO DESTRUC FALLOP TUBES	108	\$1,868	\$2,947
0443	RELEASE CARPAL TUNNEL	105	\$1,090	\$1,882
3723	COMBO RT & LT HEART CARD CATH	103	\$4,054	\$6,303
6909	OTH D&C UTERUS	96	\$1,434	\$2,052
5303	UNILAT REPR DIRECT ING HERN-GFT	68	\$2,112	\$3,243
8532	BILAT REDUC MAMMO	66	\$3,723	\$5,736

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
CPT-4 Procedures		13,270	\$1,425	\$2,284
45378	COLONOSCOPY FLEX; DX-SEP PROC	2,021	\$569	\$818
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	1,703	\$664	\$1,059
43239	UGI ENDO; W/BX 1/MX	1,362	\$579	\$1,035
66984	EXTRACAPSULAR CATARACT REMV IOL	1,286	\$2,282	\$2,786
45380	COLONOSCOPY FLEX; W/BX 1/MX	564	\$701	\$1,174
47562	LAPAROSCOPY SURGICAL; CHOLECT	472	\$3,222	\$5,048
69436	TYMPANOSTOMY GENERAL ANESTHESIA	348	\$652	\$1,016
42820	T&A; UNDER AGE 12	299	\$1,027	\$1,662
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	237	\$557	\$822
49505	REPR INIT ING HERNIA 5YR/MORE; R	202	\$2,079	\$3,015
19120	EXC BRST CYST TUMR/LES OPN M/F 1	190	\$1,450	\$2,212
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	176	\$1,118	\$2,065
47000	BIOPSY LIVER NEEDLE; PERCUTANEOU	165	\$1,496	\$1,618
64721	NEUROPLASTY; MEDIAN @ CARPAL TUN	114	\$1,099	\$1,823
58120	DILATION & CURET DX &/ THERAPEUT	100	\$1,433	\$1,817
29877	SCOPE KNEE SURG; DEBRID/SHAVE CA	97	\$2,196	\$3,093
42821	T&A; AGE 12 OR OVER	95	\$1,260	\$2,003
29881	SCOPE KNEE SURG;W/MENISCECT MED/	90	\$2,302	\$3,303
58670	LAPARSCPY SURGICAL; W/FULG OVIDU	83	\$1,842	\$2,832
58662	LAP SURG; W/FULG/EXCIS LES-OVARY	63	\$2,801	\$3,700

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

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

119 Cottonwood Hospital Medical Center

Procedure APG category		TOTAL #	TOTAL # (ALL Hospitals)
Procedure APG			
01	INTEGUMENTARY SYSTEM	707	8,392
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	232	2,819
	003 COMPLEX INCISION AND DRAINAGE	2	75
	004 SIMPLE INCISION AND DRAINAGE	2	29
	006 SIMPLE DEBRIDEMENT AND DESTRUCTION	15	125
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	67	1,059
	008 SIMPLE EXCISION AND BIOPSY	61	893
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRANGE	30	184
	011 SIMPLE INCISION AND EXCISION OF BREAST	280	2,817
	012 BREAST RECONSTRUCTION AND MASTECTOMY	18	386
02	MUSCULOSKELETAL SYSTEM	3,291	48,493
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	400	6,083
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	163	1,938
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	136	1,829
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	841	10,165
	025 ARTHROSCOPY	1,285	20,364
	027 SPLINT, STRAPPING AND CAST REMOVAL	1	98
	028 CLOSED TREATMENT FX & DISLOCATION OF FINGER, TOE & TRUNK	5	49
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	35	611
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	167	3,214
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	12	397
	032 BUNION PROCEDURES	196	1,475
	033 ARTHROPLASTY	25	486
	034 HAND AND FOOT TENOTOMY	12	234
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	13	1,499
03	RESPIRATORY SYSTEM	682	6,895
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	7	706
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	599	4,493
	054 SIMPLE ENDOSCOPY OF THE UPPER AIRWAY	9	334
	055 ENDOSCOPY OF THE LOWER AIRWAY	67	1,362
04	CARDIOVASCULAR SYSTEM	1,542	25,643
	075 PLACEMENT OF TRANSVENOUS CATHETERS	8	750
	076 DIAGNOSTIC CARDIAC CATHETERIZATION	1,391	17,680
	077 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	30	1,469
	078 PACEMAKER INSERTION AND REPLACEMENT	32	517
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	20	714
	080 MINOR VASCULAR REPAIR AND FISTULA CONSTRUCTION	21	1,407
	081 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	20	273
	082 VASCULAR LIGATION	20	442
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	164	2,342
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	161	1,515
	097 TRANSFUSION	3	792
06	DIGESTIVE SYSTEM	10,965	82,913
	111 ALIMENTARY TESTS AND SIMPLE TUBE PLACEMENT	2	204
	112 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	119	1,137
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	58	832

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

119 Cottonwood Hospital Medical Center

procedure APG category	procedure APG	TOTAL #	TOTAL # (ALL Hospitals)
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	41	336
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	2,549	17,918
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	577	4,477
	117 LOWER GASTROINTESTINAL ENDOSCOPY	5,340	33,312
	118 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	120	1,553
	119 HERNIA AND HYDROCELE PROCEDURES	701	6,781
	120 COMPLEX ANAL AND RECTAL PROCEDURES	179	911
	121 SIMPLE ANAL AND RECTAL PROCEDURES	74	544
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	17	516
	123 COMPLEX LAPAROSCOPIC PROCEDURES	1,183	14,187
	124 SIMPLE LAPAROSCOPIC PROCEDURES	5	205
07	URINARY SYSTEM	378	7,406
	131 RENAL EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	9	727
	133 URINARY CATHETERIZATION AND DILATATION	12	331
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	154	3,121
	135 MODERATE CYSTOURETHROSCOPY	139	2,378
	136 SIMPLE CYSTOURETHROSCOPY	50	623
	137 COMPLEX URETHRAL PROCEDURES	11	117
	138 SIMPLE URETHRAL PROCEDURES	3	106
08	MALE GENITAL SYSTEM	169	2,988
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	106	1,293
	152 INSERTION OF PENILE PROSTHESIS	18	72
	153 COMPLEX PENILE PROCEDURES	14	416
	154 SIMPLE PENILE PROCEDURES	28	901
	155 PROSTATE NEEDLE AND PUNCH BIOPSY	3	306
09	FEMALE GENITAL SYSTEM	546	5,316
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	119	1,138
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	138	1,162
	178 DILATION AND CURETTAGE	130	831
	179 HYSTEROSCOPY	146	2,031
	180 COLPOSCOPY	13	153
10	NERVOUS SYSTEM	641	17,622
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	281	11,950
	196 REVISION AND REMOVAL OF NEUROLOGICAL DEVICE	4	165
	198 NERVE REPAIR AND DESTRUCTION	356	4,478
11	EYE AND OCULAR ADNEXA	1,631	10,930
	211 MINOR OPHTHALMOLOGICAL TESTS AND PROCEDURES	6	29
	214 CATARACT PROCEDURES	1,358	4,649
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	84	475
	216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	57	351
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	33	185
	218 COMPLEX POSTERIOR SEGMENT EYE PROCEDURES	5	376
	219 SIMPLE POSTERIOR SEGMENT EYE PROCEDURES	3	192
	220 STRABISMUS AND MUSCLE EYE PROCEDURES	19	794
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	33	793
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	7	477

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

119 Cottonwood Hospital Medical Center

procedure APG category	procedure APG	TOTAL #	TOTAL # (ALL Hospitals)
	223 VITRECTOMY	26	1,677
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	2,578	29,079
	233 NASAL CAUTERIZATION AND PACKING	7	218
	234 COMPLEX FACIAL AND ENT PROCEDURES	663	5,162
	235 SIMPLE FACIAL AND ENT PROCEDURES	1,072	15,442
	236 TONSIL AND ADENOID PROCEDURES	836	8,217
13	THERAPUTIC AND OTHER RADIOLOGICAL PROCEDURES	49	3,748
	253 VASCULAR RADIOLOGY EXCEPT FOR VENOGRAPHY OF EXTREMITY	25	1,528
	254 MYELOGRAPHY	11	431
	255 MISCELLANEOUS RADIOLOGICAL PROCEDURES WITH CONTRAST	13	1,787

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

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 PROCEDURE APG CATEGORY, PROCEDURE APG, SINGLE APG ONLY
 BASED ON REPORTABLE* CPT-4 PROCEDURES

119 Cottonwood Hospital Medical Center

Procedure APG category	Procedure APG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
01	INTEGUMENTARY SYSTEM	512	\$1,556	\$2,329
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	202	\$1,531	\$1,821
	003 COMPLEX INCISION AND DRAINAGE	2	\$861	\$2,503
	004 SIMPLE INCISION AND DRAINAGE	1	\$4,578	\$2,861
	006 SIMPLE DEBRIDEMENT AND DESTRUCTION	6	\$1,144	\$1,996
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	43	\$1,688	\$2,689
	008 SIMPLE EXCISION AND BIOPSY	33	\$1,361	\$2,380
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRAN	3	\$1,127	\$2,990
	011 SIMPLE INCISION AND EXCISION OF BREAST	206	\$1,479	\$2,426
	012 BREAST RECONSTRUCTION AND MASTECTOMY	16	\$3,038	\$4,376
02	MUSCULOSKELETAL SYSTEM	1,147	\$2,267	\$3,320
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	129	\$2,890	\$4,704
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	39	\$1,884	\$3,131
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	34	\$2,854	\$3,886
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	345	\$1,605	\$2,294
	025 ARTHROSCOPY	352	\$2,647	\$3,776
	028 CLOSED TREATMENT FX & DISLOCATION OF FINGER, TOE & TRUNK	3	\$1,423	\$1,922
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	20	\$1,240	\$2,528
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	125	\$2,383	\$3,911
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	1	\$1,198	\$2,240
	032 BUNION PROCEDURES	86	\$2,404	\$3,144
	033 ARTHROPLASTY	9	\$3,383	\$4,649
	034 HAND AND FOOT TENOTOMY	2	\$1,323	\$1,827
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	2	\$1,663	\$679
03	RESPIRATORY SYSTEM	99	\$1,595	\$1,669
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	2	\$1,072	\$957
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	49	\$1,588	\$2,885
	054 SIMPLE ENDOSCOPY OF THE UPPER AIRWAY	4	\$1,118	\$994
	055 ENDOSCOPY OF THE LOWER AIRWAY	44	\$1,669	\$1,724
04	CARDIOVASCULAR SYSTEM	42	\$10,505	\$4,966
	075 PLACEMENT OF TRANSVENOUS CATHETERS	1	\$1,494	\$2,141
	077 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	3	\$4,559	\$10,655
	078 PACEMAKER INSERTION AND REPLACEMENT	19	\$19,306	\$18,642
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	3	\$5,662	\$2,283
	080 MINOR VASCULAR REPAIR AND FISTULA CONSTRUCTION	9	\$2,550	\$3,673
	081 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	2	\$2,718	\$3,307
	082 VASCULAR LIGATION	5	\$2,772	\$3,967
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	85	\$2,804	\$3,010
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	85	\$2,804	\$3,705
06	DIGESTIVE SYSTEM	7,642	\$984	\$1,825
	112 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	7	\$998	\$1,000
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	36	\$360	\$729
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	28	\$468	\$862
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	1,600	\$576	\$987
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	176	\$1,035	\$1,381

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 PROCEDURE APG CATEGORY, PROCEDURE APG, SINGLE APG ONLY
 BASED ON REPORTABLE* CPT-4 PROCEDURES

119 Cottonwood Hospital Medical Center

procedure APG category	Procedure APG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
	117 LOWER GASTROINTESTINAL ENDOSCOPY	4,363	\$625	\$956
	118 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	55	\$2,232	\$2,679
	119 HERNIA AND HYDROCELE PROCEDURES	382	\$2,039	\$2,876
	120 COMPLEX ANAL AND RECTAL PROCEDURES	137	\$1,332	\$2,344
	121 SIMPLE ANAL AND RECTAL PROCEDURES	42	\$1,131	\$1,854
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	8	\$1,835	\$2,435
	123 COMPLEX LAPAROSCOPIC PROCEDURES	808	\$3,104	\$4,923
07	URINARY SYSTEM	188	\$2,170	\$3,713
	133 URINARY CATHETERIZATION AND DILATATION	5	\$2,439	\$2,727
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	67	\$2,485	\$3,653
	135 MODERATE CYSTOURETHROSCOPY	91	\$1,905	\$2,892
	136 SIMPLE CYSTOURETHROSCOPY	15	\$1,530	\$1,768
	137 COMPLEX URETHRAL PROCEDURES	8	\$3,798	\$3,621
	138 SIMPLE URETHRAL PROCEDURES	2	\$1,289	\$1,570
08	MALE GENITAL SYSTEM	102	\$3,495	\$2,549
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	45	\$1,417	\$2,171
	152 INSERTION OF PENILE PROSTHESIS	15	\$10,859	\$13,411
	153 COMPLEX PENILE PROCEDURES	13	\$6,287	\$2,856
	154 SIMPLE PENILE PROCEDURES	28	\$1,523	\$1,466
	155 PROSTATE NEEDLE AND PUNCH BIOPSY	1	\$5,485	\$3,741
09	FEMALE GENITAL SYSTEM	314	\$2,078	\$2,961
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	59	\$3,896	\$4,273
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	96	\$1,343	\$2,362
	178 DILATION AND CURETTAGE	100	\$1,433	\$1,817
	179 HYSTEROSCOPY	54	\$2,619	\$3,360
	180 COLPOSCOPY	5	\$1,804	\$2,234
10	NERVOUS SYSTEM	300	\$1,332	\$1,454
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	137	\$891	\$836
	196 REVISION AND REMOVAL OF NEUROLOGICAL DEVICE	2	\$1,018	\$5,633
	198 NERVE REPAIR AND DESTRUCTION	161	\$1,711	\$2,095
11	EYE AND OCULAR ADNEXA	1,475	\$2,393	\$2,574
	211 MINOR OPHTHALMOLOGICAL TESTS AND PROCEDURES	1	\$903	\$1,391
	214 CATARACT PROCEDURES	1,315	\$2,283	\$2,790
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	70	\$4,661	\$2,228
	216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	32	\$1,635	\$1,881
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	10	\$1,522	\$2,320
	218 COMPLEX POSTERIOR SEGMENT EYE PROCEDURES	4	\$3,340	\$4,521
	219 SIMPLE POSTERIOR SEGMENT EYE PROCEDURES	2	\$2,216	\$2,589
	220 STRABISMUS AND MUSCLE EYE PROCEDURES	3	\$1,517	\$1,783
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	22	\$2,433	\$3,198
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	4	\$1,448	\$1,766
	223 VITRECTOMY	12	\$4,302	\$4,907
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	1,239	\$1,128	\$1,992
	233 NASAL CAUTERIZATION AND PACKING	5	\$1,340	\$2,294
	234 COMPLEX FACIAL AND ENT PROCEDURES	153	\$2,229	\$3,775

AMB ST 1-5
 UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 PROCEDURE APG CATEGORY, PROCEDURE APG, SINGLE APG ONLY
 BASED ON REPORTABLE* CPT-4 PROCEDURES

119 Cottonwood Hospital Medical Center

procedure APG category Procedure APG	TOTAL #	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
235 SIMPLE FACIAL AND ENT PROCEDURES	462	\$817	\$1,425
236 TONSIL AND ADENOID PROCEDURES	619	\$1,087	\$1,795
13 THERAPUTIC AND OTHER RADIOLOGICAL PROCEDURES	1	\$5,888	\$1,931
253 VASCULAR RADIOLOGY EXCEPT FOR VENOGRAPHY OF EXTREMITY	1	\$5,888	\$5,014

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

AMB ST 1-6

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

119 Cottonwood Hospital Medical Center

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
GENDER				
Female	10,059	56.3	107,216	54.5
Male	7,792	43.7	89,560	45.5
Unknown	0	0.0	2	0.0
Not Reported	0	0.0	0	0.0
AGE				
1-28 days	0	0.0	199	0.1
29-365 days	111	0.6	2,895	1.5
1-4 years	521	2.9	10,718	5.4
5-9	331	1.9	6,003	3.1
10-14	404	2.3	4,605	2.3
15-17	341	1.9	4,474	2.3
18-19	293	1.6	3,608	1.8
20-24	953	5.3	10,974	5.6
25-29	1,063	6.0	11,529	5.9
30-34	1,056	5.9	10,974	5.6
35-39	1,075	6.0	11,089	5.6
40-44	1,411	7.9	13,913	7.1
45-49	1,548	8.7	15,367	7.8
50-54	2,353	13.2	18,693	9.5
55-59	1,854	10.4	16,175	8.2
60-64	1,557	8.7	13,797	7.0
65-69	891	5.0	12,250	6.2
70-74	781	4.4	11,038	5.6
75-79	684	3.8	9,345	4.7
80-84	396	2.2	5,890	3.0
85-89	180	1.0	2,520	1.3
90 +	48	0.3	720	0.4
Not Reported	0	0.0	201	0.1
SOURCE OF ADMISSION				
Physician Referral	17,568	98.4	176,073	89.5
Clinic Referral	10	0.1	2,347	1.2
HMO Referral	5	0.0	119	0.1
Other Hospital	5	0.0	71	0.0
Skilled Nursing Facility	1	0.0	21	0.0
Other Health Care Facility	0	0.0	26	0.0
Emergency Room	262	1.5	3,467	1.8
Court/Law Enforcement	0	0.0	3	0.0
Unknown	0	0.0	3,359	1.7
Not Reported	0	0.0	11,292	5.7

(Continued)

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

119 Cottonwood Hospital Medical Center

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	17,808	99.8	196,083	99.6
Another Hospital	29	0.2	125	0.1
Skilled Nursing Facility	2	0.0	72	0.0
Intermediate Care Facility	1	0.0	9	0.0
Another Type of Institution	1	0.0	44	0.0
Under Care of Home Service	4	0.0	103	0.1
Left Against Medical Advice	1	0.0	17	0.0
Under Care of Home IV Provider	0	0.0	5	0.0
Expired	4	0.0	16	0.0
Unknown	1	0.0	304	0.2
Not Reported	0	0.0	0	0.0
PRIMARY PAYER				
Medicare	2,856	16.0	42,451	21.6
Medicaid	535	3.0	13,275	6.7
Other government	240	1.3	3,257	1.7
Blue Cross/Blue Shield	510	2.9	27,366	13.9
Other Commercial	1,633	9.1	17,254	8.8
Managed Care(HMO, PPO)	11,601	65.0	84,762	43.1
Self Pay	232	1.3	3,009	1.5
Industrial & Worker Comp	163	0.9	4,001	2.0
Charity and Unclassified	6	0.0	106	0.1
Childrens Health Insurance	14	0.1	258	0.1
Unknown	61	0.3	964	0.5
Not Reported	0	0.0	75	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	58	0.3	13,556	6.9
Central Utah	58	0.3	6,602	3.4
Davis County	506	2.8	21,257	10.8
Salt Lake County	15,639	87.6	68,961	35.0
Southeastern Utah	72	0.4	4,049	2.1
Southwest Utah	34	0.2	11,167	5.7
Summit County	257	1.4	2,258	1.1
Tooele County	397	2.2	3,742	1.9
Tri-County	47	0.3	5,041	2.6
Utah County	408	2.3	32,261	16.4
Wasatch County	50	0.3	1,500	0.8
Weber County	93	0.5	17,573	8.9
Unknown Utah	3	0.0	60	0.0
Outside Utah	224	1.3	8,682	4.4
Unknown, Not Reported	5	0.0	69	0.0

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

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

108 Davis Hospital & Medical Center

Reporting Category(ICD-9-CM CODES)	Procedures Performed		Procedures Performed-All Hospitals	
	(#)	(%)	(#)	(%)
Reporting Category(ICD-9-CM CODES)	7,650	100.0	288,895	100.0
Mastectomy (85.0-85.99)	307	4.0	6,818	2.4
Musculoskeletal (76.0-84.99)	1,179	15.4	60,015	20.8
Respiratory (30.0-34.99)	38	0.5	2,981	1.0
Cardiovascular (35.0-39.99)	328	4.3	15,622	5.4
Lymphatic/Hemetic (40.0-41.99)	41	0.5	2,260	0.8
Digestive System (42.0-54.99)	3,064	40.1	90,070	31.2
Urinary (55.0-59.99)	276	3.6	8,063	2.8
Male Genital (60.0-64.99)	129	1.7	3,587	1.2
Female Genital (65.0-71.99)	553	7.2	13,770	4.8
Endocrine/Nervous (01.0-07.99)	304	4.0	22,387	7.7
Eye (08.0-16.99)	96	1.3	19,254	6.7
Ear (18.0-20.99)	478	6.2	15,474	5.4
Nose, Mouth, Pharynx (21.0-29.99)	857	11.2	28,594	9.9
Reporting Category(CPT-4 CODES)	8,302	100.0	264,491	100.0
Mastectomy (19120-19220)	88	1.1	3,203	1.2
Musculoskeletal (20000-29909)	1,236	14.9	54,392	20.6
Respiratory (30000-32999 & 39501-39599)	370	4.5	12,829	4.9
Cardiovascular (33010-37799 & 93501-93660)	1,461	17.6	34,097	12.9
Lymphatic/Hemetic (38100-38999)	36	0.4	2,304	0.9
Digestive (40490-49999)	3,334	40.2	94,766	35.8
Urinary (50010-53899)	503	6.1	8,849	3.3
Male Genital (54000-55899)	109	1.3	3,229	1.2
Female Genital (56405-58999)	503	6.1	10,000	3.8
Endocrine/Nervous (60000-64999)	334	4.0	20,833	7.9
Eye (65091-68899)	58	0.7	11,183	4.2
Ear (69000-69979)	270	3.3	8,806	3.3

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics.

Reportable* excludes codes in the former "Other" category in previous reports.

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES

108 Davis Hospital & Medical Center

ICD-9 CODE	ICD-9 DESCRIPTION	#	%	% ALL Hospitals
All ICD-9 Procedures		7,650	100.0	100.0
4523	COLONOSCOPY	655	8.6	6.06
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	532	7.0	5.16
4542	ENDO POLYPECTOMY LG INTESTINE	412	5.4	3.38
2001	MYRINGOTOMY W/INSRT TUBE	384	5.0	4.36
4525	CLO [ENDO] BX LG INTESTINE	346	4.5	2.27
283	TONSILLECTOMY W/ADENOIDECTOMY	189	2.5	1.86
5123	LAP CHOLEY	176	2.3	2.06
3722	LT HEART CARD CATH	170	2.2	1.22
4824	CLO [ENDO] BX RECTUM	144	1.9	0.44
4836	[ENDO] POLYPECTOMY RECTUM	131	1.7	0.93
282	TONSILLECTOMY WO ADENOIDECTOMY	119	1.6	0.67
6909	OTH D&C UTERUS	107	1.4	0.61
0443	RELEASE CARPAL TUNNEL	102	1.3	1.23
8511	CLO [PERCUT] [NEEDLE] BX BREAST	100	1.3	0.22
2188	OTH SEPTOPLASTY	97	1.3	0.61
4292	DILAT ESOPH	87	1.1	1.33
8521	LOC EXC LES BREAST	87	1.1	1.03
806	EXC SEMILUNAR CARTILAGE-KNEE	81	1.1	1.79
6902	D&C FOLLOWING DELIV/AB	78	1.0	0.24
8086	OTH LOC EXC/DESTRUC JT LES-KNEE	78	1.0	1.30

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		8,302	100.0	100.0
45378	COLONOSCOPY FLEX; DX-SEP PROC	654	7.9	6.06
43239	UGI ENDO; W/BX 1/MX	532	6.4	5.28
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	397	4.8	3.55
45380	COLONOSCOPY FLEX; W/BX 1/MX	375	4.5	2.39
36600	ART PUNCTURE WITHDRAWAL BLD DX	250	3.0	0.37
93545	INJ PROC-CATH; SELECT CORONRY AN	204	2.5	1.26
69436	TYMPANOSTOMY GENERAL ANESTHESIA	199	2.4	2.51
93543	INJ PROC-CATH; LT VENT/ATRIAL AN	192	2.3	1.18
93556	IMAG SUPERVS I&R-CATH; PULM ANGI	187	2.3	1.16
93555	IMAG SUPERVS I&R-CATH; VENT/ATRI	186	2.2	0.99
93510	LT HRT CATH RETRO-BRACH/FEM; PER	173	2.1	1.00
42820	T&A; UNDER AGE 12	155	1.9	1.60
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	136	1.6	1.34
50590	LITHOTRIPSY XTRACORP SHOCK WAVE	119	1.4	0.27
45384	COLONOSCPY FLEX; REMV LES-FORCE	115	1.4	0.40
58662	LAP SURG; W/FULG/EXCIS LES-OVARY	110	1.3	0.62
58558	HYSTEROSCPY SURG; W/BX &/ POLYPE	109	1.3	0.40
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	104	1.3	0.56
30520	SEPTOPLASTY/SUBMUCOS RES W/GFT	97	1.2	0.81
49505	REPR INIT ING HERNIA 5YR/MORE; R	96	1.2	1.06

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

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 AVERAGE TOTAL CHARGES FOR MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES, SINGLE ICD-9 OR CPT-4 ONLY

108 Davis Hospital & Medical Center

ICD-9 CODE	ICD-9 DESCRIPTION	#	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
ICD-9 Procedures		3,582	\$3,519	\$2,542
4523	COLONOSCOPY	602	\$1,329	\$849
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	346	\$1,778	\$1,037
4542	ENDO POLYPECTOMY LG INTESTINE	249	\$2,224	\$1,101
5123	LAP CHOLEY	162	\$7,812	\$5,170
283	TONSILLECTOMY W/ADENOIDECTOMY	159	\$2,801	\$1,740
3722	LT HEART CARD CATH	143	\$7,319	\$5,595
4525	CLO [ENDO] BX LG INTESTINE	125	\$2,039	\$1,172
282	TONSILLECTOMY WO ADENOIDECTOMY	79	\$3,133	\$2,010
6902	D&C FOLLOWING DELIV/AB	77	\$2,923	\$2,179
0331	SPINAL TAP	62	\$2,003	\$1,245
8521	LOC EXC LES BREAST	62	\$3,425	\$2,242
0443	RELEASE CARPAL TUNNEL	56	\$2,362	\$1,882
4836	[ENDO] POLYPECTOMY RECTUM	48	\$2,039	\$1,012
8511	CLO [PERCUT] [NEEDLE] BX BREAST	42	\$981	\$1,046
6909	OTH D&C UTERUS	35	\$3,018	\$2,052
3723	COMBO RT & LT HEART CARD CATH	33	\$9,702	\$6,303
4701	LAP APPENDECTOMY	29	\$7,253	\$6,389
5303	UNILAT REPR DIRECT ING HERN-GFT	29	\$4,003	\$3,243
4824	CLO [ENDO] BX RECTUM	25	\$1,685	\$1,099
5304	UNILAT REPR INDIRECT ING HERN-GFT	23	\$4,142	\$3,100

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
CPT-4 Procedures		4,247	\$3,054	\$2,284
45378	COLONOSCOPY FLEX; DX-SEP PROC	601	\$1,330	\$818
43239	UGI ENDO; W/BX 1/MX	344	\$1,776	\$1,035
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	254	\$2,190	\$1,059
36600	ART PUNCTURE WITHDRAWAL BLD DX	249	\$558	\$1,008
45380	COLONOSCOPY FLEX; W/BX 1/MX	224	\$2,049	\$1,174
69436	TYMPANOSTOMY GENERAL ANESTHESIA	140	\$1,275	\$1,016
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	125	\$8,016	\$5,262
42820	T&A; UNDER AGE 12	123	\$2,736	\$1,662
50590	LITHOTRIPSY XTRACORP SHOCK WAVE	105	\$6,289	\$6,705
36430	TRANSFUSION BLOOD/BLOOD COMPONEN	85	\$2,720	\$2,084
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	73	\$3,193	\$2,065
49505	REPR INIT ING HERNIA 5YR/MORE; R	72	\$4,226	\$3,015
62270	SPINAL PUNCTURE LUMBAR DIAGNOSTI	64	\$2,085	\$1,175
45384	COLONOSCPY FLEX; REMV LES-FORCE	63	\$2,057	\$1,158
23350	INJ SHLDR ARTHROGRPH/ENHNCD CT/M	60	\$2,547	\$1,673
64721	NEUROPLASTY; MEDIAN @ CARPAL TUN	58	\$2,389	\$1,823
19120	EXC BRST CYST TUMR/LES OPN M/F 1	45	\$3,035	\$2,212
47562	LAPAROSCOPY SURGICAL; CHOLECT	40	\$7,015	\$5,048
58340	CATH&INTRO-CONTRST HYSTROSON/SLP	39	\$504	\$631
51600	INJ PROC-CYSTOGRAPHY	34	\$1,029	\$958

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

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

108 Davis Hospital & Medical Center

Procedure APG category		TOTAL #	TOTAL # (ALL Hospitals)
Procedure APG			
01	INTEGUMENTARY SYSTEM	197	8,392
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	34	2,819
	003 COMPLEX INCISION AND DRAINAGE	2	75
	006 SIMPLE DEBRIDEMENT AND DESTRUCTION	3	125
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	41	1,059
	008 SIMPLE EXCISION AND BIOPSY	23	893
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRANGE	6	184
	011 SIMPLE INCISION AND EXCISION OF BREAST	81	2,817
	012 BREAST RECONSTRUCTION AND MASTECTOMY	7	386
02	MUSCULOSKELETAL SYSTEM	1,054	48,493
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	252	6,083
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	20	1,938
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	55	1,829
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	284	10,165
	025 ARTHROSCOPY	253	20,364
	027 SPLINT, STRAPPING AND CAST REMOVAL	2	98
	028 CLOSED TREATMENT FX & DISLOCATION OF FINGER, TOE & TRUNK	1	49
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	14	611
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	75	3,214
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	14	397
	032 BUNION PROCEDURES	66	1,475
	033 ARTHROPLASTY	4	486
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	14	1,499
03	RESPIRATORY SYSTEM	169	6,895
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	6	706
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	129	4,493
	054 SIMPLE ENDOSCOPY OF THE UPPER AIRWAY	7	334
	055 ENDOSCOPY OF THE LOWER AIRWAY	27	1,362
04	CARDIOVASCULAR SYSTEM	1,104	25,643
	075 PLACEMENT OF TRANSVENOUS CATHETERS	30	750
	076 DIAGNOSTIC CARDIAC CATHETERIZATION	1,020	17,680
	077 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	2	1,469
	078 PACEMAKER INSERTION AND REPLACEMENT	15	517
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	13	714
	080 MINOR VASCULAR REPAIR AND FISTULA CONSTRUCTION	17	1,407
	081 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	2	273
	082 VASCULAR LIGATION	4	442
	083 RESUSCITATION AND CARADIOVERSION	1	12
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	124	2,342
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	38	1,515
	097 TRANSFUSION	86	792
06	DIGESTIVE SYSTEM	3,045	82,913
	112 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	9	1,137
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	11	832
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	7	336
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	573	17,918

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

108 Davis Hospital & Medical Center

procedure APG category	procedure APG	TOTAL #	TOTAL # (ALL Hospitals)
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	103	4,477
	117 LOWER GASTROINTESTINAL ENDOSCOPY	1,545	33,312
	118 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	30	1,553
	119 HERNIA AND HYDROCELE PROCEDURES	231	6,781
	120 COMPLEX ANAL AND RECTAL PROCEDURES	21	911
	121 SIMPLE ANAL AND RECTAL PROCEDURES	8	544
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	4	516
	123 COMPLEX LAPAROSCOPIC PROCEDURES	503	14,187
07	URINARY SYSTEM	460	7,406
	131 RENAL EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	119	727
	133 URINARY CATHETERIZATION AND DILATATION	2	331
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	179	3,121
	135 MODERATE CYSTOURETHROSCOPY	126	2,378
	136 SIMPLE CYSTOURETHROSCOPY	24	623
	137 COMPLEX URETHRAL PROCEDURES	7	117
	138 SIMPLE URETHRAL PROCEDURES	3	106
08	MALE GENITAL SYSTEM	93	2,988
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	48	1,293
	153 COMPLEX PENILE PROCEDURES	6	416
	154 SIMPLE PENILE PROCEDURES	37	901
	155 PROSTATE NEEDLE AND PUNCH BIOPSY	2	306
09	FEMALE GENITAL SYSTEM	275	5,316
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	53	1,138
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	49	1,162
	178 DILATION AND CURETTAGE	20	831
	179 HYSTEROSCOPY	149	2,031
	180 COLPOSCOPY	4	153
10	NERVOUS SYSTEM	251	17,622
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	18	11,950
	196 REVISION AND REMOVAL OF NEUROLOGICAL DEVICE	1	165
	197 NEUROSTIMULATOR AND VENTRICULAR SHUNT IMPLANTATION	14	461
	198 NERVE REPAIR AND DESTRUCTION	153	4,478
	199 SPINAL TAP	65	568
11	EYE AND OCULAR ADNEXA	57	10,930
	214 CATARACT PROCEDURES	28	4,649
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	8	475
	216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	4	351
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	5	185
	220 STRABISMUS AND MUSCLE EYE PROCEDURES	4	794
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	4	793
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	2	477
	223 VITRECTOMY	2	1,677
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	930	29,079
	233 NASAL CAUTERIZATION AND PACKING	6	218
	234 COMPLEX FACIAL AND ENT PROCEDURES	196	5,162
	235 SIMPLE FACIAL AND ENT PROCEDURES	373	15,442

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

108 Davis Hospital & Medical Center

procedure APG category	procedure APG	TOTAL #	TOTAL # (ALL Hospitals)
	236 TONSIL AND ADENOID PROCEDURES	355	8,217
13	THERAPUTIC AND OTHER RADIOLOGICAL PROCEDURES	166	3,748
	253 VASCULAR RADIOLOGY EXCEPT FOR VENOGRAPHY OF EXTREMITY	1	1,528
	254 MYELOGRAPHY	24	431
	255 MISCELLANEOUS RADIOLOGICAL PROCEDURES WITH CONTRAST	141	1,787

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

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 PROCEDURE APG CATEGORY, PROCEDURE APG, SINGLE APG ONLY
 BASED ON REPORTABLE* CPT-4 PROCEDURES

108 Davis Hospital & Medical Center

Procedure APG category	Procedure APG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
01	INTEGUMENTARY SYSTEM	149	\$3,072	\$2,329
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	29	\$2,117	\$1,821
	003 COMPLEX INCISION AND DRAINAGE	2	\$3,541	\$2,503
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	32	\$2,787	\$2,689
	008 SIMPLE EXCISION AND BIOPSY	15	\$3,146	\$2,380
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRAN	4	\$3,471	\$2,990
	011 SIMPLE INCISION AND EXCISION OF BREAST	66	\$3,552	\$2,426
	012 BREAST RECONSTRUCTION AND MASTECTOMY	1	\$4,491	\$4,376
02	MUSCULOSKELETAL SYSTEM	356	\$5,039	\$3,320
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	66	\$5,997	\$4,704
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	14	\$5,459	\$3,131
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	18	\$6,356	\$3,886
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	103	\$3,810	\$2,294
	025 ARTHROSCOPY	53	\$5,242	\$3,776
	027 SPLINT, STRAPPING AND CAST REMOVAL	2	\$594	\$524
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	8	\$4,078	\$2,528
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	54	\$6,575	\$3,911
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	10	\$1,826	\$2,240
	032 BUNION PROCEDURES	23	\$4,649	\$3,144
	033 ARTHROPLASTY	3	\$6,570	\$4,649
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	2	\$1,610	\$679
03	RESPIRATORY SYSTEM	37	\$2,282	\$1,669
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	6	\$1,220	\$957
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	14	\$3,694	\$2,885
	054 SIMPLE ENDOSCOPY OF THE UPPER AIRWAY	1	\$2,868	\$994
	055 ENDOSCOPY OF THE LOWER AIRWAY	16	\$1,407	\$1,724
04	CARDIOVASCULAR SYSTEM	78	\$8,457	\$4,966
	075 PLACEMENT OF TRANSVENOUS CATHETERS	30	\$1,803	\$2,141
	076 DIAGNOSTIC CARDIAC CATHETERIZATION	6	\$10,466	\$4,944
	078 PACEMAKER INSERTION AND REPLACEMENT	13	\$31,868	\$18,642
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	8	\$1,889	\$2,283
	080 MINOR VASCULAR REPAIR AND FISTULA CONSTRUCTION	16	\$5,483	\$3,673
	081 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	1	\$4,772	\$3,307
	082 VASCULAR LIGATION	4	\$5,219	\$3,967
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	110	\$3,463	\$3,010
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	25	\$5,989	\$3,705
	097 TRANSFUSION	85	\$2,720	\$2,084
06	DIGESTIVE SYSTEM	2,075	\$2,727	\$1,825
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	7	\$1,201	\$729
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	6	\$1,618	\$862
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	364	\$1,738	\$987
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	47	\$1,553	\$1,381
	117 LOWER GASTROINTESTINAL ENDOSCOPY	1,144	\$1,702	\$956
	118 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	11	\$2,688	\$2,679
	119 HERNIA AND HYDROCELE PROCEDURES	142	\$3,989	\$2,876

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 PROCEDURE APG CATEGORY, PROCEDURE APG, SINGLE APG ONLY
 BASED ON REPORTABLE* CPT-4 PROCEDURES

108 Davis Hospital & Medical Center

procedure APG category	Procedure APG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
	120 COMPLEX ANAL AND RECTAL PROCEDURES	17	\$4,841	\$2,344
	121 SIMPLE ANAL AND RECTAL PROCEDURES	5	\$3,032	\$1,854
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	3	\$4,802	\$2,435
	123 COMPLEX LAPAROSCOPIC PROCEDURES	329	\$6,927	\$4,923
07	URINARY SYSTEM	181	\$5,249	\$3,713
	131 RENAL EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	105	\$6,289	\$6,705
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	29	\$4,385	\$3,653
	135 MODERATE CYSTOURETHROSCOPY	30	\$3,686	\$2,892
	136 SIMPLE CYSTOURETHROSCOPY	9	\$2,262	\$1,768
	137 COMPLEX URETHRAL PROCEDURES	6	\$4,139	\$3,621
	138 SIMPLE URETHRAL PROCEDURES	2	\$3,363	\$1,570
08	MALE GENITAL SYSTEM	52	\$3,349	\$2,549
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	21	\$3,943	\$2,171
	153 COMPLEX PENILE PROCEDURES	5	\$4,406	\$2,856
	154 SIMPLE PENILE PROCEDURES	26	\$2,666	\$1,466
09	FEMALE GENITAL SYSTEM	92	\$3,978	\$2,961
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	20	\$6,119	\$4,273
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	20	\$2,913	\$2,362
	178 DILATION AND CURETTAGE	11	\$2,728	\$1,817
	179 HYSTEROSCOPY	39	\$3,817	\$3,360
	180 COLPOSCOPY	2	\$3,244	\$2,234
10	NERVOUS SYSTEM	144	\$2,496	\$1,454
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	15	\$628	\$836
	197 NEUROSTIMULATOR AND VENTRICULAR SHUNT IMPLANTATION	2	\$27,865	\$19,201
	198 NERVE REPAIR AND DESTRUCTION	62	\$2,571	\$2,095
	199 SPINAL TAP	65	\$2,074	\$1,172
11	EYE AND OCULAR ADNEXA	39	\$4,941	\$2,574
	214 CATARACT PROCEDURES	22	\$5,150	\$2,790
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	7	\$6,262	\$2,228
	216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	3	\$2,783	\$1,881
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	3	\$2,765	\$2,320
	220 STRABISMUS AND MUSCLE EYE PROCEDURES	2	\$6,069	\$1,783
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	1	\$4,242	\$3,198
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	1	\$2,518	\$1,766
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	469	\$2,563	\$1,992
	234 COMPLEX FACIAL AND ENT PROCEDURES	41	\$5,114	\$3,775
	235 SIMPLE FACIAL AND ENT PROCEDURES	185	\$1,583	\$1,425
	236 TONSIL AND ADENOID PROCEDURES	243	\$2,879	\$1,795
13	THERAPUTIC AND OTHER RADIOLOGICAL PROCEDURES	164	\$1,836	\$1,931
	254 MYELOGRAPHY	24	\$3,333	\$2,518
	255 MISCELLANEOUS RADIOLOGICAL PROCEDURES WITH CONTRAST	140	\$1,579	\$1,346

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

Reportable* excludes codes in the former "Other" category in previous reports.

AMB ST 1-6

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

108 Davis Hospital & Medical Center

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
GENDER				
Female	3,255	54.2	107,216	54.5
Male	2,756	45.8	89,560	45.5
Unknown	0	0.0	2	0.0
Not Reported	0	0.0	0	0.0
AGE				
1-28 days	4	0.1	199	0.1
29-365 days	46	0.8	2,895	1.5
1-4 years	244	4.1	10,718	5.4
5-9	175	2.9	6,003	3.1
10-14	114	1.9	4,605	2.3
15-17	113	1.9	4,474	2.3
18-19	116	1.9	3,608	1.8
20-24	367	6.1	10,974	5.6
25-29	359	6.0	11,529	5.9
30-34	332	5.5	10,974	5.6
35-39	358	6.0	11,089	5.6
40-44	451	7.5	13,913	7.1
45-49	487	8.1	15,367	7.8
50-54	660	11.0	18,693	9.5
55-59	551	9.2	16,175	8.2
60-64	439	7.3	13,797	7.0
65-69	373	6.2	12,250	6.2
70-74	353	5.9	11,038	5.6
75-79	268	4.5	9,345	4.7
80-84	132	2.2	5,890	3.0
85-89	60	1.0	2,520	1.3
90 +	9	0.1	720	0.4
Not Reported	4	0.1	201	0.1
SOURCE OF ADMISSION				
Physician Referral	5,990	99.7	176,073	89.5
Clinic Referral	2	0.0	2,347	1.2
HMO Referral	2	0.0	119	0.1
Other Hospital	0	0.0	71	0.0
Skilled Nursing Facility	1	0.0	21	0.0
Other Health Care Facility	0	0.0	26	0.0
Emergency Room	16	0.3	3,467	1.8
Court/Law Enforcement	0	0.0	3	0.0
Unknown	0	0.0	3,359	1.7
Not Reported	0	0.0	11,292	5.7

(Continued)

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

108 Davis Hospital & Medical Center

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	5,999	99.8	196,083	99.6
Another Hospital	0	0.0	125	0.1
Skilled Nursing Facility	2	0.0	72	0.0
Intermediate Care Facility	0	0.0	9	0.0
Another Type of Institution	4	0.1	44	0.0
Under Care of Home Service	5	0.1	103	0.1
Left Against Medical Advice	0	0.0	17	0.0
Under Care of Home IV Provider	0	0.0	5	0.0
Expired	0	0.0	16	0.0
Unknown	1	0.0	304	0.2
Not Reported	0	0.0	0	0.0
PRIMARY PAYER				
Medicare	1,155	19.2	42,451	21.6
Medicaid	251	4.2	13,275	6.7
Other government	477	7.9	3,257	1.7
Blue Cross/Blue Shield	771	12.8	27,366	13.9
Other Commercial	767	12.8	17,254	8.8
Managed Care(HMO, PPO)	2,492	41.5	84,762	43.1
Self Pay	54	0.9	3,009	1.5
Industrial & Worker Comp	41	0.7	4,001	2.0
Charity and Unclassified	0	0.0	106	0.1
Childrens Health Insurance	0	0.0	258	0.1
Unknown	3	0.0	964	0.5
Not Reported	0	0.0	75	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	63	1.0	13,556	6.9
Central Utah	6	0.1	6,602	3.4
Davis County	4,678	77.8	21,257	10.8
Salt Lake County	102	1.7	68,961	35.0
Southeastern Utah	1	0.0	4,049	2.1
Southwest Utah	7	0.1	11,167	5.7
Summit County	8	0.1	2,258	1.1
Tooele County	11	0.2	3,742	1.9
Tri-County	4	0.1	5,041	2.6
Utah County	17	0.3	32,261	16.4
Wasatch County	2	0.0	1,500	0.8
Weber County	1,036	17.2	17,573	8.9
Unknown Utah	0	0.0	60	0.0
Outside Utah	75	1.2	8,682	4.4
Unknown, Not Reported	1	0.0	69	0.0

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

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

116 Delta Community Medical Center

Reporting Category(ICD-9-CM CODES)	Procedures Performed		Procedures Performed-All Hospitals	
	(#)	(%)	(#)	(%)
Reporting Category(ICD-9-CM CODES)	568	100.0	288,895	100.0
Mastectomy (85.0-85.99)	14	2.5	6,818	2.4
Musculoskeletal (76.0-84.99)	6	1.1	60,015	20.8
Respiratory (30.0-34.99)	0	0.0	2,981	1.0
Cardiovascular (35.0-39.99)	0	0.0	15,622	5.4
Lymphatic/Hemetic (40.0-41.99)	3	0.5	2,260	0.8
Digestive System (42.0-54.99)	219	38.6	90,070	31.2
Urinary (55.0-59.99)	1	0.2	8,063	2.8
Male Genital (60.0-64.99)	7	1.2	3,587	1.2
Female Genital (65.0-71.99)	34	6.0	13,770	4.8
Endocrine/Nervous (01.0-07.99)	5	0.9	22,387	7.7
Eye (08.0-16.99)	68	12.0	19,254	6.7
Ear (18.0-20.99)	149	26.2	15,474	5.4
Nose,Mouth,Pharynx (21.0-29.99)	62	10.9	28,594	9.9
Reporting Category(CPT-4 CODES)	458	100.0	264,491	100.0
Mastectomy (19120-19220)	13	2.8	3,203	1.2
Musculoskeletal (20000-29909)	5	1.1	54,392	20.6
Respiratory (30000-32999 & 39501-39599)	2	0.4	12,829	4.9
Cardiovascular (33010-37799 & 93501-93660)	0	0.0	34,097	12.9
Lymphatic/Hemetic (38100-38999)	3	0.7	2,304	0.9
Digestive (40490-49999)	272	59.4	94,766	35.8
Urinary (50010-53899)	1	0.2	8,849	3.3
Male Genital (54000-55899)	5	1.1	3,229	1.2
Female Genital (56405-58999)	18	3.9	10,000	3.8
Endocrine/Nervous (60000-64999)	5	1.1	20,833	7.9
Eye (65091-68899)	39	8.5	11,183	4.2
Ear (69000-69979)	95	20.7	8,806	3.3

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics.

Reportable* excludes codes in the former "Other" category in previous reports.

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES

116 Delta Community Medical Center

ICD-9 CODE	ICD-9 DESCRIPTION	#	%	% ALL Hospitals
All ICD-9 Procedures		568	100.0	100.0
2001	MYRINGOTOMY W/INSRT TUBE	125	22.0	4.36
4523	COLONOSCOPY	76	13.4	6.06
283	TONSILLECTOMY W/ADENOIDECTOMY	50	8.8	1.86
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	41	7.2	5.16
1341	PHACOEMULSIFICATION-ASPIR CATARACT	29	5.1	1.57
1371	IOL PROSTH-CATARACT EXTRACT-1-STAGE	29	5.1	1.60
4542	ENDO POLYPECTOMY LG INTESTINE	27	4.8	3.38
201	REMOV TYMPANOSTOMY TUBE	18	3.2	0.18
4525	CLO [ENDO] BX LG INTESTINE	17	3.0	2.27
4836	[ENDO] POLYPECTOMY RECTUM	15	2.6	0.93
8521	LOC EXC LES BREAST	14	2.5	1.03
4513	OTH ENDO SM INTESTINE	10	1.8	2.14
6909	OTH D&C UTERUS	9	1.6	0.61
1364	DISCISSION SECNDRY MEMBRN	8	1.4	0.28
6952	ASPIR CURET FOLLOWING DELIV/AB	8	1.4	0.51
4824	CLO [ENDO] BX RECTUM	6	1.1	0.44
5304	UNILAT REPR INDIRECT ING HERN-GFT	6	1.1	0.52
6629	OTH BIL ENDO DESTRUC FALLOP TUBES	6	1.1	0.31
0443	RELEASE CARPAL TUNNEL	5	0.9	1.23
286	ADENOIDECTOMY WO TONSILLECTOMY	5	0.9	0.42

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		458	100.0	100.0
69436	TYMPANOSTOMY GENERAL ANESTHESIA	82	17.9	2.51
45378	COLONOSCOPY FLEX; DX-SEP PROC	73	15.9	6.06
42820	T&A; UNDER AGE 12	42	9.2	1.60
43239	UGI ENDO; W/BX 1/MX	38	8.3	5.28
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	36	7.9	3.55
66984	EXTRACAPSULAR CATARACT REMV IOL	27	5.9	1.67
45380	COLONOSCOPY FLEX; W/BX 1/MX	17	3.7	2.39
19120	EXC BRST CYST TUMR/LES OPN M/F 1	13	2.8	0.74
69424	VENTILATING TUBE REMV RQR GEN AN	12	2.6	0.08
58120	DILATION & CURET DX &/ THERAPEUT	9	2.0	0.31
42821	T&A; AGE 12 OR OVER	8	1.7	0.36
66821	DISCISSION 2ND CATARACT; LASER S	8	1.7	0.33
49505	REPR INIT ING HERNIA 5YR/MORE; R	6	1.3	1.06
58670	LAPARSCPY SURGICAL; W/FULG OVIDU	6	1.3	0.23
42830	ADENOIDECTOMY PRIMARY; UNDER AGE	5	1.1	0.41
43235	UGI ENDO; DX W/NO CLCT SPECMN-SP	5	1.1	1.45
43247	UGI ENDO; W/REMOVAL FB	5	1.1	0.12
49322	LAPARSCPY SURG; W/ASPIR CAVITY/C	5	1.1	0.12
54152	CIRC USING CLAMP/OTH DEVICE; NOT	5	1.1	0.02
64721	NEUROPLASTY; MEDIAN @ CARPAL TUN	5	1.1	0.87

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

Reportable* excludes codes in the former "Other" category in previous reports.

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 AVERAGE TOTAL CHARGES FOR MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES, SINGLE ICD-9 OR CPT-4 ONLY

116 Delta Community Medical Center

ICD-9 CODE	ICD-9 DESCRIPTION	#	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
ICD-9 Procedures		283	\$1,523	\$2,542
4523	COLONOSCOPY	65	\$970	\$849
283	TONSILLECTOMY W/ADENOIDECTOMY	46	\$2,075	\$1,740
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	24	\$1,038	\$1,037
4542	ENDO POLYPECTOMY LG INTESTINE	18	\$1,121	\$1,101
4836	[ENDO] POLYPECTOMY RECTUM	10	\$1,106	\$1,012
8521	LOC EXC LES BREAST	10	\$2,065	\$2,242
6909	OTH D&C UTERUS	9	\$1,554	\$2,052
1364	DISCISSION SECNDRY MEMBRN	8	\$654	\$574
4525	CLO [ENDO] BX LG INTESTINE	8	\$1,034	\$1,172
6952	ASPIR CURET FOLLOWING DELIV/AB	8	\$1,661	\$1,938
4513	OTH ENDO SM INTESTINE	7	\$1,035	\$917
5304	UNILAT REPR INDIRECT ING HERN-GFT	6	\$3,369	\$3,100
0443	RELEASE CARPAL TUNNEL	5	\$1,495	\$1,882
640	CIRCUMCISION	5	\$1,277	\$1,442
6629	OTH BIL ENDO DESTRUC FALLOP TUBES	5	\$2,315	\$2,947
2001	MYRINGOTOMY W/INSRT TUBE	4	\$967	\$1,051
4824	CLO [ENDO] BX RECTUM	4	\$1,059	\$1,099
6591	ASPIR OVARY	4	\$2,912	\$3,645
5303	UNILAT REPR DIRECT ING HERN-GFT	3	\$2,960	\$3,243
8221	EXC LES TENDON SHEATH HAND	3	\$1,432	\$1,892

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
CPT-4 Procedures		352	\$1,562	\$2,284
45378	COLONOSCOPY FLEX; DX-SEP PROC	68	\$996	\$818
69436	TYMPANOSTOMY GENERAL ANESTHESIA	42	\$817	\$1,016
42820	T&A; UNDER AGE 12	40	\$2,054	\$1,662
43239	UGI ENDO; W/BX 1/MX	30	\$1,179	\$1,035
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	30	\$1,108	\$1,059
66984	EXTRACAPSULAR CATARACT REMV IOL	27	\$3,139	\$2,786
19120	EXC BRST CYST TUMR/LES OPN M/F 1	11	\$2,107	\$2,212
45380	COLONOSCOPY FLEX; W/BX 1/MX	11	\$1,064	\$1,174
58120	DILATION & CURET DX &/ THERAPEUT	9	\$1,554	\$1,817
42821	T&A; AGE 12 OR OVER	8	\$2,361	\$2,003
66821	DISCISSION 2ND CATARACT; LASER S	8	\$654	\$621
49505	REPR INIT ING HERNIA 5YR/MORE; R	6	\$3,375	\$3,015
54152	CIRC USING CLAMP/OTH DEVICE; NOT	5	\$1,277	\$1,917
58670	LAPARSCPY SURGICAL; W/FULG OVIDU	5	\$2,315	\$2,832
64721	NEUROPLASTY; MEDIAN @ CARPAL TUN	5	\$1,495	\$1,823
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	4	\$1,163	\$822
49322	LAPARSCPY SURG; W/ASPIR CAVITY/C	4	\$2,834	\$3,481
69424	VENTILATING TUBE REMV RQR GEN AN	4	\$801	\$1,178
43247	UGI ENDO; W/REMOVAL FB	3	\$1,058	\$1,206
25112	EXCISION GANGLION WRIST; RECURRE	2	\$1,324	\$1,749

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

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

116 Delta Community Medical Center

Procedure APG category	Procedure APG	TOTAL #	TOTAL # (ALL Hospitals)
01	INTEGUMENTARY SYSTEM	13	8,392
	011 SIMPLE INCISION AND EXCISION OF BREAST	13	2,817
02	MUSCULOSKELETAL SYSTEM	5	48,493
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	1	1,829
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	3	10,165
	032 BUNION PROCEDURES	1	1,475
04	CARDIOVASCULAR SYSTEM	1	25,643
	083 RESUSCITATION AND CARDIOVERSION	1	12
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	3	2,342
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	3	1,515
06	DIGESTIVE SYSTEM	219	82,913
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	1	832
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	1	336
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	43	17,918
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	7	4,477
	117 LOWER GASTROINTESTINAL ENDOSCOPY	126	33,312
	119 HERNIA AND HYDROCELE PROCEDURES	24	6,781
	123 COMPLEX LAPAROSCOPIC PROCEDURES	17	14,187
08	MALE GENITAL SYSTEM	5	2,988
	154 SIMPLE PENILE PROCEDURES	5	901
09	FEMALE GENITAL SYSTEM	11	5,316
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	2	1,162
	178 DILATION AND CURETTAGE	9	831
10	NERVOUS SYSTEM	5	17,622
	198 NERVE REPAIR AND DESTRUCTION	5	4,478
11	EYE AND OCULAR ADNEXA	39	10,930
	213 LASER EYE PROCEDURES	8	932
	214 CATARACT PROCEDURES	29	4,649
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	1	475
	223 VITRECTOMY	1	1,677
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	156	29,079
	233 NASAL CAUTERIZATION AND PACKING	1	218
	234 COMPLEX FACIAL AND ENT PROCEDURES	1	5,162
	235 SIMPLE FACIAL AND ENT PROCEDURES	97	15,442
	236 TONSIL AND ADENOID PROCEDURES	57	8,217

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

Reportable* excludes codes in the former "Other" category in previous reports.

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 PROCEDURE APG CATEGORY, PROCEDURE APG, SINGLE APG ONLY
 BASED ON REPORTABLE* CPT-4 PROCEDURES

116 Delta Community Medical Center

Procedure APG category	Procedure APG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
01	INTEGUMENTARY SYSTEM	11	\$2,107	\$2,329
	011 SIMPLE INCISION AND EXCISION OF BREAST	11	\$2,107	\$2,426
02	MUSCULOSKELETAL SYSTEM	5	\$2,178	\$3,320
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	1	\$1,664	\$3,886
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	3	\$1,432	\$2,294
	032 BUNION PROCEDURES	1	\$4,928	\$3,144
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	1	\$2,001	\$3,010
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	1	\$2,001	\$3,705
06	DIGESTIVE SYSTEM	173	\$1,342	\$1,825
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	1	\$810	\$862
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	34	\$1,177	\$987
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	4	\$1,101	\$1,381
	117 LOWER GASTROINTESTINAL ENDOSCOPY	109	\$1,034	\$956
	119 HERNIA AND HYDROCELE PROCEDURES	15	\$3,223	\$2,876
	123 COMPLEX LAPAROSCOPIC PROCEDURES	10	\$2,588	\$4,923
08	MALE GENITAL SYSTEM	5	\$1,277	\$2,549
	154 SIMPLE PENILE PROCEDURES	5	\$1,277	\$1,466
09	FEMALE GENITAL SYSTEM	11	\$1,605	\$2,961
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	2	\$1,836	\$2,362
	178 DILATION AND CURETTAGE	9	\$1,554	\$1,817
10	NERVOUS SYSTEM	5	\$1,495	\$1,454
	198 NERVE REPAIR AND DESTRUCTION	5	\$1,495	\$2,095
11	EYE AND OCULAR ADNEXA	37	\$2,528	\$2,574
	213 LASER EYE PROCEDURES	8	\$654	\$642
	214 CATARACT PROCEDURES	28	\$3,132	\$2,790
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	1	\$595	\$2,228
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	103	\$1,491	\$1,992
	233 NASAL CAUTERIZATION AND PACKING	1	\$2,529	\$2,294
	234 COMPLEX FACIAL AND ENT PROCEDURES	1	\$1,334	\$3,775
	235 SIMPLE FACIAL AND ENT PROCEDURES	49	\$837	\$1,425
	236 TONSIL AND ADENOID PROCEDURES	52	\$2,090	\$1,795

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

Reportable* excludes codes in the former "Other" category in previous reports.

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

116 Delta Community Medical Center

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
GENDER				
Female	225	53.8	107,216	54.5
Male	193	46.2	89,560	45.5
Unknown	0	0.0	2	0.0
Not Reported	0	0.0	0	0.0
AGE				
1-28 days	0	0.0	199	0.1
29-365 days	33	7.9	2,895	1.5
1-4 years	53	12.7	10,718	5.4
5-9	28	6.7	6,003	3.1
10-14	16	3.8	4,605	2.3
15-17	12	2.9	4,474	2.3
18-19	9	2.2	3,608	1.8
20-24	20	4.8	10,974	5.6
25-29	13	3.1	11,529	5.9
30-34	7	1.7	10,974	5.6
35-39	15	3.6	11,089	5.6
40-44	16	3.8	13,913	7.1
45-49	25	6.0	15,367	7.8
50-54	17	4.1	18,693	9.5
55-59	17	4.1	16,175	8.2
60-64	20	4.8	13,797	7.0
65-69	37	8.9	12,250	6.2
70-74	26	6.2	11,038	5.6
75-79	22	5.3	9,345	4.7
80-84	25	6.0	5,890	3.0
85-89	5	1.2	2,520	1.3
90 +	2	0.5	720	0.4
Not Reported	0	0.0	201	0.1
SOURCE OF ADMISSION				
Physician Referral	411	98.3	176,073	89.5
Clinic Referral	0	0.0	2,347	1.2
HMO Referral	0	0.0	119	0.1
Other Hospital	0	0.0	71	0.0
Skilled Nursing Facility	0	0.0	21	0.0
Other Health Care Facility	0	0.0	26	0.0
Emergency Room	7	1.7	3,467	1.8
Court/Law Enforcement	0	0.0	3	0.0
Unknown	0	0.0	3,359	1.7
Not Reported	0	0.0	11,292	5.7

(Continued)

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

116 Delta Community Medical Center

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	418	100.0	196,083	99.6
Another Hospital	0	0.0	125	0.1
Skilled Nursing Facility	0	0.0	72	0.0
Intermediate Care Facility	0	0.0	9	0.0
Another Type of Institution	0	0.0	44	0.0
Under Care of Home Service	0	0.0	103	0.1
Left Against Medical Advice	0	0.0	17	0.0
Under Care of Home IV Provider	0	0.0	5	0.0
Expired	0	0.0	16	0.0
Unknown	0	0.0	304	0.2
Not Reported	0	0.0	0	0.0
PRIMARY PAYER				
Medicare	113	27.0	42,451	21.6
Medicaid	67	16.0	13,275	6.7
Other government	8	1.9	3,257	1.7
Blue Cross/Blue Shield	92	22.0	27,366	13.9
Other Commercial	24	5.7	17,254	8.8
Managed Care(HMO, PPO)	96	23.0	84,762	43.1
Self Pay	6	1.4	3,009	1.5
Industrial & Worker Comp	1	0.2	4,001	2.0
Charity and Unclassified	0	0.0	106	0.1
Childrens Health Insurance	0	0.0	258	0.1
Unknown	11	2.6	964	0.5
Not Reported	0	0.0	75	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	1	0.2	13,556	6.9
Central Utah	403	96.4	6,602	3.4
Davis County	3	0.7	21,257	10.8
Salt Lake County	0	0.0	68,961	35.0
Southeastern Utah	0	0.0	4,049	2.1
Southwest Utah	2	0.5	11,167	5.7
Summit County	0	0.0	2,258	1.1
Tooele County	3	0.7	3,742	1.9
Tri-County	0	0.0	5,041	2.6
Utah County	1	0.2	32,261	16.4
Wasatch County	0	0.0	1,500	0.8
Weber County	0	0.0	17,573	8.9
Unknown Utah	0	0.0	60	0.0
Outside Utah	5	1.2	8,682	4.4
Unknown, Not Reported	0	0.0	69	0.0

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

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

140 Dixie Regional Medical Center

Reporting Category (ICD-9-CM CODES)	Procedures Performed		Procedures Performed-All Hospitals	
	(#)	(%)	(#)	(%)
Reporting Category(ICD-9-CM CODES)	11,993	100.0	288,895	100.0
Mastectomy (85.0-85.99)	269	2.2	6,818	2.4
Musculoskeletal (76.0-84.99)	2,102	17.5	60,015	20.8
Respiratory (30.0-34.99)	188	1.6	2,981	1.0
Cardiovascular (35.0-39.99)	955	8.0	15,622	5.4
Lymphatic/Hemetic (40.0-41.99)	114	1.0	2,260	0.8
Digestive System (42.0-54.99)	4,252	35.5	90,070	31.2
Urinary (55.0-59.99)	597	5.0	8,063	2.8
Male Genital (60.0-64.99)	159	1.3	3,587	1.2
Female Genital (65.0-71.99)	582	4.9	13,770	4.8
Endocrine/Nervous (01.0-07.99)	493	4.1	22,387	7.7
Eye (08.0-16.99)	45	0.4	19,254	6.7
Ear (18.0-20.99)	880	7.3	15,474	5.4
Nose, Mouth, Pharynx (21.0-29.99)	1,357	11.3	28,594	9.9
Reporting Category(CPT-4 CODES)	12,384	100.0	264,491	100.0
Mastectomy (19120-19220)	207	1.7	3,203	1.2
Musculoskeletal (20000-29909)	1,919	15.5	54,392	20.6
Respiratory (30000-32999 & 39501-39599)	856	6.9	12,829	4.9
Cardiovascular (33010-37799 & 93501-93660)	2,784	22.5	34,097	12.9
Lymphatic/Hemetic (38100-38999)	104	0.8	2,304	0.9
Digestive (40490-49999)	4,345	35.1	94,766	35.8
Urinary (50010-53899)	529	4.3	8,849	3.3
Male Genital (54000-55899)	118	1.0	3,229	1.2
Female Genital (56405-58999)	470	3.8	10,000	3.8
Endocrine/Nervous (60000-64999)	573	4.6	20,833	7.9
Eye (65091-68899)	14	0.1	11,183	4.2
Ear (69000-69979)	465	3.8	8,806	3.3

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics.

Reportable* excludes codes in the former "Other" category in previous reports.

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES

140 Dixie Regional Medical Center

ICD-9 CODE	ICD-9 DESCRIPTION	#	%	% ALL Hospitals
All ICD-9 Procedures		11,993	100.0	100.0
4542	ENDO POLYPECTOMY LG INTESTINE	789	6.6	3.38
2001	MYRINGOTOMY W/INSRT TUBE	745	6.2	4.36
4523	COLONOSCOPY	485	4.0	6.06
3722	LT HEART CARD CATH	392	3.3	1.22
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	386	3.2	5.16
4513	OTH ENDO SM INTESTINE	385	3.2	2.14
283	TONSILLECTOMY W/ADENOIDECTOMY	346	2.9	1.86
4836	[ENDO] POLYPECTOMY RECTUM	335	2.8	0.93
4292	DILAT ESOPH	227	1.9	1.33
5123	LAP CHOLEY	227	1.9	2.06
3723	COMBO RT & LT HEART CARD CATH	224	1.9	0.57
806	EXC SEMILUNAR CARTILAGE-KNEE	187	1.6	1.79
8521	LOC EXC LES BREAST	180	1.5	1.03
4525	CLO [ENDO] BX LG INTESTINE	150	1.3	2.27
2188	OTH SEPTOPLASTY	137	1.1	0.61
5304	UNILAT REPR INDIRECT ING HERN-GFT	137	1.1	0.52
8026	ARTHSCPY-KNEE	136	1.1	1.58
598	URETERAL CATH	133	1.1	0.53
2263	ETHMOIDECTOMY	127	1.1	0.54
5421	LAPAROSCOPY	126	1.1	0.71

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		12,384	100.0	100.0
45385	COLONOSCOPY FLEX; W/REM V LES-SNA	867	7.0	3.55
93545	INJ PROC-CATH; SELECT CORONRY AN	515	4.2	1.26
45378	COLONOSCOPY FLEX; DX-SEP PROC	482	3.9	6.06
93543	INJ PROC-CATH; LT VENT/ATRIAL AN	430	3.5	1.18
69436	TYMPANOSTOMY GENERAL ANESTHESIA	380	3.1	2.51
43239	UGI ENDO; W/BX 1/MX	371	3.0	5.28
93556	IMAG SUPERVS I&R-CATH; PULM ANGI	359	2.9	1.16
93510	LT HRT CATH RETRO-BRACH/FEM; PER	332	2.7	1.00
43235	UGI ENDO; DX W/VO CLCT SPECMN-SP	299	2.4	1.45
42820	T&A; UNDER AGE 12	276	2.2	1.60
93555	IMAG SUPERVS I&R-CATH; VENT/ATRI	258	2.1	0.99
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	230	1.9	1.34
93526	COMB RT HRT CATH&RETRO LT HRT CA	217	1.8	0.38
49505	REPR INIT ING HERNIA 5YR/MORE; R	174	1.4	1.06
30520	SEPTOPLASTY/SUBMUCOS RES W/GFT	165	1.3	0.81
19120	EXC BRST CYST TUMR/LES OPN M/F 1	133	1.1	0.74
45380	COLONOSCOPY FLEX; W/BX 1/MX	133	1.1	2.39
29881	SCOPE KNEE SURG;W/MENISCECT MED/	131	1.1	1.52
43450	DILAT ESOPH-SOUND/BOUGIE-1/MX PA	130	1.0	0.39
64721	NEUROPLASTY; MEDIAN @ CARPAL TUN	114	0.9	0.87

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

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 AVERAGE TOTAL CHARGES FOR MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES, SINGLE ICD-9 OR CPT-4 ONLY

140 Dixie Regional Medical Center

ICD-9 CODE	ICD-9 DESCRIPTION	#	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
ICD-9 Procedures		5,115	\$2,694	\$2,542
4542	ENDO POLYPECTOMY LG INTESTINE	477	\$660	\$1,101
4523	COLONOSCOPY	400	\$450	\$849
3722	LT HEART CARD CATH	386	\$5,024	\$5,595
283	TONSILLECTOMY W/ADENOIDECTOMY	251	\$1,981	\$1,740
3723	COMBO RT & LT HEART CARD CATH	224	\$6,630	\$6,303
5123	LAP CHOLEY	202	\$5,334	\$5,170
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	192	\$796	\$1,037
4513	OTH ENDO SM INTESTINE	159	\$679	\$917
8521	LOC EXC LES BREAST	138	\$2,407	\$2,242
5304	UNILAT REPR INDIRECT ING HERN-GFT	96	\$3,681	\$3,100
4836	[ENDO] POLYPECTOMY RECTUM	95	\$618	\$1,012
4524	FLEX SIGMOIDOSCOPY	81	\$253	\$508
0443	RELEASE CARPAL TUNNEL	76	\$1,577	\$1,882
4525	CLO [ENDO] BX LG INTESTINE	76	\$801	\$1,172
282	TONSILLECTOMY WO ADENOIDECTOMY	65	\$1,943	\$2,010
5011	CLO [PERCUT] [NEEDLE] BX LIVER	62	\$1,142	\$1,657
5303	UNILAT REPR DIRECT ING HERN-GFT	54	\$3,722	\$3,243
0392	INJ OTH AGENT SPINAL CANAL	48	\$342	\$718
3859	LIG-STRIP VARICOSE VEINS-LOWER LIMB	47	\$3,244	\$3,844
6902	D&C FOLLOWING DELIV/AB	41	\$1,709	\$2,179

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
CPT-4 Procedures		5,168	\$2,035	\$2,284
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	749	\$692	\$1,059
45378	COLONOSCOPY FLEX; DX-SEP PROC	404	\$464	\$818
69436	TYMPANOSTOMY GENERAL ANESTHESIA	275	\$932	\$1,016
43239	UGI ENDO; W/BX 1/MX	228	\$861	\$1,035
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	201	\$5,347	\$5,262
42820	T&A; UNDER AGE 12	194	\$1,945	\$1,662
49505	REPR INIT ING HERNIA 5YR/MORE; R	138	\$3,134	\$3,015
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	136	\$538	\$822
19120	EXC BRST CYST TUMR/LES OPN M/F 1	108	\$2,252	\$2,212
49650	LAPARSCPY SURG; REPR INIT ING HE	101	\$5,321	\$4,582
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	91	\$342	\$767
45380	COLONOSCOPY FLEX; W/BX 1/MX	88	\$770	\$1,174
64721	NEUROPLASTY; MEDIAN @ CARPAL TUN	78	\$1,583	\$1,823
45330	SIGMOIDOSCOPY FLEX; DX-SEP PROC	76	\$231	\$458
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	56	\$1,880	\$2,065
20680	REMOVAL OF IMPLANT; DEEP	54	\$2,300	\$2,378
42821	T&A; AGE 12 OR OVER	53	\$2,080	\$2,003
47000	BIOPSY LIVER NEEDLE; PERCUTANEOU	43	\$1,135	\$1,618
29881	SCOPE KNEE SURG;W/MENISCECT MED/	42	\$3,679	\$3,303
43247	UGI ENDO; W/REMOVAL FB	37	\$1,432	\$1,206

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

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

140 Dixie Regional Medical Center

Procedure APG category		TOTAL #	TOTAL # (ALL Hospitals)
Procedure APG			
01	INTEGUMENTARY SYSTEM	498	8,392
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	170	2,819
	003 COMPLEX INCISION AND DRAINAGE	1	75
	004 SIMPLE INCISION AND DRAINAGE	1	29
	006 SIMPLE DEBRIDEMENT AND DESTRUCTION	4	125
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	51	1,059
	008 SIMPLE EXCISION AND BIOPSY	61	893
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRANGE	3	184
	011 SIMPLE INCISION AND EXCISION OF BREAST	182	2,817
	012 BREAST RECONSTRUCTION AND MASTECTOMY	25	386
02	MUSCULOSKELETAL SYSTEM	1,633	48,493
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	202	6,083
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	77	1,938
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	61	1,829
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	308	10,165
	025 ARTHROSCOPY	767	20,364
	027 SPLINT, STRAPPING AND CAST REMOVAL	2	98
	028 CLOSED TREATMENT FX & DISLOCATION OF FINGER, TOE & TRUNK	3	49
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	16	611
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	113	3,214
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	5	397
	032 BUNION PROCEDURES	40	1,475
	033 ARTHROPLASTY	27	486
	034 HAND AND FOOT TENOTOMY	1	234
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	11	1,499
03	RESPIRATORY SYSTEM	458	6,895
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	33	706
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	314	4,493
	054 SIMPLE ENDOSCOPY OF THE UPPER AIRWAY	11	334
	055 ENDOSCOPY OF THE LOWER AIRWAY	100	1,362
04	CARDIOVASCULAR SYSTEM	2,652	25,643
	075 PLACEMENT OF TRANSVENOUS CATHETERS	22	750
	076 DIAGNOSTIC CARDIAC CATHETERIZATION	2,271	17,680
	077 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	108	1,469
	078 PACEMAKER INSERTION AND REPLACEMENT	12	517
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	20	714
	080 MINOR VASCULAR REPAIR AND FISTULA CONSTRUCTION	131	1,407
	081 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	41	273
	082 VASCULAR LIGATION	47	442
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	84	2,342
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	81	1,515
	097 TRANSFUSION	3	792
06	DIGESTIVE SYSTEM	3,873	82,913
	112 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	136	1,137
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	109	832
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	44	336

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

140 Dixie Regional Medical Center

procedure APG category	procedure APG	TOTAL #	TOTAL # (ALL Hospitals)
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	678	17,918
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	187	4,477
	117 LOWER GASTROINTESTINAL ENDOSCOPY	1,513	33,312
	118 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	78	1,553
	119 HERNIA AND HYDROCELE PROCEDURES	343	6,781
	120 COMPLEX ANAL AND RECTAL PROCEDURES	37	911
	121 SIMPLE ANAL AND RECTAL PROCEDURES	30	544
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	20	516
	123 COMPLEX LAPAROSCOPIC PROCEDURES	694	14,187
	124 SIMPLE LAPAROSCOPIC PROCEDURES	4	205
07	URINARY SYSTEM	444	7,406
	131 RENAL EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	1	727
	133 URINARY CATHETERIZATION AND DILATATION	18	331
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	242	3,121
	135 MODERATE CYSTOURETHROSCOPY	132	2,378
	136 SIMPLE CYSTOURETHROSCOPY	29	623
	137 COMPLEX URETHRAL PROCEDURES	15	117
	138 SIMPLE URETHRAL PROCEDURES	7	106
08	MALE GENITAL SYSTEM	106	2,988
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	54	1,293
	152 INSERTION OF PENILE PROSTHESIS	7	72
	153 COMPLEX PENILE PROCEDURES	12	416
	154 SIMPLE PENILE PROCEDURES	31	901
	155 PROSTATE NEEDLE AND PUNCH BIOPSY	2	306
09	FEMALE GENITAL SYSTEM	291	5,316
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	99	1,138
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	71	1,162
	178 DILATION AND CURETTAGE	46	831
	179 HYSTEROSCOPY	61	2,031
	180 COLPOSCOPY	14	153
10	NERVOUS SYSTEM	451	17,622
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	130	11,950
	196 REVISION AND REMOVAL OF NEUROLOGICAL DEVICE	22	165
	197 NEUROSTIMULATOR AND VENTRICULAR SHUNT IMPLANTATION	85	461
	198 NERVE REPAIR AND DESTRUCTION	201	4,478
	199 SPINAL TAP	13	568
11	EYE AND OCULAR ADNEXA	13	10,930
	220 STRABISMUS AND MUSCLE EYE PROCEDURES	3	794
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	8	793
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	2	477
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	1,433	29,079
	233 NASAL CAUTERIZATION AND PACKING	8	218
	234 COMPLEX FACIAL AND ENT PROCEDURES	266	5,162
	235 SIMPLE FACIAL AND ENT PROCEDURES	677	15,442
	236 TONSIL AND ADENOID PROCEDURES	482	8,217
13	THERAPUTIC AND OTHER RADIOLOGICAL PROCEDURES	47	3,748

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

140 Dixie Regional Medical Center

procedure APG category		TOTAL #	TOTAL # (ALL Hospitals)
procedure APG			
253	VASCULAR RADIOLOGY EXCEPT FOR VENOGRAPHY OF EXTREMITY	29	1,528
255	MISCELLANEOUS RADIOLOGICAL PROCEDURES WITH CONTRAST	18	1,787

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

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 PROCEDURE APG CATEGORY, PROCEDURE APG, SINGLE APG ONLY
 BASED ON REPORTABLE* CPT-4 PROCEDURES

140 Dixie Regional Medical Center

Procedure APG category	Procedure APG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
01	INTEGUMENTARY SYSTEM	327	\$2,008	\$2,329
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	100	\$1,182	\$1,821
	004 SIMPLE INCISION AND DRAINAGE	1	\$2,279	\$2,861
	006 SIMPLE DEBRIDEMENT AND DESTRUCTION	4	\$2,486	\$1,996
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	29	\$2,311	\$2,689
	008 SIMPLE EXCISION AND BIOPSY	31	\$1,832	\$2,380
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRAN	1	\$1,740	\$2,990
	011 SIMPLE INCISION AND EXCISION OF BREAST	141	\$2,417	\$2,426
	012 BREAST RECONSTRUCTION AND MASTECTOMY	20	\$2,987	\$4,376
02	MUSCULOSKELETAL SYSTEM	542	\$3,422	\$3,320
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	69	\$3,907	\$4,704
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	22	\$2,894	\$3,131
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	26	\$4,019	\$3,886
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	141	\$2,304	\$2,294
	025 ARTHROSCOPY	150	\$4,444	\$3,776
	028 CLOSED TREATMENT FX & DISLOCATION OF FINGER, TOE & TRUNK	3	\$1,803	\$1,922
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	15	\$2,189	\$2,528
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	88	\$3,316	\$3,911
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	2	\$1,288	\$2,240
	032 BUNION PROCEDURES	14	\$3,048	\$3,144
	033 ARTHROPLASTY	12	\$4,161	\$4,649
03	RESPIRATORY SYSTEM	97	\$1,642	\$1,669
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	17	\$569	\$957
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	21	\$2,506	\$2,885
	054 SIMPLE ENDOSCOPY OF THE UPPER AIRWAY	1	\$3,640	\$994
	055 ENDOSCOPY OF THE LOWER AIRWAY	58	\$1,609	\$1,724
04	CARDIOVASCULAR SYSTEM	175	\$4,206	\$4,966
	075 PLACEMENT OF TRANSVENOUS CATHETERS	9	\$2,636	\$2,141
	076 DIAGNOSTIC CARDIAC CATHETERIZATION	29	\$5,329	\$4,944
	077 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	6	\$5,813	\$10,655
	078 PACEMAKER INSERTION AND REPLACEMENT	7	\$13,035	\$18,642
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	3	\$5,128	\$2,283
	080 MINOR VASCULAR REPAIR AND FISTULA CONSTRUCTION	66	\$3,552	\$3,673
	081 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	23	\$2,882	\$3,307
	082 VASCULAR LIGATION	32	\$3,610	\$3,967
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	48	\$3,001	\$3,010
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	48	\$3,001	\$3,705
06	DIGESTIVE SYSTEM	2,599	\$1,626	\$1,825
	112 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	9	\$971	\$1,000
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	77	\$254	\$729
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	40	\$573	\$862
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	368	\$749	\$987
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	120	\$1,253	\$1,381
	117 LOWER GASTROINTESTINAL ENDOSCOPY	1,258	\$624	\$956
	118 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	24	\$1,749	\$2,679

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 PROCEDURE APG CATEGORY, PROCEDURE APG, SINGLE APG ONLY
 BASED ON REPORTABLE* CPT-4 PROCEDURES

140 Dixie Regional Medical Center

procedure APG category	Procedure APG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
	119 HERNIA AND HYDROCELE PROCEDURES	243	\$2,920	\$2,876
	120 COMPLEX ANAL AND RECTAL PROCEDURES	32	\$2,345	\$2,344
	121 SIMPLE ANAL AND RECTAL PROCEDURES	16	\$1,755	\$1,854
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	6	\$2,466	\$2,435
	123 COMPLEX LAPAROSCOPIC PROCEDURES	405	\$5,158	\$4,923
	124 SIMPLE LAPAROSCOPIC PROCEDURES	1	\$3,732	\$10,668
07	URINARY SYSTEM	178	\$3,252	\$3,713
	133 URINARY CATHETERIZATION AND DILATATION	9	\$2,776	\$2,727
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	88	\$3,466	\$3,653
	135 MODERATE CYSTOURETHROSCOPY	53	\$3,199	\$2,892
	136 SIMPLE CYSTOURETHROSCOPY	12	\$2,511	\$1,768
	137 COMPLEX URETHRAL PROCEDURES	9	\$4,399	\$3,621
	138 SIMPLE URETHRAL PROCEDURES	7	\$1,376	\$1,570
08	MALE GENITAL SYSTEM	70	\$3,039	\$2,549
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	28	\$2,181	\$2,171
	152 INSERTION OF PENILE PROSTHESIS	6	\$9,615	\$13,411
	153 COMPLEX PENILE PROCEDURES	11	\$4,199	\$2,856
	154 SIMPLE PENILE PROCEDURES	25	\$1,913	\$1,466
09	FEMALE GENITAL SYSTEM	125	\$2,556	\$2,961
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	27	\$2,738	\$4,273
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	50	\$2,637	\$2,362
	178 DILATION AND CURETTAGE	25	\$1,829	\$1,817
	179 HYSTEROSCOPY	23	\$2,957	\$3,360
10	NERVOUS SYSTEM	249	\$1,206	\$1,454
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	127	\$337	\$836
	196 REVISION AND REMOVAL OF NEUROLOGICAL DEVICE	3	\$2,956	\$5,633
	197 NEUROSTIMULATOR AND VENTRICULAR SHUNT IMPLANTATION	7	\$10,313	\$19,201
	198 NERVE REPAIR AND DESTRUCTION	99	\$1,672	\$2,095
	199 SPINAL TAP	13	\$846	\$1,172
11	EYE AND OCULAR ADNEXA	8	\$3,398	\$2,574
	220 STRABISMUS AND MUSCLE EYE PROCEDURES	1	\$2,877	\$1,783
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	6	\$3,486	\$3,198
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	1	\$3,392	\$1,766
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	702	\$1,615	\$1,992
	233 NASAL CAUTERIZATION AND PACKING	3	\$1,894	\$2,294
	234 COMPLEX FACIAL AND ENT PROCEDURES	39	\$3,521	\$3,775
	235 SIMPLE FACIAL AND ENT PROCEDURES	344	\$1,076	\$1,425
	236 TONSIL AND ADENOID PROCEDURES	316	\$1,963	\$1,795

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

Reportable* excludes codes in the former "Other" category in previous reports.

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

140 Dixie Regional Medical Center

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
GENDER				
Female	4,057	51.2	107,216	54.5
Male	3,862	48.8	89,560	45.5
Unknown	0	0.0	2	0.0
Not Reported	0	0.0	0	0.0
AGE				
1-28 days	0	0.0	199	0.1
29-365 days	112	1.4	2,895	1.5
1-4 years	431	5.4	10,718	5.4
5-9	221	2.8	6,003	3.1
10-14	196	2.5	4,605	2.3
15-17	191	2.4	4,474	2.3
18-19	134	1.7	3,608	1.8
20-24	299	3.8	10,974	5.6
25-29	291	3.7	11,529	5.9
30-34	306	3.9	10,974	5.6
35-39	342	4.3	11,089	5.6
40-44	389	4.9	13,913	7.1
45-49	433	5.5	15,367	7.8
50-54	515	6.5	18,693	9.5
55-59	668	8.4	16,175	8.2
60-64	686	8.7	13,797	7.0
65-69	763	9.6	12,250	6.2
70-74	740	9.3	11,038	5.6
75-79	640	8.1	9,345	4.7
80-84	409	5.2	5,890	3.0
85-89	127	1.6	2,520	1.3
90 +	26	0.3	720	0.4
Not Reported	0	0.0	201	0.1
SOURCE OF ADMISSION				
Physician Referral	7,771	98.1	176,073	89.5
Clinic Referral	5	0.1	2,347	1.2
HMO Referral	0	0.0	119	0.1
Other Hospital	3	0.0	71	0.0
Skilled Nursing Facility	0	0.0	21	0.0
Other Health Care Facility	0	0.0	26	0.0
Emergency Room	140	1.8	3,467	1.8
Court/Law Enforcement	0	0.0	3	0.0
Unknown	0	0.0	3,359	1.7
Not Reported	0	0.0	11,292	5.7

(Continued)

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

140 Dixie Regional Medical Center

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	7,885	99.6	196,083	99.6
Another Hospital	17	0.2	125	0.1
Skilled Nursing Facility	3	0.0	72	0.0
Intermediate Care Facility	0	0.0	9	0.0
Another Type of Institution	0	0.0	44	0.0
Under Care of Home Service	10	0.1	103	0.1
Left Against Medical Advice	1	0.0	17	0.0
Under Care of Home IV Provider	0	0.0	5	0.0
Expired	1	0.0	16	0.0
Unknown	2	0.0	304	0.2
Not Reported	0	0.0	0	0.0
PRIMARY PAYER				
Medicare	2,809	35.5	42,451	21.6
Medicaid	747	9.4	13,275	6.7
Other government	81	1.0	3,257	1.7
Blue Cross/Blue Shield	860	10.9	27,366	13.9
Other Commercial	700	8.8	17,254	8.8
Managed Care(HMO, PPO)	2,257	28.5	84,762	43.1
Self Pay	192	2.4	3,009	1.5
Industrial & Worker Comp	189	2.4	4,001	2.0
Charity and Unclassified	3	0.0	106	0.1
Childrens Health Insurance	13	0.2	258	0.1
Unknown	68	0.9	964	0.5
Not Reported	0	0.0	75	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	4	0.1	13,556	6.9
Central Utah	49	0.6	6,602	3.4
Davis County	11	0.1	21,257	10.8
Salt Lake County	27	0.3	68,961	35.0
Southeastern Utah	10	0.1	4,049	2.1
Southwest Utah	6,610	83.5	11,167	5.7
Summit County	4	0.1	2,258	1.1
Tooele County	0	0.0	3,742	1.9
Tri-County	5	0.1	5,041	2.6
Utah County	22	0.3	32,261	16.4
Wasatch County	3	0.0	1,500	0.8
Weber County	8	0.1	17,573	8.9
Unknown Utah	0	0.0	60	0.0
Outside Utah	1,163	14.7	8,682	4.4
Unknown, Not Reported	3	0.0	69	0.0

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

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

115 Fillmore Community Medical Center

Reporting Category(ICD-9-CM CODES)	Procedures Performed		Procedures Performed-All Hospitals	
	(#)	(%)	(#)	(%)
Reporting Category(ICD-9-CM CODES)	108	100.0	288,895	100.0
Mastectomy (85.0-85.99)	0	0.0	6,818	2.4
Musculoskeletal (76.0-84.99)	5	4.6	60,015	20.8
Respiratory (30.0-34.99)	0	0.0	2,981	1.0
Cardiovascular (35.0-39.99)	0	0.0	15,622	5.4
Lymphatic/Hemetic (40.0-41.99)	0	0.0	2,260	0.8
Digestive System (42.0-54.99)	70	64.8	90,070	31.2
Urinary (55.0-59.99)	0	0.0	8,063	2.8
Male Genital (60.0-64.99)	0	0.0	3,587	1.2
Female Genital (65.0-71.99)	12	11.1	13,770	4.8
Endocrine/Nervous (01.0-07.99)	4	3.7	22,387	7.7
Eye (08.0-16.99)	0	0.0	19,254	6.7
Ear (18.0-20.99)	13	12.0	15,474	5.4
Nose, Mouth, Pharynx (21.0-29.99)	4	3.7	28,594	9.9
Reporting Category(CPT-4 CODES)	97	100.0	264,491	100.0
Mastectomy (19120-19220)	0	0.0	3,203	1.2
Musculoskeletal (20000-29909)	7	7.2	54,392	20.6
Respiratory (30000-32999 & 39501-39599)	0	0.0	12,829	4.9
Cardiovascular (33010-37799 & 93501-93660)	1	1.0	34,097	12.9
Lymphatic/Hemetic (38100-38999)	0	0.0	2,304	0.9
Digestive (40490-49999)	70	72.2	94,766	35.8
Urinary (50010-53899)	0	0.0	8,849	3.3
Male Genital (54000-55899)	0	0.0	3,229	1.2
Female Genital (56405-58999)	6	6.2	10,000	3.8
Endocrine/Nervous (60000-64999)	0	0.0	20,833	7.9
Eye (65091-68899)	0	0.0	11,183	4.2
Ear (69000-69979)	13	13.4	8,806	3.3

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

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES

115 Fillmore Community Medical Center

ICD-9 CODE	ICD-9 DESCRIPTION	#	%	% ALL Hospitals
All ICD-9 Procedures		108	100.0	100.0
4523	COLONOSCOPY	27	25.0	6.06
2001	MYRINGOTOMY W/INSRT TUBE	12	11.1	4.36
4513	OTH ENDO SM INTESTINE	8	7.4	2.14
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	8	7.4	5.16
4525	CLO [ENDO] BX LG INTESTINE	5	4.6	2.27
4542	ENDO POLYPECTOMY LG INTESTINE	5	4.6	3.38
5123	LAP CHOLEY	5	4.6	2.06
0443	RELEASE CARPAL TUNNEL	3	2.8	1.23
283	TONSILLECTOMY W/ADENOIDECTOMY	3	2.8	1.86
4543	ENDO DEST OTH LES/TISS LG INTEST	3	2.8	0.05
4836	[ENDO] POLYPECTOMY RECTUM	3	2.8	0.93
6902	D&C FOLLOWING DELIV/AB	3	2.8	0.24
6952	ASPIR CURET FOLLOWING DELIV/AB	3	2.8	0.51
5305	UNILAT REPR ING HERN-GFT-NOS	2	1.9	0.14
5421	LAPAROSCOPY	2	1.9	0.71
6909	OTH D&C UTERUS	2	1.9	0.61
0407	OTH EXC/AVUL CRANIAL & PERIPH NERV	1	0.9	0.25
2009	OTH MYRINGOTOMY	1	0.9	0.07
282	TONSILLECTOMY WO ADENOIDECTOMY	1	0.9	0.67
5304	UNILAT REPR INDIRECT ING HERN-GFT	1	0.9	0.52

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		97	100.0	100.0
45378	COLONOSCOPY FLEX; DX-SEP PROC	27	27.8	6.06
69436	TYMPANOSTOMY GENERAL ANESTHESIA	12	12.4	2.51
43239	UGI ENDO; W/BX 1/MX	8	8.2	5.28
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	7	7.2	1.45
45384	COLONOSCOPY FLEX; REMV LES-FORCE	6	6.2	0.40
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	6	6.2	1.34
45380	COLONOSCOPY FLEX; W/BX 1/MX	5	5.2	2.39
42820	T&A; UNDER AGE 12	3	3.1	1.60
29848	ENDO WRST SURG REL TRNS CARP LIG	2	2.1	0.33
49650	LAPARSCPY SURG; REPR INIT ING HE	2	2.1	0.23
58120	DILATION & CURET DX &/ THERAPEUT	2	2.1	0.31
21930	EXC TUMR SOFT TISSUE BACK/FLANK	1	1.0	0.04
25605	CLOS TX DIST RADIAL FX; REQ MANI	1	1.0	0.07
28080	EXC INTERDIGTL NEUROMA SINGLE EA	1	1.0	0.23
28108	EXC BONE CYST/TUMR PHALANGES FOO	1	1.0	0.08
28232	TENOT OPN TENDON FLX; TOE 1 TEND	1	1.0	0.04
36430	TRANSFUSION BLOOD/BLOOD COMPONENT	1	1.0	0.30
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	1	1.0	0.56
45383	COLONOSCOPY FLEX; W/ABLAT LES	1	1.0	0.15
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	1	1.0	3.55

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

Reportable* excludes codes in the former "Other" category in previous reports.

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 AVERAGE TOTAL CHARGES FOR MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES, SINGLE ICD-9 OR CPT-4 ONLY

115 Fillmore Community Medical Center

ICD-9 CODE	ICD-9 DESCRIPTION	#	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
ICD-9 Procedures		65	\$1,712	\$2,542
4523	COLONOSCOPY	22	\$951	\$849
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	5	\$1,177	\$1,037
4542	ENDO POLYPECTOMY LG INTESTINE	4	\$1,463	\$1,101
5123	LAP CHOLEY	4	\$4,042	\$5,170
283	TONSILLECTOMY W/ADENOIDECTOMY	3	\$2,347	\$1,740
4513	OTH ENDO SM INTESTINE	3	\$1,039	\$917
4525	CLO [ENDO] BX LG INTESTINE	3	\$1,506	\$1,172
4543	ENDO DEST OTH LES/TISS LG INTEST	3	\$1,438	\$1,170
6902	D&C FOLLOWING DELIV/AB	3	\$3,020	\$2,179
6952	ASPIR CURET FOLLOWING DELIV/AB	3	\$2,040	\$1,938
4836	[ENDO] POLYPECTOMY RECTUM	2	\$1,615	\$1,012
6909	OTH D&C UTERUS	2	\$3,313	\$2,052
2001	MYRINGOTOMY W/INSRT TUBE	1	\$2,199	\$1,051
282	TONSILLECTOMY WO ADENOIDECTOMY	1	\$2,406	\$2,010
5305	UNILAT REPR ING HERN-GFT-NOS	1	\$4,360	\$3,477
5349	OTH UMB HERNIORRHAPHY	1	\$2,076	\$2,307
6632	OTH BILAT LIG-DIVIS FALLOPIAN TUBES	1	\$2,350	\$3,835
7769	LOC EXC LES/TISS-OTH BONE	1	\$1,625	\$2,447
7902	CLO REDUC FX WO INT FIX-RADIUS-ULNA	1	\$1,873	\$2,117
8339	EXC LES OTH SOFT TISS	1	\$1,526	\$2,454

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
CPT-4 Procedures		64	\$1,620	\$2,284
45378	COLONOSCOPY FLEX; DX-SEP PROC	23	\$981	\$818
45384	COLONOSCPY FLEX; REMV LES-FORCE	6	\$1,475	\$1,158
43239	UGI ENDO; W/BX 1/MX	5	\$1,177	\$1,035
42820	T&A; UNDER AGE 12	3	\$2,347	\$1,662
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	3	\$1,039	\$822
45380	COLONOSCOPY FLEX; W/BX 1/MX	3	\$1,506	\$1,174
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	3	\$4,000	\$5,262
69436	TYMPANOSTOMY GENERAL ANESTHESIA	3	\$1,584	\$1,016
29848	ENDO WRST SURG REL TRNS CARP LIG	2	\$1,941	\$2,220
49650	LAPARSCPY SURG; REPR INIT ING HE	2	\$3,883	\$4,582
21930	EXC TUMR SOFT TISSUE BACK/FLANK	1	\$1,526	\$2,309
25605	CLOS TX DIST RADIAL FX; REQ MANI	1	\$1,873	\$2,124
28108	EXC BONE CYST/TUMR PHALANGES FOO	1	\$1,625	\$2,190
36430	TRANSFUSION BLOOD/BLOOD COMPONEN	1	\$3,721	\$2,084
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	1	\$2,406	\$2,065
45383	COLONOSCOPY FLEX; W/ABLAT LES	1	\$1,282	\$990
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	1	\$1,751	\$1,059
49585	REPR UMBIL HERNIA 5YR/OVER; RDOC	1	\$2,076	\$2,725
49651	LAPARSCPY SURG; REP RECUR ING HE	1	\$3,572	\$4,999
58120	DILATION & CURET DX &/ THERAPEUT	1	\$1,131	\$1,817

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

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

115 Fillmore Community Medical Center

Procedure APG category	Procedure APG	TOTAL #	TOTAL # (ALL Hospitals)
01	INTEGUMENTARY SYSTEM	1	8,392
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	1	1,059
02	MUSCULOSKELETAL SYSTEM	6	48,493
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	2	10,165
	025 ARTHROSCOPY	2	20,364
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	1	611
	034 HAND AND FOOT TENOTOMY	1	234
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	1	2,342
	097 TRANSFUSION	1	792
06	DIGESTIVE SYSTEM	66	82,913
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	15	17,918
	117 LOWER GASTROINTESTINAL ENDOSCOPY	40	33,312
	119 HERNIA AND HYDROCELE PROCEDURES	1	6,781
	123 COMPLEX LAPAROSCOPIC PROCEDURES	10	14,187
09	FEMALE GENITAL SYSTEM	4	5,316
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	1	1,162
	178 DILATION AND CURETTAGE	2	831
	179 HYSTEROSCOPY	1	2,031
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	17	29,079
	235 SIMPLE FACIAL AND ENT PROCEDURES	13	15,442
	236 TONSIL AND ADENOID PROCEDURES	4	8,217

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

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 PROCEDURE APG CATEGORY, PROCEDURE APG, SINGLE APG ONLY
 BASED ON REPORTABLE* CPT-4 PROCEDURES

115 Fillmore Community Medical Center

Procedure APG category	Procedure APG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
01	INTEGUMENTARY SYSTEM	1	\$1,526	\$2,329
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	1	\$1,526	\$2,689
02	MUSCULOSKELETAL SYSTEM	4	\$1,845	\$3,320
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	1	\$1,625	\$2,294
	025 ARTHROSCOPY	2	\$1,941	\$3,776
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	1	\$1,873	\$2,528
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	1	\$3,721	\$3,010
	097 TRANSFUSION	1	\$3,721	\$2,084
06	DIGESTIVE SYSTEM	49	\$1,498	\$1,825
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	8	\$1,125	\$987
	117 LOWER GASTROINTESTINAL ENDOSCOPY	34	\$1,146	\$956
	119 HERNIA AND HYDROCELE PROCEDURES	1	\$2,076	\$2,876
	123 COMPLEX LAPAROSCOPIC PROCEDURES	6	\$3,889	\$4,923
09	FEMALE GENITAL SYSTEM	1	\$1,131	\$2,961
	178 DILATION AND CURETTAGE	1	\$1,131	\$1,817
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	7	\$2,028	\$1,992
	235 SIMPLE FACIAL AND ENT PROCEDURES	3	\$1,584	\$1,425
	236 TONSIL AND ADENOID PROCEDURES	4	\$2,361	\$1,795

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

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

115 Fillmore Community Medical Center

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
GENDER				
Female	42	48.8	107,216	54.5
Male	44	51.2	89,560	45.5
Unknown	0	0.0	2	0.0
Not Reported	0	0.0	0	0.0
AGE				
1-28 days	0	0.0	199	0.1
29-365 days	0	0.0	2,895	1.5
1-4 years	7	8.1	10,718	5.4
5-9	3	3.5	6,003	3.1
10-14	1	1.2	4,605	2.3
15-17	2	2.3	4,474	2.3
18-19	1	1.2	3,608	1.8
20-24	4	4.7	10,974	5.6
25-29	5	5.8	11,529	5.9
30-34	2	2.3	10,974	5.6
35-39	3	3.5	11,089	5.6
40-44	5	5.8	13,913	7.1
45-49	6	7.0	15,367	7.8
50-54	9	10.5	18,693	9.5
55-59	1	1.2	16,175	8.2
60-64	7	8.1	13,797	7.0
65-69	7	8.1	12,250	6.2
70-74	12	14.0	11,038	5.6
75-79	8	9.3	9,345	4.7
80-84	3	3.5	5,890	3.0
85-89	0	0.0	2,520	1.3
90 +	0	0.0	720	0.4
Not Reported	0	0.0	201	0.1
SOURCE OF ADMISSION				
Physician Referral	83	96.5	176,073	89.5
Clinic Referral	0	0.0	2,347	1.2
HMO Referral	0	0.0	119	0.1
Other Hospital	0	0.0	71	0.0
Skilled Nursing Facility	0	0.0	21	0.0
Other Health Care Facility	0	0.0	26	0.0
Emergency Room	3	3.5	3,467	1.8
Court/Law Enforcement	0	0.0	3	0.0
Unknown	0	0.0	3,359	1.7
Not Reported	0	0.0	11,292	5.7

(Continued)

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

115 Fillmore Community Medical Center

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	86	100.0	196,083	99.6
Another Hospital	0	0.0	125	0.1
Skilled Nursing Facility	0	0.0	72	0.0
Intermediate Care Facility	0	0.0	9	0.0
Another Type of Institution	0	0.0	44	0.0
Under Care of Home Service	0	0.0	103	0.1
Left Against Medical Advice	0	0.0	17	0.0
Under Care of Home IV Provider	0	0.0	5	0.0
Expired	0	0.0	16	0.0
Unknown	0	0.0	304	0.2
Not Reported	0	0.0	0	0.0
PRIMARY PAYER				
Medicare	30	34.9	42,451	21.6
Medicaid	13	15.1	13,275	6.7
Other government	3	3.5	3,257	1.7
Blue Cross/Blue Shield	11	12.8	27,366	13.9
Other Commercial	3	3.5	17,254	8.8
Managed Care(HMO, PPO)	25	29.1	84,762	43.1
Self Pay	1	1.2	3,009	1.5
Industrial & Worker Comp	0	0.0	4,001	2.0
Charity and Unclassified	0	0.0	106	0.1
Childrens Health Insurance	0	0.0	258	0.1
Unknown	0	0.0	964	0.5
Not Reported	0	0.0	75	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	0	0.0	13,556	6.9
Central Utah	84	97.7	6,602	3.4
Davis County	0	0.0	21,257	10.8
Salt Lake County	1	1.2	68,961	35.0
Southeastern Utah	0	0.0	4,049	2.1
Southwest Utah	1	1.2	11,167	5.7
Summit County	0	0.0	2,258	1.1
Tooele County	0	0.0	3,742	1.9
Tri-County	0	0.0	5,041	2.6
Utah County	0	0.0	32,261	16.4
Wasatch County	0	0.0	1,500	0.8
Weber County	0	0.0	17,573	8.9
Unknown Utah	0	0.0	60	0.0
Outside Utah	0	0.0	8,682	4.4
Unknown, Not Reported	0	0.0	69	0.0

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

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

110 Garfield Memorial Hospital and Clinics

Reporting Category(ICD-9-CM CODES)	Procedures Performed		Procedures Performed-All Hospitals	
	(#)	(%)	(#)	(%)
Reporting Category(ICD-9-CM CODES)	245	100.0	288,895	100.0
Mastectomy (85.0-85.99)	1	0.4	6,818	2.4
Musculoskeletal (76.0-84.99)	2	0.8	60,015	20.8
Respiratory (30.0-34.99)	2	0.8	2,981	1.0
Cardiovascular (35.0-39.99)	0	0.0	15,622	5.4
Lymphatic/Hemetic (40.0-41.99)	1	0.4	2,260	0.8
Digestive System (42.0-54.99)	199	81.2	90,070	31.2
Urinary (55.0-59.99)	0	0.0	8,063	2.8
Male Genital (60.0-64.99)	5	2.0	3,587	1.2
Female Genital (65.0-71.99)	11	4.5	13,770	4.8
Endocrine/Nervous (01.0-07.99)	1	0.4	22,387	7.7
Eye (08.0-16.99)	0	0.0	19,254	6.7
Ear (18.0-20.99)	10	4.1	15,474	5.4
Nose,Mouth,Pharynx (21.0-29.99)	13	5.3	28,594	9.9
Reporting Category(CPT-4 CODES)	240	100.0	264,491	100.0
Mastectomy (19120-19220)	1	0.4	3,203	1.2
Musculoskeletal (20000-29909)	4	1.7	54,392	20.6
Respiratory (30000-32999 & 39501-39599)	1	0.4	12,829	4.9
Cardiovascular (33010-37799 & 93501-93660)	1	0.4	34,097	12.9
Lymphatic/Hemetic (38100-38999)	1	0.4	2,304	0.9
Digestive (40490-49999)	206	85.8	94,766	35.8
Urinary (50010-53899)	0	0.0	8,849	3.3
Male Genital (54000-55899)	5	2.1	3,229	1.2
Female Genital (56405-58999)	10	4.2	10,000	3.8
Endocrine/Nervous (60000-64999)	1	0.4	20,833	7.9
Eye (65091-68899)	0	0.0	11,183	4.2
Ear (69000-69979)	10	4.2	8,806	3.3

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

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES

110 Garfield Memorial Hospital and Clinics

ICD-9 CODE	ICD-9 DESCRIPTION	#	%	% ALL Hospitals
All ICD-9 Procedures		245	100.0	100.0
4523	COLONOSCOPY	66	26.9	6.06
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	35	14.3	5.16
4513	OTH ENDO SM INTESTINE	26	10.6	2.14
4525	CLO [ENDO] BX LG INTESTINE	16	6.5	2.27
5123	LAP CHOLEY	15	6.1	2.06
2001	MYRINGOTOMY W/INSRT TUBE	10	4.1	4.36
283	TONSILLECTOMY W/ADENOIDECTOMY	9	3.7	1.86
4542	ENDO POLYPECTOMY LG INTESTINE	9	3.7	3.38
4341	ENDO EXC/DESTRUC LES/TISS STOMACH	8	3.3	0.14
282	TONSILLECTOMY WO ADENOIDECTOMY	3	1.2	0.67
4233	ENDO EXC/DESTRUC LES/TISS ESOPH	3	1.2	0.06
4946	EXC HEMORRHOIDS	2	0.8	0.20
5304	UNILAT REPR INDIRECT ING HERN-GFT	2	0.8	0.52
5421	LAPAROSCOPY	2	0.8	0.71
5451	LAP LYSIS PERITONEAL ADHES	2	0.8	0.30
5491	PERCUT ABD DRAIN	2	0.8	0.13
640	CIRCUMCISION	2	0.8	0.30
050	DIVIS SYMPATHETIC NERV/GANGL	1	0.4	0.00
251	EXC/DESTRUC LES/TISS TONGUE	1	0.4	0.02
3142	LARYNGOSCOPY & OTH TRACHEOSCOPY	1	0.4	0.15

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		240	100.0	100.0
45378	COLONOSCOPY FLEX; DX-SEP PROC	66	27.5	6.06
43239	UGI ENDO; W/BX 1/MX	35	14.6	5.28
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	23	9.6	1.45
45380	COLONOSCOPY FLEX; W/BX 1/MX	16	6.7	2.39
47562	LAPAROSCOPY SURGICAL; CHOLECT	14	5.8	0.84
43251	UGI ENDO; W/REMV TUMOR/LES-SNARE	11	4.6	0.10
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	10	4.2	3.55
69436	TYMPANOSTOMY GENERAL ANESTHESIA	10	4.2	2.51
42820	T&A; UNDER AGE 12	9	3.8	1.60
44376	SM INTEST ENDO W/ILEUM; DX-SEP P	3	1.3	0.03
49505	REPR INIT ING HERNIA 5YR/MORE; R	3	1.3	1.06
42825	TONSILLECT PRIM/SEC; UNDER AGE 1	2	0.8	0.13
56606	BX VULVA/PERIN; EA SEPARATE ADD	2	0.8	0.00
58662	LAP SURG; W/FULG/EXCIS LES-OVARY	2	0.8	0.62
58671	LAP SURG; W/OCCLUS OVIDUCTS-DEVI	2	0.8	0.19
19120	EXC BRST CYST TUMR/LES OPN M/F 1	1	0.4	0.74
20680	REMOVAL OF IMPLANT; DEEP	1	0.4	0.81
21550	BIOPSY SOFT TISSUE NECK OR THORA	1	0.4	0.01
22999	UNLIST PROC ABD MUSCULOSKEL SYST	1	0.4	0.01
25605	CLOS TX DIST RADIAL FX; REQ MANI	1	0.4	0.07

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

Reportable* excludes codes in the former "Other" category in previous reports.

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 AVERAGE TOTAL CHARGES FOR MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES, SINGLE ICD-9 OR CPT-4 ONLY

110 Garfield Memorial Hospital and Clinics

ICD-9 CODE	ICD-9 DESCRIPTION	#	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
ICD-9 Procedures		131	\$1,809	\$2,542
4523	COLONOSCOPY	46	\$1,162	\$849
4513	OTH ENDO SM INTESTINE	17	\$983	\$917
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	14	\$1,249	\$1,037
5123	LAP CHOLEY	12	\$4,546	\$5,170
283	TONSILLECTOMY W/ADENOIDECTOMY	6	\$1,797	\$1,740
4525	CLO [ENDO] BX LG INTESTINE	4	\$1,381	\$1,172
282	TONSILLECTOMY WO ADENOIDECTOMY	3	\$2,720	\$2,010
4542	ENDO POLYPECTOMY LG INTESTINE	3	\$1,598	\$1,101
4946	EXC HEMORRHOIDS	2	\$3,786	\$2,404
5304	UNILAT REPR INDIRECT ING HERN-GFT	2	\$2,971	\$3,100
640	CIRCUMCISION	2	\$2,477	\$1,442
251	EXC/DESTRUC LES/TISS TONGUE	1	\$2,081	\$2,175
3142	LARYNGOSCOPY & OTH TRACHEOSCOPY	1	\$171	\$877
3423	BX CHEST WALL	1	\$2,837	\$1,770
4011	BX LYMPHATIC STRUCT	1	\$2,091	\$2,755
4233	ENDO EXC/DESTRUC LES/TISS ESOPH	1	\$1,496	\$1,383
4341	ENDO EXC/DESTRUC LES/TISS STOMACH	1	\$900	\$967
4836	[ENDO] POLYPECTOMY RECTUM	1	\$1,484	\$1,012
5303	UNILAT REPR DIRECT ING HERN-GFT	1	\$3,100	\$3,243
5321	UNILAT REPR FEM HERN W/GFT/PROSTH	1	\$3,910	\$3,349

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
CPT-4 Procedures		135	\$1,892	\$2,284
45378	COLONOSCOPY FLEX; DX-SEP PROC	46	\$1,162	\$818
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	17	\$983	\$822
43239	UGI ENDO; W/BX 1/MX	14	\$1,249	\$1,035
47562	LAPAROSCOPY SURGICAL; CHOLECT	14	\$4,594	\$5,048
42820	T&A; UNDER AGE 12	6	\$1,797	\$1,662
45380	COLONOSCOPY FLEX; W/BX 1/MX	5	\$1,348	\$1,174
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	4	\$1,569	\$1,059
49505	REPR INIT ING HERNIA 5YR/MORE; R	3	\$3,014	\$3,015
42825	TONSILLECT PRIM/SEC; UNDER AGE 1	2	\$3,236	\$1,801
43251	UGI ENDO; W/REMV TUMOR/LES-SNARE	2	\$1,198	\$1,013
58671	LAP SURG; W/OCCLUS OVIDUCTS-DEVI	2	\$2,929	\$3,311
19120	EXC BRST CYST TUMR/LES OPN M/F 1	1	\$1,456	\$2,212
20680	REMOVAL OF IMPLANT; DEEP	1	\$2,238	\$2,378
21550	BIOPSY SOFT TISSUE NECK OR THORA	1	\$2,837	\$2,623
25605	CLOS TX DIST RADIAL FX; REQ MANI	1	\$2,475	\$2,124
31575	LARYNGSCPY FLEXIBLE FIBEROPTIC;	1	\$171	\$558
38500	BX/EXCISION LYMPH NODE; OPEN SUP	1	\$2,091	\$2,922
41110	EXCISION LESION TONGUE WITHOUT C	1	\$2,081	\$2,468
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	1	\$1,688	\$2,065
46250	HEMORRHOIDECTOMY EXTERNAL COMPLE	1	\$2,994	\$2,509

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

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

110 Garfield Memorial Hospital and Clinics

Procedure APG category	Procedure APG	TOTAL #	TOTAL # (ALL Hospitals)
01	INTEGUMENTARY SYSTEM	5	8,392
	008 SIMPLE EXCISION AND BIOPSY	4	893
	011 SIMPLE INCISION AND EXCISION OF BREAST	1	2,817
02	MUSCULOSKELETAL SYSTEM	3	48,493
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	1	1,938
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	1	10,165
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	1	611
03	RESPIRATORY SYSTEM	3	6,895
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	2	706
	054 SIMPLE ENDOSCOPY OF THE UPPER AIRWAY	1	334
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	2	2,342
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	1	1,515
	097 TRANSFUSION	1	792
06	DIGESTIVE SYSTEM	195	82,913
	112 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	1	1,137
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	58	17,918
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	11	4,477
	117 LOWER GASTROINTESTINAL ENDOSCOPY	93	33,312
	118 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	3	1,553
	119 HERNIA AND HYDROCELE PROCEDURES	5	6,781
	120 COMPLEX ANAL AND RECTAL PROCEDURES	2	911
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	1	516
	123 COMPLEX LAPAROSCOPIC PROCEDURES	21	14,187
08	MALE GENITAL SYSTEM	4	2,988
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	1	1,293
	154 SIMPLE PENILE PROCEDURES	2	901
	155 PROSTATE NEEDLE AND PUNCH BIOPSY	1	306
09	FEMALE GENITAL SYSTEM	1	5,316
	178 DILATION AND CURETTAGE	1	831
10	NERVOUS SYSTEM	1	17,622
	198 NERVE REPAIR AND DESTRUCTION	1	4,478
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	23	29,079
	235 SIMPLE FACIAL AND ENT PROCEDURES	11	15,442
	236 TONSIL AND ADENOID PROCEDURES	12	8,217

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

Reportable* excludes codes in the former "Other" category in previous reports.

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 PROCEDURE APG CATEGORY, PROCEDURE APG, SINGLE APG ONLY
 BASED ON REPORTABLE* CPT-4 PROCEDURES

110 Garfield Memorial Hospital and Clinics

Procedure APG category		TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
Procedure APG				
01	INTEGUMENTARY SYSTEM	2	\$2,147	\$2,329
	008 SIMPLE EXCISION AND BIOPSY	1	\$2,837	\$2,380
	011 SIMPLE INCISION AND EXCISION OF BREAST	1	\$1,456	\$2,426
02	MUSCULOSKELETAL SYSTEM	2	\$2,356	\$3,320
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	1	\$2,238	\$2,294
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	1	\$2,475	\$2,528
03	RESPIRATORY SYSTEM	1	\$171	\$1,669
	054 SIMPLE ENDOSCOPY OF THE UPPER AIRWAY	1	\$171	\$994
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	1	\$2,091	\$3,010
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	1	\$2,091	\$3,705
06	DIGESTIVE SYSTEM	114	\$1,842	\$1,825
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	31	\$1,103	\$987
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	2	\$1,198	\$1,381
	117 LOWER GASTROINTESTINAL ENDOSCOPY	55	\$1,209	\$956
	119 HERNIA AND HYDROCELE PROCEDURES	5	\$2,946	\$2,876
	120 COMPLEX ANAL AND RECTAL PROCEDURES	2	\$3,786	\$2,344
	123 COMPLEX LAPAROSCOPIC PROCEDURES	19	\$4,453	\$4,923
08	MALE GENITAL SYSTEM	3	\$2,281	\$2,549
	154 SIMPLE PENILE PROCEDURES	2	\$2,477	\$1,466
	155 PROSTATE NEEDLE AND PUNCH BIOPSY	1	\$1,889	\$3,741
09	FEMALE GENITAL SYSTEM	1	\$2,063	\$2,961
	178 DILATION AND CURETTAGE	1	\$2,063	\$1,817
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	10	\$2,102	\$1,992
	235 SIMPLE FACIAL AND ENT PROCEDURES	1	\$2,081	\$1,425
	236 TONSIL AND ADENOID PROCEDURES	9	\$2,105	\$1,795

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

Reportable* excludes codes in the former "Other" category in previous reports.

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

110 Garfield Memorial Hospital and Clinics

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
GENDER				
Female	103	56.3	107,216	54.5
Male	80	43.7	89,560	45.5
Unknown	0	0.0	2	0.0
Not Reported	0	0.0	0	0.0
AGE				
1-28 days	0	0.0	199	0.1
29-365 days	0	0.0	2,895	1.5
1-4 years	7	3.8	10,718	5.4
5-9	4	2.2	6,003	3.1
10-14	5	2.7	4,605	2.3
15-17	4	2.2	4,474	2.3
18-19	3	1.6	3,608	1.8
20-24	6	3.3	10,974	5.6
25-29	9	4.9	11,529	5.9
30-34	10	5.5	10,974	5.6
35-39	6	3.3	11,089	5.6
40-44	8	4.4	13,913	7.1
45-49	10	5.5	15,367	7.8
50-54	32	17.5	18,693	9.5
55-59	14	7.7	16,175	8.2
60-64	12	6.6	13,797	7.0
65-69	16	8.7	12,250	6.2
70-74	15	8.2	11,038	5.6
75-79	10	5.5	9,345	4.7
80-84	6	3.3	5,890	3.0
85-89	5	2.7	2,520	1.3
90 +	1	0.5	720	0.4
Not Reported	0	0.0	201	0.1
SOURCE OF ADMISSION				
Physician Referral	58	31.7	176,073	89.5
Clinic Referral	124	67.8	2,347	1.2
HMO Referral	0	0.0	119	0.1
Other Hospital	0	0.0	71	0.0
Skilled Nursing Facility	0	0.0	21	0.0
Other Health Care Facility	0	0.0	26	0.0
Emergency Room	1	0.5	3,467	1.8
Court/Law Enforcement	0	0.0	3	0.0
Unknown	0	0.0	3,359	1.7
Not Reported	0	0.0	11,292	5.7

(Continued)

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

110 Garfield Memorial Hospital and Clinics

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	183	100.0	196,083	99.6
Another Hospital	0	0.0	125	0.1
Skilled Nursing Facility	0	0.0	72	0.0
Intermediate Care Facility	0	0.0	9	0.0
Another Type of Institution	0	0.0	44	0.0
Under Care of Home Service	0	0.0	103	0.1
Left Against Medical Advice	0	0.0	17	0.0
Under Care of Home IV Provider	0	0.0	5	0.0
Expired	0	0.0	16	0.0
Unknown	0	0.0	304	0.2
Not Reported	0	0.0	0	0.0
PRIMARY PAYER				
Medicare	51	27.9	42,451	21.6
Medicaid	21	11.5	13,275	6.7
Other government	0	0.0	3,257	1.7
Blue Cross/Blue Shield	14	7.7	27,366	13.9
Other Commercial	17	9.3	17,254	8.8
Managed Care(HMO, PPO)	73	39.9	84,762	43.1
Self Pay	5	2.7	3,009	1.5
Industrial & Worker Comp	1	0.5	4,001	2.0
Charity and Unclassified	0	0.0	106	0.1
Childrens Health Insurance	0	0.0	258	0.1
Unknown	1	0.5	964	0.5
Not Reported	0	0.0	75	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	0	0.0	13,556	6.9
Central Utah	17	9.3	6,602	3.4
Davis County	0	0.0	21,257	10.8
Salt Lake County	0	0.0	68,961	35.0
Southeastern Utah	0	0.0	4,049	2.1
Southwest Utah	164	89.6	11,167	5.7
Summit County	0	0.0	2,258	1.1
Tooele County	0	0.0	3,742	1.9
Tri-County	0	0.0	5,041	2.6
Utah County	1	0.5	32,261	16.4
Wasatch County	0	0.0	1,500	0.8
Weber County	0	0.0	17,573	8.9
Unknown Utah	0	0.0	60	0.0
Outside Utah	1	0.5	8,682	4.4
Unknown, Not Reported	0	0.0	69	0.0

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

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

129 Gunnison Valley Hospital

Reporting Category(ICD-9-CM CODES)	Procedures Performed		Procedures Performed-All Hospitals	
	(#)	(%)	(#)	(%)
Reporting Category(ICD-9-CM CODES)	919	100.0	288,895	100.0
Mastectomy (85.0-85.99)	22	2.4	6,818	2.4
Musculoskeletal (76.0-84.99)	3	0.3	60,015	20.8
Respiratory (30.0-34.99)	1	0.1	2,981	1.0
Cardiovascular (35.0-39.99)	1	0.1	15,622	5.4
Lymphatic/Hemetic (40.0-41.99)	1	0.1	2,260	0.8
Digestive System (42.0-54.99)	576	62.7	90,070	31.2
Urinary (55.0-59.99)	6	0.7	8,063	2.8
Male Genital (60.0-64.99)	15	1.6	3,587	1.2
Female Genital (65.0-71.99)	37	4.0	13,770	4.8
Endocrine/Nervous (01.0-07.99)	32	3.5	22,387	7.7
Eye (08.0-16.99)	88	9.6	19,254	6.7
Ear (18.0-20.99)	59	6.4	15,474	5.4
Nose, Mouth, Pharynx (21.0-29.99)	78	8.5	28,594	9.9
Reporting Category(CPT-4 CODES)	641	100.0	264,491	100.0
Mastectomy (19120-19220)	8	1.2	3,203	1.2
Musculoskeletal (20000-29909)	23	3.6	54,392	20.6
Respiratory (30000-32999 & 39501-39599)	21	3.3	12,829	4.9
Cardiovascular (33010-37799 & 93501-93660)	1	0.2	34,097	12.9
Lymphatic/Hemetic (38100-38999)	0	0.0	2,304	0.9
Digestive (40490-49999)	427	66.6	94,766	35.8
Urinary (50010-53899)	6	0.9	8,849	3.3
Male Genital (54000-55899)	13	2.0	3,229	1.2
Female Genital (56405-58999)	11	1.7	10,000	3.8
Endocrine/Nervous (60000-64999)	2	0.3	20,833	7.9
Eye (65091-68899)	86	13.4	11,183	4.2
Ear (69000-69979)	43	6.7	8,806	3.3

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

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES

129 Gunnison Valley Hospital

ICD-9 CODE	ICD-9 DESCRIPTION	#	%	% ALL Hospitals
All ICD-9 Procedures		919	100.0	100.0
4523	COLONOSCOPY	169	18.4	6.06
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	90	9.8	5.16
4513	OTH ENDO SM INTESTINE	87	9.5	2.14
1341	PHACOEMULSIFICATION-ASPIR CATARACT	58	6.3	1.57
2001	MYRINGOTOMY W/INSRT TUBE	57	6.2	4.36
5123	LAP CHOLEY	57	6.2	2.06
0443	RELEASE CARPAL TUNNEL	32	3.5	1.23
4542	ENDO POLYPECTOMY LG INTESTINE	30	3.3	3.38
283	TONSILLECTOMY W/ADENOIDECTOMY	29	3.2	1.86
1364	DISCISSION SECNDRY MEMBRN	27	2.9	0.28
4525	CLO [ENDO] BX LG INTESTINE	21	2.3	2.27
4466	ESOPHAGOGAST SPHINCTER COMPETENCE	20	2.2	0.09
282	TONSILLECTOMY WO ADENOIDECTOMY	19	2.1	0.67
4701	LAP APPENDECTOMY	17	1.8	0.36
5300	UNILAT REPR ING HERN-NOS	14	1.5	0.12
6902	D&C FOLLOWING DELIV/AB	13	1.4	0.24
8521	LOC EXC LES BREAST	13	1.4	1.03
6909	OTH D&C UTERUS	11	1.2	0.61
5305	UNILAT REPR ING HERN-GFT-NOS	10	1.1	0.14
4292	DILAT ESOPH	8	0.9	1.33

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		641	100.0	100.0
45378	COLONOSCOPY FLEX; DX-SEP PROC	135	21.1	6.06
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	120	18.7	1.45
66984	EXTRACAPSULAR CATARACT REMV IOL	51	8.0	1.67
69436	TYMPANOSTOMY GENERAL ANESTHESIA	40	6.2	2.51
42820	T&A; UNDER AGE 12	33	5.1	1.60
66821	DISCISSION 2ND CATARACT; LASER S	28	4.4	0.33
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	25	3.9	3.55
29848	ENDO WRST SURG REL TRNS CARP LIG	22	3.4	0.33
43239	UGI ENDO; W/BX 1/MX	22	3.4	5.28
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	9	1.4	1.34
49650	LAPARSCPY SURG; REPR INIT ING HE	8	1.2	0.23
58120	DILATION & CURET DX &/ THERAPEUT	7	1.1	0.31
19120	EXC BRST CYST TUMR/LES OPN M/F 1	6	0.9	0.74
43220	ESOPHAGOSCOPY; W/BALLOON DILAT	6	0.9	0.01
44388	COLONOSCOPY-STOMA; DX-SEP PROC	6	0.9	0.01
49505	REPR INIT ING HERNIA 5YR/MORE; R	6	0.9	1.06
43280	LAP SURG-ESOPHAGOGASTRIC FUNDOPL	5	0.8	0.08
49320	LAP-ABD DX-W/WO SPECMN-SEP PROC	5	0.8	0.27
55250	VASECT UNI/BIL-SEP PROC-POSTOP S	5	0.8	0.04
66983	INTRACAPSULAR CATARACT EXTRAC W/	5	0.8	0.01

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

Reportable* excludes codes in the former "Other" category in previous reports.

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 AVERAGE TOTAL CHARGES FOR MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES, SINGLE ICD-9 OR CPT-4 ONLY

129 Gunnison Valley Hospital

ICD-9 CODE	ICD-9 DESCRIPTION	#	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
ICD-9 Procedures		590	\$1,713	\$2,542
4523	COLONOSCOPY	122	\$842	\$849
1341	PHACOEMLSIFICATION-ASPIR CATARACT	58	\$2,075	\$2,229
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	54	\$786	\$1,037
4513	OTH ENDO SM INTESTINE	46	\$699	\$917
5123	LAP CHOLEY	41	\$4,385	\$5,170
1364	DISCISSION SECNDRY MEMBRN	27	\$774	\$574
283	TONSILLECTOMY W/ADENOIDECTOMY	25	\$1,085	\$1,740
4542	ENDO POLYPECTOMY LG INTESTINE	20	\$1,017	\$1,101
0443	RELEASE CARPAL TUNNEL	16	\$1,570	\$1,882
282	TONSILLECTOMY WO ADENOIDECTOMY	16	\$1,171	\$2,010
4466	ESOPHAGOGAST SPHINCTER COMPETENCE	16	\$4,827	\$7,856
4701	LAP APPENDECTOMY	14	\$5,072	\$6,389
6902	D&C FOLLOWING DELIV/AB	13	\$1,435	\$2,179
5300	UNILAT REPR ING HERN-NOS	12	\$2,786	\$2,048
8521	LOC EXC LES BREAST	11	\$1,849	\$2,242
4525	CLO [ENDO] BX LG INTESTINE	10	\$863	\$1,172
6909	OTH D&C UTERUS	10	\$1,520	\$2,052
5305	UNILAT REPR ING HERN-GFT-NOS	6	\$2,548	\$3,477
640	CIRCUMCISION	6	\$493	\$1,442
5421	LAPAROSCOPY	5	\$2,733	\$3,185

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
CPT-4 Procedures		460	\$1,299	\$2,284
45378	COLONOSCOPY FLEX; DX-SEP PROC	99	\$822	\$818
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	76	\$737	\$822
66984	EXTRACAPSULAR CATARACT REMV IOL	51	\$2,083	\$2,786
42820	T&A; UNDER AGE 12	30	\$1,075	\$1,662
66821	DISCISSION 2ND CATARACT; LASER S	28	\$774	\$621
29848	ENDO WRST SURG REL TRNS CARP LIG	18	\$1,646	\$2,220
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	18	\$1,011	\$1,059
69436	TYMPANOSTOMY GENERAL ANESTHESIA	15	\$978	\$1,016
43239	UGI ENDO; W/BX 1/MX	14	\$904	\$1,035
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	8	\$4,350	\$5,262
58120	DILATION & CURET DX &/ THERAPEUT	7	\$1,229	\$1,817
19120	EXC BRST CYST TUMR/LES OPN M/F 1	6	\$1,679	\$2,212
49505	REPR INIT ING HERNIA 5YR/MORE; R	5	\$2,561	\$3,015
49650	LAPARSCPY SURG; REPR INIT ING HE	5	\$2,788	\$4,582
66983	INTRACAPSULAR CATARACT EXTRAC W/	5	\$2,190	\$2,624
43280	LAP SURG-ESOPHAGOGASTRIC FUNDOPL	4	\$5,032	\$7,324
45380	COLONOSCOPY FLEX; W/BX 1/MX	4	\$860	\$1,174
52000	CYSTOURETHROSCOPY-SEP PROC	4	\$644	\$1,712
55250	VASECT UNI/BIL-SEP PROC-POSTOP S	4	\$1,596	\$1,940
49320	LAP-ABD DX-W/WO SPECMN-SEP PROC	3	\$2,520	\$3,181

SOURCE: Utah Ambulatory Surgery Database
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UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

129 Gunnison Valley Hospital

Procedure APG category	Procedure APG	TOTAL #	TOTAL # (ALL Hospitals)
01	INTEGUMENTARY SYSTEM	8	8,392
	011 SIMPLE INCISION AND EXCISION OF BREAST	8	2,817
02	MUSCULOSKELETAL SYSTEM	23	48,493
	025 ARTHROSCOPY	22	20,364
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	1	611
03	RESPIRATORY SYSTEM	10	6,895
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	10	4,493
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	1	2,342
	097 TRANSFUSION	1	792
06	DIGESTIVE SYSTEM	382	82,913
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	1	832
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	142	17,918
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	9	4,477
	117 LOWER GASTROINTESTINAL ENDOSCOPY	175	33,312
	118 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	1	1,553
	119 HERNIA AND HYDROCELE PROCEDURES	16	6,781
	120 COMPLEX ANAL AND RECTAL PROCEDURES	1	911
	121 SIMPLE ANAL AND RECTAL PROCEDURES	1	544
	123 COMPLEX LAPAROSCOPIC PROCEDURES	36	14,187
07	URINARY SYSTEM	6	7,406
	135 MODERATE CYSTOURETHROSCOPY	2	2,378
	136 SIMPLE CYSTOURETHROSCOPY	4	623
08	MALE GENITAL SYSTEM	13	2,988
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	6	1,293
	154 SIMPLE PENILE PROCEDURES	4	901
	155 PROSTATE NEEDLE AND PUNCH BIOPSY	3	306
09	FEMALE GENITAL SYSTEM	7	5,316
	178 DILATION AND CURETTAGE	7	831
10	NERVOUS SYSTEM	2	17,622
	198 NERVE REPAIR AND DESTRUCTION	2	4,478
11	EYE AND OCULAR ADNEXA	86	10,930
	211 MINOR OPHTHALMOLOGICAL TESTS AND PROCEDURES	1	29
	213 LASER EYE PROCEDURES	28	932
	214 CATARACT PROCEDURES	56	4,649
	216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	1	351
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	96	29,079
	233 NASAL CAUTERIZATION AND PACKING	1	218
	234 COMPLEX FACIAL AND ENT PROCEDURES	6	5,162
	235 SIMPLE FACIAL AND ENT PROCEDURES	49	15,442
	236 TONSIL AND ADENOID PROCEDURES	40	8,217

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

Reportable* excludes codes in the former "Other" category in previous reports.

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 PROCEDURE APG CATEGORY, PROCEDURE APG, SINGLE APG ONLY
 BASED ON REPORTABLE* CPT-4 PROCEDURES

129 Gunnison Valley Hospital

Procedure APG category	Procedure APG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
01	INTEGUMENTARY SYSTEM	7	\$1,656	\$2,329
	011 SIMPLE INCISION AND EXCISION OF BREAST	7	\$1,656	\$2,426
02	MUSCULOSKELETAL SYSTEM	19	\$1,605	\$3,320
	025 ARTHROSCOPY	18	\$1,646	\$3,776
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	1	\$870	\$2,528
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	1	\$1,077	\$3,010
	097 TRANSFUSION	1	\$1,077	\$2,084
06	DIGESTIVE SYSTEM	263	\$1,230	\$1,825
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	1	\$775	\$729
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	90	\$763	\$987
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	4	\$1,112	\$1,381
	117 LOWER GASTROINTESTINAL ENDOSCOPY	126	\$859	\$956
	119 HERNIA AND HYDROCELE PROCEDURES	15	\$2,518	\$2,876
	120 COMPLEX ANAL AND RECTAL PROCEDURES	1	\$1,838	\$2,344
	123 COMPLEX LAPAROSCOPIC PROCEDURES	26	\$3,916	\$4,923
07	URINARY SYSTEM	6	\$626	\$3,713
	135 MODERATE CYSTOURETHROSCOPY	2	\$592	\$2,892
	136 SIMPLE CYSTOURETHROSCOPY	4	\$644	\$1,768
08	MALE GENITAL SYSTEM	12	\$1,084	\$2,549
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	5	\$1,618	\$2,171
	154 SIMPLE PENILE PROCEDURES	4	\$678	\$1,466
	155 PROSTATE NEEDLE AND PUNCH BIOPSY	3	\$737	\$3,741
09	FEMALE GENITAL SYSTEM	7	\$1,229	\$2,961
	178 DILATION AND CURETTAGE	7	\$1,229	\$1,817
10	NERVOUS SYSTEM	2	\$1,544	\$1,454
	198 NERVE REPAIR AND DESTRUCTION	2	\$1,544	\$2,095
11	EYE AND OCULAR ADNEXA	85	\$1,642	\$2,574
	213 LASER EYE PROCEDURES	28	\$774	\$642
	214 CATARACT PROCEDURES	56	\$2,092	\$2,790
	216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	1	\$703	\$1,881
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	54	\$1,080	\$1,992
	233 NASAL CAUTERIZATION AND PACKING	1	\$1,307	\$2,294
	234 COMPLEX FACIAL AND ENT PROCEDURES	1	\$3,022	\$3,775
	235 SIMPLE FACIAL AND ENT PROCEDURES	18	\$951	\$1,425
	236 TONSIL AND ADENOID PROCEDURES	34	\$1,084	\$1,795

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

Reportable* excludes codes in the former "Other" category in previous reports.

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

129 Gunnison Valley Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
GENDER				
Female	424	56.3	107,216	54.5
Male	329	43.7	89,560	45.5
Unknown	0	0.0	2	0.0
Not Reported	0	0.0	0	0.0
AGE				
1-28 days	4	0.5	199	0.1
29-365 days	7	0.9	2,895	1.5
1-4 years	34	4.5	10,718	5.4
5-9	25	3.3	6,003	3.1
10-14	17	2.3	4,605	2.3
15-17	17	2.3	4,474	2.3
18-19	16	2.1	3,608	1.8
20-24	35	4.6	10,974	5.6
25-29	24	3.2	11,529	5.9
30-34	31	4.1	10,974	5.6
35-39	33	4.4	11,089	5.6
40-44	35	4.6	13,913	7.1
45-49	46	6.1	15,367	7.8
50-54	52	6.9	18,693	9.5
55-59	52	6.9	16,175	8.2
60-64	62	8.2	13,797	7.0
65-69	68	9.0	12,250	6.2
70-74	72	9.6	11,038	5.6
75-79	61	8.1	9,345	4.7
80-84	41	5.4	5,890	3.0
85-89	13	1.7	2,520	1.3
90 +	8	1.1	720	0.4
Not Reported	4	0.5	201	0.1
SOURCE OF ADMISSION				
Physician Referral	705	93.6	176,073	89.5
Clinic Referral	0	0.0	2,347	1.2
HMO Referral	1	0.1	119	0.1
Other Hospital	0	0.0	71	0.0
Skilled Nursing Facility	0	0.0	21	0.0
Other Health Care Facility	0	0.0	26	0.0
Emergency Room	27	3.6	3,467	1.8
Court/Law Enforcement	0	0.0	3	0.0
Unknown	0	0.0	3,359	1.7
Not Reported	20	2.7	11,292	5.7

(Continued)

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

129 Gunnison Valley Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	753	100.0	196,083	99.6
Another Hospital	0	0.0	125	0.1
Skilled Nursing Facility	0	0.0	72	0.0
Intermediate Care Facility	0	0.0	9	0.0
Another Type of Institution	0	0.0	44	0.0
Under Care of Home Service	0	0.0	103	0.1
Left Against Medical Advice	0	0.0	17	0.0
Under Care of Home IV Provider	0	0.0	5	0.0
Expired	0	0.0	16	0.0
Unknown	0	0.0	304	0.2
Not Reported	0	0.0	0	0.0
PRIMARY PAYER				
Medicare	267	35.5	42,451	21.6
Medicaid	57	7.6	13,275	6.7
Other government	9	1.2	3,257	1.7
Blue Cross/Blue Shield	56	7.4	27,366	13.9
Other Commercial	83	11.0	17,254	8.8
Managed Care(HMO, PPO)	242	32.1	84,762	43.1
Self Pay	35	4.6	3,009	1.5
Industrial & Worker Comp	2	0.3	4,001	2.0
Charity and Unclassified	0	0.0	106	0.1
Childrens Health Insurance	0	0.0	258	0.1
Unknown	2	0.3	964	0.5
Not Reported	0	0.0	75	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	0	0.0	13,556	6.9
Central Utah	722	95.9	6,602	3.4
Davis County	1	0.1	21,257	10.8
Salt Lake County	2	0.3	68,961	35.0
Southeastern Utah	7	0.9	4,049	2.1
Southwest Utah	4	0.5	11,167	5.7
Summit County	0	0.0	2,258	1.1
Tooele County	0	0.0	3,742	1.9
Tri-County	0	0.0	5,041	2.6
Utah County	1	0.1	32,261	16.4
Wasatch County	0	0.0	1,500	0.8
Weber County	0	0.0	17,573	8.9
Unknown Utah	4	0.5	60	0.0
Outside Utah	12	1.6	8,682	4.4
Unknown, Not Reported	0	0.0	69	0.0

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

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

139 Heber Valley Medical Center

Reporting Category(ICD-9-CM CODES)	Procedures Performed		Procedures Performed-All Hospitals	
	(#)	(%)	(#)	(%)
Reporting Category(ICD-9-CM CODES)	2,572	100.0	288,895	100.0
Mastectomy (85.0-85.99)	7	0.3	6,818	2.4
Musculoskeletal (76.0-84.99)	1,516	58.9	60,015	20.8
Respiratory (30.0-34.99)	1	0.0	2,981	1.0
Cardiovascular (35.0-39.99)	1	0.0	15,622	5.4
Lymphatic/Hemetic (40.0-41.99)	1	0.0	2,260	0.8
Digestive System (42.0-54.99)	394	15.3	90,070	31.2
Urinary (55.0-59.99)	0	0.0	8,063	2.8
Male Genital (60.0-64.99)	2	0.1	3,587	1.2
Female Genital (65.0-71.99)	30	1.2	13,770	4.8
Endocrine/Nervous (01.0-07.99)	431	16.8	22,387	7.7
Eye (08.0-16.99)	157	6.1	19,254	6.7
Ear (18.0-20.99)	12	0.5	15,474	5.4
Nose,Mouth,Pharynx (21.0-29.99)	20	0.8	28,594	9.9
Reporting Category(CPT-4 CODES)	1,821	100.0	264,491	100.0
Mastectomy (19120-19220)	5	0.3	3,203	1.2
Musculoskeletal (20000-29909)	806	44.3	54,392	20.6
Respiratory (30000-32999 & 39501-39599)	0	0.0	12,829	4.9
Cardiovascular (33010-37799 & 93501-93660)	1	0.1	34,097	12.9
Lymphatic/Hemetic (38100-38999)	1	0.1	2,304	0.9
Digestive (40490-49999)	404	22.2	94,766	35.8
Urinary (50010-53899)	0	0.0	8,849	3.3
Male Genital (54000-55899)	2	0.1	3,229	1.2
Female Genital (56405-58999)	20	1.1	10,000	3.8
Endocrine/Nervous (60000-64999)	490	26.9	20,833	7.9
Eye (65091-68899)	86	4.7	11,183	4.2
Ear (69000-69979)	6	0.3	8,806	3.3

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, 2003
 MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES

139 Heber Valley Medical Center

ICD-9 CODE	ICD-9 DESCRIPTION	#	%	% ALL Hospitals
All ICD-9 Procedures		2,572	100.0	100.0
0392	INJ OTH AGENT SPINAL CANAL	384	14.9	2.43
8026	ARTHSCPY-KNEE	336	13.1	1.58
806	EXC SEMILUNAR CARTILAGE-KNEE	182	7.1	1.79
4523	COLONOSCOPY	178	6.9	6.06
7766	LOC EXC LES/TISS-PATELLA	93	3.6	0.12
8021	ARTHSCPY-SHLDR	89	3.5	0.62
4525	CLO [ENDO] BX LG INTESTINE	73	2.8	2.27
8147	OTH REPR KNEE	71	2.8	0.38
8076	SYNOVECT-KNEE	70	2.7	0.39
8145	OTH REPR CRUCIATE LIGAMNT	70	2.7	0.55
1371	IOL PROSTH-CATARACT EXTRACT-1-STAGE	68	2.6	1.60
1341	PHACOEMLSIFICATION-ASPIR CATARACT	63	2.4	1.57
7765	LOC EXC LES/TISS-FEM	56	2.2	0.12
8086	OTH LOC EXC/DESTRUC JT LES-KNEE	54	2.1	1.30
8183	OTH REPR SHLDR	47	1.8	0.81
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	37	1.4	5.16
7781	OTH PART OSTEC-SCAPULA-CLAV-THOR	35	1.4	0.49
8016	OTH ARTHROT-KNEE	32	1.2	0.16
0443	RELEASE CARPAL TUNNEL	31	1.2	1.23
8046	DIVIS JT CAP-LIGAMNT/CART-KNEE	31	1.2	0.36

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		1,821	100.0	100.0
64483	INJ ANES EPIDURL; LUMB/SAC 1 LEV	186	10.2	0.69
45378	COLONOSCOPY FLEX; DX-SEP PROC	180	9.9	6.06
29881	SCOPE KNEE SURG;W/MENISCECT MED/	150	8.2	1.52
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	102	5.6	1.44
45380	COLONOSCOPY FLEX; W/BX 1/MX	75	4.1	2.39
29888	ARTHSCPY AIDED ACL REPR/AUG/RECO	69	3.8	0.55
66984	EXTRACAPSULAR CATARACT REMV IOL	68	3.7	1.67
29879	SCOPE KNEE SURG; ABRASION ARTHPL	60	3.3	0.25
29826	SCOPE SHOULDER; DECOMP SUBACROM	56	3.1	0.88
64476	INJ ANES FACET JT; LUMB/SAC-EA A	41	2.3	0.41
62310	INJ 1 NOT NEUROLYTIC-EPID;CERV/T	40	2.2	0.26
43239	UGI ENDO; W/BX 1/MX	35	1.9	5.28
29880	SCOPE KNEE SURG;W/MENISCECT MED&	33	1.8	0.42
29824	SCOPE SHLDR SURG;DIST CLAVICULEC	32	1.8	0.31
64475	INJ ANES FACET JT; LUMB/SAC-1LEV	29	1.6	0.34
64623	DESTRUC FACET JT NRV; L/S-EA AD	28	1.5	0.31
20680	REMOVAL OF IMPLANT; DEEP	27	1.5	0.81
29827	SCOPE SHLDR SURG; W/ROTOR CUFF R	27	1.5	0.29
29873	SCOPE KNEE SURGICAL; W/LAT RELEA	26	1.4	0.30
29875	SCOPE KNEE; SYNOVECT LTD SEP PRO	26	1.4	0.21

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

Reportable* excludes codes in the former "Other" category in previous reports.

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 AVERAGE TOTAL CHARGES FOR MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES, SINGLE ICD-9 OR CPT-4 ONLY

139 Heber Valley Medical Center

ICD-9 CODE	ICD-9 DESCRIPTION	#	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
ICD-9 Procedures		928	\$1,748	\$2,542
0392	INJ OTH AGENT SPINAL CANAL	380	\$1,020	\$718
4523	COLONOSCOPY	165	\$1,251	\$849
4525	CLO [ENDO] BX LG INTESTINE	65	\$1,569	\$1,172
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	28	\$1,282	\$1,037
5123	LAP CHOLEY	27	\$5,963	\$5,170
0443	RELEASE CARPAL TUNNEL	21	\$1,813	\$1,882
4513	OTH ENDO SM INTESTINE	21	\$1,434	\$917
7936	OP REDUC FX W/INT FIX-TIBIA & FIB	17	\$5,741	\$4,526
282	TONSILLECTOMY WO ADENOIDECTOMY	13	\$2,033	\$2,010
1359	OTH EXTRACAPSUL LENS EXTRACT	9	\$567	\$592
7867	REMOV IMPLNT DEVICE-TIBIA & FIB	9	\$2,333	\$2,427
8221	EXC LES TENDON SHEATH HAND	9	\$1,989	\$1,892
4709	OTH APPENDECTOMY	7	\$3,549	\$4,322
042	DESTRUC CRANIAL & PERIPH NERV	6	\$2,964	\$2,015
6959	OTH ASPIR CURET UTERUS	6	\$1,530	\$1,881
7939	OP REDUC FX W/INT FIX-OTH BONE	6	\$4,428	\$5,132
283	TONSILLECTOMY W/ADENOIDECTOMY	5	\$1,988	\$1,740
4701	LAP APPENDECTOMY	5	\$6,790	\$6,389
6952	ASPIR CURET FOLLOWING DELIV/AB	5	\$2,034	\$1,938
8364	OTH SUT TENDON	5	\$3,830	\$3,254

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
CPT-4 Procedures		1,200	\$2,382	\$2,284
64483	INJ ANES EPIDURL; LUMB/SAC 1 LEV	178	\$970	\$865
45378	COLONOSCOPY FLEX; DX-SEP PROC	164	\$1,252	\$818
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	102	\$890	\$767
29881	SCOPE KNEE SURG;W/MENISCECT MED/	84	\$4,041	\$3,303
45380	COLONOSCOPY FLEX; W/BX 1/MX	73	\$1,554	\$1,174
66984	EXTRACAPSULAR CATARACT REMV IOL	68	\$2,865	\$2,786
62310	INJ 1 NOT NEUROLYTIC-EPID;CERV/T	40	\$1,023	\$906
43239	UGI ENDO; W/BX 1/MX	27	\$1,282	\$1,035
29875	SCOPE KNEE; SYNOVECT LTD SEP PRO	24	\$3,796	\$3,060
29888	ARTHSCPY AIDED ACL REPR/AUG/RECO	23	\$6,059	\$7,278
64721	NEUROPLASTY; MEDIAN @ CARPAL TUN	23	\$1,913	\$1,823
29880	SCOPE KNEE SURG;W/MENISCECT MED&	22	\$3,958	\$3,594
43235	UGI ENDO; DX W/VO CLCT SPECMN-SP	19	\$1,300	\$822
20680	REMOVAL OF IMPLANT; DEEP	18	\$2,418	\$2,378
29873	SCOPE KNEE SURGICAL; W/LAT RELEA	18	\$5,413	\$3,582
47562	LAPAROSCOPY SURGICAL; CHOLECT	15	\$5,536	\$5,048
64475	INJ ANES FACET JT; LUMB/SAC-1LEV	14	\$1,306	\$1,038
29806	SCOPE SHOULDER SURGICAL; CPSLORR	13	\$5,914	\$5,985
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	13	\$6,423	\$5,262
29879	SCOPE KNEE SURG; ABRASION ARTHPL	12	\$4,023	\$3,108

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

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

139 Heber Valley Medical Center

Procedure APG category	Procedure APG	TOTAL #	TOTAL # (ALL Hospitals)
01	INTEGUMENTARY SYSTEM	18	8,392
	003 COMPLEX INCISION AND DRAINAGE	1	75
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	10	1,059
	008 SIMPLE EXCISION AND BIOPSY	2	893
	011 SIMPLE INCISION AND EXCISION OF BREAST	4	2,817
	012 BREAST RECONSTRUCTION AND MASTECTOMY	1	386
02	MUSCULOSKELETAL SYSTEM	780	48,493
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	32	6,083
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	13	1,938
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	3	1,829
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	56	10,165
	025 ARTHROSCOPY	621	20,364
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	7	611
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	34	3,214
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	1	397
	032 BUNION PROCEDURES	5	1,475
	033 ARTHROPLASTY	3	486
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	5	1,499
04	CARDIOVASCULAR SYSTEM	1	25,643
	080 MINOR VASCULAR REPAIR AND FISTULA CONSTRUCTION	1	1,407
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	1	2,342
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	1	1,515
06	DIGESTIVE SYSTEM	390	82,913
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	1	832
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	61	17,918
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	2	4,477
	117 LOWER GASTROINTESTINAL ENDOSCOPY	256	33,312
	119 HERNIA AND HYDROCELE PROCEDURES	19	6,781
	123 COMPLEX LAPAROSCOPIC PROCEDURES	51	14,187
08	MALE GENITAL SYSTEM	2	2,988
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	1	1,293
	154 SIMPLE PENILE PROCEDURES	1	901
09	FEMALE GENITAL SYSTEM	6	5,316
	178 DILATION AND CURETTAGE	5	831
	180 COLPOSCOPY	1	153
10	NERVOUS SYSTEM	489	17,622
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	455	11,950
	198 NERVE REPAIR AND DESTRUCTION	34	4,478
11	EYE AND OCULAR ADNEXA	86	10,930
	213 LASER EYE PROCEDURES	13	932
	214 CATARACT PROCEDURES	68	4,649
	216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	2	351
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	2	185
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	1	477
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	26	29,079
	235 SIMPLE FACIAL AND ENT PROCEDURES	7	15,442

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

139 Heber Valley Medical Center

procedure APG category procedure APG	TOTAL #	TOTAL # (ALL Hospitals)
236 TONSIL AND ADENOID PROCEDURES	19	8,217

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

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 PROCEDURE APG CATEGORY, PROCEDURE APG, SINGLE APG ONLY
 BASED ON REPORTABLE* CPT-4 PROCEDURES

139 Heber Valley Medical Center

Procedure APG category	Procedure APG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
01	INTEGUMENTARY SYSTEM	13	\$2,467	\$2,329
	003 COMPLEX INCISION AND DRAINAGE	1	\$3,603	\$2,503
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	7	\$2,508	\$2,689
	011 SIMPLE INCISION AND EXCISION OF BREAST	4	\$2,275	\$2,426
	012 BREAST RECONSTRUCTION AND MASTECTOMY	1	\$1,812	\$4,376
02	MUSCULOSKELETAL SYSTEM	340	\$4,125	\$3,320
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	15	\$4,206	\$4,704
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	7	\$2,547	\$3,131
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	3	\$3,568	\$3,886
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	37	\$2,306	\$2,294
	025 ARTHROSCOPY	237	\$4,472	\$3,776
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	4	\$1,779	\$2,528
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	30	\$4,393	\$3,911
	032 BUNION PROCEDURES	4	\$3,497	\$3,144
	033 ARTHROPLASTY	2	\$5,798	\$4,649
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	1	\$1,137	\$679
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	1	\$2,925	\$3,010
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	1	\$2,925	\$3,705
06	DIGESTIVE SYSTEM	342	\$1,965	\$1,825
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	1	\$1,123	\$729
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	46	\$1,290	\$987
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	2	\$2,706	\$1,381
	117 LOWER GASTROINTESTINAL ENDOSCOPY	238	\$1,349	\$956
	119 HERNIA AND HYDROCELE PROCEDURES	12	\$3,107	\$2,876
	123 COMPLEX LAPAROSCOPIC PROCEDURES	43	\$5,760	\$4,923
08	MALE GENITAL SYSTEM	1	\$2,180	\$2,549
	154 SIMPLE PENILE PROCEDURES	1	\$2,180	\$1,466
09	FEMALE GENITAL SYSTEM	6	\$1,614	\$2,961
	178 DILATION AND CURETTAGE	5	\$1,652	\$1,817
	180 COLPOSCOPY	1	\$1,420	\$2,234
10	NERVOUS SYSTEM	370	\$1,081	\$1,454
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	340	\$972	\$836
	198 NERVE REPAIR AND DESTRUCTION	30	\$2,325	\$2,095
11	EYE AND OCULAR ADNEXA	86	\$2,477	\$2,574
	213 LASER EYE PROCEDURES	13	\$595	\$642
	214 CATARACT PROCEDURES	68	\$2,865	\$2,790
	216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	2	\$2,201	\$1,881
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	2	\$2,043	\$2,320
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	1	\$1,965	\$1,766
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	24	\$1,793	\$1,992
	235 SIMPLE FACIAL AND ENT PROCEDURES	6	\$1,111	\$1,425
	236 TONSIL AND ADENOID PROCEDURES	18	\$2,020	\$1,795

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

Reportable* excludes codes in the former "Other" category in previous reports.

AMB ST 1-6

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

139 Heber Valley Medical Center

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
GENDER				
Female	780	51.9	107,216	54.5
Male	722	48.1	89,560	45.5
Unknown	0	0.0	2	0.0
Not Reported	0	0.0	0	0.0
AGE				
1-28 days	0	0.0	199	0.1
29-365 days	2	0.1	2,895	1.5
1-4 years	6	0.4	10,718	5.4
5-9	11	0.7	6,003	3.1
10-14	19	1.3	4,605	2.3
15-17	57	3.8	4,474	2.3
18-19	36	2.4	3,608	1.8
20-24	69	4.6	10,974	5.6
25-29	73	4.9	11,529	5.9
30-34	74	4.9	10,974	5.6
35-39	88	5.9	11,089	5.6
40-44	148	9.9	13,913	7.1
45-49	156	10.4	15,367	7.8
50-54	182	12.1	18,693	9.5
55-59	143	9.5	16,175	8.2
60-64	111	7.4	13,797	7.0
65-69	112	7.5	12,250	6.2
70-74	84	5.6	11,038	5.6
75-79	73	4.9	9,345	4.7
80-84	35	2.3	5,890	3.0
85-89	20	1.3	2,520	1.3
90 +	3	0.2	720	0.4
Not Reported	0	0.0	201	0.1
SOURCE OF ADMISSION				
Physician Referral	1,481	98.6	176,073	89.5
Clinic Referral	1	0.1	2,347	1.2
HMO Referral	0	0.0	119	0.1
Other Hospital	0	0.0	71	0.0
Skilled Nursing Facility	0	0.0	21	0.0
Other Health Care Facility	0	0.0	26	0.0
Emergency Room	20	1.3	3,467	1.8
Court/Law Enforcement	0	0.0	3	0.0
Unknown	0	0.0	3,359	1.7
Not Reported	0	0.0	11,292	5.7

(Continued)

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

139 Heber Valley Medical Center

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	1,502	100.0	196,083	99.6
Another Hospital	0	0.0	125	0.1
Skilled Nursing Facility	0	0.0	72	0.0
Intermediate Care Facility	0	0.0	9	0.0
Another Type of Institution	0	0.0	44	0.0
Under Care of Home Service	0	0.0	103	0.1
Left Against Medical Advice	0	0.0	17	0.0
Under Care of Home IV Provider	0	0.0	5	0.0
Expired	0	0.0	16	0.0
Unknown	0	0.0	304	0.2
Not Reported	0	0.0	0	0.0
PRIMARY PAYER				
Medicare	306	20.4	42,451	21.6
Medicaid	35	2.3	13,275	6.7
Other government	8	0.5	3,257	1.7
Blue Cross/Blue Shield	290	19.3	27,366	13.9
Other Commercial	141	9.4	17,254	8.8
Managed Care(HMO, PPO)	660	43.9	84,762	43.1
Self Pay	17	1.1	3,009	1.5
Industrial & Worker Comp	41	2.7	4,001	2.0
Charity and Unclassified	0	0.0	106	0.1
Childrens Health Insurance	0	0.0	258	0.1
Unknown	4	0.3	964	0.5
Not Reported	0	0.0	75	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	3	0.2	13,556	6.9
Central Utah	4	0.3	6,602	3.4
Davis County	16	1.1	21,257	10.8
Salt Lake County	132	8.8	68,961	35.0
Southeastern Utah	3	0.2	4,049	2.1
Southwest Utah	2	0.1	11,167	5.7
Summit County	418	27.8	2,258	1.1
Tooele County	5	0.3	3,742	1.9
Tri-County	40	2.7	5,041	2.6
Utah County	27	1.8	32,261	16.4
Wasatch County	724	48.2	1,500	0.8
Weber County	20	1.3	17,573	8.9
Unknown Utah	0	0.0	60	0.0
Outside Utah	104	6.9	8,682	4.4
Unknown, Not Reported	4	0.3	69	0.0

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

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

117 Jordan Valley Hospital

Reporting Category(ICD-9-CM CODES)	Procedures Performed		Procedures Performed-All Hospitals	
	(#)	(%)	(#)	(%)
Reporting Category(ICD-9-CM CODES)	5,680	100.0	288,895	100.0
Mastectomy (85.0-85.99)	169	3.0	6,818	2.4
Musculoskeletal (76.0-84.99)	1,044	18.4	60,015	20.8
Respiratory (30.0-34.99)	29	0.5	2,981	1.0
Cardiovascular (35.0-39.99)	13	0.2	15,622	5.4
Lymphatic/Hemetic (40.0-41.99)	19	0.3	2,260	0.8
Digestive System (42.0-54.99)	1,952	34.4	90,070	31.2
Urinary (55.0-59.99)	143	2.5	8,063	2.8
Male Genital (60.0-64.99)	64	1.1	3,587	1.2
Female Genital (65.0-71.99)	508	8.9	13,770	4.8
Endocrine/Nervous (01.0-07.99)	217	3.8	22,387	7.7
Eye (08.0-16.99)	66	1.2	19,254	6.7
Ear (18.0-20.99)	631	11.1	15,474	5.4
Nose, Mouth, Pharynx (21.0-29.99)	825	14.5	28,594	9.9
Reporting Category(CPT-4 CODES)	5,580	100.0	264,491	100.0
Mastectomy (19120-19220)	89	1.6	3,203	1.2
Musculoskeletal (20000-29909)	1,239	22.2	54,392	20.6
Respiratory (30000-32999 & 39501-39599)	446	8.0	12,829	4.9
Cardiovascular (33010-37799 & 93501-93660)	83	1.5	34,097	12.9
Lymphatic/Hemetic (38100-38999)	19	0.3	2,304	0.9
Digestive (40490-49999)	2,224	39.9	94,766	35.8
Urinary (50010-53899)	447	8.0	8,849	3.3
Male Genital (54000-55899)	50	0.9	3,229	1.2
Female Genital (56405-58999)	445	8.0	10,000	3.8
Endocrine/Nervous (60000-64999)	172	3.1	20,833	7.9
Eye (65091-68899)	37	0.7	11,183	4.2
Ear (69000-69979)	329	5.9	8,806	3.3

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics.

Reportable* excludes codes in the former "Other" category in previous reports.

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES

117 Jordan Valley Hospital

ICD-9 CODE	ICD-9 DESCRIPTION	#	%	% ALL Hospitals
All ICD-9 Procedures		5,680	100.0	100.0
2001	MYRINGOTOMY W/INSRT TUBE	568	10.0	4.36
4523	COLONOSCOPY	415	7.3	6.06
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	319	5.6	5.16
5123	LAP CHOLEY	196	3.5	2.06
283	TONSILLECTOMY W/ADENOIDECTOMY	186	3.3	1.86
4542	ENDO POLYPECTOMY LG INTESTINE	186	3.3	3.38
4525	CLO [ENDO] BX LG INTESTINE	161	2.8	2.27
806	EXC SEMILUNAR CARTILAGE-KNEE	151	2.7	1.79
4513	OTH ENDO SM INTESTINE	145	2.6	2.14
8086	OTH LOC EXC/DESTRUC JT LES-KNEE	126	2.2	1.30
0443	RELEASE CARPAL TUNNEL	98	1.7	1.23
282	TONSILLECTOMY WO ADENOIDECTOMY	97	1.7	0.67
2188	OTH SEPTOPLASTY	94	1.7	0.61
6952	ASPIR CURET FOLLOWING DELIV/AB	91	1.6	0.51
8521	LOC EXC LES BREAST	86	1.5	1.03
2169	OTH TURBINECTOMY	77	1.4	0.75
4292	DILAT ESOPH	77	1.4	1.33
2263	ETHMOIDECTOMY	64	1.1	0.54
286	ADENOIDECTOMY WO TONSILLECTOMY	60	1.1	0.42
222	INTRANASAL ANTROTOMY	55	1.0	0.35

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		5,580	100.0	100.0
45378	COLONOSCOPY FLEX; DX-SEP PROC	374	6.7	6.06
43239	UGI ENDO; W/BX 1/MX	319	5.7	5.28
69436	TYMPANOSTOMY GENERAL ANESTHESIA	289	5.2	2.51
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	212	3.8	3.55
45380	COLONOSCOPY FLEX; W/BX 1/MX	170	3.0	2.39
47562	LAPAROSCOPY SURGICAL; CHOLECT	160	2.9	0.84
42820	T&A; UNDER AGE 12	147	2.6	1.60
50394	INJ PROC PYELOGRAPHY-NEPHROST TU	138	2.5	0.13
29877	SCOPE KNEE SURG; DEBRID/SHAVE CA	112	2.0	1.18
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	95	1.7	1.45
29881	SCOPE KNEE SURG;W/MENISCECT MED/	93	1.7	1.52
30520	SEPTOPLASTY/SUBMUCOS RES W/GFT	93	1.7	0.81
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	82	1.5	0.56
50590	LITHOTRIPSY XTRACORP SHOCK WAVE	78	1.4	0.27
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	77	1.4	0.78
58662	LAP SURG; W/FULG/EXCIS LES-OVARY	75	1.3	0.62
30140	SUBMUCOS RES TURBINATE PART/CMPL	70	1.3	0.69
58340	CATH&INTRO-CONTRST HYSTROSON/SLP	69	1.2	0.14
58670	LAPARSCPY SURGICAL; W/FULG OVIDU	59	1.1	0.23
29880	SCOPE KNEE SURG;W/MENISCECT MED&	56	1.0	0.42

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

Reportable* excludes codes in the former "Other" category in previous reports.

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 AVERAGE TOTAL CHARGES FOR MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES, SINGLE ICD-9 OR CPT-4 ONLY

117 Jordan Valley Hospital

ICD-9 CODE	ICD-9 DESCRIPTION	#	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
ICD-9 Procedures		2,571	\$4,282	\$2,542
4523	COLONOSCOPY	352	\$2,079	\$849
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	196	\$2,243	\$1,037
5123	LAP CHOLEY	179	\$8,092	\$5,170
283	TONSILLECTOMY W/ADENOIDECTOMY	168	\$3,067	\$1,740
4542	ENDO POLYPECTOMY LG INTESTINE	124	\$2,631	\$1,101
6952	ASPIR CURET FOLLOWING DELIV/AB	89	\$3,918	\$1,938
4525	CLO [ENDO] BX LG INTESTINE	85	\$2,475	\$1,172
282	TONSILLECTOMY WO ADENOIDECTOMY	79	\$3,491	\$2,010
4513	OTH ENDO SM INTESTINE	65	\$1,960	\$917
0443	RELEASE CARPAL TUNNEL	57	\$3,760	\$1,882
8521	LOC EXC LES BREAST	45	\$3,973	\$2,242
806	EXC SEMILUNAR CARTILAGE-KNEE	41	\$5,798	\$3,679
5011	CLO [PERCUT] [NEEDLE] BX LIVER	39	\$3,332	\$1,657
6629	OTH BIL ENDO DESTRUC FALLOP TUBES	35	\$5,017	\$2,947
6823	ENDOMETRIAL ABLATION	33	\$6,204	\$4,047
6909	OTH D&C UTERUS	25	\$4,202	\$2,052
5304	UNILAT REPR INDIRECT ING HERN-GFT	24	\$6,297	\$3,100
8221	EXC LES TENDON SHEATH HAND	24	\$3,516	\$1,892
5341	REPR UMB HERN W/PROSTH	22	\$6,647	\$3,433
2171	CLO REDUC NASAL FX	19	\$3,029	\$1,757

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
CPT-4 Procedures		3,220	\$3,707	\$2,284
45378	COLONOSCOPY FLEX; DX-SEP PROC	312	\$2,048	\$818
69436	TYMPANOSTOMY GENERAL ANESTHESIA	212	\$1,500	\$1,016
43239	UGI ENDO; W/BX 1/MX	196	\$2,243	\$1,035
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	156	\$2,661	\$1,059
47562	LAPAROSCOPY SURGICAL; CHOLECT	146	\$7,955	\$5,048
50394	INJ PROC PYELOGRAPHY-NEPHROST TU	134	\$793	\$952
42820	T&A; UNDER AGE 12	128	\$2,947	\$1,662
45380	COLONOSCOPY FLEX; W/BX 1/MX	103	\$2,518	\$1,174
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	70	\$3,652	\$2,065
58340	CATH&INTRO-CONTRST HYSTROSON/SLP	68	\$545	\$631
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	63	\$1,955	\$822
50590	LITHOTRIPSY XTRACORP SHOCK WAVE	61	\$8,033	\$6,705
36600	ART PUNCTURE WITHDRAWAL BLD DX	46	\$916	\$1,008
49505	REPR INIT ING HERNIA 5YR/MORE; R	45	\$6,484	\$3,015
58670	LAPAROSCPY SURGICAL; W/FULG OVIDU	43	\$4,736	\$2,832
19120	EXC BRST CYST TUMR/LES OPN M/F 1	41	\$3,859	\$2,212
23350	INJ SHLDR ARTHROGRPH/ENHNCD CT/M	39	\$1,867	\$1,673
47000	BIOPSY LIVER NEEDLE; PERCUTANEOU	39	\$3,258	\$1,618
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	38	\$3,271	\$1,278
20680	REMOVAL OF IMPLANT; DEEP	37	\$3,679	\$2,378

SOURCE: Utah Ambulatory Surgery Database
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UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

117 Jordan Valley Hospital

Procedure APG category		TOTAL #	TOTAL # (ALL Hospitals)
Procedure APG			
01	INTEGUMENTARY SYSTEM	214	8,392
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	73	2,819
	003 COMPLEX INCISION AND DRAINAGE	1	75
	004 SIMPLE INCISION AND DRAINAGE	2	29
	006 SIMPLE DEBRIDEMENT AND DESTRUCTION	3	125
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	26	1,059
	008 SIMPLE EXCISION AND BIOPSY	18	893
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRANGE	2	184
	011 SIMPLE INCISION AND EXCISION OF BREAST	84	2,817
	012 BREAST RECONSTRUCTION AND MASTECTOMY	5	386
02	MUSCULOSKELETAL SYSTEM	1,084	48,493
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	126	6,083
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	40	1,938
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	30	1,829
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	266	10,165
	025 ARTHROSCOPY	435	20,364
	027 SPLINT, STRAPPING AND CAST REMOVAL	21	98
	028 CLOSED TREATMENT FX & DISLOCATION OF FINGER, TOE & TRUNK	3	49
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	12	611
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	73	3,214
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	13	397
	032 BUNION PROCEDURES	47	1,475
	033 ARTHROPLASTY	3	486
	034 HAND AND FOOT TENOTOMY	8	234
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	7	1,499
03	RESPIRATORY SYSTEM	258	6,895
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	25	706
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	215	4,493
	055 ENDOSCOPY OF THE LOWER AIRWAY	18	1,362
04	CARDIOVASCULAR SYSTEM	16	25,643
	075 PLACEMENT OF TRANSVENOUS CATHETERS	3	750
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	2	714
	080 MINOR VASCULAR REPAIR AND FISTULA CONSTRUCTION	6	1,407
	081 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	5	273
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	42	2,342
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	23	1,515
	097 TRANSFUSION	19	792
06	DIGESTIVE SYSTEM	1,979	82,913
	111 ALIMENTARY TESTS AND SIMPLE TUBE PLACEMENT	7	204
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	11	832
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	3	336
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	415	17,918
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	90	4,477
	117 LOWER GASTROINTESTINAL ENDOSCOPY	762	33,312
	118 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	27	1,553
	119 HERNIA AND HYDROCELE PROCEDURES	148	6,781

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

117 Jordan Valley Hospital

procedure APG category	procedure APG	TOTAL #	TOTAL # (ALL Hospitals)
	120 COMPLEX ANAL AND RECTAL PROCEDURES	18	911
	121 SIMPLE ANAL AND RECTAL PROCEDURES	4	544
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	7	516
	123 COMPLEX LAPAROSCOPIC PROCEDURES	480	14,187
	124 SIMPLE LAPAROSCOPIC PROCEDURES	7	205
07	URINARY SYSTEM	262	7,406
	131 RENAL EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	78	727
	133 URINARY CATHETERIZATION AND DILATATION	8	331
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	104	3,121
	135 MODERATE CYSTOURETHROSCOPY	69	2,378
	136 SIMPLE CYSTOURETHROSCOPY	3	623
08	MALE GENITAL SYSTEM	53	2,988
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	27	1,293
	152 INSERTION OF PENILE PROSTHESIS	5	72
	154 SIMPLE PENILE PROCEDURES	7	901
	155 PROSTATE NEEDLE AND PUNCH BIOPSY	14	306
09	FEMALE GENITAL SYSTEM	179	5,316
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	27	1,138
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	43	1,162
	178 DILATION AND CURETTAGE	21	831
	179 HYSTEROSCOPY	84	2,031
	180 COLPOSCOPY	4	153
10	NERVOUS SYSTEM	145	17,622
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	16	11,950
	198 NERVE REPAIR AND DESTRUCTION	111	4,478
	199 SPINAL TAP	18	568
11	EYE AND OCULAR ADNEXA	36	10,930
	214 CATARACT PROCEDURES	24	4,649
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	2	475
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	2	185
	220 STRABISMUS AND MUSCLE EYE PROCEDURES	2	794
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	1	793
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	4	477
	223 VITRECTOMY	1	1,677
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	915	29,079
	233 NASAL CAUTERIZATION AND PACKING	6	218
	234 COMPLEX FACIAL AND ENT PROCEDURES	124	5,162
	235 SIMPLE FACIAL AND ENT PROCEDURES	442	15,442
	236 TONSIL AND ADENOID PROCEDURES	343	8,217
13	THERAPUTIC AND OTHER RADIOLOGICAL PROCEDURES	295	3,748
	254 MYELOGRAPHY	14	431
	255 MISCELLANEOUS RADIOLOGICAL PROCEDURES WITH CONTRAST	281	1,787
14	PHYSICAL MEDICINE AND REHABILITATION	1	2
	272 PHYSICAL THERAPY	1	2

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, 2003
 PROCEDURE APG CATEGORY, PROCEDURE APG, SINGLE APG ONLY
 BASED ON REPORTABLE* CPT-4 PROCEDURES

117 Jordan Valley Hospital

Procedure APG category	Procedure APG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
01	INTEGUMENTARY SYSTEM	172	\$3,754	\$2,329
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	70	\$2,448	\$1,821
	003 COMPLEX INCISION AND DRAINAGE	1	\$4,330	\$2,503
	004 SIMPLE INCISION AND DRAINAGE	2	\$6,366	\$2,861
	006 SIMPLE DEBRIDEMENT AND DESTRUCTION	2	\$3,909	\$1,996
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	16	\$4,059	\$2,689
	008 SIMPLE EXCISION AND BIOPSY	15	\$4,091	\$2,380
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRAN	1	\$29	\$2,990
	011 SIMPLE INCISION AND EXCISION OF BREAST	61	\$4,623	\$2,426
	012 BREAST RECONSTRUCTION AND MASTECTOMY	4	\$10,285	\$4,376
02	MUSCULOSKELETAL SYSTEM	425	\$5,238	\$3,320
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	34	\$7,464	\$4,704
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	10	\$5,394	\$3,131
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	6	\$5,974	\$3,886
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	111	\$4,087	\$2,294
	025 ARTHROSCOPY	146	\$6,371	\$3,776
	027 SPLINT, STRAPPING AND CAST REMOVAL	21	\$279	\$524
	028 CLOSED TREATMENT FX & DISLOCATION OF FINGER, TOE & TRUNK	3	\$3,984	\$1,922
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	12	\$2,957	\$2,528
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	57	\$5,550	\$3,911
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	7	\$2,361	\$2,240
	032 BUNION PROCEDURES	16	\$6,277	\$3,144
	033 ARTHROPLASTY	1	\$7,780	\$4,649
	034 HAND AND FOOT TENOTOMY	1	\$4,494	\$1,827
03	RESPIRATORY SYSTEM	51	\$3,069	\$1,669
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	25	\$688	\$957
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	16	\$6,271	\$2,885
	055 ENDOSCOPY OF THE LOWER AIRWAY	10	\$3,898	\$1,724
04	CARDIOVASCULAR SYSTEM	9	\$3,683	\$4,966
	075 PLACEMENT OF TRANSVENOUS CATHETERS	3	\$1,095	\$2,141
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	2	\$3,212	\$2,283
	080 MINOR VASCULAR REPAIR AND FISTULA CONSTRUCTION	2	\$7,298	\$3,673
	081 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	2	\$4,422	\$3,307
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	32	\$5,701	\$3,010
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	16	\$8,225	\$3,705
	097 TRANSFUSION	16	\$3,177	\$2,084
06	DIGESTIVE SYSTEM	1,320	\$3,799	\$1,825
	111 ALIMENTARY TESTS AND SIMPLE TUBE PLACEMENT	7	\$397	\$787
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	10	\$1,332	\$729
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	259	\$2,173	\$987
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	44	\$3,257	\$1,381
	117 LOWER GASTROINTESTINAL ENDOSCOPY	575	\$2,302	\$956
	118 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	11	\$4,773	\$2,679
	119 HERNIA AND HYDROCELE PROCEDURES	84	\$6,264	\$2,876
	120 COMPLEX ANAL AND RECTAL PROCEDURES	16	\$5,462	\$2,344

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 PROCEDURE APG CATEGORY, PROCEDURE APG, SINGLE APG ONLY
 BASED ON REPORTABLE* CPT-4 PROCEDURES

117 Jordan Valley Hospital

procedure APG category	Procedure APG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
	121 SIMPLE ANAL AND RECTAL PROCEDURES	3	\$3,881	\$1,854
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	3	\$4,562	\$2,435
	123 COMPLEX LAPAROSCOPIC PROCEDURES	306	\$7,398	\$4,923
	124 SIMPLE LAPAROSCOPIC PROCEDURES	2	\$6,855	\$10,668
07	URINARY SYSTEM	92	\$7,302	\$3,713
	131 RENAL EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	61	\$8,033	\$6,705
	133 URINARY CATHETERIZATION AND DILATATION	2	\$7,100	\$2,727
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	14	\$6,263	\$3,653
	135 MODERATE CYSTOURETHROSCOPY	15	\$5,327	\$2,892
08	MALE GENITAL SYSTEM	34	\$6,862	\$2,549
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	13	\$4,967	\$2,171
	152 INSERTION OF PENILE PROSTHESIS	3	\$21,510	\$13,411
	154 SIMPLE PENILE PROCEDURES	6	\$4,602	\$1,466
	155 PROSTATE NEEDLE AND PUNCH BIOPSY	12	\$6,382	\$3,741
09	FEMALE GENITAL SYSTEM	85	\$5,451	\$2,961
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	14	\$7,715	\$4,273
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	11	\$4,419	\$2,362
	178 DILATION AND CURETTAGE	10	\$3,776	\$1,817
	179 HYSTEROSCOPY	49	\$5,385	\$3,360
	180 COLPOSCOPY	1	\$5,073	\$2,234
10	NERVOUS SYSTEM	78	\$2,910	\$1,454
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	16	\$1,620	\$836
	198 NERVE REPAIR AND DESTRUCTION	46	\$3,937	\$2,095
	199 SPINAL TAP	16	\$1,250	\$1,172
11	EYE AND OCULAR ADNEXA	29	\$5,773	\$2,574
	214 CATARACT PROCEDURES	23	\$6,117	\$2,790
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	2	\$4,551	\$2,320
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	1	\$3,207	\$3,198
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	3	\$4,804	\$1,766
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	548	\$2,739	\$1,992
	233 NASAL CAUTERIZATION AND PACKING	2	\$3,846	\$2,294
	234 COMPLEX FACIAL AND ENT PROCEDURES	28	\$6,686	\$3,775
	235 SIMPLE FACIAL AND ENT PROCEDURES	264	\$1,870	\$1,425
	236 TONSIL AND ADENOID PROCEDURES	254	\$3,198	\$1,795
13	THERAPUTIC AND OTHER RADIOLOGICAL PROCEDURES	282	\$933	\$1,931
	254 MYELOGRAPHY	10	\$1,132	\$2,518
	255 MISCELLANEOUS RADIOLOGICAL PROCEDURES WITH CONTRAST	272	\$926	\$1,346

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

Reportable* excludes codes in the former "Other" category in previous reports.

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

117 Jordan Valley Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
GENDER				
Female	2,673	60.3	107,216	54.5
Male	1,762	39.7	89,560	45.5
Unknown	0	0.0	2	0.0
Not Reported	0	0.0	0	0.0
AGE				
1-28 days	1	0.0	199	0.1
29-365 days	91	2.1	2,895	1.5
1-4 years	237	5.3	10,718	5.4
5-9	142	3.2	6,003	3.1
10-14	110	2.5	4,605	2.3
15-17	104	2.3	4,474	2.3
18-19	94	2.1	3,608	1.8
20-24	308	6.9	10,974	5.6
25-29	420	9.5	11,529	5.9
30-34	391	8.8	10,974	5.6
35-39	355	8.0	11,089	5.6
40-44	355	8.0	13,913	7.1
45-49	374	8.4	15,367	7.8
50-54	403	9.1	18,693	9.5
55-59	272	6.1	16,175	8.2
60-64	219	4.9	13,797	7.0
65-69	188	4.2	12,250	6.2
70-74	156	3.5	11,038	5.6
75-79	109	2.5	9,345	4.7
80-84	73	1.6	5,890	3.0
85-89	26	0.6	2,520	1.3
90 +	7	0.2	720	0.4
Not Reported	1	0.0	201	0.1
SOURCE OF ADMISSION				
Physician Referral	4,404	99.3	176,073	89.5
Clinic Referral	1	0.0	2,347	1.2
HMO Referral	3	0.1	119	0.1
Other Hospital	0	0.0	71	0.0
Skilled Nursing Facility	0	0.0	21	0.0
Other Health Care Facility	0	0.0	26	0.0
Emergency Room	26	0.6	3,467	1.8
Court/Law Enforcement	1	0.0	3	0.0
Unknown	0	0.0	3,359	1.7
Not Reported	0	0.0	11,292	5.7

(Continued)

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

117 Jordan Valley Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	4,432	99.9	196,083	99.6
Another Hospital	1	0.0	125	0.1
Skilled Nursing Facility	0	0.0	72	0.0
Intermediate Care Facility	0	0.0	9	0.0
Another Type of Institution	0	0.0	44	0.0
Under Care of Home Service	2	0.0	103	0.1
Left Against Medical Advice	0	0.0	17	0.0
Under Care of Home IV Provider	0	0.0	5	0.0
Expired	0	0.0	16	0.0
Unknown	0	0.0	304	0.2
Not Reported	0	0.0	0	0.0
PRIMARY PAYER				
Medicare	579	13.1	42,451	21.6
Medicaid	228	5.1	13,275	6.7
Other government	71	1.6	3,257	1.7
Blue Cross/Blue Shield	1,331	30.0	27,366	13.9
Other Commercial	684	15.4	17,254	8.8
Managed Care(HMO, PPO)	1,451	32.7	84,762	43.1
Self Pay	52	1.2	3,009	1.5
Industrial & Worker Comp	36	0.8	4,001	2.0
Charity and Unclassified	0	0.0	106	0.1
Childrens Health Insurance	0	0.0	258	0.1
Unknown	3	0.1	964	0.5
Not Reported	0	0.0	75	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	5	0.1	13,556	6.9
Central Utah	13	0.3	6,602	3.4
Davis County	41	0.9	21,257	10.8
Salt Lake County	4,069	91.7	68,961	35.0
Southeastern Utah	6	0.1	4,049	2.1
Southwest Utah	10	0.2	11,167	5.7
Summit County	34	0.8	2,258	1.1
Tooele County	70	1.6	3,742	1.9
Tri-County	8	0.2	5,041	2.6
Utah County	103	2.3	32,261	16.4
Wasatch County	3	0.1	1,500	0.8
Weber County	12	0.3	17,573	8.9
Unknown Utah	0	0.0	60	0.0
Outside Utah	59	1.3	8,682	4.4
Unknown, Not Reported	2	0.0	69	0.0

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

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

114 Kane County Hospital

Reporting Category(ICD-9-CM CODES)	Procedures Performed		Procedures Performed-All Hospitals	
	(#)	(%)	(#)	(%)
Reporting Category(ICD-9-CM CODES)	202	100.0	288,895	100.0
Mastectomy (85.0-85.99)	0	0.0	6,818	2.4
Musculoskeletal (76.0-84.99)	26	12.9	60,015	20.8
Respiratory (30.0-34.99)	0	0.0	2,981	1.0
Cardiovascular (35.0-39.99)	0	0.0	15,622	5.4
Lymphatic/Hemetic (40.0-41.99)	0	0.0	2,260	0.8
Digestive System (42.0-54.99)	79	39.1	90,070	31.2
Urinary (55.0-59.99)	11	5.4	8,063	2.8
Male Genital (60.0-64.99)	0	0.0	3,587	1.2
Female Genital (65.0-71.99)	8	4.0	13,770	4.8
Endocrine/Nervous (01.0-07.99)	8	4.0	22,387	7.7
Eye (08.0-16.99)	39	19.3	19,254	6.7
Ear (18.0-20.99)	2	1.0	15,474	5.4
Nose,Mouth,Pharynx (21.0-29.99)	29	14.4	28,594	9.9
Reporting Category(CPT-4 CODES)	.	.	264,491	100.0
Mastectomy (19120-19220)	.	.	3,203	1.2
Musculoskeletal (20000-29909)	.	.	54,392	20.6
Respiratory (30000-32999 & 39501-39599)	.	.	12,829	4.9
Cardiovascular (33010-37799 & 93501-93660)	.	.	34,097	12.9
Lymphatic/Hemetic (38100-38999)	.	.	2,304	0.9
Digestive (40490-49999)	.	.	94,766	35.8
Urinary (50010-53899)	.	.	8,849	3.3
Male Genital (54000-55899)	.	.	3,229	1.2
Female Genital (56405-58999)	.	.	10,000	3.8
Endocrine/Nervous (60000-64999)	.	.	20,833	7.9
Eye (65091-68899)	.	.	11,183	4.2
Ear (69000-69979)	.	.	8,806	3.3

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics.

Reportable* excludes codes in the former "Other" category in previous reports.

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES

114 Kane County Hospital

ICD-9 CODE	ICD-9 DESCRIPTION	#	%	% ALL Hospitals
All ICD-9 Procedures				
4523	COLONOSCOPY	26	12.9	6.06
1371	IOL PROSTH-CATARACT EXTRACT-1-STAGE	19	9.4	1.60
1341	PHACOEMULSIFICATION-ASPIR CATARACT	15	7.4	1.57
282	TONSILLECTOMY WO ADENOIDECTOMY	13	6.4	0.67
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	13	6.4	5.16
4513	OTH ENDO SM INTESTINE	10	5.0	2.14
4824	CLO [ENDO] BX RECTUM	10	5.0	0.44
5794	INSRT INDWELLING URIN CATH	8	4.0	0.02
4525	CLO [ENDO] BX LG INTESTINE	6	3.0	2.27
2101	CNTRL EPISTAXIS-ANT NASAL PACKING	5	2.5	0.00
8201	EXPLOR TENDON SHEATH HAND	5	2.5	0.36
0331	SPINAL TAP	4	2.0	0.18
1319	OTH INTRACAPSUL LENS EXTRACT	4	2.0	0.01
7902	CLO REDUC FX WO INT FIX-RADIUS-ULNA	4	2.0	0.10
5303	UNILAT REPR DIRECT ING HERN-GFT	3	1.5	0.39
6909	OTH D&C UTERUS	3	1.5	0.61
0443	RELEASE CARPAL TUNNEL	2	1.0	1.23
2001	MYRINGOTOMY W/INSRT TUBE	2	1.0	4.36
2103	CNTRL EPISTAXIS-CAUT (& PACKING)	2	1.0	0.04
2109	CNTRL EPISTAXIS-OTH MEANS	2	1.0	0.00

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures				

Does not report CPTs

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

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 AVERAGE TOTAL CHARGES FOR MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES, SINGLE ICD-9 OR CPT-4 ONLY

114 Kane County Hospital

ICD-9 CODE	ICD-9 DESCRIPTION	#	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
ICD-9 Procedures		125	\$1,389	\$2,542
4523	COLONOSCOPY	21	\$956	\$849
282	TONSILLECTOMY WO ADENOIDECTOMY	12	\$2,437	\$2,010
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	12	\$1,162	\$1,037
4824	CLO [ENDO] BX RECTUM	8	\$987	\$1,099
5794	INSRT INDWELLING URIN CATH	8	\$329	\$1,551
4513	OTH ENDO SM INTESTINE	6	\$898	\$917
2101	CNTRL EPISTAXIS-ANT NASAL PACKING	5	\$339	\$777
0331	SPINAL TAP	4	\$1,744	\$1,245
7902	CLO REDUC FX WO INT FIX-RADIUS-ULNA	4	\$1,858	\$2,117
5303	UNILAT REPR DIRECT ING HERN-GFT	3	\$3,998	\$3,243
6909	OTH D&C UTERUS	3	\$1,934	\$2,052
2103	CNTRL EPISTAXIS-CAUT (& PACKING)	2	\$860	\$2,615
2109	CNTRL EPISTAXIS-OTH MEANS	2	\$242	\$242
283	TONSILLECTOMY W/ADENOIDECTOMY	2	\$2,213	\$1,740
4525	CLO [ENDO] BX LG INTESTINE	2	\$1,090	\$1,172
5341	REPR UMB HERN W/PROSTH	2	\$3,943	\$3,433
5795	REPLCMT INDWELLING URIN CATH	2	\$203	\$151
7971	CLO REDUC DISLOC-SHLDR	2	\$1,742	\$1,816
7972	CLO REDUC DISLOC-ELB	2	\$505	\$2,051
8201	EXPLOR TENDON SHEATH HAND	2	\$1,131	\$1,752

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
CPT-4 Procedures				

Does not report CPTs

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

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

114 Kane County Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
GENDER				
Female	88	54.7	107,216	54.5
Male	73	45.3	89,560	45.5
Unknown	0	0.0	2	0.0
Not Reported	0	0.0	0	0.0
AGE				
1-28 days	0	0.0	199	0.1
29-365 days	0	0.0	2,895	1.5
1-4 years	10	6.2	10,718	5.4
5-9	5	3.1	6,003	3.1
10-14	7	4.3	4,605	2.3
15-17	1	0.6	4,474	2.3
18-19	1	0.6	3,608	1.8
20-24	3	1.9	10,974	5.6
25-29	4	2.5	11,529	5.9
30-34	11	6.8	10,974	5.6
35-39	6	3.7	11,089	5.6
40-44	7	4.3	13,913	7.1
45-49	9	5.6	15,367	7.8
50-54	12	7.5	18,693	9.5
55-59	17	10.6	16,175	8.2
60-64	16	9.9	13,797	7.0
65-69	11	6.8	12,250	6.2
70-74	10	6.2	11,038	5.6
75-79	15	9.3	9,345	4.7
80-84	14	8.7	5,890	3.0
85-89	2	1.2	2,520	1.3
90 +	0	0.0	720	0.4
Not Reported	0	0.0	201	0.1
SOURCE OF ADMISSION				
Physician Referral	127	78.9	176,073	89.5
Clinic Referral	0	0.0	2,347	1.2
HMO Referral	0	0.0	119	0.1
Other Hospital	0	0.0	71	0.0
Skilled Nursing Facility	0	0.0	21	0.0
Other Health Care Facility	0	0.0	26	0.0
Emergency Room	34	21.1	3,467	1.8
Court/Law Enforcement	0	0.0	3	0.0
Unknown	0	0.0	3,359	1.7
Not Reported	0	0.0	11,292	5.7

(Continued)

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

114 Kane County Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	160	99.4	196,083	99.6
Another Hospital	1	0.6	125	0.1
Skilled Nursing Facility	0	0.0	72	0.0
Intermediate Care Facility	0	0.0	9	0.0
Another Type of Institution	0	0.0	44	0.0
Under Care of Home Service	0	0.0	103	0.1
Left Against Medical Advice	0	0.0	17	0.0
Under Care of Home IV Provider	0	0.0	5	0.0
Expired	0	0.0	16	0.0
Unknown	0	0.0	304	0.2
Not Reported	0	0.0	0	0.0
PRIMARY PAYER				
Medicare	49	30.4	42,451	21.6
Medicaid	14	8.7	13,275	6.7
Other government	1	0.6	3,257	1.7
Blue Cross/Blue Shield	19	11.8	27,366	13.9
Other Commercial	74	46.0	17,254	8.8
Managed Care(HMO, PPO)	0	0.0	84,762	43.1
Self Pay	0	0.0	3,009	1.5
Industrial & Worker Comp	4	2.5	4,001	2.0
Charity and Unclassified	0	0.0	106	0.1
Childrens Health Insurance	0	0.0	258	0.1
Unknown	0	0.0	964	0.5
Not Reported	0	0.0	75	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	0	0.0	13,556	6.9
Central Utah	0	0.0	6,602	3.4
Davis County	0	0.0	21,257	10.8
Salt Lake County	0	0.0	68,961	35.0
Southeastern Utah	0	0.0	4,049	2.1
Southwest Utah	120	74.5	11,167	5.7
Summit County	0	0.0	2,258	1.1
Tooele County	0	0.0	3,742	1.9
Tri-County	0	0.0	5,041	2.6
Utah County	0	0.0	32,261	16.4
Wasatch County	0	0.0	1,500	0.8
Weber County	0	0.0	17,573	8.9
Unknown Utah	0	0.0	60	0.0
Outside Utah	41	25.5	8,682	4.4
Unknown, Not Reported	0	0.0	69	0.0

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

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

107 Lakeview Hospital

Reporting Category (ICD-9-CM CODES)	Procedures Performed		Procedures Performed-All Hospitals	
	(#)	(%)	(#)	(%)
Reporting Category (ICD-9-CM CODES)	8,350	100.0	288,895	100.0
Mastectomy (85.0-85.99)	307	3.7	6,818	2.4
Musculoskeletal (76.0-84.99)	2,223	26.6	60,015	20.8
Respiratory (30.0-34.99)	36	0.4	2,981	1.0
Cardiovascular (35.0-39.99)	198	2.4	15,622	5.4
Lymphatic/Hemetic (40.0-41.99)	36	0.4	2,260	0.8
Digestive System (42.0-54.99)	2,152	25.8	90,070	31.2
Urinary (55.0-59.99)	224	2.7	8,063	2.8
Male Genital (60.0-64.99)	102	1.2	3,587	1.2
Female Genital (65.0-71.99)	185	2.2	13,770	4.8
Endocrine/Nervous (01.0-07.99)	900	10.8	22,387	7.7
Eye (08.0-16.99)	1,023	12.3	19,254	6.7
Ear (18.0-20.99)	296	3.5	15,474	5.4
Nose, Mouth, Pharynx (21.0-29.99)	668	8.0	28,594	9.9
Reporting Category (CPT-4 CODES)	8,198	100.0	264,491	100.0
Mastectomy (19120-19220)	122	1.5	3,203	1.2
Musculoskeletal (20000-29909)	2,490	30.4	54,392	20.6
Respiratory (30000-32999 & 39501-39599)	291	3.5	12,829	4.9
Cardiovascular (33010-37799 & 93501-93660)	798	9.7	34,097	12.9
Lymphatic/Hemetic (38100-38999)	32	0.4	2,304	0.9
Digestive (40490-49999)	2,423	29.6	94,766	35.8
Urinary (50010-53899)	356	4.3	8,849	3.3
Male Genital (54000-55899)	77	0.9	3,229	1.2
Female Genital (56405-58999)	174	2.1	10,000	3.8
Endocrine/Nervous (60000-64999)	714	8.7	20,833	7.9
Eye (65091-68899)	567	6.9	11,183	4.2
Ear (69000-69979)	154	1.9	8,806	3.3

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics.

Reportable* excludes codes in the former "Other" category in previous reports.

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES

107 Lakeview Hospital

ICD-9 CODE	ICD-9 DESCRIPTION	#	%	% ALL Hospitals
All ICD-9 Procedures		8,350	100.0	100.0
1371	IOL PROSTH-CATARACT EXTRACT-1-STAGE	407	4.9	1.60
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	382	4.6	5.16
4523	COLONOSCOPY	353	4.2	6.06
1341	PHACOEMULSIFICATION-ASPIR CATARACT	344	4.1	1.57
0392	INJ OTH AGENT SPINAL CANAL	288	3.4	2.43
0391	INJ ANES SPINAL CANAL-ANALGESIA	270	3.2	1.75
4542	ENDO POLYPECTOMY LG INTESTINE	243	2.9	3.38
806	EXC SEMILUNAR CARTILAGE-KNEE	243	2.9	1.79
2001	MYRINGOTOMY W/INSRT TUBE	205	2.5	4.36
5123	LAP CHOLEY	180	2.2	2.06
0443	RELEASE CARPAL TUNNEL	168	2.0	1.23
4525	CLO [ENDO] BX LG INTESTINE	164	2.0	2.27
8183	OTH REPR SHLDR	153	1.8	0.81
8086	OTH LOC EXC/DESTRUC JT LES-KNEE	120	1.4	1.30
283	TONSILLECTOMY W/ADENOIDECTOMY	116	1.4	1.86
8521	LOC EXC LES BREAST	114	1.4	1.03
1364	DISCISSION SECNDRY MEMBRN	102	1.2	0.28
8076	SYNOVECT-KNEE	100	1.2	0.39
4292	DILAT ESOPH	98	1.2	1.33
4513	OTH ENDO SM INTESTINE	94	1.1	2.14

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		8,198	100.0	100.0
66984	EXTRACAPSULAR CATARACT REMV IOL	402	4.9	1.67
43239	UGI ENDO; W/BX 1/MX	373	4.5	5.28
45378	COLONOSCOPY FLEX; DX-SEP PROC	348	4.2	6.06
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	237	2.9	1.44
36600	ART PUNCTURE WITHDRAWAL BLD DX	236	2.9	0.37
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	219	2.7	3.55
29881	SCOPE KNEE SURG;W/MENISCECT MED/	188	2.3	1.52
64483	INJ ANES EPIDURL; LUMB/SAC 1 LEV	187	2.3	0.69
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	170	2.1	1.34
45380	COLONOSCOPY FLEX; W/BX 1/MX	168	2.0	2.39
29826	SCOPE SHOULDER; DECOMP SUBACROM	149	1.8	0.88
66821	DISCISSION 2ND CATARACT; LASER S	127	1.5	0.33
69436	TYMPANOSTOMY GENERAL ANESTHESIA	109	1.3	2.51
29877	SCOPE KNEE SURG; DEBRID/SHAVE CA	101	1.2	1.18
49505	REPR INIT ING HERNIA 5YR/MORE; R	95	1.2	1.06
42820	T&A; UNDER AGE 12	93	1.1	1.60
64721	NEUROPLASTY; MEDIAN @ CARPAL TUN	93	1.1	0.87
36430	TRANSFUSION BLOOD/BLOOD COMPONEN	87	1.1	0.30
28285	CORRECTION HAMMERTOES	83	1.0	0.59
93543	INJ PROC-CATH; LT VENT/ATRIAL AN	77	0.9	1.18

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

Reportable* excludes codes in the former "Other" category in previous reports.

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 AVERAGE TOTAL CHARGES FOR MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES, SINGLE ICD-9 OR CPT-4 ONLY

107 Lakeview Hospital

ICD-9 CODE	ICD-9 DESCRIPTION	#	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
ICD-9 Procedures		3,163	\$3,307	\$2,542
4523	COLONOSCOPY	277	\$1,373	\$849
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	183	\$1,745	\$1,037
4542	ENDO POLYPECTOMY LG INTESTINE	154	\$1,741	\$1,101
5123	LAP CHOLEY	134	\$6,100	\$5,170
806	EXC SEMILUNAR CARTILAGE-KNEE	121	\$4,231	\$3,679
283	TONSILLECTOMY W/ADENOIDECTOMY	98	\$2,872	\$1,740
1364	DISCISSION SECNDRY MEMBRN	94	\$992	\$574
0443	RELEASE CARPAL TUNNEL	72	\$2,861	\$1,882
4525	CLO [ENDO] BX LG INTESTINE	69	\$1,835	\$1,172
282	TONSILLECTOMY WO ADENOIDECTOMY	64	\$3,128	\$2,010
8183	OTH REPR SHLDR	63	\$6,156	\$5,229
4701	LAP APPENDECTOMY	52	\$7,573	\$6,389
8521	LOC EXC LES BREAST	52	\$3,281	\$2,242
8076	SYNOVECT-KNEE	38	\$4,406	\$3,467
5303	UNILAT REPR DIRECT ING HERN-GFT	37	\$3,452	\$3,243
5011	CLO [PERCUT] [NEEDLE] BX LIVER	36	\$1,838	\$1,657
8086	OTH LOC EXC/DESTRUC JT LES-KNEE	35	\$4,131	\$3,394
8147	OTH REPR KNEE	35	\$4,522	\$4,734
3722	LT HEART CARD CATH	32	\$7,380	\$5,595
5304	UNILAT REPR INDIRECT ING HERN-GFT	30	\$3,546	\$3,100

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
CPT-4 Procedures		4,311	\$2,918	\$2,284
66984	EXTRACAPSULAR CATARACT REMV IOL	398	\$3,498	\$2,786
45378	COLONOSCOPY FLEX; DX-SEP PROC	271	\$1,368	\$818
36600	ART PUNCTURE WITHDRAWAL BLD DX	227	\$1,477	\$1,008
43239	UGI ENDO; W/BX 1/MX	181	\$1,756	\$1,035
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	180	\$281	\$767
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	153	\$1,744	\$1,059
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	132	\$6,077	\$5,262
66821	DISCISSION 2ND CATARACT; LASER S	123	\$1,008	\$621
64483	INJ ANES EPIDURL; LUMB/SAC 1 LEV	119	\$435	\$865
29881	SCOPE KNEE SURG;W/MENISCECT MED/	106	\$4,203	\$3,303
45380	COLONOSCOPY FLEX; W/BX 1/MX	84	\$1,831	\$1,174
42820	T&A; UNDER AGE 12	77	\$2,802	\$1,662
49505	REPR INIT ING HERNIA 5YR/MORE; R	74	\$3,440	\$3,015
69436	TYMPANOSTOMY GENERAL ANESTHESIA	72	\$2,466	\$1,016
36430	TRANSFUSION BLOOD/BLOOD COMPONEN	59	\$1,653	\$2,084
23350	INJ SHLDR ARTHROGRPH/ENHNCD CT/M	57	\$853	\$1,673
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	55	\$3,198	\$2,065
44970	LAPAROSCOPY SURGICAL APPENDECTOM	54	\$7,582	\$6,356
64721	NEUROPLASTY; MEDIAN @ CARPAL TUN	54	\$2,576	\$1,823
19120	EXC BRST CYST TUMR/LES OPN M/F 1	48	\$3,382	\$2,212

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

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

107 Lakeview Hospital

Procedure APG category	Procedure APG	TOTAL #	TOTAL # (ALL Hospitals)
01	INTEGUMENTARY SYSTEM	297	8,392
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	89	2,819
	003 COMPLEX INCISION AND DRAINAGE	5	75
	004 SIMPLE INCISION AND DRAINAGE	1	29
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	31	1,059
	008 SIMPLE EXCISION AND BIOPSY	44	893
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRANGE	5	184
	011 SIMPLE INCISION AND EXCISION OF BREAST	104	2,817
	012 BREAST RECONSTRUCTION AND MASTECTOMY	18	386
02	MUSCULOSKELETAL SYSTEM	2,249	48,493
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	203	6,083
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	83	1,938
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	95	1,829
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	390	10,165
	025 ARTHROSCOPY	1,091	20,364
	026 REPLACEMENT OF CAST	35	51
	027 SPLINT, STRAPPING AND CAST REMOVAL	4	98
	028 CLOSED TREATMENT FX & DISLOCATION OF FINGER, TOE & TRUNK	1	49
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	22	611
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	107	3,214
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	30	397
	032 BUNION PROCEDURES	57	1,475
	033 ARTHROPLASTY	36	486
	034 HAND AND FOOT TENOTOMY	7	234
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	88	1,499
03	RESPIRATORY SYSTEM	143	6,895
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	44	706
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	79	4,493
	054 SIMPLE ENDOSCOPY OF THE UPPER AIRWAY	3	334
	055 ENDOSCOPY OF THE LOWER AIRWAY	17	1,362
04	CARDIOVASCULAR SYSTEM	472	25,643
	075 PLACEMENT OF TRANSVENOUS CATHETERS	24	750
	076 DIAGNOSTIC CARDIAC CATHETERIZATION	366	17,680
	077 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	2	1,469
	078 PACEMAKER INSERTION AND REPLACEMENT	29	517
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	22	714
	080 MINOR VASCULAR REPAIR AND FISTULA CONSTRUCTION	15	1,407
	081 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	5	273
	082 VASCULAR LIGATION	7	442
	083 RESUSCITATION AND CARDIOVERSION	2	12
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	112	2,342
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	25	1,515
	097 TRANSFUSION	87	792
06	DIGESTIVE SYSTEM	2,050	82,913
	111 ALIMENTARY TESTS AND SIMPLE TUBE PLACEMENT	9	204
	112 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	8	1,137

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

107 Lakeview Hospital

procedure APG category	procedure APG	TOTAL #	TOTAL # (ALL Hospitals)
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	8	832
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	4	336
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	412	17,918
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	114	4,477
	117 LOWER GASTROINTESTINAL ENDOSCOPY	783	33,312
	118 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	57	1,553
	119 HERNIA AND HYDROCELE PROCEDURES	196	6,781
	120 COMPLEX ANAL AND RECTAL PROCEDURES	18	911
	121 SIMPLE ANAL AND RECTAL PROCEDURES	16	544
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	7	516
	123 COMPLEX LAPAROSCOPIC PROCEDURES	410	14,187
	124 SIMPLE LAPAROSCOPIC PROCEDURES	8	205
07	URINARY SYSTEM	258	7,406
	131 RENAL EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	41	727
	133 URINARY CATHETERIZATION AND DILATATION	2	331
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	115	3,121
	135 MODERATE CYSTOURETHROSCOPY	78	2,378
	136 SIMPLE CYSTOURETHROSCOPY	14	623
	137 COMPLEX URETHRAL PROCEDURES	5	117
	138 SIMPLE URETHRAL PROCEDURES	3	106
08	MALE GENITAL SYSTEM	70	2,988
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	40	1,293
	152 INSERTION OF PENILE PROSTHESIS	4	72
	153 COMPLEX PENILE PROCEDURES	5	416
	154 SIMPLE PENILE PROCEDURES	19	901
	155 PROSTATE NEEDLE AND PUNCH BIOPSY	2	306
09	FEMALE GENITAL SYSTEM	122	5,316
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	72	1,138
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	23	1,162
	178 DILATION AND CURETTAGE	18	831
	179 HYSTEROSCOPY	8	2,031
	180 COLPOSCOPY	1	153
10	NERVOUS SYSTEM	699	17,622
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	532	11,950
	196 REVISION AND REMOVAL OF NEUROLOGICAL DEVICE	3	165
	198 NERVE REPAIR AND DESTRUCTION	149	4,478
	199 SPINAL TAP	15	568
11	EYE AND OCULAR ADNEXA	566	10,930
	213 LASER EYE PROCEDURES	127	932
	214 CATARACT PROCEDURES	413	4,649
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	4	475
	216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	2	351
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	5	185
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	3	793
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	10	477
	223 VITRECTOMY	2	1,677

AMB ST 1-4

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

107 Lakeview Hospital

procedure APG category	procedure APG	TOTAL #	TOTAL # (ALL Hospitals)
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	652	29,079
	233 NASAL CAUTERIZATION AND PACKING	4	218
	234 COMPLEX FACIAL AND ENT PROCEDURES	153	5,162
	235 SIMPLE FACIAL AND ENT PROCEDURES	279	15,442
	236 TONSIL AND ADENOID PROCEDURES	216	8,217
13	THERAPUTIC AND OTHER RADIOLOGICAL PROCEDURES	182	3,748
	254 MYELOGRAPHY	8	431
	255 MISCELLANEOUS RADIOLOGICAL PROCEDURES WITH CONTRAST	174	1,787

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

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 PROCEDURE APG CATEGORY, PROCEDURE APG, SINGLE APG ONLY
 BASED ON REPORTABLE* CPT-4 PROCEDURES

107 Lakeview Hospital

Procedure APG category	Procedure APG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
01	INTEGUMENTARY SYSTEM	166	\$3,091	\$2,329
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	23	\$850	\$1,821
	003 COMPLEX INCISION AND DRAINAGE	4	\$1,438	\$2,503
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	9	\$3,071	\$2,689
	008 SIMPLE EXCISION AND BIOPSY	26	\$3,057	\$2,380
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRAN	2	\$8,362	\$2,990
	011 SIMPLE INCISION AND EXCISION OF BREAST	84	\$3,478	\$2,426
	012 BREAST RECONSTRUCTION AND MASTECTOMY	18	\$3,990	\$4,376
02	MUSCULOSKELETAL SYSTEM	866	\$4,094	\$3,320
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	74	\$4,457	\$4,704
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	38	\$3,981	\$3,131
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	24	\$3,786	\$3,886
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	145	\$2,950	\$2,294
	025 ARTHROSCOPY	408	\$4,682	\$3,776
	026 REPLACEMENT OF CAST	9	\$218	\$1,876
	027 SPLINT, STRAPPING AND CAST REMOVAL	1	\$2,149	\$524
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	16	\$3,258	\$2,528
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	78	\$5,260	\$3,911
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	15	\$2,933	\$2,240
	032 BUNION PROCEDURES	19	\$3,430	\$3,144
	033 ARTHROPLASTY	8	\$4,042	\$4,649
	034 HAND AND FOOT TENOTOMY	1	\$2,522	\$1,827
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	30	\$846	\$679
03	RESPIRATORY SYSTEM	44	\$1,642	\$1,669
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	29	\$759	\$957
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	10	\$3,737	\$2,885
	054 SIMPLE ENDOSCOPY OF THE UPPER AIRWAY	1	\$2,568	\$994
	055 ENDOSCOPY OF THE LOWER AIRWAY	4	\$2,575	\$1,724
04	CARDIOVASCULAR SYSTEM	48	\$4,175	\$4,966
	075 PLACEMENT OF TRANSVENOUS CATHETERS	19	\$1,995	\$2,141
	078 PACEMAKER INSERTION AND REPLACEMENT	7	\$10,560	\$18,642
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	2	\$1,436	\$2,283
	080 MINOR VASCULAR REPAIR AND FISTULA CONSTRUCTION	14	\$4,032	\$3,673
	081 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	1	\$3,486	\$3,307
	082 VASCULAR LIGATION	5	\$5,158	\$3,967
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	77	\$2,131	\$3,010
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	18	\$3,698	\$3,705
	097 TRANSFUSION	59	\$1,653	\$2,084
06	DIGESTIVE SYSTEM	1,230	\$2,808	\$1,825
	111 ALIMENTARY TESTS AND SIMPLE TUBE PLACEMENT	6	\$248	\$787
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	7	\$2,593	\$729
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	2	\$1,269	\$862
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	199	\$1,743	\$987
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	41	\$2,014	\$1,381
	117 LOWER GASTROINTESTINAL ENDOSCOPY	538	\$1,572	\$956

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 PROCEDURE APG CATEGORY, PROCEDURE APG, SINGLE APG ONLY
 BASED ON REPORTABLE* CPT-4 PROCEDURES

107 Lakeview Hospital

procedure APG category	Procedure APG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
	118 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	23	\$2,673	\$2,679
	119 HERNIA AND HYDROCELE PROCEDURES	123	\$3,520	\$2,876
	120 COMPLEX ANAL AND RECTAL PROCEDURES	14	\$3,213	\$2,344
	121 SIMPLE ANAL AND RECTAL PROCEDURES	10	\$2,646	\$1,854
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	5	\$2,218	\$2,435
	123 COMPLEX LAPAROSCOPIC PROCEDURES	261	\$6,024	\$4,923
	124 SIMPLE LAPAROSCOPIC PROCEDURES	1	\$7,282	\$10,668
07	URINARY SYSTEM	113	\$5,711	\$3,713
	131 RENAL EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	37	\$9,386	\$6,705
	133 URINARY CATHETERIZATION AND DILATATION	1	\$5,051	\$2,727
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	40	\$4,299	\$3,653
	135 MODERATE CYSTOURETHROSCOPY	24	\$3,604	\$2,892
	136 SIMPLE CYSTOURETHROSCOPY	5	\$3,003	\$1,768
	137 COMPLEX URETHRAL PROCEDURES	5	\$3,455	\$3,621
	138 SIMPLE URETHRAL PROCEDURES	1	\$2,306	\$1,570
08	MALE GENITAL SYSTEM	33	\$3,761	\$2,549
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	15	\$3,250	\$2,171
	152 INSERTION OF PENILE PROSTHESIS	3	\$10,809	\$13,411
	153 COMPLEX PENILE PROCEDURES	4	\$3,130	\$2,856
	154 SIMPLE PENILE PROCEDURES	11	\$2,765	\$1,466
09	FEMALE GENITAL SYSTEM	65	\$4,337	\$2,961
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	29	\$5,142	\$4,273
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	19	\$4,122	\$2,362
	178 DILATION AND CURETTAGE	12	\$3,223	\$1,817
	179 HYSTEROSCOPY	4	\$3,094	\$3,360
	180 COLPOSCOPY	1	\$3,405	\$2,234
10	NERVOUS SYSTEM	398	\$774	\$1,454
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	328	\$366	\$836
	196 REVISION AND REMOVAL OF NEUROLOGICAL DEVICE	1	\$5,591	\$5,633
	198 NERVE REPAIR AND DESTRUCTION	65	\$2,736	\$2,095
	199 SPINAL TAP	4	\$1,159	\$1,172
11	EYE AND OCULAR ADNEXA	545	\$2,914	\$2,574
	213 LASER EYE PROCEDURES	123	\$1,008	\$642
	214 CATARACT PROCEDURES	407	\$3,491	\$2,790
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	1	\$2,347	\$2,228
	216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	1	\$3,514	\$1,881
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	4	\$2,978	\$2,320
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	3	\$4,709	\$3,198
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	6	\$1,913	\$1,766
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	354	\$2,960	\$1,992
	233 NASAL CAUTERIZATION AND PACKING	2	\$4,506	\$2,294
	234 COMPLEX FACIAL AND ENT PROCEDURES	44	\$3,850	\$3,775
	235 SIMPLE FACIAL AND ENT PROCEDURES	142	\$2,650	\$1,425
	236 TONSIL AND ADENOID PROCEDURES	166	\$2,970	\$1,795
13	THERAPUTIC AND OTHER RADIOLOGICAL PROCEDURES	88	\$895	\$1,931

AMB ST 1-5
 UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 PROCEDURE APG CATEGORY, PROCEDURE APG, SINGLE APG ONLY
 BASED ON REPORTABLE* CPT-4 PROCEDURES

107 Lakeview Hospital

procedure APG category Procedure APG	TOTAL #	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
254 MYELOGRAPHY	5	\$1,992	\$2,518
255 MISCELLANEOUS RADIOLOGICAL PROCEDURES WITH CONTRAST	83	\$829	\$1,346

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

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

107 Lakeview Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
GENDER				
Female	3,282	53.4	107,216	54.5
Male	2,866	46.6	89,560	45.5
Unknown	0	0.0	2	0.0
Not Reported	0	0.0	0	0.0
AGE				
1-28 days	0	0.0	199	0.1
29-365 days	28	0.5	2,895	1.5
1-4 years	139	2.3	10,718	5.4
5-9	113	1.8	6,003	3.1
10-14	101	1.6	4,605	2.3
15-17	132	2.1	4,474	2.3
18-19	132	2.1	3,608	1.8
20-24	277	4.5	10,974	5.6
25-29	259	4.2	11,529	5.9
30-34	275	4.5	10,974	5.6
35-39	279	4.5	11,089	5.6
40-44	380	6.2	13,913	7.1
45-49	461	7.5	15,367	7.8
50-54	505	8.2	18,693	9.5
55-59	499	8.1	16,175	8.2
60-64	493	8.0	13,797	7.0
65-69	522	8.5	12,250	6.2
70-74	527	8.6	11,038	5.6
75-79	480	7.8	9,345	4.7
80-84	343	5.6	5,890	3.0
85-89	163	2.7	2,520	1.3
90 +	40	0.7	720	0.4
Not Reported	0	0.0	201	0.1
SOURCE OF ADMISSION				
Physician Referral	6,006	97.7	176,073	89.5
Clinic Referral	6	0.1	2,347	1.2
HMO Referral	0	0.0	119	0.1
Other Hospital	0	0.0	71	0.0
Skilled Nursing Facility	0	0.0	21	0.0
Other Health Care Facility	0	0.0	26	0.0
Emergency Room	136	2.2	3,467	1.8
Court/Law Enforcement	0	0.0	3	0.0
Unknown	0	0.0	3,359	1.7
Not Reported	0	0.0	11,292	5.7

(Continued)

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

107 Lakeview Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	6,144	99.9	196,083	99.6
Another Hospital	0	0.0	125	0.1
Skilled Nursing Facility	0	0.0	72	0.0
Intermediate Care Facility	0	0.0	9	0.0
Another Type of Institution	1	0.0	44	0.0
Under Care of Home Service	1	0.0	103	0.1
Left Against Medical Advice	0	0.0	17	0.0
Under Care of Home IV Provider	0	0.0	5	0.0
Expired	2	0.0	16	0.0
Unknown	0	0.0	304	0.2
Not Reported	0	0.0	0	0.0
PRIMARY PAYER				
Medicare	2,021	32.9	42,451	21.6
Medicaid	181	2.9	13,275	6.7
Other government	18	0.3	3,257	1.7
Blue Cross/Blue Shield	1,223	19.9	27,366	13.9
Other Commercial	409	6.7	17,254	8.8
Managed Care(HMO, PPO)	1,976	32.1	84,762	43.1
Self Pay	122	2.0	3,009	1.5
Industrial & Worker Comp	195	3.2	4,001	2.0
Charity and Unclassified	3	0.0	106	0.1
Childrens Health Insurance	0	0.0	258	0.1
Unknown	0	0.0	964	0.5
Not Reported	0	0.0	75	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	48	0.8	13,556	6.9
Central Utah	11	0.2	6,602	3.4
Davis County	5,166	84.0	21,257	10.8
Salt Lake County	471	7.7	68,961	35.0
Southeastern Utah	10	0.2	4,049	2.1
Southwest Utah	18	0.3	11,167	5.7
Summit County	5	0.1	2,258	1.1
Tooele County	54	0.9	3,742	1.9
Tri-County	7	0.1	5,041	2.6
Utah County	31	0.5	32,261	16.4
Wasatch County	9	0.1	1,500	0.8
Weber County	203	3.3	17,573	8.9
Unknown Utah	0	0.0	60	0.0
Outside Utah	114	1.9	8,682	4.4
Unknown, Not Reported	1	0.0	69	0.0

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

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

121 LDS Hospital

Reporting Category (ICD-9-CM CODES)	Procedures Performed		Procedures Performed-All Hospitals	
	(#)	(%)	(#)	(%)
Reporting Category(ICD-9-CM CODES)	28,393	100.0	288,895	100.0
Mastectomy (85.0-85.99)	766	2.7	6,818	2.4
Musculoskeletal (76.0-84.99)	6,814	24.0	60,015	20.8
Respiratory (30.0-34.99)	322	1.1	2,981	1.0
Cardiovascular (35.0-39.99)	3,001	10.6	15,622	5.4
Lymphatic/Hemetic (40.0-41.99)	550	1.9	2,260	0.8
Digestive System (42.0-54.99)	8,825	31.1	90,070	31.2
Urinary (55.0-59.99)	1,248	4.4	8,063	2.8
Male Genital (60.0-64.99)	200	0.7	3,587	1.2
Female Genital (65.0-71.99)	1,710	6.0	13,770	4.8
Endocrine/Nervous (01.0-07.99)	712	2.5	22,387	7.7
Eye (08.0-16.99)	2,405	8.5	19,254	6.7
Ear (18.0-20.99)	338	1.2	15,474	5.4
Nose, Mouth, Pharynx (21.0-29.99)	1,502	5.3	28,594	9.9
Reporting Category(CPT-4 CODES)	25,423	100.0	264,491	100.0
Mastectomy (19120-19220)	516	2.0	3,203	1.2
Musculoskeletal (20000-29909)	5,251	20.7	54,392	20.6
Respiratory (30000-32999 & 39501-39599)	889	3.5	12,829	4.9
Cardiovascular (33010-37799 & 93501-93660)	5,170	20.3	34,097	12.9
Lymphatic/Hemetic (38100-38999)	488	1.9	2,304	0.9
Digestive (40490-49999)	7,811	30.7	94,766	35.8
Urinary (50010-53899)	995	3.9	8,849	3.3
Male Genital (54000-55899)	133	0.5	3,229	1.2
Female Genital (56405-58999)	1,141	4.5	10,000	3.8
Endocrine/Nervous (60000-64999)	1,333	5.2	20,833	7.9
Eye (65091-68899)	1,507	5.9	11,183	4.2
Ear (69000-69979)	189	0.7	8,806	3.3

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics.

Reportable* excludes codes in the former "Other" category in previous reports.

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES

121 LDS Hospital

ICD-9 CODE	ICD-9 DESCRIPTION	#	%	% ALL Hospitals
All ICD-9 Procedures		28,393	100.0	100.0
4523	COLONOSCOPY	1,570	5.5	6.06
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	1,384	4.9	5.16
4542	ENDO POLYPECTOMY LG INTESTINE	1,009	3.6	3.38
8026	ARTHSCPY-KNEE	801	2.8	1.58
8051	EXC INTERVERTEBRAL DISC	748	2.6	0.49
5421	LAPAROSCOPY	629	2.2	0.71
4525	CLO [ENDO] BX LG INTESTINE	570	2.0	2.27
5123	LAP CHOLEY	521	1.8	2.06
1474	OTH MECH VITRECTOMY	509	1.8	0.41
3722	LT HEART CARD CATH	505	1.8	1.22
1364	DISCISSION SECNDRY MEMBRN	471	1.7	0.28
8521	LOC EXC LES BREAST	468	1.6	1.03
149	OTH OPER RETINA-CHOROID-POST CHAMBR	420	1.5	0.31
3723	COMBO RT & LT HEART CARD CATH	402	1.4	0.57
806	EXC SEMILUNAR CARTILAGE-KNEE	385	1.4	1.79
4292	DILAT ESOPH	355	1.3	1.33
8021	ARTHSCPY-SHLDR	350	1.2	0.62
5732	OTH CYSTOSCOPY	348	1.2	0.59
4513	OTH ENDO SM INTESTINE	330	1.2	2.14
8086	OTH LOC EXC/DESTRUC JT LES-KNEE	319	1.1	1.30

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		25,423	100.0	100.0
36000	INTRO NEEDLE/INTRACATHETER VEIN	1,679	6.6	0.72
45378	COLONOSCOPY FLEX; DX-SEP PROC	1,548	6.1	6.06
43239	UGI ENDO; W/BX 1/MX	1,320	5.2	5.28
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	914	3.6	3.55
45380	COLONOSCOPY FLEX; W/BX 1/MX	591	2.3	2.39
93556	IMAG SUPERVS I&R-CATH; PULM ANGI	561	2.2	1.16
66821	DISCISSION 2ND CATARACT; LASER S	413	1.6	0.33
67038	VITRECTOMY MECH; W/MEMBRANE STRI	413	1.6	0.34
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	400	1.6	1.34
93555	IMAG SUPERVS I&R-CATH; VENT/ATRI	352	1.4	0.99
29881	SCOPE KNEE SURG;W/MENISCECT MED/	324	1.3	1.52
19120	EXC BRST CYST TUMR/LES OPN M/F 1	289	1.1	0.74
22554	ARTHRODESIS W/MINI DISKECT;BELOW	286	1.1	0.17
63075	DISKECT ANT; CERVICAL 1 INTERSPA	282	1.1	0.17
63030	LAMINOT W/ DECOMP; 1 INTERSPACE	254	1.0	0.28
29877	SCOPE KNEE SURG; DEBRID/SHAVE CA	249	1.0	1.18
49650	LAPARSCPY SURG; REPR INIT ING HE	243	1.0	0.23
29826	SCOPE SHOULDER; DECOMP SUBACROM	237	0.9	0.88
20680	REMOVAL OF IMPLANT; DEEP	236	0.9	0.81
22585	ARTHRODESIS W/MINI DISKECT; EA A	229	0.9	0.13

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

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 AVERAGE TOTAL CHARGES FOR MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES, SINGLE ICD-9 OR CPT-4 ONLY

121 LDS Hospital

ICD-9 CODE	ICD-9 DESCRIPTION	#	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
ICD-9 Procedures		9,931	\$3,126	\$2,542
4523	COLONOSCOPY	1,285	\$634	\$849
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	655	\$558	\$1,037
4542	ENDO POLYPECTOMY LG INTESTINE	567	\$773	\$1,101
3722	LT HEART CARD CATH	466	\$4,518	\$5,595
5123	LAP CHOLEY	445	\$3,998	\$5,170
8521	LOC EXC LES BREAST	312	\$1,791	\$2,242
3723	COMBO RT & LT HEART CARD CATH	298	\$5,739	\$6,303
4525	CLO [ENDO] BX LG INTESTINE	276	\$746	\$1,172
1364	DISCISSION SECNDRY MEMBRN	273	\$540	\$574
3552	REPR ATRIAL SEPTL DEFEC-PROSTH-CLO	261	\$14,980	\$14,983
8051	EXC INTERVERTEBRAL DISC	230	\$5,398	\$5,993
5011	CLO [PERCUT] [NEEDLE] BX LIVER	208	\$1,581	\$1,657
4513	OTH ENDO SM INTESTINE	146	\$646	\$917
0443	RELEASE CARPAL TUNNEL	138	\$1,374	\$1,882
6952	ASPIR CURET FOLLOWING DELIV/AB	134	\$1,466	\$1,938
3927	ARTERIOVENOSTOMY-RENAL DIALYSIS	104	\$4,014	\$4,049
4836	[ENDO] POLYPECTOMY RECTUM	104	\$712	\$1,012
3721	RT HEART CARD CATH	102	\$4,731	\$4,420
3950	ANGIOPLSTY/ARTHERECT NON-CORNON	83	\$7,478	\$6,640
6629	OTH BIL ENDO DESTRUC FALLOP TUBES	81	\$2,545	\$2,947

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
CPT-4 Procedures		10,849	\$2,621	\$2,284
45378	COLONOSCOPY FLEX; DX-SEP PROC	1,289	\$635	\$818
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	696	\$770	\$1,059
43239	UGI ENDO; W/BX 1/MX	652	\$584	\$1,035
36000	INTRO NEEDLE/INTRACATHETER VEIN	484	\$9,585	\$7,892
66821	DISCISSION 2ND CATARACT; LASER S	411	\$662	\$621
45380	COLONOSCOPY FLEX; W/BX 1/MX	404	\$775	\$1,174
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	352	\$4,070	\$5,262
63030	LAMINOT W/ DECOMP; 1 INTERSPACE	235	\$5,419	\$5,988
19120	EXC BRST CYST TUMR/LES OPN M/F 1	207	\$1,581	\$2,212
49650	LAPARSCPY SURG; REPR INIT ING HE	201	\$3,415	\$4,582
47000	BIOPSY LIVER NEEDLE; PERCUTANEOU	187	\$1,491	\$1,618
29881	SCOPE KNEE SURG;W/MENISCECT MED/	159	\$2,617	\$3,303
20680	REMOVAL OF IMPLANT; DEEP	151	\$1,858	\$2,378
64721	NEUROPLASTY; MEDIAN @ CARPAL TUN	141	\$1,391	\$1,823
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	138	\$582	\$822
67038	VITRECTOMY MECH; W/MEMBRANE STRI	126	\$3,746	\$4,948
19125	EXC BRST LES ID RAD MARKR OPN;1	117	\$2,263	\$2,955
29877	SCOPE KNEE SURG; DEBRID/SHAVE CA	106	\$2,676	\$3,093
47562	LAPAROSCOPY SURGICAL; CHOLECT	95	\$3,756	\$5,048
58558	HYSTEROSCPY SURG; W/BX &/ POLYPE	86	\$1,775	\$2,689

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

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

121 LDS Hospital

Procedure APG category	Procedure APG	TOTAL #	TOTAL # (ALL Hospitals)
01	INTEGUMENTARY SYSTEM	1,070	8,392
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	346	2,819
	003 COMPLEX INCISION AND DRAINAGE	6	75
	004 SIMPLE INCISION AND DRAINAGE	1	29
	006 SIMPLE DEBRIDEMENT AND DESTRUCTION	22	125
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	106	1,059
	008 SIMPLE EXCISION AND BIOPSY	59	893
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRANGE	13	184
	010 SIMPLE SKIN REPAIR	1	5
	011 SIMPLE INCISION AND EXCISION OF BREAST	460	2,817
	012 BREAST RECONSTRUCTION AND MASTECTOMY	56	386
02	MUSCULOSKELETAL SYSTEM	4,197	48,493
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	729	6,083
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	181	1,938
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	216	1,829
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	837	10,165
	025 ARTHROSCOPY	1,751	20,364
	028 CLOSED TREATMENT FX & DISLOCATION OF FINGER, TOE & TRUNK	2	49
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	16	611
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	255	3,214
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	33	397
	032 BUNION PROCEDURES	68	1,475
	033 ARTHROPLASTY	50	486
	034 HAND AND FOOT TENOTOMY	24	234
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	35	1,499
03	RESPIRATORY SYSTEM	471	6,895
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	22	706
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	268	4,493
	054 SIMPLE ENDOSCOPY OF THE UPPER AIRWAY	7	334
	055 ENDOSCOPY OF THE LOWER AIRWAY	174	1,362
04	CARDIOVASCULAR SYSTEM	3,060	25,643
	074 CARDIAC ELECTROPHYSIOLOGIC TESTS	299	2,379
	075 PLACEMENT OF TRANSVENOUS CATHETERS	15	750
	076 DIAGNOSTIC CARDIAC CATHETERIZATION	1,724	17,680
	077 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	434	1,469
	078 PACEMAKER INSERTION AND REPLACEMENT	93	517
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	90	714
	080 MINOR VASCULAR REPAIR AND FISTULA CONSTRUCTION	263	1,407
	081 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	44	273
	082 VASCULAR LIGATION	98	442
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	363	2,342
	092 CHEMOTHERAPY EXCEPT BY EXTENDED INFUSION	5	9
	094 BLOOD AND BLOOD PRODUCT EXCHANGE	9	26
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	347	1,515
	097 TRANSFUSION	2	792
06	DIGESTIVE SYSTEM	7,767	82,913
	111 ALIMENTARY TESTS AND SIMPLE TUBE PLACEMENT	1	204

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

121 LDS Hospital

procedure APG category	procedure APG	TOTAL #	TOTAL # (ALL Hospitals)
	112 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	24	1,137
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	48	832
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	17	336
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	1,518	17,918
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	445	4,477
	117 LOWER GASTROINTESTINAL ENDOSCOPY	3,186	33,312
	118 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	209	1,553
	119 HERNIA AND HYDROCELE PROCEDURES	341	6,781
	120 COMPLEX ANAL AND RECTAL PROCEDURES	91	911
	121 SIMPLE ANAL AND RECTAL PROCEDURES	29	544
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	61	516
	123 COMPLEX LAPAROSCOPIC PROCEDURES	1,757	14,187
	124 SIMPLE LAPAROSCOPIC PROCEDURES	40	205
07	URINARY SYSTEM	840	7,406
	131 RENAL EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	13	727
	132 SIMPLE URINARY STUDIES AND PROCEDURES	1	3
	133 URINARY CATHETERIZATION AND DILATATION	27	331
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	428	3,121
	135 MODERATE CYSTOURETHROSCOPY	324	2,378
	136 SIMPLE CYSTOURETHROSCOPY	33	623
	137 COMPLEX URETHRAL PROCEDURES	10	117
	138 SIMPLE URETHRAL PROCEDURES	4	106
08	MALE GENITAL SYSTEM	126	2,988
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	63	1,293
	152 INSERTION OF PENILE PROSTHESIS	11	72
	153 COMPLEX PENILE PROCEDURES	9	416
	154 SIMPLE PENILE PROCEDURES	14	901
	155 PROSTATE NEEDLE AND PUNCH BIOPSY	29	306
09	FEMALE GENITAL SYSTEM	634	5,316
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	89	1,138
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	111	1,162
	178 DILATION AND CURETTAGE	42	831
	179 HYSTEROSCOPY	375	2,031
	180 COLPOSCOPY	17	153
10	NERVOUS SYSTEM	353	17,622
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	44	11,950
	196 REVISION AND REMOVAL OF NEUROLOGICAL DEVICE	12	165
	197 NEUROSTIMULATOR AND VENTRICULAR SHUNT IMPLANTATION	31	461
	198 NERVE REPAIR AND DESTRUCTION	264	4,478
	199 SPINAL TAP	2	568
11	EYE AND OCULAR ADNEXA	1,431	10,930
	213 LASER EYE PROCEDURES	422	932
	214 CATARACT PROCEDURES	42	4,649
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	2	475
	216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	10	351
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	22	185

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

121 LDS Hospital

procedure APG category	procedure APG	TOTAL #	TOTAL # (ALL Hospitals)
	218 COMPLEX POSTERIOR SEGMENT EYE PROCEDURES	148	376
	219 SIMPLE POSTERIOR SEGMENT EYE PROCEDURES	46	192
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	20	793
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	4	477
	223 VITRECTOMY	715	1,677
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	950	29,079
	231 COCHLEAR DEVICE IMPLANTATION	7	40
	233 NASAL CAUTERIZATION AND PACKING	7	218
	234 COMPLEX FACIAL AND ENT PROCEDURES	514	5,162
	235 SIMPLE FACIAL AND ENT PROCEDURES	292	15,442
	236 TONSIL AND ADENOID PROCEDURES	130	8,217
13	THERAPUTIC AND OTHER RADIOLOGICAL PROCEDURES	253	3,748
	253 VASCULAR RADIOLOGY EXCEPT FOR VENOGRAPHY OF EXTREMITY	225	1,528
	255 MISCELLANEOUS RADIOLOGICAL PROCEDURES WITH CONTRAST	28	1,787

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

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 PROCEDURE APG CATEGORY, PROCEDURE APG, SINGLE APG ONLY
 BASED ON REPORTABLE* CPT-4 PROCEDURES

121 LDS Hospital

Procedure APG category		TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
Procedure APG				
01	INTEGUMENTARY SYSTEM	768	\$2,008	\$2,329
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	297	\$1,749	\$1,821
	003 COMPLEX INCISION AND DRAINAGE	4	\$2,133	\$2,503
	004 SIMPLE INCISION AND DRAINAGE	1	\$1,282	\$2,861
	006 SIMPLE DEBRIDEMENT AND DESTRUCTION	12	\$1,650	\$1,996
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	49	\$2,284	\$2,689
	008 SIMPLE EXCISION AND BIOPSY	32	\$2,099	\$2,380
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRAN	3	\$2,378	\$2,990
	010 SIMPLE SKIN REPAIR	1	\$1,525	\$2,925
	011 SIMPLE INCISION AND EXCISION OF BREAST	324	\$1,827	\$2,426
	012 BREAST RECONSTRUCTION AND MASTECTOMY	45	\$4,733	\$4,376
02	MUSCULOSKELETAL SYSTEM	1,774	\$3,366	\$3,320
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	373	\$4,829	\$4,704
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	77	\$3,140	\$3,131
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	48	\$4,585	\$3,886
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	365	\$1,870	\$2,294
	025 ARTHROSCOPY	687	\$3,256	\$3,776
	028 CLOSED TREATMENT FX & DISLOCATION OF FINGER, TOE & TRUNK	1	\$718	\$1,922
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	12	\$2,672	\$2,528
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	160	\$3,948	\$3,911
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	7	\$1,284	\$2,240
	032 BUNION PROCEDURES	30	\$2,386	\$3,144
	033 ARTHROPLASTY	12	\$3,410	\$4,649
	034 HAND AND FOOT TENOTOMY	2	\$1,371	\$1,827
03	RESPIRATORY SYSTEM	129	\$1,651	\$1,669
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	12	\$1,681	\$957
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	24	\$2,548	\$2,885
	054 SIMPLE ENDOSCOPY OF THE UPPER AIRWAY	2	\$1,568	\$994
	055 ENDOSCOPY OF THE LOWER AIRWAY	91	\$1,412	\$1,724
04	CARDIOVASCULAR SYSTEM	291	\$3,936	\$4,966
	075 PLACEMENT OF TRANSVENOUS CATHETERS	7	\$2,082	\$2,141
	076 DIAGNOSTIC CARDIAC CATHETERIZATION	29	\$3,809	\$4,944
	077 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	9	\$12,868	\$10,655
	078 PACEMAKER INSERTION AND REPLACEMENT	2	\$18,386	\$18,642
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	2	\$3,783	\$2,283
	080 MINOR VASCULAR REPAIR AND FISTULA CONSTRUCTION	181	\$3,471	\$3,673
	081 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	10	\$4,124	\$3,307
	082 VASCULAR LIGATION	51	\$3,739	\$3,967
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	129	\$3,745	\$3,010
	094 BLOOD AND BLOOD PRODUCT EXCHANGE	7	\$5,559	\$4,776
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	121	\$3,621	\$3,705
	097 TRANSFUSION	1	\$6,028	\$2,084
06	DIGESTIVE SYSTEM	5,076	\$1,604	\$1,825
	112 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	7	\$1,340	\$1,000
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	32	\$1,430	\$729

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 PROCEDURE APG CATEGORY, PROCEDURE APG, SINGLE APG ONLY
 BASED ON REPORTABLE* CPT-4 PROCEDURES

121 LDS Hospital

procedure APG category	Procedure APG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	15	\$623	\$862
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	790	\$583	\$987
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	169	\$1,364	\$1,381
	117 LOWER GASTROINTESTINAL ENDOSCOPY	2,481	\$705	\$956
	118 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	69	\$2,140	\$2,679
	119 HERNIA AND HYDROCELE PROCEDURES	182	\$2,285	\$2,876
	120 COMPLEX ANAL AND RECTAL PROCEDURES	81	\$2,068	\$2,344
	121 SIMPLE ANAL AND RECTAL PROCEDURES	11	\$2,278	\$1,854
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	39	\$2,182	\$2,435
	123 COMPLEX LAPAROSCOPIC PROCEDURES	1,186	\$3,970	\$4,923
	124 SIMPLE LAPAROSCOPIC PROCEDURES	14	\$6,371	\$10,668
07	URINARY SYSTEM	296	\$2,667	\$3,713
	131 RENAL EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	2	\$3,684	\$6,705
	132 SIMPLE URINARY STUDIES AND PROCEDURES	1	\$1,368	\$2,700
	133 URINARY CATHETERIZATION AND DILATATION	11	\$2,845	\$2,727
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	143	\$3,006	\$3,653
	135 MODERATE CYSTOURETHROSCOPY	116	\$2,141	\$2,892
	136 SIMPLE CYSTOURETHROSCOPY	12	\$2,030	\$1,768
	137 COMPLEX URETHRAL PROCEDURES	8	\$5,135	\$3,621
	138 SIMPLE URETHRAL PROCEDURES	3	\$1,919	\$1,570
08	MALE GENITAL SYSTEM	85	\$4,677	\$2,549
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	32	\$1,969	\$2,171
	152 INSERTION OF PENILE PROSTHESIS	10	\$15,281	\$13,411
	153 COMPLEX PENILE PROCEDURES	8	\$4,776	\$2,856
	154 SIMPLE PENILE PROCEDURES	11	\$1,720	\$1,466
	155 PROSTATE NEEDLE AND PUNCH BIOPSY	24	\$5,191	\$3,741
09	FEMALE GENITAL SYSTEM	314	\$2,479	\$2,961
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	50	\$4,025	\$4,273
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	65	\$1,693	\$2,362
	178 DILATION AND CURETTAGE	26	\$1,376	\$1,817
	179 HYSTEROSCOPY	168	\$2,507	\$3,360
	180 COLPOSCOPY	5	\$2,053	\$2,234
10	NERVOUS SYSTEM	205	\$1,821	\$1,454
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	20	\$898	\$836
	196 REVISION AND REMOVAL OF NEUROLOGICAL DEVICE	4	\$7,076	\$5,633
	197 NEUROSTIMULATOR AND VENTRICULAR SHUNT IMPLANTATION	2	\$24,576	\$19,201
	198 NERVE REPAIR AND DESTRUCTION	179	\$1,552	\$2,095
11	EYE AND OCULAR ADNEXA	709	\$1,940	\$2,574
	213 LASER EYE PROCEDURES	415	\$662	\$642
	214 CATARACT PROCEDURES	3	\$2,812	\$2,790
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	2	\$3,351	\$2,228
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	9	\$2,733	\$2,320
	218 COMPLEX POSTERIOR SEGMENT EYE PROCEDURES	64	\$3,867	\$4,521
	219 SIMPLE POSTERIOR SEGMENT EYE PROCEDURES	3	\$2,081	\$2,589
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	15	\$3,166	\$3,198

AMB ST 1-5
 UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 PROCEDURE APG CATEGORY, PROCEDURE APG, SINGLE APG ONLY
 BASED ON REPORTABLE* CPT-4 PROCEDURES

121 LDS Hospital

procedure APG category	Procedure APG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
	223 VITRECTOMY	198	\$3,838	\$4,907
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	404	\$3,851	\$1,992
	231 COCHLEAR DEVICE IMPLANTATION	7	\$48,456	\$56,335
	233 NASAL CAUTERIZATION AND PACKING	3	\$2,960	\$2,294
	234 COMPLEX FACIAL AND ENT PROCEDURES	225	\$4,020	\$3,775
	235 SIMPLE FACIAL AND ENT PROCEDURES	82	\$1,952	\$1,425
	236 TONSIL AND ADENOID PROCEDURES	87	\$1,644	\$1,795
13	THERAPUTIC AND OTHER RADIOLOGICAL PROCEDURES	2	\$33,362	\$1,931
	253 VASCULAR RADIOLOGY EXCEPT FOR VENOGRAPHY OF EXTREMITY	2	\$33,362	\$5,014

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

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

121 LDS Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
GENDER				
Female	9,430	55.3	107,216	54.5
Male	7,622	44.7	89,560	45.5
Unknown	0	0.0	2	0.0
Not Reported	0	0.0	0	0.0
AGE				
1-28 days	0	0.0	199	0.1
29-365 days	4	0.0	2,895	1.5
1-4 years	16	0.1	10,718	5.4
5-9	51	0.3	6,003	3.1
10-14	121	0.7	4,605	2.3
15-17	260	1.5	4,474	2.3
18-19	273	1.6	3,608	1.8
20-24	941	5.5	10,974	5.6
25-29	1,008	5.9	11,529	5.9
30-34	978	5.7	10,974	5.6
35-39	1,038	6.1	11,089	5.6
40-44	1,402	8.2	13,913	7.1
45-49	1,586	9.3	15,367	7.8
50-54	1,924	11.3	18,693	9.5
55-59	1,745	10.2	16,175	8.2
60-64	1,494	8.8	13,797	7.0
65-69	1,275	7.5	12,250	6.2
70-74	1,129	6.6	11,038	5.6
75-79	932	5.5	9,345	4.7
80-84	577	3.4	5,890	3.0
85-89	230	1.3	2,520	1.3
90 +	68	0.4	720	0.4
Not Reported	0	0.0	201	0.1
SOURCE OF ADMISSION				
Physician Referral	16,918	99.2	176,073	89.5
Clinic Referral	5	0.0	2,347	1.2
HMO Referral	3	0.0	119	0.1
Other Hospital	1	0.0	71	0.0
Skilled Nursing Facility	0	0.0	21	0.0
Other Health Care Facility	8	0.0	26	0.0
Emergency Room	116	0.7	3,467	1.8
Court/Law Enforcement	1	0.0	3	0.0
Unknown	0	0.0	3,359	1.7
Not Reported	0	0.0	11,292	5.7

(Continued)

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

121 LDS Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	17,033	99.9	196,083	99.6
Another Hospital	2	0.0	125	0.1
Skilled Nursing Facility	2	0.0	72	0.0
Intermediate Care Facility	0	0.0	9	0.0
Another Type of Institution	1	0.0	44	0.0
Under Care of Home Service	7	0.0	103	0.1
Left Against Medical Advice	3	0.0	17	0.0
Under Care of Home IV Provider	0	0.0	5	0.0
Expired	0	0.0	16	0.0
Unknown	4	0.0	304	0.2
Not Reported	0	0.0	0	0.0
PRIMARY PAYER				
Medicare	4,258	25.0	42,451	21.6
Medicaid	581	3.4	13,275	6.7
Other government	315	1.8	3,257	1.7
Blue Cross/Blue Shield	856	5.0	27,366	13.9
Other Commercial	1,505	8.8	17,254	8.8
Managed Care(HMO, PPO)	8,859	52.0	84,762	43.1
Self Pay	304	1.8	3,009	1.5
Industrial & Worker Comp	307	1.8	4,001	2.0
Charity and Unclassified	14	0.1	106	0.1
Childrens Health Insurance	34	0.2	258	0.1
Unknown	19	0.1	964	0.5
Not Reported	0	0.0	75	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	287	1.7	13,556	6.9
Central Utah	128	0.8	6,602	3.4
Davis County	3,000	17.6	21,257	10.8
Salt Lake County	10,121	59.4	68,961	35.0
Southeastern Utah	80	0.5	4,049	2.1
Southwest Utah	261	1.5	11,167	5.7
Summit County	302	1.8	2,258	1.1
Tooele County	554	3.2	3,742	1.9
Tri-County	125	0.7	5,041	2.6
Utah County	574	3.4	32,261	16.4
Wasatch County	88	0.5	1,500	0.8
Weber County	459	2.7	17,573	8.9
Unknown Utah	0	0.0	60	0.0
Outside Utah	1,068	6.3	8,682	4.4
Unknown, Not Reported	5	0.0	69	0.0

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

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

105 Logan Regional Hospital

Reporting Category(ICD-9-CM CODES)	Procedures Performed		Procedures Performed-All Hospitals	
	(#)	(%)	(#)	(%)
Reporting Category(ICD-9-CM CODES)	10,111	100.0	288,895	100.0
Mastectomy (85.0-85.99)	263	2.6	6,818	2.4
Musculoskeletal (76.0-84.99)	1,892	18.7	60,015	20.8
Respiratory (30.0-34.99)	75	0.7	2,981	1.0
Cardiovascular (35.0-39.99)	262	2.6	15,622	5.4
Lymphatic/Hemetic (40.0-41.99)	42	0.4	2,260	0.8
Digestive System (42.0-54.99)	2,988	29.6	90,070	31.2
Urinary (55.0-59.99)	210	2.1	8,063	2.8
Male Genital (60.0-64.99)	114	1.1	3,587	1.2
Female Genital (65.0-71.99)	613	6.1	13,770	4.8
Endocrine/Nervous (01.0-07.99)	661	6.5	22,387	7.7
Eye (08.0-16.99)	1,268	12.5	19,254	6.7
Ear (18.0-20.99)	598	5.9	15,474	5.4
Nose,Mouth,Pharynx (21.0-29.99)	1,125	11.1	28,594	9.9
Reporting Category(CPT-4 CODES)	9,406	100.0	264,491	100.0
Mastectomy (19120-19220)	118	1.3	3,203	1.2
Musculoskeletal (20000-29909)	1,888	20.1	54,392	20.6
Respiratory (30000-32999 & 39501-39599)	526	5.6	12,829	4.9
Cardiovascular (33010-37799 & 93501-93660)	937	10.0	34,097	12.9
Lymphatic/Hemetic (38100-38999)	32	0.3	2,304	0.9
Digestive (40490-49999)	3,379	35.9	94,766	35.8
Urinary (50010-53899)	193	2.1	8,849	3.3
Male Genital (54000-55899)	106	1.1	3,229	1.2
Female Genital (56405-58999)	437	4.6	10,000	3.8
Endocrine/Nervous (60000-64999)	638	6.8	20,833	7.9
Eye (65091-68899)	738	7.8	11,183	4.2
Ear (69000-69979)	414	4.4	8,806	3.3

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics.

Reportable* excludes codes in the former "Other" category in previous reports.

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES

105 Logan Regional Hospital

ICD-9 CODE	ICD-9 DESCRIPTION	#	%	% ALL Hospitals
All ICD-9 Procedures		10,111	100.0	100.0
4542	ENDO POLYPECTOMY LG INTESTINE	597	5.9	3.38
1371	IOL PROSTH-CATARACT EXTRACT-1-STAGE	496	4.9	1.60
1341	PHACOEMULSIFICATION-ASPIR CATARACT	495	4.9	1.57
2001	MYRINGOTOMY W/INSRT TUBE	483	4.8	4.36
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	466	4.6	5.16
0392	INJ OTH AGENT SPINAL CANAL	328	3.2	2.43
4523	COLONOSCOPY	318	3.1	6.06
4292	DILAT ESOPH	295	2.9	1.33
283	TONSILLECTOMY W/ADENOIDECTOMY	269	2.7	1.86
4513	OTH ENDO SM INTESTINE	236	2.3	2.14
806	EXC SEMILUNAR CARTILAGE-KNEE	236	2.3	1.79
0443	RELEASE CARPAL TUNNEL	182	1.8	1.23
5123	LAP CHOLEY	168	1.7	2.06
4525	CLO [ENDO] BX LG INTESTINE	158	1.6	2.27
3722	LT HEART CARD CATH	137	1.4	1.22
4836	[ENDO] POLYPECTOMY RECTUM	136	1.3	0.93
282	TONSILLECTOMY WO ADENOIDECTOMY	113	1.1	0.67
8521	LOC EXC LES BREAST	111	1.1	1.03
2169	OTH TURBINECTOMY	104	1.0	0.75
8086	OTH LOC EXC/DESTRUC JT LES-KNEE	100	1.0	1.30

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		9,406	100.0	100.0
66984	EXTRACAPSULAR CATARACT REMV IOL	494	5.3	1.67
43239	UGI ENDO; W/BX 1/MX	459	4.9	5.28
45384	COLONOSCOPY FLEX; REMV LES-FORCE	373	4.0	0.40
69436	TYMPANOSTOMY GENERAL ANESTHESIA	320	3.4	2.51
45378	COLONOSCOPY FLEX; DX-SEP PROC	318	3.4	6.06
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	265	2.8	3.55
42820	T&A; UNDER AGE 12	240	2.6	1.60
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	193	2.1	1.44
29881	SCOPE KNEE SURG;W/MENISCECT MED/	181	1.9	1.52
43450	DILAT ESOPH-SOUND/BOUGIE-1/MX PA	178	1.9	0.39
93545	INJ PROC-CATH; SELECT CORONRY AN	174	1.8	1.26
93556	IMAG SUPERVS I&R-CATH; PULM ANGI	172	1.8	1.16
47562	LAPAROSCOPY SURGICAL; CHOLECT	164	1.7	0.84
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	152	1.6	1.45
45380	COLONOSCOPY FLEX; W/BX 1/MX	151	1.6	2.39
93543	INJ PROC-CATH; LT VENT/ATRIAL AN	151	1.6	1.18
93555	IMAG SUPERVS I&R-CATH; VENT/ATRI	151	1.6	0.99
64721	NEUROPLASTY; MEDIAN @ CARPAL TUN	143	1.5	0.87
28285	CORRECTION HAMMERTOES	142	1.5	0.59
49505	REPR INIT ING HERNIA 5YR/MORE; R	133	1.4	1.06

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

Reportable* excludes codes in the former "Other" category in previous reports.

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 AVERAGE TOTAL CHARGES FOR MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES, SINGLE ICD-9 OR CPT-4 ONLY

105 Logan Regional Hospital

ICD-9 CODE	ICD-9 DESCRIPTION	#	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
ICD-9 Procedures		4,692	\$1,569	\$2,542
4542	ENDO POLYPECTOMY LG INTESTINE	439	\$792	\$1,101
0392	INJ OTH AGENT SPINAL CANAL	322	\$481	\$718
4523	COLONOSCOPY	304	\$582	\$849
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	278	\$667	\$1,037
283	TONSILLECTOMY W/ADENOIDECTOMY	201	\$1,144	\$1,740
5123	LAP CHOLEY	151	\$3,542	\$5,170
3722	LT HEART CARD CATH	137	\$4,026	\$5,595
4525	CLO [ENDO] BX LG INTESTINE	119	\$813	\$1,172
0443	RELEASE CARPAL TUNNEL	115	\$1,109	\$1,882
2001	MYRINGOTOMY W/INSRT TUBE	108	\$675	\$1,051
4513	OTH ENDO SM INTESTINE	100	\$605	\$917
806	EXC SEMILUNAR CARTILAGE-KNEE	84	\$2,954	\$3,679
282	TONSILLECTOMY WO ADENOIDECTOMY	81	\$1,307	\$2,010
5304	UNILAT REPR INDIRECT ING HERN-GFT	72	\$1,858	\$3,100
1364	DISCISSION SECNDRY MEMBRN	69	\$199	\$574
8521	LOC EXC LES BREAST	63	\$1,693	\$2,242
8511	CLO [PERCUT] [NEEDLE] BX BREAST	57	\$551	\$1,046
1369	OTH CATARACT EXTRACT	53	\$228	\$532
4836	[ENDO] POLYPECTOMY RECTUM	51	\$810	\$1,012
5303	UNILAT REPR DIRECT ING HERN-GFT	40	\$2,135	\$3,243

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
CPT-4 Procedures		5,202	\$1,575	\$2,284
66984	EXTRACAPSULAR CATARACT REMV IOL	489	\$2,122	\$2,786
45378	COLONOSCOPY FLEX; DX-SEP PROC	302	\$583	\$818
45384	COLONOSCOPY FLEX; REMV LES-FORCE	296	\$813	\$1,158
43239	UGI ENDO; W/BX 1/MX	282	\$673	\$1,035
69436	TYMPANOSTOMY GENERAL ANESTHESIA	205	\$665	\$1,016
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	191	\$402	\$767
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	186	\$779	\$1,059
42820	T&A; UNDER AGE 12	180	\$1,148	\$1,662
47562	LAPAROSCOPY SURGICAL; CHOLECT	152	\$3,555	\$5,048
45380	COLONOSCOPY FLEX; W/BX 1/MX	125	\$835	\$1,174
66821	DISCISSION 2ND CATARACT; LASER S	121	\$212	\$621
49505	REPR INIT ING HERNIA 5YR/MORE; R	119	\$1,918	\$3,015
64721	NEUROPLASTY; MEDIAN @ CARPAL TUN	109	\$1,137	\$1,823
29881	SCOPE KNEE SURG;W/MENISCECT MED/	85	\$2,957	\$3,303
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	84	\$527	\$822
19120	EXC BRST CYST TUMR/LES OPN M/F 1	79	\$1,784	\$2,212
64483	INJ ANES EPIDURL; LUMB/SAC 1 LEV	71	\$566	\$865
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	67	\$1,319	\$2,065
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	54	\$994	\$1,278
20680	REMOVAL OF IMPLANT; DEEP	43	\$1,450	\$2,378

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

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

105 Logan Regional Hospital

Procedure APG category	Procedure APG	TOTAL #	TOTAL # (ALL Hospitals)
01	INTEGUMENTARY SYSTEM	251	8,392
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	77	2,819
	003 COMPLEX INCISION AND DRAINAGE	2	75
	004 SIMPLE INCISION AND DRAINAGE	1	29
	006 SIMPLE DEBRIDEMENT AND DESTRUCTION	2	125
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	18	1,059
	008 SIMPLE EXCISION AND BIOPSY	26	893
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRANGE	7	184
	011 SIMPLE INCISION AND EXCISION OF BREAST	104	2,817
	012 BREAST RECONSTRUCTION AND MASTECTOMY	14	386
02	MUSCULOSKELETAL SYSTEM	1,753	48,493
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	135	6,083
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	62	1,938
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	57	1,829
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	462	10,165
	025 ARTHROSCOPY	773	20,364
	028 CLOSED TREATMENT FX & DISLOCATION OF FINGER, TOE & TRUNK	3	49
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	19	611
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	138	3,214
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	2	397
	032 BUNION PROCEDURES	74	1,475
	033 ARTHROPLASTY	10	486
	034 HAND AND FOOT TENOTOMY	12	234
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	6	1,499
03	RESPIRATORY SYSTEM	212	6,895
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	19	706
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	152	4,493
	054 SIMPLE ENDOSCOPY OF THE UPPER AIRWAY	35	334
	055 ENDOSCOPY OF THE LOWER AIRWAY	6	1,362
04	CARDIOVASCULAR SYSTEM	927	25,643
	075 PLACEMENT OF TRANSVENOUS CATHETERS	9	750
	076 DIAGNOSTIC CARDIAC CATHETERIZATION	838	17,680
	077 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	9	1,469
	078 PACEMAKER INSERTION AND REPLACEMENT	22	517
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	14	714
	080 MINOR VASCULAR REPAIR AND FISTULA CONSTRUCTION	16	1,407
	081 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	1	273
	082 VASCULAR LIGATION	18	442
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	38	2,342
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	37	1,515
	097 TRANSFUSION	1	792
06	DIGESTIVE SYSTEM	2,933	82,913
	112 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	178	1,137
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	28	832
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	20	336
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	615	17,918

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

105 Logan Regional Hospital

procedure APG category	procedure APG	TOTAL #	TOTAL # (ALL Hospitals)
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	181	4,477
	117 LOWER GASTROINTESTINAL ENDOSCOPY	1,161	33,312
	118 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	43	1,553
	119 HERNIA AND HYDROCELE PROCEDURES	238	6,781
	120 COMPLEX ANAL AND RECTAL PROCEDURES	17	911
	121 SIMPLE ANAL AND RECTAL PROCEDURES	13	544
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	3	516
	123 COMPLEX LAPAROSCOPIC PROCEDURES	433	14,187
	124 SIMPLE LAPAROSCOPIC PROCEDURES	3	205
07	URINARY SYSTEM	172	7,406
	131 RENAL EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	1	727
	133 URINARY CATHETERIZATION AND DILATATION	6	331
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	104	3,121
	135 MODERATE CYSTOURETHROSCOPY	40	2,378
	136 SIMPLE CYSTOURETHROSCOPY	14	623
	137 COMPLEX URETHRAL PROCEDURES	2	117
	138 SIMPLE URETHRAL PROCEDURES	5	106
08	MALE GENITAL SYSTEM	95	2,988
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	42	1,293
	152 INSERTION OF PENILE PROSTHESIS	1	72
	153 COMPLEX PENILE PROCEDURES	11	416
	154 SIMPLE PENILE PROCEDURES	40	901
	155 PROSTATE NEEDLE AND PUNCH BIOPSY	1	306
09	FEMALE GENITAL SYSTEM	249	5,316
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	67	1,138
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	37	1,162
	178 DILATION AND CURETTAGE	41	831
	179 HYSTEROSCOPY	99	2,031
	180 COLPOSCOPY	5	153
10	NERVOUS SYSTEM	558	17,622
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	373	11,950
	198 NERVE REPAIR AND DESTRUCTION	180	4,478
	199 SPINAL TAP	5	568
11	EYE AND OCULAR ADNEXA	733	10,930
	211 MINOR OPHTHALMOLOGICAL TESTS AND PROCEDURES	5	29
	213 LASER EYE PROCEDURES	137	932
	214 CATARACT PROCEDURES	499	4,649
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	34	475
	216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	27	351
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	15	185
	220 STRABISMUS AND MUSCLE EYE PROCEDURES	7	794
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	2	793
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	6	477
	223 VITRECTOMY	1	1,677
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	1,318	29,079
	233 NASAL CAUTERIZATION AND PACKING	14	218

AMB ST 1-4

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

105 Logan Regional Hospital

procedure APG category	procedure APG	TOTAL #	TOTAL # (ALL Hospitals)
	234 COMPLEX FACIAL AND ENT PROCEDURES	211	5,162
	235 SIMPLE FACIAL AND ENT PROCEDURES	639	15,442
	236 TONSIL AND ADENOID PROCEDURES	454	8,217
13	THERAPUTIC AND OTHER RADIOLOGICAL PROCEDURES	21	3,748
	255 MISCELLANEOUS RADIOLOGICAL PROCEDURES WITH CONTRAST	21	1,787

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

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 PROCEDURE APG CATEGORY, PROCEDURE APG, SINGLE APG ONLY
 BASED ON REPORTABLE* CPT-4 PROCEDURES

105 Logan Regional Hospital

Procedure APG category	Procedure APG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
01	INTEGUMENTARY SYSTEM	209	\$1,545	\$2,329
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	76	\$667	\$1,821
	004 SIMPLE INCISION AND DRAINAGE	1	\$2,506	\$2,861
	006 SIMPLE DEBRIDEMENT AND DESTRUCTION	2	\$1,428	\$1,996
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	8	\$2,764	\$2,689
	008 SIMPLE EXCISION AND BIOPSY	14	\$1,357	\$2,380
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRAN	2	\$2,757	\$2,990
	011 SIMPLE INCISION AND EXCISION OF BREAST	92	\$1,855	\$2,426
	012 BREAST RECONSTRUCTION AND MASTECTOMY	14	\$3,536	\$4,376
02	MUSCULOSKELETAL SYSTEM	739	\$2,624	\$3,320
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	60	\$3,414	\$4,704
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	35	\$1,916	\$3,131
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	20	\$2,868	\$3,886
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	190	\$1,539	\$2,294
	025 ARTHROSCOPY	275	\$3,313	\$3,776
	028 CLOSED TREATMENT FX & DISLOCATION OF FINGER, TOE & TRUNK	2	\$2,345	\$1,922
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	10	\$2,120	\$2,528
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	105	\$2,834	\$3,911
	032 BUNION PROCEDURES	35	\$1,998	\$3,144
	033 ARTHROPLASTY	5	\$2,447	\$4,649
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	2	\$316	\$679
03	RESPIRATORY SYSTEM	63	\$936	\$1,669
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	18	\$586	\$957
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	17	\$2,150	\$2,885
	054 SIMPLE ENDOSCOPY OF THE UPPER AIRWAY	26	\$337	\$994
	055 ENDOSCOPY OF THE LOWER AIRWAY	2	\$1,562	\$1,724
04	CARDIOVASCULAR SYSTEM	47	\$4,500	\$4,966
	075 PLACEMENT OF TRANSVENOUS CATHETERS	5	\$2,581	\$2,141
	076 DIAGNOSTIC CARDIAC CATHETERIZATION	1	\$1,375	\$4,944
	078 PACEMAKER INSERTION AND REPLACEMENT	9	\$12,023	\$18,642
	080 MINOR VASCULAR REPAIR AND FISTULA CONSTRUCTION	16	\$3,079	\$3,673
	081 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	1	\$1,548	\$3,307
	082 VASCULAR LIGATION	15	\$2,547	\$3,967
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	31	\$3,004	\$3,010
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	30	\$2,977	\$3,705
	097 TRANSFUSION	1	\$3,813	\$2,084
06	DIGESTIVE SYSTEM	1,996	\$1,259	\$1,825
	112 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	2	\$826	\$1,000
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	23	\$708	\$729
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	15	\$496	\$862
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	367	\$642	\$987
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	120	\$1,135	\$1,381
	117 LOWER GASTROINTESTINAL ENDOSCOPY	949	\$735	\$956
	118 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	21	\$2,402	\$2,679
	119 HERNIA AND HYDROCELE PROCEDURES	197	\$1,886	\$2,876

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 PROCEDURE APG CATEGORY, PROCEDURE APG, SINGLE APG ONLY
 BASED ON REPORTABLE* CPT-4 PROCEDURES

105 Logan Regional Hospital

procedure APG category	Procedure APG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
	120 COMPLEX ANAL AND RECTAL PROCEDURES	13	\$1,808	\$2,344
	121 SIMPLE ANAL AND RECTAL PROCEDURES	9	\$1,360	\$1,854
	123 COMPLEX LAPAROSCOPIC PROCEDURES	280	\$3,434	\$4,923
07	URINARY SYSTEM	71	\$2,974	\$3,713
	133 URINARY CATHETERIZATION AND DILATATION	3	\$3,194	\$2,727
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	36	\$3,226	\$3,653
	135 MODERATE CYSTOURETHROSCOPY	24	\$2,928	\$2,892
	136 SIMPLE CYSTOURETHROSCOPY	3	\$2,579	\$1,768
	137 COMPLEX URETHRAL PROCEDURES	1	\$1,856	\$3,621
	138 SIMPLE URETHRAL PROCEDURES	4	\$1,387	\$1,570
08	MALE GENITAL SYSTEM	74	\$1,454	\$2,549
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	27	\$1,586	\$2,171
	152 INSERTION OF PENILE PROSTHESIS	1	\$19,552	\$13,411
	153 COMPLEX PENILE PROCEDURES	9	\$3,356	\$2,856
	154 SIMPLE PENILE PROCEDURES	37	\$405	\$1,466
09	FEMALE GENITAL SYSTEM	105	\$2,362	\$2,961
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	18	\$3,341	\$4,273
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	24	\$1,405	\$2,362
	178 DILATION AND CURETTAGE	19	\$1,580	\$1,817
	179 HYSTEROSCOPY	41	\$2,899	\$3,360
	180 COLPOSCOPY	3	\$1,760	\$2,234
10	NERVOUS SYSTEM	413	\$666	\$1,454
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	289	\$446	\$836
	198 NERVE REPAIR AND DESTRUCTION	119	\$1,190	\$2,095
	199 SPINAL TAP	5	\$912	\$1,172
11	EYE AND OCULAR ADNEXA	719	\$1,663	\$2,574
	211 MINOR OPHTHALMOLOGICAL TESTS AND PROCEDURES	5	\$440	\$1,391
	213 LASER EYE PROCEDURES	136	\$213	\$642
	214 CATARACT PROCEDURES	494	\$2,125	\$2,790
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	31	\$855	\$2,228
	216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	25	\$1,555	\$1,881
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	13	\$1,715	\$2,320
	220 STRABISMUS AND MUSCLE EYE PROCEDURES	7	\$1,902	\$1,783
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	2	\$2,937	\$3,198
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	5	\$1,009	\$1,766
	223 VITRECTOMY	1	\$2,927	\$4,907
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	635	\$1,199	\$1,992
	234 COMPLEX FACIAL AND ENT PROCEDURES	57	\$2,857	\$3,775
	235 SIMPLE FACIAL AND ENT PROCEDURES	290	\$876	\$1,425
	236 TONSIL AND ADENOID PROCEDURES	288	\$1,197	\$1,795
13	THERAPUTIC AND OTHER RADIOLOGICAL PROCEDURES	11	\$461	\$1,931
	255 MISCELLANEOUS RADIOLOGICAL PROCEDURES WITH CONTRAST	11	\$461	\$1,346

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

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

105 Logan Regional Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
GENDER				
Female	3,849	54.6	107,216	54.5
Male	3,195	45.4	89,560	45.5
Unknown	0	0.0	2	0.0
Not Reported	0	0.0	0	0.0
AGE				
1-28 days	26	0.4	199	0.1
29-365 days	107	1.5	2,895	1.5
1-4 years	419	5.9	10,718	5.4
5-9	219	3.1	6,003	3.1
10-14	193	2.7	4,605	2.3
15-17	167	2.4	4,474	2.3
18-19	162	2.3	3,608	1.8
20-24	460	6.5	10,974	5.6
25-29	448	6.4	11,529	5.9
30-34	320	4.5	10,974	5.6
35-39	355	5.0	11,089	5.6
40-44	448	6.4	13,913	7.1
45-49	562	8.0	15,367	7.8
50-54	665	9.4	18,693	9.5
55-59	501	7.1	16,175	8.2
60-64	472	6.7	13,797	7.0
65-69	397	5.6	12,250	6.2
70-74	327	4.6	11,038	5.6
75-79	377	5.4	9,345	4.7
80-84	259	3.7	5,890	3.0
85-89	116	1.6	2,520	1.3
90 +	44	0.6	720	0.4
Not Reported	26	0.4	201	0.1
SOURCE OF ADMISSION				
Physician Referral	6,869	97.5	176,073	89.5
Clinic Referral	7	0.1	2,347	1.2
HMO Referral	3	0.0	119	0.1
Other Hospital	6	0.1	71	0.0
Skilled Nursing Facility	0	0.0	21	0.0
Other Health Care Facility	0	0.0	26	0.0
Emergency Room	159	2.3	3,467	1.8
Court/Law Enforcement	0	0.0	3	0.0
Unknown	0	0.0	3,359	1.7
Not Reported	0	0.0	11,292	5.7

(Continued)

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

105 Logan Regional Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	7,032	99.8	196,083	99.6
Another Hospital	9	0.1	125	0.1
Skilled Nursing Facility	1	0.0	72	0.0
Intermediate Care Facility	1	0.0	9	0.0
Another Type of Institution	0	0.0	44	0.0
Under Care of Home Service	1	0.0	103	0.1
Left Against Medical Advice	0	0.0	17	0.0
Under Care of Home IV Provider	0	0.0	5	0.0
Expired	0	0.0	16	0.0
Unknown	0	0.0	304	0.2
Not Reported	0	0.0	0	0.0
PRIMARY PAYER				
Medicare	1,520	21.6	42,451	21.6
Medicaid	335	4.8	13,275	6.7
Other government	72	1.0	3,257	1.7
Blue Cross/Blue Shield	1,126	16.0	27,366	13.9
Other Commercial	468	6.6	17,254	8.8
Managed Care(HMO, PPO)	3,225	45.8	84,762	43.1
Self Pay	82	1.2	3,009	1.5
Industrial & Worker Comp	148	2.1	4,001	2.0
Charity and Unclassified	2	0.0	106	0.1
Childrens Health Insurance	4	0.1	258	0.1
Unknown	62	0.9	964	0.5
Not Reported	0	0.0	75	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	6,206	88.1	13,556	6.9
Central Utah	3	0.0	6,602	3.4
Davis County	31	0.4	21,257	10.8
Salt Lake County	30	0.4	68,961	35.0
Southeastern Utah	6	0.1	4,049	2.1
Southwest Utah	7	0.1	11,167	5.7
Summit County	3	0.0	2,258	1.1
Tooele County	3	0.0	3,742	1.9
Tri-County	5	0.1	5,041	2.6
Utah County	8	0.1	32,261	16.4
Wasatch County	0	0.0	1,500	0.8
Weber County	34	0.5	17,573	8.9
Unknown Utah	8	0.1	60	0.0
Outside Utah	699	9.9	8,682	4.4
Unknown, Not Reported	1	0.0	69	0.0

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, 2003
 NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

141 McKay Dee Hospital Center

Reporting Category(ICD-9-CM CODES)	Procedures Performed		Procedures Performed-All Hospitals	
	(#)	(%)	(#)	(%)
Reporting Category(ICD-9-CM CODES)	18,189	100.0	288,895	100.0
Mastectomy (85.0-85.99)	614	3.4	6,818	2.4
Musculoskeletal (76.0-84.99)	2,355	12.9	60,015	20.8
Respiratory (30.0-34.99)	194	1.1	2,981	1.0
Cardiovascular (35.0-39.99)	1,475	8.1	15,622	5.4
Lymphatic/Hemetic (40.0-41.99)	153	0.8	2,260	0.8
Digestive System (42.0-54.99)	9,429	51.8	90,070	31.2
Urinary (55.0-59.99)	714	3.9	8,063	2.8
Male Genital (60.0-64.99)	241	1.3	3,587	1.2
Female Genital (65.0-71.99)	770	4.2	13,770	4.8
Endocrine/Nervous (01.0-07.99)	1,473	8.1	22,387	7.7
Eye (08.0-16.99)	298	1.6	19,254	6.7
Ear (18.0-20.99)	86	0.5	15,474	5.4
Nose,Mouth,Pharynx (21.0-29.99)	387	2.1	28,594	9.9
Reporting Category(CPT-4 CODES)	15,999	100.0	264,491	100.0
Mastectomy (19120-19220)	321	2.0	3,203	1.2
Musculoskeletal (20000-29909)	2,032	12.7	54,392	20.6
Respiratory (30000-32999 & 39501-39599)	234	1.5	12,829	4.9
Cardiovascular (33010-37799 & 93501-93660)	1,769	11.1	34,097	12.9
Lymphatic/Hemetic (38100-38999)	93	0.6	2,304	0.9
Digestive (40490-49999)	8,859	55.4	94,766	35.8
Urinary (50010-53899)	619	3.9	8,849	3.3
Male Genital (54000-55899)	220	1.4	3,229	1.2
Female Genital (56405-58999)	492	3.1	10,000	3.8
Endocrine/Nervous (60000-64999)	1,124	7.0	20,833	7.9
Eye (65091-68899)	192	1.2	11,183	4.2
Ear (69000-69979)	44	0.3	8,806	3.3

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics.

Reportable* excludes codes in the former "Other" category in previous reports.

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES

141 McKay Dee Hospital Center

ICD-9 CODE	ICD-9 DESCRIPTION	#	%	% ALL Hospitals
All ICD-9 Procedures		18,189	100.0	100.0
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	2,146	11.8	5.16
4523	COLONOSCOPY	1,887	10.4	6.06
4525	CLO [ENDO] BX LG INTESTINE	860	4.7	2.27
5123	LAP CHOLEY	681	3.7	2.06
0392	INJ OTH AGENT SPINAL CANAL	633	3.5	2.43
4292	DILAT ESOPH	619	3.4	1.33
4542	ENDO POLYPECTOMY LG INTESTINE	508	2.8	3.38
3722	LT HEART CARD CATH	483	2.7	1.22
0391	INJ ANES SPINAL CANAL-ANALGESIA	381	2.1	1.75
8521	LOC EXC LES BREAST	261	1.4	1.03
4701	LAP APPENDECTOMY	258	1.4	0.36
4513	OTH ENDO SM INTESTINE	250	1.4	2.14
5732	OTH CYSTOSCOPY	222	1.2	0.59
8026	ARTHSCPY-KNEE	194	1.1	1.58
5421	LAPAROSCOPY	187	1.0	0.71
0443	RELEASE CARPAL TUNNEL	182	1.0	1.23
5304	UNILAT REPR INDIRECT ING HERN-GFT	175	1.0	0.52
5303	UNILAT REPR DIRECT ING HERN-GFT	143	0.8	0.39
6909	OTH D&C UTERUS	135	0.7	0.61
4836	[ENDO] POLYPECTOMY RECTUM	134	0.7	0.93

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		15,999	100.0	100.0
43239	UGI ENDO; W/BX 1/MX	2,044	12.8	5.28
45378	COLONOSCOPY FLEX; DX-SEP PROC	1,871	11.7	6.06
45380	COLONOSCOPY FLEX; W/BX 1/MX	791	4.9	2.39
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	609	3.8	1.34
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	569	3.6	1.44
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	422	2.6	3.55
49505	REPR INIT ING HERNIA 5YR/MORE; R	372	2.3	1.06
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	307	1.9	0.78
93545	INJ PROC-CATH; SELECT CORONRY AN	293	1.8	1.26
43450	DILAT ESOPH-SOUND/BOUGIE-1/MX PA	260	1.6	0.39
44970	LAPAROSCOPY SURGICAL APPENDECTOM	260	1.6	0.41
93543	INJ PROC-CATH; LT VENT/ATRIAL AN	258	1.6	1.18
93510	LT HRT CATH RETRO-BRACH/FEM; PER	247	1.5	1.00
93556	IMAG SUPERVS I&R-CATH; PULM ANGI	229	1.4	1.16
93555	IMAG SUPERVS I&R-CATH; VENT/ATRI	205	1.3	0.99
19120	EXC BRST CYST TUMR/LES OPN M/F 1	154	1.0	0.74
64721	NEUROPLASTY; MEDIAN @ CARPAL TUN	132	0.8	0.87
47000	BIOPSY LIVER NEEDLE; PERCUTANEOU	108	0.7	0.46
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	105	0.7	1.45
19125	EXC BRST LES ID RAD MARKR OPN;1	95	0.6	0.31

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

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 AVERAGE TOTAL CHARGES FOR MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES, SINGLE ICD-9 OR CPT-4 ONLY

141 McKay Dee Hospital Center

ICD-9 CODE	ICD-9 DESCRIPTION	#	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
ICD-9 Procedures				
4523	COLONOSCOPY	9,271	\$1,998	\$2,542
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	1,694	\$488	\$849
5123	LAP CHOLEY	1,266	\$690	\$1,037
4525	CLO [ENDO] BX LG INTESTINE	607	\$4,193	\$5,170
4542	ENDO POLYPECTOMY LG INTESTINE	581	\$824	\$1,172
3722	LT HEART CARD CATH	394	\$791	\$1,101
0392	INJ OTH AGENT SPINAL CANAL	338	\$4,231	\$5,595
4701	LAP APPENDECTOMY	239	\$923	\$718
8521	LOC EXC LES BREAST	236	\$5,928	\$6,389
5304	UNILAT REPR INDIRECT ING HERN-GFT	175	\$1,825	\$2,242
5303	UNILAT REPR DIRECT ING HERN-GFT	162	\$2,220	\$3,100
4513	OTH ENDO SM INTESTINE	127	\$2,073	\$3,243
5011	CLO [PERCUT] [NEEDLE] BX LIVER	123	\$729	\$917
0443	RELEASE CARPAL TUNNEL	111	\$1,366	\$1,657
6952	ASPIR CURET FOLLOWING DELIV/AB	97	\$1,646	\$1,882
3723	COMBO RT & LT HEART CARD CATH	73	\$2,000	\$1,938
4836	[ENDO] POLYPECTOMY RECTUM	72	\$4,804	\$6,303
5732	OTH CYSTOSCOPY	72	\$724	\$1,012
8532	BILAT REDUC MAMMO	69	\$4,336	\$3,080
6902	D&C FOLLOWING DELIV/AB	68	\$5,137	\$5,736
		61	\$1,698	\$2,179

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
CPT-4 Procedures				
45378	COLONOSCOPY FLEX; DX-SEP PROC	9,708	\$1,873	\$2,284
43239	UGI ENDO; W/BX 1/MX	1,705	\$493	\$818
45380	COLONOSCOPY FLEX; W/BX 1/MX	1,404	\$776	\$1,035
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	727	\$892	\$1,174
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	554	\$4,312	\$5,262
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	525	\$892	\$767
49505	REPR INIT ING HERNIA 5YR/MORE; R	403	\$828	\$1,059
44970	LAPAROSCOPY SURGICAL APPENDECTOM	340	\$2,131	\$3,015
19120	EXC BRST CYST TUMR/LES OPN M/F 1	237	\$5,929	\$6,356
47000	BIOPSY LIVER NEEDLE; PERCUTANEOU	134	\$1,629	\$2,212
64721	NEUROPLASTY; MEDIAN @ CARPAL TUN	98	\$1,302	\$1,618
19125	EXC BRST LES ID RAD MARKR OPN;1	94	\$1,659	\$1,823
62310	INJ 1 NOT NEUROLYTIC-EPID;CERV/T	80	\$2,629	\$2,955
45384	COLONOSCPY FLEX; REMV LES-FORCE	74	\$942	\$906
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	73	\$817	\$1,158
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	72	\$765	\$822
41899	UNLIST PROC DENTOALVEOL STRUCTUR	68	\$981	\$1,278
58558	HYSTEROSCPY SURG; W/BX &/ POLYPE	66	\$1,581	\$2,122
47562	LAPAROSCOPY SURGICAL; CHOLECT	65	\$2,084	\$2,689
49585	REPR UMBIL HERNIA 5YR/OVER; RDOC	64	\$3,783	\$5,048
		62	\$1,820	\$2,725

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

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

141 McKay Dee Hospital Center

Procedure APG category	Procedure APG	TOTAL #	TOTAL # (ALL Hospitals)
01	INTEGUMENTARY SYSTEM	595	8,392
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	143	2,819
	003 COMPLEX INCISION AND DRAINAGE	3	75
	004 SIMPLE INCISION AND DRAINAGE	1	29
	006 SIMPLE DEBRIDEMENT AND DESTRUCTION	9	125
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	77	1,059
	008 SIMPLE EXCISION AND BIOPSY	39	893
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRANGE	2	184
	011 SIMPLE INCISION AND EXCISION OF BREAST	252	2,817
	012 BREAST RECONSTRUCTION AND MASTECTOMY	69	386
02	MUSCULOSKELETAL SYSTEM	1,797	48,493
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	256	6,083
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	81	1,938
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	136	1,829
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	440	10,165
	025 ARTHROSCOPY	505	20,364
	028 CLOSED TREATMENT FX & DISLOCATION OF FINGER, TOE & TRUNK	3	49
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	49	611
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	216	3,214
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	8	397
	032 BUNION PROCEDURES	48	1,475
	033 ARTHROPLASTY	38	486
	034 HAND AND FOOT TENOTOMY	6	234
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	11	1,499
03	RESPIRATORY SYSTEM	173	6,895
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	50	706
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	41	4,493
	055 ENDOSCOPY OF THE LOWER AIRWAY	82	1,362
04	CARDIOVASCULAR SYSTEM	1,683	25,643
	074 CARDIAC ELECTROPHYSIOLOGIC TESTS	81	2,379
	075 PLACEMENT OF TRANSVENOUS CATHETERS	11	750
	076 DIAGNOSTIC CARDIAC CATHETERIZATION	1,351	17,680
	077 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	57	1,469
	078 PACEMAKER INSERTION AND REPLACEMENT	29	517
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	21	714
	080 MINOR VASCULAR REPAIR AND FISTULA CONSTRUCTION	95	1,407
	081 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	11	273
	082 VASCULAR LIGATION	26	442
	083 RESUSCITATION AND CARDIOVERSION	1	12
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	114	2,342
	092 CHEMOTHERAPY EXCEPT BY EXTENDED INFUSION	2	9
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	112	1,515
06	DIGESTIVE SYSTEM	8,790	82,913
	112 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	262	1,137
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	49	832
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	12	336

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

141 McKay Dee Hospital Center

procedure APG category	procedure APG	TOTAL #	TOTAL # (ALL Hospitals)
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	2,151	17,918
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	432	4,477
	117 LOWER GASTROINTESTINAL ENDOSCOPY	3,234	33,312
	118 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	266	1,553
	119 HERNIA AND HYDROCELE PROCEDURES	759	6,781
	120 COMPLEX ANAL AND RECTAL PROCEDURES	147	911
	121 SIMPLE ANAL AND RECTAL PROCEDURES	123	544
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	41	516
	123 COMPLEX LAPAROSCOPIC PROCEDURES	1,307	14,187
	124 SIMPLE LAPAROSCOPIC PROCEDURES	7	205
07	URINARY SYSTEM	537	7,406
	131 RENAL EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	16	727
	133 URINARY CATHETERIZATION AND DILATATION	21	331
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	191	3,121
	135 MODERATE CYSTOURETHROSCOPY	215	2,378
	136 SIMPLE CYSTOURETHROSCOPY	72	623
	137 COMPLEX URETHRAL PROCEDURES	4	117
	138 SIMPLE URETHRAL PROCEDURES	18	106
08	MALE GENITAL SYSTEM	192	2,988
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	99	1,293
	152 INSERTION OF PENILE PROSTHESIS	2	72
	153 COMPLEX PENILE PROCEDURES	19	416
	154 SIMPLE PENILE PROCEDURES	64	901
	155 PROSTATE NEEDLE AND PUNCH BIOPSY	8	306
09	FEMALE GENITAL SYSTEM	283	5,316
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	40	1,138
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	115	1,162
	178 DILATION AND CURETTAGE	33	831
	179 HYSTEROSCOPY	95	2,031
10	NERVOUS SYSTEM	972	17,622
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	665	11,950
	196 REVISION AND REMOVAL OF NEUROLOGICAL DEVICE	13	165
	197 NEUROSTIMULATOR AND VENTRICULAR SHUNT IMPLANTATION	43	461
	198 NERVE REPAIR AND DESTRUCTION	225	4,478
	199 SPINAL TAP	26	568
11	EYE AND OCULAR ADNEXA	174	10,930
	213 LASER EYE PROCEDURES	4	932
	214 CATARACT PROCEDURES	8	4,649
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	1	475
	216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	2	351
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	3	185
	218 COMPLEX POSTERIOR SEGMENT EYE PROCEDURES	41	376
	219 SIMPLE POSTERIOR SEGMENT EYE PROCEDURES	7	192
	220 STRABISMUS AND MUSCLE EYE PROCEDURES	1	794
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	7	793
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	2	477

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

141 McKay Dee Hospital Center

procedure APG category	procedure APG	TOTAL #	TOTAL # (ALL Hospitals)
	223 VITRECTOMY	98	1,677
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	329	29,079
	233 NASAL CAUTERIZATION AND PACKING	3	218
	234 COMPLEX FACIAL AND ENT PROCEDURES	148	5,162
	235 SIMPLE FACIAL AND ENT PROCEDURES	148	15,442
	236 TONSIL AND ADENOID PROCEDURES	30	8,217
13	THERAPUTIC AND OTHER RADIOLOGICAL PROCEDURES	24	3,748
	253 VASCULAR RADIOLOGY EXCEPT FOR VENOGRAPHY OF EXTREMITY	15	1,528
	255 MISCELLANEOUS RADIOLOGICAL PROCEDURES WITH CONTRAST	9	1,787

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

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 PROCEDURE APG CATEGORY, PROCEDURE APG, SINGLE APG ONLY
 BASED ON REPORTABLE* CPT-4 PROCEDURES

141 McKay Dee Hospital Center

Procedure APG category	Procedure APG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
01	INTEGUMENTARY SYSTEM	473	\$2,024	\$2,329
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	129	\$1,323	\$1,821
	003 COMPLEX INCISION AND DRAINAGE	1	\$1,848	\$2,503
	004 SIMPLE INCISION AND DRAINAGE	1	\$1,481	\$2,861
	006 SIMPLE DEBRIDEMENT AND DESTRUCTION	5	\$1,791	\$1,996
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	53	\$1,904	\$2,689
	008 SIMPLE EXCISION AND BIOPSY	22	\$2,094	\$2,380
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRAN	1	\$3,304	\$2,990
	011 SIMPLE INCISION AND EXCISION OF BREAST	214	\$2,003	\$2,426
	012 BREAST RECONSTRUCTION AND MASTECTOMY	47	\$4,158	\$4,376
02	MUSCULOSKELETAL SYSTEM	727	\$3,000	\$3,320
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	81	\$4,089	\$4,704
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	25	\$2,400	\$3,131
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	38	\$3,591	\$3,886
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	194	\$1,954	\$2,294
	025 ARTHROSCOPY	145	\$3,087	\$3,776
	028 CLOSED TREATMENT FX & DISLOCATION OF FINGER, TOE & TRUNK	3	\$1,667	\$1,922
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	35	\$2,721	\$2,528
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	169	\$3,602	\$3,911
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	3	\$2,389	\$2,240
	032 BUNION PROCEDURES	21	\$2,810	\$3,144
	033 ARTHROPLASTY	11	\$4,404	\$4,649
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	2	\$1,397	\$679
03	RESPIRATORY SYSTEM	106	\$1,131	\$1,669
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	36	\$522	\$957
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	1	\$15,847	\$2,885
	055 ENDOSCOPY OF THE LOWER AIRWAY	69	\$1,236	\$1,724
04	CARDIOVASCULAR SYSTEM	172	\$6,208	\$4,966
	074 CARDIAC ELECTROPHYSIOLOGIC TESTS	17	\$13,191	\$11,869
	075 PLACEMENT OF TRANSVENOUS CATHETERS	9	\$3,344	\$2,141
	076 DIAGNOSTIC CARDIAC CATHETERIZATION	12	\$7,141	\$4,944
	077 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	16	\$11,262	\$10,655
	078 PACEMAKER INSERTION AND REPLACEMENT	21	\$10,834	\$18,642
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	5	\$1,593	\$2,283
	080 MINOR VASCULAR REPAIR AND FISTULA CONSTRUCTION	62	\$3,007	\$3,673
	081 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	7	\$3,180	\$3,307
	082 VASCULAR LIGATION	22	\$3,635	\$3,967
	083 RESUSCITATION AND CARDIOVERSION	1	\$23,349	\$12,450
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	74	\$3,592	\$3,010
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	74	\$3,592	\$3,705
06	DIGESTIVE SYSTEM	6,500	\$1,464	\$1,825
	112 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	11	\$881	\$1,000
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	34	\$342	\$729
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	10	\$1,039	\$862
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	1,477	\$778	\$987

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 PROCEDURE APG CATEGORY, PROCEDURE APG, SINGLE APG ONLY
 BASED ON REPORTABLE* CPT-4 PROCEDURES

141 McKay Dee Hospital Center

procedure APG category	Procedure APG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	140	\$1,039	\$1,381
	117 LOWER GASTROINTESTINAL ENDOSCOPY	2,978	\$652	\$956
	118 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	109	\$2,156	\$2,679
	119 HERNIA AND HYDROCELE PROCEDURES	547	\$2,155	\$2,876
	120 COMPLEX ANAL AND RECTAL PROCEDURES	92	\$1,818	\$2,344
	121 SIMPLE ANAL AND RECTAL PROCEDURES	62	\$1,411	\$1,854
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	25	\$2,241	\$2,435
	123 COMPLEX LAPAROSCOPIC PROCEDURES	1,013	\$4,455	\$4,923
	124 SIMPLE LAPAROSCOPIC PROCEDURES	2	\$4,435	\$10,668
07	URINARY SYSTEM	160	\$2,668	\$3,713
	133 URINARY CATHETERIZATION AND DILATATION	7	\$2,680	\$2,727
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	54	\$3,429	\$3,653
	135 MODERATE CYSTOURETHROSCOPY	58	\$2,596	\$2,892
	136 SIMPLE CYSTOURETHROSCOPY	31	\$1,860	\$1,768
	137 COMPLEX URETHRAL PROCEDURES	1	\$4,011	\$3,621
	138 SIMPLE URETHRAL PROCEDURES	9	\$1,197	\$1,570
08	MALE GENITAL SYSTEM	130	\$1,896	\$2,549
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	59	\$1,861	\$2,171
	152 INSERTION OF PENILE PROSTHESIS	2	\$10,343	\$13,411
	153 COMPLEX PENILE PROCEDURES	13	\$2,192	\$2,856
	154 SIMPLE PENILE PROCEDURES	53	\$1,564	\$1,466
	155 PROSTATE NEEDLE AND PUNCH BIOPSY	3	\$1,524	\$3,741
09	FEMALE GENITAL SYSTEM	194	\$2,507	\$2,961
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	20	\$3,987	\$4,273
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	81	\$2,756	\$2,362
	178 DILATION AND CURETTAGE	27	\$1,706	\$1,817
	179 HYSTEROSCOPY	66	\$2,080	\$3,360
10	NERVOUS SYSTEM	773	\$1,259	\$1,454
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	608	\$898	\$836
	196 REVISION AND REMOVAL OF NEUROLOGICAL DEVICE	5	\$2,625	\$5,633
	197 NEUROSTIMULATOR AND VENTRICULAR SHUNT IMPLANTATION	8	\$19,133	\$19,201
	198 NERVE REPAIR AND DESTRUCTION	126	\$1,861	\$2,095
	199 SPINAL TAP	26	\$1,019	\$1,172
11	EYE AND OCULAR ADNEXA	75	\$4,759	\$2,574
	213 LASER EYE PROCEDURES	2	\$3,063	\$642
	214 CATARACT PROCEDURES	1	\$5,240	\$2,790
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	1	\$4,419	\$2,228
	218 COMPLEX POSTERIOR SEGMENT EYE PROCEDURES	28	\$3,835	\$4,521
	219 SIMPLE POSTERIOR SEGMENT EYE PROCEDURES	2	\$3,509	\$2,589
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	5	\$1,663	\$3,198
	223 VITRECTOMY	36	\$6,067	\$4,907
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	183	\$2,660	\$1,992
	233 NASAL CAUTERIZATION AND PACKING	3	\$2,458	\$2,294
	234 COMPLEX FACIAL AND ENT PROCEDURES	73	\$4,048	\$3,775
	235 SIMPLE FACIAL AND ENT PROCEDURES	87	\$1,659	\$1,425

AMB ST 1-5
 UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 PROCEDURE APG CATEGORY, PROCEDURE APG, SINGLE APG ONLY
 BASED ON REPORTABLE* CPT-4 PROCEDURES

141 McKay Dee Hospital Center

procedure APG category	Procedure APG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
	236 TONSIL AND ADENOID PROCEDURES	20	\$1,982	\$1,795
13	THERAPUTIC AND OTHER RADIOLOGICAL PROCEDURES	6	\$14,128	\$1,931
	253 VASCULAR RADIOLOGY EXCEPT FOR VENOGRAPHY OF EXTREMITY	5	\$16,867	\$5,014
	255 MISCELLANEOUS RADIOLOGICAL PROCEDURES WITH CONTRAST	1	\$428	\$1,346

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

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

141 McKay Dee Hospital Center

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
GENDER				
Female	7,340	56.1	107,216	54.5
Male	5,751	43.9	89,560	45.5
Unknown	0	0.0	2	0.0
Not Reported	0	0.0	0	0.0
AGE				
1-28 days	3	0.0	199	0.1
29-365 days	13	0.1	2,895	1.5
1-4 years	154	1.2	10,718	5.4
5-9	121	0.9	6,003	3.1
10-14	175	1.3	4,605	2.3
15-17	249	1.9	4,474	2.3
18-19	239	1.8	3,608	1.8
20-24	871	6.7	10,974	5.6
25-29	882	6.7	11,529	5.9
30-34	801	6.1	10,974	5.6
35-39	801	6.1	11,089	5.6
40-44	1,129	8.6	13,913	7.1
45-49	1,198	9.2	15,367	7.8
50-54	1,559	11.9	18,693	9.5
55-59	1,185	9.1	16,175	8.2
60-64	1,047	8.0	13,797	7.0
65-69	887	6.8	12,250	6.2
70-74	692	5.3	11,038	5.6
75-79	579	4.4	9,345	4.7
80-84	352	2.7	5,890	3.0
85-89	111	0.8	2,520	1.3
90 +	43	0.3	720	0.4
Not Reported	3	0.0	201	0.1
SOURCE OF ADMISSION				
Physician Referral	12,375	94.5	176,073	89.5
Clinic Referral	177	1.4	2,347	1.2
HMO Referral	0	0.0	119	0.1
Other Hospital	4	0.0	71	0.0
Skilled Nursing Facility	8	0.1	21	0.0
Other Health Care Facility	5	0.0	26	0.0
Emergency Room	522	4.0	3,467	1.8
Court/Law Enforcement	0	0.0	3	0.0
Unknown	0	0.0	3,359	1.7
Not Reported	0	0.0	11,292	5.7

(Continued)

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

141 McKay Dee Hospital Center

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	13,036	99.6	196,083	99.6
Another Hospital	2	0.0	125	0.1
Skilled Nursing Facility	5	0.0	72	0.0
Intermediate Care Facility	0	0.0	9	0.0
Another Type of Institution	4	0.0	44	0.0
Under Care of Home Service	10	0.1	103	0.1
Left Against Medical Advice	2	0.0	17	0.0
Under Care of Home IV Provider	0	0.0	5	0.0
Expired	1	0.0	16	0.0
Unknown	31	0.2	304	0.2
Not Reported	0	0.0	0	0.0
PRIMARY PAYER				
Medicare	2,674	20.4	42,451	21.6
Medicaid	715	5.5	13,275	6.7
Other government	486	3.7	3,257	1.7
Blue Cross/Blue Shield	852	6.5	27,366	13.9
Other Commercial	772	5.9	17,254	8.8
Managed Care(HMO, PPO)	7,059	53.9	84,762	43.1
Self Pay	287	2.2	3,009	1.5
Industrial & Worker Comp	202	1.5	4,001	2.0
Charity and Unclassified	5	0.0	106	0.1
Childrens Health Insurance	14	0.1	258	0.1
Unknown	25	0.2	964	0.5
Not Reported	0	0.0	75	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	667	5.1	13,556	6.9
Central Utah	11	0.1	6,602	3.4
Davis County	3,004	22.9	21,257	10.8
Salt Lake County	92	0.7	68,961	35.0
Southeastern Utah	1	0.0	4,049	2.1
Southwest Utah	15	0.1	11,167	5.7
Summit County	46	0.4	2,258	1.1
Tooele County	2	0.0	3,742	1.9
Tri-County	9	0.1	5,041	2.6
Utah County	24	0.2	32,261	16.4
Wasatch County	8	0.1	1,500	0.8
Weber County	8,898	68.0	17,573	8.9
Unknown Utah	8	0.1	60	0.0
Outside Utah	304	2.3	8,682	4.4
Unknown, Not Reported	2	0.0	69	0.0

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

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

137 Mountain View Hospital

Reporting Category(ICD-9-CM CODES)	Procedures Performed		Procedures Performed-All Hospitals	
	(#)	(%)	(#)	(%)
Reporting Category(ICD-9-CM CODES)	4,827	100.0	288,895	100.0
Mastectomy (85.0-85.99)	117	2.4	6,818	2.4
Musculoskeletal (76.0-84.99)	1,091	22.6	60,015	20.8
Respiratory (30.0-34.99)	27	0.6	2,981	1.0
Cardiovascular (35.0-39.99)	145	3.0	15,622	5.4
Lymphatic/Hemetic (40.0-41.99)	15	0.3	2,260	0.8
Digestive System (42.0-54.99)	1,620	33.6	90,070	31.2
Urinary (55.0-59.99)	156	3.2	8,063	2.8
Male Genital (60.0-64.99)	36	0.7	3,587	1.2
Female Genital (65.0-71.99)	224	4.6	13,770	4.8
Endocrine/Nervous (01.0-07.99)	385	8.0	22,387	7.7
Eye (08.0-16.99)	84	1.7	19,254	6.7
Ear (18.0-20.99)	366	7.6	15,474	5.4
Nose, Mouth, Pharynx (21.0-29.99)	561	11.6	28,594	9.9
Reporting Category(CPT-4 CODES)	5,621	100.0	264,491	100.0
Mastectomy (19120-19220)	34	0.6	3,203	1.2
Musculoskeletal (20000-29909)	1,246	22.2	54,392	20.6
Respiratory (30000-32999 & 39501-39599)	360	6.4	12,829	4.9
Cardiovascular (33010-37799 & 93501-93660)	754	13.4	34,097	12.9
Lymphatic/Hemetic (38100-38999)	15	0.3	2,304	0.9
Digestive (40490-49999)	1,816	32.3	94,766	35.8
Urinary (50010-53899)	235	4.2	8,849	3.3
Male Genital (54000-55899)	30	0.5	3,229	1.2
Female Genital (56405-58999)	197	3.5	10,000	3.8
Endocrine/Nervous (60000-64999)	541	9.6	20,833	7.9
Eye (65091-68899)	39	0.7	11,183	4.2
Ear (69000-69979)	354	6.3	8,806	3.3

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics.

Reportable* excludes codes in the former "Other" category in previous reports.

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES

137 Mountain View Hospital

ICD-9 CODE	ICD-9 DESCRIPTION	#	%	% ALL Hospitals
All ICD-9 Procedures		4,827	100.0	100.0
4523	COLONOSCOPY	445	9.2	6.06
2001	MYRINGOTOMY W/INSRT TUBE	317	6.6	4.36
4513	OTH ENDO SM INTESTINE	312	6.5	2.14
8086	OTH LOC EXC/DESTRUC JT LES-KNEE	177	3.7	1.30
806	EXC SEMILUNAR CARTILAGE-KNEE	173	3.6	1.79
4542	ENDO POLYPECTOMY LG INTESTINE	155	3.2	3.38
283	TONSILLECTOMY W/ADENOIDECTOMY	150	3.1	1.86
0392	INJ OTH AGENT SPINAL CANAL	112	2.3	2.43
5123	LAP CHOLEY	103	2.1	2.06
0391	INJ ANES SPINAL CANAL-ANALGESIA	98	2.0	1.75
4292	DILAT ESOPH	89	1.8	1.33
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	88	1.8	5.16
8183	OTH REPR SHLDR	87	1.8	0.81
3722	LT HEART CARD CATH	78	1.6	1.22
2169	OTH TURBINECTOMY	69	1.4	0.75
8363	ROTATOR CUFF REPR	68	1.4	0.53
8081	OTH LOC EXC/DESTRUC JT LES-SHLDR	54	1.1	0.41
2188	OTH SEPTOPLASTY	53	1.1	0.61
282	TONSILLECTOMY WO ADENOIDECTOMY	53	1.1	0.67
4525	CLO [ENDO] BX LG INTESTINE	51	1.1	2.27

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		5,621	100.0	100.0
45378	COLONOSCOPY FLEX; DX-SEP PROC	445	7.9	6.06
69436	TYMPANOSTOMY GENERAL ANESTHESIA	317	5.6	2.51
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	224	4.0	1.45
64476	INJ ANES FACET JT; LUMB/SAC-EA A	187	3.3	0.41
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	165	2.9	3.55
36000	INTRO NEEDLE/INTRACATHETER VEIN	147	2.6	0.72
29881	SCOPE KNEE SURG;W/MENISCECT MED/	146	2.6	1.52
29877	SCOPE KNEE SURG; DEBRID/SHAVE CA	132	2.3	1.18
42820	T&A; UNDER AGE 12	127	2.3	1.60
64475	INJ ANES FACET JT; LUMB/SAC-1LEV	106	1.9	0.34
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	100	1.8	1.34
29826	SCOPE SHOULDER; DECOMP SUBACROM	99	1.8	0.88
23350	INJ SHLDR ARTHROGRPH/ENHNCD CT/M	91	1.6	0.17
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	88	1.6	0.78
43239	UGI ENDO; W/BX 1/MX	87	1.5	5.28
93543	INJ PROC-CATH; LT VENT/ATRIAL AN	84	1.5	1.18
93545	INJ PROC-CATH; SELECT CORONRY AN	84	1.5	1.26
93555	IMAG SUPERVS I&R-CATH; VENT/ATRI	83	1.5	0.99
93510	LT HRT CATH RETRO-BRACH/FEM; PER	82	1.5	1.00
93556	IMAG SUPERVS I&R-CATH; PULM ANGI	78	1.4	1.16

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

Reportable* excludes codes in the former "Other" category in previous reports.

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 AVERAGE TOTAL CHARGES FOR MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES, SINGLE ICD-9 OR CPT-4 ONLY

137 Mountain View Hospital

ICD-9 CODE	ICD-9 DESCRIPTION	#	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
ICD-9 Procedures		2,412	\$2,802	\$2,542
4523	COLONOSCOPY	402	\$713	\$849
4513	OTH ENDO SM INTESTINE	184	\$777	\$917
4542	ENDO POLYPECTOMY LG INTESTINE	124	\$939	\$1,101
283	TONSILLECTOMY W/ADENOIDECTOMY	108	\$2,462	\$1,740
5123	LAP CHOLEY	91	\$5,540	\$5,170
3722	LT HEART CARD CATH	78	\$5,922	\$5,595
806	EXC SEMILUNAR CARTILAGE-KNEE	58	\$3,149	\$3,679
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	49	\$811	\$1,037
8511	CLO [PERCUT] [NEEDLE] BX BREAST	45	\$1,029	\$1,046
8086	OTH LOC EXC/DESTRUC JT LES-KNEE	43	\$3,104	\$3,394
6952	ASPIR CURET FOLLOWING DELIV/AB	40	\$2,424	\$1,938
8183	OTH REPR SHLDR	38	\$5,585	\$5,229
5303	UNILAT REPR DIRECT ING HERN-GFT	33	\$4,378	\$3,243
5305	UNILAT REPR ING HERN-GFT-NOS	32	\$3,907	\$3,477
031	DIVIS INTRASPINAL NERV ROOT	31	\$2,942	\$2,298
4525	CLO [ENDO] BX LG INTESTINE	31	\$1,016	\$1,172
8363	ROTATOR CUFF REPR	31	\$6,892	\$6,202
4701	LAP APPENDECTOMY	28	\$8,173	\$6,389
282	TONSILLECTOMY WO ADENOIDECTOMY	27	\$2,686	\$2,010
8192	INJ THERAP SUBSTANCE JT/LIGAMNT	26	\$1,010	\$805

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
CPT-4 Procedures		2,705	\$2,464	\$2,284
45378	COLONOSCOPY FLEX; DX-SEP PROC	402	\$713	\$818
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	177	\$748	\$822
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	146	\$963	\$1,059
36000	INTRO NEEDLE/INTRACATHETER VEIN	118	\$2,355	\$7,892
29881	SCOPE KNEE SURG;W/MENISCECT MED/	90	\$3,169	\$3,303
23350	INJ SHLDR ARTHROGRPH/ENHNCD CT/M	89	\$1,037	\$1,673
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	88	\$5,540	\$5,262
42820	T&A; UNDER AGE 12	86	\$2,371	\$1,662
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	61	\$1,083	\$1,278
29877	SCOPE KNEE SURG; DEBRID/SHAVE CA	51	\$3,082	\$3,093
43239	UGI ENDO; W/BX 1/MX	49	\$811	\$1,035
66984	EXTRACAPSULAR CATARACT REMV IOL	38	\$2,368	\$2,786
45380	COLONOSCOPY FLEX; W/BX 1/MX	34	\$924	\$1,174
58340	CATH&INTRO-CONTRST HYSTROSON/SLP	32	\$546	\$631
51600	INJ PROC-CYSTOGRAPHY	31	\$754	\$958
49650	LAPARSCPY SURG; REPR INIT ING HE	29	\$5,209	\$4,582
36430	TRANSFUSION BLOOD/BLOOD COMPONEN	27	\$1,218	\$2,084
19120	EXC BRST CYST TUMR/LES OPN M/F 1	26	\$3,104	\$2,212
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	26	\$2,692	\$2,065
20610	ARTHROCENTESIS ASPIR&/INJ; MAJ J	25	\$999	\$659

SOURCE: Utah Ambulatory Surgery Database
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UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

137 Mountain View Hospital

Procedure APG category	Procedure APG	TOTAL #	TOTAL # (ALL Hospitals)
01	INTEGUMENTARY SYSTEM	81	8,392
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	17	2,819
	003 COMPLEX INCISION AND DRAINAGE	2	75
	004 SIMPLE INCISION AND DRAINAGE	2	29
	006 SIMPLE DEBRIDEMENT AND DESTRUCTION	2	125
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	12	1,059
	008 SIMPLE EXCISION AND BIOPSY	12	893
	011 SIMPLE INCISION AND EXCISION OF BREAST	32	2,817
	012 BREAST RECONSTRUCTION AND MASTECTOMY	2	386
02	MUSCULOSKELETAL SYSTEM	1,079	48,493
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	130	6,083
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	30	1,938
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	11	1,829
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	82	10,165
	025 ARTHROSCOPY	679	20,364
	026 REPLACEMENT OF CAST	2	51
	027 SPLINT, STRAPPING AND CAST REMOVAL	16	98
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	10	611
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	43	3,214
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	22	397
	032 BUNION PROCEDURES	9	1,475
	033 ARTHROPLASTY	2	486
	034 HAND AND FOOT TENOTOMY	4	234
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	39	1,499
03	RESPIRATORY SYSTEM	178	6,895
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	25	706
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	145	4,493
	054 SIMPLE ENDOSCOPY OF THE UPPER AIRWAY	7	334
	055 ENDOSCOPY OF THE LOWER AIRWAY	1	1,362
04	CARDIOVASCULAR SYSTEM	520	25,643
	075 PLACEMENT OF TRANSVENOUS CATHETERS	18	750
	076 DIAGNOSTIC CARDIAC CATHETERIZATION	442	17,680
	077 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	14	1,469
	078 PACEMAKER INSERTION AND REPLACEMENT	16	517
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	15	714
	080 MINOR VASCULAR REPAIR AND FISTULA CONSTRUCTION	14	1,407
	081 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	1	273
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	59	2,342
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	22	1,515
	097 TRANSFUSION	37	792
06	DIGESTIVE SYSTEM	1,568	82,913
	112 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	1	1,137
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	20	832
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	4	336
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	312	17,918
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	119	4,477

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

137 Mountain View Hospital

procedure APG category	procedure APG	TOTAL #	TOTAL # (ALL Hospitals)
	117 LOWER GASTROINTESTINAL ENDOSCOPY	675	33,312
	118 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	5	1,553
	119 HERNIA AND HYDROCELE PROCEDURES	108	6,781
	120 COMPLEX ANAL AND RECTAL PROCEDURES	12	911
	121 SIMPLE ANAL AND RECTAL PROCEDURES	4	544
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	8	516
	123 COMPLEX LAPAROSCOPIC PROCEDURES	282	14,187
	124 SIMPLE LAPAROSCOPIC PROCEDURES	18	205
07	URINARY SYSTEM	184	7,406
	133 URINARY CATHETERIZATION AND DILATATION	23	331
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	75	3,121
	135 MODERATE CYSTOURETHROSCOPY	61	2,378
	136 SIMPLE CYSTOURETHROSCOPY	21	623
	137 COMPLEX URETHRAL PROCEDURES	1	117
	138 SIMPLE URETHRAL PROCEDURES	3	106
08	MALE GENITAL SYSTEM	29	2,988
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	14	1,293
	152 INSERTION OF PENILE PROSTHESIS	2	72
	153 COMPLEX PENILE PROCEDURES	4	416
	154 SIMPLE PENILE PROCEDURES	7	901
	155 PROSTATE NEEDLE AND PUNCH BIOPSY	2	306
09	FEMALE GENITAL SYSTEM	104	5,316
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	14	1,138
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	34	1,162
	178 DILATION AND CURETTAGE	18	831
	179 HYSTEROSCOPY	37	2,031
	180 COLPOSCOPY	1	153
10	NERVOUS SYSTEM	513	17,622
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	436	11,950
	196 REVISION AND REMOVAL OF NEUROLOGICAL DEVICE	1	165
	197 NEUROSTIMULATOR AND VENTRICULAR SHUNT IMPLANTATION	9	461
	198 NERVE REPAIR AND DESTRUCTION	51	4,478
	199 SPINAL TAP	16	568
11	EYE AND OCULAR ADNEXA	39	10,930
	214 CATARACT PROCEDURES	38	4,649
	216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	1	351
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	835	29,079
	233 NASAL CAUTERIZATION AND PACKING	17	218
	234 COMPLEX FACIAL AND ENT PROCEDURES	106	5,162
	235 SIMPLE FACIAL AND ENT PROCEDURES	490	15,442
	236 TONSIL AND ADENOID PROCEDURES	222	8,217
13	THERAPUTIC AND OTHER RADIOLOGICAL PROCEDURES	200	3,748
	253 VASCULAR RADIOLOGY EXCEPT FOR VENOGRAPHY OF EXTREMITY	24	1,528
	254 MYELOGRAPHY	8	431
	255 MISCELLANEOUS RADIOLOGICAL PROCEDURES WITH CONTRAST	168	1,787

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, 2003
 PROCEDURE APG CATEGORY, PROCEDURE APG, SINGLE APG ONLY
 BASED ON REPORTABLE* CPT-4 PROCEDURES

137 Mountain View Hospital

Procedure APG category	Procedure APG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
01	INTEGUMENTARY SYSTEM	63	\$2,699	\$2,329
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	17	\$1,143	\$1,821
	003 COMPLEX INCISION AND DRAINAGE	1	\$1,070	\$2,503
	006 SIMPLE DEBRIDEMENT AND DESTRUCTION	1	\$3,450	\$1,996
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	9	\$3,862	\$2,689
	008 SIMPLE EXCISION AND BIOPSY	7	\$3,540	\$2,380
	011 SIMPLE INCISION AND EXCISION OF BREAST	26	\$3,104	\$2,426
	012 BREAST RECONSTRUCTION AND MASTECTOMY	2	\$2,924	\$4,376
02	MUSCULOSKELETAL SYSTEM	476	\$3,614	\$3,320
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	66	\$4,844	\$4,704
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	14	\$3,022	\$3,131
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	34	\$2,572	\$2,294
	025 ARTHROSCOPY	264	\$3,897	\$3,776
	026 REPLACEMENT OF CAST	2	\$2,329	\$1,876
	027 SPLINT, STRAPPING AND CAST REMOVAL	11	\$946	\$524
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	7	\$2,470	\$2,528
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	28	\$4,934	\$3,911
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	17	\$1,888	\$2,240
	032 BUNION PROCEDURES	2	\$3,456	\$3,144
	033 ARTHROPLASTY	1	\$3,715	\$4,649
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	30	\$955	\$679
03	RESPIRATORY SYSTEM	37	\$2,102	\$1,669
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	23	\$1,243	\$957
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	11	\$3,755	\$2,885
	054 SIMPLE ENDOSCOPY OF THE UPPER AIRWAY	2	\$1,885	\$994
	055 ENDOSCOPY OF THE LOWER AIRWAY	1	\$4,092	\$1,724
04	CARDIOVASCULAR SYSTEM	39	\$6,837	\$4,966
	075 PLACEMENT OF TRANSVENOUS CATHETERS	14	\$1,607	\$2,141
	076 DIAGNOSTIC CARDIAC CATHETERIZATION	1	\$700	\$4,944
	077 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	3	\$6,646	\$10,655
	078 PACEMAKER INSERTION AND REPLACEMENT	7	\$24,760	\$18,642
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	5	\$2,669	\$2,283
	080 MINOR VASCULAR REPAIR AND FISTULA CONSTRUCTION	9	\$4,096	\$3,673
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	46	\$2,298	\$3,010
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	19	\$3,832	\$3,705
	097 TRANSFUSION	27	\$1,218	\$2,084
06	DIGESTIVE SYSTEM	1,245	\$1,910	\$1,825
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	18	\$697	\$729
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	4	\$696	\$862
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	227	\$762	\$987
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	85	\$1,092	\$1,381
	117 LOWER GASTROINTESTINAL ENDOSCOPY	590	\$791	\$956
	118 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	1	\$2,692	\$2,679
	119 HERNIA AND HYDROCELE PROCEDURES	74	\$3,809	\$2,876
	120 COMPLEX ANAL AND RECTAL PROCEDURES	10	\$2,647	\$2,344

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 PROCEDURE APG CATEGORY, PROCEDURE APG, SINGLE APG ONLY
 BASED ON REPORTABLE* CPT-4 PROCEDURES

137 Mountain View Hospital

procedure APG category	Procedure APG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
	121 SIMPLE ANAL AND RECTAL PROCEDURES	3	\$1,741	\$1,854
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	7	\$1,081	\$2,435
	123 COMPLEX LAPAROSCOPIC PROCEDURES	210	\$5,221	\$4,923
	124 SIMPLE LAPAROSCOPIC PROCEDURES	16	\$13,079	\$10,668
07	URINARY SYSTEM	68	\$2,961	\$3,713
	133 URINARY CATHETERIZATION AND DILATATION	12	\$2,675	\$2,727
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	17	\$3,663	\$3,653
	135 MODERATE CYSTOURETHROSCOPY	23	\$2,810	\$2,892
	136 SIMPLE CYSTOURETHROSCOPY	13	\$2,134	\$1,768
	137 COMPLEX URETHRAL PROCEDURES	1	\$9,895	\$3,621
	138 SIMPLE URETHRAL PROCEDURES	2	\$2,360	\$1,570
08	MALE GENITAL SYSTEM	14	\$6,046	\$2,549
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	5	\$4,219	\$2,171
	152 INSERTION OF PENILE PROSTHESIS	2	\$16,214	\$13,411
	153 COMPLEX PENILE PROCEDURES	3	\$7,155	\$2,856
	154 SIMPLE PENILE PROCEDURES	2	\$2,407	\$1,466
	155 PROSTATE NEEDLE AND PUNCH BIOPSY	2	\$2,419	\$3,741
09	FEMALE GENITAL SYSTEM	62	\$3,077	\$2,961
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	7	\$5,405	\$4,273
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	30	\$2,750	\$2,362
	178 DILATION AND CURETTAGE	13	\$2,347	\$1,817
	179 HYSTEROSCOPY	12	\$3,325	\$3,360
10	NERVOUS SYSTEM	84	\$3,340	\$1,454
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	33	\$1,070	\$836
	196 REVISION AND REMOVAL OF NEUROLOGICAL DEVICE	1	\$1,835	\$5,633
	197 NEUROSTIMULATOR AND VENTRICULAR SHUNT IMPLANTATION	9	\$18,142	\$19,201
	198 NERVE REPAIR AND DESTRUCTION	27	\$2,219	\$2,095
	199 SPINAL TAP	14	\$1,445	\$1,172
11	EYE AND OCULAR ADNEXA	39	\$2,358	\$2,574
	214 CATARACT PROCEDURES	38	\$2,368	\$2,790
	216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	1	\$1,962	\$1,881
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	193	\$2,820	\$1,992
	233 NASAL CAUTERIZATION AND PACKING	5	\$2,387	\$2,294
	234 COMPLEX FACIAL AND ENT PROCEDURES	27	\$4,969	\$3,775
	235 SIMPLE FACIAL AND ENT PROCEDURES	28	\$2,368	\$1,425
	236 TONSIL AND ADENOID PROCEDURES	133	\$2,494	\$1,795
13	THERAPUTIC AND OTHER RADIOLOGICAL PROCEDURES	174	\$986	\$1,931
	253 VASCULAR RADIOLOGY EXCEPT FOR VENOGRAPHY OF EXTREMITY	4	\$4,723	\$5,014
	254 MYELOGRAPHY	8	\$1,601	\$2,518
	255 MISCELLANEOUS RADIOLOGICAL PROCEDURES WITH CONTRAST	162	\$864	\$1,346

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, 2003
 NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

137 Mountain View Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
GENDER				
Female	2,118	54.3	107,216	54.5
Male	1,784	45.7	89,560	45.5
Unknown	0	0.0	2	0.0
Not Reported	0	0.0	0	0.0
AGE				
1-28 days	3	0.1	199	0.1
29-365 days	64	1.6	2,895	1.5
1-4 years	171	4.4	10,718	5.4
5-9	102	2.6	6,003	3.1
10-14	83	2.1	4,605	2.3
15-17	122	3.1	4,474	2.3
18-19	89	2.3	3,608	1.8
20-24	199	5.1	10,974	5.6
25-29	206	5.3	11,529	5.9
30-34	195	5.0	10,974	5.6
35-39	207	5.3	11,089	5.6
40-44	269	6.9	13,913	7.1
45-49	269	6.9	15,367	7.8
50-54	299	7.7	18,693	9.5
55-59	277	7.1	16,175	8.2
60-64	273	7.0	13,797	7.0
65-69	315	8.1	12,250	6.2
70-74	269	6.9	11,038	5.6
75-79	254	6.5	9,345	4.7
80-84	154	3.9	5,890	3.0
85-89	58	1.5	2,520	1.3
90 +	24	0.6	720	0.4
Not Reported	3	0.1	201	0.1
SOURCE OF ADMISSION				
Physician Referral	3,697	94.7	176,073	89.5
Clinic Referral	0	0.0	2,347	1.2
HMO Referral	0	0.0	119	0.1
Other Hospital	0	0.0	71	0.0
Skilled Nursing Facility	1	0.0	21	0.0
Other Health Care Facility	1	0.0	26	0.0
Emergency Room	203	5.2	3,467	1.8
Court/Law Enforcement	0	0.0	3	0.0
Unknown	0	0.0	3,359	1.7
Not Reported	0	0.0	11,292	5.7

(Continued)

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

137 Mountain View Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	3,890	99.7	196,083	99.6
Another Hospital	2	0.1	125	0.1
Skilled Nursing Facility	2	0.1	72	0.0
Intermediate Care Facility	1	0.0	9	0.0
Another Type of Institution	0	0.0	44	0.0
Under Care of Home Service	7	0.2	103	0.1
Left Against Medical Advice	0	0.0	17	0.0
Under Care of Home IV Provider	0	0.0	5	0.0
Expired	0	0.0	16	0.0
Unknown	0	0.0	304	0.2
Not Reported	0	0.0	0	0.0
PRIMARY PAYER				
Medicare	1,099	28.2	42,451	21.6
Medicaid	361	9.3	13,275	6.7
Other government	59	1.5	3,257	1.7
Blue Cross/Blue Shield	778	19.9	27,366	13.9
Other Commercial	323	8.3	17,254	8.8
Managed Care(HMO, PPO)	1,098	28.1	84,762	43.1
Self Pay	72	1.8	3,009	1.5
Industrial & Worker Comp	89	2.3	4,001	2.0
Charity and Unclassified	3	0.1	106	0.1
Childrens Health Insurance	0	0.0	258	0.1
Unknown	20	0.5	964	0.5
Not Reported	0	0.0	75	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	1	0.0	13,556	6.9
Central Utah	585	15.0	6,602	3.4
Davis County	5	0.1	21,257	10.8
Salt Lake County	31	0.8	68,961	35.0
Southeastern Utah	132	3.4	4,049	2.1
Southwest Utah	16	0.4	11,167	5.7
Summit County	2	0.1	2,258	1.1
Tooele County	2	0.1	3,742	1.9
Tri-County	9	0.2	5,041	2.6
Utah County	3,084	79.0	32,261	16.4
Wasatch County	4	0.1	1,500	0.8
Weber County	3	0.1	17,573	8.9
Unknown Utah	1	0.0	60	0.0
Outside Utah	27	0.7	8,682	4.4
Unknown, Not Reported	0	0.0	69	0.0

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

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

133 Mountain West Medical Center (formerly Tooele Valley)

Reporting Category(ICD-9-CM CODES)	Procedures Performed		Procedures Performed-All Hospitals	
	(#)	(%)	(#)	(%)
Reporting Category(ICD-9-CM CODES)	1,595	100.0	288,895	100.0
Mastectomy (85.0-85.99)	14	0.9	6,818	2.4
Musculoskeletal (76.0-84.99)	348	21.8	60,015	20.8
Respiratory (30.0-34.99)	0	0.0	2,981	1.0
Cardiovascular (35.0-39.99)	13	0.8	15,622	5.4
Lymphatic/Hemetic (40.0-41.99)	1	0.1	2,260	0.8
Digestive System (42.0-54.99)	432	27.1	90,070	31.2
Urinary (55.0-59.99)	92	5.8	8,063	2.8
Male Genital (60.0-64.99)	58	3.6	3,587	1.2
Female Genital (65.0-71.99)	174	10.9	13,770	4.8
Endocrine/Nervous (01.0-07.99)	150	9.4	22,387	7.7
Eye (08.0-16.99)	280	17.6	19,254	6.7
Ear (18.0-20.99)	15	0.9	15,474	5.4
Nose, Mouth, Pharynx (21.0-29.99)	18	1.1	28,594	9.9
Reporting Category(CPT-4 CODES)	1,034	100.0	264,491	100.0
Mastectomy (19120-19220)	7	0.7	3,203	1.2
Musculoskeletal (20000-29909)	292	28.2	54,392	20.6
Respiratory (30000-32999 & 39501-39599)	1	0.1	12,829	4.9
Cardiovascular (33010-37799 & 93501-93660)	17	1.6	34,097	12.9
Lymphatic/Hemetic (38100-38999)	1	0.1	2,304	0.9
Digestive (40490-49999)	177	17.1	94,766	35.8
Urinary (50010-53899)	86	8.3	8,849	3.3
Male Genital (54000-55899)	47	4.5	3,229	1.2
Female Genital (56405-58999)	125	12.1	10,000	3.8
Endocrine/Nervous (60000-64999)	127	12.3	20,833	7.9
Eye (65091-68899)	147	14.2	11,183	4.2
Ear (69000-69979)	7	0.7	8,806	3.3

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics.

Reportable* excludes codes in the former "Other" category in previous reports.

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES

133 Mountain West Medical Center (formerly Tooele Valley)

ICD-9 CODE	ICD-9 DESCRIPTION	#	%	% ALL Hospitals
All ICD-9 Procedures		1,595	100.0	100.0
1341	PHACOEMULSIFICATION-ASPIR CATARACT	132	8.3	1.57
1371	IOL PROSTH-CATARACT EXTRACT-1-STAGE	132	8.3	1.60
4523	COLONOSCOPY	92	5.8	6.06
0392	INJ OTH AGENT SPINAL CANAL	57	3.6	2.43
5123	LAP CHOLEY	56	3.5	2.06
0391	INJ ANES SPINAL CANAL-ANALGESIA	50	3.1	1.75
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	47	2.9	5.16
4525	CLO [ENDO] BX LG INTESTINE	39	2.4	2.27
8026	ARTHSCPY-KNEE	35	2.2	1.58
806	EXC SEMILUNAR CARTILAGE-KNEE	34	2.1	1.79
4542	ENDO POLYPECTOMY LG INTESTINE	32	2.0	3.38
5732	OTH CYSTOSCOPY	29	1.8	0.59
640	CIRCUMCISION	29	1.8	0.30
4513	OTH ENDO SM INTESTINE	23	1.4	2.14
6812	HYSTEROSCOPY	20	1.3	0.29
6902	D&C FOLLOWING DELIV/AB	20	1.3	0.24
5421	LAPAROSCOPY	18	1.1	0.71
6823	ENDOMETRIAL ABLATION	18	1.1	0.40
5304	UNILAT REPR INDIRECT ING HERN-GFT	17	1.1	0.52
6525	OTH LAP LOC EXC/DESTRUC OVARY	16	1.0	0.23

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		1,034	100.0	100.0
66984	EXTRACAPSULAR CATARACT REMV IOL	135	13.1	1.67
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	75	7.3	1.44
47562	LAPAROSCOPY SURGICAL; CHOLECT	47	4.5	0.84
49505	REPR INIT ING HERNIA 5YR/MORE; R	31	3.0	1.06
29881	SCOPE KNEE SURG;W/MENISCECT MED/	29	2.8	1.52
58662	LAP SURG; W/FULG/EXCIS LES-OVARY	25	2.4	0.62
20680	REMOVAL OF IMPLANT; DEEP	17	1.6	0.81
52005	CYSTOURETHROSCOPY W/URETERAL CAT	17	1.6	0.42
54161	CIRC NO CLAMP/DORSL SLIT; NOT N	14	1.4	0.24
58558	HYSTEROSCPY SURG; W/BX &/ POLYPE	14	1.4	0.40
58563	HYSTEROSC SURG; W/ENDOMETRIAL AB	13	1.3	0.31
26055	TENDON SHEATH INCISION	12	1.2	0.40
49587	REPR UMBIL HERNIA 5YR/OVER; INCA	12	1.2	0.12
23130	ACROMPLSTY/ACROMNECT PART W/WO R	11	1.1	0.06
52332	CYSTOURETHROSCOPY W/INSRT STENT	11	1.1	0.46
62290	INJ PROC DISKOGRAPHY EA LEVL; LU	11	1.1	0.05
36489	PLCMT CNTRL VENUS CATH; PERQ > 2	10	1.0	0.26
49320	LAP-ABD DX-W/WO SPECMN-SEP PROC	10	1.0	0.27
49585	REPR UMBIL HERNIA 5YR/OVER; RDUK	10	1.0	0.30
57288	SLING OPERATION STRESS INCONTINE	10	1.0	0.15

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

Reportable* excludes codes in the former "Other" category in previous reports.

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 AVERAGE TOTAL CHARGES FOR MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES, SINGLE ICD-9 OR CPT-4 ONLY

133 Mountain West Medical Center (formerly Tooele Valley)

ICD-9 CODE	ICD-9 DESCRIPTION	#	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
ICD-9 Procedures		694	\$4,665	\$2,542
4523	COLONOSCOPY	86	\$3,966	\$849
5123	LAP CHOLEY	52	\$10,321	\$5,170
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	42	\$4,120	\$1,037
4525	CLO [ENDO] BX LG INTESTINE	27	\$4,437	\$1,172
640	CIRCUMCISION	27	\$1,171	\$1,442
0392	INJ OTH AGENT SPINAL CANAL	26	\$1,175	\$718
0391	INJ ANES SPINAL CANAL-ANALGESIA	23	\$1,160	\$1,300
4513	OTH ENDO SM INTESTINE	20	\$3,395	\$917
6902	D&C FOLLOWING DELIV/AB	20	\$2,986	\$2,179
5304	UNILAT REPR INDIRECT ING HERN-GFT	14	\$6,351	\$3,100
5303	UNILAT REPR DIRECT ING HERN-GFT	12	\$7,136	\$3,243
5349	OTH UMB HERNIORRHAPHY	12	\$4,417	\$2,307
4542	ENDO POLYPECTOMY LG INTESTINE	11	\$5,124	\$1,101
8201	EXPLOR TENDON SHEATH HAND	11	\$2,544	\$1,752
3893	VENOUS CATH-NEC	10	\$1,801	\$2,366
283	TONSILLECTOMY W/ADENOIDECTOMY	9	\$4,212	\$1,740
4824	CLO [ENDO] BX RECTUM	9	\$4,579	\$1,099
5341	REPR UMB HERN W/PROSTH	8	\$6,253	\$3,433
8051	EXC INTERVERTEBRAL DISC	8	\$8,552	\$5,993
8183	OTH REPR SHLDR	8	\$5,024	\$5,229

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
CPT-4 Procedures		668	\$4,601	\$2,284
66984	EXTRACAPSULAR CATARACT REMV IOL	135	\$3,292	\$2,786
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	72	\$1,094	\$767
47562	LAPAROSCOPY SURGICAL; CHOLECT	43	\$9,874	\$5,048
49505	REPR INIT ING HERNIA 5YR/MORE; R	24	\$6,607	\$3,015
29881	SCOPE KNEE SURG;W/MENISCECT MED/	16	\$5,470	\$3,303
20680	REMOVAL OF IMPLANT; DEEP	12	\$4,008	\$2,378
54161	CIRC NO CLAMP/DORSL SLIT; NOT N	12	\$1,807	\$1,752
26055	TENDON SHEATH INCISION	11	\$2,544	\$1,661
49587	REPR UMBIL HERNIA 5YR/OVER; INCA	10	\$5,401	\$3,079
36489	PLCMT CNTRL VENUS CATH; PERQ > 2	9	\$1,787	\$2,129
49585	REPR UMBIL HERNIA 5YR/OVER; RDUC	9	\$5,401	\$2,725
54160	CIRC NOT CLAMP DEVC/DORSL SLIT;	9	\$102	\$227
58558	HYSTEROSCPY SURG; W/BX &/ POLYPE	8	\$4,441	\$2,689
58671	LAP SURG; W/OCCLUS OVIDUCTS-DEVI	8	\$5,894	\$3,311
62290	INJ PROC DISKOGRAPHY EA LEVL; LU	8	\$4,615	\$3,546
58662	LAP SURG; W/FULG/EXCIS LES-OVARY	7	\$8,142	\$3,700
23130	ACROMPLSTY/ACROMNECT PART W/WO R	6	\$5,203	\$5,074
25611	PERQ FIX DIST RADIAL FX W/MANIP	6	\$5,733	\$3,803
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	6	\$12,779	\$5,262
52601	TURP INCL CONTRL POSTOP BLEED CM	6	\$7,889	\$4,206

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

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

133 Mountain West Medical Center (formerly Tooele Valley)

Procedure APG category	Procedure APG	TOTAL #	TOTAL # (ALL Hospitals)
01	INTEGUMENTARY SYSTEM	24	8,392
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	2	2,819
	003 COMPLEX INCISION AND DRAINAGE	1	75
	006 SIMPLE DEBRIDEMENT AND DESTRUCTION	1	125
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	3	1,059
	008 SIMPLE EXCISION AND BIOPSY	8	893
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRANGE	2	184
	011 SIMPLE INCISION AND EXCISION OF BREAST	7	2,817
02	MUSCULOSKELETAL SYSTEM	278	48,493
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	62	6,083
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	14	1,938
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	5	1,829
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	79	10,165
	025 ARTHROSCOPY	63	20,364
	026 REPLACEMENT OF CAST	2	51
	027 SPLINT, STRAPPING AND CAST REMOVAL	1	98
	028 CLOSED TREATMENT FX & DISLOCATION OF FINGER, TOE & TRUNK	1	49
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	11	611
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	21	3,214
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	1	397
	032 BUNION PROCEDURES	16	1,475
	034 HAND AND FOOT TENOTOMY	1	234
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	1	1,499
03	RESPIRATORY SYSTEM	3	6,895
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	3	706
04	CARDIOVASCULAR SYSTEM	15	25,643
	075 PLACEMENT OF TRANSVENOUS CATHETERS	11	750
	077 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	1	1,469
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	1	714
	080 MINOR VASCULAR REPAIR AND FISTULA CONSTRUCTION	2	1,407
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	2	2,342
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	1	1,515
	097 TRANSFUSION	1	792
06	DIGESTIVE SYSTEM	217	82,913
	117 LOWER GASTROINTESTINAL ENDOSCOPY	1	33,312
	119 HERNIA AND HYDROCELE PROCEDURES	72	6,781
	120 COMPLEX ANAL AND RECTAL PROCEDURES	3	911
	123 COMPLEX LAPAROSCOPIC PROCEDURES	141	14,187
07	URINARY SYSTEM	80	7,406
	131 RENAL EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	5	727
	133 URINARY CATHETERIZATION AND DILATATION	5	331
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	28	3,121
	135 MODERATE CYSTOURETHROSCOPY	29	2,378
	136 SIMPLE CYSTOURETHROSCOPY	9	623
	137 COMPLEX URETHRAL PROCEDURES	3	117
	138 SIMPLE URETHRAL PROCEDURES	1	106

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

133 Mountain West Medical Center (formerly Tooele Valley)

procedure APG category	procedure APG	TOTAL #	TOTAL # (ALL Hospitals)
08	MALE GENITAL SYSTEM	42	2,988
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	9	1,293
	152 INSERTION OF PENILE PROSTHESIS	1	72
	153 COMPLEX PENILE PROCEDURES	1	416
	154 SIMPLE PENILE PROCEDURES	28	901
	155 PROSTATE NEEDLE AND PUNCH BIOPSY	3	306
09	FEMALE GENITAL SYSTEM	63	5,316
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	17	1,138
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	10	1,162
	178 DILATION AND CURETTAGE	4	831
	179 HYSTEROSCOPY	30	2,031
	180 COLPOSCOPY	2	153
10	NERVOUS SYSTEM	105	17,622
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	82	11,950
	196 REVISION AND REMOVAL OF NEUROLOGICAL DEVICE	1	165
	198 NERVE REPAIR AND DESTRUCTION	17	4,478
	199 SPINAL TAP	5	568
11	EYE AND OCULAR ADNEXA	147	10,930
	213 LASER EYE PROCEDURES	6	932
	214 CATARACT PROCEDURES	136	4,649
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	2	475
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	3	793
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	23	29,079
	233 NASAL CAUTERIZATION AND PACKING	1	218
	235 SIMPLE FACIAL AND ENT PROCEDURES	6	15,442
	236 TONSIL AND ADENOID PROCEDURES	16	8,217
13	THERAPUTIC AND OTHER RADIOLOGICAL PROCEDURES	13	3,748
	254 MYELOGRAPHY	11	431
	255 MISCELLANEOUS RADIOLOGICAL PROCEDURES WITH CONTRAST	2	1,787

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

Reportable* excludes codes in the former "Other" category in previous reports.

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 PROCEDURE APG CATEGORY, PROCEDURE APG, SINGLE APG ONLY
 BASED ON REPORTABLE* CPT-4 PROCEDURES

133 Mountain West Medical Center (formerly Tooele Valley)

Procedure APG category	Procedure APG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
01	INTEGUMENTARY SYSTEM	16	\$3,522	\$2,329
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	2	\$3,140	\$1,821
	006 SIMPLE DEBRIDEMENT AND DESTRUCTION	1	\$3,838	\$1,996
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	3	\$5,719	\$2,689
	008 SIMPLE EXCISION AND BIOPSY	4	\$2,297	\$2,380
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRAN	1	\$3,562	\$2,990
	011 SIMPLE INCISION AND EXCISION OF BREAST	5	\$3,267	\$2,426
02	MUSCULOSKELETAL SYSTEM	148	\$5,372	\$3,320
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	26	\$6,709	\$4,704
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	7	\$4,082	\$3,131
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	2	\$5,183	\$3,886
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	54	\$3,695	\$2,294
	025 ARTHROSCOPY	27	\$7,631	\$3,776
	028 CLOSED TREATMENT FX & DISLOCATION OF FINGER, TOE & TRUNK	1	\$3,294	\$1,922
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	5	\$5,346	\$2,528
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	21	\$5,677	\$3,911
	032 BUNION PROCEDURES	5	\$5,365	\$3,144
03	RESPIRATORY SYSTEM	2	\$1,772	\$1,669
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	2	\$1,772	\$957
04	CARDIOVASCULAR SYSTEM	14	\$2,007	\$4,966
	075 PLACEMENT OF TRANSVENOUS CATHETERS	10	\$1,825	\$2,141
	077 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	1	\$2,567	\$10,655
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	1	\$2,677	\$2,283
	080 MINOR VASCULAR REPAIR AND FISTULA CONSTRUCTION	2	\$2,305	\$3,673
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	1	\$3,351	\$3,010
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	1	\$3,351	\$3,705
06	DIGESTIVE SYSTEM	131	\$7,804	\$1,825
	117 LOWER GASTROINTESTINAL ENDOSCOPY	1	\$2,341	\$956
	119 HERNIA AND HYDROCELE PROCEDURES	47	\$6,041	\$2,876
	120 COMPLEX ANAL AND RECTAL PROCEDURES	3	\$3,476	\$2,344
	123 COMPLEX LAPAROSCOPIC PROCEDURES	80	\$9,071	\$4,923
07	URINARY SYSTEM	19	\$7,407	\$3,713
	131 RENAL EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	4	\$7,283	\$6,705
	133 URINARY CATHETERIZATION AND DILATATION	2	\$3,383	\$2,727
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	7	\$7,584	\$3,653
	135 MODERATE CYSTOURETHROSCOPY	5	\$9,897	\$2,892
	137 COMPLEX URETHRAL PROCEDURES	1	\$2,268	\$3,621
08	MALE GENITAL SYSTEM	30	\$1,819	\$2,549
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	2	\$5,444	\$2,171
	152 INSERTION OF PENILE PROSTHESIS	1	\$7,795	\$13,411
	153 COMPLEX PENILE PROCEDURES	1	\$4,365	\$2,856
	154 SIMPLE PENILE PROCEDURES	26	\$1,212	\$1,466
09	FEMALE GENITAL SYSTEM	26	\$5,144	\$2,961
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	4	\$7,521	\$4,273
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	7	\$3,738	\$2,362

AMB ST 1-5

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 PROCEDURE APG CATEGORY, PROCEDURE APG, SINGLE APG ONLY
 BASED ON REPORTABLE* CPT-4 PROCEDURES

133 Mountain West Medical Center (formerly Tooele Valley)

procedure APG category	Procedure APG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
	179 HYSTEROSCOPY	14	\$4,886	\$3,360
	180 COLPOSCOPY	1	\$9,094	\$2,234
10	NERVOUS SYSTEM	96	\$1,545	\$1,454
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	78	\$1,140	\$836
	198 NERVE REPAIR AND DESTRUCTION	13	\$4,093	\$2,095
	199 SPINAL TAP	5	\$1,236	\$1,172
11	EYE AND OCULAR ADNEXA	147	\$3,216	\$2,574
	213 LASER EYE PROCEDURES	6	\$925	\$642
	214 CATARACT PROCEDURES	136	\$3,297	\$2,790
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	2	\$2,403	\$2,228
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	3	\$4,658	\$3,198
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	14	\$3,876	\$1,992
	235 SIMPLE FACIAL AND ENT PROCEDURES	3	\$2,212	\$1,425
	236 TONSIL AND ADENOID PROCEDURES	11	\$4,329	\$1,795
13	THERAPUTIC AND OTHER RADIOLOGICAL PROCEDURES	9	\$4,274	\$1,931
	254 MYELOGRAPHY	8	\$4,615	\$2,518
	255 MISCELLANEOUS RADIOLOGICAL PROCEDURES WITH CONTRAST	1	\$1,544	\$1,346

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

AMB ST 1-6

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

133 Mountain West Medical Center (formerly Tooele Valley)

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
GENDER				
Female	635	55.8	107,216	54.5
Male	502	44.2	89,560	45.5
Unknown	0	0.0	2	0.0
Not Reported	0	0.0	0	0.0
AGE				
1-28 days	11	1.0	199	0.1
29-365 days	10	0.9	2,895	1.5
1-4 years	13	1.1	10,718	5.4
5-9	14	1.2	6,003	3.1
10-14	23	2.0	4,605	2.3
15-17	13	1.1	4,474	2.3
18-19	16	1.4	3,608	1.8
20-24	50	4.4	10,974	5.6
25-29	80	7.0	11,529	5.9
30-34	96	8.4	10,974	5.6
35-39	80	7.0	11,089	5.6
40-44	61	5.4	13,913	7.1
45-49	89	7.8	15,367	7.8
50-54	89	7.8	18,693	9.5
55-59	75	6.6	16,175	8.2
60-64	73	6.4	13,797	7.0
65-69	80	7.0	12,250	6.2
70-74	92	8.1	11,038	5.6
75-79	82	7.2	9,345	4.7
80-84	58	5.1	5,890	3.0
85-89	23	2.0	2,520	1.3
90 +	9	0.8	720	0.4
Not Reported	11	1.0	201	0.1
SOURCE OF ADMISSION				
Physician Referral	1,134	99.7	176,073	89.5
Clinic Referral	0	0.0	2,347	1.2
HMO Referral	1	0.1	119	0.1
Other Hospital	0	0.0	71	0.0
Skilled Nursing Facility	0	0.0	21	0.0
Other Health Care Facility	0	0.0	26	0.0
Emergency Room	2	0.2	3,467	1.8
Court/Law Enforcement	0	0.0	3	0.0
Unknown	0	0.0	3,359	1.7
Not Reported	0	0.0	11,292	5.7

(Continued)

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

133 Mountain West Medical Center (formerly Tooele Valley)

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	1,137	100.0	196,083	99.6
Another Hospital	0	0.0	125	0.1
Skilled Nursing Facility	0	0.0	72	0.0
Intermediate Care Facility	0	0.0	9	0.0
Another Type of Institution	0	0.0	44	0.0
Under Care of Home Service	0	0.0	103	0.1
Left Against Medical Advice	0	0.0	17	0.0
Under Care of Home IV Provider	0	0.0	5	0.0
Expired	0	0.0	16	0.0
Unknown	0	0.0	304	0.2
Not Reported	0	0.0	0	0.0
PRIMARY PAYER				
Medicare	326	28.7	42,451	21.6
Medicaid	80	7.0	13,275	6.7
Other government	69	6.1	3,257	1.7
Blue Cross/Blue Shield	144	12.7	27,366	13.9
Other Commercial	129	11.3	17,254	8.8
Managed Care(HMO, PPO)	365	32.1	84,762	43.1
Self Pay	8	0.7	3,009	1.5
Industrial & Worker Comp	16	1.4	4,001	2.0
Charity and Unclassified	0	0.0	106	0.1
Childrens Health Insurance	0	0.0	258	0.1
Unknown	0	0.0	964	0.5
Not Reported	0	0.0	75	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	0	0.0	13,556	6.9
Central Utah	2	0.2	6,602	3.4
Davis County	1	0.1	21,257	10.8
Salt Lake County	15	1.3	68,961	35.0
Southeastern Utah	0	0.0	4,049	2.1
Southwest Utah	0	0.0	11,167	5.7
Summit County	0	0.0	2,258	1.1
Tooele County	1,090	95.9	3,742	1.9
Tri-County	0	0.0	5,041	2.6
Utah County	4	0.4	32,261	16.4
Wasatch County	0	0.0	1,500	0.8
Weber County	1	0.1	17,573	8.9
Unknown Utah	0	0.0	60	0.0
Outside Utah	24	2.1	8,682	4.4
Unknown, Not Reported	0	0.0	69	0.0

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

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

142 Ogden Regional Medical Center

Reporting Category (ICD-9-CM CODES)	Procedures Performed		Procedures Performed-All Hospitals	
	(#)	(%)	(#)	(%)
Reporting Category(ICD-9-CM CODES)	10,549	100.0	288,895	100.0
Mastectomy (85.0-85.99)	258	2.4	6,818	2.4
Musculoskeletal (76.0-84.99)	1,391	13.2	60,015	20.8
Respiratory (30.0-34.99)	83	0.8	2,981	1.0
Cardiovascular (35.0-39.99)	426	4.0	15,622	5.4
Lymphatic/Hemetic (40.0-41.99)	36	0.3	2,260	0.8
Digestive System (42.0-54.99)	2,794	26.5	90,070	31.2
Urinary (55.0-59.99)	153	1.5	8,063	2.8
Male Genital (60.0-64.99)	56	0.5	3,587	1.2
Female Genital (65.0-71.99)	753	7.1	13,770	4.8
Endocrine/Nervous (01.0-07.99)	2,048	19.4	22,387	7.7
Eye (08.0-16.99)	774	7.3	19,254	6.7
Ear (18.0-20.99)	648	6.1	15,474	5.4
Nose, Mouth, Pharynx (21.0-29.99)	1,129	10.7	28,594	9.9
Reporting Category(CPT-4 CODES)	10,707	100.0	264,491	100.0
Mastectomy (19120-19220)	133	1.2	3,203	1.2
Musculoskeletal (20000-29909)	1,600	14.9	54,392	20.6
Respiratory (30000-32999 & 39501-39599)	710	6.6	12,829	4.9
Cardiovascular (33010-37799 & 93501-93660)	1,680	15.7	34,097	12.9
Lymphatic/Hemetic (38100-38999)	28	0.3	2,304	0.9
Digestive (40490-49999)	3,235	30.2	94,766	35.8
Urinary (50010-53899)	259	2.4	8,849	3.3
Male Genital (54000-55899)	99	0.9	3,229	1.2
Female Genital (56405-58999)	540	5.0	10,000	3.8
Endocrine/Nervous (60000-64999)	1,621	15.1	20,833	7.9
Eye (65091-68899)	421	3.9	11,183	4.2
Ear (69000-69979)	381	3.6	8,806	3.3

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics.

Reportable* excludes codes in the former "Other" category in previous reports.

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES

142 Ogden Regional Medical Center

ICD-9 CODE	ICD-9 DESCRIPTION	#	%	% ALL Hospitals
All ICD-9 Procedures		10,549	100.0	100.0
0392	INJ OTH AGENT SPINAL CANAL	831	7.9	2.43
0391	INJ ANES SPINAL CANAL-ANALGESIA	823	7.8	1.75
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	643	6.1	5.16
2001	MYRINGOTOMY W/INSRT TUBE	532	5.0	4.36
4523	COLONOSCOPY	528	5.0	6.06
1371	IOL PROSTH-CATARACT EXTRACT-1-STAGE	275	2.6	1.60
1341	PHACOEMULSIFICATION-ASPIR CATARACT	272	2.6	1.57
283	TONSILLECTOMY W/ADENOIDECTOMY	252	2.4	1.86
4525	CLO [ENDO] BX LG INTESTINE	219	2.1	2.27
4542	ENDO POLYPECTOMY LG INTESTINE	209	2.0	3.38
5123	LAP CHOLEY	209	2.0	2.06
2169	OTH TURBINECTOMY	137	1.3	0.75
4292	DILAT ESOPH	136	1.3	1.33
3722	LT HEART CARD CATH	134	1.3	1.22
8521	LOC EXC LES BREAST	119	1.1	1.03
8192	INJ THERAP SUBSTANCE JT/LIGAMNT	118	1.1	0.41
2188	OTH SEPTOPLASTY	115	1.1	0.61
6909	OTH D&C UTERUS	111	1.1	0.61
282	TONSILLECTOMY WO ADENOIDECTOMY	95	0.9	0.67
0443	RELEASE CARPAL TUNNEL	92	0.9	1.23

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		10,707	100.0	100.0
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	697	6.5	1.44
43239	UGI ENDO; W/BX 1/MX	640	6.0	5.28
45378	COLONOSCOPY FLEX; DX-SEP PROC	527	4.9	6.06
66984	EXTRACAPSULAR CATARACT REMV IOL	275	2.6	1.67
69436	TYMPANOSTOMY GENERAL ANESTHESIA	275	2.6	2.51
45380	COLONOSCOPY FLEX; W/BX 1/MX	238	2.2	2.39
42820	T&A; UNDER AGE 12	200	1.9	1.60
93556	IMAG SUPERVS I&R-CATH; PULM ANGI	186	1.7	1.16
62310	INJ 1 NOT NEUROLYTIC-EPID;CERV/T	183	1.7	0.26
93545	INJ PROC-CATH; SELECT CORONRY AN	181	1.7	1.26
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	161	1.5	3.55
93555	IMAG SUPERVS I&R-CATH; VENT/ATRI	161	1.5	0.99
93543	INJ PROC-CATH; LT VENT/ATRIAL AN	159	1.5	1.18
93510	LT HRT CATH RETRO-BRACH/FEM; PER	140	1.3	1.00
36600	ART PUNCTURE WITHDRAWAL BLD DX	124	1.2	0.37
30520	SEPTOPLASTY/SUBMUCOS RES W/GFT	116	1.1	0.81
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	114	1.1	1.34
19120	EXC BRST CYST TUMR/LES OPN M/F 1	113	1.1	0.74
49505	REPR INIT ING HERNIA 5YR/MORE; R	109	1.0	1.06
30140	SUBMUCOS RES TURBINATE PART/CMPL	103	1.0	0.69

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

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 AVERAGE TOTAL CHARGES FOR MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES, SINGLE ICD-9 OR CPT-4 ONLY

142 Ogden Regional Medical Center

ICD-9 CODE	ICD-9 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
ICD-9 Procedures		4,066	\$3,146	\$2,542
4523	COLONOSCOPY	490	\$1,008	\$849
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	458	\$1,330	\$1,037
283	TONSILLECTOMY W/ADENOIDECTOMY	209	\$2,818	\$1,740
5123	LAP CHOLEY	190	\$6,723	\$5,170
4542	ENDO POLYPECTOMY LG INTESTINE	160	\$1,588	\$1,101
4525	CLO [ENDO] BX LG INTESTINE	145	\$1,687	\$1,172
3722	LT HEART CARD CATH	117	\$7,625	\$5,595
8521	LOC EXC LES BREAST	88	\$2,628	\$2,242
6952	ASPIR CURET FOLLOWING DELIV/AB	82	\$2,625	\$1,938
282	TONSILLECTOMY WO ADENOIDECTOMY	77	\$2,829	\$2,010
0531	INJ ANES SYMPATHETIC NERV-ANALGES	72	\$605	\$922
4701	LAP APPENDECTOMY	47	\$7,791	\$6,389
0443	RELEASE CARPAL TUNNEL	46	\$2,491	\$1,882
5304	UNILAT REPR INDIRECT ING HERN-GFT	45	\$3,788	\$3,100
4513	OTH ENDO SM INTESTINE	44	\$841	\$917
8192	INJ THERAP SUBSTANCE JT/LIGAMNT	37	\$697	\$805
8201	EXPLOR TENDON SHEATH HAND	37	\$2,343	\$1,752
1364	DISCISSION SECNDRY MEMBRN	32	\$186	\$574
5011	CLO [PERCUT] [NEEDLE] BX LIVER	32	\$1,689	\$1,657
6823	ENDOMETRIAL ABLATION	32	\$4,976	\$4,047

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
CPT-4 Procedures		6,107	\$2,532	\$2,284
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	656	\$450	\$767
45378	COLONOSCOPY FLEX; DX-SEP PROC	489	\$1,008	\$818
43239	UGI ENDO; W/BX 1/MX	457	\$1,329	\$1,035
66984	EXTRACAPSULAR CATARACT REMV IOL	273	\$3,712	\$2,786
69436	TYMPANOSTOMY GENERAL ANESTHESIA	201	\$1,829	\$1,016
45380	COLONOSCOPY FLEX; W/BX 1/MX	174	\$1,712	\$1,174
62310	INJ 1 NOT NEUROLYTIC-EPID;CERV/T	165	\$530	\$906
42820	T&A; UNDER AGE 12	155	\$2,716	\$1,662
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	122	\$1,632	\$1,059
36600	ART PUNCTURE WITHDRAWAL BLD DX	113	\$853	\$1,008
19120	EXC BRST CYST TUMR/LES OPN M/F 1	103	\$3,016	\$2,212
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	101	\$7,043	\$5,262
49505	REPR INIT ING HERNIA 5YR/MORE; R	94	\$3,993	\$3,015
47562	LAPAROSCOPY SURGICAL; CHOLECT	91	\$6,354	\$5,048
23350	INJ SHLDR ARTHROGRPH/ENHNCD CT/M	73	\$2,074	\$1,673
45384	COLONOSCPY FLEX; REMV LES-FORCE	67	\$1,547	\$1,158
36430	TRANSFUSION BLOOD/BLOOD COMPONENT	65	\$1,190	\$2,084
64520	INJECTION ANES AGT; LUMBAR/THOR	63	\$648	\$914
58558	HYSTEROSCPY SURG; W/BX &/ POLYPE	57	\$2,873	\$2,689
47000	BIOPSY LIVER NEEDLE; PERCUTANEOU	52	\$1,603	\$1,618

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

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

142 Ogden Regional Medical Center

Procedure APG category		TOTAL #	TOTAL # (ALL Hospitals)
Procedure APG			
01	INTEGUMENTARY SYSTEM	388	8,392
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	129	2,819
	003 COMPLEX INCISION AND DRAINAGE	1	75
	006 SIMPLE DEBRIDEMENT AND DESTRUCTION	5	125
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	35	1,059
	008 SIMPLE EXCISION AND BIOPSY	74	893
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRANGE	10	184
	010 SIMPLE SKIN REPAIR	1	5
	011 SIMPLE INCISION AND EXCISION OF BREAST	115	2,817
	012 BREAST RECONSTRUCTION AND MASTECTOMY	18	386
02	MUSCULOSKELETAL SYSTEM	1,330	48,493
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	177	6,083
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	50	1,938
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	60	1,829
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	319	10,165
	025 ARTHROSCOPY	368	20,364
	028 CLOSED TREATMENT FX & DISLOCATION OF FINGER, TOE & TRUNK	2	49
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	19	611
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	94	3,214
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	6	397
	032 BUNION PROCEDURES	49	1,475
	033 ARTHROPLASTY	24	486
	034 HAND AND FOOT TENOTOMY	11	234
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	151	1,499
03	RESPIRATORY SYSTEM	279	6,895
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	56	706
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	175	4,493
	054 SIMPLE ENDOSCOPY OF THE UPPER AIRWAY	4	334
	055 ENDOSCOPY OF THE LOWER AIRWAY	44	1,362
04	CARDIOVASCULAR SYSTEM	1,296	25,643
	074 CARDIAC ELECTROPHYSIOLOGIC TESTS	155	2,379
	075 PLACEMENT OF TRANSVENOUS CATHETERS	39	750
	076 DIAGNOSTIC CARDIAC CATHETERIZATION	923	17,680
	077 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	47	1,469
	078 PACEMAKER INSERTION AND REPLACEMENT	33	517
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	41	714
	080 MINOR VASCULAR REPAIR AND FISTULA CONSTRUCTION	48	1,407
	081 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	3	273
	082 VASCULAR LIGATION	7	442
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	124	2,342
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	43	1,515
	097 TRANSFUSION	81	792
06	DIGESTIVE SYSTEM	2,868	82,913
	111 ALIMENTARY TESTS AND SIMPLE TUBE PLACEMENT	8	204
	112 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	79	1,137
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	11	832

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

142 Ogden Regional Medical Center

procedure APG category	procedure APG	TOTAL #	TOTAL # (ALL Hospitals)
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	2	336
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	708	17,918
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	102	4,477
	117 LOWER GASTROINTESTINAL ENDOSCOPY	1,012	33,312
	118 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	51	1,553
	119 HERNIA AND HYDROCELE PROCEDURES	244	6,781
	120 COMPLEX ANAL AND RECTAL PROCEDURES	34	911
	121 SIMPLE ANAL AND RECTAL PROCEDURES	37	544
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	17	516
	123 COMPLEX LAPAROSCOPIC PROCEDURES	563	14,187
07	URINARY SYSTEM	178	7,406
	131 RENAL EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	40	727
	132 SIMPLE URINARY STUDIES AND PROCEDURES	1	3
	133 URINARY CATHETERIZATION AND DILATATION	16	331
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	62	3,121
	135 MODERATE CYSTOURETHROSCOPY	49	2,378
	136 SIMPLE CYSTOURETHROSCOPY	3	623
	137 COMPLEX URETHRAL PROCEDURES	5	117
	138 SIMPLE URETHRAL PROCEDURES	2	106
08	MALE GENITAL SYSTEM	48	2,988
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	25	1,293
	152 INSERTION OF PENILE PROSTHESIS	1	72
	153 COMPLEX PENILE PROCEDURES	4	416
	154 SIMPLE PENILE PROCEDURES	11	901
	155 PROSTATE NEEDLE AND PUNCH BIOPSY	7	306
09	FEMALE GENITAL SYSTEM	291	5,316
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	28	1,138
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	76	1,162
	178 DILATION AND CURETTAGE	30	831
	179 HYSTEROSCOPY	146	2,031
	180 COLPOSCOPY	11	153
10	NERVOUS SYSTEM	1,468	17,622
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	1,269	11,950
	196 REVISION AND REMOVAL OF NEUROLOGICAL DEVICE	4	165
	197 NEUROSTIMULATOR AND VENTRICULAR SHUNT IMPLANTATION	22	461
	198 NERVE REPAIR AND DESTRUCTION	138	4,478
	199 SPINAL TAP	35	568
11	EYE AND OCULAR ADNEXA	418	10,930
	211 MINOR OPHTHALMOLOGICAL TESTS AND PROCEDURES	1	29
	213 LASER EYE PROCEDURES	35	932
	214 CATARACT PROCEDURES	279	4,649
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	13	475
	216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	18	351
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	2	185
	218 COMPLEX POSTERIOR SEGMENT EYE PROCEDURES	7	376
	220 STRABISMUS AND MUSCLE EYE PROCEDURES	14	794

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

142 Ogden Regional Medical Center

procedure APG category	procedure APG	TOTAL #	TOTAL # (ALL Hospitals)
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	32	793
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	17	477
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	1,265	29,079
	233 NASAL CAUTERIZATION AND PACKING	9	218
	234 COMPLEX FACIAL AND ENT PROCEDURES	211	5,162
	235 SIMPLE FACIAL AND ENT PROCEDURES	664	15,442
	236 TONSIL AND ADENOID PROCEDURES	381	8,217
13	THERAPUTIC AND OTHER RADIOLOGICAL PROCEDURES	345	3,748
	253 VASCULAR RADIOLOGY EXCEPT FOR VENOGRAPHY OF EXTREMITY	110	1,528
	254 MYELOGRAPHY	48	431
	255 MISCELLANEOUS RADIOLOGICAL PROCEDURES WITH CONTRAST	187	1,787

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

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 PROCEDURE APG CATEGORY, PROCEDURE APG, SINGLE APG ONLY
 BASED ON REPORTABLE* CPT-4 PROCEDURES

142 Ogden Regional Medical Center

Procedure APG category		TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
Procedure APG				
01	INTEGUMENTARY SYSTEM	305	\$2,728	\$2,329
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	104	\$1,709	\$1,821
	006 SIMPLE DEBRIDEMENT AND DESTRUCTION	1	\$2,641	\$1,996
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	27	\$3,356	\$2,689
	008 SIMPLE EXCISION AND BIOPSY	47	\$3,063	\$2,380
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRAN	4	\$2,405	\$2,990
	010 SIMPLE SKIN REPAIR	1	\$2,778	\$2,925
	011 SIMPLE INCISION AND EXCISION OF BREAST	105	\$2,995	\$2,426
	012 BREAST RECONSTRUCTION AND MASTECTOMY	16	\$5,646	\$4,376
02	MUSCULOSKELETAL SYSTEM	524	\$3,876	\$3,320
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	60	\$5,989	\$4,704
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	21	\$3,283	\$3,131
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	18	\$4,534	\$3,886
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	124	\$3,106	\$2,294
	025 ARTHROSCOPY	93	\$5,724	\$3,776
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	15	\$4,212	\$2,528
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	71	\$5,230	\$3,911
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	4	\$3,332	\$2,240
	032 BUNION PROCEDURES	24	\$4,165	\$3,144
	033 ARTHROPLASTY	3	\$7,412	\$4,649
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	91	\$372	\$679
03	RESPIRATORY SYSTEM	95	\$1,453	\$1,669
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	41	\$612	\$957
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	16	\$3,546	\$2,885
	054 SIMPLE ENDOSCOPY OF THE UPPER AIRWAY	1	\$1,990	\$994
	055 ENDOSCOPY OF THE LOWER AIRWAY	37	\$1,464	\$1,724
04	CARDIOVASCULAR SYSTEM	111	\$4,611	\$4,966
	074 CARDIAC ELECTROPHYSIOLOGIC TESTS	3	\$4,253	\$11,869
	075 PLACEMENT OF TRANSVENOUS CATHETERS	28	\$1,403	\$2,141
	078 PACEMAKER INSERTION AND REPLACEMENT	18	\$14,514	\$18,642
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	23	\$1,521	\$2,283
	080 MINOR VASCULAR REPAIR AND FISTULA CONSTRUCTION	34	\$4,072	\$3,673
	082 VASCULAR LIGATION	5	\$5,005	\$3,967
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	93	\$2,439	\$3,010
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	28	\$5,341	\$3,705
	097 TRANSFUSION	65	\$1,190	\$2,084
06	DIGESTIVE SYSTEM	2,059	\$2,433	\$1,825
	111 ALIMENTARY TESTS AND SIMPLE TUBE PLACEMENT	8	\$620	\$787
	112 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	2	\$500	\$1,000
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	8	\$1,202	\$729
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	2	\$644	\$862
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	497	\$1,289	\$987
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	40	\$1,762	\$1,381
	117 LOWER GASTROINTESTINAL ENDOSCOPY	859	\$1,286	\$956
	118 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	23	\$2,887	\$2,679

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 PROCEDURE APG CATEGORY, PROCEDURE APG, SINGLE APG ONLY
 BASED ON REPORTABLE* CPT-4 PROCEDURES

142 Ogden Regional Medical Center

procedure APG category	Procedure APG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
	119 HERNIA AND HYDROCELE PROCEDURES	165	\$3,812	\$2,876
	120 COMPLEX ANAL AND RECTAL PROCEDURES	24	\$3,212	\$2,344
	121 SIMPLE ANAL AND RECTAL PROCEDURES	22	\$2,657	\$1,854
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	7	\$2,561	\$2,435
	123 COMPLEX LAPAROSCOPIC PROCEDURES	402	\$5,794	\$4,923
07	URINARY SYSTEM	80	\$5,202	\$3,713
	131 RENAL EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	17	\$8,632	\$6,705
	132 SIMPLE URINARY STUDIES AND PROCEDURES	1	\$2,596	\$2,700
	133 URINARY CATHETERIZATION AND DILATATION	8	\$4,703	\$2,727
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	22	\$5,196	\$3,653
	135 MODERATE CYSTOURETHROSCOPY	26	\$3,417	\$2,892
	136 SIMPLE CYSTOURETHROSCOPY	1	\$3,020	\$1,768
	137 COMPLEX URETHRAL PROCEDURES	4	\$5,344	\$3,621
	138 SIMPLE URETHRAL PROCEDURES	1	\$1,637	\$1,570
08	MALE GENITAL SYSTEM	36	\$3,150	\$2,549
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	17	\$2,752	\$2,171
	152 INSERTION OF PENILE PROSTHESIS	1	\$18,166	\$13,411
	153 COMPLEX PENILE PROCEDURES	2	\$5,473	\$2,856
	154 SIMPLE PENILE PROCEDURES	9	\$2,848	\$1,466
	155 PROSTATE NEEDLE AND PUNCH BIOPSY	7	\$1,694	\$3,741
09	FEMALE GENITAL SYSTEM	178	\$3,795	\$2,961
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	19	\$7,239	\$4,273
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	46	\$2,655	\$2,362
	178 DILATION AND CURETTAGE	7	\$2,749	\$1,817
	179 HYSTEROSCOPY	102	\$3,755	\$3,360
	180 COLPOSCOPY	4	\$3,411	\$2,234
10	NERVOUS SYSTEM	1,107	\$730	\$1,454
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	1,024	\$500	\$836
	196 REVISION AND REMOVAL OF NEUROLOGICAL DEVICE	3	\$4,416	\$5,633
	197 NEUROSTIMULATOR AND VENTRICULAR SHUNT IMPLANTATION	8	\$14,079	\$19,201
	198 NERVE REPAIR AND DESTRUCTION	54	\$2,775	\$2,095
	199 SPINAL TAP	18	\$1,146	\$1,172
11	EYE AND OCULAR ADNEXA	401	\$3,376	\$2,574
	211 MINOR OPHTHALMOLOGICAL TESTS AND PROCEDURES	1	\$2,965	\$1,391
	213 LASER EYE PROCEDURES	35	\$197	\$642
	214 CATARACT PROCEDURES	277	\$3,708	\$2,790
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	11	\$3,013	\$2,228
	216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	14	\$2,842	\$1,881
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	1	\$2,101	\$2,320
	218 COMPLEX POSTERIOR SEGMENT EYE PROCEDURES	7	\$6,161	\$4,521
	220 STRABISMUS AND MUSCLE EYE PROCEDURES	14	\$3,637	\$1,783
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	28	\$4,053	\$3,198
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	13	\$2,611	\$1,766
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	600	\$2,655	\$1,992
	233 NASAL CAUTERIZATION AND PACKING	3	\$2,251	\$2,294

AMB ST 1-5
 UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 PROCEDURE APG CATEGORY, PROCEDURE APG, SINGLE APG ONLY
 BASED ON REPORTABLE* CPT-4 PROCEDURES

142 Ogden Regional Medical Center

procedure APG category	Procedure APG	TOTAL #	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
	234 COMPLEX FACIAL AND ENT PROCEDURES	42	\$5,528	\$3,775
	235 SIMPLE FACIAL AND ENT PROCEDURES	272	\$2,044	\$1,425
	236 TONSIL AND ADENOID PROCEDURES	283	\$2,820	\$1,795
13	13 THERAPUTIC AND OTHER RADIOLOGICAL PROCEDURES	225	\$3,161	\$1,931
	253 VASCULAR RADIOLOGY EXCEPT FOR VENOGRAPHY OF EXTREMITY	21	\$3,664	\$5,014
	254 MYELOGRAPHY	47	\$1,767	\$2,518
	255 MISCELLANEOUS RADIOLOGICAL PROCEDURES WITH CONTRAST	157	\$3,511	\$1,346

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

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

142 Ogden Regional Medical Center

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
GENDER				
Female	4,652	57.6	107,216	54.5
Male	3,425	42.4	89,560	45.5
Unknown	0	0.0	2	0.0
Not Reported	0	0.0	0	0.0
AGE				
1-28 days	2	0.0	199	0.1
29-365 days	98	1.2	2,895	1.5
1-4 years	320	4.0	10,718	5.4
5-9	201	2.5	6,003	3.1
10-14	129	1.6	4,605	2.3
15-17	138	1.7	4,474	2.3
18-19	140	1.7	3,608	1.8
20-24	436	5.4	10,974	5.6
25-29	506	6.3	11,529	5.9
30-34	487	6.0	10,974	5.6
35-39	551	6.8	11,089	5.6
40-44	719	8.9	13,913	7.1
45-49	743	9.2	15,367	7.8
50-54	834	10.3	18,693	9.5
55-59	629	7.8	16,175	8.2
60-64	508	6.3	13,797	7.0
65-69	389	4.8	12,250	6.2
70-74	465	5.8	11,038	5.6
75-79	361	4.5	9,345	4.7
80-84	284	3.5	5,890	3.0
85-89	101	1.3	2,520	1.3
90 +	36	0.4	720	0.4
Not Reported	2	0.0	201	0.1
SOURCE OF ADMISSION				
Physician Referral	7,879	97.5	176,073	89.5
Clinic Referral	33	0.4	2,347	1.2
HMO Referral	1	0.0	119	0.1
Other Hospital	0	0.0	71	0.0
Skilled Nursing Facility	0	0.0	21	0.0
Other Health Care Facility	0	0.0	26	0.0
Emergency Room	164	2.0	3,467	1.8
Court/Law Enforcement	0	0.0	3	0.0
Unknown	0	0.0	3,359	1.7
Not Reported	0	0.0	11,292	5.7

(Continued)

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

142 Ogden Regional Medical Center

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	8,061	99.8	196,083	99.6
Another Hospital	2	0.0	125	0.1
Skilled Nursing Facility	6	0.1	72	0.0
Intermediate Care Facility	1	0.0	9	0.0
Another Type of Institution	1	0.0	44	0.0
Under Care of Home Service	4	0.0	103	0.1
Left Against Medical Advice	1	0.0	17	0.0
Under Care of Home IV Provider	0	0.0	5	0.0
Expired	1	0.0	16	0.0
Unknown	0	0.0	304	0.2
Not Reported	0	0.0	0	0.0
PRIMARY PAYER				
Medicare	1,627	20.1	42,451	21.6
Medicaid	502	6.2	13,275	6.7
Other government	17	0.2	3,257	1.7
Blue Cross/Blue Shield	1,400	17.3	27,366	13.9
Other Commercial	329	4.1	17,254	8.8
Managed Care(HMO, PPO)	3,891	48.2	84,762	43.1
Self Pay	75	0.9	3,009	1.5
Industrial & Worker Comp	214	2.6	4,001	2.0
Charity and Unclassified	2	0.0	106	0.1
Childrens Health Insurance	0	0.0	258	0.1
Unknown	20	0.2	964	0.5
Not Reported	0	0.0	75	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	539	6.7	13,556	6.9
Central Utah	2	0.0	6,602	3.4
Davis County	1,705	21.1	21,257	10.8
Salt Lake County	42	0.5	68,961	35.0
Southeastern Utah	2	0.0	4,049	2.1
Southwest Utah	1	0.0	11,167	5.7
Summit County	25	0.3	2,258	1.1
Tooele County	5	0.1	3,742	1.9
Tri-County	5	0.1	5,041	2.6
Utah County	11	0.1	32,261	16.4
Wasatch County	1	0.0	1,500	0.8
Weber County	5,586	69.2	17,573	8.9
Unknown Utah	0	0.0	60	0.0
Outside Utah	153	1.9	8,682	4.4
Unknown, Not Reported	0	0.0	69	0.0

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

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

135 Orem Community Hospital

Reporting Category(ICD-9-CM CODES)	Procedures Performed		Procedures Performed-All Hospitals	
	(#)	(%)	(#)	(%)
Reporting Category(ICD-9-CM CODES)	5,145	100.0	288,895	100.0
Mastectomy (85.0-85.99)	35	0.7	6,818	2.4
Musculoskeletal (76.0-84.99)	1,182	23.0	60,015	20.8
Respiratory (30.0-34.99)	4	0.1	2,981	1.0
Cardiovascular (35.0-39.99)	9	0.2	15,622	5.4
Lymphatic/Hemetic (40.0-41.99)	5	0.1	2,260	0.8
Digestive System (42.0-54.99)	100	1.9	90,070	31.2
Urinary (55.0-59.99)	5	0.1	8,063	2.8
Male Genital (60.0-64.99)	0	0.0	3,587	1.2
Female Genital (65.0-71.99)	340	6.6	13,770	4.8
Endocrine/Nervous (01.0-07.99)	1,334	25.9	22,387	7.7
Eye (08.0-16.99)	203	3.9	19,254	6.7
Ear (18.0-20.99)	105	2.0	15,474	5.4
Nose, Mouth, Pharynx (21.0-29.99)	1,823	35.4	28,594	9.9
Reporting Category(CPT-4 CODES)	5,707	100.0	264,491	100.0
Mastectomy (19120-19220)	13	0.2	3,203	1.2
Musculoskeletal (20000-29909)	1,247	21.9	54,392	20.6
Respiratory (30000-32999 & 39501-39599)	19	0.3	12,829	4.9
Cardiovascular (33010-37799 & 93501-93660)	10	0.2	34,097	12.9
Lymphatic/Hemetic (38100-38999)	5	0.1	2,304	0.9
Digestive (40490-49999)	2,151	37.7	94,766	35.8
Urinary (50010-53899)	6	0.1	8,849	3.3
Male Genital (54000-55899)	0	0.0	3,229	1.2
Female Genital (56405-58999)	168	2.9	10,000	3.8
Endocrine/Nervous (60000-64999)	1,935	33.9	20,833	7.9
Eye (65091-68899)	102	1.8	11,183	4.2
Ear (69000-69979)	51	0.9	8,806	3.3

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics.

Reportable* excludes codes in the former "Other" category in previous reports.

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES

135 Orem Community Hospital

ICD-9 CODE	ICD-9 DESCRIPTION	#	%	% ALL Hospitals
All ICD-9 Procedures		5,145	100.0	100.0
232	RESTORATION TOOTH-FILLING	608	11.8	0.57
2341	APPLIC CROWN	493	9.6	0.54
2370	ROOT CANAL-NOS	425	8.3	0.37
0392	INJ OTH AGENT SPINAL CANAL	317	6.2	2.43
0391	INJ ANES SPINAL CANAL-ANALGESIA	288	5.6	1.75
042	DESTRUC CRANIAL & PERIPH NERV	213	4.1	0.20
0481	INJ ANES PERIPH NERV-ANALGESIA	198	3.8	0.23
2309	EXTRACT OTH TOOTH	191	3.7	0.20
0443	RELEASE CARPAL TUNNEL	171	3.3	1.23
8192	INJ THERAP SUBSTANCE JT/LIGAMNT	130	2.5	0.41
2001	MYRINGOTOMY W/INSRT TUBE	94	1.8	4.36
1341	PHACOEMLSIFICATION-ASPIR CATARACT	93	1.8	1.57
1371	IOL PROSTH-CATARACT EXTRACT-1-STAGE	92	1.8	1.60
806	EXC SEMILUNAR CARTILAGE-KNEE	83	1.6	1.79
6952	ASPIR CURET FOLLOWING DELIV/AB	78	1.5	0.51
0489	INJ NON-NEUROLYTIC PERIPH NERV	76	1.5	0.10
6902	D&C FOLLOWING DELIV/AB	57	1.1	0.24
7751	BUNIONEC SOFT-OSTEOT 1ST METATARS	44	0.9	0.31
8086	OTH LOC EXC/DESTRUC JT LES-KNEE	42	0.8	1.30
8221	EXC LES TENDON SHEATH HAND	39	0.8	0.30

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		5,707	100.0	100.0
41899	UNLIST PROC DENTOALVEOL STRUCTUR	1,989	34.9	1.39
64623	DESTRUC FACET JT NRV; L/S-EA AD	261	4.6	0.31
64476	INJ ANES FACET JT; LUMB/SAC-EA A	222	3.9	0.41
64627	DESTRUC FACET NRV; CRV/THOR-EA A	218	3.8	0.14
64472	INJ ANES FACET JT; CERV/THOR-EA	207	3.6	0.16
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	151	2.6	1.44
64483	INJ ANES EPIDURL; LUMB/SAC 1 LEV	137	2.4	0.69
64475	INJ ANES FACET JT; LUMB/SAC-1LEV	129	2.3	0.34
64622	DESTRUC FACET JT NRV; L/S-1 LEVE	115	2.0	0.16
64721	NEUROPLASTY; MEDIAN @ CARPAL TUN	98	1.7	0.87
64626	DESTRUC FACET NRV; CERV/THOR 1 L	97	1.7	0.07
27096	INJ SI JNT ARTHRGRPH &/ANES/STER	93	1.6	0.07
66984	EXTRACAPSULAR CATARACT REMV IOL	92	1.6	1.67
64484	INJ ANES EPIDURL; LUMB/SAC-EA AD	91	1.6	0.10
64470	INJ ANES FACET JT; CERV/THOR-1LE	83	1.5	0.09
29881	SCOPE KNEE SURG;W/MENISCECT MED/	68	1.2	1.52
28285	CORRECTION HAMMERTO	49	0.9	0.59
69436	TYMPANOSTOMY GENERAL ANESTHESIA	47	0.8	2.51
29826	SCOPE SHOULDER; DECOMP SUBACROM	43	0.8	0.88
29848	ENDO WRST SURG REL TRNS CARP LIG	43	0.8	0.33

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

Reportable* excludes codes in the former "Other" category in previous reports.

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 AVERAGE TOTAL CHARGES FOR MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES, SINGLE ICD-9 OR CPT-4 ONLY

135 Orem Community Hospital

ICD-9 CODE	ICD-9 DESCRIPTION	#	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
ICD-9 Procedures		1,563	\$1,997	\$2,542
042	DESTRUC CRANIAL & PERIPH NERV	207	\$1,759	\$2,015
0481	INJ ANES PERIPH NERV-ANALGESIA	117	\$1,295	\$1,052
8192	INJ THERAP SUBSTANCE JT/LIGAMNT	116	\$1,293	\$805
232	RESTORATION TOOTH-FILLING	115	\$1,426	\$1,613
0443	RELEASE CARPAL TUNNEL	95	\$1,402	\$1,882
0392	INJ OTH AGENT SPINAL CANAL	57	\$996	\$718
806	EXC SEMILUNAR CARTILAGE-KNEE	35	\$2,586	\$3,679
8221	EXC LES TENDON SHEATH HAND	33	\$1,457	\$1,892
283	TONSILLECTOMY W/ADENOIDECTOMY	29	\$1,263	\$1,740
6909	OTH D&C UTERUS	27	\$1,448	\$2,052
6952	ASPIR CURET FOLLOWING DELIV/AB	26	\$1,623	\$1,938
8201	EXPLOR TENDON SHEATH HAND	26	\$1,181	\$1,752
0391	INJ ANES SPINAL CANAL-ANALGESIA	24	\$1,327	\$1,300
5421	LAPAROSCOPY	22	\$2,492	\$3,185
7751	BUNIONEC SOFT-OSTEOT 1ST METATARS	21	\$2,832	\$2,899
7914	CLO REDUC W/INT FIX-PHALANGES HAND	18	\$1,522	\$2,260
7933	OP REDUC W/INT FIX-CARP-METACARP	18	\$2,528	\$3,449
0531	INJ ANES SYMPATHETIC NERV-ANALGES	17	\$1,325	\$922
282	TONSILLECTOMY WO ADENOIDECTOMY	16	\$1,394	\$2,010
6629	OTH BIL ENDO DESTRUC FALLOP TUBES	15	\$2,227	\$2,947

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
CPT-4 Procedures		1,415	\$1,952	\$2,284
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	136	\$1,119	\$767
66984	EXTRACAPSULAR CATARACT REMV IOL	91	\$1,562	\$2,786
27096	INJ SI JNT ARTHRGRPH &/ANES/STER	88	\$1,297	\$1,066
64721	NEUROPLASTY; MEDIAN @ CARPAL TUN	81	\$1,319	\$1,823
41899	UNLIST PROC DENTOALVEOL STRUCTUR	53	\$1,329	\$2,122
69436	TYMPANOSTOMY GENERAL ANESTHESIA	44	\$732	\$1,016
64483	INJ ANES EPIDURL; LUMB/SAC 1 LEV	41	\$1,343	\$865
29848	ENDO WRST SURG REL TRNS CARP LIG	38	\$1,684	\$2,220
29881	SCOPE KNEE SURG;W/MENISCECT MED/	37	\$2,607	\$3,303
58120	DILATION & CURET DX &/ THERAPEUT	29	\$1,453	\$1,817
25111	EXCISION OF GANGLION WRIST; PRIM	25	\$1,447	\$1,932
26055	TENDON SHEATH INCISION	22	\$1,117	\$1,661
49320	LAP-ABD DX-W/WO SPECMN-SEP PROC	22	\$2,556	\$3,181
62310	INJ 1 NOT NEUROLYTIC-EPID;CERV/T	22	\$1,160	\$906
42820	T&A; UNDER AGE 12	21	\$1,172	\$1,662
28296	HALLUX VALGUS; W/METATARSAL OSTE	19	\$2,913	\$3,030
20680	REMOVAL OF IMPLANT; DEEP	18	\$2,070	\$2,378
64479	INJ ANES EPIDURL; CERV/THOR 1 LE	17	\$1,285	\$828
64475	INJ ANES FACET JT; LUMB/SAC-1LEV	15	\$1,462	\$1,038
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	14	\$1,398	\$2,065

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

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

135 Orem Community Hospital

Procedure APG category	Procedure APG	TOTAL #	TOTAL # (ALL Hospitals)
01	INTEGUMENTARY SYSTEM	68	8,392
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	1	2,819
	003 COMPLEX INCISION AND DRAINAGE	2	75
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	45	1,059
	008 SIMPLE EXCISION AND BIOPSY	7	893
	011 SIMPLE INCISION AND EXCISION OF BREAST	12	2,817
	012 BREAST RECONSTRUCTION AND MASTECTOMY	1	386
02	MUSCULOSKELETAL SYSTEM	1,171	48,493
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	82	6,083
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	19	1,938
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	74	1,829
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	343	10,165
	025 ARTHROSCOPY	357	20,364
	026 REPLACEMENT OF CAST	1	51
	028 CLOSED TREATMENT FX & DISLOCATION OF FINGER, TOE & TRUNK	1	49
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	9	611
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	96	3,214
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	2	397
	032 BUNION PROCEDURES	62	1,475
	033 ARTHROPLASTY	11	486
	034 HAND AND FOOT TENOTOMY	11	234
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	103	1,499
03	RESPIRATORY SYSTEM	2	6,895
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	2	706
04	CARDIOVASCULAR SYSTEM	9	25,643
	080 MINOR VASCULAR REPAIR AND FISTULA CONSTRUCTION	5	1,407
	081 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	1	273
	082 VASCULAR LIGATION	2	442
	083 RESUSCITATION AND CARDIOVERSION	1	12
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	5	2,342
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	5	1,515
06	DIGESTIVE SYSTEM	161	82,913
	119 HERNIA AND HYDROCELE PROCEDURES	10	6,781
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	3	516
	123 COMPLEX LAPAROSCOPIC PROCEDURES	147	14,187
	124 SIMPLE LAPAROSCOPIC PROCEDURES	1	205
07	URINARY SYSTEM	4	7,406
	133 URINARY CATHETERIZATION AND DILATATION	2	331
	136 SIMPLE CYSTOURETHROSCOPY	1	623
	137 COMPLEX URETHRAL PROCEDURES	1	117
09	FEMALE GENITAL SYSTEM	72	5,316
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	10	1,138
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	15	1,162
	178 DILATION AND CURETTAGE	36	831
	179 HYSTEROSCOPY	10	2,031
	180 COLPOSCOPY	1	153

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

135 Orem Community Hospital

procedure APG category	procedure APG	TOTAL #	TOTAL # (ALL Hospitals)
10	NERVOUS SYSTEM	1,936	17,622
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	1,481	11,950
	196 REVISION AND REMOVAL OF NEUROLOGICAL DEVICE	8	165
	197 NEUROSTIMULATOR AND VENTRICULAR SHUNT IMPLANTATION	4	461
	198 NERVE REPAIR AND DESTRUCTION	443	4,478
11	EYE AND OCULAR ADNEXA	102	10,930
	214 CATARACT PROCEDURES	93	4,649
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	2	475
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	3	185
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	3	477
	223 VITRECTOMY	1	1,677
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	2,137	29,079
	233 NASAL CAUTERIZATION AND PACKING	1	218
	234 COMPLEX FACIAL AND ENT PROCEDURES	16	5,162
	235 SIMPLE FACIAL AND ENT PROCEDURES	2,072	15,442
	236 TONSIL AND ADENOID PROCEDURES	48	8,217

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

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 PROCEDURE APG CATEGORY, PROCEDURE APG, SINGLE APG ONLY
 BASED ON REPORTABLE* CPT-4 PROCEDURES

135 Orem Community Hospital

Procedure APG category	Procedure APG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
01	INTEGUMENTARY SYSTEM	45	\$1,722	\$2,329
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	33	\$1,596	\$2,689
	008 SIMPLE EXCISION AND BIOPSY	2	\$1,010	\$2,380
	011 SIMPLE INCISION AND EXCISION OF BREAST	9	\$1,702	\$2,426
	012 BREAST RECONSTRUCTION AND MASTECTOMY	1	\$7,466	\$4,376
02	MUSCULOSKELETAL SYSTEM	581	\$2,394	\$3,320
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	33	\$3,266	\$4,704
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	10	\$2,484	\$3,131
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	29	\$5,169	\$3,886
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	154	\$1,762	\$2,294
	025 ARTHROSCOPY	147	\$2,798	\$3,776
	028 CLOSED TREATMENT FX & DISLOCATION OF FINGER, TOE & TRUNK	1	\$950	\$1,922
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	5	\$1,235	\$2,528
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	77	\$2,480	\$3,911
	032 BUNION PROCEDURES	33	\$3,169	\$3,144
	033 ARTHROPLASTY	1	\$4,927	\$4,649
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	91	\$1,300	\$679
04	CARDIOVASCULAR SYSTEM	3	\$2,894	\$4,966
	080 MINOR VASCULAR REPAIR AND FISTULA CONSTRUCTION	1	\$3,640	\$3,673
	082 VASCULAR LIGATION	2	\$2,521	\$3,967
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	5	\$2,546	\$3,010
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	5	\$2,546	\$3,705
06	DIGESTIVE SYSTEM	76	\$2,973	\$1,825
	119 HERNIA AND HYDROCELE PROCEDURES	8	\$2,210	\$2,876
	123 COMPLEX LAPAROSCOPIC PROCEDURES	68	\$3,063	\$4,923
07	URINARY SYSTEM	1	\$1,673	\$3,713
	133 URINARY CATHETERIZATION AND DILATATION	1	\$1,673	\$2,727
09	FEMALE GENITAL SYSTEM	47	\$1,682	\$2,961
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	4	\$2,257	\$4,273
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	9	\$1,563	\$2,362
	178 DILATION AND CURETTAGE	29	\$1,453	\$1,817
	179 HYSTEROSCOPY	4	\$2,936	\$3,360
	180 COLPOSCOPY	1	\$2,112	\$2,234
10	NERVOUS SYSTEM	380	\$1,465	\$1,454
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	271	\$1,222	\$836
	196 REVISION AND REMOVAL OF NEUROLOGICAL DEVICE	6	\$12,093	\$5,633
	198 NERVE REPAIR AND DESTRUCTION	103	\$1,484	\$2,095
11	EYE AND OCULAR ADNEXA	98	\$1,538	\$2,574
	214 CATARACT PROCEDURES	92	\$1,547	\$2,790
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	2	\$1,084	\$2,228
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	1	\$1,874	\$2,320
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	3	\$1,460	\$1,766
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	154	\$1,188	\$1,992
	234 COMPLEX FACIAL AND ENT PROCEDURES	5	\$1,856	\$3,775
	235 SIMPLE FACIAL AND ENT PROCEDURES	105	\$1,102	\$1,425

AMB ST 1-5
 UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 PROCEDURE APG CATEGORY, PROCEDURE APG, SINGLE APG ONLY
 BASED ON REPORTABLE* CPT-4 PROCEDURES

135 Orem Community Hospital

procedure APG category Procedure APG	TOTAL #	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
236 TONSIL AND ADENOID PROCEDURES	44	\$1,318	\$1,795

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

AMB ST 1-6

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

135 Orem Community Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
GENDER				
Female	1,750	57.8	107,216	54.5
Male	1,279	42.2	89,560	45.5
Unknown	0	0.0	2	0.0
Not Reported	0	0.0	0	0.0
AGE				
1-28 days	0	0.0	199	0.1
29-365 days	16	0.5	2,895	1.5
1-4 years	585	19.3	10,718	5.4
5-9	149	4.9	6,003	3.1
10-14	64	2.1	4,605	2.3
15-17	72	2.4	4,474	2.3
18-19	51	1.7	3,608	1.8
20-24	200	6.6	10,974	5.6
25-29	251	8.3	11,529	5.9
30-34	209	6.9	10,974	5.6
35-39	212	7.0	11,089	5.6
40-44	209	6.9	13,913	7.1
45-49	207	6.8	15,367	7.8
50-54	210	6.9	18,693	9.5
55-59	186	6.1	16,175	8.2
60-64	140	4.6	13,797	7.0
65-69	78	2.6	12,250	6.2
70-74	88	2.9	11,038	5.6
75-79	52	1.7	9,345	4.7
80-84	39	1.3	5,890	3.0
85-89	10	0.3	2,520	1.3
90 +	1	0.0	720	0.4
Not Reported	0	0.0	201	0.1
SOURCE OF ADMISSION				
Physician Referral	3,005	99.2	176,073	89.5
Clinic Referral	2	0.1	2,347	1.2
HMO Referral	0	0.0	119	0.1
Other Hospital	1	0.0	71	0.0
Skilled Nursing Facility	0	0.0	21	0.0
Other Health Care Facility	0	0.0	26	0.0
Emergency Room	21	0.7	3,467	1.8
Court/Law Enforcement	0	0.0	3	0.0
Unknown	0	0.0	3,359	1.7
Not Reported	0	0.0	11,292	5.7

(Continued)

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

135 Orem Community Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	3,018	99.6	196,083	99.6
Another Hospital	2	0.1	125	0.1
Skilled Nursing Facility	0	0.0	72	0.0
Intermediate Care Facility	0	0.0	9	0.0
Another Type of Institution	0	0.0	44	0.0
Under Care of Home Service	0	0.0	103	0.1
Left Against Medical Advice	0	0.0	17	0.0
Under Care of Home IV Provider	0	0.0	5	0.0
Expired	0	0.0	16	0.0
Unknown	9	0.3	304	0.2
Not Reported	0	0.0	0	0.0
PRIMARY PAYER				
Medicare	318	10.5	42,451	21.6
Medicaid	465	15.4	13,275	6.7
Other government	19	0.6	3,257	1.7
Blue Cross/Blue Shield	56	1.8	27,366	13.9
Other Commercial	253	8.4	17,254	8.8
Managed Care(HMO, PPO)	1,772	58.5	84,762	43.1
Self Pay	17	0.6	3,009	1.5
Industrial & Worker Comp	74	2.4	4,001	2.0
Charity and Unclassified	0	0.0	106	0.1
Childrens Health Insurance	1	0.0	258	0.1
Unknown	54	1.8	964	0.5
Not Reported	0	0.0	75	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	7	0.2	13,556	6.9
Central Utah	227	7.5	6,602	3.4
Davis County	11	0.4	21,257	10.8
Salt Lake County	159	5.2	68,961	35.0
Southeastern Utah	31	1.0	4,049	2.1
Southwest Utah	14	0.5	11,167	5.7
Summit County	9	0.3	2,258	1.1
Tooele County	6	0.2	3,742	1.9
Tri-County	10	0.3	5,041	2.6
Utah County	2,494	82.3	32,261	16.4
Wasatch County	29	1.0	1,500	0.8
Weber County	8	0.3	17,573	8.9
Unknown Utah	1	0.0	60	0.0
Outside Utah	22	0.7	8,682	4.4
Unknown, Not Reported	1	0.0	69	0.0

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

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

126 Pioneer Valley Hospital

Reporting Category(ICD-9-CM CODES)	Procedures Performed		Procedures Performed-All Hospitals	
	(#)	(%)	(#)	(%)
Reporting Category(ICD-9-CM CODES)	5,593	100.0	288,895	100.0
Mastectomy (85.0-85.99)	97	1.7	6,818	2.4
Musculoskeletal (76.0-84.99)	989	17.7	60,015	20.8
Respiratory (30.0-34.99)	27	0.5	2,981	1.0
Cardiovascular (35.0-39.99)	116	2.1	15,622	5.4
Lymphatic/Hemetic (40.0-41.99)	24	0.4	2,260	0.8
Digestive System (42.0-54.99)	2,279	40.7	90,070	31.2
Urinary (55.0-59.99)	2	0.0	8,063	2.8
Male Genital (60.0-64.99)	2	0.0	3,587	1.2
Female Genital (65.0-71.99)	165	3.0	13,770	4.8
Endocrine/Nervous (01.0-07.99)	614	11.0	22,387	7.7
Eye (08.0-16.99)	350	6.3	19,254	6.7
Ear (18.0-20.99)	269	4.8	15,474	5.4
Nose, Mouth, Pharynx (21.0-29.99)	659	11.8	28,594	9.9
Reporting Category(CPT-4 CODES)	5,606	100.0	264,491	100.0
Mastectomy (19120-19220)	59	1.1	3,203	1.2
Musculoskeletal (20000-29909)	1,090	19.4	54,392	20.6
Respiratory (30000-32999 & 39501-39599)	365	6.5	12,829	4.9
Cardiovascular (33010-37799 & 93501-93660)	463	8.3	34,097	12.9
Lymphatic/Hemetic (38100-38999)	23	0.4	2,304	0.9
Digestive (40490-49999)	2,474	44.1	94,766	35.8
Urinary (50010-53899)	123	2.2	8,849	3.3
Male Genital (54000-55899)	2	0.0	3,229	1.2
Female Genital (56405-58999)	119	2.1	10,000	3.8
Endocrine/Nervous (60000-64999)	456	8.1	20,833	7.9
Eye (65091-68899)	198	3.5	11,183	4.2
Ear (69000-69979)	234	4.2	8,806	3.3

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics.

Reportable* excludes codes in the former "Other" category in previous reports.

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES

126 Pioneer Valley Hospital

ICD-9 CODE	ICD-9 DESCRIPTION	#	%	% ALL Hospitals
All ICD-9 Procedures		5,593	100.0	100.0
4523	COLONOSCOPY	705	12.6	6.06
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	541	9.7	5.16
2001	MYRINGOTOMY W/INSRT TUBE	240	4.3	4.36
4513	OTH ENDO SM INTESTINE	215	3.8	2.14
0392	INJ OTH AGENT SPINAL CANAL	213	3.8	2.43
0391	INJ ANES SPINAL CANAL-ANALGESIA	209	3.7	1.75
4542	ENDO POLYPECTOMY LG INTESTINE	175	3.1	3.38
4525	CLO [ENDO] BX LG INTESTINE	171	3.1	2.27
1371	IOL PROSTH-CATARACT EXTRACT-1-STAGE	148	2.6	1.60
1341	PHACOEMULSIFICATION-ASPIR CATARACT	146	2.6	1.57
5123	LAP CHOLEY	100	1.8	2.06
0443	RELEASE CARPAL TUNNEL	91	1.6	1.23
283	TONSILLECTOMY W/ADENOIDECTOMY	83	1.5	1.86
806	EXC SEMILUNAR CARTILAGE-KNEE	74	1.3	1.79
2341	APPLIC CROWN	66	1.2	0.54
2169	OTH TURBINECTOMY	64	1.1	0.75
8201	EXPLOR TENDON SHEATH HAND	62	1.1	0.36
4292	DILAT ESOPH	58	1.0	1.33
2188	OTH SEPTOPLASTY	52	0.9	0.61
2370	ROOT CANAL-NOS	49	0.9	0.37

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		5,606	100.0	100.0
45378	COLONOSCOPY FLEX; DX-SEP PROC	704	12.6	6.06
43239	UGI ENDO; W/BX 1/MX	549	9.8	5.28
69436	TYMPANOSTOMY GENERAL ANESTHESIA	213	3.8	2.51
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	212	3.8	1.44
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	188	3.4	3.55
45380	COLONOSCOPY FLEX; W/BX 1/MX	187	3.3	2.39
66984	EXTRACAPSULAR CATARACT REMV IOL	148	2.6	1.67
36600	ART PUNCTURE WITHDRAWAL BLD DX	128	2.3	0.37
50394	INJ PROC PYELOGRAPHY-NEPHROST TU	111	2.0	0.13
30140	SUBMUCOS RES TURBINATE PART/CMPL	100	1.8	0.69
44799	UNLISTED PROCEDURE INTESTINE	94	1.7	0.07
43235	UGI ENDO; DX W/VO CLCT SPECMN-SP	92	1.6	1.45
47562	LAPAROSCOPY SURGICAL; CHOLECT	88	1.6	0.84
64721	NEUROPLASTY; MEDIAN @ CARPAL TUN	69	1.2	0.87
26055	TENDON SHEATH INCISION	67	1.2	0.40
30520	SEPTOPLASTY/SUBMUCOS RES W/GFT	64	1.1	0.81
29881	SCOPE KNEE SURG;W/MENISCECT MED/	61	1.1	1.52
42820	T&A; UNDER AGE 12	61	1.1	1.60
25246	INJECTION PROC WRIST ARTHROGRAPH	43	0.8	0.03
31255	NASAL/SINUS ENDO; W/TOT ETHMOECT	43	0.8	0.36

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

Reportable* excludes codes in the former "Other" category in previous reports.

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 AVERAGE TOTAL CHARGES FOR MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES, SINGLE ICD-9 OR CPT-4 ONLY

126 Pioneer Valley Hospital

ICD-9 CODE	ICD-9 DESCRIPTION	#	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
ICD-9 Procedures		2,605	\$3,047	\$2,542
4523	COLONOSCOPY	602	\$1,397	\$849
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	350	\$1,685	\$1,037
4513	OTH ENDO SM INTESTINE	193	\$1,792	\$917
4542	ENDO POLYPECTOMY LG INTESTINE	142	\$2,100	\$1,101
4525	CLO [ENDO] BX LG INTESTINE	132	\$1,804	\$1,172
5123	LAP CHOLEY	89	\$8,509	\$5,170
283	TONSILLECTOMY W/ADENOIDECTOMY	78	\$2,944	\$1,740
0443	RELEASE CARPAL TUNNEL	46	\$3,194	\$1,882
806	EXC SEMILUNAR CARTILAGE-KNEE	37	\$5,960	\$3,679
1364	DISCISSION SECNDRY MEMBRN	28	\$588	\$574
3893	VENOUS CATH-NEC	28	\$2,604	\$2,366
5491	PERCUT ABD DRAIN	28	\$1,085	\$982
282	TONSILLECTOMY WO ADENOIDECTOMY	26	\$2,935	\$2,010
5011	CLO [PERCUT] [NEEDLE] BX LIVER	26	\$2,382	\$1,657
3722	LT HEART CARD CATH	25	\$8,066	\$5,595
8201	EXPLOR TENDON SHEATH HAND	23	\$2,844	\$1,752
4836	[ENDO] POLYPECTOMY RECTUM	19	\$1,894	\$1,012
6902	D&C FOLLOWING DELIV/AB	19	\$2,867	\$2,179
8521	LOC EXC LES BREAST	19	\$3,068	\$2,242
5303	UNILAT REPR DIRECT ING HERN-GFT	17	\$4,934	\$3,243

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
CPT-4 Procedures		3,385	\$2,746	\$2,284
45378	COLONOSCOPY FLEX; DX-SEP PROC	607	\$1,394	\$818
43239	UGI ENDO; W/BX 1/MX	357	\$1,695	\$1,035
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	209	\$1,360	\$767
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	160	\$2,123	\$1,059
45380	COLONOSCOPY FLEX; W/BX 1/MX	148	\$1,809	\$1,174
66984	EXTRACAPSULAR CATARACT REMV IOL	147	\$4,592	\$2,786
36600	ART PUNCTURE WITHDRAWAL BLD DX	128	\$814	\$1,008
50394	INJ PROC PYELOGRAPHY-NEPHROST TU	111	\$1,102	\$952
44799	UNLISTED PROCEDURE INTESTINE	92	\$1,490	\$1,422
47562	LAPAROSCOPY SURGICAL; CHOLECT	78	\$8,247	\$5,048
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	74	\$1,801	\$822
42820	T&A; UNDER AGE 12	56	\$2,743	\$1,662
29881	SCOPE KNEE SURG;W/MENISCECT MED/	44	\$6,059	\$3,303
25246	INJECTION PROC WRIST ARTHROGRAPH	43	\$1,274	\$1,318
36430	TRANSFUSION BLOOD/BLOOD COMPONEN	31	\$2,237	\$2,084
64721	NEUROPLASTY; MEDIAN @ CARPAL TUN	30	\$2,894	\$1,823
66821	DISCISSION 2ND CATARACT; LASER S	30	\$588	\$621
20680	REMOVAL OF IMPLANT; DEEP	29	\$4,615	\$2,378
23350	INJ SHLDR ARTHROGRPH/ENHNCD CT/M	28	\$2,392	\$1,673
47000	BIOPSY LIVER NEEDLE; PERCUTANEOU	26	\$2,382	\$1,618

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

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

126 Pioneer Valley Hospital

Procedure APG category	Procedure APG	TOTAL #	TOTAL # (ALL Hospitals)
01	INTEGUMENTARY SYSTEM	149	8,392
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	43	2,819
	003 COMPLEX INCISION AND DRAINAGE	5	75
	004 SIMPLE INCISION AND DRAINAGE	3	29
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	17	1,059
	008 SIMPLE EXCISION AND BIOPSY	20	893
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRANGE	2	184
	011 SIMPLE INCISION AND EXCISION OF BREAST	50	2,817
	012 BREAST RECONSTRUCTION AND MASTECTOMY	9	386
02	MUSCULOSKELETAL SYSTEM	935	48,493
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	164	6,083
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	45	1,938
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	39	1,829
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	264	10,165
	025 ARTHROSCOPY	255	20,364
	027 SPLINT, STRAPPING AND CAST REMOVAL	3	98
	028 CLOSED TREATMENT FX & DISLOCATION OF FINGER, TOE & TRUNK	1	49
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	7	611
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	73	3,214
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	5	397
	032 BUNION PROCEDURES	40	1,475
	033 ARTHROPLASTY	6	486
	034 HAND AND FOOT TENOTOMY	2	234
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	31	1,499
03	RESPIRATORY SYSTEM	206	6,895
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	41	706
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	148	4,493
	054 SIMPLE ENDOSCOPY OF THE UPPER AIRWAY	3	334
	055 ENDOSCOPY OF THE LOWER AIRWAY	14	1,362
04	CARDIOVASCULAR SYSTEM	235	25,643
	075 PLACEMENT OF TRANSVENOUS CATHETERS	14	750
	076 DIAGNOSTIC CARDIAC CATHETERIZATION	160	17,680
	077 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	34	1,469
	078 PACEMAKER INSERTION AND REPLACEMENT	9	517
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	8	714
	080 MINOR VASCULAR REPAIR AND FISTULA CONSTRUCTION	8	1,407
	082 VASCULAR LIGATION	1	442
	083 RESUSCITATION AND CARDIOVERSION	1	12
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	55	2,342
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	23	1,515
	097 TRANSFUSION	32	792
06	DIGESTIVE SYSTEM	2,285	82,913
	111 ALIMENTARY TESTS AND SIMPLE TUBE PLACEMENT	2	204
	112 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	41	1,137
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	8	832
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	2	336

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

126 Pioneer Valley Hospital

procedure APG category	procedure APG	TOTAL #	TOTAL # (ALL Hospitals)
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	642	17,918
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	57	4,477
	117 LOWER GASTROINTESTINAL ENDOSCOPY	1,092	33,312
	118 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	57	1,553
	119 HERNIA AND HYDROCELE PROCEDURES	73	6,781
	120 COMPLEX ANAL AND RECTAL PROCEDURES	4	911
	121 SIMPLE ANAL AND RECTAL PROCEDURES	3	544
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	102	516
	123 COMPLEX LAPAROSCOPIC PROCEDURES	200	14,187
	124 SIMPLE LAPAROSCOPIC PROCEDURES	2	205
07	URINARY SYSTEM	1	7,406
	136 SIMPLE CYSTOURETHROSCOPY	1	623
08	MALE GENITAL SYSTEM	2	2,988
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	2	1,293
09	FEMALE GENITAL SYSTEM	67	5,316
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	7	1,138
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	5	1,162
	178 DILATION AND CURETTAGE	21	831
	179 HYSTEROSCOPY	33	2,031
	180 COLPOSCOPY	1	153
10	NERVOUS SYSTEM	411	17,622
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	244	11,950
	197 NEUROSTIMULATOR AND VENTRICULAR SHUNT IMPLANTATION	4	461
	198 NERVE REPAIR AND DESTRUCTION	145	4,478
	199 SPINAL TAP	18	568
11	EYE AND OCULAR ADNEXA	198	10,930
	213 LASER EYE PROCEDURES	34	932
	214 CATARACT PROCEDURES	148	4,649
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	8	475
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	3	185
	220 STRABISMUS AND MUSCLE EYE PROCEDURES	2	794
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	2	793
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	1	477
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	600	29,079
	233 NASAL CAUTERIZATION AND PACKING	2	218
	234 COMPLEX FACIAL AND ENT PROCEDURES	104	5,162
	235 SIMPLE FACIAL AND ENT PROCEDURES	357	15,442
	236 TONSIL AND ADENOID PROCEDURES	137	8,217
13	THERAPUTIC AND OTHER RADIOLOGICAL PROCEDURES	251	3,748
	253 VASCULAR RADIOLOGY EXCEPT FOR VENOGRAPHY OF EXTREMITY	50	1,528
	254 MYELOGRAPHY	1	431
	255 MISCELLANEOUS RADIOLOGICAL PROCEDURES WITH CONTRAST	200	1,787

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

Reportable* excludes codes in the former "Other" category in previous reports.

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 PROCEDURE APG CATEGORY, PROCEDURE APG, SINGLE APG ONLY
 BASED ON REPORTABLE* CPT-4 PROCEDURES

126 Pioneer Valley Hospital

Procedure APG category	Procedure APG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
01	INTEGUMENTARY SYSTEM	115	\$3,618	\$2,329
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	37	\$2,145	\$1,821
	003 COMPLEX INCISION AND DRAINAGE	3	\$4,177	\$2,503
	004 SIMPLE INCISION AND DRAINAGE	2	\$4,260	\$2,861
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	14	\$4,763	\$2,689
	008 SIMPLE EXCISION AND BIOPSY	12	\$4,170	\$2,380
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRAN	1	\$10,928	\$2,990
	011 SIMPLE INCISION AND EXCISION OF BREAST	40	\$3,729	\$2,426
	012 BREAST RECONSTRUCTION AND MASTECTOMY	6	\$6,464	\$4,376
02	MUSCULOSKELETAL SYSTEM	348	\$5,951	\$3,320
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	50	\$10,157	\$4,704
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	15	\$2,840	\$3,131
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	6	\$9,099	\$3,886
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	95	\$3,895	\$2,294
	025 ARTHROSCOPY	108	\$6,471	\$3,776
	027 SPLINT, STRAPPING AND CAST REMOVAL	3	\$188	\$524
	028 CLOSED TREATMENT FX & DISLOCATION OF FINGER, TOE & TRUNK	1	\$2,660	\$1,922
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	4	\$2,232	\$2,528
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	50	\$6,665	\$3,911
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	1	\$2,200	\$2,240
	032 BUNION PROCEDURES	6	\$5,432	\$3,144
	033 ARTHROPLASTY	2	\$5,177	\$4,649
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	7	\$909	\$679
03	RESPIRATORY SYSTEM	60	\$1,667	\$1,669
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	40	\$1,204	\$957
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	5	\$6,159	\$2,885
	054 SIMPLE ENDOSCOPY OF THE UPPER AIRWAY	1	\$3,041	\$994
	055 ENDOSCOPY OF THE LOWER AIRWAY	14	\$1,291	\$1,724
04	CARDIOVASCULAR SYSTEM	28	\$4,902	\$4,966
	075 PLACEMENT OF TRANSVENOUS CATHETERS	13	\$2,305	\$2,141
	077 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	3	\$6,632	\$10,655
	078 PACEMAKER INSERTION AND REPLACEMENT	2	\$24,536	\$18,642
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	1	\$4,082	\$2,283
	080 MINOR VASCULAR REPAIR AND FISTULA CONSTRUCTION	8	\$4,088	\$3,673
	083 RESUSCITATION AND CARDIOVERSION	1	\$1,551	\$12,450
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	46	\$3,477	\$3,010
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	15	\$6,042	\$3,705
	097 TRANSFUSION	31	\$2,237	\$2,084
06	DIGESTIVE SYSTEM	1,747	\$2,271	\$1,825
	111 ALIMENTARY TESTS AND SIMPLE TUBE PLACEMENT	2	\$1,361	\$787
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	8	\$1,355	\$729
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	2	\$882	\$862
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	432	\$1,713	\$987
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	42	\$2,275	\$1,381
	117 LOWER GASTROINTESTINAL ENDOSCOPY	924	\$1,592	\$956

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 PROCEDURE APG CATEGORY, PROCEDURE APG, SINGLE APG ONLY
 BASED ON REPORTABLE* CPT-4 PROCEDURES

126 Pioneer Valley Hospital

procedure APG category	Procedure APG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
	118 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	42	\$2,478	\$2,679
	119 HERNIA AND HYDROCELE PROCEDURES	36	\$4,274	\$2,876
	120 COMPLEX ANAL AND RECTAL PROCEDURES	4	\$5,031	\$2,344
	121 SIMPLE ANAL AND RECTAL PROCEDURES	2	\$3,709	\$1,854
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	96	\$1,587	\$2,435
	123 COMPLEX LAPAROSCOPIC PROCEDURES	156	\$7,684	\$4,923
	124 SIMPLE LAPAROSCOPIC PROCEDURES	1	\$9,228	\$10,668
07	URINARY SYSTEM	1	\$4,001	\$3,713
	136 SIMPLE CYSTOURETHROSCOPY	1	\$4,001	\$1,768
08	MALE GENITAL SYSTEM	1	\$6,000	\$2,549
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	1	\$6,000	\$2,171
09	FEMALE GENITAL SYSTEM	24	\$4,211	\$2,961
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	2	\$4,941	\$4,273
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	4	\$3,837	\$2,362
	178 DILATION AND CURETTAGE	7	\$3,283	\$1,817
	179 HYSTEROSCOPY	11	\$4,806	\$3,360
10	NERVOUS SYSTEM	298	\$1,809	\$1,454
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	237	\$1,354	\$836
	197 NEUROSTIMULATOR AND VENTRICULAR SHUNT IMPLANTATION	1	\$32,642	\$19,201
	198 NERVE REPAIR AND DESTRUCTION	43	\$3,736	\$2,095
	199 SPINAL TAP	17	\$1,456	\$1,172
11	EYE AND OCULAR ADNEXA	189	\$3,846	\$2,574
	213 LASER EYE PROCEDURES	30	\$588	\$642
	214 CATARACT PROCEDURES	147	\$4,592	\$2,790
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	8	\$2,446	\$2,228
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	2	\$3,883	\$2,320
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	2	\$3,467	\$3,198
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	163	\$3,053	\$1,992
	233 NASAL CAUTERIZATION AND PACKING	1	\$3,450	\$2,294
	234 COMPLEX FACIAL AND ENT PROCEDURES	18	\$5,897	\$3,775
	235 SIMPLE FACIAL AND ENT PROCEDURES	36	\$2,003	\$1,425
	236 TONSIL AND ADENOID PROCEDURES	108	\$2,925	\$1,795
13	THERAPUTIC AND OTHER RADIOLOGICAL PROCEDURES	205	\$1,419	\$1,931
	253 VASCULAR RADIOLOGY EXCEPT FOR VENOGRAPHY OF EXTREMITY	6	\$5,270	\$5,014
	255 MISCELLANEOUS RADIOLOGICAL PROCEDURES WITH CONTRAST	199	\$1,303	\$1,346

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

Reportable* excludes codes in the former "Other" category in previous reports.

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

126 Pioneer Valley Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
GENDER				
Female	2,432	55.7	107,216	54.5
Male	1,936	44.3	89,560	45.5
Unknown	0	0.0	2	0.0
Not Reported	0	0.0	0	0.0
AGE				
1-28 days	1	0.0	199	0.1
29-365 days	37	0.8	2,895	1.5
1-4 years	154	3.5	10,718	5.4
5-9	77	1.8	6,003	3.1
10-14	52	1.2	4,605	2.3
15-17	74	1.7	4,474	2.3
18-19	56	1.3	3,608	1.8
20-24	205	4.7	10,974	5.6
25-29	240	5.5	11,529	5.9
30-34	266	6.1	10,974	5.6
35-39	339	7.8	11,089	5.6
40-44	289	6.6	13,913	7.1
45-49	365	8.4	15,367	7.8
50-54	453	10.4	18,693	9.5
55-59	358	8.2	16,175	8.2
60-64	322	7.4	13,797	7.0
65-69	326	7.5	12,250	6.2
70-74	329	7.5	11,038	5.6
75-79	235	5.4	9,345	4.7
80-84	132	3.0	5,890	3.0
85-89	52	1.2	2,520	1.3
90 +	6	0.1	720	0.4
Not Reported	1	0.0	201	0.1
SOURCE OF ADMISSION				
Physician Referral	4,352	99.6	176,073	89.5
Clinic Referral	4	0.1	2,347	1.2
HMO Referral	2	0.0	119	0.1
Other Hospital	0	0.0	71	0.0
Skilled Nursing Facility	0	0.0	21	0.0
Other Health Care Facility	0	0.0	26	0.0
Emergency Room	9	0.2	3,467	1.8
Court/Law Enforcement	0	0.0	3	0.0
Unknown	1	0.0	3,359	1.7
Not Reported	0	0.0	11,292	5.7

(Continued)

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

126 Pioneer Valley Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	4,360	99.8	196,083	99.6
Another Hospital	2	0.0	125	0.1
Skilled Nursing Facility	1	0.0	72	0.0
Intermediate Care Facility	1	0.0	9	0.0
Another Type of Institution	1	0.0	44	0.0
Under Care of Home Service	2	0.0	103	0.1
Left Against Medical Advice	0	0.0	17	0.0
Under Care of Home IV Provider	0	0.0	5	0.0
Expired	0	0.0	16	0.0
Unknown	1	0.0	304	0.2
Not Reported	0	0.0	0	0.0
PRIMARY PAYER				
Medicare	1,109	25.4	42,451	21.6
Medicaid	441	10.1	13,275	6.7
Other government	32	0.7	3,257	1.7
Blue Cross/Blue Shield	797	18.2	27,366	13.9
Other Commercial	705	16.1	17,254	8.8
Managed Care(HMO, PPO)	1,107	25.3	84,762	43.1
Self Pay	46	1.1	3,009	1.5
Industrial & Worker Comp	116	2.7	4,001	2.0
Charity and Unclassified	0	0.0	106	0.1
Childrens Health Insurance	0	0.0	258	0.1
Unknown	15	0.3	964	0.5
Not Reported	0	0.0	75	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	2	0.0	13,556	6.9
Central Utah	14	0.3	6,602	3.4
Davis County	59	1.4	21,257	10.8
Salt Lake County	3,979	91.1	68,961	35.0
Southeastern Utah	7	0.2	4,049	2.1
Southwest Utah	7	0.2	11,167	5.7
Summit County	6	0.1	2,258	1.1
Tooele County	215	4.9	3,742	1.9
Tri-County	8	0.2	5,041	2.6
Utah County	28	0.6	32,261	16.4
Wasatch County	0	0.0	1,500	0.8
Weber County	6	0.1	17,573	8.9
Unknown Utah	1	0.0	60	0.0
Outside Utah	34	0.8	8,682	4.4
Unknown, Not Reported	2	0.0	69	0.0

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

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

122 Primary Children's Medical Center

Reporting Category(ICD-9-CM CODES)	Procedures Performed		Procedures Performed-All Hospitals	
	(#)	(%)	(#)	(%)
Reporting Category(ICD-9-CM CODES)	14,320	100.0	288,895	100.0
Mastectomy (85.0-85.99)	10	0.1	6,818	2.4
Musculoskeletal (76.0-84.99)	1,458	10.2	60,015	20.8
Respiratory (30.0-34.99)	538	3.8	2,981	1.0
Cardiovascular (35.0-39.99)	691	4.8	15,622	5.4
Lymphatic/Hemetic (40.0-41.99)	245	1.7	2,260	0.8
Digestive System (42.0-54.99)	1,603	11.2	90,070	31.2
Urinary (55.0-59.99)	425	3.0	8,063	2.8
Male Genital (60.0-64.99)	899	6.3	3,587	1.2
Female Genital (65.0-71.99)	34	0.2	13,770	4.8
Endocrine/Nervous (01.0-07.99)	581	4.1	22,387	7.7
Eye (08.0-16.99)	977	6.8	19,254	6.7
Ear (18.0-20.99)	3,057	21.3	15,474	5.4
Nose, Mouth, Pharynx (21.0-29.99)	3,802	26.6	28,594	9.9
Reporting Category(CPT-4 CODES)	11,442	100.0	264,491	100.0
Mastectomy (19120-19220)	3	0.0	3,203	1.2
Musculoskeletal (20000-29909)	1,477	12.9	54,392	20.6
Respiratory (30000-32999 & 39501-39599)	773	6.8	12,829	4.9
Cardiovascular (33010-37799 & 93501-93660)	1,237	10.8	34,097	12.9
Lymphatic/Hemetic (38100-38999)	256	2.2	2,304	0.9
Digestive (40490-49999)	3,818	33.4	94,766	35.8
Urinary (50010-53899)	204	1.8	8,849	3.3
Male Genital (54000-55899)	1,012	8.8	3,229	1.2
Female Genital (56405-58999)	33	0.3	10,000	3.8
Endocrine/Nervous (60000-64999)	237	2.1	20,833	7.9
Eye (65091-68899)	754	6.6	11,183	4.2
Ear (69000-69979)	1,638	14.3	8,806	3.3

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics.

Reportable* excludes codes in the former "Other" category in previous reports.

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES

122 Primary Children's Medical Center

ICD-9 CODE	ICD-9 DESCRIPTION	#	%	% ALL Hospitals
All ICD-9 Procedures		14,320	100.0	100.0
2001	MYRINGOTOMY W/INSRT TUBE	2,612	18.2	4.36
283	TONSILLECTOMY W/ADENOIDECTOMY	905	6.3	1.86
2341	APPLIC CROWN	625	4.4	0.54
232	RESTORATION TOOTH-FILLING	501	3.5	0.57
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	414	2.9	5.16
0392	INJ OTH AGENT SPINAL CANAL	373	2.6	2.43
1511	RECESSION 1 EXTRAOCULAR MUSC	373	2.6	0.26
640	CIRCUMCISION	330	2.3	0.30
2309	EXTRACT OTH TOOTH	254	1.8	0.20
2370	ROOT CANAL-NOS	248	1.7	0.37
286	ADENOIDECTOMY WO TONSILLECTOMY	227	1.6	0.42
3142	LARYNGOSCOPY & OTH TRACHEOSCOPY	227	1.6	0.15
3723	COMBO RT & LT HEART CARD CATH	213	1.5	0.57
625	ORCHIOPEXY	200	1.4	0.11
4131	BX BONE MARROW	198	1.4	0.17
5300	UNILAT REPR ING HERN-NOS	195	1.4	0.12
5845	REPR HYOSPADIAS/EPISPADIAS	189	1.3	0.07
0943	PROBE NASOLACRML DUCT	166	1.2	0.13
2349	OTH DENTAL RESTORATION	149	1.0	0.11
7865	REMOV IMPLNT DEVICE-FEM	147	1.0	0.13

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		11,442	100.0	100.0
69436	TYMPANOSTOMY GENERAL ANESTHESIA	1,330	11.6	2.51
42820	T&A; UNDER AGE 12	827	7.2	1.60
41899	UNLIST PROC DENTOALVEOL STRUCTUR	793	6.9	1.39
43239	UGI ENDO; W/BX 1/MX	409	3.6	5.28
54161	CIRC NO CLAMP/DORSL SLIT; NOT N	313	2.7	0.24
20680	REMOVAL OF IMPLANT; DEEP	246	2.1	0.81
67311	STRABISMUS SURG; 1 HORIZONTAL MU	224	2.0	0.18
42830	ADENOIDECTOMY PRIMARY; UNDER AGE	220	1.9	0.41
38221	BONE MARROW; BIOPSY NEEDLE/TROCA	203	1.8	0.19
68811	PROBE NASOLACRIM DUCT; REQ GEN A	167	1.5	0.14
54640	ORCHIPXY ING APPRCH W/WO HERN RE	160	1.4	0.09
49500	REPR INIT ING HERNIA 6MO-<5YR; R	154	1.3	0.09
93531	RT & RETRO LT HRT CATH-CONGEN AN	144	1.3	0.06
24538	PERQ FIX SPRCOND FX W/WO EXTENSI	141	1.2	0.08
54322	1 STAGE DSTL REPR; W/SMPL MEATL	135	1.2	0.05
93544	INJ PROC DUR CARD CATH; AORTGRPH	131	1.1	0.13
49505	REPR INIT ING HERNIA 5YR/MORE; R	119	1.0	1.06
93555	IMAG SUPERVS I&R-CATH; VENT/ATRI	112	1.0	0.99
62270	SPINAL PUNCTURE LUMBAR DIAGNOSTI	105	0.9	0.21
31622	BRNCHSCPY;DX W/WO CELL WASH SP P	104	0.9	0.12

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

Reportable* excludes codes in the former "Other" category in previous reports.

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 AVERAGE TOTAL CHARGES FOR MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES, SINGLE ICD-9 OR CPT-4 ONLY

122 Primary Children's Medical Center

ICD-9 CODE	ICD-9 DESCRIPTION	#	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
ICD-9 Procedures		4,885	\$1,719	\$2,542
283	TONSILLECTOMY W/ADENOIDECTOMY	689	\$1,259	\$1,740
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	341	\$1,349	\$1,037
0392	INJ OTH AGENT SPINAL CANAL	314	\$308	\$718
640	CIRCUMCISION	204	\$1,351	\$1,442
5845	REPR HYPOSPADIAS/EPISPADIAS	145	\$1,897	\$1,920
7911	CLO REDUC FX W/INT FIX-HUMERUS	134	\$2,450	\$2,830
5300	UNILAT REPR ING HERN-NOS	105	\$1,444	\$2,048
625	ORCHIOPEXY	99	\$1,474	\$1,715
4131	BX BONE MARROW	92	\$1,779	\$2,854
3723	COMBO RT & LT HEART CARD CATH	91	\$7,017	\$6,303
7865	REMOV IMPLNT DEVICE-FEM	91	\$1,746	\$2,563
0943	PROBE NASOLACRML DUCT	76	\$1,139	\$1,041
5349	OTH UMB HERNIORRHAPHY	72	\$1,423	\$2,307
0331	SPINAL TAP	70	\$928	\$1,245
153	>=2 EXTRAOC MUSC-TEMP DETCH-1/BOTH	66	\$1,539	\$1,866
282	TONSILLECTOMY WO ADENOIDECTOMY	64	\$1,233	\$2,010
631	EXC VARICOCELE-HYDROCELE SPERM CORD	61	\$1,356	\$2,075
5302	UNILAT REPR INDIRECT ING HERN	53	\$1,488	\$2,222
6493	DIVIS PENILE ADHES	45	\$1,091	\$1,217
4223	OTH ESOPHAGOSCOPY	44	\$1,939	\$1,880

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
CPT-4 Procedures		6,322	\$1,681	\$2,284
69436	TYMPANOSTOMY GENERAL ANESTHESIA	882	\$802	\$1,016
41899	UNLIST PROC DENTOALVEOL STRUCTUR	739	\$2,292	\$2,122
42820	T&A; UNDER AGE 12	613	\$1,248	\$1,662
43239	UGI ENDO; W/BX 1/MX	339	\$1,365	\$1,035
54161	CIRC NO CLAMP/DORSL SLIT; NOT N	202	\$1,337	\$1,752
20680	REMOVAL OF IMPLANT; DEEP	189	\$1,707	\$2,378
67311	STRABISMUS SURG; 1 HORIZONTAL MU	163	\$1,490	\$1,818
38221	BONE MARROW; BIOPSY NEEDLE/TROCA	155	\$1,453	\$1,623
54640	ORCHIPXY ING APPRCH W/WO HERN RE	118	\$1,515	\$1,806
24538	PERQ FIX SPRCOND FX W/WO EXTENSI	108	\$2,379	\$2,696
54322	1 STAGE DSTL REPR; W/SPL MEATL	107	\$1,850	\$1,855
49500	REPR INIT ING HERNIA 6MO-<5YR; R	92	\$1,364	\$1,619
49505	REPR INIT ING HERNIA 5YR/MORE; R	85	\$1,497	\$3,015
68811	PROBE NASOLACRIM DUCT; REQ GEN A	75	\$1,137	\$1,052
42821	T&A; AGE 12 OR OVER	68	\$1,388	\$2,003
62270	SPINAL PUNCTURE LUMBAR DIAGNOSTI	65	\$822	\$1,175
55500	EXC HYDROCEL SPERM CRD UNI-SEP P	60	\$1,348	\$1,726
49580	REPR UMBILIC HERNIA <5YR; REDUCI	57	\$1,419	\$1,681
67312	STRABISMUS SURG; 2 HORIZONTAL MU	57	\$1,533	\$1,769
45380	COLONOSCOPY FLEX; W/BX 1/MX	49	\$1,764	\$1,174

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

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

122 Primary Children's Medical Center

Procedure APG category		TOTAL #	TOTAL # (ALL Hospitals)
Procedure APG			
01	INTEGUMENTARY SYSTEM	413	8,392
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	282	2,819
	003 COMPLEX INCISION AND DRAINAGE	1	75
	004 SIMPLE INCISION AND DRAINAGE	4	29
	006 SIMPLE DEBRIDEMENT AND DESTRUCTION	17	125
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	54	1,059
	008 SIMPLE EXCISION AND BIOPSY	45	893
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRANGE	7	184
	011 SIMPLE INCISION AND EXCISION OF BREAST	2	2,817
	012 BREAST RECONSTRUCTION AND MASTECTOMY	1	386
02	MUSCULOSKELETAL SYSTEM	1,170	48,493
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	173	6,083
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	102	1,938
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	70	1,829
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	434	10,165
	025 ARTHROSCOPY	7	20,364
	026 REPLACEMENT OF CAST	6	51
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	53	611
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	201	3,214
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	11	397
	032 BUNION PROCEDURES	2	1,475
	033 ARTHROPLASTY	2	486
	034 HAND AND FOOT TENOTOMY	44	234
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	65	1,499
03	RESPIRATORY SYSTEM	500	6,895
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	1	706
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	184	4,493
	054 SIMPLE ENDOSCOPY OF THE UPPER AIRWAY	145	334
	055 ENDOSCOPY OF THE LOWER AIRWAY	170	1,362
04	CARDIOVASCULAR SYSTEM	1,205	25,643
	074 CARDIAC ELECTROPHYSIOLOGIC TESTS	195	2,379
	075 PLACEMENT OF TRANSVENOUS CATHETERS	40	750
	076 DIAGNOSTIC CARDIAC CATHETERIZATION	807	17,680
	077 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	62	1,469
	078 PACEMAKER INSERTION AND REPLACEMENT	22	517
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	32	714
	080 MINOR VASCULAR REPAIR AND FISTULA CONSTRUCTION	34	1,407
	081 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	12	273
	083 RESUSCITATION AND CARDIOVERSION	1	12
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	53	2,342
	094 BLOOD AND BLOOD PRODUCT EXCHANGE	2	26
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	49	1,515
	097 TRANSFUSION	2	792
06	DIGESTIVE SYSTEM	1,506	82,913
	112 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	29	1,137
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	13	832

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

122 Primary Children's Medical Center

procedure APG category	procedure APG	TOTAL #	TOTAL # (ALL Hospitals)
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	11	336
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	465	17,918
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	90	4,477
	117 LOWER GASTROINTESTINAL ENDOSCOPY	99	33,312
	118 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	2	1,553
	119 HERNIA AND HYDROCELE PROCEDURES	601	6,781
	120 COMPLEX ANAL AND RECTAL PROCEDURES	18	911
	121 SIMPLE ANAL AND RECTAL PROCEDURES	21	544
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	26	516
	123 COMPLEX LAPAROSCOPIC PROCEDURES	131	14,187
07	URINARY SYSTEM	125	7,406
	133 URINARY CATHETERIZATION AND DILATATION	9	331
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	13	3,121
	135 MODERATE CYSTOURETHROSCOPY	29	2,378
	136 SIMPLE CYSTOURETHROSCOPY	28	623
	137 COMPLEX URETHRAL PROCEDURES	16	117
	138 SIMPLE URETHRAL PROCEDURES	30	106
08	MALE GENITAL SYSTEM	945	2,988
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	293	1,293
	152 INSERTION OF PENILE PROSTHESIS	1	72
	153 COMPLEX PENILE PROCEDURES	271	416
	154 SIMPLE PENILE PROCEDURES	380	901
09	FEMALE GENITAL SYSTEM	44	5,316
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	30	1,162
	180 COLPOSCOPY	14	153
10	NERVOUS SYSTEM	203	17,622
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	50	11,950
	196 REVISION AND REMOVAL OF NEUROLOGICAL DEVICE	17	165
	197 NEUROSTIMULATOR AND VENTRICULAR SHUNT IMPLANTATION	4	461
	198 NERVE REPAIR AND DESTRUCTION	27	4,478
	199 SPINAL TAP	105	568
11	EYE AND OCULAR ADNEXA	748	10,930
	211 MINOR OPHTHALMOLOGICAL TESTS AND PROCEDURES	1	29
	213 LASER EYE PROCEDURES	2	932
	214 CATARACT PROCEDURES	14	4,649
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	168	475
	216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	54	351
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	9	185
	219 SIMPLE POSTERIOR SEGMENT EYE PROCEDURES	4	192
	220 STRABISMUS AND MUSCLE EYE PROCEDURES	424	794
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	31	793
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	33	477
	223 VITRECTOMY	8	1,677
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	4,210	29,079
	231 COCHLEAR DEVICE IMPLANTATION	3	40
	233 NASAL CAUTERIZATION AND PACKING	48	218

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

122 Primary Children's Medical Center

procedure APG category	procedure APG	TOTAL #	TOTAL # (ALL Hospitals)
	234 COMPLEX FACIAL AND ENT PROCEDURES	348	5,162
	235 SIMPLE FACIAL AND ENT PROCEDURES	2,584	15,442
	236 TONSIL AND ADENOID PROCEDURES	1,227	8,217
13	THERAPUTIC AND OTHER RADIOLOGICAL PROCEDURES	14	3,748
	253 VASCULAR RADIOLOGY EXCEPT FOR VENOGRAPHY OF EXTREMITY	3	1,528
	255 MISCELLANEOUS RADIOLOGICAL PROCEDURES WITH CONTRAST	11	1,787

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

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 PROCEDURE APG CATEGORY, PROCEDURE APG, SINGLE APG ONLY
 BASED ON REPORTABLE* CPT-4 PROCEDURES

122 Primary Children's Medical Center

Procedure APG category	Procedure APG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
01	INTEGUMENTARY SYSTEM	289	\$1,783	\$2,329
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	209	\$1,725	\$1,821
	006 SIMPLE DEBRIDEMENT AND DESTRUCTION	11	\$1,474	\$1,996
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	36	\$2,256	\$2,689
	008 SIMPLE EXCISION AND BIOPSY	30	\$1,718	\$2,380
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRAN	1	\$2,284	\$2,990
	011 SIMPLE INCISION AND EXCISION OF BREAST	1	\$1,810	\$2,426
	012 BREAST RECONSTRUCTION AND MASTECTOMY	1	\$1,866	\$4,376
02	MUSCULOSKELETAL SYSTEM	672	\$1,945	\$3,320
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	91	\$2,252	\$4,704
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	50	\$1,786	\$3,131
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	24	\$2,055	\$3,886
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	262	\$1,812	\$2,294
	025 ARTHROSCOPY	4	\$2,611	\$3,776
	026 REPLACEMENT OF CAST	1	\$113	\$1,876
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	35	\$2,233	\$2,528
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	148	\$2,493	\$3,911
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	4	\$1,656	\$2,240
	032 BUNION PROCEDURES	2	\$2,165	\$3,144
	034 HAND AND FOOT TENOTOMY	5	\$1,593	\$1,827
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	46	\$265	\$679
03	RESPIRATORY SYSTEM	137	\$1,320	\$1,669
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	44	\$1,830	\$2,885
	054 SIMPLE ENDOSCOPY OF THE UPPER AIRWAY	42	\$580	\$994
	055 ENDOSCOPY OF THE LOWER AIRWAY	51	\$1,491	\$1,724
04	CARDIOVASCULAR SYSTEM	107	\$5,487	\$4,966
	074 CARDIAC ELECTROPHYSIOLOGIC TESTS	6	\$8,638	\$11,869
	075 PLACEMENT OF TRANSVENOUS CATHETERS	27	\$2,057	\$2,141
	076 DIAGNOSTIC CARDIAC CATHETERIZATION	33	\$7,271	\$4,944
	077 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	6	\$9,154	\$10,655
	078 PACEMAKER INSERTION AND REPLACEMENT	12	\$11,683	\$18,642
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	11	\$902	\$2,283
	080 MINOR VASCULAR REPAIR AND FISTULA CONSTRUCTION	11	\$3,028	\$3,673
	081 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	1	\$1,400	\$3,307
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	39	\$2,039	\$3,010
	094 BLOOD AND BLOOD PRODUCT EXCHANGE	2	\$1,954	\$4,776
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	37	\$2,043	\$3,705
06	DIGESTIVE SYSTEM	940	\$1,519	\$1,825
	112 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	9	\$1,245	\$1,000
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	9	\$897	\$729
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	2	\$1,450	\$862
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	346	\$1,369	\$987
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	79	\$1,913	\$1,381
	117 LOWER GASTROINTESTINAL ENDOSCOPY	62	\$1,775	\$956
	119 HERNIA AND HYDROCELE PROCEDURES	365	\$1,496	\$2,876

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 PROCEDURE APG CATEGORY, PROCEDURE APG, SINGLE APG ONLY
 BASED ON REPORTABLE* CPT-4 PROCEDURES

122 Primary Children's Medical Center

procedure APG category	Procedure APG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
	120 COMPLEX ANAL AND RECTAL PROCEDURES	15	\$1,031	\$2,344
	121 SIMPLE ANAL AND RECTAL PROCEDURES	12	\$898	\$1,854
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	12	\$1,723	\$2,435
	123 COMPLEX LAPAROSCOPIC PROCEDURES	29	\$2,681	\$4,923
07	URINARY SYSTEM	80	\$1,732	\$3,713
	133 URINARY CATHETERIZATION AND DILATATION	5	\$1,620	\$2,727
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	9	\$2,316	\$3,653
	135 MODERATE CYSTOURETHROSCOPY	21	\$2,148	\$2,892
	136 SIMPLE CYSTOURETHROSCOPY	16	\$1,378	\$1,768
	137 COMPLEX URETHRAL PROCEDURES	12	\$1,684	\$3,621
	138 SIMPLE URETHRAL PROCEDURES	17	\$1,307	\$1,570
08	MALE GENITAL SYSTEM	618	\$1,528	\$2,549
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	197	\$1,475	\$2,171
	152 INSERTION OF PENILE PROSTHESIS	1	\$11,462	\$13,411
	153 COMPLEX PENILE PROCEDURES	180	\$1,834	\$2,856
	154 SIMPLE PENILE PROCEDURES	240	\$1,300	\$1,466
09	FEMALE GENITAL SYSTEM	30	\$2,334	\$2,961
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	24	\$2,563	\$2,362
	180 COLPOSCOPY	6	\$1,416	\$2,234
10	NERVOUS SYSTEM	113	\$1,771	\$1,454
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	25	\$915	\$836
	196 REVISION AND REMOVAL OF NEUROLOGICAL DEVICE	15	\$3,988	\$5,633
	197 NEUROSTIMULATOR AND VENTRICULAR SHUNT IMPLANTATION	3	\$18,309	\$19,201
	198 NERVE REPAIR AND DESTRUCTION	5	\$1,825	\$2,095
	199 SPINAL TAP	65	\$822	\$1,172
11	EYE AND OCULAR ADNEXA	414	\$1,482	\$2,574
	211 MINOR OPHTHALMOLOGICAL TESTS AND PROCEDURES	1	\$1,321	\$1,391
	213 LASER EYE PROCEDURES	2	\$1,882	\$642
	214 CATARACT PROCEDURES	8	\$3,364	\$2,790
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	76	\$1,174	\$2,228
	216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	36	\$1,610	\$1,881
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	3	\$1,700	\$2,320
	219 SIMPLE POSTERIOR SEGMENT EYE PROCEDURES	2	\$1,232	\$2,589
	220 STRABISMUS AND MUSCLE EYE PROCEDURES	261	\$1,491	\$1,783
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	14	\$1,766	\$3,198
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	11	\$1,170	\$1,766
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	2,705	\$1,503	\$1,992
	231 COCHLEAR DEVICE IMPLANTATION	3	\$26,362	\$56,335
	233 NASAL CAUTERIZATION AND PACKING	23	\$1,756	\$2,294
	234 COMPLEX FACIAL AND ENT PROCEDURES	152	\$2,245	\$3,775
	235 SIMPLE FACIAL AND ENT PROCEDURES	1,745	\$1,504	\$1,425
	236 TONSIL AND ADENOID PROCEDURES	782	\$1,255	\$1,795
13	THERAPUTIC AND OTHER RADIOLOGICAL PROCEDURES	1	\$5,532	\$1,931
	255 MISCELLANEOUS RADIOLOGICAL PROCEDURES WITH CONTRAST	1	\$5,532	\$1,346

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

Reportable* excludes codes in the former "Other" category in previous reports.

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

122 Primary Children's Medical Center

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
GENDER				
Female	3,517	39.8	107,216	54.5
Male	5,328	60.2	89,560	45.5
Unknown	0	0.0	2	0.0
Not Reported	0	0.0	0	0.0
AGE				
1-28 days	16	0.2	199	0.1
29-365 days	1,235	14.0	2,895	1.5
1-4 years	3,743	42.3	10,718	5.4
5-9	2,035	23.0	6,003	3.1
10-14	1,169	13.2	4,605	2.3
15-17	495	5.6	4,474	2.3
18-19	88	1.0	3,608	1.8
20-24	55	0.6	10,974	5.6
25-29	5	0.1	11,529	5.9
30-34	3	0.0	10,974	5.6
35-39	0	0.0	11,089	5.6
40-44	0	0.0	13,913	7.1
45-49	0	0.0	15,367	7.8
50-54	1	0.0	18,693	9.5
55-59	0	0.0	16,175	8.2
60-64	0	0.0	13,797	7.0
65-69	0	0.0	12,250	6.2
70-74	0	0.0	11,038	5.6
75-79	0	0.0	9,345	4.7
80-84	0	0.0	5,890	3.0
85-89	0	0.0	2,520	1.3
90 +	0	0.0	720	0.4
Not Reported	16	0.2	201	0.1
SOURCE OF ADMISSION				
Physician Referral	8,497	96.1	176,073	89.5
Clinic Referral	5	0.1	2,347	1.2
HMO Referral	3	0.0	119	0.1
Other Hospital	3	0.0	71	0.0
Skilled Nursing Facility	0	0.0	21	0.0
Other Health Care Facility	0	0.0	26	0.0
Emergency Room	337	3.8	3,467	1.8
Court/Law Enforcement	0	0.0	3	0.0
Unknown	0	0.0	3,359	1.7
Not Reported	0	0.0	11,292	5.7

(Continued)

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

122 Primary Children's Medical Center

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	8,835	99.9	196,083	99.6
Another Hospital	5	0.1	125	0.1
Skilled Nursing Facility	0	0.0	72	0.0
Intermediate Care Facility	0	0.0	9	0.0
Another Type of Institution	0	0.0	44	0.0
Under Care of Home Service	4	0.0	103	0.1
Left Against Medical Advice	0	0.0	17	0.0
Under Care of Home IV Provider	1	0.0	5	0.0
Expired	0	0.0	16	0.0
Unknown	0	0.0	304	0.2
Not Reported	0	0.0	0	0.0
PRIMARY PAYER				
Medicare	7	0.1	42,451	21.6
Medicaid	1,881	21.3	13,275	6.7
Other government	116	1.3	3,257	1.7
Blue Cross/Blue Shield	1,566	17.7	27,366	13.9
Other Commercial	898	10.2	17,254	8.8
Managed Care(HMO, PPO)	4,022	45.5	84,762	43.1
Self Pay	67	0.8	3,009	1.5
Industrial & Worker Comp	2	0.0	4,001	2.0
Charity and Unclassified	8	0.1	106	0.1
Childrens Health Insurance	111	1.3	258	0.1
Unknown	167	1.9	964	0.5
Not Reported	0	0.0	75	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	188	2.1	13,556	6.9
Central Utah	139	1.6	6,602	3.4
Davis County	1,011	11.4	21,257	10.8
Salt Lake County	4,623	52.3	68,961	35.0
Southeastern Utah	110	1.2	4,049	2.1
Southwest Utah	157	1.8	11,167	5.7
Summit County	153	1.7	2,258	1.1
Tooele County	251	2.8	3,742	1.9
Tri-County	87	1.0	5,041	2.6
Utah County	873	9.9	32,261	16.4
Wasatch County	79	0.9	1,500	0.8
Weber County	407	4.6	17,573	8.9
Unknown Utah	2	0.0	60	0.0
Outside Utah	760	8.6	8,682	4.4
Unknown, Not Reported	5	0.1	69	0.0

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

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

120 Salt Lake Regional Medical Center

Reporting Category (ICD-9-CM CODES)	Procedures Performed		Procedures Performed-All Hospitals	
	(#)	(%)	(#)	(%)
Reporting Category(ICD-9-CM CODES)	6,024	100.0	288,895	100.0
Mastectomy (85.0-85.99)	372	6.2	6,818	2.4
Musculoskeletal (76.0-84.99)	970	16.1	60,015	20.8
Respiratory (30.0-34.99)	45	0.7	2,981	1.0
Cardiovascular (35.0-39.99)	1,048	17.4	15,622	5.4
Lymphatic/Hemetic (40.0-41.99)	68	1.1	2,260	0.8
Digestive System (42.0-54.99)	660	11.0	90,070	31.2
Urinary (55.0-59.99)	303	5.0	8,063	2.8
Male Genital (60.0-64.99)	135	2.2	3,587	1.2
Female Genital (65.0-71.99)	322	5.3	13,770	4.8
Endocrine/Nervous (01.0-07.99)	376	6.2	22,387	7.7
Eye (08.0-16.99)	984	16.3	19,254	6.7
Ear (18.0-20.99)	147	2.4	15,474	5.4
Nose, Mouth, Pharynx (21.0-29.99)	594	9.9	28,594	9.9
Reporting Category(CPT-4 CODES)	6,696	100.0	264,491	100.0
Mastectomy (19120-19220)	174	2.6	3,203	1.2
Musculoskeletal (20000-29909)	1,092	16.3	54,392	20.6
Respiratory (30000-32999 & 39501-39599)	428	6.4	12,829	4.9
Cardiovascular (33010-37799 & 93501-93660)	1,841	27.5	34,097	12.9
Lymphatic/Hemetic (38100-38999)	52	0.8	2,304	0.9
Digestive (40490-49999)	893	13.3	94,766	35.8
Urinary (50010-53899)	566	8.5	8,849	3.3
Male Genital (54000-55899)	140	2.1	3,229	1.2
Female Genital (56405-58999)	297	4.4	10,000	3.8
Endocrine/Nervous (60000-64999)	492	7.3	20,833	7.9
Eye (65091-68899)	630	9.4	11,183	4.2
Ear (69000-69979)	91	1.4	8,806	3.3

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics.

Reportable* excludes codes in the former "Other" category in previous reports.

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES

120 Salt Lake Regional Medical Center

ICD-9 CODE	ICD-9 DESCRIPTION	#	%	% ALL Hospitals
All ICD-9 Procedures		6,024	100.0	100.0
3722	LT HEART CARD CATH	249	4.1	1.22
0833	REPR BLEPHAROPT-RESECT/ADVANC LEVAT	179	3.0	0.09
8521	LOC EXC LES BREAST	152	2.5	1.03
5123	LAP CHOLEY	125	2.1	2.06
2169	OTH TURBINECTOMY	114	1.9	0.75
8192	INJ THERAP SUBSTANCE JT/LIGAMNT	109	1.8	0.41
0844	REPR ENTROPION/ECTROP-LID RECON	104	1.7	0.06
0859	OTH ADJUSTMENT LID POSIT	98	1.6	0.05
0870	RECON EYELID-NOS	96	1.6	0.08
3726	CARD ELECTROPHYSIO STIMUL-RECORD	93	1.5	0.34
2001	MYRINGOTOMY W/INSRT TUBE	90	1.5	4.36
3859	LIG-STRIP VARICOSE VEINS-LOWER LIMB	90	1.5	0.21
598	URETERAL CATH	90	1.5	0.53
2188	OTH SEPTOPLASTY	83	1.4	0.61
0899	OTH OPER EYELIDS	76	1.3	0.04
3727	CARD MAPPING	76	1.3	0.28
0443	RELEASE CARPAL TUNNEL	74	1.2	1.23
3734	EXC/DESTRUC OTH LES/TISS HRT OTH	74	1.2	0.26
283	TONSILLECTOMY W/ADENOIDECTOMY	69	1.1	1.86
8519	OTH DX PROC BREAST	69	1.1	0.30

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		6,696	100.0	100.0
93545	INJ PROC-CATH; SELECT CORONRY AN	276	4.1	1.26
93510	LT HRT CATH RETRO-BRACH/FEM; PER	252	3.8	1.00
93543	INJ PROC-CATH; LT VENT/ATRIAL AN	249	3.7	1.18
67904	REPR BLEPHAROPTOSIS; RESECT-EXT	115	1.7	0.07
36600	ART PUNCTURE WITHDRAWAL BLD DX	110	1.6	0.37
49505	REPR INIT ING HERNIA 5YR/MORE; R	106	1.6	1.06
50590	LITHOTRIPSY XTRACORP SHOCK WAVE	106	1.6	0.27
52005	CYSTOURETHROSCOPY W/URETERAL CAT	102	1.5	0.42
30140	SUBMUCOS RES TURBINATE PART/CMPL	101	1.5	0.69
19120	EXC BRST CYST TUMR/LES OPN M/F 1	97	1.4	0.74
30520	SEPTOPLASTY/SUBMUCOS RES W/GFT	87	1.3	0.81
47562	LAPAROSCOPY SURGICAL; CHOLECT	83	1.2	0.84
36430	TRANSFUSION BLOOD/BLOOD COMPONENTEN	81	1.2	0.30
21282	LATERAL CANTHOPEXY	79	1.2	0.03
67875	TEMPORARY CLOSURE OF EYELIDS SUT	77	1.1	0.05
52332	CYSTOURETHROSCOPY W/INSRT STENT	71	1.1	0.46
64721	NEUROPLASTY; MEDIAN @ CARPAL TUN	70	1.0	0.87
20610	ARTHROCENTESIS ASPIR&/INJ; MAJ J	61	0.9	0.27
67917	REPAIR ECTROPION; BLPHPLSTY EXT	61	0.9	0.04
93620	COMP EP EVAL;RT ATRIAL VENT HIS	61	0.9	0.23

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

Reportable* excludes codes in the former "Other" category in previous reports.

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 AVERAGE TOTAL CHARGES FOR MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES, SINGLE ICD-9 OR CPT-4 ONLY

120 Salt Lake Regional Medical Center

ICD-9 CODE	ICD-9 DESCRIPTION	#	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
ICD-9 Procedures		2,237	\$6,341	\$2,542
3722	LT HEART CARD CATH	175	\$7,940	\$5,595
5123	LAP CHOLEY	115	\$9,217	\$5,170
8192	INJ THERAP SUBSTANCE JT/LIGAMNT	103	\$589	\$805
8521	LOC EXC LES BREAST	71	\$4,015	\$2,242
0443	RELEASE CARPAL TUNNEL	62	\$3,341	\$1,882
283	TONSILLECTOMY W/ADENOIDECTOMY	56	\$3,693	\$1,740
6952	ASPIR CURET FOLLOWING DELIV/AB	54	\$3,301	\$1,938
5304	UNILAT REPR INDIRECT ING HERN-GFT	50	\$5,819	\$3,100
5303	UNILAT REPR DIRECT ING HERN-GFT	42	\$5,799	\$3,243
3893	VENOUS CATH-NEC	41	\$3,794	\$2,366
0392	INJ OTH AGENT SPINAL CANAL	32	\$2,544	\$718
5011	CLO [PERCUT] [NEEDLE] BX LIVER	30	\$2,288	\$1,657
5749	OTH TRANSURETH EXC/DEST LES BLADDER	28	\$5,510	\$3,093
598	URETERAL CATH	27	\$8,121	\$4,543
6909	OTH D&C UTERUS	27	\$3,946	\$2,052
8051	EXC INTERVERTEBRAL DISC	27	\$8,887	\$5,993
282	TONSILLECTOMY WO ADENOIDECTOMY	26	\$3,705	\$2,010
5349	OTH UMB HERNIORRHAPHY	26	\$3,968	\$2,307
3723	COMBO RT & LT HEART CARD CATH	25	\$9,795	\$6,303
6629	OTH BIL ENDO DESTRUC FALLOP TUBES	25	\$5,840	\$2,947

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
CPT-4 Procedures		2,575	\$5,176	\$2,284
36600	ART PUNCTURE WITHDRAWAL BLD DX	110	\$1,352	\$1,008
50590	LITHOTRIPSY XTRACORP SHOCK WAVE	95	\$7,057	\$6,705
49505	REPR INIT ING HERNIA 5YR/MORE; R	84	\$5,252	\$3,015
36430	TRANSFUSION BLOOD/BLOOD COMPONENT	78	\$3,458	\$2,084
19120	EXC BRST CYST TUMR/LES OPN M/F 1	76	\$4,132	\$2,212
47562	LAPAROSCOPY SURGICAL; CHOLECT	76	\$8,640	\$5,048
64721	NEUROPLASTY; MEDIAN @ CARPAL TUN	61	\$3,285	\$1,823
20605	ARTHROCN ASPIR &/INJ;INTRMD JNT/	56	\$333	\$575
20610	ARTHROCENTESIS ASPIR&/INJ; MAJ J	56	\$743	\$659
58340	CATH&INTRO-CONTRST HYSTROSON/SLP	50	\$878	\$631
36489	PLCMT CNTRL VENUS CATH; PERQ > 2	43	\$4,015	\$2,129
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	39	\$10,341	\$5,262
42820	T&A; UNDER AGE 12	35	\$3,527	\$1,662
19125	EXC BRST LES ID RAD MARKR OPN;1	33	\$5,151	\$2,955
20680	REMOVAL OF IMPLANT; DEEP	30	\$4,882	\$2,378
47000	BIOPSY LIVER NEEDLE; PERCUTANEOU	30	\$2,288	\$1,618
58558	HYSTEROSCPY SURG; W/BX &/ POLYPE	28	\$4,532	\$2,689
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	26	\$3,705	\$2,065
58671	LAP SURG; W/OCCLUS OVIDUCTS-DEVI	25	\$5,809	\$3,311
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	25	\$1,274	\$767

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

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

120 Salt Lake Regional Medical Center

Procedure APG category		TOTAL #	TOTAL # (ALL Hospitals)
Procedure APG			
01	INTEGUMENTARY SYSTEM	324	8,392
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	66	2,819
	003 COMPLEX INCISION AND DRAINAGE	2	75
	006 SIMPLE DEBRIDEMENT AND DESTRUCTION	5	125
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	45	1,059
	008 SIMPLE EXCISION AND BIOPSY	28	893
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRANGE	3	184
	010 SIMPLE SKIN REPAIR	1	5
	011 SIMPLE INCISION AND EXCISION OF BREAST	145	2,817
	012 BREAST RECONSTRUCTION AND MASTECTOMY	29	386
02	MUSCULOSKELETAL SYSTEM	851	48,493
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	158	6,083
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	61	1,938
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	25	1,829
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	200	10,165
	025 ARTHROSCOPY	135	20,364
	027 SPLINT, STRAPPING AND CAST REMOVAL	8	98
	028 CLOSED TREATMENT FX & DISLOCATION OF FINGER, TOE & TRUNK	1	49
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	6	611
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	70	3,214
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	7	397
	032 BUNION PROCEDURES	38	1,475
	033 ARTHROPLASTY	8	486
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	134	1,499
03	RESPIRATORY SYSTEM	165	6,895
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	28	706
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	120	4,493
	054 SIMPLE ENDOSCOPY OF THE UPPER AIRWAY	3	334
	055 ENDOSCOPY OF THE LOWER AIRWAY	14	1,362
04	CARDIOVASCULAR SYSTEM	1,440	25,643
	074 CARDIAC ELECTROPHYSIOLOGIC TESTS	234	2,379
	075 PLACEMENT OF TRANSVENOUS CATHETERS	46	750
	076 DIAGNOSTIC CARDIAC CATHETERIZATION	889	17,680
	077 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	40	1,469
	078 PACEMAKER INSERTION AND REPLACEMENT	49	517
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	75	714
	080 MINOR VASCULAR REPAIR AND FISTULA CONSTRUCTION	24	1,407
	081 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	26	273
	082 VASCULAR LIGATION	57	442
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	126	2,342
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	45	1,515
	097 TRANSFUSION	81	792
06	DIGESTIVE SYSTEM	736	82,913
	111 ALIMENTARY TESTS AND SIMPLE TUBE PLACEMENT	20	204
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	12	832
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	4	17,918

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

120 Salt Lake Regional Medical Center

procedure APG category	procedure APG	TOTAL #	TOTAL # (ALL Hospitals)
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	5	4,477
	117 LOWER GASTROINTESTINAL ENDOSCOPY	7	33,312
	118 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	30	1,553
	119 HERNIA AND HYDROCELE PROCEDURES	232	6,781
	120 COMPLEX ANAL AND RECTAL PROCEDURES	37	911
	121 SIMPLE ANAL AND RECTAL PROCEDURES	21	544
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	15	516
	123 COMPLEX LAPAROSCOPIC PROCEDURES	346	14,187
	124 SIMPLE LAPAROSCOPIC PROCEDURES	7	205
07	URINARY SYSTEM	528	7,406
	131 RENAL EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	106	727
	132 SIMPLE URINARY STUDIES AND PROCEDURES	1	3
	133 URINARY CATHETERIZATION AND DILATATION	26	331
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	174	3,121
	135 MODERATE CYSTOURETHROSCOPY	193	2,378
	136 SIMPLE CYSTOURETHROSCOPY	21	623
	137 COMPLEX URETHRAL PROCEDURES	6	117
	138 SIMPLE URETHRAL PROCEDURES	1	106
08	MALE GENITAL SYSTEM	106	2,988
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	65	1,293
	152 INSERTION OF PENILE PROSTHESIS	3	72
	153 COMPLEX PENILE PROCEDURES	12	416
	154 SIMPLE PENILE PROCEDURES	22	901
	155 PROSTATE NEEDLE AND PUNCH BIOPSY	4	306
09	FEMALE GENITAL SYSTEM	130	5,316
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	22	1,138
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	22	1,162
	178 DILATION AND CURETTAGE	15	831
	179 HYSTEROSCOPY	69	2,031
	180 COLPOSCOPY	2	153
10	NERVOUS SYSTEM	364	17,622
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	122	11,950
	196 REVISION AND REMOVAL OF NEUROLOGICAL DEVICE	25	165
	197 NEUROSTIMULATOR AND VENTRICULAR SHUNT IMPLANTATION	63	461
	198 NERVE REPAIR AND DESTRUCTION	130	4,478
	199 SPINAL TAP	24	568
11	EYE AND OCULAR ADNEXA	599	10,930
	211 MINOR OPHTHALMOLOGICAL TESTS AND PROCEDURES	1	29
	214 CATARACT PROCEDURES	1	4,649
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	3	475
	216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	33	351
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	1	185
	220 STRABISMUS AND MUSCLE EYE PROCEDURES	3	794
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	372	793
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	185	477
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	647	29,079

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

120 Salt Lake Regional Medical Center

procedure APG category	procedure APG	TOTAL #	TOTAL # (ALL Hospitals)
	233 NASAL CAUTERIZATION AND PACKING	6	218
	234 COMPLEX FACIAL AND ENT PROCEDURES	281	5,162
	235 SIMPLE FACIAL AND ENT PROCEDURES	229	15,442
	236 TONSIL AND ADENOID PROCEDURES	131	8,217
13	13 THERAPUTIC AND OTHER RADIOLOGICAL PROCEDURES	219	3,748
	253 VASCULAR RADIOLOGY EXCEPT FOR VENOGRAPHY OF EXTREMITY	78	1,528
	254 MYELOGRAPHY	34	431
	255 MISCELLANEOUS RADIOLOGICAL PROCEDURES WITH CONTRAST	107	1,787

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, 2003
 PROCEDURE APG CATEGORY, PROCEDURE APG, SINGLE APG ONLY
 BASED ON REPORTABLE* CPT-4 PROCEDURES

120 Salt Lake Regional Medical Center

Procedure APG category	Procedure APG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
01	INTEGUMENTARY SYSTEM	237	\$4,506	\$2,329
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	61	\$1,868	\$1,821
	003 COMPLEX INCISION AND DRAINAGE	1	\$4,600	\$2,503
	006 SIMPLE DEBRIDEMENT AND DESTRUCTION	4	\$3,478	\$1,996
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	18	\$8,438	\$2,689
	008 SIMPLE EXCISION AND BIOPSY	16	\$3,928	\$2,380
	010 SIMPLE SKIN REPAIR	1	\$2,164	\$2,925
	011 SIMPLE INCISION AND EXCISION OF BREAST	109	\$4,441	\$2,426
	012 BREAST RECONSTRUCTION AND MASTECTOMY	27	\$8,686	\$4,376
02	MUSCULOSKELETAL SYSTEM	418	\$4,440	\$3,320
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	44	\$8,318	\$4,704
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	19	\$6,285	\$3,131
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	9	\$5,516	\$3,886
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	105	\$4,430	\$2,294
	025 ARTHROSCOPY	36	\$8,503	\$3,776
	027 SPLINT, STRAPPING AND CAST REMOVAL	8	\$389	\$524
	028 CLOSED TREATMENT FX & DISLOCATION OF FINGER, TOE & TRUNK	1	\$496	\$1,922
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	2	\$5,509	\$2,528
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	46	\$6,475	\$3,911
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	2	\$4,107	\$2,240
	032 BUNION PROCEDURES	23	\$6,593	\$3,144
	033 ARTHROPLASTY	2	\$6,874	\$4,649
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	121	\$524	\$679
03	RESPIRATORY SYSTEM	44	\$1,804	\$1,669
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	26	\$1,231	\$957
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	5	\$3,937	\$2,885
	054 SIMPLE ENDOSCOPY OF THE UPPER AIRWAY	1	\$2,540	\$994
	055 ENDOSCOPY OF THE LOWER AIRWAY	12	\$2,095	\$1,724
04	CARDIOVASCULAR SYSTEM	132	\$9,960	\$4,966
	074 CARDIAC ELECTROPHYSIOLOGIC TESTS	7	\$7,097	\$11,869
	075 PLACEMENT OF TRANSVENOUS CATHETERS	44	\$4,004	\$2,141
	076 DIAGNOSTIC CARDIAC CATHETERIZATION	2	\$16,823	\$4,944
	077 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	13	\$18,252	\$10,655
	078 PACEMAKER INSERTION AND REPLACEMENT	15	\$29,776	\$18,642
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	10	\$11,895	\$2,283
	080 MINOR VASCULAR REPAIR AND FISTULA CONSTRUCTION	14	\$6,652	\$3,673
	081 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	5	\$3,841	\$3,307
	082 VASCULAR LIGATION	22	\$6,367	\$3,967
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	103	\$3,965	\$3,010
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	25	\$5,550	\$3,705
	097 TRANSFUSION	78	\$3,458	\$2,084
06	DIGESTIVE SYSTEM	491	\$6,439	\$1,825
	111 ALIMENTARY TESTS AND SIMPLE TUBE PLACEMENT	20	\$883	\$787
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	5	\$3,261	\$729
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	1	\$2,699	\$987

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 PROCEDURE APG CATEGORY, PROCEDURE APG, SINGLE APG ONLY
 BASED ON REPORTABLE* CPT-4 PROCEDURES

120 Salt Lake Regional Medical Center

procedure APG category	Procedure APG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	5	\$2,770	\$1,381
	117 LOWER GASTROINTESTINAL ENDOSCOPY	3	\$2,336	\$956
	118 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	14	\$4,980	\$2,679
	119 HERNIA AND HYDROCELE PROCEDURES	158	\$5,042	\$2,876
	120 COMPLEX ANAL AND RECTAL PROCEDURES	25	\$3,934	\$2,344
	121 SIMPLE ANAL AND RECTAL PROCEDURES	6	\$5,145	\$1,854
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	12	\$5,112	\$2,435
	123 COMPLEX LAPAROSCOPIC PROCEDURES	241	\$8,395	\$4,923
	124 SIMPLE LAPAROSCOPIC PROCEDURES	1	\$23,853	\$10,668
07	URINARY SYSTEM	213	\$5,613	\$3,713
	131 RENAL EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	95	\$7,057	\$6,705
	132 SIMPLE URINARY STUDIES AND PROCEDURES	1	\$4,137	\$2,700
	133 URINARY CATHETERIZATION AND DILATATION	16	\$1,211	\$2,727
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	37	\$5,620	\$3,653
	135 MODERATE CYSTOURETHROSCOPY	59	\$4,633	\$2,892
	136 SIMPLE CYSTOURETHROSCOPY	4	\$3,299	\$1,768
	137 COMPLEX URETHRAL PROCEDURES	1	\$7,200	\$3,621
08	MALE GENITAL SYSTEM	50	\$5,026	\$2,549
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	22	\$4,883	\$2,171
	152 INSERTION OF PENILE PROSTHESIS	1	\$13,549	\$13,411
	153 COMPLEX PENILE PROCEDURES	9	\$6,415	\$2,856
	154 SIMPLE PENILE PROCEDURES	16	\$3,647	\$1,466
	155 PROSTATE NEEDLE AND PUNCH BIOPSY	2	\$7,120	\$3,741
09	FEMALE GENITAL SYSTEM	79	\$4,829	\$2,961
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	8	\$6,363	\$4,273
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	17	\$3,800	\$2,362
	178 DILATION AND CURETTAGE	10	\$3,661	\$1,817
	179 HYSTEROSCOPY	44	\$5,213	\$3,360
10	NERVOUS SYSTEM	200	\$6,251	\$1,454
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	56	\$2,363	\$836
	196 REVISION AND REMOVAL OF NEUROLOGICAL DEVICE	9	\$6,503	\$5,633
	197 NEUROSTIMULATOR AND VENTRICULAR SHUNT IMPLANTATION	31	\$23,318	\$19,201
	198 NERVE REPAIR AND DESTRUCTION	82	\$3,694	\$2,095
	199 SPINAL TAP	22	\$1,526	\$1,172
11	EYE AND OCULAR ADNEXA	60	\$4,567	\$2,574
	216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	2	\$4,985	\$1,881
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	53	\$4,598	\$3,198
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	5	\$4,072	\$1,766
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	174	\$4,478	\$1,992
	233 NASAL CAUTERIZATION AND PACKING	1	\$6,617	\$2,294
	234 COMPLEX FACIAL AND ENT PROCEDURES	41	\$7,377	\$3,775
	235 SIMPLE FACIAL AND ENT PROCEDURES	48	\$3,149	\$1,425
	236 TONSIL AND ADENOID PROCEDURES	84	\$3,796	\$1,795
13	THERAPUTIC AND OTHER RADIOLOGICAL PROCEDURES	147	\$2,364	\$1,931
	253 VASCULAR RADIOLOGY EXCEPT FOR VENOGRAPHY OF EXTREMITY	19	\$5,655	\$5,014

AMB ST 1-5
 UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 PROCEDURE APG CATEGORY, PROCEDURE APG, SINGLE APG ONLY
 BASED ON REPORTABLE* CPT-4 PROCEDURES

120 Salt Lake Regional Medical Center

procedure APG category Procedure APG	TOTAL #	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
254 MYELOGRAPHY	29	\$2,705	\$2,518
255 MISCELLANEOUS RADIOLOGICAL PROCEDURES WITH CONTRAST	99	\$1,633	\$1,346

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

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

120 Salt Lake Regional Medical Center

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
GENDER				
Female	2,406	55.9	107,216	54.5
Male	1,898	44.1	89,560	45.5
Unknown	0	0.0	2	0.0
Not Reported	0	0.0	0	0.0
AGE				
1-28 days	2	0.0	199	0.1
29-365 days	14	0.3	2,895	1.5
1-4 years	55	1.3	10,718	5.4
5-9	47	1.1	6,003	3.1
10-14	61	1.4	4,605	2.3
15-17	74	1.7	4,474	2.3
18-19	77	1.8	3,608	1.8
20-24	243	5.6	10,974	5.6
25-29	298	6.9	11,529	5.9
30-34	294	6.8	10,974	5.6
35-39	293	6.8	11,089	5.6
40-44	337	7.8	13,913	7.1
45-49	305	7.1	15,367	7.8
50-54	372	8.6	18,693	9.5
55-59	342	7.9	16,175	8.2
60-64	252	5.9	13,797	7.0
65-69	277	6.4	12,250	6.2
70-74	335	7.8	11,038	5.6
75-79	281	6.5	9,345	4.7
80-84	208	4.8	5,890	3.0
85-89	103	2.4	2,520	1.3
90 +	34	0.8	720	0.4
Not Reported	2	0.0	201	0.1
SOURCE OF ADMISSION				
Physician Referral	4,280	99.4	176,073	89.5
Clinic Referral	0	0.0	2,347	1.2
HMO Referral	2	0.0	119	0.1
Other Hospital	2	0.0	71	0.0
Skilled Nursing Facility	0	0.0	21	0.0
Other Health Care Facility	9	0.2	26	0.0
Emergency Room	11	0.3	3,467	1.8
Court/Law Enforcement	0	0.0	3	0.0
Unknown	0	0.0	3,359	1.7
Not Reported	0	0.0	11,292	5.7

(Continued)

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

120 Salt Lake Regional Medical Center

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	4,298	99.9	196,083	99.6
Another Hospital	0	0.0	125	0.1
Skilled Nursing Facility	1	0.0	72	0.0
Intermediate Care Facility	1	0.0	9	0.0
Another Type of Institution	2	0.0	44	0.0
Under Care of Home Service	2	0.0	103	0.1
Left Against Medical Advice	0	0.0	17	0.0
Under Care of Home IV Provider	0	0.0	5	0.0
Expired	0	0.0	16	0.0
Unknown	0	0.0	304	0.2
Not Reported	0	0.0	0	0.0
PRIMARY PAYER				
Medicare	1,258	29.2	42,451	21.6
Medicaid	246	5.7	13,275	6.7
Other government	111	2.6	3,257	1.7
Blue Cross/Blue Shield	1,213	28.2	27,366	13.9
Other Commercial	303	7.0	17,254	8.8
Managed Care(HMO, PPO)	1,047	24.3	84,762	43.1
Self Pay	65	1.5	3,009	1.5
Industrial & Worker Comp	49	1.1	4,001	2.0
Charity and Unclassified	2	0.0	106	0.1
Childrens Health Insurance	0	0.0	258	0.1
Unknown	10	0.2	964	0.5
Not Reported	0	0.0	75	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	34	0.8	13,556	6.9
Central Utah	13	0.3	6,602	3.4
Davis County	403	9.4	21,257	10.8
Salt Lake County	2,962	68.8	68,961	35.0
Southeastern Utah	26	0.6	4,049	2.1
Southwest Utah	13	0.3	11,167	5.7
Summit County	134	3.1	2,258	1.1
Tooele County	163	3.8	3,742	1.9
Tri-County	76	1.8	5,041	2.6
Utah County	90	2.1	32,261	16.4
Wasatch County	25	0.6	1,500	0.8
Weber County	84	2.0	17,573	8.9
Unknown Utah	0	0.0	60	0.0
Outside Utah	276	6.4	8,682	4.4
Unknown, Not Reported	5	0.1	69	0.0

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

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

128 San Juan Hospital

Reporting Category(ICD-9-CM CODES)	Procedures Performed		Procedures Performed-All Hospitals	
	(#)	(%)	(#)	(%)
Reporting Category(ICD-9-CM CODES)	406	100.0	288,895	100.0
Mastectomy (85.0-85.99)	3	0.7	6,818	2.4
Musculoskeletal (76.0-84.99)	3	0.7	60,015	20.8
Respiratory (30.0-34.99)	1	0.2	2,981	1.0
Cardiovascular (35.0-39.99)	0	0.0	15,622	5.4
Lymphatic/Hemetic (40.0-41.99)	1	0.2	2,260	0.8
Digestive System (42.0-54.99)	210	51.7	90,070	31.2
Urinary (55.0-59.99)	0	0.0	8,063	2.8
Male Genital (60.0-64.99)	1	0.2	3,587	1.2
Female Genital (65.0-71.99)	14	3.4	13,770	4.8
Endocrine/Nervous (01.0-07.99)	0	0.0	22,387	7.7
Eye (08.0-16.99)	95	23.4	19,254	6.7
Ear (18.0-20.99)	51	12.6	15,474	5.4
Nose,Mouth,Pharynx (21.0-29.99)	27	6.7	28,594	9.9
Reporting Category(CPT-4 CODES)	.	.	264,491	100.0
Mastectomy (19120-19220)	.	.	3,203	1.2
Musculoskeletal (20000-29909)	.	.	54,392	20.6
Respiratory (30000-32999 & 39501-39599)	.	.	12,829	4.9
Cardiovascular (33010-37799 & 93501-93660)	.	.	34,097	12.9
Lymphatic/Hemetic (38100-38999)	.	.	2,304	0.9
Digestive (40490-49999)	.	.	94,766	35.8
Urinary (50010-53899)	.	.	8,849	3.3
Male Genital (54000-55899)	.	.	3,229	1.2
Female Genital (56405-58999)	.	.	10,000	3.8
Endocrine/Nervous (60000-64999)	.	.	20,833	7.9
Eye (65091-68899)	.	.	11,183	4.2
Ear (69000-69979)	.	.	8,806	3.3

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics.

Reportable* excludes codes in the former "Other" category in previous reports.

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES

128 San Juan Hospital

ICD-9 CODE	ICD-9 DESCRIPTION	#	%	% ALL Hospitals
All ICD-9 Procedures				
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	69	17.0	5.16
2001	MYRINGOTOMY W/INSRT TUBE	51	12.6	4.36
1341	PHACOEMULSIFICATION-ASPIR CATARACT	45	11.1	1.57
1371	IOL PROSTH-CATARACT EXTRACT-1-STAGE	45	11.1	1.60
4542	ENDO POLYPECTOMY LG INTESTINE	43	10.6	3.38
4523	COLONOSCOPY	36	8.9	6.06
4525	CLO [ENDO] BX LG INTESTINE	24	5.9	2.27
283	TONSILLECTOMY W/ADENOIDECTOMY	17	4.2	1.86
5123	LAP CHOLEY	11	2.7	2.06
282	TONSILLECTOMY WO ADENOIDECTOMY	7	1.7	0.67
6909	OTH D&C UTERUS	6	1.5	0.61
4945	LIG HEMORRHOIDS	5	1.2	0.03
5421	LAPAROSCOPY	5	1.2	0.71
5304	UNILAT REPR INDIRECT ING HERN-GFT	4	1.0	0.52
8521	LOC EXC LES BREAST	3	0.7	1.03
1139	OTH EXC PTERYGIUM	2	0.5	0.04
286	ADENOIDECTOMY WO TONSILLECTOMY	2	0.5	0.42
4513	OTH ENDO SM INTESTINE	2	0.5	2.14
4946	EXC HEMORRHOIDS	2	0.5	0.20
5305	UNILAT REPR ING HERN-GFT-NOS	2	0.5	0.14

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures				

Does not report CPTs

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

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 AVERAGE TOTAL CHARGES FOR MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES, SINGLE ICD-9 OR CPT-4 ONLY

128 San Juan Hospital

ICD-9 CODE	ICD-9 DESCRIPTION	#	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
ICD-9 Procedures				
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	46	\$1,598	\$1,037
4523	COLONOSCOPY	28	\$1,725	\$849
4542	ENDO POLYPECTOMY LG INTESTINE	26	\$2,117	\$1,101
283	TONSILLECTOMY W/ADENOIDECTOMY	16	\$2,334	\$1,740
4525	CLO [ENDO] BX LG INTESTINE	13	\$1,650	\$1,172
5123	LAP CHOLEY	10	\$5,161	\$5,170
282	TONSILLECTOMY WO ADENOIDECTOMY	7	\$2,364	\$2,010
5421	LAPAROSCOPY	5	\$3,728	\$3,185
6909	OTH D&C UTERUS	5	\$1,868	\$2,052
5304	UNILAT REPR INDIRECT ING HERN-GFT	4	\$2,859	\$3,100
8521	LOC EXC LES BREAST	3	\$2,152	\$2,242
1139	OTH EXC PTERYGIUM	2	\$3,067	\$1,987
4513	OTH ENDO SM INTESTINE	2	\$1,766	\$917
0844	REPR ENTROPION/ECTROP-LID RECON	1	\$2,944	\$3,221
2001	MYRINGOTOMY W/INSRT TUBE	1	\$1,888	\$1,051
2130	EXC/DESTRUC LES NOSE NOS	1	\$405	\$1,540
3491	THORACENTESIS	1	\$315	\$1,181
4021	EXC DEEP CERV LYMPH NODE	1	\$1,956	\$3,236
4532	OTH DESTRUC LES DUODENUM	1	\$1,737	\$1,737
4552	ISOLATION SEGMENT LG INTESTINE	1	\$1,833	\$1,833

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
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CPT-4 Procedures

Does not report CPTs

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

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

128 San Juan Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
GENDER				
Female	163	55.8	107,216	54.5
Male	129	44.2	89,560	45.5
Unknown	0	0.0	2	0.0
Not Reported	0	0.0	0	0.0
AGE				
1-28 days	1	0.3	199	0.1
29-365 days	14	4.8	2,895	1.5
1-4 years	16	5.5	10,718	5.4
5-9	9	3.1	6,003	3.1
10-14	5	1.7	4,605	2.3
15-17	8	2.7	4,474	2.3
18-19	0	0.0	3,608	1.8
20-24	11	3.8	10,974	5.6
25-29	5	1.7	11,529	5.9
30-34	5	1.7	10,974	5.6
35-39	11	3.8	11,089	5.6
40-44	13	4.5	13,913	7.1
45-49	10	3.4	15,367	7.8
50-54	26	8.9	18,693	9.5
55-59	26	8.9	16,175	8.2
60-64	16	5.5	13,797	7.0
65-69	24	8.2	12,250	6.2
70-74	30	10.3	11,038	5.6
75-79	29	9.9	9,345	4.7
80-84	25	8.6	5,890	3.0
85-89	7	2.4	2,520	1.3
90 +	1	0.3	720	0.4
Not Reported	1	0.3	201	0.1
SOURCE OF ADMISSION				
Physician Referral	292	100.0	176,073	89.5
Clinic Referral	0	0.0	2,347	1.2
HMO Referral	0	0.0	119	0.1
Other Hospital	0	0.0	71	0.0
Skilled Nursing Facility	0	0.0	21	0.0
Other Health Care Facility	0	0.0	26	0.0
Emergency Room	0	0.0	3,467	1.8
Court/Law Enforcement	0	0.0	3	0.0
Unknown	0	0.0	3,359	1.7
Not Reported	0	0.0	11,292	5.7

(Continued)

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

128 San Juan Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	286	97.9	196,083	99.6
Another Hospital	0	0.0	125	0.1
Skilled Nursing Facility	0	0.0	72	0.0
Intermediate Care Facility	0	0.0	9	0.0
Another Type of Institution	0	0.0	44	0.0
Under Care of Home Service	0	0.0	103	0.1
Left Against Medical Advice	0	0.0	17	0.0
Under Care of Home IV Provider	0	0.0	5	0.0
Expired	0	0.0	16	0.0
Unknown	6	2.1	304	0.2
Not Reported	0	0.0	0	0.0
PRIMARY PAYER				
Medicare	115	39.4	42,451	21.6
Medicaid	51	17.5	13,275	6.7
Other government	5	1.7	3,257	1.7
Blue Cross/Blue Shield	33	11.3	27,366	13.9
Other Commercial	21	7.2	17,254	8.8
Managed Care(HMO, PPO)	61	20.9	84,762	43.1
Self Pay	5	1.7	3,009	1.5
Industrial & Worker Comp	0	0.0	4,001	2.0
Charity and Unclassified	0	0.0	106	0.1
Childrens Health Insurance	0	0.0	258	0.1
Unknown	1	0.3	964	0.5
Not Reported	0	0.0	75	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	0	0.0	13,556	6.9
Central Utah	0	0.0	6,602	3.4
Davis County	0	0.0	21,257	10.8
Salt Lake County	0	0.0	68,961	35.0
Southeastern Utah	261	89.4	4,049	2.1
Southwest Utah	2	0.7	11,167	5.7
Summit County	0	0.0	2,258	1.1
Tooele County	0	0.0	3,742	1.9
Tri-County	0	0.0	5,041	2.6
Utah County	0	0.0	32,261	16.4
Wasatch County	0	0.0	1,500	0.8
Weber County	1	0.3	17,573	8.9
Unknown Utah	1	0.3	60	0.0
Outside Utah	27	9.2	8,682	4.4
Unknown, Not Reported	0	0.0	69	0.0

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

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

130 Sanpete Valley Hospital

Reporting Category(ICD-9-CM CODES)	Procedures Performed		Procedures Performed-All Hospitals	
	(#)	(%)	(#)	(%)
Reporting Category(ICD-9-CM CODES)	726	100.0	288,895	100.0
Mastectomy (85.0-85.99)	39	5.4	6,818	2.4
Musculoskeletal (76.0-84.99)	66	9.1	60,015	20.8
Respiratory (30.0-34.99)	0	0.0	2,981	1.0
Cardiovascular (35.0-39.99)	1	0.1	15,622	5.4
Lymphatic/Hemetic (40.0-41.99)	2	0.3	2,260	0.8
Digestive System (42.0-54.99)	374	51.5	90,070	31.2
Urinary (55.0-59.99)	3	0.4	8,063	2.8
Male Genital (60.0-64.99)	8	1.1	3,587	1.2
Female Genital (65.0-71.99)	43	5.9	13,770	4.8
Endocrine/Nervous (01.0-07.99)	47	6.5	22,387	7.7
Eye (08.0-16.99)	133	18.3	19,254	6.7
Ear (18.0-20.99)	0	0.0	15,474	5.4
Nose, Mouth, Pharynx (21.0-29.99)	10	1.4	28,594	9.9
Reporting Category(CPT-4 CODES)	521	100.0	264,491	100.0
Mastectomy (19120-19220)	22	4.2	3,203	1.2
Musculoskeletal (20000-29909)	47	9.0	54,392	20.6
Respiratory (30000-32999 & 39501-39599)	0	0.0	12,829	4.9
Cardiovascular (33010-37799 & 93501-93660)	2	0.4	34,097	12.9
Lymphatic/Hemetic (38100-38999)	1	0.2	2,304	0.9
Digestive (40490-49999)	323	62.0	94,766	35.8
Urinary (50010-53899)	2	0.4	8,849	3.3
Male Genital (54000-55899)	6	1.2	3,229	1.2
Female Genital (56405-58999)	32	6.1	10,000	3.8
Endocrine/Nervous (60000-64999)	0	0.0	20,833	7.9
Eye (65091-68899)	86	16.5	11,183	4.2
Ear (69000-69979)	0	0.0	8,806	3.3

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics.

Reportable* excludes codes in the former "Other" category in previous reports.

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES

130 Sanpete Valley Hospital

ICD-9 CODE	ICD-9 DESCRIPTION	#	%	% ALL Hospitals
All ICD-9 Procedures		726	100.0	100.0
4523	COLONOSCOPY	82	11.3	6.06
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	69	9.5	5.16
1371	IOL PROSTH-CATARACT EXTRACT-1-STAGE	55	7.6	1.60
1341	PHACOEMLSIFICATION-ASPIR CATARACT	54	7.4	1.57
0443	RELEASE CARPAL TUNNEL	47	6.5	1.23
8023	ARTHSCPY-WRIST	47	6.5	0.18
5123	LAP CHOLEY	41	5.6	2.06
4542	ENDO POLYPECTOMY LG INTESTINE	39	5.4	3.38
4513	OTH ENDO SM INTESTINE	30	4.1	2.14
8521	LOC EXC LES BREAST	23	3.2	1.03
1369	OTH CATARACT EXTRACT	22	3.0	0.05
5421	LAPAROSCOPY	21	2.9	0.71
4525	CLO [ENDO] BX LG INTESTINE	13	1.8	2.27
4701	LAP APPENDECTOMY	11	1.5	0.36
8519	OTH DX PROC BREAST	10	1.4	0.30
282	TONSILLECTOMY WO ADENOIDECTOMY	8	1.1	0.67
6909	OTH D&C UTERUS	7	1.0	0.61
6959	OTH ASPIR CURET UTERUS	7	1.0	0.06
5304	UNILAT REPR INDIRECT ING HERN-GFT	6	0.8	0.52
5305	UNILAT REPR ING HERN-GFT-NOS	6	0.8	0.14

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		521	100.0	100.0
45378	COLONOSCOPY FLEX; DX-SEP PROC	70	13.4	6.06
43239	UGI ENDO; W/BX 1/MX	59	11.3	5.28
66984	EXTRACAPSULAR CATARACT REMV IOL	55	10.6	1.67
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	40	7.7	1.34
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	36	6.9	3.55
66821	DISCISSION 2ND CATARACT; LASER S	31	6.0	0.33
29848	ENDO WRST SURG REL TRNS CARP LIG	28	5.4	0.33
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	24	4.6	1.45
49650	LAPARSCPY SURG; REPR INIT ING HE	14	2.7	0.23
19120	EXC BRST CYST TUMR/LES OPN M/F 1	12	2.3	0.74
58120	DILATION & CURET DX &/ THERAPEUT	12	2.3	0.31
44970	LAPAROSCOPY SURGICAL APPENDECTOM	11	2.1	0.41
45380	COLONOSCOPY FLEX; W/BX 1/MX	11	2.1	2.39
19125	EXC BRST LES ID RAD MARKR OPN;1	7	1.3	0.31
42825	TONSILLECT PRIM/SEC; UNDER AGE 1	7	1.3	0.13
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	6	1.2	0.78
58670	LAPARSCPY SURGICAL; W/FULG OVIDU	6	1.2	0.23
58563	HYSTEROSC SURG; W/ENDOMETRIAL AB	5	1.0	0.31
49329	UNLIST LAP PROC ABD PERTN&OMNTUM	4	0.8	0.23
49505	REPR INIT ING HERNIA 5YR/MORE; R	4	0.8	1.06

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

Reportable* excludes codes in the former "Other" category in previous reports.

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 AVERAGE TOTAL CHARGES FOR MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES, SINGLE ICD-9 OR CPT-4 ONLY

130 Sanpete Valley Hospital

ICD-9 CODE	ICD-9 DESCRIPTION	#	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
ICD-9 Procedures		325	\$2,267	\$2,542
4523	COLONOSCOPY	63	\$1,012	\$849
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	42	\$1,006	\$1,037
5123	LAP CHOLEY	38	\$5,432	\$5,170
4542	ENDO POLYPECTOMY LG INTESTINE	28	\$1,379	\$1,101
1369	OTH CATARACT EXTRACT	22	\$557	\$532
4513	OTH ENDO SM INTESTINE	17	\$950	\$917
8521	LOC EXC LES BREAST	12	\$2,756	\$2,242
4701	LAP APPENDECTOMY	10	\$5,929	\$6,389
282	TONSILLECTOMY WO ADENOIDECTOMY	8	\$2,090	\$2,010
6959	OTH ASPIR CURET UTERUS	7	\$2,509	\$1,881
4525	CLO [ENDO] BX LG INTESTINE	6	\$1,295	\$1,172
6622	BIL ENDO LIG-DIVIS FALLOPIAN TUBES	5	\$4,007	\$3,493
6909	OTH D&C UTERUS	5	\$2,773	\$2,052
6902	D&C FOLLOWING DELIV/AB	4	\$2,906	\$2,179
7751	BUNIONEC SOFT-OSTEOT 1ST METATARS	4	\$3,100	\$2,899
4824	CLO [ENDO] BX RECTUM	3	\$1,003	\$1,099
4836	[ENDO] POLYPECTOMY RECTUM	3	\$1,312	\$1,012
5349	OTH UMB HERNIORRHAPHY	3	\$3,042	\$2,307
5361	INCIS HERN REPR W/PROSTH	3	\$5,014	\$4,770
640	CIRCUMCISION	3	\$2,359	\$1,442

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
CPT-4 Procedures		410	\$2,649	\$2,284
45378	COLONOSCOPY FLEX; DX-SEP PROC	55	\$1,035	\$818
66984	EXTRACAPSULAR CATARACT REMV IOL	55	\$2,850	\$2,786
43239	UGI ENDO; W/BX 1/MX	37	\$1,005	\$1,035
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	37	\$5,443	\$5,262
29848	ENDO WRST SURG REL TRNS CARP LIG	28	\$3,768	\$2,220
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	27	\$1,310	\$1,059
66821	DISCISSION 2ND CATARACT; LASER S	19	\$557	\$621
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	15	\$964	\$822
49650	LAPARSCPY SURG; REPR INIT ING HE	13	\$5,256	\$4,582
19120	EXC BRST CYST TUMR/LES OPN M/F 1	12	\$2,993	\$2,212
58120	DILATION & CURET DX &/ THERAPEUT	12	\$2,619	\$1,817
44970	LAPAROSCOPY SURGICAL APPENDECTOM	10	\$5,929	\$6,356
45380	COLONOSCOPY FLEX; W/BX 1/MX	8	\$1,333	\$1,174
42825	TONSILLECT PRIM/SEC; UNDER AGE 1	7	\$2,059	\$1,801
19125	EXC BRST LES ID RAD MARKR OPN;1	6	\$2,937	\$2,955
58670	LAPARSCPY SURGICAL; W/FULG OVIDU	5	\$4,007	\$2,832
58563	HYSTEROSC SURG; W/ENDOMETRIAL AB	4	\$3,475	\$4,160
28296	HALLUX VALGUS; W/METATARSAL OSTE	3	\$2,865	\$3,030
49585	REPR UMBIL HERNIA 5YR/OVER; RDOC	3	\$3,488	\$2,725
19180	MASTECTOMY SIMPLE COMPLETE	2	\$4,273	\$5,399

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

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

130 Sanpete Valley Hospital

Procedure APG category	Procedure APG	TOTAL #	TOTAL # (ALL Hospitals)
01	INTEGUMENTARY SYSTEM	26	8,392
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	2	1,059
	008 SIMPLE EXCISION AND BIOPSY	1	893
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRANGE	1	184
	011 SIMPLE INCISION AND EXCISION OF BREAST	20	2,817
	012 BREAST RECONSTRUCTION AND MASTECTOMY	2	386
02	MUSCULOSKELETAL SYSTEM	43	48,493
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	1	1,829
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	9	10,165
	025 ARTHROSCOPY	28	20,364
	027 SPLINT, STRAPPING AND CAST REMOVAL	1	98
	032 BUNION PROCEDURES	4	1,475
04	CARDIOVASCULAR SYSTEM	1	25,643
	080 MINOR VASCULAR REPAIR AND FISTULA CONSTRUCTION	1	1,407
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	2	2,342
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	1	1,515
	097 TRANSFUSION	1	792
06	DIGESTIVE SYSTEM	320	82,913
	112 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	3	1,137
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	1	336
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	84	17,918
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	9	4,477
	117 LOWER GASTROINTESTINAL ENDOSCOPY	118	33,312
	119 HERNIA AND HYDROCELE PROCEDURES	20	6,781
	120 COMPLEX ANAL AND RECTAL PROCEDURES	1	911
	123 COMPLEX LAPAROSCOPIC PROCEDURES	83	14,187
	124 SIMPLE LAPAROSCOPIC PROCEDURES	1	205
07	URINARY SYSTEM	2	7,406
	133 URINARY CATHETERIZATION AND DILATATION	1	331
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	1	3,121
08	MALE GENITAL SYSTEM	6	2,988
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	3	1,293
	154 SIMPLE PENILE PROCEDURES	3	901
09	FEMALE GENITAL SYSTEM	23	5,316
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	2	1,138
	178 DILATION AND CURETTAGE	12	831
	179 HYSTEROSCOPY	8	2,031
	180 COLPOSCOPY	1	153
11	EYE AND OCULAR ADNEXA	86	10,930
	213 LASER EYE PROCEDURES	31	932
	214 CATARACT PROCEDURES	55	4,649
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	10	29,079
	236 TONSIL AND ADENOID PROCEDURES	10	8,217

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

Reportable* excludes codes in the former "Other" category in previous reports.

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 PROCEDURE APG CATEGORY, PROCEDURE APG, SINGLE APG ONLY
 BASED ON REPORTABLE* CPT-4 PROCEDURES

130 Sanpete Valley Hospital

Procedure APG category	Procedure APG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
01	INTEGUMENTARY SYSTEM	24	\$3,053	\$2,329
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	2	\$2,745	\$2,689
	008 SIMPLE EXCISION AND BIOPSY	1	\$3,148	\$2,380
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRAN	1	\$2,558	\$2,990
	011 SIMPLE INCISION AND EXCISION OF BREAST	18	\$2,974	\$2,426
	012 BREAST RECONSTRUCTION AND MASTECTOMY	2	\$4,273	\$4,376
02	MUSCULOSKELETAL SYSTEM	41	\$3,639	\$3,320
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	1	\$3,953	\$3,886
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	7	\$3,136	\$2,294
	025 ARTHROSCOPY	28	\$3,768	\$3,776
	027 SPLINT, STRAPPING AND CAST REMOVAL	1	\$5,386	\$524
	032 BUNION PROCEDURES	4	\$3,100	\$3,144
04	CARDIOVASCULAR SYSTEM	1	\$3,916	\$4,966
	080 MINOR VASCULAR REPAIR AND FISTULA CONSTRUCTION	1	\$3,916	\$3,673
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	1	\$6,044	\$3,010
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	1	\$6,044	\$3,705
06	DIGESTIVE SYSTEM	232	\$2,502	\$1,825
	112 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	1	\$1,454	\$1,000
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	1	\$841	\$862
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	53	\$990	\$987
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	3	\$1,886	\$1,381
	117 LOWER GASTROINTESTINAL ENDOSCOPY	91	\$1,146	\$956
	119 HERNIA AND HYDROCELE PROCEDURES	10	\$3,193	\$2,876
	120 COMPLEX ANAL AND RECTAL PROCEDURES	1	\$865	\$2,344
	123 COMPLEX LAPAROSCOPIC PROCEDURES	72	\$5,320	\$4,923
07	URINARY SYSTEM	2	\$4,279	\$3,713
	133 URINARY CATHETERIZATION AND DILATATION	1	\$2,410	\$2,727
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	1	\$6,148	\$3,653
08	MALE GENITAL SYSTEM	6	\$2,798	\$2,549
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	3	\$3,236	\$2,171
	154 SIMPLE PENILE PROCEDURES	3	\$2,359	\$1,466
09	FEMALE GENITAL SYSTEM	18	\$3,040	\$2,961
	178 DILATION AND CURETTAGE	12	\$2,619	\$1,817
	179 HYSTEROSCOPY	6	\$3,881	\$3,360
11	EYE AND OCULAR ADNEXA	74	\$2,262	\$2,574
	213 LASER EYE PROCEDURES	19	\$557	\$642
	214 CATARACT PROCEDURES	55	\$2,850	\$2,790
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	10	\$2,144	\$1,992
	236 TONSIL AND ADENOID PROCEDURES	10	\$2,144	\$1,795

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

Reportable* excludes codes in the former "Other" category in previous reports.

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

130 Sanpete Valley Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
GENDER				
Female	294	59.2	107,216	54.5
Male	203	40.8	89,560	45.5
Unknown	0	0.0	2	0.0
Not Reported	0	0.0	0	0.0
AGE				
1-28 days	0	0.0	199	0.1
29-365 days	0	0.0	2,895	1.5
1-4 years	4	0.8	10,718	5.4
5-9	8	1.6	6,003	3.1
10-14	6	1.2	4,605	2.3
15-17	9	1.8	4,474	2.3
18-19	6	1.2	3,608	1.8
20-24	29	5.8	10,974	5.6
25-29	34	6.8	11,529	5.9
30-34	23	4.6	10,974	5.6
35-39	21	4.2	11,089	5.6
40-44	26	5.2	13,913	7.1
45-49	32	6.4	15,367	7.8
50-54	47	9.5	18,693	9.5
55-59	36	7.2	16,175	8.2
60-64	40	8.0	13,797	7.0
65-69	46	9.3	12,250	6.2
70-74	39	7.8	11,038	5.6
75-79	33	6.6	9,345	4.7
80-84	39	7.8	5,890	3.0
85-89	17	3.4	2,520	1.3
90 +	2	0.4	720	0.4
Not Reported	0	0.0	201	0.1
SOURCE OF ADMISSION				
Physician Referral	484	97.4	176,073	89.5
Clinic Referral	0	0.0	2,347	1.2
HMO Referral	0	0.0	119	0.1
Other Hospital	0	0.0	71	0.0
Skilled Nursing Facility	0	0.0	21	0.0
Other Health Care Facility	0	0.0	26	0.0
Emergency Room	12	2.4	3,467	1.8
Court/Law Enforcement	0	0.0	3	0.0
Unknown	1	0.2	3,359	1.7
Not Reported	0	0.0	11,292	5.7

(Continued)

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

130 Sanpete Valley Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	497	100.0	196,083	99.6
Another Hospital	0	0.0	125	0.1
Skilled Nursing Facility	0	0.0	72	0.0
Intermediate Care Facility	0	0.0	9	0.0
Another Type of Institution	0	0.0	44	0.0
Under Care of Home Service	0	0.0	103	0.1
Left Against Medical Advice	0	0.0	17	0.0
Under Care of Home IV Provider	0	0.0	5	0.0
Expired	0	0.0	16	0.0
Unknown	0	0.0	304	0.2
Not Reported	0	0.0	0	0.0
PRIMARY PAYER				
Medicare	185	37.2	42,451	21.6
Medicaid	47	9.5	13,275	6.7
Other government	4	0.8	3,257	1.7
Blue Cross/Blue Shield	31	6.2	27,366	13.9
Other Commercial	41	8.2	17,254	8.8
Managed Care(HMO, PPO)	161	32.4	84,762	43.1
Self Pay	12	2.4	3,009	1.5
Industrial & Worker Comp	5	1.0	4,001	2.0
Charity and Unclassified	0	0.0	106	0.1
Childrens Health Insurance	2	0.4	258	0.1
Unknown	9	1.8	964	0.5
Not Reported	0	0.0	75	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	0	0.0	13,556	6.9
Central Utah	479	96.4	6,602	3.4
Davis County	0	0.0	21,257	10.8
Salt Lake County	2	0.4	68,961	35.0
Southeastern Utah	5	1.0	4,049	2.1
Southwest Utah	3	0.6	11,167	5.7
Summit County	0	0.0	2,258	1.1
Tooele County	0	0.0	3,742	1.9
Tri-County	0	0.0	5,041	2.6
Utah County	2	0.4	32,261	16.4
Wasatch County	0	0.0	1,500	0.8
Weber County	0	0.0	17,573	8.9
Unknown Utah	0	0.0	60	0.0
Outside Utah	6	1.2	8,682	4.4
Unknown, Not Reported	0	0.0	69	0.0

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

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

132 Sevier Valley Hospital

Reporting Category (ICD-9-CM CODES)	Procedures Performed		Procedures Performed-All Hospitals	
	(#)	(%)	(#)	(%)
Reporting Category (ICD-9-CM CODES)	1,615	100.0	288,895	100.0
Mastectomy (85.0-85.99)	17	1.1	6,818	2.4
Musculoskeletal (76.0-84.99)	200	12.4	60,015	20.8
Respiratory (30.0-34.99)	0	0.0	2,981	1.0
Cardiovascular (35.0-39.99)	0	0.0	15,622	5.4
Lymphatic/Hemetic (40.0-41.99)	1	0.1	2,260	0.8
Digestive System (42.0-54.99)	662	41.0	90,070	31.2
Urinary (55.0-59.99)	48	3.0	8,063	2.8
Male Genital (60.0-64.99)	39	2.4	3,587	1.2
Female Genital (65.0-71.99)	46	2.8	13,770	4.8
Endocrine/Nervous (01.0-07.99)	26	1.6	22,387	7.7
Eye (08.0-16.99)	217	13.4	19,254	6.7
Ear (18.0-20.99)	103	6.4	15,474	5.4
Nose, Mouth, Pharynx (21.0-29.99)	256	15.9	28,594	9.9
Reporting Category (CPT-4 CODES)	1,376	100.0	264,491	100.0
Mastectomy (19120-19220)	13	0.9	3,203	1.2
Musculoskeletal (20000-29909)	198	14.4	54,392	20.6
Respiratory (30000-32999 & 39501-39599)	14	1.0	12,829	4.9
Cardiovascular (33010-37799 & 93501-93660)	0	0.0	34,097	12.9
Lymphatic/Hemetic (38100-38999)	1	0.1	2,304	0.9
Digestive (40490-49999)	831	60.4	94,766	35.8
Urinary (50010-53899)	61	4.4	8,849	3.3
Male Genital (54000-55899)	25	1.8	3,229	1.2
Female Genital (56405-58999)	35	2.5	10,000	3.8
Endocrine/Nervous (60000-64999)	23	1.7	20,833	7.9
Eye (65091-68899)	122	8.9	11,183	4.2
Ear (69000-69979)	53	3.9	8,806	3.3

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics.

Reportable* excludes codes in the former "Other" category in previous reports.

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES

132 Sevier Valley Hospital

ICD-9 CODE	ICD-9 DESCRIPTION	#	%	% ALL Hospitals
All ICD-9 Procedures		1,615	100.0	100.0
4523	COLONOSCOPY	146	9.0	6.06
2001	MYRINGOTOMY W/INSRT TUBE	102	6.3	4.36
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	100	6.2	5.16
1341	PHACOEMLSIFICATION-ASPIR CATARACT	95	5.9	1.57
1371	IOL PROSTH-CATARACT EXTRACT-1-STAGE	95	5.9	1.60
4542	ENDO POLYPECTOMY LG INTESTINE	87	5.4	3.38
232	RESTORATION TOOTH-FILLING	82	5.1	0.57
283	TONSILLECTOMY W/ADENOIDECTOMY	79	4.9	1.86
5123	LAP CHOLEY	63	3.9	2.06
4513	OTH ENDO SM INTESTINE	54	3.3	2.14
4525	CLO [ENDO] BX LG INTESTINE	50	3.1	2.27
2370	ROOT CANAL-NOS	48	3.0	0.37
5732	OTH CYSTOSCOPY	40	2.5	0.59
7756	REPR HAMMER TOE	31	1.9	0.39
4292	DILAT ESOPH	26	1.6	1.33
0443	RELEASE CARPAL TUNNEL	25	1.5	1.23
1364	DISCISSION SECNDRY MEMBRN	21	1.3	0.28
806	EXC SEMILUNAR CARTILAGE-KNEE	21	1.3	1.79
2309	EXTRACT OTH TOOTH	18	1.1	0.20
7751	BUNIONEC SOFT-OSTEOT 1ST METATARS	17	1.1	0.31

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		1,376	100.0	100.0
45378	COLONOSCOPY FLEX; DX-SEP PROC	146	10.6	6.06
43239	UGI ENDO; W/BX 1/MX	100	7.3	5.28
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	95	6.9	3.55
66984	EXTRACAPSULAR CATARACT REMV IOL	95	6.9	1.67
41899	UNLIST PROC DENTOALVEOL STRUCTUR	82	6.0	1.39
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	64	4.7	1.34
42820	T&A; UNDER AGE 12	57	4.1	1.60
45380	COLONOSCOPY FLEX; W/BX 1/MX	56	4.1	2.39
69436	TYMPANOSTOMY GENERAL ANESTHESIA	52	3.8	2.51
43235	UGI ENDO; DX W/VO CLCT SPECMN-SP	50	3.6	1.45
52000	CYSTOURETHROSCOPY-SEP PROC	40	2.9	0.15
28285	CORRECTION HAMMERTOE	35	2.5	0.59
49505	REPR INIT ING HERNIA 5YR/MORE; R	35	2.5	1.06
43456	DILAT ESOPH BALLOON/DILAT RETRO	24	1.7	0.02
64721	NEUROPLASTY; MEDIAN @ CARPAL TUN	23	1.7	0.87
42821	T&A; AGE 12 OR OVER	22	1.6	0.36
66821	DISCISSION 2ND CATARACT; LASER S	21	1.5	0.33
58120	DILATION & CURET DX &/ THERAPEUT	18	1.3	0.31
28296	HALLUX VALGUS; W/METATARSAL OSTE	17	1.2	0.28
29879	SCOPE KNEE SURG; ABRASION ARTHPL	15	1.1	0.25

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

Reportable* excludes codes in the former "Other" category in previous reports.

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 AVERAGE TOTAL CHARGES FOR MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES, SINGLE ICD-9 OR CPT-4 ONLY

132 Sevier Valley Hospital

ICD-9 CODE	ICD-9 DESCRIPTION	#	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
ICD-9 Procedures		797	\$1,883	\$2,542
4523	COLONOSCOPY	122	\$954	\$849
283	TONSILLECTOMY W/ADENOIDECTOMY	71	\$1,492	\$1,740
4542	ENDO POLYPECTOMY LG INTESTINE	68	\$1,304	\$1,101
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	63	\$1,115	\$1,037
5123	LAP CHOLEY	52	\$6,856	\$5,170
5732	OTH CYSTOSCOPY	39	\$637	\$3,080
4525	CLO [ENDO] BX LG INTESTINE	34	\$1,187	\$1,172
232	RESTORATION TOOTH-FILLING	27	\$1,321	\$1,613
4513	OTH ENDO SM INTESTINE	21	\$930	\$917
1364	DISCISSION SECNDRY MEMBRN	20	\$596	\$574
0443	RELEASE CARPAL TUNNEL	19	\$1,290	\$1,882
6909	OTH D&C UTERUS	14	\$1,611	\$2,052
6097	OTH TRNSUR DESTR PROS TISS OTH THRM	13	\$3,531	\$5,890
640	CIRCUMCISION	12	\$639	\$1,442
5304	UNILAT REPR INDIRECT ING HERN-GFT	11	\$2,853	\$3,100
7751	BUNIONEC SOFT-OSTEOT 1ST METATARS	11	\$2,763	\$2,899
5303	UNILAT REPR DIRECT ING HERN-GFT	9	\$2,681	\$3,243
7756	REPR HAMMER TOE	9	\$2,022	\$2,184
8221	EXC LES TENDON SHEATH HAND	9	\$1,671	\$1,892
8521	LOC EXC LES BREAST	8	\$2,213	\$2,242

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
CPT-4 Procedures		987	\$1,873	\$2,284
45378	COLONOSCOPY FLEX; DX-SEP PROC	123	\$959	\$818
66984	EXTRACAPSULAR CATARACT REMV IOL	93	\$2,503	\$2,786
41899	UNLIST PROC DENTOALVEOL STRUCTUR	80	\$1,405	\$2,122
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	80	\$1,312	\$1,059
43239	UGI ENDO; W/BX 1/MX	63	\$1,123	\$1,035
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	52	\$6,856	\$5,262
42820	T&A; UNDER AGE 12	49	\$1,446	\$1,662
69436	TYMPANOSTOMY GENERAL ANESTHESIA	42	\$728	\$1,016
45380	COLONOSCOPY FLEX; W/BX 1/MX	40	\$1,221	\$1,174
52000	CYSTOURETHROSCOPY-SEP PROC	39	\$637	\$1,712
49505	REPR INIT ING HERNIA 5YR/MORE; R	26	\$2,829	\$3,015
42821	T&A; AGE 12 OR OVER	22	\$1,595	\$2,003
64721	NEUROPLASTY; MEDIAN @ CARPAL TUN	21	\$1,359	\$1,823
43235	UGI ENDO; DX W/VO CLCT SPECMN-SP	20	\$893	\$822
66821	DISCISSION 2ND CATARACT; LASER S	20	\$596	\$621
58120	DILATION & CURET DX &/ THERAPEUT	18	\$1,548	\$1,817
53852	TRNSURETH DSTRUC PROS TISS;RADIO	13	\$3,531	\$5,658
28296	HALLUX VALGUS; W/METATARSAL OSTE	11	\$2,763	\$3,030
19120	EXC BRST CYST TUMR/LES OPN M/F 1	9	\$2,527	\$2,212
20680	REMOVAL OF IMPLANT; DEEP	8	\$1,909	\$2,378

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

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

132 Sevier Valley Hospital

Procedure APG category	Procedure APG	TOTAL #	TOTAL # (ALL Hospitals)
01	INTEGUMENTARY SYSTEM	20	8,392
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	1	2,819
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	3	1,059
	008 SIMPLE EXCISION AND BIOPSY	3	893
	011 SIMPLE INCISION AND EXCISION OF BREAST	12	2,817
	012 BREAST RECONSTRUCTION AND MASTECTOMY	1	386
02	MUSCULOSKELETAL SYSTEM	192	48,493
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	3	6,083
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	2	1,938
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	2	1,829
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	100	10,165
	025 ARTHROSCOPY	52	20,364
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	1	611
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	3	3,214
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	4	397
	032 BUNION PROCEDURES	21	1,475
	034 HAND AND FOOT TENOTOMY	2	234
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	2	1,499
03	RESPIRATORY SYSTEM	6	6,895
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	6	706
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	1	2,342
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	1	1,515
06	DIGESTIVE SYSTEM	659	82,913
	112 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	24	1,137
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	3	832
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	1	336
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	150	17,918
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	10	4,477
	117 LOWER GASTROINTESTINAL ENDOSCOPY	297	33,312
	119 HERNIA AND HYDROCELE PROCEDURES	67	6,781
	120 COMPLEX ANAL AND RECTAL PROCEDURES	4	911
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	1	516
	123 COMPLEX LAPAROSCOPIC PROCEDURES	99	14,187
	124 SIMPLE LAPAROSCOPIC PROCEDURES	3	205
07	URINARY SYSTEM	48	7,406
	135 MODERATE CYSTOURETHROSCOPY	2	2,378
	136 SIMPLE CYSTOURETHROSCOPY	46	623
08	MALE GENITAL SYSTEM	36	2,988
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	11	1,293
	154 SIMPLE PENILE PROCEDURES	11	901
	155 PROSTATE NEEDLE AND PUNCH BIOPSY	14	306
09	FEMALE GENITAL SYSTEM	19	5,316
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	1	1,162
	178 DILATION AND CURETTAGE	18	831
10	NERVOUS SYSTEM	23	17,622
	198 NERVE REPAIR AND DESTRUCTION	23	4,478

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

132 Sevier Valley Hospital

procedure APG category	procedure APG	TOTAL #	TOTAL # (ALL Hospitals)
11	EYE AND OCULAR ADNEXA	122	10,930
	213 LASER EYE PROCEDURES	22	932
	214 CATARACT PROCEDURES	95	4,649
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	3	475
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	1	185
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	1	477
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	242	29,079
	233 NASAL CAUTERIZATION AND PACKING	1	218
	234 COMPLEX FACIAL AND ENT PROCEDURES	8	5,162
	235 SIMPLE FACIAL AND ENT PROCEDURES	150	15,442
	236 TONSIL AND ADENOID PROCEDURES	83	8,217

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, 2003
 PROCEDURE APG CATEGORY, PROCEDURE APG, SINGLE APG ONLY
 BASED ON REPORTABLE* CPT-4 PROCEDURES

132 Sevier Valley Hospital

Procedure APG category	Procedure APG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
01	INTEGUMENTARY SYSTEM	12	\$2,411	\$2,329
	008 SIMPLE EXCISION AND BIOPSY	2	\$1,675	\$2,380
	011 SIMPLE INCISION AND EXCISION OF BREAST	9	\$2,527	\$2,426
	012 BREAST RECONSTRUCTION AND MASTECTOMY	1	\$2,835	\$4,376
02	MUSCULOSKELETAL SYSTEM	86	\$2,278	\$3,320
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	1	\$1,946	\$4,704
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	1	\$1,703	\$3,131
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	1	\$3,186	\$3,886
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	46	\$1,830	\$2,294
	025 ARTHROSCOPY	17	\$3,081	\$3,776
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	1	\$1,203	\$2,528
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	2	\$5,547	\$3,911
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	4	\$1,551	\$2,240
	032 BUNION PROCEDURES	12	\$2,731	\$3,144
	034 HAND AND FOOT TENOTOMY	1	\$1,272	\$1,827
03	RESPIRATORY SYSTEM	3	\$2,096	\$1,669
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	3	\$2,096	\$957
06	DIGESTIVE SYSTEM	447	\$2,094	\$1,825
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	3	\$465	\$729
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	1	\$1,131	\$862
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	83	\$1,067	\$987
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	6	\$1,239	\$1,381
	117 LOWER GASTROINTESTINAL ENDOSCOPY	243	\$1,118	\$956
	119 HERNIA AND HYDROCELE PROCEDURES	42	\$2,901	\$2,876
	120 COMPLEX ANAL AND RECTAL PROCEDURES	4	\$2,077	\$2,344
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	1	\$1,653	\$2,435
	123 COMPLEX LAPAROSCOPIC PROCEDURES	64	\$6,780	\$4,923
07	URINARY SYSTEM	47	\$654	\$3,713
	135 MODERATE CYSTOURETHROSCOPY	2	\$503	\$2,892
	136 SIMPLE CYSTOURETHROSCOPY	45	\$660	\$1,768
08	MALE GENITAL SYSTEM	26	\$2,223	\$2,549
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	2	\$2,166	\$2,171
	154 SIMPLE PENILE PROCEDURES	11	\$689	\$1,466
	155 PROSTATE NEEDLE AND PUNCH BIOPSY	13	\$3,531	\$3,741
09	FEMALE GENITAL SYSTEM	19	\$1,598	\$2,961
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	1	\$2,493	\$2,362
	178 DILATION AND CURETTAGE	18	\$1,548	\$1,817
10	NERVOUS SYSTEM	21	\$1,359	\$1,454
	198 NERVE REPAIR AND DESTRUCTION	21	\$1,359	\$2,095
11	EYE AND OCULAR ADNEXA	118	\$2,101	\$2,574
	213 LASER EYE PROCEDURES	20	\$596	\$642
	214 CATARACT PROCEDURES	93	\$2,503	\$2,790
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	3	\$540	\$2,228
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	1	\$962	\$2,320
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	1	\$608	\$1,766

AMB ST 1-5
 UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 PROCEDURE APG CATEGORY, PROCEDURE APG, SINGLE APG ONLY
 BASED ON REPORTABLE* CPT-4 PROCEDURES

132 Sevier Valley Hospital

procedure APG category	Procedure APG	TOTAL #	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	203	\$1,293	\$1,992
	233 NASAL CAUTERIZATION AND PACKING	1	\$2,747	\$2,294
	234 COMPLEX FACIAL AND ENT PROCEDURES	1	\$2,285	\$3,775
	235 SIMPLE FACIAL AND ENT PROCEDURES	127	\$1,162	\$1,425
	236 TONSIL AND ADENOID PROCEDURES	74	\$1,484	\$1,795

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

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

132 Sevier Valley Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
GENDER				
Female	610	51.7	107,216	54.5
Male	570	48.3	89,560	45.5
Unknown	0	0.0	2	0.0
Not Reported	0	0.0	0	0.0
AGE				
1-28 days	7	0.6	199	0.1
29-365 days	15	1.3	2,895	1.5
1-4 years	120	10.2	10,718	5.4
5-9	59	5.0	6,003	3.1
10-14	30	2.5	4,605	2.3
15-17	24	2.0	4,474	2.3
18-19	24	2.0	3,608	1.8
20-24	30	2.5	10,974	5.6
25-29	31	2.6	11,529	5.9
30-34	40	3.4	10,974	5.6
35-39	47	4.0	11,089	5.6
40-44	58	4.9	13,913	7.1
45-49	52	4.4	15,367	7.8
50-54	81	6.9	18,693	9.5
55-59	79	6.7	16,175	8.2
60-64	95	8.1	13,797	7.0
65-69	102	8.6	12,250	6.2
70-74	97	8.2	11,038	5.6
75-79	80	6.8	9,345	4.7
80-84	60	5.1	5,890	3.0
85-89	36	3.1	2,520	1.3
90 +	13	1.1	720	0.4
Not Reported	7	0.6	201	0.1
SOURCE OF ADMISSION				
Physician Referral	1,158	98.1	176,073	89.5
Clinic Referral	1	0.1	2,347	1.2
HMO Referral	1	0.1	119	0.1
Other Hospital	0	0.0	71	0.0
Skilled Nursing Facility	1	0.1	21	0.0
Other Health Care Facility	1	0.1	26	0.0
Emergency Room	18	1.5	3,467	1.8
Court/Law Enforcement	0	0.0	3	0.0
Unknown	0	0.0	3,359	1.7
Not Reported	0	0.0	11,292	5.7

(Continued)

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

132 Sevier Valley Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	1,175	99.6	196,083	99.6
Another Hospital	1	0.1	125	0.1
Skilled Nursing Facility	2	0.2	72	0.0
Intermediate Care Facility	0	0.0	9	0.0
Another Type of Institution	0	0.0	44	0.0
Under Care of Home Service	2	0.2	103	0.1
Left Against Medical Advice	0	0.0	17	0.0
Under Care of Home IV Provider	0	0.0	5	0.0
Expired	0	0.0	16	0.0
Unknown	0	0.0	304	0.2
Not Reported	0	0.0	0	0.0
PRIMARY PAYER				
Medicare	392	33.2	42,451	21.6
Medicaid	177	15.0	13,275	6.7
Other government	12	1.0	3,257	1.7
Blue Cross/Blue Shield	82	6.9	27,366	13.9
Other Commercial	100	8.5	17,254	8.8
Managed Care(HMO, PPO)	372	31.5	84,762	43.1
Self Pay	14	1.2	3,009	1.5
Industrial & Worker Comp	13	1.1	4,001	2.0
Charity and Unclassified	1	0.1	106	0.1
Childrens Health Insurance	0	0.0	258	0.1
Unknown	17	1.4	964	0.5
Not Reported	0	0.0	75	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	1	0.1	13,556	6.9
Central Utah	1,141	96.7	6,602	3.4
Davis County	0	0.0	21,257	10.8
Salt Lake County	0	0.0	68,961	35.0
Southeastern Utah	5	0.4	4,049	2.1
Southwest Utah	24	2.0	11,167	5.7
Summit County	0	0.0	2,258	1.1
Tooele County	0	0.0	3,742	1.9
Tri-County	0	0.0	5,041	2.6
Utah County	3	0.3	32,261	16.4
Wasatch County	0	0.0	1,500	0.8
Weber County	0	0.0	17,573	8.9
Unknown Utah	4	0.3	60	0.0
Outside Utah	1	0.1	8,682	4.4
Unknown, Not Reported	1	0.1	69	0.0

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

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

124 St. Mark's Hospital

Reporting Category (ICD-9-CM CODES)	Procedures Performed		Procedures Performed-All Hospitals	
	(#)	(%)	(#)	(%)
Reporting Category (ICD-9-CM CODES)	16,141	100.0	288,895	100.0
Mastectomy (85.0-85.99)	736	4.6	6,818	2.4
Musculoskeletal (76.0-84.99)	2,959	18.3	60,015	20.8
Respiratory (30.0-34.99)	385	2.4	2,981	1.0
Cardiovascular (35.0-39.99)	993	6.2	15,622	5.4
Lymphatic/Hemetic (40.0-41.99)	225	1.4	2,260	0.8
Digestive System (42.0-54.99)	3,133	19.4	90,070	31.2
Urinary (55.0-59.99)	699	4.3	8,063	2.8
Male Genital (60.0-64.99)	92	0.6	3,587	1.2
Female Genital (65.0-71.99)	661	4.1	13,770	4.8
Endocrine/Nervous (01.0-07.99)	4,797	29.7	22,387	7.7
Eye (08.0-16.99)	1,349	8.4	19,254	6.7
Ear (18.0-20.99)	15	0.1	15,474	5.4
Nose, Mouth, Pharynx (21.0-29.99)	97	0.6	28,594	9.9
Reporting Category (CPT-4 CODES)	16,246	100.0	264,491	100.0
Mastectomy (19120-19220)	146	0.9	3,203	1.2
Musculoskeletal (20000-29909)	2,614	16.1	54,392	20.6
Respiratory (30000-32999 & 39501-39599)	385	2.4	12,829	4.9
Cardiovascular (33010-37799 & 93501-93660)	3,006	18.5	34,097	12.9
Lymphatic/Hemetic (38100-38999)	205	1.3	2,304	0.9
Digestive (40490-49999)	3,034	18.7	94,766	35.8
Urinary (50010-53899)	615	3.8	8,849	3.3
Male Genital (54000-55899)	78	0.5	3,229	1.2
Female Genital (56405-58999)	586	3.6	10,000	3.8
Endocrine/Nervous (60000-64999)	4,558	28.1	20,833	7.9
Eye (65091-68899)	807	5.0	11,183	4.2
Ear (69000-69979)	212	1.3	8,806	3.3

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics.

Reportable* excludes codes in the former "Other" category in previous reports.

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES

124 St. Mark's Hospital

ICD-9 CODE	ICD-9 DESCRIPTION	#	%	% ALL Hospitals
All ICD-9 Procedures		16,141	100.0	100.0
0392	INJ OTH AGENT SPINAL CANAL	1,661	10.3	2.43
0391	INJ ANES SPINAL CANAL-ANALGESIA	1,660	10.3	1.75
4523	COLONOSCOPY	419	2.6	6.06
1474	OTH MECH VITRECTOMY	408	2.5	0.41
5123	LAP CHOLEY	394	2.4	2.06
149	OTH OPER RETINA-CHOROID-POST CHAMBR	325	2.0	0.31
0531	INJ ANES SYMPATHETIC NERV-ANALGES	313	1.9	0.17
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	303	1.9	5.16
8192	INJ THERAP SUBSTANCE JT/LIGAMNT	292	1.8	0.41
3722	LT HEART CARD CATH	291	1.8	1.22
8051	EXC INTERVERTEBRAL DISC	269	1.7	0.49
3893	VENOUS CATH-NEC	267	1.7	0.30
8519	OTH DX PROC BREAST	249	1.5	0.30
0481	INJ ANES PERIPH NERV-ANALGESIA	240	1.5	0.23
042	DESTRUC CRANIAL & PERIPH NERV	230	1.4	0.20
1424	DEST CHORIORETIN LES-LASER PHOTO	224	1.4	0.20
4513	OTH ENDO SM INTESTINE	222	1.4	2.14
1475	INJ VITREOUS SUBSTITUTE	219	1.4	0.20
8026	ARTHSCPY-KNEE	219	1.4	1.58
4542	ENDO POLYPECTOMY LG INTESTINE	212	1.3	3.38

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		16,246	100.0	100.0
64483	INJ ANES EPIDURL; LUMB/SAC 1 LEV	508	3.1	0.69
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	507	3.1	1.44
64476	INJ ANES FACET JT; LUMB/SAC-EA A	464	2.9	0.41
64475	INJ ANES FACET JT; LUMB/SAC-1LEV	446	2.7	0.34
45378	COLONOSCOPY FLEX; DX-SEP PROC	394	2.4	6.06
93545	INJ PROC-CATH; SELECT CORONRY AN	370	2.3	1.26
93543	INJ PROC-CATH; LT VENT/ATRIAL AN	340	2.1	1.18
93555	IMAG SUPERVS I&R-CATH; VENT/ATRI	340	2.1	0.99
93556	IMAG SUPERVS I&R-CATH; PULM ANGI	340	2.1	1.16
67038	VITRECTOMY MECH; W/MEMBRANE STRI	325	2.0	0.34
64623	DESTRUC FACET JT NRV; L/S-EA AD	322	2.0	0.31
43239	UGI ENDO; W/BX 1/MX	299	1.8	5.28
93510	LT HRT CATH RETRO-BRACH/FEM; PER	285	1.8	1.00
36489	PLCMT CNTRL VENUS CATH; PERQ > 2	270	1.7	0.26
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	238	1.5	3.55
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	213	1.3	1.34
64510	INJECTION ANES AGT; STELLATE GAN	211	1.3	0.10
69210	REMOVAL IMPACT CERUMEN 1/BOTH EA	210	1.3	0.15
36430	TRANSFUSION BLOOD/BLOOD COMPONENT	206	1.3	0.30
20610	ARTHROCENTESIS ASPIR&/INJ; MAJ J	186	1.1	0.27

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

Reportable* excludes codes in the former "Other" category in previous reports.

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 AVERAGE TOTAL CHARGES FOR MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES, SINGLE ICD-9 OR CPT-4 ONLY

124 St. Mark's Hospital

ICD-9 CODE	ICD-9 DESCRIPTION	#	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
ICD-9 Procedures		5,959	\$3,694	\$2,542
4523	COLONOSCOPY	360	\$1,446	\$849
5123	LAP CHOLEY	344	\$6,567	\$5,170
8192	INJ THERAP SUBSTANCE JT/LIGAMNT	266	\$791	\$805
3893	VENOUS CATH-NEC	259	\$2,048	\$2,366
3722	LT HEART CARD CATH	256	\$9,403	\$5,595
0531	INJ ANES SYMPATHETIC NERV-ANALGES	207	\$996	\$922
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	200	\$1,579	\$1,037
042	DESTRUC CRANIAL & PERIPH NERV	189	\$2,246	\$2,015
8051	EXC INTERVERTEBRAL DISC	183	\$6,572	\$5,993
4131	BX BONE MARROW	142	\$1,845	\$2,854
4542	ENDO POLYPECTOMY LG INTESTINE	139	\$1,874	\$1,101
5011	CLO [PERCUT] [NEEDLE] BX LIVER	133	\$1,698	\$1,657
5491	PERCUT ABD DRAIN	121	\$918	\$982
4513	OTH ENDO SM INTESTINE	106	\$1,564	\$917
4525	CLO [ENDO] BX LG INTESTINE	97	\$1,747	\$1,172
8511	CLO [PERCUT] [NEEDLE] BX BREAST	93	\$812	\$1,046
8519	OTH DX PROC BREAST	86	\$578	\$622
6952	ASPIR CURET FOLLOWING DELIV/AB	81	\$2,712	\$1,938
0481	INJ ANES PERIPH NERV-ANALGESIA	76	\$904	\$1,052
3491	THORACENTESIS	75	\$1,450	\$1,181

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
CPT-4 Procedures		7,594	\$2,988	\$2,284
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	484	\$1,112	\$767
64483	INJ ANES EPIDURL; LUMB/SAC 1 LEV	435	\$1,023	\$865
45378	COLONOSCOPY FLEX; DX-SEP PROC	338	\$1,455	\$818
36489	PLCMT CNTRL VENUS CATH; PERQ > 2	260	\$2,059	\$2,129
43239	UGI ENDO; W/BX 1/MX	199	\$1,581	\$1,035
36430	TRANSFUSION BLOOD/BLOOD COMPONEN	195	\$2,106	\$2,084
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	185	\$6,888	\$5,262
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	176	\$1,867	\$1,059
47562	LAPAROSCOPY SURGICAL; CHOLECT	163	\$6,221	\$5,048
63030	LAMINOT W/ DECOMP; 1 INTERSPACE	162	\$6,534	\$5,988
20610	ARTHROCENTESIS ASPIR&/INJ; MAJ J	157	\$771	\$659
62310	INJ 1 NOT NEUROLYTIC-EPID;CERV/T	157	\$1,071	\$906
64475	INJ ANES FACET JT; LUMB/SAC-1LEV	144	\$1,034	\$1,038
38221	BONE MARROW; BIOPSY NEEDLE/TROCA	140	\$1,813	\$1,623
47000	BIOPSY LIVER NEEDLE; PERCUTANEOU	131	\$1,654	\$1,618
64510	INJECTION ANES AGT; STELLATE GAN	118	\$921	\$901
58340	CATH&INTRO-CONTRST HYSTROSON/SLP	111	\$461	\$631
45380	COLONOSCOPY FLEX; W/BX 1/MX	110	\$1,716	\$1,174
43235	UGI ENDO; DX W/VO CLCT SPECMN-SP	101	\$1,540	\$822
62284	INJ PROC MYELGRPH &/CT SPINAL	98	\$2,789	\$2,453

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

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

124 St. Mark's Hospital

Procedure APG category		TOTAL #	TOTAL # (ALL Hospitals)
Procedure APG			
01	INTEGUMENTARY SYSTEM	700	8,392
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	396	2,819
	003 COMPLEX INCISION AND DRAINAGE	6	75
	004 SIMPLE INCISION AND DRAINAGE	3	29
	006 SIMPLE DEBRIDEMENT AND DESTRUCTION	9	125
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	60	1,059
	008 SIMPLE EXCISION AND BIOPSY	70	893
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRANGE	10	184
	011 SIMPLE INCISION AND EXCISION OF BREAST	127	2,817
	012 BREAST RECONSTRUCTION AND MASTECTOMY	19	386
02	MUSCULOSKELETAL SYSTEM	2,267	48,493
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	483	6,083
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	89	1,938
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	90	1,829
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	367	10,165
	025 ARTHROSCOPY	506	20,364
	027 SPLINT, STRAPPING AND CAST REMOVAL	11	98
	028 CLOSED TREATMENT FX & DISLOCATION OF FINGER, TOE & TRUNK	4	49
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	29	611
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	164	3,214
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	23	397
	032 BUNION PROCEDURES	38	1,475
	033 ARTHROPLASTY	30	486
	034 HAND AND FOOT TENOTOMY	16	234
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	417	1,499
03	RESPIRATORY SYSTEM	464	6,895
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	201	706
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	1	4,493
	054 SIMPLE ENDOSCOPY OF THE UPPER AIRWAY	5	334
	055 ENDOSCOPY OF THE LOWER AIRWAY	257	1,362
04	CARDIOVASCULAR SYSTEM	2,500	25,643
	074 CARDIAC ELECTROPHYSIOLOGIC TESTS	19	2,379
	075 PLACEMENT OF TRANSVENOUS CATHETERS	274	750
	076 DIAGNOSTIC CARDIAC CATHETERIZATION	1,832	17,680
	077 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	135	1,469
	078 PACEMAKER INSERTION AND REPLACEMENT	50	517
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	65	714
	080 MINOR VASCULAR REPAIR AND FISTULA CONSTRUCTION	109	1,407
	081 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	10	273
	082 VASCULAR LIGATION	6	442
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	311	2,342
	092 CHEMOTHERAPY EXCEPT BY EXTENDED INFUSION	2	9
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	103	1,515
	097 TRANSFUSION	206	792
06	DIGESTIVE SYSTEM	2,794	82,913
	111 ALIMENTARY TESTS AND SIMPLE TUBE PLACEMENT	13	204

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

124 St. Mark's Hospital

procedure APG category	procedure APG	TOTAL #	TOTAL # (ALL Hospitals)
	112 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	17	1,137
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	21	832
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	12	336
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	456	17,918
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	161	4,477
	117 LOWER GASTROINTESTINAL ENDOSCOPY	822	33,312
	118 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	87	1,553
	119 HERNIA AND HYDROCELE PROCEDURES	357	6,781
	120 COMPLEX ANAL AND RECTAL PROCEDURES	111	911
	121 SIMPLE ANAL AND RECTAL PROCEDURES	61	544
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	27	516
	123 COMPLEX LAPAROSCOPIC PROCEDURES	647	14,187
	124 SIMPLE LAPAROSCOPIC PROCEDURES	2	205
07	URINARY SYSTEM	532	7,406
	131 RENAL EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	20	727
	133 URINARY CATHETERIZATION AND DILATATION	40	331
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	272	3,121
	135 MODERATE CYSTOURETHROSCOPY	166	2,378
	136 SIMPLE CYSTOURETHROSCOPY	22	623
	137 COMPLEX URETHRAL PROCEDURES	10	117
	138 SIMPLE URETHRAL PROCEDURES	2	106
08	MALE GENITAL SYSTEM	70	2,988
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	35	1,293
	152 INSERTION OF PENILE PROSTHESIS	9	72
	153 COMPLEX PENILE PROCEDURES	10	416
	154 SIMPLE PENILE PROCEDURES	14	901
	155 PROSTATE NEEDLE AND PUNCH BIOPSY	2	306
09	FEMALE GENITAL SYSTEM	317	5,316
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	82	1,138
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	58	1,162
	178 DILATION AND CURETTAGE	65	831
	179 HYSTEROSCOPY	107	2,031
	180 COLPOSCOPY	5	153
10	NERVOUS SYSTEM	3,936	17,622
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	3,508	11,950
	196 REVISION AND REMOVAL OF NEUROLOGICAL DEVICE	9	165
	197 NEUROSTIMULATOR AND VENTRICULAR SHUNT IMPLANTATION	91	461
	198 NERVE REPAIR AND DESTRUCTION	268	4,478
	199 SPINAL TAP	60	568
11	EYE AND OCULAR ADNEXA	801	10,930
	213 LASER EYE PROCEDURES	2	932
	214 CATARACT PROCEDURES	22	4,649
	216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	5	351
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	9	185
	218 COMPLEX POSTERIOR SEGMENT EYE PROCEDURES	72	376
	219 SIMPLE POSTERIOR SEGMENT EYE PROCEDURES	90	192

AMB ST 1-4

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

124 St. Mark's Hospital

procedure APG category	procedure APG	TOTAL #	TOTAL # (ALL Hospitals)
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	10	793
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	2	477
	223 VITRECTOMY	589	1,677
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	112	29,079
	233 NASAL CAUTERIZATION AND PACKING	3	218
	234 COMPLEX FACIAL AND ENT PROCEDURES	83	5,162
	235 SIMPLE FACIAL AND ENT PROCEDURES	21	15,442
	236 TONSIL AND ADENOID PROCEDURES	5	8,217
13	THERAPUTIC AND OTHER RADIOLOGICAL PROCEDURES	504	3,748
	253 VASCULAR RADIOLOGY EXCEPT FOR VENOGRAPHY OF EXTREMITY	235	1,528
	254 MYELOGRAPHY	125	431
	255 MISCELLANEOUS RADIOLOGICAL PROCEDURES WITH CONTRAST	144	1,787

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

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 PROCEDURE APG CATEGORY, PROCEDURE APG, SINGLE APG ONLY
 BASED ON REPORTABLE* CPT-4 PROCEDURES

124 St. Mark's Hospital

Procedure APG category		TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
Procedure APG				
01	INTEGUMENTARY SYSTEM	564	\$2,195	\$2,329
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	370	\$1,716	\$1,821
	003 COMPLEX INCISION AND DRAINAGE	3	\$4,571	\$2,503
	004 SIMPLE INCISION AND DRAINAGE	1	\$2,332	\$2,861
	006 SIMPLE DEBRIDEMENT AND DESTRUCTION	2	\$2,333	\$1,996
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	37	\$3,847	\$2,689
	008 SIMPLE EXCISION AND BIOPSY	47	\$2,335	\$2,380
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRAN	4	\$3,047	\$2,990
	011 SIMPLE INCISION AND EXCISION OF BREAST	85	\$2,895	\$2,426
	012 BREAST RECONSTRUCTION AND MASTECTOMY	15	\$4,804	\$4,376
02	MUSCULOSKELETAL SYSTEM	1,132	\$3,954	\$3,320
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	239	\$6,078	\$4,704
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	33	\$4,297	\$3,131
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	24	\$5,382	\$3,886
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	135	\$3,326	\$2,294
	025 ARTHROSCOPY	193	\$5,793	\$3,776
	027 SPLINT, STRAPPING AND CAST REMOVAL	4	\$696	\$524
	028 CLOSED TREATMENT FX & DISLOCATION OF FINGER, TOE & TRUNK	2	\$2,446	\$1,922
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	19	\$2,292	\$2,528
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	120	\$5,909	\$3,911
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	15	\$2,389	\$2,240
	032 BUNION PROCEDURES	14	\$4,028	\$3,144
	033 ARTHROPLASTY	18	\$5,910	\$4,649
	034 HAND AND FOOT TENOTOMY	2	\$2,376	\$1,827
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	314	\$704	\$679
03	RESPIRATORY SYSTEM	272	\$1,429	\$1,669
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	192	\$1,059	\$957
	055 ENDOSCOPY OF THE LOWER AIRWAY	80	\$2,317	\$1,724
04	CARDIOVASCULAR SYSTEM	430	\$3,903	\$4,966
	075 PLACEMENT OF TRANSVENOUS CATHETERS	261	\$2,063	\$2,141
	076 DIAGNOSTIC CARDIAC CATHETERIZATION	3	\$19,714	\$4,944
	077 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	15	\$7,321	\$10,655
	078 PACEMAKER INSERTION AND REPLACEMENT	21	\$22,695	\$18,642
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	30	\$2,334	\$2,283
	080 MINOR VASCULAR REPAIR AND FISTULA CONSTRUCTION	92	\$4,203	\$3,673
	081 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	3	\$4,354	\$3,307
	082 VASCULAR LIGATION	5	\$4,892	\$3,967
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	245	\$2,565	\$3,010
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	50	\$4,358	\$3,705
	097 TRANSFUSION	195	\$2,106	\$2,084
06	DIGESTIVE SYSTEM	1,920	\$3,314	\$1,825
	111 ALIMENTARY TESTS AND SIMPLE TUBE PLACEMENT	11	\$866	\$787
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	10	\$4,327	\$729
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	9	\$1,936	\$862
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	301	\$1,566	\$987

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 PROCEDURE APG CATEGORY, PROCEDURE APG, SINGLE APG ONLY
 BASED ON REPORTABLE* CPT-4 PROCEDURES

124 St. Mark's Hospital

procedure APG category	Procedure APG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	114	\$2,596	\$1,381
	117 LOWER GASTROINTESTINAL ENDOSCOPY	631	\$1,623	\$956
	118 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	23	\$5,544	\$2,679
	119 HERNIA AND HYDROCELE PROCEDURES	178	\$3,828	\$2,876
	120 COMPLEX ANAL AND RECTAL PROCEDURES	81	\$2,993	\$2,344
	121 SIMPLE ANAL AND RECTAL PROCEDURES	42	\$2,067	\$1,854
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	21	\$5,342	\$2,435
	123 COMPLEX LAPAROSCOPIC PROCEDURES	498	\$6,520	\$4,923
	124 SIMPLE LAPAROSCOPIC PROCEDURES	1	\$4,707	\$10,668
07	URINARY SYSTEM	194	\$4,412	\$3,713
	131 RENAL EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	20	\$7,519	\$6,705
	133 URINARY CATHETERIZATION AND DILATATION	24	\$3,059	\$2,727
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	82	\$4,715	\$3,653
	135 MODERATE CYSTOURETHROSCOPY	64	\$3,617	\$2,892
	136 SIMPLE CYSTOURETHROSCOPY	1	\$2,827	\$1,768
	137 COMPLEX URETHRAL PROCEDURES	3	\$3,714	\$3,621
08	MALE GENITAL SYSTEM	52	\$5,855	\$2,549
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	25	\$3,123	\$2,171
	152 INSERTION OF PENILE PROSTHESIS	8	\$18,179	\$13,411
	153 COMPLEX PENILE PROCEDURES	7	\$6,858	\$2,856
	154 SIMPLE PENILE PROCEDURES	11	\$2,819	\$1,466
	155 PROSTATE NEEDLE AND PUNCH BIOPSY	1	\$1,955	\$3,741
09	FEMALE GENITAL SYSTEM	196	\$4,385	\$2,961
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	60	\$6,008	\$4,273
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	37	\$3,256	\$2,362
	178 DILATION AND CURETTAGE	33	\$2,420	\$1,817
	179 HYSTEROSCOPY	63	\$4,599	\$3,360
	180 COLPOSCOPY	3	\$2,960	\$2,234
10	NERVOUS SYSTEM	1,797	\$1,506	\$1,454
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	1,638	\$1,045	\$836
	196 REVISION AND REMOVAL OF NEUROLOGICAL DEVICE	5	\$9,518	\$5,633
	197 NEUROSTIMULATOR AND VENTRICULAR SHUNT IMPLANTATION	40	\$18,072	\$19,201
	198 NERVE REPAIR AND DESTRUCTION	54	\$2,927	\$2,095
	199 SPINAL TAP	60	\$1,096	\$1,172
11	EYE AND OCULAR ADNEXA	203	\$6,094	\$2,574
	213 LASER EYE PROCEDURES	1	\$3,953	\$642
	214 CATARACT PROCEDURES	3	\$5,096	\$2,790
	216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	2	\$5,166	\$1,881
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	2	\$4,265	\$2,320
	218 COMPLEX POSTERIOR SEGMENT EYE PROCEDURES	25	\$6,420	\$4,521
	219 SIMPLE POSTERIOR SEGMENT EYE PROCEDURES	2	\$4,551	\$2,589
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	9	\$5,786	\$3,198
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	1	\$2,305	\$1,766
	223 VITRECTOMY	158	\$6,172	\$4,907
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	60	\$4,897	\$1,992

AMB ST 1-5
 UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 PROCEDURE APG CATEGORY, PROCEDURE APG, SINGLE APG ONLY
 BASED ON REPORTABLE* CPT-4 PROCEDURES

124 St. Mark's Hospital

procedure APG category	Procedure APG	TOTAL #	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
	234 COMPLEX FACIAL AND ENT PROCEDURES	50	\$5,098	\$3,775
	235 SIMPLE FACIAL AND ENT PROCEDURES	9	\$3,855	\$1,425
	236 TONSIL AND ADENOID PROCEDURES	1	\$4,227	\$1,795
13	13 THERAPUTIC AND OTHER RADIOLOGICAL PROCEDURES	288	\$1,902	\$1,931
	253 VASCULAR RADIOLOGY EXCEPT FOR VENOGRAPHY OF EXTREMITY	44	\$3,812	\$5,014
	254 MYELOGRAPHY	103	\$2,762	\$2,518
	255 MISCELLANEOUS RADIOLOGICAL PROCEDURES WITH CONTRAST	141	\$677	\$1,346

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

AMB ST 1-6

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

124 St. Mark's Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
GENDER				
Female	6,742	59.5	107,216	54.5
Male	4,594	40.5	89,560	45.5
Unknown	0	0.0	2	0.0
Not Reported	0	0.0	0	0.0
AGE				
1-28 days	0	0.0	199	0.1
29-365 days	0	0.0	2,895	1.5
1-4 years	5	0.0	10,718	5.4
5-9	4	0.0	6,003	3.1
10-14	41	0.4	4,605	2.3
15-17	93	0.8	4,474	2.3
18-19	89	0.8	3,608	1.8
20-24	443	3.9	10,974	5.6
25-29	585	5.2	11,529	5.9
30-34	614	5.4	10,974	5.6
35-39	669	5.9	11,089	5.6
40-44	930	8.2	13,913	7.1
45-49	1,122	9.9	15,367	7.8
50-54	1,057	9.3	18,693	9.5
55-59	1,088	9.6	16,175	8.2
60-64	825	7.3	13,797	7.0
65-69	933	8.2	12,250	6.2
70-74	933	8.2	11,038	5.6
75-79	871	7.7	9,345	4.7
80-84	604	5.3	5,890	3.0
85-89	330	2.9	2,520	1.3
90 +	100	0.9	720	0.4
Not Reported	0	0.0	201	0.1
SOURCE OF ADMISSION				
Physician Referral	10,784	95.1	176,073	89.5
Clinic Referral	310	2.7	2,347	1.2
HMO Referral	0	0.0	119	0.1
Other Hospital	10	0.1	71	0.0
Skilled Nursing Facility	4	0.0	21	0.0
Other Health Care Facility	0	0.0	26	0.0
Emergency Room	228	2.0	3,467	1.8
Court/Law Enforcement	0	0.0	3	0.0
Unknown	0	0.0	3,359	1.7
Not Reported	0	0.0	11,292	5.7

(Continued)

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

124 St. Mark's Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	11,304	99.7	196,083	99.6
Another Hospital	0	0.0	125	0.1
Skilled Nursing Facility	10	0.1	72	0.0
Intermediate Care Facility	0	0.0	9	0.0
Another Type of Institution	4	0.0	44	0.0
Under Care of Home Service	9	0.1	103	0.1
Left Against Medical Advice	3	0.0	17	0.0
Under Care of Home IV Provider	1	0.0	5	0.0
Expired	5	0.0	16	0.0
Unknown	0	0.0	304	0.2
Not Reported	0	0.0	0	0.0
PRIMARY PAYER				
Medicare	3,812	33.6	42,451	21.6
Medicaid	350	3.1	13,275	6.7
Other government	42	0.4	3,257	1.7
Blue Cross/Blue Shield	2,926	25.8	27,366	13.9
Other Commercial	1,083	9.6	17,254	8.8
Managed Care(HMO, PPO)	2,453	21.6	84,762	43.1
Self Pay	165	1.5	3,009	1.5
Industrial & Worker Comp	495	4.4	4,001	2.0
Charity and Unclassified	8	0.1	106	0.1
Childrens Health Insurance	0	0.0	258	0.1
Unknown	2	0.0	964	0.5
Not Reported	0	0.0	75	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	75	0.7	13,556	6.9
Central Utah	56	0.5	6,602	3.4
Davis County	490	4.3	21,257	10.8
Salt Lake County	9,028	79.6	68,961	35.0
Southeastern Utah	48	0.4	4,049	2.1
Southwest Utah	64	0.6	11,167	5.7
Summit County	208	1.8	2,258	1.1
Tooele County	254	2.2	3,742	1.9
Tri-County	125	1.1	5,041	2.6
Utah County	228	2.0	32,261	16.4
Wasatch County	45	0.4	1,500	0.8
Weber County	149	1.3	17,573	8.9
Unknown Utah	3	0.0	60	0.0
Outside Utah	558	4.9	8,682	4.4
Unknown, Not Reported	5	0.0	69	0.0

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

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

307 The Orthopedic Specialty Hospital

Reporting Category(ICD-9-CM CODES)	Procedures Performed		Procedures Performed-All Hospitals	
	(#)	(%)	(#)	(%)
Reporting Category(ICD-9-CM CODES)	7,328	100.0	288,895	100.0
Mastectomy (85.0-85.99)	0	0.0	6,818	2.4
Musculoskeletal (76.0-84.99)	7,027	95.9	60,015	20.8
Respiratory (30.0-34.99)	0	0.0	2,981	1.0
Cardiovascular (35.0-39.99)	2	0.0	15,622	5.4
Lymphatic/Hemetic (40.0-41.99)	1	0.0	2,260	0.8
Digestive System (42.0-54.99)	0	0.0	90,070	31.2
Urinary (55.0-59.99)	0	0.0	8,063	2.8
Male Genital (60.0-64.99)	0	0.0	3,587	1.2
Female Genital (65.0-71.99)	0	0.0	13,770	4.8
Endocrine/Nervous (01.0-07.99)	298	4.1	22,387	7.7
Eye (08.0-16.99)	0	0.0	19,254	6.7
Ear (18.0-20.99)	0	0.0	15,474	5.4
Nose,Mouth,Pharynx (21.0-29.99)	0	0.0	28,594	9.9
Reporting Category(CPT-4 CODES)	5,786	100.0	264,491	100.0
Mastectomy (19120-19220)	0	0.0	3,203	1.2
Musculoskeletal (20000-29909)	5,575	96.4	54,392	20.6
Respiratory (30000-32999 & 39501-39599)	0	0.0	12,829	4.9
Cardiovascular (33010-37799 & 93501-93660)	2	0.0	34,097	12.9
Lymphatic/Hemetic (38100-38999)	0	0.0	2,304	0.9
Digestive (40490-49999)	0	0.0	94,766	35.8
Urinary (50010-53899)	0	0.0	8,849	3.3
Male Genital (54000-55899)	0	0.0	3,229	1.2
Female Genital (56405-58999)	0	0.0	10,000	3.8
Endocrine/Nervous (60000-64999)	209	3.6	20,833	7.9
Eye (65091-68899)	0	0.0	11,183	4.2
Ear (69000-69979)	0	0.0	8,806	3.3

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics.

Reportable* excludes codes in the former "Other" category in previous reports.

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES

307 The Orthopedic Specialty Hospital

ICD-9 CODE	ICD-9 DESCRIPTION	#	%	% ALL Hospitals
All ICD-9 Procedures		7,328	100.0	100.0
8026	ARTHSCPY-KNEE	945	12.9	1.58
806	EXC SEMILUNAR CARTILAGE-KNEE	733	10.0	1.79
8086	OTH LOC EXC/DESTRUC JT LES-KNEE	712	9.7	1.30
8183	OTH REPR SHLDR	404	5.5	0.81
8021	ARTHSCPY-SHLDR	397	5.4	0.62
8145	OTH REPR CRUCIATE LIGAMNT	341	4.7	0.55
8081	OTH LOC EXC/DESTRUC JT LES-SHLDR	245	3.3	0.41
7781	OTH PART OSTEC-SCAPULA-CLAV-THOR	231	3.2	0.49
0443	RELEASE CARPAL TUNNEL	217	3.0	1.23
8147	OTH REPR KNEE	200	2.7	0.38
8363	ROTATOR CUFF REPR	198	2.7	0.53
8046	DIVIS JT CAP-LIGAMNT/CART-KNEE	180	2.5	0.36
7867	REMOV IMPLNT DEVICE-TIBIA & FIB	108	1.5	0.28
8076	SYNOVECT-KNEE	99	1.4	0.39
8182	REPR RECUR DISLOC SHLDR	95	1.3	0.17
8191	ARTHROCEN	78	1.1	0.06
8023	ARTHSCPY-WRIST	74	1.0	0.18
835	BURSECTOMY	71	1.0	0.17
7875	OSTEOCLASIS-FEM	70	1.0	0.07
8193	SUT CAPSULE/LIGAMNT UPPER EXTREM	70	1.0	0.11

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		5,786	100.0	100.0
29877	SCOPE KNEE SURG; DEBRID/SHAVE CA	665	11.5	1.18
29881	SCOPE KNEE SURG;W/MENISCECT MED/	591	10.2	1.52
29826	SCOPE SHOULDER; DECOMP SUBACROM	472	8.2	0.88
29888	ARTHSCPY AIDED ACL REPR/AUG/RECO	318	5.5	0.55
29824	SCOPE SHLDR SURG;DIST CLAVICULEC	219	3.8	0.31
20680	REMOVAL OF IMPLANT; DEEP	213	3.7	0.81
29827	SCOPE SHLDR SURG; W/ROTOR CUFF R	201	3.5	0.29
29823	SCOPE SHOULDER SURGICAL; DEBRID	179	3.1	0.21
29879	SCOPE KNEE SURG; ABRASION ARTHPL	143	2.5	0.25
29880	SCOPE KNEE SURG;W/MENISCECT MED&	142	2.5	0.42
64721	NEUROPLASTY; MEDIAN @ CARPAL TUN	135	2.3	0.87
29873	SCOPE KNEE SURGICAL; W/LAT RELEA	133	2.3	0.30
29882	SCOPE KNEE; W/MENISCUS REPR MED/	89	1.5	0.15
20610	ARTHROCENTESIS ASPIR&/INJ; MAJ J	84	1.5	0.27
29806	SCOPE SHOULDER SURGICAL; CPSLORR	84	1.5	0.15
26055	TENDON SHEATH INCISION	72	1.2	0.40
29822	SCOPE SHOULDER SURGICAL; DEBRID	58	1.0	0.19
29848	ENDO WRST SURG REL TRNS CARP LIG	57	1.0	0.33
29876	SCOPE KNEE SURG; SYNOVECTOMY MAJ	55	1.0	0.11
29807	SCOPE SHLDR SURG; REPR SLAP LESI	52	0.9	0.14

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

Reportable* excludes codes in the former "Other" category in previous reports.

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 AVERAGE TOTAL CHARGES FOR MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES, SINGLE ICD-9 OR CPT-4 ONLY

307 The Orthopedic Specialty Hospital

ICD-9 CODE	ICD-9 DESCRIPTION	#	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
ICD-9 Procedures		770	\$3,107	\$2,542
0443	RELEASE CARPAL TUNNEL	87	\$1,546	\$1,882
806	EXC SEMILUNAR CARTILAGE-KNEE	49	\$2,666	\$3,679
8183	OTH REPR SHLDR	42	\$5,607	\$5,229
7867	REMOV IMPLNT DEVICE-TIBIA & FIB	38	\$1,728	\$2,427
8201	EXPLOR TENDON SHEATH HAND	37	\$1,391	\$1,752
8086	OTH LOC EXC/DESTRUC JT LES-KNEE	28	\$2,675	\$3,394
8221	EXC LES TENDON SHEATH HAND	25	\$1,463	\$1,892
8145	OTH REPR CRUCIATE LIGAMNT	23	\$5,582	\$7,732
8364	OTH SUT TENDON	23	\$3,467	\$3,254
7932	OP REDUC FX W/INT FIX-RADIUS & ULNA	22	\$7,031	\$4,898
8182	REPR RECUR DISLOC SHLDR	22	\$6,975	\$6,517
8363	ROTATOR CUFF REPR	22	\$6,041	\$6,202
7936	OP REDUC FX W/INT FIX-TIBIA & FIB	19	\$2,927	\$4,526
8388	OTH PLSTC OPER TENDON	13	\$4,027	\$4,437
7863	REMOV IMPLNT DEVICE-RADIUS & ULNA	11	\$1,420	\$2,081
8147	OTH REPR KNEE	11	\$3,793	\$4,734
835	BURSECTOMY	11	\$2,193	\$2,583
7933	OP REDUC W/INT FIX-CARP-METACARP	10	\$2,670	\$3,449
8339	EXC LES OTH SOFT TISS	9	\$2,290	\$2,454
0449	OTH PERIPH NERV/GANGL DECOMP/LYSIS	8	\$1,956	\$2,950

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
CPT-4 Procedures		1,192	\$3,152	\$2,284
29881	SCOPE KNEE SURG;W/MENISCECT MED/	132	\$2,660	\$3,303
29877	SCOPE KNEE SURG; DEBRID/SHAVE CA	99	\$2,663	\$3,093
64721	NEUROPLASTY; MEDIAN @ CARPAL TUN	86	\$1,597	\$1,823
20680	REMOVAL OF IMPLANT; DEEP	75	\$1,668	\$2,378
29888	ARTHSCPY AIDED ACL REPR/AUG/RECO	65	\$5,909	\$7,278
29806	SCOPE SHOULDER SURGICAL; CPSLORR	46	\$5,553	\$5,985
29826	SCOPE SHOULDER; DECOMP SUBACROM	39	\$4,398	\$4,555
29848	ENDO WRST SURG REL TRNS CARP LIG	34	\$1,541	\$2,220
29880	SCOPE KNEE SURG;W/MENISCECT MED&	31	\$2,811	\$3,594
29875	SCOPE KNEE; SYNOVECT LTD SEP PRO	21	\$2,430	\$3,060
29879	SCOPE KNEE SURG; ABRASION ARTHPL	20	\$2,778	\$3,108
29873	SCOPE KNEE SURGICAL; W/LAT RELEA	17	\$2,974	\$3,582
27650	REPR PRIM OPN/PERQ RUP ACHILLES	16	\$2,957	\$3,183
25111	EXCISION OF GANGLION WRIST; PRIM	15	\$1,513	\$1,932
25620	OPEN TX DIST RADIAL FX W/WO FIX	15	\$8,079	\$5,599
26055	TENDON SHEATH INCISION	15	\$1,208	\$1,661
29823	SCOPE SHOULDER SURGICAL; DEBRID	12	\$3,338	\$4,219
29846	SCOPE WRIST SURG; EXC&/REPR CART	12	\$3,142	\$3,534
64718	NEUROPLASTY; ULNAR NERV @ ELBOW	11	\$1,941	\$3,091
24341	REPR TEND/MUSC ARM/ELB EA PRIM/S	10	\$4,584	\$4,290

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

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

307 The Orthopedic Specialty Hospital

Procedure APG category	Procedure APG	TOTAL #	TOTAL # (ALL Hospitals)
01	INTEGUMENTARY SYSTEM	33	8,392
	003 COMPLEX INCISION AND DRAINAGE	5	75
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	23	1,059
	008 SIMPLE EXCISION AND BIOPSY	3	893
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRANGE	2	184
02	MUSCULOSKELETAL SYSTEM	5,473	48,493
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	523	6,083
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	178	1,938
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	134	1,829
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	524	10,165
	025 ARTHROSCOPY	3,731	20,364
	028 CLOSED TREATMENT FX & DISLOCATION OF FINGER, TOE & TRUNK	1	49
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	11	611
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	106	3,214
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	34	397
	032 BUNION PROCEDURES	20	1,475
	033 ARTHROPLASTY	82	486
	034 HAND AND FOOT TENOTOMY	36	234
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	93	1,499
04	CARDIOVASCULAR SYSTEM	2	25,643
	080 MINOR VASCULAR REPAIR AND FISTULA CONSTRUCTION	1	1,407
	081 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	1	273
10	NERVOUS SYSTEM	207	17,622
	198 NERVE REPAIR AND DESTRUCTION	207	4,478

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

Reportable* excludes codes in the former "Other" category in previous reports.

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 PROCEDURE APG CATEGORY, PROCEDURE APG, SINGLE APG ONLY
 BASED ON REPORTABLE* CPT-4 PROCEDURES

307 The Orthopedic Specialty Hospital

Procedure APG category	Procedure APG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
01	INTEGUMENTARY SYSTEM	15	\$1,948	\$2,329
	003 COMPLEX INCISION AND DRAINAGE	3	\$1,832	\$2,503
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	10	\$2,052	\$2,689
	008 SIMPLE EXCISION AND BIOPSY	1	\$1,236	\$2,380
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRAN	1	\$1,965	\$2,990
02	MUSCULOSKELETAL SYSTEM	1,038	\$3,237	\$3,320
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	84	\$4,042	\$4,704
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	45	\$3,388	\$3,131
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	32	\$3,614	\$3,886
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	167	\$1,750	\$2,294
	025 ARTHROSCOPY	614	\$3,416	\$3,776
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	7	\$2,740	\$2,528
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	68	\$4,220	\$3,911
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	3	\$1,029	\$2,240
	032 BUNION PROCEDURES	5	\$2,568	\$3,144
	033 ARTHROPLASTY	13	\$3,141	\$4,649
10	NERVOUS SYSTEM	104	\$1,661	\$1,454
	198 NERVE REPAIR AND DESTRUCTION	104	\$1,661	\$2,095

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

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

307 The Orthopedic Specialty Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
GENDER				
Female	1,308	43.4	107,216	54.5
Male	1,707	56.6	89,560	45.5
Unknown	0	0.0	2	0.0
Not Reported	0	0.0	0	0.0
AGE				
1-28 days	0	0.0	199	0.1
29-365 days	0	0.0	2,895	1.5
1-4 years	0	0.0	10,718	5.4
5-9	0	0.0	6,003	3.1
10-14	45	1.5	4,605	2.3
15-17	145	4.8	4,474	2.3
18-19	106	3.5	3,608	1.8
20-24	219	7.3	10,974	5.6
25-29	215	7.1	11,529	5.9
30-34	241	8.0	10,974	5.6
35-39	245	8.1	11,089	5.6
40-44	340	11.3	13,913	7.1
45-49	329	10.9	15,367	7.8
50-54	344	11.4	18,693	9.5
55-59	277	9.2	16,175	8.2
60-64	186	6.2	13,797	7.0
65-69	147	4.9	12,250	6.2
70-74	92	3.1	11,038	5.6
75-79	57	1.9	9,345	4.7
80-84	27	0.9	5,890	3.0
85-89	0	0.0	2,520	1.3
90 +	0	0.0	720	0.4
Not Reported	0	0.0	201	0.1
SOURCE OF ADMISSION				
Physician Referral	3,015	100.0	176,073	89.5
Clinic Referral	0	0.0	2,347	1.2
HMO Referral	0	0.0	119	0.1
Other Hospital	0	0.0	71	0.0
Skilled Nursing Facility	0	0.0	21	0.0
Other Health Care Facility	0	0.0	26	0.0
Emergency Room	0	0.0	3,467	1.8
Court/Law Enforcement	0	0.0	3	0.0
Unknown	0	0.0	3,359	1.7
Not Reported	0	0.0	11,292	5.7

(Continued)

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

307 The Orthopedic Specialty Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	3,006	99.7	196,083	99.6
Another Hospital	2	0.1	125	0.1
Skilled Nursing Facility	0	0.0	72	0.0
Intermediate Care Facility	1	0.0	9	0.0
Another Type of Institution	0	0.0	44	0.0
Under Care of Home Service	6	0.2	103	0.1
Left Against Medical Advice	0	0.0	17	0.0
Under Care of Home IV Provider	0	0.0	5	0.0
Expired	0	0.0	16	0.0
Unknown	0	0.0	304	0.2
Not Reported	0	0.0	0	0.0
PRIMARY PAYER				
Medicare	301	10.0	42,451	21.6
Medicaid	1	0.0	13,275	6.7
Other government	72	2.4	3,257	1.7
Blue Cross/Blue Shield	633	21.0	27,366	13.9
Other Commercial	321	10.6	17,254	8.8
Managed Care(HMO, PPO)	1,186	39.3	84,762	43.1
Self Pay	40	1.3	3,009	1.5
Industrial & Worker Comp	443	14.7	4,001	2.0
Charity and Unclassified	2	0.1	106	0.1
Childrens Health Insurance	14	0.5	258	0.1
Unknown	2	0.1	964	0.5
Not Reported	0	0.0	75	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	18	0.6	13,556	6.9
Central Utah	30	1.0	6,602	3.4
Davis County	146	4.8	21,257	10.8
Salt Lake County	2,033	67.4	68,961	35.0
Southeastern Utah	39	1.3	4,049	2.1
Southwest Utah	23	0.8	11,167	5.7
Summit County	190	6.3	2,258	1.1
Tooele County	50	1.7	3,742	1.9
Tri-County	30	1.0	5,041	2.6
Utah County	127	4.2	32,261	16.4
Wasatch County	37	1.2	1,500	0.8
Weber County	69	2.3	17,573	8.9
Unknown Utah	0	0.0	60	0.0
Outside Utah	220	7.3	8,682	4.4
Unknown, Not Reported	3	0.1	69	0.0

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

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

144 Timpanogos Regional Hospital

Reporting Category(ICD-9-CM CODES)	Procedures Performed		Procedures Performed-All Hospitals	
	(#)	(%)	(#)	(%)
Reporting Category(ICD-9-CM CODES)	5,178	100.0	288,895	100.0
Mastectomy (85.0-85.99)	124	2.4	6,818	2.4
Musculoskeletal (76.0-84.99)	942	18.2	60,015	20.8
Respiratory (30.0-34.99)	32	0.6	2,981	1.0
Cardiovascular (35.0-39.99)	174	3.4	15,622	5.4
Lymphatic/Hemetic (40.0-41.99)	8	0.2	2,260	0.8
Digestive System (42.0-54.99)	1,402	27.1	90,070	31.2
Urinary (55.0-59.99)	55	1.1	8,063	2.8
Male Genital (60.0-64.99)	22	0.4	3,587	1.2
Female Genital (65.0-71.99)	403	7.8	13,770	4.8
Endocrine/Nervous (01.0-07.99)	1,016	19.6	22,387	7.7
Eye (08.0-16.99)	468	9.0	19,254	6.7
Ear (18.0-20.99)	328	6.3	15,474	5.4
Nose, Mouth, Pharynx (21.0-29.99)	204	3.9	28,594	9.9
Reporting Category(CPT-4 CODES)	6,939	100.0	264,491	100.0
Mastectomy (19120-19220)	19	0.3	3,203	1.2
Musculoskeletal (20000-29909)	1,069	15.4	54,392	20.6
Respiratory (30000-32999 & 39501-39599)	81	1.2	12,829	4.9
Cardiovascular (33010-37799 & 93501-93660)	2,605	37.5	34,097	12.9
Lymphatic/Hemetic (38100-38999)	7	0.1	2,304	0.9
Digestive (40490-49999)	1,458	21.0	94,766	35.8
Urinary (50010-53899)	162	2.3	8,849	3.3
Male Genital (54000-55899)	21	0.3	3,229	1.2
Female Genital (56405-58999)	268	3.9	10,000	3.8
Endocrine/Nervous (60000-64999)	809	11.7	20,833	7.9
Eye (65091-68899)	270	3.9	11,183	4.2
Ear (69000-69979)	170	2.4	8,806	3.3

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics.

Reportable* excludes codes in the former "Other" category in previous reports.

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES

144 Timpanogos Regional Hospital

ICD-9 CODE	ICD-9 DESCRIPTION	#	%	% ALL Hospitals
All ICD-9 Procedures		5,178	100.0	100.0
0391	INJ ANES SPINAL CANAL-ANALGESIA	364	7.0	1.75
0392	INJ OTH AGENT SPINAL CANAL	355	6.9	2.43
2001	MYRINGOTOMY W/INSRT TUBE	288	5.6	4.36
4523	COLONOSCOPY	264	5.1	6.06
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	207	4.0	5.16
4513	OTH ENDO SM INTESTINE	194	3.7	2.14
4542	ENDO POLYPECTOMY LG INTESTINE	117	2.3	3.38
5123	LAP CHOLEY	111	2.1	2.06
0443	RELEASE CARPAL TUNNEL	105	2.0	1.23
806	EXC SEMILUNAR CARTILAGE-KNEE	103	2.0	1.79
1511	RECESSION 1 EXTRAOCULAR MUSC	81	1.6	0.26
0887	UPPER EYELID RHYTIDECTOMY	62	1.2	0.10
8192	INJ THERAP SUBSTANCE JT/LIGAMNT	60	1.2	0.41
6525	OTH LAP LOC EXC/DESTRUC OVARY	59	1.1	0.23
8183	OTH REPR SHLDR	59	1.1	0.81
283	TONSILLECTOMY W/ADENOIDECTOMY	57	1.1	1.86
4292	DILAT ESOPH	52	1.0	1.33
4701	LAP APPENDECTOMY	51	1.0	0.36
1341	PHACOEMULSIFICATION-ASPIR CATARACT	46	0.9	1.57
1371	IOL PROSTH-CATARACT EXTRACT-1-STAGE	46	0.9	1.60

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		6,939	100.0	100.0
36415	COLLECTION VENOUS BLD VENIPUNCTU	2,041	29.4	0.78
45378	COLONOSCOPY FLEX; DX-SEP PROC	256	3.7	6.06
43239	UGI ENDO; W/BX 1/MX	208	3.0	5.28
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	195	2.8	1.44
69436	TYMPANOSTOMY GENERAL ANESTHESIA	145	2.1	2.51
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	131	1.9	1.45
64483	INJ ANES EPIDURL; LUMB/SAC 1 LEV	121	1.7	0.69
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	103	1.5	1.34
29881	SCOPE KNEE SURG;W/MENISCECT MED/	87	1.3	1.52
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	87	1.3	3.55
58662	LAP SURG; W/FULG/EXCIS LES-OVARY	78	1.1	0.62
62310	INJ 1 NOT NEUROLYTIC-EPID;CERV/T	74	1.1	0.26
29848	ENDO WRST SURG REL TRNS CARP LIG	65	0.9	0.33
36430	TRANSFUSION BLOOD/BLOOD COMPONEN	60	0.9	0.30
29826	SCOPE SHOULDER; DECOMP SUBACROM	59	0.9	0.88
45384	COLONOSCPY FLEX; REMV LES-FORCE	56	0.8	0.40
67311	STRABISMUS SURG; 1 HORIZONTAL MU	55	0.8	0.18
42820	T&A; UNDER AGE 12	53	0.8	1.60
44970	LAPAROSCOPY SURGICAL APPENDECTOM	52	0.7	0.41
50590	LITHOTRIPSY XTRACORP SHOCK WAVE	52	0.7	0.27

SOURCE: Utah Ambulatory Surgery Database
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UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 AVERAGE TOTAL CHARGES FOR MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES, SINGLE ICD-9 OR CPT-4 ONLY

144 Timpanogos Regional Hospital

ICD-9 CODE	ICD-9 DESCRIPTION	#	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
ICD-9 Procedures		2,318	\$3,466	\$2,542
4523	COLONOSCOPY	232	\$1,252	\$849
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	147	\$1,526	\$1,037
4513	OTH ENDO SM INTESTINE	146	\$1,600	\$917
4542	ENDO POLYPECTOMY LG INTESTINE	90	\$1,827	\$1,101
5123	LAP CHOLEY	87	\$7,096	\$5,170
0443	RELEASE CARPAL TUNNEL	75	\$3,157	\$1,882
283	TONSILLECTOMY W/ADENOIDECTOMY	52	\$2,855	\$1,740
8192	INJ THERAP SUBSTANCE JT/LIGAMNT	52	\$782	\$805
806	EXC SEMILUNAR CARTILAGE-KNEE	51	\$4,364	\$3,679
4701	LAP APPENDECTOMY	46	\$8,416	\$6,389
6952	ASPIR CURET FOLLOWING DELIV/AB	46	\$2,460	\$1,938
0392	INJ OTH AGENT SPINAL CANAL	44	\$1,224	\$718
3722	LT HEART CARD CATH	38	\$6,084	\$5,595
6902	D&C FOLLOWING DELIV/AB	36	\$2,717	\$2,179
8511	CLO [PERCUT] [NEEDLE] BX BREAST	33	\$2,854	\$1,046
3893	VENOUS CATH-NEC	32	\$2,482	\$2,366
3950	ANGIOPLSTY/ARTHERECT NON-CORNON	28	\$8,888	\$6,640
0391	INJ ANES SPINAL CANAL-ANALGESIA	27	\$1,770	\$1,300
5011	CLO [PERCUT] [NEEDLE] BX LIVER	24	\$2,230	\$1,657
8221	EXC LES TENDON SHEATH HAND	23	\$2,636	\$1,892

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
CPT-4 Procedures		4,866	\$1,928	\$2,284
36415	COLLECTION VENOUS BLD VENIPUNCTU	2,024	\$240	\$242
45378	COLONOSCOPY FLEX; DX-SEP PROC	224	\$1,252	\$818
43239	UGI ENDO; W/BX 1/MX	148	\$1,525	\$1,035
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	137	\$1,433	\$767
43235	UGI ENDO; DX W/VO CLCT SPECMN-SP	112	\$1,334	\$822
69436	TYMPANOSTOMY GENERAL ANESTHESIA	106	\$2,360	\$1,016
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	80	\$7,140	\$5,262
64483	INJ ANES EPIDURL; LUMB/SAC 1 LEV	67	\$1,178	\$865
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	61	\$1,678	\$1,059
29848	ENDO WRST SURG REL TRNS CARP LIG	57	\$3,170	\$2,220
29881	SCOPE KNEE SURG;W/MENISCECT MED/	51	\$4,352	\$3,303
42820	T&A; UNDER AGE 12	49	\$2,828	\$1,662
36430	TRANSFUSION BLOOD/BLOOD COMPONEN	48	\$1,002	\$2,084
50590	LITHOTRIPSY XTRACORP SHOCK WAVE	47	\$7,528	\$6,705
66984	EXTRACAPSULAR CATARACT REMV IOL	46	\$5,233	\$2,786
45384	COLONOSCPY FLEX; REMV LES-FORCE	45	\$1,781	\$1,158
44970	LAPAROSCOPY SURGICAL APPENDECTOM	43	\$8,469	\$6,356
51600	INJ PROC-CYSTOGRAPHY	43	\$1,193	\$958
62310	INJ 1 NOT NEUROLYTIC-EPID;CERV/T	43	\$1,176	\$906
67311	STRABISMUS SURG; 1 HORIZONTAL MU	41	\$3,065	\$1,818

SOURCE: Utah Ambulatory Surgery Database
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UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

144 Timpanogos Regional Hospital

Procedure APG category	Procedure APG	TOTAL #	TOTAL # (ALL Hospitals)
01	INTEGUMENTARY SYSTEM	85	8,392
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	35	2,819
	003 COMPLEX INCISION AND DRAINAGE	3	75
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	13	1,059
	008 SIMPLE EXCISION AND BIOPSY	12	893
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRANGE	3	184
	011 SIMPLE INCISION AND EXCISION OF BREAST	18	2,817
	012 BREAST RECONSTRUCTION AND MASTECTOMY	1	386
02	MUSCULOSKELETAL SYSTEM	940	48,493
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	70	6,083
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	28	1,938
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	27	1,829
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	174	10,165
	025 ARTHROSCOPY	442	20,364
	028 CLOSED TREATMENT FX & DISLOCATION OF FINGER, TOE & TRUNK	1	49
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	21	611
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	77	3,214
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	18	397
	032 BUNION PROCEDURES	20	1,475
	033 ARTHROPLASTY	6	486
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	56	1,499
03	RESPIRATORY SYSTEM	39	6,895
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	17	706
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	10	4,493
	054 SIMPLE ENDOSCOPY OF THE UPPER AIRWAY	1	334
	055 ENDOSCOPY OF THE LOWER AIRWAY	11	1,362
04	CARDIOVASCULAR SYSTEM	382	25,643
	075 PLACEMENT OF TRANSVENOUS CATHETERS	39	750
	076 DIAGNOSTIC CARDIAC CATHETERIZATION	234	17,680
	077 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	56	1,469
	078 PACEMAKER INSERTION AND REPLACEMENT	2	517
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	12	714
	080 MINOR VASCULAR REPAIR AND FISTULA CONSTRUCTION	31	1,407
	081 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	5	273
	082 VASCULAR LIGATION	3	442
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	78	2,342
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	18	1,515
	097 TRANSFUSION	60	792
06	DIGESTIVE SYSTEM	1,417	82,913
	112 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	3	1,137
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	16	832
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	3	336
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	340	17,918
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	63	4,477
	117 LOWER GASTROINTESTINAL ENDOSCOPY	449	33,312
	118 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	54	1,553

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

144 Timpanogos Regional Hospital

procedure APG category	procedure APG	TOTAL #	TOTAL # (ALL Hospitals)
	119 HERNIA AND HYDROCELE PROCEDURES	69	6,781
	120 COMPLEX ANAL AND RECTAL PROCEDURES	5	911
	121 SIMPLE ANAL AND RECTAL PROCEDURES	6	544
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	5	516
	123 COMPLEX LAPAROSCOPIC PROCEDURES	391	14,187
	124 SIMPLE LAPAROSCOPIC PROCEDURES	13	205
07	URINARY SYSTEM	112	7,406
	131 RENAL EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	52	727
	133 URINARY CATHETERIZATION AND DILATATION	14	331
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	28	3,121
	135 MODERATE CYSTOURETHROSCOPY	15	2,378
	136 SIMPLE CYSTOURETHROSCOPY	3	623
08	MALE GENITAL SYSTEM	18	2,988
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	12	1,293
	152 INSERTION OF PENILE PROSTHESIS	1	72
	154 SIMPLE PENILE PROCEDURES	4	901
	155 PROSTATE NEEDLE AND PUNCH BIOPSY	1	306
09	FEMALE GENITAL SYSTEM	87	5,316
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	25	1,138
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	17	1,162
	178 DILATION AND CURETTAGE	17	831
	179 HYSTEROSCOPY	26	2,031
	180 COLPOSCOPY	2	153
10	NERVOUS SYSTEM	706	17,622
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	578	11,950
	196 REVISION AND REMOVAL OF NEUROLOGICAL DEVICE	5	165
	197 NEUROSTIMULATOR AND VENTRICULAR SHUNT IMPLANTATION	7	461
	198 NERVE REPAIR AND DESTRUCTION	95	4,478
	199 SPINAL TAP	21	568
11	EYE AND OCULAR ADNEXA	267	10,930
	211 MINOR OPHTHALMOLOGICAL TESTS AND PROCEDURES	7	29
	213 LASER EYE PROCEDURES	1	932
	214 CATARACT PROCEDURES	47	4,649
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	18	475
	216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	16	351
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	3	185
	220 STRABISMUS AND MUSCLE EYE PROCEDURES	82	794
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	46	793
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	47	477
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	355	29,079
	233 NASAL CAUTERIZATION AND PACKING	2	218
	234 COMPLEX FACIAL AND ENT PROCEDURES	47	5,162
	235 SIMPLE FACIAL AND ENT PROCEDURES	193	15,442
	236 TONSIL AND ADENOID PROCEDURES	113	8,217
13	THERAPUTIC AND OTHER RADIOLOGICAL PROCEDURES	280	3,748
	253 VASCULAR RADIOLOGY EXCEPT FOR VENOGRAPHY OF EXTREMITY	84	1,528

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

144 Timpanogos Regional Hospital

procedure APG category	procedure APG	TOTAL #	TOTAL # (ALL Hospitals)
254	MYELOGRAPHY	64	431
255	MISCELLANEOUS RADIOLOGICAL PROCEDURES WITH CONTRAST	132	1,787

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

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 PROCEDURE APG CATEGORY, PROCEDURE APG, SINGLE APG ONLY
 BASED ON REPORTABLE* CPT-4 PROCEDURES

144 Timpanogos Regional Hospital

Procedure APG category	Procedure APG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
01	INTEGUMENTARY SYSTEM	76	\$2,796	\$2,329
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	35	\$2,197	\$1,821
	003 COMPLEX INCISION AND DRAINAGE	1	\$664	\$2,503
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	11	\$2,871	\$2,689
	008 SIMPLE EXCISION AND BIOPSY	9	\$3,404	\$2,380
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRAN	2	\$2,476	\$2,990
	011 SIMPLE INCISION AND EXCISION OF BREAST	17	\$3,742	\$2,426
	012 BREAST RECONSTRUCTION AND MASTECTOMY	1	\$4,124	\$4,376
02	MUSCULOSKELETAL SYSTEM	498	\$4,162	\$3,320
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	46	\$5,441	\$4,704
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	14	\$3,062	\$3,131
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	9	\$4,630	\$3,886
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	76	\$3,041	\$2,294
	025 ARTHROSCOPY	206	\$5,078	\$3,776
	028 CLOSED TREATMENT FX & DISLOCATION OF FINGER, TOE & TRUNK	1	\$2,040	\$1,922
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	17	\$3,429	\$2,528
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	57	\$4,898	\$3,911
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	14	\$2,528	\$2,240
	032 BUNION PROCEDURES	11	\$4,477	\$3,144
	033 ARTHROPLASTY	2	\$3,590	\$4,649
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	45	\$651	\$679
03	RESPIRATORY SYSTEM	21	\$1,882	\$1,669
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	14	\$1,460	\$957
	055 ENDOSCOPY OF THE LOWER AIRWAY	7	\$2,725	\$1,724
04	CARDIOVASCULAR SYSTEM	74	\$3,666	\$4,966
	075 PLACEMENT OF TRANSVENOUS CATHETERS	37	\$2,712	\$2,141
	076 DIAGNOSTIC CARDIAC CATHETERIZATION	1	\$3,706	\$4,944
	077 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	3	\$11,282	\$10,655
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	9	\$2,324	\$2,283
	080 MINOR VASCULAR REPAIR AND FISTULA CONSTRUCTION	20	\$4,874	\$3,673
	081 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	2	\$3,045	\$3,307
	082 VASCULAR LIGATION	2	\$4,432	\$3,967
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	66	\$1,952	\$3,010
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	18	\$4,486	\$3,705
	097 TRANSFUSION	48	\$1,002	\$2,084
06	DIGESTIVE SYSTEM	995	\$2,976	\$1,825
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	13	\$811	\$729
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	3	\$625	\$862
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	261	\$1,441	\$987
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	34	\$1,855	\$1,381
	117 LOWER GASTROINTESTINAL ENDOSCOPY	356	\$1,420	\$956
	118 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	40	\$2,748	\$2,679
	119 HERNIA AND HYDROCELE PROCEDURES	36	\$3,825	\$2,876
	120 COMPLEX ANAL AND RECTAL PROCEDURES	5	\$3,219	\$2,344
	121 SIMPLE ANAL AND RECTAL PROCEDURES	2	\$4,269	\$1,854

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 PROCEDURE APG CATEGORY, PROCEDURE APG, SINGLE APG ONLY
 BASED ON REPORTABLE* CPT-4 PROCEDURES

144 Timpanogos Regional Hospital

procedure APG category	Procedure APG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	3	\$1,979	\$2,435
	123 COMPLEX LAPAROSCOPIC PROCEDURES	232	\$6,717	\$4,923
	124 SIMPLE LAPAROSCOPIC PROCEDURES	10	\$16,729	\$10,668
07	URINARY SYSTEM	78	\$6,239	\$3,713
	131 RENAL EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	47	\$7,528	\$6,705
	133 URINARY CATHETERIZATION AND DILATATION	4	\$5,077	\$2,727
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	14	\$4,592	\$3,653
	135 MODERATE CYSTOURETHROSCOPY	10	\$3,874	\$2,892
	136 SIMPLE CYSTOURETHROSCOPY	3	\$3,168	\$1,768
08	MALE GENITAL SYSTEM	12	\$3,602	\$2,549
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	7	\$3,287	\$2,171
	152 INSERTION OF PENILE PROSTHESIS	1	\$11,392	\$13,411
	154 SIMPLE PENILE PROCEDURES	3	\$2,352	\$1,466
	155 PROSTATE NEEDLE AND PUNCH BIOPSY	1	\$1,765	\$3,741
09	FEMALE GENITAL SYSTEM	53	\$3,880	\$2,961
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	16	\$4,948	\$4,273
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	9	\$2,820	\$2,362
	178 DILATION AND CURETTAGE	13	\$2,319	\$1,817
	179 HYSTEROSCOPY	13	\$4,949	\$3,360
	180 COLPOSCOPY	2	\$3,301	\$2,234
10	NERVOUS SYSTEM	341	\$1,688	\$1,454
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	279	\$1,311	\$836
	196 REVISION AND REMOVAL OF NEUROLOGICAL DEVICE	2	\$4,783	\$5,633
	197 NEUROSTIMULATOR AND VENTRICULAR SHUNT IMPLANTATION	1	\$42,092	\$19,201
	198 NERVE REPAIR AND DESTRUCTION	41	\$2,978	\$2,095
	199 SPINAL TAP	18	\$1,995	\$1,172
11	EYE AND OCULAR ADNEXA	170	\$3,580	\$2,574
	211 MINOR OPHTHALMOLOGICAL TESTS AND PROCEDURES	2	\$2,109	\$1,391
	213 LASER EYE PROCEDURES	1	\$2,204	\$642
	214 CATARACT PROCEDURES	47	\$5,213	\$2,790
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	17	\$2,160	\$2,228
	216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	13	\$2,708	\$1,881
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	2	\$8,012	\$2,320
	220 STRABISMUS AND MUSCLE EYE PROCEDURES	49	\$3,094	\$1,783
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	21	\$3,245	\$3,198
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	18	\$2,748	\$1,766
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	220	\$2,780	\$1,992
	234 COMPLEX FACIAL AND ENT PROCEDURES	23	\$4,440	\$3,775
	235 SIMPLE FACIAL AND ENT PROCEDURES	124	\$2,402	\$1,425
	236 TONSIL AND ADENOID PROCEDURES	73	\$2,901	\$1,795
13	THERAPUTIC AND OTHER RADIOLOGICAL PROCEDURES	186	\$2,030	\$1,931
	253 VASCULAR RADIOLOGY EXCEPT FOR VENOGRAPHY OF EXTREMITY	23	\$5,843	\$5,014
	254 MYELOGRAPHY	34	\$2,723	\$2,518
	255 MISCELLANEOUS RADIOLOGICAL PROCEDURES WITH CONTRAST	129	\$1,167	\$1,346

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

Reportable* excludes codes in the former "Other" category in previous reports.

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

144 Timpanogos Regional Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
GENDER				
Female	3,676	61.7	107,216	54.5
Male	2,283	38.3	89,560	45.5
Unknown	0	0.0	2	0.0
Not Reported	0	0.0	0	0.0
AGE				
1-28 days	22	0.4	199	0.1
29-365 days	123	2.1	2,895	1.5
1-4 years	301	5.1	10,718	5.4
5-9	187	3.1	6,003	3.1
10-14	150	2.5	4,605	2.3
15-17	145	2.4	4,474	2.3
18-19	157	2.6	3,608	1.8
20-24	639	10.7	10,974	5.6
25-29	671	11.3	11,529	5.9
30-34	508	8.5	10,974	5.6
35-39	367	6.2	11,089	5.6
40-44	451	7.6	13,913	7.1
45-49	392	6.6	15,367	7.8
50-54	371	6.2	18,693	9.5
55-59	392	6.6	16,175	8.2
60-64	257	4.3	13,797	7.0
65-69	225	3.8	12,250	6.2
70-74	184	3.1	11,038	5.6
75-79	205	3.4	9,345	4.7
80-84	123	2.1	5,890	3.0
85-89	75	1.3	2,520	1.3
90 +	13	0.2	720	0.4
Not Reported	23	0.4	201	0.1
SOURCE OF ADMISSION				
Physician Referral	5,903	99.1	176,073	89.5
Clinic Referral	14	0.2	2,347	1.2
HMO Referral	0	0.0	119	0.1
Other Hospital	0	0.0	71	0.0
Skilled Nursing Facility	0	0.0	21	0.0
Other Health Care Facility	1	0.0	26	0.0
Emergency Room	41	0.7	3,467	1.8
Court/Law Enforcement	0	0.0	3	0.0
Unknown	0	0.0	3,359	1.7
Not Reported	0	0.0	11,292	5.7

(Continued)

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

144 Timpanogos Regional Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	5,954	99.9	196,083	99.6
Another Hospital	2	0.0	125	0.1
Skilled Nursing Facility	1	0.0	72	0.0
Intermediate Care Facility	0	0.0	9	0.0
Another Type of Institution	0	0.0	44	0.0
Under Care of Home Service	1	0.0	103	0.1
Left Against Medical Advice	1	0.0	17	0.0
Under Care of Home IV Provider	0	0.0	5	0.0
Expired	0	0.0	16	0.0
Unknown	0	0.0	304	0.2
Not Reported	0	0.0	0	0.0
PRIMARY PAYER				
Medicare	830	13.9	42,451	21.6
Medicaid	335	5.6	13,275	6.7
Other government	39	0.7	3,257	1.7
Blue Cross/Blue Shield	1,953	32.8	27,366	13.9
Other Commercial	536	9.0	17,254	8.8
Managed Care(HMO, PPO)	2,016	33.8	84,762	43.1
Self Pay	112	1.9	3,009	1.5
Industrial & Worker Comp	135	2.3	4,001	2.0
Charity and Unclassified	2	0.0	106	0.1
Childrens Health Insurance	0	0.0	258	0.1
Unknown	1	0.0	964	0.5
Not Reported	0	0.0	75	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	5	0.1	13,556	6.9
Central Utah	225	3.8	6,602	3.4
Davis County	20	0.3	21,257	10.8
Salt Lake County	177	3.0	68,961	35.0
Southeastern Utah	126	2.1	4,049	2.1
Southwest Utah	27	0.5	11,167	5.7
Summit County	8	0.1	2,258	1.1
Tooele County	17	0.3	3,742	1.9
Tri-County	41	0.7	5,041	2.6
Utah County	5,146	86.4	32,261	16.4
Wasatch County	50	0.8	1,500	0.8
Weber County	11	0.2	17,573	8.9
Unknown Utah	5	0.1	60	0.0
Outside Utah	94	1.6	8,682	4.4
Unknown, Not Reported	7	0.1	69	0.0

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

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

109 Uintah Basin Medical Center

Reporting Category(ICD-9-CM CODES)	Procedures Performed		Procedures Performed-All Hospitals	
	(#)	(%)	(#)	(%)
Reporting Category(ICD-9-CM CODES)	2,932	100.0	288,895	100.0
Mastectomy (85.0-85.99)	40	1.4	6,818	2.4
Musculoskeletal (76.0-84.99)	281	9.6	60,015	20.8
Respiratory (30.0-34.99)	19	0.6	2,981	1.0
Cardiovascular (35.0-39.99)	10	0.3	15,622	5.4
Lymphatic/Hemetic (40.0-41.99)	11	0.4	2,260	0.8
Digestive System (42.0-54.99)	1,272	43.4	90,070	31.2
Urinary (55.0-59.99)	48	1.6	8,063	2.8
Male Genital (60.0-64.99)	72	2.5	3,587	1.2
Female Genital (65.0-71.99)	137	4.7	13,770	4.8
Endocrine/Nervous (01.0-07.99)	68	2.3	22,387	7.7
Eye (08.0-16.99)	293	10.0	19,254	6.7
Ear (18.0-20.99)	299	10.2	15,474	5.4
Nose,Mouth,Pharynx (21.0-29.99)	382	13.0	28,594	9.9
Reporting Category(CPT-4 CODES)	.	.	264,491	100.0
Mastectomy (19120-19220)	.	.	3,203	1.2
Musculoskeletal (20000-29909)	.	.	54,392	20.6
Respiratory (30000-32999 & 39501-39599)	.	.	12,829	4.9
Cardiovascular (33010-37799 & 93501-93660)	.	.	34,097	12.9
Lymphatic/Hemetic (38100-38999)	.	.	2,304	0.9
Digestive (40490-49999)	.	.	94,766	35.8
Urinary (50010-53899)	.	.	8,849	3.3
Male Genital (54000-55899)	.	.	3,229	1.2
Female Genital (56405-58999)	.	.	10,000	3.8
Endocrine/Nervous (60000-64999)	.	.	20,833	7.9
Eye (65091-68899)	.	.	11,183	4.2
Ear (69000-69979)	.	.	8,806	3.3

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics.

Reportable* excludes codes in the former "Other" category in previous reports.

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES

109 Uintah Basin Medical Center

ICD-9 CODE	ICD-9 DESCRIPTION	#	%	% ALL Hospitals
All ICD-9 Procedures				
4523	COLONOSCOPY	324	11.1	6.06
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	323	11.0	5.16
2001	MYRINGOTOMY W/INSRT TUBE	270	9.2	4.36
4525	CLO [ENDO] BX LG INTESTINE	138	4.7	2.27
283	TONSILLECTOMY W/ADENOIDECTOMY	131	4.5	1.86
1341	PHACOEMULSIFICATION-ASPIR CATARACT	128	4.4	1.57
1371	IOL PROSTH-CATARACT EXTRACT-1-STAGE	128	4.4	1.60
4542	ENDO POLYPECTOMY LG INTESTINE	110	3.8	3.38
5123	LAP CHOLEY	101	3.4	2.06
4513	OTH ENDO SM INTESTINE	97	3.3	2.14
282	TONSILLECTOMY WO ADENOIDECTOMY	61	2.1	0.67
640	CIRCUMCISION	52	1.8	0.30
0443	RELEASE CARPAL TUNNEL	50	1.7	1.23
2169	OTH TURBINECTOMY	45	1.5	0.75
5732	OTH CYSTOSCOPY	43	1.5	0.59
806	EXC SEMILUNAR CARTILAGE-KNEE	36	1.2	1.79
8521	LOC EXC LES BREAST	34	1.2	1.03
6909	OTH D&C UTERUS	30	1.0	0.61
6902	D&C FOLLOWING DELIV/AB	25	0.9	0.24
7032	EXC/DESTRUC LES CUL-DE-SAC	24	0.8	0.26

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures				

Does not report CPTs

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

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 AVERAGE TOTAL CHARGES FOR MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES, SINGLE ICD-9 OR CPT-4 ONLY

109 Uintah Basin Medical Center

ICD-9 CODE	ICD-9 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
ICD-9 Procedures		1,467	\$1,944	\$2,542
4523	COLONOSCOPY	226	\$929	\$849
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	164	\$1,174	\$1,037
283	TONSILLECTOMY W/ADENOIDECTOMY	115	\$2,021	\$1,740
5123	LAP CHOLEY	84	\$5,191	\$5,170
4525	CLO [ENDO] BX LG INTESTINE	83	\$1,310	\$1,172
4542	ENDO POLYPECTOMY LG INTESTINE	66	\$1,237	\$1,101
4513	OTH ENDO SM INTESTINE	61	\$1,168	\$917
640	CIRCUMCISION	52	\$330	\$1,442
282	TONSILLECTOMY WO ADENOIDECTOMY	47	\$1,929	\$2,010
5732	OTH CYSTOSCOPY	42	\$832	\$3,080
0443	RELEASE CARPAL TUNNEL	38	\$1,384	\$1,882
6909	OTH D&C UTERUS	26	\$1,866	\$2,052
6902	D&C FOLLOWING DELIV/AB	24	\$1,963	\$2,179
806	EXC SEMILUNAR CARTILAGE-KNEE	23	\$2,982	\$3,679
8521	LOC EXC LES BREAST	19	\$2,863	\$2,242
5349	OTH UMB HERNIORRHAPHY	12	\$1,852	\$2,307
8086	OTH LOC EXC/DESTRUC JT LES-KNEE	12	\$2,769	\$3,394
8363	ROTATOR CUFF REPR	12	\$4,245	\$6,202
6629	OTH BIL ENDO DESTRUC FALLOP TUBES	11	\$2,922	\$2,947
6097	OTH TRNSUR DESTR PROS TISS OTH THRM	9	\$3,845	\$5,890

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
CPT-4 Procedures				

Does not report CPTs

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

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

109 Uintah Basin Medical Center

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
GENDER				
Female	1,198	56.0	107,216	54.5
Male	942	44.0	89,560	45.5
Unknown	0	0.0	2	0.0
Not Reported	0	0.0	0	0.0
AGE				
1-28 days	42	2.0	199	0.1
29-365 days	34	1.6	2,895	1.5
1-4 years	139	6.5	10,718	5.4
5-9	90	4.2	6,003	3.1
10-14	59	2.8	4,605	2.3
15-17	58	2.7	4,474	2.3
18-19	57	2.7	3,608	1.8
20-24	135	6.3	10,974	5.6
25-29	99	4.6	11,529	5.9
30-34	116	5.4	10,974	5.6
35-39	103	4.8	11,089	5.6
40-44	121	5.7	13,913	7.1
45-49	130	6.1	15,367	7.8
50-54	157	7.3	18,693	9.5
55-59	128	6.0	16,175	8.2
60-64	160	7.5	13,797	7.0
65-69	154	7.2	12,250	6.2
70-74	125	5.8	11,038	5.6
75-79	137	6.4	9,345	4.7
80-84	60	2.8	5,890	3.0
85-89	26	1.2	2,520	1.3
90 +	10	0.5	720	0.4
Not Reported	42	2.0	201	0.1
SOURCE OF ADMISSION				
Physician Referral	2,123	99.2	176,073	89.5
Clinic Referral	0	0.0	2,347	1.2
HMO Referral	0	0.0	119	0.1
Other Hospital	0	0.0	71	0.0
Skilled Nursing Facility	0	0.0	21	0.0
Other Health Care Facility	0	0.0	26	0.0
Emergency Room	8	0.4	3,467	1.8
Court/Law Enforcement	0	0.0	3	0.0
Unknown	0	0.0	3,359	1.7
Not Reported	9	0.4	11,292	5.7

(Continued)

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

109 Uintah Basin Medical Center

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	1,884	88.0	196,083	99.6
Another Hospital	9	0.4	125	0.1
Skilled Nursing Facility	4	0.2	72	0.0
Intermediate Care Facility	1	0.0	9	0.0
Another Type of Institution	2	0.1	44	0.0
Under Care of Home Service	0	0.0	103	0.1
Left Against Medical Advice	0	0.0	17	0.0
Under Care of Home IV Provider	0	0.0	5	0.0
Expired	0	0.0	16	0.0
Unknown	240	11.2	304	0.2
Not Reported	0	0.0	0	0.0
PRIMARY PAYER				
Medicare	539	25.2	42,451	21.6
Medicaid	340	15.9	13,275	6.7
Other government	77	3.6	3,257	1.7
Blue Cross/Blue Shield	417	19.5	27,366	13.9
Other Commercial	189	8.8	17,254	8.8
Managed Care(HMO, PPO)	399	18.6	84,762	43.1
Self Pay	103	4.8	3,009	1.5
Industrial & Worker Comp	42	2.0	4,001	2.0
Charity and Unclassified	1	0.0	106	0.1
Childrens Health Insurance	0	0.0	258	0.1
Unknown	33	1.5	964	0.5
Not Reported	0	0.0	75	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	2	0.1	13,556	6.9
Central Utah	0	0.0	6,602	3.4
Davis County	0	0.0	21,257	10.8
Salt Lake County	6	0.3	68,961	35.0
Southeastern Utah	3	0.1	4,049	2.1
Southwest Utah	0	0.0	11,167	5.7
Summit County	1	0.0	2,258	1.1
Tooele County	0	0.0	3,742	1.9
Tri-County	2,101	98.2	5,041	2.6
Utah County	4	0.2	32,261	16.4
Wasatch County	0	0.0	1,500	0.8
Weber County	1	0.0	17,573	8.9
Unknown Utah	4	0.2	60	0.0
Outside Utah	18	0.8	8,682	4.4
Unknown, Not Reported	0	0.0	69	0.0

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

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

125 University of Utah Hospitals & Clinics

Reporting Category (ICD-9-CM CODES)	Procedures Performed		Procedures Performed-All Hospitals	
	(#)	(%)	(#)	(%)
Reporting Category (ICD-9-CM CODES)	13,766	100.0	288,895	100.0
Mastectomy (85.0-85.99)	212	1.5	6,818	2.4
Musculoskeletal (76.0-84.99)	1,411	10.2	60,015	20.8
Respiratory (30.0-34.99)	399	2.9	2,981	1.0
Cardiovascular (35.0-39.99)	2,188	15.9	15,622	5.4
Lymphatic/Hemetic (40.0-41.99)	251	1.8	2,260	0.8
Digestive System (42.0-54.99)	6,730	48.9	90,070	31.2
Urinary (55.0-59.99)	424	3.1	8,063	2.8
Male Genital (60.0-64.99)	95	0.7	3,587	1.2
Female Genital (65.0-71.99)	451	3.3	13,770	4.8
Endocrine/Nervous (01.0-07.99)	381	2.8	22,387	7.7
Eye (08.0-16.99)	101	0.7	19,254	6.7
Ear (18.0-20.99)	412	3.0	15,474	5.4
Nose, Mouth, Pharynx (21.0-29.99)	711	5.2	28,594	9.9
Reporting Category (CPT-4 CODES)	16,244	100.0	264,491	100.0
Mastectomy (19120-19220)	55	0.3	3,203	1.2
Musculoskeletal (20000-29909)	1,468	9.0	54,392	20.6
Respiratory (30000-32999 & 39501-39599)	734	4.5	12,829	4.9
Cardiovascular (33010-37799 & 93501-93660)	4,789	29.5	34,097	12.9
Lymphatic/Hemetic (38100-38999)	525	3.2	2,304	0.9
Digestive (40490-49999)	6,816	42.0	94,766	35.8
Urinary (50010-53899)	522	3.2	8,849	3.3
Male Genital (54000-55899)	90	0.6	3,229	1.2
Female Genital (56405-58999)	395	2.4	10,000	3.8
Endocrine/Nervous (60000-64999)	498	3.1	20,833	7.9
Eye (65091-68899)	71	0.4	11,183	4.2
Ear (69000-69979)	281	1.7	8,806	3.3

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics.

Reportable* excludes codes in the former "Other" category in previous reports.

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES

125 University of Utah Hospitals & Clinics

ICD-9 CODE	ICD-9 DESCRIPTION	#	%	% ALL Hospitals
All ICD-9 Procedures		13,766	100.0	100.0
4525	CLO [ENDO] BX LG INTESTINE	1,081	7.9	2.27
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	1,022	7.4	5.16
4523	COLONOSCOPY	933	6.8	6.06
4542	ENDO POLYPECTOMY LG INTESTINE	802	5.8	3.38
4513	OTH ENDO SM INTESTINE	742	5.4	2.14
3722	LT HEART CARD CATH	260	1.9	1.22
3723	COMBO RT & LT HEART CARD CATH	241	1.8	0.57
3726	CARD ELECTROPHYSIO STIMUL-RECORD	180	1.3	0.34
5011	CLO [PERCUT] [NEEDLE] BX LIVER	178	1.3	0.44
4292	DILAT ESOPH	174	1.3	1.33
5123	LAP CHOLEY	169	1.2	2.06
3729	OTH DX PROC HEART & PERICARDIUM	150	1.1	0.27
4836	[ENDO] POLYPECTOMY RECTUM	148	1.1	0.93
4524	FLEX SIGMOIDOSCOPY	146	1.1	0.23
3725	BX HEART	143	1.0	0.12
3893	VENOUS CATH-NEC	138	1.0	0.30
3727	CARD MAPPING	131	1.0	0.28
3734	EXC/DESTRUC OTH LES/TISS HRT OTH	131	1.0	0.26
4921	ANOSCOPY	119	0.9	0.06
598	URETERAL CATH	97	0.7	0.53

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		16,244	100.0	100.0
45380	COLONOSCOPY FLEX; W/BX 1/MX	1,056	6.5	2.39
43239	UGI ENDO; W/BX 1/MX	984	6.1	5.28
45378	COLONOSCOPY FLEX; DX-SEP PROC	884	5.4	6.06
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	838	5.2	3.55
93545	INJ PROC-CATH; SELECT CORONRY AN	521	3.2	1.26
93556	IMAG SUPERVS I&R-CATH; PULM ANGI	459	2.8	1.16
43235	UGI ENDO; DX W/VO CLCT SPECMN-SP	439	2.7	1.45
93543	INJ PROC-CATH; LT VENT/ATRIAL AN	350	2.2	1.18
93555	IMAG SUPERVS I&R-CATH; VENT/ATRI	325	2.0	0.99
38220	BONE MARROW; ASPIRATION ONLY	276	1.7	0.12
93510	LT HRT CATH RETRO-BRACH/FEM; PER	254	1.6	1.00
93526	COMB RT HRT CATH&RETRO LT HRT CA	221	1.4	0.38
36533	INSRT VEN ACCESS DEV W/VO RESVOI	179	1.1	0.24
47000	BIOPSY LIVER NEEDLE; PERCUTANEOU	169	1.0	0.46
49505	REPR INIT ING HERNIA 5YR/MORE; R	151	0.9	1.06
93505	ENDOMYOCARDIAL BIOPSY	145	0.9	0.10
44500	INTRODUCTION LONG GI TUBE-SEP PR	140	0.9	0.08
93620	COMP EP EVAL;RT ATRIAL VENT HIS	139	0.9	0.23
36216	SEL CATH PLCMT ART; INIT 2ND ORD	134	0.8	0.11
45330	SIGMOIDOSCOPY FLEX; DX-SEP PROC	128	0.8	0.22

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

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 AVERAGE TOTAL CHARGES FOR MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES, SINGLE ICD-9 OR CPT-4 ONLY

125 University of Utah Hospitals & Clinics

ICD-9 CODE	ICD-9 DESCRIPTION	#	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
ICD-9 Procedures		7,576	\$3,001	\$2,542
4523	COLONOSCOPY	880	\$879	\$849
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	836	\$1,194	\$1,037
4525	CLO [ENDO] BX LG INTESTINE	767	\$1,119	\$1,172
4513	OTH ENDO SM INTESTINE	527	\$974	\$917
4542	ENDO POLYPECTOMY LG INTESTINE	507	\$1,145	\$1,101
3722	LT HEART CARD CATH	184	\$6,634	\$5,595
5011	CLO [PERCUT] [NEEDLE] BX LIVER	165	\$1,604	\$1,657
5123	LAP CHOLEY	146	\$6,134	\$5,170
3723	COMBO RT & LT HEART CARD CATH	144	\$7,033	\$6,303
4524	FLEX SIGMOIDOSCOPY	135	\$466	\$508
3893	VENOUS CATH-NEC	121	\$2,581	\$2,366
4921	ANOSCOPY	105	\$114	\$253
3927	ARTERIOVENOSTOMY-RENAL DIALYSIS	82	\$3,830	\$4,049
3725	BX HEART	73	\$3,840	\$4,023
4131	BX BONE MARROW	72	\$7,422	\$2,854
4836	[ENDO] POLYPECTOMY RECTUM	71	\$1,114	\$1,012
5304	UNILAT REPR INDIRECT ING HERN-GFT	69	\$4,024	\$3,100
4823	RIGID PROCTOSIGMOIDOSCOPY	60	\$320	\$559
1919	OTH STAPEDECTOMY	54	\$3,518	\$3,745
0611	CLO PERCUT NEEDLE BX THYROID GLAND	42	\$535	\$519

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
CPT-4 Procedures		8,031	\$2,595	\$2,284
45378	COLONOSCOPY FLEX; DX-SEP PROC	840	\$892	\$818
43239	UGI ENDO; W/BX 1/MX	799	\$1,163	\$1,035
45380	COLONOSCOPY FLEX; W/BX 1/MX	761	\$1,149	\$1,174
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	599	\$1,147	\$1,059
43235	UGI ENDO; DX W/NO CLCT SPECMN-SP	376	\$824	\$822
38220	BONE MARROW; ASPIRATION ONLY	202	\$3,749	\$3,783
47000	BIOPSY LIVER NEEDLE; PERCUTANEOU	163	\$1,512	\$1,618
36533	INSRT VEN ACCESS DEV W/NO RESVOI	154	\$2,885	\$3,495
44500	INTRODUCTION LONG GI TUBE-SEP PR	139	\$811	\$787
49505	REPR INIT ING HERNIA 5YR/MORE; R	133	\$4,094	\$3,015
45330	SIGMOIDOSCOPY FLEX; DX-SEP PROC	123	\$437	\$458
46600	ANSCPY; DX W/NO CLCT SPEC BRSH/W	105	\$97	\$144
43242	UGI ENDO; W/US GUID ASPIR/BX	86	\$1,577	\$1,561
47562	LAPAROSCOPY SURGICAL; CHOLECT	83	\$5,804	\$5,048
43259	UGI ENDO; W/ENDO UNTRASOUND EXAM	82	\$1,411	\$1,411
93505	ENDOMYOCARDIAL BIOPSY	72	\$3,602	\$3,647
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	62	\$6,585	\$5,262
41899	UNLIST PROC DENTOALVEOL STRUCTUR	60	\$4,819	\$2,122
45300	PROCSIGMOSCOPY RIGID; DX-SEP PRO	58	\$271	\$379
36821	AV ANASTOM OPN; DIR ANY SITE-SP	57	\$3,202	\$3,498

SOURCE: Utah Ambulatory Surgery Database

Reportable* excludes codes in the former "Other" category in previous reports.

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

125 University of Utah Hospitals & Clinics

Procedure APG category		TOTAL #	TOTAL # (ALL Hospitals)
Procedure APG			
01	INTEGUMENTARY SYSTEM	834	8,392
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	568	2,819
	003 COMPLEX INCISION AND DRAINAGE	5	75
	004 SIMPLE INCISION AND DRAINAGE	3	29
	006 SIMPLE DEBRIDEMENT AND DESTRUCTION	12	125
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	64	1,059
	008 SIMPLE EXCISION AND BIOPSY	100	893
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRANGE	25	184
	010 SIMPLE SKIN REPAIR	2	5
	011 SIMPLE INCISION AND EXCISION OF BREAST	46	2,817
	012 BREAST RECONSTRUCTION AND MASTECTOMY	9	386
02	MUSCULOSKELETAL SYSTEM	1,224	48,493
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	202	6,083
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	87	1,938
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	64	1,829
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	261	10,165
	025 ARTHROSCOPY	399	20,364
	026 REPLACEMENT OF CAST	3	51
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	10	611
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	79	3,214
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	41	397
	033 ARTHROPLASTY	27	486
	034 HAND AND FOOT TENOTOMY	5	234
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	46	1,499
03	RESPIRATORY SYSTEM	583	6,895
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	13	706
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	325	4,493
	054 SIMPLE ENDOSCOPY OF THE UPPER AIRWAY	54	334
	055 ENDOSCOPY OF THE LOWER AIRWAY	191	1,362
04	CARDIOVASCULAR SYSTEM	3,959	25,643
	074 CARDIAC ELECTROPHYSIOLOGIC TESTS	603	2,379
	075 PLACEMENT OF TRANSVENOUS CATHETERS	73	750
	076 DIAGNOSTIC CARDIAC CATHETERIZATION	2,448	17,680
	077 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	220	1,469
	078 PACEMAKER INSERTION AND REPLACEMENT	37	517
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	162	714
	080 MINOR VASCULAR REPAIR AND FISTULA CONSTRUCTION	313	1,407
	081 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	43	273
	082 VASCULAR LIGATION	60	442
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	128	2,342
	094 BLOOD AND BLOOD PRODUCT EXCHANGE	15	26
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	113	1,515
06	DIGESTIVE SYSTEM	6,414	82,913
	111 ALIMENTARY TESTS AND SIMPLE TUBE PLACEMENT	140	204
	112 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	36	1,137
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	227	832

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

125 University of Utah Hospitals & Clinics

procedure APG category	procedure APG	TOTAL #	TOTAL # (ALL Hospitals)
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	88	336
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	1,455	17,918
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	553	4,477
	117 LOWER GASTROINTESTINAL ENDOSCOPY	2,824	33,312
	118 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	208	1,553
	119 HERNIA AND HYDROCELE PROCEDURES	254	6,781
	120 COMPLEX ANAL AND RECTAL PROCEDURES	40	911
	121 SIMPLE ANAL AND RECTAL PROCEDURES	33	544
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	68	516
	123 COMPLEX LAPAROSCOPIC PROCEDURES	477	14,187
	124 SIMPLE LAPAROSCOPIC PROCEDURES	11	205
07	URINARY SYSTEM	474	7,406
	131 RENAL EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	52	727
	133 URINARY CATHETERIZATION AND DILATATION	7	331
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	195	3,121
	135 MODERATE CYSTOURETHROSCOPY	175	2,378
	136 SIMPLE CYSTOURETHROSCOPY	38	623
	137 COMPLEX URETHRAL PROCEDURES	6	117
	138 SIMPLE URETHRAL PROCEDURES	1	106
08	MALE GENITAL SYSTEM	68	2,988
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	46	1,293
	153 COMPLEX PENILE PROCEDURES	12	416
	154 SIMPLE PENILE PROCEDURES	5	901
	155 PROSTATE NEEDLE AND PUNCH BIOPSY	5	306
09	FEMALE GENITAL SYSTEM	243	5,316
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	65	1,138
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	75	1,162
	178 DILATION AND CURETTAGE	8	831
	179 HYSTEROSCOPY	87	2,031
	180 COLPOSCOPY	8	153
10	NERVOUS SYSTEM	325	17,622
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	100	11,950
	196 REVISION AND REMOVAL OF NEUROLOGICAL DEVICE	30	165
	197 NEUROSTIMULATOR AND VENTRICULAR SHUNT IMPLANTATION	50	461
	198 NERVE REPAIR AND DESTRUCTION	111	4,478
	199 SPINAL TAP	34	568
11	EYE AND OCULAR ADNEXA	68	10,930
	211 MINOR OPHTHALMOLOGICAL TESTS AND PROCEDURES	3	29
	214 CATARACT PROCEDURES	12	4,649
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	8	475
	216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	7	351
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	4	185
	218 COMPLEX POSTERIOR SEGMENT EYE PROCEDURES	7	376
	219 SIMPLE POSTERIOR SEGMENT EYE PROCEDURES	1	192
	220 STRABISMUS AND MUSCLE EYE PROCEDURES	3	794
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	17	793

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

125 University of Utah Hospitals & Clinics

procedure APG category	procedure APG	TOTAL #	TOTAL # (ALL Hospitals)
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	2	477
	223 VITRECTOMY	4	1,677
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	630	29,079
	231 COCHLEAR DEVICE IMPLANTATION	30	40
	233 NASAL CAUTERIZATION AND PACKING	8	218
	234 COMPLEX FACIAL AND ENT PROCEDURES	330	5,162
	235 SIMPLE FACIAL AND ENT PROCEDURES	194	15,442
	236 TONSIL AND ADENOID PROCEDURES	68	8,217
13	THERAPUTIC AND OTHER RADIOLOGICAL PROCEDURES	658	3,748
	252 RADIATION THERAPY AND HYPERTHERMIA	2	2
	253 VASCULAR RADIOLOGY EXCEPT FOR VENOGRAPHY OF EXTREMITY	540	1,528
	254 MYELOGRAPHY	64	431
	255 MISCELLANEOUS RADIOLOGICAL PROCEDURES WITH CONTRAST	52	1,787

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

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 PROCEDURE APG CATEGORY, PROCEDURE APG, SINGLE APG ONLY
 BASED ON REPORTABLE* CPT-4 PROCEDURES

125 University of Utah Hospitals & Clinics

Procedure APG category	Procedure APG	TOTAL #	AVE TOT CHR	AVE TOT CHRG(ALL Hospitals)
01	INTEGUMENTARY SYSTEM	576	\$2,680	\$2,329
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	409	\$2,692	\$1,821
	003 COMPLEX INCISION AND DRAINAGE	5	\$2,379	\$2,503
	004 SIMPLE INCISION AND DRAINAGE	1	\$2,573	\$2,861
	006 SIMPLE DEBRIDEMENT AND DESTRUCTION	6	\$2,237	\$1,996
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	36	\$3,478	\$2,689
	008 SIMPLE EXCISION AND BIOPSY	77	\$2,161	\$2,380
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRAN	2	\$3,992	\$2,990
	010 SIMPLE SKIN REPAIR	1	\$5,233	\$2,925
	011 SIMPLE INCISION AND EXCISION OF BREAST	30	\$2,437	\$2,426
	012 BREAST RECONSTRUCTION AND MASTECTOMY	9	\$4,082	\$4,376
02	MUSCULOSKELETAL SYSTEM	463	\$4,368	\$3,320
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	71	\$5,607	\$4,704
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	34	\$3,936	\$3,131
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	8	\$5,373	\$3,886
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	97	\$3,811	\$2,294
	025 ARTHROSCOPY	128	\$5,075	\$3,776
	026 REPLACEMENT OF CAST	1	\$17,657	\$1,876
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	4	\$2,953	\$2,528
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	47	\$5,464	\$3,911
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	27	\$3,107	\$2,240
	033 ARTHROPLASTY	3	\$12,389	\$4,649
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	43	\$488	\$679
03	RESPIRATORY SYSTEM	130	\$3,224	\$1,669
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	5	\$1,784	\$957
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	54	\$3,951	\$2,885
	054 SIMPLE ENDOSCOPY OF THE UPPER AIRWAY	8	\$3,002	\$994
	055 ENDOSCOPY OF THE LOWER AIRWAY	63	\$2,742	\$1,724
04	CARDIOVASCULAR SYSTEM	575	\$3,974	\$4,966
	074 CARDIAC ELECTROPHYSIOLOGIC TESTS	5	\$8,108	\$11,869
	075 PLACEMENT OF TRANSVENOUS CATHETERS	51	\$1,895	\$2,141
	076 DIAGNOSTIC CARDIAC CATHETERIZATION	100	\$4,163	\$4,944
	077 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	41	\$11,493	\$10,655
	078 PACEMAKER INSERTION AND REPLACEMENT	11	\$18,965	\$18,642
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	91	\$1,582	\$2,283
	080 MINOR VASCULAR REPAIR AND FISTULA CONSTRUCTION	248	\$3,192	\$3,673
	081 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	8	\$3,256	\$3,307
	082 VASCULAR LIGATION	20	\$4,519	\$3,967
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	71	\$4,324	\$3,010
	094 BLOOD AND BLOOD PRODUCT EXCHANGE	11	\$4,792	\$4,776
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	60	\$4,238	\$3,705
06	DIGESTIVE SYSTEM	4,894	\$1,532	\$1,825
	111 ALIMENTARY TESTS AND SIMPLE TUBE PLACEMENT	139	\$811	\$787
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	211	\$595	\$729
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	80	\$930	\$862

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 PROCEDURE APG CATEGORY, PROCEDURE APG, SINGLE APG ONLY
 BASED ON REPORTABLE* CPT-4 PROCEDURES

125 University of Utah Hospitals & Clinics

procedure APG category	Procedure APG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	1,188	\$1,065	\$987
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	379	\$1,449	\$1,381
	117 LOWER GASTROINTESTINAL ENDOSCOPY	2,228	\$1,055	\$956
	118 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	55	\$3,768	\$2,679
	119 HERNIA AND HYDROCELE PROCEDURES	207	\$3,911	\$2,876
	120 COMPLEX ANAL AND RECTAL PROCEDURES	29	\$3,002	\$2,344
	121 SIMPLE ANAL AND RECTAL PROCEDURES	16	\$1,620	\$1,854
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	65	\$2,257	\$2,435
	123 COMPLEX LAPAROSCOPIC PROCEDURES	294	\$5,858	\$4,923
	124 SIMPLE LAPAROSCOPIC PROCEDURES	3	\$6,945	\$10,668
07	URINARY SYSTEM	141	\$4,301	\$3,713
	131 RENAL EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	41	\$5,368	\$6,705
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	42	\$3,766	\$3,653
	135 MODERATE CYSTOURETHROSCOPY	46	\$4,039	\$2,892
	136 SIMPLE CYSTOURETHROSCOPY	8	\$3,265	\$1,768
	137 COMPLEX URETHRAL PROCEDURES	4	\$4,082	\$3,621
08	MALE GENITAL SYSTEM	45	\$3,715	\$2,549
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	28	\$3,215	\$2,171
	153 COMPLEX PENILE PROCEDURES	10	\$5,463	\$2,856
	154 SIMPLE PENILE PROCEDURES	5	\$2,317	\$1,466
	155 PROSTATE NEEDLE AND PUNCH BIOPSY	2	\$5,477	\$3,741
09	FEMALE GENITAL SYSTEM	126	\$3,486	\$2,961
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	32	\$3,453	\$4,273
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	38	\$3,133	\$2,362
	178 DILATION AND CURETTAGE	5	\$2,511	\$1,817
	179 HYSTEROSCOPY	47	\$3,879	\$3,360
	180 COLPOSCOPY	4	\$3,688	\$2,234
10	NERVOUS SYSTEM	135	\$4,647	\$1,454
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	46	\$1,448	\$836
	196 REVISION AND REMOVAL OF NEUROLOGICAL DEVICE	12	\$5,901	\$5,633
	197 NEUROSTIMULATOR AND VENTRICULAR SHUNT IMPLANTATION	15	\$23,067	\$19,201
	198 NERVE REPAIR AND DESTRUCTION	31	\$3,799	\$2,095
	199 SPINAL TAP	31	\$846	\$1,172
11	EYE AND OCULAR ADNEXA	38	\$3,832	\$2,574
	211 MINOR OPHTHALMOLOGICAL TESTS AND PROCEDURES	3	\$3,056	\$1,391
	214 CATARACT PROCEDURES	9	\$3,040	\$2,790
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	5	\$3,868	\$2,228
	216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	5	\$2,851	\$1,881
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	4	\$2,928	\$2,320
	218 COMPLEX POSTERIOR SEGMENT EYE PROCEDURES	6	\$5,486	\$4,521
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	3	\$6,146	\$3,198
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	1	\$1,189	\$1,766
	223 VITRECTOMY	2	\$5,629	\$4,907
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	438	\$8,144	\$1,992
	231 COCHLEAR DEVICE IMPLANTATION	30	\$61,171	\$56,335

AMB ST 1-5
 UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 PROCEDURE APG CATEGORY, PROCEDURE APG, SINGLE APG ONLY
 BASED ON REPORTABLE* CPT-4 PROCEDURES

125 University of Utah Hospitals & Clinics

procedure APG category Procedure APG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
233 NASAL CAUTERIZATION AND PACKING	2	\$4,248	\$2,294
234 COMPLEX FACIAL AND ENT PROCEDURES	221	\$4,839	\$3,775
235 SIMPLE FACIAL AND ENT PROCEDURES	128	\$3,858	\$1,425
236 TONSIL AND ADENOID PROCEDURES	57	\$2,809	\$1,795
13 THERAPUTIC AND OTHER RADIOLOGICAL PROCEDURES	108	\$3,301	\$1,931
252 RADIATION THERAPY AND HYPERTHERMIA	2	\$20,493	\$20,493
253 VASCULAR RADIOLOGY EXCEPT FOR VENOGRAPHY OF EXTREMITY	76	\$3,815	\$5,014
254 MYELOGRAPHY	3	\$1,569	\$2,518
255 MISCELLANEOUS RADIOLOGICAL PROCEDURES WITH CONTRAST	27	\$775	\$1,346

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

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

125 University of Utah Hospitals & Clinics

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
GENDER				
Female	5,774	51.4	107,216	54.5
Male	5,465	48.6	89,560	45.5
Unknown	2	0.0	2	0.0
Not Reported	0	0.0	0	0.0
AGE				
1-28 days	0	0.0	199	0.1
29-365 days	7	0.1	2,895	1.5
1-4 years	44	0.4	10,718	5.4
5-9	61	0.5	6,003	3.1
10-14	62	0.6	4,605	2.3
15-17	171	1.5	4,474	2.3
18-19	151	1.3	3,608	1.8
20-24	546	4.9	10,974	5.6
25-29	657	5.8	11,529	5.9
30-34	649	5.8	10,974	5.6
35-39	669	6.0	11,089	5.6
40-44	896	8.0	13,913	7.1
45-49	1,070	9.5	15,367	7.8
50-54	1,393	12.4	18,693	9.5
55-59	1,173	10.4	16,175	8.2
60-64	966	8.6	13,797	7.0
65-69	886	7.9	12,250	6.2
70-74	750	6.7	11,038	5.6
75-79	619	5.5	9,345	4.7
80-84	325	2.9	5,890	3.0
85-89	122	1.1	2,520	1.3
90 +	24	0.2	720	0.4
Not Reported	0	0.0	201	0.1
SOURCE OF ADMISSION				
Physician Referral	0	0.0	176,073	89.5
Clinic Referral	0	0.0	2,347	1.2
HMO Referral	0	0.0	119	0.1
Other Hospital	0	0.0	71	0.0
Skilled Nursing Facility	0	0.0	21	0.0
Other Health Care Facility	0	0.0	26	0.0
Emergency Room	0	0.0	3,467	1.8
Court/Law Enforcement	0	0.0	3	0.0
Unknown	0	0.0	3,359	1.7
Not Reported	11,241	100.0	11,292	5.7

(Continued)

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

125 University of Utah Hospitals & Clinics

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	11,213	99.8	196,083	99.6
Another Hospital	17	0.2	125	0.1
Skilled Nursing Facility	2	0.0	72	0.0
Intermediate Care Facility	0	0.0	9	0.0
Another Type of Institution	5	0.0	44	0.0
Under Care of Home Service	1	0.0	103	0.1
Left Against Medical Advice	1	0.0	17	0.0
Under Care of Home IV Provider	2	0.0	5	0.0
Expired	0	0.0	16	0.0
Unknown	0	0.0	304	0.2
Not Reported	0	0.0	0	0.0
PRIMARY PAYER				
Medicare	3,031	27.0	42,451	21.6
Medicaid	972	8.6	13,275	6.7
Other government	353	3.1	3,257	1.7
Blue Cross/Blue Shield	2,873	25.6	27,366	13.9
Other Commercial	819	7.3	17,254	8.8
Managed Care(HMO, PPO)	2,937	26.1	84,762	43.1
Self Pay	138	1.2	3,009	1.5
Industrial & Worker Comp	92	0.8	4,001	2.0
Charity and Unclassified	17	0.2	106	0.1
Childrens Health Insurance	5	0.0	258	0.1
Unknown	4	0.0	964	0.5
Not Reported	0	0.0	75	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	171	1.5	13,556	6.9
Central Utah	77	0.7	6,602	3.4
Davis County	753	6.7	21,257	10.8
Salt Lake County	6,875	61.2	68,961	35.0
Southeastern Utah	120	1.1	4,049	2.1
Southwest Utah	125	1.1	11,167	5.7
Summit County	354	3.1	2,258	1.1
Tooele County	447	4.0	3,742	1.9
Tri-County	109	1.0	5,041	2.6
Utah County	411	3.7	32,261	16.4
Wasatch County	76	0.7	1,500	0.8
Weber County	295	2.6	17,573	8.9
Unknown Utah	1	0.0	60	0.0
Outside Utah	1,423	12.7	8,682	4.4
Unknown, Not Reported	4	0.0	69	0.0

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

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

138 Utah Valley Regional Medical Center

Reporting Category(ICD-9-CM CODES)	Procedures Performed		Procedures Performed-All Hospitals	
	(#)	(%)	(#)	(%)
Reporting Category(ICD-9-CM CODES)	21,490	100.0	288,895	100.0
Mastectomy (85.0-85.99)	444	2.1	6,818	2.4
Musculoskeletal (76.0-84.99)	3,184	14.8	60,015	20.8
Respiratory (30.0-34.99)	241	1.1	2,981	1.0
Cardiovascular (35.0-39.99)	2,770	12.9	15,622	5.4
Lymphatic/Hemetic (40.0-41.99)	73	0.3	2,260	0.8
Digestive System (42.0-54.99)	5,608	26.1	90,070	31.2
Urinary (55.0-59.99)	444	2.1	8,063	2.8
Male Genital (60.0-64.99)	166	0.8	3,587	1.2
Female Genital (65.0-71.99)	757	3.5	13,770	4.8
Endocrine/Nervous (01.0-07.99)	1,770	8.2	22,387	7.7
Eye (08.0-16.99)	2,448	11.4	19,254	6.7
Ear (18.0-20.99)	1,128	5.2	15,474	5.4
Nose, Mouth, Pharynx (21.0-29.99)	2,457	11.4	28,594	9.9
Reporting Category(CPT-4 CODES)	18,382	100.0	264,491	100.0
Mastectomy (19120-19220)	246	1.3	3,203	1.2
Musculoskeletal (20000-29909)	3,134	17.0	54,392	20.6
Respiratory (30000-32999 & 39501-39599)	1,342	7.3	12,829	4.9
Cardiovascular (33010-37799 & 93501-93660)	2,674	14.5	34,097	12.9
Lymphatic/Hemetic (38100-38999)	69	0.4	2,304	0.9
Digestive (40490-49999)	6,216	33.8	94,766	35.8
Urinary (50010-53899)	500	2.7	8,849	3.3
Male Genital (54000-55899)	155	0.8	3,229	1.2
Female Genital (56405-58999)	569	3.1	10,000	3.8
Endocrine/Nervous (60000-64999)	1,252	6.8	20,833	7.9
Eye (65091-68899)	1,604	8.7	11,183	4.2
Ear (69000-69979)	621	3.4	8,806	3.3

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics.

Reportable* excludes codes in the former "Other" category in previous reports.

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES

138 Utah Valley Regional Medical Center

ICD-9 CODE	ICD-9 DESCRIPTION	#	%	% ALL Hospitals
All ICD-9 Procedures		21,490	100.0	100.0
4523	COLONOSCOPY	1,480	6.9	6.06
4513	OTH ENDO SM INTESTINE	1,065	5.0	2.14
2001	MYRINGOTOMY W/INSRT TUBE	962	4.5	4.36
0391	INJ ANES SPINAL CANAL-ANALGESIA	593	2.8	1.75
0392	INJ OTH AGENT SPINAL CANAL	585	2.7	2.43
283	TONSILLECTOMY W/ADENOIDECTOMY	539	2.5	1.86
3722	LT HEART CARD CATH	526	2.4	1.22
5123	LAP CHOLEY	479	2.2	2.06
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	436	2.0	5.16
1371	IOL PROSTH-CATARACT EXTRACT-1-STAGE	410	1.9	1.60
1341	PHACOEMULSIFICATION-ASPIR CATARACT	396	1.8	1.57
806	EXC SEMILUNAR CARTILAGE-KNEE	395	1.8	1.79
3726	CARD ELECTROPHYSIO STIMUL-RECORD	379	1.8	0.34
4292	DILAT ESOPH	377	1.8	1.33
3729	OTH DX PROC HEART & PERICARDIUM	371	1.7	0.27
3727	CARD MAPPING	361	1.7	0.28
8086	OTH LOC EXC/DESTRUC JT LES-KNEE	348	1.6	1.30
3734	EXC/DESTRUC OTH LES/TISS HRT OTH	340	1.6	0.26
4542	ENDO POLYPECTOMY LG INTESTINE	336	1.6	3.38
1511	RECESSION 1 EXTRAOCULAR MUSC	236	1.1	0.26

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		18,382	100.0	100.0
45378	COLONOSCOPY FLEX; DX-SEP PROC	1,479	8.0	6.06
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	729	4.0	1.45
69436	TYMPANOSTOMY GENERAL ANESTHESIA	493	2.7	2.51
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	471	2.6	1.34
43239	UGI ENDO; W/BX 1/MX	424	2.3	5.28
64483	INJ ANES EPIDURL; LUMB/SAC 1 LEV	403	2.2	0.69
66984	EXTRACAPSULAR CATARACT REMV IOL	402	2.2	1.67
42820	T&A; UNDER AGE 12	394	2.1	1.60
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	364	2.0	3.55
29881	SCOPE KNEE SURG;W/MENISCECT MED/	332	1.8	1.52
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	323	1.8	0.78
93510	LT HRT CATH RETRO-BRACH/FEM; PER	305	1.7	1.00
29877	SCOPE KNEE SURG; DEBRID/SHAVE CA	295	1.6	1.18
93620	COMP EP EVAL;RT ATRIAL VENT HIS	295	1.6	0.23
93543	INJ PROC-CATH; LT VENT/ATRIAL AN	236	1.3	1.18
45380	COLONOSCOPY FLEX; W/BX 1/MX	197	1.1	2.39
30520	SEPTOPLASTY/SUBMUCOS RES W/GFT	195	1.1	0.81
29826	SCOPE SHOULDER; DECOMP SUBACROM	193	1.0	0.88
49505	REPR INIT ING HERNIA 5YR/MORE; R	160	0.9	1.06
30140	SUBMUCOS RES TURBINATE PART/CMPL	159	0.9	0.69

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

Reportable* excludes codes in the former "Other" category in previous reports.

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 AVERAGE TOTAL CHARGES FOR MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES, SINGLE ICD-9 OR CPT-4 ONLY

138 Utah Valley Regional Medical Center

ICD-9 CODE	ICD-9 DESCRIPTION	#	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
ICD-9 Procedures		8,597	\$2,045	\$2,542
4523	COLONOSCOPY	1,309	\$412	\$849
4513	OTH ENDO SM INTESTINE	617	\$459	\$917
3722	LT HEART CARD CATH	479	\$4,641	\$5,595
283	TONSILLECTOMY W/ADENOIDECTOMY	441	\$1,147	\$1,740
5123	LAP CHOLEY	415	\$4,243	\$5,170
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	269	\$540	\$1,037
4542	ENDO POLYPECTOMY LG INTESTINE	261	\$773	\$1,101
3723	COMBO RT & LT HEART CARD CATH	141	\$5,423	\$6,303
8521	LOC EXC LES BREAST	133	\$1,842	\$2,242
4525	CLO [ENDO] BX LG INTESTINE	123	\$666	\$1,172
806	EXC SEMILUNAR CARTILAGE-KNEE	119	\$2,463	\$3,679
0443	RELEASE CARPAL TUNNEL	98	\$1,527	\$1,882
3950	ANGIOPLSTY/ARTHERECT NON-CORNON	97	\$5,172	\$6,640
8086	OTH LOC EXC/DESTRUC JT LES-KNEE	88	\$2,393	\$3,394
6952	ASPIR CURET FOLLOWING DELIV/AB	82	\$1,599	\$1,938
8183	OTH REPR SHLDR	82	\$3,341	\$5,229
0331	SPINAL TAP	77	\$671	\$1,245
5303	UNILAT REPR DIRECT ING HERN-GFT	75	\$2,505	\$3,243
042	DESTRUC CRANIAL & PERIPH NERV	68	\$1,807	\$2,015
6823	ENDOMETRIAL ABLATION	64	\$3,152	\$4,047

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
CPT-4 Procedures		9,585	\$1,800	\$2,284
45378	COLONOSCOPY FLEX; DX-SEP PROC	1,309	\$412	\$818
43235	UGI ENDO; DX W/VO CLCT SPECMN-SP	602	\$635	\$822
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	417	\$4,255	\$5,262
64483	INJ ANES EPIDURL; LUMB/SAC 1 LEV	389	\$713	\$865
66984	EXTRACAPSULAR CATARACT REMV IOL	389	\$2,571	\$2,786
69436	TYMPANOSTOMY GENERAL ANESTHESIA	354	\$679	\$1,016
42820	T&A; UNDER AGE 12	320	\$1,085	\$1,662
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	313	\$769	\$1,059
43239	UGI ENDO; W/BX 1/MX	267	\$676	\$1,035
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	230	\$761	\$1,278
29881	SCOPE KNEE SURG;W/MENISCECT MED/	148	\$2,428	\$3,303
45380	COLONOSCOPY FLEX; W/BX 1/MX	140	\$659	\$1,174
42821	T&A; AGE 12 OR OVER	116	\$1,324	\$2,003
49505	REPR INIT ING HERNIA 5YR/MORE; R	114	\$2,311	\$3,015
67311	STRABISMUS SURG; 1 HORIZONTAL MU	114	\$1,527	\$1,818
93510	LT HRT CATH RETRO-BRACH/FEM; PER	114	\$4,119	\$5,104
19120	EXC BRST CYST TUMR/LES OPN M/F 1	97	\$1,704	\$2,212
64721	NEUROPLASTY; MEDIAN @ CARPAL TUN	89	\$1,541	\$1,823
93620	COMP EP EVAL;RT ATRIAL VENT HIS	89	\$12,984	\$12,140
29877	SCOPE KNEE SURG; DEBRID/SHAVE CA	87	\$2,398	\$3,093

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

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

138 Utah Valley Regional Medical Center

Procedure APG category	Procedure APG	TOTAL #	TOTAL # (ALL Hospitals)
01	INTEGUMENTARY SYSTEM	413	8,392
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	33	2,819
	004 SIMPLE INCISION AND DRAINAGE	2	29
	006 SIMPLE DEBRIDEMENT AND DESTRUCTION	4	125
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	66	1,059
	008 SIMPLE EXCISION AND BIOPSY	43	893
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRANGE	19	184
	011 SIMPLE INCISION AND EXCISION OF BREAST	218	2,817
	012 BREAST RECONSTRUCTION AND MASTECTOMY	28	386
02	MUSCULOSKELETAL SYSTEM	2,807	48,493
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	238	6,083
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	113	1,938
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	58	1,829
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	357	10,165
	025 ARTHROSCOPY	1,604	20,364
	028 CLOSED TREATMENT FX & DISLOCATION OF FINGER, TOE & TRUNK	4	49
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	71	611
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	226	3,214
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	26	397
	032 BUNION PROCEDURES	16	1,475
	033 ARTHROPLASTY	18	486
	034 HAND AND FOOT TENOTOMY	4	234
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	72	1,499
03	RESPIRATORY SYSTEM	854	6,895
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	65	706
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	653	4,493
	054 SIMPLE ENDOSCOPY OF THE UPPER AIRWAY	18	334
	055 ENDOSCOPY OF THE LOWER AIRWAY	118	1,362
04	CARDIOVASCULAR SYSTEM	2,363	25,643
	074 CARDIAC ELECTROPHYSIOLOGIC TESTS	793	2,379
	075 PLACEMENT OF TRANSVENOUS CATHETERS	25	750
	076 DIAGNOSTIC CARDIAC CATHETERIZATION	984	17,680
	077 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	208	1,469
	078 PACEMAKER INSERTION AND REPLACEMENT	63	517
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	79	714
	080 MINOR VASCULAR REPAIR AND FISTULA CONSTRUCTION	148	1,407
	081 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	11	273
	082 VASCULAR LIGATION	51	442
	083 RESUSCITATION AND CARDIOVERSION	1	12
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	87	2,342
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	85	1,515
	097 TRANSFUSION	2	792
06	DIGESTIVE SYSTEM	5,343	82,913
	112 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	30	1,137
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	69	832
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	15	336

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

138 Utah Valley Regional Medical Center

procedure APG category	procedure APG	TOTAL #	TOTAL # (ALL Hospitals)
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	1,160	17,918
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	479	4,477
	117 LOWER GASTROINTESTINAL ENDOSCOPY	2,077	33,312
	118 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	137	1,553
	119 HERNIA AND HYDROCELE PROCEDURES	424	6,781
	120 COMPLEX ANAL AND RECTAL PROCEDURES	31	911
	121 SIMPLE ANAL AND RECTAL PROCEDURES	11	544
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	21	516
	123 COMPLEX LAPAROSCOPIC PROCEDURES	881	14,187
	124 SIMPLE LAPAROSCOPIC PROCEDURES	8	205
07	URINARY SYSTEM	452	7,406
	131 RENAL EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	14	727
	133 URINARY CATHETERIZATION AND DILATATION	20	331
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	244	3,121
	135 MODERATE CYSTOURETHROSCOPY	137	2,378
	136 SIMPLE CYSTOURETHROSCOPY	28	623
	137 COMPLEX URETHRAL PROCEDURES	6	117
	138 SIMPLE URETHRAL PROCEDURES	3	106
08	MALE GENITAL SYSTEM	145	2,988
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	98	1,293
	152 INSERTION OF PENILE PROSTHESIS	1	72
	153 COMPLEX PENILE PROCEDURES	15	416
	154 SIMPLE PENILE PROCEDURES	30	901
	155 PROSTATE NEEDLE AND PUNCH BIOPSY	1	306
09	FEMALE GENITAL SYSTEM	327	5,316
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	66	1,138
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	59	1,162
	178 DILATION AND CURETTAGE	70	831
	179 HYSTEROSCOPY	123	2,031
	180 COLPOSCOPY	9	153
10	NERVOUS SYSTEM	1,199	17,622
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	867	11,950
	196 REVISION AND REMOVAL OF NEUROLOGICAL DEVICE	10	165
	197 NEUROSTIMULATOR AND VENTRICULAR SHUNT IMPLANTATION	14	461
	198 NERVE REPAIR AND DESTRUCTION	227	4,478
	199 SPINAL TAP	81	568
11	EYE AND OCULAR ADNEXA	1,520	10,930
	211 MINOR OPHTHALMOLOGICAL TESTS AND PROCEDURES	4	29
	213 LASER EYE PROCEDURES	58	932
	214 CATARACT PROCEDURES	441	4,649
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	75	475
	216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	87	351
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	27	185
	218 COMPLEX POSTERIOR SEGMENT EYE PROCEDURES	96	376
	219 SIMPLE POSTERIOR SEGMENT EYE PROCEDURES	41	192
	220 STRABISMUS AND MUSCLE EYE PROCEDURES	217	794

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

138 Utah Valley Regional Medical Center

procedure APG category	procedure APG	TOTAL #	TOTAL # (ALL Hospitals)
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	124	793
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	123	477
	223 VITRECTOMY	227	1,677
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	2,211	29,079
	233 NASAL CAUTERIZATION AND PACKING	14	218
	234 COMPLEX FACIAL AND ENT PROCEDURES	431	5,162
	235 SIMPLE FACIAL AND ENT PROCEDURES	1,060	15,442
	236 TONSIL AND ADENOID PROCEDURES	706	8,217
13	THERAPUTIC AND OTHER RADIOLOGICAL PROCEDURES	173	3,748
	253 VASCULAR RADIOLOGY EXCEPT FOR VENOGRAPHY OF EXTREMITY	102	1,528
	254 MYELOGRAPHY	2	431
	255 MISCELLANEOUS RADIOLOGICAL PROCEDURES WITH CONTRAST	69	1,787

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

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 PROCEDURE APG CATEGORY, PROCEDURE APG, SINGLE APG ONLY
 BASED ON REPORTABLE* CPT-4 PROCEDURES

138 Utah Valley Regional Medical Center

Procedure APG category	Procedure APG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
01	INTEGUMENTARY SYSTEM	296	\$1,872	\$2,329
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	22	\$1,059	\$1,821
	004 SIMPLE INCISION AND DRAINAGE	2	\$916	\$2,861
	006 SIMPLE DEBRIDEMENT AND DESTRUCTION	1	\$1,585	\$1,996
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	38	\$1,831	\$2,689
	008 SIMPLE EXCISION AND BIOPSY	27	\$1,974	\$2,380
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRAN	2	\$2,170	\$2,990
	011 SIMPLE INCISION AND EXCISION OF BREAST	176	\$1,926	\$2,426
	012 BREAST RECONSTRUCTION AND MASTECTOMY	28	\$2,186	\$4,376
02	MUSCULOSKELETAL SYSTEM	1,146	\$2,733	\$3,320
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	98	\$2,796	\$4,704
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	38	\$2,497	\$3,131
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	20	\$2,984	\$3,886
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	164	\$1,997	\$2,294
	025 ARTHROSCOPY	547	\$3,006	\$3,776
	028 CLOSED TREATMENT FX & DISLOCATION OF FINGER, TOE & TRUNK	2	\$1,243	\$1,922
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	59	\$1,910	\$2,528
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	163	\$3,447	\$3,911
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	5	\$2,458	\$2,240
	032 BUNION PROCEDURES	2	\$2,610	\$3,144
	033 ARTHROPLASTY	5	\$3,591	\$4,649
	034 HAND AND FOOT TENOTOMY	1	\$1,013	\$1,827
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	42	\$443	\$679
03	RESPIRATORY SYSTEM	155	\$1,112	\$1,669
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	46	\$673	\$957
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	21	\$1,849	\$2,885
	054 SIMPLE ENDOSCOPY OF THE UPPER AIRWAY	6	\$1,276	\$994
	055 ENDOSCOPY OF THE LOWER AIRWAY	82	\$1,157	\$1,724
04	CARDIOVASCULAR SYSTEM	426	\$6,092	\$4,966
	074 CARDIAC ELECTROPHYSIOLOGIC TESTS	95	\$12,627	\$11,869
	075 PLACEMENT OF TRANSVENOUS CATHETERS	19	\$869	\$2,141
	076 DIAGNOSTIC CARDIAC CATHETERIZATION	162	\$4,354	\$4,944
	077 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	12	\$8,739	\$10,655
	078 PACEMAKER INSERTION AND REPLACEMENT	3	\$14,988	\$18,642
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	4	\$2,068	\$2,283
	080 MINOR VASCULAR REPAIR AND FISTULA CONSTRUCTION	85	\$4,069	\$3,673
	081 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	3	\$2,995	\$3,307
	082 VASCULAR LIGATION	43	\$3,741	\$3,967
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	51	\$2,619	\$3,010
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	51	\$2,619	\$3,705
06	DIGESTIVE SYSTEM	4,053	\$1,221	\$1,825
	112 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	12	\$506	\$1,000
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	51	\$377	\$729
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	11	\$619	\$862
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	871	\$647	\$987

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 PROCEDURE APG CATEGORY, PROCEDURE APG, SINGLE APG ONLY
 BASED ON REPORTABLE* CPT-4 PROCEDURES

138 Utah Valley Regional Medical Center

procedure APG category	Procedure APG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	343	\$824	\$1,381
	117 LOWER GASTROINTESTINAL ENDOSCOPY	1,785	\$499	\$956
	118 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	50	\$2,269	\$2,679
	119 HERNIA AND HYDROCELE PROCEDURES	259	\$2,249	\$2,876
	120 COMPLEX ANAL AND RECTAL PROCEDURES	26	\$1,965	\$2,344
	121 SIMPLE ANAL AND RECTAL PROCEDURES	9	\$1,627	\$1,854
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	10	\$3,136	\$2,435
	123 COMPLEX LAPAROSCOPIC PROCEDURES	626	\$3,812	\$4,923
07	URINARY SYSTEM	118	\$2,519	\$3,713
	131 RENAL EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	1	\$5,041	\$6,705
	133 URINARY CATHETERIZATION AND DILATATION	7	\$2,512	\$2,727
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	43	\$2,973	\$3,653
	135 MODERATE CYSTOURETHROSCOPY	50	\$2,166	\$2,892
	136 SIMPLE CYSTOURETHROSCOPY	9	\$2,362	\$1,768
	137 COMPLEX URETHRAL PROCEDURES	6	\$2,507	\$3,621
	138 SIMPLE URETHRAL PROCEDURES	2	\$1,101	\$1,570
08	MALE GENITAL SYSTEM	89	\$1,953	\$2,549
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	49	\$1,730	\$2,171
	152 INSERTION OF PENILE PROSTHESIS	1	\$7,030	\$13,411
	153 COMPLEX PENILE PROCEDURES	13	\$3,226	\$2,856
	154 SIMPLE PENILE PROCEDURES	26	\$1,541	\$1,466
09	FEMALE GENITAL SYSTEM	213	\$2,359	\$2,961
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	25	\$3,266	\$4,273
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	43	\$1,660	\$2,362
	178 DILATION AND CURETTAGE	55	\$1,342	\$1,817
	179 HYSTEROSCOPY	85	\$3,131	\$3,360
	180 COLPOSCOPY	5	\$1,906	\$2,234
10	NERVOUS SYSTEM	834	\$954	\$1,454
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	613	\$794	\$836
	196 REVISION AND REMOVAL OF NEUROLOGICAL DEVICE	2	\$1,222	\$5,633
	197 NEUROSTIMULATOR AND VENTRICULAR SHUNT IMPLANTATION	8	\$4,452	\$19,201
	198 NERVE REPAIR AND DESTRUCTION	131	\$1,668	\$2,095
	199 SPINAL TAP	80	\$650	\$1,172
11	EYE AND OCULAR ADNEXA	899	\$2,172	\$2,574
	211 MINOR OPHTHALMOLOGICAL TESTS AND PROCEDURES	3	\$494	\$1,391
	213 LASER EYE PROCEDURES	51	\$752	\$642
	214 CATARACT PROCEDURES	405	\$2,589	\$2,790
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	60	\$1,058	\$2,228
	216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	41	\$1,353	\$1,881
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	13	\$2,017	\$2,320
	218 COMPLEX POSTERIOR SEGMENT EYE PROCEDURES	47	\$4,544	\$4,521
	219 SIMPLE POSTERIOR SEGMENT EYE PROCEDURES	2	\$2,200	\$2,589
	220 STRABISMUS AND MUSCLE EYE PROCEDURES	138	\$1,532	\$1,783
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	57	\$2,069	\$3,198
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	53	\$946	\$1,766

AMB ST 1-5
 UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 PROCEDURE APG CATEGORY, PROCEDURE APG, SINGLE APG ONLY
 BASED ON REPORTABLE* CPT-4 PROCEDURES

138 Utah Valley Regional Medical Center

procedure APG category	Procedure APG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
	223 VITRECTOMY	29	\$4,185	\$4,907
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	1,161	\$1,223	\$1,992
	233 NASAL CAUTERIZATION AND PACKING	4	\$1,990	\$2,294
	234 COMPLEX FACIAL AND ENT PROCEDURES	120	\$2,629	\$3,775
	235 SIMPLE FACIAL AND ENT PROCEDURES	528	\$967	\$1,425
	236 TONSIL AND ADENOID PROCEDURES	509	\$1,150	\$1,795
13	THERAPUTIC AND OTHER RADIOLOGICAL PROCEDURES	19	\$3,703	\$1,931
	253 VASCULAR RADIOLOGY EXCEPT FOR VENOGRAPHY OF EXTREMITY	7	\$8,987	\$5,014
	254 MYELOGRAPHY	1	\$579	\$2,518
	255 MISCELLANEOUS RADIOLOGICAL PROCEDURES WITH CONTRAST	11	\$625	\$1,346

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

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

138 Utah Valley Regional Medical Center

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
GENDER				
Female	7,398	53.5	107,216	54.5
Male	6,426	46.5	89,560	45.5
Unknown	0	0.0	2	0.0
Not Reported	0	0.0	0	0.0
AGE				
1-28 days	1	0.0	199	0.1
29-365 days	177	1.3	2,895	1.5
1-4 years	854	6.2	10,718	5.4
5-9	439	3.2	6,003	3.1
10-14	305	2.2	4,605	2.3
15-17	306	2.2	4,474	2.3
18-19	325	2.4	3,608	1.8
20-24	942	6.8	10,974	5.6
25-29	869	6.3	11,529	5.9
30-34	818	5.9	10,974	5.6
35-39	745	5.4	11,089	5.6
40-44	889	6.4	13,913	7.1
45-49	996	7.2	15,367	7.8
50-54	1,224	8.9	18,693	9.5
55-59	1,161	8.4	16,175	8.2
60-64	1,028	7.4	13,797	7.0
65-69	863	6.2	12,250	6.2
70-74	761	5.5	11,038	5.6
75-79	584	4.2	9,345	4.7
80-84	333	2.4	5,890	3.0
85-89	160	1.2	2,520	1.3
90 +	44	0.3	720	0.4
Not Reported	1	0.0	201	0.1
SOURCE OF ADMISSION				
Physician Referral	13,521	97.8	176,073	89.5
Clinic Referral	8	0.1	2,347	1.2
HMO Referral	1	0.0	119	0.1
Other Hospital	33	0.2	71	0.0
Skilled Nursing Facility	4	0.0	21	0.0
Other Health Care Facility	1	0.0	26	0.0
Emergency Room	256	1.9	3,467	1.8
Court/Law Enforcement	0	0.0	3	0.0
Unknown	0	0.0	3,359	1.7
Not Reported	0	0.0	11,292	5.7

(Continued)

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

138 Utah Valley Regional Medical Center

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	13,771	99.6	196,083	99.6
Another Hospital	4	0.0	125	0.1
Skilled Nursing Facility	21	0.2	72	0.0
Intermediate Care Facility	0	0.0	9	0.0
Another Type of Institution	13	0.1	44	0.0
Under Care of Home Service	7	0.1	103	0.1
Left Against Medical Advice	1	0.0	17	0.0
Under Care of Home IV Provider	1	0.0	5	0.0
Expired	0	0.0	16	0.0
Unknown	6	0.0	304	0.2
Not Reported	0	0.0	0	0.0
PRIMARY PAYER				
Medicare	2,830	20.5	42,451	21.6
Medicaid	955	6.9	13,275	6.7
Other government	113	0.8	3,257	1.7
Blue Cross/Blue Shield	529	3.8	27,366	13.9
Other Commercial	1,064	7.7	17,254	8.8
Managed Care(HMO, PPO)	7,807	56.5	84,762	43.1
Self Pay	183	1.3	3,009	1.5
Industrial & Worker Comp	182	1.3	4,001	2.0
Charity and Unclassified	24	0.2	106	0.1
Childrens Health Insurance	17	0.1	258	0.1
Unknown	120	0.9	964	0.5
Not Reported	0	0.0	75	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	17	0.1	13,556	6.9
Central Utah	1,074	7.8	6,602	3.4
Davis County	24	0.2	21,257	10.8
Salt Lake County	262	1.9	68,961	35.0
Southeastern Utah	335	2.4	4,049	2.1
Southwest Utah	110	0.8	11,167	5.7
Summit County	30	0.2	2,258	1.1
Tooele County	17	0.1	3,742	1.9
Tri-County	142	1.0	5,041	2.6
Utah County	11,337	82.0	32,261	16.4
Wasatch County	219	1.6	1,500	0.8
Weber County	18	0.1	17,573	8.9
Unknown Utah	4	0.0	60	0.0
Outside Utah	232	1.7	8,682	4.4
Unknown, Not Reported	3	0.0	69	0.0

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

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

112 Valley View Medical Center

Reporting Category(ICD-9-CM CODES)	Procedures Performed		Procedures Performed-All Hospitals	
	(#)	(%)	(#)	(%)
Reporting Category(ICD-9-CM CODES)	4,751	100.0	288,895	100.0
Mastectomy (85.0-85.99)	94	2.0	6,818	2.4
Musculoskeletal (76.0-84.99)	1,285	27.0	60,015	20.8
Respiratory (30.0-34.99)	3	0.1	2,981	1.0
Cardiovascular (35.0-39.99)	15	0.3	15,622	5.4
Lymphatic/Hemetic (40.0-41.99)	31	0.7	2,260	0.8
Digestive System (42.0-54.99)	2,015	42.4	90,070	31.2
Urinary (55.0-59.99)	151	3.2	8,063	2.8
Male Genital (60.0-64.99)	91	1.9	3,587	1.2
Female Genital (65.0-71.99)	184	3.9	13,770	4.8
Endocrine/Nervous (01.0-07.99)	159	3.3	22,387	7.7
Eye (08.0-16.99)	12	0.3	19,254	6.7
Ear (18.0-20.99)	351	7.4	15,474	5.4
Nose, Mouth, Pharynx (21.0-29.99)	360	7.6	28,594	9.9
Reporting Category(CPT-4 CODES)	4,370	100.0	264,491	100.0
Mastectomy (19120-19220)	63	1.4	3,203	1.2
Musculoskeletal (20000-29909)	1,321	30.2	54,392	20.6
Respiratory (30000-32999 & 39501-39599)	132	3.0	12,829	4.9
Cardiovascular (33010-37799 & 93501-93660)	11	0.3	34,097	12.9
Lymphatic/Hemetic (38100-38999)	32	0.7	2,304	0.9
Digestive (40490-49999)	2,072	47.4	94,766	35.8
Urinary (50010-53899)	204	4.7	8,849	3.3
Male Genital (54000-55899)	57	1.3	3,229	1.2
Female Genital (56405-58999)	150	3.4	10,000	3.8
Endocrine/Nervous (60000-64999)	142	3.2	20,833	7.9
Eye (65091-68899)	3	0.1	11,183	4.2
Ear (69000-69979)	183	4.2	8,806	3.3

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics.

Reportable* excludes codes in the former "Other" category in previous reports.

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES

112 Valley View Medical Center

ICD-9 CODE	ICD-9 DESCRIPTION	#	%	% ALL Hospitals
All ICD-9 Procedures		4,751	100.0	100.0
4542	ENDO POLYPECTOMY LG INTESTINE	348	7.3	3.38
4523	COLONOSCOPY	338	7.1	6.06
2001	MYRINGOTOMY W/INSRT TUBE	330	6.9	4.36
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	278	5.9	5.16
5123	LAP CHOLEY	176	3.7	2.06
283	TONSILLECTOMY W/ADENOIDECTOMY	136	2.9	1.86
4836	[ENDO] POLYPECTOMY RECTUM	133	2.8	0.93
4292	DILAT ESOPH	132	2.8	1.33
806	EXC SEMILUNAR CARTILAGE-KNEE	127	2.7	1.79
4513	OTH ENDO SM INTESTINE	111	2.3	2.14
0443	RELEASE CARPAL TUNNEL	107	2.3	1.23
4525	CLO [ENDO] BX LG INTESTINE	99	2.1	2.27
8086	OTH LOC EXC/DESTRUC JT LES-KNEE	87	1.8	1.30
8521	LOC EXC LES BREAST	65	1.4	1.03
8183	OTH REPR SHLDR	55	1.2	0.81
8363	ROTATOR CUFF REPR	55	1.2	0.53
282	TONSILLECTOMY WO ADENOIDECTOMY	54	1.1	0.67
4701	LAP APPENDECTOMY	52	1.1	0.36
7781	OTH PART OSTEC-SCAPULA-CLAV-THOR	48	1.0	0.49
5304	UNILAT REPR INDIRECT ING HERN-GFT	45	0.9	0.52

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		4,370	100.0	100.0
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	388	8.9	3.55
45378	COLONOSCOPY FLEX; DX-SEP PROC	334	7.6	6.06
43239	UGI ENDO; W/BX 1/MX	263	6.0	5.28
69436	TYMPANOSTOMY GENERAL ANESTHESIA	168	3.8	2.51
42820	T&A; UNDER AGE 12	128	2.9	1.60
64721	NEUROPLASTY; MEDIAN @ CARPAL TUN	105	2.4	0.87
29881	SCOPE KNEE SURG;W/MENISCECT MED/	97	2.2	1.52
45380	COLONOSCOPY FLEX; W/BX 1/MX	96	2.2	2.39
47562	LAPAROSCOPY SURGICAL; CHOLECT	93	2.1	0.84
29877	SCOPE KNEE SURG; DEBRID/SHAVE CA	82	1.9	1.18
43235	UGI ENDO; DX W/NO CLCT SPECMN-SP	80	1.8	1.45
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	79	1.8	1.34
49505	REPR INIT ING HERNIA 5YR/MORE; R	75	1.7	1.06
43450	DILAT ESOPH-SOUND/BOUGIE-1/MX PA	64	1.5	0.39
20680	REMOVAL OF IMPLANT; DEEP	60	1.4	0.81
44970	LAPAROSCOPY SURGICAL APPENDECTOM	58	1.3	0.41
29826	SCOPE SHOULDER; DECOMP SUBACROM	53	1.2	0.88
19120	EXC BRST CYST TUMR/LES OPN M/F 1	45	1.0	0.74
43248	UGI ENDO; W/INSRT GUIDE WIRE	45	1.0	0.18
30520	SEPTOPLASTY/SUBMUCOS RES W/GFT	44	1.0	0.81

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

Reportable* excludes codes in the former "Other" category in previous reports.

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 AVERAGE TOTAL CHARGES FOR MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES, SINGLE ICD-9 OR CPT-4 ONLY

112 Valley View Medical Center

ICD-9 CODE	ICD-9 DESCRIPTION	#	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
ICD-9 Procedures		2,260	\$1,902	\$2,542
4523	COLONOSCOPY	305	\$707	\$849
4542	ENDO POLYPECTOMY LG INTESTINE	227	\$982	\$1,101
5123	LAP CHOLEY	136	\$4,102	\$5,170
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	130	\$871	\$1,037
283	TONSILLECTOMY W/ADENOIDECTOMY	123	\$1,002	\$1,740
0443	RELEASE CARPAL TUNNEL	92	\$1,077	\$1,882
4525	CLO [ENDO] BX LG INTESTINE	56	\$869	\$1,172
282	TONSILLECTOMY WO ADENOIDECTOMY	49	\$1,335	\$2,010
4836	[ENDO] POLYPECTOMY RECTUM	47	\$908	\$1,012
806	EXC SEMILUNAR CARTILAGE-KNEE	46	\$3,407	\$3,679
4701	LAP APPENDECTOMY	43	\$5,038	\$6,389
4513	OTH ENDO SM INTESTINE	41	\$697	\$917
5304	UNILAT REPR INDIRECT ING HERN-GFT	34	\$2,609	\$3,100
6029	OTH TRANSURETHRAL PROSTATECTOMY	28	\$3,587	\$4,053
8521	LOC EXC LES BREAST	27	\$1,906	\$2,242
6909	OTH D&C UTERUS	26	\$947	\$2,052
598	URETERAL CATH	24	\$2,882	\$4,543
6902	D&C FOLLOWING DELIV/AB	24	\$1,166	\$2,179
4524	FLEX SIGMOIDOSCOPY	22	\$328	\$508
8221	EXC LES TENDON SHEATH HAND	22	\$1,611	\$1,892

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
CPT-4 Procedures		2,463	\$1,818	\$2,284
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	333	\$1,003	\$1,059
45378	COLONOSCOPY FLEX; DX-SEP PROC	303	\$702	\$818
69436	TYMPANOSTOMY GENERAL ANESTHESIA	144	\$451	\$1,016
43239	UGI ENDO; W/BX 1/MX	136	\$903	\$1,035
42820	T&A; UNDER AGE 12	115	\$979	\$1,662
64721	NEUROPLASTY; MEDIAN @ CARPAL TUN	92	\$1,084	\$1,823
47562	LAPAROSCOPY SURGICAL; CHOLECT	72	\$3,766	\$5,048
47563	LAPAROSCPY SURG; CHOLECT W/CHOLAN	65	\$4,494	\$5,262
45380	COLONOSCOPY FLEX; W/BX 1/MX	63	\$900	\$1,174
49505	REPR INIT ING HERNIA 5YR/MORE; R	53	\$2,768	\$3,015
44970	LAPAROSCOPY SURGICAL APPENDECTOM	44	\$5,019	\$6,356
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	37	\$1,461	\$2,065
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	36	\$673	\$822
29881	SCOPE KNEE SURG;W/MENISCECT MED/	34	\$3,400	\$3,303
19120	EXC BRST CYST TUMR/LES OPN M/F 1	32	\$2,081	\$2,212
52601	TURP INCL CONTRL POSTOP BLEED CM	29	\$3,577	\$4,206
20680	REMOVAL OF IMPLANT; DEEP	26	\$1,697	\$2,378
58120	DILATION & CURET DX &/ THERAPEUT	26	\$947	\$1,817
45330	SIGMOIDOSCOPY FLEX; DX-SEP PROC	22	\$328	\$458
58670	LAPAROSCPY SURGICAL; W/FULG OVIDU	19	\$2,393	\$2,832

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

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

112 Valley View Medical Center

Procedure APG category		TOTAL #	TOTAL # (ALL Hospitals)
Procedure APG			
01	INTEGUMENTARY SYSTEM	127	8,392
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	6	2,819
	004 SIMPLE INCISION AND DRAINAGE	1	29
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	43	1,059
	008 SIMPLE EXCISION AND BIOPSY	14	893
	011 SIMPLE INCISION AND EXCISION OF BREAST	62	2,817
	012 BREAST RECONSTRUCTION AND MASTECTOMY	1	386
02	MUSCULOSKELETAL SYSTEM	1,240	48,493
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	187	6,083
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	45	1,938
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	46	1,829
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	292	10,165
	025 ARTHROSCOPY	423	20,364
	028 CLOSED TREATMENT FX & DISLOCATION OF FINGER, TOE & TRUNK	2	49
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	18	611
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	122	3,214
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	4	397
	032 BUNION PROCEDURES	72	1,475
	033 ARTHROPLASTY	20	486
	034 HAND AND FOOT TENOTOMY	6	234
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	3	1,499
03	RESPIRATORY SYSTEM	60	6,895
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	1	706
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	59	4,493
04	CARDIOVASCULAR SYSTEM	10	25,643
	081 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	4	273
	082 VASCULAR LIGATION	6	442
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	31	2,342
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	31	1,515
06	DIGESTIVE SYSTEM	1,944	82,913
	112 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	64	1,137
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	27	832
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	9	336
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	346	17,918
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	124	4,477
	117 LOWER GASTROINTESTINAL ENDOSCOPY	834	33,312
	118 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	8	1,553
	119 HERNIA AND HYDROCELE PROCEDURES	144	6,781
	120 COMPLEX ANAL AND RECTAL PROCEDURES	13	911
	121 SIMPLE ANAL AND RECTAL PROCEDURES	12	544
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	6	516
	123 COMPLEX LAPAROSCOPIC PROCEDURES	351	14,187
	124 SIMPLE LAPAROSCOPIC PROCEDURES	6	205
07	URINARY SYSTEM	198	7,406
	133 URINARY CATHETERIZATION AND DILATATION	1	331
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	115	3,121

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

112 Valley View Medical Center

procedure APG category	procedure APG	TOTAL #	TOTAL # (ALL Hospitals)
	135 MODERATE CYSTOURETHROSCOPY	52	2,378
	136 SIMPLE CYSTOURETHROSCOPY	27	623
	138 SIMPLE URETHRAL PROCEDURES	3	106
08	MALE GENITAL SYSTEM	51	2,988
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	30	1,293
	153 COMPLEX PENILE PROCEDURES	2	416
	154 SIMPLE PENILE PROCEDURES	13	901
	155 PROSTATE NEEDLE AND PUNCH BIOPSY	6	306
09	FEMALE GENITAL SYSTEM	63	5,316
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	11	1,138
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	17	1,162
	178 DILATION AND CURETTAGE	27	831
	179 HYSTEROSCOPY	8	2,031
10	NERVOUS SYSTEM	125	17,622
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	1	11,950
	198 NERVE REPAIR AND DESTRUCTION	124	4,478
11	EYE AND OCULAR ADNEXA	3	10,930
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	1	475
	220 STRABISMUS AND MUSCLE EYE PROCEDURES	2	794
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	480	29,079
	234 COMPLEX FACIAL AND ENT PROCEDURES	72	5,162
	235 SIMPLE FACIAL AND ENT PROCEDURES	211	15,442
	236 TONSIL AND ADENOID PROCEDURES	197	8,217

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

Reportable* excludes codes in the former "Other" category in previous reports.

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 PROCEDURE APG CATEGORY, PROCEDURE APG, SINGLE APG ONLY
 BASED ON REPORTABLE* CPT-4 PROCEDURES

112 Valley View Medical Center

Procedure APG category	Procedure APG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
01	INTEGUMENTARY SYSTEM	76	\$2,136	\$2,329
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	4	\$1,084	\$1,821
	004 SIMPLE INCISION AND DRAINAGE	1	\$2,279	\$2,861
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	21	\$1,965	\$2,689
	008 SIMPLE EXCISION AND BIOPSY	5	\$2,308	\$2,380
	011 SIMPLE INCISION AND EXCISION OF BREAST	44	\$2,259	\$2,426
	012 BREAST RECONSTRUCTION AND MASTECTOMY	1	\$3,563	\$4,376
02	MUSCULOSKELETAL SYSTEM	438	\$2,957	\$3,320
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	58	\$3,086	\$4,704
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	21	\$2,454	\$3,131
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	9	\$4,492	\$3,886
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	121	\$1,849	\$2,294
	025 ARTHROSCOPY	101	\$4,219	\$3,776
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	8	\$1,291	\$2,528
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	87	\$3,101	\$3,911
	032 BUNION PROCEDURES	27	\$2,331	\$3,144
	033 ARTHROPLASTY	6	\$5,208	\$4,649
03	RESPIRATORY SYSTEM	5	\$1,991	\$1,669
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	1	\$1,446	\$957
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	4	\$2,127	\$2,885
04	CARDIOVASCULAR SYSTEM	7	\$2,860	\$4,966
	081 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	3	\$2,279	\$3,307
	082 VASCULAR LIGATION	4	\$3,296	\$3,967
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	14	\$3,071	\$3,010
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	14	\$3,071	\$3,705
06	DIGESTIVE SYSTEM	1,287	\$1,583	\$1,825
	112 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	1	\$766	\$1,000
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	23	\$390	\$729
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	7	\$549	\$862
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	173	\$853	\$987
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	40	\$1,076	\$1,381
	117 LOWER GASTROINTESTINAL ENDOSCOPY	708	\$865	\$956
	118 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	3	\$1,802	\$2,679
	119 HERNIA AND HYDROCELE PROCEDURES	81	\$2,666	\$2,876
	120 COMPLEX ANAL AND RECTAL PROCEDURES	9	\$1,953	\$2,344
	121 SIMPLE ANAL AND RECTAL PROCEDURES	4	\$1,395	\$1,854
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	4	\$2,197	\$2,435
	123 COMPLEX LAPAROSCOPIC PROCEDURES	234	\$4,134	\$4,923
07	URINARY SYSTEM	77	\$2,696	\$3,713
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	55	\$3,141	\$3,653
	135 MODERATE CYSTOURETHROSCOPY	11	\$1,802	\$2,892
	136 SIMPLE CYSTOURETHROSCOPY	9	\$1,436	\$1,768
	138 SIMPLE URETHRAL PROCEDURES	2	\$1,062	\$1,570
08	MALE GENITAL SYSTEM	27	\$1,867	\$2,549
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	10	\$1,869	\$2,171

AMB ST 1-5

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 PROCEDURE APG CATEGORY, PROCEDURE APG, SINGLE APG ONLY
 BASED ON REPORTABLE* CPT-4 PROCEDURES

112 Valley View Medical Center

procedure APG category	Procedure APG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
	153 COMPLEX PENILE PROCEDURES	2	\$2,583	\$2,856
	154 SIMPLE PENILE PROCEDURES	10	\$1,193	\$1,466
	155 PROSTATE NEEDLE AND PUNCH BIOPSY	5	\$2,927	\$3,741
09	FEMALE GENITAL SYSTEM	52	\$1,866	\$2,961
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	6	\$4,144	\$4,273
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	12	\$1,825	\$2,362
	178 DILATION AND CURETTAGE	26	\$947	\$1,817
	179 HYSTEROSCOPY	8	\$3,209	\$3,360
10	NERVOUS SYSTEM	101	\$1,169	\$1,454
	198 NERVE REPAIR AND DESTRUCTION	101	\$1,169	\$2,095
11	EYE AND OCULAR ADNEXA	3	\$1,893	\$2,574
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	1	\$1,750	\$2,228
	220 STRABISMUS AND MUSCLE EYE PROCEDURES	2	\$1,964	\$1,783
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	359	\$971	\$1,992
	234 COMPLEX FACIAL AND ENT PROCEDURES	30	\$2,593	\$3,775
	235 SIMPLE FACIAL AND ENT PROCEDURES	155	\$510	\$1,425
	236 TONSIL AND ADENOID PROCEDURES	174	\$1,101	\$1,795

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

AMB ST 1-6

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

112 Valley View Medical Center

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
GENDER				
Female	1,723	51.0	107,216	54.5
Male	1,653	49.0	89,560	45.5
Unknown	0	0.0	2	0.0
Not Reported	0	0.0	0	0.0
AGE				
1-28 days	0	0.0	199	0.1
29-365 days	48	1.4	2,895	1.5
1-4 years	195	5.8	10,718	5.4
5-9	97	2.9	6,003	3.1
10-14	86	2.5	4,605	2.3
15-17	102	3.0	4,474	2.3
18-19	71	2.1	3,608	1.8
20-24	215	6.4	10,974	5.6
25-29	156	4.6	11,529	5.9
30-34	169	5.0	10,974	5.6
35-39	144	4.3	11,089	5.6
40-44	192	5.7	13,913	7.1
45-49	239	7.1	15,367	7.8
50-54	311	9.2	18,693	9.5
55-59	292	8.6	16,175	8.2
60-64	284	8.4	13,797	7.0
65-69	262	7.8	12,250	6.2
70-74	205	6.1	11,038	5.6
75-79	159	4.7	9,345	4.7
80-84	101	3.0	5,890	3.0
85-89	39	1.2	2,520	1.3
90 +	9	0.3	720	0.4
Not Reported	0	0.0	201	0.1
SOURCE OF ADMISSION				
Physician Referral	1,652	48.9	176,073	89.5
Clinic Referral	1,617	47.9	2,347	1.2
HMO Referral	0	0.0	119	0.1
Other Hospital	2	0.1	71	0.0
Skilled Nursing Facility	0	0.0	21	0.0
Other Health Care Facility	0	0.0	26	0.0
Emergency Room	105	3.1	3,467	1.8
Court/Law Enforcement	0	0.0	3	0.0
Unknown	0	0.0	3,359	1.7
Not Reported	0	0.0	11,292	5.7

(Continued)

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

112 Valley View Medical Center

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	3,371	99.9	196,083	99.6
Another Hospital	0	0.0	125	0.1
Skilled Nursing Facility	0	0.0	72	0.0
Intermediate Care Facility	0	0.0	9	0.0
Another Type of Institution	0	0.0	44	0.0
Under Care of Home Service	4	0.1	103	0.1
Left Against Medical Advice	1	0.0	17	0.0
Under Care of Home IV Provider	0	0.0	5	0.0
Expired	0	0.0	16	0.0
Unknown	0	0.0	304	0.2
Not Reported	0	0.0	0	0.0
PRIMARY PAYER				
Medicare	812	24.1	42,451	21.6
Medicaid	356	10.5	13,275	6.7
Other government	59	1.7	3,257	1.7
Blue Cross/Blue Shield	575	17.0	27,366	13.9
Other Commercial	395	11.7	17,254	8.8
Managed Care(HMO, PPO)	1,007	29.8	84,762	43.1
Self Pay	55	1.6	3,009	1.5
Industrial & Worker Comp	73	2.2	4,001	2.0
Charity and Unclassified	0	0.0	106	0.1
Childrens Health Insurance	6	0.2	258	0.1
Unknown	38	1.1	964	0.5
Not Reported	0	0.0	75	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	3	0.1	13,556	6.9
Central Utah	190	5.6	6,602	3.4
Davis County	2	0.1	21,257	10.8
Salt Lake County	3	0.1	68,961	35.0
Southeastern Utah	4	0.1	4,049	2.1
Southwest Utah	3,030	89.8	11,167	5.7
Summit County	0	0.0	2,258	1.1
Tooele County	3	0.1	3,742	1.9
Tri-County	1	0.0	5,041	2.6
Utah County	11	0.3	32,261	16.4
Wasatch County	0	0.0	1,500	0.8
Weber County	1	0.0	17,573	8.9
Unknown Utah	0	0.0	60	0.0
Outside Utah	126	3.7	8,682	4.4
Unknown, Not Reported	2	0.1	69	0.0

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

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

401 Central Utah Surgical Center

Reporting Category (ICD-9-CM CODES)	Procedures Performed		Procedures Performed-All FASCs	
	(#)	(%)	(#)	(%)
Reporting Category (ICD-9-CM CODES)	.	.	44,330	100.0
Mastectomy (85.0-85.99)	.	.	1,046	2.4
Musculoskeletal (76.0-84.99)	.	.	7,633	17.2
Respiratory (30.0-34.99)	.	.	101	0.2
Cardiovascular (35.0-39.99)	.	.	845	1.9
Lymphatic/Hemetic (40.0-41.99)	.	.	83	0.2
Digestive System (42.0-54.99)	.	.	5,672	12.8
Urinary (55.0-59.99)	.	.	241	0.5
Male Genital (60.0-64.99)	.	.	151	0.3
Female Genital (65.0-71.99)	.	.	1,260	2.8
Endocrine/Nervous (01.0-07.99)	.	.	2,971	6.7
Eye (08.0-16.99)	.	.	13,860	31.3
Ear (18.0-20.99)	.	.	2,865	6.5
Nose, Mouth, Pharynx (21.0-29.99)	.	.	7,602	17.1
Reporting Category (CPT-4 CODES)	14,531	100.0	114,197	100.0
Mastectomy (19120-19220)	0	0.0	336	0.3
Musculoskeletal (20000-29909)	4,720	32.5	22,993	20.1
Respiratory (30000-32999 & 39501-39599)	518	3.6	9,162	8.0
Cardiovascular (33010-37799 & 93501-93660)	15	0.1	1,196	1.0
Lymphatic/Hemetic (38100-38999)	19	0.1	174	0.2
Digestive (40490-49999)	4,001	27.5	39,508	34.6
Urinary (50010-53899)	558	3.8	1,577	1.4
Male Genital (54000-55899)	205	1.4	533	0.5
Female Genital (56405-58999)	181	1.2	3,167	2.8
Endocrine/Nervous (60000-64999)	2,268	15.6	11,820	10.4
Eye (65091-68899)	1,723	11.9	18,307	16.0
Ear (69000-69979)	323	2.2	5,424	4.7

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

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES

401 Central Utah Surgical Center

ICD-9 CODE	ICD-9 DESCRIPTION	#	%	% ALL FASCs
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All ICD-9 Procedures

Does not report ICDs

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL FASCs
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All CPT-4 Procedures		14,531	100.0	100.0
66984	EXTRACAPSULAR CATARACT REMV IOL	1,054	7.3	9.67
45378	COLONOSCOPY FLEX; DX-SEP PROC	956	6.6	7.46
29881	SCOPE KNEE SURG;W/MENISCECT MED/	564	3.9	1.66
43239	UGI ENDO; W/BX 1/MX	547	3.8	5.96
29877	SCOPE KNEE SURG; DEBRID/SHAVE CA	532	3.7	1.06
66821	DISCISSION 2ND CATARACT; LASER S	468	3.2	1.29
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	461	3.2	2.98
43235	UGI ENDO; DX W/NO CLCT SPECMN-SP	446	3.1	1.43
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	422	2.9	1.53
29826	SCOPE SHOULDER; DECOMP SUBACROM	367	2.5	0.86
64721	NEUROPLASTY; MEDIAN @ CARPAL TUN	353	2.4	1.23
64483	INJ ANES EPIDURL; LUMB/SAC 1 LEV	297	2.0	1.01
45380	COLONOSCOPY FLEX; W/BX 1/MX	274	1.9	3.12
69436	TYMPANOSTOMY GENERAL ANESTHESIA	271	1.9	3.99
50590	LITHOTRIPSY XTRACORP SHOCK WAVE	267	1.8	0.59
64623	DESTRUC FACET JT NRV; L/S-EA AD	239	1.6	0.64
64627	DESTRUC FACET NRV; CRV/THOR-EA A	194	1.3	0.34
29888	ARTHSCPY AIDED ACL REPR/AUG/RECO	189	1.3	0.55
64472	INJ ANES FACET JT; CERV/THOR-EA	185	1.3	0.54
64476	INJ ANES FACET JT; LUMB/SAC-EA A	152	1.0	0.76

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

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 AVERAGE TOTAL CHARGES FOR MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES, SINGLE ICD-9 OR CPT-4 ONLY

401 Central Utah Surgical Center

ICD-9 CODE	ICD-9 DESCRIPTION	#	AVE TOT CHR	AVE TOT CHR(ALL FASCs)
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ICD-9 Procedures

Does not report ICDS

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHR	AVE TOT CHR(ALL FASCs)
CPT-4 Procedures				
66984	EXTRACAPSULAR CATARACT REMV IOL	7,364	\$1,641	\$1,504
45378	COLONOSCOPY FLEX; DX-SEP PROC	1,041	\$2,801	\$2,187
66821	DISCISSION 2ND CATARACT; LASER S	760	\$786	\$822
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	462	\$597	\$604
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	361	\$866	\$964
43239	UGI ENDO; W/BX 1/MX	330	\$783	\$648
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	300	\$803	\$907
50590	LITHOTRIPSY XTRACORP SHOCK WAVE	280	\$784	\$791
29881	SCOPE KNEE SURG;W/MENISCECT MED/	236	\$1,057	\$2,383
45380	COLONOSCOPY FLEX; W/BX 1/MX	210	\$2,058	\$2,207
64721	NEUROPLASTY; MEDIAN @ CARPAL TUN	186	\$788	\$954
29877	SCOPE KNEE SURG; DEBRID/SHAVE CA	167	\$1,214	\$1,141
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	143	\$1,936	\$2,282
64483	INJ ANES EPIDURL; LUMB/SAC 1 LEV	130	\$5,044	\$4,975
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	120	\$576	\$837
42820	T&A; UNDER AGE 12	115	\$776	\$603
49505	REPR INIT ING HERNIA 5YR/MORE; R	103	\$952	\$1,176
29826	SCOPE SHOULDER; DECOMP SUBACROM	92	\$1,764	\$1,516
20680	REMOVAL OF IMPLANT; DEEP	89	\$3,443	\$3,141
29888	ARTHSCPY AIDED ACL REPR/AUG/RECO	83	\$1,296	\$1,268
		76	\$5,554	\$5,012

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

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

401 Central Utah Surgical Center

Procedure APG category	Procedure APG	TOTAL #	TOTAL # (ALL FASCs)
01	INTEGUMENTARY SYSTEM	94	1,479
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	2	58
	003 COMPLEX INCISION AND DRAINAGE	4	25
	006 SIMPLE DEBRIDEMENT AND DESTRUCTION	1	15
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	32	431
	008 SIMPLE EXCISION AND BIOPSY	53	507
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRANGE	2	91
02	MUSCULOSKELETAL SYSTEM	4,583	20,799
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	314	1,963
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	73	597
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	103	785
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	730	5,579
	025 ARTHROSCOPY	2,788	8,535
	028 CLOSED TREATMENT FX & DISLOCATION OF FINGER, TOE & TRUNK	1	12
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	22	83
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	190	1,012
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	43	134
	032 BUNION PROCEDURES	145	1,061
	033 ARTHROPLASTY	29	217
	034 HAND AND FOOT TENOTOMY	2	68
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	143	750
03	RESPIRATORY SYSTEM	301	4,215
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	300	4,162
	054 SIMPLE ENDOSCOPY OF THE UPPER AIRWAY	1	38
04	CARDIOVASCULAR SYSTEM	12	867
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	5	26
	080 MINOR VASCULAR REPAIR AND FISTULA CONSTRUCTION	5	38
	081 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	1	339
	082 VASCULAR LIGATION	1	131
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	21	196
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	21	196
06	DIGESTIVE SYSTEM	3,744	34,150
	112 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	8	1,116
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	40	227
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	16	162
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	1,009	8,576
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	470	2,444
	117 LOWER GASTROINTESTINAL ENDOSCOPY	1,697	17,826
	119 HERNIA AND HYDROCELE PROCEDURES	235	1,286
	120 COMPLEX ANAL AND RECTAL PROCEDURES	11	221
	121 SIMPLE ANAL AND RECTAL PROCEDURES	2	67
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	3	13
	123 COMPLEX LAPAROSCOPIC PROCEDURES	251	2,093
	124 SIMPLE LAPAROSCOPIC PROCEDURES	2	30
07	URINARY SYSTEM	555	1,557
	131 RENAL EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	267	673

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

401 Central Utah Surgical Center

procedure APG category	procedure APG	TOTAL #	TOTAL # (ALL FASCs)
	133 URINARY CATHETERIZATION AND DILATATION	3	11
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	161	379
	135 MODERATE CYSTOURETHROSCOPY	92	360
	136 SIMPLE CYSTOURETHROSCOPY	16	92
	137 COMPLEX URETHRAL PROCEDURES	9	19
	138 SIMPLE URETHRAL PROCEDURES	7	23
08	MALE GENITAL SYSTEM	190	483
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	145	335
	152 INSERTION OF PENILE PROSTHESIS	1	1
	153 COMPLEX PENILE PROCEDURES	12	22
	154 SIMPLE PENILE PROCEDURES	32	116
09	FEMALE GENITAL SYSTEM	121	1,659
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	48	165
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	29	464
	178 DILATION AND CURETTAGE	24	197
	179 HYSTEROSCOPY	20	785
10	NERVOUS SYSTEM	2,205	11,220
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	1,480	8,222
	196 REVISION AND REMOVAL OF NEUROLOGICAL DEVICE	9	46
	197 NEUROSTIMULATOR AND VENTRICULAR SHUNT IMPLANTATION	18	110
	198 NERVE REPAIR AND DESTRUCTION	698	2,818
11	EYE AND OCULAR ADNEXA	1,721	18,216
	211 MINOR OPHTHALMOLOGICAL TESTS AND PROCEDURES	3	284
	213 LASER EYE PROCEDURES	472	1,586
	214 CATARACT PROCEDURES	1,072	11,306
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	28	943
	216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	38	637
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	23	501
	220 STRABISMUS AND MUSCLE EYE PROCEDURES	4	461
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	64	1,614
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	16	287
	223 VITRECTOMY	1	394
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	877	17,966
	233 NASAL CAUTERIZATION AND PACKING	1	64
	234 COMPLEX FACIAL AND ENT PROCEDURES	128	3,135
	235 SIMPLE FACIAL AND ENT PROCEDURES	523	10,613
	236 TONSIL AND ADENOID PROCEDURES	225	4,154
13	THERAPUTIC AND OTHER RADIOLOGICAL PROCEDURES	59	877
	254 MYELOGRAPHY	57	580
	255 MISCELLANEOUS RADIOLOGICAL PROCEDURES WITH CONTRAST	2	10

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

Reportable* excludes codes in the former "Other" category in previous reports.

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 PROCEDURE APG CATEGORY, PROCEDURE APG, SINGLE APG ONLY
 BASED ON REPORTABLE* CPT-4 PROCEDURES

401 Central Utah Surgical Center

Procedure APG category	Procedure APG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL FASCs)
01	INTEGUMENTARY SYSTEM	49	\$1,148	\$1,387
	003 COMPLEX INCISION AND DRAINAGE	3	\$1,121	\$1,193
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	23	\$1,259	\$1,303
	008 SIMPLE EXCISION AND BIOPSY	23	\$1,041	\$1,151
02	MUSCULOSKELETAL SYSTEM	1,646	\$2,403	\$2,092
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	144	\$2,700	\$2,347
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	40	\$1,584	\$1,553
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	33	\$2,081	\$2,036
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	275	\$1,506	\$1,457
	025 ARTHROSCOPY	884	\$2,889	\$2,729
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	15	\$1,138	\$1,387
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	122	\$2,129	\$2,100
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	27	\$847	\$951
	032 BUNION PROCEDURES	51	\$1,859	\$1,756
	033 ARTHROPLASTY	18	\$2,425	\$2,264
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	37	\$762	\$703
03	RESPIRATORY SYSTEM	7	\$1,327	\$1,390
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	7	\$1,327	\$1,399
04	CARDIOVASCULAR SYSTEM	10	\$2,144	\$1,640
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	5	\$1,974	\$1,201
	080 MINOR VASCULAR REPAIR AND FISTULA CONSTRUCTION	5	\$2,314	\$1,593
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	18	\$1,330	\$1,371
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	18	\$1,330	\$1,371
06	DIGESTIVE SYSTEM	2,676	\$1,113	\$998
	112 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	4	\$953	\$685
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	21	\$708	\$433
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	13	\$462	\$501
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	641	\$796	\$848
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	314	\$785	\$798
	117 LOWER GASTROINTESTINAL ENDOSCOPY	1,307	\$808	\$867
	119 HERNIA AND HYDROCELE PROCEDURES	153	\$1,752	\$1,526
	120 COMPLEX ANAL AND RECTAL PROCEDURES	10	\$1,265	\$1,106
	121 SIMPLE ANAL AND RECTAL PROCEDURES	2	\$1,299	\$1,061
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	3	\$1,156	\$1,125
	123 COMPLEX LAPAROSCOPIC PROCEDURES	208	\$4,111	\$2,687
07	URINARY SYSTEM	378	\$1,250	\$2,020
	131 RENAL EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	236	\$1,057	\$2,379
	133 URINARY CATHETERIZATION AND DILATATION	2	\$1,829	\$1,650
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	60	\$2,042	\$1,976
	135 MODERATE CYSTOURETHROSCOPY	58	\$1,277	\$1,274
	136 SIMPLE CYSTOURETHROSCOPY	11	\$841	\$959
	137 COMPLEX URETHRAL PROCEDURES	7	\$1,361	\$1,533
	138 SIMPLE URETHRAL PROCEDURES	4	\$1,054	\$1,120
08	MALE GENITAL SYSTEM	102	\$1,642	\$1,627
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	61	\$1,514	\$1,701

AMB ST 1-5

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 PROCEDURE APG CATEGORY, PROCEDURE APG, SINGLE APG ONLY
 BASED ON REPORTABLE* CPT-4 PROCEDURES

401 Central Utah Surgical Center

procedure APG category	Procedure APG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL FASCs)
	152 INSERTION OF PENILE PROSTHESIS	1	\$11,013	\$11,013
	153 COMPLEX PENILE PROCEDURES	10	\$2,406	\$2,111
	154 SIMPLE PENILE PROCEDURES	30	\$1,337	\$1,192
09	FEMALE GENITAL SYSTEM	62	\$1,643	\$1,789
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	14	\$2,106	\$2,279
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	12	\$1,146	\$1,124
	178 DILATION AND CURETTAGE	22	\$1,234	\$1,060
	179 HYSTEROSCOPY	14	\$2,248	\$2,161
10	NERVOUS SYSTEM	500	\$948	\$907
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	292	\$687	\$672
	196 REVISION AND REMOVAL OF NEUROLOGICAL DEVICE	5	\$1,275	\$2,348
	197 NEUROSTIMULATOR AND VENTRICULAR SHUNT IMPLANTATION	5	\$2,777	\$4,416
	198 NERVE REPAIR AND DESTRUCTION	198	\$1,277	\$1,433
11	EYE AND OCULAR ADNEXA	1,588	\$2,149	\$2,053
	213 LASER EYE PROCEDURES	466	\$597	\$623
	214 CATARACT PROCEDURES	1,057	\$2,802	\$2,197
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	19	\$4,071	\$2,443
	216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	23	\$2,257	\$1,974
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	12	\$2,021	\$1,745
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	7	\$2,127	\$1,855
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	4	\$1,257	\$1,110
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	305	\$1,114	\$1,507
	233 NASAL CAUTERIZATION AND PACKING	1	\$900	\$1,418
	234 COMPLEX FACIAL AND ENT PROCEDURES	29	\$2,148	\$1,787
	235 SIMPLE FACIAL AND ENT PROCEDURES	101	\$1,111	\$1,738
	236 TONSIL AND ADENOID PROCEDURES	174	\$944	\$1,178
13	THERAPUTIC AND OTHER RADIOLOGICAL PROCEDURES	1	\$630	\$1,211
	255 MISCELLANEOUS RADIOLOGICAL PROCEDURES WITH CONTRAST	1	\$630	\$815

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

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

401 Central Utah Surgical Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
GENDER				
Female	5,314	51.6	46,191	55.6
Male	4,943	48.0	36,744	44.2
Unknown	35	0.3	68	0.1
Not Reported	0	0.0	93	0.1
AGE				
1-28 days	0	0.0	1	0.0
29-365 days	38	0.4	676	0.8
1-4 years	215	2.1	4,424	5.3
5-9	126	1.2	2,190	2.6
10-14	114	1.1	1,445	1.7
15-17	276	2.7	1,547	1.9
18-19	244	2.4	1,332	1.6
20-24	787	7.6	3,956	4.8
25-29	537	5.2	3,597	4.3
30-34	447	4.3	3,646	4.4
35-39	456	4.4	3,979	4.8
40-44	640	6.2	5,080	6.1
45-49	697	6.8	5,823	7.0
50-54	831	8.1	7,153	8.6
55-59	788	7.7	6,610	8.0
60-64	741	7.2	5,923	7.1
65-69	840	8.2	6,534	7.9
70-74	933	9.1	6,663	8.0
75-79	725	7.0	6,158	7.4
80-84	553	5.4	4,165	5.0
85-89	237	2.3	1,721	2.1
90 +	67	0.7	463	0.6
Not Reported	0	0.0	11	0.0
SOURCE OF ADMISSION				
Physician Referral	10,292	100.0	56,868	68.4
Clinic Referral	0	0.0	1,339	1.6
HMO Referral	0	0.0	6	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	0	0.0
Emergency Room	0	0.0	0	0.0
Court/Law Enforcement	0	0.0	0	0.0
Unknown	0	0.0	8,755	10.5
Not Reported	0	0.0	16,128	19.4

(Continued)

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

401 Central Utah Surgical Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	0	0.0	50,838	61.2
Another Hospital	0	0.0	37	0.0
Skilled Nursing Facility	0	0.0	3	0.0
Intermediate Care Facility	0	0.0	2	0.0
Another Type of Institution	0	0.0	0	0.0
Under Care of Home Service	0	0.0	0	0.0
Left Against Medical Advice	0	0.0	1	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	0	0.0	0	0.0
Unknown	10,292	100.0	32,215	38.8
Not Reported	0	0.0	0	0.0
PRIMARY PAYER				
Medicare	3,201	31.1	24,729	29.8
Medicaid	214	2.1	4,306	5.2
Other government	92	0.9	1,777	2.1
Blue Cross/Blue Shield	1,749	17.0	15,655	18.8
Other Commercial	1,222	11.9	8,759	10.5
Managed Care(HMO, PPO)	3,233	31.4	23,916	28.8
Self Pay	190	1.8	1,238	1.5
Industrial & Worker Comp	328	3.2	1,959	2.4
Charity and Unclassified	0	0.0	48	0.1
Childrens Health Insurance	53	0.5	258	0.3
Unknown	0	0.0	72	0.1
Not Reported	10	0.1	379	0.5
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	25	0.2	4,272	5.1
Central Utah	989	9.6	1,436	1.7
Davis County	32	0.3	10,298	12.4
Salt Lake County	211	2.1	29,345	35.3
Southeastern Utah	514	5.0	969	1.2
Southwest Utah	46	0.4	4,229	5.1
Summit County	29	0.3	1,461	1.8
Tooele County	27	0.3	1,314	1.6
Tri-County	75	0.7	410	0.5
Utah County	7,804	75.8	10,259	12.3
Wasatch County	191	1.9	553	0.7
Weber County	16	0.2	14,230	17.1
Unknown Utah	25	0.2	59	0.1
Outside Utah	306	3.0	4,198	5.1
Unknown, Not Reported	2	0.0	63	0.1

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

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

423 Coral Desert Surgery Center

Reporting Category (ICD-9-CM CODES)	Procedures Performed		Procedures Performed-All FASCs	
	(#)	(%)	(#)	(%)
Reporting Category(ICD-9-CM CODES)	220	100.0	44,330	100.0
Mastectomy (85.0-85.99)	0	0.0	1,046	2.4
Musculoskeletal (76.0-84.99)	126	57.3	7,633	17.2
Respiratory (30.0-34.99)	0	0.0	101	0.2
Cardiovascular (35.0-39.99)	0	0.0	845	1.9
Lymphatic/Hemetic (40.0-41.99)	1	0.5	83	0.2
Digestive System (42.0-54.99)	19	8.6	5,672	12.8
Urinary (55.0-59.99)	2	0.9	241	0.5
Male Genital (60.0-64.99)	3	1.4	151	0.3
Female Genital (65.0-71.99)	0	0.0	1,260	2.8
Endocrine/Nervous (01.0-07.99)	24	10.9	2,971	6.7
Eye (08.0-16.99)	0	0.0	13,860	31.3
Ear (18.0-20.99)	10	4.5	2,865	6.5
Nose, Mouth, Pharynx (21.0-29.99)	35	15.9	7,602	17.1
Reporting Category(CPT-4 CODES)	272	100.0	114,197	100.0
Mastectomy (19120-19220)	0	0.0	336	0.3
Musculoskeletal (20000-29909)	146	53.7	22,993	20.1
Respiratory (30000-32999 & 39501-39599)	50	18.4	9,162	8.0
Cardiovascular (33010-37799 & 93501-93660)	0	0.0	1,196	1.0
Lymphatic/Hemetic (38100-38999)	1	0.4	174	0.2
Digestive (40490-49999)	36	13.2	39,508	34.6
Urinary (50010-53899)	3	1.1	1,577	1.4
Male Genital (54000-55899)	3	1.1	533	0.5
Female Genital (56405-58999)	1	0.4	3,167	2.8
Endocrine/Nervous (60000-64999)	23	8.5	11,820	10.4
Eye (65091-68899)	0	0.0	18,307	16.0
Ear (69000-69979)	9	3.3	5,424	4.7

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics.

Reportable* excludes codes in the former "Other" category in previous reports.

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES

423 Coral Desert Surgery Center

ICD-9 CODE	ICD-9 DESCRIPTION	#	%	% ALL FASCs
All ICD-9 Procedures		220	100.0	100.0
806	EXC SEMILUNAR CARTILAGE-KNEE	22	10.0	1.77
7860	REMOV IMPLNT DEVICE-UNS SITE	16	7.3	0.22
0443	RELEASE CARPAL TUNNEL	15	6.8	1.57
8086	OTH LOC EXC/DESTRUC JT LES-KNEE	14	6.4	0.75
2169	OTH TURBINECTOMY	13	5.9	2.48
2001	MYRINGOTOMY W/INSRT TUBE	9	4.1	5.09
0449	OTH PERIPH NERV/GANGL DECOMP/LYSIS	8	3.6	0.38
215	SUBMUCOUS RESECT NASAL SEPTUM	8	3.6	0.27
8211	TENOT HAND	7	3.2	0.23
8363	ROTATOR CUFF REPR	7	3.2	0.41
283	TONSILLECTOMY W/ADENOIDECTOMY	6	2.7	2.74
8076	SYNOVECT-KNEE	6	2.7	0.34
4513	OTH ENDO SM INTESTINE	4	1.8	0.51
4523	COLONOSCOPY	4	1.8	1.77
7756	REPR HAMMER TOE	4	1.8	0.44
7781	OTH PART OSTEC-SCAPULA-CLAV-THOR	4	1.8	0.34
8235	OTH FASCIECT HAND	4	1.8	0.06
5300	UNILAT REPR ING HERN-NOS	3	1.4	0.22
8081	OTH LOC EXC/DESTRUC JT LES-SHLDR	3	1.4	0.16
8145	OTH REPR CRUCIATE LIGAMNT	3	1.4	0.43

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL FASCs
All CPT-4 Procedures		272	100.0	100.0
20680	REMOVAL OF IMPLANT; DEEP	15	5.5	0.83
64721	NEUROPLASTY; MEDIAN @ CARPAL TUN	15	5.5	1.23
29881	SCOPE KNEE SURG;W/MENISCECT MED/	14	5.1	1.66
30140	SUBMUCOS RES TURBINATE PART/CMPL	14	5.1	1.82
29877	SCOPE KNEE SURG; DEBRID/SHAVE CA	12	4.4	1.06
30520	SEPTOPLASTY/SUBMUCOS RES W/GFT	9	3.3	1.55
29880	SCOPE KNEE SURG;W/MENISCECT MED&	8	2.9	0.49
69436	TYMPANOSTOMY GENERAL ANESTHESIA	8	2.9	3.99
26055	TENDON SHEATH INCISION	7	2.6	0.68
31256	NASL/SINUS ENDO SURG W/MAX ANTRO	7	2.6	0.55
64718	NEUROPLASTY; ULNAR NERV @ ELBOW	7	2.6	0.21
23412	REP RUP MUSCLOTENDNUS CUFF OPN;C	6	2.2	0.20
31255	NASAL/SINUS ENDO; W/TOT ETHMOECT	6	2.2	0.95
42821	T&A; AGE 12 OR OVER	6	2.2	0.59
29875	SCOPE KNEE; SYNOVECT LTD SEP PRO	5	1.8	0.25
28285	CORRECTION HAMMERTOE	4	1.5	0.86
29826	SCOPE SHOULDER; DECOMP SUBACROM	4	1.5	0.86
31267	NASL/SINUS ENDO; W/TISS REMV MAX	4	1.5	1.03
31276	NASL/SINUS ENDO W/FRNTL SINUS EX	4	1.5	0.30
43235	UGI ENDO; DX W/NO CLCT SPECMN-SP	4	1.5	1.43

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

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 AVERAGE TOTAL CHARGES FOR MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES, SINGLE ICD-9 OR CPT-4 ONLY

423 Coral Desert Surgery Center

ICD-9 CODE	ICD-9 DESCRIPTION	#	AVE TOT CHR	AVE TOT CHR(ALL FASCs)
ICD-9 Procedures		99	\$2,496	\$1,497
0443	RELEASE CARPAL TUNNEL	9	\$2,491	\$1,235
806	EXC SEMILUNAR CARTILAGE-KNEE	9	\$2,868	\$2,268
8211	TENOT HAND	7	\$1,975	\$2,226
0449	OTH PERIPH NERV/GANGL DECOMP/LYSIS	5	\$2,399	\$1,832
7860	REMOV IMPLNT DEVICE-UNS SITE	5	\$1,685	\$1,715
4523	COLONOSCOPY	4	\$1,200	\$827
4513	OTH ENDO SM INTESTINE	3	\$1,166	\$809
5300	UNILAT REPR ING HERN-NOS	3	\$2,955	\$1,954
8086	OTH LOC EXC/DESTRUC JT LES-KNEE	3	\$3,227	\$3,525
282	TONSILLECTOMY WO ADENOIDECTOMY	2	\$1,999	\$1,052
283	TONSILLECTOMY W/ADENOIDECTOMY	2	\$1,999	\$1,089
7936	OP REDUC FX W/INT FIX-TIBIA & FIB	2	\$1,257	\$2,181
8076	SYNOVECT-KNEE	2	\$3,227	\$3,542
8145	OTH REPR CRUCIATE LIGAMNT	2	\$6,131	\$5,127
8363	ROTATOR CUFF REPR	2	\$2,219	\$4,294
8364	OTH SUT TENDON	2	\$2,557	\$2,440
0444	RELEASE TARSAL TUNNEL	1	\$2,399	\$1,589
1829	EXC/DESTRUC OTH LES EXT EAR	1	\$6,364	\$1,214
2001	MYRINGOTOMY W/INSRT TUBE	1	\$4,420	\$656
2241	FRONTAL SINUSOTOMY	1	\$8,226	\$7,938

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHR	AVE TOT CHR(ALL FASCs)
CPT-4 Procedures		105	\$2,331	\$1,504
64721	NEUROPLASTY; MEDIAN @ CARPAL TUN	8	\$2,399	\$1,141
26055	TENDON SHEATH INCISION	7	\$1,975	\$1,326
29881	SCOPE KNEE SURG;W/MENISCECT MED/	7	\$2,766	\$2,207
20680	REMOVAL OF IMPLANT; DEEP	5	\$1,685	\$1,268
64718	NEUROPLASTY; ULNAR NERV @ ELBOW	5	\$2,399	\$1,636
45378	COLONOSCOPY FLEX; DX-SEP PROC	4	\$1,200	\$822
29877	SCOPE KNEE SURG; DEBRID/SHAVE CA	3	\$3,227	\$2,282
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	3	\$1,166	\$648
49505	REPR INIT ING HERNIA 5YR/MORE; R	3	\$2,955	\$1,516
23412	REP RUP MUSCLOTENDNUS CUFF OPN;C	2	\$2,219	\$3,555
25075	EXC TUMR SFT TISS FORARM&/WRST;S	2	\$439	\$1,018
26115	EXC TMR/MALF SFT TISS HND/FNGR;S	2	\$1,795	\$1,210
29875	SCOPE KNEE; SYNOVECT LTD SEP PRO	2	\$3,227	\$2,354
29880	SCOPE KNEE SURG;W/MENISCECT MED&	2	\$3,227	\$2,444
29888	ARTHSCPY AIDED ACL REPR/AUG/RECO	2	\$6,131	\$5,012
42821	T&A; AGE 12 OR OVER	2	\$1,999	\$1,231
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	2	\$1,999	\$1,154
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	2	\$5,400	\$4,975
23130	ACROMPLSTY/ACROMNECT PART W/WO R	1	\$3,099	\$2,197
23515	OPEN TX CLAV FX W/WO INTRL/EXT F	1	\$2,319	\$2,502

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

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

423 Coral Desert Surgery Center

Procedure APG category	Procedure APG	TOTAL #	TOTAL # (ALL FASCs)
01	INTEGUMENTARY SYSTEM	10	1,479
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	1	431
	008 SIMPLE EXCISION AND BIOPSY	9	507
02	MUSCULOSKELETAL SYSTEM	130	20,799
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	16	1,963
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	6	597
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	5	785
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	34	5,579
	025 ARTHROSCOPY	58	8,535
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	4	1,012
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	1	134
	032 BUNION PROCEDURES	4	1,061
	033 ARTHROPLASTY	1	217
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	1	750
03	RESPIRATORY SYSTEM	24	4,215
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	24	4,162
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	1	196
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	1	196
06	DIGESTIVE SYSTEM	25	34,150
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	5	8,576
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	1	2,444
	117 LOWER GASTROINTESTINAL ENDOSCOPY	7	17,826
	119 HERNIA AND HYDROCELE PROCEDURES	4	1,286
	120 COMPLEX ANAL AND RECTAL PROCEDURES	2	221
	123 COMPLEX LAPAROSCOPIC PROCEDURES	6	2,093
07	URINARY SYSTEM	3	1,557
	135 MODERATE CYSTOURETHROSCOPY	2	360
	136 SIMPLE CYSTOURETHROSCOPY	1	92
08	MALE GENITAL SYSTEM	3	483
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	2	335
	154 SIMPLE PENILE PROCEDURES	1	116
09	FEMALE GENITAL SYSTEM	1	1,659
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	1	165
10	NERVOUS SYSTEM	24	11,220
	198 NERVE REPAIR AND DESTRUCTION	24	2,818
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	46	17,966
	234 COMPLEX FACIAL AND ENT PROCEDURES	11	3,135
	235 SIMPLE FACIAL AND ENT PROCEDURES	25	10,613
	236 TONSIL AND ADENOID PROCEDURES	10	4,154

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

Reportable* excludes codes in the former "Other" category in previous reports.

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 PROCEDURE APG CATEGORY, PROCEDURE APG, SINGLE APG ONLY
 BASED ON REPORTABLE* CPT-4 PROCEDURES

423 Coral Desert Surgery Center

Procedure APG category	Procedure APG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL FASCs)
01	INTEGUMENTARY SYSTEM	4	\$1,117	\$1,387
	008 SIMPLE EXCISION AND BIOPSY	4	\$1,117	\$1,151
02	MUSCULOSKELETAL SYSTEM	52	\$2,637	\$2,092
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	6	\$2,491	\$2,347
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	3	\$3,091	\$1,553
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	2	\$2,171	\$2,036
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	16	\$1,887	\$1,457
	025 ARTHROSCOPY	19	\$3,438	\$2,729
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	4	\$2,368	\$2,100
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	1	\$1,200	\$951
	032 BUNION PROCEDURES	1	\$2,400	\$1,756
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	1	\$1,758	\$1,371
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	1	\$1,758	\$1,371
06	DIGESTIVE SYSTEM	18	\$2,153	\$998
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	4	\$1,222	\$848
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	1	\$1,391	\$798
	117 LOWER GASTROINTESTINAL ENDOSCOPY	5	\$960	\$867
	119 HERNIA AND HYDROCELE PROCEDURES	4	\$2,955	\$1,526
	120 COMPLEX ANAL AND RECTAL PROCEDURES	2	\$2,523	\$1,106
	123 COMPLEX LAPAROSCOPIC PROCEDURES	2	\$5,400	\$2,687
07	URINARY SYSTEM	3	\$1,573	\$2,020
	135 MODERATE CYSTOURETHROSCOPY	2	\$1,573	\$1,274
	136 SIMPLE CYSTOURETHROSCOPY	1	\$1,573	\$959
08	MALE GENITAL SYSTEM	3	\$1,761	\$1,627
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	2	\$2,091	\$1,701
	154 SIMPLE PENILE PROCEDURES	1	\$1,100	\$1,192
09	FEMALE GENITAL SYSTEM	1	\$2,403	\$1,789
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	1	\$2,403	\$2,279
10	NERVOUS SYSTEM	14	\$2,399	\$907
	198 NERVE REPAIR AND DESTRUCTION	14	\$2,399	\$1,433
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	6	\$2,024	\$1,507
	235 SIMPLE FACIAL AND ENT PROCEDURES	1	\$2,147	\$1,738
	236 TONSIL AND ADENOID PROCEDURES	5	\$1,999	\$1,178

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

Reportable* excludes codes in the former "Other" category in previous reports.

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

423 Coral Desert Surgery Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
GENDER				
Female	74	44.3	46,191	55.6
Male	91	54.5	36,744	44.2
Unknown	0	0.0	68	0.1
Not Reported	2	1.2	93	0.1
AGE				
1-28 days	0	0.0	1	0.0
29-365 days	1	0.6	676	0.8
1-4 years	4	2.4	4,424	5.3
5-9	1	0.6	2,190	2.6
10-14	4	2.4	1,445	1.7
15-17	9	5.4	1,547	1.9
18-19	6	3.6	1,332	1.6
20-24	10	6.0	3,956	4.8
25-29	9	5.4	3,597	4.3
30-34	7	4.2	3,646	4.4
35-39	12	7.2	3,979	4.8
40-44	14	8.4	5,080	6.1
45-49	12	7.2	5,823	7.0
50-54	10	6.0	7,153	8.6
55-59	15	9.0	6,610	8.0
60-64	22	13.2	5,923	7.1
65-69	12	7.2	6,534	7.9
70-74	5	3.0	6,663	8.0
75-79	7	4.2	6,158	7.4
80-84	6	3.6	4,165	5.0
85-89	1	0.6	1,721	2.1
90 +	0	0.0	463	0.6
Not Reported	0	0.0	11	0.0
SOURCE OF ADMISSION				
Physician Referral	167	100.0	56,868	68.4
Clinic Referral	0	0.0	1,339	1.6
HMO Referral	0	0.0	6	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	0	0.0
Emergency Room	0	0.0	0	0.0
Court/Law Enforcement	0	0.0	0	0.0
Unknown	0	0.0	8,755	10.5
Not Reported	0	0.0	16,128	19.4

(Continued)

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

423 Coral Desert Surgery Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	167	100.0	50,838	61.2
Another Hospital	0	0.0	37	0.0
Skilled Nursing Facility	0	0.0	3	0.0
Intermediate Care Facility	0	0.0	2	0.0
Another Type of Institution	0	0.0	0	0.0
Under Care of Home Service	0	0.0	0	0.0
Left Against Medical Advice	0	0.0	1	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	32,215	38.8
Not Reported	0	0.0	0	0.0
PRIMARY PAYER				
Medicare	37	22.2	24,729	29.8
Medicaid	0	0.0	4,306	5.2
Other government	1	0.6	1,777	2.1
Blue Cross/Blue Shield	38	22.8	15,655	18.8
Other Commercial	37	22.2	8,759	10.5
Managed Care(HMO, PPO)	33	19.8	23,916	28.8
Self Pay	9	5.4	1,238	1.5
Industrial & Worker Comp	6	3.6	1,959	2.4
Charity and Unclassified	0	0.0	48	0.1
Childrens Health Insurance	0	0.0	258	0.3
Unknown	0	0.0	72	0.1
Not Reported	6	3.6	379	0.5
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	0	0.0	4,272	5.1
Central Utah	1	0.6	1,436	1.7
Davis County	0	0.0	10,298	12.4
Salt Lake County	1	0.6	29,345	35.3
Southeastern Utah	1	0.6	969	1.2
Southwest Utah	135	80.8	4,229	5.1
Summit County	0	0.0	1,461	1.8
Tooele County	0	0.0	1,314	1.6
Tri-County	0	0.0	410	0.5
Utah County	0	0.0	10,259	12.3
Wasatch County	0	0.0	553	0.7
Weber County	0	0.0	14,230	17.1
Unknown Utah	0	0.0	59	0.1
Outside Utah	29	17.4	4,198	5.1
Unknown, Not Reported	0	0.0	63	0.1

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

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

415 Davis Surgical Center

		Procedures Performed		Procedures Performed-All FASCs	
		(#)	(%)	(#)	(%)
Reporting Category(ICD-9-CM CODES)		.	.	44,330	100.0
Mastectomy	(85.0-85.99)	.	.	1,046	2.4
Musculoskeletal	(76.0-84.99)	.	.	7,633	17.2
Respiratory	(30.0-34.99)	.	.	101	0.2
Cardiovascular	(35.0-39.99)	.	.	845	1.9
Lymphatic/Hemetic	(40.0-41.99)	.	.	83	0.2
Digestive System	(42.0-54.99)	.	.	5,672	12.8
Urinary	(55.0-59.99)	.	.	241	0.5
Male Genital	(60.0-64.99)	.	.	151	0.3
Female Genital	(65.0-71.99)	.	.	1,260	2.8
Endocrine/Nervous	(01.0-07.99)	.	.	2,971	6.7
Eye	(08.0-16.99)	.	.	13,860	31.3
Ear	(18.0-20.99)	.	.	2,865	6.5
Nose,Mouth,Pharynx	(21.0-29.99)	.	.	7,602	17.1
Reporting Category(CPT-4 CODES)		7,807	100.0	114,197	100.0
Mastectomy	(19120-19220)	0	0.0	336	0.3
Musculoskeletal	(20000-29909)	1,866	23.9	22,993	20.1
Respiratory	(30000-32999 & 39501-39599)	909	11.6	9,162	8.0
Cardiovascular	(33010-37799 & 93501-93660)	4	0.1	1,196	1.0
Lymphatic/Hemetic	(38100-38999)	13	0.2	174	0.2
Digestive	(40490-49999)	1,498	19.2	39,508	34.6
Urinary	(50010-53899)	24	0.3	1,577	1.4
Male Genital	(54000-55899)	13	0.2	533	0.5
Female Genital	(56405-58999)	1,060	13.6	3,167	2.8
Endocrine/Nervous	(60000-64999)	510	6.5	11,820	10.4
Eye	(65091-68899)	1,131	14.5	18,307	16.0
Ear	(69000-69979)	779	10.0	5,424	4.7

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

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES

415 Davis Surgical Center

ICD-9 CODE	ICD-9 DESCRIPTION	#	%	% ALL FASCs
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All ICD-9 Procedures

Does not report ICDs

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL FASCs
All CPT-4 Procedures				
66984	EXTRACAPSULAR CATARACT REMV IOL	7,807	100.0	100.0
69436	TYMPANOSTOMY GENERAL ANESTHESIA	697	8.9	9.67
58662	LAP SURG; W/FULG/EXCIS LES-OVARY	608	7.8	3.99
42820	T&A; UNDER AGE 12	387	5.0	0.67
58558	HYSTEROSCPY SURG; W/BX &/ POLYPE	268	3.4	1.62
45378	COLONOSCOPY FLEX; DX-SEP PROC	256	3.3	0.43
66821	DISCISSION 2ND CATARACT; LASER S	243	3.1	7.46
30140	SUBMUCOS RES TURBINATE PART/CMPL	227	2.9	1.29
30520	SEPTOPLASTY/SUBMUCOS RES W/GFT	210	2.7	1.82
29881	SCOPE KNEE SURG;W/MENISCECT MED/	175	2.2	1.55
31267	NASL/SINUS ENDO; W/TISS REMV MAX	164	2.1	1.66
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	164	2.1	1.03
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	159	2.0	1.70
43239	UGI ENDO; W/BX 1/MX	153	2.0	0.74
31254	NASAL/SINUS ENDO; W/PART ETHMOEC	153	2.0	5.96
64721	NEUROPLASTY; MEDIAN @ CARPAL TUN	114	1.5	0.36
28296	HALLUX VALGUS; W/METATARSAL OSTE	110	1.4	1.23
28285	CORRECTION HAMMERTOES	102	1.3	0.46
31255	NASAL/SINUS ENDO; W/TOT ETHMOECT	101	1.3	0.86
49505	REPR INIT ING HERNIA 5YR/MORE; R	93	1.2	0.95
		81	1.0	0.66

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

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 AVERAGE TOTAL CHARGES FOR MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES, SINGLE ICD-9 OR CPT-4 ONLY

415 Davis Surgical Center

ICD-9 CODE	ICD-9 DESCRIPTION	#	AVE TOT CHR	AVE TOT CHR(ALL FASCs)
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ICD-9 Procedures

Does not report ICDS

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHR	AVE TOT CHR(ALL FASCs)
CPT-4 Procedures		3,645	\$1,787	\$1,504
66984	EXTRACAPSULAR CATARACT REMV IOL	685	\$2,593	\$2,187
66821	DISCISSION 2ND CATARACT; LASER S	225	\$553	\$604
45378	COLONOSCOPY FLEX; DX-SEP PROC	200	\$899	\$822
42820	T&A; UNDER AGE 12	198	\$1,267	\$1,176
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	153	\$472	\$603
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	129	\$1,282	\$1,154
58662	LAP SURG; W/FULG/EXCIS LES-OVARY	119	\$2,096	\$1,996
29881	SCOPE KNEE SURG;W/MENISCECT MED/	100	\$2,963	\$2,207
43239	UGI ENDO; W/BX 1/MX	82	\$932	\$907
58558	HYSTEROSCPY SURG; W/BX &/ POLYPE	67	\$2,050	\$1,703
64721	NEUROPLASTY; MEDIAN @ CARPAL TUN	59	\$1,018	\$1,141
49505	REPR INIT ING HERNIA 5YR/MORE; R	55	\$1,638	\$1,516
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	52	\$916	\$964
45380	COLONOSCOPY FLEX; W/BX 1/MX	45	\$1,200	\$954
28296	HALLUX VALGUS; W/METATARSAL OSTE	44	\$1,834	\$1,763
58671	LAP SURG; W/OCCLUS OVIDUCTS-DEVI	42	\$2,073	\$1,949
29877	SCOPE KNEE SURG; DEBRID/SHAVE CA	41	\$3,026	\$2,282
20680	REMOVAL OF IMPLANT; DEEP	40	\$1,336	\$1,268
69436	TYMPANOSTOMY GENERAL ANESTHESIA	39	\$1,423	\$1,099
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	35	\$4,686	\$4,975

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

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

415 Davis Surgical Center

Procedure APG category	Procedure APG	TOTAL #	TOTAL # (ALL FASCs)
01	INTEGUMENTARY SYSTEM	75	1,479
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	2	58
	003 COMPLEX INCISION AND DRAINAGE	2	25
	004 SIMPLE INCISION AND DRAINAGE	1	16
	006 SIMPLE DEBRIDEMENT AND DESTRUCTION	4	15
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	38	431
	008 SIMPLE EXCISION AND BIOPSY	26	507
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRANGE	2	91
02	MUSCULOSKELETAL SYSTEM	1,710	20,799
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	204	1,963
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	43	597
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	86	785
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	463	5,579
	025 ARTHROSCOPY	641	8,535
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	5	83
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	72	1,012
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	10	134
	032 BUNION PROCEDURES	128	1,061
	033 ARTHROPLASTY	5	217
	034 HAND AND FOOT TENOTOMY	3	68
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	50	750
03	RESPIRATORY SYSTEM	471	4,215
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	459	4,162
	054 SIMPLE ENDOSCOPY OF THE UPPER AIRWAY	10	38
	055 ENDOSCOPY OF THE LOWER AIRWAY	2	6
04	CARDIOVASCULAR SYSTEM	2	867
	077 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	1	332
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	1	26
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	19	196
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	19	196
06	DIGESTIVE SYSTEM	1,366	34,150
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	1	162
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	172	8,576
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	49	2,444
	117 LOWER GASTROINTESTINAL ENDOSCOPY	398	17,826
	119 HERNIA AND HYDROCELE PROCEDURES	128	1,286
	120 COMPLEX ANAL AND RECTAL PROCEDURES	16	221
	121 SIMPLE ANAL AND RECTAL PROCEDURES	1	67
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	3	13
	123 COMPLEX LAPAROSCOPIC PROCEDURES	598	2,093
07	URINARY SYSTEM	19	1,557
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	10	379
	135 MODERATE CYSTOURETHROSCOPY	4	360
	136 SIMPLE CYSTOURETHROSCOPY	5	92
08	MALE GENITAL SYSTEM	9	483
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	6	335

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

415 Davis Surgical Center

procedure APG category	procedure APG	TOTAL #	TOTAL # (ALL FASCs)
	153 COMPLEX PENILE PROCEDURES	2	22
	154 SIMPLE PENILE PROCEDURES	1	116
09	FEMALE GENITAL SYSTEM	530	1,659
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	44	165
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	127	464
	178 DILATION AND CURETTAGE	26	197
	179 HYSTEROSCOPY	316	785
	180 COLPOSCOPY	17	48
10	NERVOUS SYSTEM	490	11,220
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	276	8,222
	196 REVISION AND REMOVAL OF NEUROLOGICAL DEVICE	2	46
	198 NERVE REPAIR AND DESTRUCTION	212	2,818
11	EYE AND OCULAR ADNEXA	1,127	18,216
	211 MINOR OPHTHALMOLOGICAL TESTS AND PROCEDURES	9	284
	213 LASER EYE PROCEDURES	231	1,586
	214 CATARACT PROCEDURES	711	11,306
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	31	943
	216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	33	637
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	25	501
	218 COMPLEX POSTERIOR SEGMENT EYE PROCEDURES	1	135
	219 SIMPLE POSTERIOR SEGMENT EYE PROCEDURES	1	68
	220 STRABISMUS AND MUSCLE EYE PROCEDURES	24	461
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	32	1,614
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	11	287
	223 VITRECTOMY	18	394
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	1,903	17,966
	233 NASAL CAUTERIZATION AND PACKING	4	64
	234 COMPLEX FACIAL AND ENT PROCEDURES	374	3,135
	235 SIMPLE FACIAL AND ENT PROCEDURES	966	10,613
	236 TONSIL AND ADENOID PROCEDURES	559	4,154
13	THERAPUTIC AND OTHER RADIOLOGICAL PROCEDURES	30	877
	254 MYELOGRAPHY	28	580
	255 MISCELLANEOUS RADIOLOGICAL PROCEDURES WITH CONTRAST	2	10

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

Reportable* excludes codes in the former "Other" category in previous reports.

AMB ST 1-5

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 PROCEDURE APG CATEGORY, PROCEDURE APG, SINGLE APG ONLY
 BASED ON REPORTABLE* CPT-4 PROCEDURES

415 Davis Surgical Center

Procedure APG category	Procedure APG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL FASCs)
01	INTEGUMENTARY SYSTEM	41	\$1,327	\$1,387
	003 COMPLEX INCISION AND DRAINAGE	2	\$987	\$1,193
	004 SIMPLE INCISION AND DRAINAGE	1	\$1,217	\$1,213
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	27	\$1,325	\$1,303
	008 SIMPLE EXCISION AND BIOPSY	11	\$1,404	\$1,151
02	MUSCULOSKELETAL SYSTEM	747	\$2,293	\$2,092
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	65	\$2,044	\$2,347
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	18	\$1,555	\$1,553
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	32	\$2,113	\$2,036
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	200	\$1,521	\$1,457
	025 ARTHROSCOPY	298	\$3,157	\$2,729
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	3	\$953	\$1,387
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	51	\$2,143	\$2,100
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	6	\$965	\$951
	032 BUNION PROCEDURES	58	\$1,855	\$1,756
	033 ARTHROPLASTY	2	\$2,127	\$2,264
	034 HAND AND FOOT TENOTOMY	1	\$1,642	\$1,229
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	13	\$619	\$703
03	RESPIRATORY SYSTEM	14	\$1,439	\$1,390
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	13	\$1,420	\$1,399
	054 SIMPLE ENDOSCOPY OF THE UPPER AIRWAY	1	\$1,691	\$1,795
04	CARDIOVASCULAR SYSTEM	1	\$1,587	\$1,640
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	1	\$1,587	\$1,201
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	19	\$1,574	\$1,371
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	19	\$1,574	\$1,371
06	DIGESTIVE SYSTEM	780	\$1,543	\$998
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	1	\$900	\$501
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	89	\$943	\$848
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	18	\$993	\$798
	117 LOWER GASTROINTESTINAL ENDOSCOPY	324	\$942	\$867
	119 HERNIA AND HYDROCELE PROCEDURES	82	\$1,639	\$1,526
	120 COMPLEX ANAL AND RECTAL PROCEDURES	14	\$1,284	\$1,106
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	2	\$1,342	\$1,125
	123 COMPLEX LAPAROSCOPIC PROCEDURES	250	\$2,563	\$2,687
07	URINARY SYSTEM	7	\$1,931	\$2,020
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	6	\$1,991	\$1,976
	135 MODERATE CYSTOURETHROSCOPY	1	\$1,573	\$1,274
08	MALE GENITAL SYSTEM	4	\$1,708	\$1,627
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	4	\$1,708	\$1,701
09	FEMALE GENITAL SYSTEM	188	\$2,019	\$1,789
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	21	\$2,699	\$2,279
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	44	\$1,140	\$1,124
	178 DILATION AND CURETTAGE	13	\$1,041	\$1,060
	179 HYSTEROSCOPY	99	\$2,452	\$2,161
	180 COLPOSCOPY	11	\$1,492	\$1,701

AMB ST 1-5

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 PROCEDURE APG CATEGORY, PROCEDURE APG, SINGLE APG ONLY
 BASED ON REPORTABLE* CPT-4 PROCEDURES

415 Davis Surgical Center

procedure APG category	Procedure APG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL FASCs)
10	NERVOUS SYSTEM	250	\$732	\$907
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	165	\$483	\$672
	196 REVISION AND REMOVAL OF NEUROLOGICAL DEVICE	2	\$1,310	\$2,348
	198 NERVE REPAIR AND DESTRUCTION	83	\$1,213	\$1,433
11	EYE AND OCULAR ADNEXA	1,000	\$2,054	\$2,053
	211 MINOR OPHTHALMOLOGICAL TESTS AND PROCEDURES	4	\$1,130	\$2,757
	213 LASER EYE PROCEDURES	227	\$553	\$623
	214 CATARACT PROCEDURES	691	\$2,592	\$2,197
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	8	\$1,240	\$2,443
	216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	22	\$1,455	\$1,974
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	14	\$1,716	\$1,745
	219 SIMPLE POSTERIOR SEGMENT EYE PROCEDURES	1	\$1,343	\$1,474
	220 STRABISMUS AND MUSCLE EYE PROCEDURES	3	\$1,900	\$2,559
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	20	\$2,243	\$1,855
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	4	\$1,053	\$1,110
	223 VITRECTOMY	6	\$1,884	\$3,538
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	573	\$1,408	\$1,507
	234 COMPLEX FACIAL AND ENT PROCEDURES	110	\$1,980	\$1,787
	235 SIMPLE FACIAL AND ENT PROCEDURES	83	\$1,318	\$1,738
	236 TONSIL AND ADENOID PROCEDURES	380	\$1,262	\$1,178
13	THERAPUTIC AND OTHER RADIOLOGICAL PROCEDURES	2	\$950	\$1,211
	254 MYELOGRAPHY	2	\$950	\$1,310

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

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

415 Davis Surgical Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
GENDER				
Female	3,112	58.4	46,191	55.6
Male	2,210	41.5	36,744	44.2
Unknown	6	0.1	68	0.1
Not Reported	0	0.0	93	0.1
AGE				
1-28 days	0	0.0	1	0.0
29-365 days	96	1.8	676	0.8
1-4 years	348	6.5	4,424	5.3
5-9	234	4.4	2,190	2.6
10-14	159	3.0	1,445	1.7
15-17	158	3.0	1,547	1.9
18-19	123	2.3	1,332	1.6
20-24	370	6.9	3,956	4.8
25-29	308	5.8	3,597	4.3
30-34	291	5.5	3,646	4.4
35-39	323	6.1	3,979	4.8
40-44	354	6.6	5,080	6.1
45-49	380	7.1	5,823	7.0
50-54	409	7.7	7,153	8.6
55-59	347	6.5	6,610	8.0
60-64	288	5.4	5,923	7.1
65-69	260	4.9	6,534	7.9
70-74	307	5.8	6,663	8.0
75-79	278	5.2	6,158	7.4
80-84	175	3.3	4,165	5.0
85-89	99	1.9	1,721	2.1
90 +	21	0.4	463	0.6
Not Reported	0	0.0	11	0.0
SOURCE OF ADMISSION				
Physician Referral	5,328	100.0	56,868	68.4
Clinic Referral	0	0.0	1,339	1.6
HMO Referral	0	0.0	6	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	0	0.0
Emergency Room	0	0.0	0	0.0
Court/Law Enforcement	0	0.0	0	0.0
Unknown	0	0.0	8,755	10.5
Not Reported	0	0.0	16,128	19.4

(Continued)

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

415 Davis Surgical Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	5,196	97.5	50,838	61.2
Another Hospital	8	0.2	37	0.0
Skilled Nursing Facility	2	0.0	3	0.0
Intermediate Care Facility	2	0.0	2	0.0
Another Type of Institution	0	0.0	0	0.0
Under Care of Home Service	0	0.0	0	0.0
Left Against Medical Advice	0	0.0	1	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	0	0.0	0	0.0
Unknown	120	2.3	32,215	38.8
Not Reported	0	0.0	0	0.0
PRIMARY PAYER				
Medicare	1,082	20.3	24,729	29.8
Medicaid	313	5.9	4,306	5.2
Other government	287	5.4	1,777	2.1
Blue Cross/Blue Shield	1,021	19.2	15,655	18.8
Other Commercial	143	2.7	8,759	10.5
Managed Care(HMO, PPO)	2,159	40.5	23,916	28.8
Self Pay	58	1.1	1,238	1.5
Industrial & Worker Comp	134	2.5	1,959	2.4
Charity and Unclassified	0	0.0	48	0.1
Childrens Health Insurance	129	2.4	258	0.3
Unknown	0	0.0	72	0.1
Not Reported	2	0.0	379	0.5
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	86	1.6	4,272	5.1
Central Utah	4	0.1	1,436	1.7
Davis County	4,034	75.7	10,298	12.4
Salt Lake County	102	1.9	29,345	35.3
Southeastern Utah	5	0.1	969	1.2
Southwest Utah	7	0.1	4,229	5.1
Summit County	3	0.1	1,461	1.8
Tooele County	13	0.2	1,314	1.6
Tri-County	5	0.1	410	0.5
Utah County	16	0.3	10,259	12.3
Wasatch County	2	0.0	553	0.7
Weber County	931	17.5	14,230	17.1
Unknown Utah	5	0.1	59	0.1
Outside Utah	113	2.1	4,198	5.1
Unknown, Not Reported	2	0.0	63	0.1

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

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

418 Healthsouth Park City Surgical Center

Reporting Category (ICD-9-CM CODES)	Procedures Performed		Procedures Performed-All FASCs	
	(#)	(%)	(#)	(%)
Reporting Category (ICD-9-CM CODES)	.	.	44,330	100.0
Mastectomy (85.0-85.99)	.	.	1,046	2.4
Musculoskeletal (76.0-84.99)	.	.	7,633	17.2
Respiratory (30.0-34.99)	.	.	101	0.2
Cardiovascular (35.0-39.99)	.	.	845	1.9
Lymphatic/Hemetic (40.0-41.99)	.	.	83	0.2
Digestive System (42.0-54.99)	.	.	5,672	12.8
Urinary (55.0-59.99)	.	.	241	0.5
Male Genital (60.0-64.99)	.	.	151	0.3
Female Genital (65.0-71.99)	.	.	1,260	2.8
Endocrine/Nervous (01.0-07.99)	.	.	2,971	6.7
Eye (08.0-16.99)	.	.	13,860	31.3
Ear (18.0-20.99)	.	.	2,865	6.5
Nose, Mouth, Pharynx (21.0-29.99)	.	.	7,602	17.1
Reporting Category (CPT-4 CODES)	1,566	100.0	114,197	100.0
Mastectomy (19120-19220)	4	0.3	336	0.3
Musculoskeletal (20000-29909)	768	49.0	22,993	20.1
Respiratory (30000-32999 & 39501-39599)	190	12.1	9,162	8.0
Cardiovascular (33010-37799 & 93501-93660)	7	0.4	1,196	1.0
Lymphatic/Hemetic (38100-38999)	0	0.0	174	0.2
Digestive (40490-49999)	337	21.5	39,508	34.6
Urinary (50010-53899)	0	0.0	1,577	1.4
Male Genital (54000-55899)	1	0.1	533	0.5
Female Genital (56405-58999)	35	2.2	3,167	2.8
Endocrine/Nervous (60000-64999)	164	10.5	11,820	10.4
Eye (65091-68899)	8	0.5	18,307	16.0
Ear (69000-69979)	52	3.3	5,424	4.7

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

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES

418 Healthsouth Park City Surgical Center

ICD-9 CODE	ICD-9 DESCRIPTION	#	%	% ALL FASCs
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All ICD-9 Procedures

Does not report ICDs

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL FASCs
All CPT-4 Procedures				
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	1,566	100.0	100.0
29881	SCOPE KNEE SURG;W/MENISCECT MED/	108	6.9	2.98
29877	SCOPE KNEE SURG; DEBRID/SHAVE CA	106	6.8	1.66
29877	SCOPE KNEE SURG; DEBRID/SHAVE CA	92	5.9	1.06
45380	COLONOSCOPY FLEX; W/BX 1/MX	73	4.7	3.12
29888	ARTHSCPY AIDED ACL REPR/AUG/RECO	70	4.5	0.55
69436	TYMPANOSTOMY GENERAL ANESTHESIA	46	2.9	3.99
29826	SCOPE SHOULDER; DECOMP SUBACROM	45	2.9	0.86
30140	SUBMUCOS RES TURBINATE PART/CMPL	41	2.6	1.82
30520	SEPTOPLASTY/SUBMUCOS RES W/GFT	41	2.6	1.55
30930	FRACTURE NASL TURBINATE THERAPEU	38	2.4	0.20
42820	T&A; UNDER AGE 12	32	2.0	1.62
45378	COLONOSCOPY FLEX; DX-SEP PROC	32	2.0	7.46
29827	SCOPE SHLDR SURG; W/ROTOR CUFF R	31	2.0	0.23
29879	SCOPE KNEE SURG; ABRASION ARTHPL	28	1.8	0.16
29807	SCOPE SHLDR SURG; REPR SLAP LESI	27	1.7	0.17
20680	REMOVAL OF IMPLANT; DEEP	26	1.7	0.83
29880	SCOPE KNEE SURG;W/MENISCECT MED&	25	1.6	0.49
43239	UGI ENDO; W/BX 1/MX	23	1.5	5.96
64483	INJ ANES EPIDURL; LUMB/SAC 1 LEV	23	1.5	1.01
29824	SCOPE SHLDR SURG;DIST CLAVICULEC	20	1.3	0.21

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

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 AVERAGE TOTAL CHARGES FOR MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES, SINGLE ICD-9 OR CPT-4 ONLY

418 Healthsouth Park City Surgical Center

ICD-9 CODE	ICD-9 DESCRIPTION	#	AVE TOT CHR	AVE TOT CHR(ALL FASCs)
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ICD-9 Procedures

Does not report ICDS

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHR	AVE TOT CHR(ALL FASCs)
CPT-4 Procedures				
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	59	\$2,468	\$1,504
69436	TYMPANOSTOMY GENERAL ANESTHESIA	32	\$1,550	\$964
45380	COLONOSCOPY FLEX; W/BX 1/MX	31	\$1,524	\$1,099
45378	COLONOSCOPY FLEX; DX-SEP PROC	30	\$1,248	\$954
42820	T&A; UNDER AGE 12	26	\$1,248	\$822
29877	SCOPE KNEE SURG; DEBRID/SHAVE CA	26	\$2,548	\$1,176
29881	SCOPE KNEE SURG;W/MENISCECT MED/	15	\$3,862	\$2,282
42821	T&A; AGE 12 OR OVER	13	\$3,649	\$2,207
43239	UGI ENDO; W/BX 1/MX	13	\$2,912	\$1,231
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	11	\$1,508	\$907
29848	ENDO WRST SURG REL TRNS CARP LIG	11	\$2,333	\$603
29888	ARTHSCPY AIDED ACL REPR/AUG/RECO	9	\$1,820	\$1,719
20680	REMOVAL OF IMPLANT; DEEP	9	\$7,643	\$5,012
64483	INJ ANES EPIDURL; LUMB/SAC 1 LEV	8	\$2,184	\$1,268
21299	UNLISTED CRANIOFCE&MAXILLOFCE PR	8	\$1,638	\$837
41899	UNLIST PROC DENTOALVEOL STRUCTUR	7	\$2,800	\$1,909
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	7	\$2,800	\$1,918
21320	CLOS TX NASL BONE FRACTURE; W/ST	7	\$2,080	\$1,154
25620	OPEN TX DIST RADIAL FX W/WO FIX	6	\$2,634	\$1,320
29807	SCOPE SHLDR SURG; REPR SLAP LESI	6	\$3,135	\$2,541
		6	\$4,231	\$4,401

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

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

418 Healthsouth Park City Surgical Center

Procedure APG category	Procedure APG	TOTAL #	TOTAL # (ALL FASCs)
01	INTEGUMENTARY SYSTEM	34	1,479
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	4	431
	008 SIMPLE EXCISION AND BIOPSY	12	507
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRANGE	14	91
	011 SIMPLE INCISION AND EXCISION OF BREAST	2	288
	012 BREAST RECONSTRUCTION AND MASTECTOMY	2	48
02	MUSCULOSKELETAL SYSTEM	713	20,799
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	34	1,963
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	8	597
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	7	785
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	73	5,579
	025 ARTHROSCOPY	536	8,535
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	3	83
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	33	1,012
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	1	134
	032 BUNION PROCEDURES	8	1,061
	033 ARTHROPLASTY	3	217
	034 HAND AND FOOT TENOTOMY	1	68
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	6	750
03	RESPIRATORY SYSTEM	43	4,215
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	42	4,162
	054 SIMPLE ENDOSCOPY OF THE UPPER AIRWAY	1	38
04	CARDIOVASCULAR SYSTEM	7	867
	081 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	4	339
	082 VASCULAR LIGATION	3	131
06	DIGESTIVE SYSTEM	258	34,150
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	1	162
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	26	8,576
	117 LOWER GASTROINTESTINAL ENDOSCOPY	226	17,826
	119 HERNIA AND HYDROCELE PROCEDURES	2	1,286
	123 COMPLEX LAPAROSCOPIC PROCEDURES	3	2,093
08	MALE GENITAL SYSTEM	1	483
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	1	335
09	FEMALE GENITAL SYSTEM	32	1,659
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	3	464
	178 DILATION AND CURETTAGE	5	197
	179 HYSTEROSCOPY	17	785
	180 COLPOSCOPY	7	48
10	NERVOUS SYSTEM	156	11,220
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	119	8,222
	196 REVISION AND REMOVAL OF NEUROLOGICAL DEVICE	6	46
	197 NEUROSTIMULATOR AND VENTRICULAR SHUNT IMPLANTATION	18	110
	198 NERVE REPAIR AND DESTRUCTION	13	2,818
11	EYE AND OCULAR ADNEXA	8	18,216
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	3	1,614
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	5	287

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

418 Healthsouth Park City Surgical Center

procedure APG category	procedure APG	TOTAL #	TOTAL # (ALL FASCs)
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	298	17,966
	234 COMPLEX FACIAL AND ENT PROCEDURES	75	3,135
	235 SIMPLE FACIAL AND ENT PROCEDURES	158	10,613
	236 TONSIL AND ADENOID PROCEDURES	65	4,154
13	THERAPUTIC AND OTHER RADIOLOGICAL PROCEDURES	6	877
	254 MYELOGRAPHY	6	580

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

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 PROCEDURE APG CATEGORY, PROCEDURE APG, SINGLE APG ONLY
 BASED ON REPORTABLE* CPT-4 PROCEDURES

418 Healthsouth Park City Surgical Center

Procedure APG category	Procedure APG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL FASCs)
01	INTEGUMENTARY SYSTEM	11	\$2,144	\$1,387
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	3	\$1,941	\$1,303
	008 SIMPLE EXCISION AND BIOPSY	3	\$1,419	\$1,151
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRAN	1	\$4,027	\$3,031
	011 SIMPLE INCISION AND EXCISION OF BREAST	2	\$1,591	\$1,260
	012 BREAST RECONSTRUCTION AND MASTECTOMY	2	\$3,145	\$1,494
02	MUSCULOSKELETAL SYSTEM	171	\$3,301	\$2,092
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	9	\$2,866	\$2,347
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	4	\$1,862	\$1,553
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	2	\$1,522	\$2,036
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	29	\$1,977	\$1,457
	025 ARTHROSCOPY	84	\$4,121	\$2,729
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	3	\$1,922	\$1,387
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	28	\$3,152	\$2,100
	032 BUNION PROCEDURES	8	\$2,727	\$1,756
	033 ARTHROPLASTY	2	\$2,195	\$2,264
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	2	\$2,193	\$703
03	RESPIRATORY SYSTEM	4	\$1,945	\$1,390
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	4	\$1,945	\$1,399
04	CARDIOVASCULAR SYSTEM	3	\$2,165	\$1,640
	082 VASCULAR LIGATION	3	\$2,165	\$1,883
06	DIGESTIVE SYSTEM	135	\$1,440	\$998
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	1	\$600	\$501
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	12	\$1,469	\$848
	117 LOWER GASTROINTESTINAL ENDOSCOPY	120	\$1,396	\$867
	119 HERNIA AND HYDROCELE PROCEDURES	2	\$4,264	\$1,526
08	MALE GENITAL SYSTEM	1	\$124	\$1,627
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	1	\$124	\$1,701
09	FEMALE GENITAL SYSTEM	17	\$2,833	\$1,789
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	3	\$1,234	\$1,124
	178 DILATION AND CURETTAGE	1	\$1,456	\$1,060
	179 HYSTEROSCOPY	11	\$3,112	\$2,161
	180 COLPOSCOPY	2	\$4,389	\$1,701
10	NERVOUS SYSTEM	42	\$2,512	\$907
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	30	\$1,879	\$672
	196 REVISION AND REMOVAL OF NEUROLOGICAL DEVICE	4	\$3,033	\$2,348
	197 NEUROSTIMULATOR AND VENTRICULAR SHUNT IMPLANTATION	5	\$5,707	\$4,416
	198 NERVE REPAIR AND DESTRUCTION	3	\$2,822	\$1,433
11	EYE AND OCULAR ADNEXA	7	\$2,063	\$2,053
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	2	\$2,413	\$1,855
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	5	\$1,924	\$1,110
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	124	\$2,419	\$1,507
	234 COMPLEX FACIAL AND ENT PROCEDURES	18	\$3,506	\$1,787
	235 SIMPLE FACIAL AND ENT PROCEDURES	59	\$1,993	\$1,738
	236 TONSIL AND ADENOID PROCEDURES	47	\$2,538	\$1,178

AMB ST 1-5
 UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 PROCEDURE APG CATEGORY, PROCEDURE APG, SINGLE APG ONLY
 BASED ON REPORTABLE* CPT-4 PROCEDURES

418 Healthsouth Park City Surgical Center

procedure APG category	Procedure APG	TOTAL #	AVE TOT CHRG	AVE TOT CHRG(ALL FASCs)
13	THERAPUTIC AND OTHER RADIOLOGICAL PROCEDURES	1	\$4,022	\$1,211
	254 MYELOGRAPHY	1	\$4,022	\$1,310

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

AMB ST 1-6

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

418 Healthsouth Park City Surgical Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
GENDER				
Female	448	47.9	46,191	55.6
Male	482	51.6	36,744	44.2
Unknown	1	0.1	68	0.1
Not Reported	4	0.4	93	0.1
AGE				
1-28 days	0	0.0	1	0.0
29-365 days	10	1.1	676	0.8
1-4 years	50	5.3	4,424	5.3
5-9	29	3.1	2,190	2.6
10-14	17	1.8	1,445	1.7
15-17	47	5.0	1,547	1.9
18-19	26	2.8	1,332	1.6
20-24	49	5.2	3,956	4.8
25-29	45	4.8	3,597	4.3
30-34	51	5.5	3,646	4.4
35-39	76	8.1	3,979	4.8
40-44	96	10.3	5,080	6.1
45-49	103	11.0	5,823	7.0
50-54	111	11.9	7,153	8.6
55-59	88	9.4	6,610	8.0
60-64	67	7.2	5,923	7.1
65-69	38	4.1	6,534	7.9
70-74	9	1.0	6,663	8.0
75-79	11	1.2	6,158	7.4
80-84	5	0.5	4,165	5.0
85-89	3	0.3	1,721	2.1
90 +	1	0.1	463	0.6
Not Reported	3	0.3	11	0.0
SOURCE OF ADMISSION				
Physician Referral	272	29.1	56,868	68.4
Clinic Referral	0	0.0	1,339	1.6
HMO Referral	0	0.0	6	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	0	0.0
Emergency Room	0	0.0	0	0.0
Court/Law Enforcement	0	0.0	0	0.0
Unknown	663	70.9	8,755	10.5
Not Reported	0	0.0	16,128	19.4

(Continued)

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

418 Healthsouth Park City Surgical Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	935	100.0	50,838	61.2
Another Hospital	0	0.0	37	0.0
Skilled Nursing Facility	0	0.0	3	0.0
Intermediate Care Facility	0	0.0	2	0.0
Another Type of Institution	0	0.0	0	0.0
Under Care of Home Service	0	0.0	0	0.0
Left Against Medical Advice	0	0.0	1	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	32,215	38.8
Not Reported	0	0.0	0	0.0
PRIMARY PAYER				
Medicare	67	7.2	24,729	29.8
Medicaid	30	3.2	4,306	5.2
Other government	5	0.5	1,777	2.1
Blue Cross/Blue Shield	315	33.7	15,655	18.8
Other Commercial	94	10.1	8,759	10.5
Managed Care(HMO, PPO)	343	36.7	23,916	28.8
Self Pay	40	4.3	1,238	1.5
Industrial & Worker Comp	32	3.4	1,959	2.4
Charity and Unclassified	0	0.0	48	0.1
Childrens Health Insurance	0	0.0	258	0.3
Unknown	0	0.0	72	0.1
Not Reported	9	1.0	379	0.5
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	2	0.2	4,272	5.1
Central Utah	2	0.2	1,436	1.7
Davis County	18	1.9	10,298	12.4
Salt Lake County	143	15.3	29,345	35.3
Southeastern Utah	1	0.1	969	1.2
Southwest Utah	1	0.1	4,229	5.1
Summit County	508	54.3	1,461	1.8
Tooele County	8	0.9	1,314	1.6
Tri-County	17	1.8	410	0.5
Utah County	13	1.4	10,259	12.3
Wasatch County	119	12.7	553	0.7
Weber County	4	0.4	14,230	17.1
Unknown Utah	2	0.2	59	0.1
Outside Utah	86	9.2	4,198	5.1
Unknown, Not Reported	11	1.2	63	0.1

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

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

405 Healthsouth Provo Surgical Center

Reporting Category (ICD-9-CM CODES)	Procedures Performed		Procedures Performed-All FASCs	
	(#)	(%)	(#)	(%)
Reporting Category(ICD-9-CM CODES)	.	.	44,330	100.0
Mastectomy (85.0-85.99)	.	.	1,046	2.4
Musculoskeletal (76.0-84.99)	.	.	7,633	17.2
Respiratory (30.0-34.99)	.	.	101	0.2
Cardiovascular (35.0-39.99)	.	.	845	1.9
Lymphatic/Hemetic (40.0-41.99)	.	.	83	0.2
Digestive System (42.0-54.99)	.	.	5,672	12.8
Urinary (55.0-59.99)	.	.	241	0.5
Male Genital (60.0-64.99)	.	.	151	0.3
Female Genital (65.0-71.99)	.	.	1,260	2.8
Endocrine/Nervous (01.0-07.99)	.	.	2,971	6.7
Eye (08.0-16.99)	.	.	13,860	31.3
Ear (18.0-20.99)	.	.	2,865	6.5
Nose, Mouth, Pharynx (21.0-29.99)	.	.	7,602	17.1
Reporting Category(CPT-4 CODES)	2,758	100.0	114,197	100.0
Mastectomy (19120-19220)	21	0.8	336	0.3
Musculoskeletal (20000-29909)	922	33.4	22,993	20.1
Respiratory (30000-32999 & 39501-39599)	324	11.7	9,162	8.0
Cardiovascular (33010-37799 & 93501-93660)	44	1.6	1,196	1.0
Lymphatic/Hemetic (38100-38999)	11	0.4	174	0.2
Digestive (40490-49999)	892	32.3	39,508	34.6
Urinary (50010-53899)	1	0.0	1,577	1.4
Male Genital (54000-55899)	2	0.1	533	0.5
Female Genital (56405-58999)	25	0.9	3,167	2.8
Endocrine/Nervous (60000-64999)	91	3.3	11,820	10.4
Eye (65091-68899)	236	8.6	18,307	16.0
Ear (69000-69979)	189	6.9	5,424	4.7

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

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES

405 Healthsouth Provo Surgical Center

ICD-9 CODE	ICD-9 DESCRIPTION	#	%	% ALL FASCs
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All ICD-9 Procedures

Does not report ICDs

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL FASCs
All CPT-4 Procedures				
41899	UNLIST PROC DENTOALVEOL STRUCTUR	2,758	100.0	100.0
66984	EXTRACAPSULAR CATARACT REMV IOL	659	23.9	1.81
69436	TYMPANOSTOMY GENERAL ANESTHESIA	213	7.7	9.67
28285	CORRECTION HAMMERTOES	145	5.3	3.99
21299	UNLISTED CRANIOFCE&MAXILLOFCE PR	121	4.4	0.86
42820	T&A; UNDER AGE 12	88	3.2	0.46
30520	SEPTOPLASTY/SUBMUCOS RES W/GFT	83	3.0	1.62
29848	ENDO WRST SURG REL TRNS CARP LIG	67	2.4	1.55
30140	SUBMUCOS RES TURBINATE PART/CMPL	61	2.2	0.32
30400	RHINO PRIM; LAT&ALAR CART&/ELEV	53	1.9	1.82
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	53	1.9	0.08
28296	HALLUX VALGUS; W/METATARSAL OSTE	45	1.6	0.74
28080	EXC INTERDIGITL NEUROMA SINGLE EA	37	1.3	0.46
20680	REMOVAL OF IMPLANT; DEEP	35	1.3	0.29
42821	T&A; AGE 12 OR OVER	32	1.2	0.83
30930	FRACTURE NASL TURBINATE THERAPEU	31	1.1	0.59
26055	TENDON SHEATH INCISION	27	1.0	0.20
69300	OTPLSTY PROTRUDING EAR W/NO SZ R	26	0.9	0.68
31267	NASL/SINUS ENDO; W/TISS REMV MAX	23	0.8	0.05
42830	ADENOIDECTOMY PRIMARY; UNDER AGE	22	0.8	1.03
		21	0.8	0.46

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

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 AVERAGE TOTAL CHARGES FOR MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES, SINGLE ICD-9 OR CPT-4 ONLY

405 Healthsouth Provo Surgical Center

ICD-9 CODE	ICD-9 DESCRIPTION	#	AVE TOT CHR	AVE TOT CHR(ALL FASCs)
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ICD-9 Procedures

Does not report ICDS

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHR	AVE TOT CHR(ALL FASCs)
CPT-4 Procedures				
41899	UNLIST PROC DENTOALVEOL STRUCTUR	1,925	\$1,695	\$1,504
66984	EXTRACAPSULAR CATARACT REMV IOL	644	\$1,820	\$1,918
69436	TYMPANOSTOMY GENERAL ANESTHESIA	213	\$2,201	\$2,187
21299	UNLISTED CRANIOFCE&MAXILLOFCE PR	112	\$1,116	\$1,099
42820	T&A; UNDER AGE 12	87	\$1,880	\$1,909
29848	ENDO WRST SURG REL TRNS CARP LIG	66	\$1,248	\$1,176
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	45	\$1,837	\$1,719
30400	RHINO PRIM; LAT&ALAR CART&/ELEV	43	\$1,266	\$1,154
42821	T&A; AGE 12 OR OVER	42	\$1,228	\$1,722
28080	EXC INTERDIGTL NEUROMA SINGLE EA	30	\$1,207	\$1,231
69300	OTPLSTY PROTRUDING EAR W/VO SZ R	24	\$1,597	\$1,413
20680	REMOVAL OF IMPLANT; DEEP	20	\$860	\$895
28296	HALLUX VALGUS; W/METATARSAL OSTE	18	\$1,391	\$1,268
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	17	\$2,119	\$1,763
28285	CORRECTION HAMMERTOES	17	\$350	\$603
62310	INJ 1 NOT NEUROLYTIC-EPID;CERV/T	16	\$1,653	\$1,444
30410	RHINO PRIM; CMLPT EXTERNAL PARTS	14	\$350	\$620
64450	INJ ANES AGT; OTH PERIPH NERVE/B	13	\$1,000	\$1,113
21320	CLOS TX NASL BONE FRACTURE; W/ST	12	\$350	\$350
26615	OPEN TX MC FX 1 W/VO INTRL/EXT F	11	\$1,107	\$1,320
		11	\$2,249	\$2,057

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

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

405 Healthsouth Provo Surgical Center

Procedure APG category	Procedure APG	TOTAL #	TOTAL # (ALL FASCs)
01	INTEGUMENTARY SYSTEM	67	1,479
	003 COMPLEX INCISION AND DRAINAGE	4	25
	004 SIMPLE INCISION AND DRAINAGE	2	16
	006 SIMPLE DEBRIDEMENT AND DESTRUCTION	2	15
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	16	431
	008 SIMPLE EXCISION AND BIOPSY	19	507
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRANGE	3	91
	011 SIMPLE INCISION AND EXCISION OF BREAST	11	288
	012 BREAST RECONSTRUCTION AND MASTECTOMY	10	48
02	MUSCULOSKELETAL SYSTEM	752	20,799
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	17	1,963
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	5	597
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	65	785
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	428	5,579
	025 ARTHROSCOPY	67	8,535
	028 CLOSED TREATMENT FX & DISLOCATION OF FINGER, TOE & TRUNK	2	12
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	6	83
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	64	1,012
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	2	134
	032 BUNION PROCEDURES	70	1,061
	034 HAND AND FOOT TENOTOMY	5	68
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	21	750
03	RESPIRATORY SYSTEM	84	4,215
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	83	4,162
	054 SIMPLE ENDOSCOPY OF THE UPPER AIRWAY	1	38
04	CARDIOVASCULAR SYSTEM	42	867
	077 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	1	332
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	1	26
	080 MINOR VASCULAR REPAIR AND FISTULA CONSTRUCTION	2	38
	081 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	11	339
	082 VASCULAR LIGATION	27	131
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	9	196
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	9	196
06	DIGESTIVE SYSTEM	20	34,150
	119 HERNIA AND HYDROCELE PROCEDURES	16	1,286
	123 COMPLEX LAPAROSCOPIC PROCEDURES	4	2,093
07	URINARY SYSTEM	1	1,557
	138 SIMPLE URETHRAL PROCEDURES	1	23
08	MALE GENITAL SYSTEM	2	483
	154 SIMPLE PENILE PROCEDURES	2	116
09	FEMALE GENITAL SYSTEM	17	1,659
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	5	165
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	1	464
	178 DILATION AND CURETTAGE	2	197
	179 HYSTEROSCOPY	9	785
10	NERVOUS SYSTEM	99	11,220

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

405 Healthsouth Provo Surgical Center

procedure APG category	procedure APG	TOTAL #	TOTAL # (ALL FASCs)
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	44	8,222
	198 NERVE REPAIR AND DESTRUCTION	55	2,818
11	EYE AND OCULAR ADNEXA	236	18,216
	214 CATARACT PROCEDURES	215	11,306
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	1	943
	216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	1	637
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	5	501
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	13	1,614
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	1	287
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	1,412	17,966
	234 COMPLEX FACIAL AND ENT PROCEDURES	201	3,135
	235 SIMPLE FACIAL AND ENT PROCEDURES	1,026	10,613
	236 TONSIL AND ADENOID PROCEDURES	185	4,154

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

Reportable* excludes codes in the former "Other" category in previous reports.

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 PROCEDURE APG CATEGORY, PROCEDURE APG, SINGLE APG ONLY
 BASED ON REPORTABLE* CPT-4 PROCEDURES

405 Healthsouth Provo Surgical Center

Procedure APG category	Procedure APG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL FASCs)
01	INTEGUMENTARY SYSTEM	56	\$1,382	\$1,387
	003 COMPLEX INCISION AND DRAINAGE	4	\$1,188	\$1,193
	004 SIMPLE INCISION AND DRAINAGE	2	\$1,414	\$1,213
	006 SIMPLE DEBRIDEMENT AND DESTRUCTION	2	\$1,000	\$1,269
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	12	\$1,553	\$1,303
	008 SIMPLE EXCISION AND BIOPSY	15	\$1,270	\$1,151
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRAN	2	\$1,500	\$3,031
	011 SIMPLE INCISION AND EXCISION OF BREAST	10	\$1,886	\$1,260
	012 BREAST RECONSTRUCTION AND MASTECTOMY	9	\$918	\$1,494
02	MUSCULOSKELETAL SYSTEM	358	\$1,746	\$2,092
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	8	\$2,025	\$2,347
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	3	\$1,650	\$1,553
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	30	\$2,222	\$2,036
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	166	\$1,619	\$1,457
	025 ARTHROSCOPY	47	\$1,862	\$2,729
	028 CLOSED TREATMENT FX & DISLOCATION OF FINGER, TOE & TRUNK	2	\$1,500	\$1,486
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	4	\$1,306	\$1,387
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	38	\$2,033	\$2,100
	032 BUNION PROCEDURES	40	\$2,216	\$1,756
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	20	\$350	\$703
03	RESPIRATORY SYSTEM	8	\$1,644	\$1,390
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	8	\$1,644	\$1,399
04	CARDIOVASCULAR SYSTEM	19	\$1,904	\$1,640
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	1	\$2,325	\$1,201
	081 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	6	\$1,516	\$1,551
	082 VASCULAR LIGATION	12	\$2,063	\$1,883
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	9	\$1,856	\$1,371
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	9	\$1,856	\$1,371
06	DIGESTIVE SYSTEM	18	\$2,423	\$998
	119 HERNIA AND HYDROCELE PROCEDURES	14	\$2,611	\$1,526
	123 COMPLEX LAPAROSCOPIC PROCEDURES	4	\$1,763	\$2,687
07	URINARY SYSTEM	1	\$1,500	\$2,020
	138 SIMPLE URETHRAL PROCEDURES	1	\$1,500	\$1,120
09	FEMALE GENITAL SYSTEM	15	\$2,307	\$1,789
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	5	\$3,201	\$2,279
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	1	\$1,100	\$1,124
	178 DILATION AND CURETTAGE	1	\$2,478	\$1,060
	179 HYSTEROSCOPY	8	\$1,878	\$2,161
10	NERVOUS SYSTEM	67	\$872	\$907
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	44	\$350	\$672
	198 NERVE REPAIR AND DESTRUCTION	23	\$1,871	\$1,433
11	EYE AND OCULAR ADNEXA	232	\$2,180	\$2,053
	214 CATARACT PROCEDURES	215	\$2,194	\$2,197
	216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	1	\$1,500	\$1,974
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	5	\$1,535	\$1,745

AMB ST 1-5
 UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 PROCEDURE APG CATEGORY, PROCEDURE APG, SINGLE APG ONLY
 BASED ON REPORTABLE* CPT-4 PROCEDURES

405 Healthsouth Provo Surgical Center

procedure APG category	Procedure APG	TOTAL #	AVE TOT CHRG	AVE TOT CHRG(ALL FASCs)
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	10	\$2,410	\$1,855
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	1	\$625	\$1,110
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	1,131	\$1,616	\$1,507
	234 COMPLEX FACIAL AND ENT PROCEDURES	107	\$1,346	\$1,787
	235 SIMPLE FACIAL AND ENT PROCEDURES	881	\$1,710	\$1,738
	236 TONSIL AND ADENOID PROCEDURES	143	\$1,243	\$1,178

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

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

405 Healthsouth Provo Surgical Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
GENDER				
Female	1,209	53.5	46,191	55.6
Male	1,033	45.7	36,744	44.2
Unknown	4	0.2	68	0.1
Not Reported	14	0.6	93	0.1
AGE				
1-28 days	0	0.0	1	0.0
29-365 days	37	1.6	676	0.8
1-4 years	701	31.0	4,424	5.3
5-9	187	8.3	2,190	2.6
10-14	80	3.5	1,445	1.7
15-17	59	2.6	1,547	1.9
18-19	57	2.5	1,332	1.6
20-24	133	5.9	3,956	4.8
25-29	81	3.6	3,597	4.3
30-34	88	3.9	3,646	4.4
35-39	99	4.4	3,979	4.8
40-44	113	5.0	5,080	6.1
45-49	107	4.7	5,823	7.0
50-54	78	3.5	7,153	8.6
55-59	68	3.0	6,610	8.0
60-64	65	2.9	5,923	7.1
65-69	91	4.0	6,534	7.9
70-74	82	3.6	6,663	8.0
75-79	66	2.9	6,158	7.4
80-84	40	1.8	4,165	5.0
85-89	21	0.9	1,721	2.1
90 +	7	0.3	463	0.6
Not Reported	0	0.0	11	0.0
SOURCE OF ADMISSION				
Physician Referral	367	16.2	56,868	68.4
Clinic Referral	0	0.0	1,339	1.6
HMO Referral	0	0.0	6	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	0	0.0
Emergency Room	0	0.0	0	0.0
Court/Law Enforcement	0	0.0	0	0.0
Unknown	1,893	83.8	8,755	10.5
Not Reported	0	0.0	16,128	19.4

(Continued)

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

405 Healthsouth Provo Surgical Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	2,260	100.0	50,838	61.2
Another Hospital	0	0.0	37	0.0
Skilled Nursing Facility	0	0.0	3	0.0
Intermediate Care Facility	0	0.0	2	0.0
Another Type of Institution	0	0.0	0	0.0
Under Care of Home Service	0	0.0	0	0.0
Left Against Medical Advice	0	0.0	1	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	32,215	38.8
Not Reported	0	0.0	0	0.0
PRIMARY PAYER				
Medicare	314	13.9	24,729	29.8
Medicaid	487	21.5	4,306	5.2
Other government	21	0.9	1,777	2.1
Blue Cross/Blue Shield	410	18.1	15,655	18.8
Other Commercial	313	13.8	8,759	10.5
Managed Care(HMO, PPO)	568	25.1	23,916	28.8
Self Pay	80	3.5	1,238	1.5
Industrial & Worker Comp	60	2.7	1,959	2.4
Charity and Unclassified	0	0.0	48	0.1
Childrens Health Insurance	0	0.0	258	0.3
Unknown	0	0.0	72	0.1
Not Reported	7	0.3	379	0.5
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	3	0.1	4,272	5.1
Central Utah	206	9.1	1,436	1.7
Davis County	4	0.2	10,298	12.4
Salt Lake County	78	3.5	29,345	35.3
Southeastern Utah	226	10.0	969	1.2
Southwest Utah	15	0.7	4,229	5.1
Summit County	7	0.3	1,461	1.8
Tooele County	5	0.2	1,314	1.6
Tri-County	49	2.2	410	0.5
Utah County	1,547	68.5	10,259	12.3
Wasatch County	41	1.8	553	0.7
Weber County	0	0.0	14,230	17.1
Unknown Utah	7	0.3	59	0.1
Outside Utah	51	2.3	4,198	5.1
Unknown, Not Reported	21	0.9	63	0.1

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

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

405 Healthsouth Provo Surgical Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	2,260	100.0	50,838	61.2
Another Hospital	0	0.0	37	0.0
Skilled Nursing Facility	0	0.0	3	0.0
Intermediate Care Facility	0	0.0	2	0.0
Another Type of Institution	0	0.0	0	0.0
Under Care of Home Service	0	0.0	0	0.0
Left Against Medical Advice	0	0.0	1	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	32,215	38.8
Not Reported	0	0.0	0	0.0
PRIMARY PAYER				
Medicare	314	13.9	24,729	29.8
Medicaid	487	21.5	4,306	5.2
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Southwest Utah	15	0.7	4,229	5.1
Summit County	7	0.3	1,461	1.8
Tooele County	5	0.2	1,314	1.6
Tri-County	49	2.2	410	0.5
Utah County	1,547	68.5	10,259	12.3
Wasatch County	41	1.8	553	0.7
Weber County	0	0.0	14,230	17.1
Unknown Utah	7	0.3	59	0.1
Outside Utah	51	2.3	4,198	5.1
Unknown, Not Reported	21	0.9	63	0.1

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

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

407 Healthsouth Salt Lake Surgical Center

Reporting Category (ICD-9-CM CODES)	Procedures Performed		Procedures Performed-All FASCs	
	(#)	(%)	(#)	(%)
Reporting Category (ICD-9-CM CODES)	.	.	44,330	100.0
Mastectomy (85.0-85.99)	.	.	1,046	2.4
Musculoskeletal (76.0-84.99)	.	.	7,633	17.2
Respiratory (30.0-34.99)	.	.	101	0.2
Cardiovascular (35.0-39.99)	.	.	845	1.9
Lymphatic/Hemetic (40.0-41.99)	.	.	83	0.2
Digestive System (42.0-54.99)	.	.	5,672	12.8
Urinary (55.0-59.99)	.	.	241	0.5
Male Genital (60.0-64.99)	.	.	151	0.3
Female Genital (65.0-71.99)	.	.	1,260	2.8
Endocrine/Nervous (01.0-07.99)	.	.	2,971	6.7
Eye (08.0-16.99)	.	.	13,860	31.3
Ear (18.0-20.99)	.	.	2,865	6.5
Nose, Mouth, Pharynx (21.0-29.99)	.	.	7,602	17.1
Reporting Category (CPT-4 CODES)	9,228	100.0	114,197	100.0
Mastectomy (19120-19220)	7	0.1	336	0.3
Musculoskeletal (20000-29909)	1,408	15.3	22,993	20.1
Respiratory (30000-32999 & 39501-39599)	1,038	11.2	9,162	8.0
Cardiovascular (33010-37799 & 93501-93660)	1	0.0	1,196	1.0
Lymphatic/Hemetic (38100-38999)	3	0.0	174	0.2
Digestive (40490-49999)	1,372	14.9	39,508	34.6
Urinary (50010-53899)	209	2.3	1,577	1.4
Male Genital (54000-55899)	74	0.8	533	0.5
Female Genital (56405-58999)	36	0.4	3,167	2.8
Endocrine/Nervous (60000-64999)	3,859	41.8	11,820	10.4
Eye (65091-68899)	740	8.0	18,307	16.0
Ear (69000-69979)	481	5.2	5,424	4.7

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics.

Reportable* excludes codes in the former "Other" category in previous reports.

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES

407 Healthsouth Salt Lake Surgical Center

ICD-9 CODE	ICD-9 DESCRIPTION	#	%	% ALL FASCs
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All ICD-9 Procedures

Does not report ICDs

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL FASCs
All CPT-4 Procedures		9,228	100.0	100.0
41899	UNLIST PROC DENTOALVEOL STRUCTUR	963	10.4	1.81
64483	INJ ANES EPIDURL; LUMB/SAC 1 LEV	550	6.0	1.01
66984	EXTRACAPSULAR CATARACT REMV IOL	439	4.8	9.67
69436	TYMPANOSTOMY GENERAL ANESTHESIA	419	4.5	3.99
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	413	4.5	1.70
64623	DESTRUC FACET JT NRV; L/S-EA AD	399	4.3	0.64
64476	INJ ANES FACET JT; LUMB/SAC-EA A	308	3.3	0.76
30140	SUBMUCOS RES TURBINATE PART/CMPL	297	3.2	1.82
64472	INJ ANES FACET JT; CERV/THOR-EA	261	2.8	0.54
64484	INJ ANES EPIDURL; LUMB/SAC-EA AD	250	2.7	0.40
64475	INJ ANES FACET JT; LUMB/SAC-1LEV	235	2.5	0.52
62290	INJ PROC DISKOGRAPHY EA LEVL; LU	227	2.5	0.51
64622	DESTRUC FACET JT NRV; L/S-1 LEVE	198	2.1	0.32
62310	INJ 1 NOT NEUROLYTIC-EPID;CERV/T	180	2.0	0.48
30520	SEPTOPLASTY/SUBMUCOS RES W/GFT	173	1.9	1.55
21299	UNLISTED CRANIOFCE&MAXILLOFCE PR	172	1.9	0.46
27096	INJ SI JNT ARTHRGRPH &/ANES/STER	167	1.8	0.36
64470	INJ ANES FACET JT; CERV/THOR-1LE	152	1.6	0.30
28285	CORRECTION HAMMERTOES	146	1.6	0.86
64627	DESTRUC FACET NRV; CRV/THOR-EA A	138	1.5	0.34

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

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 AVERAGE TOTAL CHARGES FOR MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES, SINGLE ICD-9 OR CPT-4 ONLY

407 Healthsouth Salt Lake Surgical Center

ICD-9 CODE	ICD-9 DESCRIPTION	#	AVE TOT CHR	AVE TOT CHR(ALL FASCs)
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ICD-9 Procedures

Does not report ICDS

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHR	AVE TOT CHR(ALL FASCs)
CPT-4 Procedures		3,407	\$1,920	\$1,504
41899	UNLIST PROC DENTOALVEOL STRUCTUR	953	\$2,179	\$1,918
66984	EXTRACAPSULAR CATARACT REMV IOL	433	\$2,835	\$2,187
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	255	\$919	\$603
64483	INJ ANES EPIDURL; LUMB/SAC 1 LEV	176	\$986	\$837
21299	UNLISTED CRANIOFCE&MAXILLOFCE PR	171	\$2,177	\$1,909
62310	INJ 1 NOT NEUROLYTIC-EPID;CERV/T	111	\$976	\$620
50590	LITHOTRIPSY XTRACORP SHOCK WAVE	110	\$1,815	\$2,383
42820	T&A; UNDER AGE 12	98	\$1,458	\$1,176
28299	CORR HALLUX VALGUS; DBL OSTEOT	73	\$1,292	\$1,585
42821	T&A; AGE 12 OR OVER	61	\$1,940	\$1,231
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	60	\$1,537	\$1,154
28296	HALLUX VALGUS; W/METATARSAL OSTE	29	\$1,477	\$1,763
28080	EXC INTERDIGTL NEUROMA SINGLE EA	28	\$1,926	\$1,413
64520	INJECTION ANES AGT; LUMBAR/THOR	27	\$857	\$761
27096	INJ SI JNT ARTHRGRPH &/ANES/STER	26	\$1,002	\$749
64510	INJECTION ANES AGT; STELLATE GAN	25	\$1,014	\$734
64721	NEUROPLASTY; MEDIAN @ CARPAL TUN	23	\$1,264	\$1,141
28285	CORRECTION HAMMERTOES	22	\$914	\$1,444
65730	KERATOPLASTY; PENETRATING	22	\$5,772	\$5,158
28119	OSTEC CALCAN; SPUR W/O PLANTAR	21	\$2,487	\$1,757

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

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

407 Healthsouth Salt Lake Surgical Center

Procedure APG category	Procedure APG	TOTAL #	TOTAL # (ALL FASCs)
01	INTEGUMENTARY SYSTEM	42	1,479
	003 COMPLEX INCISION AND DRAINAGE	1	25
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	8	431
	008 SIMPLE EXCISION AND BIOPSY	12	507
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRANGE	14	91
	011 SIMPLE INCISION AND EXCISION OF BREAST	4	288
	012 BREAST RECONSTRUCTION AND MASTECTOMY	3	48
02	MUSCULOSKELETAL SYSTEM	1,142	20,799
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	96	1,963
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	14	597
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	31	785
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	417	5,579
	025 ARTHROSCOPY	149	8,535
	028 CLOSED TREATMENT FX & DISLOCATION OF FINGER, TOE & TRUNK	2	12
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	1	83
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	29	1,012
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	15	134
	032 BUNION PROCEDURES	198	1,061
	033 ARTHROPLASTY	2	217
	034 HAND AND FOOT TENOTOMY	4	68
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	184	750
03	RESPIRATORY SYSTEM	414	4,215
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	411	4,162
	054 SIMPLE ENDOSCOPY OF THE UPPER AIRWAY	3	38
04	CARDIOVASCULAR SYSTEM	1	867
	082 VASCULAR LIGATION	1	131
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	5	196
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	5	196
06	DIGESTIVE SYSTEM	55	34,150
	119 HERNIA AND HYDROCELE PROCEDURES	19	1,286
	123 COMPLEX LAPAROSCOPIC PROCEDURES	36	2,093
07	URINARY SYSTEM	209	1,557
	131 RENAL EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	115	673
	133 URINARY CATHETERIZATION AND DILATATION	2	11
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	33	379
	135 MODERATE CYSTOURETHROSCOPY	45	360
	136 SIMPLE CYSTOURETHROSCOPY	7	92
	137 COMPLEX URETHRAL PROCEDURES	5	19
	138 SIMPLE URETHRAL PROCEDURES	2	23
08	MALE GENITAL SYSTEM	66	483
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	47	335
	153 COMPLEX PENILE PROCEDURES	1	22
	154 SIMPLE PENILE PROCEDURES	17	116
	155 PROSTATE NEEDLE AND PUNCH BIOPSY	1	9
09	FEMALE GENITAL SYSTEM	12	1,659
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	2	165

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

407 Healthsouth Salt Lake Surgical Center

procedure APG category	procedure APG	TOTAL #	TOTAL # (ALL FASCs)
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	4	464
	178 DILATION AND CURETTAGE	3	197
	179 HYSTEROSCOPY	3	785
10	NERVOUS SYSTEM	3,633	11,220
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	3,228	8,222
	196 REVISION AND REMOVAL OF NEUROLOGICAL DEVICE	18	46
	197 NEUROSTIMULATOR AND VENTRICULAR SHUNT IMPLANTATION	57	110
	198 NERVE REPAIR AND DESTRUCTION	329	2,818
	199 SPINAL TAP	1	24
11	EYE AND OCULAR ADNEXA	739	18,216
	213 LASER EYE PROCEDURES	1	1,586
	214 CATARACT PROCEDURES	451	11,306
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	40	943
	216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	14	637
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	3	501
	220 STRABISMUS AND MUSCLE EYE PROCEDURES	112	461
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	103	1,614
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	10	287
	223 VITRECTOMY	5	394
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	2,654	17,966
	233 NASAL CAUTERIZATION AND PACKING	4	64
	234 COMPLEX FACIAL AND ENT PROCEDURES	307	3,135
	235 SIMPLE FACIAL AND ENT PROCEDURES	2,015	10,613
	236 TONSIL AND ADENOID PROCEDURES	328	4,154
13	THERAPUTIC AND OTHER RADIOLOGICAL PROCEDURES	229	877
	254 MYELOGRAPHY	227	580
	255 MISCELLANEOUS RADIOLOGICAL PROCEDURES WITH CONTRAST	2	10

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

Reportable* excludes codes in the former "Other" category in previous reports.

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 PROCEDURE APG CATEGORY, PROCEDURE APG, SINGLE APG ONLY
 BASED ON REPORTABLE* CPT-4 PROCEDURES

407 Healthsouth Salt Lake Surgical Center

Procedure APG category	Procedure APG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL FASCs)
01	INTEGUMENTARY SYSTEM	20	\$2,031	\$1,387
	003 COMPLEX INCISION AND DRAINAGE	1	\$1,323	\$1,193
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	7	\$1,831	\$1,303
	008 SIMPLE EXCISION AND BIOPSY	5	\$1,827	\$1,151
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRAN	2	\$2,609	\$3,031
	011 SIMPLE INCISION AND EXCISION OF BREAST	4	\$2,705	\$1,260
	012 BREAST RECONSTRUCTION AND MASTECTOMY	1	\$1,310	\$1,494
02	MUSCULOSKELETAL SYSTEM	369	\$1,657	\$2,092
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	17	\$2,373	\$2,347
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	5	\$1,632	\$1,553
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	7	\$2,835	\$2,036
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	141	\$1,791	\$1,457
	025 ARTHROSCOPY	28	\$2,318	\$2,729
	028 CLOSED TREATMENT FX & DISLOCATION OF FINGER, TOE & TRUNK	2	\$1,405	\$1,486
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	1	\$1,020	\$1,387
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	11	\$1,878	\$2,100
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	12	\$903	\$951
	032 BUNION PROCEDURES	112	\$1,394	\$1,756
	033 ARTHROPLASTY	1	\$3,988	\$2,264
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	32	\$951	\$703
03	RESPIRATORY SYSTEM	8	\$1,965	\$1,390
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	7	\$1,951	\$1,399
	054 SIMPLE ENDOSCOPY OF THE UPPER AIRWAY	1	\$2,065	\$1,795
04	CARDIOVASCULAR SYSTEM	1	\$1,565	\$1,640
	082 VASCULAR LIGATION	1	\$1,565	\$1,883
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	5	\$1,925	\$1,371
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	5	\$1,925	\$1,371
06	DIGESTIVE SYSTEM	50	\$2,488	\$998
	119 HERNIA AND HYDROCELE PROCEDURES	17	\$1,894	\$1,526
	123 COMPLEX LAPAROSCOPIC PROCEDURES	33	\$2,794	\$2,687
07	URINARY SYSTEM	177	\$1,696	\$2,020
	131 RENAL EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	110	\$1,815	\$2,379
	133 URINARY CATHETERIZATION AND DILATATION	1	\$1,292	\$1,650
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	23	\$1,511	\$1,976
	135 MODERATE CYSTOURETHROSCOPY	33	\$1,537	\$1,274
	136 SIMPLE CYSTOURETHROSCOPY	4	\$1,178	\$959
	137 COMPLEX URETHRAL PROCEDURES	5	\$1,509	\$1,533
	138 SIMPLE URETHRAL PROCEDURES	1	\$1,409	\$1,120
08	MALE GENITAL SYSTEM	50	\$1,772	\$1,627
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	34	\$1,992	\$1,701
	153 COMPLEX PENILE PROCEDURES	1	\$2,067	\$2,111
	154 SIMPLE PENILE PROCEDURES	14	\$1,218	\$1,192
	155 PROSTATE NEEDLE AND PUNCH BIOPSY	1	\$1,770	\$4,128
09	FEMALE GENITAL SYSTEM	6	\$1,698	\$1,789
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	1	\$1,643	\$2,279

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 PROCEDURE APG CATEGORY, PROCEDURE APG, SINGLE APG ONLY
 BASED ON REPORTABLE* CPT-4 PROCEDURES

407 Healthsouth Salt Lake Surgical Center

procedure APG category	Procedure APG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL FASCs)
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	3	\$1,606	\$1,124
	178 DILATION AND CURETTAGE	1	\$1,475	\$1,060
	179 HYSTEROSCOPY	1	\$2,252	\$2,161
10	NERVOUS SYSTEM	735	\$1,111	\$907
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	667	\$978	\$672
	196 REVISION AND REMOVAL OF NEUROLOGICAL DEVICE	6	\$3,547	\$2,348
	197 NEUROSTIMULATOR AND VENTRICULAR SHUNT IMPLANTATION	9	\$5,210	\$4,416
	198 NERVE REPAIR AND DESTRUCTION	52	\$1,836	\$1,433
	199 SPINAL TAP	1	\$567	\$384
11	EYE AND OCULAR ADNEXA	520	\$2,946	\$2,053
	214 CATARACT PROCEDURES	440	\$2,832	\$2,197
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	34	\$5,540	\$2,443
	216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	9	\$2,033	\$1,974
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	2	\$1,985	\$1,745
	220 STRABISMUS AND MUSCLE EYE PROCEDURES	10	\$2,180	\$2,559
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	22	\$2,234	\$1,855
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	2	\$1,032	\$1,110
	223 VITRECTOMY	1	\$2,434	\$3,538
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	1,461	\$2,041	\$1,507
	233 NASAL CAUTERIZATION AND PACKING	1	\$1,260	\$1,418
	234 COMPLEX FACIAL AND ENT PROCEDURES	50	\$1,864	\$1,787
	235 SIMPLE FACIAL AND ENT PROCEDURES	1,176	\$2,137	\$1,738
	236 TONSIL AND ADENOID PROCEDURES	234	\$1,601	\$1,178
13	THERAPUTIC AND OTHER RADIOLOGICAL PROCEDURES	2	\$693	\$1,211
	254 MYELOGRAPHY	2	\$693	\$1,310

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

Reportable* excludes codes in the former "Other" category in previous reports.

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

407 Healthsouth Salt Lake Surgical Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
GENDER				
Female	2,850	54.5	46,191	55.6
Male	2,359	45.1	36,744	44.2
Unknown	1	0.0	68	0.1
Not Reported	15	0.3	93	0.1
AGE				
1-28 days	0	0.0	1	0.0
29-365 days	62	1.2	676	0.8
1-4 years	961	18.4	4,424	5.3
5-9	374	7.2	2,190	2.6
10-14	106	2.0	1,445	1.7
15-17	78	1.5	1,547	1.9
18-19	59	1.1	1,332	1.6
20-24	206	3.9	3,956	4.8
25-29	211	4.0	3,597	4.3
30-34	272	5.2	3,646	4.4
35-39	307	5.9	3,979	4.8
40-44	356	6.8	5,080	6.1
45-49	357	6.8	5,823	7.0
50-54	357	6.8	7,153	8.6
55-59	273	5.2	6,610	8.0
60-64	240	4.6	5,923	7.1
65-69	244	4.7	6,534	7.9
70-74	249	4.8	6,663	8.0
75-79	247	4.7	6,158	7.4
80-84	176	3.4	4,165	5.0
85-89	75	1.4	1,721	2.1
90 +	15	0.3	463	0.6
Not Reported	0	0.0	11	0.0
SOURCE OF ADMISSION				
Physician Referral	730	14.0	56,868	68.4
Clinic Referral	0	0.0	1,339	1.6
HMO Referral	0	0.0	6	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	0	0.0
Emergency Room	0	0.0	0	0.0
Court/Law Enforcement	0	0.0	0	0.0
Unknown	4,495	86.0	8,755	10.5
Not Reported	0	0.0	16,128	19.4

(Continued)

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

407 Healthsouth Salt Lake Surgical Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	5,225	100.0	50,838	61.2
Another Hospital	0	0.0	37	0.0
Skilled Nursing Facility	0	0.0	3	0.0
Intermediate Care Facility	0	0.0	2	0.0
Another Type of Institution	0	0.0	0	0.0
Under Care of Home Service	0	0.0	0	0.0
Left Against Medical Advice	0	0.0	1	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	32,215	38.8
Not Reported	0	0.0	0	0.0
PRIMARY PAYER				
Medicare	1,032	19.8	24,729	29.8
Medicaid	900	17.2	4,306	5.2
Other government	104	2.0	1,777	2.1
Blue Cross/Blue Shield	1,271	24.3	15,655	18.8
Other Commercial	627	12.0	8,759	10.5
Managed Care(HMO, PPO)	1,096	21.0	23,916	28.8
Self Pay	60	1.1	1,238	1.5
Industrial & Worker Comp	121	2.3	1,959	2.4
Charity and Unclassified	0	0.0	48	0.1
Childrens Health Insurance	0	0.0	258	0.3
Unknown	0	0.0	72	0.1
Not Reported	14	0.3	379	0.5
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	38	0.7	4,272	5.1
Central Utah	30	0.6	1,436	1.7
Davis County	280	5.4	10,298	12.4
Salt Lake County	3,935	75.3	29,345	35.3
Southeastern Utah	21	0.4	969	1.2
Southwest Utah	16	0.3	4,229	5.1
Summit County	78	1.5	1,461	1.8
Tooele County	252	4.8	1,314	1.6
Tri-County	110	2.1	410	0.5
Utah County	100	1.9	10,259	12.3
Wasatch County	26	0.5	553	0.7
Weber County	73	1.4	14,230	17.1
Unknown Utah	3	0.1	59	0.1
Outside Utah	263	5.0	4,198	5.1
Unknown, Not Reported	0	0.0	63	0.1

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

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

403 Intermountain Surgical Center

Reporting Category (ICD-9-CM CODES)	Procedures Performed		Procedures Performed-All FASCs	
	(#)	(%)	(#)	(%)
Reporting Category (ICD-9-CM CODES)	12,500	100.0	44,330	100.0
Mastectomy (85.0-85.99)	633	5.1	1,046	2.4
Musculoskeletal (76.0-84.99)	1,562	12.5	7,633	17.2
Respiratory (30.0-34.99)	36	0.3	101	0.2
Cardiovascular (35.0-39.99)	52	0.4	845	1.9
Lymphatic/Hemetic (40.0-41.99)	37	0.3	83	0.2
Digestive System (42.0-54.99)	404	3.2	5,672	12.8
Urinary (55.0-59.99)	233	1.9	241	0.5
Male Genital (60.0-64.99)	130	1.0	151	0.3
Female Genital (65.0-71.99)	30	0.2	1,260	2.8
Endocrine/Nervous (01.0-07.99)	376	3.0	2,971	6.7
Eye (08.0-16.99)	3,977	31.8	13,860	31.3
Ear (18.0-20.99)	817	6.5	2,865	6.5
Nose, Mouth, Pharynx (21.0-29.99)	4,213	33.7	7,602	17.1
Reporting Category (CPT-4 CODES)	8,589	100.0	114,197	100.0
Mastectomy (19120-19220)	118	1.4	336	0.3
Musculoskeletal (20000-29909)	1,475	17.2	22,993	20.1
Respiratory (30000-32999 & 39501-39599)	2,370	27.6	9,162	8.0
Cardiovascular (33010-37799 & 93501-93660)	44	0.5	1,196	1.0
Lymphatic/Hemetic (38100-38999)	31	0.4	174	0.2
Digestive (40490-49999)	1,080	12.6	39,508	34.6
Urinary (50010-53899)	242	2.8	1,577	1.4
Male Genital (54000-55899)	95	1.1	533	0.5
Female Genital (56405-58999)	27	0.3	3,167	2.8
Endocrine/Nervous (60000-64999)	153	1.8	11,820	10.4
Eye (65091-68899)	2,251	26.2	18,307	16.0
Ear (69000-69979)	703	8.2	5,424	4.7

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, 2003
 MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES

403 Intermountain Surgical Center

ICD-9 CODE	ICD-9 DESCRIPTION	#	%	% ALL FASCs
All ICD-9 Procedures				
1371	IOL PROSTH-CATARACT EXTRACT-1-STAGE	1,282	10.3	10.45
1341	PHACOEMULSIFICATION-ASPIR CATARACT	1,275	10.2	9.92
2263	ETHMOIDECTOMY	660	5.3	1.86
2169	OTH TURBINECTOMY	634	5.1	2.48
2188	OTH SEPTOPLASTY	602	4.8	1.94
2001	MYRINGOTOMY W/INSRT TUBE	583	4.7	5.09
2219	OTH DX PROC NASAL SINUSES	434	3.5	1.50
2262	EXC LES MAXIL SINUS W/OTH APPRCH	378	3.0	1.08
283	TONSILLECTOMY W/ADENOIDECTOMY	343	2.7	2.74
0443	RELEASE CARPAL TUNNEL	234	1.9	1.57
222	INTRANASAL ANTROTONY	208	1.7	0.76
2131	LOC EXC/DESTRUC INTRANASAL LES	206	1.6	0.51
0887	UPPER EYELID RHYTIDECTOMY	189	1.5	0.62
8023	ARTHSCOPY-WRIST	188	1.5	0.48
111	INCIS CORNEA	183	1.5	0.42
8554	BILAT BREAST IMPLNT	161	1.3	0.51
286	ADENOIDECTOMY WO TONSILLECTOMY	159	1.3	0.69
282	TONSILLECTOMY WO ADENOIDECTOMY	153	1.2	1.01
2242	FRONTAL SINUSECTOMY	137	1.1	0.32
8201	EXPLOR TENDON SHEATH HAND	127	1.0	0.66

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL FASCs
All CPT-4 Procedures				
66984	EXTRACAPSULAR CATARACT REMV IOL	1,281	14.9	9.67
30520	SEPTOPLASTY/SUBMUCOS RES W/GFT	607	7.1	1.55
69436	TYMPANOSTOMY GENERAL ANESTHESIA	581	6.8	3.99
31267	NASL/SINUS ENDO; W/TISS REMV MAX	496	5.8	1.03
31255	NASAL/SINUS ENDO; W/TOT ETHMOECT	327	3.8	0.95
30140	SUBMUCOS RES TURBINATE PART/CMPL	308	3.6	1.82
42820	T&A; UNDER AGE 12	218	2.5	1.62
66999	UNLISTED PROC ANTERIOR SEGMENT E	196	2.3	0.22
29848	ENDO WRST SURG REL TRNS CARP LIG	149	1.7	0.32
31256	NASL/SINUS ENDO SURG W/MAX ANTRO	135	1.6	0.55
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	133	1.5	0.74
42821	T&A; AGE 12 OR OVER	125	1.5	0.59
31276	NASL/SINUS ENDO W/FRNTL SINUS EX	121	1.4	0.30
26055	TENDON SHEATH INCISION	115	1.3	0.68
67904	REPR BLEPHAROPTOSIS; RESECT-EXT	107	1.2	0.47
30115	EXCISION NASAL POLYP EXTENSIVE	103	1.2	0.10
42830	ADENOIDECTOMY PRIMARY; UNDER AGE	94	1.1	0.46
49505	REPR INIT ING HERNIA 5YR/MORE; R	81	0.9	0.66
20680	REMOVAL OF IMPLANT; DEEP	76	0.9	0.83
42831	ADENOIDECTOMY PRIMARY; AGE 12/OV	69	0.8	0.09

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, 2003
 AVERAGE TOTAL CHARGES FOR MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES, SINGLE ICD-9 OR CPT-4 ONLY

403 Intermountain Surgical Center

ICD-9 CODE	ICD-9 DESCRIPTION	#	AVE TOT CHR	AVE TOT CHR(ALL FASCs)
ICD-9 Procedures		1,756	\$1,070	\$1,497
283	TONSILLECTOMY W/ADENOIDECTOMY	256	\$663	\$1,089
282	TONSILLECTOMY WO ADENOIDECTOMY	116	\$652	\$1,052
8554	BILAT BREAST IMPLNT	103	\$791	\$1,046
8521	LOC EXC LES BREAST	79	\$887	\$1,151
8221	EXC LES TENDON SHEATH HAND	49	\$936	\$1,259
8532	BILAT REDUC MAMMO	44	\$2,054	\$2,198
4523	COLONOSCOPY	42	\$750	\$827
5304	UNILAT REPR INDIRECT ING HERN-GFT	39	\$1,036	\$1,186
8201	EXPLOR TENDON SHEATH HAND	38	\$756	\$954
0443	RELEASE CARPAL TUNNEL	32	\$896	\$1,235
0833	REPR BLEPHAROPT-RESECT/ADVANC LEVAT	27	\$610	\$1,558
1164	OTH PENETRATING KERATOPLASTY	27	\$3,642	\$5,894
5303	UNILAT REPR DIRECT ING HERN-GFT	26	\$1,050	\$1,055
7933	OP REDUC W/INT FIX-CARP-METACARP	23	\$1,256	\$1,925
5749	OTH TRANSURETH EXC/DEST LES BLADDER	22	\$1,086	\$1,086
7867	REMOV IMPLNT DEVICE-TIBIA & FIB	21	\$858	\$1,145
5349	OTH UMB HERNIORRHAPHY	19	\$1,018	\$1,384
640	CIRCUMCISION	19	\$925	\$934
4542	ENDO POLYPECTOMY LG INTESTINE	18	\$791	\$972
7932	OP REDUC FX W/INT FIX-RADIUS & ULNA	14	\$2,465	\$2,990

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHR	AVE TOT CHR(ALL FASCs)
CPT-4 Procedures		2,994	\$1,259	\$1,504
66984	EXTRACAPSULAR CATARACT REMV IOL	1,086	\$1,529	\$2,187
42820	T&A; UNDER AGE 12	168	\$629	\$1,176
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	110	\$654	\$1,154
42821	T&A; AGE 12 OR OVER	92	\$727	\$1,231
29848	ENDO WRST SURG REL TRNS CARP LIG	91	\$1,624	\$1,719
49505	REPR INIT ING HERNIA 5YR/MORE; R	76	\$1,062	\$1,516
19120	EXC BRST CYST TUMR/LES OPN M/F 1	62	\$967	\$1,265
20680	REMOVAL OF IMPLANT; DEEP	45	\$866	\$1,268
45378	COLONOSCOPY FLEX; DX-SEP PROC	41	\$750	\$822
26055	TENDON SHEATH INCISION	35	\$753	\$1,326
64721	NEUROPLASTY; MEDIAN @ CARPAL TUN	32	\$883	\$1,141
67904	REPR BLEPHAROPTOSIS; RESECT-EXT	31	\$737	\$1,695
65426	EXC/TRANSPOSITION PTERYGIUM; W/G	29	\$1,125	\$1,604
25111	EXCISION OF GANGLION WRIST; PRIM	28	\$919	\$1,381
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	26	\$783	\$964
65730	KERATOPLASTY; PENETRATING	24	\$3,723	\$5,158
26160	EXC LES TEND SHETH/JNT CAP HND/F	23	\$958	\$1,230
19125	EXC BRST LES ID RAD MARKR OPN;1	20	\$883	\$1,242
54161	CIRC NO CLAMP/DORSL SLIT; NOT N	20	\$922	\$1,178
67961	EXC & REPR LID; TO 1/4 LID MARGI	18	\$1,111	\$1,848

SOURCE: Utah Ambulatory Surgery Database
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UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

403 Intermountain Surgical Center

Procedure APG category	Procedure APG	TOTAL #	TOTAL # (ALL FASCs)
01	INTEGUMENTARY SYSTEM	207	1,479
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	8	58
	006 SIMPLE DEBRIDEMENT AND DESTRUCTION	2	15
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	47	431
	008 SIMPLE EXCISION AND BIOPSY	28	507
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRANGE	4	91
	011 SIMPLE INCISION AND EXCISION OF BREAST	104	288
	012 BREAST RECONSTRUCTION AND MASTECTOMY	14	48
02	MUSCULOSKELETAL SYSTEM	1,290	20,799
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	100	1,963
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	57	597
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	80	785
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	538	5,579
	025 ARTHROSCOPY	243	8,535
	026 REPLACEMENT OF CAST	1	3
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	2	83
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	117	1,012
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	4	134
	032 BUNION PROCEDURES	49	1,061
	033 ARTHROPLASTY	12	217
	034 HAND AND FOOT TENOTOMY	12	68
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	75	750
03	RESPIRATORY SYSTEM	1,238	4,215
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	1,237	4,162
	055 ENDOSCOPY OF THE LOWER AIRWAY	1	6
04	CARDIOVASCULAR SYSTEM	41	867
	080 MINOR VASCULAR REPAIR AND FISTULA CONSTRUCTION	10	38
	081 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	15	339
	082 VASCULAR LIGATION	16	131
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	26	196
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	26	196
06	DIGESTIVE SYSTEM	369	34,150
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	11	227
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	29	8,576
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	23	2,444
	117 LOWER GASTROINTESTINAL ENDOSCOPY	80	17,826
	119 HERNIA AND HYDROCELE PROCEDURES	167	1,286
	120 COMPLEX ANAL AND RECTAL PROCEDURES	14	221
	121 SIMPLE ANAL AND RECTAL PROCEDURES	4	67
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	3	13
	123 COMPLEX LAPAROSCOPIC PROCEDURES	38	2,093
07	URINARY SYSTEM	241	1,557
	131 RENAL EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	35	673
	133 URINARY CATHETERIZATION AND DILATATION	6	11
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	76	379
	135 MODERATE CYSTOURETHROSCOPY	87	360

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

403 Intermountain Surgical Center

procedure APG category	procedure APG	TOTAL #	TOTAL # (ALL FASCs)
	136 SIMPLE CYSTOURETHROSCOPY	31	92
	137 COMPLEX URETHRAL PROCEDURES	2	19
	138 SIMPLE URETHRAL PROCEDURES	4	23
08	MALE GENITAL SYSTEM	84	483
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	49	335
	153 COMPLEX PENILE PROCEDURES	5	22
	154 SIMPLE PENILE PROCEDURES	27	116
	155 PROSTATE NEEDLE AND PUNCH BIOPSY	3	9
09	FEMALE GENITAL SYSTEM	16	1,659
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	4	165
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	2	464
	178 DILATION AND CURETTAGE	1	197
	179 HYSTEROSCOPY	8	785
	180 COLPOSCOPY	1	48
10	NERVOUS SYSTEM	149	11,220
	198 NERVE REPAIR AND DESTRUCTION	149	2,818
11	EYE AND OCULAR ADNEXA	2,237	18,216
	211 MINOR OPHTHALMOLOGICAL TESTS AND PROCEDURES	5	284
	214 CATARACT PROCEDURES	1,296	11,306
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	79	943
	216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	84	637
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	217	501
	220 STRABISMUS AND MUSCLE EYE PROCEDURES	63	461
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	409	1,614
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	78	287
	223 VITRECTOMY	6	394
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	2,637	17,966
	233 NASAL CAUTERIZATION AND PACKING	13	64
	234 COMPLEX FACIAL AND ENT PROCEDURES	816	3,135
	235 SIMPLE FACIAL AND ENT PROCEDURES	1,149	10,613
	236 TONSIL AND ADENOID PROCEDURES	659	4,154
13	THERAPUTIC AND OTHER RADIOLOGICAL PROCEDURES	1	877
	255 MISCELLANEOUS RADIOLOGICAL PROCEDURES WITH CONTRAST	1	10

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

Reportable* excludes codes in the former "Other" category in previous reports.

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 PROCEDURE APG CATEGORY, PROCEDURE APG, SINGLE APG ONLY
 BASED ON REPORTABLE* CPT-4 PROCEDURES

403 Intermountain Surgical Center

Procedure APG category	Procedure APG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL FASCs)
01	INTEGUMENTARY SYSTEM	125	\$962	\$1,387
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	22	\$1,015	\$1,303
	008 SIMPLE EXCISION AND BIOPSY	15	\$884	\$1,151
	011 SIMPLE INCISION AND EXCISION OF BREAST	82	\$947	\$1,260
	012 BREAST RECONSTRUCTION AND MASTECTOMY	6	\$1,165	\$1,494
02	MUSCULOSKELETAL SYSTEM	553	\$1,269	\$2,092
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	40	\$1,538	\$2,347
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	27	\$1,094	\$1,553
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	28	\$1,423	\$2,036
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	214	\$990	\$1,457
	025 ARTHROSCOPY	140	\$1,646	\$2,729
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	81	\$1,267	\$2,100
	032 BUNION PROCEDURES	19	\$1,004	\$1,756
	033 ARTHROPLASTY	4	\$1,768	\$2,264
03	RESPIRATORY SYSTEM	22	\$914	\$1,390
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	22	\$914	\$1,399
04	CARDIOVASCULAR SYSTEM	13	\$1,748	\$1,640
	080 MINOR VASCULAR REPAIR AND FISTULA CONSTRUCTION	2	\$832	\$1,593
	081 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	5	\$1,730	\$1,551
	082 VASCULAR LIGATION	6	\$2,067	\$1,883
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	19	\$806	\$1,371
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	19	\$806	\$1,371
06	DIGESTIVE SYSTEM	260	\$1,107	\$998
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	6	\$960	\$433
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	6	\$947	\$848
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	2	\$947	\$798
	117 LOWER GASTROINTESTINAL ENDOSCOPY	71	\$762	\$867
	119 HERNIA AND HYDROCELE PROCEDURES	139	\$1,078	\$1,526
	120 COMPLEX ANAL AND RECTAL PROCEDURES	10	\$933	\$1,106
	121 SIMPLE ANAL AND RECTAL PROCEDURES	1	\$741	\$1,061
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	1	\$726	\$1,125
	123 COMPLEX LAPAROSCOPIC PROCEDURES	24	\$2,491	\$2,687
07	URINARY SYSTEM	59	\$1,026	\$2,020
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	21	\$1,263	\$1,976
	135 MODERATE CYSTOURETHROSCOPY	22	\$906	\$1,274
	136 SIMPLE CYSTOURETHROSCOPY	15	\$884	\$959
	138 SIMPLE URETHRAL PROCEDURES	1	\$815	\$1,120
08	MALE GENITAL SYSTEM	54	\$1,028	\$1,627
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	31	\$1,116	\$1,701
	153 COMPLEX PENILE PROCEDURES	2	\$782	\$2,111
	154 SIMPLE PENILE PROCEDURES	21	\$922	\$1,192
09	FEMALE GENITAL SYSTEM	9	\$1,121	\$1,789
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	2	\$999	\$2,279
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	2	\$1,174	\$1,124
	178 DILATION AND CURETTAGE	1	\$867	\$1,060

AMB ST 1-5
 UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 PROCEDURE APG CATEGORY, PROCEDURE APG, SINGLE APG ONLY
 BASED ON REPORTABLE* CPT-4 PROCEDURES

403 Intermountain Surgical Center

procedure APG category	Procedure APG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL FASCs)
	179 HYSTEROSCOPY	3	\$1,310	\$2,161
	180 COLPOSCOPY	1	\$949	\$1,701
10	NERVOUS SYSTEM	66	\$1,027	\$907
	198 NERVE REPAIR AND DESTRUCTION	66	\$1,027	\$1,433
11	EYE AND OCULAR ADNEXA	1,295	\$1,519	\$2,053
	214 CATARACT PROCEDURES	1,092	\$1,528	\$2,197
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	49	\$2,550	\$2,443
	216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	38	\$1,044	\$1,974
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	10	\$967	\$1,745
	220 STRABISMUS AND MUSCLE EYE PROCEDURES	4	\$945	\$2,559
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	99	\$1,185	\$1,855
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	3	\$1,008	\$1,110
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	499	\$821	\$1,507
	233 NASAL CAUTERIZATION AND PACKING	2	\$1,133	\$1,418
	234 COMPLEX FACIAL AND ENT PROCEDURES	84	\$1,577	\$1,787
	235 SIMPLE FACIAL AND ENT PROCEDURES	30	\$750	\$1,738
	236 TONSIL AND ADENOID PROCEDURES	383	\$659	\$1,178

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

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

403 Intermountain Surgical Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
GENDER				
Female	3,006	55.5	46,191	55.6
Male	2,411	44.5	36,744	44.2
Unknown	0	0.0	68	0.1
Not Reported	0	0.0	93	0.1
AGE				
1-28 days	0	0.0	1	0.0
29-365 days	63	1.2	676	0.8
1-4 years	285	5.3	4,424	5.3
5-9	218	4.0	2,190	2.6
10-14	179	3.3	1,445	1.7
15-17	141	2.6	1,547	1.9
18-19	129	2.4	1,332	1.6
20-24	327	6.0	3,956	4.8
25-29	273	5.0	3,597	4.3
30-34	279	5.2	3,646	4.4
35-39	278	5.1	3,979	4.8
40-44	312	5.8	5,080	6.1
45-49	395	7.3	5,823	7.0
50-54	412	7.6	7,153	8.6
55-59	395	7.3	6,610	8.0
60-64	365	6.7	5,923	7.1
65-69	329	6.1	6,534	7.9
70-74	339	6.3	6,663	8.0
75-79	360	6.6	6,158	7.4
80-84	206	3.8	4,165	5.0
85-89	111	2.0	1,721	2.1
90 +	21	0.4	463	0.6
Not Reported	0	0.0	11	0.0
SOURCE OF ADMISSION				
Physician Referral	5,413	99.9	56,868	68.4
Clinic Referral	0	0.0	1,339	1.6
HMO Referral	4	0.1	6	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	0	0.0
Emergency Room	0	0.0	0	0.0
Court/Law Enforcement	0	0.0	0	0.0
Unknown	0	0.0	8,755	10.5
Not Reported	0	0.0	16,128	19.4

(Continued)

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

403 Intermountain Surgical Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	5,405	99.8	50,838	61.2
Another Hospital	12	0.2	37	0.0
Skilled Nursing Facility	0	0.0	3	0.0
Intermediate Care Facility	0	0.0	2	0.0
Another Type of Institution	0	0.0	0	0.0
Under Care of Home Service	0	0.0	0	0.0
Left Against Medical Advice	0	0.0	1	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	32,215	38.8
Not Reported	0	0.0	0	0.0
PRIMARY PAYER				
Medicare	1,270	23.4	24,729	29.8
Medicaid	164	3.0	4,306	5.2
Other government	44	0.8	1,777	2.1
Blue Cross/Blue Shield	262	4.8	15,655	18.8
Other Commercial	422	7.8	8,759	10.5
Managed Care(HMO, PPO)	2,750	50.8	23,916	28.8
Self Pay	346	6.4	1,238	1.5
Industrial & Worker Comp	125	2.3	1,959	2.4
Charity and Unclassified	3	0.1	48	0.1
Childrens Health Insurance	4	0.1	258	0.3
Unknown	27	0.5	72	0.1
Not Reported	0	0.0	379	0.5
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	50	0.9	4,272	5.1
Central Utah	21	0.4	1,436	1.7
Davis County	812	15.0	10,298	12.4
Salt Lake County	3,586	66.2	29,345	35.3
Southeastern Utah	11	0.2	969	1.2
Southwest Utah	18	0.3	4,229	5.1
Summit County	143	2.6	1,461	1.8
Tooele County	156	2.9	1,314	1.6
Tri-County	25	0.5	410	0.5
Utah County	150	2.8	10,259	12.3
Wasatch County	20	0.4	553	0.7
Weber County	99	1.8	14,230	17.1
Unknown Utah	1	0.0	59	0.1
Outside Utah	324	6.0	4,198	5.1
Unknown, Not Reported	1	0.0	63	0.1

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

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

412 Madsen Surgery Center (formerly Wasatch Surgery Center)

Reporting Category(ICD-9-CM CODES)	Procedures Performed		Procedures Performed-All FASCs	
	(#)	(%)	(#)	(%)
Reporting Category(ICD-9-CM CODES)	2,722	100.0	44,330	100.0
Mastectomy (85.0-85.99)	345	12.7	1,046	2.4
Musculoskeletal (76.0-84.99)	1,785	65.6	7,633	17.2
Respiratory (30.0-34.99)	2	0.1	101	0.2
Cardiovascular (35.0-39.99)	2	0.1	845	1.9
Lymphatic/Hemetic (40.0-41.99)	4	0.1	83	0.2
Digestive System (42.0-54.99)	15	0.6	5,672	12.8
Urinary (55.0-59.99)	0	0.0	241	0.5
Male Genital (60.0-64.99)	0	0.0	151	0.3
Female Genital (65.0-71.99)	6	0.2	1,260	2.8
Endocrine/Nervous (01.0-07.99)	396	14.5	2,971	6.7
Eye (08.0-16.99)	38	1.4	13,860	31.3
Ear (18.0-20.99)	40	1.5	2,865	6.5
Nose, Mouth, Pharynx (21.0-29.99)	89	3.3	7,602	17.1
Reporting Category(CPT-4 CODES)	2,386	100.0	114,197	100.0
Mastectomy (19120-19220)	118	4.9	336	0.3
Musculoskeletal (20000-29909)	1,891	79.3	22,993	20.1
Respiratory (30000-32999 & 39501-39599)	46	1.9	9,162	8.0
Cardiovascular (33010-37799 & 93501-93660)	2	0.1	1,196	1.0
Lymphatic/Hemetic (38100-38999)	4	0.2	174	0.2
Digestive (40490-49999)	19	0.8	39,508	34.6
Urinary (50010-53899)	0	0.0	1,577	1.4
Male Genital (54000-55899)	0	0.0	533	0.5
Female Genital (56405-58999)	6	0.3	3,167	2.8
Endocrine/Nervous (60000-64999)	283	11.9	11,820	10.4
Eye (65091-68899)	6	0.3	18,307	16.0
Ear (69000-69979)	11	0.5	5,424	4.7

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics.

Reportable* excludes codes in the former "Other" category in previous reports.

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES

412 Madsen Surgery Center (formerly Wasatch Surgery Center)

ICD-9 CODE	ICD-9 DESCRIPTION	#	%	% ALL FASCs
All ICD-9 Procedures		2,722	100.0	100.0
0443	RELEASE CARPAL TUNNEL	272	10.0	1.57
806	EXC SEMILUNAR CARTILAGE-KNEE	122	4.5	1.77
8521	LOC EXC LES BREAST	114	4.2	0.63
8201	EXPLOR TENDON SHEATH HAND	108	4.0	0.66
8145	OTH REPR CRUCIATE LIGAMNT	80	2.9	0.43
0449	OTH PERIPH NERV/GANGL DECOMP/LYSIS	79	2.9	0.38
8554	BILAT BREAST IMPLNT	64	2.4	0.51
8026	ARTHSCPY-KNEE	63	2.3	1.24
8086	OTH LOC EXC/DESTRUC JT LES-KNEE	61	2.2	0.75
8221	EXC LES TENDON SHEATH HAND	61	2.2	0.39
8183	OTH REPR SHLDR	52	1.9	0.60
7867	REMOV IMPLNT DEVICE-TIBIA & FIB	37	1.4	0.21
8175	ARTHPLSTY CARPOCARPAL JT WO IMPLNT	37	1.4	0.15
8021	ARTHSCPY-SHLDR	33	1.2	0.49
8291	LYSIS HAND ADHES	33	1.2	0.19
8147	OTH REPR KNEE	30	1.1	0.21
8083	OTH LOC EXC/DESTRUC JT LES-WRIST	28	1.0	0.14
8375	TENDON TRANSF/TRANSPL	28	1.0	0.10
8519	OTH DX PROC BREAST	28	1.0	0.06
7863	REMOV IMPLNT DEVICE-RADIUS & ULNA	27	1.0	0.10

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL FASCs
All CPT-4 Procedures		2,386	100.0	100.0
64721	NEUROPLASTY; MEDIAN @ CARPAL TUN	159	6.7	1.23
26055	TENDON SHEATH INCISION	157	6.6	0.68
20680	REMOVAL OF IMPLANT; DEEP	123	5.2	0.83
29881	SCOPE KNEE SURG;W/MENISCECT MED/	102	4.3	1.66
19120	EXC BRST CYST TUMR/LES OPN M/F 1	80	3.4	0.19
29848	ENDO WRST SURG REL TRNS CARP LIG	80	3.4	0.32
29888	ARTHSCPY AIDED ACL REPR/AUG/RECO	70	2.9	0.55
29826	SCOPE SHOULDER; DECOMP SUBACROM	57	2.4	0.86
29877	SCOPE KNEE SURG; DEBRID/SHAVE CA	54	2.3	1.06
64718	NEUROPLASTY; ULNAR NERV @ ELBOW	45	1.9	0.21
26160	EXC LES TEND SHETH/JNT CAP HND/F	38	1.6	0.20
25447	ARTHPLSTY INTERPSTN INTERCARPAL/	37	1.6	0.14
26445	TENOLYSIS EXT TEND HND/FNGR; EA	37	1.6	0.07
25111	EXCISION OF GANGLION WRIST; PRIM	36	1.5	0.23
29827	SCOPE SHLDR SURG; W/ROTOR CUFF R	31	1.3	0.23
19125	EXC BRST LES ID RAD MARKR OPN;1	30	1.3	0.06
64708	NEUROPLSTY PERIPHRL NERV; NOT SP	28	1.2	0.05
29806	SCOPE SHOULDER SURGICAL; CPSLORR	25	1.0	0.09
25310	TEND TPLNT/TRNSF FOREARM&WRIST	23	1.0	0.03
29846	SCOPE WRIST SURG; EXC&/REPR CART	23	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 in previous reports.

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 AVERAGE TOTAL CHARGES FOR MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES, SINGLE ICD-9 OR CPT-4 ONLY

412 Madsen Surgery Center (formerly Wasatch Surgery Center)

ICD-9 CODE	ICD-9 DESCRIPTION	#	AVE TOT CHR	AVE TOT CHR(ALL FASCs)
ICD-9 Procedures		1,014	\$2,075	\$1,497
0443	RELEASE CARPAL TUNNEL	120	\$1,162	\$1,235
8521	LOC EXC LES BREAST	87	\$1,256	\$1,151
8201	EXPLOR TENDON SHEATH HAND	59	\$959	\$954
806	EXC SEMILUNAR CARTILAGE-KNEE	55	\$2,264	\$2,268
8221	EXC LES TENDON SHEATH HAND	49	\$1,199	\$1,259
8554	BILAT BREAST IMPLNT	49	\$1,581	\$1,046
8086	OTH LOC EXC/DESTRUC JT LES-KNEE	28	\$1,988	\$3,525
0449	OTH PERIPH NERV/GANGL DECOMP/LYSIS	26	\$1,702	\$1,832
8145	OTH REPR CRUCIATE LIGAMNT	25	\$4,866	\$5,127
8183	OTH REPR SHLDR	21	\$5,113	\$4,485
7934	OP REDUC W/INT FIX-PHALANGES HAND	18	\$2,648	\$2,045
7867	REMOV IMPLNT DEVICE-TIBIA & FIB	16	\$1,690	\$1,145
8084	OTH LOC EXC/DEST JT LES-HND-FINGR	16	\$1,296	\$1,296
7863	REMOV IMPLNT DEVICE-RADIUS & ULNA	15	\$1,362	\$1,153
8083	OTH LOC EXC/DESTRUC JT LES-WRIST	14	\$2,438	\$2,118
7932	OP REDUC FX W/INT FIX-RADIUS & ULNA	13	\$3,843	\$2,990
2189	OTH REPR & PLSTC OPER NOSE	12	\$2,602	\$2,145
7933	OP REDUC W/INT FIX-CARP-METACARP	12	\$2,535	\$1,925
8128	INTERPHALANGEAL FUSION	12	\$2,682	\$2,338
7869	REMOV IMPLNT DEVICE-OTH BONE	11	\$1,185	\$976

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHR	AVE TOT CHR(ALL FASCs)
CPT-4 Procedures		1,033	\$2,128	\$1,504
64721	NEUROPLASTY; MEDIAN @ CARPAL TUN	92	\$1,070	\$1,141
19120	EXC BRST CYST TUMR/LES OPN M/F 1	78	\$1,242	\$1,265
29881	SCOPE KNEE SURG;W/MENISCECT MED/	66	\$2,255	\$2,207
29848	ENDO WRST SURG REL TRNS CARP LIG	58	\$1,514	\$1,719
20680	REMOVAL OF IMPLANT; DEEP	45	\$1,620	\$1,268
26055	TENDON SHEATH INCISION	37	\$838	\$1,326
29877	SCOPE KNEE SURG; DEBRID/SHAVE CA	33	\$2,055	\$2,282
25111	EXCISION OF GANGLION WRIST; PRIM	31	\$1,176	\$1,381
19125	EXC BRST LES ID RAD MARKR OPN;1	30	\$1,481	\$1,242
29888	ARTHSCPY AIDED ACL REPR/AUG/RECO	29	\$5,015	\$5,012
26160	EXC LES TEND SHETH/JNT CAP HND/F	24	\$1,248	\$1,230
64718	NEUROPLASTY; ULNAR NERV @ ELBOW	20	\$1,718	\$1,636
29806	SCOPE SHOULDER SURGICAL; CPSLORR	18	\$6,673	\$4,519
25620	OPEN TX DIST RADIAL FX W/WO FIX	14	\$3,715	\$2,541
29826	SCOPE SHOULDER; DECOMP SUBACROM	13	\$4,242	\$3,141
26540	REPAIR COLLAT LIGAMENT MCP/IP JO	12	\$2,137	\$1,997
26735	OPEN TX PHALANGEAL FX W/WO FIX E	12	\$2,397	\$2,204
25447	ARTHPLSTY INTERPSTN INTERCARPAL/	11	\$2,586	\$2,155
29846	SCOPE WRIST SURG; EXC&/REPR CART	11	\$2,947	\$2,778
69300	OTPLSTY PROTRUDING EAR W/WO SZ R	11	\$1,118	\$895

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

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

412 Madsen Surgery Center (formerly Wasatch Surgery Center)

Procedure APG category	Procedure APG	TOTAL #	TOTAL # (ALL FASCs)
01	INTEGUMENTARY SYSTEM	203	1,479
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	1	58
	003 COMPLEX INCISION AND DRAINAGE	1	25
	006 SIMPLE DEBRIDEMENT AND DESTRUCTION	1	15
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	35	431
	008 SIMPLE EXCISION AND BIOPSY	32	507
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRANGE	15	91
	011 SIMPLE INCISION AND EXCISION OF BREAST	110	288
	012 BREAST RECONSTRUCTION AND MASTECTOMY	8	48
02	MUSCULOSKELETAL SYSTEM	1,788	20,799
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	177	1,963
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	70	597
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	103	785
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	621	5,579
	025 ARTHROSCOPY	630	8,535
	026 REPLACEMENT OF CAST	2	3
	028 CLOSED TREATMENT FX & DISLOCATION OF FINGER, TOE & TRUNK	1	12
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	2	83
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	99	1,012
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	11	134
	032 BUNION PROCEDURES	5	1,061
	033 ARTHROPLASTY	52	217
	034 HAND AND FOOT TENOTOMY	14	68
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	1	750
04	CARDIOVASCULAR SYSTEM	2	867
	080 MINOR VASCULAR REPAIR AND FISTULA CONSTRUCTION	1	38
	081 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	1	339
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	3	196
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	3	196
06	DIGESTIVE SYSTEM	13	34,150
	119 HERNIA AND HYDROCELE PROCEDURES	8	1,286
	121 SIMPLE ANAL AND RECTAL PROCEDURES	1	67
	123 COMPLEX LAPAROSCOPIC PROCEDURES	4	2,093
10	NERVOUS SYSTEM	284	11,220
	198 NERVE REPAIR AND DESTRUCTION	284	2,818
11	EYE AND OCULAR ADNEXA	6	18,216
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	6	1,614
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	71	17,966
	233 NASAL CAUTERIZATION AND PACKING	1	64
	234 COMPLEX FACIAL AND ENT PROCEDURES	58	3,135
	235 SIMPLE FACIAL AND ENT PROCEDURES	12	10,613

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

Reportable* excludes codes in the former "Other" category in previous reports.

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 PROCEDURE APG CATEGORY, PROCEDURE APG, SINGLE APG ONLY
 BASED ON REPORTABLE* CPT-4 PROCEDURES

412 Madsen Surgery Center (formerly Wasatch Surgery Center)

Procedure APG category	Procedure APG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL FASCs)
01	INTEGUMENTARY SYSTEM	162	\$1,320	\$1,387
	006 SIMPLE DEBRIDEMENT AND DESTRUCTION	1	\$1,161	\$1,269
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	20	\$1,492	\$1,303
	008 SIMPLE EXCISION AND BIOPSY	24	\$1,122	\$1,151
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRAN	1	\$2,726	\$3,031
	011 SIMPLE INCISION AND EXCISION OF BREAST	108	\$1,308	\$1,260
	012 BREAST RECONSTRUCTION AND MASTECTOMY	8	\$1,481	\$1,494
02	MUSCULOSKELETAL SYSTEM	681	\$2,486	\$2,092
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	48	\$2,896	\$2,347
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	21	\$2,362	\$1,553
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	34	\$2,518	\$2,036
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	204	\$1,623	\$1,457
	025 ARTHROSCOPY	296	\$2,963	\$2,729
	028 CLOSED TREATMENT FX & DISLOCATION OF FINGER, TOE & TRUNK	1	\$92	\$1,486
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	58	\$2,894	\$2,100
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	5	\$598	\$951
	032 BUNION PROCEDURES	1	\$2,982	\$1,756
	033 ARTHROPLASTY	13	\$2,812	\$2,264
04	CARDIOVASCULAR SYSTEM	1	\$1,414	\$1,640
	081 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	1	\$1,414	\$1,551
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	3	\$1,952	\$1,371
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	3	\$1,952	\$1,371
06	DIGESTIVE SYSTEM	10	\$2,027	\$998
	119 HERNIA AND HYDROCELE PROCEDURES	8	\$2,172	\$1,526
	121 SIMPLE ANAL AND RECTAL PROCEDURES	1	\$682	\$1,061
	123 COMPLEX LAPAROSCOPIC PROCEDURES	1	\$2,214	\$2,687
10	NERVOUS SYSTEM	132	\$1,351	\$907
	198 NERVE REPAIR AND DESTRUCTION	132	\$1,351	\$1,433
11	EYE AND OCULAR ADNEXA	5	\$1,752	\$2,053
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	5	\$1,752	\$1,855
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	31	\$1,725	\$1,507
	234 COMPLEX FACIAL AND ENT PROCEDURES	27	\$1,623	\$1,787
	235 SIMPLE FACIAL AND ENT PROCEDURES	4	\$2,410	\$1,738

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

Reportable* excludes codes in the former "Other" category in previous reports.

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

412 Madsen Surgery Center (formerly Wasatch Surgery Center)

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
GENDER				
Female	968	55.4	46,191	55.6
Male	778	44.6	36,744	44.2
Unknown	0	0.0	68	0.1
Not Reported	0	0.0	93	0.1
AGE				
1-28 days	0	0.0	1	0.0
29-365 days	0	0.0	676	0.8
1-4 years	3	0.2	4,424	5.3
5-9	2	0.1	2,190	2.6
10-14	24	1.4	1,445	1.7
15-17	56	3.2	1,547	1.9
18-19	61	3.5	1,332	1.6
20-24	163	9.3	3,956	4.8
25-29	148	8.5	3,597	4.3
30-34	160	9.2	3,646	4.4
35-39	173	9.9	3,979	4.8
40-44	187	10.7	5,080	6.1
45-49	205	11.7	5,823	7.0
50-54	145	8.3	7,153	8.6
55-59	151	8.6	6,610	8.0
60-64	112	6.4	5,923	7.1
65-69	57	3.3	6,534	7.9
70-74	42	2.4	6,663	8.0
75-79	33	1.9	6,158	7.4
80-84	14	0.8	4,165	5.0
85-89	8	0.5	1,721	2.1
90 +	2	0.1	463	0.6
Not Reported	0	0.0	11	0.0
SOURCE OF ADMISSION				
Physician Referral	0	0.0	56,868	68.4
Clinic Referral	0	0.0	1,339	1.6
HMO Referral	0	0.0	6	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	0	0.0
Emergency Room	0	0.0	0	0.0
Court/Law Enforcement	0	0.0	0	0.0
Unknown	0	0.0	8,755	10.5
Not Reported	1,746	100.0	16,128	19.4

(Continued)

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

412 Madsen Surgery Center (formerly Wasatch Surgery Center)

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	1,745	99.9	50,838	61.2
Another Hospital	1	0.1	37	0.0
Skilled Nursing Facility	0	0.0	3	0.0
Intermediate Care Facility	0	0.0	2	0.0
Another Type of Institution	0	0.0	0	0.0
Under Care of Home Service	0	0.0	0	0.0
Left Against Medical Advice	0	0.0	1	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	32,215	38.8
Not Reported	0	0.0	0	0.0
PRIMARY PAYER				
Medicare	172	9.9	24,729	29.8
Medicaid	113	6.5	4,306	5.2
Other government	66	3.8	1,777	2.1
Blue Cross/Blue Shield	523	30.0	15,655	18.8
Other Commercial	195	11.2	8,759	10.5
Managed Care(HMO, PPO)	459	26.3	23,916	28.8
Self Pay	112	6.4	1,238	1.5
Industrial & Worker Comp	103	5.9	1,959	2.4
Charity and Unclassified	0	0.0	48	0.1
Childrens Health Insurance	1	0.1	258	0.3
Unknown	2	0.1	72	0.1
Not Reported	0	0.0	379	0.5
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	18	1.0	4,272	5.1
Central Utah	11	0.6	1,436	1.7
Davis County	109	6.2	10,298	12.4
Salt Lake County	1,194	68.4	29,345	35.3
Southeastern Utah	17	1.0	969	1.2
Southwest Utah	7	0.4	4,229	5.1
Summit County	64	3.7	1,461	1.8
Tooele County	63	3.6	1,314	1.6
Tri-County	10	0.6	410	0.5
Utah County	43	2.5	10,259	12.3
Wasatch County	12	0.7	553	0.7
Weber County	43	2.5	14,230	17.1
Unknown Utah	0	0.0	59	0.1
Outside Utah	154	8.8	4,198	5.1
Unknown, Not Reported	1	0.1	63	0.1

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

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

404 McKay-Dee Surgical Center

Reporting Category(ICD-9-CM CODES)	Procedures Performed		Procedures Performed-All FASCs	
	(#)	(%)	(#)	(%)
Reporting Category(ICD-9-CM CODES)	13,290	100.0	44,330	100.0
Mastectomy (85.0-85.99)	6	0.0	1,046	2.4
Musculoskeletal (76.0-84.99)	2,714	20.4	7,633	17.2
Respiratory (30.0-34.99)	47	0.4	101	0.2
Cardiovascular (35.0-39.99)	3	0.0	845	1.9
Lymphatic/Hemetic (40.0-41.99)	30	0.2	83	0.2
Digestive System (42.0-54.99)	267	2.0	5,672	12.8
Urinary (55.0-59.99)	0	0.0	241	0.5
Male Genital (60.0-64.99)	3	0.0	151	0.3
Female Genital (65.0-71.99)	1,167	8.8	1,260	2.8
Endocrine/Nervous (01.0-07.99)	1,971	14.8	2,971	6.7
Eye (08.0-16.99)	2,433	18.3	13,860	31.3
Ear (18.0-20.99)	1,795	13.5	2,865	6.5
Nose, Mouth, Pharynx (21.0-29.99)	2,854	21.5	7,602	17.1
Reporting Category(CPT-4 CODES)	9,900	100.0	114,197	100.0
Mastectomy (19120-19220)	5	0.1	336	0.3
Musculoskeletal (20000-29909)	1,913	19.3	22,993	20.1
Respiratory (30000-32999 & 39501-39599)	1,513	15.3	9,162	8.0
Cardiovascular (33010-37799 & 93501-93660)	41	0.4	1,196	1.0
Lymphatic/Hemetic (38100-38999)	27	0.3	174	0.2
Digestive (40490-49999)	1,399	14.1	39,508	34.6
Urinary (50010-53899)	0	0.0	1,577	1.4
Male Genital (54000-55899)	3	0.0	533	0.5
Female Genital (56405-58999)	583	5.9	3,167	2.8
Endocrine/Nervous (60000-64999)	1,448	14.6	11,820	10.4
Eye (65091-68899)	1,350	13.6	18,307	16.0
Ear (69000-69979)	1,618	16.3	5,424	4.7

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

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES

404 McKay-Dee Surgical Center

ICD-9 CODE	ICD-9 DESCRIPTION	#	%	% ALL FASCs
All ICD-9 Procedures		13,290	100.0	100.0
2001	MYRINGOTOMY W/INSRT TUBE	1,482	11.2	5.09
1371	IOL PROSTH-CATARACT EXTRACT-1-STAGE	1,000	7.5	10.45
1341	PHACOEMULSIFICATION-ASPIR CATARACT	997	7.5	9.92
0391	INJ ANES SPINAL CANAL-ANALGESIA	900	6.8	2.03
0392	INJ OTH AGENT SPINAL CANAL	884	6.7	1.99
283	TONSILLECTOMY W/ADENOIDECTOMY	825	6.2	2.74
8026	ARTHSCPY-KNEE	439	3.3	1.24
2169	OTH TURBINECTOMY	341	2.6	2.48
282	TONSILLECTOMY WO ADENOIDECTOMY	268	2.0	1.01
806	EXC SEMILUNAR CARTILAGE-KNEE	263	2.0	1.77
2188	OTH SEPTOPLASTY	255	1.9	1.94
2219	OTH DX PROC NASAL SINUSES	231	1.7	1.50
6812	HYSTEROSCOPY	211	1.6	0.48
5421	LAPAROSCOPY	187	1.4	0.49
8021	ARTHSCPY-SHLDR	179	1.3	0.49
6909	OTH D&C UTERUS	175	1.3	0.41
8183	OTH REPR SHLDR	163	1.2	0.60
2263	ETHMOIDECTOMY	142	1.1	1.86
201	REMOV TYMPANOSTOMY TUBE	141	1.1	0.52
286	ADENOIDECTOMY WO TONSILLECTOMY	141	1.1	0.69

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL FASCs
All CPT-4 Procedures		9,900	100.0	100.0
69436	TYMPANOSTOMY GENERAL ANESTHESIA	1,408	14.2	3.99
66984	EXTRACAPSULAR CATARACT REMV IOL	996	10.1	9.67
42820	T&A; UNDER AGE 12	587	5.9	1.62
30140	SUBMUCOS RES TURBINATE PART/CMPL	463	4.7	1.82
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	301	3.0	1.70
64476	INJ ANES FACET JT; LUMB/SAC-EA A	260	2.6	0.76
30520	SEPTOPLASTY/SUBMUCOS RES W/GFT	236	2.4	1.55
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	211	2.1	0.74
31256	NASL/SINUS ENDO SURG W/MAX ANTRO	183	1.8	0.55
42821	T&A; AGE 12 OR OVER	180	1.8	0.59
29881	SCOPE KNEE SURG;W/MENISCECT MED/	174	1.8	1.66
64475	INJ ANES FACET JT; LUMB/SAC-1LEV	162	1.6	0.52
31255	NASAL/SINUS ENDO; W/TOT ETHMOECT	148	1.5	0.95
62310	INJ 1 NOT NEUROLYTIC-EPID;CERV/T	145	1.5	0.48
64483	INJ ANES EPIDURL; LUMB/SAC 1 LEV	131	1.3	1.01
58662	LAP SURG; W/FULG/EXCIS LES-OVARY	129	1.3	0.67
31267	NASL/SINUS ENDO; W/TISS REMV MAX	124	1.3	1.03
66821	DISCISSION 2ND CATARACT; LASER S	123	1.2	1.29
58558	HYSTEROSCPY SURG; W/BX &/ POLYPE	122	1.2	0.43
42830	ADENOIDECTOMY PRIMARY; UNDER AGE	119	1.2	0.46

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

Reportable* excludes codes in the former "Other" category in previous reports.

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 AVERAGE TOTAL CHARGES FOR MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES, SINGLE ICD-9 OR CPT-4 ONLY

404 McKay-Dee Surgical Center

ICD-9 CODE	ICD-9 DESCRIPTION	#	AVE TOT CHR	AVE TOT CHR(ALL FASCs)
ICD-9 Procedures		2,224	\$1,231	\$1,497
283	TONSILLECTOMY W/ADENOIDECTOMY	666	\$1,244	\$1,089
282	TONSILLECTOMY WO ADENOIDECTOMY	197	\$1,255	\$1,052
1364	DISCISSION SECNDRY MEMBRN	123	\$771	\$771
6952	ASPIR CURET FOLLOWING DELIV/AB	74	\$1,030	\$1,031
7751	BUNIONEC SOFT-OSTEOT 1ST METATARS	49	\$1,685	\$1,739
6629	OTH BIL ENDO DESTRUC FALLOP TUBES	46	\$1,468	\$1,468
7756	REPR HAMMER TOE	42	\$1,842	\$1,823
0443	RELEASE CARPAL TUNNEL	33	\$1,047	\$1,235
8192	INJ THERAP SUBSTANCE JT/LIGAMNT	32	\$502	\$577
194	MYRINGOPLASTY	30	\$1,650	\$1,987
0391	INJ ANES SPINAL CANAL-ANALGESIA	28	\$703	\$703
2001	MYRINGOTOMY W/INSRT TUBE	28	\$388	\$656
2171	CLO REDUC NASAL FX	26	\$996	\$1,232
0531	INJ ANES SYMPATHETIC NERV-ANALGES	25	\$503	\$503
031	DIVIS INTRASPINAL NERV ROOT	24	\$2,254	\$2,254
1212	OTH IRIDOTOMY	24	\$758	\$758
0407	OTH EXC/AVUL CRANIAL & PERIPH NERV	21	\$1,170	\$1,327
6732	DESTRUC LES CERV-CAUT	19	\$1,052	\$1,052
7869	REMOV IMPLNT DEVICE-OTH BONE	19	\$874	\$976
0943	PROBE NASOLACRML DUCT	17	\$268	\$461

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHR	AVE TOT CHR(ALL FASCs)
CPT-4 Procedures		4,704	\$1,469	\$1,504
66984	EXTRACAPSULAR CATARACT REMV IOL	984	\$2,013	\$2,187
42820	T&A; UNDER AGE 12	491	\$1,238	\$1,176
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	282	\$457	\$603
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	165	\$1,258	\$1,154
42821	T&A; AGE 12 OR OVER	164	\$1,254	\$1,231
62310	INJ 1 NOT NEUROLYTIC-EPID;CERV/T	136	\$469	\$620
64483	INJ ANES EPIDURL; LUMB/SAC 1 LEV	129	\$539	\$837
66821	DISCISSION 2ND CATARACT; LASER S	123	\$764	\$604
29881	SCOPE KNEE SURG;W/MENISCECT MED/	116	\$1,599	\$2,207
58558	HYSTEROSCPY SURG; W/BX &/ POLYPE	111	\$1,622	\$1,703
27096	INJ SI JNT ARTHRGRPH &/ANES/STER	82	\$582	\$749
58662	LAP SURG; W/FULG/EXCIS LES-OVARY	69	\$1,942	\$1,996
20680	REMOVAL OF IMPLANT; DEEP	59	\$984	\$1,268
58563	HYSTEROSC SURG; W/ENDOMETRIAL AB	56	\$2,456	\$2,862
28296	HALLUX VALGUS; W/METATARSAL OSTE	41	\$1,698	\$1,763
29880	SCOPE KNEE SURG;W/MENISCECT MED&	38	\$1,776	\$2,444
29877	SCOPE KNEE SURG; DEBRID/SHAVE CA	36	\$1,651	\$2,282
58671	LAP SURG; W/OCCLUS OVIDUCTS-DEVI	35	\$1,774	\$1,949
42825	TONSILLECT PRIM/SEC; UNDER AGE 1	34	\$1,242	\$1,183
69436	TYMPANOSTOMY GENERAL ANESTHESIA	34	\$397	\$1,099

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

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

404 McKay-Dee Surgical Center

Procedure APG category	Procedure APG	TOTAL #	TOTAL # (ALL FASCs)
01	INTEGUMENTARY SYSTEM	75	1,479
	003 COMPLEX INCISION AND DRAINAGE	2	25
	004 SIMPLE INCISION AND DRAINAGE	3	16
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	17	431
	008 SIMPLE EXCISION AND BIOPSY	34	507
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRANGE	14	91
	011 SIMPLE INCISION AND EXCISION OF BREAST	3	288
	012 BREAST RECONSTRUCTION AND MASTECTOMY	2	48
02	MUSCULOSKELETAL SYSTEM	1,754	20,799
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	242	1,963
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	47	597
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	46	785
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	449	5,579
	025 ARTHROSCOPY	680	8,535
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	14	83
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	37	1,012
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	3	134
	032 BUNION PROCEDURES	92	1,061
	033 ARTHROPLASTY	10	217
	034 HAND AND FOOT TENOTOMY	14	68
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	120	750
03	RESPIRATORY SYSTEM	678	4,215
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	662	4,162
	054 SIMPLE ENDOSCOPY OF THE UPPER AIRWAY	14	38
	055 ENDOSCOPY OF THE LOWER AIRWAY	2	6
04	CARDIOVASCULAR SYSTEM	39	867
	077 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	37	332
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	1	26
	080 MINOR VASCULAR REPAIR AND FISTULA CONSTRUCTION	1	38
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	41	196
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	41	196
06	DIGESTIVE SYSTEM	308	34,150
	112 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	3	1,116
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	1	227
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	9	8,576
	119 HERNIA AND HYDROCELE PROCEDURES	9	1,286
	120 COMPLEX ANAL AND RECTAL PROCEDURES	1	221
	123 COMPLEX LAPAROSCOPIC PROCEDURES	285	2,093
08	MALE GENITAL SYSTEM	3	483
	154 SIMPLE PENILE PROCEDURES	3	116
09	FEMALE GENITAL SYSTEM	347	1,659
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	10	165
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	82	464
	178 DILATION AND CURETTAGE	53	197
	179 HYSTEROSCOPY	202	785
10	NERVOUS SYSTEM	1,439	11,220

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

404 McKay-Dee Surgical Center

procedure APG category	procedure APG	TOTAL #	TOTAL # (ALL FASCs)
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	1,346	8,222
	198 NERVE REPAIR AND DESTRUCTION	93	2,818
11	EYE AND OCULAR ADNEXA	1,347	18,216
	213 LASER EYE PROCEDURES	149	1,586
	214 CATARACT PROCEDURES	1,006	11,306
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	36	943
	216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	39	637
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	2	501
	219 SIMPLE POSTERIOR SEGMENT EYE PROCEDURES	1	68
	220 STRABISMUS AND MUSCLE EYE PROCEDURES	30	461
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	69	1,614
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	12	287
	223 VITRECTOMY	3	394
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	3,798	17,966
	233 NASAL CAUTERIZATION AND PACKING	32	64
	234 COMPLEX FACIAL AND ENT PROCEDURES	383	3,135
	235 SIMPLE FACIAL AND ENT PROCEDURES	2,222	10,613
	236 TONSIL AND ADENOID PROCEDURES	1,161	4,154

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, 2003
 PROCEDURE APG CATEGORY, PROCEDURE APG, SINGLE APG ONLY
 BASED ON REPORTABLE* CPT-4 PROCEDURES

404 McKay-Dee Surgical Center

Procedure APG category	Procedure APG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL FASCs)
01	INTEGUMENTARY SYSTEM	44	\$1,853	\$1,387
	003 COMPLEX INCISION AND DRAINAGE	1	\$274	\$1,193
	004 SIMPLE INCISION AND DRAINAGE	3	\$634	\$1,213
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	12	\$1,922	\$1,303
	008 SIMPLE EXCISION AND BIOPSY	17	\$1,324	\$1,151
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRAN	6	\$4,770	\$3,031
	011 SIMPLE INCISION AND EXCISION OF BREAST	3	\$1,003	\$1,260
	012 BREAST RECONSTRUCTION AND MASTECTOMY	2	\$1,075	\$1,494
02	MUSCULOSKELETAL SYSTEM	924	\$1,767	\$2,092
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	83	\$2,169	\$2,347
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	35	\$2,347	\$1,553
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	30	\$2,526	\$2,036
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	219	\$1,191	\$1,457
	025 ARTHROSCOPY	363	\$2,209	\$2,729
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	13	\$1,386	\$1,387
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	28	\$1,794	\$2,100
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	1	\$2,024	\$951
	032 BUNION PROCEDURES	57	\$1,623	\$1,756
	033 ARTHROPLASTY	7	\$1,955	\$2,264
	034 HAND AND FOOT TENOTOMY	2	\$1,022	\$1,229
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	86	\$618	\$703
03	RESPIRATORY SYSTEM	36	\$1,415	\$1,390
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	27	\$1,292	\$1,399
	054 SIMPLE ENDOSCOPY OF THE UPPER AIRWAY	8	\$1,813	\$1,795
	055 ENDOSCOPY OF THE LOWER AIRWAY	1	\$1,554	\$1,554
04	CARDIOVASCULAR SYSTEM	10	\$2,207	\$1,640
	077 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	10	\$2,207	\$2,207
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	36	\$1,352	\$1,371
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	36	\$1,352	\$1,371
06	DIGESTIVE SYSTEM	200	\$1,893	\$998
	112 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	2	\$1,687	\$685
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	5	\$1,283	\$848
	119 HERNIA AND HYDROCELE PROCEDURES	4	\$1,393	\$1,526
	120 COMPLEX ANAL AND RECTAL PROCEDURES	1	\$870	\$1,106
	123 COMPLEX LAPAROSCOPIC PROCEDURES	188	\$1,927	\$2,687
08	MALE GENITAL SYSTEM	2	\$1,701	\$1,627
	154 SIMPLE PENILE PROCEDURES	2	\$1,701	\$1,192
09	FEMALE GENITAL SYSTEM	236	\$1,679	\$1,789
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	7	\$1,441	\$2,279
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	46	\$1,065	\$1,124
	178 DILATION AND CURETTAGE	12	\$1,057	\$1,060
	179 HYSTEROSCOPY	171	\$1,897	\$2,161
10	NERVOUS SYSTEM	716	\$569	\$907
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	664	\$525	\$672
	198 NERVE REPAIR AND DESTRUCTION	52	\$1,131	\$1,433

AMB ST 1-5
 UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 PROCEDURE APG CATEGORY, PROCEDURE APG, SINGLE APG ONLY
 BASED ON REPORTABLE* CPT-4 PROCEDURES

404 McKay-Dee Surgical Center

procedure APG category	Procedure APG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL FASCs)
11	EYE AND OCULAR ADNEXA	1,283	\$1,819	\$2,053
	213 LASER EYE PROCEDURES	149	\$769	\$623
	214 CATARACT PROCEDURES	992	\$2,011	\$2,197
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	29	\$2,044	\$2,443
	216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	27	\$1,125	\$1,974
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	2	\$1,511	\$1,745
	219 SIMPLE POSTERIOR SEGMENT EYE PROCEDURES	1	\$2,374	\$1,474
	220 STRABISMUS AND MUSCLE EYE PROCEDURES	30	\$1,982	\$2,559
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	48	\$1,374	\$1,855
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	5	\$646	\$1,110
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	1,165	\$1,273	\$1,507
	233 NASAL CAUTERIZATION AND PACKING	8	\$1,589	\$1,418
	234 COMPLEX FACIAL AND ENT PROCEDURES	95	\$1,998	\$1,787
	235 SIMPLE FACIAL AND ENT PROCEDURES	185	\$1,039	\$1,738
	236 TONSIL AND ADENOID PROCEDURES	877	\$1,241	\$1,178

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

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

404 McKay-Dee Surgical Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
GENDER				
Female	3,912	57.7	46,191	55.6
Male	2,869	42.3	36,744	44.2
Unknown	0	0.0	68	0.1
Not Reported	0	0.0	93	0.1
AGE				
1-28 days	0	0.0	1	0.0
29-365 days	197	2.9	676	0.8
1-4 years	764	11.3	4,424	5.3
5-9	439	6.5	2,190	2.6
10-14	277	4.1	1,445	1.7
15-17	175	2.6	1,547	1.9
18-19	123	1.8	1,332	1.6
20-24	406	6.0	3,956	4.8
25-29	324	4.8	3,597	4.3
30-34	334	4.9	3,646	4.4
35-39	361	5.3	3,979	4.8
40-44	477	7.0	5,080	6.1
45-49	460	6.8	5,823	7.0
50-54	409	6.0	7,153	8.6
55-59	372	5.5	6,610	8.0
60-64	342	5.0	5,923	7.1
65-69	353	5.2	6,534	7.9
70-74	343	5.1	6,663	8.0
75-79	288	4.2	6,158	7.4
80-84	238	3.5	4,165	5.0
85-89	85	1.3	1,721	2.1
90 +	14	0.2	463	0.6
Not Reported	0	0.0	11	0.0
SOURCE OF ADMISSION				
Physician Referral	6,776	99.9	56,868	68.4
Clinic Referral	4	0.1	1,339	1.6
HMO Referral	1	0.0	6	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	0	0.0
Emergency Room	0	0.0	0	0.0
Court/Law Enforcement	0	0.0	0	0.0
Unknown	0	0.0	8,755	10.5
Not Reported	0	0.0	16,128	19.4

(Continued)

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

404 McKay-Dee Surgical Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	6,576	97.0	50,838	61.2
Another Hospital	9	0.1	37	0.0
Skilled Nursing Facility	0	0.0	3	0.0
Intermediate Care Facility	0	0.0	2	0.0
Another Type of Institution	0	0.0	0	0.0
Under Care of Home Service	0	0.0	0	0.0
Left Against Medical Advice	1	0.0	1	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	0	0.0	0	0.0
Unknown	195	2.9	32,215	38.8
Not Reported	0	0.0	0	0.0
PRIMARY PAYER				
Medicare	1,276	18.8	24,729	29.8
Medicaid	404	6.0	4,306	5.2
Other government	243	3.6	1,777	2.1
Blue Cross/Blue Shield	483	7.1	15,655	18.8
Other Commercial	481	7.1	8,759	10.5
Managed Care(HMO, PPO)	3,585	52.9	23,916	28.8
Self Pay	70	1.0	1,238	1.5
Industrial & Worker Comp	191	2.8	1,959	2.4
Charity and Unclassified	2	0.0	48	0.1
Childrens Health Insurance	4	0.1	258	0.3
Unknown	42	0.6	72	0.1
Not Reported	0	0.0	379	0.5
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	418	6.2	4,272	5.1
Central Utah	1	0.0	1,436	1.7
Davis County	1,427	21.0	10,298	12.4
Salt Lake County	56	0.8	29,345	35.3
Southeastern Utah	0	0.0	969	1.2
Southwest Utah	1	0.0	4,229	5.1
Summit County	25	0.4	1,461	1.8
Tooele County	5	0.1	1,314	1.6
Tri-County	3	0.0	410	0.5
Utah County	10	0.1	10,259	12.3
Wasatch County	2	0.0	553	0.7
Weber County	4,701	69.3	14,230	17.1
Unknown Utah	2	0.0	59	0.1
Outside Utah	130	1.9	4,198	5.1
Unknown, Not Reported	0	0.0	63	0.1

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

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

416 Moran Eye Center

Reporting Category(ICD-9-CM CODES)	Procedures Performed		Procedures Performed-All FASCs	
	(#)	(%)	(#)	(%)
Reporting Category(ICD-9-CM CODES)	7,264	100.0	44,330	100.0
Mastectomy (85.0-85.99)	0	0.0	1,046	2.4
Musculoskeletal (76.0-84.99)	32	0.4	7,633	17.2
Respiratory (30.0-34.99)	0	0.0	101	0.2
Cardiovascular (35.0-39.99)	12	0.2	845	1.9
Lymphatic/Hemetic (40.0-41.99)	1	0.0	83	0.2
Digestive System (42.0-54.99)	0	0.0	5,672	12.8
Urinary (55.0-59.99)	0	0.0	241	0.5
Male Genital (60.0-64.99)	0	0.0	151	0.3
Female Genital (65.0-71.99)	0	0.0	1,260	2.8
Endocrine/Nervous (01.0-07.99)	11	0.2	2,971	6.7
Eye (08.0-16.99)	7,177	98.8	13,860	31.3
Ear (18.0-20.99)	0	0.0	2,865	6.5
Nose,Mouth,Pharynx (21.0-29.99)	31	0.4	7,602	17.1
Reporting Category(CPT-4 CODES)	4,718	100.0	114,197	100.0
Mastectomy (19120-19220)	0	0.0	336	0.3
Musculoskeletal (20000-29909)	24	0.5	22,993	20.1
Respiratory (30000-32999 & 39501-39599)	28	0.6	9,162	8.0
Cardiovascular (33010-37799 & 93501-93660)	11	0.2	1,196	1.0
Lymphatic/Hemetic (38100-38999)	1	0.0	174	0.2
Digestive (40490-49999)	0	0.0	39,508	34.6
Urinary (50010-53899)	0	0.0	1,577	1.4
Male Genital (54000-55899)	0	0.0	533	0.5
Female Genital (56405-58999)	0	0.0	3,167	2.8
Endocrine/Nervous (60000-64999)	2	0.0	11,820	10.4
Eye (65091-68899)	4,652	98.6	18,307	16.0
Ear (69000-69979)	0	0.0	5,424	4.7

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics.

Reportable* excludes codes in the former "Other" category in previous reports.

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES

416 Moran Eye Center

ICD-9 CODE	ICD-9 DESCRIPTION	#	%	% ALL FASCs
All ICD-9 Procedures				
1371	IOL PROSTH-CATARACT EXTRACT-1-STAGE	2,129	29.3	10.45
1341	PHACOEMLSIFICATION-ASPIR CATARACT	2,127	29.3	9.92
1171	KERATOMILEUSIS	471	6.5	1.06
1474	OTH MECH VITRECTOMY	262	3.6	0.59
1429	OTH DESTRUC CHORIORETINAL LES	208	2.9	0.47
149	OTH OPER RETINA-CHOROID-POST CHAMBR	147	2.0	0.33
0833	REPR BLEPHAROPT-RESECT/ADVANC LEVAT	130	1.8	0.59
1164	OTH PENETRATING KERATOPLASTY	111	1.5	0.37
1264	TRABECULECTOMY AB EXT	109	1.5	0.29
1372	SECNDRY INSRT IOL PROSTH	80	1.1	0.22
1424	DEST CHORIORETIN LES-LASER PHOTO	76	1.0	0.17
1511	RECESSION 1 EXTRAOCULAR MUSC	51	0.7	0.23
0844	REPR ENTROPION/ECTROP-LID RECON	48	0.7	0.34
0887	UPPER EYELID RHYTIDECTOMY	47	0.6	0.62
1139	OTH EXC PTERYGIUM	46	0.6	0.21
1159	OTH CORNEAL REPR	42	0.6	0.18
0944	INTUBATE NASOLACRML DUCT	41	0.6	0.21
1475	INJ VITREOUS SUBSTITUTE	41	0.6	0.09
138	REMOV LENS IMPLNT	40	0.6	0.11
0981	DACRYOCYSTORHINOSTOMY [DCR]	36	0.5	0.20

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL FASCs
All CPT-4 Procedures				
66984	EXTRACAPSULAR CATARACT REMV IOL	2,102	44.6	9.67
65760	KERATOMILEUSIS	471	10.0	0.42
67221	DESTRUC LES CHOROID; PHOTODYNAMC	212	4.5	0.21
67038	VITRECTOMY MECH; W/MEMBRANE STRI	148	3.1	0.17
66170	FISTULIZ SCLER; TRABECULECT AB E	100	2.1	0.14
67904	REPR BLEPHAROPTOSIS; RESECT-EXT	90	1.9	0.47
65730	KERATOPLASTY; PENETRATING	88	1.9	0.18
67108	REPR RETINAL DETACH; W/VITRECTOM	78	1.7	0.08
67036	VITRECTOMY MECH PARS PLANA APPRC	54	1.1	0.07
67040	VITRECTOMY MECH; W/PANRETINAL PH	52	1.1	0.05
66985	INSERT IOL PROSTH SECONDARY IMPL	48	1.0	0.09
67335	PLCMT ADJUSTABLE SUTURE-STRABISM	48	1.0	0.09
66999	UNLISTED PROC ANTERIOR SEGMENT E	47	1.0	0.22
65426	EXC/TRANSPOSITION PTERYGIUM; W/G	41	0.9	0.16
68815	PROBE NASOLAC DUCT; W/INSERT TUB	41	0.9	0.15
67311	STRABISMUS SURG; 1 HORIZONTAL MU	39	0.8	0.11
65772	CORNEAL RELAXING INCS-ASTIGMATIS	34	0.7	0.04
67314	STRAB SURG R/R PROC; 1 VERTICL M	34	0.7	0.05
68720	DACRYOCYSTORHINOSTOMY	34	0.7	0.11
66180	AQUEOUS SHUNT EXTRAOCULAR RESERV	31	0.7	0.03

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

Reportable* excludes codes in the former "Other" category in previous reports.

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 AVERAGE TOTAL CHARGES FOR MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES, SINGLE ICD-9 OR CPT-4 ONLY

416 Moran Eye Center

ICD-9 CODE	ICD-9 DESCRIPTION	#	AVE TOT CHR	AVE TOT CHR(ALL FASCs)
ICD-9 Procedures		1,321	\$2,725	\$1,497
1171	KERATOMILEUSIS	468	\$1,194	\$1,194
1429	OTH DESTRUC CHORIORETINAL LES	193	\$2,887	\$2,887
1164	OTH PENETRATING KERATOPLASTY	83	\$6,934	\$5,894
1264	TRABECULECTOMY AB EXT	77	\$3,559	\$3,210
0833	REPR BLEPHAROPT-RESECT/ADVANC LEVAT	33	\$2,405	\$1,558
1372	SECNDRY INSRT IOL PROSTH	28	\$3,162	\$2,752
1175	RADIAL KERATOTOMY	26	\$1,062	\$1,062
1370	INSRT PSEUDOPHAKOS-NOS	26	\$2,541	\$2,541
1269	OTH SCLERAL FISTULIZING PROC	24	\$5,135	\$5,135
153	>=2 EXTRAOC MUSC-TEMP DETCH-1/BOTH	24	\$5,524	\$3,815
1511	RECESSION 1 EXTRAOCULAR MUSC	21	\$3,859	\$3,238
156	REVIS EXTRAOCULAR MUSC SURG	20	\$5,213	\$4,950
0844	REPR ENTROPION/ECTROP-LID RECON	19	\$2,534	\$1,812
1449	OTH SCLERAL BUCKLING	19	\$5,885	\$5,885
1149	OTH REMOV/DESTRUC CORNEAL LES	16	\$1,339	\$1,637
1474	OTH MECH VITRECTOMY	14	\$3,658	\$3,658
1283	REVIS OPER WOUND ANT SEGMENT-NEC	13	\$2,163	\$1,892
1631	REMOV OCULAR CONTENTS-IMPLNT SHELL	11	\$4,260	\$3,893
3821	BX BLD VESSEL	11	\$1,489	\$1,491
1179	OTH RECON & REFRACTIVE CORNEA SURG	9	\$1,665	\$1,612

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHR	AVE TOT CHR(ALL FASCs)
CPT-4 Procedures		3,576	\$3,259	\$1,504
66984	EXTRACAPSULAR CATARACT REMV IOL	2,013	\$3,518	\$2,187
65760	KERATOMILEUSIS	468	\$1,194	\$1,183
67221	DESTRUC LES CHOROID; PHOTODYNAMC	199	\$2,906	\$2,946
65730	KERATOPLASTY; PENETRATING	74	\$6,956	\$5,158
67904	REPR BLEPHAROPTOSIS; RESECT-EXT	71	\$3,443	\$1,695
66170	FISTULIZ SCLER; TRABECULECT AB E	70	\$3,565	\$2,982
67038	VITRECTOMY MECH; W/MEMBRANE STRI	70	\$4,586	\$3,703
67108	REPR RETINAL DETACH; W/VITRECTOM	42	\$5,675	\$4,888
66999	UNLISTED PROC ANTERIOR SEGMENT E	40	\$2,742	\$2,397
65426	EXC/TRANSPOSITION PTERYGIUM; W/G	39	\$2,243	\$1,604
66985	INSERT IOL PROSTH SECONDARY IMPL	29	\$3,242	\$2,394
65771	RADIAL KERATOTOMY	26	\$1,062	\$1,062
67040	VITRECTOMY MECH; W/PANRETINAL PH	22	\$3,951	\$3,863
66180	AQUEOUS SHUNT EXTRAOCULAR RESERV	21	\$5,150	\$4,847
66986	EXCHANGE OF INTRAOCULAR LENS	21	\$3,598	\$2,750
66250	REVIS OPERATIVE WOUND ANT SEGMENT	19	\$2,282	\$1,882
67036	VITRECTOMY MECH PARS PLANA APPRC	17	\$3,624	\$2,732
65755	KERATOPLASTY; PENETRATING	16	\$6,408	\$5,370
66982	EXTRACAP CATARACT REMV W/IOL-CMP	16	\$6,195	\$3,540
67924	REPAIR ENTROPION; BLPHPPLSTY EXT	15	\$2,600	\$1,652

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

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

416 Moran Eye Center

Procedure APG category	Procedure APG	TOTAL #	TOTAL # (ALL FASCs)
01	INTEGUMENTARY SYSTEM	39	1,479
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	1	58
	008 SIMPLE EXCISION AND BIOPSY	32	507
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRANGE	6	91
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	1	196
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	1	196
10	NERVOUS SYSTEM	2	11,220
	198 NERVE REPAIR AND DESTRUCTION	2	2,818
11	EYE AND OCULAR ADNEXA	4,601	18,216
	211 MINOR OPHTHALMOLOGICAL TESTS AND PROCEDURES	212	284
	213 LASER EYE PROCEDURES	25	1,586
	214 CATARACT PROCEDURES	2,230	11,306
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	642	943
	216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	277	637
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	170	501
	218 COMPLEX POSTERIOR SEGMENT EYE PROCEDURES	107	135
	219 SIMPLE POSTERIOR SEGMENT EYE PROCEDURES	42	68
	220 STRABISMUS AND MUSCLE EYE PROCEDURES	198	461
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	352	1,614
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	52	287
	223 VITRECTOMY	294	394
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	39	17,966
	234 COMPLEX FACIAL AND ENT PROCEDURES	33	3,135
	235 SIMPLE FACIAL AND ENT PROCEDURES	6	10,613

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

Reportable* excludes codes in the former "Other" category in previous reports.

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UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 PROCEDURE APG CATEGORY, PROCEDURE APG, SINGLE APG ONLY
 BASED ON REPORTABLE* CPT-4 PROCEDURES

416 Moran Eye Center

Procedure APG category	Procedure APG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL FASCs)
01	INTEGUMENTARY SYSTEM	20	\$1,522	\$1,387
	008 SIMPLE EXCISION AND BIOPSY	20	\$1,522	\$1,151
11	EYE AND OCULAR ADNEXA	3,541	\$3,262	\$2,053
	211 MINOR OPHTHALMOLOGICAL TESTS AND PROCEDURES	199	\$2,906	\$2,757
	213 LASER EYE PROCEDURES	7	\$2,706	\$623
	214 CATARACT PROCEDURES	2,086	\$3,537	\$2,197
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	593	\$2,272	\$2,443
	216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	158	\$2,856	\$1,974
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	104	\$2,098	\$1,745
	218 COMPLEX POSTERIOR SEGMENT EYE PROCEDURES	54	\$5,274	\$4,246
	219 SIMPLE POSTERIOR SEGMENT EYE PROCEDURES	7	\$3,085	\$1,474
	220 STRABISMUS AND MUSCLE EYE PROCEDURES	34	\$3,809	\$2,559
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	164	\$3,481	\$1,855
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	18	\$2,409	\$1,110
	223 VITRECTOMY	117	\$4,348	\$3,538
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	5	\$4,852	\$1,507
	234 COMPLEX FACIAL AND ENT PROCEDURES	5	\$4,852	\$1,787

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

Reportable* excludes codes in the former "Other" category in previous reports.

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

416 Moran Eye Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
GENDER				
Female	2,286	56.2	46,191	55.6
Male	1,779	43.8	36,744	44.2
Unknown	1	0.0	68	0.1
Not Reported	0	0.0	93	0.1
AGE				
1-28 days	0	0.0	1	0.0
29-365 days	7	0.2	676	0.8
1-4 years	57	1.4	4,424	5.3
5-9	30	0.7	2,190	2.6
10-14	45	1.1	1,445	1.7
15-17	20	0.5	1,547	1.9
18-19	13	0.3	1,332	1.6
20-24	79	1.9	3,956	4.8
25-29	133	3.3	3,597	4.3
30-34	115	2.8	3,646	4.4
35-39	167	4.1	3,979	4.8
40-44	165	4.1	5,080	6.1
45-49	222	5.5	5,823	7.0
50-54	272	6.7	7,153	8.6
55-59	263	6.5	6,610	8.0
60-64	292	7.2	5,923	7.1
65-69	405	10.0	6,534	7.9
70-74	543	13.4	6,663	8.0
75-79	628	15.4	6,158	7.4
80-84	384	9.4	4,165	5.0
85-89	166	4.1	1,721	2.1
90 +	60	1.5	463	0.6
Not Reported	0	0.0	11	0.0
SOURCE OF ADMISSION				
Physician Referral	0	0.0	56,868	68.4
Clinic Referral	0	0.0	1,339	1.6
HMO Referral	0	0.0	6	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	0	0.0
Emergency Room	0	0.0	0	0.0
Court/Law Enforcement	0	0.0	0	0.0
Unknown	0	0.0	8,755	10.5
Not Reported	4,066	100.0	16,128	19.4

(Continued)

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

416 Moran Eye Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	4,063	99.9	50,838	61.2
Another Hospital	2	0.0	37	0.0
Skilled Nursing Facility	1	0.0	3	0.0
Intermediate Care Facility	0	0.0	2	0.0
Another Type of Institution	0	0.0	0	0.0
Under Care of Home Service	0	0.0	0	0.0
Left Against Medical Advice	0	0.0	1	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	32,215	38.8
Not Reported	0	0.0	0	0.0
PRIMARY PAYER				
Medicare	2,061	50.7	24,729	29.8
Medicaid	156	3.8	4,306	5.2
Other government	53	1.3	1,777	2.1
Blue Cross/Blue Shield	427	10.5	15,655	18.8
Other Commercial	698	17.2	8,759	10.5
Managed Care(HMO, PPO)	567	13.9	23,916	28.8
Self Pay	55	1.4	1,238	1.5
Industrial & Worker Comp	29	0.7	1,959	2.4
Charity and Unclassified	19	0.5	48	0.1
Childrens Health Insurance	0	0.0	258	0.3
Unknown	1	0.0	72	0.1
Not Reported	0	0.0	379	0.5
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	86	2.1	4,272	5.1
Central Utah	32	0.8	1,436	1.7
Davis County	341	8.4	10,298	12.4
Salt Lake County	2,611	64.2	29,345	35.3
Southeastern Utah	26	0.6	969	1.2
Southwest Utah	46	1.1	4,229	5.1
Summit County	84	2.1	1,461	1.8
Tooele County	85	2.1	1,314	1.6
Tri-County	22	0.5	410	0.5
Utah County	126	3.1	10,259	12.3
Wasatch County	28	0.7	553	0.7
Weber County	115	2.8	14,230	17.1
Unknown Utah	0	0.0	59	0.1
Outside Utah	460	11.3	4,198	5.1
Unknown, Not Reported	4	0.1	63	0.1

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

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

414 Mount Ogden Surgical Center

Reporting Category (ICD-9-CM CODES)	Procedures Performed		Procedures Performed-All FASCs	
	(#)	(%)	(#)	(%)
Reporting Category (ICD-9-CM CODES)	.	.	44,330	100.0
Mastectomy (85.0-85.99)	.	.	1,046	2.4
Musculoskeletal (76.0-84.99)	.	.	7,633	17.2
Respiratory (30.0-34.99)	.	.	101	0.2
Cardiovascular (35.0-39.99)	.	.	845	1.9
Lymphatic/Hemetic (40.0-41.99)	.	.	83	0.2
Digestive System (42.0-54.99)	.	.	5,672	12.8
Urinary (55.0-59.99)	.	.	241	0.5
Male Genital (60.0-64.99)	.	.	151	0.3
Female Genital (65.0-71.99)	.	.	1,260	2.8
Endocrine/Nervous (01.0-07.99)	.	.	2,971	6.7
Eye (08.0-16.99)	.	.	13,860	31.3
Ear (18.0-20.99)	.	.	2,865	6.5
Nose, Mouth, Pharynx (21.0-29.99)	.	.	7,602	17.1
Reporting Category (CPT-4 CODES)	5,427	100.0	114,197	100.0
Mastectomy (19120-19220)	0	0.0	336	0.3
Musculoskeletal (20000-29909)	1,511	27.8	22,993	20.1
Respiratory (30000-32999 & 39501-39599)	282	5.2	9,162	8.0
Cardiovascular (33010-37799 & 93501-93660)	3	0.1	1,196	1.0
Lymphatic/Hemetic (38100-38999)	7	0.1	174	0.2
Digestive (40490-49999)	871	16.0	39,508	34.6
Urinary (50010-53899)	309	5.7	1,577	1.4
Male Genital (54000-55899)	54	1.0	533	0.5
Female Genital (56405-58999)	252	4.6	3,167	2.8
Endocrine/Nervous (60000-64999)	657	12.1	11,820	10.4
Eye (65091-68899)	1,303	24.0	18,307	16.0
Ear (69000-69979)	178	3.3	5,424	4.7

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics.

Reportable* excludes codes in the former "Other" category in previous reports.

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES

414 Mount Ogden Surgical Center

ICD-9 CODE	ICD-9 DESCRIPTION	#	%	% ALL FASCs
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All ICD-9 Procedures

Does not report ICDs

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL FASCs
All CPT-4 Procedures				
66984	EXTRACAPSULAR CATARACT REMV IOL	5,427	100.0	100.0
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	1,099	20.3	9.67
45378	COLONOSCOPY FLEX; DX-SEP PROC	324	6.0	1.70
43239	UGI ENDO; W/BX 1/MX	154	2.8	7.46
29881	SCOPE KNEE SURG;W/MENISCECT MED/	153	2.8	5.96
69436	TYMPANOSTOMY GENERAL ANESTHESIA	149	2.7	1.66
64721	NEUROPLASTY; MEDIAN @ CARPAL TUN	143	2.6	3.99
50590	LITHOTRIPSY XTRACORP SHOCK WAVE	130	2.4	1.23
41899	UNLIST PROC DENTOALVEOL STRUCTUR	116	2.1	0.59
29826	SCOPE SHOULDER; DECOMP SUBACROM	112	2.1	1.81
42820	T&A; UNDER AGE 12	107	2.0	0.86
20680	REMOVAL OF IMPLANT; DEEP	99	1.8	1.62
21299	UNLISTED CRANIOFCE&MAXILLOFCE PR	74	1.4	0.83
67904	REPR BLEPHAROPTOSIS; RESECT-EXT	72	1.3	0.46
45380	COLONOSCOPY FLEX; W/BX 1/MX	66	1.2	0.47
26055	TENDON SHEATH INCISION	65	1.2	3.12
64483	INJ ANES EPIDURL; LUMB/SAC 1 LEV	63	1.2	0.68
29877	SCOPE KNEE SURG; DEBRID/SHAVE CA	63	1.2	1.01
30520	SEPTOPLASTY/SUBMUCOS RES W/GFT	62	1.1	1.06
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	61	1.1	1.55
		53	1.0	2.98

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

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 AVERAGE TOTAL CHARGES FOR MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES, SINGLE ICD-9 OR CPT-4 ONLY

414 Mount Ogden Surgical Center

ICD-9 CODE	ICD-9 DESCRIPTION	#	AVE TOT CHR	AVE TOT CHR(ALL FASCs)
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ICD-9 Procedures

Does not report ICDS

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHR	AVE TOT CHR(ALL FASCs)
CPT-4 Procedures				
66984	EXTRACAPSULAR CATARACT REMV IOL	3,504	\$1,790	\$1,504
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	1,089	\$1,184	\$2,187
45378	COLONOSCOPY FLEX; DX-SEP PROC	292	\$859	\$603
50590	COLONOSCOPY FLEX; DX-SEP PROC	123	\$834	\$822
41899	LITHOTRIPSY XTRACORP SHOCK WAVE	111	\$6,141	\$2,383
64721	UNLIST PROC DENTOALVEOL STRUCTUR	110	\$1,894	\$1,918
69436	NEUROPLASTY; MEDIAN @ CARPAL TUN	108	\$1,420	\$1,141
43239	TYMPANOSTOMY GENERAL ANESTHESIA	101	\$1,326	\$1,099
29881	UGI ENDO; W/BX 1/MX	87	\$695	\$907
42820	SCOPE KNEE SURG;W/MENISCECT MED/	80	\$2,824	\$2,207
21299	T&A; UNDER AGE 12	75	\$1,332	\$1,176
45380	UNLISTED CRANIOFCE&MAXILLOFCE PR	71	\$1,805	\$1,909
45385	COLONOSCOPY FLEX; W/BX 1/MX	51	\$800	\$954
58563	COLONOSCOPY FLEX; W/REMV LES-SNA	41	\$969	\$964
26055	HYSTEROSC SURG; W/ENDOMETRIAL AB	40	\$3,409	\$2,862
64483	TENDON SHEATH INCISION	35	\$2,203	\$1,326
20680	INJ ANES EPIDURL; LUMB/SAC 1 LEV	35	\$1,936	\$837
28296	REMOVAL OF IMPLANT; DEEP	34	\$1,786	\$1,268
42826	HALLUX VALGUS; W/METATARSAL OSTE	25	\$2,683	\$1,763
58662	TONSILLECTOMY PRIM/SEC; AGE 12/O	24	\$1,311	\$1,154
	LAP SURG; W/FULG/EXCIS LES-OVARY	24	\$2,296	\$1,996

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

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

414 Mount Ogden Surgical Center

Procedure APG category		TOTAL #	TOTAL # (ALL FASCs)
Procedure APG			
01	INTEGUMENTARY SYSTEM	46	1,479
	004 SIMPLE INCISION AND DRAINAGE	2	16
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	19	431
	008 SIMPLE EXCISION AND BIOPSY	25	507
02	MUSCULOSKELETAL SYSTEM	1,371	20,799
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	135	1,963
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	28	597
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	41	785
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	311	5,579
	025 ARTHROSCOPY	652	8,535
	028 CLOSED TREATMENT FX & DISLOCATION OF FINGER, TOE & TRUNK	1	12
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	5	83
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	80	1,012
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	5	134
	032 BUNION PROCEDURES	49	1,061
	033 ARTHROPLASTY	30	217
	034 HAND AND FOOT TENOTOMY	3	68
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	31	750
03	RESPIRATORY SYSTEM	104	4,215
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	100	4,162
	054 SIMPLE ENDOSCOPY OF THE UPPER AIRWAY	4	38
04	CARDIOVASCULAR SYSTEM	2	867
	080 MINOR VASCULAR REPAIR AND FISTULA CONSTRUCTION	1	38
	082 VASCULAR LIGATION	1	131
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	8	196
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	8	196
06	DIGESTIVE SYSTEM	630	34,150
	112 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	40	1,116
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	5	162
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	182	8,576
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	19	2,444
	117 LOWER GASTROINTESTINAL ENDOSCOPY	278	17,826
	119 HERNIA AND HYDROCELE PROCEDURES	18	1,286
	123 COMPLEX LAPAROSCOPIC PROCEDURES	88	2,093
07	URINARY SYSTEM	304	1,557
	131 RENAL EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	116	673
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	76	379
	135 MODERATE CYSTOURETHROSCOPY	83	360
	136 SIMPLE CYSTOURETHROSCOPY	22	92
	137 COMPLEX URETHRAL PROCEDURES	2	19
	138 SIMPLE URETHRAL PROCEDURES	5	23
08	MALE GENITAL SYSTEM	52	483
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	31	335
	153 COMPLEX PENILE PROCEDURES	2	22
	154 SIMPLE PENILE PROCEDURES	17	116
	155 PROSTATE NEEDLE AND PUNCH BIOPSY	2	9

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

414 Mount Ogden Surgical Center

procedure APG category	procedure APG	TOTAL #	TOTAL # (ALL FASCs)
09	FEMALE GENITAL SYSTEM	187	1,659
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	8	165
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	99	464
	179 HYSTEROSCOPY	76	785
	180 COLPOSCOPY	4	48
10	NERVOUS SYSTEM	658	11,220
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	462	8,222
	196 REVISION AND REMOVAL OF NEUROLOGICAL DEVICE	11	46
	197 NEUROSTIMULATOR AND VENTRICULAR SHUNT IMPLANTATION	17	110
	198 NERVE REPAIR AND DESTRUCTION	168	2,818
11	EYE AND OCULAR ADNEXA	1,302	18,216
	214 CATARACT PROCEDURES	1,113	11,306
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	7	943
	216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	20	637
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	6	501
	218 COMPLEX POSTERIOR SEGMENT EYE PROCEDURES	1	135
	219 SIMPLE POSTERIOR SEGMENT EYE PROCEDURES	1	68
	220 STRABISMUS AND MUSCLE EYE PROCEDURES	7	461
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	117	1,614
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	9	287
	223 VITRECTOMY	21	394
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	747	17,966
	233 NASAL CAUTERIZATION AND PACKING	4	64
	234 COMPLEX FACIAL AND ENT PROCEDURES	112	3,135
	235 SIMPLE FACIAL AND ENT PROCEDURES	445	10,613
	236 TONSIL AND ADENOID PROCEDURES	186	4,154
13	THERAPUTIC AND OTHER RADIOLOGICAL PROCEDURES	1	877
	255 MISCELLANEOUS RADIOLOGICAL PROCEDURES WITH CONTRAST	1	10

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, 2003
 PROCEDURE APG CATEGORY, PROCEDURE APG, SINGLE APG ONLY
 BASED ON REPORTABLE* CPT-4 PROCEDURES

414 Mount Ogden Surgical Center

Procedure APG category	Procedure APG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL FASCs)
01	INTEGUMENTARY SYSTEM	30	\$1,737	\$1,387
	004 SIMPLE INCISION AND DRAINAGE	1	\$1,609	\$1,213
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	16	\$1,802	\$1,303
	008 SIMPLE EXCISION AND BIOPSY	13	\$1,667	\$1,151
02	MUSCULOSKELETAL SYSTEM	607	\$2,915	\$2,092
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	66	\$2,995	\$2,347
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	12	\$2,131	\$1,553
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	22	\$2,910	\$2,036
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	172	\$2,091	\$1,457
	025 ARTHROSCOPY	190	\$3,864	\$2,729
	028 CLOSED TREATMENT FX & DISLOCATION OF FINGER, TOE & TRUNK	1	\$2,228	\$1,486
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	4	\$1,675	\$1,387
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	71	\$2,846	\$2,100
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	2	\$2,874	\$951
	032 BUNION PROCEDURES	36	\$2,766	\$1,756
	033 ARTHROPLASTY	18	\$3,140	\$2,264
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	13	\$1,210	\$703
03	RESPIRATORY SYSTEM	10	\$2,480	\$1,390
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	8	\$2,690	\$1,399
	054 SIMPLE ENDOSCOPY OF THE UPPER AIRWAY	2	\$1,639	\$1,795
04	CARDIOVASCULAR SYSTEM	1	\$1,377	\$1,640
	082 VASCULAR LIGATION	1	\$1,377	\$1,883
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	8	\$1,749	\$1,371
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	8	\$1,749	\$1,371
06	DIGESTIVE SYSTEM	402	\$1,050	\$998
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	2	\$518	\$501
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	98	\$687	\$848
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	10	\$834	\$798
	117 LOWER GASTROINTESTINAL ENDOSCOPY	221	\$853	\$867
	119 HERNIA AND HYDROCELE PROCEDURES	10	\$2,306	\$1,526
	123 COMPLEX LAPAROSCOPIC PROCEDURES	61	\$2,195	\$2,687
07	URINARY SYSTEM	205	\$4,159	\$2,020
	131 RENAL EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	111	\$6,141	\$2,379
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	40	\$2,575	\$1,976
	135 MODERATE CYSTOURETHROSCOPY	38	\$1,278	\$1,274
	136 SIMPLE CYSTOURETHROSCOPY	13	\$1,031	\$959
	137 COMPLEX URETHRAL PROCEDURES	1	\$2,886	\$1,533
	138 SIMPLE URETHRAL PROCEDURES	2	\$1,593	\$1,120
08	MALE GENITAL SYSTEM	36	\$2,383	\$1,627
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	23	\$2,927	\$1,701
	153 COMPLEX PENILE PROCEDURES	2	\$1,987	\$2,111
	154 SIMPLE PENILE PROCEDURES	11	\$1,318	\$1,192
09	FEMALE GENITAL SYSTEM	89	\$2,670	\$1,789
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	7	\$3,237	\$2,279
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	19	\$1,495	\$1,124

AMB ST 1-5

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 PROCEDURE APG CATEGORY, PROCEDURE APG, SINGLE APG ONLY
 BASED ON REPORTABLE* CPT-4 PROCEDURES

414 Mount Ogden Surgical Center

procedure APG category	Procedure APG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL FASCs)
	179 HYSTEROSCOPY	62	\$2,987	\$2,161
	180 COLPOSCOPY	1	\$1,377	\$1,701
10	NERVOUS SYSTEM	469	\$1,120	\$907
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	342	\$971	\$672
	196 REVISION AND REMOVAL OF NEUROLOGICAL DEVICE	3	\$1,517	\$2,348
	197 NEUROSTIMULATOR AND VENTRICULAR SHUNT IMPLANTATION	2	\$1,714	\$4,416
	198 NERVE REPAIR AND DESTRUCTION	122	\$1,518	\$1,433
11	EYE AND OCULAR ADNEXA	1,188	\$1,309	\$2,053
	214 CATARACT PROCEDURES	1,103	\$1,199	\$2,197
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	6	\$4,183	\$2,443
	216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	14	\$1,951	\$1,974
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	5	\$2,518	\$1,745
	218 COMPLEX POSTERIOR SEGMENT EYE PROCEDURES	1	\$2,578	\$4,246
	219 SIMPLE POSTERIOR SEGMENT EYE PROCEDURES	1	\$1,200	\$1,474
	220 STRABISMUS AND MUSCLE EYE PROCEDURES	3	\$3,123	\$2,559
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	36	\$2,964	\$1,855
	223 VITRECTOMY	19	\$2,517	\$3,538
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	453	\$1,575	\$1,507
	234 COMPLEX FACIAL AND ENT PROCEDURES	15	\$2,185	\$1,787
	235 SIMPLE FACIAL AND ENT PROCEDURES	302	\$1,670	\$1,738
	236 TONSIL AND ADENOID PROCEDURES	136	\$1,297	\$1,178

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

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

414 Mount Ogden Surgical Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
GENDER				
Female	2,493	57.5	46,191	55.6
Male	1,843	42.5	36,744	44.2
Unknown	0	0.0	68	0.1
Not Reported	0	0.0	93	0.1
AGE				
1-28 days	0	0.0	1	0.0
29-365 days	38	0.9	676	0.8
1-4 years	243	5.6	4,424	5.3
5-9	127	2.9	2,190	2.6
10-14	60	1.4	1,445	1.7
15-17	69	1.6	1,547	1.9
18-19	56	1.3	1,332	1.6
20-24	177	4.1	3,956	4.8
25-29	174	4.0	3,597	4.3
30-34	156	3.6	3,646	4.4
35-39	181	4.2	3,979	4.8
40-44	257	5.9	5,080	6.1
45-49	264	6.1	5,823	7.0
50-54	266	6.1	7,153	8.6
55-59	276	6.4	6,610	8.0
60-64	263	6.1	5,923	7.1
65-69	416	9.6	6,534	7.9
70-74	410	9.5	6,663	8.0
75-79	458	10.6	6,158	7.4
80-84	304	7.0	4,165	5.0
85-89	108	2.5	1,721	2.1
90 +	33	0.8	463	0.6
Not Reported	0	0.0	11	0.0
SOURCE OF ADMISSION				
Physician Referral	0	0.0	56,868	68.4
Clinic Referral	0	0.0	1,339	1.6
HMO Referral	0	0.0	6	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	0	0.0
Emergency Room	0	0.0	0	0.0
Court/Law Enforcement	0	0.0	0	0.0
Unknown	0	0.0	8,755	10.5
Not Reported	4,336	100.0	16,128	19.4

(Continued)

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

414 Mount Ogden Surgical Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	12	0.3	50,838	61.2
Another Hospital	0	0.0	37	0.0
Skilled Nursing Facility	0	0.0	3	0.0
Intermediate Care Facility	0	0.0	2	0.0
Another Type of Institution	0	0.0	0	0.0
Under Care of Home Service	0	0.0	0	0.0
Left Against Medical Advice	0	0.0	1	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	0	0.0	0	0.0
Unknown	4,324	99.7	32,215	38.8
Not Reported	0	0.0	0	0.0
PRIMARY PAYER				
Medicare	1,604	37.0	24,729	29.8
Medicaid	213	4.9	4,306	5.2
Other government	173	4.0	1,777	2.1
Blue Cross/Blue Shield	928	21.4	15,655	18.8
Other Commercial	464	10.7	8,759	10.5
Managed Care(HMO, PPO)	639	14.7	23,916	28.8
Self Pay	65	1.5	1,238	1.5
Industrial & Worker Comp	184	4.2	1,959	2.4
Charity and Unclassified	0	0.0	48	0.1
Childrens Health Insurance	66	1.5	258	0.3
Unknown	0	0.0	72	0.1
Not Reported	0	0.0	379	0.5
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	249	5.7	4,272	5.1
Central Utah	1	0.0	1,436	1.7
Davis County	748	17.3	10,298	12.4
Salt Lake County	35	0.8	29,345	35.3
Southeastern Utah	2	0.0	969	1.2
Southwest Utah	13	0.3	4,229	5.1
Summit County	14	0.3	1,461	1.8
Tooele County	2	0.0	1,314	1.6
Tri-County	5	0.1	410	0.5
Utah County	1	0.0	10,259	12.3
Wasatch County	2	0.0	553	0.7
Weber County	3,089	71.2	14,230	17.1
Unknown Utah	0	0.0	59	0.1
Outside Utah	173	4.0	4,198	5.1
Unknown, Not Reported	2	0.0	63	0.1

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

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

419 Northern Utah Endoscopy Center

Reporting Category(ICD-9-CM CODES)	Procedures Performed		Procedures Performed-All FASCs	
	(#)	(%)	(#)	(%)
Reporting Category(ICD-9-CM CODES)	4,485	100.0	44,330	100.0
Mastectomy (85.0-85.99)	0	0.0	1,046	2.4
Musculoskeletal (76.0-84.99)	0	0.0	7,633	17.2
Respiratory (30.0-34.99)	0	0.0	101	0.2
Cardiovascular (35.0-39.99)	0	0.0	845	1.9
Lymphatic/Hemetic (40.0-41.99)	0	0.0	83	0.2
Digestive System (42.0-54.99)	4,485	100.0	5,672	12.8
Urinary (55.0-59.99)	0	0.0	241	0.5
Male Genital (60.0-64.99)	0	0.0	151	0.3
Female Genital (65.0-71.99)	0	0.0	1,260	2.8
Endocrine/Nervous (01.0-07.99)	0	0.0	2,971	6.7
Eye (08.0-16.99)	0	0.0	13,860	31.3
Ear (18.0-20.99)	0	0.0	2,865	6.5
Nose,Mouth,Pharynx (21.0-29.99)	0	0.0	7,602	17.1
Reporting Category(CPT-4 CODES)	4,460	100.0	114,197	100.0
Mastectomy (19120-19220)	0	0.0	336	0.3
Musculoskeletal (20000-29909)	0	0.0	22,993	20.1
Respiratory (30000-32999 & 39501-39599)	0	0.0	9,162	8.0
Cardiovascular (33010-37799 & 93501-93660)	0	0.0	1,196	1.0
Lymphatic/Hemetic (38100-38999)	0	0.0	174	0.2
Digestive (40490-49999)	4,460	100.0	39,508	34.6
Urinary (50010-53899)	0	0.0	1,577	1.4
Male Genital (54000-55899)	0	0.0	533	0.5
Female Genital (56405-58999)	0	0.0	3,167	2.8
Endocrine/Nervous (60000-64999)	0	0.0	11,820	10.4
Eye (65091-68899)	0	0.0	18,307	16.0
Ear (69000-69979)	0	0.0	5,424	4.7

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, 2003
 MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES

419 Northern Utah Endoscopy Center

ICD-9 CODE	ICD-9 DESCRIPTION	#	%	% ALL FASCs
All ICD-9 Procedures		4,485	100.0	100.0
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	1,068	23.8	2.57
4542	ENDO POLYPECTOMY LG INTESTINE	981	21.9	2.42
4292	DILAT ESOPH	905	20.2	2.10
4523	COLONOSCOPY	644	14.4	1.77
4525	CLO [ENDO] BX LG INTESTINE	498	11.1	1.18
4513	OTH ENDO SM INTESTINE	206	4.6	0.51
4341	ENDO EXC/DESTRUC LES/TISS STOMACH	97	2.2	0.24
4225	OP BX ESOPH	31	0.7	0.07
4422	ENDO DILAT PYLORUS	26	0.6	0.06
4543	ENDO DEST OTH LES/TISS LG INTEST	11	0.2	0.05
4685	DILAT INTESTINE	6	0.1	0.01
4696	LOC PERFUSION LG INTESTINE	6	0.1	0.01
4443	ENDO CNTRL GASTRIC/DUODENAL HEMORR	3	0.1	0.01
4224	CLO [ENDO] BX ESOPH	1	0.0	0.00
4512	ENDO SM INTEST THRU ARTIFICL STOMA	1	0.0	0.00
4514	CLO [ENDO] BX SM INTESTINE	1	0.0	0.00

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL FASCs
All CPT-4 Procedures		4,460	100.0	100.0
43239	UGI ENDO; W/BX 1/MX	1,069	24.0	5.96
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	847	19.0	2.98
43450	DILAT ESOPH-SOUND/BOUGIE-1/MX PA	788	17.7	0.98
45378	COLONOSCOPY FLEX; DX-SEP PROC	584	13.1	7.46
45380	COLONOSCOPY FLEX; W/BX 1/MX	468	10.5	3.12
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	206	4.6	1.43
45384	COLONOSCOPY FLEX; REMV LES-FORCE	120	2.7	0.49
43251	UGI ENDO; W/REMV TUMOR/LES-SNARE	97	2.2	0.19
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	96	2.2	1.53
45330	SIGMOIDOSCOPY FLEX; DX-SEP PROC	31	0.7	0.18
45331	SIGMOIDOSCOPY FLXIBLE; W/BX 1/MX	30	0.7	0.09
43245	UP GI ENDO;W/DILAT GASTR OUTLT O	26	0.6	0.12
43248	UGI ENDO; W/INSRT GUIDE WIRE	20	0.4	0.15
43247	UGI ENDO; W/REMOVAL FB	19	0.4	0.05
45338	SIGMOIDOSCOPY FLEX; REMV LES-SNA	9	0.2	0.02
45382	COLNSCPY FLEX SPLENIC; CNTRL BLE	7	0.2	0.02
45381	COLNSCP PROX SPLENC FLXR;SUBMUC	6	0.1	0.04
43244	UGI ENDO; W/BAND LIG VARICES	5	0.1	0.02
45383	COLONOSCOPY FLEX; W/ABLAT LES	4	0.1	1.46
45905	DILAT ANAL SPHINCT-SEP PROC W/AN	4	0.1	0.01

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, 2003
 AVERAGE TOTAL CHARGES FOR MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES, SINGLE ICD-9 OR CPT-4 ONLY

419 Northern Utah Endoscopy Center

ICD-9 CODE	ICD-9 DESCRIPTION	#	AVE TOT CHR	AVE TOT CHR(ALL FASCs)
ICD-9 Procedures		2,326	\$914	\$1,497
4542	ENDO POLYPECTOMY LG INTESTINE	715	\$978	\$972
4523	COLONOSCOPY	643	\$830	\$827
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	398	\$976	\$959
4525	CLO [ENDO] BX LG INTESTINE	329	\$949	\$939
4292	DILAT ESOPH	101	\$821	\$828
4513	OTH ENDO SM INTESTINE	83	\$816	\$809
4225	OP BX ESOPH	31	\$560	\$560
4422	ENDO DILAT PYLORUS	12	\$974	\$974
4341	ENDO EXC/DESTRUC LES/TISS STOMACH	5	\$1,210	\$1,240
4685	DILAT INTESTINE	4	\$686	\$686
4543	ENDO DEST OTH LES/TISS LG INTEST	3	\$980	\$912
4443	ENDO CNTRL GASTRIC/DUODENAL HEMORR	1	\$974	\$974
4514	CLO [ENDO] BX SM INTESTINE	1	\$765	\$765

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHR	AVE TOT CHR(ALL FASCs)
CPT-4 Procedures		2,268	\$914	\$1,504
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	640	\$978	\$964
45378	COLONOSCOPY FLEX; DX-SEP PROC	583	\$833	\$822
43239	UGI ENDO; W/BX 1/MX	397	\$974	\$907
45380	COLONOSCOPY FLEX; W/BX 1/MX	300	\$980	\$954
43235	UGI ENDO; DX W/NO CLCT SPECMN-SP	83	\$816	\$648
45384	COLONOSCPY FLEX; REMV LES-FORCE	61	\$980	\$965
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	41	\$974	\$791
43450	DILAT ESOPH-SOUND/BOUGIE-1/MX PA	40	\$523	\$685
45330	SIGMOIDOSCOPY FLEX; DX-SEP PROC	31	\$560	\$396
45331	SIGMOIDOSCOPY FLXIBLE; W/BX 1/MX	27	\$560	\$469
43248	UGI ENDO; W/INSRT GUIDE WIRE	14	\$974	\$719
43245	UP GI ENDO;W/DILAT GASTR OUTLT O	12	\$974	\$858
45338	SIGMOIDOSCOPY FLEX; REMV LES-SNA	7	\$735	\$556
43244	UGI ENDO; W/BAND LIG VARICES	5	\$974	\$976
43247	UGI ENDO; W/REMOVAL FB	5	\$974	\$811
43251	UGI ENDO; W/REMV TUMOR/LES-SNARE	4	\$1,015	\$885
45333	SIGMOIDOSCPY FLEX; W/REMV LES-CA	3	\$735	\$591
45340	SIGMOIDSCPY FLX; DILAT BALLN 1/>	3	\$588	\$569
43226	ESOPHAGOSCOPY; W/INSRT GUIDE WIR	2	\$752	\$740
44394	COLONSCPY-STMOA; REMV TUMOR/POLY	2	\$1,162	\$923

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

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

419 Northern Utah Endoscopy Center

Procedure APG category		TOTAL #	TOTAL # (ALL FASCs)
Procedure APG			
06 DIGESTIVE SYSTEM		4,459	34,150
112 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY		788	1,116
113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY		31	227
114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY		45	162
115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION		1,276	8,576
116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION		270	2,444
117 LOWER GASTROINTESTINAL ENDOSCOPY		2,044	17,826
121 SIMPLE ANAL AND RECTAL PROCEDURES		4	67
122 MISCELLANEOUS ABDOMINAL PROCEDURES		1	13

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

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 UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 PROCEDURE APG CATEGORY, PROCEDURE APG, SINGLE APG ONLY
 BASED ON REPORTABLE* CPT-4 PROCEDURES

419 Northern Utah Endoscopy Center

Procedure APG category	Procedure APG	TOTAL #	AVE TOT CHRG	AVE TOT CHRG(ALL FASCs)
06	DIGESTIVE SYSTEM	2,268	\$914	\$998
	112 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	40	\$523	\$685
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	31	\$560	\$433
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	40	\$606	\$501
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	480	\$947	\$848
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	85	\$971	\$798
	117 LOWER GASTROINTESTINAL ENDOSCOPY	1,592	\$926	\$867

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

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

419 Northern Utah Endoscopy Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
GENDER				
Female	1,791	53.1	46,191	55.6
Male	1,545	45.8	36,744	44.2
Unknown	0	0.0	68	0.1
Not Reported	36	1.1	93	0.1
AGE				
1-28 days	0	0.0	1	0.0
29-365 days	0	0.0	676	0.8
1-4 years	0	0.0	4,424	5.3
5-9	0	0.0	2,190	2.6
10-14	5	0.1	1,445	1.7
15-17	23	0.7	1,547	1.9
18-19	42	1.2	1,332	1.6
20-24	100	3.0	3,956	4.8
25-29	112	3.3	3,597	4.3
30-34	103	3.1	3,646	4.4
35-39	107	3.2	3,979	4.8
40-44	219	6.5	5,080	6.1
45-49	292	8.7	5,823	7.0
50-54	406	12.0	7,153	8.6
55-59	385	11.4	6,610	8.0
60-64	332	9.8	5,923	7.1
65-69	399	11.8	6,534	7.9
70-74	309	9.2	6,663	8.0
75-79	284	8.4	6,158	7.4
80-84	174	5.2	4,165	5.0
85-89	64	1.9	1,721	2.1
90 +	16	0.5	463	0.6
Not Reported	0	0.0	11	0.0
SOURCE OF ADMISSION				
Physician Referral	3,372	100.0	56,868	68.4
Clinic Referral	0	0.0	1,339	1.6
HMO Referral	0	0.0	6	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	0	0.0
Emergency Room	0	0.0	0	0.0
Court/Law Enforcement	0	0.0	0	0.0
Unknown	0	0.0	8,755	10.5
Not Reported	0	0.0	16,128	19.4

(Continued)

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

419 Northern Utah Endoscopy Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	3,370	99.9	50,838	61.2
Another Hospital	2	0.1	37	0.0
Skilled Nursing Facility	0	0.0	3	0.0
Intermediate Care Facility	0	0.0	2	0.0
Another Type of Institution	0	0.0	0	0.0
Under Care of Home Service	0	0.0	0	0.0
Left Against Medical Advice	0	0.0	1	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	32,215	38.8
Not Reported	0	0.0	0	0.0
PRIMARY PAYER				
Medicare	1,277	37.9	24,729	29.8
Medicaid	73	2.2	4,306	5.2
Other government	23	0.7	1,777	2.1
Blue Cross/Blue Shield	915	27.1	15,655	18.8
Other Commercial	284	8.4	8,759	10.5
Managed Care(HMO, PPO)	755	22.4	23,916	28.8
Self Pay	0	0.0	1,238	1.5
Industrial & Worker Comp	1	0.0	1,959	2.4
Charity and Unclassified	3	0.1	48	0.1
Childrens Health Insurance	0	0.0	258	0.3
Unknown	0	0.0	72	0.1
Not Reported	41	1.2	379	0.5
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	2,851	84.5	4,272	5.1
Central Utah	2	0.1	1,436	1.7
Davis County	5	0.1	10,298	12.4
Salt Lake County	6	0.2	29,345	35.3
Southeastern Utah	2	0.1	969	1.2
Southwest Utah	2	0.1	4,229	5.1
Summit County	2	0.1	1,461	1.8
Tooele County	0	0.0	1,314	1.6
Tri-County	0	0.0	410	0.5
Utah County	5	0.1	10,259	12.3
Wasatch County	0	0.0	553	0.7
Weber County	9	0.3	14,230	17.1
Unknown Utah	0	0.0	59	0.1
Outside Utah	487	14.4	4,198	5.1
Unknown, Not Reported	1	0.0	63	0.1

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

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

420 Ridgeline Endoscopy Center

Reporting Category (ICD-9-CM CODES)	Procedures Performed		Procedures Performed-All FASCs	
	(#)	(%)	(#)	(%)
Reporting Category (ICD-9-CM CODES)	.	.	44,330	100.0
Mastectomy (85.0-85.99)	.	.	1,046	2.4
Musculoskeletal (76.0-84.99)	.	.	7,633	17.2
Respiratory (30.0-34.99)	.	.	101	0.2
Cardiovascular (35.0-39.99)	.	.	845	1.9
Lymphatic/Hemetic (40.0-41.99)	.	.	83	0.2
Digestive System (42.0-54.99)	.	.	5,672	12.8
Urinary (55.0-59.99)	.	.	241	0.5
Male Genital (60.0-64.99)	.	.	151	0.3
Female Genital (65.0-71.99)	.	.	1,260	2.8
Endocrine/Nervous (01.0-07.99)	.	.	2,971	6.7
Eye (08.0-16.99)	.	.	13,860	31.3
Ear (18.0-20.99)	.	.	2,865	6.5
Nose, Mouth, Pharynx (21.0-29.99)	.	.	7,602	17.1
Reporting Category (CPT-4 CODES)	8,833	100.0	114,197	100.0
Mastectomy (19120-19220)	0	0.0	336	0.3
Musculoskeletal (20000-29909)	0	0.0	22,993	20.1
Respiratory (30000-32999 & 39501-39599)	0	0.0	9,162	8.0
Cardiovascular (33010-37799 & 93501-93660)	0	0.0	1,196	1.0
Lymphatic/Hemetic (38100-38999)	0	0.0	174	0.2
Digestive (40490-49999)	8,833	100.0	39,508	34.6
Urinary (50010-53899)	0	0.0	1,577	1.4
Male Genital (54000-55899)	0	0.0	533	0.5
Female Genital (56405-58999)	0	0.0	3,167	2.8
Endocrine/Nervous (60000-64999)	0	0.0	11,820	10.4
Eye (65091-68899)	0	0.0	18,307	16.0
Ear (69000-69979)	0	0.0	5,424	4.7

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, 2003
 MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES

420 Ridgeline Endoscopy Center

ICD-9 CODE	ICD-9 DESCRIPTION	#	%	% ALL FASCs
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All ICD-9 Procedures

Does not report ICDs

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL FASCs
All CPT-4 Procedures				
45378	COLONOSCOPY FLEX; DX-SEP PROC	2,548	28.8	7.46
43239	UGI ENDO; W/BX 1/MX	2,540	28.8	5.96
45380	COLONOSCOPY FLEX; W/BX 1/MX	1,151	13.0	3.12
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	953	10.8	1.53
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	912	10.3	2.98
45384	COLONOSCOPY FLEX; REMV LES-FORCE	246	2.8	0.49
43450	DILAT ESOPH-SOUND/BOUGIE-1/MX PA	97	1.1	0.98
43251	UGI ENDO; W/REMV TUMOR/LES-SNARE	69	0.8	0.19
44376	SM INTEST ENDO W/ILEUM; DX-SEP P	64	0.7	0.08
43245	UP GI ENDO;W/DILAT GASTR OUTLT O	50	0.6	0.12
43235	UGI ENDO; DX W/VO CLCT SPECMN-SP	48	0.5	1.43
47000	BIOPSY LIVER NEEDLE; PERCUTANEOU	41	0.5	0.04
45330	SIGMOIDOSCOPY FLEX; DX-SEP PROC	19	0.2	0.18
43247	UGI ENDO; W/REMOVAL FB	16	0.2	0.05
45331	SIGMOIDOSCOPY FLXIBLE; W/BX 1/MX	13	0.1	0.09
45382	COLNSCPY FLEX SPLENIC; CNTRL BLE	12	0.1	0.02
43244	UGI ENDO; W/BAND LIG VARICES	10	0.1	0.02
45383	COLONOSCOPY FLEX; W/ABLAT LES	8	0.1	1.46
43246	UGI ENDO; W/PLCMT GASTROSTOMY TU	7	0.1	0.01
43255	UGI ENDO; W/CONTRL BLEED ANY MET	6	0.1	0.02

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, 2003
 AVERAGE TOTAL CHARGES FOR MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES, SINGLE ICD-9 OR CPT-4 ONLY

420 Ridgeline Endoscopy Center

ICD-9 CODE	ICD-9 DESCRIPTION	#	AVE TOT CHR	AVE TOT CHR(ALL FASCs)
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ICD-9 Procedures

Does not report ICDS

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHR	AVE TOT CHR(ALL FASCs)
CPT-4 Procedures				
45378	COLONOSCOPY FLEX; DX-SEP PROC	5,878	\$1,197	\$1,504
43239	UGI ENDO; W/BX 1/MX	2,510	\$1,087	\$822
43239	UGI ENDO; W/BX 1/MX	1,456	\$1,184	\$907
45380	COLONOSCOPY FLEX; W/BX 1/MX	840	\$1,287	\$954
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	583	\$1,266	\$964
45384	COLONOSCOPY FLEX; REMV LES-FORCE	181	\$1,283	\$965
44376	SM INTEST ENDO W/ILEUM; DX-SEP P	64	\$2,717	\$2,473
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	55	\$1,098	\$791
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	44	\$1,105	\$648
47000	BIOPSY LIVER NEEDLE; PERCUTANEOU	41	\$3,782	\$3,782
43245	UP GI ENDO;W/DILAT GASTR OUTLT O	23	\$1,000	\$858
45330	SIGMOIDOSCOPY FLEX; DX-SEP PROC	18	\$388	\$396
43450	DILAT ESOPH-SOUND/BOUGIE-1/MX PA	11	\$1,089	\$685
45331	SIGMOIDOSCOPY FLXIBLE; W/BX 1/MX	9	\$499	\$469
45382	COLNSCPY FLEX SPLENIC; CNTRL BLE	8	\$1,144	\$1,048
45383	COLONOSCOPY FLEX; W/ABLAT LES	5	\$1,200	\$738
43244	UGI ENDO; W/BAND LIG VARICES	3	\$1,217	\$976
43246	UGI ENDO; W/PLCMT GASTROSTOMY TU	3	\$1,100	\$674
43247	UGI ENDO; W/REMOVAL FB	3	\$1,000	\$811
43251	UGI ENDO; W/REMV TUMOR/LES-SNARE	3	\$1,165	\$885
43255	UGI ENDO; W/CONTRL BLEED ANY MET	3	\$1,150	\$886

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

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

420 Ridgeline Endoscopy Center

Procedure APG category	Procedure APG	TOTAL #	TOTAL # (ALL FASCs)
01	INTEGUMENTARY SYSTEM	41	1,479
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	41	58
03	RESPIRATORY SYSTEM	4	4,215
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	4	9
06	DIGESTIVE SYSTEM	8,787	34,150
	112 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	97	1,116
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	20	227
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	18	162
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	2,589	8,576
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	1,114	2,444
	117 LOWER GASTROINTESTINAL ENDOSCOPY	4,882	17,826
	118 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	66	89
	121 SIMPLE ANAL AND RECTAL PROCEDURES	1	67
13	THERAPUTIC AND OTHER RADIOLOGICAL PROCEDURES	1	877
	255 MISCELLANEOUS RADIOLOGICAL PROCEDURES WITH CONTRAST	1	10

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, 2003
 PROCEDURE APG CATEGORY, PROCEDURE APG, SINGLE APG ONLY
 BASED ON REPORTABLE* CPT-4 PROCEDURES

420 Ridgeline Endoscopy Center

Procedure APG category	Procedure APG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL FASCs)
01	INTEGUMENTARY SYSTEM	41	\$3,782	\$1,387
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	41	\$3,782	\$3,782
03	RESPIRATORY SYSTEM	4	\$800	\$1,390
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	4	\$800	\$709
06	DIGESTIVE SYSTEM	5,832	\$1,179	\$998
	112 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	11	\$1,089	\$685
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	18	\$388	\$433
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	12	\$514	\$501
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	1,501	\$1,181	\$848
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	94	\$1,088	\$798
	117 LOWER GASTROINTESTINAL ENDOSCOPY	4,130	\$1,162	\$867
	118 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	66	\$2,680	\$2,451
13	THERAPUTIC AND OTHER RADIOLOGICAL PROCEDURES	1	\$1,000	\$1,211
	255 MISCELLANEOUS RADIOLOGICAL PROCEDURES WITH CONTRAST	1	\$1,000	\$815

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

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

420 Ridgeline Endoscopy Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
GENDER				
Female	4,137	56.6	46,191	55.6
Male	3,176	43.4	36,744	44.2
Unknown	0	0.0	68	0.1
Not Reported	0	0.0	93	0.1
AGE				
1-28 days	0	0.0	1	0.0
29-365 days	0	0.0	676	0.8
1-4 years	0	0.0	4,424	5.3
5-9	2	0.0	2,190	2.6
10-14	34	0.5	1,445	1.7
15-17	64	0.9	1,547	1.9
18-19	63	0.9	1,332	1.6
20-24	174	2.4	3,956	4.8
25-29	149	2.0	3,597	4.3
30-34	167	2.3	3,646	4.4
35-39	217	3.0	3,979	4.8
40-44	345	4.7	5,080	6.1
45-49	460	6.3	5,823	7.0
50-54	799	10.9	7,153	8.6
55-59	852	11.7	6,610	8.0
60-64	732	10.0	5,923	7.1
65-69	950	13.0	6,534	7.9
70-74	913	12.5	6,663	8.0
75-79	700	9.6	6,158	7.4
80-84	478	6.5	4,165	5.0
85-89	163	2.2	1,721	2.1
90 +	51	0.7	463	0.6
Not Reported	0	0.0	11	0.0
SOURCE OF ADMISSION				
Physician Referral	7,313	100.0	56,868	68.4
Clinic Referral	0	0.0	1,339	1.6
HMO Referral	0	0.0	6	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	0	0.0
Emergency Room	0	0.0	0	0.0
Court/Law Enforcement	0	0.0	0	0.0
Unknown	0	0.0	8,755	10.5
Not Reported	0	0.0	16,128	19.4

(Continued)

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

420 Ridgeline Endoscopy Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	7,313	100.0	50,838	61.2
Another Hospital	0	0.0	37	0.0
Skilled Nursing Facility	0	0.0	3	0.0
Intermediate Care Facility	0	0.0	2	0.0
Another Type of Institution	0	0.0	0	0.0
Under Care of Home Service	0	0.0	0	0.0
Left Against Medical Advice	0	0.0	1	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	32,215	38.8
Not Reported	0	0.0	0	0.0
PRIMARY PAYER				
Medicare	3,258	44.6	24,729	29.8
Medicaid	94	1.3	4,306	5.2
Other government	496	6.8	1,777	2.1
Blue Cross/Blue Shield	1,190	16.3	15,655	18.8
Other Commercial	1,260	17.2	8,759	10.5
Managed Care(HMO, PPO)	994	13.6	23,916	28.8
Self Pay	12	0.2	1,238	1.5
Industrial & Worker Comp	0	0.0	1,959	2.4
Charity and Unclassified	9	0.1	48	0.1
Childrens Health Insurance	0	0.0	258	0.3
Unknown	0	0.0	72	0.1
Not Reported	0	0.0	379	0.5
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	366	5.0	4,272	5.1
Central Utah	11	0.2	1,436	1.7
Davis County	1,632	22.3	10,298	12.4
Salt Lake County	38	0.5	29,345	35.3
Southeastern Utah	3	0.0	969	1.2
Southwest Utah	11	0.2	4,229	5.1
Summit County	35	0.5	1,461	1.8
Tooele County	5	0.1	1,314	1.6
Tri-County	5	0.1	410	0.5
Utah County	1	0.0	10,259	12.3
Wasatch County	1	0.0	553	0.7
Weber County	5,007	68.5	14,230	17.1
Unknown Utah	2	0.0	59	0.1
Outside Utah	196	2.7	4,198	5.1
Unknown, Not Reported	0	0.0	63	0.1

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

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

406 Salt Lake Endoscopy Center

Reporting Category (ICD-9-CM CODES)	Procedures Performed		Procedures Performed-All FASCs	
	(#)	(%)	(#)	(%)
Reporting Category (ICD-9-CM CODES)	.	.	44,330	100.0
Mastectomy (85.0-85.99)	.	.	1,046	2.4
Musculoskeletal (76.0-84.99)	.	.	7,633	17.2
Respiratory (30.0-34.99)	.	.	101	0.2
Cardiovascular (35.0-39.99)	.	.	845	1.9
Lymphatic/Hemetic (40.0-41.99)	.	.	83	0.2
Digestive System (42.0-54.99)	.	.	5,672	12.8
Urinary (55.0-59.99)	.	.	241	0.5
Male Genital (60.0-64.99)	.	.	151	0.3
Female Genital (65.0-71.99)	.	.	1,260	2.8
Endocrine/Nervous (01.0-07.99)	.	.	2,971	6.7
Eye (08.0-16.99)	.	.	13,860	31.3
Ear (18.0-20.99)	.	.	2,865	6.5
Nose, Mouth, Pharynx (21.0-29.99)	.	.	7,602	17.1
Reporting Category (CPT-4 CODES)	3,435	100.0	114,197	100.0
Mastectomy (19120-19220)	0	0.0	336	0.3
Musculoskeletal (20000-29909)	0	0.0	22,993	20.1
Respiratory (30000-32999 & 39501-39599)	0	0.0	9,162	8.0
Cardiovascular (33010-37799 & 93501-93660)	0	0.0	1,196	1.0
Lymphatic/Hemetic (38100-38999)	0	0.0	174	0.2
Digestive (40490-49999)	3,435	100.0	39,508	34.6
Urinary (50010-53899)	0	0.0	1,577	1.4
Male Genital (54000-55899)	0	0.0	533	0.5
Female Genital (56405-58999)	0	0.0	3,167	2.8
Endocrine/Nervous (60000-64999)	0	0.0	11,820	10.4
Eye (65091-68899)	0	0.0	18,307	16.0
Ear (69000-69979)	0	0.0	5,424	4.7

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics.

Reportable* excludes codes in the former "Other" category in previous reports.

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES

406 Salt Lake Endoscopy Center

ICD-9 CODE	ICD-9 DESCRIPTION	#	%	% ALL FASCs
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All ICD-9 Procedures

Does not report ICDs

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL FASCs
All CPT-4 Procedures				
45378	COLONOSCOPY FLEX; DX-SEP PROC	3,435	100.0	100.0
43239	UGI ENDO; W/BX 1/MX	1,073	31.2	7.46
45380	COLONOSCOPY FLEX; W/BX 1/MX	649	18.9	5.96
43235	COLONOSCOPY FLEX; W/REMV LES-SNA	379	11.0	3.12
45385	UGI ENDO; DX W/NO CLCT SPECMN-SP	324	9.4	1.43
43450	COLONOSCOPY FLEX; W/REMV LES-SNA	278	8.1	2.98
45384	DILAT ESOPH-SOUND/BOUGIE-1/MX PA	171	5.0	0.98
45383	COLONOSCOPY FLEX; REMV LES-FORCE	142	4.1	0.49
43249	COLONOSCOPY FLEX; W/ABLAT LES	117	3.4	1.46
45330	UGI ENDO; W/BALLOON DILAT ESOPHA	114	3.3	1.53
46221	SIGMOIDOSCOPY FLEX; DX-SEP PROC	82	2.4	0.18
45331	HEMORRHOIDECTOMY BY SIMPLE LIGAT	20	0.6	0.02
43245	SIGMOIDOSCOPY FLXIBLE; W/BX 1/MX	17	0.5	0.09
44376	UP GI ENDO;W/DILAT GASTR OUTLT O	8	0.2	0.12
45340	SM INTEST ENDO W/ILEUM; DX-SEP P	8	0.2	0.08
43251	SIGMOIDSCPY FLX; DILAT BALLN 1/>	7	0.2	0.01
43246	UGI ENDO; W/REMV TUMOR/LES-SNARE	6	0.2	0.19
43760	UGI ENDO; W/PLCMT GASTROSTOMY TU	5	0.1	0.01
45338	CHANGE OF GASTROSTOMY TUBE	5	0.1	0.01
43247	SIGMOIDOSCOPY FLEX; REMV LES-SNA	5	0.1	0.02
	UGI ENDO; W/REMOVAL FB	4	0.1	0.05

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

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 AVERAGE TOTAL CHARGES FOR MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES, SINGLE ICD-9 OR CPT-4 ONLY

406 Salt Lake Endoscopy Center

ICD-9 CODE	ICD-9 DESCRIPTION	#	AVE TOT CHR	AVE TOT CHR(ALL FASCs)
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ICD-9 Procedures

Does not report ICDS

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHR	AVE TOT CHR(ALL FASCs)
CPT-4 Procedures		2,675	\$508	\$1,504
45378	COLONOSCOPY FLEX; DX-SEP PROC	980	\$497	\$822
43239	UGI ENDO; W/BX 1/MX	449	\$512	\$907
45380	COLONOSCOPY FLEX; W/BX 1/MX	362	\$561	\$954
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	259	\$622	\$964
43235	UGI ENDO; DX W/NO CLCT SPECMN-SP	222	\$373	\$648
45384	COLONOSCPY FLEX; REMV LES-FORCE	137	\$568	\$965
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	103	\$555	\$791
45330	SIGMOIDOSCOPY FLEX; DX-SEP PROC	75	\$238	\$396
45331	SIGMOIDOSCOPY FLXIBLE; W/BX 1/MX	17	\$344	\$469
46221	HEMORRHOIDECTOMY BY SIMPLE LIGAT	15	\$307	\$307
44376	SM INTEST ENDO W/ILEUM; DX-SEP P	8	\$1,500	\$2,473
45340	SIGMOIDSCPY FLX; DILAT BALLN 1/>	6	\$450	\$569
43245	UP GI ENDO;W/DILAT GASTR OUTLT O	5	\$753	\$858
45338	SIGMOIDOSCOPY FLEX; REMV LES-SNA	5	\$321	\$556
43246	UGI ENDO; W/PLCMT GASTROSTOMY TU	4	\$327	\$674
43251	UGI ENDO; W/REMV TUMOR/LES-SNARE	4	\$450	\$885
43760	CHANGE OF GASTROSTOMY TUBE	4	\$324	\$477
49080	PERITONEOCENTESIS; INIT	4	\$500	\$698
43247	UGI ENDO; W/REMOVAL FB	3	\$537	\$811
44380	ILEOSCPY-STOMA; DX-SEP PROC	2	\$271	\$447

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

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

406 Salt Lake Endoscopy Center

Procedure APG category		TOTAL #	TOTAL # (ALL FASCs)
Procedure APG			
03 RESPIRATORY SYSTEM		4	4,215
052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION		4	9
06 DIGESTIVE SYSTEM		3,426	34,150
112 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY		171	1,116
113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY		82	227
114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY		30	162
115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION		973	8,576
116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION		142	2,444
117 LOWER GASTROINTESTINAL ENDOSCOPY		1,997	17,826
118 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES		8	89
121 SIMPLE ANAL AND RECTAL PROCEDURES		23	67

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

AMB ST 1-5
 UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 PROCEDURE APG CATEGORY, PROCEDURE APG, SINGLE APG ONLY
 BASED ON REPORTABLE* CPT-4 PROCEDURES

406 Salt Lake Endoscopy Center

Procedure APG category	Procedure APG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL FASCs)
03	RESPIRATORY SYSTEM	4	\$500	\$1,390
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	4	\$500	\$709
06	DIGESTIVE SYSTEM	2,667	\$509	\$998
	112 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	1	\$332	\$685
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	75	\$238	\$433
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	29	\$361	\$501
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	671	\$466	\$848
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	121	\$553	\$798
	117 LOWER GASTROINTESTINAL ENDOSCOPY	1,746	\$533	\$867
	118 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	8	\$1,500	\$2,451
	121 SIMPLE ANAL AND RECTAL PROCEDURES	16	\$310	\$1,061

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

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

406 Salt Lake Endoscopy Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
GENDER				
Female	1,504	52.4	46,191	55.6
Male	1,364	47.6	36,744	44.2
Unknown	0	0.0	68	0.1
Not Reported	0	0.0	93	0.1
AGE				
1-28 days	1	0.0	1	0.0
29-365 days	1	0.0	676	0.8
1-4 years	0	0.0	4,424	5.3
5-9	0	0.0	2,190	2.6
10-14	2	0.1	1,445	1.7
15-17	8	0.3	1,547	1.9
18-19	17	0.6	1,332	1.6
20-24	84	2.9	3,956	4.8
25-29	99	3.5	3,597	4.3
30-34	86	3.0	3,646	4.4
35-39	108	3.8	3,979	4.8
40-44	167	5.8	5,080	6.1
45-49	221	7.7	5,823	7.0
50-54	419	14.6	7,153	8.6
55-59	381	13.3	6,610	8.0
60-64	320	11.2	5,923	7.1
65-69	274	9.6	6,534	7.9
70-74	229	8.0	6,663	8.0
75-79	216	7.5	6,158	7.4
80-84	146	5.1	4,165	5.0
85-89	76	2.6	1,721	2.1
90 +	12	0.4	463	0.6
Not Reported	2	0.1	11	0.0
SOURCE OF ADMISSION				
Physician Referral	2,854	99.5	56,868	68.4
Clinic Referral	0	0.0	1,339	1.6
HMO Referral	0	0.0	6	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	0	0.0
Emergency Room	0	0.0	0	0.0
Court/Law Enforcement	0	0.0	0	0.0
Unknown	14	0.5	8,755	10.5
Not Reported	0	0.0	16,128	19.4

(Continued)

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

406 Salt Lake Endoscopy Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	0	0.0	50,838	61.2
Another Hospital	0	0.0	37	0.0
Skilled Nursing Facility	0	0.0	3	0.0
Intermediate Care Facility	0	0.0	2	0.0
Another Type of Institution	0	0.0	0	0.0
Under Care of Home Service	0	0.0	0	0.0
Left Against Medical Advice	0	0.0	1	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	0	0.0	0	0.0
Unknown	2,868	100.0	32,215	38.8
Not Reported	0	0.0	0	0.0
PRIMARY PAYER				
Medicare	954	33.3	24,729	29.8
Medicaid	73	2.5	4,306	5.2
Other government	23	0.8	1,777	2.1
Blue Cross/Blue Shield	766	26.7	15,655	18.8
Other Commercial	253	8.8	8,759	10.5
Managed Care(HMO, PPO)	731	25.5	23,916	28.8
Self Pay	0	0.0	1,238	1.5
Industrial & Worker Comp	0	0.0	1,959	2.4
Charity and Unclassified	6	0.2	48	0.1
Childrens Health Insurance	0	0.0	258	0.3
Unknown	0	0.0	72	0.1
Not Reported	62	2.2	379	0.5
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	6	0.2	4,272	5.1
Central Utah	4	0.1	1,436	1.7
Davis County	173	6.0	10,298	12.4
Salt Lake County	2,264	78.9	29,345	35.3
Southeastern Utah	21	0.7	969	1.2
Southwest Utah	5	0.2	4,229	5.1
Summit County	164	5.7	1,461	1.8
Tooele County	70	2.4	1,314	1.6
Tri-County	8	0.3	410	0.5
Utah County	20	0.7	10,259	12.3
Wasatch County	20	0.7	553	0.7
Weber County	9	0.3	14,230	17.1
Unknown Utah	0	0.0	59	0.1
Outside Utah	103	3.6	4,198	5.1
Unknown, Not Reported	1	0.0	63	0.1

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

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

417 South Towne Surgical Center

Reporting Category (ICD-9-CM CODES)	Procedures Performed		Procedures Performed-All FASCs	
	(#)	(%)	(#)	(%)
Reporting Category (ICD-9-CM CODES)	.	.	44,330	100.0
Mastectomy (85.0-85.99)	.	.	1,046	2.4
Musculoskeletal (76.0-84.99)	.	.	7,633	17.2
Respiratory (30.0-34.99)	.	.	101	0.2
Cardiovascular (35.0-39.99)	.	.	845	1.9
Lymphatic/Hemetic (40.0-41.99)	.	.	83	0.2
Digestive System (42.0-54.99)	.	.	5,672	12.8
Urinary (55.0-59.99)	.	.	241	0.5
Male Genital (60.0-64.99)	.	.	151	0.3
Female Genital (65.0-71.99)	.	.	1,260	2.8
Endocrine/Nervous (01.0-07.99)	.	.	2,971	6.7
Eye (08.0-16.99)	.	.	13,860	31.3
Ear (18.0-20.99)	.	.	2,865	6.5
Nose, Mouth, Pharynx (21.0-29.99)	.	.	7,602	17.1
Reporting Category (CPT-4 CODES)	6,139	100.0	114,197	100.0
Mastectomy (19120-19220)	0	0.0	336	0.3
Musculoskeletal (20000-29909)	1,612	26.3	22,993	20.1
Respiratory (30000-32999 & 39501-39599)	52	0.8	9,162	8.0
Cardiovascular (33010-37799 & 93501-93660)	945	15.4	1,196	1.0
Lymphatic/Hemetic (38100-38999)	10	0.2	174	0.2
Digestive (40490-49999)	1,855	30.2	39,508	34.6
Urinary (50010-53899)	75	1.2	1,577	1.4
Male Genital (54000-55899)	41	0.7	533	0.5
Female Genital (56405-58999)	229	3.7	3,167	2.8
Endocrine/Nervous (60000-64999)	967	15.8	11,820	10.4
Eye (65091-68899)	0	0.0	18,307	16.0
Ear (69000-69979)	353	5.8	5,424	4.7

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics.

Reportable* excludes codes in the former "Other" category in previous reports.

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES

417 South Towne Surgical Center

ICD-9 CODE	ICD-9 DESCRIPTION	#	%	% ALL FASCs
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All ICD-9 Procedures

Does not report ICDs

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL FASCs
All CPT-4 Procedures				
45378	COLONOSCOPY FLEX; DX-SEP PROC	6,139	100.0	100.0
43239	UGI ENDO; W/BX 1/MX	395	6.4	7.46
69436	TYMPANOSTOMY GENERAL ANESTHESIA	359	5.8	5.96
37785	TYMPANOSTOMY GENERAL ANESTHESIA	342	5.6	3.99
37204	LIG &/ EXC RECURRENT VARICOSE	297	4.8	0.28
36011	TRANSCATH OCCLUD PERQ NON CNS	291	4.7	0.26
62290	SEL CATH PLCMT VENOUS; 1ST ORDER	287	4.7	0.25
45380	INJ PROC DISKOGRAPHY EA LEVL; LU	260	4.2	0.51
21299	COLONOSCOPY FLEX; W/BX 1/MX	231	3.8	3.12
41899	UNLISTED CRANIOFCE&MAXILLOFCE PR	177	2.9	0.46
29881	UNLIST PROC DENTOALVEOL STRUCTUR	161	2.6	1.81
49505	SCOPE KNEE SURG;W/MENISCECT MED/	130	2.1	1.66
58660	REPR INIT ING HERNIA 5YR/MORE; R	124	2.0	0.66
28296	LAPAROSCOPY SURGICAL; W/LYSIS AD	116	1.9	0.19
45385	HALLUX VALGUS; W/METATARSAL OSTE	97	1.6	0.46
28285	COLONOSCOPY FLEX; W/REMV LES-SNA	91	1.5	2.98
64483	CORRECTION HAMMERTOES	78	1.3	0.86
20680	INJ ANES EPIDURL; LUMB/SAC 1 LEV	75	1.2	1.01
62287	REMOVAL OF IMPLANT; DEEP	69	1.1	0.83
64476	ASPIR/DECOMPRESS-NUC PULPOS-LUMB	69	1.1	0.09
	INJ ANES FACET JT; LUMB/SAC-EA A	65	1.1	0.76

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

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 AVERAGE TOTAL CHARGES FOR MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES, SINGLE ICD-9 OR CPT-4 ONLY

417 South Towne Surgical Center

ICD-9 CODE	ICD-9 DESCRIPTION	#	AVE TOT CHR	AVE TOT CHR(ALL FASCs)
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ICD-9 Procedures

Does not report ICDS

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHR	AVE TOT CHR(ALL FASCs)
CPT-4 Procedures		2,764	\$1,698	\$1,504
45378	COLONOSCOPY FLEX; DX-SEP PROC	298	\$722	\$822
43239	UGI ENDO; W/BX 1/MX	210	\$771	\$907
21299	UNLISTED CRANIOFCE&MAXILLOFCE PR	177	\$1,679	\$1,909
41899	UNLIST PROC DENTOALVEOL STRUCTUR	161	\$1,669	\$1,918
45380	COLONOSCOPY FLEX; W/BX 1/MX	161	\$888	\$954
58660	LAPAROSCOPY SURGICAL; W/LYSIS AD	89	\$1,839	\$1,853
49505	REPR INIT ING HERNIA 5YR/MORE; R	85	\$1,817	\$1,516
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	78	\$891	\$964
28296	HALLUX VALGUS; W/METATARSAL OSTE	70	\$1,689	\$1,763
29881	SCOPE KNEE SURG;W/MENISCECT MED/	65	\$3,199	\$2,207
62310	INJ 1 NOT NEUROLYTIC-EPID;CERV/T	61	\$627	\$620
62287	ASPIR/DECOMPRESS-NUC PULPOS-LUMB	54	\$4,471	\$3,940
20680	REMOVAL OF IMPLANT; DEEP	46	\$1,625	\$1,268
43235	UGI ENDO; DX W/VO CLCT SPECMN-SP	41	\$634	\$648
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	39	\$825	\$791
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	39	\$641	\$603
42820	T&A; UNDER AGE 12	38	\$1,652	\$1,176
64483	INJ ANES EPIDURL; LUMB/SAC 1 LEV	37	\$712	\$837
64721	NEUROPLASTY; MEDIAN @ CARPAL TUN	37	\$2,005	\$1,141
47562	LAPAROSCOPY SURGICAL; CHOLECT	34	\$3,690	\$4,983

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

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

417 South Towne Surgical Center

Procedure APG category	Procedure APG	TOTAL #	TOTAL # (ALL FASCs)
01	INTEGUMENTARY SYSTEM	57	1,479
	003 COMPLEX INCISION AND DRAINAGE	2	25
	006 SIMPLE DEBRIDEMENT AND DESTRUCTION	4	15
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	22	431
	008 SIMPLE EXCISION AND BIOPSY	29	507
02	MUSCULOSKELETAL SYSTEM	1,359	20,799
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	190	1,963
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	30	597
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	47	785
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	317	5,579
	025 ARTHROSCOPY	521	8,535
	028 CLOSED TREATMENT FX & DISLOCATION OF FINGER, TOE & TRUNK	2	12
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	9	83
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	60	1,012
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	7	134
	032 BUNION PROCEDURES	145	1,061
	033 ARTHROPLASTY	5	217
	034 HAND AND FOOT TENOTOMY	5	68
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	21	750
03	RESPIRATORY SYSTEM	4	4,215
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	1	9
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	3	4,162
04	CARDIOVASCULAR SYSTEM	654	867
	075 PLACEMENT OF TRANSVENOUS CATHETERS	1	1
	077 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	291	332
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	1	26
	081 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	297	339
	082 VASCULAR LIGATION	64	131
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	10	196
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	10	196
06	DIGESTIVE SYSTEM	1,695	34,150
	112 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	1	1,116
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	6	227
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	1	162
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	428	8,576
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	62	2,444
	117 LOWER GASTROINTESTINAL ENDOSCOPY	732	17,826
	118 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	15	89
	119 HERNIA AND HYDROCELE PROCEDURES	171	1,286
	120 COMPLEX ANAL AND RECTAL PROCEDURES	26	221
	121 SIMPLE ANAL AND RECTAL PROCEDURES	20	67
	123 COMPLEX LAPAROSCOPIC PROCEDURES	209	2,093
	124 SIMPLE LAPAROSCOPIC PROCEDURES	24	30
07	URINARY SYSTEM	71	1,557
	131 RENAL EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	26	673
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	10	379

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

417 South Towne Surgical Center

procedure APG category	procedure APG	TOTAL #	TOTAL # (ALL FASCs)
	135 MODERATE CYSTOURETHROSCOPY	26	360
	136 SIMPLE CYSTOURETHROSCOPY	8	92
	137 COMPLEX URETHRAL PROCEDURES	1	19
08	MALE GENITAL SYSTEM	38	483
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	25	335
	154 SIMPLE PENILE PROCEDURES	10	116
	155 PROSTATE NEEDLE AND PUNCH BIOPSY	3	9
09	FEMALE GENITAL SYSTEM	81	1,659
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	17	165
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	22	464
	178 DILATION AND CURETTAGE	23	197
	179 HYSTEROSCOPY	18	785
	180 COLPOSCOPY	1	48
10	NERVOUS SYSTEM	694	11,220
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	515	8,222
	198 NERVE REPAIR AND DESTRUCTION	179	2,818
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	896	17,966
	233 NASAL CAUTERIZATION AND PACKING	1	64
	234 COMPLEX FACIAL AND ENT PROCEDURES	42	3,135
	235 SIMPLE FACIAL AND ENT PROCEDURES	723	10,613
	236 TONSIL AND ADENOID PROCEDURES	130	4,154
13	THERAPUTIC AND OTHER RADIOLOGICAL PROCEDURES	549	877
	253 VASCULAR RADIOLOGY EXCEPT FOR VENOGRAPHY OF EXTREMITY	287	287
	254 MYELOGRAPHY	262	580

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

Reportable* excludes codes in the former "Other" category in previous reports.

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 PROCEDURE APG CATEGORY, PROCEDURE APG, SINGLE APG ONLY
 BASED ON REPORTABLE* CPT-4 PROCEDURES

417 South Towne Surgical Center

Procedure APG category	Procedure APG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL FASCs)
01	INTEGUMENTARY SYSTEM	37	\$1,358	\$1,387
	003 COMPLEX INCISION AND DRAINAGE	1	\$1,487	\$1,193
	006 SIMPLE DEBRIDEMENT AND DESTRUCTION	2	\$1,115	\$1,269
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	13	\$1,447	\$1,303
	008 SIMPLE EXCISION AND BIOPSY	21	\$1,320	\$1,151
02	MUSCULOSKELETAL SYSTEM	594	\$2,495	\$2,092
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	51	\$2,651	\$2,347
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	13	\$1,730	\$1,553
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	17	\$2,116	\$2,036
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	136	\$1,828	\$1,457
	025 ARTHROSCOPY	206	\$3,375	\$2,729
	028 CLOSED TREATMENT FX & DISLOCATION OF FINGER, TOE & TRUNK	2	\$2,191	\$1,486
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	9	\$1,849	\$1,387
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	55	\$2,420	\$2,100
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	6	\$1,450	\$951
	032 BUNION PROCEDURES	94	\$1,787	\$1,756
	033 ARTHROPLASTY	4	\$3,304	\$2,264
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	1	\$497	\$703
03	RESPIRATORY SYSTEM	1	\$1,180	\$1,390
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	1	\$1,180	\$709
04	CARDIOVASCULAR SYSTEM	18	\$1,687	\$1,640
	075 PLACEMENT OF TRANSVENOUS CATHETERS	1	\$2,280	\$2,280
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	1	\$1,782	\$1,201
	081 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	12	\$1,645	\$1,551
	082 VASCULAR LIGATION	4	\$1,645	\$1,883
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	10	\$1,483	\$1,371
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	10	\$1,483	\$1,371
06	DIGESTIVE SYSTEM	1,217	\$1,242	\$998
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	4	\$373	\$433
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	1	\$561	\$501
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	259	\$766	\$848
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	43	\$827	\$798
	117 LOWER GASTROINTESTINAL ENDOSCOPY	550	\$799	\$867
	118 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	15	\$1,949	\$2,451
	119 HERNIA AND HYDROCELE PROCEDURES	119	\$1,811	\$1,526
	120 COMPLEX ANAL AND RECTAL PROCEDURES	25	\$1,884	\$1,106
	121 SIMPLE ANAL AND RECTAL PROCEDURES	15	\$1,786	\$1,061
	123 COMPLEX LAPAROSCOPIC PROCEDURES	162	\$2,293	\$2,687
	124 SIMPLE LAPAROSCOPIC PROCEDURES	24	\$6,078	\$5,974
07	URINARY SYSTEM	51	\$3,794	\$2,020
	131 RENAL EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	24	\$6,480	\$2,379
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	10	\$1,742	\$1,976
	135 MODERATE CYSTOURETHROSCOPY	10	\$1,331	\$1,274
	136 SIMPLE CYSTOURETHROSCOPY	6	\$959	\$959
	137 COMPLEX URETHRAL PROCEDURES	1	\$1,512	\$1,533

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 PROCEDURE APG CATEGORY, PROCEDURE APG, SINGLE APG ONLY
 BASED ON REPORTABLE* CPT-4 PROCEDURES

417 South Towne Surgical Center

procedure APG category	Procedure APG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL FASCs)
08	MALE GENITAL SYSTEM	29	\$1,948	\$1,627
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	17	\$1,790	\$1,701
	154 SIMPLE PENILE PROCEDURES	9	\$1,258	\$1,192
	155 PROSTATE NEEDLE AND PUNCH BIOPSY	3	\$4,914	\$4,128
09	FEMALE GENITAL SYSTEM	44	\$2,140	\$1,789
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	9	\$2,370	\$2,279
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	6	\$1,821	\$1,124
	178 DILATION AND CURETTAGE	16	\$1,287	\$1,060
	179 HYSTEROSCOPY	12	\$3,316	\$2,161
	180 COLPOSCOPY	1	\$1,540	\$1,701
10	NERVOUS SYSTEM	271	\$1,685	\$907
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	165	\$674	\$672
	198 NERVE REPAIR AND DESTRUCTION	106	\$3,257	\$1,433
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	471	\$1,621	\$1,507
	233 NASAL CAUTERIZATION AND PACKING	1	\$1,293	\$1,418
	234 COMPLEX FACIAL AND ENT PROCEDURES	26	\$1,517	\$1,787
	235 SIMPLE FACIAL AND ENT PROCEDURES	369	\$1,632	\$1,738
	236 TONSIL AND ADENOID PROCEDURES	75	\$1,608	\$1,178
13	THERAPUTIC AND OTHER RADIOLOGICAL PROCEDURES	3	\$1,056	\$1,211
	254 MYELOGRAPHY	3	\$1,056	\$1,310

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

Reportable* excludes codes in the former "Other" category in previous reports.

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

417 South Towne Surgical Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
GENDER				
Female	2,310	56.5	46,191	55.6
Male	1,774	43.4	36,744	44.2
Unknown	1	0.0	68	0.1
Not Reported	0	0.0	93	0.1
AGE				
1-28 days	0	0.0	1	0.0
29-365 days	49	1.2	676	0.8
1-4 years	396	9.7	4,424	5.3
5-9	137	3.4	2,190	2.6
10-14	58	1.4	1,445	1.7
15-17	73	1.8	1,547	1.9
18-19	81	2.0	1,332	1.6
20-24	231	5.7	3,956	4.8
25-29	295	7.2	3,597	4.3
30-34	304	7.4	3,646	4.4
35-39	343	8.4	3,979	4.8
40-44	378	9.3	5,080	6.1
45-49	467	11.4	5,823	7.0
50-54	416	10.2	7,153	8.6
55-59	321	7.9	6,610	8.0
60-64	225	5.5	5,923	7.1
65-69	110	2.7	6,534	7.9
70-74	83	2.0	6,663	8.0
75-79	67	1.6	6,158	7.4
80-84	34	0.8	4,165	5.0
85-89	15	0.4	1,721	2.1
90 +	2	0.0	463	0.6
Not Reported	0	0.0	11	0.0
SOURCE OF ADMISSION				
Physician Referral	4,083	100.0	56,868	68.4
Clinic Referral	0	0.0	1,339	1.6
HMO Referral	1	0.0	6	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	0	0.0
Emergency Room	0	0.0	0	0.0
Court/Law Enforcement	0	0.0	0	0.0
Unknown	0	0.0	8,755	10.5
Not Reported	1	0.0	16,128	19.4

(Continued)

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

417 South Towne Surgical Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	0	0.0	50,838	61.2
Another Hospital	0	0.0	37	0.0
Skilled Nursing Facility	0	0.0	3	0.0
Intermediate Care Facility	0	0.0	2	0.0
Another Type of Institution	0	0.0	0	0.0
Under Care of Home Service	0	0.0	0	0.0
Left Against Medical Advice	0	0.0	1	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	0	0.0	0	0.0
Unknown	4,085	100.0	32,215	38.8
Not Reported	0	0.0	0	0.0
PRIMARY PAYER				
Medicare	333	8.2	24,729	29.8
Medicaid	326	8.0	4,306	5.2
Other government	25	0.6	1,777	2.1
Blue Cross/Blue Shield	1,281	31.4	15,655	18.8
Other Commercial	459	11.2	8,759	10.5
Managed Care(HMO, PPO)	1,417	34.7	23,916	28.8
Self Pay	0	0.0	1,238	1.5
Industrial & Worker Comp	132	3.2	1,959	2.4
Charity and Unclassified	0	0.0	48	0.1
Childrens Health Insurance	0	0.0	258	0.3
Unknown	0	0.0	72	0.1
Not Reported	112	2.7	379	0.5
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	31	0.8	4,272	5.1
Central Utah	28	0.7	1,436	1.7
Davis County	155	3.8	10,298	12.4
Salt Lake County	3,315	81.2	29,345	35.3
Southeastern Utah	21	0.5	969	1.2
Southwest Utah	9	0.2	4,229	5.1
Summit County	65	1.6	1,461	1.8
Tooele County	77	1.9	1,314	1.6
Tri-County	16	0.4	410	0.5
Utah County	203	5.0	10,259	12.3
Wasatch County	14	0.3	553	0.7
Weber County	49	1.2	14,230	17.1
Unknown Utah	5	0.1	59	0.1
Outside Utah	93	2.3	4,198	5.1
Unknown, Not Reported	4	0.1	63	0.1

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

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

408 St. George Surgical Center

Reporting Category(ICD-9-CM CODES)	Procedures Performed		Procedures Performed-All FASCs	
	(#)	(%)	(#)	(%)
Reporting Category(ICD-9-CM CODES)	1,255	100.0	44,330	100.0
Mastectomy (85.0-85.99)	0	0.0	1,046	2.4
Musculoskeletal (76.0-84.99)	320	25.5	7,633	17.2
Respiratory (30.0-34.99)	11	0.9	101	0.2
Cardiovascular (35.0-39.99)	775	61.8	845	1.9
Lymphatic/Hemetic (40.0-41.99)	0	0.0	83	0.2
Digestive System (42.0-54.99)	93	7.4	5,672	12.8
Urinary (55.0-59.99)	6	0.5	241	0.5
Male Genital (60.0-64.99)	4	0.3	151	0.3
Female Genital (65.0-71.99)	46	3.7	1,260	2.8
Endocrine/Nervous (01.0-07.99)	0	0.0	2,971	6.7
Eye (08.0-16.99)	0	0.0	13,860	31.3
Ear (18.0-20.99)	0	0.0	2,865	6.5
Nose, Mouth, Pharynx (21.0-29.99)	0	0.0	7,602	17.1
Reporting Category(CPT-4 CODES)	4,020	100.0	114,197	100.0
Mastectomy (19120-19220)	5	0.1	336	0.3
Musculoskeletal (20000-29909)	1,249	31.1	22,993	20.1
Respiratory (30000-32999 & 39501-39599)	174	4.3	9,162	8.0
Cardiovascular (33010-37799 & 93501-93660)	3	0.1	1,196	1.0
Lymphatic/Hemetic (38100-38999)	2	0.0	174	0.2
Digestive (40490-49999)	605	15.0	39,508	34.6
Urinary (50010-53899)	142	3.5	1,577	1.4
Male Genital (54000-55899)	8	0.2	533	0.5
Female Genital (56405-58999)	201	5.0	3,167	2.8
Endocrine/Nervous (60000-64999)	823	20.5	11,820	10.4
Eye (65091-68899)	748	18.6	18,307	16.0
Ear (69000-69979)	60	1.5	5,424	4.7

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, 2003
 MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES

408 St. George Surgical Center

ICD-9 CODE	ICD-9 DESCRIPTION	#	%	% ALL FASCs
All ICD-9 Procedures		1,255	100.0	100.0
3669	3669	482	38.4	1.09
3665	3665	200	15.9	0.45
806	EXC SEMILUNAR CARTILAGE-KNEE	199	15.9	1.77
5210	5210	75	6.0	0.17
8076	SYNOVECT-KNEE	70	5.6	0.34
3540	3540	57	4.5	0.13
8086	OTH LOC EXC/DESTRUC JT LES-KNEE	43	3.4	0.75
7179	OTH REPR VULVA & PERINEUM	31	2.5	0.08
3542	CREATE HEART SEPTAL DEFEC	25	2.0	0.06
4780	4780	12	1.0	0.03
3379	3379	11	0.9	0.02
7176	7176	9	0.7	0.02
3672	3672	6	0.5	0.01
3556	3556	5	0.4	0.01
5509	5509	5	0.4	0.01
8300	8300	4	0.3	0.01
4564	4564	3	0.2	0.01
4741	4741	3	0.2	0.01
6111	BX SCROTUM/TUNICA VAGINALIS	3	0.2	0.01
8404	DISART WRIST	3	0.2	0.01

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL FASCs
All CPT-4 Procedures		4,020	100.0	100.0
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	538	13.4	1.70
66984	EXTRACAPSULAR CATARACT REMV IOL	482	12.0	9.67
66821	DISCISSION 2ND CATARACT; LASER S	200	5.0	1.29
45378	COLONOSCOPY FLEX; DX-SEP PROC	137	3.4	7.46
29881	SCOPE KNEE SURG;W/MENISCECT MED/	124	3.1	1.66
50590	LITHOTRIPSY XTRACORP SHOCK WAVE	114	2.8	0.59
62310	INJ 1 NOT NEUROLYTIC-EPID;CERV/T	96	2.4	0.48
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	84	2.1	2.98
43235	UGI ENDO; DX W/VO CLCT SPECMN-SP	81	2.0	1.43
29880	SCOPE KNEE SURG;W/MENISCECT MED&	78	1.9	0.49
41899	UNLIST PROC DENTOALVEOL STRUCTUR	75	1.9	1.81
29876	SCOPE KNEE SURG; SYNOVECTOMY MAJ	73	1.8	0.18
58662	LAP SURG; W/FULG/EXCIS LES-OVARY	64	1.6	0.67
43239	UGI ENDO; W/BX 1/MX	58	1.4	5.96
64721	NEUROPLASTY; MEDIAN @ CARPAL TUN	58	1.4	1.23
29826	SCOPE SHOULDER; DECOMP SUBACROM	53	1.3	0.86
20680	REMOVAL OF IMPLANT; DEEP	51	1.3	0.83
42820	T&A; UNDER AGE 12	49	1.2	1.62
25115	RADL EXC BURSA WRIST TENDON; FLE	48	1.2	0.05
29877	SCOPE KNEE SURG; DEBRID/SHAVE CA	48	1.2	1.06

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

Reportable* excludes codes in the former "Other" category in previous reports.

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 AVERAGE TOTAL CHARGES FOR MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES, SINGLE ICD-9 OR CPT-4 ONLY

408 St. George Surgical Center

ICD-9 CODE	ICD-9 DESCRIPTION	#	AVE TOT CHR	AVE TOT CHR(ALL FASCs)
ICD-9 Procedures		1,019	\$1,021	\$1,497
3669	3669	478	\$1,019	\$1,019
3665	3665	188	\$434	\$434
806	EXC SEMILUNAR CARTILAGE-KNEE	112	\$1,606	\$2,268
5210	5210	75	\$714	\$714
3540	3540	47	\$695	\$695
8086	OTH LOC EXC/DESTRUC JT LES-KNEE	22	\$2,276	\$3,525
7179	OTH REPR VULVA & PERINEUM	13	\$2,797	\$2,430
4780	4780	12	\$2,313	\$2,313
3379	3379	11	\$395	\$395
3542	CREATE HEART SEPTAL DEFEC	11	\$1,113	\$1,113
8076	SYNOVECT-KNEE	10	\$2,644	\$3,542
3556	3556	5	\$1,134	\$1,134
5509	5509	5	\$1,190	\$1,190
3672	3672	4	\$820	\$820
8300	8300	4	\$1,113	\$1,113
4564	4564	3	\$890	\$890
4741	4741	3	\$1,965	\$1,965
6111	BX SCROTUM/TUNICA VAGINALIS	3	\$1,375	\$1,375
8404	DISART WRIST	3	\$1,637	\$1,637
7018	7018	2	\$790	\$790

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHR	AVE TOT CHR(ALL FASCs)
CPT-4 Procedures		2,672	\$760	\$1,504
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	517	\$343	\$603
66984	EXTRACAPSULAR CATARACT REMV IOL	477	\$1,018	\$2,187
66821	DISCISSION 2ND CATARACT; LASER S	187	\$432	\$604
45378	COLONOSCOPY FLEX; DX-SEP PROC	117	\$478	\$822
50590	LITHOTRIPSY XTRACORP SHOCK WAVE	96	\$900	\$2,383
62310	INJ 1 NOT NEUROLYTIC-EPID;CERV/T	87	\$357	\$620
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	76	\$459	\$964
41899	UNLIST PROC DENTOALVEOL STRUCTUR	75	\$714	\$1,918
43235	UGI ENDO; DX W/VO CLCT SPECMN-SP	67	\$396	\$648
29881	SCOPE KNEE SURG;W/MENISCECT MED/	53	\$1,475	\$2,207
43239	UGI ENDO; W/BX 1/MX	46	\$468	\$907
64721	NEUROPLASTY; MEDIAN @ CARPAL TUN	43	\$669	\$1,141
20680	REMOVAL OF IMPLANT; DEEP	42	\$756	\$1,268
42820	T&A; UNDER AGE 12	38	\$973	\$1,176
58662	LAP SURG; W/FULG/EXCIS LES-OVARY	34	\$2,166	\$1,996
25115	RADL EXC BURSA WRIST TENDON; FLE	30	\$746	\$859
29880	SCOPE KNEE SURG;W/MENISCECT MED&	30	\$1,303	\$2,444
42821	T&A; AGE 12 OR OVER	25	\$950	\$1,231
58670	LAPARSCPY SURGICAL; W/FULG OVIDU	24	\$1,814	\$1,367
26055	TENDON SHEATH INCISION	20	\$624	\$1,326

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

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

408 St. George Surgical Center

Procedure APG category	Procedure APG	TOTAL #	TOTAL # (ALL FASCs)
01	INTEGUMENTARY SYSTEM	72	1,479
	003 COMPLEX INCISION AND DRAINAGE	3	25
	004 SIMPLE INCISION AND DRAINAGE	2	16
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	29	431
	008 SIMPLE EXCISION AND BIOPSY	31	507
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRANGE	2	91
	011 SIMPLE INCISION AND EXCISION OF BREAST	1	288
	012 BREAST RECONSTRUCTION AND MASTECTOMY	4	48
02	MUSCULOSKELETAL SYSTEM	1,174	20,799
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	171	1,963
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	76	597
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	33	785
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	214	5,579
	025 ARTHROSCOPY	528	8,535
	028 CLOSED TREATMENT FX & DISLOCATION OF FINGER, TOE & TRUNK	1	12
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	47	1,012
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	1	134
	032 BUNION PROCEDURES	22	1,061
	033 ARTHROPLASTY	27	217
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	54	750
03	RESPIRATORY SYSTEM	66	4,215
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	65	4,162
	054 SIMPLE ENDOSCOPY OF THE UPPER AIRWAY	1	38
04	CARDIOVASCULAR SYSTEM	1	867
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	1	26
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	2	196
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	2	196
06	DIGESTIVE SYSTEM	569	34,150
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	2	227
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	3	162
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	139	8,576
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	20	2,444
	117 LOWER GASTROINTESTINAL ENDOSCOPY	237	17,826
	119 HERNIA AND HYDROCELE PROCEDURES	14	1,286
	120 COMPLEX ANAL AND RECTAL PROCEDURES	1	221
	123 COMPLEX LAPAROSCOPIC PROCEDURES	150	2,093
	124 SIMPLE LAPAROSCOPIC PROCEDURES	3	30
07	URINARY SYSTEM	141	1,557
	131 RENAL EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	114	673
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	13	379
	135 MODERATE CYSTOURETHROSCOPY	13	360
	138 SIMPLE URETHRAL PROCEDURES	1	23
08	MALE GENITAL SYSTEM	8	483
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	6	335
	154 SIMPLE PENILE PROCEDURES	2	116
09	FEMALE GENITAL SYSTEM	47	1,659

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

408 St. George Surgical Center

procedure APG category	procedure APG	TOTAL #	TOTAL # (ALL FASCs)
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	16	165
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	17	464
	178 DILATION AND CURETTAGE	8	197
	179 HYSTEROSCOPY	6	785
10	NERVOUS SYSTEM	825	11,220
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	702	8,222
	198 NERVE REPAIR AND DESTRUCTION	100	2,818
	199 SPINAL TAP	23	24
11	EYE AND OCULAR ADNEXA	745	18,216
	213 LASER EYE PROCEDURES	208	1,586
	214 CATARACT PROCEDURES	489	11,306
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	20	943
	216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	1	637
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	11	501
	220 STRABISMUS AND MUSCLE EYE PROCEDURES	7	461
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	4	1,614
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	5	287
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	339	17,966
	234 COMPLEX FACIAL AND ENT PROCEDURES	77	3,135
	235 SIMPLE FACIAL AND ENT PROCEDURES	168	10,613
	236 TONSIL AND ADENOID PROCEDURES	94	4,154

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

Reportable* excludes codes in the former "Other" category in previous reports.

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 PROCEDURE APG CATEGORY, PROCEDURE APG, SINGLE APG ONLY
 BASED ON REPORTABLE* CPT-4 PROCEDURES

408 St. George Surgical Center

Procedure APG category	Procedure APG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL FASCs)
01	INTEGUMENTARY SYSTEM	41	\$872	\$1,387
	003 COMPLEX INCISION AND DRAINAGE	3	\$1,260	\$1,193
	004 SIMPLE INCISION AND DRAINAGE	1	\$572	\$1,213
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	12	\$773	\$1,303
	008 SIMPLE EXCISION AND BIOPSY	20	\$732	\$1,151
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRAN	2	\$1,667	\$3,031
	012 BREAST RECONSTRUCTION AND MASTECTOMY	3	\$1,375	\$1,494
02	MUSCULOSKELETAL SYSTEM	416	\$1,128	\$2,092
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	25	\$1,174	\$2,347
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	47	\$842	\$1,553
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	14	\$863	\$2,036
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	118	\$734	\$1,457
	025 ARTHROSCOPY	144	\$1,627	\$2,729
	028 CLOSED TREATMENT FX & DISLOCATION OF FINGER, TOE & TRUNK	1	\$685	\$1,486
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	35	\$1,212	\$2,100
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	1	\$1,533	\$951
	032 BUNION PROCEDURES	7	\$848	\$1,756
	033 ARTHROPLASTY	15	\$973	\$2,264
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	9	\$261	\$703
04	CARDIOVASCULAR SYSTEM	1	\$325	\$1,640
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	1	\$325	\$1,201
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	1	\$1,057	\$1,371
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	1	\$1,057	\$1,371
06	DIGESTIVE SYSTEM	435	\$775	\$998
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	2	\$394	\$433
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	3	\$325	\$501
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	113	\$425	\$848
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	15	\$480	\$798
	117 LOWER GASTROINTESTINAL ENDOSCOPY	206	\$471	\$867
	119 HERNIA AND HYDROCELE PROCEDURES	11	\$1,208	\$1,526
	120 COMPLEX ANAL AND RECTAL PROCEDURES	1	\$826	\$1,106
	123 COMPLEX LAPAROSCOPIC PROCEDURES	83	\$1,992	\$2,687
	124 SIMPLE LAPAROSCOPIC PROCEDURES	1	\$3,463	\$5,974
07	URINARY SYSTEM	98	\$902	\$2,020
	131 RENAL EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	96	\$900	\$2,379
	135 MODERATE CYSTOURETHROSCOPY	1	\$1,113	\$1,274
	138 SIMPLE URETHRAL PROCEDURES	1	\$967	\$1,120
08	MALE GENITAL SYSTEM	8	\$828	\$1,627
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	6	\$836	\$1,701
	154 SIMPLE PENILE PROCEDURES	2	\$801	\$1,192
09	FEMALE GENITAL SYSTEM	24	\$1,000	\$1,789
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	5	\$1,596	\$2,279
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	12	\$889	\$1,124
	178 DILATION AND CURETTAGE	4	\$880	\$1,060
	179 HYSTEROSCOPY	3	\$608	\$2,161

AMB ST 1-5

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 PROCEDURE APG CATEGORY, PROCEDURE APG, SINGLE APG ONLY
 BASED ON REPORTABLE* CPT-4 PROCEDURES

408 St. George Surgical Center

procedure APG category		TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL FASCs)
Procedure APG				
10	NERVOUS SYSTEM	717	\$374	\$907
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	642	\$345	\$672
	198 NERVE REPAIR AND DESTRUCTION	53	\$714	\$1,433
	199 SPINAL TAP	22	\$376	\$384
11	EYE AND OCULAR ADNEXA	712	\$842	\$2,053
	213 LASER EYE PROCEDURES	195	\$431	\$623
	214 CATARACT PROCEDURES	483	\$1,016	\$2,197
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	13	\$521	\$2,443
	216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	1	\$585	\$1,974
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	7	\$756	\$1,745
	220 STRABISMUS AND MUSCLE EYE PROCEDURES	7	\$1,057	\$2,559
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	4	\$896	\$1,855
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	2	\$525	\$1,110
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	199	\$862	\$1,507
	234 COMPLEX FACIAL AND ENT PROCEDURES	26	\$1,027	\$1,787
	235 SIMPLE FACIAL AND ENT PROCEDURES	106	\$755	\$1,738
	236 TONSIL AND ADENOID PROCEDURES	67	\$968	\$1,178

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

AMB ST 1-6

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

408 St. George Surgical Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
GENDER				
Female	1,896	58.1	46,191	55.6
Male	1,350	41.3	36,744	44.2
Unknown	0	0.0	68	0.1
Not Reported	20	0.6	93	0.1
AGE				
1-28 days	0	0.0	1	0.0
29-365 days	10	0.3	676	0.8
1-4 years	102	3.1	4,424	5.3
5-9	55	1.7	2,190	2.6
10-14	48	1.5	1,445	1.7
15-17	72	2.2	1,547	1.9
18-19	53	1.6	1,332	1.6
20-24	113	3.5	3,956	4.8
25-29	125	3.8	3,597	4.3
30-34	121	3.7	3,646	4.4
35-39	122	3.7	3,979	4.8
40-44	146	4.5	5,080	6.1
45-49	144	4.4	5,823	7.0
50-54	165	5.1	7,153	8.6
55-59	188	5.8	6,610	8.0
60-64	234	7.2	5,923	7.1
65-69	372	11.4	6,534	7.9
70-74	401	12.3	6,663	8.0
75-79	392	12.0	6,158	7.4
80-84	272	8.3	4,165	5.0
85-89	91	2.8	1,721	2.1
90 +	39	1.2	463	0.6
Not Reported	1	0.0	11	0.0
SOURCE OF ADMISSION				
Physician Referral	3,266	100.0	56,868	68.4
Clinic Referral	0	0.0	1,339	1.6
HMO Referral	0	0.0	6	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	0	0.0
Emergency Room	0	0.0	0	0.0
Court/Law Enforcement	0	0.0	0	0.0
Unknown	0	0.0	8,755	10.5
Not Reported	0	0.0	16,128	19.4

(Continued)

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

408 St. George Surgical Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	3,266	100.0	50,838	61.2
Another Hospital	0	0.0	37	0.0
Skilled Nursing Facility	0	0.0	3	0.0
Intermediate Care Facility	0	0.0	2	0.0
Another Type of Institution	0	0.0	0	0.0
Under Care of Home Service	0	0.0	0	0.0
Left Against Medical Advice	0	0.0	1	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	32,215	38.8
Not Reported	0	0.0	0	0.0
PRIMARY PAYER				
Medicare	1,584	48.5	24,729	29.8
Medicaid	215	6.6	4,306	5.2
Other government	34	1.0	1,777	2.1
Blue Cross/Blue Shield	368	11.3	15,655	18.8
Other Commercial	424	13.0	8,759	10.5
Managed Care(HMO, PPO)	425	13.0	23,916	28.8
Self Pay	113	3.5	1,238	1.5
Industrial & Worker Comp	98	3.0	1,959	2.4
Charity and Unclassified	5	0.2	48	0.1
Childrens Health Insurance	0	0.0	258	0.3
Unknown	0	0.0	72	0.1
Not Reported	0	0.0	379	0.5
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	5	0.2	4,272	5.1
Central Utah	20	0.6	1,436	1.7
Davis County	7	0.2	10,298	12.4
Salt Lake County	14	0.4	29,345	35.3
Southeastern Utah	4	0.1	969	1.2
Southwest Utah	2,813	86.1	4,229	5.1
Summit County	2	0.1	1,461	1.8
Tooele County	3	0.1	1,314	1.6
Tri-County	0	0.0	410	0.5
Utah County	5	0.2	10,259	12.3
Wasatch County	3	0.1	553	0.7
Weber County	1	0.0	14,230	17.1
Unknown Utah	4	0.1	59	0.1
Outside Utah	383	11.7	4,198	5.1
Unknown, Not Reported	2	0.1	63	0.1

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

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

409 St. Mark's Outpatient Surgical Center

Reporting Category (ICD-9-CM CODES)	Procedures Performed		Procedures Performed-All FASCs	
	(#)	(%)	(#)	(%)
Reporting Category (ICD-9-CM CODES)	.	.	44,330	100.0
Mastectomy (85.0-85.99)	.	.	1,046	2.4
Musculoskeletal (76.0-84.99)	.	.	7,633	17.2
Respiratory (30.0-34.99)	.	.	101	0.2
Cardiovascular (35.0-39.99)	.	.	845	1.9
Lymphatic/Hemetic (40.0-41.99)	.	.	83	0.2
Digestive System (42.0-54.99)	.	.	5,672	12.8
Urinary (55.0-59.99)	.	.	241	0.5
Male Genital (60.0-64.99)	.	.	151	0.3
Female Genital (65.0-71.99)	.	.	1,260	2.8
Endocrine/Nervous (01.0-07.99)	.	.	2,971	6.7
Eye (08.0-16.99)	.	.	13,860	31.3
Ear (18.0-20.99)	.	.	2,865	6.5
Nose, Mouth, Pharynx (21.0-29.99)	.	.	7,602	17.1
Reporting Category (CPT-4 CODES)	6,399	100.0	114,197	100.0
Mastectomy (19120-19220)	2	0.0	336	0.3
Musculoskeletal (20000-29909)	2,156	33.7	22,993	20.1
Respiratory (30000-32999 & 39501-39599)	1,106	17.3	9,162	8.0
Cardiovascular (33010-37799 & 93501-93660)	69	1.1	1,196	1.0
Lymphatic/Hemetic (38100-38999)	34	0.5	174	0.2
Digestive (40490-49999)	972	15.2	39,508	34.6
Urinary (50010-53899)	14	0.2	1,577	1.4
Male Genital (54000-55899)	22	0.3	533	0.5
Female Genital (56405-58999)	467	7.3	3,167	2.8
Endocrine/Nervous (60000-64999)	338	5.3	11,820	10.4
Eye (65091-68899)	785	12.3	18,307	16.0
Ear (69000-69979)	434	6.8	5,424	4.7

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

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES

409 St. Mark's Outpatient Surgical Center

ICD-9 CODE	ICD-9 DESCRIPTION	#	%	% ALL FASCs
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All ICD-9 Procedures

Does not report ICDs

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL FASCs
All CPT-4 Procedures				
66984	EXTRACAPSULAR CATARACT REMV IOL	575	100.0	100.0
30140	SUBMUCOS RES TURBINATE PART/CMPL	380	9.0	9.67
69436	TYMPANOSTOMY GENERAL ANESTHESIA	357	5.9	1.82
64721	NEUROPLASTY; MEDIAN @ CARPAL TUN	357	5.6	3.99
29881	SCOPE KNEE SURG;W/MENISCECT MED/	265	4.1	1.23
49505	REPR INIT ING HERNIA 5YR/MORE; R	193	3.0	1.66
30520	SEPTOPLASTY/SUBMUCOS RES W/GFT	191	3.0	0.66
42820	T&A; UNDER AGE 12	182	2.8	1.55
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	167	2.6	1.62
31255	NASAL/SINUS ENDO; W/TOT ETHMOECT	121	1.9	0.74
26055	TENDON SHEATH INCISION	120	1.9	0.95
28285	CORRECTION HAMMERTOES	115	1.8	0.68
31267	NASL/SINUS ENDO; W/TOISS REMV MAX	109	1.7	0.86
20680	REMOVAL OF IMPLANT; DEEP	105	1.6	1.03
29826	SCOPE SHOULDER; DECOMP SUBACROM	100	1.6	0.83
58662	LAP SURG; W/FULG/EXCIS LES-OVARY	85	1.3	0.86
58670	LAPARSCPY SURGICAL; W/FULG OVIDU	83	1.3	0.67
31254	NASAL/SINUS ENDO; W/PART ETHMOEC	79	1.2	0.15
28296	HALLUX VALGUS; W/METATARSAL OSTE	77	1.2	0.36
29877	SCOPE KNEE SURG; DEBRID/SHAVE CA	76	1.2	0.46
		64	1.0	1.06

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

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 AVERAGE TOTAL CHARGES FOR MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES, SINGLE ICD-9 OR CPT-4 ONLY

409 St. Mark's Outpatient Surgical Center

ICD-9 CODE	ICD-9 DESCRIPTION	#	AVE TOT CHR	AVE TOT CHR(ALL FASCs)
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ICD-9 Procedures

Does not report ICDS

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHR	AVE TOT CHR(ALL FASCs)
CPT-4 Procedures		3,165	\$1,209	\$1,504
66984	EXTRACAPSULAR CATARACT REMV IOL	571	\$1,575	\$2,187
64721	NEUROPLASTY; MEDIAN @ CARPAL TUN	175	\$793	\$1,141
29881	SCOPE KNEE SURG;W/MENISCECT MED/	159	\$1,443	\$2,207
42820	T&A; UNDER AGE 12	139	\$933	\$1,176
49505	REPR INIT ING HERNIA 5YR/MORE; R	133	\$1,094	\$1,516
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	91	\$933	\$1,154
58670	LAPARSCPY SURGICAL; W/FULG OVIDU	64	\$925	\$1,367
26055	TENDON SHEATH INCISION	60	\$900	\$1,326
20680	REMOVAL OF IMPLANT; DEEP	56	\$809	\$1,268
46260	HEMORRHOIDECT INTRL&EXT CMLPX/EX	56	\$945	\$1,140
42821	T&A; AGE 12 OR OVER	53	\$996	\$1,231
29826	SCOPE SHOULDER; DECOMP SUBACROM	52	\$1,707	\$3,141
58558	HYSTEROSCPY SURG; W/BX &/ POLYPE	45	\$998	\$1,703
58662	LAP SURG; W/FULG/EXCIS LES-OVARY	43	\$1,271	\$1,996
29877	SCOPE KNEE SURG; DEBRID/SHAVE CA	38	\$1,468	\$2,282
29880	SCOPE KNEE SURG;W/MENISCECT MED&	37	\$1,456	\$2,444
28296	HALLUX VALGUS; W/METATARSAL OSTE	36	\$1,410	\$1,763
25111	EXCISION OF GANGLION WRIST; PRIM	35	\$888	\$1,381
58120	DILATION & CURET DX &/ THERAPEUT	35	\$789	\$1,060
65730	KERATOPLASTY; PENETRATING	32	\$2,667	\$5,158

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

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

409 St. Mark's Outpatient Surgical Center

Procedure APG category	Procedure APG	TOTAL #	TOTAL # (ALL FASCs)
01	INTEGUMENTARY SYSTEM	279	1,479
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	1	58
	003 COMPLEX INCISION AND DRAINAGE	1	25
	004 SIMPLE INCISION AND DRAINAGE	1	16
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	136	431
	008 SIMPLE EXCISION AND BIOPSY	126	507
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRANGE	12	91
	011 SIMPLE INCISION AND EXCISION OF BREAST	2	288
02	MUSCULOSKELETAL SYSTEM	1,796	20,799
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	154	1,963
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	59	597
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	110	785
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	633	5,579
	025 ARTHROSCOPY	539	8,535
	028 CLOSED TREATMENT FX & DISLOCATION OF FINGER, TOE & TRUNK	1	12
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	7	83
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	109	1,012
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	24	134
	032 BUNION PROCEDURES	108	1,061
	033 ARTHROPLASTY	34	217
	034 HAND AND FOOT TENOTOMY	4	68
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	14	750
03	RESPIRATORY SYSTEM	440	4,215
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	437	4,162
	054 SIMPLE ENDOSCOPY OF THE UPPER AIRWAY	2	38
	055 ENDOSCOPY OF THE LOWER AIRWAY	1	6
04	CARDIOVASCULAR SYSTEM	60	867
	077 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	2	332
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	15	26
	080 MINOR VASCULAR REPAIR AND FISTULA CONSTRUCTION	15	38
	081 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	10	339
	082 VASCULAR LIGATION	18	131
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	34	196
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	34	196
06	DIGESTIVE SYSTEM	719	34,150
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	4	227
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	1	8,576
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	1	2,444
	119 HERNIA AND HYDROCELE PROCEDURES	307	1,286
	120 COMPLEX ANAL AND RECTAL PROCEDURES	138	221
	121 SIMPLE ANAL AND RECTAL PROCEDURES	5	67
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	3	13
	123 COMPLEX LAPAROSCOPIC PROCEDURES	260	2,093
07	URINARY SYSTEM	13	1,557
	135 MODERATE CYSTOURETHROSCOPY	8	360
	136 SIMPLE CYSTOURETHROSCOPY	2	92

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

409 St. Mark's Outpatient Surgical Center

procedure APG category	procedure APG	TOTAL #	TOTAL # (ALL FASCs)
	138 SIMPLE URETHRAL PROCEDURES	3	23
08	MALE GENITAL SYSTEM	19	483
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	15	335
	154 SIMPLE PENILE PROCEDURES	4	116
09	FEMALE GENITAL SYSTEM	236	1,659
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	9	165
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	66	464
	178 DILATION AND CURETTAGE	48	197
	179 HYSTEROSCOPY	95	785
	180 COLPOSCOPY	18	48
10	NERVOUS SYSTEM	337	11,220
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	1	8,222
	198 NERVE REPAIR AND DESTRUCTION	336	2,818
11	EYE AND OCULAR ADNEXA	782	18,216
	214 CATARACT PROCEDURES	583	11,306
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	43	943
	216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	24	637
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	5	501
	220 STRABISMUS AND MUSCLE EYE PROCEDURES	10	461
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	98	1,614
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	18	287
	223 VITRECTOMY	1	394
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	1,613	17,966
	233 NASAL CAUTERIZATION AND PACKING	4	64
	234 COMPLEX FACIAL AND ENT PROCEDURES	384	3,135
	235 SIMPLE FACIAL AND ENT PROCEDURES	826	10,613
	236 TONSIL AND ADENOID PROCEDURES	399	4,154
13	THERAPUTIC AND OTHER RADIOLOGICAL PROCEDURES	1	877
	255 MISCELLANEOUS RADIOLOGICAL PROCEDURES WITH CONTRAST	1	10

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

Reportable* excludes codes in the former "Other" category in previous reports.

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 PROCEDURE APG CATEGORY, PROCEDURE APG, SINGLE APG ONLY
 BASED ON REPORTABLE* CPT-4 PROCEDURES

409 St. Mark's Outpatient Surgical Center

Procedure APG category	Procedure APG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL FASCs)
01	INTEGUMENTARY SYSTEM	156	\$909	\$1,387
	003 COMPLEX INCISION AND DRAINAGE	1	\$945	\$1,193
	004 SIMPLE INCISION AND DRAINAGE	1	\$945	\$1,213
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	83	\$955	\$1,303
	008 SIMPLE EXCISION AND BIOPSY	69	\$855	\$1,151
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRAN	2	\$788	\$3,031
02	MUSCULOSKELETAL SYSTEM	982	\$1,288	\$2,092
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	53	\$1,306	\$2,347
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	39	\$959	\$1,553
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	45	\$1,130	\$2,036
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	286	\$908	\$1,457
	025 ARTHROSCOPY	393	\$1,618	\$2,729
	028 CLOSED TREATMENT FX & DISLOCATION OF FINGER, TOE & TRUNK	1	\$945	\$1,486
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	7	\$929	\$1,387
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	90	\$1,327	\$2,100
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	15	\$661	\$951
	032 BUNION PROCEDURES	42	\$1,422	\$1,756
	033 ARTHROPLASTY	11	\$1,410	\$2,264
03	RESPIRATORY SYSTEM	19	\$1,006	\$1,390
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	19	\$1,006	\$1,399
04	CARDIOVASCULAR SYSTEM	36	\$1,059	\$1,640
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	14	\$788	\$1,201
	080 MINOR VASCULAR REPAIR AND FISTULA CONSTRUCTION	14	\$1,217	\$1,593
	081 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	3	\$998	\$1,551
	082 VASCULAR LIGATION	5	\$1,414	\$1,883
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	26	\$843	\$1,371
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	26	\$843	\$1,371
06	DIGESTIVE SYSTEM	528	\$1,054	\$998
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	3	\$670	\$433
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	1	\$950	\$798
	119 HERNIA AND HYDROCELE PROCEDURES	221	\$1,084	\$1,526
	120 COMPLEX ANAL AND RECTAL PROCEDURES	135	\$879	\$1,106
	121 SIMPLE ANAL AND RECTAL PROCEDURES	3	\$788	\$1,061
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	1	\$998	\$1,125
	123 COMPLEX LAPAROSCOPIC PROCEDURES	164	\$1,171	\$2,687
07	URINARY SYSTEM	9	\$870	\$2,020
	135 MODERATE CYSTOURETHROSCOPY	6	\$893	\$1,274
	138 SIMPLE URETHRAL PROCEDURES	3	\$823	\$1,120
08	MALE GENITAL SYSTEM	10	\$938	\$1,627
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	6	\$967	\$1,701
	154 SIMPLE PENILE PROCEDURES	4	\$893	\$1,192
09	FEMALE GENITAL SYSTEM	152	\$1,055	\$1,789
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	5	\$1,119	\$2,279
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	42	\$894	\$1,124
	178 DILATION AND CURETTAGE	35	\$789	\$1,060

AMB ST 1-5
 UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 PROCEDURE APG CATEGORY, PROCEDURE APG, SINGLE APG ONLY
 BASED ON REPORTABLE* CPT-4 PROCEDURES

409 St. Mark's Outpatient Surgical Center

procedure APG category	Procedure APG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL FASCs)
	179 HYSTEROSCOPY	68	\$1,296	\$2,161
	180 COLPOSCOPY	2	\$785	\$1,701
10	NERVOUS SYSTEM	205	\$835	\$907
	198 NERVE REPAIR AND DESTRUCTION	205	\$835	\$1,433
11	EYE AND OCULAR ADNEXA	644	\$1,599	\$2,053
	214 CATARACT PROCEDURES	577	\$1,573	\$2,197
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	35	\$2,559	\$2,443
	216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	12	\$969	\$1,974
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	4	\$741	\$1,745
	220 STRABISMUS AND MUSCLE EYE PROCEDURES	2	\$867	\$2,559
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	9	\$1,251	\$1,855
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	5	\$953	\$1,110
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	382	\$1,007	\$1,507
	234 COMPLEX FACIAL AND ENT PROCEDURES	55	\$1,457	\$1,787
	235 SIMPLE FACIAL AND ENT PROCEDURES	33	\$852	\$1,738
	236 TONSIL AND ADENOID PROCEDURES	294	\$941	\$1,178

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

AMB ST 1-6

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

409 St. Mark's Outpatient Surgical Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
GENDER				
Female	2,557	58.8	46,191	55.6
Male	1,794	41.2	36,744	44.2
Unknown	0	0.0	68	0.1
Not Reported	0	0.0	93	0.1
AGE				
1-28 days	0	0.0	1	0.0
29-365 days	29	0.7	676	0.8
1-4 years	172	4.0	4,424	5.3
5-9	144	3.3	2,190	2.6
10-14	120	2.8	1,445	1.7
15-17	104	2.4	1,547	1.9
18-19	85	2.0	1,332	1.6
20-24	269	6.2	3,956	4.8
25-29	234	5.4	3,597	4.3
30-34	308	7.1	3,646	4.4
35-39	264	6.1	3,979	4.8
40-44	318	7.3	5,080	6.1
45-49	378	8.7	5,823	7.0
50-54	362	8.3	7,153	8.6
55-59	330	7.6	6,610	8.0
60-64	303	7.0	5,923	7.1
65-69	241	5.5	6,534	7.9
70-74	232	5.3	6,663	8.0
75-79	217	5.0	6,158	7.4
80-84	165	3.8	4,165	5.0
85-89	62	1.4	1,721	2.1
90 +	12	0.3	463	0.6
Not Reported	2	0.0	11	0.0
SOURCE OF ADMISSION				
Physician Referral	4,351	100.0	56,868	68.4
Clinic Referral	0	0.0	1,339	1.6
HMO Referral	0	0.0	6	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	0	0.0
Emergency Room	0	0.0	0	0.0
Court/Law Enforcement	0	0.0	0	0.0
Unknown	0	0.0	8,755	10.5
Not Reported	0	0.0	16,128	19.4

(Continued)

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

409 St. Mark's Outpatient Surgical Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	1	0.0	50,838	61.2
Another Hospital	0	0.0	37	0.0
Skilled Nursing Facility	0	0.0	3	0.0
Intermediate Care Facility	0	0.0	2	0.0
Another Type of Institution	0	0.0	0	0.0
Under Care of Home Service	0	0.0	0	0.0
Left Against Medical Advice	0	0.0	1	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	0	0.0	0	0.0
Unknown	4,350	100.0	32,215	38.8
Not Reported	0	0.0	0	0.0
PRIMARY PAYER				
Medicare	889	20.4	24,729	29.8
Medicaid	197	4.5	4,306	5.2
Other government	17	0.4	1,777	2.1
Blue Cross/Blue Shield	1,136	26.1	15,655	18.8
Other Commercial	426	9.8	8,759	10.5
Managed Care(HMO, PPO)	1,539	35.4	23,916	28.8
Self Pay	0	0.0	1,238	1.5
Industrial & Worker Comp	92	2.1	1,959	2.4
Charity and Unclassified	0	0.0	48	0.1
Childrens Health Insurance	0	0.0	258	0.3
Unknown	0	0.0	72	0.1
Not Reported	55	1.3	379	0.5
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	11	0.3	4,272	5.1
Central Utah	12	0.3	1,436	1.7
Davis County	150	3.4	10,298	12.4
Salt Lake County	3,636	83.6	29,345	35.3
Southeastern Utah	13	0.3	969	1.2
Southwest Utah	8	0.2	4,229	5.1
Summit County	65	1.5	1,461	1.8
Tooele County	230	5.3	1,314	1.6
Tri-County	19	0.4	410	0.5
Utah County	72	1.7	10,259	12.3
Wasatch County	19	0.4	553	0.7
Weber County	28	0.6	14,230	17.1
Unknown Utah	2	0.0	59	0.1
Outside Utah	85	2.0	4,198	5.1
Unknown, Not Reported	1	0.0	63	0.1

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

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

410 SurgiCare Center of Utah

Reporting Category (ICD-9-CM CODES)	Procedures Performed		Procedures Performed-All FASCs	
	(#)	(%)	(#)	(%)
Reporting Category (ICD-9-CM CODES)	.	.	44,330	100.0
Mastectomy (85.0-85.99)	.	.	1,046	2.4
Musculoskeletal (76.0-84.99)	.	.	7,633	17.2
Respiratory (30.0-34.99)	.	.	101	0.2
Cardiovascular (35.0-39.99)	.	.	845	1.9
Lymphatic/Hemetic (40.0-41.99)	.	.	83	0.2
Digestive System (42.0-54.99)	.	.	5,672	12.8
Urinary (55.0-59.99)	.	.	241	0.5
Male Genital (60.0-64.99)	.	.	151	0.3
Female Genital (65.0-71.99)	.	.	1,260	2.8
Endocrine/Nervous (01.0-07.99)	.	.	2,971	6.7
Eye (08.0-16.99)	.	.	13,860	31.3
Ear (18.0-20.99)	.	.	2,865	6.5
Nose, Mouth, Pharynx (21.0-29.99)	.	.	7,602	17.1
Reporting Category (CPT-4 CODES)	1,826	100.0	114,197	100.0
Mastectomy (19120-19220)	0	0.0	336	0.3
Musculoskeletal (20000-29909)	1	0.1	22,993	20.1
Respiratory (30000-32999 & 39501-39599)	8	0.4	9,162	8.0
Cardiovascular (33010-37799 & 93501-93660)	2	0.1	1,196	1.0
Lymphatic/Hemetic (38100-38999)	0	0.0	174	0.2
Digestive (40490-49999)	0	0.0	39,508	34.6
Urinary (50010-53899)	0	0.0	1,577	1.4
Male Genital (54000-55899)	0	0.0	533	0.5
Female Genital (56405-58999)	0	0.0	3,167	2.8
Endocrine/Nervous (60000-64999)	14	0.8	11,820	10.4
Eye (65091-68899)	1,801	98.6	18,307	16.0
Ear (69000-69979)	0	0.0	5,424	4.7

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics.

Reportable* excludes codes in the former "Other" category in previous reports.

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES

410 SurgiCare Center of Utah

ICD-9 CODE	ICD-9 DESCRIPTION	#	%	% ALL FASCs
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All ICD-9 Procedures

Does not report ICDs

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL FASCs
All CPT-4 Procedures				
66984	EXTRACAPSULAR CATARACT REMV IOL	1,826	100.0	100.0
66821	DISCISSION 2ND CATARACT; LASER S	1,097	60.1	9.67
67904	REPR BLEPHAROPTOSIS; RESECT-EXT	176	9.6	1.29
65426	EXC/TRANSPOSITION PTERYGIUM; W/G	74	4.1	0.47
67221	DESTRUC LES CHOROID; PHOTODYNAMC	33	1.8	0.16
66170	FISTULIZ SCLER; TRABECULECT AB E	26	1.4	0.21
67228	DESTRCT RETINOPATHY; PHOTOCOAGUL	22	1.2	0.14
67840	EXC LES LID NO CLOS/W SMPL DIR C	22	1.2	0.02
67038	VITRECTOMY MECH; W/MEMBRANE STRI	22	1.2	0.04
68761	CLOSURE LACRIMAL PUNCTUM; PLUG E	21	1.2	0.17
65420	EXC/TRANSPSTN PTERYGIUM; W/O GFT	20	1.1	0.02
67028	INTRAVITREAL INJ PHARMACOLOGIC A	18	1.0	0.05
67924	REPAIR ENTROPION; BLPHPLSTY EXT	17	0.9	0.03
67917	REPAIR ECTROPION; BLPHPLSTY EXT	17	0.9	0.08
64612	CHEMODENERV MUSC; INNERV FACIAL	15	0.8	0.17
66985	INSERT IOL PROSTH SECONDARY IMPL	14	0.8	0.01
67108	REPR RETINAL DETACH; W/VITRECTOM	14	0.8	0.09
68815	PROBE NASOLAC DUCT; W/INSERT TUB	12	0.7	0.08
67036	VITRECTOMY MECH PARS PLANA APPRC	11	0.6	0.15
67210	DESTRCT LES RETINA; PHOTOCOAGULA	10	0.5	0.07
		10	0.5	0.01

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

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 AVERAGE TOTAL CHARGES FOR MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES, SINGLE ICD-9 OR CPT-4 ONLY

410 SurgiCare Center of Utah

ICD-9 CODE	ICD-9 DESCRIPTION	#	AVE TOT CHR	AVE TOT CHR(ALL FASCs)
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ICD-9 Procedures

Does not report ICDS

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHR	AVE TOT CHR(ALL FASCs)
CPT-4 Procedures				
66984	EXTRACAPSULAR CATARACT REMV IOL	1,573	\$1,599	\$1,504
66821	DISCISSION 2ND CATARACT; LASER S	1,079	\$1,827	\$2,187
65426	EXC/TRANSPOSITION PTERYGIUM; W/G	165	\$786	\$604
67904	REPR BLEPHAROPTOSIS; RESECT-EXT	29	\$1,336	\$1,604
67840	EXC LES LID NO CLOS/W SMPL DIR C	28	\$1,398	\$1,695
67228	DESTRCT RETINOPATHY; PHOTOCOAGUL	21	\$667	\$790
67038	VITRECTOMY MECH; W/MEMBRANE STRI	19	\$937	\$937
67221	DESTRUC LES CHOROID; PHOTODYNAMC	17	\$1,394	\$3,703
67924	REPAIR ENTROPION; BLPHPLSTY EXT	17	\$3,408	\$2,946
67108	REPR RETINAL DETACH; W/VITRECTOM	17	\$1,053	\$1,652
66985	INSERT IOL PROSTH SECONDARY IMPL	12	\$2,133	\$4,888
67210	DESTRCT LES RETINA; PHOTOCOAGULA	10	\$1,874	\$2,394
67917	REPAIR ECTROPION; BLPHPLSTY EXT	10	\$958	\$1,266
68761	CLOSURE LACRIMAL PUNCTUM; PLUG E	9	\$1,489	\$1,539
65420	EXC/TRANSPSTN PTERYGIUM; W/O GFT	8	\$352	\$352
65860	SEVERING ADHES ANT SEG LASR TECH	7	\$829	\$1,180
66170	FISTULIZ SCLER; TRABECULECT AB E	7	\$518	\$518
67028	INTRAVITREAL INJ PHARMACOLOGIC A	7	\$1,344	\$2,982
67036	VITRECTOMY MECH PARS PLANA APPRC	7	\$306	\$306
67800	EXCISION OF CHALAZION; SINGLE	6	\$1,050	\$2,732
		6	\$448	\$586

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

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

410 SurgiCare Center of Utah

Procedure APG category	Procedure APG	TOTAL #	TOTAL # (ALL FASCs)
01	INTEGUMENTARY SYSTEM	5	1,479
	008 SIMPLE EXCISION AND BIOPSY	5	507
10	NERVOUS SYSTEM	14	11,220
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	14	8,222
11	EYE AND OCULAR ADNEXA	1,792	18,216
	211 MINOR OPHTHALMOLOGICAL TESTS AND PROCEDURES	51	284
	213 LASER EYE PROCEDURES	221	1,586
	214 CATARACT PROCEDURES	1,117	11,306
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	9	943
	216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	68	637
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	27	501
	218 COMPLEX POSTERIOR SEGMENT EYE PROCEDURES	25	135
	219 SIMPLE POSTERIOR SEGMENT EYE PROCEDURES	23	68
	220 STRABISMUS AND MUSCLE EYE PROCEDURES	3	461
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	157	1,614
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	49	287
	223 VITRECTOMY	42	394
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	8	17,966
	234 COMPLEX FACIAL AND ENT PROCEDURES	8	3,135

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

AMB ST 1-5
 UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 PROCEDURE APG CATEGORY, PROCEDURE APG, SINGLE APG ONLY
 BASED ON REPORTABLE* CPT-4 PROCEDURES

410 SurgiCare Center of Utah

Procedure APG category Procedure APG	TOTAL #	AVE TOT CHRG	AVE TOT CHRG(ALL FASCs)
01 INTEGUMENTARY SYSTEM	4	\$628	\$1,387
008 SIMPLE EXCISION AND BIOPSY	4	\$628	\$1,151
10 NERVOUS SYSTEM	2	\$582	\$907
195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	2	\$582	\$672
11 EYE AND OCULAR ADNEXA	1,560	\$1,608	\$2,053
211 MINOR OPHTHALMOLOGICAL TESTS AND PROCEDURES	28	\$2,249	\$2,757
213 LASER EYE PROCEDURES	207	\$804	\$623
214 CATARACT PROCEDURES	1,094	\$1,829	\$2,197
215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	7	\$2,379	\$2,443
216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	37	\$1,322	\$1,974
217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	14	\$528	\$1,745
218 COMPLEX POSTERIOR SEGMENT EYE PROCEDURES	21	\$1,840	\$4,246
219 SIMPLE POSTERIOR SEGMENT EYE PROCEDURES	11	\$404	\$1,474
221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	75	\$1,321	\$1,855
222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	38	\$546	\$1,110
223 VITRECTOMY	28	\$1,513	\$3,538

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

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

410 SurgiCare Center of Utah

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
GENDER				
Female	1,062	62.8	46,191	55.6
Male	623	36.9	36,744	44.2
Unknown	5	0.3	68	0.1
Not Reported	0	0.0	93	0.1
AGE				
1-28 days	0	0.0	1	0.0
29-365 days	0	0.0	676	0.8
1-4 years	0	0.0	4,424	5.3
5-9	0	0.0	2,190	2.6
10-14	0	0.0	1,445	1.7
15-17	0	0.0	1,547	1.9
18-19	1	0.1	1,332	1.6
20-24	4	0.2	3,956	4.8
25-29	7	0.4	3,597	4.3
30-34	11	0.7	3,646	4.4
35-39	10	0.6	3,979	4.8
40-44	11	0.7	5,080	6.1
45-49	58	3.4	5,823	7.0
50-54	61	3.6	7,153	8.6
55-59	90	5.3	6,610	8.0
60-64	92	5.4	5,923	7.1
65-69	208	12.3	6,534	7.9
70-74	314	18.6	6,663	8.0
75-79	362	21.4	6,158	7.4
80-84	277	16.4	4,165	5.0
85-89	149	8.8	1,721	2.1
90 +	35	2.1	463	0.6
Not Reported	0	0.0	11	0.0
SOURCE OF ADMISSION				
Physician Referral	0	0.0	56,868	68.4
Clinic Referral	0	0.0	1,339	1.6
HMO Referral	0	0.0	6	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	0	0.0
Emergency Room	0	0.0	0	0.0
Court/Law Enforcement	0	0.0	0	0.0
Unknown	1,690	100.0	8,755	10.5
Not Reported	0	0.0	16,128	19.4

(Continued)

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

410 SurgiCare Center of Utah

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	1,690	100.0	50,838	61.2
Another Hospital	0	0.0	37	0.0
Skilled Nursing Facility	0	0.0	3	0.0
Intermediate Care Facility	0	0.0	2	0.0
Another Type of Institution	0	0.0	0	0.0
Under Care of Home Service	0	0.0	0	0.0
Left Against Medical Advice	0	0.0	1	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	32,215	38.8
Not Reported	0	0.0	0	0.0
PRIMARY PAYER				
Medicare	994	58.8	24,729	29.8
Medicaid	36	2.1	4,306	5.2
Other government	32	1.9	1,777	2.1
Blue Cross/Blue Shield	291	17.2	15,655	18.8
Other Commercial	178	10.5	8,759	10.5
Managed Care(HMO, PPO)	158	9.3	23,916	28.8
Self Pay	0	0.0	1,238	1.5
Industrial & Worker Comp	1	0.1	1,959	2.4
Charity and Unclassified	0	0.0	48	0.1
Childrens Health Insurance	0	0.0	258	0.3
Unknown	0	0.0	72	0.1
Not Reported	0	0.0	379	0.5
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	7	0.4	4,272	5.1
Central Utah	24	1.4	1,436	1.7
Davis County	124	7.3	10,298	12.4
Salt Lake County	946	56.0	29,345	35.3
Southeastern Utah	24	1.4	969	1.2
Southwest Utah	7	0.4	4,229	5.1
Summit County	14	0.8	1,461	1.8
Tooele County	97	5.7	1,314	1.6
Tri-County	12	0.7	410	0.5
Utah County	26	1.5	10,259	12.3
Wasatch County	12	0.7	553	0.7
Weber County	18	1.1	14,230	17.1
Unknown Utah	0	0.0	59	0.1
Outside Utah	379	22.4	4,198	5.1
Unknown, Not Reported	0	0.0	63	0.1

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

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

422 Utah Surgical Center

Reporting Category(ICD-9-CM CODES)	Procedures Performed		Procedures Performed-All FASCs	
	(#)	(%)	(#)	(%)
Reporting Category(ICD-9-CM CODES)	2,594	100.0	44,330	100.0
Mastectomy (85.0-85.99)	62	2.4	1,046	2.4
Musculoskeletal (76.0-84.99)	1,094	42.2	7,633	17.2
Respiratory (30.0-34.99)	5	0.2	101	0.2
Cardiovascular (35.0-39.99)	1	0.0	845	1.9
Lymphatic/Hemetic (40.0-41.99)	10	0.4	83	0.2
Digestive System (42.0-54.99)	389	15.0	5,672	12.8
Urinary (55.0-59.99)	0	0.0	241	0.5
Male Genital (60.0-64.99)	11	0.4	151	0.3
Female Genital (65.0-71.99)	11	0.4	1,260	2.8
Endocrine/Nervous (01.0-07.99)	193	7.4	2,971	6.7
Eye (08.0-16.99)	235	9.1	13,860	31.3
Ear (18.0-20.99)	203	7.8	2,865	6.5
Nose, Mouth, Pharynx (21.0-29.99)	380	14.6	7,602	17.1
Reporting Category(CPT-4 CODES)	3,487	100.0	114,197	100.0
Mastectomy (19120-19220)	56	1.6	336	0.3
Musculoskeletal (20000-29909)	1,331	38.2	22,993	20.1
Respiratory (30000-32999 & 39501-39599)	546	15.7	9,162	8.0
Cardiovascular (33010-37799 & 93501-93660)	5	0.1	1,196	1.0
Lymphatic/Hemetic (38100-38999)	11	0.3	174	0.2
Digestive (40490-49999)	762	21.9	39,508	34.6
Urinary (50010-53899)	0	0.0	1,577	1.4
Male Genital (54000-55899)	12	0.3	533	0.5
Female Genital (56405-58999)	64	1.8	3,167	2.8
Endocrine/Nervous (60000-64999)	220	6.3	11,820	10.4
Eye (65091-68899)	246	7.1	18,307	16.0
Ear (69000-69979)	234	6.7	5,424	4.7

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics.

Reportable* excludes codes in the former "Other" category in previous reports.

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES

422 Utah Surgical Center

ICD-9 CODE	ICD-9 DESCRIPTION	#	%	% ALL FASCs
All ICD-9 Procedures		2,594	100.0	100.0
1371	IOL PROSTH-CATARACT EXTRACT-1-STAGE	221	8.5	10.45
2001	MYRINGOTOMY W/INSRT TUBE	184	7.1	5.09
806	EXC SEMILUNAR CARTILAGE-KNEE	153	5.9	1.77
0443	RELEASE CARPAL TUNNEL	114	4.4	1.57
2169	OTH TURBINECTOMY	106	4.1	2.48
8086	OTH LOC EXC/DESTRUC JT LES-KNEE	103	4.0	0.75
5300	UNILAT REPR ING HERN-NOS	96	3.7	0.22
4523	COLONOSCOPY	92	3.5	1.77
8211	TENOT HAND	88	3.4	0.23
7860	REMOV IMPLNT DEVICE-UNS SITE	81	3.1	0.22
2241	FRONTAL SINUSOTOMY	72	2.8	0.18
215	SUBMUCOUS RESECT NASAL SEPTUM	71	2.7	0.27
4542	ENDO POLYPECTOMY LG INTESTINE	67	2.6	2.42
8521	LOC EXC LES BREAST	51	2.0	0.63
0449	OTH PERIPH NERV/GANGL DECOMP/LYSIS	45	1.7	0.38
8183	OTH REPR SHLDR	45	1.7	0.60
283	TONSILLECTOMY W/ADENOIDECTOMY	42	1.6	2.74
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	41	1.6	2.57
7756	REPR HAMMER TOE	40	1.5	0.44
8201	EXPLOR TENDON SHEATH HAND	36	1.4	0.66

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL FASCs
All CPT-4 Procedures		3,487	100.0	100.0
66984	EXTRACAPSULAR CATARACT REMV IOL	221	6.3	9.67
69436	TYMPANOSTOMY GENERAL ANESTHESIA	199	5.7	3.99
29881	SCOPE KNEE SURG;W/MENISCECT MED/	126	3.6	1.66
64721	NEUROPLASTY; MEDIAN @ CARPAL TUN	115	3.3	1.23
31255	NASAL/SINUS ENDO; W/TOT ETHMOECT	109	3.1	0.95
30140	SUBMUCOS RES TURBINATE PART/CMPL	106	3.0	1.82
31267	NASL/SINUS ENDO; W/TISS REMV MAX	94	2.7	1.03
29877	SCOPE KNEE SURG; DEBRID/SHAVE CA	93	2.7	1.06
45378	COLONOSCOPY FLEX; DX-SEP PROC	92	2.6	7.46
49505	REPR INIT ING HERNIA 5YR/MORE; R	92	2.6	0.66
47562	LAPAROSCOPY SURGICAL; CHOLECT	90	2.6	0.13
30520	SEPTOPLASTY/SUBMUCOS RES W/GFT	89	2.6	1.55
26055	TENDON SHEATH INCISION	88	2.5	0.68
31276	NASL/SINUS ENDO W/FRNTL SINUS EX	78	2.2	0.30
20680	REMOVAL OF IMPLANT; DEEP	73	2.1	0.83
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	66	1.9	2.98
29873	SCOPE KNEE SURGICAL; W/LAT RELEA	59	1.7	0.30
42820	T&A; UNDER AGE 12	55	1.6	1.62
19120	EXC BRST CYST TUMR/LES OPN M/F 1	51	1.5	0.19
29826	SCOPE SHOULDER; DECOMP SUBACROM	49	1.4	0.86

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

Reportable* excludes codes in the former "Other" category in previous reports.

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 AVERAGE TOTAL CHARGES FOR MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES, SINGLE ICD-9 OR CPT-4 ONLY

422 Utah Surgical Center

ICD-9 CODE	ICD-9 DESCRIPTION	#	AVE TOT CHR	AVE TOT CHR(ALL FASCs)
ICD-9 Procedures		1,284	\$2,175	\$1,497
1371	IOL PROSTH-CATARACT EXTRACT-1-STAGE	221	\$2,112	\$2,112
4523	COLONOSCOPY	82	\$824	\$827
5300	UNILAT REPR ING HERN-NOS	69	\$1,911	\$1,954
806	EXC SEMILUNAR CARTILAGE-KNEE	62	\$3,381	\$2,268
0443	RELEASE CARPAL TUNNEL	59	\$1,481	\$1,235
4542	ENDO POLYPECTOMY LG INTESTINE	57	\$956	\$972
283	TONSILLECTOMY W/ADENOIDECTOMY	42	\$1,190	\$1,089
8086	OTH LOC EXC/DESTRUC JT LES-KNEE	37	\$5,455	\$3,525
7860	REMOV IMPLNT DEVICE-UNS SITE	36	\$1,728	\$1,715
8521	LOC EXC LES BREAST	34	\$1,511	\$1,151
8211	TENOT HAND	31	\$2,283	\$2,226
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	27	\$694	\$959
8183	OTH REPR SHLDR	24	\$4,165	\$4,485
8221	EXC LES TENDON SHEATH HAND	24	\$2,078	\$1,259
7751	BUNIONEC SOFT-OSTEOT 1ST METATARS	17	\$2,204	\$1,739
282	TONSILLECTOMY WO ADENOIDECTOMY	16	\$1,346	\$1,052
2171	CLO REDUC NASAL FX	14	\$1,751	\$1,232
2001	MYRINGOTOMY W/INSRT TUBE	12	\$1,071	\$656
2241	FRONTAL SINUSOTOMY	12	\$7,914	\$7,938
7933	OP REDUC W/INT FIX-CARP-METACARP	12	\$2,769	\$1,925

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHR	AVE TOT CHR(ALL FASCs)
CPT-4 Procedures		1,588	\$2,223	\$1,504
66984	EXTRACAPSULAR CATARACT REMV IOL	221	\$2,112	\$2,187
47562	LAPAROSCOPY SURGICAL; CHOLECT	85	\$5,680	\$4,983
45378	COLONOSCOPY FLEX; DX-SEP PROC	82	\$824	\$822
49505	REPR INIT ING HERNIA 5YR/MORE; R	64	\$1,846	\$1,516
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	56	\$962	\$964
64721	NEUROPLASTY; MEDIAN @ CARPAL TUN	55	\$1,431	\$1,141
29881	SCOPE KNEE SURG;W/MENISCECT MED/	50	\$3,367	\$2,207
42820	T&A; UNDER AGE 12	48	\$1,346	\$1,176
42821	T&A; AGE 12 OR OVER	43	\$1,231	\$1,231
19120	EXC BRST CYST TUMR/LES OPN M/F 1	34	\$1,511	\$1,265
20680	REMOVAL OF IMPLANT; DEEP	30	\$1,793	\$1,268
26055	TENDON SHEATH INCISION	29	\$2,198	\$1,326
43239	UGI ENDO; W/BX 1/MX	27	\$694	\$907
29826	SCOPE SHOULDER; DECOMP SUBACROM	21	\$3,701	\$3,141
29873	SCOPE KNEE SURGICAL; W/LAT RELEA	21	\$3,347	\$2,631
29877	SCOPE KNEE SURG; DEBRID/SHAVE CA	21	\$4,086	\$2,282
49587	REPR UMBIL HERNIA 5YR/OVER; INCA	21	\$1,889	\$1,401
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	16	\$1,346	\$1,154
29880	SCOPE KNEE SURG;W/MENISCECT MED&	15	\$4,426	\$2,444
21320	CLOS TX NASL BONE FRACTURE; W/ST	14	\$1,751	\$1,320

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

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

422 Utah Surgical Center

Procedure APG category		TOTAL #	TOTAL # (ALL FASCs)
Procedure APG			
01	INTEGUMENTARY SYSTEM	133	1,479
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	2	58
	003 COMPLEX INCISION AND DRAINAGE	5	25
	004 SIMPLE INCISION AND DRAINAGE	5	16
	006 SIMPLE DEBRIDEMENT AND DESTRUCTION	1	15
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	27	431
	008 SIMPLE EXCISION AND BIOPSY	34	507
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRANGE	3	91
	011 SIMPLE INCISION AND EXCISION OF BREAST	51	288
	012 BREAST RECONSTRUCTION AND MASTECTOMY	5	48
02	MUSCULOSKELETAL SYSTEM	1,237	20,799
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	113	1,963
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	81	597
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	28	785
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	351	5,579
	025 ARTHROSCOPY	503	8,535
	028 CLOSED TREATMENT FX & DISLOCATION OF FINGER, TOE & TRUNK	1	12
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	7	83
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	71	1,012
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	7	134
	032 BUNION PROCEDURES	38	1,061
	033 ARTHROPLASTY	7	217
	034 HAND AND FOOT TENOTOMY	1	68
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	29	750
03	RESPIRATORY SYSTEM	340	4,215
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	339	4,162
	054 SIMPLE ENDOSCOPY OF THE UPPER AIRWAY	1	38
04	CARDIOVASCULAR SYSTEM	4	867
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	1	26
	080 MINOR VASCULAR REPAIR AND FISTULA CONSTRUCTION	3	38
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	16	196
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	16	196
06	DIGESTIVE SYSTEM	627	34,150
	112 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	1	1,116
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	6	227
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	2	162
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	55	8,576
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	8	2,444
	117 LOWER GASTROINTESTINAL ENDOSCOPY	187	17,826
	119 HERNIA AND HYDROCELE PROCEDURES	188	1,286
	120 COMPLEX ANAL AND RECTAL PROCEDURES	12	221
	121 SIMPLE ANAL AND RECTAL PROCEDURES	6	67
	123 COMPLEX LAPAROSCOPIC PROCEDURES	161	2,093
	124 SIMPLE LAPAROSCOPIC PROCEDURES	1	30
08	MALE GENITAL SYSTEM	8	483
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	8	335

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

422 Utah Surgical Center

procedure APG category	procedure APG	TOTAL #	TOTAL # (ALL FASCs)
09	FEMALE GENITAL SYSTEM	32	1,659
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	1	165
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	12	464
	178 DILATION AND CURETTAGE	4	197
	179 HYSTEROSCOPY	15	785
10	NERVOUS SYSTEM	211	11,220
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	35	8,222
	198 NERVE REPAIR AND DESTRUCTION	176	2,818
11	EYE AND OCULAR ADNEXA	246	18,216
	214 CATARACT PROCEDURES	225	11,306
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	1	943
	216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	4	637
	220 STRABISMUS AND MUSCLE EYE PROCEDURES	2	461
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	11	1,614
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	3	287
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	620	17,966
	234 COMPLEX FACIAL AND ENT PROCEDURES	118	3,135
	235 SIMPLE FACIAL AND ENT PROCEDURES	349	10,613
	236 TONSIL AND ADENOID PROCEDURES	153	4,154

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

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 PROCEDURE APG CATEGORY, PROCEDURE APG, SINGLE APG ONLY
 BASED ON REPORTABLE* CPT-4 PROCEDURES

422 Utah Surgical Center

Procedure APG category	Procedure APG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL FASCs)
01	INTEGUMENTARY SYSTEM	94	\$1,664	\$1,387
	003 COMPLEX INCISION AND DRAINAGE	4	\$1,493	\$1,193
	004 SIMPLE INCISION AND DRAINAGE	3	\$1,828	\$1,213
	006 SIMPLE DEBRIDEMENT AND DESTRUCTION	1	\$2,225	\$1,269
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	21	\$1,887	\$1,303
	008 SIMPLE EXCISION AND BIOPSY	26	\$1,496	\$1,151
	011 SIMPLE INCISION AND EXCISION OF BREAST	34	\$1,511	\$1,260
	012 BREAST RECONSTRUCTION AND MASTECTOMY	5	\$2,563	\$1,494
02	MUSCULOSKELETAL SYSTEM	471	\$2,790	\$2,092
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	38	\$2,678	\$2,347
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	17	\$1,974	\$1,553
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	13	\$2,681	\$2,036
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	141	\$2,058	\$1,457
	025 ARTHROSCOPY	171	\$3,728	\$2,729
	028 CLOSED TREATMENT FX & DISLOCATION OF FINGER, TOE & TRUNK	1	\$2,209	\$1,486
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	7	\$1,679	\$1,387
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	57	\$2,608	\$2,100
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	1	\$1,582	\$951
	032 BUNION PROCEDURES	22	\$1,972	\$1,756
	033 ARTHROPLASTY	3	\$2,812	\$2,264
03	RESPIRATORY SYSTEM	5	\$1,991	\$1,390
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	5	\$1,991	\$1,399
04	CARDIOVASCULAR SYSTEM	4	\$2,464	\$1,640
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	1	\$1,897	\$1,201
	080 MINOR VASCULAR REPAIR AND FISTULA CONSTRUCTION	3	\$2,652	\$1,593
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	11	\$2,189	\$1,371
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	11	\$2,189	\$1,371
06	DIGESTIVE SYSTEM	462	\$2,250	\$998
	112 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	1	\$800	\$685
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	4	\$992	\$433
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	2	\$518	\$501
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	36	\$678	\$848
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	2	\$834	\$798
	117 LOWER GASTROINTESTINAL ENDOSCOPY	152	\$878	\$867
	119 HERNIA AND HYDROCELE PROCEDURES	121	\$1,859	\$1,526
	120 COMPLEX ANAL AND RECTAL PROCEDURES	10	\$1,767	\$1,106
	121 SIMPLE ANAL AND RECTAL PROCEDURES	5	\$1,502	\$1,061
	123 COMPLEX LAPAROSCOPIC PROCEDURES	129	\$4,839	\$2,687
08	MALE GENITAL SYSTEM	7	\$1,759	\$1,627
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	7	\$1,759	\$1,701
09	FEMALE GENITAL SYSTEM	23	\$2,168	\$1,789
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	1	\$1,890	\$2,279
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	6	\$1,299	\$1,124
	178 DILATION AND CURETTAGE	3	\$1,377	\$1,060
	179 HYSTEROSCOPY	13	\$2,774	\$2,161

AMB ST 1-5

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 PROCEDURE APG CATEGORY, PROCEDURE APG, SINGLE APG ONLY
 BASED ON REPORTABLE* CPT-4 PROCEDURES

422 Utah Surgical Center

procedure APG category	Procedure APG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL FASCs)
10	NERVOUS SYSTEM	89	\$1,468	\$907
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	18	\$987	\$672
	198 NERVE REPAIR AND DESTRUCTION	71	\$1,589	\$1,433
11	EYE AND OCULAR ADNEXA	240	\$2,131	\$2,053
	214 CATARACT PROCEDURES	225	\$2,136	\$2,197
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	1	\$1,639	\$2,443
	216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	4	\$1,365	\$1,974
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	7	\$2,717	\$1,855
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	3	\$1,631	\$1,110
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	177	\$1,449	\$1,507
	234 COMPLEX FACIAL AND ENT PROCEDURES	20	\$2,554	\$1,787
	235 SIMPLE FACIAL AND ENT PROCEDURES	39	\$1,382	\$1,738
	236 TONSIL AND ADENOID PROCEDURES	118	\$1,283	\$1,178

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

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

422 Utah Surgical Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
GENDER				
Female	1,194	52.3	46,191	55.6
Male	1,088	47.7	36,744	44.2
Unknown	0	0.0	68	0.1
Not Reported	0	0.0	93	0.1
AGE				
1-28 days	0	0.0	1	0.0
29-365 days	29	1.3	676	0.8
1-4 years	87	3.8	4,424	5.3
5-9	51	2.2	2,190	2.6
10-14	55	2.4	1,445	1.7
15-17	70	3.1	1,547	1.9
18-19	57	2.5	1,332	1.6
20-24	140	6.1	3,956	4.8
25-29	163	7.1	3,597	4.3
30-34	156	6.8	3,646	4.4
35-39	162	7.1	3,979	4.8
40-44	214	9.4	5,080	6.1
45-49	185	8.1	5,823	7.0
50-54	203	8.9	7,153	8.6
55-59	156	6.8	6,610	8.0
60-64	126	5.5	5,923	7.1
65-69	126	5.5	6,534	7.9
70-74	129	5.7	6,663	8.0
75-79	95	4.2	6,158	7.4
80-84	49	2.1	4,165	5.0
85-89	25	1.1	1,721	2.1
90 +	4	0.2	463	0.6
Not Reported	0	0.0	11	0.0
SOURCE OF ADMISSION				
Physician Referral	2,282	100.0	56,868	68.4
Clinic Referral	0	0.0	1,339	1.6
HMO Referral	0	0.0	6	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	0	0.0
Emergency Room	0	0.0	0	0.0
Court/Law Enforcement	0	0.0	0	0.0
Unknown	0	0.0	8,755	10.5
Not Reported	0	0.0	16,128	19.4

(Continued)

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

422 Utah Surgical Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	2,279	99.9	50,838	61.2
Another Hospital	3	0.1	37	0.0
Skilled Nursing Facility	0	0.0	3	0.0
Intermediate Care Facility	0	0.0	2	0.0
Another Type of Institution	0	0.0	0	0.0
Under Care of Home Service	0	0.0	0	0.0
Left Against Medical Advice	0	0.0	1	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	32,215	38.8
Not Reported	0	0.0	0	0.0
PRIMARY PAYER				
Medicare	429	18.8	24,729	29.8
Medicaid	170	7.4	4,306	5.2
Other government	11	0.5	1,777	2.1
Blue Cross/Blue Shield	453	19.9	15,655	18.8
Other Commercial	286	12.5	8,759	10.5
Managed Care(HMO, PPO)	592	25.9	23,916	28.8
Self Pay	4	0.2	1,238	1.5
Industrial & Worker Comp	318	13.9	1,959	2.4
Charity and Unclassified	0	0.0	48	0.1
Childrens Health Insurance	0	0.0	258	0.3
Unknown	0	0.0	72	0.1
Not Reported	19	0.8	379	0.5
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	1	0.0	4,272	5.1
Central Utah	5	0.2	1,436	1.7
Davis County	38	1.7	10,298	12.4
Salt Lake County	2,061	90.3	29,345	35.3
Southeastern Utah	4	0.2	969	1.2
Southwest Utah	6	0.3	4,229	5.1
Summit County	9	0.4	1,461	1.8
Tooele County	106	4.6	1,314	1.6
Tri-County	4	0.2	410	0.5
Utah County	11	0.5	10,259	12.3
Wasatch County	1	0.0	553	0.7
Weber County	7	0.3	14,230	17.1
Unknown Utah	0	0.0	59	0.1
Outside Utah	27	1.2	4,198	5.1
Unknown, Not Reported	2	0.1	63	0.1

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

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

411 Wasatch Endoscopy Center

Reporting Category (ICD-9-CM CODES)	Procedures Performed		Procedures Performed-All FASCs	
	(#)	(%)	(#)	(%)
Reporting Category (ICD-9-CM CODES)	.	.	44,330	100.0
Mastectomy (85.0-85.99)	.	.	1,046	2.4
Musculoskeletal (76.0-84.99)	.	.	7,633	17.2
Respiratory (30.0-34.99)	.	.	101	0.2
Cardiovascular (35.0-39.99)	.	.	845	1.9
Lymphatic/Hemetic (40.0-41.99)	.	.	83	0.2
Digestive System (42.0-54.99)	.	.	5,672	12.8
Urinary (55.0-59.99)	.	.	241	0.5
Male Genital (60.0-64.99)	.	.	151	0.3
Female Genital (65.0-71.99)	.	.	1,260	2.8
Endocrine/Nervous (01.0-07.99)	.	.	2,971	6.7
Eye (08.0-16.99)	.	.	13,860	31.3
Ear (18.0-20.99)	.	.	2,865	6.5
Nose, Mouth, Pharynx (21.0-29.99)	.	.	7,602	17.1
Reporting Category (CPT-4 CODES)	7,081	100.0	114,197	100.0
Mastectomy (19120-19220)	0	0.0	336	0.3
Musculoskeletal (20000-29909)	0	0.0	22,993	20.1
Respiratory (30000-32999 & 39501-39599)	0	0.0	9,162	8.0
Cardiovascular (33010-37799 & 93501-93660)	0	0.0	1,196	1.0
Lymphatic/Hemetic (38100-38999)	0	0.0	174	0.2
Digestive (40490-49999)	7,081	100.0	39,508	34.6
Urinary (50010-53899)	0	0.0	1,577	1.4
Male Genital (54000-55899)	0	0.0	533	0.5
Female Genital (56405-58999)	0	0.0	3,167	2.8
Endocrine/Nervous (60000-64999)	0	0.0	11,820	10.4
Eye (65091-68899)	0	0.0	18,307	16.0
Ear (69000-69979)	0	0.0	5,424	4.7

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics.

Reportable* excludes codes in the former "Other" category in previous reports.

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES

411 Wasatch Endoscopy Center

ICD-9 CODE	ICD-9 DESCRIPTION	#	%	% ALL FASCs
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All ICD-9 Procedures

Does not report ICDs

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL FASCs
All CPT-4 Procedures				
45378	COLONOSCOPY FLEX; DX-SEP PROC	2,252	31.8	7.46
45383	COLONOSCOPY FLEX; W/ABLAT LES	1,532	21.6	1.46
43239	UGI ENDO; W/BX 1/MX	1,187	16.8	5.96
45380	COLONOSCOPY FLEX; W/BX 1/MX	821	11.6	3.12
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	410	5.8	2.98
43235	UGI ENDO; DX W/VO CLCT SPECMN-SP	397	5.6	1.43
43248	UGI ENDO; W/INSRT GUIDE WIRE	131	1.9	0.15
44361	SM INTEST ENDO NOT ILEUM; W/BX 1	91	1.3	0.09
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	52	0.7	1.53
45331	SIGMOIDOSCOPY FLXIBLE; W/BX 1/MX	32	0.5	0.09
45330	SIGMOIDOSCOPY FLEX; DX-SEP PROC	23	0.3	0.18
45381	COLNSCP PROX SPLENC FLXR;SUBMUC	23	0.3	0.04
43258	UGI ENDO; W/ABLAT LES NOT SNARE	21	0.3	0.02
43245	UP GI ENDO;W/DILAT GASTR OUTLT O	17	0.2	0.12
43247	UGI ENDO; W/REMOVAL FB	9	0.1	0.05
43202	ESOPHGSCPY RIGD/FLXIBLE; W/BX 1/	8	0.1	0.01
43226	ESOPHAGOSCOPY; W/INSRT GUIDE WIR	7	0.1	0.01
43236	UP GI ENDO ESOPH STOMCH;SUBMCOS	7	0.1	0.01
43255	UGI ENDO; W/CONTRL BLEED ANY MET	7	0.1	0.02
43450	DILAT ESOPH-SOUND/BOUGIE-1/MX PA	7	0.1	0.98

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

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 AVERAGE TOTAL CHARGES FOR MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES, SINGLE ICD-9 OR CPT-4 ONLY

411 Wasatch Endoscopy Center

ICD-9 CODE	ICD-9 DESCRIPTION	#	AVE TOT CHR	AVE TOT CHR(ALL FASCs)
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ICD-9 Procedures

Does not report ICDS

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHR	AVE TOT CHR(ALL FASCs)
CPT-4 Procedures				
45378	COLONOSCOPY FLEX; DX-SEP PROC	5,012	\$696	\$1,504
45383	COLONOSCOPY FLEX; W/ABLAT LES	2,066	\$683	\$822
43239	UGI ENDO; W/BX 1/MX	1,077	\$735	\$738
43239	UGI ENDO; W/BX 1/MX	712	\$682	\$907
45380	COLONOSCOPY FLEX; W/BX 1/MX	489	\$735	\$954
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	286	\$631	\$648
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	190	\$735	\$964
43248	UGI ENDO; W/INSRT GUIDE WIRE	39	\$683	\$719
44361	SM INTEST ENDO NOT ILEUM; W/BX 1	29	\$683	\$769
45330	SIGMOIDOSCOPY FLEX; DX-SEP PROC	22	\$420	\$396
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	16	\$735	\$791
45331	SIGMOIDOSCOPY FLXIBLE; W/BX 1/MX	14	\$499	\$469
43245	UP GI ENDO;W/DILAT GASTR OUTLT O	10	\$645	\$858
43258	UGI ENDO; W/ABLAT LES NOT SNARE	8	\$683	\$683
43226	ESOPHAGOSCOPY; W/INSRT GUIDE WIR	5	\$735	\$740
43202	ESOPHGSCPY RIGD/FLXIBLE; W/BX 1/	4	\$683	\$763
43247	UGI ENDO; W/REMOVAL FB	4	\$683	\$811
43251	UGI ENDO; W/REMV TUMOR/LES-SNARE	4	\$683	\$885
44388	COLONOSCOPY-STOMA; DX-SEP PROC	4	\$683	\$799
43255	UGI ENDO; W/CONTRL BLEED ANY MET	3	\$683	\$886
43450	DILAT ESOPH-SOUND/BOUGIE-1/MX PA	3	\$420	\$685

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

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

411 Wasatch Endoscopy Center

Procedure APG category		TOTAL #	TOTAL # (ALL FASCs)
Procedure APG			
06 DIGESTIVE SYSTEM		7,080	34,150
112 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY		7	1,116
113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY		24	227
114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY		40	162
115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION		1,683	8,576
116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION		265	2,444
117 LOWER GASTROINTESTINAL ENDOSCOPY		5,061	17,826

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

AMB ST 1-5
 UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 PROCEDURE APG CATEGORY, PROCEDURE APG, SINGLE APG ONLY
 BASED ON REPORTABLE* CPT-4 PROCEDURES

411 Wasatch Endoscopy Center

Procedure APG category	Procedure APG	TOTAL #	AVE TOT CHRG	AVE TOT CHRG(ALL FASCs)
06	DIGESTIVE SYSTEM	5,011	\$696	\$998
	112 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	3	\$420	\$685
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	23	\$431	\$433
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	20	\$509	\$501
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	1,031	\$668	\$848
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	92	\$691	\$798
	117 LOWER GASTROINTESTINAL ENDOSCOPY	3,842	\$707	\$867

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

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

411 Wasatch Endoscopy Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
GENDER				
Female	3,360	56.2	46,191	55.6
Male	2,605	43.6	36,744	44.2
Unknown	14	0.2	68	0.1
Not Reported	2	0.0	93	0.1
AGE				
1-28 days	0	0.0	1	0.0
29-365 days	4	0.1	676	0.8
1-4 years	31	0.5	4,424	5.3
5-9	29	0.5	2,190	2.6
10-14	52	0.9	1,445	1.7
15-17	45	0.8	1,547	1.9
18-19	36	0.6	1,332	1.6
20-24	127	2.1	3,956	4.8
25-29	169	2.8	3,597	4.3
30-34	175	2.9	3,646	4.4
35-39	207	3.5	3,979	4.8
40-44	297	5.0	5,080	6.1
45-49	402	6.7	5,823	7.0
50-54	989	16.5	7,153	8.6
55-59	820	13.7	6,610	8.0
60-64	678	11.3	5,923	7.1
65-69	624	10.4	6,534	7.9
70-74	518	8.7	6,663	8.0
75-79	409	6.8	6,158	7.4
80-84	244	4.1	4,165	5.0
85-89	100	1.7	1,721	2.1
90 +	22	0.4	463	0.6
Not Reported	3	0.1	11	0.0
SOURCE OF ADMISSION				
Physician Referral	2	0.0	56,868	68.4
Clinic Referral	0	0.0	1,339	1.6
HMO Referral	0	0.0	6	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	0	0.0
Emergency Room	0	0.0	0	0.0
Court/Law Enforcement	0	0.0	0	0.0
Unknown	0	0.0	8,755	10.5
Not Reported	5,979	100.0	16,128	19.4

(Continued)

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

411 Wasatch Endoscopy Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	0	0.0	50,838	61.2
Another Hospital	0	0.0	37	0.0
Skilled Nursing Facility	0	0.0	3	0.0
Intermediate Care Facility	0	0.0	2	0.0
Another Type of Institution	0	0.0	0	0.0
Under Care of Home Service	0	0.0	0	0.0
Left Against Medical Advice	0	0.0	1	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	0	0.0	0	0.0
Unknown	5,981	100.0	32,215	38.8
Not Reported	0	0.0	0	0.0
PRIMARY PAYER				
Medicare	1,830	30.6	24,729	29.8
Medicaid	111	1.9	4,306	5.2
Other government	19	0.3	1,777	2.1
Blue Cross/Blue Shield	1,786	29.9	15,655	18.8
Other Commercial	411	6.9	8,759	10.5
Managed Care(HMO, PPO)	1,780	29.8	23,916	28.8
Self Pay	0	0.0	1,238	1.5
Industrial & Worker Comp	1	0.0	1,959	2.4
Charity and Unclassified	1	0.0	48	0.1
Childrens Health Insurance	0	0.0	258	0.3
Unknown	0	0.0	72	0.1
Not Reported	42	0.7	379	0.5
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	19	0.3	4,272	5.1
Central Utah	21	0.4	1,436	1.7
Davis County	204	3.4	10,298	12.4
Salt Lake County	5,106	85.4	29,345	35.3
Southeastern Utah	47	0.8	969	1.2
Southwest Utah	16	0.3	4,229	5.1
Summit County	150	2.5	1,461	1.8
Tooele County	110	1.8	1,314	1.6
Tri-County	24	0.4	410	0.5
Utah County	101	1.7	10,259	12.3
Wasatch County	40	0.7	553	0.7
Weber County	25	0.4	14,230	17.1
Unknown Utah	0	0.0	59	0.1
Outside Utah	113	1.9	4,198	5.1
Unknown, Not Reported	5	0.1	63	0.1

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

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

421 Zion Eye Institute

		Procedures Performed		Procedures Performed-All FASCs	
		(#)	(%)	(#)	(%)
Reporting Category(ICD-9-CM CODES)					
Mastectomy	(85.0-85.99)	.	.	44,330	100.0
Musculoskeletal	(76.0-84.99)	.	.	1,046	2.4
Respiratory	(30.0-34.99)	.	.	7,633	17.2
Cardiovascular	(35.0-39.99)	.	.	101	0.2
Lymphatic/Hemetic	(40.0-41.99)	.	.	845	1.9
Digestive System	(42.0-54.99)	.	.	83	0.2
Urinary	(55.0-59.99)	.	.	5,672	12.8
Male Genital	(60.0-64.99)	.	.	241	0.5
Female Genital	(65.0-71.99)	.	.	151	0.3
Endocrine/Nervous	(01.0-07.99)	.	.	1,260	2.8
Eye	(08.0-16.99)	.	.	2,971	6.7
Ear	(18.0-20.99)	.	.	13,860	31.3
Nose,Mouth,Pharynx	(21.0-29.99)	.	.	2,865	6.5
				7,602	17.1
Reporting Category(CPT-4 CODES)					
Mastectomy	(19120-19220)	1,335	100.0	114,197	100.0
Musculoskeletal	(20000-29909)	0	0.0	336	0.3
Respiratory	(30000-32999 & 39501-39599)	0	0.0	22,993	20.1
Cardiovascular	(33010-37799 & 93501-93660)	8	0.6	9,162	8.0
Lymphatic/Hemetic	(38100-38999)	0	0.0	1,196	1.0
Digestive	(40490-49999)	0	0.0	174	0.2
Urinary	(50010-53899)	0	0.0	39,508	34.6
Male Genital	(54000-55899)	0	0.0	1,577	1.4
Female Genital	(56405-58999)	0	0.0	533	0.5
Endocrine/Nervous	(60000-64999)	0	0.0	3,167	2.8
Eye	(65091-68899)	0	0.0	11,820	10.4
Ear	(69000-69979)	1,327	99.4	18,307	16.0
		0	0.0	5,424	4.7

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

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES

421 Zion Eye Institute

ICD-9 CODE	ICD-9 DESCRIPTION	#	%	% ALL FASCs
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All ICD-9 Procedures

Does not report ICDs

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL FASCs
All CPT-4 Procedures		1,335	100.0	100.0
66984	EXTRACAPSULAR CATARACT REMV IOL	782	58.6	9.67
66821	DISCISSION 2ND CATARACT; LASER S	279	20.9	1.29
67904	REPR BLEPHAROPTOSIS; RESECT-EXT	86	6.4	0.47
67917	REPAIR ECTROPION; BLPHPLSTY EXT	33	2.5	0.17
68815	PROBE NASOLAC DUCT; W/INSERT TUB	16	1.2	0.15
65426	EXC/TRANSPOSITION PTERYGIUM; W/G	13	1.0	0.16
67999	UNLISTED PROCEDURE EYELIDS	13	1.0	0.03
66982	EXTRACAP CATARACT REMV W/IOL-CMP	11	0.8	0.05
68320	CONJUNCTIVOPLASTY; W/CONJUNC GFT	11	0.8	0.03
68720	DACRYOCYSTORHINOSTOMY	11	0.8	0.11
31200	ETHMOIDECTOMY; INTRANASAL ANTERI	8	0.6	0.04
67924	REPAIR ENTROPION; BLPHPLSTY EXT	8	0.6	0.08
67911	CORRECTION OF LID RETRACTION	7	0.5	0.05
65420	EXC/TRANSPSTN PTERYGIUM; W/O GFT	4	0.3	0.05
65730	KERATOPLASTY; PENETRATING	4	0.3	0.18
68328	CONJUNCTIVOPL CUL-DE-SAC; BUCCL	4	0.3	0.01
68810	PROBING OF NLD W/WO IRRIGATION;	4	0.3	0.01
65930	REMOVAL BLOOD CLOT ANT SEGMENT E	3	0.2	0.00
66825	REPSTN IO LENS REQ INCI-SEP PROC	3	0.2	0.02
66986	EXCHANGE OF INTRAOCULAR LENS	3	0.2	0.06

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

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 AVERAGE TOTAL CHARGES FOR MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES, SINGLE ICD-9 OR CPT-4 ONLY

421 Zion Eye Institute

ICD-9 CODE	ICD-9 DESCRIPTION	#	AVE TOT CHR	AVE TOT CHR(ALL FASCs)
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ICD-9 Procedures

Does not report ICDS

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHR	AVE TOT CHR(ALL FASCs)
CPT-4 Procedures		1,335	\$1,124	\$1,504
66984	EXTRACAPSULAR CATARACT REMV IOL	782	\$1,422	\$2,187
66821	DISCISSION 2ND CATARACT; LASER S	279	\$593	\$604
67904	REPR BLEPHAROPTOSIS; RESECT-EXT	86	\$566	\$1,695
67917	REPAIR ECTROPION; BLPHPLSTY EXT	33	\$761	\$1,539
68815	PROBE NASOLAC DUCT; W/INSERT TUB	16	\$813	\$1,006
65426	EXC/TRANSPOSITION PTERYGIUM; W/G	13	\$1,017	\$1,604
67999	UNLISTED PROCEDURE EYELIDS	13	\$1,017	\$1,264
66982	EXTRACAP CATARACT REMV W/IOL-CMP	11	\$1,425	\$3,540
68320	CONJUNCTIVOPLASTY; W/CONJUNC GFT	11	\$843	\$1,565
68720	DACRYOCYSTORHINOSTOMY	11	\$909	\$1,673
31200	ETHMOIDECTOMY; INTRANASAL ANTERI	8	\$650	\$650
67924	REPAIR ENTROPION; BLPHPLSTY EXT	8	\$974	\$1,652
67911	CORRECTION OF LID RETRACTION	7	\$1,229	\$1,923
65420	EXC/TRANSPSTN PTERYGIUM; W/O GFT	4	\$800	\$1,180
65730	KERATOPLASTY; PENETRATING	4	\$1,500	\$5,158
68328	CONJUNCTIVOPL CUL-DE-SAC; BUCCL	4	\$950	\$950
68810	PROBING OF NLD W/NO IRRIGATION;	4	\$500	\$691
65930	REMOVAL BLOOD CLOT ANT SEGMENT E	3	\$1,033	\$1,033
66825	REPSTN IO LENS REQ INCI-SEP PROC	3	\$800	\$2,161
66986	EXCHANGE OF INTRAOCULAR LENS	3	\$1,100	\$2,750

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

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

421 Zion Eye Institute

Procedure APG category		TOTAL #	TOTAL # (ALL FASCs)
Procedure APG			
11	EYE AND OCULAR ADNEXA	1,327	18,216
	211 MINOR OPHTHALMOLOGICAL TESTS AND PROCEDURES	4	284
	213 LASER EYE PROCEDURES	279	1,586
	214 CATARACT PROCEDURES	798	11,306
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	6	943
	216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	34	637
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	7	501
	218 COMPLEX POSTERIOR SEGMENT EYE PROCEDURES	1	135
	220 STRABISMUS AND MUSCLE EYE PROCEDURES	1	461
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	176	1,614
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	18	287
	223 VITRECTOMY	3	394
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	8	17,966
	234 COMPLEX FACIAL AND ENT PROCEDURES	8	3,135

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

AMB ST 1-5
 UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 PROCEDURE APG CATEGORY, PROCEDURE APG, SINGLE APG ONLY
 BASED ON REPORTABLE* CPT-4 PROCEDURES

421 Zion Eye Institute

Procedure APG category	Procedure APG	TOTAL #	AVE TOT CHRG	AVE TOT CHRG(ALL FASCs)
11	EYE AND OCULAR ADNEXA	1,327	\$1,127	\$2,053
	211 MINOR OPHTHALMOLOGICAL TESTS AND PROCEDURES	4	\$500	\$2,757
	213 LASER EYE PROCEDURES	279	\$593	\$623
	214 CATARACT PROCEDURES	798	\$1,420	\$2,197
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	6	\$1,283	\$2,443
	216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	34	\$915	\$1,974
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	7	\$800	\$1,745
	218 COMPLEX POSTERIOR SEGMENT EYE PROCEDURES	1	\$900	\$4,246
	220 STRABISMUS AND MUSCLE EYE PROCEDURES	1	\$1,750	\$2,559
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	176	\$728	\$1,855
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	18	\$957	\$1,110
	223 VITRECTOMY	3	\$1,000	\$3,538
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	8	\$650	\$1,507
	234 COMPLEX FACIAL AND ENT PROCEDURES	8	\$650	\$1,787

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

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

421 Zion Eye Institute

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
GENDER				
Female	708	53.0	46,191	55.6
Male	627	47.0	36,744	44.2
Unknown	0	0.0	68	0.1
Not Reported	0	0.0	93	0.1
AGE				
1-28 days	0	0.0	1	0.0
29-365 days	5	0.4	676	0.8
1-4 years	5	0.4	4,424	5.3
5-9	5	0.4	2,190	2.6
10-14	6	0.4	1,445	1.7
15-17	0	0.0	1,547	1.9
18-19	0	0.0	1,332	1.6
20-24	7	0.5	3,956	4.8
25-29	1	0.1	3,597	4.3
30-34	15	1.1	3,646	4.4
35-39	6	0.4	3,979	4.8
40-44	14	1.0	5,080	6.1
45-49	14	1.0	5,823	7.0
50-54	33	2.5	7,153	8.6
55-59	51	3.8	6,610	8.0
60-64	84	6.3	5,923	7.1
65-69	185	13.9	6,534	7.9
70-74	273	20.4	6,663	8.0
75-79	315	23.6	6,158	7.4
80-84	225	16.9	4,165	5.0
85-89	62	4.6	1,721	2.1
90 +	29	2.2	463	0.6
Not Reported	0	0.0	11	0.0
SOURCE OF ADMISSION				
Physician Referral	0	0.0	56,868	68.4
Clinic Referral	1,335	100.0	1,339	1.6
HMO Referral	0	0.0	6	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	0	0.0
Emergency Room	0	0.0	0	0.0
Court/Law Enforcement	0	0.0	0	0.0
Unknown	0	0.0	8,755	10.5
Not Reported	0	0.0	16,128	19.4

(Continued)

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2003
 NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

421 Zion Eye Institute

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	1,335	100.0	50,838	61.2
Another Hospital	0	0.0	37	0.0
Skilled Nursing Facility	0	0.0	3	0.0
Intermediate Care Facility	0	0.0	2	0.0
Another Type of Institution	0	0.0	0	0.0
Under Care of Home Service	0	0.0	0	0.0
Left Against Medical Advice	0	0.0	1	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	32,215	38.8
Not Reported	0	0.0	0	0.0
PRIMARY PAYER				
Medicare	1,065	79.8	24,729	29.8
Medicaid	17	1.3	4,306	5.2
Other government	8	0.6	1,777	2.1
Blue Cross/Blue Shield	42	3.1	15,655	18.8
Other Commercial	82	6.1	8,759	10.5
Managed Care(HMO, PPO)	93	7.0	23,916	28.8
Self Pay	24	1.8	1,238	1.5
Industrial & Worker Comp	3	0.2	1,959	2.4
Charity and Unclassified	0	0.0	48	0.1
Childrens Health Insurance	1	0.1	258	0.3
Unknown	0	0.0	72	0.1
Not Reported	0	0.0	379	0.5
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	0	0.0	4,272	5.1
Central Utah	11	0.8	1,436	1.7
Davis County	5	0.4	10,298	12.4
Salt Lake County	7	0.5	29,345	35.3
Southeastern Utah	6	0.4	969	1.2
Southwest Utah	1,047	78.4	4,229	5.1
Summit County	0	0.0	1,461	1.8
Tooele County	0	0.0	1,314	1.6
Tri-County	1	0.1	410	0.5
Utah County	5	0.4	10,259	12.3
Wasatch County	0	0.0	553	0.7
Weber County	6	0.4	14,230	17.1
Unknown Utah	1	0.1	59	0.1
Outside Utah	243	18.2	4,198	5.1
Unknown, Not Reported	3	0.2	63	0.1

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