

2004

**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
The Office of Health Care Statistics
Utah Department of Health

288 North 1460 West
PO Box 144004
Salt Lake City, Utah 84114-4004
Voice: (801) 538-7048
Fax: (801) 538-9916
<http://health.utah.gov/hda/>

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Mike Martin	Research Consultant III
Carol Masheter*	Information Analyst II
John Morgan*	Information Analyst Supervisor

System Technical Advisory Committee for this report

Jim Allred, Intermountain Health Care
Randy Baker, Health Care Financing
Jay T. Lighthall, HealthSouth Surgical Center
Michelle McComber, Utah Hospital Assoc.
John McFarland, MountainStar HealthCare

*This report was developed by Carol Masheter and John Morgan, and formatted by Lori Brady.

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We appreciate your feedback. Please return your comments to:

Utah Department of Health:

Fax: (801) 538-9916

Email: healthcarestat@utah.gov

Table of Contents

Executive Summary	i
Introduction	1
The Health Data Committee	1
The Ambulatory Surgery Database	1
Data Processing and Quality	2
Patient Confidentiality	2
About This Report	3
Organization of Report	3
Description of Tables	5
Description of Terminology	6
Limitations and Sources of Variation	7
Notes	9
Hospital and FASC Characteristics	11
Table 1. Hospital and Freestanding Ambulatory Surgery Center Characteristics	11
Utilization Profile, Statewide, 2004	14
Table 2. Number of CPT-4 and ICD-9 Procedures by Selected Ambulatory Surgery Reporting Category	14
Table 3. Most Commonly Performed CPT-4 and ICD-9 Procedures	15
Table 4. Procedure APG Category, Procedure APG	16
Table 5. Average Total Charges for Each APG Category and Procedure APG	19
Table 6. Ambulatory Surgery Patient Visits by Patient Profile	22
Four-Year Trends	24
Figure 1. Number and Percentage of Lower Gastrointestinal Endoscopies by Facility Type, 1999-2004	24
Figure 2. Number and Percentage of Cataract Procedures by Facility Type, 1999-2004	25
Figure 3. Average Facility Charge for Lower Gastrointestinal Endoscopies by Facility Type, 1999-2004	26
Figure 4. Average Facility Charge for Cataract Procedures by Facility Type, 1999-2004	27

(Continued on the next page)

Utilization Profiles by Facility, 2004, in alphabetical order by facility name online 28

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

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

Hospitals

111 Allen Memorial Hospital	132 Sevier Valley Hospital
118 Alta View Hospital	124 St. Mark's Hospital
136 American Fork Hospital	307 The Orthopedic Specialty Hospital
134 Ashley Valley Medical Center	144 Timpanogos Regional Hospital
104 Bear River Valley Hospital	109 Uintah Basin Medical Center*
101 Beaver Valley Hospital*	125 University of Utah Hospital and Clinics
103 Brigham City Community Hospital	310 University of Utah Huntsman Cancer Hospital
145 Cache Valley Specialty Hospital	309 University of Utah Orthopaedic Center
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	
128 San Juan Hospital*	
130 Sanpete Valley Hospital	

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
424 Mountain West 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
422 Utah Surgical Center
411 Wasatch Endoscopy Center
421 Zion Eye Institute

Milford Valley Memorial Hospital** did not submit ambulatory surgery data in 2004.

Salt Lake Endoscopy Center+ sent ambulatory surgery data for quarters 1 and 2 only in 2004

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

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

2004 Utah Hospital and Freestanding Ambulatory Surgery Center Utilization and Charge Profile of Outpatient Surgery

Executive Summary

The 2004 Utah ambulatory surgery database contains data on reportable procedures from all 65 ambulatory surgery facilities throughout the state, which includes 43 acute care hospital based surgery centers and 22 freestanding ambulatory surgery centers that submitted ambulatory data for 2004. 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, 2004 and December 31, 2004. 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 303,123 patient visits and 357,885 reportable ambulatory ICD-9 procedures and 416,638 reportable CPT4 procedures for 65 facilities reported in 2004. Approximately 72% of surgical outpatient visits and 72% of ambulatory procedures (by CPT-4) occurred in hospitals. FASCs accounted for the remaining 28% of outpatient visits.
- The statewide total charge reported for all reportable ambulatory procedures for all facilities is \$845,292,859 in 2004. The average charge for all reported ambulatory procedures was \$2,789 with the average hospital and FASCs charges being \$3,040 and \$2,134 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=55,248). For hospitals it was also Lower Gastrointestinal Endoscopy (APG 117, N=38,117), followed by Arthroscopy (APG 025, N=22,451). For FASCs the most commonly reported procedures were Lower Gastrointestinal Endoscopy (APG 117, N=17,131) followed by Cataract Procedures (APG 214, N=11,800).
- In general, hospitals performed substantially more procedures than FASCs, with a few exceptions (APG Category 11 Eye and Ocular Adnexa including Laser Eye Procedures, APG 213.) Variation in number of procedures across APGs was considerable. Hospitals and FASCs performed roughly comparable volumes of procedures on APG Nervous System procedures (APG Category 10, 21,547 and 10,742 respectively) and APG Eye and Ocular Adnexa procedures (APG Category 11, 11,356 and 19,869 respectively). In contrast, hospitals reported over 50 times as many Cardiovascular System procedures as FASCs reported (APG Category 04, 32,609 and 636 respectively).

-
- The highest average charge was Cochlear Device Implantation (APG 231, \$54,585 for hospitals, FASCs did not report this procedure). Second highest was Pacemaker Insertion and Replacement (APG 078, \$20,139 for hospitals, FASCs did not report this procedure). Third Cardiac Electrophysiologic Tests (APG 074, \$18,581 for hospitals; FASCs did not report this procedure). Fourth was Blood and Blood Product Exchange (APG 094, \$16,165 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, \$2,658 and \$2,247 respectively. Only records with a single APG are included in the calculation of average total charges.
 - During the past six years (1999 through 2004), the number of Lower Gastrointestinal Endoscopies (APG 117) performed at FASCs has more than tripled (from 4,924 to 17,131 procedures per year). At hospitals the number has more than doubled (from 14,567 to 38,117 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 31%, see Figure 1). During the same six years, the number of Cataract Procedures (APG 214) performed at FASCs shows a sharper increase (6,177 to 11,800, or almost doubled) than at hospitals (4,270 to 4,684 or about a 10% increase.) The annual percentage of Cataract Procedures performed at FASCs has risen (from 59% to 72%), with a complementary drop in the annual percentage at hospitals (from 41% to 28%, see Figure 2).
 - During the past six years, the average charge for Lower Gastrointestinal Endoscopies (APG 117) performed at hospitals has increased (\$691 to \$1,017 or a 47% increase since 1999). The average facility charge for the same procedure performed at FASCs (\$948) is lower than at hospitals (\$1,017) in 2004. The FASC trend first decreased then increased, showing a 45% increase in average charges since 1999, (see Figure 3). The average charge for Cataract Procedures (APG 214) at hospitals has increased (\$2,239 to \$2,904, or 30%, from 1999 through 2004. The average charge at FASCs has increased less (\$2,211 to \$2,471, or 12%, from 1999 through 2004. 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

Description	CPT- 4 Codes	ICD-9-CM Procedure Codes
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

Description	CPT- 4 Codes	ICD-9-CM Procedure Codes
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 65 Utah ambulatory surgery facilities in 2004. Of these 65 facilities, 43 are acute care hospitals, while the remaining 22 are FASCs. Milford Valley Memorial Hospital submitted no ambulatory surgery data in 2004. New facilities that opened in 2004 include Mountain West Surgical Center, University of Utah Orthopaedic Center and University of Utah Huntsman Cancer Hospital.

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 2004, 65 facilities reported ambulatory surgery data. Among these 65 facilities, 43 were hospitals and the remaining 22 were FASCs. Among the 43 hospitals, 40 reported both ICD-9 and CPT-4 codes, three reported only ICD-9 codes, and none reported CPT-4 codes exclusively. Among the 22 FASCs, 12 reported CPT-4 codes exclusively, 10 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 2004, the total number of reported ambulatory surgery visits was 303,123, but the total number of reportable procedures performed was 357,885 under the ICD-9 coding system and 416,638 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 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 2004.

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 (357,885) does not match the total number of CPT-4 procedures (416,638). 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—2004.

Figure 2: Number of Lower Cataract Procedures by Facility Type and Year, Utah, Hospitals and FASCs, 1999—2004.

Figure 3: Average Facility Charge for Lower Gastrointestinal Endoscopies by Facility Type and Year, Utah, Hospitals and FASCs, 1999—2004.

Figure 4: Average Facility Charge for Cataract Procedures by Facility Type and Year, Utah, Hospitals and FASCs, 1999—2004.

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) 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 2004 was \$20,138. 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 2004 16 facilities reported ICD-9 codes 37.22 or 37.23 as a single procedure, whereas 15 facilities reported the corresponding CPT-4 codes as a single procedure. Since the 3M APG classification is a CPT-based grouper software, the APG classification in Table 4 and Table 5 includes only the cases and charges of diagnostic cardiac catheterization (APG 076) reported by these hospitals.

Obviously the total number of cardiac catheterization procedures is under reported when only the visits with a single CPT-4 procedure code are counted. Similar under reporting of this procedure occurs in the facility-level tables.

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

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

1. The Utah Ambulatory Surgical Submittal Manual provides data element definitions and standards to ensure all ambulatory surgery centers will report similar data.
2. Systematic edits were put into place to identify missing or invalid data fields and ambulatory surgery centers were required to correct these.
3. Each facility is provided with a 35-day review period to validate the committee's data against their hospital records.

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

Notes

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: 2004

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	81	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
11	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: 2004

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
310	University of Utah Huntsman Cancer Hospital	G	University Healthcare	Salt Lake	Salt Lake City	U	Y	NA	Y	Y
125	University of Utah Hospital and Clinics	G	University Healthcare	Salt Lake	Salt Lake City	U	Y	425	Y	Y
309	University of Utah Orthopaedic Center	G	University Healthcare	Salt Lake	Salt Lake City	U	Y	NA	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: 2004

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	Freestanding	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	7	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	University Healthcare	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	University Healthcare	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
424	Mountain West Surgical Center	I	Nueterra Healthcare	Davis	Bountiful	U	N	4	Y	Y
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 2004.

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, 2004
NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

STATEWIDE TOTALS

	ALL FACILITIES		HOSPITALS		FASCs	
	Procedures Reported (#)	(%)	Procedures Reported (#)	(%)	Procedures Reported (#)	(%)
Reporting Category(ICD-9-CM CODES)	357,885	100.0	306,368	100.0	51,517	100.0
Mastectomy (85.0-85.99)	8,317	2.3	7,302	2.4	1,015	2.0
Musculoskeletal (76.0-84.99)	71,436	20.0	61,162	20.0	10,274	19.9
Respiratory (30.0-34.99)	3,436	1.0	3,337	1.1	99	0.2
Cardiovascular (35.0-39.99)	17,956	5.0	17,761	1.1	195	0.4
Lymphatic/Hemetic (40.0-41.99)	2,964	0.8	2,849	0.9	115	0.2
Digestive System (42.0-54.99)	104,255	29.1	97,896	32.0	6,359	12.3
Urinary (55.0-59.99)	8,555	2.4	8,268	2.7	287	0.6
Male Genital (60.0-64.99)	3,963	1.1	3,711	1.2	252	0.5
Female Genital (65.0-71.99)	15,792	4.4	14,242	4.6	1,550	3.0
Endocrine/Nervous (01.0-07.99)	29,401	8.2	25,908	8.5	3,493	6.8
Eye (08.0-16.99)	36,233	10.1	19,800	6.5	16,433	31.9
Ear (18.0-20.99)	17,665	4.9	14,521	4.7	3,144	6.1
Nose,Mouth,Pharynx (21.0-29.99)	37,912	10.6	29,611	9.7	8,301	16.1
Reporting Category(CPT-4 CODES)	416,638	100.0	300,811	100.0	115,827	100.0
Mastectomy (19120-19220)	3,344	0.8	3,078	1.0	266	0.2
Musculoskeletal (20000-29909)	84,527	20.3	58,688	19.5	25,839	22.3
Respiratory (30000-32999 & 39501-39599)	22,909	5.5	13,089	4.4	9,820	8.5
Cardiovascular (33010-37799 & 93501-93660)	52,421	12.6	51,568	17.1	853	0.7
Lymphatic/Hemetic (38100-38999)	2,985	0.7	2,778	0.9	207	0.2
Digestive System (40490-49999)	141,281	33.9	104,073	34.6	37,208	32.1
Urinary (50010-53899)	10,516	2.5	8,888	3.0	1,628	1.4
Male Genital (54000-55899)	3,819	0.9	3,219	1.1	600	0.5
Female Genital (56405-58999)	13,814	3.3	10,706	3.6	3,108	2.7
Endocrine/Nervous (60000-64999)	36,396	8.7	25,132	8.4	11,264	9.7
Eye (65091-68899)	31,583	7.6	11,602	3.9	19,981	17.3
Ear (69000-69979)	13,043	3.1	7,990	2.7	5,053	4.4

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, 2004
MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES**

STATEWIDE TOTALS

STATEWIDE TOTALS		ALL FACILITIES		HOSPITALS		FASCs	
ICD-9 CODE	ICD-9 DESCRIPTION	#	%	#	%	#	%
All Reportable*	ICD-9 Procedures	357,885	100.0	306,368	100.0	51,517	100.0
4523	COLONOSCOPY	20,403	5.7	19,223	6.3	1,180	2.3
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	18,116	5.1	16,915	5.5	1,201	2.3
2001	MYRINGOTOMY W/INSRT TUBE	14,371	4.0	11,837	3.9	2,534	4.9
4542	ENDO POLYPECTOMY LG INTESTINE	11,341	3.2	10,465	3.4	876	1.7
1371	IOL PROSTH-CATARACT EXTRACT-1-STAGE	10,334	2.9	4,633	1.5	5,701	11.1
0392	INJ OTH AGENT SPINAL CANAL	9,333	2.6	8,341	2.7	992	1.9
1341	PHACOEMULSIFICATION-ASPIR CATARACT	9,332	2.6	4,643	1.5	4,689	9.1
4525	CLO [ENDO] BX LG INTESTINE	8,478	2.4	7,673	2.5	805	1.6
0391	INJ ANES SPINAL CANAL-ANALGESIA	7,728	2.2	6,739	2.2	989	1.9
283	TONSILLECTOMY W/ADENOIDECTOMY	6,473	1.8	5,357	1.7	1,116	2.2
806	EXC SEMILUNAR CARTILAGE-KNEE	6,470	1.8	5,458	1.8	1,012	2.0
4513	OTH ENDO SM INTESTINE	6,354	1.8	6,067	2.0	287	0.6
5123	LAP CHOLEY	6,229	1.7	6,228	2.0	1	0.0
4292	DILAT ESOPH	4,827	1.3	3,964	1.3	863	1.7
0443	RELEASE CARPAL TUNNEL	4,409	1.2	3,575	1.2	834	1.6
3722	LT HEART CARD CATH	3,832	1.1	3,832	1.3	.	.
8086	OTH LOC EXC/DESTRUC JT LES-KNEE	3,824	1.1	3,238	1.1	586	1.1
2169	OTH TURBINECTOMY	3,373	0.9	2,053	0.7	1,320	2.6
4836	[ENDO] POLYPECTOMY RECTUM	3,263	0.9	3,262	1.1	1	0.0
8026	ARTHSCPY-KNEE	3,177	0.9	2,467	0.8	710	1.4
CPT-4 CODE	CPT-4 DESCRIPTION	#	%	#	%	#	%
All Reportable*	CPT-4 Procedures	416,638	100.0	300,811	100.0	115,827	100.0
45378	COLONOSCOPY FLEX; DX-SEP PROC	25,835	6.2	17,895	5.9	7,940	6.9
43239	UGI ENDO; W/BX 1/MX	22,576	5.4	15,906	5.3	6,670	5.8
66984	EXTRACAPSULAR CATARACT REMV IOL	15,885	3.8	4,436	1.5	11,449	9.9
45380	COLONOSCOPY FLEX; W/BX 1/MX	13,869	3.3	9,518	3.2	4,351	3.8
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	11,056	2.7	8,702	2.9	2,354	2.0
69436	TYMPANOSTOMY GENERAL ANESTHESIA	10,358	2.5	6,142	2.0	4,216	3.6
36415	COLLECTION VENOUS BLD VENIPUNCTU	10,045	2.4	10,044	3.3	1	0.0
29881	SCOPE KNEE SURG;W/MENISCECT MED/	6,179	1.5	4,376	1.5	1,803	1.6
42820	T&A; UNDER AGE 12	5,863	1.4	4,138	1.4	1,725	1.5
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	5,518	1.3	3,708	1.2	1,810	1.6
43235	UGI ENDO; DX W/VO CLCT SPECMN-SP	5,345	1.3	3,856	1.3	1,489	1.3
41899	UNLIST PROC DENTOALVEOL STRUCTUR	5,294	1.3	4,080	1.4	1,214	1.0
93545	INJ PROC-CATH; SELECT CORONRY AN	4,620	1.1	4,620	1.5	.	.
29877	SCOPE KNEE SURG; DEBRID/SHAVE CA	4,419	1.1	3,261	1.1	1,158	1.0
93543	INJ PROC-CATH; LT VENT/ATRIAL AN	4,174	1.0	4,174	1.4	.	.
30140	SUBMUCOS RES TURBINATE PART/Cmpl	4,031	1.0	1,699	0.6	2,332	2.0
93556	IMAG SUPERVS I&R-CATH; PULM ANGI	4,008	1.0	4,008	1.3	.	.
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	3,870	0.9	2,174	0.7	1,696	1.5
30520	SEPTOPLASTY/SUBMUCOS RES W/GFT	3,853	0.9	2,123	0.7	1,730	1.5
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	3,829	0.9	3,597	1.2	232	0.2

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.

**TABLE 4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGES PROFILE OF OUTPATIENT SURGERY, 2004
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	11,097	9,617	1,480
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	3,198	3,147	51
	003 COMPLEX INCISION AND DRAINAGE	111	92	19
	004 SIMPLE INCISION AND DRAINAGE	30	26	4
	006 SIMPLE DEBRIDEMENT AND DESTRUCTION	188	157	31
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	1,528	1,092	436
	008 SIMPLE EXCISION AND BIOPSY	1,437	887	550
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRANGE	1,249	1,126	123
	010 SIMPLE SKIN REPAIR	14	14	0
	011 SIMPLE INCISION AND EXCISION OF BREAST	2,923	2,684	239
	012 BREAST RECONSTRUCTION AND MASTECTOMY	419	392	27
02	MUSCULOSKELETAL SYSTEM	74,244	52,555	21,689
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	8,277	6,223	2,054
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	2,782	2,056	726
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	2,780	1,930	850
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	16,547	10,991	5,556
	025 ARTHROSCOPY	31,395	22,451	8,944
	026 REPLACEMENT OF CAST	102	101	1
	027 SPLINT, STRAPPING AND CAST REMOVAL	72	72	0
	028 CLOSED TREATMENT FX & DISLOCATION OF FINGER, TOE & TRUNK	58	47	11
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	747	660	87
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	4,756	3,677	1,079
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	598	417	181
	032 BUNION PROCEDURES	2,606	1,612	994
	033 ARTHROPLASTY	710	497	213
	034 HAND AND FOOT TENOTOMY	404	293	111
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	2,410	1,528	882
03	RESPIRATORY SYSTEM	11,968	7,438	4,530
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	758	747	11
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	9,171	4,704	4,467
	054 SIMPLE ENDOSCOPY OF THE UPPER AIRWAY	379	333	46
	055 ENDOSCOPY OF THE LOWER AIRWAY	1,660	1,654	6
04	CARDIOVASCULAR SYSTEM	33,245	32,609	636
	074 CARDIAC ELECTROPHYSIOLOGIC TESTS	3,281	3,281	0
	075 PLACEMENT OF TRANSVENOUS CATHETERS	119	119	0
	076 DIAGNOSTIC CARDIAC CATHETERIZATION	23,531	23,531	0
	077 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	2,333	2,136	197
	078 PACEMAKER INSERTION AND REPLACEMENT	510	510	0
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	837	820	17
	080 MINOR VASCULAR REPAIR AND FISTULA CONSTRUCTION	871	852	19
	081 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	652	483	169
	082 VASCULAR LIGATION	1,098	864	234
	083 RESUSCITATION AND CARDIOVERSION	13	13	0
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	3,047	2,811	236
	092 CHEMOTHERAPY EXCEPT BY EXTENDED INFUSION	6	6	0
	094 BLOOD AND BLOOD PRODUCT EXCHANGE	90	90	0

TABLE 4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGES PROFILE OF OUTPATIENT SURGERY, 2004
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	2,002	1,766	236
	097 TRANSFUSION	949	949	0
06	DIGESTIVE SYSTEM	124,347	91,524	32,823
	111 ALIMENTARY TESTS AND SIMPLE TUBE PLACEMENT	296	296	0
	112 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	2,114	1,234	880
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	896	740	156
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	548	417	131
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	28,202	19,919	8,283
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	7,325	4,997	2,328
	117 LOWER GASTROINTESTINAL ENDOSCOPY	55,248	38,117	17,131
	118 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	1,854	1,843	11
	119 HERNIA AND HYDROCELE PROCEDURES	8,492	7,192	1,300
	120 COMPLEX ANAL AND RECTAL PROCEDURES	1,083	896	187
	121 SIMPLE ANAL AND RECTAL PROCEDURES	633	571	62
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	559	545	14
	123 COMPLEX LAPAROSCOPIC PROCEDURES	16,785	14,566	2,219
	124 SIMPLE LAPAROSCOPIC PROCEDURES	312	191	121
07	URINARY SYSTEM	9,148	7,571	1,577
	131 RENAL EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	1,467	851	616
	132 SIMPLE URINARY STUDIES AND PROCEDURES	3	3	0
	133 URINARY CATHETERIZATION AND DILATATION	415	395	20
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	3,684	3,257	427
	135 MODERATE CYSTOURETHROSCOPY	2,593	2,205	388
	136 SIMPLE CYSTOURETHROSCOPY	744	648	96
	137 COMPLEX URETHRAL PROCEDURES	126	109	17
	138 SIMPLE URETHRAL PROCEDURES	116	103	13
08	MALE GENITAL SYSTEM	3,462	2,927	535
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	1,756	1,396	360
	152 INSERTION OF PENILE PROSTHESIS	93	92	1
	153 COMPLEX PENILE PROCEDURES	472	435	37
	154 SIMPLE PENILE PROCEDURES	874	748	126
	155 PROSTATE NEEDLE AND PUNCH BIOPSY	267	256	11
09	FEMALE GENITAL SYSTEM	7,944	6,182	1,762
	171 ARTIFICIAL FERTILIZATION	1	1	0
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	1,612	1,463	149
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	1,904	1,400	504
	178 DILATION AND CURETTAGE	1,025	810	215
	179 HYSTEROSCOPY	3,164	2,308	856
	180 COLPOSCOPY	238	200	38
10	NERVOUS SYSTEM	32,289	21,547	10,742
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	23,704	15,863	7,841
	196 REVISION AND REMOVAL OF NEUROLOGICAL DEVICE	209	181	28
	197 NEUROSTIMULATOR AND VENTRICULAR SHUNT IMPLANTATION	544	469	75
	198 NERVE REPAIR AND DESTRUCTION	7,065	4,278	2,787
	199 SPINAL TAP	767	756	11
11	EYE AND OCULAR ADNEXA	31,225	11,356	19,869

TABLE 4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGES PROFILE OF OUTPATIENT SURGERY, 2004
PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

STATEWIDE TOTALS

Procedure APG category		ALL FACILITIES	HOSPITALS	FASCs
Procedure APG		#	#	#
211	MINOR OPHTHALMOLOGICAL TESTS AND PROCEDURES	327	37	290
213	LASER EYE PROCEDURES	2,809	910	1,899
214	CATARACT PROCEDURES	16,484	4,684	11,800
215	COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	1,585	505	1,080
216	MODERATE ANTERIOR SEGMENT EYE PROCEDURES	1,078	375	703
217	SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	840	186	654
218	COMPLEX POSTERIOR SEGMENT EYE PROCEDURES	580	417	163
219	SIMPLE POSTERIOR SEGMENT EYE PROCEDURES	494	364	130
220	STRABISMUS AND MUSCLE EYE PROCEDURES	1,436	975	461
221	COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	2,611	727	1,884
222	SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	842	504	338
223	VITRECTOMY	2,139	1,672	467
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	47,465	28,651	18,814
231	COCHLEAR DEVICE IMPLANTATION	38	38	0
233	NASAL CAUTERIZATION AND PACKING	292	207	85
234	COMPLEX FACIAL AND ENT PROCEDURES	8,295	5,185	3,110
235	SIMPLE FACIAL AND ENT PROCEDURES	26,691	14,996	11,695
236	TONSIL AND ADENOID PROCEDURES	12,149	8,225	3,924
13	THERAPUTIC AND OTHER RADIOLOGICAL PROCEDURES	4,441	3,870	571
252	RADIATION THERAPY AND HYPERTHERMIA	15	15	0
253	VASCULAR RADIOLOGY EXCEPT FOR VENOGRAPHY OF EXTREMITY	1,990	1,835	155
254	MYELOGRAPHY	814	406	408
255	MISCELLANEOUS RADIOLOGICAL PROCEDURES WITH CONTRAST	1,622	1,614	8
14	PHYSICAL MEDICINE AND REHABILITATION	6	6	0
272	PHYSICAL THERAPY	6	6	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, 2004
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	\$2,298	\$2,400	\$1,482
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	\$1,849	\$1,826	\$3,779
	003 COMPLEX INCISION AND DRAINAGE	\$2,673	\$3,064	\$1,135
	004 SIMPLE INCISION AND DRAINAGE	\$2,514	\$2,850	\$1,004
	006 SIMPLE DEBRIDEMENT AND DESTRUCTION	\$2,188	\$2,412	\$1,168
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	\$2,209	\$2,565	\$1,367
	008 SIMPLE EXCISION AND BIOPSY	\$1,958	\$2,299	\$1,355
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRANGE	\$2,924	\$2,920	\$3,028
	010 SIMPLE SKIN REPAIR	\$3,203	\$3,203	.
	011 SIMPLE INCISION AND EXCISION OF BREAST	\$2,462	\$2,578	\$1,248
	012 BREAST RECONSTRUCTION AND MASTECTOMY	\$4,236	\$4,433	\$1,244
02	MUSCULOSKELETAL SYSTEM	\$3,153	\$3,512	\$2,338
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	\$4,622	\$5,140	\$2,811
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	\$3,187	\$3,702	\$2,082
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	\$3,407	\$4,004	\$2,345
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	\$2,108	\$2,374	\$1,594
	025 ARTHROSCOPY	\$3,636	\$3,951	\$3,005
	026 REPLACEMENT OF CAST	\$1,529	\$1,591	\$656
	027 SPLINT, STRAPPING AND CAST REMOVAL	\$689	\$689	.
	028 CLOSED TREATMENT FX & DISLOCATION OF FINGER, TOE & TRUNK	\$2,058	\$2,523	\$1,269
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	\$2,411	\$2,582	\$1,316
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	\$3,674	\$4,121	\$2,245
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	\$2,046	\$2,448	\$1,150
	032 BUNION PROCEDURES	\$2,717	\$3,335	\$1,874
	033 ARTHROPLASTY	\$3,938	\$4,516	\$2,643
	034 HAND AND FOOT TENOTOMY	\$1,809	\$1,932	\$1,469
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	\$663	\$646	\$754
03	RESPIRATORY SYSTEM	\$1,790	\$1,808	\$1,602
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	\$1,075	\$1,075	\$1,067
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	\$2,673	\$3,079	\$1,677
	054 SIMPLE ENDOSCOPY OF THE UPPER AIRWAY	\$1,150	\$1,126	\$1,347
	055 ENDOSCOPY OF THE LOWER AIRWAY	\$1,897	\$1,902	\$855
04	CARDIOVASCULAR SYSTEM	\$7,372	\$7,486	\$1,809
	074 CARDIAC ELECTROPHYSIOLOGIC TESTS	\$18,581	\$18,581	.
	075 PLACEMENT OF TRANSVENOUS CATHETERS	\$2,140	\$2,140	.
	076 DIAGNOSTIC CARDIAC CATHETERIZATION	\$5,567	\$5,567	.
	077 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	\$14,140	\$14,366	\$3,249
	078 PACEMAKER INSERTION AND REPLACEMENT	\$20,139	\$20,139	.
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	\$2,867	\$2,988	\$983
	080 MINOR VASCULAR REPAIR AND FISTULA CONSTRUCTION	\$3,973	\$3,982	\$1,475
	081 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	\$9,547	\$9,790	\$1,756
	082 VASCULAR LIGATION	\$4,110	\$4,226	\$2,214
	083 RESUSCITATION AND CARDIOVERSION	\$3,993	\$3,993	.
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	\$3,648	\$3,893	\$1,456
	094 BLOOD AND BLOOD PRODUCT EXCHANGE	\$16,165	\$16,165	.
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	\$3,598	\$4,071	\$1,456
	097 TRANSFUSION	\$2,372	\$2,372	.

TABLE 5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
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		ALL FACILITIES	HOSPITALS	FASCs
Procedure APG				
06	DIGESTIVE SYSTEM	\$1,707	\$1,913	\$1,138
	111 ALIMENTARY TESTS AND SIMPLE TUBE PLACEMENT	\$923	\$923	.
	112 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	\$783	\$1,101	\$525
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	\$834	\$890	\$575
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	\$806	\$878	\$595
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	\$1,062	\$1,110	\$942
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	\$1,410	\$1,563	\$903
	117 LOWER GASTROINTESTINAL ENDOSCOPY	\$995	\$1,017	\$948
	118 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	\$3,055	\$3,074	\$2,059
	119 HERNIA AND HYDROCELE PROCEDURES	\$2,795	\$3,001	\$1,748
	120 COMPLEX ANAL AND RECTAL PROCEDURES	\$2,158	\$2,412	\$1,171
	121 SIMPLE ANAL AND RECTAL PROCEDURES	\$1,960	\$2,116	\$946
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	\$2,721	\$2,759	\$985
	123 COMPLEX LAPAROSCOPIC PROCEDURES	\$4,966	\$5,244	\$3,092
	124 SIMPLE LAPAROSCOPIC PROCEDURES	\$7,659	\$9,413	\$6,399
07	URINARY SYSTEM	\$3,795	\$4,118	\$2,736
	131 RENAL EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	\$5,804	\$7,612	\$3,758
	132 SIMPLE URINARY STUDIES AND PROCEDURES	\$3,660	\$3,660	.
	133 URINARY CATHETERIZATION AND DILATATION	\$2,872	\$2,947	\$1,195
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	\$3,673	\$3,980	\$1,747
	135 MODERATE CYSTOURETHROSCOPY	\$2,684	\$2,966	\$1,421
	136 SIMPLE CYSTOURETHROSCOPY	\$1,921	\$2,050	\$1,057
	137 COMPLEX URETHRAL PROCEDURES	\$4,676	\$5,173	\$1,698
	138 SIMPLE URETHRAL PROCEDURES	\$1,710	\$1,730	\$1,463
08	MALE GENITAL SYSTEM	\$2,681	\$2,884	\$1,527
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	\$2,187	\$2,325	\$1,580
	152 INSERTION OF PENILE PROSTHESIS	\$15,230	\$15,341	\$6,807
	153 COMPLEX PENILE PROCEDURES	\$2,529	\$2,606	\$1,779
	154 SIMPLE PENILE PROCEDURES	\$1,619	\$1,709	\$1,203
	155 PROSTATE NEEDLE AND PUNCH BIOPSY	\$3,804	\$3,813	\$3,589
09	FEMALE GENITAL SYSTEM	\$2,934	\$3,249	\$1,938
	171 ARTIFICIAL FERTILIZATION	\$13,217	\$13,217	.
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	\$3,974	\$4,142	\$2,150
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	\$2,261	\$2,642	\$1,334
	178 DILATION AND CURETTAGE	\$1,767	\$1,880	\$1,182
	179 HYSTEROSCOPY	\$3,335	\$3,776	\$2,393
	180 COLPOSCOPY	\$1,713	\$1,716	\$1,698
10	NERVOUS SYSTEM	\$1,362	\$1,519	\$984
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	\$865	\$939	\$684
	196 REVISION AND REMOVAL OF NEUROLOGICAL DEVICE	\$5,442	\$5,797	\$3,276
	197 NEUROSTIMULATOR AND VENTRICULAR SHUNT IMPLANTATION	\$15,823	\$17,461	\$5,537
	198 NERVE REPAIR AND DESTRUCTION	\$1,926	\$2,158	\$1,551
	199 SPINAL TAP	\$1,396	\$1,409	\$397
11	EYE AND OCULAR ADNEXA	\$2,380	\$2,658	\$2,247
	211 MINOR OPHTHALMOLOGICAL TESTS AND PROCEDURES	\$2,708	\$1,530	\$2,806
	213 LASER EYE PROCEDURES	\$687	\$680	\$691
	214 CATARACT PROCEDURES	\$2,598	\$2,904	\$2,474

TABLE 5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
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		ALL FACILITIES	HOSPITALS	FASCs
Procedure APG				
215	COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	\$2,467	\$2,469	\$2,466
216	MODERATE ANTERIOR SEGMENT EYE PROCEDURES	\$2,106	\$2,180	\$2,069
217	SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	\$1,926	\$2,051	\$1,866
218	COMPLEX POSTERIOR SEGMENT EYE PROCEDURES	\$4,905	\$4,749	\$5,245
219	SIMPLE POSTERIOR SEGMENT EYE PROCEDURES	\$2,942	\$3,639	\$1,967
220	STRABISMUS AND MUSCLE EYE PROCEDURES	\$1,919	\$1,849	\$2,417
221	COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	\$2,237	\$3,213	\$1,836
222	SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	\$1,491	\$1,662	\$1,172
223	VITRECTOMY	\$4,578	\$5,079	\$3,473
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	\$1,929	\$2,083	\$1,645
231	COCHLEAR DEVICE IMPLANTATION	\$54,585	\$54,585	.
233	NASAL CAUTERIZATION AND PACKING	\$2,022	\$2,238	\$1,443
234	COMPLEX FACIAL AND ENT PROCEDURES	\$3,557	\$4,171	\$2,011
235	SIMPLE FACIAL AND ENT PROCEDURES	\$1,639	\$1,547	\$1,789
236	TONSIL AND ADENOID PROCEDURES	\$1,664	\$1,824	\$1,332
13	THERAPUTIC AND OTHER RADIOLOGICAL PROCEDURES	\$2,895	\$2,912	\$845
252	RADIATION THERAPY AND HYPERTHERMIA	\$7,584	\$7,584	.
253	VASCULAR RADIOLOGY EXCEPT FOR VENOGRAPHY OF EXTREMITY	\$5,763	\$5,763	.
254	MYELOGRAPHY	\$2,534	\$2,607	\$958
255	MISCELLANEOUS RADIOLOGICAL PROCEDURES WITH CONTRAST	\$2,493	\$2,500	\$641

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, 2004
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	166,765	55.0	120,006	54.8	46,759	55.5
Male	136,276	45.0	98,888	45.2	37,388	44.4
Unknown	59	0.0	8	0.0	51	0.1
Not Reported	23	0.0	4	0.0	19	0.0
AGE						
1-28 days	376	0.1	376	0.2	0	0.0
29-365 days	3,573	1.2	2,969	1.4	604	0.7
1-4 years	16,152	5.3	11,176	1.4	4,976	5.9
5-9	8,906	2.9	6,445	5.1	2,461	2.9
10-14	6,417	2.1	5,080	2.9	1,337	1.6
15-17	6,745	2.2	5,201	2.3	1,544	1.8
18-19	5,142	1.7	3,849	2.4	1,293	1.5
20-24	15,414	5.1	11,707	1.8	3,707	4.4
25-29	16,328	5.4	12,626	5.3	3,702	4.4
30-34	15,597	5.1	11,936	5.5	3,661	4.3
35-39	15,716	5.2	11,960	5.5	3,756	4.5
40-44	19,656	6.5	14,821	6.8	4,835	5.7
45-49	22,845	7.5	17,215	7.9	5,630	6.7
50-54	29,136	9.6	22,033	10.1	7,103	8.4
55-59	25,388	8.4	18,759	8.6	6,629	7.9
60-64	22,379	7.4	16,305	7.4	6,074	7.2
65-69	20,966	6.9	13,961	6.4	7,005	8.3
70-74	18,957	6.3	12,040	5.5	6,917	8.2
75-79	16,735	5.5	10,224	4.7	6,511	7.7
80-84	10,945	3.6	6,733	3.1	4,212	5.0
85-89	4,489	1.5	2,713	1.2	1,776	2.1
90 +	1,255	0.4	777	0.4	478	0.6
Not Reported	382	0.1	376	0.2	6	0.0
SOURCE OF ADMISSION						
Physician Referral	260,111	85.8	195,236	89.2	64,875	77.0
Clinic Referral	1,997	0.7	774	0.4	1,223	1.5
HMO Referral	2,773	0.9	2,769	1.3	4	0.0
Other Hospital	81	0.0	81	0.0	0	0.0
Skilled Nursing Facility	18	0.0	18	0.0	0	0.0
Other Health Care Facility	22	0.0	22	0.0	0	0.0
Emergency Room	4,435	1.5	4,435	2.0	0	0.0
Court/Law Enforcement	1	0.0	1	0.0	0	0.0
Unknown	1,816	0.6	469	0.2	0	1.6
Not Reported	31,869	10.5	15,101	6.9	16,768	19.9

(Continued)

TABLE 6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
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	287,340	94.8	218,417	99.8	68,923	81.8
Another Hospital	182	0.1	114	0.1	68	0.1
Skilled Nursing Facility	89	0.0	87	0.0	2	0.0
Intermediate Care	11	0.0	11	0.0	0	0.0
Another Type of Institution	39	0.0	39	0.0	0	0.0
Under Care of Home Service	141	0.0	141	0.1	0	0.0
Left Against Medical Advice	13	0.0	13	0.0	0	0.0
Under care of Home Provider	8	0.0	7	0.0	1	0.0
Expired	14	0.0	14	0.0	0	0.0
Unknown	15,281	5.0	59	0.0	15,222	18.1
Not Reported	5	0.0	4	0.0	1	0.0
PRIMARY PAYER						
Medicare	73,411	24.2	47,125	21.5	26,286	31.2
Medicaid	21,424	7.1	15,764	7.2	5,660	6.7
Other Government	6,432	2.1	4,030	1.8	2,402	2.9
Blue Cross/Blue Shield	47,266	15.6	30,905	14.1	16,361	19.4
Other Commercial	23,866	7.9	15,943	7.3	7,923	9.4
Managed Care(HMO, PPO)	117,311	38.7	95,785	43.8	21,526	25.6
Self Pay	4,416	1.5	3,566	1.6	850	1.0
Industrial & Worker Comp	6,232	2.1	4,109	1.9	2,123	2.5
Charity and Unclassified	339	0.1	322	0.1	17	0.0
Childrens Health Insurance	462	0.2	273	0.1	189	0.2
Unknown	1,074	0.4	1,005	0.5	69	0.1
Not Reported	890	0.3	79	0.0	811	1.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE						
Bear River	18,968	6.3	14,650	6.7	4,318	5.1
Central Utah	8,568	2.8	7,259	3.3	1,309	1.6
Davis County	37,077	12.2	25,726	11.8	11,351	13.5
Salt Lake County	103,346	34.1	74,490	34.0	28,856	34.3
Southeastern Utah	5,492	1.8	4,561	2.1	931	1.1
Southwest Utah	15,857	5.2	10,818	4.9	5,039	6.0
Summit County	4,101	1.4	2,876	1.3	1,225	1.5
Tooele County	5,479	1.8	4,235	1.9	1,244	1.5
Tri-County	10,028	3.3	9,559	4.4	469	0.6
Utah County	43,873	14.5	33,718	15.4	10,155	12.1
Wasatch County	2,085	0.7	1,643	0.8	442	0.5
Weber County	34,353	11.3	19,808	9.0	14,545	17.3
Unknown Utah	124	0.0	76	0.0	48	0.1
Outside Utah	13,567	4.5	9,321	4.3	4,246	5.0
Unknown, Not Reported	206	0.1	167	0.1	39	0.0

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

Figure 1. Number and Percentage of Lower Gastrointestinal Endoscopies (APG 117) by Facility Type and Year, Utah, Hospitals and Freestanding Ambulatory Surgery Centers (FASCs), 1999-2004

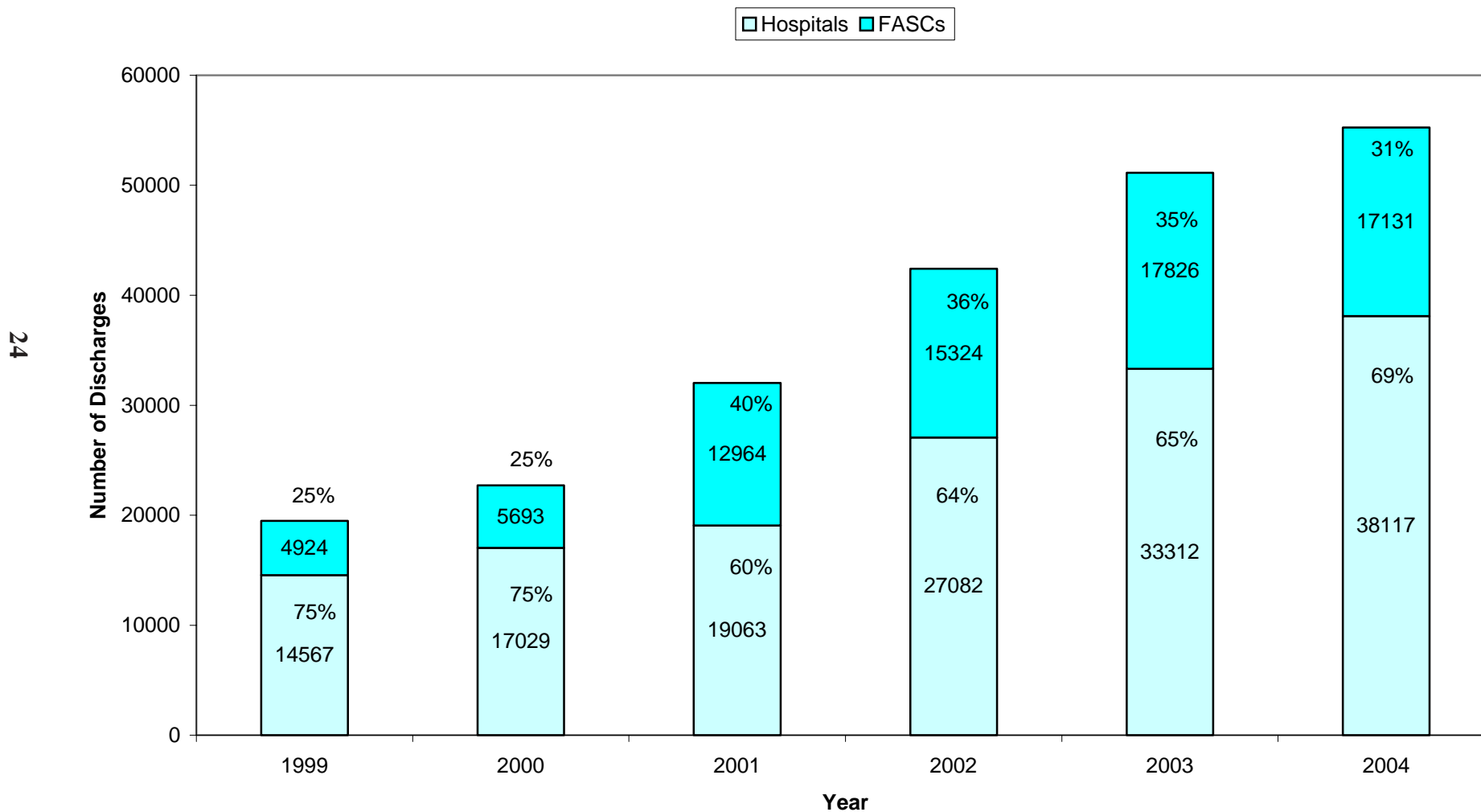


Figure 2. Number and Percentage of Cataract Procedures (APG 214) by Facility Type and Year, Utah, Hospitals and Freestanding Ambulatory Surgery Centers (FASCs), 1999-2004

Hospitals FASCs

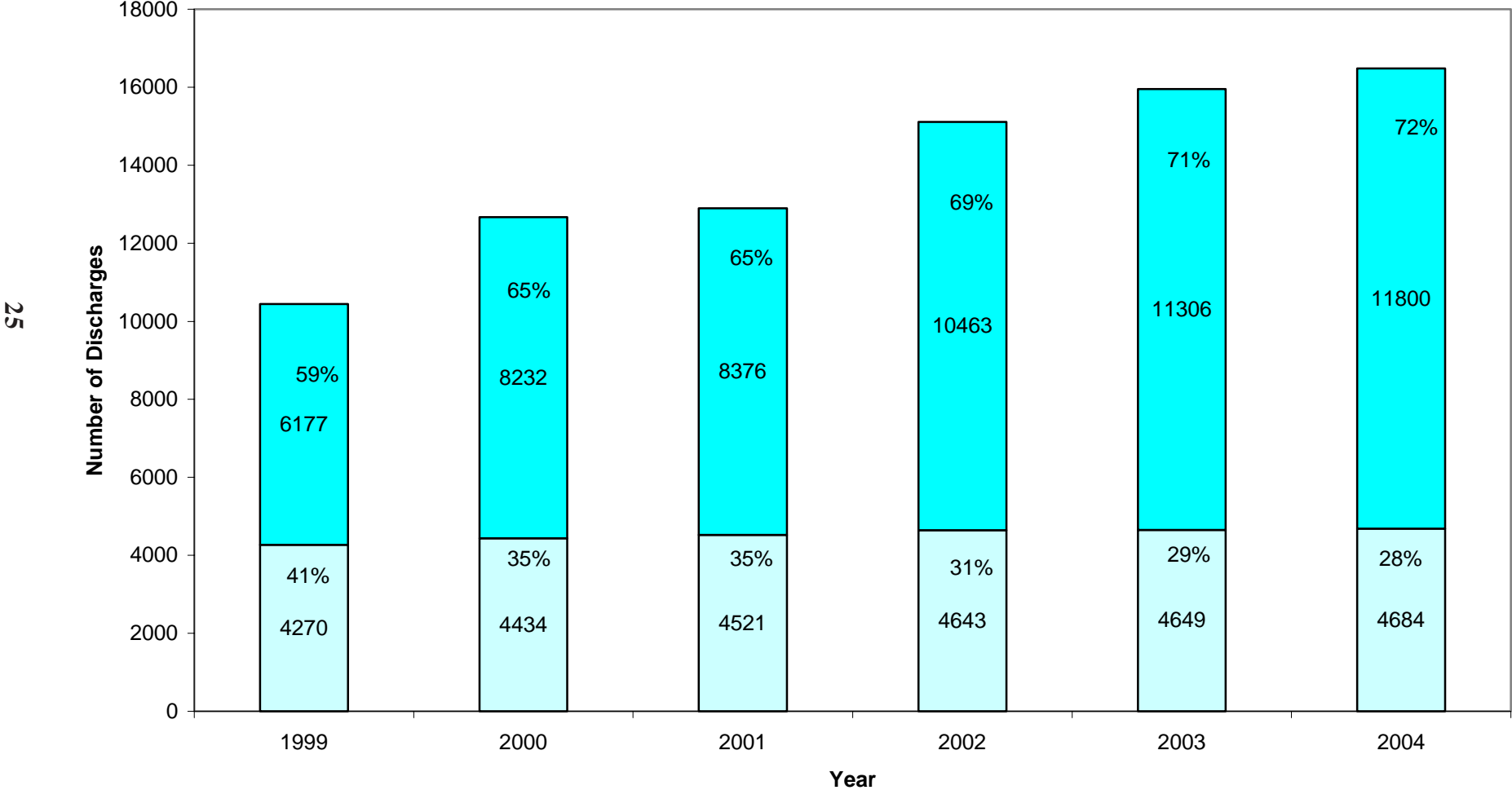


Figure 3. Average Charge for Lower Gastrointestinal Endoscopies (APG 117) by Facility Type and Year, Utah, Hospitals and Freestanding Ambulatory Surgery Centers (FASCs), 1999-2004

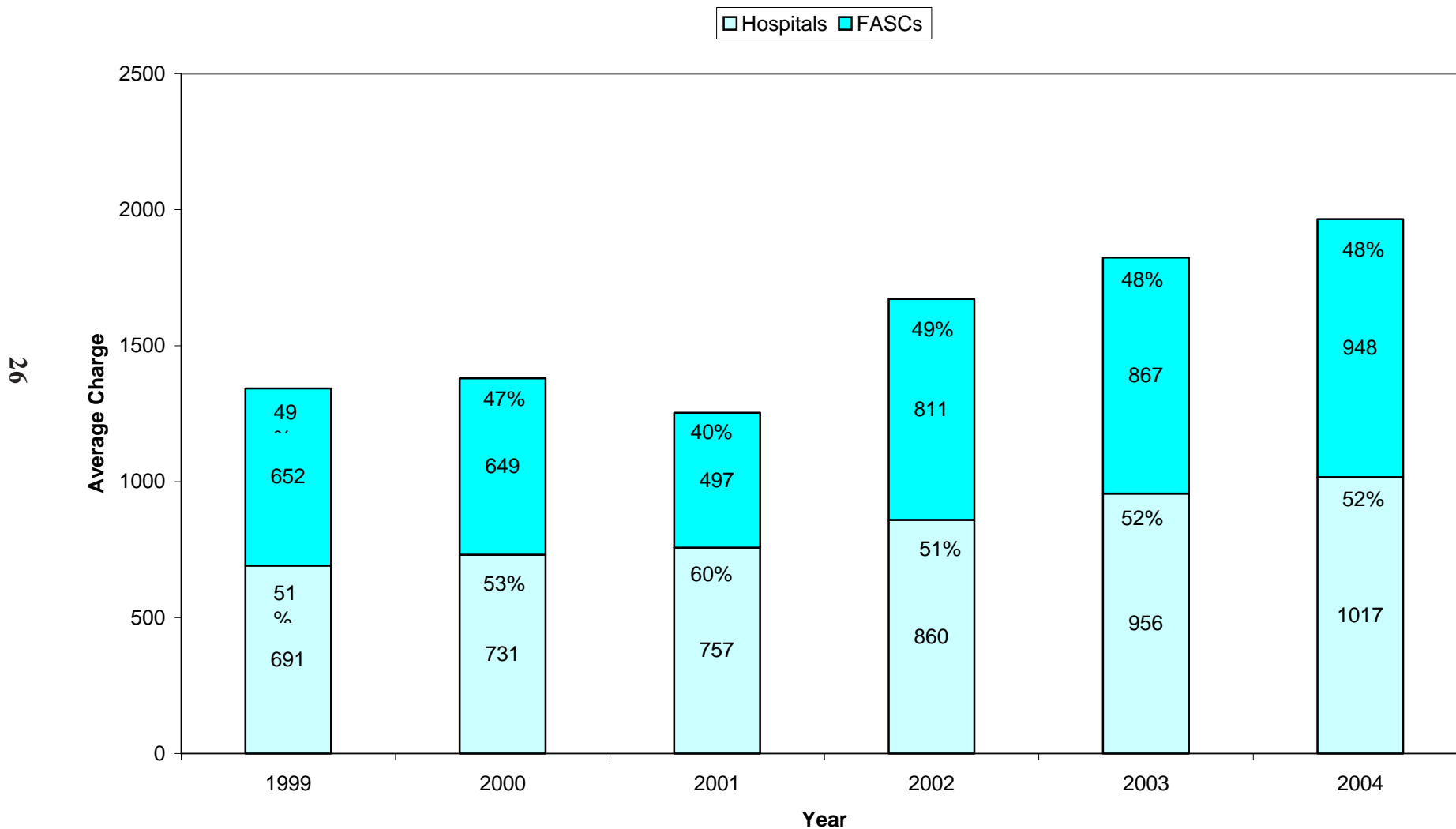
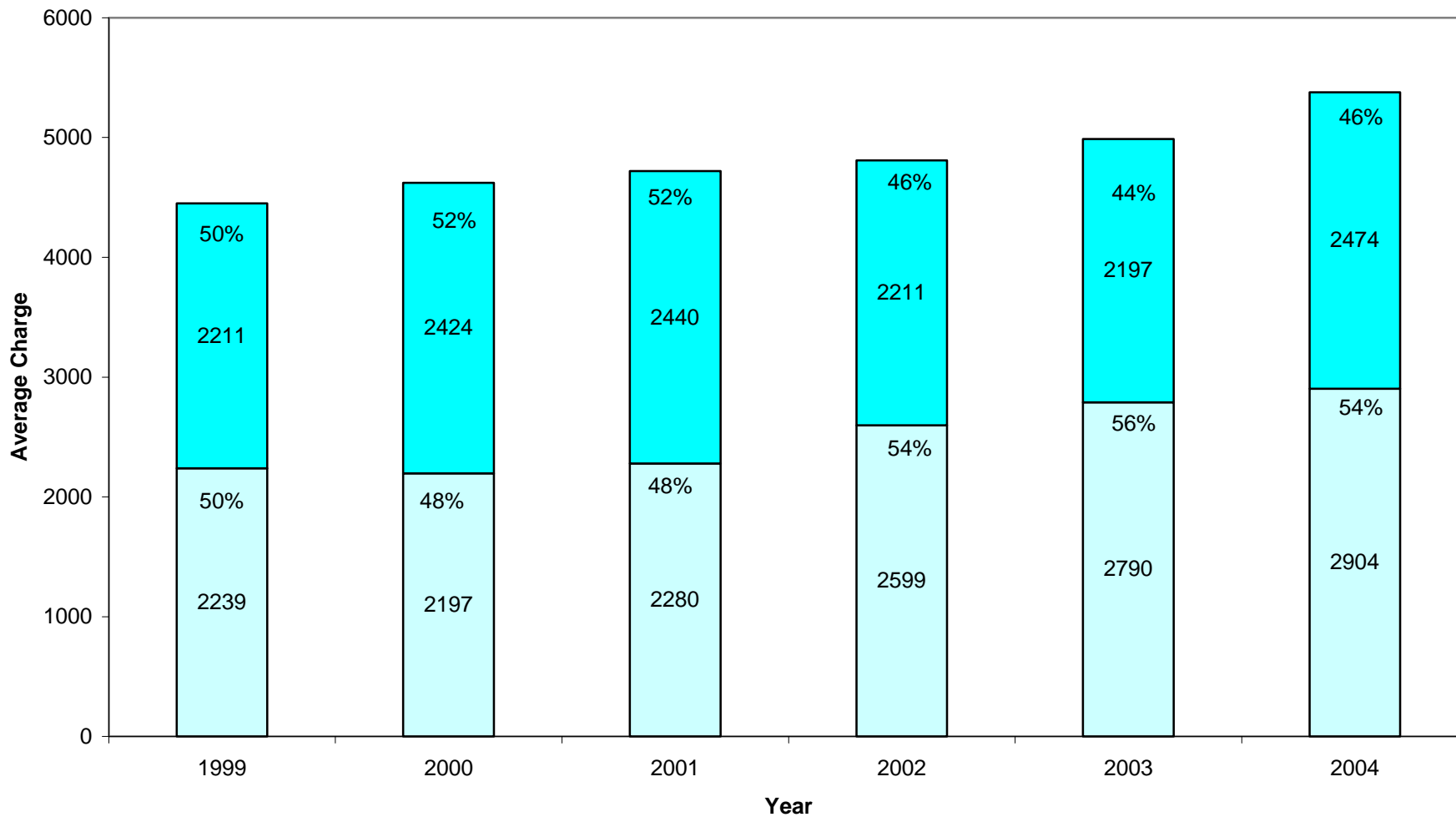


Figure 4. Average Charge for Cataract Procedures (APG 214) by Facility Type and Year, Utah, Hospitals and Freestanding Ambulatory Surgery Centers (FASCs), 1999-2004

□ Hospitals ■ FASCs



AMB ST 1-1
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
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)	196	100.0	306,368	100.0
Mastectomy (85.0-85.99)	1	0.5	7,302	2.4
Musculoskeletal (76.0-84.99)	42	21.4	61,162	20.0
Respiratory (30.0-34.99)	0	0.0	3,337	1.1
Cardiovascular (35.0-39.99)	0	0.0	17,761	5.8
Lymphatic/Hemetic (40.0-41.99)	1	0.5	2,849	0.9
Digestive System (42.0-54.99)	101	51.5	97,896	32.0
Urinary (55.0-59.99)	1	0.5	8,268	2.7
Male Genital (60.0-64.99)	0	0.0	3,711	1.2
Female Genital (65.0-71.99)	30	15.3	14,242	4.6
Endocrine/Nervous (01.0-07.99)	6	3.1	25,908	8.5
Eye (08.0-16.99)	4	2.0	19,800	6.5
Ear (18.0-20.99)	0	0.0	14,521	4.7
Nose, Mouth, Pharynx (21.0-29.99)	10	5.1	29,611	9.7
Reporting Category(CPT-4 CODES)	210	100.0	300,811	100.0
Mastectomy (19120-19220)	3	1.4	3,078	1.0
Musculoskeletal (20000-29909)	50	23.8	58,688	19.5
Respiratory (30000-32999 & 39501-39599)	2	1.0	13,089	4.4
Cardiovascular (33010-37799 & 93501-93660)	0	0.0	51,568	17.1
Lymphatic/Hemetic (38100-38999)	1	0.5	2,778	0.9
Digestive (40490-49999)	116	55.2	104,073	34.6
Urinary (50010-53899)	1	0.5	8,888	3.0
Male Genital (54000-55899)	0	0.0	3,219	1.1
Female Genital (56405-58999)	29	13.8	10,706	3.6
Endocrine/Nervous (60000-64999)	3	1.4	25,132	8.4
Eye (65091-68899)	5	2.4	11,602	3.9
Ear (69000-69979)	0	0.0	7,990	2.7

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.

AMB ST 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
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		196	100.0	100.0
4523	COLONOSCOPY	30	15.3	6.27
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	23	11.7	5.52
7021	VAGINOSCOPY	22	11.2	0.02
4542	ENDO POLYPECTOMY LG INTESTINE	19	9.7	3.42
806	EXC SEMILUNAR CARTILAGE-KNEE	16	8.2	1.78
4525	CLO [ENDO] BX LG INTESTINE	8	4.1	2.50
5123	LAP CHOLEY	6	3.1	2.03
283	TONSILLECTOMY W/ADENOIDECTOMY	5	2.6	1.75
6732	DESTRUC LES CERV-CAUT	4	2.0	0.07
0407	OTH EXC/AVUL CRANIAL & PERIPH NERV	3	1.5	0.24
1341	PHACOEMLUSIFICATION-ASPIR CATARACT	3	1.5	1.52
282	TONSILLECTOMY WO ADENOIDECTOMY	3	1.5	0.64
7867	REMOV IMPLNT DEVICE-TIBIA & FIB	3	1.5	0.32
8339	EXC LES OTH SOFT TISS	3	1.5	0.21
0443	RELEASE CARPAL TUNNEL	2	1.0	1.17
4292	DILAT ESOPH	2	1.0	1.29
5314	BILAT REPR DIRECT ING HERN-GFT	2	1.0	0.08
5451	LAP LYSIS PERITONEAL ADHES	2	1.0	0.27
7754	EXC/CORRECT BUNIONETTE	2	1.0	0.08
7756	REPR HAMMER TOE	2	1.0	0.37
CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		210	100.0	100.0
45378	COLONOSCOPY FLEX; DX-SEP PROC	31	14.8	5.95
43239	UGI ENDO; W/BX 1/MX	26	12.4	5.29
29881	SCOPE KNEE SURG;W/MENISCECT MED/	17	8.1	1.45
45384	COLONOSCPY FLEX; REMV LES-FORCE	17	8.1	0.42
57454	COLPSCPY CERV UP/ADJ VAG; BX&CUR	9	4.3	0.00
45380	COLONOSCOPY FLEX; W/BX 1/MX	8	3.8	3.16
47562	LAPAROSCOPY SURGICAL; CHOLECT	7	3.3	0.80
42820	T&A; UNDER AGE 12	6	2.9	1.38
57421	COLPSCPY VAG W/CERV IF PRS; W/BX	6	2.9	0.00
29880	SCOPE KNEE SURG;W/MENISCECT MED&	4	1.9	0.37
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	4	1.9	2.89
57460	COLPSCPY CERV W/UP/ADJ VAG ;LOOP	4	1.9	0.01
66984	EXTRACAPSULAR CATARACT REMV IOL	4	1.9	1.47
19120	EXC BRST CYST TUMR/LES OPN M/F 1	3	1.4	0.59
28298	HALLUX VALGUS; PHALANX OSTEOTOMY	3	1.4	0.02
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	3	1.4	0.52
49650	LAPARSCPY SURG; REPR INIT ING HE	3	1.4	0.20
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	3	1.4	0.75
20680	REMOVAL OF IMPLANT; DEEP	2	1.0	0.81
21930	EXC TUMR SOFT TISSUE BACK/FLANK	2	1.0	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.

AMB ST 1-3

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
 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		165	\$3,792	\$2,729
4523	COLONOSCOPY	26	\$1,970	\$874
7021	VAGINOSCOPY	22	\$659	\$882
4542	ENDO POLYPECTOMY LG INTESTINE	16	\$3,846	\$1,132
806	EXC SEMILUNAR CARTILAGE-KNEE	15	\$8,560	\$3,608
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	14	\$2,994	\$1,145
4525	CLO [ENDO] BX LG INTESTINE	8	\$3,047	\$1,249
283	TONSILLECTOMY W/ADENOIDECTOMY	5	\$2,840	\$1,783
5123	LAP CHOLEY	5	\$6,425	\$5,384
6732	DESTRUC LES CERV-CAUT	4	\$1,337	\$1,981
1341	PHACOEMULSIFICATION-ASPIR CATARACT	3	\$1,499	\$2,303
282	TONSILLECTOMY WO ADENOIDECTOMY	3	\$3,117	\$2,027
8339	EXC LES OTH SOFT TISS	3	\$3,918	\$2,408
0443	RELEASE CARPAL TUNNEL	2	\$3,393	\$1,950
5314	BILAT REPR DIRECT ING HERN-GFT	2	\$8,367	\$4,473
5451	LAP LYSIS PERITONEAL ADHES	2	\$6,675	\$4,308
7754	EXC/CORRECT BUNIONETTE	2	\$4,417	\$2,625
7867	REMOV IMPLNT DEVICE-TIBIA & FIB	2	\$3,780	\$2,265
7902	CLO REDUC FX WO INT FIX-RADIUS-ULNA	2	\$2,972	\$2,240
7932	OP REDUC FX W/INT FIX-RADIUS & ULNA	2	\$10,314	\$5,308
0395	SPINAL BLD PATCH	1	\$81	\$706

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
CPT-4 Procedures		206	\$3,992	\$2,356
45378	COLONOSCOPY FLEX; DX-SEP PROC	30	\$2,172	\$868
43239	UGI ENDO; W/BX 1/MX	25	\$3,254	\$1,141
29881	SCOPE KNEE SURG;W/MENISCECT MED/	17	\$8,614	\$3,483
45384	COLONOSCOPY FLEX; REMV LES-FORCE	17	\$3,772	\$1,272
57454	COLPSCPY CERV UP/ADJ VAG; BX&CUR	9	\$708	\$708
45380	COLONOSCOPY FLEX; W/BX 1/MX	8	\$3,047	\$1,223
42820	T&A; UNDER AGE 12	6	\$2,815	\$1,711
47562	LAPAROSCOPY SURGICAL; CHOLECT	6	\$6,789	\$5,197
57421	COLPSCPY VAG W/CERV IF PRS; W/BX	6	\$893	\$1,100
29880	SCOPE KNEE SURG;W/MENISCECT MED&	4	\$8,832	\$3,728
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	4	\$3,832	\$1,120
57460	COLPSCPY CERV W/UP/ADJ VAG ;LOOP	4	\$1,337	\$1,877
66984	EXTRACAPSULAR CATARACT REMV IOL	4	\$1,457	\$2,889
19120	EXC BRST CYST TUMR/LES OPN M/F 1	3	\$2,926	\$2,325
28298	HALLUX VALGUS; PHALANX OSTEOTOMY	3	\$4,194	\$3,805
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	3	\$3,117	\$2,069
49650	LAPARSCPY SURG; REPR INIT ING HE	3	\$8,039	\$4,776
64721	NEUROPLASTY; MEDIAN @ CARPAL TUN	3	\$3,353	\$1,918
20680	REMOVAL OF IMPLANT; DEEP	2	\$3,780	\$2,370
21930	EXC TUMR SOFT TISSUE BACK/FLANK	2	\$4,408	\$2,377

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

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
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	7	9,617
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	3	1,092
	008 SIMPLE EXCISION AND BIOPSY	1	887
	011 SIMPLE INCISION AND EXCISION OF BREAST	3	2,684
02	MUSCULOSKELETAL SYSTEM	45	52,555
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	2	6,223
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	1	2,056
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	1	1,930
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	7	10,991
	025 ARTHROSCOPY	22	22,451
	026 REPLACEMENT OF CAST	1	101
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	3	660
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	4	3,677
	032 BUNION PROCEDURES	4	1,612
03	RESPIRATORY SYSTEM	2	7,438
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	2	4,704
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	1	2,811
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	1	1,766
06	DIGESTIVE SYSTEM	109	91,524
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	26	19,919
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	1	4,997
	117 LOWER GASTROINTESTINAL ENDOSCOPY	60	38,117
	119 HERNIA AND HYDROCELE PROCEDURES	4	7,192
	120 COMPLEX ANAL AND RECTAL PROCEDURES	1	896
	123 COMPLEX LAPAROSCOPIC PROCEDURES	17	14,566
07	URINARY SYSTEM	1	7,571
	136 SIMPLE CYSTOURETHROSCOPY	1	648
09	FEMALE GENITAL SYSTEM	26	6,182
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	1	1,400
	178 DILATION AND CURETTAGE	1	810
	180 COLPOSCOPY	24	200
10	NERVOUS SYSTEM	3	21,547
	198 NERVE REPAIR AND DESTRUCTION	3	4,278
11	EYE AND OCULAR ADNEXA	5	11,356
	213 LASER EYE PROCEDURES	1	910
	214 CATARACT PROCEDURES	4	4,684
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	10	28,651
	234 COMPLEX FACIAL AND ENT PROCEDURES	1	5,185
	236 TONSIL AND ADENOID PROCEDURES	9	8,225

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, 2004
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	7	\$3,681	\$2,400
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	3	\$4,062	\$2,565
	008 SIMPLE EXCISION AND BIOPSY	1	\$4,800	\$2,299
	011 SIMPLE INCISION AND EXCISION OF BREAST	3	\$2,926	\$2,578
02	MUSCULOSKELETAL SYSTEM	45	\$6,940	\$3,512
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	2	\$12,254	\$5,140
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	1	\$4,759	\$3,702
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	1	\$6,275	\$4,004
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	7	\$3,496	\$2,374
	025 ARTHROSCOPY	22	\$8,641	\$3,951
	026 REPLACEMENT OF CAST	1	\$3,170	\$1,591
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	3	\$3,112	\$2,582
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	4	\$8,338	\$4,121
	032 BUNION PROCEDURES	4	\$4,078	\$3,335
03	RESPIRATORY SYSTEM	2	\$6,348	\$1,808
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	2	\$6,348	\$3,079
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	1	\$5,494	\$3,893
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	1	\$5,494	\$4,071
06	DIGESTIVE SYSTEM	105	\$3,682	\$1,913
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	25	\$3,254	\$1,110
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	1	\$2,935	\$1,563
	117 LOWER GASTROINTESTINAL ENDOSCOPY	59	\$2,864	\$1,017
	119 HERNIA AND HYDROCELE PROCEDURES	4	\$5,716	\$3,001
	120 COMPLEX ANAL AND RECTAL PROCEDURES	1	\$4,820	\$2,412
	123 COMPLEX LAPAROSCOPIC PROCEDURES	15	\$7,047	\$5,244
07	URINARY SYSTEM	1	\$343	\$4,118
	136 SIMPLE CYSTOURETHROSCOPY	1	\$343	\$2,050
09	FEMALE GENITAL SYSTEM	26	\$963	\$3,249
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	1	\$2,717	\$2,642
	178 DILATION AND CURETTAGE	1	\$2,916	\$1,880
	180 COLPOSCOPY	24	\$808	\$1,716
10	NERVOUS SYSTEM	3	\$3,353	\$1,519
	198 NERVE REPAIR AND DESTRUCTION	3	\$3,353	\$2,158
11	EYE AND OCULAR ADNEXA	5	\$1,203	\$2,658
	213 LASER EYE PROCEDURES	1	\$189	\$680
	214 CATARACT PROCEDURES	4	\$1,457	\$2,904
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	10	\$3,070	\$2,083
	234 COMPLEX FACIAL AND ENT PROCEDURES	1	\$4,455	\$4,171
	236 TONSIL AND ADENOID PROCEDURES	9	\$2,916	\$1,824

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, 2004
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

111 Allen Memorial Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
GENDER				
Female	125	57.3	120,006	54.8
Male	92	42.2	98,888	45.2
Unknown	0	0.0	8	0.0
Not Reported	1	0.5	4	0.0
AGE				
1-28 days	0	0.0	376	0.2
29-365 days	0	0.0	2,969	1.4
1-4 years	3	1.4	11,176	5.1
5-9	3	1.4	6,445	2.9
10-14	9	4.1	5,080	2.3
15-17	8	3.7	5,201	2.4
18-19	2	0.9	3,849	1.8
20-24	19	8.7	11,707	5.3
25-29	15	6.9	12,626	5.8
30-34	14	6.4	11,936	5.5
35-39	12	5.5	11,960	5.5
40-44	10	4.6	14,821	6.8
45-49	18	8.3	17,215	7.9
50-54	42	19.3	22,033	10.1
55-59	36	16.5	18,759	8.6
60-64	21	9.6	16,305	7.4
65-69	4	1.8	13,961	6.4
70-74	1	0.5	12,040	5.5
75-79	1	0.5	10,224	4.7
80-84	0	0.0	6,733	3.1
85-89	0	0.0	2,713	1.2
90 +	0	0.0	777	0.4
Not Reported	0	0.0	376	0.2
SOURCE OF ADMISSION				
Physician Referral	217	99.5	195,236	89.2
Clinic Referral	1	0.5	774	0.4
HMO Referral	0	0.0	2,769	1.3
Other Hospital	0	0.0	81	0.0
Skilled Nursing Facility	0	0.0	18	0.0
Other Health Care Facility	0	0.0	22	0.0
Emergency Room	0	0.0	4,435	2.0
Court/Law Enforcement	0	0.0	1	0.0
Unknown	0	0.0	469	0.2
Not Reported	0	0.0	15,101	6.9

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
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	217	99.5	218,417	99.8
Another Hospital	1	0.5	114	0.1
Skilled Nursing Facility	0	0.0	87	0.0
Intermediate Care Facility	0	0.0	11	0.0
Another Type of Institution	0	0.0	39	0.0
Under Care of Home Service	0	0.0	141	0.1
Left Against Medical Advice	0	0.0	13	0.0
Under Care of Home IV Provider	0	0.0	7	0.0
Expired	0	0.0	14	0.0
Unknown	0	0.0	59	0.0
Not Reported	0	0.0	4	0.0
PRIMARY PAYER				
Medicare	0	0.0	47,125	21.5
Medicaid	54	24.8	15,764	7.2
Other government	5	2.3	4,030	1.8
Blue Cross/Blue Shield	77	35.3	30,905	14.1
Other Commercial	39	17.9	15,943	7.3
Managed Care(HMO, PPO)	33	15.1	95,785	43.8
Self Pay	0	0.0	3,566	1.6
Industrial & Worker Comp	8	3.7	4,109	1.9
Charity and Unclassified	0	0.0	322	0.1
Childrens Health Insurance	0	0.0	273	0.1
Unknown	2	0.9	1,005	0.5
Not Reported	0	0.0	79	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	0	0.0	14,650	6.7
Central Utah	0	0.0	7,259	3.3
Davis County	0	0.0	25,726	11.8
Salt Lake County	0	0.0	74,490	34.0
Southeastern Utah	217	99.5	4,561	2.1
Southwest Utah	0	0.0	10,818	4.9
Summit County	0	0.0	2,876	1.3
Tooele County	0	0.0	4,235	1.9
Tri-County	0	0.0	9,559	4.4
Utah County	0	0.0	33,718	15.4
Wasatch County	0	0.0	1,643	0.8
Weber County	0	0.0	19,808	9.0
Unknown Utah	0	0.0	76	0.0
Outside Utah	1	0.5	9,321	4.3
Unknown, Not Reported	0	0.0	166	0.1

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

AMB ST 1-1
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
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)	15,105	100.0	306,368	100.0
Mastectomy (85.0-85.99)	249	1.6	7,302	2.4
Musculoskeletal (76.0-84.99)	3,786	25.1	61,162	20.0
Respiratory (30.0-34.99)	77	0.5	3,337	1.1
Cardiovascular (35.0-39.99)	57	0.4	17,761	5.8
Lymphatic/Hemetic (40.0-41.99)	45	0.3	2,849	0.9
Digestive System (42.0-54.99)	5,650	37.4	97,896	32.0
Urinary (55.0-59.99)	485	3.2	8,268	2.7
Male Genital (60.0-64.99)	129	0.9	3,711	1.2
Female Genital (65.0-71.99)	681	4.5	14,242	4.6
Endocrine/Nervous (01.0-07.99)	465	3.1	25,908	8.5
Eye (08.0-16.99)	537	3.6	19,800	6.5
Ear (18.0-20.99)	704	4.7	14,521	4.7
Nose, Mouth, Pharynx (21.0-29.99)	2,240	14.8	29,611	9.7
Reporting Category(CPT-4 CODES)	12,461	100.0	300,811	100.0
Mastectomy (19120-19220)	120	1.0	3,078	1.0
Musculoskeletal (20000-29909)	3,347	26.9	58,688	19.5
Respiratory (30000-32999 & 39501-39599)	572	4.6	13,089	4.4
Cardiovascular (33010-37799 & 93501-93660)	113	0.9	51,568	17.1
Lymphatic/Hemetic (38100-38999)	40	0.3	2,778	0.9
Digestive (40490-49999)	6,079	48.8	104,073	34.6
Urinary (50010-53899)	511	4.1	8,888	3.0
Male Genital (54000-55899)	89	0.7	3,219	1.1
Female Genital (56405-58999)	597	4.8	10,706	3.6
Endocrine/Nervous (60000-64999)	402	3.2	25,132	8.4
Eye (65091-68899)	245	2.0	11,602	3.9
Ear (69000-69979)	346	2.8	7,990	2.7

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.

AMB ST 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
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				
4523	COLONOSCOPY	1,248	8.3	6.27
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	1,160	7.7	5.52
4542	ENDO POLYPECTOMY LG INTESTINE	858	5.7	3.42
2001	MYRINGOTOMY W/INSRT TUBE	557	3.7	3.86
806	EXC SEMILUNAR CARTILAGE-KNEE	555	3.7	1.78
8026	ARTHSCPY-KNEE	385	2.5	0.81
4525	CLO [ENDO] BX LG INTESTINE	364	2.4	2.50
8147	OTH REPR KNEE	327	2.2	0.64
232	RESTORATION TOOTH-FILLING	323	2.1	0.66
2341	APPLIC CROWN	313	2.1	0.61
4836	[ENDO] POLYPECTOMY RECTUM	295	2.0	1.06
5123	LAP CHOLEY	282	1.9	2.03
2370	ROOT CANAL-NOS	262	1.7	0.48
283	TONSILLECTOMY W/ADENOIDECTOMY	216	1.4	1.75
4292	DILAT ESOPH	201	1.3	1.29
0443	RELEASE CARPAL TUNNEL	189	1.3	1.17
1371	IOL PROSTH-CATARACT EXTRACT-1-STAGE	169	1.1	1.51
1341	PHACOEMULSIFICATION-ASPIR CATARACT	167	1.1	1.52
8086	OTH LOC EXC/DESTRUC JT LES-KNEE	154	1.0	1.06
544	EXC/DESTRUC PERITONEAL TISS	149	1.0	0.24
CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures				
45378	COLONOSCOPY FLEX; DX-SEP PROC	1,152	9.2	5.95
43239	UGI ENDO; W/BX 1/MX	1,144	9.2	5.29
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	789	6.3	2.89
45380	COLONOSCOPY FLEX; W/BX 1/MX	599	4.8	3.16
29881	SCOPE KNEE SURG;W/MENISCECT MED/	402	3.2	1.45
41899	UNLIST PROC DENTOALVEOL STRUCTUR	390	3.1	1.36
29877	SCOPE KNEE SURG; DEBRID/SHAVE CA	344	2.8	1.08
69436	TYMPANOSTOMY GENERAL ANESTHESIA	287	2.3	2.04
47562	LAPAROSCOPY SURGICAL; CHOLECT	241	1.9	0.80
49505	REPR INIT ING HERNIA 5YR/MORE; R	219	1.8	0.99
58662	LAP SURG; W/FULG/EXCIS LES-OVARY	165	1.3	0.57
42820	T&A; UNDER AGE 12	156	1.3	1.38
29880	SCOPE KNEE SURG;W/MENISCECT MED&	148	1.2	0.37
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	143	1.1	0.75
66984	EXTRACAPSULAR CATARACT REMV IOL	141	1.1	1.47
30520	SEPTOPLASTY/SUBMUCOS RES W/GFT	137	1.1	0.71
28285	CORRECTION HAMMERTO	125	1.0	0.53
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	120	1.0	0.52
52332	CYSTOURETHROSCOPY W/INSRT STENT	110	0.9	0.41
20680	REMOVAL OF IMPLANT; DEEP	107	0.9	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.

AMB ST 1-3

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
 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		5,959	\$1,758	\$2,729
4523	COLONOSCOPY	1,052	\$750	\$874
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	592	\$911	\$1,145
4542	ENDO POLYPECTOMY LG INTESTINE	549	\$970	\$1,132
5123	LAP CHOLEY	259	\$3,946	\$5,384
283	TONSILLECTOMY W/ADENOIDECTOMY	189	\$1,340	\$1,783
4525	CLO [ENDO] BX LG INTESTINE	185	\$968	\$1,249
6952	ASPIR CURET FOLLOWING DELIV/AB	128	\$1,477	\$2,058
0443	RELEASE CARPAL TUNNEL	127	\$1,597	\$1,950
282	TONSILLECTOMY WO ADENOIDECTOMY	114	\$1,413	\$2,027
4836	[ENDO] POLYPECTOMY RECTUM	114	\$924	\$1,056
5304	UNILAT REPR INDIRECT ING HERN-GFT	110	\$2,475	\$3,302
806	EXC SEMILUNAR CARTILAGE-KNEE	77	\$2,634	\$3,608
8521	LOC EXC LES BREAST	76	\$1,677	\$2,337
8201	EXPLOR TENDON SHEATH HAND	66	\$1,292	\$1,775
4513	OTH ENDO SM INTESTINE	65	\$815	\$1,066
8221	EXC LES TENDON SHEATH HAND	63	\$1,463	\$1,963
5303	UNILAT REPR DIRECT ING HERN-GFT	61	\$2,479	\$3,282
544	EXC/DESTRUC PERITONEAL TISS	54	\$2,127	\$3,232
6823	ENDOMETRIAL ABLATION	49	\$3,550	\$4,438
5341	REPR UMB HERN W/PROSTH	46	\$2,220	\$3,619

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
CPT-4 Procedures		6,802	\$1,832	\$2,356
45378	COLONOSCOPY FLEX; DX-SEP PROC	968	\$750	\$868
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	614	\$1,007	\$1,120
43239	UGI ENDO; W/BX 1/MX	599	\$929	\$1,141
45380	COLONOSCOPY FLEX; W/BX 1/MX	394	\$950	\$1,223
41899	UNLIST PROC DENTOALVEOL STRUCTUR	365	\$1,671	\$2,179
47562	LAPAROSCOPY SURGICAL; CHOLECT	223	\$3,946	\$5,197
69436	TYMPANOSTOMY GENERAL ANESTHESIA	215	\$657	\$1,067
49505	REPR INIT ING HERNIA 5YR/MORE; R	193	\$2,619	\$3,146
29881	SCOPE KNEE SURG;W/MENISCECT MED/	143	\$2,703	\$3,483
66984	EXTRACAPSULAR CATARACT REMV IOL	140	\$3,268	\$2,889
42820	T&A; UNDER AGE 12	137	\$1,280	\$1,711
64721	NEUROPLASTY; MEDIAN @ CARPAL TUN	120	\$1,564	\$1,918
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	101	\$1,445	\$2,069
58662	LAP SURG; W/FULG/EXCIS LES-OVARY	81	\$2,319	\$3,834
20680	REMOVAL OF IMPLANT; DEEP	76	\$1,514	\$2,370
19120	EXC BRST CYST TUMR/LES OPN M/F 1	64	\$1,580	\$2,325
29880	SCOPE KNEE SURG;W/MENISCECT MED&	54	\$2,965	\$3,728
42821	T&A; AGE 12 OR OVER	53	\$1,532	\$1,992
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	52	\$760	\$986
58353	ENDOMET ABLAT THERM W/O SCOPE GU	49	\$3,558	\$3,602

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

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

118 Alta View Hospital

Procedure APG category	Procedure APG	TOTAL #	TOTAL # (ALL Hospitals)
01	INTEGUMENTARY SYSTEM	238	9,617
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	1	3,147
	003 COMPLEX INCISION AND DRAINAGE	9	92
	004 SIMPLE INCISION AND DRAINAGE	1	26
	006 SIMPLE DEBRIDEMENT AND DESTRUCTION	2	157
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	44	1,092
	008 SIMPLE EXCISION AND BIOPSY	53	887
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRANGE	8	1,126
	011 SIMPLE INCISION AND EXCISION OF BREAST	108	2,684
	012 BREAST RECONSTRUCTION AND MASTECTOMY	12	392
02	MUSCULOSKELETAL SYSTEM	3,086	52,555
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	301	6,223
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	123	2,056
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	54	1,930
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	660	10,991
	025 ARTHROSCOPY	1,518	22,451
	028 CLOSED TREATMENT FX & DISLOCATION OF FINGER, TOE & TRUNK	5	47
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	33	660
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	204	3,677
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	10	417
	032 BUNION PROCEDURES	116	1,612
	033 ARTHROPLASTY	10	497
	034 HAND AND FOOT TENOTOMY	12	293
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	40	1,528
03	RESPIRATORY SYSTEM	270	7,438
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	215	4,704
	054 SIMPLE ENDOSCOPY OF THE UPPER AIRWAY	10	333
	055 ENDOSCOPY OF THE LOWER AIRWAY	45	1,654
04	CARDIOVASCULAR SYSTEM	65	32,609
	077 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	33	2,136
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	1	820
	080 MINOR VASCULAR REPAIR AND FISTULA CONSTRUCTION	9	852
	081 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	5	483
	082 VASCULAR LIGATION	17	864
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	56	2,811
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	56	1,766
06	DIGESTIVE SYSTEM	5,453	91,524
	112 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	88	1,234
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	19	740
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	14	417
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	1,238	19,919
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	195	4,997
	117 LOWER GASTROINTESTINAL ENDOSCOPY	2,577	38,117
	118 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	31	1,843
	119 HERNIA AND HYDROCELE PROCEDURES	441	7,192
	120 COMPLEX ANAL AND RECTAL PROCEDURES	17	896

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
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	571
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	32	545
	123 COMPLEX LAPAROSCOPIC PROCEDURES	738	14,566
	124 SIMPLE LAPAROSCOPIC PROCEDURES	58	191
07	URINARY SYSTEM	477	7,571
	131 RENAL EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	37	851
	133 URINARY CATHETERIZATION AND DILATATION	22	395
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	234	3,257
	135 MODERATE CYSTOURETHROSCOPY	160	2,205
	136 SIMPLE CYSTOURETHROSCOPY	19	648
	137 COMPLEX URETHRAL PROCEDURES	2	109
	138 SIMPLE URETHRAL PROCEDURES	3	103
08	MALE GENITAL SYSTEM	101	2,927
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	53	1,396
	152 INSERTION OF PENILE PROSTHESIS	1	92
	153 COMPLEX PENILE PROCEDURES	6	435
	154 SIMPLE PENILE PROCEDURES	13	748
	155 PROSTATE NEEDLE AND PUNCH BIOPSY	28	256
09	FEMALE GENITAL SYSTEM	278	6,182
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	120	1,463
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	53	1,400
	178 DILATION AND CURETTAGE	55	810
	179 HYSTEROSCOPY	45	2,308
	180 COLPOSCOPY	5	200
10	NERVOUS SYSTEM	349	21,547
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	134	15,863
	196 REVISION AND REMOVAL OF NEUROLOGICAL DEVICE	3	181
	197 NEUROSTIMULATOR AND VENTRICULAR SHUNT IMPLANTATION	7	469
	198 NERVE REPAIR AND DESTRUCTION	205	4,278
11	EYE AND OCULAR ADNEXA	243	11,356
	214 CATARACT PROCEDURES	169	4,684
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	3	505
	216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	24	375
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	3	186
	220 STRABISMUS AND MUSCLE EYE PROCEDURES	3	975
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	33	727
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	8	504
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	1,611	28,651
	233 NASAL CAUTERIZATION AND PACKING	6	207
	234 COMPLEX FACIAL AND ENT PROCEDURES	245	5,185
	235 SIMPLE FACIAL AND ENT PROCEDURES	944	14,996
	236 TONSIL AND ADENOID PROCEDURES	416	8,225
13	THERAPUTIC AND OTHER RADIOLOGICAL PROCEDURES	12	3,870
	253 VASCULAR RADIOLOGY EXCEPT FOR VENOGRAPHY OF EXTREMITY	9	1,835
	254 MYELOGRAPHY	3	406

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, 2004
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	161	\$1,714	\$2,400
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	1	\$932	\$1,826
	003 COMPLEX INCISION AND DRAINAGE	5	\$1,913	\$3,064
	004 SIMPLE INCISION AND DRAINAGE	1	\$1,610	\$2,850
	006 SIMPLE DEBRIDEMENT AND DESTRUCTION	2	\$1,077	\$2,412
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	30	\$1,401	\$2,565
	008 SIMPLE EXCISION AND BIOPSY	27	\$1,480	\$2,299
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRAN	2	\$1,976	\$2,920
	011 SIMPLE INCISION AND EXCISION OF BREAST	83	\$1,714	\$2,578
	012 BREAST RECONSTRUCTION AND MASTECTOMY	10	\$3,346	\$4,433
02	MUSCULOSKELETAL SYSTEM	1,104	\$2,509	\$3,512
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	73	\$2,849	\$5,140
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	44	\$2,371	\$3,702
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	21	\$2,602	\$4,004
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	314	\$1,576	\$2,374
	025 ARTHROSCOPY	398	\$3,200	\$3,951
	028 CLOSED TREATMENT FX & DISLOCATION OF FINGER, TOE & TRUNK	1	\$1,593	\$2,523
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	21	\$1,887	\$2,582
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	159	\$2,533	\$4,121
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	1	\$1,263	\$2,448
	032 BUNION PROCEDURES	58	\$2,677	\$3,335
	033 ARTHROPLASTY	7	\$3,983	\$4,516
	034 HAND AND FOOT TENOTOMY	1	\$1,703	\$1,932
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	6	\$680	\$646
03	RESPIRATORY SYSTEM	38	\$1,829	\$1,808
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	19	\$2,126	\$3,079
	054 SIMPLE ENDOSCOPY OF THE UPPER AIRWAY	3	\$1,337	\$1,126
	055 ENDOSCOPY OF THE LOWER AIRWAY	16	\$1,568	\$1,902
04	CARDIOVASCULAR SYSTEM	6	\$3,395	\$7,486
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	1	\$7,934	\$2,988
	080 MINOR VASCULAR REPAIR AND FISTULA CONSTRUCTION	2	\$2,470	\$3,982
	082 VASCULAR LIGATION	3	\$2,499	\$4,226
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	36	\$3,099	\$3,893
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	36	\$3,099	\$4,071
06	DIGESTIVE SYSTEM	3,549	\$1,481	\$1,913
	112 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	1	\$1,673	\$1,101
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	14	\$880	\$890
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	9	\$1,151	\$878
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	651	\$916	\$1,110
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	50	\$1,526	\$1,563
	117 LOWER GASTROINTESTINAL ENDOSCOPY	1,984	\$870	\$1,017
	118 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	8	\$1,945	\$3,074
	119 HERNIA AND HYDROCELE PROCEDURES	296	\$2,508	\$3,001
	120 COMPLEX ANAL AND RECTAL PROCEDURES	17	\$1,863	\$2,412
	121 SIMPLE ANAL AND RECTAL PROCEDURES	2	\$1,428	\$2,116

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
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)
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	8	\$7,066	\$2,759
	123 COMPLEX LAPAROSCOPIC PROCEDURES	465	\$3,404	\$5,244
	124 SIMPLE LAPAROSCOPIC PROCEDURES	44	\$9,101	\$9,413
07	URINARY SYSTEM	81	\$2,157	\$4,118
	131 RENAL EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	3	\$4,564	\$7,612
	133 URINARY CATHETERIZATION AND DILATATION	10	\$1,906	\$2,947
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	14	\$3,019	\$3,980
	135 MODERATE CYSTOURETHROSCOPY	48	\$1,826	\$2,966
	136 SIMPLE CYSTOURETHROSCOPY	4	\$1,600	\$2,050
	137 COMPLEX URETHRAL PROCEDURES	1	\$3,776	\$5,173
	138 SIMPLE URETHRAL PROCEDURES	1	\$1,864	\$1,730
08	MALE GENITAL SYSTEM	69	\$2,702	\$2,884
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	30	\$1,482	\$2,325
	152 INSERTION OF PENILE PROSTHESIS	1	\$6,769	\$15,341
	153 COMPLEX PENILE PROCEDURES	6	\$3,224	\$2,606
	154 SIMPLE PENILE PROCEDURES	10	\$1,341	\$1,709
	155 PROSTATE NEEDLE AND PUNCH BIOPSY	22	\$4,656	\$3,813
09	FEMALE GENITAL SYSTEM	149	\$2,853	\$3,249
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	75	\$3,715	\$4,142
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	18	\$1,737	\$2,642
	178 DILATION AND CURETTAGE	30	\$1,440	\$1,880
	179 HYSTEROSCOPY	24	\$2,857	\$3,776
	180 COLPOSCOPY	2	\$1,757	\$1,716
10	NERVOUS SYSTEM	188	\$1,720	\$1,519
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	48	\$1,041	\$939
	196 REVISION AND REMOVAL OF NEUROLOGICAL DEVICE	1	\$977	\$5,797
	197 NEUROSTIMULATOR AND VENTRICULAR SHUNT IMPLANTATION	4	\$13,355	\$17,461
	198 NERVE REPAIR AND DESTRUCTION	135	\$1,622	\$2,158
11	EYE AND OCULAR ADNEXA	199	\$3,099	\$2,658
	214 CATARACT PROCEDURES	168	\$3,289	\$2,904
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	1	\$5,367	\$2,469
	216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	14	\$1,853	\$2,180
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	1	\$3,591	\$2,051
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	15	\$1,949	\$3,213
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	1,072	\$1,413	\$2,083
	233 NASAL CAUTERIZATION AND PACKING	2	\$1,931	\$2,238
	234 COMPLEX FACIAL AND ENT PROCEDURES	72	\$2,430	\$4,171
	235 SIMPLE FACIAL AND ENT PROCEDURES	683	\$1,325	\$1,547
	236 TONSIL AND ADENOID PROCEDURES	315	\$1,367	\$1,824

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, 2004
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

118 Alta View Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
GENDER				
Female	5,448	56.4	120,006	54.8
Male	4,208	43.6	98,888	45.2
Unknown	0	0.0	8	0.0
Not Reported	0	0.0	4	0.0
AGE				
1-28 days	0	0.0	376	0.2
29-365 days	68	0.7	2,969	1.4
1-4 years	548	5.7	11,176	5.1
5-9	261	2.7	6,445	2.9
10-14	196	2.0	5,080	2.3
15-17	212	2.2	5,201	2.4
18-19	206	2.1	3,849	1.8
20-24	587	6.1	11,707	5.3
25-29	664	6.9	12,626	5.8
30-34	604	6.3	11,936	5.5
35-39	569	5.9	11,960	5.5
40-44	752	7.8	14,821	6.8
45-49	817	8.5	17,215	7.9
50-54	1,185	12.3	22,033	10.1
55-59	944	9.8	18,759	8.6
60-64	705	7.3	16,305	7.4
65-69	484	5.0	13,961	6.4
70-74	358	3.7	12,040	5.5
75-79	265	2.7	10,224	4.7
80-84	146	1.5	6,733	3.1
85-89	74	0.8	2,713	1.2
90 +	11	0.1	777	0.4
Not Reported	0	0.0	376	0.2
SOURCE OF ADMISSION				
Physician Referral	9,473	98.1	195,236	89.2
Clinic Referral	4	0.0	774	0.4
HMO Referral	3	0.0	2,769	1.3
Other Hospital	0	0.0	81	0.0
Skilled Nursing Facility	0	0.0	18	0.0
Other Health Care Facility	1	0.0	22	0.0
Emergency Room	175	1.8	4,435	2.0
Court/Law Enforcement	0	0.0	1	0.0
Unknown	0	0.0	469	0.2
Not Reported	0	0.0	15,101	6.9
(Continued)				

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
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	9,651	99.9	218,417	99.8
Another Hospital	0	0.0	114	0.1
Skilled Nursing Facility	1	0.0	87	0.0
Intermediate Care Facility	0	0.0	11	0.0
Another Type of Institution	0	0.0	39	0.0
Under Care of Home Service	2	0.0	141	0.1
Left Against Medical Advice	0	0.0	13	0.0
Under Care of Home IV Provider	2	0.0	7	0.0
Expired	0	0.0	14	0.0
Unknown	0	0.0	59	0.0
Not Reported	0	0.0	4	0.0
PRIMARY PAYER				
Medicare	1,297	13.4	47,125	21.5
Medicaid	403	4.2	15,764	7.2
Other government	73	0.8	4,030	1.8
Blue Cross/Blue Shield	330	3.4	30,905	14.1
Other Commercial	676	7.0	15,943	7.3
Managed Care(HMO, PPO)	6,490	67.2	95,785	43.8
Self Pay	116	1.2	3,566	1.6
Industrial & Worker Comp	156	1.6	4,109	1.9
Charity and Unclassified	3	0.0	322	0.1
Childrens Health Insurance	10	0.1	273	0.1
Unknown	102	1.1	1,005	0.5
Not Reported	0	0.0	79	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	21	0.2	14,650	6.7
Central Utah	20	0.2	7,259	3.3
Davis County	113	1.2	25,726	11.8
Salt Lake County	8,863	91.8	74,490	34.0
Southeastern Utah	9	0.1	4,561	2.1
Southwest Utah	17	0.2	10,818	4.9
Summit County	80	0.8	2,876	1.3
Tooele County	76	0.8	4,235	1.9
Tri-County	12	0.1	9,559	4.4
Utah County	284	2.9	33,718	15.4
Wasatch County	25	0.3	1,643	0.8
Weber County	21	0.2	19,808	9.0
Unknown Utah	0	0.0	76	0.0
Outside Utah	114	1.2	9,321	4.3
Unknown, Not Reported	1	0.0	166	0.1

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

AMB ST 1-1
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
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)	11,376	100.0	306,368	100.0
Mastectomy (85.0-85.99)	301	2.6	7,302	2.4
Musculoskeletal (76.0-84.99)	2,524	22.2	61,162	20.0
Respiratory (30.0-34.99)	31	0.3	3,337	1.1
Cardiovascular (35.0-39.99)	215	1.9	17,761	5.8
Lymphatic/Hemetic (40.0-41.99)	66	0.6	2,849	0.9
Digestive System (42.0-54.99)	4,215	37.1	97,896	32.0
Urinary (55.0-59.99)	231	2.0	8,268	2.7
Male Genital (60.0-64.99)	119	1.0	3,711	1.2
Female Genital (65.0-71.99)	948	8.3	14,242	4.6
Endocrine/Nervous (01.0-07.99)	707	6.2	25,908	8.5
Eye (08.0-16.99)	423	3.7	19,800	6.5
Ear (18.0-20.99)	945	8.3	14,521	4.7
Nose,Mouth,Pharynx (21.0-29.99)	651	5.7	29,611	9.7
Reporting Category(CPT-4 CODES)	10,225	100.0	300,811	100.0
Mastectomy (19120-19220)	134	1.3	3,078	1.0
Musculoskeletal (20000-29909)	2,991	29.3	58,688	19.5
Respiratory (30000-32999 & 39501-39599)	212	2.1	13,089	4.4
Cardiovascular (33010-37799 & 93501-93660)	293	2.9	51,568	17.1
Lymphatic/Hemetic (38100-38999)	60	0.6	2,778	0.9
Digestive (40490-49999)	4,429	43.3	104,073	34.6
Urinary (50010-53899)	272	2.7	8,888	3.0
Male Genital (54000-55899)	87	0.9	3,219	1.1
Female Genital (56405-58999)	691	6.8	10,706	3.6
Endocrine/Nervous (60000-64999)	345	3.4	25,132	8.4
Eye (65091-68899)	219	2.1	11,602	3.9
Ear (69000-69979)	492	4.8	7,990	2.7

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.

AMB ST 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
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				
4523	COLONOSCOPY	11,376	100.0	100.0
2001	MYRINGOTOMY W/INSRT TUBE	1,019	9.0	6.27
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	872	7.7	3.86
4542	ENDO POLYPECTOMY LG INTESTINE	733	6.4	5.52
4513	OTH ENDO SM INTESTINE	416	3.7	3.42
5123	LAP CHOLEY	384	3.4	1.98
0443	RELEASE CARPAL TUNNEL	321	2.8	2.03
1371	IOL PROSTH-CATARACT EXTRACT-1-STAGE	221	1.9	1.17
0407	OTH EXC/AVUL CRANIAL & PERIPH NERV	186	1.6	1.51
1341	PHACOEMULSIFICATION-ASPIR CATARACT	174	1.5	0.24
283	TONSILLECTOMY W/ADENOIDECTOMY	174	1.5	1.52
4525	CLO [ENDO] BX LG INTESTINE	158	1.4	1.75
6952	ASPIR CURET FOLLOWING DELIV/AB	147	1.3	2.50
806	EXC SEMILUNAR CARTILAGE-KNEE	144	1.3	0.48
7751	BUNIONEC SOFT-OSTEOT 1ST METATARS	134	1.2	1.78
7756	REPR HAMMER TOE	131	1.2	0.32
8521	LOC EXC LES BREAST	120	1.1	0.37
4701	LAP APPENDECTOMY	119	1.0	0.93
4836	[ENDO] POLYPECTOMY RECTUM	118	1.0	0.44
4292	DILAT ESOPH	114	1.0	1.06
		112	1.0	1.29
CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures				
45378	COLONOSCOPY FLEX; DX-SEP PROC	10,225	100.0	100.0
43239	UGI ENDO; W/BX 1/MX	1,014	9.9	5.95
69436	TYMPANOSTOMY GENERAL ANESTHESIA	727	7.1	5.29
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	448	4.4	2.04
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	355	3.5	2.89
43235	UGI ENDO; DX W/VO CLCT SPECMN-SP	287	2.8	1.20
45380	COLONOSCOPY FLEX; W/BX 1/MX	266	2.6	1.28
66984	EXTRACAPSULAR CATARACT REMV IOL	198	1.9	3.16
29848	ENDO WRST SURG REL TRNS CARP LIG	181	1.8	1.47
28080	EXC INTERDIGTTL NEUROMA SINGLE EA	165	1.6	0.29
28285	CORRECTION HAMMERTOES	162	1.6	0.22
28296	HALLUX VALGUS; W/METATARSAL OSTE	156	1.5	0.53
58662	LAP SURG; W/FULG/EXCIS LES-OVARY	132	1.3	0.27
42820	T&A; UNDER AGE 12	132	1.3	0.57
44970	LAPAROSCOPY SURGICAL APPENDECTOM	131	1.3	1.38
49505	REPR INIT ING HERNIA 5YR/MORE; R	119	1.2	0.46
29881	SCOPE KNEE SURG;W/MENISCECT MED/	117	1.1	0.99
29877	SCOPE KNEE SURG; DEBRID/SHAVE CA	114	1.1	1.45
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	108	1.1	1.08
26055	TENDON SHEATH INCISION	108	1.1	0.72
		106	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, 2004
 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		5,396	\$1,814	\$2,729
4523	COLONOSCOPY	857	\$758	\$874
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	504	\$835	\$1,145
4542	ENDO POLYPECTOMY LG INTESTINE	321	\$1,074	\$1,132
5123	LAP CHOLEY	255	\$3,831	\$5,384
4513	OTH ENDO SM INTESTINE	240	\$747	\$1,066
283	TONSILLECTOMY W/ADENOIDECTOMY	144	\$1,373	\$1,783
6952	ASPIR CURET FOLLOWING DELIV/AB	138	\$1,164	\$2,058
0443	RELEASE CARPAL TUNNEL	133	\$1,682	\$1,950
4701	LAP APPENDECTOMY	100	\$5,289	\$6,923
4525	CLO [ENDO] BX LG INTESTINE	95	\$988	\$1,249
0407	OTH EXC/AVUL CRANIAL & PERIPH NERV	82	\$1,413	\$2,093
282	TONSILLECTOMY WO ADENOIDECTOMY	82	\$1,541	\$2,027
7751	BUNIONEC SOFT-OSTEOT 1ST METATARS	66	\$1,949	\$3,158
6823	ENDOMETRIAL ABLATION	62	\$3,094	\$4,438
3899	OTH PUNCT VEIN	60	\$841	\$648
4836	[ENDO] POLYPECTOMY RECTUM	60	\$1,080	\$1,056
8511	CLO [PERCUT] [NEEDLE] BX BREAST	55	\$327	\$1,028
8521	LOC EXC LES BREAST	55	\$1,421	\$2,337
5304	UNILAT REPR INDIRECT ING HERN-GFT	52	\$2,381	\$3,302
8201	EXPLOR TENDON SHEATH HAND	52	\$1,351	\$1,775
CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
CPT-4 Procedures		5,647	\$1,780	\$2,356
45378	COLONOSCOPY FLEX; DX-SEP PROC	857	\$755	\$868
43239	UGI ENDO; W/BX 1/MX	500	\$837	\$1,141
69436	TYMPANOSTOMY GENERAL ANESTHESIA	362	\$882	\$1,067
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	276	\$1,072	\$1,120
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	240	\$3,892	\$5,482
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	209	\$646	\$986
66984	EXTRACAPSULAR CATARACT REMV IOL	176	\$2,538	\$2,889
45380	COLONOSCOPY FLEX; W/BX 1/MX	144	\$984	\$1,223
29848	ENDO WRST SURG REL TRNS CARP LIG	128	\$1,763	\$2,278
42820	T&A; UNDER AGE 12	117	\$1,346	\$1,711
44970	LAPAROSCOPY SURGICAL APPENDECTOM	100	\$5,285	\$6,771
49505	REPR INIT ING HERNIA 5YR/MORE; R	91	\$1,934	\$3,146
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	71	\$1,578	\$2,069
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	69	\$1,206	\$1,367
28080	EXC INTERDIGTL NEUROMA SINGLE EA	64	\$1,379	\$1,901
28296	HALLUX VALGUS; W/METATARSAL OSTE	64	\$1,996	\$3,281
19120	EXC BRST CYST TUMR/LES OPN M/F 1	59	\$1,522	\$2,325
45384	COLONOSCOPY FLEX; REMV LES-FORCE	59	\$1,072	\$1,272
20680	REMOVAL OF IMPLANT; DEEP	55	\$2,051	\$2,370
58353	ENDOMET ABLAT THERM W/O SCOPE GU	49	\$2,962	\$3,602

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

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

136 American Fork Hospital

Procedure APG category	Procedure APG	TOTAL #	TOTAL # (ALL Hospitals)
01	INTEGUMENTARY SYSTEM	305	9,617
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	54	3,147
	003 COMPLEX INCISION AND DRAINAGE	7	92
	004 SIMPLE INCISION AND DRAINAGE	2	26
	006 SIMPLE DEBRIDEMENT AND DESTRUCTION	1	157
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	38	1,092
	008 SIMPLE EXCISION AND BIOPSY	43	887
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRANGE	26	1,126
	011 SIMPLE INCISION AND EXCISION OF BREAST	114	2,684
	012 BREAST RECONSTRUCTION AND MASTECTOMY	20	392
02	MUSCULOSKELETAL SYSTEM	2,769	52,555
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	190	6,223
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	83	2,056
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	147	1,930
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	980	10,991
	025 ARTHROSCOPY	886	22,451
	028 CLOSED TREATMENT FX & DISLOCATION OF FINGER, TOE & TRUNK	3	47
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	30	660
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	197	3,677
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	5	417
	032 BUNION PROCEDURES	207	1,612
	033 ARTHROPLASTY	14	497
	034 HAND AND FOOT TENOTOMY	12	293
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	15	1,528
03	RESPIRATORY SYSTEM	89	7,438
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	27	747
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	58	4,704
	054 SIMPLE ENDOSCOPY OF THE UPPER AIRWAY	3	333
	055 ENDOSCOPY OF THE LOWER AIRWAY	1	1,654
04	CARDIOVASCULAR SYSTEM	89	32,609
	075 PLACEMENT OF TRANSVENOUS CATHETERS	8	119
	076 DIAGNOSTIC CARDIAC CATHETERIZATION	4	23,531
	077 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	46	2,136
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	1	820
	080 MINOR VASCULAR REPAIR AND FISTULA CONSTRUCTION	23	852
	081 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	5	483
	082 VASCULAR LIGATION	2	864
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	52	2,811
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	47	1,766
	097 TRANSFUSION	5	949
06	DIGESTIVE SYSTEM	4,279	91,524
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	55	740
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	15	417
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	993	19,919
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	169	4,997
	117 LOWER GASTROINTESTINAL ENDOSCOPY	1,675	38,117

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

136 American Fork Hospital

procedure APG category	procedure APG	TOTAL #	TOTAL # (ALL Hospitals)
	118 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	26	1,843
	119 HERNIA AND HYDROCELE PROCEDURES	295	7,192
	120 COMPLEX ANAL AND RECTAL PROCEDURES	9	896
	121 SIMPLE ANAL AND RECTAL PROCEDURES	14	571
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	25	545
	123 COMPLEX LAPAROSCOPIC PROCEDURES	995	14,566
	124 SIMPLE LAPAROSCOPIC PROCEDURES	8	191
07	URINARY SYSTEM	249	7,571
	131 RENAL EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	3	851
	133 URINARY CATHETERIZATION AND DILATATION	61	395
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	85	3,257
	135 MODERATE CYSTOURETHROSCOPY	60	2,205
	136 SIMPLE CYSTOURETHROSCOPY	30	648
	137 COMPLEX URETHRAL PROCEDURES	7	109
	138 SIMPLE URETHRAL PROCEDURES	3	103
08	MALE GENITAL SYSTEM	80	2,927
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	52	1,396
	152 INSERTION OF PENILE PROSTHESIS	2	92
	153 COMPLEX PENILE PROCEDURES	6	435
	154 SIMPLE PENILE PROCEDURES	19	748
	155 PROSTATE NEEDLE AND PUNCH BIOPSY	1	256
09	FEMALE GENITAL SYSTEM	328	6,182
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	115	1,463
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	89	1,400
	178 DILATION AND CURETTAGE	16	810
	179 HYSTEROSCOPY	84	2,308
	180 COLPOSCOPY	24	200
10	NERVOUS SYSTEM	270	21,547
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	119	15,863
	198 NERVE REPAIR AND DESTRUCTION	133	4,278
	199 SPINAL TAP	18	756
11	EYE AND OCULAR ADNEXA	217	11,356
	214 CATARACT PROCEDURES	188	4,684
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	9	505
	216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	3	375
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	9	186
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	7	504
	223 VITRECTOMY	1	1,672
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	1,039	28,651
	233 NASAL CAUTERIZATION AND PACKING	4	207
	234 COMPLEX FACIAL AND ENT PROCEDURES	113	5,185
	235 SIMPLE FACIAL AND ENT PROCEDURES	577	14,996
	236 TONSIL AND ADENOID PROCEDURES	345	8,225
13	THERAPUTIC AND OTHER RADIOLOGICAL PROCEDURES	85	3,870
	253 VASCULAR RADIOLOGY EXCEPT FOR VENOGRAPHY OF EXTREMITY	30	1,835

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, 2004
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	178	\$1,559	\$2,400
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	43	\$860	\$1,826
	003 COMPLEX INCISION AND DRAINAGE	2	\$1,591	\$3,064
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	24	\$1,556	\$2,565
	008 SIMPLE EXCISION AND BIOPSY	9	\$1,476	\$2,299
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRAN	10	\$1,585	\$2,920
	011 SIMPLE INCISION AND EXCISION OF BREAST	82	\$1,641	\$2,578
	012 BREAST RECONSTRUCTION AND MASTECTOMY	8	\$4,533	\$4,433
02	MUSCULOSKELETAL SYSTEM	977	\$2,434	\$3,512
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	69	\$3,709	\$5,140
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	23	\$3,066	\$3,702
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	43	\$3,014	\$4,004
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	320	\$1,810	\$2,374
	025 ARTHROSCOPY	265	\$2,816	\$3,951
	028 CLOSED TREATMENT FX & DISLOCATION OF FINGER, TOE & TRUNK	1	\$1,718	\$2,523
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	17	\$1,565	\$2,582
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	136	\$2,702	\$4,121
	032 BUNION PROCEDURES	85	\$1,932	\$3,335
	033 ARTHROPLASTY	7	\$4,346	\$4,516
	034 HAND AND FOOT TENOTOMY	3	\$1,321	\$1,932
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	8	\$264	\$646
03	RESPIRATORY SYSTEM	32	\$684	\$1,808
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	26	\$456	\$1,075
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	5	\$1,738	\$3,079
	054 SIMPLE ENDOSCOPY OF THE UPPER AIRWAY	1	\$1,356	\$1,126
04	CARDIOVASCULAR SYSTEM	11	\$1,989	\$7,486
	075 PLACEMENT OF TRANSVENOUS CATHETERS	5	\$976	\$2,140
	080 MINOR VASCULAR REPAIR AND FISTULA CONSTRUCTION	2	\$3,876	\$3,982
	081 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	2	\$2,035	\$9,790
	082 VASCULAR LIGATION	2	\$2,589	\$4,226
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	17	\$3,210	\$3,893
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	16	\$3,069	\$4,071
	097 TRANSFUSION	1	\$5,467	\$2,372
06	DIGESTIVE SYSTEM	2,952	\$1,559	\$1,913
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	35	\$876	\$890
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	15	\$1,032	\$878
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	709	\$780	\$1,110
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	95	\$1,158	\$1,563
	117 LOWER GASTROINTESTINAL ENDOSCOPY	1,351	\$862	\$1,017
	118 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	13	\$2,349	\$3,074
	119 HERNIA AND HYDROCELE PROCEDURES	188	\$2,082	\$3,001
	120 COMPLEX ANAL AND RECTAL PROCEDURES	5	\$2,330	\$2,412
	121 SIMPLE ANAL AND RECTAL PROCEDURES	4	\$1,340	\$2,116
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	9	\$1,568	\$2,759
	123 COMPLEX LAPAROSCOPIC PROCEDURES	527	\$4,306	\$5,244

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
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)
	124 SIMPLE LAPAROSCOPIC PROCEDURES	1	\$5,416	\$9,413
07	URINARY SYSTEM	90	\$2,934	\$4,118
	133 URINARY CATHETERIZATION AND DILATATION	24	\$3,876	\$2,947
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	37	\$3,125	\$3,980
	135 MODERATE CYSTOURETHROSCOPY	15	\$1,935	\$2,966
	136 SIMPLE CYSTOURETHROSCOPY	10	\$1,674	\$2,050
	137 COMPLEX URETHRAL PROCEDURES	3	\$2,690	\$5,173
	138 SIMPLE URETHRAL PROCEDURES	1	\$1,523	\$1,730
08	MALE GENITAL SYSTEM	54	\$2,408	\$2,884
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	30	\$2,278	\$2,325
	152 INSERTION OF PENILE PROSTHESIS	2	\$10,480	\$15,341
	153 COMPLEX PENILE PROCEDURES	6	\$2,842	\$2,606
	154 SIMPLE PENILE PROCEDURES	15	\$1,493	\$1,709
	155 PROSTATE NEEDLE AND PUNCH BIOPSY	1	\$1,299	\$3,813
09	FEMALE GENITAL SYSTEM	140	\$2,434	\$3,249
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	61	\$3,139	\$4,142
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	22	\$1,354	\$2,642
	178 DILATION AND CURETTAGE	11	\$1,160	\$1,880
	179 HYSTEROSCOPY	36	\$2,546	\$3,776
	180 COLPOSCOPY	10	\$1,514	\$1,716
10	NERVOUS SYSTEM	129	\$1,222	\$1,519
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	70	\$753	\$939
	198 NERVE REPAIR AND DESTRUCTION	44	\$1,966	\$2,158
	199 SPINAL TAP	15	\$1,228	\$1,409
11	EYE AND OCULAR ADNEXA	205	\$2,405	\$2,658
	214 CATARACT PROCEDURES	182	\$2,537	\$2,904
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	7	\$566	\$2,469
	216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	1	\$2,300	\$2,180
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	8	\$1,597	\$2,051
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	7	\$1,755	\$1,662
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	683	\$1,174	\$2,083
	233 NASAL CAUTERIZATION AND PACKING	2	\$1,419	\$2,238
	234 COMPLEX FACIAL AND ENT PROCEDURES	33	\$2,581	\$4,171
	235 SIMPLE FACIAL AND ENT PROCEDURES	404	\$918	\$1,547
	236 TONSIL AND ADENOID PROCEDURES	244	\$1,408	\$1,824
13	THERAPUTIC AND OTHER RADIOLOGICAL PROCEDURES	37	\$2,873	\$2,912
	255 MISCELLANEOUS RADIOLOGICAL PROCEDURES WITH CONTRAST	37	\$2,873	\$2,500

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, 2004
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

136 American Fork Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
GENDER				
Female	4,666	58.6	120,006	54.8
Male	3,303	41.4	98,888	45.2
Unknown	0	0.0	8	0.0
Not Reported	0	0.0	4	0.0
AGE				
1-28 days	1	0.0	376	0.2
29-365 days	153	1.9	2,969	1.4
1-4 years	376	4.7	11,176	5.1
5-9	178	2.2	6,445	2.9
10-14	196	2.5	5,080	2.3
15-17	193	2.4	5,201	2.4
18-19	169	2.1	3,849	1.8
20-24	540	6.8	11,707	5.3
25-29	631	7.9	12,626	5.8
30-34	566	7.1	11,936	5.5
35-39	495	6.2	11,960	5.5
40-44	553	6.9	14,821	6.8
45-49	600	7.5	17,215	7.9
50-54	791	9.9	22,033	10.1
55-59	638	8.0	18,759	8.6
60-64	534	6.7	16,305	7.4
65-69	439	5.5	13,961	6.4
70-74	351	4.4	12,040	5.5
75-79	290	3.6	10,224	4.7
80-84	196	2.5	6,733	3.1
85-89	55	0.7	2,713	1.2
90 +	24	0.3	777	0.4
Not Reported	1	0.0	376	0.2
SOURCE OF ADMISSION				
Physician Referral	7,743	97.2	195,236	89.2
Clinic Referral	1	0.0	774	0.4
HMO Referral	1	0.0	2,769	1.3
Other Hospital	0	0.0	81	0.0
Skilled Nursing Facility	0	0.0	18	0.0
Other Health Care Facility	1	0.0	22	0.0
Emergency Room	223	2.8	4,435	2.0
Court/Law Enforcement	0	0.0	1	0.0
Unknown	0	0.0	469	0.2
Not Reported	0	0.0	15,101	6.9

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
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	7,954	99.8	218,417	99.8
Another Hospital	3	0.0	114	0.1
Skilled Nursing Facility	5	0.1	87	0.0
Intermediate Care Facility	0	0.0	11	0.0
Another Type of Institution	1	0.0	39	0.0
Under Care of Home Service	5	0.1	141	0.1
Left Against Medical Advice	1	0.0	13	0.0
Under Care of Home IV Provider	0	0.0	7	0.0
Expired	0	0.0	14	0.0
Unknown	0	0.0	59	0.0
Not Reported	0	0.0	4	0.0
PRIMARY PAYER				
Medicare	1,416	17.8	47,125	21.5
Medicaid	451	5.7	15,764	7.2
Other government	105	1.3	4,030	1.8
Blue Cross/Blue Shield	366	4.6	30,905	14.1
Other Commercial	419	5.3	15,943	7.3
Managed Care(HMO, PPO)	4,884	61.3	95,785	43.8
Self Pay	134	1.7	3,566	1.6
Industrial & Worker Comp	141	1.8	4,109	1.9
Charity and Unclassified	2	0.0	322	0.1
Childrens Health Insurance	3	0.0	273	0.1
Unknown	48	0.6	1,005	0.5
Not Reported	0	0.0	79	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	6	0.1	14,650	6.7
Central Utah	96	1.2	7,259	3.3
Davis County	18	0.2	25,726	11.8
Salt Lake County	162	2.0	74,490	34.0
Southeastern Utah	37	0.5	4,561	2.1
Southwest Utah	16	0.2	10,818	4.9
Summit County	9	0.1	2,876	1.3
Tooele County	9	0.1	4,235	1.9
Tri-County	16	0.2	9,559	4.4
Utah County	7,509	94.2	33,718	15.4
Wasatch County	21	0.3	1,643	0.8
Weber County	8	0.1	19,808	9.0
Unknown Utah	3	0.0	76	0.0
Outside Utah	56	0.7	9,321	4.3
Unknown, Not Reported	3	0.0	166	0.1

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

AMB ST 1-1
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
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)	2,793	100.0	306,368	100.0
Mastectomy (85.0-85.99)	67	2.4	7,302	2.4
Musculoskeletal (76.0-84.99)	564	20.2	61,162	20.0
Respiratory (30.0-34.99)	17	0.6	3,337	1.1
Cardiovascular (35.0-39.99)	24	0.9	17,761	5.8
Lymphatic/Hemetic (40.0-41.99)	11	0.4	2,849	0.9
Digestive System (42.0-54.99)	727	26.0	97,896	32.0
Urinary (55.0-59.99)	66	2.4	8,268	2.7
Male Genital (60.0-64.99)	25	0.9	3,711	1.2
Female Genital (65.0-71.99)	46	1.6	14,242	4.6
Endocrine/Nervous (01.0-07.99)	349	12.5	25,908	8.5
Eye (08.0-16.99)	317	11.3	19,800	6.5
Ear (18.0-20.99)	248	8.9	14,521	4.7
Nose, Mouth, Pharynx (21.0-29.99)	332	11.9	29,611	9.7
Reporting Category(CPT-4 CODES)	7,377	100.0	300,811	100.0
Mastectomy (19120-19220)	24	0.3	3,078	1.0
Musculoskeletal (20000-29909)	574	7.8	58,688	19.5
Respiratory (30000-32999 & 39501-39599)	160	2.2	13,089	4.4
Cardiovascular (33010-37799 & 93501-93660)	4,896	66.4	51,568	17.1
Lymphatic/Hemetic (38100-38999)	10	0.1	2,778	0.9
Digestive (40490-49999)	890	12.1	104,073	34.6
Urinary (50010-53899)	75	1.0	8,888	3.0
Male Genital (54000-55899)	11	0.1	3,219	1.1
Female Genital (56405-58999)	29	0.4	10,706	3.6
Endocrine/Nervous (60000-64999)	416	5.6	25,132	8.4
Eye (65091-68899)	159	2.2	11,602	3.9
Ear (69000-69979)	133	1.8	7,990	2.7

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.

AMB ST 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
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		2,793	100.0	100.0
0392	INJ OTH AGENT SPINAL CANAL	250	9.0	2.72
2001	MYRINGOTOMY W/INSRT TUBE	239	8.6	3.86
4523	COLONOSCOPY	205	7.3	6.27
1341	PHACOEMULSIFICATION-ASPIR CATARACT	151	5.4	1.52
1371	IOL PROSTH-CATARACT EXTRACT-1-STAGE	151	5.4	1.51
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	135	4.8	5.52
283	TONSILLECTOMY W/ADENOIDECTOMY	117	4.2	1.75
806	EXC SEMILUNAR CARTILAGE-KNEE	65	2.3	1.78
4542	ENDO POLYPECTOMY LG INTESTINE	57	2.0	3.42
5123	LAP CHOLEY	56	2.0	2.03
5732	OTH CYSTOSCOPY	54	1.9	0.56
4525	CLO [ENDO] BX LG INTESTINE	53	1.9	2.50
0443	RELEASE CARPAL TUNNEL	42	1.5	1.17
4513	OTH ENDO SM INTESTINE	40	1.4	1.98
2263	ETHMOIDECTOMY	36	1.3	0.51
4836	[ENDO] POLYPECTOMY RECTUM	31	1.1	1.06
2169	OTH TURBINECTOMY	30	1.1	0.67
8511	CLO [PERCUT] [NEEDLE] BX BREAST	28	1.0	0.27
282	TONSILLECTOMY WO ADENOIDECTOMY	27	1.0	0.64
8363	ROTATOR CUFF REPR	24	0.9	0.65
CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		7,377	100.0	100.0
36415	COLLECTION VENOUS BLD VENIPUNCTU	4,682	63.5	3.34
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	289	3.9	1.23
45378	COLONOSCOPY FLEX; DX-SEP PROC	205	2.8	5.95
66984	EXTRACAPSULAR CATARACT REMV IOL	151	2.0	1.47
43239	UGI ENDO; W/BX 1/MX	135	1.8	5.29
36416	COLLECTON CAPILLARY BLOOD SPECIM	126	1.7	0.16
69436	TYMPANOSTOMY GENERAL ANESTHESIA	123	1.7	2.04
42820	T&A; UNDER AGE 12	85	1.2	1.38
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	77	1.0	2.89
45380	COLONOSCOPY FLEX; W/BX 1/MX	66	0.9	3.16
52000	CYSTOURETHROSCOPY-SEP PROC	50	0.7	0.15
36430	TRANSFUSION BLOOD/BLOOD COMPONENT	49	0.7	0.32
29881	SCOPE KNEE SURG;W/MENISCECT MED/	46	0.6	1.45
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	42	0.6	0.75
61795	STEREOTAC VOL-INTRA/EXTRACRAN/SP	39	0.5	0.06
20680	REMOVAL OF IMPLANT; DEEP	37	0.5	0.81
31255	NASAL/SINUS ENDO; W/TOT ETHMOECT	37	0.5	0.32
42821	T&A; AGE 12 OR OVER	32	0.4	0.34
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	32	0.4	1.20
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	31	0.4	1.28

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, 2004
 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 CHRG	AVE TOT CHRG(ALL Hospitals)
ICD-9 Procedures		1,366	\$2,749	\$2,729
0392	INJ OTH AGENT SPINAL CANAL	237	\$499	\$773
4523	COLONOSCOPY	166	\$1,020	\$874
283	TONSILLECTOMY W/ADENOIDECTOMY	99	\$3,075	\$1,783
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	77	\$1,150	\$1,145
5732	OTH CYSTOSCOPY	49	\$1,705	\$3,607
4542	ENDO POLYPECTOMY LG INTESTINE	42	\$1,168	\$1,132
5123	LAP CHOLEY	42	\$8,958	\$5,384
806	EXC SEMILUNAR CARTILAGE-KNEE	38	\$5,759	\$3,608
4525	CLO [ENDO] BX LG INTESTINE	35	\$1,055	\$1,249
0443	RELEASE CARPAL TUNNEL	33	\$3,542	\$1,950
4513	OTH ENDO SM INTESTINE	24	\$1,541	\$1,066
4836	[ENDO] POLYPECTOMY RECTUM	20	\$1,476	\$1,056
8511	CLO [PERCUT] [NEEDLE] BX BREAST	20	\$840	\$1,028
8521	LOC EXC LES BREAST	17	\$4,299	\$2,337
5491	PERCUT ABD DRAIN	15	\$1,320	\$1,232
8201	EXPLOR TENDON SHEATH HAND	15	\$3,412	\$1,775
7936	OP REDUC FX W/INT FLX-TIBIA & FIB	14	\$7,113	\$4,814
282	TONSILLECTOMY WO ADENOIDECTOMY	13	\$4,277	\$2,027
7932	OP REDUC FX W/INT FIX-RADIUS & ULNA	12	\$6,232	\$5,308
0391	INJ ANES SPINAL CANAL-ANALGESIA	11	\$405	\$1,600

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
CPT-4 Procedures		5,550	\$909	\$2,356
36415	COLLECTION VENOUS BLD VENIPUNCTU	4,033	\$305	\$519
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	229	\$486	\$881
66984	EXTRACAPSULAR CATARACT REMV IOL	151	\$3,918	\$2,889
45378	COLONOSCOPY FLEX; DX-SEP PROC	143	\$990	\$868
69436	TYMPANOSTOMY GENERAL ANESTHESIA	91	\$1,990	\$1,067
42820	T&A; UNDER AGE 12	75	\$3,032	\$1,711
36416	COLLECTON CAPILLARY BLOOD SPECIM	73	\$101	\$885
43239	UGI ENDO; W/BX 1/MX	68	\$1,138	\$1,141
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	58	\$1,219	\$1,120
52000	CYSTOURETHROSCOPY-SEP PROC	45	\$1,687	\$1,813
45380	COLONOSCOPY FLEX; W/BX 1/MX	40	\$1,069	\$1,223
64721	NEUROPLASTY; MEDIAN @ CARPAL TUN	31	\$3,501	\$1,918
29881	SCOPE KNEE SURG;W/MENISCECT MED/	26	\$5,671	\$3,483
20680	REMOVAL OF IMPLANT; DEEP	25	\$4,478	\$2,370
42821	T&A; AGE 12 OR OVER	23	\$3,234	\$1,992
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	20	\$1,570	\$986
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	19	\$9,008	\$5,482
36600	ART PUNCTURE W/THDRAWAL BLD DX	16	\$927	\$907
49080	PERITONEOCENTESIS; INIT	14	\$1,376	\$1,080
20610	ARTHROCENTESIS ASPIR&/INJ; MAJ J	12	\$299	\$667

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

AMB ST 1-4

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
 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)
01	INTEGUMENTARY SYSTEM	81	9,617
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	15	3,147
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	14	1,092
	008 SIMPLE EXCISION AND BIOPSY	14	887
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRANGE	14	1,126
	011 SIMPLE INCISION AND EXCISION OF BREAST	19	2,684
	012 BREAST RECONSTRUCTION AND MASTECTOMY	5	392
02	MUSCULOSKELETAL SYSTEM	519	52,555
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	39	6,223
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	23	2,056
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	21	1,930
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	153	10,991
	025 ARTHROSCOPY	132	22,451
	027 SPLINT, STRAPPING AND CAST REMOVAL	1	72
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	15	660
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	78	3,677
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	3	417
	032 BUNION PROCEDURES	20	1,612
	033 ARTHROPLASTY	5	497
	034 HAND AND FOOT TENOTOMY	3	293
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	26	1,528
03	RESPIRATORY SYSTEM	111	7,438
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	19	747
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	87	4,704
	054 SIMPLE ENDOSCOPY OF THE UPPER AIRWAY	1	333
	055 ENDOSCOPY OF THE LOWER AIRWAY	4	1,654
04	CARDIOVASCULAR SYSTEM	6	32,609
	080 MINOR VASCULAR REPAIR AND FISTULA CONSTRUCTION	4	852
	081 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	2	483
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	59	2,811
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	10	1,766
	097 TRANSFUSION	49	949
06	DIGESTIVE SYSTEM	701	91,524
	112 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	1	1,234
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	4	740
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	1	417
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	166	19,919
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	26	4,997
	117 LOWER GASTROINTESTINAL ENDOSCOPY	349	38,117
	118 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	1	1,843
	119 HERNIA AND HYDROCELE PROCEDURES	37	7,192
	120 COMPLEX ANAL AND RECTAL PROCEDURES	11	896
	121 SIMPLE ANAL AND RECTAL PROCEDURES	3	571
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	3	545
	123 COMPLEX LAPAROSCOPIC PROCEDURES	96	14,566
	124 SIMPLE LAPAROSCOPIC PROCEDURES	3	191

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
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)
07	URINARY SYSTEM	65	7,571
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	1	3,257
	135 MODERATE CYSTOURETHROSCOPY	10	2,205
	136 SIMPLE CYSTOURETHROSCOPY	54	648
08	MALE GENITAL SYSTEM	21	2,927
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	5	1,396
	153 COMPLEX PENILE PROCEDURES	1	435
	154 SIMPLE PENILE PROCEDURES	3	748
	155 PROSTATE NEEDLE AND PUNCH BIOPSY	12	256
09	FEMALE GENITAL SYSTEM	9	6,182
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	1	1,463
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	3	1,400
	178 DILATION AND CURETTAGE	2	810
	179 HYSTEROSCOPY	3	2,308
10	NERVOUS SYSTEM	361	21,547
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	302	15,863
	198 NERVE REPAIR AND DESTRUCTION	57	4,278
	199 SPINAL TAP	2	756
11	EYE AND OCULAR ADNEXA	159	11,356
	214 CATARACT PROCEDURES	151	4,684
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	2	505
	216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	4	375
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	1	186
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	1	727
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	378	28,651
	233 NASAL CAUTERIZATION AND PACKING	2	207
	234 COMPLEX FACIAL AND ENT PROCEDURES	32	5,185
	235 SIMPLE FACIAL AND ENT PROCEDURES	184	14,996
	236 TONSIL AND ADENOID PROCEDURES	160	8,225
13	THERAPUTIC AND OTHER RADIOLOGICAL PROCEDURES	10	3,870
	254 MYELOGRAPHY	8	406
	255 MISCELLANEOUS RADIOLOGICAL PROCEDURES WITH CONTRAST	2	1,614

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, 2004
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	50	\$3,040	\$2,400
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	10	\$810	\$1,826
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	7	\$2,849	\$2,565
	008 SIMPLE EXCISION AND BIOPSY	7	\$3,259	\$2,299
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRAN	10	\$3,270	\$2,920
	011 SIMPLE INCISION AND EXCISION OF BREAST	13	\$4,180	\$2,578
	012 BREAST RECONSTRUCTION AND MASTECTOMY	3	\$4,704	\$4,433
02	MUSCULOSKELETAL SYSTEM	187	\$5,035	\$3,512
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	11	\$8,671	\$5,140
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	3	\$4,555	\$3,702
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	4	\$5,285	\$4,004
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	51	\$4,143	\$2,374
	025 ARTHROSCOPY	47	\$5,670	\$3,951
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	10	\$3,331	\$2,582
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	40	\$6,349	\$4,121
	032 BUNION PROCEDURES	6	\$4,999	\$3,335
	033 ARTHROPLASTY	1	\$7,405	\$4,516
	034 HAND AND FOOT TENOTOMY	1	\$5,034	\$1,932
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	13	\$301	\$646
03	RESPIRATORY SYSTEM	23	\$1,546	\$1,808
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	18	\$1,219	\$1,075
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	4	\$2,794	\$3,079
	055 ENDOSCOPY OF THE LOWER AIRWAY	1	\$2,449	\$1,902
04	CARDIOVASCULAR SYSTEM	3	\$4,408	\$7,486
	080 MINOR VASCULAR REPAIR AND FISTULA CONSTRUCTION	1	\$4,784	\$3,982
	081 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	2	\$4,220	\$9,790
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	14	\$3,079	\$3,893
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	3	\$4,139	\$4,071
	097 TRANSFUSION	11	\$2,789	\$2,372
06	DIGESTIVE SYSTEM	403	\$2,086	\$1,913
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	3	\$2,376	\$890
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	1	\$890	\$878
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	88	\$1,236	\$1,110
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	11	\$1,709	\$1,563
	117 LOWER GASTROINTESTINAL ENDOSCOPY	242	\$1,057	\$1,017
	118 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	1	\$831	\$3,074
	119 HERNIA AND HYDROCELE PROCEDURES	19	\$5,684	\$3,001
	120 COMPLEX ANAL AND RECTAL PROCEDURES	2	\$4,934	\$2,412
	123 COMPLEX LAPAROSCOPIC PROCEDURES	36	\$9,177	\$5,244
07	URINARY SYSTEM	57	\$1,835	\$4,118
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	1	\$3,604	\$3,980
	135 MODERATE CYSTOURETHROSCOPY	8	\$2,489	\$2,966
	136 SIMPLE CYSTOURETHROSCOPY	48	\$1,689	\$2,050
08	MALE GENITAL SYSTEM	15	\$5,081	\$2,884
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	2	\$3,784	\$2,325

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
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 CHRG	AVE TOT CHRG(ALL Hospitals)
	153 COMPLEX PENILE PROCEDURES	1	\$3,761	\$2,606
	154 SIMPLE PENILE PROCEDURES	2	\$3,902	\$1,709
	155 PROSTATE NEEDLE AND PUNCH BIOPSY	10	\$5,709	\$3,813
09	FEMALE GENITAL SYSTEM	5	\$4,637	\$3,249
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	1	\$3,560	\$2,642
	178 DILATION AND CURETTAGE	1	\$3,604	\$1,880
	179 HYSTEROSCOPY	3	\$5,340	\$3,776
10	NERVOUS SYSTEM	270	\$892	\$1,519
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	235	\$484	\$939
	198 NERVE REPAIR AND DESTRUCTION	34	\$3,718	\$2,158
	199 SPINAL TAP	1	\$554	\$1,409
11	EYE AND OCULAR ADNEXA	158	\$3,894	\$2,658
	214 CATARACT PROCEDURES	151	\$3,918	\$2,904
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	1	\$1,690	\$2,469
	216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	4	\$3,907	\$2,180
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	1	\$3,713	\$2,051
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	1	\$2,607	\$3,213
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	214	\$2,640	\$2,083
	234 COMPLEX FACIAL AND ENT PROCEDURES	1	\$3,017	\$4,171
	235 SIMPLE FACIAL AND ENT PROCEDURES	102	\$2,039	\$1,547
	236 TONSIL AND ADENOID PROCEDURES	111	\$3,190	\$1,824
13	THERAPUTIC AND OTHER RADIOLOGICAL PROCEDURES	10	\$1,259	\$2,912
	254 MYELOGRAPHY	8	\$1,460	\$2,607
	255 MISCELLANEOUS RADIOLOGICAL PROCEDURES WITH CONTRAST	2	\$455	\$2,500

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, 2004
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	3,852	60.7	120,006	54.8
Male	2,497	39.3	98,888	45.2
Unknown	0	0.0	8	0.0
Not Reported	0	0.0	4	0.0
AGE				
1-28 days	87	1.4	376	0.2
29-365 days	96	1.5	2,969	1.4
1-4 years	244	3.8	11,176	5.1
5-9	199	3.1	6,445	2.9
10-14	203	3.2	5,080	2.3
15-17	258	4.1	5,201	2.4
18-19	194	3.1	3,849	1.8
20-24	454	7.2	11,707	5.3
25-29	435	6.9	12,626	5.8
30-34	351	5.5	11,936	5.5
35-39	412	6.5	11,960	5.5
40-44	498	7.8	14,821	6.8
45-49	602	9.5	17,215	7.9
50-54	643	10.1	22,033	10.1
55-59	509	8.0	18,759	8.6
60-64	476	7.5	16,305	7.4
65-69	237	3.7	13,961	6.4
70-74	191	3.0	12,040	5.5
75-79	129	2.0	10,224	4.7
80-84	66	1.0	6,733	3.1
85-89	53	0.8	2,713	1.2
90 +	12	0.2	777	0.4
Not Reported	87	1.4	376	0.2
SOURCE OF ADMISSION				
Physician Referral	6,255	98.5	195,236	89.2
Clinic Referral	1	0.0	774	0.4
HMO Referral	0	0.0	2,769	1.3
Other Hospital	0	0.0	81	0.0
Skilled Nursing Facility	0	0.0	18	0.0
Other Health Care Facility	0	0.0	22	0.0
Emergency Room	93	1.5	4,435	2.0
Court/Law Enforcement	0	0.0	1	0.0
Unknown	0	0.0	469	0.2
Not Reported	0	0.0	15,101	6.9

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
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	6,345	99.9	218,417	99.8
Another Hospital	4	0.1	114	0.1
Skilled Nursing Facility	0	0.0	87	0.0
Intermediate Care Facility	0	0.0	11	0.0
Another Type of Institution	0	0.0	39	0.0
Under Care of Home Service	0	0.0	141	0.1
Left Against Medical Advice	0	0.0	13	0.0
Under Care of Home IV Provider	0	0.0	7	0.0
Expired	0	0.0	14	0.0
Unknown	0	0.0	59	0.0
Not Reported	0	0.0	4	0.0
PRIMARY PAYER				
Medicare	680	10.7	47,125	21.5
Medicaid	979	15.4	15,764	7.2
Other government	107	1.7	4,030	1.8
Blue Cross/Blue Shield	1,550	24.4	30,905	14.1
Other Commercial	780	12.3	15,943	7.3
Managed Care(HMO, PPO)	1,737	27.4	95,785	43.8
Self Pay	363	5.7	3,566	1.6
Industrial & Worker Comp	113	1.8	4,109	1.9
Charity and Unclassified	0	0.0	322	0.1
Childrens Health Insurance	0	0.0	273	0.1
Unknown	40	0.6	1,005	0.5
Not Reported	0	0.0	79	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	5	0.1	14,650	6.7
Central Utah	2	0.0	7,259	3.3
Davis County	3	0.0	25,726	11.8
Salt Lake County	7	0.1	74,490	34.0
Southeastern Utah	5	0.1	4,561	2.1
Southwest Utah	3	0.0	10,818	4.9
Summit County	2	0.0	2,876	1.3
Tooele County	0	0.0	4,235	1.9
Tri-County	6,200	97.7	9,559	4.4
Utah County	4	0.1	33,718	15.4
Wasatch County	0	0.0	1,643	0.8
Weber County	0	0.0	19,808	9.0
Unknown Utah	1	0.0	76	0.0
Outside Utah	117	1.8	9,321	4.3
Unknown, Not Reported	0	0.0	166	0.1

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

AMB ST 1-1
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
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)	878	100.0	306,368	100.0
Mastectomy (85.0-85.99)	181	20.6	7,302	2.4
Musculoskeletal (76.0-84.99)	149	17.0	61,162	20.0
Respiratory (30.0-34.99)	0	0.0	3,337	1.1
Cardiovascular (35.0-39.99)	7	0.8	17,761	5.8
Lymphatic/Hemetic (40.0-41.99)	1	0.1	2,849	0.9
Digestive System (42.0-54.99)	318	36.2	97,896	32.0
Urinary (55.0-59.99)	2	0.2	8,268	2.7
Male Genital (60.0-64.99)	3	0.3	3,711	1.2
Female Genital (65.0-71.99)	82	9.3	14,242	4.6
Endocrine/Nervous (01.0-07.99)	27	3.1	25,908	8.5
Eye (08.0-16.99)	30	3.4	19,800	6.5
Ear (18.0-20.99)	32	3.6	14,521	4.7
Nose, Mouth, Pharynx (21.0-29.99)	46	5.2	29,611	9.7
Reporting Category(CPT-4 CODES)	580	100.0	300,811	100.0
Mastectomy (19120-19220)	10	1.7	3,078	1.0
Musculoskeletal (20000-29909)	142	24.5	58,688	19.5
Respiratory (30000-32999 & 39501-39599)	5	0.9	13,089	4.4
Cardiovascular (33010-37799 & 93501-93660)	17	2.9	51,568	17.1
Lymphatic/Hemetic (38100-38999)	1	0.2	2,778	0.9
Digestive (40490-49999)	320	55.2	104,073	34.6
Urinary (50010-53899)	0	0.0	8,888	3.0
Male Genital (54000-55899)	3	0.5	3,219	1.1
Female Genital (56405-58999)	60	10.3	10,706	3.6
Endocrine/Nervous (60000-64999)	5	0.9	25,132	8.4
Eye (65091-68899)	1	0.2	11,602	3.9
Ear (69000-69979)	16	2.8	7,990	2.7

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.

AMB ST 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
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		878	100.0	100.0
8554	BILAT BREAST IMPLNT	90	10.3	0.06
4523	COLONOSCOPY	45	5.1	6.27
5123	LAP CHOLEY	45	5.1	2.03
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	34	3.9	5.52
4542	ENDO POLYPECTOMY LG INTESTINE	28	3.2	3.42
6823	ENDOMETRIAL ABLATION	26	3.0	0.51
0443	RELEASE CARPAL TUNNEL	24	2.7	1.17
4525	CLO [ENDO] BX LG INTESTINE	24	2.7	2.50
2001	MYRINGOTOMY W/INSRT TUBE	23	2.6	3.86
856	MASTOPEXY	23	2.6	0.04
8594	REMOV IMPLNT BREAST	21	2.4	0.06
4513	OTH ENDO SM INTESTINE	18	2.1	1.98
4836	[ENDO] POLYPECTOMY RECTUM	17	1.9	1.06
6812	HYSTEROSCOPY	16	1.8	0.27
283	TONSILLECTOMY W/ADENOIDECTOMY	15	1.7	1.75
806	EXC SEMILUNAR CARTILAGE-KNEE	15	1.7	1.78
8532	BILAT REDUC MAMMO	15	1.7	0.14
0887	UPPER EYELID RHYTIDECTOMY	14	1.6	0.14
4824	CLO [ENDO] BX RECTUM	14	1.6	0.53
8026	ARTHSCPY-KNEE	13	1.5	0.81
CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		580	100.0	100.0
45378	COLONOSCOPY FLEX; DX-SEP PROC	44	7.6	5.95
43239	UGI ENDO; W/BX 1/MX	34	5.9	5.29
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	34	5.9	2.89
45380	COLONOSCOPY FLEX; W/BX 1/MX	30	5.2	3.16
47562	LAPAROSCOPY SURGICAL; CHOLECT	27	4.7	0.80
58563	HYSTEROSC SURG; W/ENDOMETRIAL AB	23	4.0	0.37
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	21	3.6	1.20
29848	ENDO WRST SURG REL TRNS CARP LIG	18	3.1	0.29
43235	UGI ENDO; DX W/VO CLCT SPECMN-SP	17	2.9	1.28
49505	REPR INIT ING HERNIA 5YR/MORE; R	15	2.6	0.99
69436	TYMPANOSTOMY GENERAL ANESTHESIA	12	2.1	2.04
29881	SCOPE KNEE SURG;W/MENISCECT MED/	11	1.9	1.45
36415	COLLECTION VENOUS BLD VENIPUNCTU	9	1.6	3.34
42820	T&A; UNDER AGE 12	9	1.6	1.38
45384	COLONOSCPY FLEX; REMV LES-FORCE	8	1.4	0.42
49585	REPR UMBIL HERNIA 5YR/OVER; RDUC	8	1.4	0.30
29875	SCOPE KNEE; SYNOVECT LTD SEP PRO	6	1.0	0.23
42821	T&A; AGE 12 OR OVER	6	1.0	0.34
49329	UNLIST LAP PROC ABD PERTN&OMNTUM	6	1.0	0.21
58662	LAP SURG; W/FULG/EXCIS LES-OVARY	6	1.0	0.57

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, 2004
 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 CHRG	AVE TOT CHRG(ALL Hospitals)
ICD-9 Procedures		382	\$2,120	\$2,729
8554	BILAT BREAST IMPLNT	77	\$739	\$1,913
4523	COLONOSCOPY	39	\$1,762	\$874
5123	LAP CHOLEY	34	\$5,145	\$5,384
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	22	\$1,749	\$1,145
283	TONSILLECTOMY W/ADENOIDECTOMY	15	\$1,729	\$1,783
4542	ENDO POLYPECTOMY LG INTESTINE	14	\$1,901	\$1,132
4513	OTH ENDO SM INTESTINE	11	\$1,838	\$1,066
6823	ENDOMETRIAL ABLATION	9	\$3,204	\$4,438
4525	CLO [ENDO] BX LG INTESTINE	8	\$1,826	\$1,249
4836	[ENDO] POLYPECTOMY RECTUM	8	\$1,908	\$1,056
8532	BILAT REDUC MAMMO	8	\$3,755	\$6,223
0443	RELEASE CARPAL TUNNEL	7	\$1,870	\$1,950
5349	OTH UMB HERNIORRHAPHY	7	\$2,263	\$2,443
5304	UNILAT REPR INDIRECT ING HERN-GFT	6	\$3,065	\$3,302
4543	ENDO DEST OTH LES/TISS LG INTEST	5	\$2,032	\$1,210
5303	UNILAT REPR DIRECT ING HERN-GFT	4	\$2,985	\$3,282
6902	D&C FOLLOWING DELIV/AB	4	\$1,668	\$2,426
1879	OTH PLSTC REPR EXT EAR	3	\$1,660	\$2,848
2171	CLO REDUC NASAL FX	3	\$1,347	\$1,744
3859	LIG-STRIP VARICOSE VEINS-LOWER LIMB	3	\$2,501	\$4,507

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
CPT-4 Procedures		351	\$2,415	\$2,356
45378	COLONOSCOPY FLEX; DX-SEP PROC	39	\$1,762	\$868
43239	UGI ENDO; W/BX 1/MX	22	\$1,749	\$1,141
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	21	\$1,969	\$1,120
45380	COLONOSCOPY FLEX; W/BX 1/MX	20	\$2,056	\$1,223
29848	ENDO WRST SURG REL TRNS CARP LIG	17	\$1,928	\$2,278
47562	LAPAROSCOPY SURGICAL; CHOLECT	17	\$4,584	\$5,197
58563	HYSTEROSC SURG; W/ENDOMETRIAL AB	16	\$3,238	\$4,566
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	15	\$5,735	\$5,482
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	10	\$1,867	\$986
49505	REPR INIT ING HERNIA 5YR/MORE; R	10	\$2,872	\$3,146
69436	TYMPANOSTOMY GENERAL ANESTHESIA	10	\$1,215	\$1,067
36415	COLLECTION VENOUS BLD VENIPUNCTU	9	\$2,383	\$519
42820	T&A; UNDER AGE 12	9	\$1,667	\$1,711
42821	T&A; AGE 12 OR OVER	6	\$1,822	\$1,992
45384	COLONOSCOPY FLEX; REMV LES-FORCE	6	\$1,952	\$1,272
19120	EXC BRST CYST TUMR/LES OPN M/F 1	5	\$1,911	\$2,325
49585	REPR UMBIL HERNIA 5YR/OVER; RDUC	5	\$2,244	\$3,029
19140	MASTECTOMY FOR GYNECOMASTIA	3	\$2,042	\$2,790
21320	CLOS TX NASL BONE FRACTURE; W/ST	3	\$1,347	\$1,726
25611	PERQ FIX DIST RADIAL FX W/MANIP	3	\$2,639	\$3,681

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

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
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	17	9,617
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	3	1,092
	008 SIMPLE EXCISION AND BIOPSY	2	887
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRANGE	2	1,126
	011 SIMPLE INCISION AND EXCISION OF BREAST	5	2,684
	012 BREAST RECONSTRUCTION AND MASTECTOMY	5	392
02	MUSCULOSKELETAL SYSTEM	120	52,555
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	15	6,223
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	3	2,056
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	2	1,930
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	18	10,991
	025 ARTHROSCOPY	56	22,451
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	4	660
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	15	3,677
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	1	417
	032 BUNION PROCEDURES	5	1,612
	034 HAND AND FOOT TENOTOMY	1	293
04	CARDIOVASCULAR SYSTEM	5	32,609
	080 MINOR VASCULAR REPAIR AND FISTULA CONSTRUCTION	1	852
	081 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	4	483
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	3	2,811
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	1	1,766
	097 TRANSFUSION	2	949
06	DIGESTIVE SYSTEM	306	91,524
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	1	740
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	51	19,919
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	6	4,997
	117 LOWER GASTROINTESTINAL ENDOSCOPY	120	38,117
	118 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	1	1,843
	119 HERNIA AND HYDROCELE PROCEDURES	36	7,192
	120 COMPLEX ANAL AND RECTAL PROCEDURES	5	896
	121 SIMPLE ANAL AND RECTAL PROCEDURES	4	571
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	1	545
	123 COMPLEX LAPAROSCOPIC PROCEDURES	81	14,566
08	MALE GENITAL SYSTEM	3	2,927
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	3	1,396
09	FEMALE GENITAL SYSTEM	39	6,182
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	6	1,463
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	3	1,400
	178 DILATION AND CURETTAGE	1	810
	179 HYSTEROSCOPY	26	2,308
	180 COLPOSCOPY	3	200
10	NERVOUS SYSTEM	5	21,547
	198 NERVE REPAIR AND DESTRUCTION	5	4,278
11	EYE AND OCULAR ADNEXA	1	11,356
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	1	727

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
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)
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	57	28,651
	234 COMPLEX FACIAL AND ENT PROCEDURES	17	5,185
	235 SIMPLE FACIAL AND ENT PROCEDURES	24	14,996
	236 TONSIL AND ADENOID PROCEDURES	16	8,225

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, 2004
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	12	\$2,274	\$2,400
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	1	\$1,529	\$2,565
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRAN	1	\$1,485	\$2,920
	011 SIMPLE INCISION AND EXCISION OF BREAST	5	\$1,911	\$2,578
	012 BREAST RECONSTRUCTION AND MASTECTOMY	5	\$2,944	\$4,433
02	MUSCULOSKELETAL SYSTEM	69	\$2,183	\$3,512
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	9	\$2,233	\$5,140
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	3	\$1,687	\$3,702
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	1	\$1,877	\$4,004
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	8	\$1,795	\$2,374
	025 ARTHROSCOPY	25	\$2,267	\$3,951
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	3	\$1,709	\$2,582
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	14	\$2,497	\$4,121
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	1	\$2,037	\$2,448
	032 BUNION PROCEDURES	4	\$2,089	\$3,335
	034 HAND AND FOOT TENOTOMY	1	\$2,106	\$1,932
04	CARDIOVASCULAR SYSTEM	4	\$2,423	\$7,486
	081 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	4	\$2,423	\$9,790
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	2	\$2,118	\$3,893
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	1	\$2,322	\$4,071
	097 TRANSFUSION	1	\$1,914	\$2,372
06	DIGESTIVE SYSTEM	184	\$2,628	\$1,913
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	32	\$1,786	\$1,110
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	2	\$2,337	\$1,563
	117 LOWER GASTROINTESTINAL ENDOSCOPY	87	\$1,891	\$1,017
	118 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	1	\$1,541	\$3,074
	119 HERNIA AND HYDROCELE PROCEDURES	18	\$2,687	\$3,001
	120 COMPLEX ANAL AND RECTAL PROCEDURES	2	\$1,998	\$2,412
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	1	\$1,755	\$2,759
	123 COMPLEX LAPAROSCOPIC PROCEDURES	41	\$4,914	\$5,244
09	FEMALE GENITAL SYSTEM	23	\$3,160	\$3,249
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	5	\$3,222	\$4,142
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	1	\$1,921	\$2,642
	179 HYSTEROSCOPY	17	\$3,215	\$3,776
10	NERVOUS SYSTEM	4	\$1,900	\$1,519
	198 NERVE REPAIR AND DESTRUCTION	4	\$1,900	\$2,158
11	EYE AND OCULAR ADNEXA	1	\$986	\$2,658
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	1	\$986	\$3,213
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	40	\$1,561	\$2,083
	234 COMPLEX FACIAL AND ENT PROCEDURES	8	\$1,380	\$4,171
	235 SIMPLE FACIAL AND ENT PROCEDURES	17	\$1,498	\$1,547
	236 TONSIL AND ADENOID PROCEDURES	15	\$1,729	\$1,824

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, 2004
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

104 Bear River Valley Hospital

Patient Profile	Patient Visits (#)	Patient Visits (%)	Patient Visits-All Hospitals (#)	Patient Visits-All Hospitals (%)
GENDER				
Female	391	66.8	120,006	54.8
Male	194	33.2	98,888	45.2
Unknown	0	0.0	8	0.0
Not Reported	0	0.0	4	0.0
AGE				
1-28 days	0	0.0	376	0.2
29-365 days	5	0.9	2,969	1.4
1-4 years	11	1.9	11,176	5.1
5-9	14	2.4	6,445	2.9
10-14	15	2.6	5,080	2.3
15-17	14	2.4	5,201	2.4
18-19	14	2.4	3,849	1.8
20-24	63	10.8	11,707	5.3
25-29	62	10.6	12,626	5.8
30-34	55	9.4	11,936	5.5
35-39	50	8.5	11,960	5.5
40-44	55	9.4	14,821	6.8
45-49	45	7.7	17,215	7.9
50-54	51	8.7	22,033	10.1
55-59	32	5.5	18,759	8.6
60-64	36	6.2	16,305	7.4
65-69	24	4.1	13,961	6.4
70-74	11	1.9	12,040	5.5
75-79	15	2.6	10,224	4.7
80-84	8	1.4	6,733	3.1
85-89	5	0.9	2,713	1.2
90 +	0	0.0	777	0.4
Not Reported	0	0.0	376	0.2
SOURCE OF ADMISSION				
Physician Referral	558	95.4	195,236	89.2
Clinic Referral	0	0.0	774	0.4
HMO Referral	0	0.0	2,769	1.3
Other Hospital	0	0.0	81	0.0
Skilled Nursing Facility	0	0.0	18	0.0
Other Health Care Facility	0	0.0	22	0.0
Emergency Room	27	4.6	4,435	2.0
Court/Law Enforcement	0	0.0	1	0.0
Unknown	0	0.0	469	0.2
Not Reported	0	0.0	15,101	6.9
(Continued)				

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
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	583	99.7	218,417	99.8
Another Hospital	1	0.2	114	0.1
Skilled Nursing Facility	1	0.2	87	0.0
Intermediate Care Facility	0	0.0	11	0.0
Another Type of Institution	0	0.0	39	0.0
Under Care of Home Service	0	0.0	141	0.1
Left Against Medical Advice	0	0.0	13	0.0
Under Care of Home IV Provider	0	0.0	7	0.0
Expired	0	0.0	14	0.0
Unknown	0	0.0	59	0.0
Not Reported	0	0.0	4	0.0
PRIMARY PAYER				
Medicare	57	9.7	47,125	21.5
Medicaid	31	5.3	15,764	7.2
Other government	7	1.2	4,030	1.8
Blue Cross/Blue Shield	74	12.6	30,905	14.1
Other Commercial	22	3.8	15,943	7.3
Managed Care(HMO, PPO)	248	42.4	95,785	43.8
Self Pay	133	22.7	3,566	1.6
Industrial & Worker Comp	10	1.7	4,109	1.9
Charity and Unclassified	0	0.0	322	0.1
Childrens Health Insurance	1	0.2	273	0.1
Unknown	2	0.3	1,005	0.5
Not Reported	0	0.0	79	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	485	82.9	14,650	6.7
Central Utah	4	0.7	7,259	3.3
Davis County	9	1.5	25,726	11.8
Salt Lake County	3	0.5	74,490	34.0
Southeastern Utah	0	0.0	4,561	2.1
Southwest Utah	0	0.0	10,818	4.9
Summit County	0	0.0	2,876	1.3
Tooele County	0	0.0	4,235	1.9
Tri-County	0	0.0	9,559	4.4
Utah County	1	0.2	33,718	15.4
Wasatch County	0	0.0	1,643	0.8
Weber County	9	1.5	19,808	9.0
Unknown Utah	1	0.2	76	0.0
Outside Utah	72	12.3	9,321	4.3
Unknown, Not Reported	1	0.2	166	0.1

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

AMB ST 1-1
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
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)	240	100.0	306,368	100.0
Mastectomy (85.0-85.99)	6	2.5	7,302	2.4
Musculoskeletal (76.0-84.99)	8	3.3	61,162	20.0
Respiratory (30.0-34.99)	0	0.0	3,337	1.1
Cardiovascular (35.0-39.99)	9	3.8	17,761	5.8
Lymphatic/Hemetic (40.0-41.99)	0	0.0	2,849	0.9
Digestive System (42.0-54.99)	80	33.3	97,896	32.0
Urinary (55.0-59.99)	3	1.3	8,268	2.7
Male Genital (60.0-64.99)	11	4.6	3,711	1.2
Female Genital (65.0-71.99)	24	10.0	14,242	4.6
Endocrine/Nervous (01.0-07.99)	28	11.7	25,908	8.5
Eye (08.0-16.99)	4	1.7	19,800	6.5
Ear (18.0-20.99)	29	12.1	14,521	4.7
Nose, Mouth, Pharynx (21.0-29.99)	38	15.8	29,611	9.7
Reporting Category(CPT-4 CODES)	161	100.0	300,811	100.0
Mastectomy (19120-19220)	0	0.0	3,078	1.0
Musculoskeletal (20000-29909)	2	1.2	58,688	19.5
Respiratory (30000-32999 & 39501-39599)	0	0.0	13,089	4.4
Cardiovascular (33010-37799 & 93501-93660)	0	0.0	51,568	17.1
Lymphatic/Hemetic (38100-38999)	0	0.0	2,778	0.9
Digestive (40490-49999)	100	62.1	104,073	34.6
Urinary (50010-53899)	0	0.0	8,888	3.0
Male Genital (54000-55899)	2	1.2	3,219	1.1
Female Genital (56405-58999)	16	9.9	10,706	3.6
Endocrine/Nervous (60000-64999)	18	11.2	25,132	8.4
Eye (65091-68899)	0	0.0	11,602	3.9
Ear (69000-69979)	23	14.3	7,990	2.7

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.

AMB ST 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
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				
283	TONSILLECTOMY W/ADENOIDECTOMY	35	14.6	1.75
4523	COLONOSCOPY	30	12.5	6.27
2001	MYRINGOTOMY W/INSRT TUBE	27	11.3	3.86
0443	RELEASE CARPAL TUNNEL	26	10.8	1.17
4525	CLO [ENDO] BX LG INTESTINE	23	9.6	2.50
6909	OTH D&C UTERUS	13	5.4	0.53
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	11	4.6	5.52
3899	OTH PUNCT VEIN	9	3.8	0.03
6373	VASECTOMY	8	3.3	0.04
8201	EXPLOR TENDON SHEATH HAND	5	2.1	0.39
1202	REMOV INTRAOCU FB ANT SEGMT WO MAG	4	1.7	0.00
5305	UNILAT REPR ING HERN-GFT-NOS	4	1.7	0.14
6831	LAPAROSCOPIC SUPRACERV HYSTERECTOMY	4	1.7	0.03
8512	OP BX BREAST	4	1.7	0.08
5304	UNILAT REPR INDIRECT ING HERN-GFT	3	1.3	0.52
5794	INSRT INDWELLING URIN CATH	3	1.3	0.02
0407	OTH EXC/AVUL CRANIAL & PERIPH NERV	2	0.8	0.24
282	TONSILLECTOMY WO ADENOIDECTOMY	2	0.8	0.64
5302	UNILAT REPR INDIRECT ING HERN	2	0.8	0.13
5303	UNILAT REPR DIRECT ING HERN-GFT	2	0.8	0.39
CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures				
44388	COLONOSCOPY-STOMA; DX-SEP PROC	53	32.9	0.03
69436	TYMPANOSTOMY GENERAL ANESTHESIA	23	14.3	2.04
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	18	11.2	0.75
42820	T&A; UNDER AGE 12	15	9.3	1.38
58120	DILATION & CURET DX &/ THERAPEUT	12	7.5	0.27
42821	T&A; AGE 12 OR OVER	10	6.2	0.34
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	10	6.2	1.28
49505	REPR INIT ING HERNIA 5YR/MORE; R	8	5.0	0.99
58150	TAH W/WO REMOVAL TUBE-OVARY	2	1.2	0.00
20680	REMOVAL OF IMPLANT; DEEP	1	0.6	0.81
28080	EXC INTERDIGITL NEUROMA SINGLE EA	1	0.6	0.22
45330	SIGMOIDOSCOPY FLEX; DX-SEP PROC	1	0.6	0.16
49422	REMOVAL PERM INTRAPER CANNULA/CA	1	0.6	0.01
49560	REPR INIT INCS/VENT HERNIA; RDOC	1	0.6	0.15
49585	REPR UMBIL HERNIA 5YR/OVER; RDOC	1	0.6	0.30
54161	CIRC NO CLAMP/DORSL SLIT; NOT NB	1	0.6	0.18
55250	VASECT UNI/BIL-SEP PROC-POSTOP S	1	0.6	0.03
58301	REMOVAL OF INTRAUTERINE DEVICE	1	0.6	0.03
58671	LAP SURG; W/OCCLUS OVIDUCTS-DEVI	1	0.6	0.17

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, 2004
 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 CHR	AVE TOT CHR(ALL Hospitals)
ICD-9 Procedures		204	\$964	\$2,729
283	TONSILLECTOMY W/ADENOIDECTOMY	35	\$1,486	\$1,783
2001	MYRINGOTOMY W/INSRT TUBE	27	\$951	\$1,212
4523	COLONOSCOPY	26	\$517	\$874
0443	RELEASE CARPAL TUNNEL	24	\$923	\$1,950
4525	CLO [ENDO] BX LG INTESTINE	22	\$808	\$1,249
6909	OTH D&C UTERUS	11	\$1,363	\$2,137
3899	OTH PUNCT VEIN	9	\$47	\$648
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	8	\$536	\$1,145
6373	VASECTOMY	8	\$296	\$1,542
1202	REMOV INTRAOCU FB ANT SEGMT WO MAG	4	\$0	\$0
5305	UNILAT REPR ING HERN-GFT-NOS	4	\$1,537	\$3,561
5794	INSRT INDWELLING URIN CATH	3	\$0	\$2,103
8512	OP BX BREAST	3	\$673	\$2,578
282	TONSILLECTOMY WO ADENOIDECTOMY	2	\$1,587	\$2,027
5302	UNILAT REPR INDIRECT ING HERN	2	\$1,877	\$2,290
6831	LAPAROSCOPIC SUPRACERV HYSTERECTOMY	2	\$5,833	\$8,418
1809	OTH INCIS EXT EAR	1	\$0	\$1,817
2449	2449	1	\$251	\$251
4513	OTH ENDO SM INTESTINE	1	\$739	\$1,066
5303	UNILAT REPR DIRECT ING HERN-GFT	1	\$3,427	\$3,282

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
CPT-4 Procedures		153	\$1,321	\$2,356
44388	COLONOSCOPY-STOMA; DX-SEP PROC	50	\$788	\$795
69436	TYMPANOSTOMY GENERAL ANESTHESIA	23	\$1,116	\$1,067
64721	NEUROPLASTY; MEDIAN @ CARPAL TUN	18	\$1,158	\$1,918
42820	T&A; UNDER AGE 12	15	\$1,752	\$1,711
58120	DILATION & CURET DX &/ THERAPEUT	11	\$1,506	\$1,880
42821	T&A; AGE 12 OR OVER	10	\$2,081	\$1,992
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	8	\$804	\$986
49505	REPR INIT ING HERNIA 5YR/MORE; R	7	\$2,424	\$3,146
58150	TAH W/WO REMOVAL TUBE-OVARY	2	\$7,825	\$7,707
20680	REMOVAL OF IMPLANT; DEEP	1	\$970	\$2,370
28080	EXC INTERDIGTL NEUROMA SINGLE EA	1	\$1,207	\$1,901
45330	SIGMOIDOSCOPY FLEX; DX-SEP PROC	1	\$636	\$522
49422	REMOVAL PERM INTRAPER CANNULA/CA	1	\$1,154	\$2,481
49560	REPR INIT INCS/VENT HERNIA; RDUC	1	\$1,542	\$3,418
49585	REPR UMBIL HERNIA 5YR/OVER; RDUC	1	\$2,212	\$3,029
54161	CIRC NO CLAMP/DORSL SLIT; NOT N	1	\$927	\$1,932
58301	REMOVAL OF INTRAUTERINE DEVICE	1	\$1,028	\$2,451
58671	LAP SURG; W/OCLUS OVIDUCTS-DEVI	1	\$3,724	\$3,689

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

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

101 Beaver Valley Hospital

Procedure APG category	Procedure APG	TOTAL #	TOTAL # (ALL Hospitals)
02	MUSCULOSKELETAL SYSTEM	2	52,555
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	2	10,991
06	DIGESTIVE SYSTEM	76	91,524
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	1	740
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	10	19,919
	117 LOWER GASTROINTESTINAL ENDOSCOPY	53	38,117
	119 HERNIA AND HYDROCELE PROCEDURES	10	7,192
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	1	545
	123 COMPLEX LAPAROSCOPIC PROCEDURES	1	14,566
08	MALE GENITAL SYSTEM	2	2,927
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	1	1,396
	154 SIMPLE PENILE PROCEDURES	1	748
09	FEMALE GENITAL SYSTEM	12	6,182
	178 DILATION AND CURETTAGE	12	810
10	NERVOUS SYSTEM	18	21,547
	198 NERVE REPAIR AND DESTRUCTION	18	4,278
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	48	28,651
	235 SIMPLE FACIAL AND ENT PROCEDURES	23	14,996
	236 TONSIL AND ADENOID PROCEDURES	25	8,225

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, 2004
PROCEDURE APG CATEGORY, PROCEDURE APG, SINGLE APG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

101 Beaver Valley Hospital

Procedure APG category	Procedure APG	TOTAL #	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
02	MUSCULOSKELETAL SYSTEM	2	\$1,089	\$3,512
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	2	\$1,089	\$2,374
06	DIGESTIVE SYSTEM	70	\$1,030	\$1,913
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	1	\$636	\$890
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	8	\$804	\$1,110
	117 LOWER GASTROINTESTINAL ENDOSCOPY	50	\$788	\$1,017
	119 HERNIA AND HYDROCELE PROCEDURES	9	\$2,303	\$3,001
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	1	\$1,154	\$2,759
	123 COMPLEX LAPAROSCOPIC PROCEDURES	1	\$3,724	\$5,244
08	MALE GENITAL SYSTEM	1	\$927	\$2,884
	154 SIMPLE PENILE PROCEDURES	1	\$927	\$1,709
09	FEMALE GENITAL SYSTEM	11	\$1,506	\$3,249
	178 DILATION AND CURETTAGE	11	\$1,506	\$1,880
10	NERVOUS SYSTEM	18	\$1,158	\$1,519
	198 NERVE REPAIR AND DESTRUCTION	18	\$1,158	\$2,158
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	48	\$1,516	\$2,083
	235 SIMPLE FACIAL AND ENT PROCEDURES	23	\$1,116	\$1,547
	236 TONSIL AND ADENOID PROCEDURES	25	\$1,884	\$1,824

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, 2004
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

101 Beaver Valley Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
GENDER				
Female	113	48.1	120,006	54.8
Male	119	50.6	98,888	45.2
Unknown	0	0.0	8	0.0
Not Reported	3	1.3	4	0.0
AGE				
1-28 days	0	0.0	376	0.2
29-365 days	10	4.3	2,969	1.4
1-4 years	27	11.5	11,176	5.1
5-9	13	5.5	6,445	2.9
10-14	6	2.6	5,080	2.3
15-17	8	3.4	5,201	2.4
18-19	2	0.9	3,849	1.8
20-24	5	2.1	11,707	5.3
25-29	14	6.0	12,626	5.8
30-34	9	3.8	11,936	5.5
35-39	12	5.1	11,960	5.5
40-44	12	5.1	14,821	6.8
45-49	20	8.5	17,215	7.9
50-54	16	6.8	22,033	10.1
55-59	20	8.5	18,759	8.6
60-64	16	6.8	16,305	7.4
65-69	15	6.4	13,961	6.4
70-74	15	6.4	12,040	5.5
75-79	10	4.3	10,224	4.7
80-84	4	1.7	6,733	3.1
85-89	0	0.0	2,713	1.2
90 +	1	0.4	777	0.4
Not Reported	0	0.0	376	0.2
SOURCE OF ADMISSION				
Physician Referral	227	96.6	195,236	89.2
Clinic Referral	0	0.0	774	0.4
HMO Referral	0	0.0	2,769	1.3
Other Hospital	0	0.0	81	0.0
Skilled Nursing Facility	0	0.0	18	0.0
Other Health Care Facility	0	0.0	22	0.0
Emergency Room	8	3.4	4,435	2.0
Court/Law Enforcement	0	0.0	1	0.0
Unknown	0	0.0	469	0.2
Not Reported	0	0.0	15,101	6.9
(Continued)				

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
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	234	99.6	218,417	99.8
Another Hospital	0	0.0	114	0.1
Skilled Nursing Facility	0	0.0	87	0.0
Intermediate Care Facility	0	0.0	11	0.0
Another Type of Institution	0	0.0	39	0.0
Under Care of Home Service	1	0.4	141	0.1
Left Against Medical Advice	0	0.0	13	0.0
Under Care of Home IV Provider	0	0.0	7	0.0
Expired	0	0.0	14	0.0
Unknown	0	0.0	59	0.0
Not Reported	0	0.0	4	0.0
PRIMARY PAYER				
Medicare	51	21.7	47,125	21.5
Medicaid	23	9.8	15,764	7.2
Other government	4	1.7	4,030	1.8
Blue Cross/Blue Shield	17	7.2	30,905	14.1
Other Commercial	48	20.4	15,943	7.3
Managed Care(HMO, PPO)	78	33.2	95,785	43.8
Self Pay	9	3.8	3,566	1.6
Industrial & Worker Comp	5	2.1	4,109	1.9
Charity and Unclassified	0	0.0	322	0.1
Childrens Health Insurance	0	0.0	273	0.1
Unknown	0	0.0	1,005	0.5
Not Reported	0	0.0	79	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	0	0.0	14,650	6.7
Central Utah	1	0.4	7,259	3.3
Davis County	0	0.0	25,726	11.8
Salt Lake County	2	0.9	74,490	34.0
Southeastern Utah	0	0.0	4,561	2.1
Southwest Utah	228	97.0	10,818	4.9
Summit County	0	0.0	2,876	1.3
Tooele County	0	0.0	4,235	1.9
Tri-County	0	0.0	9,559	4.4
Utah County	0	0.0	33,718	15.4
Wasatch County	0	0.0	1,643	0.8
Weber County	0	0.0	19,808	9.0
Unknown Utah	0	0.0	76	0.0
Outside Utah	4	1.7	9,321	4.3
Unknown, Not Reported	0	0.0	166	0.1

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

AMB ST 1-1
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
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)	3,804	100.0	306,368	100.0
Mastectomy (85.0-85.99)	88	2.3	7,302	2.4
Musculoskeletal (76.0-84.99)	819	21.5	61,162	20.0
Respiratory (30.0-34.99)	1	0.0	3,337	1.1
Cardiovascular (35.0-39.99)	6	0.2	17,761	5.8
Lymphatic/Hemetic (40.0-41.99)	21	0.6	2,849	0.9
Digestive System (42.0-54.99)	1,371	36.0	97,896	32.0
Urinary (55.0-59.99)	6	0.2	8,268	2.7
Male Genital (60.0-64.99)	17	0.4	3,711	1.2
Female Genital (65.0-71.99)	443	11.6	14,242	4.6
Endocrine/Nervous (01.0-07.99)	335	8.8	25,908	8.5
Eye (08.0-16.99)	427	11.2	19,800	6.5
Ear (18.0-20.99)	180	4.7	14,521	4.7
Nose,Mouth,Pharynx (21.0-29.99)	90	2.4	29,611	9.7
Reporting Category(CPT-4 CODES)	2,773	100.0	300,811	100.0
Mastectomy (19120-19220)	53	1.9	3,078	1.0
Musculoskeletal (20000-29909)	597	21.5	58,688	19.5
Respiratory (30000-32999 & 39501-39599)	17	0.6	13,089	4.4
Cardiovascular (33010-37799 & 93501-93660)	30	1.1	51,568	17.1
Lymphatic/Hemetic (38100-38999)	18	0.6	2,778	0.9
Digestive (40490-49999)	1,294	46.7	104,073	34.6
Urinary (50010-53899)	4	0.1	8,888	3.0
Male Genital (54000-55899)	15	0.5	3,219	1.1
Female Genital (56405-58999)	248	8.9	10,706	3.6
Endocrine/Nervous (60000-64999)	181	6.5	25,132	8.4
Eye (65091-68899)	227	8.2	11,602	3.9
Ear (69000-69979)	89	3.2	7,990	2.7

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.

AMB ST 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
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		3,804	100.0	100.0
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	254	6.7	5.52
4523	COLONOSCOPY	244	6.4	6.27
1371	IOL PROSTH-CATARACT EXTRACT-1-STAGE	174	4.6	1.51
1341	PHACOEMULSIFICATION-ASPIR CATARACT	171	4.5	1.52
4525	CLO [ENDO] BX LG INTESTINE	168	4.4	2.50
2001	MYRINGOTOMY W/INSRT TUBE	162	4.3	3.86
0392	INJ OTH AGENT SPINAL CANAL	140	3.7	2.72
4542	ENDO POLYPECTOMY LG INTESTINE	112	2.9	3.42
0391	INJ ANES SPINAL CANAL-ANALGESIA	95	2.5	2.20
5123	LAP CHOLEY	92	2.4	2.03
8021	ARTHSCPY-SHLDR	78	2.1	0.36
8026	ARTHSCPY-KNEE	78	2.1	0.81
0443	RELEASE CARPAL TUNNEL	77	2.0	1.17
6812	HYSTEROSCOPY	73	1.9	0.27
6823	ENDOMETRIAL ABLATION	73	1.9	0.51
806	EXC SEMILUNAR CARTILAGE-KNEE	61	1.6	1.78
4292	DILAT ESOPH	60	1.6	1.29
4824	CLO [ENDO] BX RECTUM	58	1.5	0.53
8183	OTH REPR SHLDR	57	1.5	0.73
283	TONSILLECTOMY W/ADENOIDECTOMY	56	1.5	1.75
CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		2,773	100.0	100.0
43239	UGI ENDO; W/BX 1/MX	254	9.2	5.29
45378	COLONOSCOPY FLEX; DX-SEP PROC	199	7.2	5.95
45380	COLONOSCOPY FLEX; W/BX 1/MX	178	6.4	3.16
66984	EXTRACAPSULAR CATARACT REMV IOL	174	6.3	1.47
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	140	5.0	1.23
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	124	4.5	2.89
69436	TYMPANOSTOMY GENERAL ANESTHESIA	83	3.0	2.04
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	79	2.8	1.20
29826	SCOPE SHOULDER; DECOMP SUBACROM	73	2.6	0.87
58563	HYSTEROSC SURG; W/ENDOMETRIAL AB	69	2.5	0.37
29881	SCOPE KNEE SURG;W/MENISCECT MED/	53	1.9	1.45
43248	UGI ENDO; W/INSRT GUIDE WIRE	51	1.8	0.14
58662	LAP SURG; W/FULG/EXCIS LES-OVARY	49	1.8	0.57
42820	T&A; UNDER AGE 12	48	1.7	1.38
49505	REPR INIT ING HERNIA 5YR/MORE; R	46	1.7	0.99
29848	ENDO WRST SURG REL TRNS CARP LIG	43	1.6	0.29
23120	CLAVICULECTOMY; PARTIAL	41	1.5	0.19
58558	HYSTEROSCOPY SURG; W/BX &/ POLYPE	37	1.3	0.33
49329	UNLIST LAP PROC ABD PERTN&OMNTUM	34	1.2	0.21
44970	LAPAROSCOPY SURGICAL APPENDECTOM	33	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.

AMB ST 1-3

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
 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		1,161	\$2,275	\$2,729
4523	COLONOSCOPY	215	\$1,524	\$874
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	151	\$1,430	\$1,145
4525	CLO [ENDO] BX LG INTESTINE	84	\$1,728	\$1,249
4542	ENDO POLYPECTOMY LG INTESTINE	75	\$1,736	\$1,132
5123	LAP CHOLEY	72	\$6,339	\$5,384
283	TONSILLECTOMY W/ADENOIDECTOMY	53	\$1,967	\$1,783
0392	INJ OTH AGENT SPINAL CANAL	45	\$221	\$773
4513	OTH ENDO SM INTESTINE	21	\$1,615	\$1,066
6952	ASPIR CURET FOLLOWING DELIV/AB	21	\$1,781	\$2,058
8521	LOC EXC LES BREAST	20	\$2,344	\$2,337
8399	OTH OPER MUSC-TENDON-FASCIA-BURSA	17	\$1,537	\$1,537
4701	LAP APPENDECTOMY	15	\$6,177	\$6,923
0443	RELEASE CARPAL TUNNEL	14	\$1,834	\$1,950
8221	EXC LES TENDON SHEATH HAND	14	\$1,734	\$1,963
4131	BX BONE MARROW	11	\$243	\$2,469
5304	UNILAT REPR INDIRECT ING HERN-GFT	11	\$4,479	\$3,302
5349	OTH UMB HERNIORRHAPHY	11	\$2,458	\$2,443
4836	[ENDO] POLYPECTOMY RECTUM	10	\$1,599	\$1,056
5305	UNILAT REPR ING HERN-GFT-NOS	10	\$4,035	\$3,561
4824	CLO [ENDO] BX RECTUM	9	\$1,462	\$1,211
CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
CPT-4 Procedures		1,718	\$2,322	\$2,356
45378	COLONOSCOPY FLEX; DX-SEP PROC	172	\$1,542	\$868
66984	EXTRACAPSULAR CATARACT REMV IOL	171	\$2,783	\$2,889
43239	UGI ENDO; W/BX 1/MX	153	\$1,439	\$1,141
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	138	\$228	\$881
45380	COLONOSCOPY FLEX; W/BX 1/MX	130	\$1,681	\$1,223
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	89	\$1,745	\$1,120
69436	TYMPANOSTOMY GENERAL ANESTHESIA	79	\$1,500	\$1,067
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	60	\$6,388	\$5,482
42820	T&A; UNDER AGE 12	45	\$1,953	\$1,711
29848	ENDO WRST SURG REL TRNS CARP LIG	34	\$2,508	\$2,278
49505	REPR INIT ING HERNIA 5YR/MORE; R	32	\$4,170	\$3,146
58563	HYSTEROSC SURG; W/ENDOMETRIAL AB	29	\$3,306	\$4,566
29881	SCOPE KNEE SURG;W/MENISCECT MED/	27	\$3,527	\$3,483
19120	EXC BRST CYST TUMR/LES OPN M/F 1	23	\$2,393	\$2,325
19125	EXC BRST LES ID RAD MARKR OPN;1	18	\$2,720	\$3,115
24999	UNLISTED PROCEDURE HUMERUS OR EL	18	\$1,587	\$2,959
43235	UGI ENDO; DX W/VO CLCT SPECMN-SP	17	\$1,381	\$986
64721	NEUROPLASTY; MEDIAN @ CARPAL TUN	17	\$1,969	\$1,918
29826	SCOPE SHOULDER; DECOMP SUBACROM	16	\$4,496	\$4,804
44970	LAPAROSCOPY SURGICAL APPENDECTOM	14	\$6,172	\$6,771

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

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
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)
01	INTEGUMENTARY SYSTEM	105	9,617
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	11	3,147
	003 COMPLEX INCISION AND DRAINAGE	1	92
	006 SIMPLE DEBRIDEMENT AND DESTRUCTION	3	157
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	13	1,092
	008 SIMPLE EXCISION AND BIOPSY	12	887
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRANGE	12	1,126
	011 SIMPLE INCISION AND EXCISION OF BREAST	52	2,684
	012 BREAST RECONSTRUCTION AND MASTECTOMY	1	392
02	MUSCULOSKELETAL SYSTEM	567	52,555
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	84	6,223
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	19	2,056
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	8	1,930
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	99	10,991
	025 ARTHROSCOPY	263	22,451
	028 CLOSED TREATMENT FX & DISLOCATION OF FINGER, TOE & TRUNK	1	47
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	26	660
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	37	3,677
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	5	417
	032 BUNION PROCEDURES	14	1,612
	033 ARTHROPLASTY	3	497
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	8	1,528
03	RESPIRATORY SYSTEM	7	7,438
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	1	747
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	5	4,704
	055 ENDOSCOPY OF THE LOWER AIRWAY	1	1,654
04	CARDIOVASCULAR SYSTEM	4	32,609
	081 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	4	483
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	12	2,811
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	8	1,766
	097 TRANSFUSION	4	949
06	DIGESTIVE SYSTEM	1,302	91,524
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	19	740
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	2	417
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	275	19,919
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	85	4,997
	117 LOWER GASTROINTESTINAL ENDOSCOPY	514	38,117
	119 HERNIA AND HYDROCELE PROCEDURES	97	7,192
	120 COMPLEX ANAL AND RECTAL PROCEDURES	17	896
	121 SIMPLE ANAL AND RECTAL PROCEDURES	19	571
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	8	545
	123 COMPLEX LAPAROSCOPIC PROCEDURES	263	14,566
	124 SIMPLE LAPAROSCOPIC PROCEDURES	3	191
07	URINARY SYSTEM	4	7,571
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	3	3,257
	138 SIMPLE URETHRAL PROCEDURES	1	103

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
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)
08	MALE GENITAL SYSTEM	14	2,927
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	13	1,396
	154 SIMPLE PENILE PROCEDURES	1	748
09	FEMALE GENITAL SYSTEM	161	6,182
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	10	1,463
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	27	1,400
	178 DILATION AND CURETTAGE	10	810
	179 HYSTEROSCOPY	109	2,308
	180 COLPOSCOPY	5	200
10	NERVOUS SYSTEM	179	21,547
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	148	15,863
	198 NERVE REPAIR AND DESTRUCTION	29	4,278
	199 SPINAL TAP	2	756
11	EYE AND OCULAR ADNEXA	227	11,356
	211 MINOR OPHTHALMOLOGICAL TESTS AND PROCEDURES	1	37
	214 CATARACT PROCEDURES	174	4,684
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	5	505
	216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	4	375
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	5	186
	220 STRABISMUS AND MUSCLE EYE PROCEDURES	18	975
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	19	727
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	1	504
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	171	28,651
	233 NASAL CAUTERIZATION AND PACKING	1	207
	234 COMPLEX FACIAL AND ENT PROCEDURES	9	5,185
	235 SIMPLE FACIAL AND ENT PROCEDURES	94	14,996
	236 TONSIL AND ADENOID PROCEDURES	67	8,225

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, 2004
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)
01	INTEGUMENTARY SYSTEM	81	\$2,312	\$2,400
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	11	\$243	\$1,826
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	10	\$2,059	\$2,565
	008 SIMPLE EXCISION AND BIOPSY	8	\$2,296	\$2,299
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRAN	11	\$3,790	\$2,920
	011 SIMPLE INCISION AND EXCISION OF BREAST	41	\$2,536	\$2,578
02	MUSCULOSKELETAL SYSTEM	247	\$3,065	\$3,512
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	24	\$4,337	\$5,140
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	7	\$2,033	\$3,702
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	4	\$1,852	\$4,004
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	52	\$2,151	\$2,374
	025 ARTHROSCOPY	101	\$3,586	\$3,951
	028 CLOSED TREATMENT FX & DISLOCATION OF FINGER, TOE & TRUNK	1	\$1,343	\$2,523
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	20	\$1,610	\$2,582
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	27	\$3,422	\$4,121
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	2	\$1,281	\$2,448
	032 BUNION PROCEDURES	7	\$3,323	\$3,335
	033 ARTHROPLASTY	1	\$4,712	\$4,516
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	1	\$820	\$646
03	RESPIRATORY SYSTEM	1	\$1,371	\$1,808
	055 ENDOSCOPY OF THE LOWER AIRWAY	1	\$1,371	\$1,902
04	CARDIOVASCULAR SYSTEM	3	\$3,508	\$7,486
	081 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	3	\$3,508	\$9,790
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	9	\$2,525	\$3,893
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	6	\$3,372	\$4,071
	097 TRANSFUSION	3	\$833	\$2,372
06	DIGESTIVE SYSTEM	782	\$2,412	\$1,913
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	8	\$3,813	\$890
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	2	\$1,992	\$878
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	170	\$1,433	\$1,110
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	21	\$2,149	\$1,563
	117 LOWER GASTROINTESTINAL ENDOSCOPY	396	\$1,642	\$1,017
	119 HERNIA AND HYDROCELE PROCEDURES	56	\$3,680	\$3,001
	120 COMPLEX ANAL AND RECTAL PROCEDURES	11	\$2,795	\$2,412
	121 SIMPLE ANAL AND RECTAL PROCEDURES	7	\$2,263	\$2,116
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	1	\$1,631	\$2,759
	123 COMPLEX LAPAROSCOPIC PROCEDURES	110	\$5,990	\$5,244
07	URINARY SYSTEM	3	\$4,070	\$4,118
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	3	\$4,070	\$3,980
08	MALE GENITAL SYSTEM	6	\$2,469	\$2,884
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	5	\$2,443	\$2,325
	154 SIMPLE PENILE PROCEDURES	1	\$2,598	\$1,709
09	FEMALE GENITAL SYSTEM	56	\$2,912	\$3,249
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	7	\$3,915	\$4,142
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	8	\$1,924	\$2,642

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
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 CHRG	AVE TOT CHRG(ALL Hospitals)
	178 DILATION AND CURETTAGE	7	\$1,686	\$1,880
	179 HYSTEROSCOPY	33	\$3,188	\$3,776
	180 COLPOSCOPY	1	\$3,291	\$1,716
10	NERVOUS SYSTEM	163	\$446	\$1,519
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	143	\$255	\$939
	198 NERVE REPAIR AND DESTRUCTION	18	\$1,986	\$2,158
	199 SPINAL TAP	2	\$288	\$1,409
11	EYE AND OCULAR ADNEXA	206	\$2,773	\$2,658
	211 MINOR OPHTHALMOLOGICAL TESTS AND PROCEDURES	1	\$2,205	\$1,530
	214 CATARACT PROCEDURES	171	\$2,783	\$2,904
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	5	\$1,669	\$2,469
	216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	2	\$4,481	\$2,180
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	4	\$1,289	\$2,051
	220 STRABISMUS AND MUSCLE EYE PROCEDURES	8	\$3,355	\$1,849
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	15	\$2,918	\$3,213
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	147	\$1,757	\$2,083
	234 COMPLEX FACIAL AND ENT PROCEDURES	4	\$3,257	\$4,171
	235 SIMPLE FACIAL AND ENT PROCEDURES	81	\$1,507	\$1,547
	236 TONSIL AND ADENOID PROCEDURES	62	\$1,986	\$1,824

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, 2004
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	1,328	58.1	120,006	54.8
Male	958	41.9	98,888	45.2
Unknown	0	0.0	8	0.0
Not Reported	0	0.0	4	0.0
AGE				
1-28 days	0	0.0	376	0.2
29-365 days	48	2.1	2,969	1.4
1-4 years	64	2.8	11,176	5.1
5-9	47	2.1	6,445	2.9
10-14	37	1.6	5,080	2.3
15-17	39	1.7	5,201	2.4
18-19	38	1.7	3,849	1.8
20-24	107	4.7	11,707	5.3
25-29	118	5.2	12,626	5.8
30-34	137	6.0	11,936	5.5
35-39	109	4.8	11,960	5.5
40-44	166	7.3	14,821	6.8
45-49	167	7.3	17,215	7.9
50-54	158	6.9	22,033	10.1
55-59	129	5.6	18,759	8.6
60-64	180	7.9	16,305	7.4
65-69	212	9.3	13,961	6.4
70-74	182	8.0	12,040	5.5
75-79	161	7.0	10,224	4.7
80-84	130	5.7	6,733	3.1
85-89	43	1.9	2,713	1.2
90 +	14	0.6	777	0.4
Not Reported	0	0.0	376	0.2
SOURCE OF ADMISSION				
Physician Referral	2,196	96.1	195,236	89.2
Clinic Referral	4	0.2	774	0.4
HMO Referral	0	0.0	2,769	1.3
Other Hospital	0	0.0	81	0.0
Skilled Nursing Facility	0	0.0	18	0.0
Other Health Care Facility	1	0.0	22	0.0
Emergency Room	63	2.8	4,435	2.0
Court/Law Enforcement	0	0.0	1	0.0
Unknown	0	0.0	469	0.2
Not Reported	22	1.0	15,101	6.9

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
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	2,279	99.7	218,417	99.8
Another Hospital	2	0.1	114	0.1
Skilled Nursing Facility	3	0.1	87	0.0
Intermediate Care Facility	0	0.0	11	0.0
Another Type of Institution	0	0.0	39	0.0
Under Care of Home Service	1	0.0	141	0.1
Left Against Medical Advice	0	0.0	13	0.0
Under Care of Home IV Provider	1	0.0	7	0.0
Expired	0	0.0	14	0.0
Unknown	0	0.0	59	0.0
Not Reported	0	0.0	4	0.0
PRIMARY PAYER				
Medicare	750	32.8	47,125	21.5
Medicaid	159	7.0	15,764	7.2
Other government	15	0.7	4,030	1.8
Blue Cross/Blue Shield	341	14.9	30,905	14.1
Other Commercial	105	4.6	15,943	7.3
Managed Care(HMO, PPO)	842	36.8	95,785	43.8
Self Pay	19	0.8	3,566	1.6
Industrial & Worker Comp	33	1.4	4,109	1.9
Charity and Unclassified	22	1.0	322	0.1
Childrens Health Insurance	0	0.0	273	0.1
Unknown	0	0.0	1,005	0.5
Not Reported	0	0.0	79	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	2,068	90.5	14,650	6.7
Central Utah	1	0.0	7,259	3.3
Davis County	13	0.6	25,726	11.8
Salt Lake County	7	0.3	74,490	34.0
Southeastern Utah	2	0.1	4,561	2.1
Southwest Utah	1	0.0	10,818	4.9
Summit County	0	0.0	2,876	1.3
Tooele County	2	0.1	4,235	1.9
Tri-County	1	0.0	9,559	4.4
Utah County	3	0.1	33,718	15.4
Wasatch County	0	0.0	1,643	0.8
Weber County	104	4.5	19,808	9.0
Unknown Utah	1	0.0	76	0.0
Outside Utah	83	3.6	9,321	4.3
Unknown, Not Reported	0	0.0	166	0.1

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

AMB ST 1-1

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
 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)	6,110	100.0	306,368	100.0
Mastectomy (85.0-85.99)	45	0.7	7,302	2.4
Musculoskeletal (76.0-84.99)	2,717	44.5	61,162	20.0
Respiratory (30.0-34.99)	27	0.4	3,337	1.1
Cardiovascular (35.0-39.99)	66	1.1	17,761	5.8
Lymphatic/Hemetic (40.0-41.99)	13	0.2	2,849	0.9
Digestive System (42.0-54.99)	244	4.0	97,896	32.0
Urinary (55.0-59.99)	113	1.8	8,268	2.7
Male Genital (60.0-64.99)	55	0.9	3,711	1.2
Female Genital (65.0-71.99)	305	5.0	14,242	4.6
Endocrine/Nervous (01.0-07.99)	234	3.8	25,908	8.5
Eye (08.0-16.99)	88	1.4	19,800	6.5
Ear (18.0-20.99)	744	12.2	14,521	4.7
Nose, Mouth, Pharynx (21.0-29.99)	1,459	23.9	29,611	9.7
Reporting Category(CPT-4 CODES)	4,868	100.0	300,811	100.0
Mastectomy (19120-19220)	44	0.9	3,078	1.0
Musculoskeletal (20000-29909)	2,126	43.7	58,688	19.5
Respiratory (30000-32999 & 39501-39599)	776	15.9	13,089	4.4
Cardiovascular (33010-37799 & 93501-93660)	107	2.2	51,568	17.1
Lymphatic/Hemetic (38100-38999)	13	0.3	2,778	0.9
Digestive (40490-49999)	777	16.0	104,073	34.6
Urinary (50010-53899)	144	3.0	8,888	3.0
Male Genital (54000-55899)	52	1.1	3,219	1.1
Female Genital (56405-58999)	175	3.6	10,706	3.6
Endocrine/Nervous (60000-64999)	173	3.6	25,132	8.4
Eye (65091-68899)	50	1.0	11,602	3.9
Ear (69000-69979)	431	8.9	7,990	2.7

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.

AMB ST 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
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		6,110	100.0	100.0
2001	MYRINGOTOMY W/INSRT TUBE	638	10.4	3.86
8026	ARTHSCPY-KNEE	469	7.7	0.81
283	TONSILLECTOMY W/ADENOIDECTOMY	268	4.4	1.75
806	EXC SEMILUNAR CARTILAGE-KNEE	268	4.4	1.78
0443	RELEASE CARPAL TUNNEL	181	3.0	1.17
8021	ARTHSCPY-SHLDR	154	2.5	0.36
2169	OTH TURBINECTOMY	150	2.5	0.67
2263	ETHMOIDECTOMY	126	2.1	0.51
2219	OTH DX PROC NASAL SINUSES	121	2.0	0.13
8183	OTH REPR SHLDR	119	1.9	0.73
8086	OTH LOC EXC/DESTRUC JT LES-KNEE	110	1.8	1.06
2349	OTH DENTAL RESTORATION	105	1.7	0.15
222	INTRANASAL ANTROTOMY	101	1.7	0.33
8081	OTH LOC EXC/DESTRUC JT LES-SHLDR	91	1.5	0.42
8145	OTH REPR CRUCIATE LIGAMNT	91	1.5	0.56
8023	ARTHSCPY-WRIST	88	1.4	0.11
282	TONSILLECTOMY WO ADENOIDECTOMY	86	1.4	0.64
7781	OTH PART OSTEC-SCAPULA-CLAV-THOR	82	1.3	0.50
2188	OTH SEPTOPLASTY	76	1.2	0.62
215	SUBMUCOUS RESECT NASAL SEPTUM	74	1.2	0.12
CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		4,868	100.0	100.0
69436	TYMPANOSTOMY GENERAL ANESTHESIA	329	6.8	2.04
42820	T&A; UNDER AGE 12	221	4.5	1.38
29881	SCOPE KNEE SURG;W/MENISCECT MED/	212	4.4	1.45
30140	SUBMUCOS RES TURBINATE PART/CMPL	150	3.1	0.56
30520	SEPTOPLASTY/SUBMUCOS RES W/GFT	145	3.0	0.71
29826	SCOPE SHOULDER; DECOMP SUBACROM	116	2.4	0.87
41899	UNLIST PROC DENTOALVEOL STRUCTUR	108	2.2	1.36
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	102	2.1	0.75
31256	NASL/SINUS ENDO SURG W/MAX ANTRO	101	2.1	0.28
20680	REMOVAL OF IMPLANT; DEEP	93	1.9	0.81
29888	ARTHSCPY AIDED ACL REPR/AUG/RECO	93	1.9	0.53
31255	NASAL/SINUS ENDO; W/TOT ETHMOECT	83	1.7	0.32
50590	LITHOTRIPSY XTRACORP SHOCK WAVE	77	1.6	0.28
29824	SCOPE SHLDR SURG;DIST CLAVICULEC	76	1.6	0.31
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	76	1.6	0.52
29877	SCOPE KNEE SURG; DEBRID/SHAVE CA	72	1.5	1.08
42830	ADENOIDECTOMY PRIMARY; UNDER AGE	69	1.4	0.36
29848	ENDO WRST SURG REL TRNS CARP LIG	64	1.3	0.29
49505	REPR INIT ING HERNIA 5YR/MORE; R	63	1.3	0.99
26055	TENDON SHEATH INCISION	57	1.2	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, 2004
 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 CHRG	AVE TOT CHRG(ALL Hospitals)
ICD-9 Procedures		1,292	\$2,591	\$2,729
283	TONSILLECTOMY W/ADENOIDECTOMY	176	\$1,401	\$1,783
2349	OTH DENTAL RESTORATION	102	\$2,698	\$2,512
282	TONSILLECTOMY WO ADENOIDECTOMY	62	\$1,669	\$2,027
0443	RELEASE CARPAL TUNNEL	45	\$1,401	\$1,950
8521	LOC EXC LES BREAST	34	\$1,910	\$2,337
5123	LAP CHOLEY	31	\$5,763	\$5,384
8201	EXPLOR TENDON SHEATH HAND	30	\$1,555	\$1,775
8051	EXC INTERVERTEBRAL DISC	29	\$3,535	\$6,455
5304	UNILAT REPR INDIRECT ING HERN-GFT	24	\$2,391	\$3,302
7867	REMOV IMPLNT DEVICE-TIBIA & FIB	24	\$1,931	\$2,265
194	MYRINGOPLASTY	20	\$1,407	\$2,536
5303	UNILAT REPR DIRECT ING HERN-GFT	20	\$2,644	\$3,282
6952	ASPIR CURET FOLLOWING DELIV/AB	20	\$1,508	\$2,058
7936	OP REDUC FX W/INT FIX-TIBIA & FIB	19	\$4,199	\$4,814
7932	OP REDUC FX W/INT FIX-RADIUS & ULNA	18	\$5,889	\$5,308
8221	EXC LES TENDON SHEATH HAND	18	\$1,790	\$1,963
2171	CLO REDUC NASAL FX	16	\$1,428	\$1,744
7869	REMOV IMPLNT DEVICE-OTH BONE	16	\$1,962	\$2,818
7751	BUNIONEC SOFT-OSTEOT 1ST METATARS	12	\$2,712	\$3,158
7933	OP REDUC W/INT FIX-CARP-METACARP	12	\$3,524	\$3,578
CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
CPT-4 Procedures		2,124	\$2,618	\$2,356
69436	TYMPANOSTOMY GENERAL ANESTHESIA	186	\$1,007	\$1,067
29881	SCOPE KNEE SURG;W/MENISCECT MED/	140	\$3,073	\$3,483
42820	T&A; UNDER AGE 12	123	\$1,347	\$1,711
41899	UNLIST PROC DENTOALVEOL STRUCTUR	99	\$2,690	\$2,179
50590	LITHOTRIPSY XTRACORP SHOCK WAVE	73	\$1,806	\$7,612
29877	SCOPE KNEE SURG; DEBRID/SHAVE CA	60	\$3,010	\$3,337
29848	ENDO WRST SURG REL TRNS CARP LIG	58	\$1,752	\$2,278
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	56	\$1,706	\$2,069
20680	REMOVAL OF IMPLANT; DEEP	53	\$2,030	\$2,370
49505	REPR INIT ING HERNIA 5YR/MORE; R	49	\$2,659	\$3,146
64721	NEUROPLASTY; MEDIAN @ CARPAL TUN	44	\$1,395	\$1,918
27570	MANIP KNEE JNT UNDER GEN ANESTHE	41	\$1,671	\$2,416
29880	SCOPE KNEE SURG;W/MENISCECT MED&	37	\$3,253	\$3,728
58353	ENDOMET ABLAT THERM W/O SCOPE GU	37	\$3,193	\$3,602
42821	T&A; AGE 12 OR OVER	34	\$1,624	\$1,992
66984	EXTRACAPSULAR CATARACT REMV IOL	30	\$3,699	\$2,889
19120	EXC BRST CYST TUMR/LES OPN M/F 1	27	\$1,639	\$2,325
47562	LAPAROSCOPY SURGICAL; CHOLECT	27	\$5,630	\$5,197
63030	LAMINOT W/ DECOMP; 1 INTERSPACE	27	\$3,542	\$6,587
29888	ARTHSCPY AIDED ACL REPR/AUG/RECO	25	\$8,510	\$7,396

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

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
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)
01	INTEGUMENTARY SYSTEM	128	9,617
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	2	3,147
	003 COMPLEX INCISION AND DRAINAGE	1	92
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	21	1,092
	008 SIMPLE EXCISION AND BIOPSY	30	887
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRANGE	30	1,126
	011 SIMPLE INCISION AND EXCISION OF BREAST	42	2,684
	012 BREAST RECONSTRUCTION AND MASTECTOMY	2	392
02	MUSCULOSKELETAL SYSTEM	2,004	52,555
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	216	6,223
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	50	2,056
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	80	1,930
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	393	10,991
	025 ARTHROSCOPY	1,032	22,451
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	7	660
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	116	3,677
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	47	417
	032 BUNION PROCEDURES	37	1,612
	033 ARTHROPLASTY	22	497
	034 HAND AND FOOT TENOTOMY	1	293
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	3	1,528
03	RESPIRATORY SYSTEM	360	7,438
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	2	747
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	350	4,704
	054 SIMPLE ENDOSCOPY OF THE UPPER AIRWAY	8	333
04	CARDIOVASCULAR SYSTEM	83	32,609
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	6	820
	080 MINOR VASCULAR REPAIR AND FISTULA CONSTRUCTION	15	852
	081 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	16	483
	082 VASCULAR LIGATION	46	864
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	14	2,811
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	14	1,766
06	DIGESTIVE SYSTEM	254	91,524
	119 HERNIA AND HYDROCELE PROCEDURES	124	7,192
	120 COMPLEX ANAL AND RECTAL PROCEDURES	13	896
	121 SIMPLE ANAL AND RECTAL PROCEDURES	5	571
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	2	545
	123 COMPLEX LAPAROSCOPIC PROCEDURES	109	14,566
	124 SIMPLE LAPAROSCOPIC PROCEDURES	1	191
07	URINARY SYSTEM	143	7,571
	131 RENAL EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	77	851
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	47	3,257
	135 MODERATE CYSTOURETHROSCOPY	13	2,205
	136 SIMPLE CYSTOURETHROSCOPY	2	648
	138 SIMPLE URETHRAL PROCEDURES	4	103
08	MALE GENITAL SYSTEM	48	2,927

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
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)
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	31	1,396
	152 INSERTION OF PENILE PROSTHESIS	1	92
	153 COMPLEX PENILE PROCEDURES	6	435
	154 SIMPLE PENILE PROCEDURES	10	748
09	FEMALE GENITAL SYSTEM	124	6,182
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	48	1,463
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	22	1,400
	178 DILATION AND CURETTAGE	11	810
	179 HYSTEROSCOPY	41	2,308
	180 COLPOSCOPY	2	200
10	NERVOUS SYSTEM	142	21,547
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	3	15,863
	196 REVISION AND REMOVAL OF NEUROLOGICAL DEVICE	2	181
	198 NERVE REPAIR AND DESTRUCTION	136	4,278
	199 SPINAL TAP	1	756
11	EYE AND OCULAR ADNEXA	49	11,356
	214 CATARACT PROCEDURES	32	4,684
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	9	505
	216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	2	375
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	1	186
	220 STRABISMUS AND MUSCLE EYE PROCEDURES	1	975
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	2	504
	223 VITRECTOMY	2	1,672
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	1,430	28,651
	233 NASAL CAUTERIZATION AND PACKING	35	207
	234 COMPLEX FACIAL AND ENT PROCEDURES	242	5,185
	235 SIMPLE FACIAL AND ENT PROCEDURES	721	14,996
	236 TONSIL AND ADENOID PROCEDURES	432	8,225

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, 2004
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 CHR(ALL Hospitals)
01	INTEGUMENTARY SYSTEM	94	\$2,315	\$2,400
	003 COMPLEX INCISION AND DRAINAGE	1	\$2,442	\$3,064
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	16	\$2,148	\$2,565
	008 SIMPLE EXCISION AND BIOPSY	18	\$1,742	\$2,299
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRAN	22	\$3,499	\$2,920
	011 SIMPLE INCISION AND EXCISION OF BREAST	35	\$1,916	\$2,578
	012 BREAST RECONSTRUCTION AND MASTECTOMY	2	\$2,697	\$4,433
02	MUSCULOSKELETAL SYSTEM	851	\$3,154	\$3,512
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	83	\$3,651	\$5,140
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	24	\$3,789	\$3,702
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	10	\$3,040	\$4,004
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	148	\$1,991	\$2,374
	025 ARTHROSCOPY	430	\$3,361	\$3,951
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	4	\$2,406	\$2,582
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	84	\$4,244	\$4,121
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	43	\$1,716	\$2,448
	032 BUNION PROCEDURES	14	\$2,736	\$3,335
	033 ARTHROPLASTY	11	\$3,806	\$4,516
03	RESPIRATORY SYSTEM	13	\$2,193	\$1,808
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	13	\$2,193	\$3,079
04	CARDIOVASCULAR SYSTEM	15	\$3,027	\$7,486
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	4	\$1,418	\$2,988
	080 MINOR VASCULAR REPAIR AND FISTULA CONSTRUCTION	8	\$3,560	\$3,982
	082 VASCULAR LIGATION	3	\$3,751	\$4,226
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	10	\$3,610	\$3,893
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	10	\$3,610	\$4,071
06	DIGESTIVE SYSTEM	177	\$3,376	\$1,913
	119 HERNIA AND HYDROCELE PROCEDURES	94	\$2,661	\$3,001
	120 COMPLEX ANAL AND RECTAL PROCEDURES	13	\$2,544	\$2,412
	121 SIMPLE ANAL AND RECTAL PROCEDURES	5	\$1,492	\$2,116
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	2	\$1,799	\$2,759
	123 COMPLEX LAPAROSCOPIC PROCEDURES	63	\$4,814	\$5,244
07	URINARY SYSTEM	127	\$2,253	\$4,118
	131 RENAL EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	73	\$1,806	\$7,612
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	41	\$3,017	\$3,980
	135 MODERATE CYSTOURETHROSCOPY	10	\$2,685	\$2,966
	138 SIMPLE URETHRAL PROCEDURES	3	\$1,240	\$1,730
08	MALE GENITAL SYSTEM	34	\$2,869	\$2,884
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	18	\$2,708	\$2,325
	152 INSERTION OF PENILE PROSTHESIS	1	\$11,228	\$15,341
	153 COMPLEX PENILE PROCEDURES	5	\$3,765	\$2,606
	154 SIMPLE PENILE PROCEDURES	10	\$1,876	\$1,709
09	FEMALE GENITAL SYSTEM	76	\$2,840	\$3,249
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	39	\$3,232	\$4,142
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	6	\$2,002	\$2,642

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
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 CHR(ALL Hospitals)
	178 DILATION AND CURETTAGE	5	\$2,200	\$1,880
	179 HYSTEROSCOPY	26	\$2,569	\$3,776
10	NERVOUS SYSTEM	61	\$2,030	\$1,519
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	1	\$582	\$939
	196 REVISION AND REMOVAL OF NEUROLOGICAL DEVICE	2	\$12,922	\$5,797
	198 NERVE REPAIR AND DESTRUCTION	57	\$1,680	\$2,158
	199 SPINAL TAP	1	\$1,641	\$1,409
11	EYE AND OCULAR ADNEXA	44	\$2,943	\$2,658
	214 CATARACT PROCEDURES	30	\$3,699	\$2,904
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	9	\$1,340	\$2,469
	216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	2	\$1,216	\$2,180
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	1	\$1,361	\$2,051
	220 STRABISMUS AND MUSCLE EYE PROCEDURES	1	\$1,482	\$1,849
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	1	\$1,175	\$1,662
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	596	\$1,674	\$2,083
	233 NASAL CAUTERIZATION AND PACKING	3	\$1,485	\$2,238
	234 COMPLEX FACIAL AND ENT PROCEDURES	35	\$3,804	\$4,171
	235 SIMPLE FACIAL AND ENT PROCEDURES	338	\$1,581	\$1,547
	236 TONSIL AND ADENOID PROCEDURES	220	\$1,480	\$1,824

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, 2004
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	1,637	51.0	120,006	54.8
Male	1,573	49.0	98,888	45.2
Unknown	0	0.0	8	0.0
Not Reported	0	0.0	4	0.0
AGE				
1-28 days	0	0.0	376	0.2
29-365 days	83	2.6	2,969	1.4
1-4 years	388	12.1	11,176	5.1
5-9	185	5.8	6,445	2.9
10-14	129	4.0	5,080	2.3
15-17	130	4.0	5,201	2.4
18-19	124	3.9	3,849	1.8
20-24	236	7.4	11,707	5.3
25-29	211	6.6	12,626	5.8
30-34	176	5.5	11,936	5.5
35-39	172	5.4	11,960	5.5
40-44	218	6.8	14,821	6.8
45-49	237	7.4	17,215	7.9
50-54	233	7.3	22,033	10.1
55-59	153	4.8	18,759	8.6
60-64	128	4.0	16,305	7.4
65-69	126	3.9	13,961	6.4
70-74	125	3.9	12,040	5.5
75-79	95	3.0	10,224	4.7
80-84	40	1.2	6,733	3.1
85-89	16	0.5	2,713	1.2
90 +	5	0.2	777	0.4
Not Reported	0	0.0	376	0.2
SOURCE OF ADMISSION				
Physician Referral	15	0.5	195,236	89.2
Clinic Referral	10	0.3	774	0.4
HMO Referral	2,719	84.7	2,769	1.3
Other Hospital	0	0.0	81	0.0
Skilled Nursing Facility	0	0.0	18	0.0
Other Health Care Facility	0	0.0	22	0.0
Emergency Room	0	0.0	4,435	2.0
Court/Law Enforcement	0	0.0	1	0.0
Unknown	466	14.5	469	0.2
Not Reported	0	0.0	15,101	6.9

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
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	3,210	100.0	218,417	99.8
Another Hospital	0	0.0	114	0.1
Skilled Nursing Facility	0	0.0	87	0.0
Intermediate Care Facility	0	0.0	11	0.0
Another Type of Institution	0	0.0	39	0.0
Under Care of Home Service	0	0.0	141	0.1
Left Against Medical Advice	0	0.0	13	0.0
Under Care of Home IV Provider	0	0.0	7	0.0
Expired	0	0.0	14	0.0
Unknown	0	0.0	59	0.0
Not Reported	0	0.0	4	0.0
PRIMARY PAYER				
Medicare	436	13.6	47,125	21.5
Medicaid	380	11.8	15,764	7.2
Other government	39	1.2	4,030	1.8
Blue Cross/Blue Shield	1,236	38.5	30,905	14.1
Other Commercial	329	10.2	15,943	7.3
Managed Care(HMO, PPO)	591	18.4	95,785	43.8
Self Pay	0	0.0	3,566	1.6
Industrial & Worker Comp	119	3.7	4,109	1.9
Charity and Unclassified	2	0.1	322	0.1
Childrens Health Insurance	1	0.0	273	0.1
Unknown	0	0.0	1,005	0.5
Not Reported	77	2.4	79	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	2,548	79.4	14,650	6.7
Central Utah	0	0.0	7,259	3.3
Davis County	27	0.8	25,726	11.8
Salt Lake County	18	0.6	74,490	34.0
Southeastern Utah	0	0.0	4,561	2.1
Southwest Utah	2	0.1	10,818	4.9
Summit County	0	0.0	2,876	1.3
Tooele County	1	0.0	4,235	1.9
Tri-County	2	0.1	9,559	4.4
Utah County	5	0.2	33,718	15.4
Wasatch County	1	0.0	1,643	0.8
Weber County	52	1.6	19,808	9.0
Unknown Utah	4	0.1	76	0.0
Outside Utah	550	17.1	9,321	4.3
Unknown, Not Reported	0	0.0	166	0.1

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

AMB ST 1-1
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
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)	3,979	100.0	306,368	100.0
Mastectomy (85.0-85.99)	86	2.2	7,302	2.4
Musculoskeletal (76.0-84.99)	737	18.5	61,162	20.0
Respiratory (30.0-34.99)	13	0.3	3,337	1.1
Cardiovascular (35.0-39.99)	5	0.1	17,761	5.8
Lymphatic/Hemetic (40.0-41.99)	28	0.7	2,849	0.9
Digestive System (42.0-54.99)	1,435	36.1	97,896	32.0
Urinary (55.0-59.99)	120	3.0	8,268	2.7
Male Genital (60.0-64.99)	136	3.4	3,711	1.2
Female Genital (65.0-71.99)	103	2.6	14,242	4.6
Endocrine/Nervous (01.0-07.99)	264	6.6	25,908	8.5
Eye (08.0-16.99)	2	0.1	19,800	6.5
Ear (18.0-20.99)	312	7.8	14,521	4.7
Nose,Mouth,Pharynx (21.0-29.99)	738	18.5	29,611	9.7
Reporting Category(CPT-4 CODES)	3,880	100.0	300,811	100.0
Mastectomy (19120-19220)	51	1.3	3,078	1.0
Musculoskeletal (20000-29909)	791	20.4	58,688	19.5
Respiratory (30000-32999 & 39501-39599)	449	11.6	13,089	4.4
Cardiovascular (33010-37799 & 93501-93660)	61	1.6	51,568	17.1
Lymphatic/Hemetic (38100-38999)	33	0.9	2,778	0.9
Digestive (40490-49999)	1,669	43.0	104,073	34.6
Urinary (50010-53899)	207	5.3	8,888	3.0
Male Genital (54000-55899)	120	3.1	3,219	1.1
Female Genital (56405-58999)	78	2.0	10,706	3.6
Endocrine/Nervous (60000-64999)	253	6.5	25,132	8.4
Eye (65091-68899)	0	0.0	11,602	3.9
Ear (69000-69979)	168	4.3	7,990	2.7

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.

AMB ST 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
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		3,979	100.0	100.0
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	372	9.3	5.52
2001	MYRINGOTOMY W/INSRT TUBE	278	7.0	3.86
4523	COLONOSCOPY	224	5.6	6.27
283	TONSILLECTOMY W/ADENOIDECTOMY	196	4.9	1.75
4542	ENDO POLYPECTOMY LG INTESTINE	174	4.4	3.42
0443	RELEASE CARPAL TUNNEL	146	3.7	1.17
4525	CLO [ENDO] BX LG INTESTINE	140	3.5	2.50
2162	FX TURBINATES	120	3.0	0.18
5123	LAP CHOLEY	115	2.9	2.03
2188	OTH SEPTOPLASTY	90	2.3	0.62
806	EXC SEMILUNAR CARTILAGE-KNEE	79	2.0	1.78
2169	OTH TURBINECTOMY	71	1.8	0.67
6011	CLO [PERCUT] [NEEDLE] BX PROSTATE	70	1.8	0.04
4836	[ENDO] POLYPECTOMY RECTUM	59	1.5	1.06
0392	INJ OTH AGENT SPINAL CANAL	53	1.3	2.72
2262	EXC LES MAXIL SINUS W/OTH APPRCH	53	1.3	0.23
5732	OTH CYSTOSCOPY	49	1.2	0.56
4824	CLO [ENDO] BX RECTUM	48	1.2	0.53
7781	OTH PART OSTEC-SCAPULA-CLAV-THOR	47	1.2	0.50
4513	OTH ENDO SM INTESTINE	46	1.2	1.98
CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		3,880	100.0	100.0
43239	UGI ENDO; W/BX 1/MX	372	9.6	5.29
45378	COLONOSCOPY FLEX; DX-SEP PROC	213	5.5	5.95
45380	COLONOSCOPY FLEX; W/BX 1/MX	177	4.6	3.16
69436	TYMPANOSTOMY GENERAL ANESTHESIA	145	3.7	2.04
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	122	3.1	2.89
30930	FRACTURE NASL TURBINATE THERAPEU	120	3.1	0.18
42820	T&A; UNDER AGE 12	119	3.1	1.38
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	113	2.9	0.75
55700	BX PROS; NDLE/PUNCH 1/MX ANY APP	95	2.4	0.05
30520	SEPTOPLASTY/SUBMUCOS RES W/GFT	94	2.4	0.71
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	86	2.2	1.20
42821	T&A; AGE 12 OR OVER	79	2.0	0.34
30140	SUBMUCOS RES TURBINATE PART/CMPL	64	1.6	0.56
29881	SCOPE KNEE SURG;W/MENISCECT MED/	61	1.6	1.45
49505	REPR INIT ING HERNIA 5YR/MORE; R	56	1.4	0.99
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	52	1.3	1.23
31267	NASL/SINUS ENDO; W/TISS REMV MAX	50	1.3	0.21
45383	COLONOSCOPY FLEX; W/ABLAT LES	47	1.2	0.12
50590	LITHOTRIPSY XTRACORP SHOCK WAVE	45	1.2	0.28
23120	CLAVICULECTOMY; PARTIAL	44	1.1	0.19

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, 2004
 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		1,787	\$3,422	\$2,729
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	220	\$1,512	\$1,145
4523	COLONOSCOPY	170	\$1,166	\$874
283	TONSILLECTOMY W/ADENOIDECTOMY	114	\$1,961	\$1,783
4542	ENDO POLYPECTOMY LG INTESTINE	111	\$1,579	\$1,132
5123	LAP CHOLEY	92	\$8,850	\$5,384
6011	CLO [PERCUT] [NEEDLE] BX PROSTATE	69	\$990	\$1,315
0443	RELEASE CARPAL TUNNEL	64	\$3,205	\$1,950
4525	CLO [ENDO] BX LG INTESTINE	61	\$1,656	\$1,249
0392	INJ OTH AGENT SPINAL CANAL	52	\$409	\$773
5732	OTH CYSTOSCOPY	41	\$3,505	\$3,607
6097	OTH TRNSUR DESTR PROS TISS OTH THRM	34	\$6,963	\$5,781
4701	LAP APPENDECTOMY	28	\$9,172	\$6,923
8521	LOC EXC LES BREAST	28	\$4,660	\$2,337
4836	[ENDO] POLYPECTOMY RECTUM	25	\$1,478	\$1,056
4513	OTH ENDO SM INTESTINE	23	\$2,313	\$1,066
7902	CLO REDUC FX WO INT FIX-RADIUS-ULNA	23	\$4,292	\$2,240
806	EXC SEMILUNAR CARTILAGE-KNEE	23	\$4,557	\$3,608
8086	OTH LOC EXC/DESTRUC JT LES-KNEE	19	\$4,725	\$3,312
5304	UNILAT REPR INDIRECT ING HERN-GFT	18	\$5,585	\$3,302
5749	OTH TRANSURETH EXC/DEST LES BLADDER	16	\$3,551	\$3,235

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
CPT-4 Procedures		2,027	\$3,283	\$2,356
43239	UGI ENDO; W/BX 1/MX	220	\$1,512	\$1,141
45378	COLONOSCOPY FLEX; DX-SEP PROC	159	\$1,167	\$868
45380	COLONOSCOPY FLEX; W/BX 1/MX	113	\$1,602	\$1,223
69436	TYMPANOSTOMY GENERAL ANESTHESIA	90	\$1,124	\$1,067
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	87	\$1,621	\$1,120
64721	NEUROPLASTY; MEDIAN @ CARPAL TUN	79	\$3,476	\$1,918
42820	T&A; UNDER AGE 12	69	\$1,917	\$1,711
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	69	\$8,997	\$5,482
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	51	\$409	\$881
49505	REPR INIT ING HERNIA 5YR/MORE; R	48	\$5,557	\$3,146
55700	BX PROS; NDLE/PUNCH 1/MX ANY APP	44	\$1,020	\$1,443
42821	T&A; AGE 12 OR OVER	43	\$2,024	\$1,992
29881	SCOPE KNEE SURG;W/MENISCECT MED/	35	\$4,495	\$3,483
45383	COLONOSCOPY FLEX; W/ABLAT LES	34	\$1,494	\$1,089
50590	LITHOTRIPSY XTRACORP SHOCK WAVE	34	\$10,354	\$7,612
53852	TRNSURETH DSTRUC PROS TISS;RADIO	34	\$6,963	\$5,797
20680	REMOVAL OF IMPLANT; DEEP	30	\$3,572	\$2,370
19120	EXC BRST CYST TUMR/LES OPN M/F 1	29	\$4,691	\$2,325
36415	COLLECTION VENOUS BLD VENIPUNCTU	26	\$342	\$519
52000	CYSTOURETHROSCOPY-SEP PROC	25	\$2,291	\$1,813

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

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
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	140	9,617
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	45	3,147
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	18	1,092
	008 SIMPLE EXCISION AND BIOPSY	12	887
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRANGE	14	1,126
	011 SIMPLE INCISION AND EXCISION OF BREAST	44	2,684
	012 BREAST RECONSTRUCTION AND MASTECTOMY	7	392
02	MUSCULOSKELETAL SYSTEM	723	52,555
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	153	6,223
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	42	2,056
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	9	1,930
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	160	10,991
	025 ARTHROSCOPY	198	22,451
	027 SPLINT, STRAPPING AND CAST REMOVAL	9	72
	028 CLOSED TREATMENT FX & DISLOCATION OF FINGER, TOE & TRUNK	2	47
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	41	660
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	32	3,677
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	7	417
	032 BUNION PROCEDURES	25	1,612
	033 ARTHROPLASTY	9	497
	034 HAND AND FOOT TENOTOMY	1	293
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	35	1,528
03	RESPIRATORY SYSTEM	143	7,438
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	9	747
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	124	4,704
	054 SIMPLE ENDOSCOPY OF THE UPPER AIRWAY	10	333
04	CARDIOVASCULAR SYSTEM	6	32,609
	078 PACEMAKER INSERTION AND REPLACEMENT	1	510
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	2	820
	081 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	2	483
	083 RESUSCITATION AND CARDIOVERSION	1	13
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	33	2,811
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	21	1,766
	097 TRANSFUSION	12	949
06	DIGESTIVE SYSTEM	1,407	91,524
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	3	740
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	6	417
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	401	19,919
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	44	4,997
	117 LOWER GASTROINTESTINAL ENDOSCOPY	569	38,117
	119 HERNIA AND HYDROCELE PROCEDURES	151	7,192
	120 COMPLEX ANAL AND RECTAL PROCEDURES	4	896
	121 SIMPLE ANAL AND RECTAL PROCEDURES	2	571
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	2	545
	123 COMPLEX LAPAROSCOPIC PROCEDURES	224	14,566
	124 SIMPLE LAPAROSCOPIC PROCEDURES	1	191

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

106 Castleview Hospital

procedure APG category	procedure APG	TOTAL #	TOTAL # (ALL Hospitals)
07	URINARY SYSTEM	167	7,571
	131 RENAL EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	45	851
	133 URINARY CATHETERIZATION AND DILATATION	3	395
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	36	3,257
	135 MODERATE CYSTOURETHROSCOPY	46	2,205
	136 SIMPLE CYSTOURETHROSCOPY	33	648
	137 COMPLEX URETHRAL PROCEDURES	1	109
	138 SIMPLE URETHRAL PROCEDURES	3	103
08	MALE GENITAL SYSTEM	154	2,927
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	11	1,396
	153 COMPLEX PENILE PROCEDURES	1	435
	154 SIMPLE PENILE PROCEDURES	13	748
	155 PROSTATE NEEDLE AND PUNCH BIOPSY	129	256
09	FEMALE GENITAL SYSTEM	24	6,182
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	2	1,463
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	9	1,400
	178 DILATION AND CURETTAGE	2	810
	179 HYSTEROSCOPY	10	2,308
	180 COLPOSCOPY	1	200
10	NERVOUS SYSTEM	217	21,547
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	69	15,863
	198 NERVE REPAIR AND DESTRUCTION	141	4,278
	199 SPINAL TAP	7	756
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	767	28,651
	233 NASAL CAUTERIZATION AND PACKING	5	207
	234 COMPLEX FACIAL AND ENT PROCEDURES	128	5,185
	235 SIMPLE FACIAL AND ENT PROCEDURES	399	14,996
	236 TONSIL AND ADENOID PROCEDURES	235	8,225
13	THERAPUTIC AND OTHER RADIOLOGICAL PROCEDURES	38	3,870
	254 MYELOGRAPHY	16	406
	255 MISCELLANEOUS RADIOLOGICAL PROCEDURES WITH CONTRAST	22	1,614

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, 2004
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	93	\$4,184	\$2,400
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	17	\$1,691	\$1,826
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	10	\$3,925	\$2,565
	008 SIMPLE EXCISION AND BIOPSY	8	\$2,982	\$2,299
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRAN	13	\$5,435	\$2,920
	011 SIMPLE INCISION AND EXCISION OF BREAST	38	\$4,943	\$2,578
	012 BREAST RECONSTRUCTION AND MASTECTOMY	7	\$5,540	\$4,433
02	MUSCULOSKELETAL SYSTEM	288	\$4,760	\$3,512
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	31	\$7,206	\$5,140
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	13	\$5,121	\$3,702
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	3	\$5,884	\$4,004
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	72	\$3,750	\$2,374
	025 ARTHROSCOPY	95	\$5,254	\$3,951
	027 SPLINT, STRAPPING AND CAST REMOVAL	9	\$570	\$689
	028 CLOSED TREATMENT FX & DISLOCATION OF FINGER, TOE & TRUNK	1	\$3,443	\$2,523
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	23	\$4,422	\$2,582
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	15	\$8,167	\$4,121
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	2	\$5,451	\$2,448
	032 BUNION PROCEDURES	8	\$4,868	\$3,335
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	16	\$728	\$646
03	RESPIRATORY SYSTEM	8	\$2,007	\$1,808
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	6	\$1,631	\$1,075
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	2	\$3,134	\$3,079
04	CARDIOVASCULAR SYSTEM	2	\$3,851	\$7,486
	081 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	2	\$3,851	\$9,790
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	22	\$4,367	\$3,893
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	12	\$5,277	\$4,071
	097 TRANSFUSION	10	\$3,275	\$2,372
06	DIGESTIVE SYSTEM	892	\$2,979	\$1,913
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	2	\$2,485	\$890
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	6	\$1,346	\$878
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	235	\$1,504	\$1,110
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	20	\$3,032	\$1,563
	117 LOWER GASTROINTESTINAL ENDOSCOPY	399	\$1,426	\$1,017
	119 HERNIA AND HYDROCELE PROCEDURES	83	\$5,510	\$3,001
	120 COMPLEX ANAL AND RECTAL PROCEDURES	4	\$5,284	\$2,412
	121 SIMPLE ANAL AND RECTAL PROCEDURES	1	\$5,835	\$2,116
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	1	\$339	\$2,759
	123 COMPLEX LAPAROSCOPIC PROCEDURES	141	\$8,342	\$5,244
07	URINARY SYSTEM	134	\$4,989	\$4,118
	131 RENAL EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	34	\$10,354	\$7,612
	133 URINARY CATHETERIZATION AND DILATATION	3	\$3,082	\$2,947
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	29	\$4,098	\$3,980
	135 MODERATE CYSTOURETHROSCOPY	38	\$3,079	\$2,966
	136 SIMPLE CYSTOURETHROSCOPY	27	\$2,313	\$2,050

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
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 CHRG	AVE TOT CHRG(ALL Hospitals)
	137 COMPLEX URETHRAL PROCEDURES	1	\$3,557	\$5,173
	138 SIMPLE URETHRAL PROCEDURES	2	\$2,684	\$1,730
08	MALE GENITAL SYSTEM	94	\$3,537	\$2,884
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	5	\$4,326	\$2,325
	153 COMPLEX PENILE PROCEDURES	1	\$8,545	\$2,606
	154 SIMPLE PENILE PROCEDURES	10	\$2,071	\$1,709
	155 PROSTATE NEEDLE AND PUNCH BIOPSY	78	\$3,610	\$3,813
09	FEMALE GENITAL SYSTEM	18	\$4,462	\$3,249
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	1	\$5,947	\$4,142
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	6	\$3,837	\$2,642
	178 DILATION AND CURETTAGE	2	\$3,014	\$1,880
	179 HYSTEROSCOPY	9	\$5,035	\$3,776
10	NERVOUS SYSTEM	159	\$2,194	\$1,519
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	67	\$443	\$939
	198 NERVE REPAIR AND DESTRUCTION	86	\$3,607	\$2,158
	199 SPINAL TAP	6	\$1,493	\$1,409
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	237	\$2,041	\$2,083
	234 COMPLEX FACIAL AND ENT PROCEDURES	12	\$7,245	\$4,171
	235 SIMPLE FACIAL AND ENT PROCEDURES	105	\$1,534	\$1,547
	236 TONSIL AND ADENOID PROCEDURES	120	\$1,964	\$1,824
13	THERAPUTIC AND OTHER RADIOLOGICAL PROCEDURES	38	\$1,512	\$2,912
	254 MYELOGRAPHY	16	\$2,403	\$2,607
	255 MISCELLANEOUS RADIOLOGICAL PROCEDURES WITH CONTRAST	22	\$864	\$2,500

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, 2004
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

106 Castleview Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
GENDER				
Female	1,474	51.7	120,006	54.8
Male	1,376	48.3	98,888	45.2
Unknown	0	0.0	8	0.0
Not Reported	0	0.0	4	0.0
AGE				
1-28 days	2	0.1	376	0.2
29-365 days	31	1.1	2,969	1.4
1-4 years	140	4.9	11,176	5.1
5-9	110	3.9	6,445	2.9
10-14	81	2.8	5,080	2.3
15-17	73	2.6	5,201	2.4
18-19	69	2.4	3,849	1.8
20-24	138	4.8	11,707	5.3
25-29	139	4.9	12,626	5.8
30-34	119	4.2	11,936	5.5
35-39	119	4.2	11,960	5.5
40-44	177	6.2	14,821	6.8
45-49	190	6.7	17,215	7.9
50-54	285	10.0	22,033	10.1
55-59	243	8.5	18,759	8.6
60-64	200	7.0	16,305	7.4
65-69	221	7.8	13,961	6.4
70-74	177	6.2	12,040	5.5
75-79	149	5.2	10,224	4.7
80-84	117	4.1	6,733	3.1
85-89	53	1.9	2,713	1.2
90 +	17	0.6	777	0.4
Not Reported	2	0.1	376	0.2
SOURCE OF ADMISSION				
Physician Referral	2,736	96.0	195,236	89.2
Clinic Referral	6	0.2	774	0.4
HMO Referral	0	0.0	2,769	1.3
Other Hospital	0	0.0	81	0.0
Skilled Nursing Facility	0	0.0	18	0.0
Other Health Care Facility	0	0.0	22	0.0
Emergency Room	108	3.8	4,435	2.0
Court/Law Enforcement	0	0.0	1	0.0
Unknown	0	0.0	469	0.2
Not Reported	0	0.0	15,101	6.9

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
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	2,842	99.7	218,417	99.8
Another Hospital	0	0.0	114	0.1
Skilled Nursing Facility	0	0.0	87	0.0
Intermediate Care Facility	4	0.1	11	0.0
Another Type of Institution	0	0.0	39	0.0
Under Care of Home Service	3	0.1	141	0.1
Left Against Medical Advice	0	0.0	13	0.0
Under Care of Home IV Provider	0	0.0	7	0.0
Expired	1	0.0	14	0.0
Unknown	0	0.0	59	0.0
Not Reported	0	0.0	4	0.0
PRIMARY PAYER				
Medicare	821	28.8	47,125	21.5
Medicaid	399	14.0	15,764	7.2
Other government	8	0.3	4,030	1.8
Blue Cross/Blue Shield	417	14.6	30,905	14.1
Other Commercial	456	16.0	15,943	7.3
Managed Care(HMO, PPO)	628	22.0	95,785	43.8
Self Pay	17	0.6	3,566	1.6
Industrial & Worker Comp	62	2.2	4,109	1.9
Charity and Unclassified	0	0.0	322	0.1
Childrens Health Insurance	0	0.0	273	0.1
Unknown	42	1.5	1,005	0.5
Not Reported	0	0.0	79	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	1	0.0	14,650	6.7
Central Utah	38	1.3	7,259	3.3
Davis County	1	0.0	25,726	11.8
Salt Lake County	6	0.2	74,490	34.0
Southeastern Utah	2,702	94.8	4,561	2.1
Southwest Utah	7	0.2	10,818	4.9
Summit County	0	0.0	2,876	1.3
Tooele County	0	0.0	4,235	1.9
Tri-County	69	2.4	9,559	4.4
Utah County	5	0.2	33,718	15.4
Wasatch County	0	0.0	1,643	0.8
Weber County	1	0.0	19,808	9.0
Unknown Utah	1	0.0	76	0.0
Outside Utah	19	0.7	9,321	4.3
Unknown, Not Reported	0	0.0	166	0.1

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

AMB ST 1-1
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
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)	621	100.0	306,368	100.0
Mastectomy (85.0-85.99)	8	1.3	7,302	2.4
Musculoskeletal (76.0-84.99)	66	10.6	61,162	20.0
Respiratory (30.0-34.99)	0	0.0	3,337	1.1
Cardiovascular (35.0-39.99)	3	0.5	17,761	5.8
Lymphatic/Hemetic (40.0-41.99)	0	0.0	2,849	0.9
Digestive System (42.0-54.99)	404	65.1	97,896	32.0
Urinary (55.0-59.99)	9	1.4	8,268	2.7
Male Genital (60.0-64.99)	3	0.5	3,711	1.2
Female Genital (65.0-71.99)	25	4.0	14,242	4.6
Endocrine/Nervous (01.0-07.99)	21	3.4	25,908	8.5
Eye (08.0-16.99)	0	0.0	19,800	6.5
Ear (18.0-20.99)	45	7.2	14,521	4.7
Nose, Mouth, Pharynx (21.0-29.99)	37	6.0	29,611	9.7
Reporting Category(CPT-4 CODES)	451	100.0	300,811	100.0
Mastectomy (19120-19220)	8	1.8	3,078	1.0
Musculoskeletal (20000-29909)	46	10.2	58,688	19.5
Respiratory (30000-32999 & 39501-39599)	2	0.4	13,089	4.4
Cardiovascular (33010-37799 & 93501-93660)	6	1.3	51,568	17.1
Lymphatic/Hemetic (38100-38999)	1	0.2	2,778	0.9
Digestive (40490-49999)	330	73.2	104,073	34.6
Urinary (50010-53899)	7	1.6	8,888	3.0
Male Genital (54000-55899)	2	0.4	3,219	1.1
Female Genital (56405-58999)	19	4.2	10,706	3.6
Endocrine/Nervous (60000-64999)	5	1.1	25,132	8.4
Eye (65091-68899)	0	0.0	11,602	3.9
Ear (69000-69979)	25	5.5	7,990	2.7

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.

AMB ST 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
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		621	100.0	100.0
4513	OTH ENDO SM INTESTINE	103	16.6	1.98
4523	COLONOSCOPY	54	8.7	6.27
2001	MYRINGOTOMY W/INSRT TUBE	37	6.0	3.86
4525	CLO [ENDO] BX LG INTESTINE	37	6.0	2.50
5123	LAP CHOLEY	35	5.6	2.03
5159	INCIS OTH BILE DUCT	31	5.0	0.02
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	24	3.9	5.52
5451	LAP LYSIS PERITONEAL ADHES	22	3.5	0.27
283	TONSILLECTOMY W/ADENOIDECTOMY	20	3.2	1.75
4542	ENDO POLYPECTOMY LG INTESTINE	16	2.6	3.42
4466	ESOPHAGOGAST SPHINCTER COMPETENCE	12	1.9	0.07
5421	LAPAROSCOPY	10	1.6	0.54
0392	INJ OTH AGENT SPINAL CANAL	9	1.4	2.72
4292	DILAT ESOPH	9	1.4	1.29
5304	UNILAT REPR INDIRECT ING HERN-GFT	9	1.4	0.52
0443	RELEASE CARPAL TUNNEL	8	1.3	1.17
282	TONSILLECTOMY WO ADENOIDECTOMY	8	1.3	0.64
6902	D&C FOLLOWING DELIV/AB	8	1.3	0.23
7756	REPR HAMMER TOE	8	1.3	0.37
5349	OTH UMB HERNIORRHAPHY	7	1.1	0.30
CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		451	100.0	100.0
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	84	18.6	1.28
45378	COLONOSCOPY FLEX; DX-SEP PROC	55	12.2	5.95
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	29	6.4	1.20
45380	COLONOSCOPY FLEX; W/BX 1/MX	25	5.5	3.16
69436	TYMPANOSTOMY GENERAL ANESTHESIA	22	4.9	2.04
43239	UGI ENDO; W/BX 1/MX	21	4.7	5.29
49505	REPR INIT ING HERNIA 5YR/MORE; R	18	4.0	0.99
43280	LAP SURG-ESOPHAGOGASTRIC FUNDOPL	14	3.1	0.07
42820	T&A; UNDER AGE 12	13	2.9	1.38
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	12	2.7	2.89
49320	LAP-ABD DX-W/WO SPECMN-SEP PROC	9	2.0	0.22
19120	EXC BRST CYST TUMR/LES OPN M/F 1	7	1.6	0.59
49585	REPR UMBIL HERNIA 5YR/OVER; RDOC	7	1.6	0.30
42821	T&A; AGE 12 OR OVER	6	1.3	0.34
58120	DILATION & CURET DX &/ THERAPEUT	6	1.3	0.27
36561	INSRT TUNNL CNTRL CVAD PORT; 5 Y	5	1.1	0.08
42825	TONSILLECT PRIM/SEC; UNDER AGE 1	5	1.1	0.11
44970	LAPAROSCOPY SURGICAL APPENDECTOM	5	1.1	0.46
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	5	1.1	0.75
26055	TENDON SHEATH INCISION	4	0.9	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, 2004
 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		330	\$2,013	\$2,729
4513	OTH ENDO SM INTESTINE	76	\$1,112	\$1,066
4523	COLONOSCOPY	38	\$962	\$874
4525	CLO [ENDO] BX LG INTESTINE	30	\$1,255	\$1,249
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	17	\$1,340	\$1,145
283	TONSILLECTOMY W/ADENOIDECTOMY	15	\$2,649	\$1,783
4542	ENDO POLYPECTOMY LG INTESTINE	10	\$1,074	\$1,132
0392	INJ OTH AGENT SPINAL CANAL	9	\$1,191	\$773
5304	UNILAT REPR INDIRECT ING HERN-GFT	9	\$3,263	\$3,302
0443	RELEASE CARPAL TUNNEL	8	\$1,777	\$1,950
282	TONSILLECTOMY WO ADENOIDECTOMY	8	\$2,595	\$2,027
4466	ESOPHAGOGAST SPHINCTER COMPETENCE	8	\$6,706	\$7,448
6902	D&C FOLLOWING DELIV/AB	8	\$2,419	\$2,426
2001	MYRINGOTOMY W/INSRT TUBE	7	\$1,567	\$1,212
5421	LAPAROSCOPY	6	\$4,254	\$3,308
4292	DILAT ESOPH	5	\$1,375	\$1,073
8521	LOC EXC LES BREAST	5	\$2,378	\$2,337
5303	UNILAT REPR DIRECT ING HERN-GFT	4	\$3,588	\$3,282
5349	OTH UMB HERNIORRHAPHY	4	\$2,680	\$2,443
3893	VENOUS CATH-NEC	3	\$2,629	\$2,776
4701	LAP APPENDECTOMY	3	\$7,623	\$6,923

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
CPT-4 Procedures		398	\$2,826	\$2,356
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	66	\$1,156	\$986
45378	COLONOSCOPY FLEX; DX-SEP PROC	39	\$1,068	\$868
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	27	\$5,870	\$5,482
45380	COLONOSCOPY FLEX; W/BX 1/MX	24	\$1,236	\$1,223
69436	TYMPANOSTOMY GENERAL ANESTHESIA	20	\$1,645	\$1,067
43239	UGI ENDO; W/BX 1/MX	18	\$1,406	\$1,141
49505	REPR INIT ING HERNIA 5YR/MORE; R	18	\$3,432	\$3,146
43280	LAP SURG-ESOPHAGOGASTRIC FUNDOPL	14	\$6,952	\$7,697
42820	T&A; UNDER AGE 12	12	\$2,916	\$1,711
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	11	\$1,211	\$1,120
49320	LAP-ABD DX-W/WO SPECMN-SEP PROC	7	\$4,144	\$3,320
49585	REPR UMBIL HERNIA 5YR/OVER; RUC	7	\$5,069	\$3,029
19120	EXC BRST CYST TUMR/LES OPN M/F 1	6	\$3,043	\$2,325
42821	T&A; AGE 12 OR OVER	6	\$2,772	\$1,992
36561	36561	5	\$2,572	\$3,903
42825	TONSILLECT PRIM/SEC; UNDER AGE 1	5	\$2,691	\$1,691
58120	DILATION & CURET DX &/ THERAPEUT	5	\$2,537	\$1,880
64721	NEUROPLASTY; MEDIAN @ CARPAL TUN	5	\$2,033	\$1,918
26055	TENDON SHEATH INCISION	4	\$1,685	\$1,664
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	4	\$2,553	\$2,069

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

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
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	14	9,617
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	1	1,092
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRANGE	5	1,126
	011 SIMPLE INCISION AND EXCISION OF BREAST	8	2,684
02	MUSCULOSKELETAL SYSTEM	46	52,555
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	2	6,223
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	5	1,930
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	24	10,991
	025 ARTHROSCOPY	8	22,451
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	4	3,677
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	1	417
	032 BUNION PROCEDURES	2	1,612
04	CARDIOVASCULAR SYSTEM	1	32,609
	080 MINOR VASCULAR REPAIR AND FISTULA CONSTRUCTION	1	852
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	1	2,811
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	1	1,766
06	DIGESTIVE SYSTEM	307	91,524
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	1	417
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	107	19,919
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	3	4,997
	117 LOWER GASTROINTESTINAL ENDOSCOPY	92	38,117
	119 HERNIA AND HYDROCELE PROCEDURES	33	7,192
	120 COMPLEX ANAL AND RECTAL PROCEDURES	1	896
	123 COMPLEX LAPAROSCOPIC PROCEDURES	70	14,566
07	URINARY SYSTEM	7	7,571
	135 MODERATE CYSTOURETHROSCOPY	1	2,205
	136 SIMPLE CYSTOURETHROSCOPY	2	648
	137 COMPLEX URETHRAL PROCEDURES	1	109
	138 SIMPLE URETHRAL PROCEDURES	3	103
08	MALE GENITAL SYSTEM	2	2,927
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	2	1,396
09	FEMALE GENITAL SYSTEM	9	6,182
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	1	1,463
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	1	1,400
	178 DILATION AND CURETTAGE	6	810
	179 HYSTEROSCOPY	1	2,308
10	NERVOUS SYSTEM	5	21,547
	198 NERVE REPAIR AND DESTRUCTION	5	4,278
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	54	28,651
	234 COMPLEX FACIAL AND ENT PROCEDURES	2	5,185
	235 SIMPLE FACIAL AND ENT PROCEDURES	24	14,996
	236 TONSIL AND ADENOID PROCEDURES	28	8,225

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, 2004
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	12	\$2,766	\$2,400
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRAN	5	\$2,572	\$2,920
	011 SIMPLE INCISION AND EXCISION OF BREAST	7	\$2,905	\$2,578
02	MUSCULOSKELETAL SYSTEM	44	\$3,526	\$3,512
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	2	\$3,602	\$5,140
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	5	\$7,925	\$4,004
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	23	\$2,435	\$2,374
	025 ARTHROSCOPY	8	\$4,226	\$3,951
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	4	\$3,471	\$4,121
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	1	\$1,191	\$2,448
	032 BUNION PROCEDURES	1	\$3,434	\$3,335
04	CARDIOVASCULAR SYSTEM	1	\$3,231	\$7,486
	080 MINOR VASCULAR REPAIR AND FISTULA CONSTRUCTION	1	\$3,231	\$3,982
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	1	\$2,421	\$3,893
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	1	\$2,421	\$4,071
06	DIGESTIVE SYSTEM	263	\$2,801	\$1,913
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	1	\$1,263	\$878
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	86	\$1,351	\$1,110
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	3	\$1,392	\$1,563
	117 LOWER GASTROINTESTINAL ENDOSCOPY	74	\$1,144	\$1,017
	119 HERNIA AND HYDROCELE PROCEDURES	33	\$4,307	\$3,001
	120 COMPLEX ANAL AND RECTAL PROCEDURES	1	\$6,700	\$2,412
	123 COMPLEX LAPAROSCOPIC PROCEDURES	65	\$5,870	\$5,244
07	URINARY SYSTEM	7	\$1,583	\$4,118
	135 MODERATE CYSTOURETHROSCOPY	1	\$2,699	\$2,966
	136 SIMPLE CYSTOURETHROSCOPY	2	\$1,464	\$2,050
	137 COMPLEX URETHRAL PROCEDURES	1	\$1,596	\$5,173
	138 SIMPLE URETHRAL PROCEDURES	3	\$1,286	\$1,730
08	MALE GENITAL SYSTEM	2	\$3,755	\$2,884
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	2	\$3,755	\$2,325
09	FEMALE GENITAL SYSTEM	8	\$3,538	\$3,249
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	1	\$7,609	\$4,142
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	1	\$3,239	\$2,642
	178 DILATION AND CURETTAGE	5	\$2,537	\$1,880
	179 HYSTEROSCOPY	1	\$4,773	\$3,776
10	NERVOUS SYSTEM	5	\$2,033	\$1,519
	198 NERVE REPAIR AND DESTRUCTION	5	\$2,033	\$2,158
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	51	\$2,310	\$2,083
	234 COMPLEX FACIAL AND ENT PROCEDURES	2	\$3,321	\$4,171
	235 SIMPLE FACIAL AND ENT PROCEDURES	22	\$1,630	\$1,547
	236 TONSIL AND ADENOID PROCEDURES	27	\$2,788	\$1,824

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, 2004
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	302	58.6	120,006	54.8
Male	213	41.4	98,888	45.2
Unknown	0	0.0	8	0.0
Not Reported	0	0.0	4	0.0
AGE				
1-28 days	0	0.0	376	0.2
29-365 days	5	1.0	2,969	1.4
1-4 years	44	8.5	11,176	5.1
5-9	16	3.1	6,445	2.9
10-14	12	2.3	5,080	2.3
15-17	26	5.0	5,201	2.4
18-19	11	2.1	3,849	1.8
20-24	34	6.6	11,707	5.3
25-29	38	7.4	12,626	5.8
30-34	43	8.3	11,936	5.5
35-39	29	5.6	11,960	5.5
40-44	25	4.9	14,821	6.8
45-49	47	9.1	17,215	7.9
50-54	55	10.7	22,033	10.1
55-59	33	6.4	18,759	8.6
60-64	47	9.1	16,305	7.4
65-69	24	4.7	13,961	6.4
70-74	11	2.1	12,040	5.5
75-79	7	1.4	10,224	4.7
80-84	5	1.0	6,733	3.1
85-89	2	0.4	2,713	1.2
90 +	1	0.2	777	0.4
Not Reported	0	0.0	376	0.2
SOURCE OF ADMISSION				
Physician Referral	514	99.8	195,236	89.2
Clinic Referral	0	0.0	774	0.4
HMO Referral	0	0.0	2,769	1.3
Other Hospital	0	0.0	81	0.0
Skilled Nursing Facility	0	0.0	18	0.0
Other Health Care Facility	0	0.0	22	0.0
Emergency Room	1	0.2	4,435	2.0
Court/Law Enforcement	0	0.0	1	0.0
Unknown	0	0.0	469	0.2
Not Reported	0	0.0	15,101	6.9

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
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	515	100.0	218,417	99.8
Another Hospital	0	0.0	114	0.1
Skilled Nursing Facility	0	0.0	87	0.0
Intermediate Care Facility	0	0.0	11	0.0
Another Type of Institution	0	0.0	39	0.0
Under Care of Home Service	0	0.0	141	0.1
Left Against Medical Advice	0	0.0	13	0.0
Under Care of Home IV Provider	0	0.0	7	0.0
Expired	0	0.0	14	0.0
Unknown	0	0.0	59	0.0
Not Reported	0	0.0	4	0.0
PRIMARY PAYER				
Medicare	40	7.8	47,125	21.5
Medicaid	97	18.8	15,764	7.2
Other government	5	1.0	4,030	1.8
Blue Cross/Blue Shield	122	23.7	30,905	14.1
Other Commercial	62	12.0	15,943	7.3
Managed Care(HMO, PPO)	181	35.1	95,785	43.8
Self Pay	0	0.0	3,566	1.6
Industrial & Worker Comp	8	1.6	4,109	1.9
Charity and Unclassified	0	0.0	322	0.1
Childrens Health Insurance	0	0.0	273	0.1
Unknown	0	0.0	1,005	0.5
Not Reported	0	0.0	79	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	1	0.2	14,650	6.7
Central Utah	478	92.8	7,259	3.3
Davis County	0	0.0	25,726	11.8
Salt Lake County	1	0.2	74,490	34.0
Southeastern Utah	3	0.6	4,561	2.1
Southwest Utah	2	0.4	10,818	4.9
Summit County	1	0.2	2,876	1.3
Tooele County	3	0.6	4,235	1.9
Tri-County	0	0.0	9,559	4.4
Utah County	23	4.5	33,718	15.4
Wasatch County	0	0.0	1,643	0.8
Weber County	0	0.0	19,808	9.0
Unknown Utah	1	0.2	76	0.0
Outside Utah	2	0.4	9,321	4.3
Unknown, Not Reported	0	0.0	166	0.1

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

AMB ST 1-1
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
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)	27,875	100.0	306,368	100.0
Mastectomy (85.0-85.99)	605	2.2	7,302	2.4
Musculoskeletal (76.0-84.99)	4,077	14.6	61,162	20.0
Respiratory (30.0-34.99)	139	0.5	3,337	1.1
Cardiovascular (35.0-39.99)	643	2.3	17,761	5.8
Lymphatic/Hemetic (40.0-41.99)	151	0.5	2,849	0.9
Digestive System (42.0-54.99)	12,384	44.4	97,896	32.0
Urinary (55.0-59.99)	360	1.3	8,268	2.7
Male Genital (60.0-64.99)	205	0.7	3,711	1.2
Female Genital (65.0-71.99)	1,466	5.3	14,242	4.6
Endocrine/Nervous (01.0-07.99)	896	3.2	25,908	8.5
Eye (08.0-16.99)	3,173	11.4	19,800	6.5
Ear (18.0-20.99)	1,062	3.8	14,521	4.7
Nose, Mouth, Pharynx (21.0-29.99)	2,714	9.7	29,611	9.7
Reporting Category(CPT-4 CODES)	25,864	100.0	300,811	100.0
Mastectomy (19120-19220)	287	1.1	3,078	1.0
Musculoskeletal (20000-29909)	4,205	16.3	58,688	19.5
Respiratory (30000-32999 & 39501-39599)	1,601	6.2	13,089	4.4
Cardiovascular (33010-37799 & 93501-93660)	1,969	7.6	51,568	17.1
Lymphatic/Hemetic (38100-38999)	129	0.5	2,778	0.9
Digestive (40490-49999)	12,750	49.3	104,073	34.6
Urinary (50010-53899)	372	1.4	8,888	3.0
Male Genital (54000-55899)	202	0.8	3,219	1.1
Female Genital (56405-58999)	1,106	4.3	10,706	3.6
Endocrine/Nervous (60000-64999)	899	3.5	25,132	8.4
Eye (65091-68899)	1,752	6.8	11,602	3.9
Ear (69000-69979)	592	2.3	7,990	2.7

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.

AMB ST 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
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				
4523	COLONOSCOPY	2,574	9.2	6.27
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	2,469	8.9	5.52
4542	ENDO POLYPECTOMY LG INTESTINE	1,994	7.2	3.42
1341	PHACOEMULSIFICATION-ASPIR CATARACT	1,363	4.9	1.52
1371	IOL PROSTH-CATARACT EXTRACT-1-STAGE	1,363	4.9	1.51
4525	CLO [ENDO] BX LG INTESTINE	939	3.4	2.50
2001	MYRINGOTOMY W/INSRT TUBE	905	3.2	3.86
4836	[ENDO] POLYPECTOMY RECTUM	716	2.6	1.06
5123	LAP CHOLEY	619	2.2	2.03
283	TONSILLECTOMY W/ADENOIDECTOMY	471	1.7	1.75
4292	DILAT ESOPH	425	1.5	1.29
2169	OTH TURBINECTOMY	382	1.4	0.67
806	EXC SEMILUNAR CARTILAGE-KNEE	382	1.4	1.78
4513	OTH ENDO SM INTESTINE	374	1.3	1.98
2188	OTH SEPTOPLASTY	323	1.2	0.62
8521	LOC EXC LES BREAST	301	1.1	0.93
282	TONSILLECTOMY WO ADENOIDECTOMY	282	1.0	0.64
8086	OTH LOC EXC/DESTRUC JT LES-KNEE	281	1.0	1.06
6823	ENDOMETRIAL ABLATION	211	0.8	0.51
2263	ETHMOIDECTOMY	208	0.7	0.51
CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures				
45378	COLONOSCOPY FLEX; DX-SEP PROC	2,471	9.6	5.95
43239	UGI ENDO; W/BX 1/MX	2,396	9.3	5.29
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	1,890	7.3	2.89
45380	COLONOSCOPY FLEX; W/BX 1/MX	1,487	5.7	3.16
66984	EXTRACAPSULAR CATARACT REMV IOL	1,327	5.1	1.47
47562	LAPAROSCOPY SURGICAL; CHOLECT	582	2.3	0.80
69436	TYMPANOSTOMY GENERAL ANESTHESIA	468	1.8	2.04
30140	SUBMUCOS RES TURBINATE PART/CMPL	367	1.4	0.56
42820	T&A; UNDER AGE 12	342	1.3	1.38
29877	SCOPE KNEE SURG; DEBRID/SHAVE CA	330	1.3	1.08
49505	REPR INIT ING HERNIA 5YR/MORE; R	325	1.3	0.99
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	316	1.2	0.72
30520	SEPTOPLASTY/SUBMUCOS RES W/GFT	301	1.2	0.71
29881	SCOPE KNEE SURG;W/MENISCECT MED/	282	1.1	1.45
93545	INJ PROC-CATH; SELECT CORONRY AN	272	1.1	1.54
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	261	1.0	0.52
93543	INJ PROC-CATH; LT VENT/ATRIAL AN	255	1.0	1.39
93555	IMAG SUPERVS I&R-CATH; VENT/ATRI	250	1.0	1.22
93556	IMAG SUPERVS I&R-CATH; PULM ANGI	246	1.0	1.33
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	230	0.9	1.28

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, 2004
 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 CHRG	AVE TOT CHRG(ALL Hospitals)
ICD-9 Procedures		12,263	\$1,536	\$2,729
4523	COLONOSCOPY	2,257	\$584	\$874
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	1,392	\$587	\$1,145
4542	ENDO POLYPECTOMY LG INTESTINE	1,298	\$677	\$1,132
5123	LAP CHOLEY	566	\$3,392	\$5,384
4525	CLO [ENDO] BX LG INTESTINE	474	\$711	\$1,249
283	TONSILLECTOMY W/ADENOIDECTOMY	414	\$1,145	\$1,783
4836	[ENDO] POLYPECTOMY RECTUM	310	\$648	\$1,056
282	TONSILLECTOMY WO ADENOIDECTOMY	219	\$1,122	\$2,027
4513	OTH ENDO SM INTESTINE	208	\$618	\$1,066
6952	ASPIR CURET FOLLOWING DELIV/AB	204	\$1,498	\$2,058
8521	LOC EXC LES BREAST	189	\$1,511	\$2,337
3722	LT HEART CARD CATH	181	\$3,586	\$5,884
5011	CLO [PERCUT] [NEEDLE] BX LIVER	159	\$1,683	\$1,765
6823	ENDOMETRIAL ABLATION	156	\$3,518	\$4,438
5304	UNILAT REPR INDIRECT ING HERN-GFT	125	\$1,989	\$3,302
0443	RELEASE CARPAL TUNNEL	102	\$1,251	\$1,950
3723	COMBO RT & LT HEART CARD CATH	87	\$4,223	\$6,945
6909	OTH D&C UTERUS	85	\$1,640	\$2,137
806	EXC SEMILUNAR CARTILAGE-KNEE	83	\$2,371	\$3,608
6629	OTH BIL ENDO DESTRUC FALLOP TUBES	82	\$1,990	\$3,129

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
CPT-4 Procedures		13,618	\$1,531	\$2,356
45378	COLONOSCOPY FLEX; DX-SEP PROC	2,178	\$584	\$868
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	1,456	\$679	\$1,120
43239	UGI ENDO; W/BX 1/MX	1,360	\$588	\$1,141
66984	EXTRACAPSULAR CATARACT REMV IOL	1,293	\$2,398	\$2,889
45380	COLONOSCOPY FLEX; W/BX 1/MX	991	\$701	\$1,223
47562	LAPAROSCOPY SURGICAL; CHOLECT	539	\$3,356	\$5,197
69436	TYMPANOSTOMY GENERAL ANESTHESIA	309	\$670	\$1,067
42820	T&A; UNDER AGE 12	291	\$1,077	\$1,711
49505	REPR INIT ING HERNIA 5YR/MORE; R	220	\$2,062	\$3,146
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	201	\$1,134	\$2,069
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	173	\$567	\$986
19120	EXC BRST CYST TUMR/LES OPN M/F 1	157	\$1,467	\$2,325
47000	BIOPSY LIVER NEEDLE; PERCUTANEOU	147	\$1,656	\$1,682
42821	T&A; AGE 12 OR OVER	112	\$1,312	\$1,992
64721	NEUROPLASTY; MEDIAN @ CARPAL TUN	102	\$1,219	\$1,918
20680	REMOVAL OF IMPLANT; DEEP	89	\$1,589	\$2,370
29881	SCOPE KNEE SURG;W/MENISCECT MED/	88	\$2,348	\$3,483
58563	HYSTERO SC SURG; W/ENDOMETRIAL AB	88	\$3,633	\$4,566
58120	DILATION & CURET DX &/ THERAPEUT	87	\$1,556	\$1,880
65730	KERATOPLASTY; PENETRATING	68	\$5,760	\$5,796

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

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
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)
01	INTEGUMENTARY SYSTEM	721	9,617
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	247	3,147
	003 COMPLEX INCISION AND DRAINAGE	3	92
	004 SIMPLE INCISION AND DRAINAGE	3	26
	006 SIMPLE DEBRIDEMENT AND DESTRUCTION	21	157
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	63	1,092
	008 SIMPLE EXCISION AND BIOPSY	69	887
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRANGE	28	1,126
	011 SIMPLE INCISION AND EXCISION OF BREAST	274	2,684
	012 BREAST RECONSTRUCTION AND MASTECTOMY	13	392
02	MUSCULOSKELETAL SYSTEM	3,757	52,555
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	494	6,223
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	152	2,056
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	151	1,930
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	1,069	10,991
	025 ARTHROSCOPY	1,366	22,451
	026 REPLACEMENT OF CAST	1	101
	027 SPLINT, STRAPPING AND CAST REMOVAL	1	72
	028 CLOSED TREATMENT FX & DISLOCATION OF FINGER, TOE & TRUNK	3	47
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	25	660
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	217	3,677
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	15	417
	032 BUNION PROCEDURES	211	1,612
	033 ARTHROPLASTY	21	497
	034 HAND AND FOOT TENOTOMY	24	293
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	7	1,528
03	RESPIRATORY SYSTEM	772	7,438
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	6	747
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	695	4,704
	054 SIMPLE ENDOSCOPY OF THE UPPER AIRWAY	8	333
	055 ENDOSCOPY OF THE LOWER AIRWAY	63	1,654
04	CARDIOVASCULAR SYSTEM	1,733	32,609
	075 PLACEMENT OF TRANSVENOUS CATHETERS	3	119
	076 DIAGNOSTIC CARDIAC CATHETERIZATION	1,372	23,531
	077 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	157	2,136
	078 PACEMAKER INSERTION AND REPLACEMENT	32	510
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	20	820
	080 MINOR VASCULAR REPAIR AND FISTULA CONSTRUCTION	9	852
	081 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	29	483
	082 VASCULAR LIGATION	111	864
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	156	2,811
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	156	1,766
06	DIGESTIVE SYSTEM	11,879	91,524
	111 ALIMENTARY TESTS AND SIMPLE TUBE PLACEMENT	1	296
	112 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	96	1,234
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	52	740

AMB ST 1-4

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
 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	43	417
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	2,632	19,919
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	567	4,997
	117 LOWER GASTROINTESTINAL ENDOSCOPY	5,922	38,117
	118 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	153	1,843
	119 HERNIA AND HYDROCELE PROCEDURES	787	7,192
	120 COMPLEX ANAL AND RECTAL PROCEDURES	178	896
	121 SIMPLE ANAL AND RECTAL PROCEDURES	61	571
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	24	545
	123 COMPLEX LAPAROSCOPIC PROCEDURES	1,359	14,566
	124 SIMPLE LAPAROSCOPIC PROCEDURES	4	191
07	URINARY SYSTEM	326	7,571
	131 RENAL EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	7	851
	133 URINARY CATHETERIZATION AND DILATATION	17	395
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	163	3,257
	135 MODERATE CYSTOURETHROSCOPY	92	2,205
	136 SIMPLE CYSTOURETHROSCOPY	36	648
	137 COMPLEX URETHRAL PROCEDURES	7	109
	138 SIMPLE URETHRAL PROCEDURES	4	103
08	MALE GENITAL SYSTEM	204	2,927
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	136	1,396
	152 INSERTION OF PENILE PROSTHESIS	29	92
	153 COMPLEX PENILE PROCEDURES	15	435
	154 SIMPLE PENILE PROCEDURES	24	748
09	FEMALE GENITAL SYSTEM	646	6,182
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	142	1,463
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	138	1,400
	178 DILATION AND CURETTAGE	117	810
	179 HYSTEROSCOPY	235	2,308
	180 COLPOSCOPY	14	200
10	NERVOUS SYSTEM	697	21,547
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	296	15,863
	196 REVISION AND REMOVAL OF NEUROLOGICAL DEVICE	5	181
	197 NEUROSTIMULATOR AND VENTRICULAR SHUNT IMPLANTATION	8	469
	198 NERVE REPAIR AND DESTRUCTION	387	4,278
	199 SPINAL TAP	1	756
11	EYE AND OCULAR ADNEXA	1,741	11,356
	211 MINOR OPHTHALMOLOGICAL TESTS AND PROCEDURES	6	37
	213 LASER EYE PROCEDURES	2	910
	214 CATARACT PROCEDURES	1,387	4,684
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	97	505
	216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	49	375
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	40	186
	218 COMPLEX POSTERIOR SEGMENT EYE PROCEDURES	2	417
	219 SIMPLE POSTERIOR SEGMENT EYE PROCEDURES	2	364
	220 STRABISMUS AND MUSCLE EYE PROCEDURES	87	975

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
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)
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	25	727
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	25	504
	223 VITRECTOMY	19	1,672
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	2,607	28,651
	233 NASAL CAUTERIZATION AND PACKING	9	207
	234 COMPLEX FACIAL AND ENT PROCEDURES	639	5,185
	235 SIMPLE FACIAL AND ENT PROCEDURES	1,065	14,996
	236 TONSIL AND ADENOID PROCEDURES	894	8,225
13	THERAPUTIC AND OTHER RADIOLOGICAL PROCEDURES	144	3,870
	253 VASCULAR RADIOLOGY EXCEPT FOR VENOGRAPHY OF EXTREMITY	131	1,835
	254 MYELOGRAPHY	6	406
	255 MISCELLANEOUS RADIOLOGICAL PROCEDURES WITH CONTRAST	7	1,614
14	PHYSICAL MEDICINE AND REHABILITATION	1	6
	272 PHYSICAL THERAPY	1	6

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, 2004
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	517	\$1,780	\$2,400
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	212	\$1,851	\$1,826
	003 COMPLEX INCISION AND DRAINAGE	1	\$1,445	\$3,064
	004 SIMPLE INCISION AND DRAINAGE	3	\$2,039	\$2,850
	006 SIMPLE DEBRIDEMENT AND DESTRUCTION	11	\$1,551	\$2,412
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	33	\$1,926	\$2,565
	008 SIMPLE EXCISION AND BIOPSY	29	\$1,533	\$2,299
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRAN	2	\$4,850	\$2,920
	011 SIMPLE INCISION AND EXCISION OF BREAST	213	\$1,590	\$2,578
	012 BREAST RECONSTRUCTION AND MASTECTOMY	13	\$3,609	\$4,433
02	MUSCULOSKELETAL SYSTEM	1,192	\$2,321	\$3,512
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	117	\$3,048	\$5,140
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	52	\$2,118	\$3,702
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	45	\$2,944	\$4,004
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	403	\$1,699	\$2,374
	025 ARTHROSCOPY	316	\$2,705	\$3,951
	026 REPLACEMENT OF CAST	1	\$9,807	\$1,591
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	15	\$1,210	\$2,582
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	143	\$2,555	\$4,121
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	2	\$2,546	\$2,448
	032 BUNION PROCEDURES	92	\$2,282	\$3,335
	033 ARTHROPLASTY	4	\$4,145	\$4,516
	034 HAND AND FOOT TENOTOMY	1	\$1,433	\$1,932
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	1	\$1,223	\$646
03	RESPIRATORY SYSTEM	68	\$1,751	\$1,808
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	2	\$2,052	\$1,075
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	38	\$1,807	\$3,079
	054 SIMPLE ENDOSCOPY OF THE UPPER AIRWAY	3	\$2,096	\$1,126
	055 ENDOSCOPY OF THE LOWER AIRWAY	25	\$1,600	\$1,902
04	CARDIOVASCULAR SYSTEM	39	\$10,823	\$7,486
	075 PLACEMENT OF TRANSVENOUS CATHETERS	2	\$2,710	\$2,140
	077 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	1	\$6,930	\$14,366
	078 PACEMAKER INSERTION AND REPLACEMENT	17	\$20,996	\$20,139
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	5	\$4,139	\$2,988
	081 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	3	\$2,578	\$9,790
	082 VASCULAR LIGATION	11	\$2,218	\$4,226
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	92	\$2,992	\$3,893
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	92	\$2,992	\$4,071
06	DIGESTIVE SYSTEM	7,956	\$1,049	\$1,913
	111 ALIMENTARY TESTS AND SIMPLE TUBE PLACEMENT	1	\$875	\$923
	112 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	3	\$1,116	\$1,101
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	38	\$536	\$890
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	22	\$515	\$878
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	1,535	\$586	\$1,110
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	162	\$1,108	\$1,563

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
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	4,650	\$640	\$1,017
	118 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	42	\$2,029	\$3,074
	119 HERNIA AND HYDROCELE PROCEDURES	412	\$2,097	\$3,001
	120 COMPLEX ANAL AND RECTAL PROCEDURES	145	\$1,405	\$2,412
	121 SIMPLE ANAL AND RECTAL PROCEDURES	33	\$1,278	\$2,116
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	9	\$1,751	\$2,759
	123 COMPLEX LAPAROSCOPIC PROCEDURES	904	\$3,373	\$5,244
07	URINARY SYSTEM	105	\$2,380	\$4,118
	133 URINARY CATHETERIZATION AND DILATATION	4	\$1,820	\$2,947
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	45	\$2,773	\$3,980
	135 MODERATE CYSTOURETHROSCOPY	42	\$1,823	\$2,966
	136 SIMPLE CYSTOURETHROSCOPY	9	\$1,724	\$2,050
	137 COMPLEX URETHRAL PROCEDURES	4	\$6,090	\$5,173
	138 SIMPLE URETHRAL PROCEDURES	1	\$1,426	\$1,730
08	MALE GENITAL SYSTEM	101	\$4,839	\$2,884
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	39	\$1,633	\$2,325
	152 INSERTION OF PENILE PROSTHESIS	29	\$11,126	\$15,341
	153 COMPLEX PENILE PROCEDURES	13	\$5,383	\$2,606
	154 SIMPLE PENILE PROCEDURES	20	\$1,621	\$1,709
09	FEMALE GENITAL SYSTEM	378	\$2,531	\$3,249
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	91	\$3,515	\$4,142
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	78	\$1,385	\$2,642
	178 DILATION AND CURETTAGE	87	\$1,556	\$1,880
	179 HYSTEROSCOPY	120	\$3,249	\$3,776
	180 COLPOSCOPY	2	\$1,783	\$1,716
10	NERVOUS SYSTEM	301	\$1,770	\$1,519
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	137	\$1,153	\$939
	196 REVISION AND REMOVAL OF NEUROLOGICAL DEVICE	3	\$3,022	\$5,797
	197 NEUROSTIMULATOR AND VENTRICULAR SHUNT IMPLANTATION	6	\$15,747	\$17,461
	198 NERVE REPAIR AND DESTRUCTION	154	\$1,744	\$2,158
	199 SPINAL TAP	1	\$2,606	\$1,409
11	EYE AND OCULAR ADNEXA	1,501	\$2,538	\$2,658
	214 CATARACT PROCEDURES	1,338	\$2,408	\$2,904
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	79	\$5,505	\$2,469
	216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	30	\$1,755	\$2,180
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	12	\$1,624	\$2,051
	218 COMPLEX POSTERIOR SEGMENT EYE PROCEDURES	2	\$3,094	\$4,749
	220 STRABISMUS AND MUSCLE EYE PROCEDURES	9	\$1,630	\$1,849
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	19	\$2,068	\$3,213
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	9	\$1,014	\$1,662
	223 VITRECTOMY	3	\$3,399	\$5,079
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	1,177	\$1,138	\$2,083
	233 NASAL CAUTERIZATION AND PACKING	1	\$2,261	\$2,238
	234 COMPLEX FACIAL AND ENT PROCEDURES	118	\$2,302	\$4,171
	235 SIMPLE FACIAL AND ENT PROCEDURES	416	\$821	\$1,547

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
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)
	236 TONSIL AND ADENOID PROCEDURES	642	\$1,127	\$1,824
13	THERAPUTIC AND OTHER RADIOLOGICAL PROCEDURES	2	\$3,080	\$2,912
	253 VASCULAR RADIOLOGY EXCEPT FOR VENOGRAPHY OF EXTREMITY	1	\$3,819	\$5,763
	255 MISCELLANEOUS RADIOLOGICAL PROCEDURES WITH CONTRAST	1	\$2,340	\$2,500

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, 2004
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	10,694	56.4	120,006	54.8
Male	8,269	43.6	98,888	45.2
Unknown	0	0.0	8	0.0
Not Reported	0	0.0	4	0.0
AGE				
1-28 days	1	0.0	376	0.2
29-365 days	97	0.5	2,969	1.4
1-4 years	469	2.5	11,176	5.1
5-9	370	2.0	6,445	2.9
10-14	354	1.9	5,080	2.3
15-17	416	2.2	5,201	2.4
18-19	267	1.4	3,849	1.8
20-24	975	5.1	11,707	5.3
25-29	1,150	6.1	12,626	5.8
30-34	1,181	6.2	11,936	5.5
35-39	1,125	5.9	11,960	5.5
40-44	1,401	7.4	14,821	6.8
45-49	1,719	9.1	17,215	7.9
50-54	2,582	13.6	22,033	10.1
55-59	2,030	10.7	18,759	8.6
60-64	1,674	8.8	16,305	7.4
65-69	1,093	5.8	13,961	6.4
70-74	803	4.2	12,040	5.5
75-79	632	3.3	10,224	4.7
80-84	419	2.2	6,733	3.1
85-89	170	0.9	2,713	1.2
90 +	35	0.2	777	0.4
Not Reported	1	0.0	376	0.2
SOURCE OF ADMISSION				
Physician Referral	18,679	98.5	195,236	89.2
Clinic Referral	7	0.0	774	0.4
HMO Referral	8	0.0	2,769	1.3
Other Hospital	5	0.0	81	0.0
Skilled Nursing Facility	0	0.0	18	0.0
Other Health Care Facility	0	0.0	22	0.0
Emergency Room	263	1.4	4,435	2.0
Court/Law Enforcement	0	0.0	1	0.0
Unknown	1	0.0	469	0.2
Not Reported	0	0.0	15,101	6.9
(Continued)				

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
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	18,922	99.8	218,417	99.8
Another Hospital	32	0.2	114	0.1
Skilled Nursing Facility	2	0.0	87	0.0
Intermediate Care Facility	0	0.0	11	0.0
Another Type of Institution	1	0.0	39	0.0
Under Care of Home Service	3	0.0	141	0.1
Left Against Medical Advice	1	0.0	13	0.0
Under Care of Home IV Provider	1	0.0	7	0.0
Expired	1	0.0	14	0.0
Unknown	0	0.0	59	0.0
Not Reported	0	0.0	4	0.0
PRIMARY PAYER				
Medicare	2,911	15.4	47,125	21.5
Medicaid	581	3.1	15,764	7.2
Other government	276	1.5	4,030	1.8
Blue Cross/Blue Shield	511	2.7	30,905	14.1
Other Commercial	1,338	7.1	15,943	7.3
Managed Care(HMO, PPO)	12,836	67.7	95,785	43.8
Self Pay	241	1.3	3,566	1.6
Industrial & Worker Comp	208	1.1	4,109	1.9
Charity and Unclassified	5	0.0	322	0.1
Childrens Health Insurance	13	0.1	273	0.1
Unknown	43	0.2	1,005	0.5
Not Reported	0	0.0	79	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	44	0.2	14,650	6.7
Central Utah	79	0.4	7,259	3.3
Davis County	467	2.5	25,726	11.8
Salt Lake County	16,694	88.0	74,490	34.0
Southeastern Utah	33	0.2	4,561	2.1
Southwest Utah	57	0.3	10,818	4.9
Summit County	256	1.3	2,876	1.3
Tooele County	398	2.1	4,235	1.9
Tri-County	33	0.2	9,559	4.4
Utah County	514	2.7	33,718	15.4
Wasatch County	65	0.3	1,643	0.8
Weber County	96	0.5	19,808	9.0
Unknown Utah	1	0.0	76	0.0
Outside Utah	222	1.2	9,321	4.3
Unknown, Not Reported	4	0.0	166	0.1

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

AMB ST 1-1
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
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)	8,887	100.0	306,368	100.0
Mastectomy (85.0-85.99)	456	5.1	7,302	2.4
Musculoskeletal (76.0-84.99)	1,226	13.8	61,162	20.0
Respiratory (30.0-34.99)	55	0.6	3,337	1.1
Cardiovascular (35.0-39.99)	460	5.2	17,761	5.8
Lymphatic/Hemetic (40.0-41.99)	49	0.6	2,849	0.9
Digestive System (42.0-54.99)	3,837	43.2	97,896	32.0
Urinary (55.0-59.99)	293	3.3	8,268	2.7
Male Genital (60.0-64.99)	137	1.5	3,711	1.2
Female Genital (65.0-71.99)	694	7.8	14,242	4.6
Endocrine/Nervous (01.0-07.99)	330	3.7	25,908	8.5
Eye (08.0-16.99)	127	1.4	19,800	6.5
Ear (18.0-20.99)	374	4.2	14,521	4.7
Nose, Mouth, Pharynx (21.0-29.99)	849	9.6	29,611	9.7
Reporting Category(CPT-4 CODES)	14,641	100.0	300,811	100.0
Mastectomy (19120-19220)	85	0.6	3,078	1.0
Musculoskeletal (20000-29909)	1,329	9.1	58,688	19.5
Respiratory (30000-32999 & 39501-39599)	460	3.1	13,089	4.4
Cardiovascular (33010-37799 & 93501-93660)	6,781	46.3	51,568	17.1
Lymphatic/Hemetic (38100-38999)	47	0.3	2,778	0.9
Digestive (40490-49999)	4,069	27.8	104,073	34.6
Urinary (50010-53899)	487	3.3	8,888	3.0
Male Genital (54000-55899)	94	0.6	3,219	1.1
Female Genital (56405-58999)	628	4.3	10,706	3.6
Endocrine/Nervous (60000-64999)	375	2.6	25,132	8.4
Eye (65091-68899)	71	0.5	11,602	3.9
Ear (69000-69979)	215	1.5	7,990	2.7

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.

AMB ST 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
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		8,887	100.0	100.0
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	815	9.2	5.52
4523	COLONOSCOPY	780	8.8	6.27
4542	ENDO POLYPECTOMY LG INTESTINE	479	5.4	3.42
4525	CLO [ENDO] BX LG INTESTINE	375	4.2	2.50
2001	MYRINGOTOMY W/INSRT TUBE	299	3.4	3.86
3722	LT HEART CARD CATH	229	2.6	1.25
5123	LAP CHOLEY	215	2.4	2.03
8511	CLO [PERCUT] [NEEDLE] BX BREAST	165	1.9	0.27
4292	DILAT ESOPH	164	1.8	1.29
283	TONSILLECTOMY W/ADENOIDECTOMY	148	1.7	1.75
4513	OTH ENDO SM INTESTINE	148	1.7	1.98
8519	OTH DX PROC BREAST	137	1.5	0.32
4836	[ENDO] POLYPECTOMY RECTUM	135	1.5	1.06
282	TONSILLECTOMY WO ADENOIDECTOMY	125	1.4	0.64
4824	CLO [ENDO] BX RECTUM	114	1.3	0.53
2188	OTH SEPTOPLASTY	112	1.3	0.62
6909	OTH D&C UTERUS	102	1.1	0.53
2169	OTH TURBINECTOMY	101	1.1	0.67
6823	ENDOMETRIAL ABLATION	91	1.0	0.51
560	TRANSURETH REMOV OBST URETER-PELV	85	1.0	0.28
CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		14,641	100.0	100.0
36415	COLLECTION VENOUS BLD VENIPUNCTU	4,816	32.9	3.34
43239	UGI ENDO; W/BX 1/MX	801	5.5	5.29
45378	COLONOSCOPY FLEX; DX-SEP PROC	777	5.3	5.95
45380	COLONOSCOPY FLEX; W/BX 1/MX	449	3.1	3.16
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	410	2.8	2.89
93545	INJ PROC-CATH; SELECT CORONRY AN	289	2.0	1.54
93543	INJ PROC-CATH; LT VENT/ATRIAL AN	269	1.8	1.39
93555	IMAG SUPERVS I&R-CATH; VENT/ATRI	259	1.8	1.22
93556	IMAG SUPERVS I&R-CATH; PULM ANGI	256	1.7	1.33
93510	LT HRT CATH RETRO-BRACH/FEM; PER	234	1.6	1.13
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	162	1.1	1.20
36600	ART PUNCTURE WITHDRAWAL BLD DX	158	1.1	0.27
69436	TYMPANOSTOMY GENERAL ANESTHESIA	156	1.1	2.04
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	147	1.0	0.72
45384	COLONOSCOPY FLEX; REMV LES-FORCE	138	0.9	0.42
42820	T&A; UNDER AGE 12	131	0.9	1.38
36416	COLLECTON CAPILLARY BLOOD SPECIM	113	0.8	0.16
50590	LITHOTRIPSY XTRACORP SHOCK WAVE	113	0.8	0.28
30520	SEPTOPLASTY/SUBMUCOS RES W/GFT	112	0.8	0.71
58558	HYSTEROSCPY SURG; W/BX &/ POLYPE	112	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.

AMB ST 1-3

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
 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		4,363	\$3,540	\$2,729
4523	COLONOSCOPY	689	\$1,387	\$874
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	540	\$1,673	\$1,145
4542	ENDO POLYPECTOMY LG INTESTINE	316	\$2,237	\$1,132
4525	CLO [ENDO] BX LG INTESTINE	209	\$1,926	\$1,249
3722	LT HEART CARD CATH	189	\$10,086	\$5,884
5123	LAP CHOLEY	182	\$7,128	\$5,384
283	TONSILLECTOMY W/ADENOIDECTOMY	127	\$2,795	\$1,783
282	TONSILLECTOMY WO ADENOIDECTOMY	88	\$2,911	\$2,027
6902	D&C FOLLOWING DELIV/AB	80	\$2,821	\$2,426
0331	SPINAL TAP	63	\$2,029	\$1,493
6823	ENDOMETRIAL ABLATION	59	\$4,616	\$4,438
3723	COMBO RT & LT HEART CARD CATH	58	\$10,556	\$6,945
5011	CLO [PERCUT] [NEEDLE] BX LIVER	57	\$2,451	\$1,765
8521	LOC EXC LES BREAST	56	\$3,354	\$2,337
4836	[ENDO] POLYPECTOMY RECTUM	54	\$2,060	\$1,056
8051	EXC INTERVERTEBRAL DISC	48	\$5,925	\$6,455
4701	LAP APPENDECTOMY	46	\$7,048	\$6,923
560	TRANSURETH REMOV OBST URETER-PELV	45	\$5,523	\$4,738
4513	OTH ENDO SM INTESTINE	44	\$1,401	\$1,066
0443	RELEASE CARPAL TUNNEL	36	\$2,578	\$1,950
CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
CPT-4 Procedures		9,647	\$1,774	\$2,356
36415	COLLECTION VENOUS BLD VENIPUNCTU	4,736	\$518	\$519
45378	COLONOSCOPY FLEX; DX-SEP PROC	689	\$1,386	\$868
43239	UGI ENDO; W/BX 1/MX	532	\$1,679	\$1,141
45380	COLONOSCOPY FLEX; W/BX 1/MX	326	\$1,971	\$1,223
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	282	\$2,223	\$1,120
36600	ART PUNCTURE WITHDRAWAL BLD DX	150	\$599	\$907
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	139	\$7,462	\$5,482
69436	TYMPANOSTOMY GENERAL ANESTHESIA	112	\$1,365	\$1,067
42820	T&A; UNDER AGE 12	109	\$2,746	\$1,711
23350	INJ SHLDR ARTHROGRPH/ENHNCD CT/M	107	\$3,136	\$2,170
50590	LITHOTRIPSY XTRACORP SHOCK WAVE	107	\$7,100	\$7,612
36430	TRANSFUSION BLOOD/BLOOD COMPONENT	86	\$2,436	\$2,372
36416	COLLECTON CAPILLARY BLOOD SPECIM	80	\$194	\$885
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	79	\$2,963	\$2,069
45384	COLONOSCOPY FLEX; REMV LES-FORCE	79	\$2,075	\$1,272
49505	REPR INIT ING HERNIA 5YR/MORE; R	68	\$3,836	\$3,146
62270	SPINAL PUNCTURE LUMBAR DIAGNOSTI	63	\$2,029	\$1,419
47000	BIOPSY LIVER NEEDLE; PERCUTANEOU	57	\$2,451	\$1,682
44970	LAPAROSCOPY SURGICAL APPENDECTOM	47	\$6,998	\$6,771
47562	LAPAROSCOPY SURGICAL; CHOLECT	43	\$6,046	\$5,197

SOURCE: Utah Ambulatory Surgery Database

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

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
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)
01	INTEGUMENTARY SYSTEM	325	9,617
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	105	3,147
	003 COMPLEX INCISION AND DRAINAGE	3	92
	004 SIMPLE INCISION AND DRAINAGE	1	26
	006 SIMPLE DEBRIDEMENT AND DESTRUCTION	4	157
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	35	1,092
	008 SIMPLE EXCISION AND BIOPSY	17	887
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRANGE	75	1,126
	011 SIMPLE INCISION AND EXCISION OF BREAST	78	2,684
	012 BREAST RECONSTRUCTION AND MASTECTOMY	7	392
02	MUSCULOSKELETAL SYSTEM	1,138	52,555
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	267	6,223
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	34	2,056
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	51	1,930
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	319	10,991
	025 ARTHROSCOPY	263	22,451
	027 SPLINT, STRAPPING AND CAST REMOVAL	10	72
	028 CLOSED TREATMENT FX & DISLOCATION OF FINGER, TOE & TRUNK	2	47
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	17	660
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	70	3,677
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	11	417
	032 BUNION PROCEDURES	70	1,612
	033 ARTHROPLASTY	5	497
	034 HAND AND FOOT TENOTOMY	5	293
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	14	1,528
03	RESPIRATORY SYSTEM	214	7,438
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	18	747
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	158	4,704
	054 SIMPLE ENDOSCOPY OF THE UPPER AIRWAY	5	333
	055 ENDOSCOPY OF THE LOWER AIRWAY	33	1,654
04	CARDIOVASCULAR SYSTEM	1,494	32,609
	075 PLACEMENT OF TRANSVENOUS CATHETERS	2	119
	076 DIAGNOSTIC CARDIAC CATHETERIZATION	1,454	23,531
	077 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	4	2,136
	078 PACEMAKER INSERTION AND REPLACEMENT	14	510
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	10	820
	080 MINOR VASCULAR REPAIR AND FISTULA CONSTRUCTION	3	852
	082 VASCULAR LIGATION	6	864
	083 RESUSCITATION AND CARDIOVERSION	1	13
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	159	2,811
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	48	1,766
	097 TRANSFUSION	111	949
06	DIGESTIVE SYSTEM	3,814	91,524
	112 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	13	1,234
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	14	740
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	5	417

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
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)
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	878	19,919
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	198	4,997
	117 LOWER GASTROINTESTINAL ENDOSCOPY	1,785	38,117
	118 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	81	1,843
	119 HERNIA AND HYDROCELE PROCEDURES	218	7,192
	120 COMPLEX ANAL AND RECTAL PROCEDURES	14	896
	121 SIMPLE ANAL AND RECTAL PROCEDURES	8	571
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	5	545
	123 COMPLEX LAPAROSCOPIC PROCEDURES	587	14,566
	124 SIMPLE LAPAROSCOPIC PROCEDURES	8	191
07	URINARY SYSTEM	444	7,571
	131 RENAL EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	113	851
	133 URINARY CATHETERIZATION AND DILATATION	2	395
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	207	3,257
	135 MODERATE CYSTOURETHROSCOPY	95	2,205
	136 SIMPLE CYSTOURETHROSCOPY	19	648
	137 COMPLEX URETHRAL PROCEDURES	2	109
	138 SIMPLE URETHRAL PROCEDURES	6	103
08	MALE GENITAL SYSTEM	79	2,927
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	44	1,396
	152 INSERTION OF PENILE PROSTHESIS	1	92
	153 COMPLEX PENILE PROCEDURES	8	435
	154 SIMPLE PENILE PROCEDURES	26	748
09	FEMALE GENITAL SYSTEM	353	6,182
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	72	1,463
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	46	1,400
	178 DILATION AND CURETTAGE	29	810
	179 HYSTEROSCOPY	203	2,308
	180 COLPOSCOPY	3	200
10	NERVOUS SYSTEM	240	21,547
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	57	15,863
	196 REVISION AND REMOVAL OF NEUROLOGICAL DEVICE	1	181
	197 NEUROSTIMULATOR AND VENTRICULAR SHUNT IMPLANTATION	6	469
	198 NERVE REPAIR AND DESTRUCTION	113	4,278
	199 SPINAL TAP	63	756
11	EYE AND OCULAR ADNEXA	71	11,356
	211 MINOR OPHTHALMOLOGICAL TESTS AND PROCEDURES	1	37
	214 CATARACT PROCEDURES	36	4,684
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	9	505
	216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	8	375
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	2	186
	219 SIMPLE POSTERIOR SEGMENT EYE PROCEDURES	2	364
	220 STRABISMUS AND MUSCLE EYE PROCEDURES	3	975
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	4	727
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	4	504
	223 VITRECTOMY	2	1,672

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
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)
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	863	28,651
	233 NASAL CAUTERIZATION AND PACKING	2	207
	234 COMPLEX FACIAL AND ENT PROCEDURES	214	5,185
	235 SIMPLE FACIAL AND ENT PROCEDURES	335	14,996
	236 TONSIL AND ADENOID PROCEDURES	312	8,225
13	THERAPUTIC AND OTHER RADIOLOGICAL PROCEDURES	224	3,870
	253 VASCULAR RADIOLOGY EXCEPT FOR VENOGRAPHY OF EXTREMITY	13	1,835
	254 MYELOGRAPHY	24	406
	255 MISCELLANEOUS RADIOLOGICAL PROCEDURES WITH CONTRAST	187	1,614

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, 2004
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	247	\$2,999	\$2,400
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	88	\$2,329	\$1,826
	003 COMPLEX INCISION AND DRAINAGE	2	\$3,042	\$3,064
	004 SIMPLE INCISION AND DRAINAGE	1	\$3,146	\$2,850
	006 SIMPLE DEBRIDEMENT AND DESTRUCTION	4	\$3,442	\$2,412
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	16	\$3,378	\$2,565
	008 SIMPLE EXCISION AND BIOPSY	9	\$2,765	\$2,299
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRAN	64	\$3,017	\$2,920
	011 SIMPLE INCISION AND EXCISION OF BREAST	58	\$3,491	\$2,578
	012 BREAST RECONSTRUCTION AND MASTECTOMY	5	\$7,678	\$4,433
02	MUSCULOSKELETAL SYSTEM	388	\$5,029	\$3,512
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	79	\$5,980	\$5,140
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	16	\$5,640	\$3,702
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	12	\$5,659	\$4,004
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	95	\$4,015	\$2,374
	025 ARTHROSCOPY	82	\$5,487	\$3,951
	027 SPLINT, STRAPPING AND CAST REMOVAL	10	\$326	\$689
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	10	\$3,600	\$2,582
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	44	\$6,357	\$4,121
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	8	\$1,670	\$2,448
	032 BUNION PROCEDURES	27	\$4,925	\$3,335
	033 ARTHROPLASTY	4	\$5,602	\$4,516
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	1	\$1,568	\$646
03	RESPIRATORY SYSTEM	45	\$2,650	\$1,808
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	16	\$2,142	\$1,075
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	16	\$4,075	\$3,079
	055 ENDOSCOPY OF THE LOWER AIRWAY	13	\$1,521	\$1,902
04	CARDIOVASCULAR SYSTEM	29	\$11,541	\$7,486
	075 PLACEMENT OF TRANSVENOUS CATHETERS	2	\$1,112	\$2,140
	076 DIAGNOSTIC CARDIAC CATHETERIZATION	7	\$4,598	\$5,567
	077 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	2	\$3,702	\$14,366
	078 PACEMAKER INSERTION AND REPLACEMENT	8	\$30,458	\$20,139
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	2	\$3,987	\$2,988
	080 MINOR VASCULAR REPAIR AND FISTULA CONSTRUCTION	3	\$5,494	\$3,982
	082 VASCULAR LIGATION	4	\$5,126	\$4,226
	083 RESUSCITATION AND CARDIOVERSION	1	\$4,263	\$3,993
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	124	\$3,344	\$3,893
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	38	\$5,400	\$4,071
	097 TRANSFUSION	86	\$2,436	\$2,372
06	DIGESTIVE SYSTEM	2,557	\$2,543	\$1,913
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	9	\$1,433	\$890
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	3	\$1,464	\$878
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	570	\$1,656	\$1,110
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	55	\$1,700	\$1,563
	117 LOWER GASTROINTESTINAL ENDOSCOPY	1,382	\$1,737	\$1,017

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
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)
	118 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	32	\$4,039	\$3,074
	119 HERNIA AND HYDROCELE PROCEDURES	135	\$3,839	\$3,001
	120 COMPLEX ANAL AND RECTAL PROCEDURES	7	\$3,746	\$2,412
	121 SIMPLE ANAL AND RECTAL PROCEDURES	4	\$3,548	\$2,116
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	4	\$1,915	\$2,759
	123 COMPLEX LAPAROSCOPIC PROCEDURES	351	\$6,575	\$5,244
	124 SIMPLE LAPAROSCOPIC PROCEDURES	5	\$8,600	\$9,413
07	URINARY SYSTEM	220	\$5,735	\$4,118
	131 RENAL EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	107	\$7,100	\$7,612
	133 URINARY CATHETERIZATION AND DILATATION	1	\$2,878	\$2,947
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	76	\$5,140	\$3,980
	135 MODERATE CYSTOURETHROSCOPY	25	\$3,236	\$2,966
	136 SIMPLE CYSTOURETHROSCOPY	7	\$2,253	\$2,050
	138 SIMPLE URETHRAL PROCEDURES	4	\$2,956	\$1,730
08	MALE GENITAL SYSTEM	54	\$3,629	\$2,884
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	27	\$3,702	\$2,325
	152 INSERTION OF PENILE PROSTHESIS	1	\$13,039	\$15,341
	153 COMPLEX PENILE PROCEDURES	6	\$3,656	\$2,606
	154 SIMPLE PENILE PROCEDURES	20	\$3,051	\$1,709
09	FEMALE GENITAL SYSTEM	113	\$4,128	\$3,249
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	29	\$5,547	\$4,142
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	23	\$2,994	\$2,642
	178 DILATION AND CURETTAGE	9	\$2,817	\$1,880
	179 HYSTEROSCOPY	52	\$4,065	\$3,776
10	NERVOUS SYSTEM	163	\$2,068	\$1,519
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	45	\$832	\$939
	196 REVISION AND REMOVAL OF NEUROLOGICAL DEVICE	1	\$4,115	\$5,797
	198 NERVE REPAIR AND DESTRUCTION	54	\$3,105	\$2,158
	199 SPINAL TAP	63	\$2,029	\$1,409
11	EYE AND OCULAR ADNEXA	50	\$4,861	\$2,658
	211 MINOR OPHTHALMOLOGICAL TESTS AND PROCEDURES	1	\$2,169	\$1,530
	214 CATARACT PROCEDURES	33	\$5,094	\$2,904
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	7	\$4,081	\$2,469
	216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	6	\$5,164	\$2,180
	219 SIMPLE POSTERIOR SEGMENT EYE PROCEDURES	1	\$6,590	\$3,639
	220 STRABISMUS AND MUSCLE EYE PROCEDURES	1	\$4,868	\$1,849
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	1	\$1,765	\$1,662
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	417	\$2,688	\$2,083
	234 COMPLEX FACIAL AND ENT PROCEDURES	46	\$5,495	\$4,171
	235 SIMPLE FACIAL AND ENT PROCEDURES	156	\$1,668	\$1,547
	236 TONSIL AND ADENOID PROCEDURES	215	\$2,827	\$1,824
13	THERAPUTIC AND OTHER RADIOLOGICAL PROCEDURES	210	\$2,454	\$2,912
	253 VASCULAR RADIOLOGY EXCEPT FOR VENOGRAPHY OF EXTREMITY	5	\$4,551	\$5,763
	254 MYELOGRAPHY	21	\$3,465	\$2,607
	255 MISCELLANEOUS RADIOLOGICAL PROCEDURES WITH CONTRAST	184	\$2,282	\$2,500

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, 2004
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	6,849	58.0	120,006	54.8
Male	4,968	42.0	98,888	45.2
Unknown	0	0.0	8	0.0
Not Reported	0	0.0	4	0.0
AGE				
1-28 days	136	1.2	376	0.2
29-365 days	151	1.3	2,969	1.4
1-4 years	399	3.4	11,176	5.1
5-9	268	2.3	6,445	2.9
10-14	298	2.5	5,080	2.3
15-17	276	2.3	5,201	2.4
18-19	194	1.6	3,849	1.8
20-24	743	6.3	11,707	5.3
25-29	805	6.8	12,626	5.8
30-34	703	5.9	11,936	5.5
35-39	658	5.6	11,960	5.5
40-44	893	7.6	14,821	6.8
45-49	921	7.8	17,215	7.9
50-54	1,080	9.1	22,033	10.1
55-59	1,010	8.5	18,759	8.6
60-64	846	7.2	16,305	7.4
65-69	653	5.5	13,961	6.4
70-74	599	5.1	12,040	5.5
75-79	600	5.1	10,224	4.7
80-84	368	3.1	6,733	3.1
85-89	182	1.5	2,713	1.2
90 +	34	0.3	777	0.4
Not Reported	136	1.2	376	0.2
SOURCE OF ADMISSION				
Physician Referral	11,735	99.3	195,236	89.2
Clinic Referral	19	0.2	774	0.4
HMO Referral	9	0.1	2,769	1.3
Other Hospital	0	0.0	81	0.0
Skilled Nursing Facility	0	0.0	18	0.0
Other Health Care Facility	0	0.0	22	0.0
Emergency Room	53	0.4	4,435	2.0
Court/Law Enforcement	0	0.0	1	0.0
Unknown	1	0.0	469	0.2
Not Reported	0	0.0	15,101	6.9

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
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	11,791	99.8	218,417	99.8
Another Hospital	5	0.0	114	0.1
Skilled Nursing Facility	3	0.0	87	0.0
Intermediate Care Facility	0	0.0	11	0.0
Another Type of Institution	6	0.1	39	0.0
Under Care of Home Service	10	0.1	141	0.1
Left Against Medical Advice	0	0.0	13	0.0
Under Care of Home IV Provider	0	0.0	7	0.0
Expired	0	0.0	14	0.0
Unknown	2	0.0	59	0.0
Not Reported	0	0.0	4	0.0
PRIMARY PAYER				
Medicare	2,572	21.8	47,125	21.5
Medicaid	782	6.6	15,764	7.2
Other government	781	6.6	4,030	1.8
Blue Cross/Blue Shield	1,586	13.4	30,905	14.1
Other Commercial	956	8.1	15,943	7.3
Managed Care(HMO, PPO)	4,949	41.9	95,785	43.8
Self Pay	128	1.1	3,566	1.6
Industrial & Worker Comp	49	0.4	4,109	1.9
Charity and Unclassified	5	0.0	322	0.1
Childrens Health Insurance	0	0.0	273	0.1
Unknown	9	0.1	1,005	0.5
Not Reported	0	0.0	79	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	163	1.4	14,650	6.7
Central Utah	6	0.1	7,259	3.3
Davis County	8,934	75.6	25,726	11.8
Salt Lake County	144	1.2	74,490	34.0
Southeastern Utah	4	0.0	4,561	2.1
Southwest Utah	9	0.1	10,818	4.9
Summit County	6	0.1	2,876	1.3
Tooele County	15	0.1	4,235	1.9
Tri-County	15	0.1	9,559	4.4
Utah County	10	0.1	33,718	15.4
Wasatch County	7	0.1	1,643	0.8
Weber County	2,283	19.3	19,808	9.0
Unknown Utah	4	0.0	76	0.0
Outside Utah	166	1.4	9,321	4.3
Unknown, Not Reported	51	0.4	166	0.1

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

AMB ST 1-1
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
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)	539	100.0	306,368	100.0
Mastectomy (85.0-85.99)	6	1.1	7,302	2.4
Musculoskeletal (76.0-84.99)	7	1.3	61,162	20.0
Respiratory (30.0-34.99)	1	0.2	3,337	1.1
Cardiovascular (35.0-39.99)	0	0.0	17,761	5.8
Lymphatic/Hemetic (40.0-41.99)	1	0.2	2,849	0.9
Digestive System (42.0-54.99)	252	46.8	97,896	32.0
Urinary (55.0-59.99)	0	0.0	8,268	2.7
Male Genital (60.0-64.99)	2	0.4	3,711	1.2
Female Genital (65.0-71.99)	35	6.5	14,242	4.6
Endocrine/Nervous (01.0-07.99)	1	0.2	25,908	8.5
Eye (08.0-16.99)	85	15.8	19,800	6.5
Ear (18.0-20.99)	79	14.7	14,521	4.7
Nose, Mouth, Pharynx (21.0-29.99)	70	13.0	29,611	9.7
Reporting Category(CPT-4 CODES)	458	100.0	300,811	100.0
Mastectomy (19120-19220)	6	1.3	3,078	1.0
Musculoskeletal (20000-29909)	7	1.5	58,688	19.5
Respiratory (30000-32999 & 39501-39599)	2	0.4	13,089	4.4
Cardiovascular (33010-37799 & 93501-93660)	3	0.7	51,568	17.1
Lymphatic/Hemetic (38100-38999)	1	0.2	2,778	0.9
Digestive (40490-49999)	321	70.1	104,073	34.6
Urinary (50010-53899)	0	0.0	8,888	3.0
Male Genital (54000-55899)	2	0.4	3,219	1.1
Female Genital (56405-58999)	24	5.2	10,706	3.6
Endocrine/Nervous (60000-64999)	1	0.2	25,132	8.4
Eye (65091-68899)	46	10.0	11,602	3.9
Ear (69000-69979)	45	9.8	7,990	2.7

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.

AMB ST 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
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		539	100.0	100.0
4523	COLONOSCOPY	107	19.9	6.27
2001	MYRINGOTOMY W/INSRT TUBE	64	11.9	3.86
283	TONSILLECTOMY W/ADENOIDECTOMY	54	10.0	1.75
1341	PHACOEMULSIFICATION-ASPIR CATARACT	39	7.2	1.52
1371	IOL PROSTH-CATARACT EXTRACT-1-STAGE	39	7.2	1.51
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	35	6.5	5.52
4542	ENDO POLYPECTOMY LG INTESTINE	19	3.5	3.42
4836	[ENDO] POLYPECTOMY RECTUM	18	3.3	1.06
201	REMOV TYMPANOSTOMY TUBE	14	2.6	0.16
4824	CLO [ENDO] BX RECTUM	13	2.4	0.53
4525	CLO [ENDO] BX LG INTESTINE	12	2.2	2.50
6909	OTH D&C UTERUS	12	2.2	0.53
5303	UNILAT REPR DIRECT ING HERN-GFT	11	2.0	0.39
4513	OTH ENDO SM INTESTINE	7	1.3	1.98
5123	LAP CHOLEY	7	1.3	2.03
1364	DISCISSION SECNDRY MEMBRN	6	1.1	0.27
6952	ASPIR CURET FOLLOWING DELIV/AB	6	1.1	0.48
8521	LOC EXC LES BREAST	6	1.1	0.93
282	TONSILLECTOMY WO ADENOIDECTOMY	5	0.9	0.64
286	ADENOIDECTOMY WO TONSILLECTOMY	5	0.9	0.38
CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		458	100.0	100.0
45378	COLONOSCOPY FLEX; DX-SEP PROC	102	22.3	5.95
66984	EXTRACAPSULAR CATARACT REMV IOL	39	8.5	1.47
69436	TYMPANOSTOMY GENERAL ANESTHESIA	37	8.1	2.04
43239	UGI ENDO; W/BX 1/MX	34	7.4	5.29
42820	T&A; UNDER AGE 12	32	7.0	1.38
45380	COLONOSCOPY FLEX; W/BX 1/MX	32	7.0	3.16
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	27	5.9	2.89
42821	T&A; AGE 12 OR OVER	22	4.8	0.34
58120	DILATION & CURET DX &/ THERAPEUT	12	2.6	0.27
49505	REPR INIT ING HERNIA 5YR/MORE; R	10	2.2	0.99
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	7	1.5	1.28
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	7	1.5	1.20
69424	VENTILATING TUBE REMV RQR GEN AN	7	1.5	0.06
19120	EXC BRST CYST TUMR/LES OPN M/F 1	6	1.3	0.59
66821	DISCISSION 2ND CATARACT; LASER S	6	1.3	0.28
42830	ADENOIDECTOMY PRIMARY; UNDER AGE	5	1.1	0.36
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	4	0.9	0.52
49568	IMPLMT MESH/OTH-INCS/VENT HERN R	4	0.9	0.18
36415	COLLECTION VENOUS BLD VENIPUNCTU	3	0.7	3.34
42960	CONTROL OROPHARYNG HEMORRAGE; SM	3	0.7	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.

AMB ST 1-3

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
 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 CHRG	AVE TOT CHRG(ALL Hospitals)
ICD-9 Procedures		282	\$1,609	\$2,729
4523	COLONOSCOPY	90	\$858	\$874
283	TONSILLECTOMY W/ADENOIDECTOMY	48	\$2,210	\$1,783
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	18	\$1,041	\$1,145
4836	[ENDO] POLYPECTOMY RECTUM	11	\$972	\$1,056
6909	OTH D&C UTERUS	11	\$1,446	\$2,137
5303	UNILAT REPR DIRECT ING HERN-GFT	10	\$3,372	\$3,282
4525	CLO [ENDO] BX LG INTESTINE	8	\$1,120	\$1,249
4542	ENDO POLYPECTOMY LG INTESTINE	8	\$1,207	\$1,132
5123	LAP CHOLEY	7	\$5,840	\$5,384
1364	DISCISSION SECNDRY MEMBRN	6	\$594	\$593
4824	CLO [ENDO] BX RECTUM	6	\$868	\$1,211
6952	ASPIR CURET FOLLOWING DELIV/AB	6	\$1,772	\$2,058
8521	LOC EXC LES BREAST	6	\$1,830	\$2,337
282	TONSILLECTOMY WO ADENOIDECTOMY	5	\$2,114	\$2,027
287	CNTRL HEMORR AFTER T&A	3	\$2,046	\$2,400
4513	OTH ENDO SM INTESTINE	3	\$752	\$1,066
5361	INCIS HERN REPR W/PROSTH	3	\$3,701	\$5,423
5451	LAP LYSIS PERITONEAL ADHES	3	\$2,971	\$4,308
6629	OTH BIL ENDO DESTRUC FALLOP TUBES	3	\$2,275	\$3,129
6902	D&C FOLLOWING DELIV/AB	3	\$1,940	\$2,426
CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
CPT-4 Procedures		333	\$1,728	\$2,356
45378	COLONOSCOPY FLEX; DX-SEP PROC	86	\$855	\$868
66984	EXTRACAPSULAR CATARACT REMV IOL	39	\$3,255	\$2,889
42820	T&A; UNDER AGE 12	29	\$2,122	\$1,711
69436	TYMPANOSTOMY GENERAL ANESTHESIA	24	\$940	\$1,067
42821	T&A; AGE 12 OR OVER	19	\$2,345	\$1,992
45380	COLONOSCOPY FLEX; W/BX 1/MX	18	\$994	\$1,223
43239	UGI ENDO; W/BX 1/MX	17	\$1,037	\$1,141
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	14	\$1,119	\$1,120
58120	DILATION & CURET DX &/ THERAPEUT	11	\$1,446	\$1,880
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	7	\$5,840	\$5,482
49505	REPR INIT ING HERNIA 5YR/MORE; R	7	\$3,496	\$3,146
19120	EXC BRST CYST TUMR/LES OPN M/F 1	6	\$1,830	\$2,325
66821	DISCISSION 2ND CATARACT; LASER S	6	\$594	\$675
69424	VENTILATING TUBE REMV RQR GEN AN	5	\$859	\$1,269
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	4	\$2,157	\$2,069
36415	COLLECTION VENOUS BLD VENIPUNCTU	3	\$1,666	\$519
42960	CONTROL OROPHARYNG HEMORRAGE; SM	3	\$2,046	\$2,399
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	3	\$752	\$986
49329	UNLIST LAP PROC ABD PERTN&OMNTUM	3	\$2,971	\$4,075
58670	LAPARSCPY SURGICAL; W/FULG OVIDU	3	\$2,275	\$3,011

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

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
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	6	9,617
	011 SIMPLE INCISION AND EXCISION OF BREAST	6	2,684
02	MUSCULOSKELETAL SYSTEM	7	52,555
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	1	1,930
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	2	10,991
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	1	660
	032 BUNION PROCEDURES	3	1,612
03	RESPIRATORY SYSTEM	1	7,438
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	1	747
04	CARDIOVASCULAR SYSTEM	1	32,609
	083 RESUSCITATION AND CARDIOVERSION	1	13
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	1	2,811
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	1	1,766
06	DIGESTIVE SYSTEM	261	91,524
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	1	740
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	41	19,919
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	2	4,997
	117 LOWER GASTROINTESTINAL ENDOSCOPY	162	38,117
	119 HERNIA AND HYDROCELE PROCEDURES	27	7,192
	123 COMPLEX LAPAROSCOPIC PROCEDURES	28	14,566
08	MALE GENITAL SYSTEM	2	2,927
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	1	1,396
	154 SIMPLE PENILE PROCEDURES	1	748
09	FEMALE GENITAL SYSTEM	14	6,182
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	2	1,400
	178 DILATION AND CURETTAGE	12	810
10	NERVOUS SYSTEM	1	21,547
	198 NERVE REPAIR AND DESTRUCTION	1	4,278
11	EYE AND OCULAR ADNEXA	46	11,356
	213 LASER EYE PROCEDURES	7	910
	214 CATARACT PROCEDURES	39	4,684
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	114	28,651
	233 NASAL CAUTERIZATION AND PACKING	3	207
	235 SIMPLE FACIAL AND ENT PROCEDURES	46	14,996
	236 TONSIL AND ADENOID PROCEDURES	65	8,225

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, 2004
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	6	\$1,830	\$2,400
	011 SIMPLE INCISION AND EXCISION OF BREAST	6	\$1,830	\$2,578
02	MUSCULOSKELETAL SYSTEM	4	\$1,549	\$3,512
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	2	\$1,796	\$2,374
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	1	\$1,796	\$2,582
	032 BUNION PROCEDURES	1	\$807	\$3,335
03	RESPIRATORY SYSTEM	1	\$538	\$1,808
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	1	\$538	\$1,075
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	1	\$1,325	\$3,893
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	1	\$1,325	\$4,071
06	DIGESTIVE SYSTEM	171	\$1,438	\$1,913
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	20	\$994	\$1,110
	117 LOWER GASTROINTESTINAL ENDOSCOPY	119	\$907	\$1,017
	119 HERNIA AND HYDROCELE PROCEDURES	14	\$3,285	\$3,001
	123 COMPLEX LAPAROSCOPIC PROCEDURES	18	\$4,004	\$5,244
08	MALE GENITAL SYSTEM	1	\$1,510	\$2,884
	154 SIMPLE PENILE PROCEDURES	1	\$1,510	\$1,709
09	FEMALE GENITAL SYSTEM	13	\$1,534	\$3,249
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	2	\$2,020	\$2,642
	178 DILATION AND CURETTAGE	11	\$1,446	\$1,880
11	EYE AND OCULAR ADNEXA	46	\$2,852	\$2,658
	213 LASER EYE PROCEDURES	7	\$607	\$680
	214 CATARACT PROCEDURES	39	\$3,255	\$2,904
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	87	\$1,759	\$2,083
	233 NASAL CAUTERIZATION AND PACKING	3	\$2,046	\$2,238
	235 SIMPLE FACIAL AND ENT PROCEDURES	29	\$926	\$1,547
	236 TONSIL AND ADENOID PROCEDURES	55	\$2,183	\$1,824

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, 2004
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	230	56.9	120,006	54.8
Male	174	43.1	98,888	45.2
Unknown	0	0.0	8	0.0
Not Reported	0	0.0	4	0.0
AGE				
1-28 days	0	0.0	376	0.2
29-365 days	17	4.2	2,969	1.4
1-4 years	33	8.2	11,176	5.1
5-9	24	5.9	6,445	2.9
10-14	10	2.5	5,080	2.3
15-17	18	4.5	5,201	2.4
18-19	9	2.2	3,849	1.8
20-24	21	5.2	11,707	5.3
25-29	9	2.2	12,626	5.8
30-34	15	3.7	11,936	5.5
35-39	18	4.5	11,960	5.5
40-44	22	5.4	14,821	6.8
45-49	17	4.2	17,215	7.9
50-54	34	8.4	22,033	10.1
55-59	26	6.4	18,759	8.6
60-64	21	5.2	16,305	7.4
65-69	29	7.2	13,961	6.4
70-74	21	5.2	12,040	5.5
75-79	28	6.9	10,224	4.7
80-84	21	5.2	6,733	3.1
85-89	8	2.0	2,713	1.2
90 +	3	0.7	777	0.4
Not Reported	0	0.0	376	0.2
SOURCE OF ADMISSION				
Physician Referral	393	97.3	195,236	89.2
Clinic Referral	1	0.2	774	0.4
HMO Referral	1	0.2	2,769	1.3
Other Hospital	0	0.0	81	0.0
Skilled Nursing Facility	0	0.0	18	0.0
Other Health Care Facility	0	0.0	22	0.0
Emergency Room	9	2.2	4,435	2.0
Court/Law Enforcement	0	0.0	1	0.0
Unknown	0	0.0	469	0.2
Not Reported	0	0.0	15,101	6.9

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
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	404	100.0	218,417	99.8
Another Hospital	0	0.0	114	0.1
Skilled Nursing Facility	0	0.0	87	0.0
Intermediate Care Facility	0	0.0	11	0.0
Another Type of Institution	0	0.0	39	0.0
Under Care of Home Service	0	0.0	141	0.1
Left Against Medical Advice	0	0.0	13	0.0
Under Care of Home IV Provider	0	0.0	7	0.0
Expired	0	0.0	14	0.0
Unknown	0	0.0	59	0.0
Not Reported	0	0.0	4	0.0
PRIMARY PAYER				
Medicare	115	28.5	47,125	21.5
Medicaid	52	12.9	15,764	7.2
Other government	2	0.5	4,030	1.8
Blue Cross/Blue Shield	93	23.0	30,905	14.1
Other Commercial	29	7.2	15,943	7.3
Managed Care(HMO, PPO)	93	23.0	95,785	43.8
Self Pay	11	2.7	3,566	1.6
Industrial & Worker Comp	0	0.0	4,109	1.9
Charity and Unclassified	0	0.0	322	0.1
Childrens Health Insurance	1	0.2	273	0.1
Unknown	8	2.0	1,005	0.5
Not Reported	0	0.0	79	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	0	0.0	14,650	6.7
Central Utah	388	96.0	7,259	3.3
Davis County	0	0.0	25,726	11.8
Salt Lake County	0	0.0	74,490	34.0
Southeastern Utah	1	0.2	4,561	2.1
Southwest Utah	2	0.5	10,818	4.9
Summit County	0	0.0	2,876	1.3
Tooele County	3	0.7	4,235	1.9
Tri-County	1	0.2	9,559	4.4
Utah County	4	1.0	33,718	15.4
Wasatch County	0	0.0	1,643	0.8
Weber County	0	0.0	19,808	9.0
Unknown Utah	1	0.2	76	0.0
Outside Utah	4	1.0	9,321	4.3
Unknown, Not Reported	0	0.0	166	0.1

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

AMB ST 1-1
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
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)	11,249	100.0	306,368	100.0
Mastectomy (85.0-85.99)	363	3.2	7,302	2.4
Musculoskeletal (76.0-84.99)	2,415	21.5	61,162	20.0
Respiratory (30.0-34.99)	227	2.0	3,337	1.1
Cardiovascular (35.0-39.99)	1,166	10.4	17,761	5.8
Lymphatic/Hemetic (40.0-41.99)	100	0.9	2,849	0.9
Digestive System (42.0-54.99)	2,498	22.2	97,896	32.0
Urinary (55.0-59.99)	583	5.2	8,268	2.7
Male Genital (60.0-64.99)	157	1.4	3,711	1.2
Female Genital (65.0-71.99)	523	4.6	14,242	4.6
Endocrine/Nervous (01.0-07.99)	934	8.3	25,908	8.5
Eye (08.0-16.99)	45	0.4	19,800	6.5
Ear (18.0-20.99)	940	8.4	14,521	4.7
Nose, Mouth, Pharynx (21.0-29.99)	1,298	11.5	29,611	9.7
Reporting Category(CPT-4 CODES)	12,655	100.0	300,811	100.0
Mastectomy (19120-19220)	161	1.3	3,078	1.0
Musculoskeletal (20000-29909)	2,276	18.0	58,688	19.5
Respiratory (30000-32999 & 39501-39599)	911	7.2	13,089	4.4
Cardiovascular (33010-37799 & 93501-93660)	3,954	31.2	51,568	17.1
Lymphatic/Hemetic (38100-38999)	89	0.7	2,778	0.9
Digestive (40490-49999)	2,916	23.0	104,073	34.6
Urinary (50010-53899)	528	4.2	8,888	3.0
Male Genital (54000-55899)	139	1.1	3,219	1.1
Female Genital (56405-58999)	511	4.0	10,706	3.6
Endocrine/Nervous (60000-64999)	667	5.3	25,132	8.4
Eye (65091-68899)	13	0.1	11,602	3.9
Ear (69000-69979)	490	3.9	7,990	2.7

SOURCE: Utah Ambulatory Surgery Database
Utah Health Data Committee/Office of Health Care Statistics.
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AMB ST 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
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		11,249	100.0	100.0
2001	MYRINGOTOMY W/INSRT TUBE	820	7.3	3.86
3722	LT HEART CARD CATH	477	4.2	1.25
283	TONSILLECTOMY W/ADENOIDECTOMY	333	3.0	1.75
3723	COMBO RT & LT HEART CARD CATH	321	2.9	0.57
4542	ENDO POLYPECTOMY LG INTESTINE	304	2.7	3.42
0392	INJ OTH AGENT SPINAL CANAL	281	2.5	2.72
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	237	2.1	5.52
5123	LAP CHOLEY	237	2.1	2.03
0391	INJ ANES SPINAL CANAL-ANALGESIA	222	2.0	2.20
806	EXC SEMILUNAR CARTILAGE-KNEE	206	1.8	1.78
4513	OTH ENDO SM INTESTINE	191	1.7	1.98
4523	COLONOSCOPY	173	1.5	6.27
4836	[ENDO] POLYPECTOMY RECTUM	153	1.4	1.06
0443	RELEASE CARPAL TUNNEL	152	1.4	1.17
8521	LOC EXC LES BREAST	141	1.3	0.93
2188	OTH SEPTOPLASTY	133	1.2	0.62
8026	ARTHSCPY-KNEE	125	1.1	0.81
4292	DILAT ESOPH	124	1.1	1.29
8086	OTH LOC EXC/DESTRUC JT LES-KNEE	122	1.1	1.06
2263	ETHMOIDECTOMY	118	1.0	0.51
CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		12,655	100.0	100.0
93545	INJ PROC-CATH; SELECT CORONRY AN	698	5.5	1.54
93556	IMAG SUPERVS I&R-CATH; PULM ANGI	637	5.0	1.33
93543	INJ PROC-CATH; LT VENT/ATRIAL AN	624	4.9	1.39
93555	IMAG SUPERVS I&R-CATH; VENT/ATRI	544	4.3	1.22
69436	TYMPANOSTOMY GENERAL ANESTHESIA	425	3.4	2.04
93510	LT HRT CATH RETRO-BRACH/FEM; PER	400	3.2	1.13
93526	COMB RT HRT CATH&RETRO LT HRT CA	312	2.5	0.45
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	261	2.1	2.89
42820	T&A; UNDER AGE 12	260	2.1	1.38
43239	UGI ENDO; W/BX 1/MX	234	1.8	5.29
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	228	1.8	1.20
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	218	1.7	1.23
45380	COLONOSCOPY FLEX; W/BX 1/MX	178	1.4	3.16
45378	COLONOSCOPY FLEX; DX-SEP PROC	175	1.4	5.95
29881	SCOPE KNEE SURG;W/MENISCECT MED/	151	1.2	1.45
29826	SCOPE SHOULDER; DECOMP SUBACROM	148	1.2	0.87
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	133	1.1	0.75
30520	SEPTOPLASTY/SUBMUCOS RES W/GFT	132	1.0	0.71
49505	REPR INIT ING HERNIA 5YR/MORE; R	132	1.0	0.99
29877	SCOPE KNEE SURG; DEBRID/SHAVE CA	124	1.0	1.08

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, 2004
 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		4,446	\$3,561	\$2,729
3722	LT HEART CARD CATH	470	\$5,396	\$5,884
3723	COMBO RT & LT HEART CARD CATH	320	\$6,949	\$6,945
283	TONSILLECTOMY W/ADENOIDECTOMY	244	\$2,051	\$1,783
5123	LAP CHOLEY	212	\$5,802	\$5,384
4542	ENDO POLYPECTOMY LG INTESTINE	180	\$700	\$1,132
4523	COLONOSCOPY	143	\$470	\$874
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	129	\$1,225	\$1,145
4513	OTH ENDO SM INTESTINE	89	\$998	\$1,066
8521	LOC EXC LES BREAST	82	\$2,395	\$2,337
282	TONSILLECTOMY WO ADENOIDECTOMY	73	\$2,029	\$2,027
5304	UNILAT REPR INDIRECT ING HERN-GFT	67	\$3,903	\$3,302
5011	CLO [PERCUT] [NEEDLE] BX LIVER	61	\$1,217	\$1,765
0443	RELEASE CARPAL TUNNEL	60	\$1,675	\$1,950
4524	FLEX SIGMOIDOSCOPY	58	\$255	\$586
4836	[ENDO] POLYPECTOMY RECTUM	55	\$635	\$1,056
5749	OTH TRANSURETH EXC/DEST LES BLADDER	51	\$3,205	\$3,235
3859	LIG-STRIP VARICOSE VEINS-LOWER LIMB	45	\$3,013	\$4,507
3927	ARTERIOVENOSTOMY-RENAL DIALYSIS	45	\$3,990	\$4,212
0331	SPINAL TAP	42	\$840	\$1,493
5303	UNILAT REPR DIRECT ING HERN-GFT	41	\$4,071	\$3,282
CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
CPT-4 Procedures		4,210	\$2,560	\$2,356
69436	TYMPANOSTOMY GENERAL ANESTHESIA	305	\$1,047	\$1,067
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	214	\$486	\$881
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	204	\$723	\$1,120
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	204	\$5,802	\$5,482
42820	T&A; UNDER AGE 12	187	\$2,032	\$1,711
45378	COLONOSCOPY FLEX; DX-SEP PROC	142	\$470	\$868
43239	UGI ENDO; W/BX 1/MX	124	\$1,212	\$1,141
45380	COLONOSCOPY FLEX; W/BX 1/MX	122	\$733	\$1,223
49505	REPR INIT ING HERNIA 5YR/MORE; R	108	\$3,343	\$3,146
64721	NEUROPLASTY; MEDIAN @ CARPAL TUN	77	\$1,739	\$1,918
19120	EXC BRST CYST TUMR/LES OPN M/F 1	69	\$2,356	\$2,325
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	68	\$2,047	\$2,069
62310	INJ 1 NOT NEUROLYTIC-EPID;CERV/T	67	\$475	\$976
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	58	\$871	\$986
45330	SIGMOIDOSCOPY FLEX; DX-SEP PROC	56	\$251	\$522
47000	BIOPSY LIVER NEEDLE; PERCUTANEOU	55	\$1,207	\$1,682
20680	REMOVAL OF IMPLANT; DEEP	53	\$2,394	\$2,370
42821	T&A; AGE 12 OR OVER	52	\$2,118	\$1,992
49650	LAPARSCPY SURG; REPR INIT ING HE	51	\$6,192	\$4,776
36821	AV ANASTOM OPN; DIR ANY SITE-SP	44	\$3,904	\$3,559

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

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
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	426	9,617
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	150	3,147
	003 COMPLEX INCISION AND DRAINAGE	3	92
	004 SIMPLE INCISION AND DRAINAGE	1	26
	006 SIMPLE DEBRIDEMENT AND DESTRUCTION	7	157
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	53	1,092
	008 SIMPLE EXCISION AND BIOPSY	39	887
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRANGE	11	1,126
	010 SIMPLE SKIN REPAIR	1	14
	011 SIMPLE INCISION AND EXCISION OF BREAST	133	2,684
	012 BREAST RECONSTRUCTION AND MASTECTOMY	28	392
02	MUSCULOSKELETAL SYSTEM	2,052	52,555
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	224	6,223
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	81	2,056
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	76	1,930
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	396	10,991
	025 ARTHROSCOPY	990	22,451
	028 CLOSED TREATMENT FX & DISLOCATION OF FINGER, TOE & TRUNK	1	47
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	29	660
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	132	3,677
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	4	417
	032 BUNION PROCEDURES	64	1,612
	033 ARTHROPLASTY	31	497
	034 HAND AND FOOT TENOTOMY	2	293
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	22	1,528
03	RESPIRATORY SYSTEM	524	7,438
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	26	747
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	325	4,704
	054 SIMPLE ENDOSCOPY OF THE UPPER AIRWAY	13	333
	055 ENDOSCOPY OF THE LOWER AIRWAY	160	1,654
04	CARDIOVASCULAR SYSTEM	3,767	32,609
	074 CARDIAC ELECTROPHYSIOLOGIC TESTS	4	3,281
	076 DIAGNOSTIC CARDIAC CATHETERIZATION	3,417	23,531
	077 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	74	2,136
	078 PACEMAKER INSERTION AND REPLACEMENT	22	510
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	20	820
	080 MINOR VASCULAR REPAIR AND FISTULA CONSTRUCTION	118	852
	081 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	30	483
	082 VASCULAR LIGATION	82	864
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	89	2,811
	092 CHEMOTHERAPY EXCEPT BY EXTENDED INFUSION	2	6
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	87	1,766
06	DIGESTIVE SYSTEM	2,456	91,524
	112 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	85	1,234
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	71	740
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	49	417

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
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	372	19,919
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	127	4,997
	117 LOWER GASTROINTESTINAL ENDOSCOPY	630	38,117
	118 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	79	1,843
	119 HERNIA AND HYDROCELE PROCEDURES	267	7,192
	120 COMPLEX ANAL AND RECTAL PROCEDURES	34	896
	121 SIMPLE ANAL AND RECTAL PROCEDURES	28	571
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	12	545
	123 COMPLEX LAPAROSCOPIC PROCEDURES	696	14,566
	124 SIMPLE LAPAROSCOPIC PROCEDURES	6	191
07	URINARY SYSTEM	451	7,571
	131 RENAL EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	8	851
	133 URINARY CATHETERIZATION AND DILATATION	15	395
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	252	3,257
	135 MODERATE CYSTOURETHROSCOPY	131	2,205
	136 SIMPLE CYSTOURETHROSCOPY	30	648
	137 COMPLEX URETHRAL PROCEDURES	9	109
	138 SIMPLE URETHRAL PROCEDURES	6	103
08	MALE GENITAL SYSTEM	106	2,927
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	61	1,396
	152 INSERTION OF PENILE PROSTHESIS	5	92
	153 COMPLEX PENILE PROCEDURES	10	435
	154 SIMPLE PENILE PROCEDURES	27	748
	155 PROSTATE NEEDLE AND PUNCH BIOPSY	3	256
09	FEMALE GENITAL SYSTEM	338	6,182
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	154	1,463
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	95	1,400
	178 DILATION AND CURETTAGE	24	810
	179 HYSTEROSCOPY	58	2,308
	180 COLPOSCOPY	7	200
10	NERVOUS SYSTEM	669	21,547
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	313	15,863
	196 REVISION AND REMOVAL OF NEUROLOGICAL DEVICE	15	181
	197 NEUROSTIMULATOR AND VENTRICULAR SHUNT IMPLANTATION	42	469
	198 NERVE REPAIR AND DESTRUCTION	258	4,278
	199 SPINAL TAP	41	756
11	EYE AND OCULAR ADNEXA	12	11,356
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	2	505
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	3	727
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	7	504
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	1,423	28,651
	233 NASAL CAUTERIZATION AND PACKING	10	207
	234 COMPLEX FACIAL AND ENT PROCEDURES	271	5,185
	235 SIMPLE FACIAL AND ENT PROCEDURES	662	14,996
	236 TONSIL AND ADENOID PROCEDURES	480	8,225
13	THERAPUTIC AND OTHER RADIOLOGICAL PROCEDURES	52	3,870

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
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)
253	VASCULAR RADIOLOGY EXCEPT FOR VENOGRAPHY OF EXTREMITY	44	1,835
254	MYELOGRAPHY	2	406
255	MISCELLANEOUS RADIOLOGICAL PROCEDURES WITH CONTRAST	6	1,614

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, 2004
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	295	\$2,091	\$2,400
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	107	\$1,236	\$1,826
	006 SIMPLE DEBRIDEMENT AND DESTRUCTION	3	\$2,932	\$2,412
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	33	\$2,598	\$2,565
	008 SIMPLE EXCISION AND BIOPSY	24	\$1,929	\$2,299
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRAN	8	\$2,418	\$2,920
	010 SIMPLE SKIN REPAIR	1	\$3,513	\$3,203
	011 SIMPLE INCISION AND EXCISION OF BREAST	102	\$2,600	\$2,578
	012 BREAST RECONSTRUCTION AND MASTECTOMY	17	\$3,281	\$4,433
02	MUSCULOSKELETAL SYSTEM	572	\$3,502	\$3,512
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	54	\$4,034	\$5,140
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	27	\$2,747	\$3,702
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	20	\$3,962	\$4,004
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	168	\$2,394	\$2,374
	025 ARTHROSCOPY	146	\$4,727	\$3,951
	028 CLOSED TREATMENT FX & DISLOCATION OF FINGER, TOE & TRUNK	1	\$1,727	\$2,523
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	23	\$1,975	\$2,582
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	92	\$3,763	\$4,121
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	1	\$3,266	\$2,448
	032 BUNION PROCEDURES	17	\$3,546	\$3,335
	033 ARTHROPLASTY	19	\$4,278	\$4,516
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	4	\$333	\$646
03	RESPIRATORY SYSTEM	43	\$1,689	\$1,808
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	11	\$466	\$1,075
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	13	\$2,733	\$3,079
	054 SIMPLE ENDOSCOPY OF THE UPPER AIRWAY	2	\$3,274	\$1,126
	055 ENDOSCOPY OF THE LOWER AIRWAY	17	\$1,495	\$1,902
04	CARDIOVASCULAR SYSTEM	128	\$4,285	\$7,486
	076 DIAGNOSTIC CARDIAC CATHETERIZATION	4	\$10,119	\$5,567
	077 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	2	\$6,871	\$14,366
	078 PACEMAKER INSERTION AND REPLACEMENT	5	\$13,924	\$20,139
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	3	\$3,178	\$2,988
	080 MINOR VASCULAR REPAIR AND FISTULA CONSTRUCTION	63	\$4,137	\$3,982
	081 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	12	\$3,115	\$9,790
	082 VASCULAR LIGATION	39	\$3,003	\$4,226
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	49	\$3,534	\$3,893
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	49	\$3,534	\$4,071
06	DIGESTIVE SYSTEM	1,448	\$2,473	\$1,913
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	58	\$322	\$890
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	38	\$440	\$878
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	184	\$1,108	\$1,110
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	65	\$1,472	\$1,563
	117 LOWER GASTROINTESTINAL ENDOSCOPY	473	\$652	\$1,017
	118 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	24	\$1,927	\$3,074
	119 HERNIA AND HYDROCELE PROCEDURES	185	\$3,210	\$3,001

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
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)
	120 COMPLEX ANAL AND RECTAL PROCEDURES	27	\$2,906	\$2,412
	121 SIMPLE ANAL AND RECTAL PROCEDURES	11	\$2,255	\$2,116
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	4	\$3,023	\$2,759
	123 COMPLEX LAPAROSCOPIC PROCEDURES	377	\$5,764	\$5,244
	124 SIMPLE LAPAROSCOPIC PROCEDURES	2	\$4,674	\$9,413
07	URINARY SYSTEM	181	\$3,605	\$4,118
	131 RENAL EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	1	\$6,549	\$7,612
	133 URINARY CATHETERIZATION AND DILATATION	2	\$3,121	\$2,947
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	109	\$3,831	\$3,980
	135 MODERATE CYSTOURETHROSCOPY	49	\$3,262	\$2,966
	136 SIMPLE CYSTOURETHROSCOPY	14	\$2,991	\$2,050
	137 COMPLEX URETHRAL PROCEDURES	4	\$4,057	\$5,173
	138 SIMPLE URETHRAL PROCEDURES	2	\$2,145	\$1,730
08	MALE GENITAL SYSTEM	54	\$3,949	\$2,884
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	21	\$2,728	\$2,325
	152 INSERTION OF PENILE PROSTHESIS	4	\$14,906	\$15,341
	153 COMPLEX PENILE PROCEDURES	9	\$5,585	\$2,606
	154 SIMPLE PENILE PROCEDURES	18	\$2,135	\$1,709
	155 PROSTATE NEEDLE AND PUNCH BIOPSY	2	\$3,814	\$3,813
09	FEMALE GENITAL SYSTEM	122	\$3,350	\$3,249
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	21	\$3,291	\$4,142
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	54	\$3,333	\$2,642
	178 DILATION AND CURETTAGE	12	\$2,108	\$1,880
	179 HYSTEROSCOPY	35	\$3,839	\$3,776
10	NERVOUS SYSTEM	451	\$1,226	\$1,519
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	299	\$501	\$939
	196 REVISION AND REMOVAL OF NEUROLOGICAL DEVICE	1	\$9,887	\$5,797
	197 NEUROSTIMULATOR AND VENTRICULAR SHUNT IMPLANTATION	12	\$14,551	\$17,461
	198 NERVE REPAIR AND DESTRUCTION	99	\$1,903	\$2,158
	199 SPINAL TAP	40	\$757	\$1,409
11	EYE AND OCULAR ADNEXA	6	\$1,859	\$2,658
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	2	\$1,758	\$2,469
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	2	\$1,745	\$3,213
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	2	\$2,074	\$1,662
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	734	\$1,741	\$2,083
	233 NASAL CAUTERIZATION AND PACKING	5	\$1,667	\$2,238
	234 COMPLEX FACIAL AND ENT PROCEDURES	52	\$3,486	\$4,171
	235 SIMPLE FACIAL AND ENT PROCEDURES	359	\$1,220	\$1,547
	236 TONSIL AND ADENOID PROCEDURES	318	\$2,044	\$1,824
13	THERAPUTIC AND OTHER RADIOLOGICAL PROCEDURES	2	\$6,481	\$2,912
	253 VASCULAR RADIOLOGY EXCEPT FOR VENOGRAPHY OF EXTREMITY	1	\$11,140	\$5,763
	255 MISCELLANEOUS RADIOLOGICAL PROCEDURES WITH CONTRAST	1	\$1,823	\$2,500

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, 2004
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	3,846	53.1	120,006	54.8
Male	3,394	46.9	98,888	45.2
Unknown	0	0.0	8	0.0
Not Reported	0	0.0	4	0.0
AGE				
1-28 days	0	0.0	376	0.2
29-365 days	109	1.5	2,969	1.4
1-4 years	417	5.8	11,176	5.1
5-9	234	3.2	6,445	2.9
10-14	204	2.8	5,080	2.3
15-17	202	2.8	5,201	2.4
18-19	157	2.2	3,849	1.8
20-24	323	4.5	11,707	5.3
25-29	248	3.4	12,626	5.8
30-34	307	4.2	11,936	5.5
35-39	270	3.7	11,960	5.5
40-44	412	5.7	14,821	6.8
45-49	423	5.8	17,215	7.9
50-54	522	7.2	22,033	10.1
55-59	589	8.1	18,759	8.6
60-64	608	8.4	16,305	7.4
65-69	653	9.0	13,961	6.4
70-74	622	8.6	12,040	5.5
75-79	516	7.1	10,224	4.7
80-84	302	4.2	6,733	3.1
85-89	106	1.5	2,713	1.2
90 +	16	0.2	777	0.4
Not Reported	0	0.0	376	0.2
SOURCE OF ADMISSION				
Physician Referral	7,011	96.8	195,236	89.2
Clinic Referral	2	0.0	774	0.4
HMO Referral	2	0.0	2,769	1.3
Other Hospital	1	0.0	81	0.0
Skilled Nursing Facility	1	0.0	18	0.0
Other Health Care Facility	0	0.0	22	0.0
Emergency Room	223	3.1	4,435	2.0
Court/Law Enforcement	0	0.0	1	0.0
Unknown	0	0.0	469	0.2
Not Reported	0	0.0	15,101	6.9

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
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	7,212	99.6	218,417	99.8
Another Hospital	3	0.0	114	0.1
Skilled Nursing Facility	8	0.1	87	0.0
Intermediate Care Facility	0	0.0	11	0.0
Another Type of Institution	0	0.0	39	0.0
Under Care of Home Service	16	0.2	141	0.1
Left Against Medical Advice	0	0.0	13	0.0
Under Care of Home IV Provider	0	0.0	7	0.0
Expired	1	0.0	14	0.0
Unknown	0	0.0	59	0.0
Not Reported	0	0.0	4	0.0
PRIMARY PAYER				
Medicare	2,262	31.2	47,125	21.5
Medicaid	696	9.6	15,764	7.2
Other government	72	1.0	4,030	1.8
Blue Cross/Blue Shield	775	10.7	30,905	14.1
Other Commercial	593	8.2	15,943	7.3
Managed Care(HMO, PPO)	2,414	33.3	95,785	43.8
Self Pay	184	2.5	3,566	1.6
Industrial & Worker Comp	146	2.0	4,109	1.9
Charity and Unclassified	4	0.1	322	0.1
Childrens Health Insurance	13	0.2	273	0.1
Unknown	81	1.1	1,005	0.5
Not Reported	0	0.0	79	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	5	0.1	14,650	6.7
Central Utah	38	0.5	7,259	3.3
Davis County	7	0.1	25,726	11.8
Salt Lake County	24	0.3	74,490	34.0
Southeastern Utah	11	0.2	4,561	2.1
Southwest Utah	6,111	84.4	10,818	4.9
Summit County	1	0.0	2,876	1.3
Tooele County	3	0.0	4,235	1.9
Tri-County	1	0.0	9,559	4.4
Utah County	19	0.3	33,718	15.4
Wasatch County	1	0.0	1,643	0.8
Weber County	5	0.1	19,808	9.0
Unknown Utah	2	0.0	76	0.0
Outside Utah	1,010	14.0	9,321	4.3
Unknown, Not Reported	2	0.0	166	0.1

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

AMB ST 1-1
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
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)	169	100.0	306,368	100.0
Mastectomy (85.0-85.99)	1	0.6	7,302	2.4
Musculoskeletal (76.0-84.99)	10	5.9	61,162	20.0
Respiratory (30.0-34.99)	0	0.0	3,337	1.1
Cardiovascular (35.0-39.99)	0	0.0	17,761	5.8
Lymphatic/Hemetic (40.0-41.99)	1	0.6	2,849	0.9
Digestive System (42.0-54.99)	117	69.2	97,896	32.0
Urinary (55.0-59.99)	0	0.0	8,268	2.7
Male Genital (60.0-64.99)	1	0.6	3,711	1.2
Female Genital (65.0-71.99)	8	4.7	14,242	4.6
Endocrine/Nervous (01.0-07.99)	20	11.8	25,908	8.5
Eye (08.0-16.99)	0	0.0	19,800	6.5
Ear (18.0-20.99)	4	2.4	14,521	4.7
Nose, Mouth, Pharynx (21.0-29.99)	7	4.1	29,611	9.7
Reporting Category(CPT-4 CODES)	138	100.0	300,811	100.0
Mastectomy (19120-19220)	0	0.0	3,078	1.0
Musculoskeletal (20000-29909)	21	15.2	58,688	19.5
Respiratory (30000-32999 & 39501-39599)	1	0.7	13,089	4.4
Cardiovascular (33010-37799 & 93501-93660)	1	0.7	51,568	17.1
Lymphatic/Hemetic (38100-38999)	0	0.0	2,778	0.9
Digestive (40490-49999)	107	77.5	104,073	34.6
Urinary (50010-53899)	0	0.0	8,888	3.0
Male Genital (54000-55899)	1	0.7	3,219	1.1
Female Genital (56405-58999)	5	3.6	10,706	3.6
Endocrine/Nervous (60000-64999)	0	0.0	25,132	8.4
Eye (65091-68899)	0	0.0	11,602	3.9
Ear (69000-69979)	2	1.4	7,990	2.7

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.

AMB ST 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
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		169	100.0	100.0
4523	COLONOSCOPY	34	20.1	6.27
0443	RELEASE CARPAL TUNNEL	19	11.2	1.17
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	13	7.7	5.52
4542	ENDO POLYPECTOMY LG INTESTINE	9	5.3	3.42
4543	ENDO DEST OTH LES/TISS LG INTEST	9	5.3	0.08
5123	LAP CHOLEY	9	5.3	2.03
5421	LAPAROSCOPY	9	5.3	0.54
4525	CLO [ENDO] BX LG INTESTINE	8	4.7	2.50
283	TONSILLECTOMY W/ADENOIDECTOMY	6	3.6	1.75
4513	OTH ENDO SM INTESTINE	5	3.0	1.98
2001	MYRINGOTOMY W/INSRT TUBE	4	2.4	3.86
5304	UNILAT REPR INDIRECT ING HERN-GFT	4	2.4	0.52
4824	CLO [ENDO] BX RECTUM	3	1.8	0.53
4832	OTH ELEC-COAG RECTAL LES/TISS	2	1.2	0.01
4836	[ENDO] POLYPECTOMY RECTUM	2	1.2	1.06
5305	UNILAT REPR ING HERN-GFT-NOS	2	1.2	0.14
5349	OTH UMB HERNIORRHAPHY	2	1.2	0.30
5361	INCIS HERN REPR W/PROSTH	2	1.2	0.20
6959	OTH ASPIR CURET UTERUS	2	1.2	0.06
8023	ARTHSCPY-WRIST	2	1.2	0.11
CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		138	100.0	100.0
45378	COLONOSCOPY FLEX; DX-SEP PROC	32	23.2	5.95
43239	UGI ENDO; W/BX 1/MX	15	10.9	5.29
45384	COLONOSCOPY FLEX; REMV LES-FORCE	12	8.7	0.42
29848	ENDO WRST SURG REL TRNS CARP LIG	11	8.0	0.29
45380	COLONOSCOPY FLEX; W/BX 1/MX	9	6.5	3.16
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	9	6.5	1.20
49650	LAPARSCPY SURG; REPR INIT ING HE	8	5.8	0.20
42820	T&A; UNDER AGE 12	5	3.6	1.38
43235	UGI ENDO; DX W/VO CLCT SPECMN-SP	4	2.9	1.28
49659	UNLISTED LAP PROC-HERNIOPLSTY/OT	4	2.9	0.12
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	3	2.2	2.89
49651	LAPARSCPY SURG; REP RECUR ING HE	2	1.4	0.03
58120	DILATION & CURET DX &/ THERAPEUT	2	1.4	0.27
69436	TYMPANOSTOMY GENERAL ANESTHESIA	2	1.4	2.04
20680	REMOVAL OF IMPLANT; DEEP	1	0.7	0.81
27327	EXC TUMOR THIGH/KNEE AREA; SUBQ	1	0.7	0.01
28080	EXC INTERDIGTL NEUROMA SINGLE EA	1	0.7	0.22
28108	EXC BONE CYST/TUMR PHALANGES FOO	1	0.7	0.08
28160	HEMIPHALANGECT/TOE PROX PHALANX	1	0.7	0.01
28232	TENOT OPN TENDON FLX; TOE 1 TEND	1	0.7	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.

AMB ST 1-3

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
 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 CHRG	AVE TOT CHRG(ALL Hospitals)
ICD-9 Procedures		90	\$2,112	\$2,729
4523	COLONOSCOPY	28	\$952	\$874
5123	LAP CHOLEY	8	\$6,173	\$5,384
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	7	\$1,053	\$1,145
4543	ENDO DEST OTH LES/TISS LG INTEST	7	\$1,753	\$1,210
283	TONSILLECTOMY W/ADENOIDECTOMY	6	\$3,721	\$1,783
4525	CLO [ENDO] BX LG INTESTINE	6	\$1,301	\$1,249
4542	ENDO POLYPECTOMY LG INTESTINE	6	\$1,496	\$1,132
0443	RELEASE CARPAL TUNNEL	3	\$1,978	\$1,950
4513	OTH ENDO SM INTESTINE	3	\$1,123	\$1,066
4824	CLO [ENDO] BX RECTUM	2	\$1,182	\$1,211
6959	OTH ASPIR CURET UTERUS	2	\$1,602	\$2,123
280	I&D TONSIL & PERITONSILLAR STRUCT	1	\$4,782	\$2,583
4059	RAD EXC OTH LYMPH NODES	1	\$2,884	\$3,309
4836	[ENDO] POLYPECTOMY RECTUM	1	\$1,299	\$1,056
5304	UNILAT REPR INDIRECT ING HERN-GFT	1	\$4,717	\$3,302
5305	UNILAT REPR ING HERN-GFT-NOS	1	\$5,520	\$3,561
5317	BIL ING HERN REPR W/GFT/PROSTH-NOS	1	\$6,151	\$5,743
5451	LAP LYSIS PERITONEAL ADHES	1	\$3,983	\$4,308
640	CIRCUMCISION	1	\$2,275	\$1,459
6902	D&C FOLLOWING DELIV/AB	1	\$1,844	\$2,426

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
CPT-4 Procedures		100	\$2,429	\$2,356
45378	COLONOSCOPY FLEX; DX-SEP PROC	27	\$956	\$868
29848	ENDO WRST SURG REL TRNS CARP LIG	11	\$2,862	\$2,278
45380	COLONOSCOPY FLEX; W/BX 1/MX	8	\$1,271	\$1,223
45384	COLONOSCOPY FLEX; REMV LES-FORCE	8	\$1,416	\$1,272
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	8	\$6,173	\$5,482
49650	LAPARSCPY SURG; REPR INIT ING HE	7	\$5,002	\$4,776
43239	UGI ENDO; W/BX 1/MX	6	\$1,194	\$1,141
42820	T&A; UNDER AGE 12	4	\$3,024	\$1,711
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	3	\$1,971	\$1,120
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	2	\$1,254	\$986
49659	UNLISTED LAP PROC-HERNIOPLSTY/OT	2	\$8,786	\$7,516
58120	DILATION & CURET DX &/ THERAPEUT	2	\$1,602	\$1,880
69436	TYMPANOSTOMY GENERAL ANESTHESIA	2	\$1,319	\$1,067
20680	REMOVAL OF IMPLANT; DEEP	1	\$2,284	\$2,370
27327	EXC TUMR THIGH/KNEE AREA; SUBCUT	1	\$2,884	\$2,988
36415	COLLECTION VENOUS BLD VENIPUNCTU	1	\$1,759	\$519
42700	I&D ABSCESS; PERITONSILLAR	1	\$4,782	\$2,513
42821	T&A; AGE 12 OR OVER	1	\$2,379	\$1,992
45383	COLONOSCOPY FLEX; W/ABLAT LES	1	\$1,281	\$1,089
49329	UNLIST LAP PROC ABD PERTN&OMNTUM	1	\$3,983	\$4,075

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

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
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	9,617
	008 SIMPLE EXCISION AND BIOPSY	1	887
02	MUSCULOSKELETAL SYSTEM	20	52,555
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	1	1,930
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	5	10,991
	025 ARTHROSCOPY	11	22,451
	032 BUNION PROCEDURES	2	1,612
	034 HAND AND FOOT TENOTOMY	1	293
04	CARDIOVASCULAR SYSTEM	1	32,609
	083 RESUSCITATION AND CARDIOVERSION	1	13
06	DIGESTIVE SYSTEM	100	91,524
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	19	19,919
	117 LOWER GASTROINTESTINAL ENDOSCOPY	57	38,117
	123 COMPLEX LAPAROSCOPIC PROCEDURES	24	14,566
08	MALE GENITAL SYSTEM	1	2,927
	154 SIMPLE PENILE PROCEDURES	1	748
09	FEMALE GENITAL SYSTEM	3	6,182
	178 DILATION AND CURETTAGE	2	810
	179 HYSTEROSCOPY	1	2,308
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	9	28,651
	235 SIMPLE FACIAL AND ENT PROCEDURES	3	14,996
	236 TONSIL AND ADENOID PROCEDURES	6	8,225

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, 2004
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 CHRG	AVE TOT CHRG(ALL Hospitals)
01	INTEGUMENTARY SYSTEM	1	\$2,884	\$2,400
	008 SIMPLE EXCISION AND BIOPSY	1	\$2,884	\$2,299
02	MUSCULOSKELETAL SYSTEM	12	\$2,814	\$3,512
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	1	\$2,284	\$2,374
	025 ARTHROSCOPY	11	\$2,862	\$3,951
06	DIGESTIVE SYSTEM	74	\$2,349	\$1,913
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	8	\$1,209	\$1,110
	117 LOWER GASTROINTESTINAL ENDOSCOPY	47	\$1,160	\$1,017
	123 COMPLEX LAPAROSCOPIC PROCEDURES	19	\$5,772	\$5,244
08	MALE GENITAL SYSTEM	1	\$2,275	\$2,884
	154 SIMPLE PENILE PROCEDURES	1	\$2,275	\$1,709
09	FEMALE GENITAL SYSTEM	3	\$2,158	\$3,249
	178 DILATION AND CURETTAGE	2	\$1,602	\$1,880
	179 HYSTEROSCOPY	1	\$3,272	\$3,776
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	8	\$2,737	\$2,083
	235 SIMPLE FACIAL AND ENT PROCEDURES	3	\$2,474	\$1,547
	236 TONSIL AND ADENOID PROCEDURES	5	\$2,895	\$1,824

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, 2004
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	76	61.3	120,006	54.8
Male	48	38.7	98,888	45.2
Unknown	0	0.0	8	0.0
Not Reported	0	0.0	4	0.0
AGE				
1-28 days	0	0.0	376	0.2
29-365 days	1	0.8	2,969	1.4
1-4 years	3	2.4	11,176	5.1
5-9	2	1.6	6,445	2.9
10-14	2	1.6	5,080	2.3
15-17	2	1.6	5,201	2.4
18-19	0	0.0	3,849	1.8
20-24	3	2.4	11,707	5.3
25-29	5	4.0	12,626	5.8
30-34	4	3.2	11,936	5.5
35-39	10	8.1	11,960	5.5
40-44	5	4.0	14,821	6.8
45-49	11	8.9	17,215	7.9
50-54	12	9.7	22,033	10.1
55-59	8	6.5	18,759	8.6
60-64	14	11.3	16,305	7.4
65-69	16	12.9	13,961	6.4
70-74	10	8.1	12,040	5.5
75-79	8	6.5	10,224	4.7
80-84	2	1.6	6,733	3.1
85-89	5	4.0	2,713	1.2
90 +	1	0.8	777	0.4
Not Reported	0	0.0	376	0.2
SOURCE OF ADMISSION				
Physician Referral	124	100.0	195,236	89.2
Clinic Referral	0	0.0	774	0.4
HMO Referral	0	0.0	2,769	1.3
Other Hospital	0	0.0	81	0.0
Skilled Nursing Facility	0	0.0	18	0.0
Other Health Care Facility	0	0.0	22	0.0
Emergency Room	0	0.0	4,435	2.0
Court/Law Enforcement	0	0.0	1	0.0
Unknown	0	0.0	469	0.2
Not Reported	0	0.0	15,101	6.9
(Continued)				

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
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	123	99.2	218,417	99.8
Another Hospital	1	0.8	114	0.1
Skilled Nursing Facility	0	0.0	87	0.0
Intermediate Care Facility	0	0.0	11	0.0
Another Type of Institution	0	0.0	39	0.0
Under Care of Home Service	0	0.0	141	0.1
Left Against Medical Advice	0	0.0	13	0.0
Under Care of Home IV Provider	0	0.0	7	0.0
Expired	0	0.0	14	0.0
Unknown	0	0.0	59	0.0
Not Reported	0	0.0	4	0.0
PRIMARY PAYER				
Medicare	44	35.5	47,125	21.5
Medicaid	9	7.3	15,764	7.2
Other government	2	1.6	4,030	1.8
Blue Cross/Blue Shield	18	14.5	30,905	14.1
Other Commercial	3	2.4	15,943	7.3
Managed Care(HMO, PPO)	43	34.7	95,785	43.8
Self Pay	1	0.8	3,566	1.6
Industrial & Worker Comp	2	1.6	4,109	1.9
Charity and Unclassified	0	0.0	322	0.1
Childrens Health Insurance	0	0.0	273	0.1
Unknown	2	1.6	1,005	0.5
Not Reported	0	0.0	79	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	0	0.0	14,650	6.7
Central Utah	120	96.8	7,259	3.3
Davis County	0	0.0	25,726	11.8
Salt Lake County	2	1.6	74,490	34.0
Southeastern Utah	0	0.0	4,561	2.1
Southwest Utah	0	0.0	10,818	4.9
Summit County	0	0.0	2,876	1.3
Tooele County	0	0.0	4,235	1.9
Tri-County	0	0.0	9,559	4.4
Utah County	0	0.0	33,718	15.4
Wasatch County	0	0.0	1,643	0.8
Weber County	0	0.0	19,808	9.0
Unknown Utah	0	0.0	76	0.0
Outside Utah	2	1.6	9,321	4.3
Unknown, Not Reported	0	0.0	166	0.1

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

AMB ST 1-1
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
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)	207	100.0	306,368	100.0
Mastectomy (85.0-85.99)	3	1.4	7,302	2.4
Musculoskeletal (76.0-84.99)	4	1.9	61,162	20.0
Respiratory (30.0-34.99)	0	0.0	3,337	1.1
Cardiovascular (35.0-39.99)	0	0.0	17,761	5.8
Lymphatic/Hemetic (40.0-41.99)	0	0.0	2,849	0.9
Digestive System (42.0-54.99)	162	78.3	97,896	32.0
Urinary (55.0-59.99)	1	0.5	8,268	2.7
Male Genital (60.0-64.99)	2	1.0	3,711	1.2
Female Genital (65.0-71.99)	4	1.9	14,242	4.6
Endocrine/Nervous (01.0-07.99)	1	0.5	25,908	8.5
Eye (08.0-16.99)	0	0.0	19,800	6.5
Ear (18.0-20.99)	18	8.7	14,521	4.7
Nose, Mouth, Pharynx (21.0-29.99)	12	5.8	29,611	9.7
Reporting Category(CPT-4 CODES)	191	100.0	300,811	100.0
Mastectomy (19120-19220)	3	1.6	3,078	1.0
Musculoskeletal (20000-29909)	5	2.6	58,688	19.5
Respiratory (30000-32999 & 39501-39599)	0	0.0	13,089	4.4
Cardiovascular (33010-37799 & 93501-93660)	1	0.5	51,568	17.1
Lymphatic/Hemetic (38100-38999)	0	0.0	2,778	0.9
Digestive (40490-49999)	160	83.8	104,073	34.6
Urinary (50010-53899)	1	0.5	8,888	3.0
Male Genital (54000-55899)	2	1.0	3,219	1.1
Female Genital (56405-58999)	3	1.6	10,706	3.6
Endocrine/Nervous (60000-64999)	0	0.0	25,132	8.4
Eye (65091-68899)	0	0.0	11,602	3.9
Ear (69000-69979)	16	8.4	7,990	2.7

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.

AMB ST 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
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		207	100.0	100.0
4523	COLONOSCOPY	56	27.1	6.27
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	34	16.4	5.52
2001	MYRINGOTOMY W/INSRT TUBE	18	8.7	3.86
4525	CLO [ENDO] BX LG INTESTINE	15	7.2	2.50
4542	ENDO POLYPECTOMY LG INTESTINE	13	6.3	3.42
4341	ENDO EXC/DESTRUC LES/TISS STOMACH	8	3.9	0.15
4513	OTH ENDO SM INTESTINE	8	3.9	1.98
5123	LAP CHOLEY	8	3.9	2.03
283	TONSILLECTOMY W/ADENOIDECTOMY	7	3.4	1.75
4836	[ENDO] POLYPECTOMY RECTUM	5	2.4	1.06
282	TONSILLECTOMY WO ADENOIDECTOMY	4	1.9	0.64
5304	UNILAT REPR INDIRECT ING HERN-GFT	4	1.9	0.52
5451	LAP LYSIS PERITONEAL ADHES	3	1.4	0.27
8521	LOC EXC LES BREAST	3	1.4	0.93
4824	CLO [ENDO] BX RECTUM	2	1.0	0.53
5341	REPR UMB HERN W/PROSTH	2	1.0	0.21
7902	CLO REDUC FX WO INT FIX-RADIUS-ULNA	2	1.0	0.09
0489	INJ NON-NEUROLYTIC PERIPH NERV	1	0.5	0.07
286	ADENOIDECTOMY WO TONSILLECTOMY	1	0.5	0.38
4233	ENDO EXC/DESTRUC LES/TISS ESOPH	1	0.5	0.07
CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		191	100.0	100.0
45378	COLONOSCOPY FLEX; DX-SEP PROC	47	24.6	5.95
43239	UGI ENDO; W/BX 1/MX	34	17.8	5.29
45380	COLONOSCOPY FLEX; W/BX 1/MX	21	11.0	3.16
69436	TYMPANOSTOMY GENERAL ANESTHESIA	16	8.4	2.04
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	12	6.3	2.89
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	8	4.2	1.28
43251	UGI ENDO; W/REMV TUMOR/LES-SNARE	8	4.2	0.09
47562	LAPAROSCOPY SURGICAL; CHOLECT	7	3.7	0.80
42820	T&A; UNDER AGE 12	6	3.1	1.38
19120	EXC BRST CYST TUMR/LES OPN M/F 1	3	1.6	0.59
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	3	1.6	0.52
49505	REPR INIT ING HERNIA 5YR/MORE; R	3	1.6	0.99
25605	CLOS TX DIST RADIAL FX; REQ MANI	2	1.0	0.06
20526	INJECTION THERAPEUTIC CARPAL TUN	1	0.5	0.00
23076	EXC SFT TISS TUMR SHLDR; DEEP/IM	1	0.5	0.02
27266	CLOS TX HIP ARTHPLSTY DISLOC;W/A	1	0.5	0.02
36430	TRANSFUSION BLOOD/BLOOD COMPONEN	1	0.5	0.32
42821	T&A; AGE 12 OR OVER	1	0.5	0.34
42825	TONSILLECT PRIM/SEC; UNDER AGE 1	1	0.5	0.11
42830	ADENOIDECTOMY PRIMARY; UNDER AGE	1	0.5	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.

AMB ST 1-3

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
 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 CHRG	AVE TOT CHRG(ALL Hospitals)
ICD-9 Procedures		122	\$1,482	\$2,729
4523	COLONOSCOPY	44	\$1,178	\$874
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	15	\$1,044	\$1,145
4525	CLO [ENDO] BX LG INTESTINE	8	\$1,262	\$1,249
4542	ENDO POLYPECTOMY LG INTESTINE	8	\$1,600	\$1,132
283	TONSILLECTOMY W/ADENOIDECTOMY	7	\$894	\$1,783
4513	OTH ENDO SM INTESTINE	5	\$950	\$1,066
5123	LAP CHOLEY	5	\$4,545	\$5,384
282	TONSILLECTOMY WO ADENOIDECTOMY	4	\$1,507	\$2,027
5304	UNILAT REPR INDIRECT ING HERN-GFT	4	\$1,958	\$3,302
8521	LOC EXC LES BREAST	3	\$1,890	\$2,337
4836	[ENDO] POLYPECTOMY RECTUM	2	\$1,457	\$1,056
5341	REPR UMB HERN W/PROSTH	2	\$2,420	\$3,619
7902	CLO REDUC FX WO INT FIX-RADIUS-ULNA	2	\$1,575	\$2,240
286	ADENOIDECTOMY WO TONSILLECTOMY	1	\$702	\$1,504
4341	ENDO EXC/DESTRUC LES/TISS STOMACH	1	\$1,124	\$1,256
4524	FLEX SIGMOIDOSCOPY	1	\$658	\$586
4701	LAP APPENDECTOMY	1	\$3,356	\$6,923
4946	EXC HEMORRHOIDS	1	\$1,548	\$2,546
5749	OTH TRANSURETH EXC/DEST LES BLADDER	1	\$1,478	\$3,235
6011	CLO [PERCUT] [NEEDLE] BX PROSTATE	1	\$2,309	\$1,315

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
CPT-4 Procedures		122	\$1,547	\$2,356
45378	COLONOSCOPY FLEX; DX-SEP PROC	37	\$1,183	\$868
43239	UGI ENDO; W/BX 1/MX	17	\$1,152	\$1,141
45380	COLONOSCOPY FLEX; W/BX 1/MX	9	\$1,259	\$1,223
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	9	\$1,609	\$1,120
47562	LAPAROSCOPY SURGICAL; CHOLECT	7	\$3,845	\$5,197
42820	T&A; UNDER AGE 12	6	\$822	\$1,711
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	5	\$950	\$986
19120	EXC BRST CYST TUMR/LES OPN M/F 1	3	\$1,890	\$2,325
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	3	\$1,206	\$2,069
49505	REPR INIT ING HERNIA 5YR/MORE; R	3	\$1,947	\$3,146
25605	CLOS TX DIST RADIAL FX; REQ MANI	2	\$1,575	\$2,258
69436	TYMPANOSTOMY GENERAL ANESTHESIA	2	\$517	\$1,067
23076	EXC SFT TISS TUMR SHLDR; DEEP/IM	1	\$1,267	\$2,994
27266	CLOS TX HIP ARTHPLSTY DISLOC;W/A	1	\$2,482	\$2,984
36430	TRANSFUSION BLOOD/BLOOD COMPONEN	1	\$5,591	\$2,372
42821	T&A; AGE 12 OR OVER	1	\$1,325	\$1,992
42825	TONSILLECT PRIM/SEC; UNDER AGE 1	1	\$2,410	\$1,691
42830	ADENOIDECTOMY PRIMARY; UNDER AGE	1	\$702	\$1,445
43251	UGI ENDO; W/REMV TUMOR/LES-SNARE	1	\$1,124	\$1,351
44970	LAPAROSCOPY SURGICAL APPENDECTOM	1	\$3,356	\$6,771

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

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
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	4	9,617
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	1	1,092
	011 SIMPLE INCISION AND EXCISION OF BREAST	3	2,684
02	MUSCULOSKELETAL SYSTEM	4	52,555
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	1	6,223
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	2	660
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	1	1,528
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	1	2,811
	097 TRANSFUSION	1	949
06	DIGESTIVE SYSTEM	149	91,524
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	1	740
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	42	19,919
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	9	4,997
	117 LOWER GASTROINTESTINAL ENDOSCOPY	80	38,117
	119 HERNIA AND HYDROCELE PROCEDURES	6	7,192
	121 SIMPLE ANAL AND RECTAL PROCEDURES	1	571
	123 COMPLEX LAPAROSCOPIC PROCEDURES	10	14,566
07	URINARY SYSTEM	1	7,571
	135 MODERATE CYSTOURETHROSCOPY	1	2,205
08	MALE GENITAL SYSTEM	2	2,927
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	1	1,396
	155 PROSTATE NEEDLE AND PUNCH BIOPSY	1	256
09	FEMALE GENITAL SYSTEM	1	6,182
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	1	1,463
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	28	28,651
	235 SIMPLE FACIAL AND ENT PROCEDURES	16	14,996
	236 TONSIL AND ADENOID PROCEDURES	12	8,225

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, 2004
PROCEDURE APG CATEGORY, PROCEDURE APG, SINGLE APG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

110 Garfield Memorial Hospital and Clinics

Procedure APG category	Procedure APG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
01	INTEGUMENTARY SYSTEM	4	\$1,734	\$2,400
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	1	\$1,267	\$2,565
	011 SIMPLE INCISION AND EXCISION OF BREAST	3	\$1,890	\$2,578
02	MUSCULOSKELETAL SYSTEM	3	\$1,877	\$3,512
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	1	\$2,482	\$5,140
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	2	\$1,575	\$2,582
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	1	\$5,591	\$3,893
	097 TRANSFUSION	1	\$5,591	\$2,372
06	DIGESTIVE SYSTEM	96	\$1,544	\$1,913
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	1	\$658	\$890
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	22	\$1,106	\$1,110
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	1	\$1,124	\$1,563
	117 LOWER GASTROINTESTINAL ENDOSCOPY	55	\$1,265	\$1,017
	119 HERNIA AND HYDROCELE PROCEDURES	6	\$2,112	\$3,001
	121 SIMPLE ANAL AND RECTAL PROCEDURES	1	\$1,548	\$2,116
	123 COMPLEX LAPAROSCOPIC PROCEDURES	10	\$3,835	\$5,244
07	URINARY SYSTEM	1	\$1,478	\$4,118
	135 MODERATE CYSTOURETHROSCOPY	1	\$1,478	\$2,966
08	MALE GENITAL SYSTEM	2	\$1,965	\$2,884
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	1	\$1,620	\$2,325
	155 PROSTATE NEEDLE AND PUNCH BIOPSY	1	\$2,309	\$3,813
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	14	\$1,001	\$2,083
	235 SIMPLE FACIAL AND ENT PROCEDURES	2	\$517	\$1,547
	236 TONSIL AND ADENOID PROCEDURES	12	\$1,082	\$1,824

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, 2004
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	80	49.4	120,006	54.8
Male	82	50.6	98,888	45.2
Unknown	0	0.0	8	0.0
Not Reported	0	0.0	4	0.0
AGE				
1-28 days	0	0.0	376	0.2
29-365 days	3	1.9	2,969	1.4
1-4 years	10	6.2	11,176	5.1
5-9	4	2.5	6,445	2.9
10-14	1	0.6	5,080	2.3
15-17	5	3.1	5,201	2.4
18-19	0	0.0	3,849	1.8
20-24	2	1.2	11,707	5.3
25-29	2	1.2	12,626	5.8
30-34	5	3.1	11,936	5.5
35-39	4	2.5	11,960	5.5
40-44	5	3.1	14,821	6.8
45-49	8	4.9	17,215	7.9
50-54	17	10.5	22,033	10.1
55-59	18	11.1	18,759	8.6
60-64	14	8.6	16,305	7.4
65-69	16	9.9	13,961	6.4
70-74	20	12.3	12,040	5.5
75-79	13	8.0	10,224	4.7
80-84	11	6.8	6,733	3.1
85-89	4	2.5	2,713	1.2
90 +	0	0.0	777	0.4
Not Reported	0	0.0	376	0.2
SOURCE OF ADMISSION				
Physician Referral	2	1.2	195,236	89.2
Clinic Referral	158	97.5	774	0.4
HMO Referral	0	0.0	2,769	1.3
Other Hospital	0	0.0	81	0.0
Skilled Nursing Facility	0	0.0	18	0.0
Other Health Care Facility	0	0.0	22	0.0
Emergency Room	2	1.2	4,435	2.0
Court/Law Enforcement	0	0.0	1	0.0
Unknown	0	0.0	469	0.2
Not Reported	0	0.0	15,101	6.9

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
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	161	99.4	218,417	99.8
Another Hospital	0	0.0	114	0.1
Skilled Nursing Facility	0	0.0	87	0.0
Intermediate Care Facility	0	0.0	11	0.0
Another Type of Institution	0	0.0	39	0.0
Under Care of Home Service	1	0.6	141	0.1
Left Against Medical Advice	0	0.0	13	0.0
Under Care of Home IV Provider	0	0.0	7	0.0
Expired	0	0.0	14	0.0
Unknown	0	0.0	59	0.0
Not Reported	0	0.0	4	0.0
PRIMARY PAYER				
Medicare	61	37.7	47,125	21.5
Medicaid	13	8.0	15,764	7.2
Other government	4	2.5	4,030	1.8
Blue Cross/Blue Shield	13	8.0	30,905	14.1
Other Commercial	15	9.3	15,943	7.3
Managed Care(HMO, PPO)	49	30.2	95,785	43.8
Self Pay	5	3.1	3,566	1.6
Industrial & Worker Comp	0	0.0	4,109	1.9
Charity and Unclassified	0	0.0	322	0.1
Childrens Health Insurance	0	0.0	273	0.1
Unknown	2	1.2	1,005	0.5
Not Reported	0	0.0	79	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	0	0.0	14,650	6.7
Central Utah	13	8.0	7,259	3.3
Davis County	0	0.0	25,726	11.8
Salt Lake County	1	0.6	74,490	34.0
Southeastern Utah	0	0.0	4,561	2.1
Southwest Utah	145	89.5	10,818	4.9
Summit County	0	0.0	2,876	1.3
Tooele County	0	0.0	4,235	1.9
Tri-County	1	0.6	9,559	4.4
Utah County	0	0.0	33,718	15.4
Wasatch County	0	0.0	1,643	0.8
Weber County	0	0.0	19,808	9.0
Unknown Utah	0	0.0	76	0.0
Outside Utah	2	1.2	9,321	4.3
Unknown, Not Reported	0	0.0	166	0.1

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

AMB ST 1-1
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
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)	1,267	100.0	306,368	100.0
Mastectomy (85.0-85.99)	48	3.8	7,302	2.4
Musculoskeletal (76.0-84.99)	30	2.4	61,162	20.0
Respiratory (30.0-34.99)	1	0.1	3,337	1.1
Cardiovascular (35.0-39.99)	0	0.0	17,761	5.8
Lymphatic/Hemetic (40.0-41.99)	3	0.2	2,849	0.9
Digestive System (42.0-54.99)	821	64.8	97,896	32.0
Urinary (55.0-59.99)	6	0.5	8,268	2.7
Male Genital (60.0-64.99)	7	0.6	3,711	1.2
Female Genital (65.0-71.99)	43	3.4	14,242	4.6
Endocrine/Nervous (01.0-07.99)	73	5.8	25,908	8.5
Eye (08.0-16.99)	76	6.0	19,800	6.5
Ear (18.0-20.99)	72	5.7	14,521	4.7
Nose, Mouth, Pharynx (21.0-29.99)	87	6.9	29,611	9.7
Reporting Category(CPT-4 CODES)	841	100.0	300,811	100.0
Mastectomy (19120-19220)	8	1.0	3,078	1.0
Musculoskeletal (20000-29909)	54	6.4	58,688	19.5
Respiratory (30000-32999 & 39501-39599)	10	1.2	13,089	4.4
Cardiovascular (33010-37799 & 93501-93660)	13	1.5	51,568	17.1
Lymphatic/Hemetic (38100-38999)	0	0.0	2,778	0.9
Digestive (40490-49999)	599	71.2	104,073	34.6
Urinary (50010-53899)	6	0.7	8,888	3.0
Male Genital (54000-55899)	6	0.7	3,219	1.1
Female Genital (56405-58999)	14	1.7	10,706	3.6
Endocrine/Nervous (60000-64999)	4	0.5	25,132	8.4
Eye (65091-68899)	76	9.0	11,602	3.9
Ear (69000-69979)	51	6.1	7,990	2.7

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.

AMB ST 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
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				
4523	COLONOSCOPY	1,267	100.0	100.0
4513	OTH ENDO SM INTESTINE	207	16.3	6.27
5123	LAP CHOLEY	156	12.3	1.98
0443	RELEASE CARPAL TUNNEL	102	8.1	2.03
2001	MYRINGOTOMY W/INSRT TUBE	71	5.6	1.17
4525	CLO [ENDO] BX LG INTESTINE	67	5.3	3.86
4542	ENDO POLYPECTOMY LG INTESTINE	65	5.1	2.50
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	62	4.9	3.42
1341	PHACOEMULSIFICATION-ASPIR CATARACT	60	4.7	5.52
283	TONSILLECTOMY W/ADENOIDECTOMY	50	3.9	1.52
8521	LOC EXC LES BREAST	37	2.9	1.75
1364	DISCISSION SECNDRY MEMBRN	29	2.3	0.93
4466	ESOPHAGOGAST SPHINCTER COMPETENCE	26	2.1	0.27
282	TONSILLECTOMY WO ADENOIDECTOMY	24	1.9	0.07
5159	INCIS OTH BILE DUCT	19	1.5	0.64
4701	LAP APPENDECTOMY	19	1.5	0.02
8511	CLO [PERCUT] [NEEDLE] BX BREAST	18	1.4	0.44
6909	OTH D&C UTERUS	13	1.0	0.27
5451	LAP LYSIS PERITONEAL ADHES	12	0.9	0.53
4292	DILAT ESOPH	11	0.9	0.27
		10	0.8	1.29
CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures				
45378	COLONOSCOPY FLEX; DX-SEP PROC	841	100.0	100.0
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	197	23.4	5.95
45380	COLONOSCOPY FLEX; W/BX 1/MX	140	16.6	1.28
43239	UGI ENDO; W/BX 1/MX	51	6.1	3.16
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	50	5.9	5.29
66984	EXTRACAPSULAR CATARACT REMV IOL	50	5.9	2.89
69436	TYMPANOSTOMY GENERAL ANESTHESIA	50	5.9	1.47
29848	ENDO WRST SURG REL TRNS CARP LIG	49	5.8	2.04
42820	T&A; UNDER AGE 12	34	4.0	0.29
66821	DISCISSION 2ND CATARACT; LASER S	33	3.9	1.38
36430	TRANSFUSION BLOOD/BLOOD COMPONEN	25	3.0	0.28
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	12	1.4	0.32
58120	DILATION & CURET DX &/ THERAPEUT	10	1.2	0.52
19120	EXC BRST CYST TUMR/LES OPN M/F 1	8	1.0	0.27
43220	ESOPHAGOSCOPY; W/BALLOON DILAT	7	0.8	0.59
55250	VASECT UNI/BIL-SEP PROC-POSTOP S	5	0.6	0.01
43247	UGI ENDO; W/REMOVAL FB	4	0.5	0.03
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	3	0.4	0.14
44388	COLONOSCOPY-STOMA; DX-SEP PROC	3	0.4	0.72
45384	COLONOSCOPY FLEX; REMV LES-FORCE	3	0.4	0.03
		3	0.4	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.

AMB ST 1-3

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
 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		815	\$1,849	\$2,729
4523	COLONOSCOPY	161	\$786	\$874
4513	OTH ENDO SM INTESTINE	82	\$711	\$1,066
5123	LAP CHOLEY	64	\$4,663	\$5,384
1341	PHACOEMULSIFICATION-ASPIR CATARACT	50	\$2,215	\$2,303
4525	CLO [ENDO] BX LG INTESTINE	47	\$1,061	\$1,249
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	45	\$940	\$1,145
4542	ENDO POLYPECTOMY LG INTESTINE	44	\$1,163	\$1,132
283	TONSILLECTOMY W/ADENOIDECTOMY	35	\$1,159	\$1,783
8521	LOC EXC LES BREAST	27	\$2,158	\$2,337
1364	DISCISSION SECNDRY MEMBRN	26	\$696	\$593
0443	RELEASE CARPAL TUNNEL	19	\$1,683	\$1,950
282	TONSILLECTOMY WO ADENOIDECTOMY	19	\$1,303	\$2,027
4466	ESOPHAGOGAST SPHINCTER COMPETENCE	18	\$5,072	\$7,448
4701	LAP APPENDECTOMY	15	\$5,539	\$6,923
6909	OTH D&C UTERUS	12	\$1,162	\$2,137
8511	CLO [PERCUT] [NEEDLE] BX BREAST	12	\$2,215	\$1,028
6902	D&C FOLLOWING DELIV/AB	8	\$1,760	\$2,426
5305	UNILAT REPR ING HERN-GFT-NOS	7	\$2,923	\$3,561
4467	4467	6	\$6,073	\$6,641
5317	BIL ING HERN REPR W/GFT/PROSTH-NOS	6	\$3,845	\$5,743
CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
CPT-4 Procedures		637	\$1,177	\$2,356
45378	COLONOSCOPY FLEX; DX-SEP PROC	161	\$793	\$868
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	83	\$714	\$986
66984	EXTRACAPSULAR CATARACT REMV IOL	50	\$2,215	\$2,889
43239	UGI ENDO; W/BX 1/MX	45	\$1,035	\$1,141
45380	COLONOSCOPY FLEX; W/BX 1/MX	38	\$1,038	\$1,223
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	37	\$1,147	\$1,120
42820	T&A; UNDER AGE 12	30	\$1,120	\$1,711
66821	DISCISSION 2ND CATARACT; LASER S	25	\$700	\$675
29848	ENDO WRST SURG REL TRNS CARP LIG	24	\$1,736	\$2,278
69436	TYMPANOSTOMY GENERAL ANESTHESIA	16	\$938	\$1,067
36430	TRANSFUSION BLOOD/BLOOD COMPONENT	12	\$1,086	\$2,372
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	10	\$1,223	\$2,069
58120	DILATION & CURET DX &/ THERAPEUT	8	\$1,108	\$1,880
19120	EXC BRST CYST TUMR/LES OPN M/F 1	7	\$1,856	\$2,325
55250	VASECT UNI/BIL-SEP PROC-POSTOP S	4	\$1,639	\$2,386
43247	UGI ENDO; W/REMOVAL FB	3	\$763	\$1,302
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	3	\$5,600	\$5,482
49320	LAP-ABD DX-W/WO SPECMN-SEP PROC	3	\$2,471	\$3,320
49650	LAPARSCPY SURG; REPR INIT ING HE	3	\$3,682	\$4,776
21320	CLOS TX NASL BONE FRACTURE; W/ST	2	\$863	\$1,726

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

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
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	13	9,617
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	3	1,092
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRANGE	2	1,126
	011 SIMPLE INCISION AND EXCISION OF BREAST	7	2,684
	012 BREAST RECONSTRUCTION AND MASTECTOMY	1	392
02	MUSCULOSKELETAL SYSTEM	47	52,555
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	3	6,223
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	1	2,056
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	6	10,991
	025 ARTHROSCOPY	36	22,451
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	1	660
03	RESPIRATORY SYSTEM	5	7,438
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	5	4,704
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	12	2,811
	097 TRANSFUSION	12	949
06	DIGESTIVE SYSTEM	552	91,524
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	2	740
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	2	417
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	191	19,919
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	13	4,997
	117 LOWER GASTROINTESTINAL ENDOSCOPY	308	38,117
	118 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	2	1,843
	119 HERNIA AND HYDROCELE PROCEDURES	11	7,192
	120 COMPLEX ANAL AND RECTAL PROCEDURES	5	896
	121 SIMPLE ANAL AND RECTAL PROCEDURES	2	571
	123 COMPLEX LAPAROSCOPIC PROCEDURES	16	14,566
07	URINARY SYSTEM	6	7,571
	133 URINARY CATHETERIZATION AND DILATATION	1	395
	135 MODERATE CYSTOURETHROSCOPY	2	2,205
	136 SIMPLE CYSTOURETHROSCOPY	2	648
	138 SIMPLE URETHRAL PROCEDURES	1	103
08	MALE GENITAL SYSTEM	6	2,927
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	4	1,396
	155 PROSTATE NEEDLE AND PUNCH BIOPSY	2	256
09	FEMALE GENITAL SYSTEM	10	6,182
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	2	1,400
	178 DILATION AND CURETTAGE	8	810
10	NERVOUS SYSTEM	4	21,547
	198 NERVE REPAIR AND DESTRUCTION	4	4,278
11	EYE AND OCULAR ADNEXA	76	11,356
	213 LASER EYE PROCEDURES	25	910
	214 CATARACT PROCEDURES	50	4,684
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	1	186
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	106	28,651
	234 COMPLEX FACIAL AND ENT PROCEDURES	4	5,185
	235 SIMPLE FACIAL AND ENT PROCEDURES	57	14,996

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

129 Gunnison Valley Hospital

procedure APG category procedure APG	TOTAL #	TOTAL # (ALL Hospitals)
236 TONSIL AND ADENOID PROCEDURES	45	8,225

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, 2004
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	11	\$1,872	\$2,400
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	3	\$1,424	\$2,565
	011 SIMPLE INCISION AND EXCISION OF BREAST	7	\$1,856	\$2,578
	012 BREAST RECONSTRUCTION AND MASTECTOMY	1	\$3,333	\$4,433
02	MUSCULOSKELETAL SYSTEM	33	\$1,787	\$3,512
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	3	\$2,226	\$5,140
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	3	\$1,681	\$2,374
	025 ARTHROSCOPY	26	\$1,788	\$3,951
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	1	\$783	\$2,582
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	12	\$1,086	\$3,893
	097 TRANSFUSION	12	\$1,086	\$2,372
06	DIGESTIVE SYSTEM	412	\$1,031	\$1,913
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	2	\$1,009	\$890
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	2	\$989	\$878
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	129	\$828	\$1,110
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	7	\$807	\$1,563
	117 LOWER GASTROINTESTINAL ENDOSCOPY	240	\$894	\$1,017
	118 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	1	\$747	\$3,074
	119 HERNIA AND HYDROCELE PROCEDURES	10	\$3,155	\$3,001
	120 COMPLEX ANAL AND RECTAL PROCEDURES	5	\$1,637	\$2,412
	121 SIMPLE ANAL AND RECTAL PROCEDURES	2	\$422	\$2,116
	123 COMPLEX LAPAROSCOPIC PROCEDURES	14	\$3,764	\$5,244
07	URINARY SYSTEM	6	\$543	\$4,118
	133 URINARY CATHETERIZATION AND DILATATION	1	\$343	\$2,947
	135 MODERATE CYSTOURETHROSCOPY	2	\$579	\$2,966
	136 SIMPLE CYSTOURETHROSCOPY	2	\$604	\$2,050
	138 SIMPLE URETHRAL PROCEDURES	1	\$550	\$1,730
08	MALE GENITAL SYSTEM	6	\$1,319	\$2,884
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	4	\$1,639	\$2,325
	155 PROSTATE NEEDLE AND PUNCH BIOPSY	2	\$681	\$3,813
09	FEMALE GENITAL SYSTEM	10	\$1,183	\$3,249
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	2	\$1,480	\$2,642
	178 DILATION AND CURETTAGE	8	\$1,108	\$1,880
10	NERVOUS SYSTEM	2	\$1,659	\$1,519
	198 NERVE REPAIR AND DESTRUCTION	2	\$1,659	\$2,158
11	EYE AND OCULAR ADNEXA	76	\$1,695	\$2,658
	213 LASER EYE PROCEDURES	25	\$700	\$680
	214 CATARACT PROCEDURES	50	\$2,215	\$2,904
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	1	\$600	\$2,051
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	65	\$1,062	\$2,083
	234 COMPLEX FACIAL AND ENT PROCEDURES	2	\$517	\$4,171
	235 SIMPLE FACIAL AND ENT PROCEDURES	21	\$945	\$1,547
	236 TONSIL AND ADENOID PROCEDURES	42	\$1,146	\$1,824

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, 2004
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

129 Gunnison Valley Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
GENDER				
Female	618	59.0	120,006	54.8
Male	429	41.0	98,888	45.2
Unknown	0	0.0	8	0.0
Not Reported	0	0.0	4	0.0
AGE				
1-28 days	0	0.0	376	0.2
29-365 days	10	1.0	2,969	1.4
1-4 years	49	4.7	11,176	5.1
5-9	21	2.0	6,445	2.9
10-14	24	2.3	5,080	2.3
15-17	25	2.4	5,201	2.4
18-19	32	3.1	3,849	1.8
20-24	31	3.0	11,707	5.3
25-29	34	3.2	12,626	5.8
30-34	39	3.7	11,936	5.5
35-39	42	4.0	11,960	5.5
40-44	68	6.5	14,821	6.8
45-49	84	8.0	17,215	7.9
50-54	94	9.0	22,033	10.1
55-59	75	7.2	18,759	8.6
60-64	96	9.2	16,305	7.4
65-69	98	9.4	13,961	6.4
70-74	97	9.3	12,040	5.5
75-79	64	6.1	10,224	4.7
80-84	41	3.9	6,733	3.1
85-89	16	1.5	2,713	1.2
90 +	7	0.7	777	0.4
Not Reported	0	0.0	376	0.2
SOURCE OF ADMISSION				
Physician Referral	1,017	97.1	195,236	89.2
Clinic Referral	0	0.0	774	0.4
HMO Referral	0	0.0	2,769	1.3
Other Hospital	0	0.0	81	0.0
Skilled Nursing Facility	0	0.0	18	0.0
Other Health Care Facility	0	0.0	22	0.0
Emergency Room	30	2.9	4,435	2.0
Court/Law Enforcement	0	0.0	1	0.0
Unknown	0	0.0	469	0.2
Not Reported	0	0.0	15,101	6.9

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
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	1,047	100.0	218,417	99.8
Another Hospital	0	0.0	114	0.1
Skilled Nursing Facility	0	0.0	87	0.0
Intermediate Care Facility	0	0.0	11	0.0
Another Type of Institution	0	0.0	39	0.0
Under Care of Home Service	0	0.0	141	0.1
Left Against Medical Advice	0	0.0	13	0.0
Under Care of Home IV Provider	0	0.0	7	0.0
Expired	0	0.0	14	0.0
Unknown	0	0.0	59	0.0
Not Reported	0	0.0	4	0.0
PRIMARY PAYER				
Medicare	316	30.2	47,125	21.5
Medicaid	81	7.7	15,764	7.2
Other government	22	2.1	4,030	1.8
Blue Cross/Blue Shield	92	8.8	30,905	14.1
Other Commercial	95	9.1	15,943	7.3
Managed Care(HMO, PPO)	375	35.8	95,785	43.8
Self Pay	59	5.6	3,566	1.6
Industrial & Worker Comp	0	0.0	4,109	1.9
Charity and Unclassified	0	0.0	322	0.1
Childrens Health Insurance	0	0.0	273	0.1
Unknown	5	0.5	1,005	0.5
Not Reported	2	0.2	79	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	1	0.1	14,650	6.7
Central Utah	1,008	96.3	7,259	3.3
Davis County	0	0.0	25,726	11.8
Salt Lake County	3	0.3	74,490	34.0
Southeastern Utah	13	1.2	4,561	2.1
Southwest Utah	9	0.9	10,818	4.9
Summit County	0	0.0	2,876	1.3
Tooele County	0	0.0	4,235	1.9
Tri-County	0	0.0	9,559	4.4
Utah County	8	0.8	33,718	15.4
Wasatch County	0	0.0	1,643	0.8
Weber County	0	0.0	19,808	9.0
Unknown Utah	1	0.1	76	0.0
Outside Utah	4	0.4	9,321	4.3
Unknown, Not Reported	0	0.0	166	0.1

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

AMB ST 1-1
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
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)	3,169	100.0	306,368	100.0
Mastectomy (85.0-85.99)	4	0.1	7,302	2.4
Musculoskeletal (76.0-84.99)	2,008	63.4	61,162	20.0
Respiratory (30.0-34.99)	0	0.0	3,337	1.1
Cardiovascular (35.0-39.99)	0	0.0	17,761	5.8
Lymphatic/Hemetic (40.0-41.99)	2	0.1	2,849	0.9
Digestive System (42.0-54.99)	407	12.8	97,896	32.0
Urinary (55.0-59.99)	1	0.0	8,268	2.7
Male Genital (60.0-64.99)	3	0.1	3,711	1.2
Female Genital (65.0-71.99)	24	0.8	14,242	4.6
Endocrine/Nervous (01.0-07.99)	471	14.9	25,908	8.5
Eye (08.0-16.99)	223	7.0	19,800	6.5
Ear (18.0-20.99)	12	0.4	14,521	4.7
Nose, Mouth, Pharynx (21.0-29.99)	14	0.4	29,611	9.7
Reporting Category(CPT-4 CODES)	2,609	100.0	300,811	100.0
Mastectomy (19120-19220)	4	0.2	3,078	1.0
Musculoskeletal (20000-29909)	1,504	57.6	58,688	19.5
Respiratory (30000-32999 & 39501-39599)	0	0.0	13,089	4.4
Cardiovascular (33010-37799 & 93501-93660)	7	0.3	51,568	17.1
Lymphatic/Hemetic (38100-38999)	0	0.0	2,778	0.9
Digestive (40490-49999)	419	16.1	104,073	34.6
Urinary (50010-53899)	1	0.0	8,888	3.0
Male Genital (54000-55899)	3	0.1	3,219	1.1
Female Genital (56405-58999)	9	0.3	10,706	3.6
Endocrine/Nervous (60000-64999)	538	20.6	25,132	8.4
Eye (65091-68899)	118	4.5	11,602	3.9
Ear (69000-69979)	6	0.2	7,990	2.7

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.

AMB ST 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
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		3,169	100.0	100.0
0392	INJ OTH AGENT SPINAL CANAL	324	10.2	2.72
806	EXC SEMILUNAR CARTILAGE-KNEE	306	9.7	1.78
4523	COLONOSCOPY	190	6.0	6.27
8086	OTH LOC EXC/DESTRUC JT LES-KNEE	146	4.6	1.06
7766	LOC EXC LES/TISS-PATELLA	144	4.5	0.08
8145	OTH REPR CRUCIATE LIGAMNT	135	4.3	0.56
8147	OTH REPR KNEE	132	4.2	0.64
8076	SYNOVECT-KNEE	100	3.2	0.39
1341	PHACOEMULSIFICATION-ASPIR CATARACT	93	2.9	1.52
1371	IOL PROSTH-CATARACT EXTRACT-1-STAGE	93	2.9	1.51
7765	LOC EXC LES/TISS-FEM	88	2.8	0.07
4525	CLO [ENDO] BX LG INTESTINE	85	2.7	2.50
8081	OTH LOC EXC/DESTRUC JT LES-SHLDR	85	2.7	0.42
8183	OTH REPR SHLDR	85	2.7	0.73
8363	ROTATOR CUFF REPR	82	2.6	0.65
0391	INJ ANES SPINAL CANAL-ANALGESIA	68	2.1	2.20
7767	LOC EXC LES/TISS-TIBIA & FIB	65	2.1	0.09
8046	DIVIS JT CAP-LIGAMNT/CART-KNEE	62	2.0	0.38
8026	ARTHSCPY-KNEE	52	1.6	0.81
0443	RELEASE CARPAL TUNNEL	50	1.6	1.17
CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		2,609	100.0	100.0
29881	SCOPE KNEE SURG;W/MENISCECT MED/	239	9.2	1.45
45378	COLONOSCOPY FLEX; DX-SEP PROC	190	7.3	5.95
29826	SCOPE SHOULDER; DECOMP SUBACROM	137	5.3	0.87
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	137	5.3	1.23
29888	ARTHSCPY AIDED ACL REPR/AUG/RECO	135	5.2	0.53
64483	INJ ANES EPIDURL; LUMB/SAC 1 LEV	126	4.8	0.82
66984	EXTRACAPSULAR CATARACT REMV IOL	93	3.6	1.47
29879	SCOPE KNEE SURG; ABRASION ARTHPL	83	3.2	0.21
45380	COLONOSCOPY FLEX; W/BX 1/MX	83	3.2	3.16
29827	SCOPE SHLDR SURG; W/ROTOR CUFF R	77	3.0	0.36
29877	SCOPE KNEE SURG; DEBRID/SHAVE CA	71	2.7	1.08
64476	INJ ANES FACET JT; LUMB/SAC-EA A	71	2.7	0.64
29880	SCOPE KNEE SURG;W/MENISCECT MED&	63	2.4	0.37
29873	SCOPE KNEE SURGICAL; W/LAT RELEA	59	2.3	0.35
29824	SCOPE SHLDR SURG;DIST CLAVICULEC	45	1.7	0.31
29822	SCOPE SHOULDER SURGICAL; DEBRID	44	1.7	0.23
43239	UGI ENDO; W/BX 1/MX	42	1.6	5.29
29823	SCOPE SHOULDER SURGICAL; DEBRID	40	1.5	0.18
64472	INJ ANES FACET JT; CERV/THOR-EA	39	1.5	0.18
29806	SCOPE SHOULDER SURGICAL; CPSLORR	38	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.

AMB ST 1-3

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
 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		1,088	\$2,381	\$2,729
0392	INJ OTH AGENT SPINAL CANAL	254	\$1,087	\$773
4523	COLONOSCOPY	176	\$1,092	\$874
4525	CLO [ENDO] BX LG INTESTINE	80	\$1,323	\$1,249
806	EXC SEMILUNAR CARTILAGE-KNEE	53	\$3,944	\$3,608
0443	RELEASE CARPAL TUNNEL	35	\$2,506	\$1,950
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	29	\$1,266	\$1,145
8086	OTH LOC EXC/DESTRUC JT LES-KNEE	28	\$4,098	\$3,312
5123	LAP CHOLEY	24	\$6,432	\$5,384
8076	SYNOVECT-KNEE	24	\$3,979	\$3,495
4513	OTH ENDO SM INTESTINE	22	\$1,125	\$1,066
8145	OTH REPR CRUCIATE LIGAMNT	21	\$6,574	\$7,548
8363	ROTATOR CUFF REPR	19	\$6,187	\$6,741
7936	OP REDUC FX W/INT FIX-TIBIA & FIB	16	\$4,286	\$4,814
4709	OTH APPENDECTOMY	14	\$4,837	\$4,606
8183	OTH REPR SHLDR	14	\$5,225	\$5,382
8192	INJ THERAP SUBSTANCE JT/LIGAMNT	13	\$1,162	\$811
8221	EXC LES TENDON SHEATH HAND	13	\$2,023	\$1,963
7766	LOC EXC LES/TISS-PATELLA	11	\$4,157	\$3,961
8193	SUT CAPSULE/LIGAMNT UPPER EXTREM	11	\$4,724	\$4,888
282	TONSILLECTOMY WO ADENOIDECTOMY	10	\$2,008	\$2,027

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
CPT-4 Procedures		1,371	\$2,707	\$2,356
45378	COLONOSCOPY FLEX; DX-SEP PROC	178	\$1,093	\$868
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	136	\$1,073	\$881
29881	SCOPE KNEE SURG;W/MENISCECT MED/	125	\$4,118	\$3,483
64483	INJ ANES EPIDURL; LUMB/SAC 1 LEV	99	\$1,113	\$960
66984	EXTRACAPSULAR CATARACT REMV IOL	93	\$2,877	\$2,889
45380	COLONOSCOPY FLEX; W/BX 1/MX	80	\$1,324	\$1,223
29888	ARTHSCPY AIDED ACL REPR/AUG/RECO	43	\$6,292	\$7,396
29877	SCOPE KNEE SURG; DEBRID/SHAVE CA	37	\$4,220	\$3,337
29875	SCOPE KNEE; SYNOVECT LTD SEP PRO	35	\$3,989	\$3,309
29873	SCOPE KNEE SURGICAL; W/LAT RELEA	33	\$5,028	\$3,638
29880	SCOPE KNEE SURG;W/MENISCECT MED&	31	\$4,168	\$3,728
43239	UGI ENDO; W/BX 1/MX	29	\$1,266	\$1,141
29879	SCOPE KNEE SURG; ABRASION ARTHPL	27	\$4,323	\$3,555
62310	INJ 1 NOT NEUROLYTIC-EPID;CERV/T	25	\$1,236	\$976
29806	SCOPE SHOULDER SURGICAL; CPSLORR	24	\$5,436	\$6,019
20680	REMOVAL OF IMPLANT; DEEP	20	\$2,224	\$2,370
29848	ENDO WRST SURG REL TRNS CARP LIG	20	\$3,129	\$2,278
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	19	\$1,102	\$986
64721	NEUROPLASTY; MEDIAN @ CARPAL TUN	18	\$1,864	\$1,918
66821	DISCISSION 2ND CATARACT; LASER S	15	\$593	\$675

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

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
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	22	9,617
	003 COMPLEX INCISION AND DRAINAGE	1	92
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	12	1,092
	008 SIMPLE EXCISION AND BIOPSY	5	887
	011 SIMPLE INCISION AND EXCISION OF BREAST	4	2,684
02	MUSCULOSKELETAL SYSTEM	1,459	52,555
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	59	6,223
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	34	2,056
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	2	1,930
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	69	10,991
	025 ARTHROSCOPY	1,207	22,451
	027 SPLINT, STRAPPING AND CAST REMOVAL	4	72
	028 CLOSED TREATMENT FX & DISLOCATION OF FINGER, TOE & TRUNK	2	47
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	8	660
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	43	3,677
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	2	417
	032 BUNION PROCEDURES	7	1,612
	033 ARTHROPLASTY	3	497
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	19	1,528
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	1	2,811
	097 TRANSFUSION	1	949
06	DIGESTIVE SYSTEM	397	91,524
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	64	19,919
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	5	4,997
	117 LOWER GASTROINTESTINAL ENDOSCOPY	273	38,117
	119 HERNIA AND HYDROCELE PROCEDURES	19	7,192
	123 COMPLEX LAPAROSCOPIC PROCEDURES	36	14,566
07	URINARY SYSTEM	1	7,571
	138 SIMPLE URETHRAL PROCEDURES	1	103
08	MALE GENITAL SYSTEM	2	2,927
	154 SIMPLE PENILE PROCEDURES	2	748
09	FEMALE GENITAL SYSTEM	4	6,182
	178 DILATION AND CURETTAGE	4	810
10	NERVOUS SYSTEM	533	21,547
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	486	15,863
	198 NERVE REPAIR AND DESTRUCTION	47	4,278
11	EYE AND OCULAR ADNEXA	118	11,356
	213 LASER EYE PROCEDURES	15	910
	214 CATARACT PROCEDURES	93	4,684
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	2	505
	216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	6	375
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	1	186
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	1	727
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	20	28,651
	235 SIMPLE FACIAL AND ENT PROCEDURES	6	14,996
	236 TONSIL AND ADENOID PROCEDURES	14	8,225

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
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)
13	THERAPUTIC AND OTHER RADIOLOGICAL PROCEDURES	5	3,870
	254 MYELOGRAPHY	5	406

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, 2004
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	11	\$2,851	\$2,400
	003 COMPLEX INCISION AND DRAINAGE	1	\$4,012	\$3,064
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	4	\$2,795	\$2,565
	008 SIMPLE EXCISION AND BIOPSY	2	\$1,990	\$2,299
	011 SIMPLE INCISION AND EXCISION OF BREAST	4	\$3,046	\$2,578
02	MUSCULOSKELETAL SYSTEM	540	\$4,127	\$3,512
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	17	\$3,511	\$5,140
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	7	\$2,991	\$3,702
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	2	\$2,759	\$4,004
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	42	\$2,252	\$2,374
	025 ARTHROSCOPY	421	\$4,512	\$3,951
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	5	\$2,022	\$2,582
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	30	\$3,691	\$4,121
	032 BUNION PROCEDURES	2	\$3,066	\$3,335
	033 ARTHROPLASTY	1	\$5,261	\$4,516
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	13	\$1,240	\$646
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	1	\$3,795	\$3,893
	097 TRANSFUSION	1	\$3,795	\$2,372
06	DIGESTIVE SYSTEM	355	\$1,687	\$1,913
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	48	\$1,201	\$1,110
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	3	\$1,168	\$1,563
	117 LOWER GASTROINTESTINAL ENDOSCOPY	258	\$1,164	\$1,017
	119 HERNIA AND HYDROCELE PROCEDURES	15	\$3,215	\$3,001
	123 COMPLEX LAPAROSCOPIC PROCEDURES	31	\$6,094	\$5,244
07	URINARY SYSTEM	1	\$1,044	\$4,118
	138 SIMPLE URETHRAL PROCEDURES	1	\$1,044	\$1,730
08	MALE GENITAL SYSTEM	2	\$2,209	\$2,884
	154 SIMPLE PENILE PROCEDURES	2	\$2,209	\$1,709
09	FEMALE GENITAL SYSTEM	3	\$1,830	\$3,249
	178 DILATION AND CURETTAGE	3	\$1,830	\$1,880
10	NERVOUS SYSTEM	289	\$1,222	\$1,519
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	263	\$1,117	\$939
	198 NERVE REPAIR AND DESTRUCTION	26	\$2,287	\$2,158
11	EYE AND OCULAR ADNEXA	116	\$2,505	\$2,658
	213 LASER EYE PROCEDURES	15	\$593	\$680
	214 CATARACT PROCEDURES	93	\$2,877	\$2,904
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	2	\$892	\$2,469
	216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	5	\$2,161	\$2,180
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	1	\$1,471	\$3,213
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	20	\$1,814	\$2,083
	235 SIMPLE FACIAL AND ENT PROCEDURES	6	\$1,445	\$1,547
	236 TONSIL AND ADENOID PROCEDURES	14	\$1,972	\$1,824

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, 2004
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	886	46.0	120,006	54.8
Male	1,038	54.0	98,888	45.2
Unknown	0	0.0	8	0.0
Not Reported	0	0.0	4	0.0
AGE				
1-28 days	0	0.0	376	0.2
29-365 days	3	0.2	2,969	1.4
1-4 years	10	0.5	11,176	5.1
5-9	11	0.6	6,445	2.9
10-14	28	1.5	5,080	2.3
15-17	100	5.2	5,201	2.4
18-19	41	2.1	3,849	1.8
20-24	88	4.6	11,707	5.3
25-29	116	6.0	12,626	5.8
30-34	101	5.2	11,936	5.5
35-39	134	7.0	11,960	5.5
40-44	173	9.0	14,821	6.8
45-49	212	11.0	17,215	7.9
50-54	212	11.0	22,033	10.1
55-59	184	9.6	18,759	8.6
60-64	127	6.6	16,305	7.4
65-69	128	6.7	13,961	6.4
70-74	105	5.5	12,040	5.5
75-79	87	4.5	10,224	4.7
80-84	43	2.2	6,733	3.1
85-89	18	0.9	2,713	1.2
90 +	3	0.2	777	0.4
Not Reported	0	0.0	376	0.2
SOURCE OF ADMISSION				
Physician Referral	1,880	97.7	195,236	89.2
Clinic Referral	2	0.1	774	0.4
HMO Referral	2	0.1	2,769	1.3
Other Hospital	0	0.0	81	0.0
Skilled Nursing Facility	0	0.0	18	0.0
Other Health Care Facility	0	0.0	22	0.0
Emergency Room	40	2.1	4,435	2.0
Court/Law Enforcement	0	0.0	1	0.0
Unknown	0	0.0	469	0.2
Not Reported	0	0.0	15,101	6.9

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
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	1,919	99.7	218,417	99.8
Another Hospital	3	0.2	114	0.1
Skilled Nursing Facility	0	0.0	87	0.0
Intermediate Care Facility	0	0.0	11	0.0
Another Type of Institution	1	0.1	39	0.0
Under Care of Home Service	0	0.0	141	0.1
Left Against Medical Advice	1	0.1	13	0.0
Under Care of Home IV Provider	0	0.0	7	0.0
Expired	0	0.0	14	0.0
Unknown	0	0.0	59	0.0
Not Reported	0	0.0	4	0.0
PRIMARY PAYER				
Medicare	377	19.6	47,125	21.5
Medicaid	34	1.8	15,764	7.2
Other government	10	0.5	4,030	1.8
Blue Cross/Blue Shield	364	18.9	30,905	14.1
Other Commercial	141	7.3	15,943	7.3
Managed Care(HMO, PPO)	882	45.8	95,785	43.8
Self Pay	37	1.9	3,566	1.6
Industrial & Worker Comp	73	3.8	4,109	1.9
Charity and Unclassified	1	0.1	322	0.1
Childrens Health Insurance	2	0.1	273	0.1
Unknown	3	0.2	1,005	0.5
Not Reported	0	0.0	79	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	11	0.6	14,650	6.7
Central Utah	4	0.2	7,259	3.3
Davis County	20	1.0	25,726	11.8
Salt Lake County	237	12.3	74,490	34.0
Southeastern Utah	2	0.1	4,561	2.1
Southwest Utah	0	0.0	10,818	4.9
Summit County	629	32.7	2,876	1.3
Tooele County	6	0.3	4,235	1.9
Tri-County	55	2.9	9,559	4.4
Utah County	45	2.3	33,718	15.4
Wasatch County	754	39.2	1,643	0.8
Weber County	17	0.9	19,808	9.0
Unknown Utah	0	0.0	76	0.0
Outside Utah	140	7.3	9,321	4.3
Unknown, Not Reported	4	0.2	166	0.1

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

AMB ST 1-1
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
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)	5,064	100.0	306,368	100.0
Mastectomy (85.0-85.99)	98	1.9	7,302	2.4
Musculoskeletal (76.0-84.99)	1,033	20.4	61,162	20.0
Respiratory (30.0-34.99)	33	0.7	3,337	1.1
Cardiovascular (35.0-39.99)	22	0.4	17,761	5.8
Lymphatic/Hemetic (40.0-41.99)	10	0.2	2,849	0.9
Digestive System (42.0-54.99)	1,711	33.8	97,896	32.0
Urinary (55.0-59.99)	135	2.7	8,268	2.7
Male Genital (60.0-64.99)	66	1.3	3,711	1.2
Female Genital (65.0-71.99)	492	9.7	14,242	4.6
Endocrine/Nervous (01.0-07.99)	180	3.6	25,908	8.5
Eye (08.0-16.99)	87	1.7	19,800	6.5
Ear (18.0-20.99)	485	9.6	14,521	4.7
Nose, Mouth, Pharynx (21.0-29.99)	712	14.1	29,611	9.7
Reporting Category(CPT-4 CODES)	4,831	100.0	300,811	100.0
Mastectomy (19120-19220)	41	0.8	3,078	1.0
Musculoskeletal (20000-29909)	1,187	24.6	58,688	19.5
Respiratory (30000-32999 & 39501-39599)	360	7.5	13,089	4.4
Cardiovascular (33010-37799 & 93501-93660)	111	2.3	51,568	17.1
Lymphatic/Hemetic (38100-38999)	9	0.2	2,778	0.9
Digestive (40490-49999)	1,946	40.3	104,073	34.6
Urinary (50010-53899)	325	6.7	8,888	3.0
Male Genital (54000-55899)	49	1.0	3,219	1.1
Female Genital (56405-58999)	376	7.8	10,706	3.6
Endocrine/Nervous (60000-64999)	147	3.0	25,132	8.4
Eye (65091-68899)	43	0.9	11,602	3.9
Ear (69000-69979)	237	4.9	7,990	2.7

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.

AMB ST 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
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		5,064	100.0	100.0
2001	MYRINGOTOMY W/INSRT TUBE	434	8.6	3.86
4523	COLONOSCOPY	355	7.0	6.27
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	218	4.3	5.52
5123	LAP CHOLEY	160	3.2	2.03
4513	OTH ENDO SM INTESTINE	150	3.0	1.98
4542	ENDO POLYPECTOMY LG INTESTINE	150	3.0	3.42
283	TONSILLECTOMY W/ADENOIDECTOMY	149	2.9	1.75
806	EXC SEMILUNAR CARTILAGE-KNEE	141	2.8	1.78
4525	CLO [ENDO] BX LG INTESTINE	121	2.4	2.50
6952	ASPIR CURET FOLLOWING DELIV/AB	104	2.1	0.48
282	TONSILLECTOMY WO ADENOIDECTOMY	99	2.0	0.64
0443	RELEASE CARPAL TUNNEL	75	1.5	1.17
8147	OTH REPR KNEE	74	1.5	0.64
2188	OTH SEPTOPLASTY	70	1.4	0.62
4292	DILAT ESOPH	69	1.4	1.29
8086	OTH LOC EXC/DESTRUC JT LES-KNEE	65	1.3	1.06
4836	[ENDO] POLYPECTOMY RECTUM	64	1.3	1.06
2169	OTH TURBINECTOMY	63	1.2	0.67
286	ADENOIDECTOMY WO TONSILLECTOMY	63	1.2	0.38
6823	ENDOMETRIAL ABLATION	61	1.2	0.51
CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		4,831	100.0	100.0
45378	COLONOSCOPY FLEX; DX-SEP PROC	327	6.8	5.95
69436	TYMPANOSTOMY GENERAL ANESTHESIA	220	4.6	2.04
43239	UGI ENDO; W/BX 1/MX	217	4.5	5.29
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	161	3.3	2.89
45380	COLONOSCOPY FLEX; W/BX 1/MX	156	3.2	3.16
47562	LAPAROSCOPY SURGICAL; CHOLECT	128	2.6	0.80
42820	T&A; UNDER AGE 12	117	2.4	1.38
29877	SCOPE KNEE SURG; DEBRID/SHAVE CA	113	2.3	1.08
50590	LITHOTRIPSY XTRACORP SHOCK WAVE	112	2.3	0.28
49505	REPR INIT ING HERNIA 5YR/MORE; R	96	2.0	0.99
29881	SCOPE KNEE SURG;W/MENISCECT MED/	95	2.0	1.45
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	93	1.9	1.28
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	82	1.7	0.52
30520	SEPTOPLASTY/SUBMUCOS RES W/GFT	76	1.6	0.71
28285	CORRECTION HAMMERTOES	74	1.5	0.53
36600	ART PUNCTURE WITHDRAWAL BLD DX	67	1.4	0.27
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	66	1.4	0.72
42830	ADENOIDECTOMY PRIMARY; UNDER AGE	61	1.3	0.36
58662	LAP SURG; W/FULG/EXCIS LES-OVARY	56	1.2	0.57
30140	SUBMUCOS RES TURBINATE PART/CMPL	55	1.1	0.56

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, 2004
 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 CHRG	AVE TOT CHRG(ALL Hospitals)
ICD-9 Procedures		2,404	\$4,540	\$2,729
4523	COLONOSCOPY	293	\$2,230	\$874
5123	LAP CHOLEY	150	\$8,626	\$5,384
283	TONSILLECTOMY W/ADENOIDECTOMY	136	\$3,243	\$1,783
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	122	\$2,375	\$1,145
4542	ENDO POLYPECTOMY LG INTESTINE	104	\$2,643	\$1,132
6952	ASPIR CURET FOLLOWING DELIV/AB	101	\$3,932	\$2,058
282	TONSILLECTOMY WO ADENOIDECTOMY	84	\$3,572	\$2,027
4513	OTH ENDO SM INTESTINE	69	\$2,009	\$1,066
4525	CLO [ENDO] BX LG INTESTINE	60	\$2,697	\$1,249
5304	UNILAT REPR INDIRECT ING HERN-GFT	50	\$6,173	\$3,302
0443	RELEASE CARPAL TUNNEL	47	\$3,750	\$1,950
806	EXC SEMILUNAR CARTILAGE-KNEE	45	\$5,698	\$3,608
6823	ENDOMETRIAL ABLATION	34	\$5,839	\$4,438
4836	[ENDO] POLYPECTOMY RECTUM	33	\$2,565	\$1,056
5011	CLO [PERCUT] [NEEDLE] BX LIVER	32	\$3,417	\$1,765
5341	REPR UMB HERN W/PROSTH	30	\$6,660	\$3,619
5303	UNILAT REPR DIRECT ING HERN-GFT	28	\$5,810	\$3,282
8521	LOC EXC LES BREAST	28	\$4,011	\$2,337
8221	EXC LES TENDON SHEATH HAND	23	\$3,526	\$1,963
6629	OTH BIL ENDO DESTRUC FALLOP TUBES	21	\$5,244	\$3,129

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
CPT-4 Procedures		2,803	\$4,169	\$2,356
45378	COLONOSCOPY FLEX; DX-SEP PROC	267	\$2,234	\$868
69436	TYMPANOSTOMY GENERAL ANESTHESIA	161	\$1,652	\$1,067
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	125	\$2,702	\$1,120
43239	UGI ENDO; W/BX 1/MX	124	\$2,392	\$1,141
47562	LAPAROSCOPY SURGICAL; CHOLECT	121	\$8,375	\$5,197
42820	T&A; UNDER AGE 12	107	\$3,092	\$1,711
45380	COLONOSCOPY FLEX; W/BX 1/MX	99	\$2,630	\$1,223
49505	REPR INIT ING HERNIA 5YR/MORE; R	86	\$6,151	\$3,146
50590	LITHOTRIPSY XTRACORP SHOCK WAVE	86	\$8,169	\$7,612
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	72	\$3,714	\$2,069
36600	ART PUNCTURE WITHDRAWAL BLD DX	67	\$930	\$907
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	65	\$1,983	\$986
29881	SCOPE KNEE SURG;W/MENISCECT MED/	40	\$5,744	\$3,483
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	39	\$3,267	\$1,367
66984	EXTRACAPSULAR CATARACT REMV IOL	37	\$6,072	\$2,889
49585	REPR UMBIL HERNIA 5YR/OVER; RDOC	35	\$6,196	\$3,029
20680	REMOVAL OF IMPLANT; DEEP	34	\$4,296	\$2,370
47000	BIOPSY LIVER NEEDLE; PERCUTANEOU	31	\$3,319	\$1,682
58670	LAPARSCPY SURGICAL; W/FULG OVIDU	31	\$5,090	\$3,011
42821	T&A; AGE 12 OR OVER	30	\$3,776	\$1,992

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

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
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	160	9,617
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	54	3,147
	003 COMPLEX INCISION AND DRAINAGE	2	92
	006 SIMPLE DEBRIDEMENT AND DESTRUCTION	5	157
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	29	1,092
	008 SIMPLE EXCISION AND BIOPSY	13	887
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRANGE	16	1,126
	011 SIMPLE INCISION AND EXCISION OF BREAST	40	2,684
	012 BREAST RECONSTRUCTION AND MASTECTOMY	1	392
02	MUSCULOSKELETAL SYSTEM	1,056	52,555
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	130	6,223
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	44	2,056
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	28	1,930
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	303	10,991
	025 ARTHROSCOPY	412	22,451
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	6	660
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	67	3,677
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	10	417
	032 BUNION PROCEDURES	41	1,612
	033 ARTHROPLASTY	1	497
	034 HAND AND FOOT TENOTOMY	4	293
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	10	1,528
03	RESPIRATORY SYSTEM	213	7,438
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	16	747
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	175	4,704
	054 SIMPLE ENDOSCOPY OF THE UPPER AIRWAY	1	333
	055 ENDOSCOPY OF THE LOWER AIRWAY	21	1,654
04	CARDIOVASCULAR SYSTEM	4	32,609
	078 PACEMAKER INSERTION AND REPLACEMENT	1	510
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	2	820
	081 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	1	483
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	34	2,811
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	13	1,766
	097 TRANSFUSION	21	949
06	DIGESTIVE SYSTEM	1,709	91,524
	111 ALIMENTARY TESTS AND SIMPLE TUBE PLACEMENT	2	296
	112 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	3	1,234
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	5	740
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	4	417
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	310	19,919
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	94	4,997
	117 LOWER GASTROINTESTINAL ENDOSCOPY	656	38,117
	118 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	25	1,843
	119 HERNIA AND HYDROCELE PROCEDURES	204	7,192
	120 COMPLEX ANAL AND RECTAL PROCEDURES	14	896
	121 SIMPLE ANAL AND RECTAL PROCEDURES	6	571

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

117 Jordan Valley Hospital

procedure APG category	procedure APG	TOTAL #	TOTAL # (ALL Hospitals)
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	9	545
	123 COMPLEX LAPAROSCOPIC PROCEDURES	374	14,566
	124 SIMPLE LAPAROSCOPIC PROCEDURES	3	191
07	URINARY SYSTEM	307	7,571
	131 RENAL EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	112	851
	133 URINARY CATHETERIZATION AND DILATATION	6	395
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	103	3,257
	135 MODERATE CYSTOURETHROSCOPY	83	2,205
	136 SIMPLE CYSTOURETHROSCOPY	3	648
08	MALE GENITAL SYSTEM	45	2,927
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	24	1,396
	153 COMPLEX PENILE PROCEDURES	1	435
	154 SIMPLE PENILE PROCEDURES	9	748
	155 PROSTATE NEEDLE AND PUNCH BIOPSY	11	256
09	FEMALE GENITAL SYSTEM	179	6,182
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	25	1,463
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	34	1,400
	178 DILATION AND CURETTAGE	10	810
	179 HYSTEROSCOPY	101	2,308
	180 COLPOSCOPY	9	200
10	NERVOUS SYSTEM	132	21,547
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	26	15,863
	198 NERVE REPAIR AND DESTRUCTION	77	4,278
	199 SPINAL TAP	29	756
11	EYE AND OCULAR ADNEXA	43	11,356
	213 LASER EYE PROCEDURES	1	910
	214 CATARACT PROCEDURES	38	4,684
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	2	186
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	1	727
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	1	504
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	759	28,651
	233 NASAL CAUTERIZATION AND PACKING	5	207
	234 COMPLEX FACIAL AND ENT PROCEDURES	105	5,185
	235 SIMPLE FACIAL AND ENT PROCEDURES	337	14,996
	236 TONSIL AND ADENOID PROCEDURES	312	8,225
13	THERAPUTIC AND OTHER RADIOLOGICAL PROCEDURES	63	3,870
	253 VASCULAR RADIOLOGY EXCEPT FOR VENOGRAPHY OF EXTREMITY	1	1,835
	254 MYELOGRAPHY	1	406
	255 MISCELLANEOUS RADIOLOGICAL PROCEDURES WITH CONTRAST	61	1,614

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, 2004
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	135	\$3,309	\$2,400
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	50	\$2,360	\$1,826
	003 COMPLEX INCISION AND DRAINAGE	1	\$5,037	\$3,064
	006 SIMPLE DEBRIDEMENT AND DESTRUCTION	3	\$5,021	\$2,412
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	23	\$4,376	\$2,565
	008 SIMPLE EXCISION AND BIOPSY	9	\$3,873	\$2,299
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRAN	14	\$1,221	\$2,920
	011 SIMPLE INCISION AND EXCISION OF BREAST	34	\$4,365	\$2,578
	012 BREAST RECONSTRUCTION AND MASTECTOMY	1	\$7,689	\$4,433
02	MUSCULOSKELETAL SYSTEM	430	\$5,622	\$3,512
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	45	\$7,187	\$5,140
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	18	\$5,171	\$3,702
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	12	\$6,308	\$4,004
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	126	\$4,261	\$2,374
	025 ARTHROSCOPY	146	\$6,102	\$3,951
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	6	\$4,817	\$2,582
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	58	\$6,428	\$4,121
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	4	\$2,207	\$2,448
	032 BUNION PROCEDURES	12	\$6,897	\$3,335
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	3	\$1,397	\$646
03	RESPIRATORY SYSTEM	43	\$3,490	\$1,808
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	16	\$857	\$1,075
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	18	\$5,882	\$3,079
	054 SIMPLE ENDOSCOPY OF THE UPPER AIRWAY	1	\$3,199	\$1,126
	055 ENDOSCOPY OF THE LOWER AIRWAY	8	\$3,408	\$1,902
04	CARDIOVASCULAR SYSTEM	1	\$5,210	\$7,486
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	1	\$5,210	\$2,988
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	30	\$4,491	\$3,893
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	12	\$6,995	\$4,071
	097 TRANSFUSION	18	\$2,821	\$2,372
06	DIGESTIVE SYSTEM	1,191	\$4,074	\$1,913
	111 ALIMENTARY TESTS AND SIMPLE TUBE PLACEMENT	2	\$297	\$923
	112 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	1	\$1,673	\$1,101
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	4	\$1,826	\$890
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	4	\$1,473	\$878
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	189	\$2,251	\$1,110
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	54	\$3,097	\$1,563
	117 LOWER GASTROINTESTINAL ENDOSCOPY	496	\$2,439	\$1,017
	118 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	13	\$5,036	\$3,074
	119 HERNIA AND HYDROCELE PROCEDURES	147	\$6,133	\$3,001
	120 COMPLEX ANAL AND RECTAL PROCEDURES	13	\$5,241	\$2,412
	121 SIMPLE ANAL AND RECTAL PROCEDURES	5	\$4,340	\$2,116
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	5	\$3,821	\$2,759
	123 COMPLEX LAPAROSCOPIC PROCEDURES	257	\$7,594	\$5,244
	124 SIMPLE LAPAROSCOPIC PROCEDURES	1	\$6,460	\$9,413

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
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)
07	URINARY SYSTEM	130	\$7,166	\$4,118
	131 RENAL EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	86	\$8,169	\$7,612
	133 URINARY CATHETERIZATION AND DILATATION	2	\$1,090	\$2,947
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	17	\$5,465	\$3,980
	135 MODERATE CYSTOURETHROSCOPY	25	\$5,355	\$2,966
08	MALE GENITAL SYSTEM	26	\$5,524	\$2,884
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	9	\$5,681	\$2,325
	153 COMPLEX PENILE PROCEDURES	1	\$7,096	\$2,606
	154 SIMPLE PENILE PROCEDURES	7	\$4,699	\$1,709
	155 PROSTATE NEEDLE AND PUNCH BIOPSY	9	\$5,835	\$3,813
09	FEMALE GENITAL SYSTEM	76	\$5,523	\$3,249
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	11	\$7,594	\$4,142
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	11	\$4,585	\$2,642
	178 DILATION AND CURETTAGE	4	\$3,742	\$1,880
	179 HYSTEROSCOPY	49	\$5,461	\$3,776
	180 COLPOSCOPY	1	\$3,225	\$1,716
10	NERVOUS SYSTEM	86	\$2,226	\$1,519
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	26	\$1,027	\$939
	198 NERVE REPAIR AND DESTRUCTION	31	\$3,785	\$2,158
	199 SPINAL TAP	29	\$1,634	\$1,409
11	EYE AND OCULAR ADNEXA	41	\$5,983	\$2,658
	214 CATARACT PROCEDURES	37	\$6,072	\$2,904
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	2	\$4,747	\$2,051
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	1	\$7,032	\$3,213
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	1	\$4,085	\$1,662
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	458	\$3,051	\$2,083
	233 NASAL CAUTERIZATION AND PACKING	3	\$3,036	\$2,238
	234 COMPLEX FACIAL AND ENT PROCEDURES	24	\$7,934	\$4,171
	235 SIMPLE FACIAL AND ENT PROCEDURES	198	\$2,126	\$1,547
	236 TONSIL AND ADENOID PROCEDURES	233	\$3,336	\$1,824
13	THERAPUTIC AND OTHER RADIOLOGICAL PROCEDURES	63	\$1,307	\$2,912
	253 VASCULAR RADIOLOGY EXCEPT FOR VENOGRAPHY OF EXTREMITY	1	\$8,356	\$5,763
	254 MYELOGRAPHY	1	\$1,188	\$2,607
	255 MISCELLANEOUS RADIOLOGICAL PROCEDURES WITH CONTRAST	61	\$1,193	\$2,500

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, 2004
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

117 Jordan Valley Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
GENDER				
Female	2,291	58.9	120,006	54.8
Male	1,599	41.1	98,888	45.2
Unknown	0	0.0	8	0.0
Not Reported	0	0.0	4	0.0
AGE				
1-28 days	0	0.0	376	0.2
29-365 days	56	1.4	2,969	1.4
1-4 years	206	5.3	11,176	5.1
5-9	109	2.8	6,445	2.9
10-14	85	2.2	5,080	2.3
15-17	92	2.4	5,201	2.4
18-19	72	1.9	3,849	1.8
20-24	276	7.1	11,707	5.3
25-29	359	9.2	12,626	5.8
30-34	344	8.8	11,936	5.5
35-39	290	7.5	11,960	5.5
40-44	285	7.3	14,821	6.8
45-49	323	8.3	17,215	7.9
50-54	372	9.6	22,033	10.1
55-59	275	7.1	18,759	8.6
60-64	204	5.2	16,305	7.4
65-69	173	4.4	13,961	6.4
70-74	137	3.5	12,040	5.5
75-79	127	3.3	10,224	4.7
80-84	62	1.6	6,733	3.1
85-89	33	0.8	2,713	1.2
90 +	10	0.3	777	0.4
Not Reported	0	0.0	376	0.2
SOURCE OF ADMISSION				
Physician Referral	3,883	99.8	195,236	89.2
Clinic Referral	0	0.0	774	0.4
HMO Referral	0	0.0	2,769	1.3
Other Hospital	0	0.0	81	0.0
Skilled Nursing Facility	0	0.0	18	0.0
Other Health Care Facility	0	0.0	22	0.0
Emergency Room	6	0.2	4,435	2.0
Court/Law Enforcement	1	0.0	1	0.0
Unknown	0	0.0	469	0.2
Not Reported	0	0.0	15,101	6.9

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
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	3,883	99.8	218,417	99.8
Another Hospital	1	0.0	114	0.1
Skilled Nursing Facility	0	0.0	87	0.0
Intermediate Care Facility	1	0.0	11	0.0
Another Type of Institution	0	0.0	39	0.0
Under Care of Home Service	3	0.1	141	0.1
Left Against Medical Advice	0	0.0	13	0.0
Under Care of Home IV Provider	0	0.0	7	0.0
Expired	1	0.0	14	0.0
Unknown	1	0.0	59	0.0
Not Reported	0	0.0	4	0.0
PRIMARY PAYER				
Medicare	558	14.3	47,125	21.5
Medicaid	221	5.7	15,764	7.2
Other government	55	1.4	4,030	1.8
Blue Cross/Blue Shield	1,200	30.8	30,905	14.1
Other Commercial	529	13.6	15,943	7.3
Managed Care(HMO, PPO)	1,219	31.3	95,785	43.8
Self Pay	55	1.4	3,566	1.6
Industrial & Worker Comp	49	1.3	4,109	1.9
Charity and Unclassified	0	0.0	322	0.1
Childrens Health Insurance	1	0.0	273	0.1
Unknown	3	0.1	1,005	0.5
Not Reported	0	0.0	79	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	7	0.2	14,650	6.7
Central Utah	7	0.2	7,259	3.3
Davis County	34	0.9	25,726	11.8
Salt Lake County	3,591	92.3	74,490	34.0
Southeastern Utah	5	0.1	4,561	2.1
Southwest Utah	6	0.2	10,818	4.9
Summit County	24	0.6	2,876	1.3
Tooele County	55	1.4	4,235	1.9
Tri-County	10	0.3	9,559	4.4
Utah County	80	2.1	33,718	15.4
Wasatch County	4	0.1	1,643	0.8
Weber County	14	0.4	19,808	9.0
Unknown Utah	1	0.0	76	0.0
Outside Utah	51	1.3	9,321	4.3
Unknown, Not Reported	1	0.0	166	0.1

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

AMB ST 1-1
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
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)	265	100.0	306,368	100.0
Mastectomy (85.0-85.99)	2	0.8	7,302	2.4
Musculoskeletal (76.0-84.99)	11	4.2	61,162	20.0
Respiratory (30.0-34.99)	1	0.4	3,337	1.1
Cardiovascular (35.0-39.99)	0	0.0	17,761	5.8
Lymphatic/Hemetic (40.0-41.99)	0	0.0	2,849	0.9
Digestive System (42.0-54.99)	144	54.3	97,896	32.0
Urinary (55.0-59.99)	10	3.8	8,268	2.7
Male Genital (60.0-64.99)	0	0.0	3,711	1.2
Female Genital (65.0-71.99)	10	3.8	14,242	4.6
Endocrine/Nervous (01.0-07.99)	4	1.5	25,908	8.5
Eye (08.0-16.99)	48	18.1	19,800	6.5
Ear (18.0-20.99)	9	3.4	14,521	4.7
Nose, Mouth, Pharynx (21.0-29.99)	26	9.8	29,611	9.7
Reporting Category(CPT-4 CODES)	.	.	300,811	100.0
Mastectomy (19120-19220)	.	.	3,078	1.0
Musculoskeletal (20000-29909)	.	.	58,688	19.5
Respiratory (30000-32999 & 39501-39599)	.	.	13,089	4.4
Cardiovascular (33010-37799 & 93501-93660)	.	.	51,568	17.1
Lymphatic/Hemetic (38100-38999)	.	.	2,778	0.9
Digestive (40490-49999)	.	.	104,073	34.6
Urinary (50010-53899)	.	.	8,888	3.0
Male Genital (54000-55899)	.	.	3,219	1.1
Female Genital (56405-58999)	.	.	10,706	3.6
Endocrine/Nervous (60000-64999)	.	.	25,132	8.4
Eye (65091-68899)	.	.	11,602	3.9
Ear (69000-69979)	.	.	7,990	2.7

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.

AMB ST 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
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	56	21.1	6.27
1341	PHACOEMLUSIFICATION-ASPIR CATARACT	23	8.7	1.52
1371	IOL PROSTH-CATARACT EXTRACT-1-STAGE	23	8.7	1.51
4525	CLO [ENDO] BX LG INTESTINE	22	8.3	2.50
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	19	7.2	5.52
4513	OTH ENDO SM INTESTINE	18	6.8	1.98
4824	CLO [ENDO] BX RECTUM	16	6.0	0.53
282	TONSILLECTOMY WO ADENOIDECTOMY	15	5.7	0.64
2001	MYRINGOTOMY W/INSRT TUBE	8	3.0	3.86
283	TONSILLECTOMY W/ADENOIDECTOMY	7	2.6	1.75
5795	REPLCMT INDWELLING URIN CATH	5	1.9	0.00
0395	SPINAL BLD PATCH	4	1.5	0.08
5303	UNILAT REPR DIRECT ING HERN-GFT	4	1.5	0.39
5794	INSRT INDWELLING URIN CATH	3	1.1	0.02
1364	DISCISSION SECNDRY MEMBRN	2	0.8	0.27
2103	CNTRL EPISTAXIS-CAUT (& PACKING)	2	0.8	0.04
4292	DILAT ESOPH	2	0.8	1.29
4542	ENDO POLYPECTOMY LG INTESTINE	2	0.8	3.42
594	SUPRAPUBIC SLING OPER	2	0.8	0.03
6501	LAP OOPHOROTOMY	2	0.8	0.05
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.

AMB ST 1-3

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
 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 CHRG	AVE TOT CHRG(ALL Hospitals)
ICD-9 Procedures		145	\$1,497	\$2,729
4523	COLONOSCOPY	47	\$1,259	\$874
282	TONSILLECTOMY WO ADENOIDECTOMY	14	\$2,458	\$2,027
4525	CLO [ENDO] BX LG INTESTINE	14	\$1,664	\$1,249
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	11	\$1,197	\$1,145
4513	OTH ENDO SM INTESTINE	9	\$1,036	\$1,066
4824	CLO [ENDO] BX RECTUM	9	\$1,558	\$1,211
283	TONSILLECTOMY W/ADENOIDECTOMY	6	\$1,922	\$1,783
5795	REPLCMT INDWELLING URIN CATH	5	\$307	\$271
0395	SPINAL BLD PATCH	4	\$530	\$706
5303	UNILAT REPR DIRECT ING HERN-GFT	4	\$3,678	\$3,282
5794	INSRT INDWELLING URIN CATH	3	\$141	\$2,103
1364	DISCISSION SECNDRY MEMBRN	2	\$410	\$593
4542	ENDO POLYPECTOMY LG INTESTINE	2	\$1,998	\$1,132
6629	OTH BIL ENDO DESTRUC FALLOP TUBES	2	\$1,659	\$3,129
2100	CNTRL EPISTAXIS-NOS	1	\$336	\$336
2103	CNTRL EPISTAXIS-CAUT (& PACKING)	1	\$835	\$2,165
4341	ENDO EXC/DESTRUC LES/TISS STOMACH	1	\$979	\$1,256
5305	UNILAT REPR ING HERN-GFT-NOS	1	\$3,317	\$3,561
5341	REPR UMB HERN W/PROSTH	1	\$3,764	\$3,619
6902	D&C FOLLOWING DELIV/AB	1	\$2,392	\$2,426

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(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.

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

114 Kane County Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
GENDER				
Female	104	51.5	120,006	54.8
Male	98	48.5	98,888	45.2
Unknown	0	0.0	8	0.0
Not Reported	0	0.0	4	0.0
AGE				
1-28 days	0	0.0	376	0.2
29-365 days	1	0.5	2,969	1.4
1-4 years	10	5.0	11,176	5.1
5-9	7	3.5	6,445	2.9
10-14	7	3.5	5,080	2.3
15-17	4	2.0	5,201	2.4
18-19	1	0.5	3,849	1.8
20-24	6	3.0	11,707	5.3
25-29	1	0.5	12,626	5.8
30-34	5	2.5	11,936	5.5
35-39	3	1.5	11,960	5.5
40-44	8	4.0	14,821	6.8
45-49	8	4.0	17,215	7.9
50-54	20	9.9	22,033	10.1
55-59	24	11.9	18,759	8.6
60-64	34	16.8	16,305	7.4
65-69	17	8.4	13,961	6.4
70-74	16	7.9	12,040	5.5
75-79	18	8.9	10,224	4.7
80-84	4	2.0	6,733	3.1
85-89	6	3.0	2,713	1.2
90 +	2	1.0	777	0.4
Not Reported	0	0.0	376	0.2
SOURCE OF ADMISSION				
Physician Referral	194	96.0	195,236	89.2
Clinic Referral	0	0.0	774	0.4
HMO Referral	1	0.5	2,769	1.3
Other Hospital	0	0.0	81	0.0
Skilled Nursing Facility	0	0.0	18	0.0
Other Health Care Facility	0	0.0	22	0.0
Emergency Room	6	3.0	4,435	2.0
Court/Law Enforcement	0	0.0	1	0.0
Unknown	1	0.5	469	0.2
Not Reported	0	0.0	15,101	6.9

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
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	202	100.0	218,417	99.8
Another Hospital	0	0.0	114	0.1
Skilled Nursing Facility	0	0.0	87	0.0
Intermediate Care Facility	0	0.0	11	0.0
Another Type of Institution	0	0.0	39	0.0
Under Care of Home Service	0	0.0	141	0.1
Left Against Medical Advice	0	0.0	13	0.0
Under Care of Home IV Provider	0	0.0	7	0.0
Expired	0	0.0	14	0.0
Unknown	0	0.0	59	0.0
Not Reported	0	0.0	4	0.0
PRIMARY PAYER				
Medicare	69	34.2	47,125	21.5
Medicaid	11	5.4	15,764	7.2
Other government	0	0.0	4,030	1.8
Blue Cross/Blue Shield	27	13.4	30,905	14.1
Other Commercial	92	45.5	15,943	7.3
Managed Care(HMO, PPO)	0	0.0	95,785	43.8
Self Pay	3	1.5	3,566	1.6
Industrial & Worker Comp	0	0.0	4,109	1.9
Charity and Unclassified	0	0.0	322	0.1
Childrens Health Insurance	0	0.0	273	0.1
Unknown	0	0.0	1,005	0.5
Not Reported	0	0.0	79	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	0	0.0	14,650	6.7
Central Utah	0	0.0	7,259	3.3
Davis County	0	0.0	25,726	11.8
Salt Lake County	0	0.0	74,490	34.0
Southeastern Utah	0	0.0	4,561	2.1
Southwest Utah	167	82.7	10,818	4.9
Summit County	0	0.0	2,876	1.3
Tooele County	0	0.0	4,235	1.9
Tri-County	0	0.0	9,559	4.4
Utah County	0	0.0	33,718	15.4
Wasatch County	0	0.0	1,643	0.8
Weber County	0	0.0	19,808	9.0
Unknown Utah	0	0.0	76	0.0
Outside Utah	34	16.8	9,321	4.3
Unknown, Not Reported	1	0.5	166	0.1

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

AMB ST 1-1
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
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)	7,983	100.0	306,368	100.0
Mastectomy (85.0-85.99)	255	3.2	7,302	2.4
Musculoskeletal (76.0-84.99)	2,316	29.0	61,162	20.0
Respiratory (30.0-34.99)	57	0.7	3,337	1.1
Cardiovascular (35.0-39.99)	227	2.8	17,761	5.8
Lymphatic/Hemetic (40.0-41.99)	35	0.4	2,849	0.9
Digestive System (42.0-54.99)	2,339	29.3	97,896	32.0
Urinary (55.0-59.99)	199	2.5	8,268	2.7
Male Genital (60.0-64.99)	87	1.1	3,711	1.2
Female Genital (65.0-71.99)	151	1.9	14,242	4.6
Endocrine/Nervous (01.0-07.99)	684	8.6	25,908	8.5
Eye (08.0-16.99)	895	11.2	19,800	6.5
Ear (18.0-20.99)	156	2.0	14,521	4.7
Nose, Mouth, Pharynx (21.0-29.99)	582	7.3	29,611	9.7
Reporting Category(CPT-4 CODES)	7,861	100.0	300,811	100.0
Mastectomy (19120-19220)	94	1.2	3,078	1.0
Musculoskeletal (20000-29909)	2,532	32.2	58,688	19.5
Respiratory (30000-32999 & 39501-39599)	236	3.0	13,089	4.4
Cardiovascular (33010-37799 & 93501-93660)	828	10.5	51,568	17.1
Lymphatic/Hemetic (38100-38999)	32	0.4	2,778	0.9
Digestive (40490-49999)	2,588	32.9	104,073	34.6
Urinary (50010-53899)	335	4.3	8,888	3.0
Male Genital (54000-55899)	61	0.8	3,219	1.1
Female Genital (56405-58999)	141	1.8	10,706	3.6
Endocrine/Nervous (60000-64999)	461	5.9	25,132	8.4
Eye (65091-68899)	477	6.1	11,602	3.9
Ear (69000-69979)	76	1.0	7,990	2.7

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.

AMB ST 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
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		7,983	100.0	100.0
4523	COLONOSCOPY	511	6.4	6.27
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	461	5.8	5.52
1371	IOL PROSTH-CATARACT EXTRACT-1-STAGE	355	4.4	1.51
1341	PHACOEMULSIFICATION-ASPIR CATARACT	354	4.4	1.52
806	EXC SEMILUNAR CARTILAGE-KNEE	271	3.4	1.78
8086	OTH LOC EXC/DESTRUC JT LES-KNEE	233	2.9	1.06
4525	CLO [ENDO] BX LG INTESTINE	201	2.5	2.50
4542	ENDO POLYPECTOMY LG INTESTINE	193	2.4	3.42
0392	INJ OTH AGENT SPINAL CANAL	188	2.4	2.72
0391	INJ ANES SPINAL CANAL-ANALGESIA	187	2.3	2.20
0443	RELEASE CARPAL TUNNEL	152	1.9	1.17
5123	LAP CHOLEY	143	1.8	2.03
8183	OTH REPR SHLDR	125	1.6	0.73
4292	DILAT ESOPH	124	1.6	1.29
8076	SYNOVECT-KNEE	112	1.4	0.39
4513	OTH ENDO SM INTESTINE	97	1.2	1.98
2001	MYRINGOTOMY W/INSRT TUBE	96	1.2	3.86
8363	ROTATOR CUFF REPR	91	1.1	0.65
8521	LOC EXC LES BREAST	83	1.0	0.93
283	TONSILLECTOMY W/ADENOIDECTOMY	77	1.0	1.75
CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		7,861	100.0	100.0
45378	COLONOSCOPY FLEX; DX-SEP PROC	511	6.5	5.95
43239	UGI ENDO; W/BX 1/MX	459	5.8	5.29
66984	EXTRACAPSULAR CATARACT REMV IOL	353	4.5	1.47
36600	ART PUNCTURE WITHDRAWAL BLD DX	276	3.5	0.27
45380	COLONOSCOPY FLEX; W/BX 1/MX	236	3.0	3.16
29881	SCOPE KNEE SURG;W/MENISCECT MED/	213	2.7	1.45
64483	INJ ANES EPIDURL; LUMB/SAC 1 LEV	179	2.3	0.82
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	156	2.0	2.89
29826	SCOPE SHOULDER; DECOMP SUBACROM	148	1.9	0.87
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	138	1.8	1.20
29877	SCOPE KNEE SURG; DEBRID/SHAVE CA	135	1.7	1.08
66821	DISCISSION 2ND CATARACT; LASER S	106	1.3	0.28
49505	REPR INIT ING HERNIA 5YR/MORE; R	97	1.2	0.99
28285	CORRECTION HAMMERTO	94	1.2	0.53
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	86	1.1	0.75
43248	UGI ENDO; W/INSRT GUIDE WIRE	84	1.1	0.14
29445	APPLIC RIGID TOTAL CNTC LEG CAST	75	1.0	0.02
29875	SCOPE KNEE; SYNOVECT LTD SEP PRO	75	1.0	0.23
44970	LAPAROSCOPY SURGICAL APPENDECTOM	73	0.9	0.46
20680	REMOVAL OF IMPLANT; DEEP	69	0.9	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.

AMB ST 1-3

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
 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 CHRG	AVE TOT CHRG(ALL Hospitals)
ICD-9 Procedures		2,885	\$3,481	\$2,729
4523	COLONOSCOPY	384	\$1,470	\$874
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	168	\$1,863	\$1,145
4542	ENDO POLYPECTOMY LG INTESTINE	126	\$1,901	\$1,132
5123	LAP CHOLEY	102	\$6,309	\$5,384
4525	CLO [ENDO] BX LG INTESTINE	92	\$1,910	\$1,249
283	TONSILLECTOMY W/ADENOIDECTOMY	70	\$3,006	\$1,783
0443	RELEASE CARPAL TUNNEL	66	\$3,079	\$1,950
806	EXC SEMILUNAR CARTILAGE-KNEE	66	\$4,439	\$3,608
1369	OTH CATARACT EXTRACT	62	\$1,083	\$638
282	TONSILLECTOMY WO ADENOIDECTOMY	58	\$3,337	\$2,027
8521	LOC EXC LES BREAST	56	\$3,507	\$2,337
4701	LAP APPENDECTOMY	49	\$8,249	\$6,923
8183	OTH REPR SHLDR	45	\$5,981	\$5,382
1364	DISCISSION SECNDRY MEMBRN	44	\$1,097	\$593
8086	OTH LOC EXC/DESTRUC JT LES-KNEE	43	\$4,407	\$3,312
3859	LIG-STRIP VARICOSE VEINS-LOWER LIMB	39	\$5,280	\$4,507
5304	UNILAT REPR INDIRECT ING HERN-GFT	36	\$3,382	\$3,302
8076	SYNOVECT-KNEE	34	\$4,720	\$3,495
5749	OTH TRANSURETH EXC/DEST LES BLADDER	30	\$3,874	\$3,235
4513	OTH ENDO SM INTESTINE	29	\$1,654	\$1,066

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
CPT-4 Procedures		3,859	\$3,037	\$2,356
45378	COLONOSCOPY FLEX; DX-SEP PROC	384	\$1,473	\$868
66984	EXTRACAPSULAR CATARACT REMV IOL	349	\$3,690	\$2,889
36600	ART PUNCTURE WITHDRAWAL BLD DX	264	\$1,101	\$907
64483	INJ ANES EPIDURL; LUMB/SAC 1 LEV	174	\$313	\$960
43239	UGI ENDO; W/BX 1/MX	167	\$1,859	\$1,141
45380	COLONOSCOPY FLEX; W/BX 1/MX	135	\$1,935	\$1,223
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	107	\$1,923	\$1,120
29881	SCOPE KNEE SURG;W/MENISCECT MED/	106	\$4,521	\$3,483
66821	DISCISSION 2ND CATARACT; LASER S	106	\$1,088	\$675
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	102	\$6,298	\$5,482
49505	REPR INIT ING HERNIA 5YR/MORE; R	79	\$3,502	\$3,146
42820	T&A; UNDER AGE 12	59	\$2,928	\$1,711
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	52	\$3,371	\$2,069
44970	LAPAROSCOPY SURGICAL APPENDECTOM	52	\$8,137	\$6,771
29877	SCOPE KNEE SURG; DEBRID/SHAVE CA	51	\$4,437	\$3,337
64721	NEUROPLASTY; MEDIAN @ CARPAL TUN	46	\$2,771	\$1,918
20680	REMOVAL OF IMPLANT; DEEP	38	\$2,868	\$2,370
29875	SCOPE KNEE; SYNOVECT LTD SEP PRO	38	\$4,775	\$3,309
41899	UNLIST PROC DENTOALVEOL STRUCTUR	38	\$3,090	\$2,179
36430	TRANSFUSION BLOOD/BLOOD COMPONEN	35	\$1,677	\$2,372

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

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
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	255	9,617
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	63	3,147
	003 COMPLEX INCISION AND DRAINAGE	7	92
	004 SIMPLE INCISION AND DRAINAGE	3	26
	006 SIMPLE DEBRIDEMENT AND DESTRUCTION	2	157
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	24	1,092
	008 SIMPLE EXCISION AND BIOPSY	36	887
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRANGE	26	1,126
	011 SIMPLE INCISION AND EXCISION OF BREAST	79	2,684
	012 BREAST RECONSTRUCTION AND MASTECTOMY	15	392
02	MUSCULOSKELETAL SYSTEM	2,356	52,556
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	213	6,223
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	84	2,056
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	70	1,930
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	421	10,991
	025 ARTHROSCOPY	1,109	22,451
	026 REPLACEMENT OF CAST	75	101
	027 SPLINT, STRAPPING AND CAST REMOVAL	9	72
	028 CLOSED TREATMENT FX & DISLOCATION OF FINGER, TOE & TRUNK	4	47
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	15	660
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	117	3,677
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	42	417
	032 BUNION PROCEDURES	67	1,612
	033 ARTHROPLASTY	28	497
	034 HAND AND FOOT TENOTOMY	4	293
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	98	1,528
03	RESPIRATORY SYSTEM	170	7,438
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	58	747
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	66	4,704
	054 SIMPLE ENDOSCOPY OF THE UPPER AIRWAY	3	333
	055 ENDOSCOPY OF THE LOWER AIRWAY	43	1,654
04	CARDIOVASCULAR SYSTEM	483	32,609
	075 PLACEMENT OF TRANSVENOUS CATHETERS	4	119
	076 DIAGNOSTIC CARDIAC CATHETERIZATION	333	23,531
	077 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	2	2,136
	078 PACEMAKER INSERTION AND REPLACEMENT	24	510
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	29	820
	080 MINOR VASCULAR REPAIR AND FISTULA CONSTRUCTION	4	852
	081 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	37	483
	082 VASCULAR LIGATION	50	864
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	73	2,811
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	34	1,766
	097 TRANSFUSION	39	949
06	DIGESTIVE SYSTEM	2,274	91,524
	111 ALIMENTARY TESTS AND SIMPLE TUBE PLACEMENT	13	296
	112 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	1	1,234

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
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	7	740
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	4	417
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	513	19,919
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	154	4,997
	117 LOWER GASTROINTESTINAL ENDOSCOPY	944	38,117
	118 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	40	1,843
	119 HERNIA AND HYDROCELE PROCEDURES	196	7,192
	120 COMPLEX ANAL AND RECTAL PROCEDURES	25	896
	121 SIMPLE ANAL AND RECTAL PROCEDURES	4	571
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	11	545
	123 COMPLEX LAPAROSCOPIC PROCEDURES	359	14,566
	124 SIMPLE LAPAROSCOPIC PROCEDURES	3	191
07	URINARY SYSTEM	233	7,571
	131 RENAL EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	27	851
	133 URINARY CATHETERIZATION AND DILATATION	14	395
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	129	3,257
	135 MODERATE CYSTOURETHROSCOPY	47	2,205
	136 SIMPLE CYSTOURETHROSCOPY	10	648
	137 COMPLEX URETHRAL PROCEDURES	5	109
	138 SIMPLE URETHRAL PROCEDURES	1	103
08	MALE GENITAL SYSTEM	56	2,927
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	40	1,396
	152 INSERTION OF PENILE PROSTHESIS	2	92
	153 COMPLEX PENILE PROCEDURES	2	435
	154 SIMPLE PENILE PROCEDURES	11	748
	155 PROSTATE NEEDLE AND PUNCH BIOPSY	1	256
09	FEMALE GENITAL SYSTEM	80	6,182
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	43	1,463
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	17	1,400
	178 DILATION AND CURETTAGE	7	810
	179 HYSTEROSCOPY	11	2,308
	180 COLPOSCOPY	2	200
10	NERVOUS SYSTEM	413	21,547
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	244	15,863
	196 REVISION AND REMOVAL OF NEUROLOGICAL DEVICE	1	181
	198 NERVE REPAIR AND DESTRUCTION	144	4,278
	199 SPINAL TAP	24	756
11	EYE AND OCULAR ADNEXA	475	11,356
	213 LASER EYE PROCEDURES	108	910
	214 CATARACT PROCEDURES	355	4,684
	216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	2	375
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	3	727
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	7	504
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	455	28,651
	233 NASAL CAUTERIZATION AND PACKING	1	207
	234 COMPLEX FACIAL AND ENT PROCEDURES	116	5,185

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

107 Lakeview Hospital

procedure APG category	procedure APG	TOTAL #	TOTAL # (ALL Hospitals)
	235 SIMPLE FACIAL AND ENT PROCEDURES	174	14,996
	236 TONSIL AND ADENOID PROCEDURES	164	8,225
13	THERAPUTIC AND OTHER RADIOLOGICAL PROCEDURES	177	3,870
	253 VASCULAR RADIOLOGY EXCEPT FOR VENOGRAPHY OF EXTREMITY	2	1,835
	254 MYELOGRAPHY	7	406
	255 MISCELLANEOUS RADIOLOGICAL PROCEDURES WITH CONTRAST	168	1,614

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, 2004
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	147	\$3,192	\$2,400
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	18	\$1,324	\$1,826
	003 COMPLEX INCISION AND DRAINAGE	5	\$1,881	\$3,064
	004 SIMPLE INCISION AND DRAINAGE	3	\$4,110	\$2,850
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	10	\$3,205	\$2,565
	008 SIMPLE EXCISION AND BIOPSY	18	\$3,134	\$2,299
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRAN	19	\$3,191	\$2,920
	011 SIMPLE INCISION AND EXCISION OF BREAST	61	\$3,554	\$2,578
	012 BREAST RECONSTRUCTION AND MASTECTOMY	13	\$4,447	\$4,433
02	MUSCULOSKELETAL SYSTEM	813	\$4,354	\$3,512
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	58	\$4,647	\$5,140
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	25	\$4,491	\$3,702
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	20	\$4,590	\$4,004
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	134	\$3,120	\$2,374
	025 ARTHROSCOPY	386	\$4,969	\$3,951
	026 REPLACEMENT OF CAST	10	\$618	\$1,591
	027 SPLINT, STRAPPING AND CAST REMOVAL	5	\$1,292	\$689
	028 CLOSED TREATMENT FX & DISLOCATION OF FINGER, TOE & TRUNK	1	\$2,999	\$2,523
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	12	\$4,312	\$2,582
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	85	\$5,279	\$4,121
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	24	\$2,847	\$2,448
	032 BUNION PROCEDURES	20	\$4,230	\$3,335
	033 ARTHROPLASTY	9	\$4,499	\$4,516
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	24	\$852	\$646
03	RESPIRATORY SYSTEM	39	\$2,220	\$1,808
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	20	\$1,077	\$1,075
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	8	\$3,873	\$3,079
	055 ENDOSCOPY OF THE LOWER AIRWAY	11	\$3,094	\$1,902
04	CARDIOVASCULAR SYSTEM	22	\$4,558	\$7,486
	075 PLACEMENT OF TRANSVENOUS CATHETERS	2	\$3,293	\$2,140
	076 DIAGNOSTIC CARDIAC CATHETERIZATION	1	\$2,972	\$5,567
	078 PACEMAKER INSERTION AND REPLACEMENT	1	\$6,203	\$20,139
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	1	\$1,985	\$2,988
	080 MINOR VASCULAR REPAIR AND FISTULA CONSTRUCTION	4	\$3,476	\$3,982
	081 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	7	\$5,102	\$9,790
	082 VASCULAR LIGATION	6	\$5,487	\$4,226
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	60	\$2,581	\$3,893
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	25	\$3,846	\$4,071
	097 TRANSFUSION	35	\$1,677	\$2,372
06	DIGESTIVE SYSTEM	1,299	\$2,788	\$1,913
	111 ALIMENTARY TESTS AND SIMPLE TUBE PLACEMENT	11	\$345	\$923
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	4	\$2,142	\$890
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	4	\$3,423	\$878
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	192	\$1,830	\$1,110
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	46	\$1,947	\$1,563

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
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)
	117 LOWER GASTROINTESTINAL ENDOSCOPY	652	\$1,658	\$1,017
	118 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	18	\$2,157	\$3,074
	119 HERNIA AND HYDROCELE PROCEDURES	120	\$3,819	\$3,001
	120 COMPLEX ANAL AND RECTAL PROCEDURES	20	\$3,509	\$2,412
	121 SIMPLE ANAL AND RECTAL PROCEDURES	3	\$2,809	\$2,116
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	4	\$2,318	\$2,759
	123 COMPLEX LAPAROSCOPIC PROCEDURES	223	\$6,616	\$5,244
	124 SIMPLE LAPAROSCOPIC PROCEDURES	2	\$6,315	\$9,413
07	URINARY SYSTEM	91	\$4,957	\$4,118
	131 RENAL EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	22	\$7,627	\$7,612
	133 URINARY CATHETERIZATION AND DILATATION	7	\$3,442	\$2,947
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	38	\$4,403	\$3,980
	135 MODERATE CYSTOURETHROSCOPY	15	\$3,887	\$2,966
	136 SIMPLE CYSTOURETHROSCOPY	3	\$3,380	\$2,050
	137 COMPLEX URETHRAL PROCEDURES	5	\$4,075	\$5,173
	138 SIMPLE URETHRAL PROCEDURES	1	\$3,022	\$1,730
08	MALE GENITAL SYSTEM	23	\$3,527	\$2,884
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	12	\$3,295	\$2,325
	152 INSERTION OF PENILE PROSTHESIS	2	\$7,487	\$15,341
	153 COMPLEX PENILE PROCEDURES	2	\$3,537	\$2,606
	154 SIMPLE PENILE PROCEDURES	7	\$2,793	\$1,709
09	FEMALE GENITAL SYSTEM	49	\$3,746	\$3,249
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	22	\$4,238	\$4,142
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	12	\$3,336	\$2,642
	178 DILATION AND CURETTAGE	6	\$3,182	\$1,880
	179 HYSTEROSCOPY	8	\$3,517	\$3,776
	180 COLPOSCOPY	1	\$3,085	\$1,716
10	NERVOUS SYSTEM	253	\$1,030	\$1,519
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	185	\$318	\$939
	196 REVISION AND REMOVAL OF NEUROLOGICAL DEVICE	1	\$14,151	\$5,797
	198 NERVE REPAIR AND DESTRUCTION	61	\$2,923	\$2,158
	199 SPINAL TAP	6	\$1,554	\$1,409
11	EYE AND OCULAR ADNEXA	468	\$3,077	\$2,658
	213 LASER EYE PROCEDURES	108	\$1,085	\$680
	214 CATARACT PROCEDURES	351	\$3,690	\$2,904
	216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	2	\$3,716	\$2,180
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	3	\$3,548	\$3,213
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	4	\$2,490	\$1,662
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	247	\$3,205	\$2,083
	234 COMPLEX FACIAL AND ENT PROCEDURES	24	\$4,390	\$4,171
	235 SIMPLE FACIAL AND ENT PROCEDURES	91	\$2,962	\$1,547
	236 TONSIL AND ADENOID PROCEDURES	132	\$3,157	\$1,824
13	THERAPUTIC AND OTHER RADIOLOGICAL PROCEDURES	46	\$1,224	\$2,912
	254 MYELOGRAPHY	7	\$2,631	\$2,607
	255 MISCELLANEOUS RADIOLOGICAL PROCEDURES WITH CONTRAST	39	\$971	\$2,500

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, 2004
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

107 Lakeview Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
GENDER				
Female	3,073	54.0	120,006	54.8
Male	2,622	46.0	98,888	45.2
Unknown	0	0.0	8	0.0
Not Reported	0	0.0	4	0.0
AGE				
1-28 days	0	0.0	376	0.2
29-365 days	16	0.3	2,969	1.4
1-4 years	91	1.6	11,176	5.1
5-9	80	1.4	6,445	2.9
10-14	93	1.6	5,080	2.3
15-17	139	2.4	5,201	2.4
18-19	110	1.9	3,849	1.8
20-24	265	4.7	11,707	5.3
25-29	245	4.3	12,626	5.8
30-34	238	4.2	11,936	5.5
35-39	257	4.5	11,960	5.5
40-44	344	6.0	14,821	6.8
45-49	417	7.3	17,215	7.9
50-54	528	9.3	22,033	10.1
55-59	464	8.1	18,759	8.6
60-64	467	8.2	16,305	7.4
65-69	503	8.8	13,961	6.4
70-74	513	9.0	12,040	5.5
75-79	426	7.5	10,224	4.7
80-84	315	5.5	6,733	3.1
85-89	134	2.4	2,713	1.2
90 +	50	0.9	777	0.4
Not Reported	0	0.0	376	0.2
SOURCE OF ADMISSION				
Physician Referral	5,534	97.2	195,236	89.2
Clinic Referral	0	0.0	774	0.4
HMO Referral	0	0.0	2,769	1.3
Other Hospital	0	0.0	81	0.0
Skilled Nursing Facility	0	0.0	18	0.0
Other Health Care Facility	0	0.0	22	0.0
Emergency Room	161	2.8	4,435	2.0
Court/Law Enforcement	0	0.0	1	0.0
Unknown	0	0.0	469	0.2
Not Reported	0	0.0	15,101	6.9
(Continued)				

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
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	5,694	100.0	218,417	99.8
Another Hospital	1	0.0	114	0.1
Skilled Nursing Facility	0	0.0	87	0.0
Intermediate Care Facility	0	0.0	11	0.0
Another Type of Institution	0	0.0	39	0.0
Under Care of Home Service	0	0.0	141	0.1
Left Against Medical Advice	0	0.0	13	0.0
Under Care of Home IV Provider	0	0.0	7	0.0
Expired	0	0.0	14	0.0
Unknown	0	0.0	59	0.0
Not Reported	0	0.0	4	0.0
PRIMARY PAYER				
Medicare	1,860	32.7	47,125	21.5
Medicaid	177	3.1	15,764	7.2
Other government	28	0.5	4,030	1.8
Blue Cross/Blue Shield	1,176	20.6	30,905	14.1
Other Commercial	319	5.6	15,943	7.3
Managed Care(HMO, PPO)	1,859	32.6	95,785	43.8
Self Pay	88	1.5	3,566	1.6
Industrial & Worker Comp	162	2.8	4,109	1.9
Charity and Unclassified	26	0.5	322	0.1
Childrens Health Insurance	0	0.0	273	0.1
Unknown	0	0.0	1,005	0.5
Not Reported	0	0.0	79	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	36	0.6	14,650	6.7
Central Utah	13	0.2	7,259	3.3
Davis County	4,799	84.3	25,726	11.8
Salt Lake County	418	7.3	74,490	34.0
Southeastern Utah	5	0.1	4,561	2.1
Southwest Utah	9	0.2	10,818	4.9
Summit County	11	0.2	2,876	1.3
Tooele County	36	0.6	4,235	1.9
Tri-County	10	0.2	9,559	4.4
Utah County	35	0.6	33,718	15.4
Wasatch County	4	0.1	1,643	0.8
Weber County	212	3.7	19,808	9.0
Unknown Utah	0	0.0	76	0.0
Outside Utah	104	1.8	9,321	4.3
Unknown, Not Reported	3	0.1	166	0.1

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

AMB ST 1-1
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
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)	30,206	100.0	306,368	100.0
Mastectomy (85.0-85.99)	757	2.5	7,302	2.4
Musculoskeletal (76.0-84.99)	6,894	22.8	61,162	20.0
Respiratory (30.0-34.99)	435	1.4	3,337	1.1
Cardiovascular (35.0-39.99)	3,815	12.6	17,761	5.8
Lymphatic/Hemetic (40.0-41.99)	673	2.2	2,849	0.9
Digestive System (42.0-54.99)	9,487	31.4	97,896	32.0
Urinary (55.0-59.99)	1,239	4.1	8,268	2.7
Male Genital (60.0-64.99)	190	0.6	3,711	1.2
Female Genital (65.0-71.99)	1,733	5.7	14,242	4.6
Endocrine/Nervous (01.0-07.99)	771	2.6	25,908	8.5
Eye (08.0-16.99)	2,561	8.5	19,800	6.5
Ear (18.0-20.99)	305	1.0	14,521	4.7
Nose, Mouth, Pharynx (21.0-29.99)	1,346	4.5	29,611	9.7
Reporting Category(CPT-4 CODES)	28,852	100.0	300,811	100.0
Mastectomy (19120-19220)	459	1.6	3,078	1.0
Musculoskeletal (20000-29909)	5,340	18.5	58,688	19.5
Respiratory (30000-32999 & 39501-39599)	902	3.1	13,089	4.4
Cardiovascular (33010-37799 & 93501-93660)	8,214	28.5	51,568	17.1
Lymphatic/Hemetic (38100-38999)	597	2.1	2,778	0.9
Digestive (40490-49999)	8,034	27.8	104,073	34.6
Urinary (50010-53899)	954	3.3	8,888	3.0
Male Genital (54000-55899)	132	0.5	3,219	1.1
Female Genital (56405-58999)	1,130	3.9	10,706	3.6
Endocrine/Nervous (60000-64999)	1,351	4.7	25,132	8.4
Eye (65091-68899)	1,559	5.4	11,602	3.9
Ear (69000-69979)	180	0.6	7,990	2.7

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.

AMB ST 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
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				
4523	COLONOSCOPY	1,750	5.8	6.27
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	1,562	5.2	5.52
4542	ENDO POLYPECTOMY LG INTESTINE	1,037	3.4	3.42
8026	ARTHSCPY-KNEE	701	2.3	0.81
8051	EXC INTERVERTEBRAL DISC	640	2.1	0.45
4525	CLO [ENDO] BX LG INTESTINE	616	2.0	2.50
1364	DISCISSION SECNDRY MEMBRN	592	2.0	0.27
3722	LT HEART CARD CATH	582	1.9	1.25
5421	LAPAROSCOPY	536	1.8	0.54
5123	LAP CHOLEY	526	1.7	2.03
1474	OTH MECH VITRECTOMY	508	1.7	0.39
149	OTH OPER RETINA-CHOROID-POST CHAMBR	418	1.4	0.30
8521	LOC EXC LES BREAST	415	1.4	0.93
4292	DILAT ESOPH	381	1.3	1.29
5732	OTH CYSTOSCOPY	381	1.3	0.56
4513	OTH ENDO SM INTESTINE	365	1.2	1.98
4836	[ENDO] POLYPECTOMY RECTUM	357	1.2	1.06
806	EXC SEMILUNAR CARTILAGE-KNEE	357	1.2	1.78
3723	COMBO RT & LT HEART CARD CATH	356	1.2	0.57
8021	ARTHSCPY-SHLDR	355	1.2	0.36
CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures				
45378	COLONOSCOPY FLEX; DX-SEP PROC	1,692	5.9	5.95
36000	INTRO NEEDLE/INTRACATHETER VEIN	1,603	5.6	0.77
43239	UGI ENDO; W/BX 1/MX	1,305	4.5	5.29
93545	INJ PROC-CATH; SELECT CORONRY AN	764	2.6	1.54
45380	COLONOSCOPY FLEX; W/BX 1/MX	748	2.6	3.16
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	720	2.5	2.89
93543	INJ PROC-CATH; LT VENT/ATRIAL AN	676	2.3	1.39
93556	IMAG SUPERVS I&R-CATH; PULM ANGI	633	2.2	1.33
93555	IMAG SUPERVS I&R-CATH; VENT/ATRI	608	2.1	1.22
93510	LT HRT CATH RETRO-BRACH/FEM; PER	540	1.9	1.13
66821	DISCISSION 2ND CATARACT; LASER S	463	1.6	0.28
67038	VITRECTOMY MECH; W/MEMBRANE STRI	415	1.4	0.31
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	359	1.2	1.20
29881	SCOPE KNEE SURG;W/MENISCECT MED/	302	1.0	1.45
20680	REMOVAL OF IMPLANT; DEEP	275	1.0	0.81
93580	PERQ TRNSCATH CLO INTERATRIAL CM	274	0.9	0.11
49650	LAPARSCPY SURG; REPR INIT ING HE	268	0.9	0.20
93526	COMB RT HRT CATH&RETRO LT HRT CA	268	0.9	0.45
22554	ARTHRODESIS W/MINI DISKECT;BELOW	260	0.9	0.14
63075	DISKECT ANT; CERVICAL 1 INTERSPA	259	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.

AMB ST 1-3

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
 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 CHRG	AVE TOT CHRG(ALL Hospitals)
ICD-9 Procedures		10,364	\$3,165	\$2,729
4523	COLONOSCOPY	1,433	\$670	\$874
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	676	\$718	\$1,145
4542	ENDO POLYPECTOMY LG INTESTINE	636	\$819	\$1,132
3722	LT HEART CARD CATH	556	\$4,592	\$5,884
5123	LAP CHOLEY	450	\$4,228	\$5,384
1364	DISCISSION SECNDRY MEMBRN	336	\$550	\$593
8521	LOC EXC LES BREAST	256	\$1,959	\$2,337
3723	COMBO RT & LT HEART CARD CATH	253	\$5,297	\$6,945
8051	EXC INTERVERTEBRAL DISC	252	\$5,936	\$6,455
4525	CLO [ENDO] BX LG INTESTINE	251	\$785	\$1,249
3552	REPR ATRIAL SEPTL DEFEC-PROSTH-CLO	220	\$16,380	\$16,841
5011	CLO [PERCUT] [NEEDLE] BX LIVER	186	\$1,884	\$1,765
4513	OTH ENDO SM INTESTINE	167	\$755	\$1,066
4836	[ENDO] POLYPECTOMY RECTUM	147	\$784	\$1,056
6952	ASPIR CURET FOLLOWING DELIV/AB	130	\$1,719	\$2,058
0443	RELEASE CARPAL TUNNEL	111	\$1,489	\$1,950
3927	ARTERIOVENOSTOMY-RENAL DIALYSIS	102	\$4,360	\$4,212
4701	LAP APPENDECTOMY	102	\$6,834	\$6,923
3859	LIG-STRIP VARICOSE VEINS-LOWER LIMB	92	\$4,317	\$4,507
5732	OTH CYSTOSCOPY	83	\$3,612	\$3,607

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
CPT-4 Procedures		10,984	\$2,782	\$2,356
45378	COLONOSCOPY FLEX; DX-SEP PROC	1,426	\$669	\$868
43239	UGI ENDO; W/BX 1/MX	614	\$708	\$1,141
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	564	\$820	\$1,120
45380	COLONOSCOPY FLEX; W/BX 1/MX	526	\$832	\$1,223
66821	DISCISSION 2ND CATARACT; LASER S	463	\$693	\$675
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	315	\$4,286	\$5,482
63030	LAMINOT W/ DECOMP; 1 INTERSPACE	239	\$5,919	\$6,587
49650	LAPARSCPY SURG; REPR INIT ING HE	232	\$3,706	\$4,776
36000	INTRO NEEDLE/INTRACATHETER VEIN	193	\$11,678	\$5,316
20680	REMOVAL OF IMPLANT; DEEP	165	\$1,946	\$2,370
29881	SCOPE KNEE SURG;W/MENISCECT MED/	165	\$2,729	\$3,483
19120	EXC BRST CYST TUMR/LES OPN M/F 1	163	\$1,747	\$2,325
47000	BIOPSY LIVER NEEDLE; PERCUTANEOU	159	\$1,746	\$1,682
47562	LAPAROSCOPY SURGICAL; CHOLECT	134	\$4,104	\$5,197
67038	VITRECTOMY MECH; W/MEMBRANE STRI	129	\$4,441	\$5,159
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	119	\$553	\$986
29877	SCOPE KNEE SURG; DEBRID/SHAVE CA	115	\$2,740	\$3,337
64721	NEUROPLASTY; MEDIAN @ CARPAL TUN	114	\$1,527	\$1,918
19125	EXC BRST LES ID RAD MARKR OPN;1	104	\$2,385	\$3,115
44970	LAPAROSCOPY SURGICAL APPENDECTOM	103	\$6,730	\$6,771

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

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
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	1,026	9,617
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	328	3,147
	003 COMPLEX INCISION AND DRAINAGE	5	92
	006 SIMPLE DEBRIDEMENT AND DESTRUCTION	11	157
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	132	1,092
	008 SIMPLE EXCISION AND BIOPSY	70	887
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRANGE	20	1,126
	010 SIMPLE SKIN REPAIR	1	14
	011 SIMPLE INCISION AND EXCISION OF BREAST	400	2,684
	012 BREAST RECONSTRUCTION AND MASTECTOMY	59	392
02	MUSCULOSKELETAL SYSTEM	4,300	52,555
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	757	6,223
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	221	2,056
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	208	1,930
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	851	10,991
	025 ARTHROSCOPY	1,686	22,451
	028 CLOSED TREATMENT FX & DISLOCATION OF FINGER, TOE & TRUNK	1	47
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	27	660
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	335	3,677
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	23	417
	032 BUNION PROCEDURES	79	1,612
	033 ARTHROPLASTY	37	497
	034 HAND AND FOOT TENOTOMY	24	293
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	51	1,528
03	RESPIRATORY SYSTEM	481	7,438
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	18	747
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	250	4,704
	054 SIMPLE ENDOSCOPY OF THE UPPER AIRWAY	14	333
	055 ENDOSCOPY OF THE LOWER AIRWAY	199	1,654
04	CARDIOVASCULAR SYSTEM	6,042	32,609
	074 CARDIAC ELECTROPHYSIOLOGIC TESTS	943	3,281
	075 PLACEMENT OF TRANSVENOUS CATHETERS	20	119
	076 DIAGNOSTIC CARDIAC CATHETERIZATION	3,776	23,531
	077 ANGIOPLASTY AND transcatheter PROCEDURES	642	2,136
	078 PACEMAKER INSERTION AND REPLACEMENT	66	510
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	61	820
	080 MINOR VASCULAR REPAIR AND FISTULA CONSTRUCTION	207	852
	081 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	66	483
	082 VASCULAR LIGATION	260	864
	083 RESUSCITATION AND CARDIOVERSION	1	13
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	440	2,811
	092 CHEMOTHERAPY EXCEPT BY EXTENDED INFUSION	1	6
	094 BLOOD AND BLOOD PRODUCT EXCHANGE	6	90
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	431	1,766
	097 TRANSFUSION	2	949
06	DIGESTIVE SYSTEM	7,918	91,524
	111 ALIMENTARY TESTS AND SIMPLE TUBE PLACEMENT	1	296

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
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	29	1,234
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	48	740
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	31	417
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	1,490	19,919
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	544	4,997
	117 LOWER GASTROINTESTINAL ENDOSCOPY	3,354	38,117
	118 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	273	1,843
	119 HERNIA AND HYDROCELE PROCEDURES	320	7,192
	120 COMPLEX ANAL AND RECTAL PROCEDURES	102	896
	121 SIMPLE ANAL AND RECTAL PROCEDURES	28	571
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	69	545
	123 COMPLEX LAPAROSCOPIC PROCEDURES	1,595	14,566
	124 SIMPLE LAPAROSCOPIC PROCEDURES	34	191
07	URINARY SYSTEM	852	7,571
	131 RENAL EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	34	851
	132 SIMPLE URINARY STUDIES AND PROCEDURES	1	3
	133 URINARY CATHETERIZATION AND DILATATION	25	395
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	451	3,257
	135 MODERATE CYSTOURETHROSCOPY	294	2,205
	136 SIMPLE CYSTOURETHROSCOPY	40	648
	137 COMPLEX URETHRAL PROCEDURES	5	109
	138 SIMPLE URETHRAL PROCEDURES	2	103
08	MALE GENITAL SYSTEM	100	2,927
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	51	1,396
	152 INSERTION OF PENILE PROSTHESIS	11	92
	153 COMPLEX PENILE PROCEDURES	17	435
	154 SIMPLE PENILE PROCEDURES	16	748
	155 PROSTATE NEEDLE AND PUNCH BIOPSY	5	256
09	FEMALE GENITAL SYSTEM	742	6,182
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	140	1,463
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	143	1,400
	178 DILATION AND CURETTAGE	37	810
	179 HYSTEROSCOPY	402	2,308
	180 COLPOSCOPY	20	200
10	NERVOUS SYSTEM	374	21,547
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	32	15,863
	196 REVISION AND REMOVAL OF NEUROLOGICAL DEVICE	10	181
	197 NEUROSTIMULATOR AND VENTRICULAR SHUNT IMPLANTATION	49	469
	198 NERVE REPAIR AND DESTRUCTION	282	4,278
	199 SPINAL TAP	1	756
11	EYE AND OCULAR ADNEXA	1,478	11,356
	213 LASER EYE PROCEDURES	468	910
	214 CATARACT PROCEDURES	27	4,684
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	1	505
	216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	9	375
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	17	186

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
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	188	417
	219 SIMPLE POSTERIOR SEGMENT EYE PROCEDURES	27	364
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	10	727
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	17	504
	223 VITRECTOMY	714	1,672
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	927	28,651
	231 COCHLEAR DEVICE IMPLANTATION	6	38
	233 NASAL CAUTERIZATION AND PACKING	3	207
	234 COMPLEX FACIAL AND ENT PROCEDURES	483	5,185
	235 SIMPLE FACIAL AND ENT PROCEDURES	310	14,996
	236 TONSIL AND ADENOID PROCEDURES	125	8,225
13	THERAPUTIC AND OTHER RADIOLOGICAL PROCEDURES	298	3,870
	253 VASCULAR RADIOLOGY EXCEPT FOR VENOGRAPHY OF EXTREMITY	278	1,835
	255 MISCELLANEOUS RADIOLOGICAL PROCEDURES WITH CONTRAST	20	1,614

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, 2004
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)
01	INTEGUMENTARY SYSTEM	715	\$2,198	\$2,400
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	270	\$1,943	\$1,826
	003 COMPLEX INCISION AND DRAINAGE	3	\$2,459	\$3,064
	006 SIMPLE DEBRIDEMENT AND DESTRUCTION	5	\$1,505	\$2,412
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	84	\$2,289	\$2,565
	008 SIMPLE EXCISION AND BIOPSY	40	\$2,294	\$2,299
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRAN	6	\$4,375	\$2,920
	011 SIMPLE INCISION AND EXCISION OF BREAST	267	\$1,995	\$2,578
	012 BREAST RECONSTRUCTION AND MASTECTOMY	40	\$4,717	\$4,433
02	MUSCULOSKELETAL SYSTEM	1,821	\$3,712	\$3,512
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	402	\$5,171	\$5,140
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	69	\$3,757	\$3,702
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	51	\$4,102	\$4,004
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	362	\$2,068	\$2,374
	025 ARTHROSCOPY	667	\$3,430	\$3,951
	028 CLOSED TREATMENT FX & DISLOCATION OF FINGER, TOE & TRUNK	1	\$2,671	\$2,523
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	9	\$3,756	\$2,582
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	213	\$4,730	\$4,121
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	1	\$4,364	\$2,448
	032 BUNION PROCEDURES	33	\$2,645	\$3,335
	033 ARTHROPLASTY	8	\$3,837	\$4,516
	034 HAND AND FOOT TENOTOMY	3	\$1,699	\$1,932
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	2	\$2,413	\$646
03	RESPIRATORY SYSTEM	187	\$1,682	\$1,808
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	12	\$2,470	\$1,075
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	36	\$2,444	\$3,079
	054 SIMPLE ENDOSCOPY OF THE UPPER AIRWAY	6	\$1,740	\$1,126
	055 ENDOSCOPY OF THE LOWER AIRWAY	133	\$1,402	\$1,902
04	CARDIOVASCULAR SYSTEM	325	\$7,288	\$7,486
	074 CARDIAC ELECTROPHYSIOLOGIC TESTS	3	\$33,741	\$18,581
	075 PLACEMENT OF TRANSVENOUS CATHETERS	2	\$1,648	\$2,140
	076 DIAGNOSTIC CARDIAC CATHETERIZATION	31	\$4,555	\$5,567
	077 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	66	\$16,800	\$14,366
	078 PACEMAKER INSERTION AND REPLACEMENT	8	\$14,000	\$20,139
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	2	\$2,734	\$2,988
	080 MINOR VASCULAR REPAIR AND FISTULA CONSTRUCTION	139	\$4,363	\$3,982
	081 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	11	\$3,553	\$9,790
	082 VASCULAR LIGATION	63	\$3,985	\$4,226
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	154	\$4,011	\$3,893
	094 BLOOD AND BLOOD PRODUCT EXCHANGE	6	\$4,300	\$16,165
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	146	\$3,982	\$4,071
	097 TRANSFUSION	2	\$5,322	\$2,372
06	DIGESTIVE SYSTEM	5,231	\$1,721	\$1,913
	112 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	3	\$1,947	\$1,101
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	30	\$1,160	\$890

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
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	24	\$885	\$878
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	738	\$689	\$1,110
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	256	\$1,447	\$1,563
	117 LOWER GASTROINTESTINAL ENDOSCOPY	2,648	\$749	\$1,017
	118 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	59	\$2,368	\$3,074
	119 HERNIA AND HYDROCELE PROCEDURES	203	\$2,459	\$3,001
	120 COMPLEX ANAL AND RECTAL PROCEDURES	71	\$2,180	\$2,412
	121 SIMPLE ANAL AND RECTAL PROCEDURES	10	\$1,640	\$2,116
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	36	\$2,733	\$2,759
	123 COMPLEX LAPAROSCOPIC PROCEDURES	1,139	\$4,453	\$5,244
	124 SIMPLE LAPAROSCOPIC PROCEDURES	14	\$6,804	\$9,413
07	URINARY SYSTEM	304	\$2,851	\$4,118
	131 RENAL EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	5	\$4,744	\$7,612
	133 URINARY CATHETERIZATION AND DILATATION	6	\$2,287	\$2,947
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	156	\$3,217	\$3,980
	135 MODERATE CYSTOURETHROSCOPY	116	\$2,216	\$2,966
	136 SIMPLE CYSTOURETHROSCOPY	16	\$2,474	\$2,050
	137 COMPLEX URETHRAL PROCEDURES	3	\$8,792	\$5,173
	138 SIMPLE URETHRAL PROCEDURES	2	\$2,118	\$1,730
08	MALE GENITAL SYSTEM	65	\$4,046	\$2,884
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	29	\$2,118	\$2,325
	152 INSERTION OF PENILE PROSTHESIS	9	\$14,081	\$15,341
	153 COMPLEX PENILE PROCEDURES	14	\$2,912	\$2,606
	154 SIMPLE PENILE PROCEDURES	10	\$2,413	\$1,709
	155 PROSTATE NEEDLE AND PUNCH BIOPSY	3	\$3,324	\$3,813
09	FEMALE GENITAL SYSTEM	328	\$2,859	\$3,249
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	61	\$4,312	\$4,142
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	62	\$2,240	\$2,642
	178 DILATION AND CURETTAGE	20	\$1,826	\$1,880
	179 HYSTEROSCOPY	174	\$2,737	\$3,776
	180 COLPOSCOPY	11	\$2,087	\$1,716
10	NERVOUS SYSTEM	191	\$2,512	\$1,519
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	23	\$576	\$939
	196 REVISION AND REMOVAL OF NEUROLOGICAL DEVICE	6	\$4,555	\$5,797
	197 NEUROSTIMULATOR AND VENTRICULAR SHUNT IMPLANTATION	10	\$17,498	\$17,461
	198 NERVE REPAIR AND DESTRUCTION	152	\$1,738	\$2,158
11	EYE AND OCULAR ADNEXA	786	\$2,244	\$2,658
	213 LASER EYE PROCEDURES	464	\$698	\$680
	214 CATARACT PROCEDURES	7	\$3,703	\$2,904
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	1	\$5,052	\$2,469
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	1	\$5,439	\$2,051
	218 COMPLEX POSTERIOR SEGMENT EYE PROCEDURES	81	\$4,585	\$4,749
	219 SIMPLE POSTERIOR SEGMENT EYE PROCEDURES	3	\$3,528	\$3,639
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	8	\$3,540	\$3,213
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	1	\$2,060	\$1,662

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
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 CHRG	AVE TOT CHRG(ALL Hospitals)
	223 VITRECTOMY	220	\$4,505	\$5,079
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	404	\$4,048	\$2,083
	231 COCHLEAR DEVICE IMPLANTATION	6	\$55,554	\$54,585
	233 NASAL CAUTERIZATION AND PACKING	1	\$3,637	\$2,238
	234 COMPLEX FACIAL AND ENT PROCEDURES	223	\$4,318	\$4,171
	235 SIMPLE FACIAL AND ENT PROCEDURES	83	\$2,026	\$1,547
	236 TONSIL AND ADENOID PROCEDURES	91	\$1,837	\$1,824
13	THERAPUTIC AND OTHER RADIOLOGICAL PROCEDURES	8	\$11,214	\$2,912
	253 VASCULAR RADIOLOGY EXCEPT FOR VENOGRAPHY OF EXTREMITY	6	\$13,447	\$5,763
	255 MISCELLANEOUS RADIOLOGICAL PROCEDURES WITH CONTRAST	2	\$4,516	\$2,500

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, 2004
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

121 LDS Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
GENDER				
Female	9,799	54.3	120,006	54.8
Male	8,254	45.7	98,888	45.2
Unknown	0	0.0	8	0.0
Not Reported	0	0.0	4	0.0
AGE				
1-28 days	0	0.0	376	0.2
29-365 days	4	0.0	2,969	1.4
1-4 years	20	0.1	11,176	5.1
5-9	48	0.3	6,445	2.9
10-14	164	0.9	5,080	2.3
15-17	303	1.7	5,201	2.4
18-19	241	1.3	3,849	1.8
20-24	903	5.0	11,707	5.3
25-29	1,060	5.9	12,626	5.8
30-34	999	5.5	11,936	5.5
35-39	1,088	6.0	11,960	5.5
40-44	1,350	7.5	14,821	6.8
45-49	1,661	9.2	17,215	7.9
50-54	2,122	11.8	22,033	10.1
55-59	1,895	10.5	18,759	8.6
60-64	1,669	9.2	16,305	7.4
65-69	1,395	7.7	13,961	6.4
70-74	1,185	6.6	12,040	5.5
75-79	985	5.5	10,224	4.7
80-84	623	3.5	6,733	3.1
85-89	259	1.4	2,713	1.2
90 +	79	0.4	777	0.4
Not Reported	0	0.0	376	0.2
SOURCE OF ADMISSION				
Physician Referral	17,847	98.9	195,236	89.2
Clinic Referral	1	0.0	774	0.4
HMO Referral	3	0.0	2,769	1.3
Other Hospital	9	0.0	81	0.0
Skilled Nursing Facility	0	0.0	18	0.0
Other Health Care Facility	13	0.1	22	0.0
Emergency Room	180	1.0	4,435	2.0
Court/Law Enforcement	0	0.0	1	0.0
Unknown	0	0.0	469	0.2
Not Reported	0	0.0	15,101	6.9

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
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	18,035	99.9	218,417	99.8
Another Hospital	0	0.0	114	0.1
Skilled Nursing Facility	2	0.0	87	0.0
Intermediate Care Facility	0	0.0	11	0.0
Another Type of Institution	2	0.0	39	0.0
Under Care of Home Service	10	0.1	141	0.1
Left Against Medical Advice	2	0.0	13	0.0
Under Care of Home IV Provider	0	0.0	7	0.0
Expired	0	0.0	14	0.0
Unknown	2	0.0	59	0.0
Not Reported	0	0.0	4	0.0
PRIMARY PAYER				
Medicare	4,544	25.2	47,125	21.5
Medicaid	649	3.6	15,764	7.2
Other government	283	1.6	4,030	1.8
Blue Cross/Blue Shield	974	5.4	30,905	14.1
Other Commercial	1,280	7.1	15,943	7.3
Managed Care(HMO, PPO)	9,621	53.3	95,785	43.8
Self Pay	319	1.8	3,566	1.6
Industrial & Worker Comp	317	1.8	4,109	1.9
Charity and Unclassified	17	0.1	322	0.1
Childrens Health Insurance	34	0.2	273	0.1
Unknown	15	0.1	1,005	0.5
Not Reported	0	0.0	79	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	341	1.9	14,650	6.7
Central Utah	171	0.9	7,259	3.3
Davis County	3,010	16.7	25,726	11.8
Salt Lake County	10,789	59.8	74,490	34.0
Southeastern Utah	71	0.4	4,561	2.1
Southwest Utah	277	1.5	10,818	4.9
Summit County	436	2.4	2,876	1.3
Tooele County	549	3.0	4,235	1.9
Tri-County	106	0.6	9,559	4.4
Utah County	624	3.5	33,718	15.4
Wasatch County	101	0.6	1,643	0.8
Weber County	465	2.6	19,808	9.0
Unknown Utah	5	0.0	76	0.0
Outside Utah	1,097	6.1	9,321	4.3
Unknown, Not Reported	11	0.1	166	0.1

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

AMB ST 1-1
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
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)	11,669	100.0	306,368	100.0
Mastectomy (85.0-85.99)	295	2.5	7,302	2.4
Musculoskeletal (76.0-84.99)	1,969	16.9	61,162	20.0
Respiratory (30.0-34.99)	81	0.7	3,337	1.1
Cardiovascular (35.0-39.99)	290	2.5	17,761	5.8
Lymphatic/Hemetic (40.0-41.99)	65	0.6	2,849	0.9
Digestive System (42.0-54.99)	4,114	35.3	97,896	32.0
Urinary (55.0-59.99)	374	3.2	8,268	2.7
Male Genital (60.0-64.99)	140	1.2	3,711	1.2
Female Genital (65.0-71.99)	661	5.7	14,242	4.6
Endocrine/Nervous (01.0-07.99)	849	7.3	25,908	8.5
Eye (08.0-16.99)	1,166	10.0	19,800	6.5
Ear (18.0-20.99)	525	4.5	14,521	4.7
Nose, Mouth, Pharynx (21.0-29.99)	1,140	9.8	29,611	9.7
Reporting Category(CPT-4 CODES)	10,677	100.0	300,811	100.0
Mastectomy (19120-19220)	92	0.9	3,078	1.0
Musculoskeletal (20000-29909)	1,924	18.0	58,688	19.5
Respiratory (30000-32999 & 39501-39599)	483	4.5	13,089	4.4
Cardiovascular (33010-37799 & 93501-93660)	1,015	9.5	51,568	17.1
Lymphatic/Hemetic (38100-38999)	36	0.3	2,778	0.9
Digestive (40490-49999)	4,429	41.5	104,073	34.6
Urinary (50010-53899)	322	3.0	8,888	3.0
Male Genital (54000-55899)	126	1.2	3,219	1.1
Female Genital (56405-58999)	483	4.5	10,706	3.6
Endocrine/Nervous (60000-64999)	804	7.5	25,132	8.4
Eye (65091-68899)	672	6.3	11,602	3.9
Ear (69000-69979)	291	2.7	7,990	2.7

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.

AMB ST 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
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		11,669	100.0	100.0
4542	ENDO POLYPECTOMY LG INTESTINE	913	7.8	3.42
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	692	5.9	5.52
1341	PHACOEMULSIFICATION-ASPIR CATARACT	450	3.9	1.52
1371	IOL PROSTH-CATARACT EXTRACT-1-STAGE	450	3.9	1.51
4523	COLONOSCOPY	439	3.8	6.27
4292	DILAT ESOPH	415	3.6	1.29
2001	MYRINGOTOMY W/INSRT TUBE	413	3.5	3.86
0392	INJ OTH AGENT SPINAL CANAL	347	3.0	2.72
4525	CLO [ENDO] BX LG INTESTINE	284	2.4	2.50
283	TONSILLECTOMY W/ADENOIDECTOMY	213	1.8	1.75
4836	[ENDO] POLYPECTOMY RECTUM	213	1.8	1.06
806	EXC SEMILUNAR CARTILAGE-KNEE	175	1.5	1.78
4513	OTH ENDO SM INTESTINE	173	1.5	1.98
0443	RELEASE CARPAL TUNNEL	172	1.5	1.17
5123	LAP CHOLEY	169	1.4	2.03
3722	LT HEART CARD CATH	147	1.3	1.25
8147	OTH REPR KNEE	145	1.2	0.64
8511	CLO [PERCUT] [NEEDLE] BX BREAST	122	1.0	0.27
2169	OTH TURBINECTOMY	108	0.9	0.67
5304	UNILAT REPR INDIRECT ING HERN-GFT	108	0.9	0.52
CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		10,677	100.0	100.0
43239	UGI ENDO; W/BX 1/MX	684	6.4	5.29
45384	COLONOSCOPY FLEX; REMV LES-FORCE	568	5.3	0.42
66984	EXTRACAPSULAR CATARACT REMV IOL	446	4.2	1.47
45378	COLONOSCOPY FLEX; DX-SEP PROC	421	3.9	5.95
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	370	3.5	2.89
45380	COLONOSCOPY FLEX; W/BX 1/MX	318	3.0	3.16
43450	DILAT ESOPH-SOUND/BOUGIE-1/MX PA	287	2.7	0.39
64483	INJ ANES EPIDURL; LUMB/SAC 1 LEV	218	2.0	0.82
69436	TYMPANOSTOMY GENERAL ANESTHESIA	215	2.0	2.04
42820	T&A; UNDER AGE 12	188	1.8	1.38
29881	SCOPE KNEE SURG;W/MENISCECT MED/	180	1.7	1.45
93545	INJ PROC-CATH; SELECT CORONRY AN	177	1.7	1.54
49505	REPR INIT ING HERNIA 5YR/MORE; R	173	1.6	0.99
93556	IMAG SUPERVS I&R-CATH; PULM ANGI	173	1.6	1.33
47562	LAPAROSCOPY SURGICAL; CHOLECT	166	1.6	0.80
93543	INJ PROC-CATH; LT VENT/ATRIAL AN	152	1.4	1.39
93555	IMAG SUPERVS I&R-CATH; VENT/ATRI	150	1.4	1.22
93510	LT HRT CATH RETRO-BRACH/FEM; PER	138	1.3	1.13
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	130	1.2	0.75
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	115	1.1	0.72

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, 2004
 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 CHRG	AVE TOT CHRG(ALL Hospitals)
ICD-9 Procedures		4,957	\$1,808	\$2,729
4542	ENDO POLYPECTOMY LG INTESTINE	543	\$802	\$1,132
4523	COLONOSCOPY	385	\$613	\$874
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	285	\$759	\$1,145
0392	INJ OTH AGENT SPINAL CANAL	248	\$539	\$773
283	TONSILLECTOMY W/ADENOIDECTOMY	161	\$1,183	\$1,783
4525	CLO [ENDO] BX LG INTESTINE	160	\$860	\$1,249
5123	LAP CHOLEY	154	\$3,783	\$5,384
3722	LT HEART CARD CATH	147	\$4,157	\$5,884
0443	RELEASE CARPAL TUNNEL	109	\$1,140	\$1,950
8511	CLO [PERCUT] [NEEDLE] BX BREAST	102	\$658	\$1,028
5304	UNILAT REPR INDIRECT ING HERN-GFT	96	\$2,120	\$3,302
8147	OTH REPR KNEE	92	\$3,778	\$4,632
282	TONSILLECTOMY WO ADENOIDECTOMY	87	\$1,360	\$2,027
0611	CLO PERCUT NEEDLE BX THYROID GLAND	83	\$478	\$647
4701	LAP APPENDECTOMY	71	\$4,793	\$6,923
4513	OTH ENDO SM INTESTINE	61	\$814	\$1,066
1369	OTH CATARACT EXTRACT	60	\$207	\$638
4836	[ENDO] POLYPECTOMY RECTUM	57	\$833	\$1,056
1364	DISCISSION SECNDRY MEMBRN	53	\$211	\$593
8183	OTH REPR SHLDR	49	\$4,737	\$5,382
CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
CPT-4 Procedures		5,372	\$1,781	\$2,356
66984	EXTRACAPSULAR CATARACT REMV IOL	441	\$2,187	\$2,889
45378	COLONOSCOPY FLEX; DX-SEP PROC	381	\$613	\$868
45384	COLONOSCOPY FLEX; REMV LES-FORCE	354	\$802	\$1,272
43239	UGI ENDO; W/BX 1/MX	288	\$758	\$1,141
45380	COLONOSCOPY FLEX; W/BX 1/MX	220	\$870	\$1,223
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	177	\$808	\$1,120
47562	LAPAROSCOPY SURGICAL; CHOLECT	155	\$3,774	\$5,197
49505	REPR INIT ING HERNIA 5YR/MORE; R	146	\$2,096	\$3,146
69436	TYMPANOSTOMY GENERAL ANESTHESIA	142	\$745	\$1,067
42820	T&A; UNDER AGE 12	139	\$1,159	\$1,711
64721	NEUROPLASTY; MEDIAN @ CARPAL TUN	115	\$1,200	\$1,918
66821	DISCISSION 2ND CATARACT; LASER S	113	\$209	\$675
64483	INJ ANES EPIDURL; LUMB/SAC 1 LEV	103	\$614	\$960
60100	BX THYROID PERCUTANEOUS CORE NEE	94	\$476	\$659
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	90	\$307	\$881
29881	SCOPE KNEE SURG;W/MENISCECT MED/	82	\$2,987	\$3,483
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	78	\$1,389	\$2,069
41899	UNLIST PROC DENTOALVEOL STRUCTUR	77	\$1,420	\$2,179
44970	LAPAROSCOPY SURGICAL APPENDECTOM	71	\$4,780	\$6,771
20680	REMOVAL OF IMPLANT; DEEP	67	\$1,663	\$2,370

SOURCE: Utah Ambulatory Surgery Database

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

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
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	298	9,617
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	134	3,147
	003 COMPLEX INCISION AND DRAINAGE	4	92
	004 SIMPLE INCISION AND DRAINAGE	2	26
	006 SIMPLE DEBRIDEMENT AND DESTRUCTION	4	157
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	29	1,092
	008 SIMPLE EXCISION AND BIOPSY	23	887
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRANGE	10	1,126
	011 SIMPLE INCISION AND EXCISION OF BREAST	64	2,684
	012 BREAST RECONSTRUCTION AND MASTECTOMY	28	392
02	MUSCULOSKELETAL SYSTEM	1,789	52,555
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	165	6,223
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	52	2,056
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	52	1,930
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	414	10,991
	025 ARTHROSCOPY	817	22,451
	028 CLOSED TREATMENT FX & DISLOCATION OF FINGER, TOE & TRUNK	1	47
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	15	660
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	154	3,677
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	9	417
	032 BUNION PROCEDURES	77	1,612
	033 ARTHROPLASTY	13	497
	034 HAND AND FOOT TENOTOMY	4	293
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	16	1,528
03	RESPIRATORY SYSTEM	245	7,438
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	47	747
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	161	4,704
	054 SIMPLE ENDOSCOPY OF THE UPPER AIRWAY	30	333
	055 ENDOSCOPY OF THE LOWER AIRWAY	7	1,654
04	CARDIOVASCULAR SYSTEM	948	32,609
	075 PLACEMENT OF TRANSVENOUS CATHETERS	8	119
	076 DIAGNOSTIC CARDIAC CATHETERIZATION	842	23,531
	077 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	27	2,136
	078 PACEMAKER INSERTION AND REPLACEMENT	16	510
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	13	820
	080 MINOR VASCULAR REPAIR AND FISTULA CONSTRUCTION	15	852
	081 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	5	483
	082 VASCULAR LIGATION	21	864
	083 RESUSCITATION AND CARDIOVERSION	1	13
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	38	2,811
	092 CHEMOTHERAPY EXCEPT BY EXTENDED INFUSION	1	6
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	35	1,766
	097 TRANSFUSION	2	949
06	DIGESTIVE SYSTEM	3,964	91,524
	112 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	288	1,234
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	17	740

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

105 Logan Regional Hospital

procedure APG category	procedure APG	TOTAL #	TOTAL # (ALL Hospitals)
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	20	417
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	793	19,919
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	228	4,997
	117 LOWER GASTROINTESTINAL ENDOSCOPY	1,782	38,117
	118 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	37	1,843
	119 HERNIA AND HYDROCELE PROCEDURES	320	7,192
	120 COMPLEX ANAL AND RECTAL PROCEDURES	11	896
	121 SIMPLE ANAL AND RECTAL PROCEDURES	7	571
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	9	545
	123 COMPLEX LAPAROSCOPIC PROCEDURES	451	14,566
	124 SIMPLE LAPAROSCOPIC PROCEDURES	1	191
07	URINARY SYSTEM	304	7,571
	131 RENAL EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	3	851
	133 URINARY CATHETERIZATION AND DILATATION	18	395
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	214	3,257
	135 MODERATE CYSTOURETHROSCOPY	45	2,205
	136 SIMPLE CYSTOURETHROSCOPY	13	648
	137 COMPLEX URETHRAL PROCEDURES	4	109
	138 SIMPLE URETHRAL PROCEDURES	7	103
08	MALE GENITAL SYSTEM	106	2,927
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	65	1,396
	152 INSERTION OF PENILE PROSTHESIS	5	92
	153 COMPLEX PENILE PROCEDURES	12	435
	154 SIMPLE PENILE PROCEDURES	24	748
09	FEMALE GENITAL SYSTEM	312	6,182
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	126	1,463
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	56	1,400
	178 DILATION AND CURETTAGE	38	810
	179 HYSTEROSCOPY	88	2,308
	180 COLPOSCOPY	4	200
10	NERVOUS SYSTEM	670	21,547
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	470	15,863
	197 NEUROSTIMULATOR AND VENTRICULAR SHUNT IMPLANTATION	26	469
	198 NERVE REPAIR AND DESTRUCTION	163	4,278
	199 SPINAL TAP	11	756
11	EYE AND OCULAR ADNEXA	669	11,356
	211 MINOR OPHTHALMOLOGICAL TESTS AND PROCEDURES	3	37
	213 LASER EYE PROCEDURES	132	910
	214 CATARACT PROCEDURES	454	4,684
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	25	505
	216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	19	375
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	11	186
	219 SIMPLE POSTERIOR SEGMENT EYE PROCEDURES	1	364
	220 STRABISMUS AND MUSCLE EYE PROCEDURES	14	975
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	1	727
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	8	504

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

105 Logan Regional Hospital

procedure APG category	procedure APG	TOTAL #	TOTAL # (ALL Hospitals)
	223 VITRECTOMY	1	1,672
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	1,099	28,651
	233 NASAL CAUTERIZATION AND PACKING	9	207
	234 COMPLEX FACIAL AND ENT PROCEDURES	193	5,185
	235 SIMPLE FACIAL AND ENT PROCEDURES	522	14,996
	236 TONSIL AND ADENOID PROCEDURES	375	8,225
13	THERAPUTIC AND OTHER RADIOLOGICAL PROCEDURES	25	3,870
	253 VASCULAR RADIOLOGY EXCEPT FOR VENOGRAPHY OF EXTREMITY	10	1,835
	254 MYELOGRAPHY	1	406
	255 MISCELLANEOUS RADIOLOGICAL PROCEDURES WITH CONTRAST	14	1,614

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, 2004
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	254	\$1,529	\$2,400
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	127	\$670	\$1,826
	003 COMPLEX INCISION AND DRAINAGE	2	\$1,624	\$3,064
	006 SIMPLE DEBRIDEMENT AND DESTRUCTION	3	\$1,682	\$2,412
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	20	\$1,748	\$2,565
	008 SIMPLE EXCISION AND BIOPSY	13	\$1,315	\$2,299
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRAN	6	\$3,054	\$2,920
	011 SIMPLE INCISION AND EXCISION OF BREAST	58	\$1,767	\$2,578
	012 BREAST RECONSTRUCTION AND MASTECTOMY	25	\$4,891	\$4,433
02	MUSCULOSKELETAL SYSTEM	731	\$2,842	\$3,512
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	66	\$3,626	\$5,140
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	21	\$2,429	\$3,702
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	17	\$2,171	\$4,004
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	184	\$1,538	\$2,374
	025 ARTHROSCOPY	269	\$3,586	\$3,951
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	8	\$1,893	\$2,582
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	114	\$3,212	\$4,121
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	2	\$2,160	\$2,448
	032 BUNION PROCEDURES	38	\$2,324	\$3,335
	033 ARTHROPLASTY	7	\$3,419	\$4,516
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	5	\$1,005	\$646
03	RESPIRATORY SYSTEM	73	\$670	\$1,808
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	39	\$660	\$1,075
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	6	\$1,892	\$3,079
	054 SIMPLE ENDOSCOPY OF THE UPPER AIRWAY	26	\$354	\$1,126
	055 ENDOSCOPY OF THE LOWER AIRWAY	2	\$1,285	\$1,902
04	CARDIOVASCULAR SYSTEM	28	\$5,074	\$7,486
	075 PLACEMENT OF TRANSVENOUS CATHETERS	1	\$1,028	\$2,140
	076 DIAGNOSTIC CARDIAC CATHETERIZATION	3	\$3,528	\$5,567
	078 PACEMAKER INSERTION AND REPLACEMENT	5	\$13,412	\$20,139
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	1	\$3,156	\$2,988
	080 MINOR VASCULAR REPAIR AND FISTULA CONSTRUCTION	9	\$4,402	\$3,982
	081 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	3	\$1,988	\$9,790
	082 VASCULAR LIGATION	6	\$2,442	\$4,226
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	26	\$3,293	\$3,893
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	25	\$3,243	\$4,071
	097 TRANSFUSION	1	\$4,542	\$2,372
06	DIGESTIVE SYSTEM	2,207	\$1,349	\$1,913
	112 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	4	\$454	\$1,101
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	13	\$626	\$890
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	16	\$575	\$878
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	330	\$749	\$1,110
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	78	\$1,170	\$1,563
	117 LOWER GASTROINTESTINAL ENDOSCOPY	1,187	\$756	\$1,017
	118 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	14	\$2,416	\$3,074

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
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)
	119 HERNIA AND HYDROCELE PROCEDURES	224	\$2,070	\$3,001
	120 COMPLEX ANAL AND RECTAL PROCEDURES	10	\$1,862	\$2,412
	121 SIMPLE ANAL AND RECTAL PROCEDURES	6	\$1,713	\$2,116
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	4	\$1,418	\$2,759
	123 COMPLEX LAPAROSCOPIC PROCEDURES	321	\$3,709	\$5,244
07	URINARY SYSTEM	110	\$3,509	\$4,118
	131 RENAL EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	1	\$5,138	\$7,612
	133 URINARY CATHETERIZATION AND DILATATION	11	\$3,482	\$2,947
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	66	\$3,806	\$3,980
	135 MODERATE CYSTOURETHROSCOPY	21	\$2,375	\$2,966
	136 SIMPLE CYSTOURETHROSCOPY	7	\$2,250	\$2,050
	137 COMPLEX URETHRAL PROCEDURES	3	\$8,090	\$5,173
	138 SIMPLE URETHRAL PROCEDURES	1	\$1,464	\$1,730
08	MALE GENITAL SYSTEM	66	\$2,145	\$2,884
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	42	\$1,815	\$2,325
	152 INSERTION OF PENILE PROSTHESIS	2	\$17,121	\$15,341
	153 COMPLEX PENILE PROCEDURES	8	\$1,839	\$2,606
	154 SIMPLE PENILE PROCEDURES	14	\$1,170	\$1,709
09	FEMALE GENITAL SYSTEM	149	\$2,612	\$3,249
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	58	\$3,338	\$4,142
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	28	\$1,508	\$2,642
	178 DILATION AND CURETTAGE	20	\$1,499	\$1,880
	179 HYSTEROSCOPY	41	\$2,960	\$3,776
	180 COLPOSCOPY	2	\$1,027	\$1,716
10	NERVOUS SYSTEM	390	\$1,482	\$1,519
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	227	\$475	\$939
	197 NEUROSTIMULATOR AND VENTRICULAR SHUNT IMPLANTATION	26	\$11,180	\$17,461
	198 NERVE REPAIR AND DESTRUCTION	128	\$1,305	\$2,158
	199 SPINAL TAP	9	\$1,392	\$1,409
11	EYE AND OCULAR ADNEXA	648	\$1,689	\$2,658
	211 MINOR OPHTHALMOLOGICAL TESTS AND PROCEDURES	3	\$657	\$1,530
	213 LASER EYE PROCEDURES	130	\$210	\$680
	214 CATARACT PROCEDURES	448	\$2,191	\$2,904
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	24	\$645	\$2,469
	216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	11	\$1,650	\$2,180
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	8	\$1,358	\$2,051
	219 SIMPLE POSTERIOR SEGMENT EYE PROCEDURES	1	\$191	\$3,639
	220 STRABISMUS AND MUSCLE EYE PROCEDURES	14	\$1,974	\$1,849
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	1	\$2,779	\$3,213
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	8	\$1,062	\$1,662
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	558	\$1,335	\$2,083
	233 NASAL CAUTERIZATION AND PACKING	1	\$1,295	\$2,238
	234 COMPLEX FACIAL AND ENT PROCEDURES	48	\$3,159	\$4,171
	235 SIMPLE FACIAL AND ENT PROCEDURES	267	\$1,091	\$1,547
	236 TONSIL AND ADENOID PROCEDURES	242	\$1,243	\$1,824

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
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 CHRG	AVE TOT CHRG(ALL Hospitals)
13	THERAPUTIC AND OTHER RADIOLOGICAL PROCEDURES	9	\$548	\$2,912
	253 VASCULAR RADIOLOGY EXCEPT FOR VENOGRAPHY OF EXTREMITY	1	\$1,059	\$5,763
	254 MYELOGRAPHY	1	\$723	\$2,607
	255 MISCELLANEOUS RADIOLOGICAL PROCEDURES WITH CONTRAST	7	\$450	\$2,500

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, 2004
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

105 Logan Regional Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
GENDER				
Female	4,373	55.8	120,006	54.8
Male	3,465	44.2	98,888	45.2
Unknown	0	0.0	8	0.0
Not Reported	0	0.0	4	0.0
AGE				
1-28 days	2	0.0	376	0.2
29-365 days	91	1.2	2,969	1.4
1-4 years	337	4.3	11,176	5.1
5-9	228	2.9	6,445	2.9
10-14	160	2.0	5,080	2.3
15-17	190	2.4	5,201	2.4
18-19	157	2.0	3,849	1.8
20-24	522	6.7	11,707	5.3
25-29	441	5.6	12,626	5.8
30-34	380	4.8	11,936	5.5
35-39	424	5.4	11,960	5.5
40-44	496	6.3	14,821	6.8
45-49	579	7.4	17,215	7.9
50-54	863	11.0	22,033	10.1
55-59	627	8.0	18,759	8.6
60-64	610	7.8	16,305	7.4
65-69	509	6.5	13,961	6.4
70-74	355	4.5	12,040	5.5
75-79	443	5.7	10,224	4.7
80-84	287	3.7	6,733	3.1
85-89	100	1.3	2,713	1.2
90 +	37	0.5	777	0.4
Not Reported	2	0.0	376	0.2
SOURCE OF ADMISSION				
Physician Referral	7,615	97.2	195,236	89.2
Clinic Referral	5	0.1	774	0.4
HMO Referral	2	0.0	2,769	1.3
Other Hospital	3	0.0	81	0.0
Skilled Nursing Facility	0	0.0	18	0.0
Other Health Care Facility	0	0.0	22	0.0
Emergency Room	213	2.7	4,435	2.0
Court/Law Enforcement	0	0.0	1	0.0
Unknown	0	0.0	469	0.2
Not Reported	0	0.0	15,101	6.9

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
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	7,822	99.8	218,417	99.8
Another Hospital	10	0.1	114	0.1
Skilled Nursing Facility	4	0.1	87	0.0
Intermediate Care Facility	0	0.0	11	0.0
Another Type of Institution	0	0.0	39	0.0
Under Care of Home Service	1	0.0	141	0.1
Left Against Medical Advice	0	0.0	13	0.0
Under Care of Home IV Provider	0	0.0	7	0.0
Expired	1	0.0	14	0.0
Unknown	0	0.0	59	0.0
Not Reported	0	0.0	4	0.0
PRIMARY PAYER				
Medicare	1,716	21.9	47,125	21.5
Medicaid	386	4.9	15,764	7.2
Other government	75	1.0	4,030	1.8
Blue Cross/Blue Shield	1,370	17.5	30,905	14.1
Other Commercial	450	5.7	15,943	7.3
Managed Care(HMO, PPO)	3,534	45.1	95,785	43.8
Self Pay	95	1.2	3,566	1.6
Industrial & Worker Comp	142	1.8	4,109	1.9
Charity and Unclassified	4	0.1	322	0.1
Childrens Health Insurance	5	0.1	273	0.1
Unknown	61	0.8	1,005	0.5
Not Reported	0	0.0	79	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	6,970	88.9	14,650	6.7
Central Utah	7	0.1	7,259	3.3
Davis County	23	0.3	25,726	11.8
Salt Lake County	38	0.5	74,490	34.0
Southeastern Utah	2	0.0	4,561	2.1
Southwest Utah	5	0.1	10,818	4.9
Summit County	3	0.0	2,876	1.3
Tooele County	2	0.0	4,235	1.9
Tri-County	3	0.0	9,559	4.4
Utah County	14	0.2	33,718	15.4
Wasatch County	0	0.0	1,643	0.8
Weber County	46	0.6	19,808	9.0
Unknown Utah	7	0.1	76	0.0
Outside Utah	717	9.1	9,321	4.3
Unknown, Not Reported	1	0.0	166	0.1

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

AMB ST 1-1
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
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)	19,016	100.0	306,368	100.0
Mastectomy (85.0-85.99)	575	3.0	7,302	2.4
Musculoskeletal (76.0-84.99)	2,690	14.1	61,162	20.0
Respiratory (30.0-34.99)	230	1.2	3,337	1.1
Cardiovascular (35.0-39.99)	1,519	8.0	17,761	5.8
Lymphatic/Hemetic (40.0-41.99)	206	1.1	2,849	0.9
Digestive System (42.0-54.99)	9,624	50.6	97,896	32.0
Urinary (55.0-59.99)	815	4.3	8,268	2.7
Male Genital (60.0-64.99)	253	1.3	3,711	1.2
Female Genital (65.0-71.99)	838	4.4	14,242	4.6
Endocrine/Nervous (01.0-07.99)	1,502	7.9	25,908	8.5
Eye (08.0-16.99)	282	1.5	19,800	6.5
Ear (18.0-20.99)	62	0.3	14,521	4.7
Nose, Mouth, Pharynx (21.0-29.99)	420	2.2	29,611	9.7
Reporting Category(CPT-4 CODES)	18,000	100.0	300,811	100.0
Mastectomy (19120-19220)	289	1.6	3,078	1.0
Musculoskeletal (20000-29909)	2,364	13.1	58,688	19.5
Respiratory (30000-32999 & 39501-39599)	283	1.6	13,089	4.4
Cardiovascular (33010-37799 & 93501-93660)	2,545	14.1	51,568	17.1
Lymphatic/Hemetic (38100-38999)	119	0.7	2,778	0.9
Digestive (40490-49999)	9,394	52.2	104,073	34.6
Urinary (50010-53899)	654	3.6	8,888	3.0
Male Genital (54000-55899)	197	1.1	3,219	1.1
Female Genital (56405-58999)	588	3.3	10,706	3.6
Endocrine/Nervous (60000-64999)	1,337	7.4	25,132	8.4
Eye (65091-68899)	195	1.1	11,602	3.9
Ear (69000-69979)	35	0.2	7,990	2.7

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.

AMB ST 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
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				
4523	COLONOSCOPY	2,217	11.7	6.27
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	2,019	10.6	5.52
4525	CLO [ENDO] BX LG INTESTINE	854	4.5	2.50
5123	LAP CHOLEY	673	3.5	2.03
0392	INJ OTH AGENT SPINAL CANAL	584	3.1	2.72
4292	DILAT ESOPH	571	3.0	1.29
4542	ENDO POLYPECTOMY LG INTESTINE	548	2.9	3.42
3722	LT HEART CARD CATH	502	2.6	1.25
0391	INJ ANES SPINAL CANAL-ANALGESIA	489	2.6	2.20
5732	OTH CYSTOSCOPY	299	1.6	0.56
4513	OTH ENDO SM INTESTINE	272	1.4	1.98
4701	LAP APPENDECTOMY	244	1.3	0.44
8521	LOC EXC LES BREAST	214	1.1	0.93
8026	ARTHSCPY-KNEE	212	1.1	0.81
5421	LAPAROSCOPY	183	1.0	0.54
0443	RELEASE CARPAL TUNNEL	175	0.9	1.17
5303	UNILAT REPR DIRECT ING HERN-GFT	158	0.8	0.39
806	EXC SEMILUNAR CARTILAGE-KNEE	141	0.7	1.78
5304	UNILAT REPR INDIRECT ING HERN-GFT	138	0.7	0.52
6909	OTH D&C UTERUS	137	0.7	0.53
CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures				
45378	COLONOSCOPY FLEX; DX-SEP PROC	2,142	11.9	5.95
43239	UGI ENDO; W/BX 1/MX	1,996	11.1	5.29
45380	COLONOSCOPY FLEX; W/BX 1/MX	938	5.2	3.16
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	594	3.3	1.20
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	431	2.4	2.89
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	425	2.4	1.23
93545	INJ PROC-CATH; SELECT CORONRY AN	401	2.2	1.54
93556	IMAG SUPERVS I&R-CATH; PULM ANGI	380	2.1	1.33
49505	REPR INIT ING HERNIA 5YR/MORE; R	356	2.0	0.99
43450	DILAT ESOPH-SOUND/BOUGIE-1/MX PA	354	2.0	0.39
93543	INJ PROC-CATH; LT VENT/ATRIAL AN	337	1.9	1.39
93510	LT HRT CATH RETRO-BRACH/FEM; PER	318	1.8	1.13
93555	IMAG SUPERVS I&R-CATH; VENT/ATRI	289	1.6	1.22
44970	LAPAROSCOPY SURGICAL APPENDECTOM	245	1.4	0.46
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	224	1.2	0.72
64475	INJ ANES FACET JT; LUMB/SAC-1LEV	215	1.2	0.42
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	186	1.0	1.28
64476	INJ ANES FACET JT; LUMB/SAC-EA A	144	0.8	0.64
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	142	0.8	0.75
26055	TENDON SHEATH INCISION	134	0.7	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, 2004
 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 CHRG	AVE TOT CHRG(ALL Hospitals)
ICD-9 Procedures		9,527	\$2,130	\$2,729
4523	COLONOSCOPY	1,994	\$509	\$874
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	1,170	\$768	\$1,145
5123	LAP CHOLEY	613	\$4,032	\$5,384
4525	CLO [ENDO] BX LG INTESTINE	607	\$837	\$1,249
4542	ENDO POLYPECTOMY LG INTESTINE	410	\$805	\$1,132
3722	LT HEART CARD CATH	409	\$4,661	\$5,884
4701	LAP APPENDECTOMY	221	\$6,080	\$6,923
4513	OTH ENDO SM INTESTINE	164	\$777	\$1,066
8521	LOC EXC LES BREAST	142	\$1,903	\$2,337
5303	UNILAT REPR DIRECT ING HERN-GFT	129	\$2,255	\$3,282
5304	UNILAT REPR INDIRECT ING HERN-GFT	120	\$2,238	\$3,302
5732	OTH CYSTOSCOPY	94	\$3,319	\$3,607
0443	RELEASE CARPAL TUNNEL	91	\$1,638	\$1,950
3723	COMBO RT & LT HEART CARD CATH	87	\$5,369	\$6,945
0392	INJ OTH AGENT SPINAL CANAL	84	\$1,089	\$773
8201	EXPLOR TENDON SHEATH HAND	79	\$1,525	\$1,775
4519	OTH DX PROC SM INTESTINE	71	\$1,604	\$1,592
5011	CLO [PERCUT] [NEEDLE] BX LIVER	67	\$1,607	\$1,765
5341	REPR UMB HERN W/PROSTH	65	\$2,181	\$3,619
3927	ARTERIOVENOSTOMY-RENAL DIALYSIS	58	\$3,069	\$4,212

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
CPT-4 Procedures		9,460	\$1,957	\$2,356
45378	COLONOSCOPY FLEX; DX-SEP PROC	1,921	\$508	\$868
43239	UGI ENDO; W/BX 1/MX	1,166	\$779	\$1,141
45380	COLONOSCOPY FLEX; W/BX 1/MX	702	\$854	\$1,223
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	540	\$4,054	\$5,482
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	341	\$821	\$1,120
49505	REPR INIT ING HERNIA 5YR/MORE; R	311	\$2,256	\$3,146
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	296	\$1,049	\$881
44970	LAPAROSCOPY SURGICAL APPENDECTOM	221	\$6,077	\$6,771
19120	EXC BRST CYST TUMR/LES OPN M/F 1	114	\$1,705	\$2,325
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	101	\$763	\$986
64721	NEUROPLASTY; MEDIAN @ CARPAL TUN	96	\$1,747	\$1,918
45384	COLONOSCOPY FLEX; REMV LES-FORCE	87	\$813	\$1,272
49585	REPR UMBIL HERNIA 5YR/OVER; RDOC	81	\$2,023	\$3,029
47562	LAPAROSCOPY SURGICAL; CHOLECT	79	\$4,000	\$5,197
58558	HYSTEROSCOPY SURG; W/BX &/ POLYPE	73	\$2,235	\$2,802
62310	INJ 1 NOT NEUROLYTIC-EPID;CERV/T	66	\$977	\$976
19125	EXC BRST LES ID RAD MARKR OPN;1	65	\$2,668	\$3,115
47000	BIOPSY LIVER NEEDLE; PERCUTANEOU	61	\$1,437	\$1,682
20680	REMOVAL OF IMPLANT; DEEP	56	\$2,067	\$2,370
26055	TENDON SHEATH INCISION	55	\$1,340	\$1,664

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

AMB ST 1-4

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
 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	525	9,617
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	103	3,147
	003 COMPLEX INCISION AND DRAINAGE	3	92
	004 SIMPLE INCISION AND DRAINAGE	1	26
	006 SIMPLE DEBRIDEMENT AND DESTRUCTION	10	157
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	60	1,092
	008 SIMPLE EXCISION AND BIOPSY	32	887
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRANGE	27	1,126
	010 SIMPLE SKIN REPAIR	1	14
	011 SIMPLE INCISION AND EXCISION OF BREAST	210	2,684
	012 BREAST RECONSTRUCTION AND MASTECTOMY	78	392
02	MUSCULOSKELETAL SYSTEM	2,107	52,555
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	277	6,223
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	97	2,056
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	161	1,930
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	519	10,991
	025 ARTHROSCOPY	553	22,451
	026 REPLACEMENT OF CAST	4	101
	028 CLOSED TREATMENT FX & DISLOCATION OF FINGER, TOE & TRUNK	2	47
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	61	660
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	270	3,677
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	11	417
	032 BUNION PROCEDURES	58	1,612
	033 ARTHROPLASTY	65	497
	034 HAND AND FOOT TENOTOMY	4	293
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	25	1,528
03	RESPIRATORY SYSTEM	247	7,438
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	62	747
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	75	4,704
	054 SIMPLE ENDOSCOPY OF THE UPPER AIRWAY	3	333
	055 ENDOSCOPY OF THE LOWER AIRWAY	107	1,654
04	CARDIOVASCULAR SYSTEM	2,313	32,609
	074 CARDIAC ELECTROPHYSIOLOGIC TESTS	159	3,281
	075 PLACEMENT OF TRANSVENOUS CATHETERS	5	119
	076 DIAGNOSTIC CARDIAC CATHETERIZATION	1,851	23,531
	077 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	106	2,136
	078 PACEMAKER INSERTION AND REPLACEMENT	40	510
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	32	820
	080 MINOR VASCULAR REPAIR AND FISTULA CONSTRUCTION	88	852
	081 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	5	483
	082 VASCULAR LIGATION	27	864
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	140	2,811
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	140	1,766
06	DIGESTIVE SYSTEM	9,369	91,524
	112 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	357	1,234
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	48	740

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
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)
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	15	417
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	2,188	19,919
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	349	4,997
	117 LOWER GASTROINTESTINAL ENDOSCOPY	3,657	38,117
	118 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	307	1,843
	119 HERNIA AND HYDROCELE PROCEDURES	783	7,192
	120 COMPLEX ANAL AND RECTAL PROCEDURES	112	896
	121 SIMPLE ANAL AND RECTAL PROCEDURES	147	571
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	65	545
	123 COMPLEX LAPAROSCOPIC PROCEDURES	1,327	14,566
	124 SIMPLE LAPAROSCOPIC PROCEDURES	14	191
07	URINARY SYSTEM	571	7,571
	131 RENAL EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	16	851
	133 URINARY CATHETERIZATION AND DILATATION	30	395
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	224	3,257
	135 MODERATE CYSTOURETHROSCOPY	220	2,205
	136 SIMPLE CYSTOURETHROSCOPY	68	648
	137 COMPLEX URETHRAL PROCEDURES	6	109
	138 SIMPLE URETHRAL PROCEDURES	7	103
08	MALE GENITAL SYSTEM	167	2,927
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	103	1,396
	152 INSERTION OF PENILE PROSTHESIS	7	92
	153 COMPLEX PENILE PROCEDURES	12	435
	154 SIMPLE PENILE PROCEDURES	39	748
	155 PROSTATE NEEDLE AND PUNCH BIOPSY	6	256
09	FEMALE GENITAL SYSTEM	347	6,182
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	66	1,463
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	119	1,400
	178 DILATION AND CURETTAGE	30	810
	179 HYSTEROSCOPY	126	2,308
	180 COLPOSCOPY	6	200
10	NERVOUS SYSTEM	1,187	21,547
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	896	15,863
	196 REVISION AND REMOVAL OF NEUROLOGICAL DEVICE	2	181
	197 NEUROSTIMULATOR AND VENTRICULAR SHUNT IMPLANTATION	30	469
	198 NERVE REPAIR AND DESTRUCTION	227	4,278
	199 SPINAL TAP	32	756
11	EYE AND OCULAR ADNEXA	175	11,356
	213 LASER EYE PROCEDURES	3	910
	214 CATARACT PROCEDURES	3	4,684
	216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	6	375
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	2	186
	218 COMPLEX POSTERIOR SEGMENT EYE PROCEDURES	39	417
	219 SIMPLE POSTERIOR SEGMENT EYE PROCEDURES	18	364
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	3	727
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	2	504

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
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	99	1,672
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	292	28,651
	233 NASAL CAUTERIZATION AND PACKING	3	207
	234 COMPLEX FACIAL AND ENT PROCEDURES	127	5,185
	235 SIMPLE FACIAL AND ENT PROCEDURES	121	14,996
	236 TONSIL AND ADENOID PROCEDURES	41	8,225
13	THERAPUTIC AND OTHER RADIOLOGICAL PROCEDURES	35	3,870
	253 VASCULAR RADIOLOGY EXCEPT FOR VENOGRAPHY OF EXTREMITY	25	1,835
	254 MYELOGRAPHY	1	406
	255 MISCELLANEOUS RADIOLOGICAL PROCEDURES WITH CONTRAST	9	1,614

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, 2004
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	412	\$2,256	\$2,400
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	95	\$1,506	\$1,826
	003 COMPLEX INCISION AND DRAINAGE	3	\$3,389	\$3,064
	004 SIMPLE INCISION AND DRAINAGE	1	\$2,255	\$2,850
	006 SIMPLE DEBRIDEMENT AND DESTRUCTION	5	\$1,651	\$2,412
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	42	\$2,114	\$2,565
	008 SIMPLE EXCISION AND BIOPSY	18	\$1,939	\$2,299
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRAN	19	\$3,600	\$2,920
	010 SIMPLE SKIN REPAIR	1	\$1,484	\$3,203
	011 SIMPLE INCISION AND EXCISION OF BREAST	179	\$2,055	\$2,578
	012 BREAST RECONSTRUCTION AND MASTECTOMY	49	\$4,173	\$4,433
02	MUSCULOSKELETAL SYSTEM	855	\$3,512	\$3,512
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	90	\$4,729	\$5,140
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	34	\$2,910	\$3,702
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	44	\$4,808	\$4,004
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	235	\$1,942	\$2,374
	025 ARTHROSCOPY	151	\$3,699	\$3,951
	028 CLOSED TREATMENT FX & DISLOCATION OF FINGER, TOE & TRUNK	2	\$1,867	\$2,523
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	35	\$2,889	\$2,582
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	201	\$4,602	\$4,121
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	3	\$2,037	\$2,448
	032 BUNION PROCEDURES	38	\$3,190	\$3,335
	033 ARTHROPLASTY	18	\$4,734	\$4,516
	034 HAND AND FOOT TENOTOMY	1	\$1,886	\$1,932
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	3	\$2,521	\$646
03	RESPIRATORY SYSTEM	130	\$1,039	\$1,808
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	51	\$609	\$1,075
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	5	\$3,051	\$3,079
	054 SIMPLE ENDOSCOPY OF THE UPPER AIRWAY	2	\$3,069	\$1,126
	055 ENDOSCOPY OF THE LOWER AIRWAY	72	\$1,147	\$1,902
04	CARDIOVASCULAR SYSTEM	155	\$5,456	\$7,486
	074 CARDIAC ELECTROPHYSIOLOGIC TESTS	11	\$20,348	\$18,581
	075 PLACEMENT OF TRANSVENOUS CATHETERS	3	\$2,412	\$2,140
	076 DIAGNOSTIC CARDIAC CATHETERIZATION	15	\$4,443	\$5,567
	077 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	1	\$9,556	\$14,366
	078 PACEMAKER INSERTION AND REPLACEMENT	22	\$10,132	\$20,139
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	7	\$3,637	\$2,988
	080 MINOR VASCULAR REPAIR AND FISTULA CONSTRUCTION	66	\$2,735	\$3,982
	081 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	3	\$2,890	\$9,790
	082 VASCULAR LIGATION	27	\$3,734	\$4,226
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	72	\$3,734	\$3,893
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	72	\$3,734	\$4,071
06	DIGESTIVE SYSTEM	6,340	\$1,468	\$1,913
	112 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	1	\$673	\$1,101
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	24	\$648	\$890

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
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)
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	12	\$626	\$878
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	1,269	\$777	\$1,110
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	110	\$1,062	\$1,563
	117 LOWER GASTROINTESTINAL ENDOSCOPY	3,078	\$632	\$1,017
	118 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	112	\$2,317	\$3,074
	119 HERNIA AND HYDROCELE PROCEDURES	526	\$2,208	\$3,001
	120 COMPLEX ANAL AND RECTAL PROCEDURES	79	\$2,036	\$2,412
	121 SIMPLE ANAL AND RECTAL PROCEDURES	86	\$1,762	\$2,116
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	32	\$2,019	\$2,759
	123 COMPLEX LAPAROSCOPIC PROCEDURES	1,009	\$4,393	\$5,244
	124 SIMPLE LAPAROSCOPIC PROCEDURES	2	\$3,514	\$9,413
07	URINARY SYSTEM	232	\$2,859	\$4,118
	133 URINARY CATHETERIZATION AND DILATATION	13	\$2,027	\$2,947
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	85	\$3,547	\$3,980
	135 MODERATE CYSTOURETHROSCOPY	99	\$2,423	\$2,966
	136 SIMPLE CYSTOURETHROSCOPY	29	\$1,973	\$2,050
	137 COMPLEX URETHRAL PROCEDURES	5	\$7,347	\$5,173
	138 SIMPLE URETHRAL PROCEDURES	1	\$1,523	\$1,730
08	MALE GENITAL SYSTEM	104	\$2,436	\$2,884
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	59	\$2,047	\$2,325
	152 INSERTION OF PENILE PROSTHESIS	4	\$12,353	\$15,341
	153 COMPLEX PENILE PROCEDURES	10	\$2,146	\$2,606
	154 SIMPLE PENILE PROCEDURES	29	\$1,717	\$1,709
	155 PROSTATE NEEDLE AND PUNCH BIOPSY	2	\$5,965	\$3,813
09	FEMALE GENITAL SYSTEM	191	\$2,482	\$3,249
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	28	\$3,570	\$4,142
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	63	\$2,363	\$2,642
	178 DILATION AND CURETTAGE	16	\$1,803	\$1,880
	179 HYSTEROSCOPY	83	\$2,337	\$3,776
	180 COLPOSCOPY	1	\$2,355	\$1,716
10	NERVOUS SYSTEM	531	\$1,376	\$1,519
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	369	\$1,041	\$939
	197 NEUROSTIMULATOR AND VENTRICULAR SHUNT IMPLANTATION	3	\$18,722	\$17,461
	198 NERVE REPAIR AND DESTRUCTION	127	\$2,011	\$2,158
	199 SPINAL TAP	32	\$1,092	\$1,409
11	EYE AND OCULAR ADNEXA	56	\$4,959	\$2,658
	213 LASER EYE PROCEDURES	1	\$4,243	\$680
	216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	1	\$4,302	\$2,180
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	1	\$2,264	\$2,051
	218 COMPLEX POSTERIOR SEGMENT EYE PROCEDURES	27	\$4,493	\$4,749
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	2	\$4,401	\$3,213
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	1	\$970	\$1,662
	223 VITRECTOMY	23	\$5,905	\$5,079
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	142	\$3,003	\$2,083
	233 NASAL CAUTERIZATION AND PACKING	2	\$3,442	\$2,238

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
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 CHRG	AVE TOT CHRG(ALL Hospitals)
234 COMPLEX FACIAL AND ENT PROCEDURES	62	\$4,273	\$4,171
235 SIMPLE FACIAL AND ENT PROCEDURES	56	\$1,981	\$1,547
236 TONSIL AND ADENOID PROCEDURES	22	\$1,985	\$1,824
13 THERAPUTIC AND OTHER RADIOLOGICAL PROCEDURES	10	\$9,239	\$2,912
253 VASCULAR RADIOLOGY EXCEPT FOR VENOGRAPHY OF EXTREMITY	9	\$9,944	\$5,763
254 MYELOGRAPHY	1	\$2,897	\$2,607

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, 2004
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	7,605	56.1	120,006	54.8
Male	5,941	43.9	98,888	45.2
Unknown	0	0.0	8	0.0
Not Reported	0	0.0	4	0.0
AGE				
1-28 days	0	0.0	376	0.2
29-365 days	14	0.1	2,969	1.4
1-4 years	112	0.8	11,176	5.1
5-9	99	0.7	6,445	2.9
10-14	174	1.3	5,080	2.3
15-17	241	1.8	5,201	2.4
18-19	226	1.7	3,849	1.8
20-24	756	5.6	11,707	5.3
25-29	883	6.5	12,626	5.8
30-34	745	5.5	11,936	5.5
35-39	862	6.4	11,960	5.5
40-44	1,042	7.7	14,821	6.8
45-49	1,279	9.4	17,215	7.9
50-54	1,664	12.3	22,033	10.1
55-59	1,331	9.8	18,759	8.6
60-64	1,140	8.4	16,305	7.4
65-69	990	7.3	13,961	6.4
70-74	796	5.9	12,040	5.5
75-79	580	4.3	10,224	4.7
80-84	424	3.1	6,733	3.1
85-89	152	1.1	2,713	1.2
90 +	36	0.3	777	0.4
Not Reported	0	0.0	376	0.2
SOURCE OF ADMISSION				
Physician Referral	12,955	95.6	195,236	89.2
Clinic Referral	3	0.0	774	0.4
HMO Referral	0	0.0	2,769	1.3
Other Hospital	8	0.1	81	0.0
Skilled Nursing Facility	8	0.1	18	0.0
Other Health Care Facility	3	0.0	22	0.0
Emergency Room	569	4.2	4,435	2.0
Court/Law Enforcement	0	0.0	1	0.0
Unknown	0	0.0	469	0.2
Not Reported	0	0.0	15,101	6.9
(Continued)				

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
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	13,507	99.7	218,417	99.8
Another Hospital	2	0.0	114	0.1
Skilled Nursing Facility	11	0.1	87	0.0
Intermediate Care Facility	0	0.0	11	0.0
Another Type of Institution	3	0.0	39	0.0
Under Care of Home Service	20	0.1	141	0.1
Left Against Medical Advice	1	0.0	13	0.0
Under Care of Home IV Provider	0	0.0	7	0.0
Expired	2	0.0	14	0.0
Unknown	0	0.0	59	0.0
Not Reported	0	0.0	4	0.0
PRIMARY PAYER				
Medicare	3,085	22.8	47,125	21.5
Medicaid	684	5.0	15,764	7.2
Other government	610	4.5	4,030	1.8
Blue Cross/Blue Shield	1,082	8.0	30,905	14.1
Other Commercial	703	5.2	15,943	7.3
Managed Care(HMO, PPO)	6,926	51.1	95,785	43.8
Self Pay	255	1.9	3,566	1.6
Industrial & Worker Comp	178	1.3	4,109	1.9
Charity and Unclassified	3	0.0	322	0.1
Childrens Health Insurance	6	0.0	273	0.1
Unknown	14	0.1	1,005	0.5
Not Reported	0	0.0	79	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	676	5.0	14,650	6.7
Central Utah	4	0.0	7,259	3.3
Davis County	3,108	22.9	25,726	11.8
Salt Lake County	104	0.8	74,490	34.0
Southeastern Utah	2	0.0	4,561	2.1
Southwest Utah	12	0.1	10,818	4.9
Summit County	54	0.4	2,876	1.3
Tooele County	9	0.1	4,235	1.9
Tri-County	15	0.1	9,559	4.4
Utah County	26	0.2	33,718	15.4
Wasatch County	5	0.0	1,643	0.8
Weber County	9,207	68.0	19,808	9.0
Unknown Utah	4	0.0	76	0.0
Outside Utah	317	2.3	9,321	4.3
Unknown, Not Reported	3	0.0	166	0.1

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

AMB ST 1-1
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
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)	4,892	100.0	306,368	100.0
Mastectomy (85.0-85.99)	136	2.8	7,302	2.4
Musculoskeletal (76.0-84.99)	1,029	21.0	61,162	20.0
Respiratory (30.0-34.99)	22	0.4	3,337	1.1
Cardiovascular (35.0-39.99)	228	4.7	17,761	5.8
Lymphatic/Hemetic (40.0-41.99)	13	0.3	2,849	0.9
Digestive System (42.0-54.99)	1,783	36.4	97,896	32.0
Urinary (55.0-59.99)	152	3.1	8,268	2.7
Male Genital (60.0-64.99)	45	0.9	3,711	1.2
Female Genital (65.0-71.99)	207	4.2	14,242	4.6
Endocrine/Nervous (01.0-07.99)	325	6.6	25,908	8.5
Eye (08.0-16.99)	137	2.8	19,800	6.5
Ear (18.0-20.99)	291	5.9	14,521	4.7
Nose,Mouth,Pharynx (21.0-29.99)	524	10.7	29,611	9.7
Reporting Category(CPT-4 CODES)	5,949	100.0	300,811	100.0
Mastectomy (19120-19220)	44	0.7	3,078	1.0
Musculoskeletal (20000-29909)	1,244	20.9	58,688	19.5
Respiratory (30000-32999 & 39501-39599)	315	5.3	13,089	4.4
Cardiovascular (33010-37799 & 93501-93660)	1,245	20.9	51,568	17.1
Lymphatic/Hemetic (38100-38999)	12	0.2	2,778	0.9
Digestive (40490-49999)	1,955	32.9	104,073	34.6
Urinary (50010-53899)	222	3.7	8,888	3.0
Male Genital (54000-55899)	25	0.4	3,219	1.1
Female Genital (56405-58999)	169	2.8	10,706	3.6
Endocrine/Nervous (60000-64999)	356	6.0	25,132	8.4
Eye (65091-68899)	69	1.2	11,602	3.9
Ear (69000-69979)	293	4.9	7,990	2.7

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.

AMB ST 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
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		4,892	100.0	100.0
4523	COLONOSCOPY	453	9.3	6.27
4513	OTH ENDO SM INTESTINE	330	6.7	1.98
2001	MYRINGOTOMY W/INSRT TUBE	266	5.4	3.86
4542	ENDO POLYPECTOMY LG INTESTINE	203	4.1	3.42
806	EXC SEMILUNAR CARTILAGE-KNEE	181	3.7	1.78
8086	OTH LOC EXC/DESTRUC JT LES-KNEE	166	3.4	1.06
283	TONSILLECTOMY W/ADENOIDECTOMY	160	3.3	1.75
5123	LAP CHOLEY	155	3.2	2.03
3722	LT HEART CARD CATH	117	2.4	1.25
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	101	2.1	5.52
0392	INJ OTH AGENT SPINAL CANAL	98	2.0	2.72
4292	DILAT ESOPH	95	1.9	1.29
0391	INJ ANES SPINAL CANAL-ANALGESIA	83	1.7	2.20
8183	OTH REPR SHLDR	81	1.7	0.73
1341	PHACOEMULSIFICATION-ASPIR CATARACT	65	1.3	1.52
1371	IOL PROSTH-CATARACT EXTRACT-1-STAGE	65	1.3	1.51
8363	ROTATOR CUFF REPR	61	1.2	0.65
8511	CLO [PERCUT] [NEEDLE] BX BREAST	59	1.2	0.27
2169	OTH TURBINECTOMY	55	1.1	0.67
8046	DIVIS JT CAP-LIGAMNT/CART-KNEE	53	1.1	0.38
CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		5,949	100.0	100.0
45378	COLONOSCOPY FLEX; DX-SEP PROC	453	7.6	5.95
36000	INTRO NEEDLE/INTRACATHETER VEIN	416	7.0	0.77
69436	TYMPANOSTOMY GENERAL ANESTHESIA	267	4.5	2.04
43235	UGI ENDO; DX W/VO CLCT SPECMN-SP	241	4.1	1.28
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	200	3.4	2.89
29881	SCOPE KNEE SURG;W/MENISCECT MED/	157	2.6	1.45
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	139	2.3	1.20
42820	T&A; UNDER AGE 12	134	2.3	1.38
93545	INJ PROC-CATH; SELECT CORONRY AN	133	2.2	1.54
93543	INJ PROC-CATH; LT VENT/ATRIAL AN	131	2.2	1.39
93510	LT HRT CATH RETRO-BRACH/FEM; PER	118	2.0	1.13
29877	SCOPE KNEE SURG; DEBRID/SHAVE CA	117	2.0	1.08
93556	IMAG SUPERVS I&R-CATH; PULM ANGI	110	1.8	1.33
29826	SCOPE SHOULDER; DECOMP SUBACROM	107	1.8	0.87
93555	IMAG SUPERVS I&R-CATH; VENT/ATRI	107	1.8	1.22
43239	UGI ENDO; W/BX 1/MX	101	1.7	5.29
23350	INJ SHLDR ARTHROGRPH/ENHNCD CT/M	99	1.7	0.14
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	93	1.6	0.72
64476	INJ ANES FACET JT; LUMB/SAC-EA A	93	1.6	0.64
64475	INJ ANES FACET JT; LUMB/SAC-1LEV	77	1.3	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.

AMB ST 1-3

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
 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		2,521	\$2,963	\$2,729
4523	COLONOSCOPY	412	\$859	\$874
4513	OTH ENDO SM INTESTINE	199	\$855	\$1,066
4542	ENDO POLYPECTOMY LG INTESTINE	165	\$1,131	\$1,132
5123	LAP CHOLEY	133	\$6,018	\$5,384
283	TONSILLECTOMY W/ADENOIDECTOMY	118	\$2,390	\$1,783
3722	LT HEART CARD CATH	101	\$6,777	\$5,884
8183	OTH REPR SHLDR	70	\$4,930	\$5,382
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	69	\$1,199	\$1,145
8511	CLO [PERCUT] [NEEDLE] BX BREAST	57	\$1,072	\$1,028
806	EXC SEMILUNAR CARTILAGE-KNEE	53	\$3,016	\$3,608
4701	LAP APPENDECTOMY	46	\$8,339	\$6,923
6952	ASPIR CURET FOLLOWING DELIV/AB	43	\$2,194	\$2,058
8363	ROTATOR CUFF REPR	37	\$7,667	\$6,741
4525	CLO [ENDO] BX LG INTESTINE	35	\$1,027	\$1,249
8192	INJ THERAP SUBSTANCE JT/LIGAMNT	35	\$1,224	\$811
8086	OTH LOC EXC/DESTRUC JT LES-KNEE	30	\$3,139	\$3,312
282	TONSILLECTOMY WO ADENOIDECTOMY	28	\$2,554	\$2,027
0331	SPINAL TAP	25	\$2,342	\$1,493
0443	RELEASE CARPAL TUNNEL	23	\$2,483	\$1,950
5303	UNILAT REPR DIRECT ING HERN-GFT	23	\$3,968	\$3,282
CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
CPT-4 Procedures		2,998	\$2,423	\$2,356
45378	COLONOSCOPY FLEX; DX-SEP PROC	412	\$859	\$868
36000	INTRO NEEDLE/INTRACATHETER VEIN	299	\$2,263	\$5,316
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	196	\$854	\$986
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	179	\$1,171	\$1,120
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	109	\$5,780	\$5,482
23350	INJ SHLDR ARTHROGRPH/ENHNCD CT/M	97	\$1,148	\$2,170
42820	T&A; UNDER AGE 12	96	\$2,363	\$1,711
29881	SCOPE KNEE SURG;W/MENISCECT MED/	82	\$3,055	\$3,483
43239	UGI ENDO; W/BX 1/MX	69	\$1,196	\$1,141
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	67	\$1,311	\$1,367
66984	EXTRACAPSULAR CATARACT REMV IOL	65	\$1,985	\$2,889
45380	COLONOSCOPY FLEX; W/BX 1/MX	56	\$1,089	\$1,223
36430	TRANSFUSION BLOOD/BLOOD COMPONEN	50	\$1,687	\$2,372
51600	INJ PROC-CYSTOGRAPHY	49	\$807	\$980
49505	REPR INIT ING HERNIA 5YR/MORE; R	42	\$4,034	\$3,146
29877	SCOPE KNEE SURG; DEBRID/SHAVE CA	35	\$3,111	\$3,337
19120	EXC BRST CYST TUMR/LES OPN M/F 1	31	\$3,348	\$2,325
20610	ARTHROCENTESIS ASPIR&/INJ; MAJ J	28	\$1,057	\$667
29826	SCOPE SHOULDER; DECOMP SUBACROM	25	\$4,622	\$4,804
44970	LAPAROSCOPY SURGICAL APPENDECTOM	24	\$7,138	\$6,771

SOURCE: Utah Ambulatory Surgery Database

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

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
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	115	9,617
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	12	3,147
	003 COMPLEX INCISION AND DRAINAGE	3	92
	004 SIMPLE INCISION AND DRAINAGE	3	26
	006 SIMPLE DEBRIDEMENT AND DESTRUCTION	1	157
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	11	1,092
	008 SIMPLE EXCISION AND BIOPSY	11	887
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRANGE	30	1,126
	011 SIMPLE INCISION AND EXCISION OF BREAST	38	2,684
	012 BREAST RECONSTRUCTION AND MASTECTOMY	6	392
02	MUSCULOSKELETAL SYSTEM	1,039	52,555
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	84	6,223
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	26	2,056
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	11	1,930
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	94	10,991
	025 ARTHROSCOPY	663	22,451
	027 SPLINT, STRAPPING AND CAST REMOVAL	8	72
	028 CLOSED TREATMENT FX & DISLOCATION OF FINGER, TOE & TRUNK	2	47
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	14	660
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	45	3,677
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	30	417
	032 BUNION PROCEDURES	11	1,612
	033 ARTHROPLASTY	2	497
	034 HAND AND FOOT TENOTOMY	2	293
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	47	1,528
03	RESPIRATORY SYSTEM	155	7,438
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	26	747
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	129	4,704
04	CARDIOVASCULAR SYSTEM	712	32,609
	075 PLACEMENT OF TRANSVENOUS CATHETERS	1	119
	076 DIAGNOSTIC CARDIAC CATHETERIZATION	663	23,531
	077 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	6	2,136
	078 PACEMAKER INSERTION AND REPLACEMENT	19	510
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	21	820
	080 MINOR VASCULAR REPAIR AND FISTULA CONSTRUCTION	2	852
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	74	2,811
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	16	1,766
	097 TRANSFUSION	58	949
06	DIGESTIVE SYSTEM	1,705	91,524
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	11	740
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	2	417
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	342	19,919
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	114	4,997
	117 LOWER GASTROINTESTINAL ENDOSCOPY	723	38,117
	118 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	11	1,843
	119 HERNIA AND HYDROCELE PROCEDURES	157	7,152

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

137 Mountain View Hospital

procedure APG category	procedure APG	TOTAL #	TOTAL # (ALL Hospitals)
	120 COMPLEX ANAL AND RECTAL PROCEDURES	21	896
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	7	545
	123 COMPLEX LAPAROSCOPIC PROCEDURES	317	14,566
07	URINARY SYSTEM	159	7,571
	133 URINARY CATHETERIZATION AND DILATATION	19	395
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	67	3,257
	135 MODERATE CYSTOURETHROSCOPY	56	2,205
	136 SIMPLE CYSTOURETHROSCOPY	12	648
	137 COMPLEX URETHRAL PROCEDURES	3	109
	138 SIMPLE URETHRAL PROCEDURES	2	103
08	MALE GENITAL SYSTEM	23	2,927
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	16	1,396
	153 COMPLEX PENILE PROCEDURES	2	435
	154 SIMPLE PENILE PROCEDURES	4	748
	155 PROSTATE NEEDLE AND PUNCH BIOPSY	1	256
09	FEMALE GENITAL SYSTEM	100	6,182
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	18	1,463
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	22	1,400
	178 DILATION AND CURETTAGE	23	810
	179 HYSTEROSCOPY	36	2,308
	180 COLPOSCOPY	1	200
10	NERVOUS SYSTEM	330	21,547
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	243	15,863
	196 REVISION AND REMOVAL OF NEUROLOGICAL DEVICE	2	181
	197 NEUROSTIMULATOR AND VENTRICULAR SHUNT IMPLANTATION	10	469
	198 NERVE REPAIR AND DESTRUCTION	49	4,278
	199 SPINAL TAP	26	756
11	EYE AND OCULAR ADNEXA	69	11,356
	213 LASER EYE PROCEDURES	1	910
	214 CATARACT PROCEDURES	65	4,684
	216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	1	375
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	1	186
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	1	504
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	743	28,651
	233 NASAL CAUTERIZATION AND PACKING	15	207
	234 COMPLEX FACIAL AND ENT PROCEDURES	94	5,185
	235 SIMPLE FACIAL AND ENT PROCEDURES	406	14,996
	236 TONSIL AND ADENOID PROCEDURES	228	8,225
13	THERAPUTIC AND OTHER RADIOLOGICAL PROCEDURES	218	3,870
	253 VASCULAR RADIOLOGY EXCEPT FOR VENOGRAPHY OF EXTREMITY	13	1,835
	254 MYELOGRAPHY	8	406
	255 MISCELLANEOUS RADIOLOGICAL PROCEDURES WITH CONTRAST	197	1,614

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, 2004
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	91	\$2,769	\$2,400
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	11	\$1,151	\$1,826
	003 COMPLEX INCISION AND DRAINAGE	3	\$3,323	\$3,064
	006 SIMPLE DEBRIDEMENT AND DESTRUCTION	1	\$2,033	\$2,412
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	7	\$2,198	\$2,565
	008 SIMPLE EXCISION AND BIOPSY	9	\$2,750	\$2,299
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRAN	24	\$2,436	\$2,920
	011 SIMPLE INCISION AND EXCISION OF BREAST	33	\$3,426	\$2,578
	012 BREAST RECONSTRUCTION AND MASTECTOMY	3	\$5,208	\$4,433
02	MUSCULOSKELETAL SYSTEM	444	\$3,766	\$3,512
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	50	\$5,735	\$5,140
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	13	\$3,155	\$3,702
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	6	\$4,197	\$4,004
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	38	\$3,022	\$2,374
	025 ARTHROSCOPY	242	\$3,759	\$3,951
	027 SPLINT, STRAPPING AND CAST REMOVAL	2	\$856	\$689
	028 CLOSED TREATMENT FX & DISLOCATION OF FINGER, TOE & TRUNK	2	\$3,231	\$2,523
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	11	\$3,104	\$2,582
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	33	\$4,941	\$4,121
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	12	\$1,697	\$2,448
	032 BUNION PROCEDURES	4	\$7,673	\$3,335
	033 ARTHROPLASTY	1	\$7,235	\$4,516
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	30	\$1,037	\$646
03	RESPIRATORY SYSTEM	25	\$1,685	\$1,808
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	20	\$1,287	\$1,075
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	5	\$3,279	\$3,079
04	CARDIOVASCULAR SYSTEM	12	\$15,312	\$7,486
	076 DIAGNOSTIC CARDIAC CATHETERIZATION	1	\$18,675	\$5,567
	078 PACEMAKER INSERTION AND REPLACEMENT	6	\$24,926	\$20,139
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	5	\$3,103	\$2,988
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	57	\$2,051	\$3,893
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	7	\$4,655	\$4,071
	097 TRANSFUSION	50	\$1,687	\$2,372
06	DIGESTIVE SYSTEM	1,344	\$1,914	\$1,913
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	10	\$636	\$890
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	1	\$805	\$878
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	265	\$943	\$1,110
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	85	\$1,363	\$1,563
	117 LOWER GASTROINTESTINAL ENDOSCOPY	650	\$967	\$1,017
	118 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	4	\$2,971	\$3,074
	119 HERNIA AND HYDROCELE PROCEDURES	99	\$3,783	\$3,001
	120 COMPLEX ANAL AND RECTAL PROCEDURES	21	\$2,948	\$2,412
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	5	\$2,688	\$2,759
	123 COMPLEX LAPAROSCOPIC PROCEDURES	204	\$5,441	\$5,244
07	URINARY SYSTEM	44	\$3,192	\$4,118

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
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)
	133 URINARY CATHETERIZATION AND DILATATION	6	\$2,514	\$2,947
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	11	\$4,421	\$3,980
	135 MODERATE CYSTOURETHROSCOPY	19	\$2,915	\$2,966
	136 SIMPLE CYSTOURETHROSCOPY	7	\$2,022	\$2,050
	137 COMPLEX URETHRAL PROCEDURES	1	\$7,180	\$5,173
08	MALE GENITAL SYSTEM	8	\$3,078	\$2,884
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	4	\$3,474	\$2,325
	153 COMPLEX PENILE PROCEDURES	1	\$4,024	\$2,606
	154 SIMPLE PENILE PROCEDURES	2	\$1,991	\$1,709
	155 PROSTATE NEEDLE AND PUNCH BIOPSY	1	\$2,722	\$3,813
09	FEMALE GENITAL SYSTEM	63	\$3,314	\$3,249
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	16	\$4,527	\$4,142
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	16	\$3,072	\$2,642
	178 DILATION AND CURETTAGE	20	\$2,239	\$1,880
	179 HYSTEROSCOPY	10	\$3,681	\$3,776
	180 COLPOSCOPY	1	\$5,598	\$1,716
10	NERVOUS SYSTEM	104	\$3,294	\$1,519
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	48	\$880	\$939
	196 REVISION AND REMOVAL OF NEUROLOGICAL DEVICE	2	\$3,554	\$5,797
	197 NEUROSTIMULATOR AND VENTRICULAR SHUNT IMPLANTATION	10	\$19,559	\$17,461
	198 NERVE REPAIR AND DESTRUCTION	26	\$2,695	\$2,158
	199 SPINAL TAP	18	\$1,535	\$1,409
11	EYE AND OCULAR ADNEXA	68	\$1,959	\$2,658
	213 LASER EYE PROCEDURES	1	\$634	\$680
	214 CATARACT PROCEDURES	65	\$1,985	\$2,904
	216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	1	\$1,951	\$2,180
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	1	\$1,559	\$2,051
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	199	\$2,725	\$2,083
	233 NASAL CAUTERIZATION AND PACKING	3	\$2,542	\$2,238
	234 COMPLEX FACIAL AND ENT PROCEDURES	26	\$4,879	\$4,171
	235 SIMPLE FACIAL AND ENT PROCEDURES	19	\$2,324	\$1,547
	236 TONSIL AND ADENOID PROCEDURES	151	\$2,408	\$1,824
13	THERAPUTIC AND OTHER RADIOLOGICAL PROCEDURES	199	\$1,033	\$2,912
	253 VASCULAR RADIOLOGY EXCEPT FOR VENOGRAPHY OF EXTREMITY	2	\$5,153	\$5,763
	254 MYELOGRAPHY	8	\$1,494	\$2,607
	255 MISCELLANEOUS RADIOLOGICAL PROCEDURES WITH CONTRAST	189	\$970	\$2,500

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, 2004
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

137 Mountain View Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
GENDER				
Female	2,311	55.0	120,006	54.8
Male	1,893	45.0	98,888	45.2
Unknown	0	0.0	8	0.0
Not Reported	0	0.0	4	0.0
AGE				
1-28 days	1	0.0	376	0.2
29-365 days	44	1.0	2,969	1.4
1-4 years	184	4.4	11,176	5.1
5-9	122	2.9	6,445	2.9
10-14	91	2.2	5,080	2.3
15-17	116	2.8	5,201	2.4
18-19	91	2.2	3,849	1.8
20-24	212	5.0	11,707	5.3
25-29	223	5.3	12,626	5.8
30-34	231	5.5	11,936	5.5
35-39	230	5.5	11,960	5.5
40-44	235	5.6	14,821	6.8
45-49	286	6.8	17,215	7.9
50-54	351	8.3	22,033	10.1
55-59	308	7.3	18,759	8.6
60-64	260	6.2	16,305	7.4
65-69	340	8.1	13,961	6.4
70-74	348	8.3	12,040	5.5
75-79	259	6.2	10,224	4.7
80-84	171	4.1	6,733	3.1
85-89	77	1.8	2,713	1.2
90 +	24	0.6	777	0.4
Not Reported	1	0.0	376	0.2
SOURCE OF ADMISSION				
Physician Referral	3,769	89.7	195,236	89.2
Clinic Referral	3	0.1	774	0.4
HMO Referral	0	0.0	2,769	1.3
Other Hospital	0	0.0	81	0.0
Skilled Nursing Facility	3	0.1	18	0.0
Other Health Care Facility	0	0.0	22	0.0
Emergency Room	429	10.2	4,435	2.0
Court/Law Enforcement	0	0.0	1	0.0
Unknown	0	0.0	469	0.2
Not Reported	0	0.0	15,101	6.9
(Continued)				

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
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	4,184	99.5	218,417	99.8
Another Hospital	2	0.0	114	0.1
Skilled Nursing Facility	2	0.0	87	0.0
Intermediate Care Facility	2	0.0	11	0.0
Another Type of Institution	3	0.1	39	0.0
Under Care of Home Service	9	0.2	141	0.1
Left Against Medical Advice	1	0.0	13	0.0
Under Care of Home IV Provider	0	0.0	7	0.0
Expired	0	0.0	14	0.0
Unknown	0	0.0	59	0.0
Not Reported	1	0.0	4	0.0
PRIMARY PAYER				
Medicare	1,269	30.2	47,125	21.5
Medicaid	383	9.1	15,764	7.2
Other government	55	1.3	4,030	1.8
Blue Cross/Blue Shield	676	16.1	30,905	14.1
Other Commercial	266	6.3	15,943	7.3
Managed Care(HMO, PPO)	1,339	31.9	95,785	43.8
Self Pay	66	1.6	3,566	1.6
Industrial & Worker Comp	92	2.2	4,109	1.9
Charity and Unclassified	40	1.0	322	0.1
Childrens Health Insurance	0	0.0	273	0.1
Unknown	18	0.4	1,005	0.5
Not Reported	0	0.0	79	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	0	0.0	14,650	6.7
Central Utah	512	12.2	7,259	3.3
Davis County	3	0.1	25,726	11.8
Salt Lake County	30	0.7	74,490	34.0
Southeastern Utah	123	2.9	4,561	2.1
Southwest Utah	12	0.3	10,818	4.9
Summit County	1	0.0	2,876	1.3
Tooele County	6	0.1	4,235	1.9
Tri-County	7	0.2	9,559	4.4
Utah County	3,456	82.2	33,718	15.4
Wasatch County	8	0.2	1,643	0.8
Weber County	2	0.0	19,808	9.0
Unknown Utah	0	0.0	76	0.0
Outside Utah	43	1.0	9,321	4.3
Unknown, Not Reported	1	0.0	166	0.1

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

AMB ST 1-1
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

133 Mountain West Medical Center

Reporting Category(ICD-9-CM CODES)	Procedures Performed		Procedures Performed-All Hospitals	
	(#)	(%)	(#)	(%)
Reporting Category(ICD-9-CM CODES)	1,819	100.0	306,368	100.0
Mastectomy (85.0-85.99)	43	2.4	7,302	2.4
Musculoskeletal (76.0-84.99)	320	17.6	61,162	20.0
Respiratory (30.0-34.99)	14	0.8	3,337	1.1
Cardiovascular (35.0-39.99)	15	0.8	17,761	5.8
Lymphatic/Hemetic (40.0-41.99)	7	0.4	2,849	0.9
Digestive System (42.0-54.99)	629	34.6	97,896	32.0
Urinary (55.0-59.99)	65	3.6	8,268	2.7
Male Genital (60.0-64.99)	65	3.6	3,711	1.2
Female Genital (65.0-71.99)	86	4.7	14,242	4.6
Endocrine/Nervous (01.0-07.99)	161	8.9	25,908	8.5
Eye (08.0-16.99)	387	21.3	19,800	6.5
Ear (18.0-20.99)	4	0.2	14,521	4.7
Nose,Mouth,Pharynx (21.0-29.99)	23	1.3	29,611	9.7
Reporting Category(CPT-4 CODES)	1,619	100.0	300,811	100.0
Mastectomy (19120-19220)	26	1.6	3,078	1.0
Musculoskeletal (20000-29909)	319	19.7	58,688	19.5
Respiratory (30000-32999 & 39501-39599)	14	0.9	13,089	4.4
Cardiovascular (33010-37799 & 93501-93660)	20	1.2	51,568	17.1
Lymphatic/Hemetic (38100-38999)	7	0.4	2,778	0.9
Digestive (40490-49999)	638	39.4	104,073	34.6
Urinary (50010-53899)	88	5.4	8,888	3.0
Male Genital (54000-55899)	49	3.0	3,219	1.1
Female Genital (56405-58999)	77	4.8	10,706	3.6
Endocrine/Nervous (60000-64999)	140	8.6	25,132	8.4
Eye (65091-68899)	236	14.6	11,602	3.9
Ear (69000-69979)	5	0.3	7,990	2.7

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.

AMB ST 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES

133 Mountain West Medical Center

ICD-9 CODE	ICD-9 DESCRIPTION	#	%	% ALL Hospitals
All ICD-9 Procedures		1,819	100.0	100.0
1341	PHACOEMULSIFICATION-ASPIR CATARACT	171	9.4	1.52
1371	IOL PROSTH-CATARACT EXTRACT-1-STAGE	170	9.3	1.51
4523	COLONOSCOPY	153	8.4	6.27
5123	LAP CHOLEY	85	4.7	2.03
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	81	4.5	5.52
4525	CLO [ENDO] BX LG INTESTINE	68	3.7	2.50
0392	INJ OTH AGENT SPINAL CANAL	66	3.6	2.72
4513	OTH ENDO SM INTESTINE	44	2.4	1.98
0391	INJ ANES SPINAL CANAL-ANALGESIA	38	2.1	2.20
640	CIRCUMCISION	36	2.0	0.24
4542	ENDO POLYPECTOMY LG INTESTINE	35	1.9	3.42
1364	DISCISSION SECNDRY MEMBRN	34	1.9	0.27
806	EXC SEMILUNAR CARTILAGE-KNEE	30	1.6	1.78
8521	LOC EXC LES BREAST	28	1.5	0.93
0443	RELEASE CARPAL TUNNEL	26	1.4	1.17
6823	ENDOMETRIAL ABLATION	20	1.1	0.51
8183	OTH REPR SHLDR	20	1.1	0.73
7751	BUNIONEC SOFT-OSTEOT 1ST METATARS	19	1.0	0.32
5304	UNILAT REPR INDIRECT ING HERN-GFT	18	1.0	0.52
8314	FASCIOTOMY	16	0.9	0.18
CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		1,619	100.0	100.0
66984	EXTRACAPSULAR CATARACT REMV IOL	188	11.6	1.47
45378	COLONOSCOPY FLEX; DX-SEP PROC	123	7.6	5.95
45380	COLONOSCOPY FLEX; W/BX 1/MX	88	5.4	3.16
43239	UGI ENDO; W/BX 1/MX	87	5.4	5.29
47562	LAPAROSCOPY SURGICAL; CHOLECT	82	5.1	0.80
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	70	4.3	1.23
43235	UGI ENDO; DX W/VO CLCT SPECMN-SP	45	2.8	1.28
66821	DISCISSION 2ND CATARACT; LASER S	37	2.3	0.28
29881	SCOPE KNEE SURG;W/MENISCECT MED/	28	1.7	1.45
45384	COLONOSCOPY FLEX; REMV LES-FORCE	26	1.6	0.42
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	26	1.6	2.89
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	25	1.5	0.75
49505	REPR INIT ING HERNIA 5YR/MORE; R	24	1.5	0.99
52005	CYSTOURETHROSCOPY W/URETERAL CAT	23	1.4	0.28
19120	EXC BRST CYST TUMR/LES OPN M/F 1	20	1.2	0.59
20680	REMOVAL OF IMPLANT; DEEP	20	1.2	0.81
58563	HYSTEROSC SURG; W/ENDOMETRIAL AB	20	1.2	0.37
28296	HALLUX VALGUS; W/METATARSAL OSTE	16	1.0	0.27
54150	CIRC USING CLAMP/OTH DEVICE; NB	16	1.0	0.01
36569	INSERT PICC W/O PORT/PUMP; 5 YR/	15	0.9	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.

AMB ST 1-3

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
 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

ICD-9 CODE	ICD-9 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
ICD-9 Procedures		1,045	\$5,416	\$2,729
4523	COLONOSCOPY	148	\$4,210	\$874
5123	LAP CHOLEY	79	\$11,592	\$5,384
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	73	\$4,940	\$1,145
4525	CLO [ENDO] BX LG INTESTINE	55	\$5,135	\$1,249
4513	OTH ENDO SM INTESTINE	39	\$3,656	\$1,066
640	CIRCUMCISION	36	\$770	\$1,459
1364	DISCISSION SECNDRY MEMBRN	34	\$1,027	\$593
0392	INJ OTH AGENT SPINAL CANAL	29	\$1,143	\$773
4542	ENDO POLYPECTOMY LG INTESTINE	27	\$5,731	\$1,132
0443	RELEASE CARPAL TUNNEL	21	\$3,738	\$1,950
8521	LOC EXC LES BREAST	21	\$3,902	\$2,337
806	EXC SEMILUNAR CARTILAGE-KNEE	19	\$7,348	\$3,608
8183	OTH REPR SHLDR	19	\$8,072	\$5,382
6823	ENDOMETRIAL ABLATION	18	\$7,602	\$4,438
8363	ROTATOR CUFF REPR	14	\$9,674	\$6,741
5304	UNILAT REPR INDIRECT ING HERN-GFT	13	\$8,330	\$3,302
283	TONSILLECTOMY W/ADENOIDECTOMY	12	\$4,721	\$1,783
3893	VENOUS CATH-NEC	11	\$851	\$2,776
5341	REPR UMB HERN W/PROSTH	11	\$7,415	\$3,619
5979	OTH REPR URIN STRESS INCONT	11	\$7,907	\$5,528

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
CPT-4 Procedures		1,262	\$5,148	\$2,356
66984	EXTRACAPSULAR CATARACT REMV IOL	188	\$4,062	\$2,889
45378	COLONOSCOPY FLEX; DX-SEP PROC	119	\$4,147	\$868
43239	UGI ENDO; W/BX 1/MX	80	\$4,993	\$1,141
47562	LAPAROSCOPY SURGICAL; CHOLECT	79	\$11,659	\$5,197
45380	COLONOSCOPY FLEX; W/BX 1/MX	77	\$5,204	\$1,223
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	69	\$1,225	\$881
43235	UGI ENDO; DX W/VO CLCT SPECMN-SP	42	\$3,672	\$986
66821	DISCISSION 2ND CATARACT; LASER S	37	\$1,027	\$675
64721	NEUROPLASTY; MEDIAN @ CARPAL TUN	20	\$3,704	\$1,918
49505	REPR INIT ING HERNIA 5YR/MORE; R	19	\$9,104	\$3,146
19120	EXC BRST CYST TUMR/LES OPN M/F 1	18	\$4,240	\$2,325
45384	COLONOSCOPY FLEX; REMV LES-FORCE	18	\$5,567	\$1,272
29881	SCOPE KNEE SURG;W/MENISCECT MED/	17	\$7,342	\$3,483
54150	CIRC USING CLAMP/OTH DEVICE; NB	16	\$157	\$155
20680	REMOVAL OF IMPLANT; DEEP	15	\$4,868	\$2,370
36569	36569	15	\$1,337	\$1,984
58563	HYSTEROSC SURG; W/ENDOMETRIAL AB	15	\$7,706	\$4,566
23130	ACROMPLSTY/ACROMNECT PART W/WO R	13	\$6,373	\$5,829
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	12	\$5,375	\$1,120
49585	REPR UMBIL HERNIA 5YR/OVER; RDOC	12	\$6,156	\$3,029

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

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

133 Mountain West Medical Center

Procedure APG category	Procedure APG	TOTAL #	TOTAL # (ALL Hospitals)
01	INTEGUMENTARY SYSTEM	61	9,617
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	6	3,147
	003 COMPLEX INCISION AND DRAINAGE	4	92
	004 SIMPLE INCISION AND DRAINAGE	1	26
	006 SIMPLE DEBRIDEMENT AND DESTRUCTION	1	157
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	4	1,092
	008 SIMPLE EXCISION AND BIOPSY	3	887
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRANGE	16	1,126
	011 SIMPLE INCISION AND EXCISION OF BREAST	26	2,684
02	MUSCULOSKELETAL SYSTEM	310	52,555
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	61	6,223
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	8	2,056
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	6	1,930
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	107	10,991
	025 ARTHROSCOPY	71	22,451
	026 REPLACEMENT OF CAST	1	101
	027 SPLINT, STRAPPING AND CAST REMOVAL	2	72
	028 CLOSED TREATMENT FX & DISLOCATION OF FINGER, TOE & TRUNK	2	47
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	8	660
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	17	3,677
	032 BUNION PROCEDURES	26	1,612
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	1	1,528
03	RESPIRATORY SYSTEM	18	7,438
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	14	747
	055 ENDOSCOPY OF THE LOWER AIRWAY	4	1,654
04	CARDIOVASCULAR SYSTEM	4	32,609
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	2	820
	082 VASCULAR LIGATION	2	864
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	8	2,811
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	7	1,766
	097 TRANSFUSION	1	949
06	DIGESTIVE SYSTEM	634	91,524
	111 ALIMENTARY TESTS AND SIMPLE TUBE PLACEMENT	2	296
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	4	740
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	1	417
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	134	19,919
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	16	4,997
	117 LOWER GASTROINTESTINAL ENDOSCOPY	264	38,117
	119 HERNIA AND HYDROCELE PROCEDURES	70	7,192
	120 COMPLEX ANAL AND RECTAL PROCEDURES	8	896
	121 SIMPLE ANAL AND RECTAL PROCEDURES	4	571
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	2	545
	123 COMPLEX LAPAROSCOPIC PROCEDURES	128	14,566
	124 SIMPLE LAPAROSCOPIC PROCEDURES	1	191
07	URINARY SYSTEM	74	7,571
	131 RENAL EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	5	851

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

133 Mountain West Medical Center

procedure APG category	procedure APG	TOTAL #	TOTAL # (ALL Hospitals)
	133 URINARY CATHETERIZATION AND DILATATION	4	395
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	28	3,257
	135 MODERATE CYSTOURETHROSCOPY	32	2,205
	136 SIMPLE CYSTOURETHROSCOPY	4	648
	137 COMPLEX URETHRAL PROCEDURES	1	109
08	MALE GENITAL SYSTEM	49	2,927
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	11	1,396
	152 INSERTION OF PENILE PROSTHESIS	1	92
	153 COMPLEX PENILE PROCEDURES	1	435
	154 SIMPLE PENILE PROCEDURES	34	748
	155 PROSTATE NEEDLE AND PUNCH BIOPSY	2	256
09	FEMALE GENITAL SYSTEM	53	6,182
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	13	1,463
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	10	1,400
	179 HYSTEROSCOPY	29	2,308
	180 COLPOSCOPY	1	200
10	NERVOUS SYSTEM	117	21,547
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	76	15,863
	198 NERVE REPAIR AND DESTRUCTION	32	4,278
	199 SPINAL TAP	9	756
11	EYE AND OCULAR ADNEXA	235	11,356
	213 LASER EYE PROCEDURES	37	910
	214 CATARACT PROCEDURES	189	4,684
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	3	505
	216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	1	375
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	4	727
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	1	504
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	22	28,651
	234 COMPLEX FACIAL AND ENT PROCEDURES	1	5,185
	235 SIMPLE FACIAL AND ENT PROCEDURES	9	14,996
	236 TONSIL AND ADENOID PROCEDURES	12	8,225
13	THERAPUTIC AND OTHER RADIOLOGICAL PROCEDURES	14	3,870
	254 MYELOGRAPHY	7	406
	255 MISCELLANEOUS RADIOLOGICAL PROCEDURES WITH CONTRAST	7	1,614

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, 2004
PROCEDURE APG CATEGORY, PROCEDURE APG, SINGLE APG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

133 Mountain West Medical Center

Procedure APG category	Procedure APG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
01	INTEGUMENTARY SYSTEM	55	\$3,230	\$2,400
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	6	\$1,882	\$1,826
	003 COMPLEX INCISION AND DRAINAGE	4	\$3,820	\$3,064
	004 SIMPLE INCISION AND DRAINAGE	1	\$6,604	\$2,850
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	3	\$3,464	\$2,565
	008 SIMPLE EXCISION AND BIOPSY	1	\$2,648	\$2,299
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRAN	16	\$1,506	\$2,920
	011 SIMPLE INCISION AND EXCISION OF BREAST	24	\$4,473	\$2,578
02	MUSCULOSKELETAL SYSTEM	187	\$7,091	\$3,512
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	44	\$8,442	\$5,140
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	5	\$6,204	\$3,702
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	3	\$6,608	\$4,004
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	53	\$4,752	\$2,374
	025 ARTHROSCOPY	41	\$8,778	\$3,951
	026 REPLACEMENT OF CAST	1	\$1,958	\$1,591
	027 SPLINT, STRAPPING AND CAST REMOVAL	1	\$1,117	\$689
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	7	\$3,557	\$2,582
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	15	\$8,360	\$4,121
	032 BUNION PROCEDURES	17	\$8,158	\$3,335
03	RESPIRATORY SYSTEM	15	\$2,341	\$1,808
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	13	\$1,940	\$1,075
	055 ENDOSCOPY OF THE LOWER AIRWAY	2	\$4,943	\$1,902
04	CARDIOVASCULAR SYSTEM	2	\$3,601	\$7,486
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	2	\$3,601	\$2,988
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	3	\$5,045	\$3,893
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	3	\$5,045	\$4,071
06	DIGESTIVE SYSTEM	521	\$6,134	\$1,913
	111 ALIMENTARY TESTS AND SIMPLE TUBE PLACEMENT	2	\$680	\$923
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	3	\$4,434	\$890
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	1	\$2,283	\$878
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	123	\$4,509	\$1,110
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	10	\$2,957	\$1,563
	117 LOWER GASTROINTESTINAL ENDOSCOPY	226	\$4,685	\$1,017
	119 HERNIA AND HYDROCELE PROCEDURES	49	\$7,576	\$3,001
	120 COMPLEX ANAL AND RECTAL PROCEDURES	2	\$4,713	\$2,412
	121 SIMPLE ANAL AND RECTAL PROCEDURES	2	\$4,432	\$2,116
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	1	\$8,442	\$2,759
	123 COMPLEX LAPAROSCOPIC PROCEDURES	101	\$11,125	\$5,244
	124 SIMPLE LAPAROSCOPIC PROCEDURES	1	\$14,409	\$9,413
07	URINARY SYSTEM	27	\$6,530	\$4,118
	131 RENAL EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	5	\$8,081	\$7,612
	133 URINARY CATHETERIZATION AND DILATATION	4	\$916	\$2,947
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	7	\$9,353	\$3,980
	135 MODERATE CYSTOURETHROSCOPY	11	\$6,071	\$2,966
08	MALE GENITAL SYSTEM	43	\$2,324	\$2,884

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
PROCEDURE APG CATEGORY, PROCEDURE APG, SINGLE APG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

133 Mountain West Medical Center

procedure APG category	Procedure APG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	5	\$5,498	\$2,325
	152 INSERTION OF PENILE PROSTHESIS	1	\$24,241	\$15,341
	153 COMPLEX PENILE PROCEDURES	1	\$5,813	\$2,606
	154 SIMPLE PENILE PROCEDURES	34	\$807	\$1,709
	155 PROSTATE NEEDLE AND PUNCH BIOPSY	2	\$7,460	\$3,813
09	FEMALE GENITAL SYSTEM	36	\$6,785	\$3,249
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	7	\$7,959	\$4,142
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	10	\$4,868	\$2,642
	179 HYSTEROSCOPY	19	\$7,362	\$3,776
10	NERVOUS SYSTEM	102	\$1,831	\$1,519
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	72	\$1,224	\$939
	198 NERVE REPAIR AND DESTRUCTION	22	\$3,964	\$2,158
	199 SPINAL TAP	8	\$1,427	\$1,409
11	EYE AND OCULAR ADNEXA	231	\$3,568	\$2,658
	213 LASER EYE PROCEDURES	37	\$1,027	\$680
	214 CATARACT PROCEDURES	189	\$4,064	\$2,904
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	1	\$2,927	\$2,469
	216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	1	\$2,029	\$2,180
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	2	\$4,403	\$3,213
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	1	\$4,284	\$1,662
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	18	\$4,707	\$2,083
	234 COMPLEX FACIAL AND ENT PROCEDURES	1	\$15,003	\$4,171
	235 SIMPLE FACIAL AND ENT PROCEDURES	6	\$3,235	\$1,547
	236 TONSIL AND ADENOID PROCEDURES	11	\$4,575	\$1,824
13	THERAPUTIC AND OTHER RADIOLOGICAL PROCEDURES	14	\$3,528	\$2,912
	254 MYELOGRAPHY	7	\$4,670	\$2,607
	255 MISCELLANEOUS RADIOLOGICAL PROCEDURES WITH CONTRAST	7	\$2,386	\$2,500

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, 2004
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

133 Mountain West Medical Center

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
GENDER				
Female	927	60.8	120,006	54.8
Male	598	39.2	98,888	45.2
Unknown	0	0.0	8	0.0
Not Reported	0	0.0	4	0.0
AGE				
1-28 days	19	1.2	376	0.2
29-365 days	14	0.9	2,969	1.4
1-4 years	4	0.3	11,176	5.1
5-9	14	0.9	6,445	2.9
10-14	24	1.6	5,080	2.3
15-17	38	2.5	5,201	2.4
18-19	23	1.5	3,849	1.8
20-24	49	3.2	11,707	5.3
25-29	94	6.2	12,626	5.8
30-34	92	6.0	11,936	5.5
35-39	81	5.3	11,960	5.5
40-44	92	6.0	14,821	6.8
45-49	106	7.0	17,215	7.9
50-54	148	9.7	22,033	10.1
55-59	125	8.2	18,759	8.6
60-64	119	7.8	16,305	7.4
65-69	107	7.0	13,961	6.4
70-74	131	8.6	12,040	5.5
75-79	117	7.7	10,224	4.7
80-84	79	5.2	6,733	3.1
85-89	39	2.6	2,713	1.2
90 +	10	0.7	777	0.4
Not Reported	19	1.2	376	0.2
SOURCE OF ADMISSION				
Physician Referral	1,511	99.1	195,236	89.2
Clinic Referral	0	0.0	774	0.4
HMO Referral	0	0.0	2,769	1.3
Other Hospital	0	0.0	81	0.0
Skilled Nursing Facility	0	0.0	18	0.0
Other Health Care Facility	0	0.0	22	0.0
Emergency Room	14	0.9	4,435	2.0
Court/Law Enforcement	0	0.0	1	0.0
Unknown	0	0.0	469	0.2
Not Reported	0	0.0	15,101	6.9
(Continued)				

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

133 Mountain West Medical Center

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	1,523	99.9	218,417	99.8
Another Hospital	0	0.0	114	0.1
Skilled Nursing Facility	1	0.1	87	0.0
Intermediate Care Facility	0	0.0	11	0.0
Another Type of Institution	0	0.0	39	0.0
Under Care of Home Service	1	0.1	141	0.1
Left Against Medical Advice	0	0.0	13	0.0
Under Care of Home IV Provider	0	0.0	7	0.0
Expired	0	0.0	14	0.0
Unknown	0	0.0	59	0.0
Not Reported	0	0.0	4	0.0
PRIMARY PAYER				
Medicare	481	31.5	47,125	21.5
Medicaid	122	8.0	15,764	7.2
Other government	48	3.1	4,030	1.8
Blue Cross/Blue Shield	221	14.5	30,905	14.1
Other Commercial	128	8.4	15,943	7.3
Managed Care(HMO, PPO)	484	31.7	95,785	43.8
Self Pay	14	0.9	3,566	1.6
Industrial & Worker Comp	27	1.8	4,109	1.9
Charity and Unclassified	0	0.0	322	0.1
Childrens Health Insurance	0	0.0	273	0.1
Unknown	0	0.0	1,005	0.5
Not Reported	0	0.0	79	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	1	0.1	14,650	6.7
Central Utah	3	0.2	7,259	3.3
Davis County	4	0.3	25,726	11.8
Salt Lake County	11	0.7	74,490	34.0
Southeastern Utah	1	0.1	4,561	2.1
Southwest Utah	0	0.0	10,818	4.9
Summit County	1	0.1	2,876	1.3
Tooele County	1,470	96.4	4,235	1.9
Tri-County	0	0.0	9,559	4.4
Utah County	4	0.3	33,718	15.4
Wasatch County	0	0.0	1,643	0.8
Weber County	4	0.3	19,808	9.0
Unknown Utah	0	0.0	76	0.0
Outside Utah	26	1.7	9,321	4.3
Unknown, Not Reported	0	0.0	166	0.1

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

AMB ST 1-1
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
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)	10,728	100.0	306,368	100.0
Mastectomy (85.0-85.99)	225	2.1	7,302	2.4
Musculoskeletal (76.0-84.99)	1,524	14.2	61,162	20.0
Respiratory (30.0-34.99)	70	0.7	3,337	1.1
Cardiovascular (35.0-39.99)	469	4.4	17,761	5.8
Lymphatic/Hemetic (40.0-41.99)	54	0.5	2,849	0.9
Digestive System (42.0-54.99)	2,858	26.6	97,896	32.0
Urinary (55.0-59.99)	149	1.4	8,268	2.7
Male Genital (60.0-64.99)	66	0.6	3,711	1.2
Female Genital (65.0-71.99)	832	7.8	14,242	4.6
Endocrine/Nervous (01.0-07.99)	1,877	17.5	25,908	8.5
Eye (08.0-16.99)	825	7.7	19,800	6.5
Ear (18.0-20.99)	627	5.8	14,521	4.7
Nose, Mouth, Pharynx (21.0-29.99)	1,152	10.7	29,611	9.7
Reporting Category(CPT-4 CODES)	11,420	100.0	300,811	100.0
Mastectomy (19120-19220)	125	1.1	3,078	1.0
Musculoskeletal (20000-29909)	1,758	15.4	58,688	19.5
Respiratory (30000-32999 & 39501-39599)	726	6.4	13,089	4.4
Cardiovascular (33010-37799 & 93501-93660)	1,953	17.1	51,568	17.1
Lymphatic/Hemetic (38100-38999)	50	0.4	2,778	0.9
Digestive (40490-49999)	3,351	29.3	104,073	34.6
Urinary (50010-53899)	390	3.4	8,888	3.0
Male Genital (54000-55899)	54	0.5	3,219	1.1
Female Genital (56405-58999)	636	5.6	10,706	3.6
Endocrine/Nervous (60000-64999)	1,592	13.9	25,132	8.4
Eye (65091-68899)	430	3.8	11,602	3.9
Ear (69000-69979)	355	3.1	7,990	2.7

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.

AMB ST 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
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		10,728	100.0	100.0
0391	INJ ANES SPINAL CANAL-ANALGESIA	802	7.5	2.20
0392	INJ OTH AGENT SPINAL CANAL	759	7.1	2.72
4523	COLONOSCOPY	669	6.2	6.27
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	565	5.3	5.52
2001	MYRINGOTOMY W/INSRT TUBE	508	4.7	3.86
1341	PHACOEMULSIFICATION-ASPIR CATARACT	304	2.8	1.52
1371	IOL PROSTH-CATARACT EXTRACT-1-STAGE	304	2.8	1.51
4542	ENDO POLYPECTOMY LG INTESTINE	229	2.1	3.42
4525	CLO [ENDO] BX LG INTESTINE	224	2.1	2.50
283	TONSILLECTOMY W/ADENOIDECTOMY	217	2.0	1.75
5123	LAP CHOLEY	195	1.8	2.03
2169	OTH TURBINECTOMY	131	1.2	0.67
2188	OTH SEPTOPLASTY	130	1.2	0.62
6909	OTH D&C UTERUS	124	1.2	0.53
4292	DILAT ESOPH	123	1.1	1.29
8521	LOC EXC LES BREAST	122	1.1	0.93
3722	LT HEART CARD CATH	118	1.1	1.25
4513	OTH ENDO SM INTESTINE	118	1.1	1.98
806	EXC SEMILUNAR CARTILAGE-KNEE	113	1.1	1.78
0443	RELEASE CARPAL TUNNEL	110	1.0	1.17
CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		11,420	100.0	100.0
45378	COLONOSCOPY FLEX; DX-SEP PROC	669	5.9	5.95
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	571	5.0	1.23
43239	UGI ENDO; W/BX 1/MX	563	4.9	5.29
66984	EXTRACAPSULAR CATARACT REMV IOL	303	2.7	1.47
45380	COLONOSCOPY FLEX; W/BX 1/MX	274	2.4	3.16
69436	TYMPANOSTOMY GENERAL ANESTHESIA	260	2.3	2.04
62310	INJ 1 NOT NEUROLYTIC-EPID;CERV/T	218	1.9	0.27
93556	IMAG SUPERVS I&R-CATH; PULM ANGI	196	1.7	1.33
93545	INJ PROC-CATH; SELECT CORONRY AN	191	1.7	1.54
42820	T&A; UNDER AGE 12	180	1.6	1.38
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	171	1.5	2.89
93555	IMAG SUPERVS I&R-CATH; VENT/ATRI	170	1.5	1.22
93543	INJ PROC-CATH; LT VENT/ATRIAL AN	162	1.4	1.39
36000	INTRO NEEDLE/INTRACATHETER VEIN	158	1.4	0.77
93510	LT HRT CATH RETRO-BRACH/FEM; PER	156	1.4	1.13
36430	TRANSFUSION BLOOD/BLOOD COMPONENT	140	1.2	0.32
30520	SEPTOPLASTY/SUBMUCOS RES W/GFT	132	1.2	0.71
64476	INJ ANES FACET JT; LUMB/SAC-EA A	125	1.1	0.64
36600	ART PUNCTURE WITHDRAWAL BLD DX	113	1.0	0.27
58662	LAP SURG; W/FULG/EXCIS LES-OVARY	110	1.0	0.57

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, 2004
 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		4,192	\$3,503	\$2,729
4523	COLONOSCOPY	614	\$1,021	\$874
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	388	\$1,393	\$1,145
283	TONSILLECTOMY W/ADENOIDECTOMY	184	\$2,890	\$1,783
4542	ENDO POLYPECTOMY LG INTESTINE	180	\$1,696	\$1,132
5123	LAP CHOLEY	174	\$7,459	\$5,384
4525	CLO [ENDO] BX LG INTESTINE	165	\$1,877	\$1,249
3722	LT HEART CARD CATH	93	\$6,534	\$5,884
6952	ASPIR CURET FOLLOWING DELIV/AB	92	\$2,833	\$2,058
282	TONSILLECTOMY WO ADENOIDECTOMY	73	\$3,019	\$2,027
8521	LOC EXC LES BREAST	73	\$2,755	\$2,337
0443	RELEASE CARPAL TUNNEL	71	\$2,499	\$1,950
4513	OTH ENDO SM INTESTINE	66	\$1,014	\$1,066
4701	LAP APPENDECTOMY	54	\$10,024	\$6,923
0531	INJ ANES SYMPATHETIC NERV-ANALGES	44	\$625	\$1,043
806	EXC SEMILUNAR CARTILAGE-KNEE	43	\$4,290	\$3,608
5304	UNILAT REPR INDIRECT ING HERN-GFT	42	\$4,239	\$3,302
8201	EXPLOR TENDON SHEATH HAND	42	\$2,260	\$1,775
6823	ENDOMETRIAL ABLATION	41	\$6,801	\$4,438
6622	BIL ENDO LIG-DIVIS FALLOPIAN TUBES	36	\$3,897	\$3,859
3893	VENOUS CATH-NEC	34	\$3,043	\$2,776
CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
CPT-4 Procedures		6,261	\$2,855	\$2,356
45378	COLONOSCOPY FLEX; DX-SEP PROC	614	\$1,021	\$868
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	511	\$449	\$881
43239	UGI ENDO; W/BX 1/MX	387	\$1,360	\$1,141
66984	EXTRACAPSULAR CATARACT REMV IOL	301	\$3,867	\$2,889
45380	COLONOSCOPY FLEX; W/BX 1/MX	211	\$1,879	\$1,223
62310	INJ 1 NOT NEUROLYTIC-EPID;CERV/T	203	\$653	\$976
69436	TYMPANOSTOMY GENERAL ANESTHESIA	195	\$1,896	\$1,067
42820	T&A; UNDER AGE 12	144	\$2,789	\$1,711
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	129	\$1,667	\$1,120
36430	TRANSFUSION BLOOD/BLOOD COMPONENT	106	\$1,477	\$2,372
19120	EXC BRST CYST TUMR/LES OPN M/F 1	95	\$3,006	\$2,325
36600	ART PUNCTURE WITHDRAWAL BLD DX	94	\$1,165	\$907
49505	REPR INIT ING HERNIA 5YR/MORE; R	94	\$4,312	\$3,146
47562	LAPAROSCOPY SURGICAL; CHOLECT	92	\$7,275	\$5,197
36000	INTRO NEEDLE/INTRACATHETER VEIN	84	\$3,941	\$5,316
51610	INJ PROC RETRO URETHROCYSTOGRAPH	83	\$14,640	\$12,900
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	82	\$7,633	\$5,482
23350	INJ SHLDR ARTHROGRPH/ENHNCD CT/M	77	\$2,413	\$2,170
64721	NEUROPLASTY; MEDIAN @ CARPAL TUN	75	\$2,564	\$1,918
58662	LAP SURG; W/FULG/EXCIS LES-OVARY	72	\$4,418	\$3,834

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

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
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)
01	INTEGUMENTARY SYSTEM	384	9,617
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	94	3,147
	003 COMPLEX INCISION AND DRAINAGE	3	92
	004 SIMPLE INCISION AND DRAINAGE	2	26
	006 SIMPLE DEBRIDEMENT AND DESTRUCTION	3	157
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	20	1,092
	008 SIMPLE EXCISION AND BIOPSY	45	887
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRANGE	92	1,126
	011 SIMPLE INCISION AND EXCISION OF BREAST	114	2,684
	012 BREAST RECONSTRUCTION AND MASTECTOMY	11	392
02	MUSCULOSKELETAL SYSTEM	1,524	52,555
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	167	6,223
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	50	2,056
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	83	1,930
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	365	10,991
	025 ARTHROSCOPY	452	22,451
	027 SPLINT, STRAPPING AND CAST REMOVAL	1	72
	028 CLOSED TREATMENT FX & DISLOCATION OF FINGER, TOE & TRUNK	7	47
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	26	660
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	120	3,677
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	12	417
	032 BUNION PROCEDURES	66	1,612
	033 ARTHROPLASTY	24	497
	034 HAND AND FOOT TENOTOMY	4	293
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	147	1,528
03	RESPIRATORY SYSTEM	317	7,438
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	68	747
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	207	4,704
	054 SIMPLE ENDOSCOPY OF THE UPPER AIRWAY	3	333
	055 ENDOSCOPY OF THE LOWER AIRWAY	39	1,654
04	CARDIOVASCULAR SYSTEM	1,319	32,609
	074 CARDIAC ELECTROPHYSIOLOGIC TESTS	166	3,281
	075 PLACEMENT OF TRANSVENOUS CATHETERS	11	119
	076 DIAGNOSTIC CARDIAC CATHETERIZATION	959	23,531
	077 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	67	2,136
	078 PACEMAKER INSERTION AND REPLACEMENT	35	510
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	53	820
	080 MINOR VASCULAR REPAIR AND FISTULA CONSTRUCTION	11	852
	081 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	6	483
	082 VASCULAR LIGATION	9	864
	083 RESUSCITATION AND CARADIOVERSION	2	13
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	194	2,811
	092 CHEMOTHERAPY EXCEPT BY EXTENDED INFUSION	1	6
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	53	1,766
	097 TRANSFUSION	140	949
06	DIGESTIVE SYSTEM	3,040	91,524

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
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)
	111 ALIMENTARY TESTS AND SIMPLE TUBE PLACEMENT	9	296
	112 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	69	1,234
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	12	740
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	4	417
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	651	19,919
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	84	4,997
	117 LOWER GASTROINTESTINAL ENDOSCOPY	1,195	38,117
	118 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	80	1,843
	119 HERNIA AND HYDROCELE PROCEDURES	224	7,192
	120 COMPLEX ANAL AND RECTAL PROCEDURES	37	896
	121 SIMPLE ANAL AND RECTAL PROCEDURES	36	571
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	13	545
	123 COMPLEX LAPAROSCOPIC PROCEDURES	626	14,566
07	URINARY SYSTEM	257	7,571
	131 RENAL EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	90	851
	133 URINARY CATHETERIZATION AND DILATATION	14	395
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	60	3,257
	135 MODERATE CYSTOURETHROSCOPY	67	2,205
	136 SIMPLE CYSTOURETHROSCOPY	14	648
	137 COMPLEX URETHRAL PROCEDURES	5	109
	138 SIMPLE URETHRAL PROCEDURES	7	103
08	MALE GENITAL SYSTEM	45	2,927
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	25	1,396
	152 INSERTION OF PENILE PROSTHESIS	1	92
	153 COMPLEX PENILE PROCEDURES	2	435
	154 SIMPLE PENILE PROCEDURES	14	748
	155 PROSTATE NEEDLE AND PUNCH BIOPSY	3	256
09	FEMALE GENITAL SYSTEM	339	6,182
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	32	1,463
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	72	1,400
	178 DILATION AND CURETTAGE	55	810
	179 HYSTEROSCOPY	169	2,308
	180 COLPOSCOPY	11	200
10	NERVOUS SYSTEM	1,457	21,547
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	1,237	15,863
	197 NEUROSTIMULATOR AND VENTRICULAR SHUNT IMPLANTATION	14	469
	198 NERVE REPAIR AND DESTRUCTION	145	4,278
	199 SPINAL TAP	61	756
11	EYE AND OCULAR ADNEXA	429	11,356
	211 MINOR OPHTHALMOLOGICAL TESTS AND PROCEDURES	1	37
	213 LASER EYE PROCEDURES	28	910
	214 CATARACT PROCEDURES	313	4,684
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	9	505
	216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	16	375
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	3	186
	218 COMPLEX POSTERIOR SEGMENT EYE PROCEDURES	6	417

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
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)
	220 STRABISMUS AND MUSCLE EYE PROCEDURES	13	975
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	22	727
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	16	504
	223 VITRECTOMY	2	1,672
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	1,239	28,651
	233 NASAL CAUTERIZATION AND PACKING	14	207
	234 COMPLEX FACIAL AND ENT PROCEDURES	250	5,185
	235 SIMPLE FACIAL AND ENT PROCEDURES	603	14,996
	236 TONSIL AND ADENOID PROCEDURES	372	8,225
13	THERAPUTIC AND OTHER RADIOLOGICAL PROCEDURES	321	3,870
	253 VASCULAR RADIOLOGY EXCEPT FOR VENOGRAPHY OF EXTREMITY	48	1,835
	254 MYELOGRAPHY	43	406
	255 MISCELLANEOUS RADIOLOGICAL PROCEDURES WITH CONTRAST	230	1,614

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, 2004
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)
01	INTEGUMENTARY SYSTEM	321	\$2,800	\$2,400
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	88	\$1,738	\$1,826
	003 COMPLEX INCISION AND DRAINAGE	2	\$4,321	\$3,064
	004 SIMPLE INCISION AND DRAINAGE	2	\$2,442	\$2,850
	006 SIMPLE DEBRIDEMENT AND DESTRUCTION	1	\$2,757	\$2,412
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	13	\$2,861	\$2,565
	008 SIMPLE EXCISION AND BIOPSY	34	\$2,982	\$2,299
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRAN	72	\$3,279	\$2,920
	011 SIMPLE INCISION AND EXCISION OF BREAST	101	\$3,139	\$2,578
	012 BREAST RECONSTRUCTION AND MASTECTOMY	8	\$4,754	\$4,433
02	MUSCULOSKELETAL SYSTEM	627	\$4,237	\$3,512
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	68	\$7,022	\$5,140
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	15	\$6,821	\$3,702
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	25	\$5,241	\$4,004
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	174	\$3,331	\$2,374
	025 ARTHROSCOPY	111	\$6,014	\$3,951
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	14	\$2,656	\$2,582
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	73	\$5,886	\$4,121
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	6	\$2,684	\$2,448
	032 BUNION PROCEDURES	34	\$4,031	\$3,335
	033 ARTHROPLASTY	6	\$7,230	\$4,516
	034 HAND AND FOOT TENOTOMY	1	\$2,195	\$1,932
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	100	\$330	\$646
03	RESPIRATORY SYSTEM	113	\$1,451	\$1,808
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	64	\$650	\$1,075
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	16	\$3,880	\$3,079
	054 SIMPLE ENDOSCOPY OF THE UPPER AIRWAY	1	\$3,002	\$1,126
	055 ENDOSCOPY OF THE LOWER AIRWAY	32	\$1,792	\$1,902
04	CARDIOVASCULAR SYSTEM	79	\$7,790	\$7,486
	074 CARDIAC ELECTROPHYSIOLOGIC TESTS	7	\$30,013	\$18,581
	075 PLACEMENT OF TRANSVENOUS CATHETERS	11	\$960	\$2,140
	076 DIAGNOSTIC CARDIAC CATHETERIZATION	1	\$3,995	\$5,567
	077 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	1	\$13,996	\$14,366
	078 PACEMAKER INSERTION AND REPLACEMENT	17	\$15,713	\$20,139
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	22	\$1,257	\$2,988
	080 MINOR VASCULAR REPAIR AND FISTULA CONSTRUCTION	7	\$3,445	\$3,982
	081 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	3	\$832	\$9,790
	082 VASCULAR LIGATION	9	\$5,740	\$4,226
	083 RESUSCITATION AND CARDIOVERSION	1	\$3,722	\$3,993
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	144	\$2,423	\$3,893
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	38	\$5,064	\$4,071
	097 TRANSFUSION	106	\$1,477	\$2,372
06	DIGESTIVE SYSTEM	2,168	\$2,577	\$1,913
	111 ALIMENTARY TESTS AND SIMPLE TUBE PLACEMENT	9	\$765	\$923
	112 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	2	\$1,225	\$1,101

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
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)
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	8	\$1,265	\$890
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	4	\$1,076	\$878
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	444	\$1,297	\$1,110
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	38	\$1,986	\$1,563
	117 LOWER GASTROINTESTINAL ENDOSCOPY	1,024	\$1,315	\$1,017
	118 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	17	\$3,134	\$3,074
	119 HERNIA AND HYDROCELE PROCEDURES	143	\$4,107	\$3,001
	120 COMPLEX ANAL AND RECTAL PROCEDURES	27	\$3,157	\$2,412
	121 SIMPLE ANAL AND RECTAL PROCEDURES	23	\$2,403	\$2,116
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	11	\$3,020	\$2,759
	123 COMPLEX LAPAROSCOPIC PROCEDURES	418	\$6,581	\$5,244
07	URINARY SYSTEM	99	\$5,421	\$4,118
	131 RENAL EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	25	\$9,107	\$7,612
	133 URINARY CATHETERIZATION AND DILATATION	8	\$3,367	\$2,947
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	21	\$5,406	\$3,980
	135 MODERATE CYSTOURETHROSCOPY	36	\$3,958	\$2,966
	136 SIMPLE CYSTOURETHROSCOPY	5	\$3,585	\$2,050
	137 COMPLEX URETHRAL PROCEDURES	1	\$3,072	\$5,173
	138 SIMPLE URETHRAL PROCEDURES	3	\$1,687	\$1,730
08	MALE GENITAL SYSTEM	25	\$3,146	\$2,884
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	10	\$3,629	\$2,325
	153 COMPLEX PENILE PROCEDURES	1	\$3,874	\$2,606
	154 SIMPLE PENILE PROCEDURES	12	\$2,868	\$1,709
	155 PROSTATE NEEDLE AND PUNCH BIOPSY	2	\$2,032	\$3,813
09	FEMALE GENITAL SYSTEM	156	\$4,317	\$3,249
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	17	\$5,020	\$4,142
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	44	\$2,799	\$2,642
	178 DILATION AND CURETTAGE	9	\$2,462	\$1,880
	179 HYSTEROSCOPY	84	\$5,203	\$3,776
	180 COLPOSCOPY	2	\$2,862	\$1,716
10	NERVOUS SYSTEM	967	\$776	\$1,519
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	832	\$525	\$939
	197 NEUROSTIMULATOR AND VENTRICULAR SHUNT IMPLANTATION	2	\$5,980	\$17,461
	198 NERVE REPAIR AND DESTRUCTION	86	\$2,692	\$2,158
	199 SPINAL TAP	47	\$1,481	\$1,409
11	EYE AND OCULAR ADNEXA	397	\$3,625	\$2,658
	213 LASER EYE PROCEDURES	27	\$602	\$680
	214 CATARACT PROCEDURES	306	\$3,875	\$2,904
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	5	\$4,275	\$2,469
	216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	13	\$3,033	\$2,180
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	1	\$2,846	\$2,051
	218 COMPLEX POSTERIOR SEGMENT EYE PROCEDURES	6	\$5,717	\$4,749
	220 STRABISMUS AND MUSCLE EYE PROCEDURES	12	\$3,702	\$1,849
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	17	\$4,109	\$3,213
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	10	\$2,478	\$1,662

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
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)
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	566	\$2,824	\$2,083
	233 NASAL CAUTERIZATION AND PACKING	7	\$3,249	\$2,238
	234 COMPLEX FACIAL AND ENT PROCEDURES	45	\$6,234	\$4,171
	235 SIMPLE FACIAL AND ENT PROCEDURES	260	\$2,123	\$1,547
	236 TONSIL AND ADENOID PROCEDURES	254	\$2,925	\$1,824
13	THERAPUTIC AND OTHER RADIOLOGICAL PROCEDURES	272	\$5,785	\$2,912
	253 VASCULAR RADIOLOGY EXCEPT FOR VENOGRAPHY OF EXTREMITY	12	\$3,850	\$5,763
	254 MYELOGRAPHY	42	\$1,792	\$2,607
	255 MISCELLANEOUS RADIOLOGICAL PROCEDURES WITH CONTRAST	218	\$6,660	\$2,500

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, 2004
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	4,850	57.5	120,006	54.8
Male	3,581	42.5	98,888	45.2
Unknown	0	0.0	8	0.0
Not Reported	0	0.0	4	0.0
AGE				
1-28 days	3	0.0	376	0.2
29-365 days	103	1.2	2,969	1.4
1-4 years	321	3.8	11,176	5.1
5-9	176	2.1	6,445	2.9
10-14	146	1.7	5,080	2.3
15-17	188	2.2	5,201	2.4
18-19	143	1.7	3,849	1.8
20-24	463	5.5	11,707	5.3
25-29	496	5.9	12,626	5.8
30-34	502	6.0	11,936	5.5
35-39	545	6.5	11,960	5.5
40-44	650	7.7	14,821	6.8
45-49	805	9.5	17,215	7.9
50-54	898	10.7	22,033	10.1
55-59	680	8.1	18,759	8.6
60-64	547	6.5	16,305	7.4
65-69	448	5.3	13,961	6.4
70-74	478	5.7	12,040	5.5
75-79	366	4.3	10,224	4.7
80-84	319	3.8	6,733	3.1
85-89	125	1.5	2,713	1.2
90 +	29	0.3	777	0.4
Not Reported	3	0.0	376	0.2
SOURCE OF ADMISSION				
Physician Referral	8,166	96.9	195,236	89.2
Clinic Referral	20	0.2	774	0.4
HMO Referral	0	0.0	2,769	1.3
Other Hospital	3	0.0	81	0.0
Skilled Nursing Facility	0	0.0	18	0.0
Other Health Care Facility	0	0.0	22	0.0
Emergency Room	242	2.9	4,435	2.0
Court/Law Enforcement	0	0.0	1	0.0
Unknown	0	0.0	469	0.2
Not Reported	0	0.0	15,101	6.9
(Continued)				

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
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	8,415	99.8	218,417	99.8
Another Hospital	3	0.0	114	0.1
Skilled Nursing Facility	2	0.0	87	0.0
Intermediate Care Facility	1	0.0	11	0.0
Another Type of Institution	1	0.0	39	0.0
Under Care of Home Service	6	0.1	141	0.1
Left Against Medical Advice	2	0.0	13	0.0
Under Care of Home IV Provider	0	0.0	7	0.0
Expired	0	0.0	14	0.0
Unknown	0	0.0	59	0.0
Not Reported	1	0.0	4	0.0
PRIMARY PAYER				
Medicare	1,719	20.4	47,125	21.5
Medicaid	580	6.9	15,764	7.2
Other government	82	1.0	4,030	1.8
Blue Cross/Blue Shield	1,518	18.0	30,905	14.1
Other Commercial	254	3.0	15,943	7.3
Managed Care(HMO, PPO)	3,985	47.3	95,785	43.8
Self Pay	60	0.7	3,566	1.6
Industrial & Worker Comp	174	2.1	4,109	1.9
Charity and Unclassified	29	0.3	322	0.1
Childrens Health Insurance	5	0.1	273	0.1
Unknown	25	0.3	1,005	0.5
Not Reported	0	0.0	79	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	557	6.6	14,650	6.7
Central Utah	1	0.0	7,259	3.3
Davis County	1,654	19.6	25,726	11.8
Salt Lake County	42	0.5	74,490	34.0
Southeastern Utah	1	0.0	4,561	2.1
Southwest Utah	4	0.0	10,818	4.9
Summit County	20	0.2	2,876	1.3
Tooele County	2	0.0	4,235	1.9
Tri-County	9	0.1	9,559	4.4
Utah County	7	0.1	33,718	15.4
Wasatch County	2	0.0	1,643	0.8
Weber County	5,968	70.8	19,808	9.0
Unknown Utah	0	0.0	76	0.0
Outside Utah	161	1.9	9,321	4.3
Unknown, Not Reported	3	0.0	166	0.1

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

AMB ST 1-1
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
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)	5,895	100.0	306,368	100.0
Mastectomy (85.0-85.99)	49	0.8	7,302	2.4
Musculoskeletal (76.0-84.99)	1,510	25.6	61,162	20.0
Respiratory (30.0-34.99)	1	0.0	3,337	1.1
Cardiovascular (35.0-39.99)	7	0.1	17,761	5.8
Lymphatic/Hemetic (40.0-41.99)	2	0.0	2,849	0.9
Digestive System (42.0-54.99)	80	1.4	97,896	32.0
Urinary (55.0-59.99)	6	0.1	8,268	2.7
Male Genital (60.0-64.99)	3	0.1	3,711	1.2
Female Genital (65.0-71.99)	350	5.9	14,242	4.6
Endocrine/Nervous (01.0-07.99)	1,763	29.9	25,908	8.5
Eye (08.0-16.99)	261	4.4	19,800	6.5
Ear (18.0-20.99)	98	1.7	14,521	4.7
Nose, Mouth, Pharynx (21.0-29.99)	1,765	29.9	29,611	9.7
Reporting Category(CPT-4 CODES)	6,758	100.0	300,811	100.0
Mastectomy (19120-19220)	8	0.1	3,078	1.0
Musculoskeletal (20000-29909)	1,642	24.3	58,688	19.5
Respiratory (30000-32999 & 39501-39599)	11	0.2	13,089	4.4
Cardiovascular (33010-37799 & 93501-93660)	33	0.5	51,568	17.1
Lymphatic/Hemetic (38100-38999)	2	0.0	2,778	0.9
Digestive (40490-49999)	1,997	29.6	104,073	34.6
Urinary (50010-53899)	6	0.1	8,888	3.0
Male Genital (54000-55899)	3	0.0	3,219	1.1
Female Genital (56405-58999)	164	2.4	10,706	3.6
Endocrine/Nervous (60000-64999)	2,714	40.2	25,132	8.4
Eye (65091-68899)	130	1.9	11,602	3.9
Ear (69000-69979)	48	0.7	7,990	2.7

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.

AMB ST 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
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		5,895	100.0	100.0
232	RESTORATION TOOTH-FILLING	559	9.5	0.66
2341	APPLIC CROWN	477	8.1	0.61
2370	ROOT CANAL-NOS	440	7.5	0.48
0392	INJ OTH AGENT SPINAL CANAL	369	6.3	2.72
0481	INJ ANES PERIPH NERV-ANALGESIA	351	6.0	0.22
0391	INJ ANES SPINAL CANAL-ANALGESIA	338	5.7	2.20
042	DESTRUC CRANIAL & PERIPH NERV	254	4.3	0.27
0443	RELEASE CARPAL TUNNEL	210	3.6	1.17
2309	EXTRACT OTH TOOTH	180	3.1	0.23
0489	INJ NON-NEUROLYTIC PERIPH NERV	143	2.4	0.07
806	EXC SEMILUNAR CARTILAGE-KNEE	143	2.4	1.78
1341	PHACOEMULSIFICATION-ASPIR CATARACT	119	2.0	1.52
1371	IOL PROSTH-CATARACT EXTRACT-1-STAGE	119	2.0	1.51
6952	ASPIR CURET FOLLOWING DELIV/AB	93	1.6	0.48
8086	OTH LOC EXC/DESTRUC JT LES-KNEE	93	1.6	1.06
2001	MYRINGOTOMY W/INSRT TUBE	88	1.5	3.86
7751	BUNIONEC SOFT-OSTEOT 1ST METATARS	66	1.1	0.32
8192	INJ THERAP SUBSTANCE JT/LIGAMNT	56	0.9	0.44
6902	D&C FOLLOWING DELIV/AB	55	0.9	0.23
8221	EXC LES TENDON SHEATH HAND	55	0.9	0.29
CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		6,758	100.0	100.0
41899	UNLIST PROC DENTOALVEOL STRUCTUR	1,853	27.4	1.36
64476	INJ ANES FACET JT; LUMB/SAC-EA A	414	6.1	0.64
64623	DESTRUC FACET JT NRV; L/S-EA AD	377	5.6	0.51
64484	INJ ANES EPIDURL; LUMB/SAC-EA AD	320	4.7	0.31
64483	INJ ANES EPIDURL; LUMB/SAC 1 LEV	299	4.4	0.82
64472	INJ ANES FACET JT; CERV/THOR-EA	219	3.2	0.18
64475	INJ ANES FACET JT; LUMB/SAC-1LEV	198	2.9	0.42
64627	DESTRUC FACET NRV; CRV/THOR-EA A	166	2.5	0.10
64622	DESTRUC FACET JT NRV; L/S-1 LEVE	152	2.2	0.21
29881	SCOPE KNEE SURG;W/MENISCECT MED/	120	1.8	1.45
66984	EXTRACAPSULAR CATARACT REMV IOL	119	1.8	1.47
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	103	1.5	0.75
29877	SCOPE KNEE SURG; DEBRID/SHAVE CA	97	1.4	1.08
64626	DESTRUC FACET NRV; CERV/THOR 1 L	85	1.3	0.05
64470	INJ ANES FACET JT; CERV/THOR-1LE	83	1.2	0.09
28285	CORRECTION HAMMERTOES	78	1.2	0.53
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	72	1.1	1.23
29848	ENDO WRST SURG REL TRNS CARP LIG	63	0.9	0.29
28296	HALLUX VALGUS; W/METATARSAL OSTE	55	0.8	0.27
29826	SCOPE SHOULDER; DECOMP SUBACROM	54	0.8	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.

AMB ST 1-3

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
 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 CHRG	AVE TOT CHRG(ALL Hospitals)
ICD-9 Procedures		1,666	\$2,149	\$2,729
042	DESTRUC CRANIAL & PERIPH NERV	205	\$1,850	\$2,348
0481	INJ ANES PERIPH NERV-ANALGESIA	200	\$1,388	\$1,121
0443	RELEASE CARPAL TUNNEL	94	\$1,533	\$1,950
232	RESTORATION TOOTH-FILLING	89	\$1,432	\$1,643
806	EXC SEMILUNAR CARTILAGE-KNEE	53	\$2,899	\$3,608
8221	EXC LES TENDON SHEATH HAND	51	\$1,552	\$1,963
8192	INJ THERAP SUBSTANCE JT/LIGAMNT	45	\$1,522	\$811
6952	ASPIR CURET FOLLOWING DELIV/AB	42	\$1,666	\$2,058
0392	INJ OTH AGENT SPINAL CANAL	30	\$1,038	\$773
283	TONSILLECTOMY W/ADENOIDECTOMY	30	\$1,266	\$1,783
7751	BUNIONEC SOFT-OSTEOT 1ST METATARS	29	\$2,707	\$3,158
8201	EXPLOR TENDON SHEATH HAND	28	\$1,357	\$1,775
6909	OTH D&C UTERUS	25	\$1,608	\$2,137
8532	BILAT REDUC MAMMO	23	\$5,464	\$6,223
8339	EXC LES OTH SOFT TISS	22	\$1,874	\$2,408
0407	OTH EXC/AVUL CRANIAL & PERIPH NERV	21	\$2,000	\$2,093
7913	CLO REDUC-/INT FIX-CARP-METACARP	21	\$1,735	\$2,367
0531	INJ ANES SYMPATHETIC NERV-ANALGES	20	\$1,416	\$1,043
7933	OP REDUC W/INT FIX-CARP-METACARP	20	\$2,817	\$3,578
8083	OTH LOC EXC/DESTRUC JT LES-WRIST	20	\$1,644	\$2,294

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
CPT-4 Procedures		1,462	\$2,118	\$2,356
66984	EXTRACAPSULAR CATARACT REMV IOL	118	\$1,715	\$2,889
64721	NEUROPLASTY; MEDIAN @ CARPAL TUN	74	\$1,409	\$1,918
41899	UNLIST PROC DENTOALVEOL STRUCTUR	62	\$1,330	\$2,179
29848	ENDO WRST SURG REL TRNS CARP LIG	60	\$1,849	\$2,278
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	57	\$1,176	\$881
64483	INJ ANES EPIDURL; LUMB/SAC 1 LEV	55	\$1,447	\$960
29881	SCOPE KNEE SURG;W/MENISCECT MED/	48	\$2,907	\$3,483
69436	TYMPANOSTOMY GENERAL ANESTHESIA	39	\$761	\$1,067
20680	REMOVAL OF IMPLANT; DEEP	37	\$2,114	\$2,370
58120	DILATION & CURET DX &/ THERAPEUT	31	\$1,645	\$1,880
25111	EXCISION OF GANGLION WRIST; PRIM	30	\$1,524	\$2,010
28296	HALLUX VALGUS; W/METATARSAL OSTE	30	\$2,856	\$3,281
42820	T&A; UNDER AGE 12	28	\$1,258	\$1,711
36415	COLLECTION VENOUS BLD VENIPUNCTU	27	\$2,059	\$519
25076	EXC TUMR SFT TISS FORARM&/WRST;D	26	\$1,563	\$1,889
26055	TENDON SHEATH INCISION	23	\$1,320	\$1,664
29877	SCOPE KNEE SURG; DEBRID/SHAVE CA	22	\$2,958	\$3,337
62310	INJ 1 NOT NEUROLYTIC-EPID;CERV/T	20	\$1,379	\$976
20610	ARTHROCENTESIS ASPIR&/INJ; MAJ J	19	\$1,586	\$667
26160	EXC LES TEND SHETH/JNT CAP HND/F	18	\$1,642	\$1,840

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

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
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	89	9,617
	003 COMPLEX INCISION AND DRAINAGE	1	92
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	78	1,092
	008 SIMPLE EXCISION AND BIOPSY	1	887
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRANGE	1	1,126
	011 SIMPLE INCISION AND EXCISION OF BREAST	7	2,684
	012 BREAST RECONSTRUCTION AND MASTECTOMY	1	392
02	MUSCULOSKELETAL SYSTEM	1,536	52,555
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	97	6,223
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	20	2,056
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	78	1,930
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	455	10,991
	025 ARTHROSCOPY	595	22,451
	028 CLOSED TREATMENT FX & DISLOCATION OF FINGER, TOE & TRUNK	1	47
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	14	660
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	114	3,677
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	5	417
	032 BUNION PROCEDURES	89	1,612
	033 ARTHROPLASTY	11	497
	034 HAND AND FOOT TENOTOMY	14	293
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	43	1,528
03	RESPIRATORY SYSTEM	1	7,438
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	1	4,704
04	CARDIOVASCULAR SYSTEM	6	32,609
	080 MINOR VASCULAR REPAIR AND FISTULA CONSTRUCTION	2	852
	082 VASCULAR LIGATION	4	864
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	2	2,811
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	2	1,766
06	DIGESTIVE SYSTEM	134	91,524
	119 HERNIA AND HYDROCELE PROCEDURES	8	7,192
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	6	545
	123 COMPLEX LAPAROSCOPIC PROCEDURES	120	14,566
07	URINARY SYSTEM	6	7,571
	133 URINARY CATHETERIZATION AND DILATATION	5	395
	135 MODERATE CYSTOURETHROSCOPY	1	2,205
08	MALE GENITAL SYSTEM	3	2,927
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	3	1,396
09	FEMALE GENITAL SYSTEM	93	6,182
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	3	1,463
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	41	1,400
	178 DILATION AND CURETTAGE	35	810
	179 HYSTEROSCOPY	6	2,308
	180 COLPOSCOPY	8	200
10	NERVOUS SYSTEM	2,715	21,547
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	2,305	15,863
	196 REVISION AND REMOVAL OF NEUROLOGICAL DEVICE	1	181

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

135 Orem Community Hospital

procedure APG category	procedure APG	TOTAL #	TOTAL # (ALL Hospitals)
	197 NEUROSTIMULATOR AND VENTRICULAR SHUNT IMPLANTATION	11	469
	198 NERVE REPAIR AND DESTRUCTION	398	4,278
11	EYE AND OCULAR ADNEXA	129	11,356
	214 CATARACT PROCEDURES	120	4,684
	216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	3	375
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	3	186
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	3	727
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	1,984	28,651
	234 COMPLEX FACIAL AND ENT PROCEDURES	5	5,185
	235 SIMPLE FACIAL AND ENT PROCEDURES	1,925	14,996
	236 TONSIL AND ADENOID PROCEDURES	54	8,225
13	THERAPUTIC AND OTHER RADIOLOGICAL PROCEDURES	2	3,870
	254 MYELOGRAPHY	2	406
14	PHYSICAL MEDICINE AND REHABILITATION	1	6
	272 PHYSICAL THERAPY	1	6

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, 2004
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	55	\$1,667	\$2,400
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	50	\$1,651	\$2,565
	011 SIMPLE INCISION AND EXCISION OF BREAST	4	\$1,756	\$2,578
	012 BREAST RECONSTRUCTION AND MASTECTOMY	1	\$2,145	\$4,433
02	MUSCULOSKELETAL SYSTEM	689	\$2,559	\$3,512
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	40	\$2,799	\$5,140
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	12	\$3,020	\$3,702
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	31	\$3,851	\$4,004
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	215	\$1,903	\$2,374
	025 ARTHROSCOPY	211	\$3,004	\$3,951
	028 CLOSED TREATMENT FX & DISLOCATION OF FINGER, TOE & TRUNK	1	\$1,664	\$2,523
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	8	\$1,352	\$2,582
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	87	\$2,575	\$4,121
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	1	\$3,150	\$2,448
	032 BUNION PROCEDURES	47	\$3,068	\$3,335
	033 ARTHROPLASTY	9	\$2,971	\$4,516
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	27	\$1,548	\$646
03	RESPIRATORY SYSTEM	1	\$1,841	\$1,808
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	1	\$1,841	\$3,079
04	CARDIOVASCULAR SYSTEM	3	\$2,871	\$7,486
	082 VASCULAR LIGATION	3	\$2,871	\$4,226
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	2	\$3,607	\$3,893
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	2	\$3,607	\$4,071
06	DIGESTIVE SYSTEM	42	\$3,065	\$1,913
	119 HERNIA AND HYDROCELE PROCEDURES	4	\$2,433	\$3,001
	123 COMPLEX LAPAROSCOPIC PROCEDURES	38	\$3,132	\$5,244
09	FEMALE GENITAL SYSTEM	45	\$1,689	\$3,249
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	1	\$1,958	\$4,142
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	9	\$1,599	\$2,642
	178 DILATION AND CURETTAGE	31	\$1,645	\$1,880
	179 HYSTEROSCOPY	2	\$2,218	\$3,776
	180 COLPOSCOPY	2	\$2,108	\$1,716
10	NERVOUS SYSTEM	297	\$1,581	\$1,519
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	197	\$1,390	\$939
	197 NEUROSTIMULATOR AND VENTRICULAR SHUNT IMPLANTATION	2	\$22,476	\$17,461
	198 NERVE REPAIR AND DESTRUCTION	98	\$1,539	\$2,158
11	EYE AND OCULAR ADNEXA	126	\$1,753	\$2,658
	214 CATARACT PROCEDURES	118	\$1,715	\$2,904
	216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	2	\$2,182	\$2,180
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	3	\$1,237	\$2,051
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	3	\$3,482	\$3,213
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	155	\$1,188	\$2,083
	234 COMPLEX FACIAL AND ENT PROCEDURES	3	\$1,779	\$4,171
	235 SIMPLE FACIAL AND ENT PROCEDURES	105	\$1,120	\$1,547
	236 TONSIL AND ADENOID PROCEDURES	47	\$1,303	\$1,824

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, 2004
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

135 Orem Community Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
GENDER				
Female	1,925	56.2	120,006	54.8
Male	1,501	43.8	98,888	45.2
Unknown	0	0.0	8	0.0
Not Reported	0	0.0	4	0.0
AGE				
1-28 days	0	0.0	376	0.2
29-365 days	13	0.4	2,969	1.4
1-4 years	514	15.0	11,176	5.1
5-9	163	4.8	6,445	2.9
10-14	71	2.1	5,080	2.3
15-17	98	2.9	5,201	2.4
18-19	64	1.9	3,849	1.8
20-24	250	7.3	11,707	5.3
25-29	279	8.1	12,626	5.8
30-34	216	6.3	11,936	5.5
35-39	212	6.2	11,960	5.5
40-44	222	6.5	14,821	6.8
45-49	284	8.3	17,215	7.9
50-54	242	7.1	22,033	10.1
55-59	231	6.7	18,759	8.6
60-64	181	5.3	16,305	7.4
65-69	122	3.6	13,961	6.4
70-74	89	2.6	12,040	5.5
75-79	78	2.3	10,224	4.7
80-84	65	1.9	6,733	3.1
85-89	26	0.8	2,713	1.2
90 +	6	0.2	777	0.4
Not Reported	0	0.0	376	0.2
SOURCE OF ADMISSION				
Physician Referral	3,409	99.5	195,236	89.2
Clinic Referral	0	0.0	774	0.4
HMO Referral	2	0.1	2,769	1.3
Other Hospital	0	0.0	81	0.0
Skilled Nursing Facility	0	0.0	18	0.0
Other Health Care Facility	0	0.0	22	0.0
Emergency Room	15	0.4	4,435	2.0
Court/Law Enforcement	0	0.0	1	0.0
Unknown	0	0.0	469	0.2
Not Reported	0	0.0	15,101	6.9

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
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	3,421	99.9	218,417	99.8
Another Hospital	2	0.1	114	0.1
Skilled Nursing Facility	2	0.1	87	0.0
Intermediate Care Facility	0	0.0	11	0.0
Another Type of Institution	1	0.0	39	0.0
Under Care of Home Service	0	0.0	141	0.1
Left Against Medical Advice	0	0.0	13	0.0
Under Care of Home IV Provider	0	0.0	7	0.0
Expired	0	0.0	14	0.0
Unknown	0	0.0	59	0.0
Not Reported	0	0.0	4	0.0
PRIMARY PAYER				
Medicare	437	12.8	47,125	21.5
Medicaid	469	13.7	15,764	7.2
Other government	22	0.6	4,030	1.8
Blue Cross/Blue Shield	35	1.0	30,905	14.1
Other Commercial	161	4.7	15,943	7.3
Managed Care(HMO, PPO)	2,123	62.0	95,785	43.8
Self Pay	25	0.7	3,566	1.6
Industrial & Worker Comp	93	2.7	4,109	1.9
Charity and Unclassified	3	0.1	322	0.1
Childrens Health Insurance	1	0.0	273	0.1
Unknown	57	1.7	1,005	0.5
Not Reported	0	0.0	79	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	6	0.2	14,650	6.7
Central Utah	272	7.9	7,259	3.3
Davis County	16	0.5	25,726	11.8
Salt Lake County	141	4.1	74,490	34.0
Southeastern Utah	59	1.7	4,561	2.1
Southwest Utah	6	0.2	10,818	4.9
Summit County	10	0.3	2,876	1.3
Tooele County	6	0.2	4,235	1.9
Tri-County	15	0.4	9,559	4.4
Utah County	2,836	82.8	33,718	15.4
Wasatch County	36	1.1	1,643	0.8
Weber County	6	0.2	19,808	9.0
Unknown Utah	2	0.1	76	0.0
Outside Utah	15	0.4	9,321	4.3
Unknown, Not Reported	0	0.0	166	0.1

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

AMB ST 1-1
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
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)	3,829	100.0	306,368	100.0
Mastectomy (85.0-85.99)	113	3.0	7,302	2.4
Musculoskeletal (76.0-84.99)	526	13.7	61,162	20.0
Respiratory (30.0-34.99)	33	0.9	3,337	1.1
Cardiovascular (35.0-39.99)	100	2.6	17,761	5.8
Lymphatic/Hemetic (40.0-41.99)	32	0.8	2,849	0.9
Digestive System (42.0-54.99)	1,911	49.9	97,896	32.0
Urinary (55.0-59.99)	0	0.0	8,268	2.7
Male Genital (60.0-64.99)	1	0.0	3,711	1.2
Female Genital (65.0-71.99)	168	4.4	14,242	4.6
Endocrine/Nervous (01.0-07.99)	611	16.0	25,908	8.5
Eye (08.0-16.99)	24	0.6	19,800	6.5
Ear (18.0-20.99)	88	2.3	14,521	4.7
Nose, Mouth, Pharynx (21.0-29.99)	222	5.8	29,611	9.7
Reporting Category(CPT-4 CODES)	3,988	100.0	300,811	100.0
Mastectomy (19120-19220)	55	1.4	3,078	1.0
Musculoskeletal (20000-29909)	606	15.2	58,688	19.5
Respiratory (30000-32999 & 39501-39599)	134	3.4	13,089	4.4
Cardiovascular (33010-37799 & 93501-93660)	501	12.6	51,568	17.1
Lymphatic/Hemetic (38100-38999)	31	0.8	2,778	0.9
Digestive (40490-49999)	2,012	50.5	104,073	34.6
Urinary (50010-53899)	12	0.3	8,888	3.0
Male Genital (54000-55899)	1	0.0	3,219	1.1
Female Genital (56405-58999)	131	3.3	10,706	3.6
Endocrine/Nervous (60000-64999)	406	10.2	25,132	8.4
Eye (65091-68899)	17	0.4	11,602	3.9
Ear (69000-69979)	82	2.1	7,990	2.7

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.

AMB ST 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
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		3,829	100.0	100.0
4523	COLONOSCOPY	525	13.7	6.27
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	516	13.5	5.52
0391	INJ ANES SPINAL CANAL-ANALGESIA	252	6.6	2.20
0392	INJ OTH AGENT SPINAL CANAL	252	6.6	2.72
4525	CLO [ENDO] BX LG INTESTINE	228	6.0	2.50
4513	OTH ENDO SM INTESTINE	182	4.8	1.98
4542	ENDO POLYPECTOMY LG INTESTINE	86	2.2	3.42
2001	MYRINGOTOMY W/INSRT TUBE	77	2.0	3.86
5123	LAP CHOLEY	67	1.7	2.03
283	TONSILLECTOMY W/ADENOIDECTOMY	52	1.4	1.75
8521	LOC EXC LES BREAST	50	1.3	0.93
8519	OTH DX PROC BREAST	46	1.2	0.32
4292	DILAT ESOPH	42	1.1	1.29
0443	RELEASE CARPAL TUNNEL	39	1.0	1.17
3722	LT HEART CARD CATH	34	0.9	1.25
6823	ENDOMETRIAL ABLATION	31	0.8	0.51
6902	D&C FOLLOWING DELIV/AB	27	0.7	0.23
6909	OTH D&C UTERUS	26	0.7	0.53
5011	CLO [PERCUT] [NEEDLE] BX LIVER	25	0.7	0.41
2169	OTH TURBINECTOMY	24	0.6	0.67
CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		3,988	100.0	100.0
45378	COLONOSCOPY FLEX; DX-SEP PROC	529	13.3	5.95
43239	UGI ENDO; W/BX 1/MX	516	12.9	5.29
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	253	6.3	1.23
45380	COLONOSCOPY FLEX; W/BX 1/MX	237	5.9	3.16
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	117	2.9	1.28
36600	ART PUNCTURE WITHDRAWAL BLD DX	108	2.7	0.27
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	91	2.3	2.89
69436	TYMPANOSTOMY GENERAL ANESTHESIA	75	1.9	2.04
44799	UNLISTED PROCEDURE INTESTINE	56	1.4	0.04
47562	LAPAROSCOPY SURGICAL; CHOLECT	54	1.4	0.80
93545	INJ PROC-CATH; SELECT CORONRY AN	44	1.1	1.54
93556	IMAG SUPERVS I&R-CATH; PULM ANGI	43	1.1	1.33
30140	SUBMUCOS RES TURBINATE PART/CMPL	42	1.1	0.56
93543	INJ PROC-CATH; LT VENT/ATRIAL AN	41	1.0	1.39
19125	EXC BRST LES ID RAD MARKR OPN;1	40	1.0	0.29
42820	T&A; UNDER AGE 12	38	1.0	1.38
93555	IMAG SUPERVS I&R-CATH; VENT/ATRI	38	1.0	1.22
36430	TRANSFUSION BLOOD/BLOOD COMPONENT	34	0.9	0.32
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	34	0.9	0.75
25246	INJECTION PROC WRIST ARTHROGRAPH	33	0.8	0.02

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, 2004
 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 CHRG	AVE TOT CHRG(ALL Hospitals)
ICD-9 Procedures		1,901	\$3,324	\$2,729
4523	COLONOSCOPY	410	\$1,497	\$874
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	311	\$1,946	\$1,145
4525	CLO [ENDO] BX LG INTESTINE	163	\$2,137	\$1,249
4513	OTH ENDO SM INTESTINE	162	\$2,111	\$1,066
4542	ENDO POLYPECTOMY LG INTESTINE	67	\$2,507	\$1,132
5123	LAP CHOLEY	56	\$8,136	\$5,384
283	TONSILLECTOMY W/ADENOIDECTOMY	50	\$2,992	\$1,783
3722	LT HEART CARD CATH	32	\$9,005	\$5,884
6902	D&C FOLLOWING DELIV/AB	26	\$3,000	\$2,426
5011	CLO [PERCUT] [NEEDLE] BX LIVER	25	\$2,592	\$1,765
5187	ENDO INSRT STENT (TUBE) BILE DUCT	18	\$3,064	\$3,022
0443	RELEASE CARPAL TUNNEL	16	\$3,419	\$1,950
8051	EXC INTERVERTEBRAL DISC	16	\$11,682	\$6,455
3893	VENOUS CATH-NEC	15	\$2,059	\$2,776
6629	OTH BIL ENDO DESTRUC FALLOP TUBES	13	\$4,700	\$3,129
4311	PERCUT [ENDO] GASTROSTOMY [PEG]	12	\$1,794	\$2,322
4836	[ENDO] POLYPECTOMY RECTUM	12	\$2,373	\$1,056
7936	OP REDUC FX W/INT FIX-TIBIA & FIB	12	\$6,539	\$4,814
806	EXC SEMILUNAR CARTILAGE-KNEE	12	\$5,595	\$3,608
8183	OTH REPR SHLDR	12	\$9,918	\$5,382
CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
CPT-4 Procedures		2,363	\$2,707	\$2,356
45378	COLONOSCOPY FLEX; DX-SEP PROC	412	\$1,499	\$868
43239	UGI ENDO; W/BX 1/MX	311	\$1,946	\$1,141
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	253	\$1,376	\$881
45380	COLONOSCOPY FLEX; W/BX 1/MX	168	\$2,109	\$1,223
36600	ART PUNCTURE WITHDRAWAL BLD DX	108	\$476	\$907
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	99	\$2,166	\$986
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	70	\$2,442	\$1,120
44799	UNLISTED PROCEDURE INTESTINE	53	\$1,534	\$1,666
47562	LAPAROSCOPY SURGICAL; CHOLECT	45	\$7,875	\$5,197
42820	T&A; UNDER AGE 12	35	\$2,909	\$1,711
19125	EXC BRST LES ID RAD MARKR OPN;1	34	\$4,879	\$3,115
25246	INJECTION PROC WRIST ARTHROGRAPH	33	\$1,292	\$1,592
36430	TRANSFUSION BLOOD/BLOOD COMPONENT	31	\$3,197	\$2,372
47000	BIOPSY LIVER NEEDLE; PERCUTANEOU	26	\$2,496	\$1,682
23350	INJ SHLDR ARTHROGRPH/ENHNCN CT/M	23	\$2,980	\$2,170
43268	ERCP; INSRT TUBE/STNT BILE/PANC	19	\$3,072	\$3,044
58671	LAP SURG; W/OCLUS OVIDUCTS-DEVI	19	\$5,059	\$3,689
49505	REPR INIT ING HERNIA 5YR/MORE; R	18	\$4,898	\$3,146
20680	REMOVAL OF IMPLANT; DEEP	17	\$4,931	\$2,370
63030	LAMINOT W/ DECOMP; 1 INTERSPACE	16	\$11,682	\$6,587

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

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
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	113	9,617
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	36	3,147
	003 COMPLEX INCISION AND DRAINAGE	1	92
	004 SIMPLE INCISION AND DRAINAGE	2	26
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	2	1,092
	008 SIMPLE EXCISION AND BIOPSY	2	887
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRANGE	15	1,126
	011 SIMPLE INCISION AND EXCISION OF BREAST	52	2,684
	012 BREAST RECONSTRUCTION AND MASTECTOMY	3	392
02	MUSCULOSKELETAL SYSTEM	513	52,555
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	96	6,223
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	30	2,056
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	39	1,930
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	118	10,991
	025 ARTHROSCOPY	99	22,451
	026 REPLACEMENT OF CAST	1	101
	027 SPLINT, STRAPPING AND CAST REMOVAL	7	72
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	6	660
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	57	3,677
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	5	417
	032 BUNION PROCEDURES	32	1,612
	033 ARTHROPLASTY	5	497
	034 HAND AND FOOT TENOTOMY	1	293
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	17	1,528
03	RESPIRATORY SYSTEM	58	7,438
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	20	747
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	18	4,704
	054 SIMPLE ENDOSCOPY OF THE UPPER AIRWAY	1	333
	055 ENDOSCOPY OF THE LOWER AIRWAY	19	1,654
04	CARDIOVASCULAR SYSTEM	266	32,609
	075 PLACEMENT OF TRANSVENOUS CATHETERS	2	119
	076 DIAGNOSTIC CARDIAC CATHETERIZATION	220	23,531
	077 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	25	2,136
	078 PACEMAKER INSERTION AND REPLACEMENT	8	510
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	8	820
	080 MINOR VASCULAR REPAIR AND FISTULA CONSTRUCTION	1	852
	081 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	1	483
	082 VASCULAR LIGATION	1	864
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	68	2,811
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	34	1,766
	097 TRANSFUSION	34	949
06	DIGESTIVE SYSTEM	1,937	91,524
	111 ALIMENTARY TESTS AND SIMPLE TUBE PLACEMENT	1	296
	112 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	21	1,234
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	2	740
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	3	417

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
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	635	19,919
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	60	4,997
	117 LOWER GASTROINTESTINAL ENDOSCOPY	875	38,117
	118 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	52	1,843
	119 HERNIA AND HYDROCELE PROCEDURES	73	7,192
	120 COMPLEX ANAL AND RECTAL PROCEDURES	3	896
	121 SIMPLE ANAL AND RECTAL PROCEDURES	4	571
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	58	545
	123 COMPLEX LAPAROSCOPIC PROCEDURES	149	14,566
	124 SIMPLE LAPAROSCOPIC PROCEDURES	1	191
08	MALE GENITAL SYSTEM	1	2,927
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	1	1,396
09	FEMALE GENITAL SYSTEM	83	6,182
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	14	1,463
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	15	1,400
	178 DILATION AND CURETTAGE	21	810
	179 HYSTEROSCOPY	32	2,308
	180 COLPOSCOPY	1	200
10	NERVOUS SYSTEM	357	21,547
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	274	15,863
	196 REVISION AND REMOVAL OF NEUROLOGICAL DEVICE	1	181
	197 NEUROSTIMULATOR AND VENTRICULAR SHUNT IMPLANTATION	6	469
	198 NERVE REPAIR AND DESTRUCTION	73	4,278
	199 SPINAL TAP	3	756
11	EYE AND OCULAR ADNEXA	17	11,356
	213 LASER EYE PROCEDURES	4	910
	214 CATARACT PROCEDURES	8	4,684
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	2	505
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	2	186
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	1	504
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	243	28,651
	234 COMPLEX FACIAL AND ENT PROCEDURES	36	5,185
	235 SIMPLE FACIAL AND ENT PROCEDURES	139	14,996
	236 TONSIL AND ADENOID PROCEDURES	68	8,225
13	THERAPUTIC AND OTHER RADIOLOGICAL PROCEDURES	132	3,870
	253 VASCULAR RADIOLOGY EXCEPT FOR VENOGRAPHY OF EXTREMITY	55	1,835
	254 MYELOGRAPHY	4	406
	255 MISCELLANEOUS RADIOLOGICAL PROCEDURES WITH CONTRAST	73	1,614

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, 2004
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	97	\$3,364	\$2,400
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	36	\$2,156	\$1,826
	003 COMPLEX INCISION AND DRAINAGE	1	\$4,919	\$3,064
	004 SIMPLE INCISION AND DRAINAGE	2	\$3,905	\$2,850
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	2	\$6,060	\$2,565
	008 SIMPLE EXCISION AND BIOPSY	2	\$1,923	\$2,299
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRAN	13	\$1,904	\$2,920
	011 SIMPLE INCISION AND EXCISION OF BREAST	40	\$4,763	\$2,578
	012 BREAST RECONSTRUCTION AND MASTECTOMY	1	\$4,744	\$4,433
02	MUSCULOSKELETAL SYSTEM	199	\$6,276	\$3,512
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	40	\$9,194	\$5,140
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	11	\$7,551	\$3,702
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	8	\$7,503	\$4,004
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	43	\$4,968	\$2,374
	025 ARTHROSCOPY	32	\$6,037	\$3,951
	027 SPLINT, STRAPPING AND CAST REMOVAL	6	\$373	\$689
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	4	\$2,097	\$2,582
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	41	\$6,443	\$4,121
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	3	\$2,695	\$2,448
	032 BUNION PROCEDURES	8	\$5,417	\$3,335
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	3	\$1,721	\$646
03	RESPIRATORY SYSTEM	39	\$1,868	\$1,808
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	19	\$1,876	\$1,075
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	1	\$5,225	\$3,079
	055 ENDOSCOPY OF THE LOWER AIRWAY	19	\$1,684	\$1,902
04	CARDIOVASCULAR SYSTEM	5	\$7,997	\$7,486
	075 PLACEMENT OF TRANSVENOUS CATHETERS	2	\$3,551	\$2,140
	076 DIAGNOSTIC CARDIAC CATHETERIZATION	2	\$6,614	\$5,567
	078 PACEMAKER INSERTION AND REPLACEMENT	1	\$19,656	\$20,139
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	49	\$4,442	\$3,893
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	18	\$6,585	\$4,071
	097 TRANSFUSION	31	\$3,197	\$2,372
06	DIGESTIVE SYSTEM	1,345	\$2,381	\$1,913
	111 ALIMENTARY TESTS AND SIMPLE TUBE PLACEMENT	1	\$312	\$923
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	2	\$1,315	\$890
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	1	\$5,156	\$878
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	412	\$2,001	\$1,110
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	37	\$2,566	\$1,563
	117 LOWER GASTROINTESTINAL ENDOSCOPY	663	\$1,767	\$1,017
	118 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	31	\$3,095	\$3,074
	119 HERNIA AND HYDROCELE PROCEDURES	35	\$4,493	\$3,001
	120 COMPLEX ANAL AND RECTAL PROCEDURES	2	\$4,175	\$2,412
	121 SIMPLE ANAL AND RECTAL PROCEDURES	1	\$4,220	\$2,116
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	55	\$1,535	\$2,759
	123 COMPLEX LAPAROSCOPIC PROCEDURES	105	\$7,166	\$5,244

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
PROCEDURE APG CATEGORY, PROCEDURE APG, SINGLE APG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

126 Pioneer Valley Hospital

procedure APG category		TOTAL #	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
Procedure APG				
08	MALE GENITAL SYSTEM	1	\$4,016	\$2,884
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	1	\$4,016	\$2,325
09	FEMALE GENITAL SYSTEM	25	\$4,414	\$3,249
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	7	\$5,472	\$4,142
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	9	\$3,906	\$2,642
	178 DILATION AND CURETTAGE	3	\$3,227	\$1,880
	179 HYSTEROSCOPY	5	\$4,729	\$3,776
	180 COLPOSCOPY	1	\$3,559	\$1,716
10	NERVOUS SYSTEM	295	\$1,578	\$1,519
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	272	\$1,381	\$939
	198 NERVE REPAIR AND DESTRUCTION	20	\$4,206	\$2,158
	199 SPINAL TAP	3	\$1,892	\$1,409
11	EYE AND OCULAR ADNEXA	15	\$3,019	\$2,658
	213 LASER EYE PROCEDURES	4	\$616	\$680
	214 CATARACT PROCEDURES	8	\$4,366	\$2,904
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	2	\$2,710	\$2,051
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	1	\$2,466	\$1,662
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	74	\$3,165	\$2,083
	234 COMPLEX FACIAL AND ENT PROCEDURES	6	\$4,716	\$4,171
	235 SIMPLE FACIAL AND ENT PROCEDURES	8	\$3,637	\$1,547
	236 TONSIL AND ADENOID PROCEDURES	60	\$2,947	\$1,824
13	THERAPUTIC AND OTHER RADIOLOGICAL PROCEDURES	80	\$2,100	\$2,912
	253 VASCULAR RADIOLOGY EXCEPT FOR VENOGRAPHY OF EXTREMITY	4	\$6,001	\$5,763
	254 MYELOGRAPHY	4	\$3,435	\$2,607
	255 MISCELLANEOUS RADIOLOGICAL PROCEDURES WITH CONTRAST	72	\$1,809	\$2,500

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, 2004
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

126 Pioneer Valley Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
GENDER				
Female	1,715	55.8	120,006	54.8
Male	1,358	44.2	98,888	45.2
Unknown	0	0.0	8	0.0
Not Reported	0	0.0	4	0.0
AGE				
1-28 days	2	0.1	376	0.2
29-365 days	13	0.4	2,969	1.4
1-4 years	54	1.8	11,176	5.1
5-9	41	1.3	6,445	2.9
10-14	30	1.0	5,080	2.3
15-17	35	1.1	5,201	2.4
18-19	37	1.2	3,849	1.8
20-24	139	4.5	11,707	5.3
25-29	161	5.2	12,626	5.8
30-34	185	6.0	11,936	5.5
35-39	224	7.3	11,960	5.5
40-44	252	8.2	14,821	6.8
45-49	276	9.0	17,215	7.9
50-54	328	10.7	22,033	10.1
55-59	291	9.5	18,759	8.6
60-64	232	7.5	16,305	7.4
65-69	251	8.2	13,961	6.4
70-74	227	7.4	12,040	5.5
75-79	151	4.9	10,224	4.7
80-84	102	3.3	6,733	3.1
85-89	31	1.0	2,713	1.2
90 +	11	0.4	777	0.4
Not Reported	2	0.1	376	0.2
SOURCE OF ADMISSION				
Physician Referral	2,993	97.4	195,236	89.2
Clinic Referral	47	1.5	774	0.4
HMO Referral	1	0.0	2,769	1.3
Other Hospital	2	0.1	81	0.0
Skilled Nursing Facility	0	0.0	18	0.0
Other Health Care Facility	0	0.0	22	0.0
Emergency Room	30	1.0	4,435	2.0
Court/Law Enforcement	0	0.0	1	0.0
Unknown	0	0.0	469	0.2
Not Reported	0	0.0	15,101	6.9

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
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	3,063	99.7	218,417	99.8
Another Hospital	4	0.1	114	0.1
Skilled Nursing Facility	1	0.0	87	0.0
Intermediate Care Facility	0	0.0	11	0.0
Another Type of Institution	0	0.0	39	0.0
Under Care of Home Service	4	0.1	141	0.1
Left Against Medical Advice	0	0.0	13	0.0
Under Care of Home IV Provider	0	0.0	7	0.0
Expired	0	0.0	14	0.0
Unknown	1	0.0	59	0.0
Not Reported	0	0.0	4	0.0
PRIMARY PAYER				
Medicare	801	26.1	47,125	21.5
Medicaid	259	8.4	15,764	7.2
Other government	17	0.6	4,030	1.8
Blue Cross/Blue Shield	590	19.2	30,905	14.1
Other Commercial	404	13.1	15,943	7.3
Managed Care(HMO, PPO)	858	27.9	95,785	43.8
Self Pay	46	1.5	3,566	1.6
Industrial & Worker Comp	95	3.1	4,109	1.9
Charity and Unclassified	0	0.0	322	0.1
Childrens Health Insurance	2	0.1	273	0.1
Unknown	1	0.0	1,005	0.5
Not Reported	0	0.0	79	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	4	0.1	14,650	6.7
Central Utah	12	0.4	7,259	3.3
Davis County	50	1.6	25,726	11.8
Salt Lake County	2,804	91.2	74,490	34.0
Southeastern Utah	5	0.2	4,561	2.1
Southwest Utah	5	0.2	10,818	4.9
Summit County	9	0.3	2,876	1.3
Tooele County	120	3.9	4,235	1.9
Tri-County	4	0.1	9,559	4.4
Utah County	25	0.8	33,718	15.4
Wasatch County	2	0.1	1,643	0.8
Weber County	11	0.4	19,808	9.0
Unknown Utah	1	0.0	76	0.0
Outside Utah	20	0.7	9,321	4.3
Unknown, Not Reported	1	0.0	166	0.1

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

AMB ST 1-1
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

122 Primary Childrens Medical Center

Reporting Category(ICD-9-CM CODES)	Procedures Performed		Procedures Performed-All Hospitals	
	(#)	(%)	(#)	(%)
Reporting Category(ICD-9-CM CODES)	17,574	100.0	306,368	100.0
Mastectomy (85.0-85.99)	5	0.0	7,302	2.4
Musculoskeletal (76.0-84.99)	1,822	10.4	61,162	20.0
Respiratory (30.0-34.99)	600	3.4	3,337	1.1
Cardiovascular (35.0-39.99)	875	5.0	17,761	5.8
Lymphatic/Hemetic (40.0-41.99)	270	1.5	2,849	0.9
Digestive System (42.0-54.99)	1,738	9.9	97,896	32.0
Urinary (55.0-59.99)	585	3.3	8,268	2.7
Male Genital (60.0-64.99)	899	5.1	3,711	1.2
Female Genital (65.0-71.99)	50	0.3	14,242	4.6
Endocrine/Nervous (01.0-07.99)	751	4.3	25,908	8.5
Eye (08.0-16.99)	1,269	7.2	19,800	6.5
Ear (18.0-20.99)	3,242	18.4	14,521	4.7
Nose, Mouth, Pharynx (21.0-29.99)	5,468	31.1	29,611	9.7
Reporting Category(CPT-4 CODES)	13,771	100.0	300,811	100.0
Mastectomy (19120-19220)	1	0.0	3,078	1.0
Musculoskeletal (20000-29909)	1,819	13.2	58,688	19.5
Respiratory (30000-32999 & 39501-39599)	919	6.7	13,089	4.4
Cardiovascular (33010-37799 & 93501-93660)	1,643	11.9	51,568	17.1
Lymphatic/Hemetic (38100-38999)	278	2.0	2,778	0.9
Digestive (40490-49999)	4,728	34.3	104,073	34.6
Urinary (50010-53899)	337	2.4	8,888	3.0
Male Genital (54000-55899)	1,008	7.3	3,219	1.1
Female Genital (56405-58999)	41	0.3	10,706	3.6
Endocrine/Nervous (60000-64999)	306	2.2	25,132	8.4
Eye (65091-68899)	970	7.0	11,602	3.9
Ear (69000-69979)	1,721	12.5	7,990	2.7

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.

AMB ST 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES

122 Primary Childrens Medical Center

ICD-9 CODE	ICD-9 DESCRIPTION	#	%	% ALL Hospitals
All ICD-9 Procedures				
2001	MYRINGOTOMY W/INSRT TUBE	2,778	15.8	3.86
283	TONSILLECTOMY W/ADENOIDECTOMY	1,176	6.7	1.75
2341	APPLIC CROWN	867	4.9	0.61
232	RESTORATION TOOTH-FILLING	788	4.5	0.66
2370	ROOT CANAL-NOS	583	3.3	0.48
0392	INJ OTH AGENT SPINAL CANAL	518	2.9	2.72
1511	RECESSION 1 EXTRAOCULAR MUSC	493	2.8	0.27
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	431	2.5	5.52
2309	EXTRACT OTH TOOTH	330	1.9	0.23
2349	OTH DENTAL RESTORATION	297	1.7	0.15
286	ADENOIDECTOMY WO TONSILLECTOMY	285	1.6	0.38
640	CIRCUMCISION	284	1.6	0.24
3723	COMBO RT & LT HEART CARD CATH	246	1.4	0.57
3142	LARYNGOSCOPY & OTH TRACHEOSCOPY	238	1.4	0.15
0943	PROBE NASOLACRML DUCT	218	1.2	0.13
5845	REPR HYPOSPADIAS/EPISPADIAS	204	1.2	0.07
4131	BX BONE MARROW	203	1.2	0.22
625	ORCHIOPEXY	203	1.2	0.12
5300	UNILAT REPR ING HERN-NOS	193	1.1	0.11
153	>=2 EXTRAOCC MUSC-TEMP DETCH-1/BOTH	181	1.0	0.09
CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures				
69436	TYMPANOSTOMY GENERAL ANESTHESIA	1,422	10.3	2.04
41899	UNLIST PROC DENTOALVEOL STRUCTUR	1,146	8.3	1.36
42820	T&A; UNDER AGE 12	1,088	7.9	1.38
43239	UGI ENDO; W/BX 1/MX	427	3.1	5.29
67311	STRABISMUS SURG; 1 HORIZONTAL MU	325	2.4	0.18
42830	ADENOIDECTOMY PRIMARY; UNDER AGE	271	2.0	0.36
54161	CIRC NO CLAMP/DORSL SLIT; NOT NB	241	1.8	0.18
20680	REMOVAL OF IMPLANT; DEEP	238	1.7	0.81
68811	PROBE NASOLACRIM DUCT; REQ GEN A	219	1.6	0.12
38221	BONE MARROW; BIOPSY NEEDLE/TROCA	203	1.5	0.17
93555	IMAG SUPERVS I&R-CATH; VENT/ATRI	202	1.5	1.22
24538	PERQ FIX SPRCOND FX W/WO EXTENSI	192	1.4	0.09
54640	ORCHIPXY ING APPRCH W/WO HERN RE	175	1.3	0.09
49500	REPR INIT ING HERNIA 6MO-<5YR; R	161	1.2	0.09
93531	RT & RETRO LT HRT CATH-CONGEN AN	160	1.2	0.05
31622	BRNCHSCPY;DX W/WO CELL WASH SP P	154	1.1	0.13
54322	1 STAGE DSTL REPR; W/SMPLE MEATL	149	1.1	0.05
93544	INJ PROC DUR CARD CATH; AORTGRPH	140	1.0	0.16
93556	IMAG SUPERVS I&R-CATH; PULM ANGI	122	0.9	1.33
49505	REPR INIT ING HERNIA 5YR/MORE; R	121	0.9	0.99

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, 2004
 AVERAGE TOTAL CHARGES FOR MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES, SINGLE ICD-9 OR CPT-4 ONLY

122 Primary Childrens Medical Center

ICD-9 CODE	ICD-9 DESCRIPTION	#	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
ICD-9 Procedures		5,808	\$2,064	\$2,729
283	TONSILLECTOMY W/ADENOIDECTOMY	903	\$1,445	\$1,783
0392	INJ OTH AGENT SPINAL CANAL	444	\$619	\$773
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	351	\$1,794	\$1,145
7911	CLO REDUC FX W/INT FIX-HUMERUS	177	\$2,595	\$2,780
640	CIRCUMCISION	176	\$1,431	\$1,459
5845	REPR HYOSPADIAS/EPISPADIAS	163	\$2,009	\$2,078
625	ORCHIOPEXY	113	\$1,541	\$1,675
3723	COMBO RT & LT HEART CARD CATH	111	\$9,074	\$6,945
5300	UNILAT REPR ING HERN-NOS	107	\$1,551	\$2,073
0943	PROBE NASOLACRML DUCT	106	\$1,268	\$1,174
4131	BX BONE MARROW	96	\$1,672	\$2,469
5302	UNILAT REPR INDIRECT ING HERN	96	\$1,574	\$2,290
0331	SPINAL TAP	89	\$952	\$1,493
5349	OTH UMB HERNIORRHAPHY	88	\$1,578	\$2,443
7865	REMOV IMPLNT DEVICE-FEM	82	\$1,785	\$2,580
232	RESTORATION TOOTH-FILLING	74	\$1,672	\$1,643
153	>=2 EXTRAOC MUSC-TEMP DETCH-1/BOTH	72	\$1,662	\$1,840
282	TONSILLECTOMY WO ADENOIDECTOMY	70	\$1,431	\$2,027
5674	URETERONEOCYSTOSTOMY	67	\$1,976	\$1,976
631	EXC VARICOCELE-HYDROCELE SPERM CORD	63	\$1,498	\$2,324

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
CPT-4 Procedures		7,489	\$1,952	\$2,356
41899	UNLIST PROC DENTOALVEOL STRUCTUR	1,057	\$2,206	\$2,179
69436	TYMPANOSTOMY GENERAL ANESTHESIA	901	\$872	\$1,067
42820	T&A; UNDER AGE 12	816	\$1,435	\$1,711
43239	UGI ENDO; W/BX 1/MX	343	\$1,777	\$1,141
67311	STRABISMUS SURG; 1 HORIZONTAL MU	230	\$1,675	\$1,858
20680	REMOVAL OF IMPLANT; DEEP	182	\$1,848	\$2,370
38221	BONE MARROW; BIOPSY NEEDLE/TROCA	165	\$1,333	\$1,993
54161	CIRC NO CLAMP/DORSL SLIT; NOT N	162	\$1,419	\$1,932
24538	PERQ FIX SPRCOND FX W/WO EXTENSI	139	\$2,432	\$2,611
54640	ORCHIPXY ING APPRCH W/WO HERN RE	130	\$1,594	\$1,829
54322	1 STAGE DSTL REPR; W/SMPL MEATL	122	\$1,946	\$1,967
49500	REPR INIT ING HERNIA 6MO-<5YR; R	110	\$1,488	\$1,782
68811	PROBE NASOLACRIM DUCT; REQ GEN A	107	\$1,273	\$1,145
49505	REPR INIT ING HERNIA 5YR/MORE; R	103	\$1,555	\$3,146
62270	SPINAL PUNCTURE LUMBAR DIAGNOSTI	86	\$882	\$1,419
42821	T&A; AGE 12 OR OVER	78	\$1,535	\$1,992
49580	REPR UMBILIC HERNIA <5YR; REDUCI	69	\$1,593	\$1,677
50780	URETERONEOCYSTOSTOMY; 1 URETER	69	\$2,013	\$2,013
67312	STRABISMUS SURG; 2 HORIZONTAL MU	65	\$1,646	\$1,766
55500	EXC HYDROCEL SPERM CRD UNI-SEP P	63	\$1,495	\$1,919

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

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

122 Primary Childrens Medical Center

Procedure APG category	Procedure APG	TOTAL #	TOTAL # (ALL Hospitals)
01	INTEGUMENTARY SYSTEM	469	9,617
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	303	3,147
	003 COMPLEX INCISION AND DRAINAGE	1	92
	006 SIMPLE DEBRIDEMENT AND DESTRUCTION	17	157
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	45	1,092
	008 SIMPLE EXCISION AND BIOPSY	51	887
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRANGE	51	1,126
	011 SIMPLE INCISION AND EXCISION OF BREAST	1	2,684
02	MUSCULOSKELETAL SYSTEM	1,430	52,555
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	225	6,223
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	127	2,056
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	78	1,930
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	426	10,991
	025 ARTHROSCOPY	14	22,451
	026 REPLACEMENT OF CAST	13	101
	027 SPLINT, STRAPPING AND CAST REMOVAL	3	72
	028 CLOSED TREATMENT FX & DISLOCATION OF FINGER, TOE & TRUNK	1	47
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	86	660
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	302	3,677
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	8	417
	032 BUNION PROCEDURES	1	1,612
	033 ARTHROPLASTY	2	497
	034 HAND AND FOOT TENOTOMY	57	293
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	87	1,528
03	RESPIRATORY SYSTEM	594	7,438
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	3	747
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	196	4,704
	054 SIMPLE ENDOSCOPY OF THE UPPER AIRWAY	170	333
	055 ENDOSCOPY OF THE LOWER AIRWAY	225	1,654
04	CARDIOVASCULAR SYSTEM	1,513	32,609
	074 CARDIAC ELECTROPHYSIOLOGIC TESTS	288	3,281
	075 PLACEMENT OF TRANSVENOUS CATHETERS	6	119
	076 DIAGNOSTIC CARDIAC CATHETERIZATION	1,086	23,531
	077 ANGIOPLASTY AND transcatheter PROCEDURES	51	2,136
	078 PACEMAKER INSERTION AND REPLACEMENT	17	510
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	54	820
	080 MINOR VASCULAR REPAIR AND FISTULA CONSTRUCTION	6	852
	081 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	4	483
	082 VASCULAR LIGATION	1	864
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	50	2,811
	094 BLOOD AND BLOOD PRODUCT EXCHANGE	1	90
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	47	1,766
	097 TRANSFUSION	2	949
06	DIGESTIVE SYSTEM	1,636	91,524
	112 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	23	1,234
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	16	740

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

122 Primary Childrens Medical Center

procedure APG category	procedure APG	TOTAL #	TOTAL # (ALL Hospitals)
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	14	417
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	485	19,919
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	101	4,997
	117 LOWER GASTROINTESTINAL ENDOSCOPY	105	38,117
	118 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	6	1,843
	119 HERNIA AND HYDROCELE PROCEDURES	653	7,192
	120 COMPLEX ANAL AND RECTAL PROCEDURES	26	896
	121 SIMPLE ANAL AND RECTAL PROCEDURES	26	571
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	35	545
	123 COMPLEX LAPAROSCOPIC PROCEDURES	146	14,566
07	URINARY SYSTEM	167	7,571
	132 SIMPLE URINARY STUDIES AND PROCEDURES	1	3
	133 URINARY CATHETERIZATION AND DILATATION	21	395
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	7	3,257
	135 MODERATE CYSTOURETHROSCOPY	50	2,205
	136 SIMPLE CYSTOURETHROSCOPY	32	648
	137 COMPLEX URETHRAL PROCEDURES	32	109
	138 SIMPLE URETHRAL PROCEDURES	24	103
08	MALE GENITAL SYSTEM	948	2,927
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	307	1,396
	153 COMPLEX PENILE PROCEDURES	298	435
	154 SIMPLE PENILE PROCEDURES	343	748
09	FEMALE GENITAL SYSTEM	66	6,182
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	47	1,400
	180 COLPOSCOPY	19	200
10	NERVOUS SYSTEM	257	21,547
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	57	15,863
	196 REVISION AND REMOVAL OF NEUROLOGICAL DEVICE	33	181
	197 NEUROSTIMULATOR AND VENTRICULAR SHUNT IMPLANTATION	9	469
	198 NERVE REPAIR AND DESTRUCTION	42	4,278
	199 SPINAL TAP	116	756
11	EYE AND OCULAR ADNEXA	957	11,356
	211 MINOR OPHTHALMOLOGICAL TESTS AND PROCEDURES	1	37
	213 LASER EYE PROCEDURES	2	910
	214 CATARACT PROCEDURES	32	4,684
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	219	505
	216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	37	375
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	21	186
	218 COMPLEX POSTERIOR SEGMENT EYE PROCEDURES	1	417
	219 SIMPLE POSTERIOR SEGMENT EYE PROCEDURES	4	364
	220 STRABISMUS AND MUSCLE EYE PROCEDURES	558	975
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	20	727
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	48	504
	223 VITRECTOMY	14	1,672
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	5,141	28,651
	231 COCHLEAR DEVICE IMPLANTATION	10	38

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

122 Primary Childrens Medical Center

procedure APG category	procedure APG	TOTAL #	TOTAL # (ALL Hospitals)
	233 NASAL CAUTERIZATION AND PACKING	55	207
	234 COMPLEX FACIAL AND ENT PROCEDURES	402	5,185
	235 SIMPLE FACIAL AND ENT PROCEDURES	3,094	14,996
	236 TONSIL AND ADENOID PROCEDURES	1,580	8,225
13	THERAPUTIC AND OTHER RADIOLOGICAL PROCEDURES	20	3,870
	252 RADIATION THERAPY AND HYPERTHERMIA	5	15
	253 VASCULAR RADIOLOGY EXCEPT FOR VENOGRAPHY OF EXTREMITY	1	1,835
	255 MISCELLANEOUS RADIOLOGICAL PROCEDURES WITH CONTRAST	14	1,614

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, 2004
PROCEDURE APG CATEGORY, PROCEDURE APG, SINGLE APG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

122 Primary Childrens Medical Center

Procedure APG category	Procedure APG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
01	INTEGUMENTARY SYSTEM	306	\$1,760	\$2,400
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	215	\$1,693	\$1,826
	003 COMPLEX INCISION AND DRAINAGE	1	\$1,779	\$3,064
	006 SIMPLE DEBRIDEMENT AND DESTRUCTION	10	\$1,521	\$2,412
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	28	\$2,392	\$2,565
	008 SIMPLE EXCISION AND BIOPSY	30	\$1,798	\$2,299
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRAN	21	\$1,660	\$2,920
	011 SIMPLE INCISION AND EXCISION OF BREAST	1	\$1,652	\$2,578
02	MUSCULOSKELETAL SYSTEM	783	\$2,244	\$3,512
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	86	\$2,413	\$5,140
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	67	\$2,270	\$3,702
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	27	\$2,807	\$4,004
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	275	\$1,919	\$2,374
	025 ARTHROSCOPY	8	\$2,578	\$3,951
	028 CLOSED TREATMENT FX & DISLOCATION OF FINGER, TOE & TRUNK	1	\$3,019	\$2,523
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	51	\$2,634	\$2,582
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	220	\$2,739	\$4,121
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	1	\$2,145	\$2,448
	032 BUNION PROCEDURES	1	\$2,281	\$3,335
	034 HAND AND FOOT TENOTOMY	5	\$1,522	\$1,932
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	41	\$515	\$646
03	RESPIRATORY SYSTEM	154	\$1,571	\$1,808
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	3	\$3,280	\$1,075
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	42	\$2,036	\$3,079
	054 SIMPLE ENDOSCOPY OF THE UPPER AIRWAY	45	\$767	\$1,126
	055 ENDOSCOPY OF THE LOWER AIRWAY	64	\$1,751	\$1,902
04	CARDIOVASCULAR SYSTEM	100	\$8,166	\$7,486
	074 CARDIAC ELECTROPHYSIOLOGIC TESTS	7	\$15,728	\$18,581
	075 PLACEMENT OF TRANSVENOUS CATHETERS	4	\$2,974	\$2,140
	076 DIAGNOSTIC CARDIAC CATHETERIZATION	59	\$9,297	\$5,567
	077 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	1	\$14,922	\$14,366
	078 PACEMAKER INSERTION AND REPLACEMENT	5	\$14,600	\$20,139
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	16	\$1,255	\$2,988
	080 MINOR VASCULAR REPAIR AND FISTULA CONSTRUCTION	5	\$4,276	\$3,982
	081 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	2	\$7,181	\$9,790
	082 VASCULAR LIGATION	1	\$2,335	\$4,226
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	37	\$2,572	\$3,893
	094 BLOOD AND BLOOD PRODUCT EXCHANGE	1	\$1,523	\$16,165
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	36	\$2,601	\$4,071
06	DIGESTIVE SYSTEM	1,065	\$1,759	\$1,913
	112 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	9	\$1,500	\$1,101
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	13	\$1,074	\$890
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	2	\$2,133	\$878
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	367	\$1,770	\$1,110
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	79	\$2,069	\$1,563

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
PROCEDURE APG CATEGORY, PROCEDURE APG, SINGLE APG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

122 Primary Childrens Medical Center

procedure APG category	Procedure APG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
	117 LOWER GASTROINTESTINAL ENDOSCOPY	53	\$1,995	\$1,017
	118 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	1	\$2,048	\$3,074
	119 HERNIA AND HYDROCELE PROCEDURES	445	\$1,624	\$3,001
	120 COMPLEX ANAL AND RECTAL PROCEDURES	19	\$1,255	\$2,412
	121 SIMPLE ANAL AND RECTAL PROCEDURES	12	\$1,008	\$2,116
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	24	\$1,723	\$2,759
	123 COMPLEX LAPAROSCOPIC PROCEDURES	41	\$2,944	\$5,244
07	URINARY SYSTEM	95	\$2,013	\$4,118
	133 URINARY CATHETERIZATION AND DILATATION	9	\$1,660	\$2,947
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	4	\$2,140	\$3,980
	135 MODERATE CYSTOURETHROSCOPY	34	\$2,618	\$2,966
	136 SIMPLE CYSTOURETHROSCOPY	12	\$1,944	\$2,050
	137 COMPLEX URETHRAL PROCEDURES	20	\$1,719	\$5,173
	138 SIMPLE URETHRAL PROCEDURES	16	\$1,310	\$1,730
08	MALE GENITAL SYSTEM	631	\$1,632	\$2,884
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	204	\$1,593	\$2,325
	153 COMPLEX PENILE PROCEDURES	208	\$1,943	\$2,606
	154 SIMPLE PENILE PROCEDURES	219	\$1,375	\$1,709
09	FEMALE GENITAL SYSTEM	45	\$3,808	\$3,249
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	39	\$4,172	\$2,642
	180 COLPOSCOPY	6	\$1,441	\$1,716
10	NERVOUS SYSTEM	126	\$2,069	\$1,519
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	6	\$959	\$939
	196 REVISION AND REMOVAL OF NEUROLOGICAL DEVICE	21	\$5,687	\$5,797
	197 NEUROSTIMULATOR AND VENTRICULAR SHUNT IMPLANTATION	1	\$22,836	\$17,461
	198 NERVE REPAIR AND DESTRUCTION	12	\$3,063	\$2,158
	199 SPINAL TAP	86	\$882	\$1,409
11	EYE AND OCULAR ADNEXA	532	\$1,693	\$2,658
	211 MINOR OPHTHALMOLOGICAL TESTS AND PROCEDURES	1	\$851	\$1,530
	213 LASER EYE PROCEDURES	1	\$2,204	\$680
	214 CATARACT PROCEDURES	20	\$3,825	\$2,904
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	107	\$1,273	\$2,469
	216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	22	\$1,833	\$2,180
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	11	\$2,051	\$2,051
	219 SIMPLE POSTERIOR SEGMENT EYE PROCEDURES	3	\$3,967	\$3,639
	220 STRABISMUS AND MUSCLE EYE PROCEDURES	320	\$1,665	\$1,849
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	6	\$2,652	\$3,213
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	39	\$1,436	\$1,662
	223 VITRECTOMY	2	\$2,733	\$5,079
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	3,323	\$1,726	\$2,083
	231 COCHLEAR DEVICE IMPLANTATION	10	\$40,305	\$54,585
	233 NASAL CAUTERIZATION AND PACKING	22	\$1,896	\$2,238
	234 COMPLEX FACIAL AND ENT PROCEDURES	167	\$2,602	\$4,171
	235 SIMPLE FACIAL AND ENT PROCEDURES	2,109	\$1,613	\$1,547
	236 TONSIL AND ADENOID PROCEDURES	1,015	\$1,432	\$1,824

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
PROCEDURE APG CATEGORY, PROCEDURE APG, SINGLE APG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

122 Primary Childrens Medical Center

procedure APG category	TOTAL #	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
Procedure APG			
13 THERAPUTIC AND OTHER RADIOLOGICAL PROCEDURES	3	\$4,663	\$2,912
252 RADIATION THERAPY AND HYPERTHERMIA	3	\$4,663	\$7,584

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, 2004
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

122 Primary Childrens Medical Center

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
GENDER				
Female	4,184	39.7	120,006	54.8
Male	6,356	60.3	98,888	45.2
Unknown	0	0.0	8	0.0
Not Reported	0	0.0	4	0.0
AGE				
1-28 days	16	0.2	376	0.2
29-365 days	1,326	12.6	2,969	1.4
1-4 years	4,489	42.6	11,176	5.1
5-9	2,494	23.7	6,445	2.9
10-14	1,406	13.3	5,080	2.3
15-17	572	5.4	5,201	2.4
18-19	122	1.2	3,849	1.8
20-24	97	0.9	11,707	5.3
25-29	16	0.2	12,626	5.8
30-34	1	0.0	11,936	5.5
35-39	0	0.0	11,960	5.5
40-44	1	0.0	14,821	6.8
45-49	0	0.0	17,215	7.9
50-54	0	0.0	22,033	10.1
55-59	0	0.0	18,759	8.6
60-64	0	0.0	16,305	7.4
65-69	0	0.0	13,961	6.4
70-74	0	0.0	12,040	5.5
75-79	0	0.0	10,224	4.7
80-84	0	0.0	6,733	3.1
85-89	0	0.0	2,713	1.2
90 +	0	0.0	777	0.4
Not Reported	16	0.2	376	0.2
SOURCE OF ADMISSION				
Physician Referral	10,059	95.4	195,236	89.2
Clinic Referral	6	0.1	774	0.4
HMO Referral	5	0.0	2,769	1.3
Other Hospital	6	0.1	81	0.0
Skilled Nursing Facility	0	0.0	18	0.0
Other Health Care Facility	0	0.0	22	0.0
Emergency Room	464	4.4	4,435	2.0
Court/Law Enforcement	0	0.0	1	0.0
Unknown	0	0.0	469	0.2
Not Reported	0	0.0	15,101	6.9

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

122 Primary Childrens Medical Center

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	10,534	99.9	218,417	99.8
Another Hospital	2	0.0	114	0.1
Skilled Nursing Facility	0	0.0	87	0.0
Intermediate Care Facility	1	0.0	11	0.0
Another Type of Institution	0	0.0	39	0.0
Under Care of Home Service	1	0.0	141	0.1
Left Against Medical Advice	0	0.0	13	0.0
Under Care of Home IV Provider	1	0.0	7	0.0
Expired	1	0.0	14	0.0
Unknown	0	0.0	59	0.0
Not Reported	0	0.0	4	0.0
PRIMARY PAYER				
Medicare	8	0.1	47,125	21.5
Medicaid	2,566	24.3	15,764	7.2
Other government	179	1.7	4,030	1.8
Blue Cross/Blue Shield	1,910	18.1	30,905	14.1
Other Commercial	842	8.0	15,943	7.3
Managed Care(HMO, PPO)	4,598	43.6	95,785	43.8
Self Pay	76	0.7	3,566	1.6
Industrial & Worker Comp	1	0.0	4,109	1.9
Charity and Unclassified	9	0.1	322	0.1
Childrens Health Insurance	133	1.3	273	0.1
Unknown	218	2.1	1,005	0.5
Not Reported	0	0.0	79	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	273	2.6	14,650	6.7
Central Utah	142	1.3	7,259	3.3
Davis County	1,170	11.1	25,726	11.8
Salt Lake County	5,451	51.7	74,490	34.0
Southeastern Utah	99	0.9	4,561	2.1
Southwest Utah	158	1.5	10,818	4.9
Summit County	209	2.0	2,876	1.3
Tooele County	295	2.8	4,235	1.9
Tri-County	110	1.0	9,559	4.4
Utah County	1,069	10.1	33,718	15.4
Wasatch County	92	0.9	1,643	0.8
Weber County	551	5.2	19,808	9.0
Unknown Utah	1	0.0	76	0.0
Outside Utah	912	8.7	9,321	4.3
Unknown, Not Reported	8	0.1	166	0.1

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

AMB ST 1-1
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
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)	6,008	100.0	306,368	100.0
Mastectomy (85.0-85.99)	347	5.8	7,302	2.4
Musculoskeletal (76.0-84.99)	765	12.7	61,162	20.0
Respiratory (30.0-34.99)	36	0.6	3,337	1.1
Cardiovascular (35.0-39.99)	1,194	19.9	17,761	5.8
Lymphatic/Hemetic (40.0-41.99)	107	1.8	2,849	0.9
Digestive System (42.0-54.99)	642	10.7	97,896	32.0
Urinary (55.0-59.99)	230	3.8	8,268	2.7
Male Genital (60.0-64.99)	115	1.9	3,711	1.2
Female Genital (65.0-71.99)	395	6.6	14,242	4.6
Endocrine/Nervous (01.0-07.99)	343	5.7	25,908	8.5
Eye (08.0-16.99)	1,025	17.1	19,800	6.5
Ear (18.0-20.99)	140	2.3	14,521	4.7
Nose, Mouth, Pharynx (21.0-29.99)	669	11.1	29,611	9.7
Reporting Category(CPT-4 CODES)	6,638	100.0	300,811	100.0
Mastectomy (19120-19220)	164	2.5	3,078	1.0
Musculoskeletal (20000-29909)	904	13.6	58,688	19.5
Respiratory (30000-32999 & 39501-39599)	498	7.5	13,089	4.4
Cardiovascular (33010-37799 & 93501-93660)	1,924	29.0	51,568	17.1
Lymphatic/Hemetic (38100-38999)	93	1.4	2,778	0.9
Digestive (40490-49999)	853	12.9	104,073	34.6
Urinary (50010-53899)	472	7.1	8,888	3.0
Male Genital (54000-55899)	131	2.0	3,219	1.1
Female Genital (56405-58999)	382	5.8	10,706	3.6
Endocrine/Nervous (60000-64999)	496	7.5	25,132	8.4
Eye (65091-68899)	624	9.4	11,602	3.9
Ear (69000-69979)	97	1.5	7,990	2.7

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.

AMB ST 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
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		6,008	100.0	100.0
3722	LT HEART CARD CATH	193	3.2	1.25
0833	REPR BLEPHAROPT-RESECT/ADVANC LEVAT	190	3.2	0.08
3726	CARD ELECTROPHYSIO STIMUL-RECORD	152	2.5	0.38
3859	LIG-STRIP VARICOSE VEINS-LOWER LIMB	150	2.5	0.31
8521	LOC EXC LES BREAST	149	2.5	0.93
3729	OTH DX PROC HEART & PERICARDIUM	142	2.4	0.35
2169	OTH TURBINECTOMY	129	2.1	0.67
3734	EXC/DESTRUC OTH LES/TISS HRT OTH	122	2.0	0.33
5123	LAP CHOLEY	119	2.0	2.03
0859	OTH ADJUSTMENT LID POSIT	113	1.9	0.04
2188	OTH SEPTOPLASTY	100	1.7	0.62
0844	REPR ENTROPION/ECTROP-LID RECON	97	1.6	0.06
3727	CARD MAPPING	94	1.6	0.31
2001	MYRINGOTOMY W/INSRT TUBE	87	1.4	3.86
2263	ETHMOIDECTOMY	84	1.4	0.51
6823	ENDOMETRIAL ABLATION	82	1.4	0.51
8519	OTH DX PROC BREAST	76	1.3	0.32
8192	INJ THERAP SUBSTANCE JT/LIGAMNT	71	1.2	0.44
0899	OTH OPER EYELIDS	69	1.1	0.04
0870	RECON EYELID-NOS	61	1.0	0.06
CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		6,638	100.0	100.0
93545	INJ PROC-CATH; SELECT CORONRY AN	236	3.6	1.54
93543	INJ PROC-CATH; LT VENT/ATRIAL AN	212	3.2	1.39
93510	LT HRT CATH RETRO-BRACH/FEM; PER	194	2.9	1.13
50590	LITHOTRIPSY XTRACORP SHOCK WAVE	133	2.0	0.28
93620	COMP EP EVAL;RT ATRIAL VENT HIS	130	2.0	0.28
49505	REPR INIT ING HERNIA 5YR/MORE; R	125	1.9	0.99
30140	SUBMUCOS RES TURBINATE PART/CMPL	121	1.8	0.56
36430	TRANSFUSION BLOOD/BLOOD COMPONEN	114	1.7	0.32
67904	REPR BLEPHAROPTOSIS; RESECT-EXT	112	1.7	0.05
30520	SEPTOPLASTY/SUBMUCOS RES W/GFT	110	1.7	0.71
93651	INTRACARD CATH ABLAT ARRHY; TX T	106	1.6	0.20
93621	COMP EP EVAL;LT ATRIAL COR SINUS	99	1.5	0.18
21282	LATERAL CANTHOPEXY	95	1.4	0.03
19120	EXC BRST CYST TUMR/LES OPN M/F 1	89	1.3	0.59
58563	HYSTEROSC SURG; W/ENDOMETRIAL AB	83	1.3	0.37
47562	LAPAROSCOPY SURGICAL; CHOLECT	80	1.2	0.80
58340	CATH&INTRO SALINE/CONTRAST SIS/H	71	1.1	0.12
93623	PROGRAM STIM & PACE AFTER IV DRU	70	1.1	0.18
67875	TEMPORARY CLOSURE OF EYELIDS SUT	68	1.0	0.04
68760	CLO LACRIMAL PUNCTUM; THERMOCAUT	58	0.9	0.02

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, 2004
 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 CHRG	AVE TOT CHRG(ALL Hospitals)
ICD-9 Procedures		2,145	\$6,478	\$2,729
3722	LT HEART CARD CATH	147	\$8,138	\$5,884
5123	LAP CHOLEY	105	\$8,210	\$5,384
8521	LOC EXC LES BREAST	70	\$3,210	\$2,337
8192	INJ THERAP SUBSTANCE JT/LIGAMNT	68	\$442	\$811
3859	LIG-STRIP VARICOSE VEINS-LOWER LIMB	64	\$6,302	\$4,507
6823	ENDOMETRIAL ABLATION	58	\$6,463	\$4,438
5304	UNILAT REPR INDIRECT ING HERN-GFT	54	\$5,137	\$3,302
0443	RELEASE CARPAL TUNNEL	46	\$2,813	\$1,950
3723	COMBO RT & LT HEART CARD CATH	38	\$10,740	\$6,945
5303	UNILAT REPR DIRECT ING HERN-GFT	36	\$5,189	\$3,282
6952	ASPIR CURET FOLLOWING DELIV/AB	35	\$3,265	\$2,058
3893	VENOUS CATH-NEC	32	\$3,308	\$2,776
282	TONSILLECTOMY WO ADENOIDECTOMY	30	\$3,684	\$2,027
0392	INJ OTH AGENT SPINAL CANAL	29	\$2,692	\$773
283	TONSILLECTOMY W/ADENOIDECTOMY	28	\$3,603	\$1,783
0331	SPINAL TAP	27	\$1,907	\$1,493
6902	D&C FOLLOWING DELIV/AB	27	\$3,330	\$2,426
0393	INSRT/REPLCMT SPINAL NEUROSTIM	26	\$31,202	\$22,033
5011	CLO [PERCUT] [NEEDLE] BX LIVER	25	\$2,166	\$1,765
5302	UNILAT REPR INDIRECT ING HERN	24	\$3,798	\$2,290
CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
CPT-4 Procedures		2,581	\$5,879	\$2,356
50590	LITHOTRIPSY XTRACORP SHOCK WAVE	117	\$10,986	\$7,612
36430	TRANSFUSION BLOOD/BLOOD COMPONEN	109	\$3,143	\$2,372
49505	REPR INIT ING HERNIA 5YR/MORE; R	107	\$4,511	\$3,146
47562	LAPAROSCOPY SURGICAL; CHOLECT	74	\$7,895	\$5,197
19120	EXC BRST CYST TUMR/LES OPN M/F 1	72	\$3,137	\$2,325
58340	CATH&INTRO-CONTRST HYSTROSON/SLP	71	\$903	\$702
58563	HYSTEROSC SURG; W/ENDOMETRIAL AB	62	\$6,412	\$4,566
20610	ARTHROCENTESIS ASPIR&/INJ; MAJ J	51	\$436	\$667
64721	NEUROPLASTY; MEDIAN @ CARPAL TUN	45	\$2,753	\$1,918
19125	EXC BRST LES ID RAD MARKR OPN;1	41	\$4,880	\$3,115
36600	ART PUNCTURE WITHDRAWAL BLD DX	39	\$1,257	\$907
62284	INJ PROC MYELGRPH &/CT SPINAL	34	\$2,976	\$2,583
37720	LIG & CMPL STRIP LONG/SHORT SAPH	32	\$5,902	\$5,002
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	31	\$8,961	\$5,482
36569	36569	30	\$3,335	\$1,984
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	29	\$3,688	\$2,069
55859	TRNSPERNL PLC NDLE PROS-RADELMNT	28	\$22,063	\$12,827
62270	SPINAL PUNCTURE LUMBAR DIAGNOSTI	28	\$1,890	\$1,419
44500	INTRODUCTION LONG GI TUBE-SEP PR	25	\$1,175	\$923
47000	BIOPSY LIVER NEEDLE; PERCUTANEOU	25	\$2,166	\$1,682

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

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
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)
01	INTEGUMENTARY SYSTEM	349	9,617
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	74	3,147
	003 COMPLEX INCISION AND DRAINAGE	1	92
	006 SIMPLE DEBRIDEMENT AND DESTRUCTION	15	157
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	43	1,092
	008 SIMPLE EXCISION AND BIOPSY	12	887
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRANGE	40	1,126
	011 SIMPLE INCISION AND EXCISION OF BREAST	143	2,684
	012 BREAST RECONSTRUCTION AND MASTECTOMY	21	392
02	MUSCULOSKELETAL SYSTEM	672	52,555
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	89	6,223
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	46	2,056
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	36	1,930
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	183	10,991
	025 ARTHROSCOPY	114	22,451
	027 SPLINT, STRAPPING AND CAST REMOVAL	6	72
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	3	660
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	56	3,677
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	3	417
	032 BUNION PROCEDURES	45	1,612
	033 ARTHROPLASTY	4	497
	034 HAND AND FOOT TENOTOMY	2	293
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	85	1,528
03	RESPIRATORY SYSTEM	206	7,438
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	15	747
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	181	4,704
	054 SIMPLE ENDOSCOPY OF THE UPPER AIRWAY	2	333
	055 ENDOSCOPY OF THE LOWER AIRWAY	8	1,654
04	CARDIOVASCULAR SYSTEM	1,604	32,609
	074 CARDIAC ELECTROPHYSIOLOGIC TESTS	497	3,281
	075 PLACEMENT OF TRANSVENOUS CATHETERS	2	119
	076 DIAGNOSTIC CARDIAC CATHETERIZATION	771	23,531
	077 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	64	2,136
	078 PACEMAKER INSERTION AND REPLACEMENT	49	510
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	92	820
	080 MINOR VASCULAR REPAIR AND FISTULA CONSTRUCTION	3	852
	081 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	29	483
	082 VASCULAR LIGATION	96	864
	083 RESUSCITATION AND CARDIOVERSION	1	13
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	184	2,811
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	70	1,766
	097 TRANSFUSION	114	949
06	DIGESTIVE SYSTEM	727	91,524
	111 ALIMENTARY TESTS AND SIMPLE TUBE PLACEMENT	25	296
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	6	19,919
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	10	4,997

AMB ST 1-4

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
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)
	117 LOWER GASTROINTESTINAL ENDOSCOPY	1	38,117
	118 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	43	1,843
	119 HERNIA AND HYDROCELE PROCEDURES	220	7,192
	120 COMPLEX ANAL AND RECTAL PROCEDURES	27	896
	121 SIMPLE ANAL AND RECTAL PROCEDURES	30	571
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	20	545
	123 COMPLEX LAPAROSCOPIC PROCEDURES	329	14,566
	124 SIMPLE LAPAROSCOPIC PROCEDURES	16	191
07	URINARY SYSTEM	433	7,571
	131 RENAL EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	133	851
	132 SIMPLE URINARY STUDIES AND PROCEDURES	1	3
	133 URINARY CATHETERIZATION AND DILATATION	23	395
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	109	3,257
	135 MODERATE CYSTOURETHROSCOPY	136	2,205
	136 SIMPLE CYSTOURETHROSCOPY	22	648
	137 COMPLEX URETHRAL PROCEDURES	5	109
	138 SIMPLE URETHRAL PROCEDURES	4	103
08	MALE GENITAL SYSTEM	84	2,927
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	55	1,396
	152 INSERTION OF PENILE PROSTHESIS	5	92
	153 COMPLEX PENILE PROCEDURES	9	435
	154 SIMPLE PENILE PROCEDURES	14	748
	155 PROSTATE NEEDLE AND PUNCH BIOPSY	1	256
09	FEMALE GENITAL SYSTEM	187	6,182
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	22	1,463
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	30	1,400
	178 DILATION AND CURETTAGE	16	810
	179 HYSTEROSCOPY	119	2,308
10	NERVOUS SYSTEM	357	21,547
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	124	15,863
	196 REVISION AND REMOVAL OF NEUROLOGICAL DEVICE	32	181
	197 NEUROSTIMULATOR AND VENTRICULAR SHUNT IMPLANTATION	71	469
	198 NERVE REPAIR AND DESTRUCTION	96	4,278
	199 SPINAL TAP	34	756
11	EYE AND OCULAR ADNEXA	601	11,356
	211 MINOR OPHTHALMOLOGICAL TESTS AND PROCEDURES	1	37
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	2	505
	216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	46	375
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	6	186
	218 COMPLEX POSTERIOR SEGMENT EYE PROCEDURES	1	417
	220 STRABISMUS AND MUSCLE EYE PROCEDURES	7	975
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	347	727
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	191	504
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	658	28,651
	233 NASAL CAUTERIZATION AND PACKING	3	207
	234 COMPLEX FACIAL AND ENT PROCEDURES	301	5,185

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
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)
	235 SIMPLE FACIAL AND ENT PROCEDURES	243	14,996
	236 TONSIL AND ADENOID PROCEDURES	111	8,225
13	THERAPUTIC AND OTHER RADIOLOGICAL PROCEDURES	212	3,870
	253 VASCULAR RADIOLOGY EXCEPT FOR VENOGRAPHY OF EXTREMITY	35	1,835
	254 MYELOGRAPHY	49	406
	255 MISCELLANEOUS RADIOLOGICAL PROCEDURES WITH CONTRAST	128	1,614

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, 2004
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	270	\$3,377	\$2,400
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	72	\$2,090	\$1,826
	003 COMPLEX INCISION AND DRAINAGE	1	\$3,593	\$3,064
	006 SIMPLE DEBRIDEMENT AND DESTRUCTION	10	\$3,062	\$2,412
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	21	\$4,101	\$2,565
	008 SIMPLE EXCISION AND BIOPSY	5	\$3,007	\$2,299
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRAN	32	\$3,430	\$2,920
	011 SIMPLE INCISION AND EXCISION OF BREAST	113	\$3,769	\$2,578
	012 BREAST RECONSTRUCTION AND MASTECTOMY	16	\$5,647	\$4,433
02	MUSCULOSKELETAL SYSTEM	308	\$4,372	\$3,512
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	36	\$7,859	\$5,140
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	9	\$5,081	\$3,702
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	9	\$7,356	\$4,004
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	71	\$4,035	\$2,374
	025 ARTHROSCOPY	39	\$7,505	\$3,951
	027 SPLINT, STRAPPING AND CAST REMOVAL	6	\$344	\$689
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	3	\$3,117	\$2,582
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	36	\$5,904	\$4,121
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	1	\$5,431	\$2,448
	032 BUNION PROCEDURES	16	\$6,290	\$3,335
	033 ARTHROPLASTY	2	\$4,991	\$4,516
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	80	\$406	\$646
03	RESPIRATORY SYSTEM	27	\$2,250	\$1,808
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	11	\$1,393	\$1,075
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	8	\$4,003	\$3,079
	054 SIMPLE ENDOSCOPY OF THE UPPER AIRWAY	1	\$3,274	\$1,126
	055 ENDOSCOPY OF THE LOWER AIRWAY	7	\$1,448	\$1,902
04	CARDIOVASCULAR SYSTEM	162	\$15,280	\$7,486
	074 CARDIAC ELECTROPHYSIOLOGIC TESTS	14	\$23,779	\$18,581
	075 PLACEMENT OF TRANSVENOUS CATHETERS	2	\$5,551	\$2,140
	076 DIAGNOSTIC CARDIAC CATHETERIZATION	9	\$22,036	\$5,567
	077 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	27	\$22,557	\$14,366
	078 PACEMAKER INSERTION AND REPLACEMENT	19	\$36,452	\$20,139
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	21	\$10,916	\$2,988
	080 MINOR VASCULAR REPAIR AND FISTULA CONSTRUCTION	2	\$6,665	\$3,982
	081 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	9	\$4,493	\$9,790
	082 VASCULAR LIGATION	59	\$5,904	\$4,226
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	137	\$3,665	\$3,893
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	28	\$5,697	\$4,071
	097 TRANSFUSION	109	\$3,143	\$2,372
06	DIGESTIVE SYSTEM	508	\$5,836	\$1,913
	111 ALIMENTARY TESTS AND SIMPLE TUBE PLACEMENT	25	\$1,175	\$923
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	3	\$2,795	\$1,110
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	9	\$1,263	\$1,563
	118 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	32	\$5,009	\$3,074

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
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)
	119 HERNIA AND HYDROCELE PROCEDURES	164	\$4,498	\$3,001
	120 COMPLEX ANAL AND RECTAL PROCEDURES	20	\$4,162	\$2,412
	121 SIMPLE ANAL AND RECTAL PROCEDURES	20	\$3,802	\$2,116
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	15	\$4,334	\$2,759
	123 COMPLEX LAPAROSCOPIC PROCEDURES	211	\$7,638	\$5,244
	124 SIMPLE LAPAROSCOPIC PROCEDURES	9	\$20,195	\$9,413
07	URINARY SYSTEM	238	\$7,777	\$4,118
	131 RENAL EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	117	\$10,986	\$7,612
	132 SIMPLE URINARY STUDIES AND PROCEDURES	1	\$3,660	\$3,660
	133 URINARY CATHETERIZATION AND DILATATION	17	\$1,599	\$2,947
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	29	\$5,646	\$3,980
	135 MODERATE CYSTOURETHROSCOPY	62	\$5,024	\$2,966
	136 SIMPLE CYSTOURETHROSCOPY	7	\$3,959	\$2,050
	137 COMPLEX URETHRAL PROCEDURES	5	\$6,357	\$5,173
08	MALE GENITAL SYSTEM	54	\$6,341	\$2,884
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	31	\$4,757	\$2,325
	152 INSERTION OF PENILE PROSTHESIS	5	\$21,817	\$15,341
	153 COMPLEX PENILE PROCEDURES	7	\$6,242	\$2,606
	154 SIMPLE PENILE PROCEDURES	10	\$3,796	\$1,709
	155 PROSTATE NEEDLE AND PUNCH BIOPSY	1	\$4,195	\$3,813
09	FEMALE GENITAL SYSTEM	111	\$5,448	\$3,249
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	9	\$6,046	\$4,142
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	11	\$3,704	\$2,642
	178 DILATION AND CURETTAGE	7	\$2,706	\$1,880
	179 HYSTEROSCOPY	84	\$5,840	\$3,776
10	NERVOUS SYSTEM	187	\$6,317	\$1,519
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	53	\$2,184	\$939
	196 REVISION AND REMOVAL OF NEUROLOGICAL DEVICE	10	\$6,059	\$5,797
	197 NEUROSTIMULATOR AND VENTRICULAR SHUNT IMPLANTATION	30	\$25,094	\$17,461
	198 NERVE REPAIR AND DESTRUCTION	61	\$3,195	\$2,158
	199 SPINAL TAP	33	\$1,736	\$1,409
11	EYE AND OCULAR ADNEXA	73	\$3,890	\$2,658
	216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	3	\$4,742	\$2,180
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	65	\$3,871	\$3,213
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	5	\$3,637	\$1,662
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	160	\$4,499	\$2,083
	233 NASAL CAUTERIZATION AND PACKING	1	\$136	\$2,238
	234 COMPLEX FACIAL AND ENT PROCEDURES	45	\$7,019	\$4,171
	235 SIMPLE FACIAL AND ENT PROCEDURES	56	\$3,435	\$1,547
	236 TONSIL AND ADENOID PROCEDURES	58	\$3,645	\$1,824
13	THERAPUTIC AND OTHER RADIOLOGICAL PROCEDURES	163	\$1,930	\$2,912
	253 VASCULAR RADIOLOGY EXCEPT FOR VENOGRAPHY OF EXTREMITY	4	\$4,474	\$5,763
	254 MYELOGRAPHY	37	\$3,036	\$2,607
	255 MISCELLANEOUS RADIOLOGICAL PROCEDURES WITH CONTRAST	122	\$1,512	\$2,500

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, 2004
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	2,460	58.2	120,006	54.8
Male	1,768	41.8	98,888	45.2
Unknown	0	0.0	8	0.0
Not Reported	0	0.0	4	0.0
AGE				
1-28 days	1	0.0	376	0.2
29-365 days	7	0.2	2,969	1.4
1-4 years	53	1.3	11,176	5.1
5-9	32	0.8	6,445	2.9
10-14	49	1.2	5,080	2.3
15-17	75	1.8	5,201	2.4
18-19	69	1.6	3,849	1.8
20-24	232	5.5	11,707	5.3
25-29	249	5.9	12,626	5.8
30-34	302	7.1	11,936	5.5
35-39	304	7.2	11,960	5.5
40-44	330	7.8	14,821	6.8
45-49	367	8.7	17,215	7.9
50-54	364	8.6	22,033	10.1
55-59	317	7.5	18,759	8.6
60-64	290	6.9	16,305	7.4
65-69	283	6.7	13,961	6.4
70-74	283	6.7	12,040	5.5
75-79	288	6.8	10,224	4.7
80-84	206	4.9	6,733	3.1
85-89	90	2.1	2,713	1.2
90 +	37	0.9	777	0.4
Not Reported	1	0.0	376	0.2
SOURCE OF ADMISSION				
Physician Referral	4,205	99.5	195,236	89.2
Clinic Referral	1	0.0	774	0.4
HMO Referral	1	0.0	2,769	1.3
Other Hospital	0	0.0	81	0.0
Skilled Nursing Facility	0	0.0	18	0.0
Other Health Care Facility	1	0.0	22	0.0
Emergency Room	20	0.5	4,435	2.0
Court/Law Enforcement	0	0.0	1	0.0
Unknown	0	0.0	469	0.2
Not Reported	0	0.0	15,101	6.9

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
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	4,212	99.6	218,417	99.8
Another Hospital	3	0.1	114	0.1
Skilled Nursing Facility	4	0.1	87	0.0
Intermediate Care Facility	0	0.0	11	0.0
Another Type of Institution	2	0.0	39	0.0
Under Care of Home Service	5	0.1	141	0.1
Left Against Medical Advice	0	0.0	13	0.0
Under Care of Home IV Provider	0	0.0	7	0.0
Expired	1	0.0	14	0.0
Unknown	1	0.0	59	0.0
Not Reported	0	0.0	4	0.0
PRIMARY PAYER				
Medicare	1,208	28.6	47,125	21.5
Medicaid	231	5.5	15,764	7.2
Other government	86	2.0	4,030	1.8
Blue Cross/Blue Shield	1,292	30.6	30,905	14.1
Other Commercial	299	7.1	15,943	7.3
Managed Care(HMO, PPO)	988	23.4	95,785	43.8
Self Pay	72	1.7	3,566	1.6
Industrial & Worker Comp	46	1.1	4,109	1.9
Charity and Unclassified	3	0.1	322	0.1
Childrens Health Insurance	0	0.0	273	0.1
Unknown	3	0.1	1,005	0.5
Not Reported	0	0.0	79	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	41	1.0	14,650	6.7
Central Utah	19	0.4	7,259	3.3
Davis County	357	8.4	25,726	11.8
Salt Lake County	2,856	67.5	74,490	34.0
Southeastern Utah	25	0.6	4,561	2.1
Southwest Utah	24	0.6	10,818	4.9
Summit County	125	3.0	2,876	1.3
Tooele County	148	3.5	4,235	1.9
Tri-County	92	2.2	9,559	4.4
Utah County	81	1.9	33,718	15.4
Wasatch County	19	0.4	1,643	0.8
Weber County	73	1.7	19,808	9.0
Unknown Utah	4	0.1	76	0.0
Outside Utah	318	7.5	9,321	4.3
Unknown, Not Reported	46	1.1	166	0.1

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

AMB ST 1-1
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
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)	492	100.0	306,368	100.0
Mastectomy (85.0-85.99)	3	0.6	7,302	2.4
Musculoskeletal (76.0-84.99)	2	0.4	61,162	20.0
Respiratory (30.0-34.99)	2	0.4	3,337	1.1
Cardiovascular (35.0-39.99)	3	0.6	17,761	5.8
Lymphatic/Hemetic (40.0-41.99)	3	0.6	2,849	0.9
Digestive System (42.0-54.99)	319	64.8	97,896	32.0
Urinary (55.0-59.99)	0	0.0	8,268	2.7
Male Genital (60.0-64.99)	4	0.8	3,711	1.2
Female Genital (65.0-71.99)	15	3.0	14,242	4.6
Endocrine/Nervous (01.0-07.99)	0	0.0	25,908	8.5
Eye (08.0-16.99)	51	10.4	19,800	6.5
Ear (18.0-20.99)	58	11.8	14,521	4.7
Nose,Mouth,Pharynx (21.0-29.99)	32	6.5	29,611	9.7
Reporting Category(CPT-4 CODES)	.	.	300,811	100.0
Mastectomy (19120-19220)	.	.	3,078	1.0
Musculoskeletal (20000-29909)	.	.	58,688	19.5
Respiratory (30000-32999 & 39501-39599)	.	.	13,089	4.4
Cardiovascular (33010-37799 & 93501-93660)	.	.	51,568	17.1
Lymphatic/Hemetic (38100-38999)	.	.	2,778	0.9
Digestive (40490-49999)	.	.	104,073	34.6
Urinary (50010-53899)	.	.	8,888	3.0
Male Genital (54000-55899)	.	.	3,219	1.1
Female Genital (56405-58999)	.	.	10,706	3.6
Endocrine/Nervous (60000-64999)	.	.	25,132	8.4
Eye (65091-68899)	.	.	11,602	3.9
Ear (69000-69979)	.	.	7,990	2.7

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.

AMB ST 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
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	93	18.9	5.52
4542	ENDO POLYPECTOMY LG INTESTINE	76	15.4	3.42
2001	MYRINGOTOMY W/INSRT TUBE	58	11.8	3.86
4523	COLONOSCOPY	38	7.7	6.27
4525	CLO [ENDO] BX LG INTESTINE	29	5.9	2.50
5123	LAP CHOLEY	28	5.7	2.03
1341	PHACOEMLUSIFICATION-ASPIR CATARACT	23	4.7	1.52
1371	IOL PROSTH-CATARACT EXTRACT-1-STAGE	23	4.7	1.51
283	TONSILLECTOMY W/ADENOIDECTOMY	20	4.1	1.75
282	TONSILLECTOMY WO ADENOIDECTOMY	10	2.0	0.64
6902	D&C FOLLOWING DELIV/AB	7	1.4	0.23
4945	LIG HEMORRHOIDS	5	1.0	0.02
5349	OTH UMB HERNIORRHAPHY	5	1.0	0.30
5303	UNILAT REPR DIRECT ING HERN-GFT	4	0.8	0.39
6909	OTH D&C UTERUS	4	0.8	0.53
1132	EXC PTERYGIUM W/CORNEAL GFT	3	0.6	0.01
4341	ENDO EXC/DESTRUC LES/TISS STOMACH	3	0.6	0.15
4513	OTH ENDO SM INTESTINE	3	0.6	1.98
4701	LAP APPENDECTOMY	3	0.6	0.44
5302	UNILAT REPR INDIRECT ING HERN	3	0.6	0.13
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.

AMB ST 1-3

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
 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 CHRG	AVE TOT CHRG(ALL Hospitals)
ICD-9 Procedures				
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	242	\$2,405	\$2,729
4542	ENDO POLYPECTOMY LG INTESTINE	52	\$1,782	\$1,145
4523	COLONOSCOPY	47	\$2,009	\$1,132
283	TONSILLECTOMY W/ADENOIDECTOMY	21	\$1,767	\$874
5123	LAP CHOLEY	20	\$2,927	\$1,783
4525	CLO [ENDO] BX LG INTESTINE	16	\$5,016	\$5,384
282	TONSILLECTOMY WO ADENOIDECTOMY	15	\$1,792	\$1,249
6902	D&C FOLLOWING DELIV/AB	10	\$2,866	\$2,027
6909	OTH D&C UTERUS	7	\$2,824	\$2,426
1132	EXC PTERYGIUM W/CORNEAL GFT	4	\$2,126	\$2,137
5302	UNILAT REPR INDIRECT ING HERN	3	\$2,422	\$2,246
5303	UNILAT REPR DIRECT ING HERN-GFT	3	\$3,154	\$2,290
5317	BIL ING HERN REPR W/GFT/PROSTH-NOS	3	\$3,363	\$3,282
3491	THORACENTESIS	3	\$5,246	\$5,743
4021	EXC DEEP CERV LYMPH NODE	2	\$439	\$1,256
4513	OTH ENDO SM INTESTINE	2	\$1,308	\$3,399
4945	LIG HEMORRHOIDS	2	\$1,837	\$1,066
5305	UNILAT REPR ING HERN-GFT-NOS	2	\$2,150	\$3,121
6732	DESTRUC LES CERV-CAUT	2	\$4,007	\$3,561
8521	LOC EXC LES BREAST	2	\$1,876	\$1,981
		2	\$2,485	\$2,337

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(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.

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

128 San Juan Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
GENDER				
Female	192	52.7	120,006	54.8
Male	172	47.3	98,888	45.2
Unknown	0	0.0	8	0.0
Not Reported	0	0.0	4	0.0
AGE				
1-28 days	1	0.3	376	0.2
29-365 days	11	3.0	2,969	1.4
1-4 years	30	8.2	11,176	5.1
5-9	11	3.0	6,445	2.9
10-14	17	4.7	5,080	2.3
15-17	8	2.2	5,201	2.4
18-19	2	0.5	3,849	1.8
20-24	11	3.0	11,707	5.3
25-29	11	3.0	12,626	5.8
30-34	11	3.0	11,936	5.5
35-39	17	4.7	11,960	5.5
40-44	17	4.7	14,821	6.8
45-49	18	4.9	17,215	7.9
50-54	25	6.9	22,033	10.1
55-59	31	8.5	18,759	8.6
60-64	36	9.9	16,305	7.4
65-69	39	10.7	13,961	6.4
70-74	25	6.9	12,040	5.5
75-79	22	6.0	10,224	4.7
80-84	16	4.4	6,733	3.1
85-89	4	1.1	2,713	1.2
90 +	1	0.3	777	0.4
Not Reported	1	0.3	376	0.2
SOURCE OF ADMISSION				
Physician Referral	363	99.7	195,236	89.2
Clinic Referral	0	0.0	774	0.4
HMO Referral	0	0.0	2,769	1.3
Other Hospital	0	0.0	81	0.0
Skilled Nursing Facility	0	0.0	18	0.0
Other Health Care Facility	0	0.0	22	0.0
Emergency Room	0	0.0	4,435	2.0
Court/Law Enforcement	0	0.0	1	0.0
Unknown	0	0.0	469	0.2
Not Reported	1	0.3	15,101	6.9

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
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	332	91.2	218,417	99.8
Another Hospital	2	0.5	114	0.1
Skilled Nursing Facility	2	0.5	87	0.0
Intermediate Care Facility	0	0.0	11	0.0
Another Type of Institution	0	0.0	39	0.0
Under Care of Home Service	0	0.0	141	0.1
Left Against Medical Advice	0	0.0	13	0.0
Under Care of Home IV Provider	0	0.0	7	0.0
Expired	0	0.0	14	0.0
Unknown	28	7.7	59	0.0
Not Reported	0	0.0	4	0.0
PRIMARY PAYER				
Medicare	108	29.7	47,125	21.5
Medicaid	63	17.3	15,764	7.2
Other government	1	0.3	4,030	1.8
Blue Cross/Blue Shield	60	16.5	30,905	14.1
Other Commercial	21	5.8	15,943	7.3
Managed Care(HMO, PPO)	96	26.4	95,785	43.8
Self Pay	13	3.6	3,566	1.6
Industrial & Worker Comp	2	0.5	4,109	1.9
Charity and Unclassified	0	0.0	322	0.1
Childrens Health Insurance	0	0.0	273	0.1
Unknown	0	0.0	1,005	0.5
Not Reported	0	0.0	79	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	0	0.0	14,650	6.7
Central Utah	0	0.0	7,259	3.3
Davis County	0	0.0	25,726	11.8
Salt Lake County	0	0.0	74,490	34.0
Southeastern Utah	351	96.4	4,561	2.1
Southwest Utah	1	0.3	10,818	4.9
Summit County	0	0.0	2,876	1.3
Tooele County	0	0.0	4,235	1.9
Tri-County	0	0.0	9,559	4.4
Utah County	0	0.0	33,718	15.4
Wasatch County	0	0.0	1,643	0.8
Weber County	0	0.0	19,808	9.0
Unknown Utah	0	0.0	76	0.0
Outside Utah	12	3.3	9,321	4.3
Unknown, Not Reported	0	0.0	166	0.1

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

AMB ST 1-1
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
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)	895	100.0	306,368	100.0
Mastectomy (85.0-85.99)	26	2.9	7,302	2.4
Musculoskeletal (76.0-84.99)	38	4.2	61,162	20.0
Respiratory (30.0-34.99)	1	0.1	3,337	1.1
Cardiovascular (35.0-39.99)	5	0.6	17,761	5.8
Lymphatic/Hemetic (40.0-41.99)	3	0.3	2,849	0.9
Digestive System (42.0-54.99)	573	64.0	97,896	32.0
Urinary (55.0-59.99)	5	0.6	8,268	2.7
Male Genital (60.0-64.99)	14	1.6	3,711	1.2
Female Genital (65.0-71.99)	52	5.8	14,242	4.6
Endocrine/Nervous (01.0-07.99)	35	3.9	25,908	8.5
Eye (08.0-16.99)	97	10.8	19,800	6.5
Ear (18.0-20.99)	7	0.8	14,521	4.7
Nose, Mouth, Pharynx (21.0-29.99)	39	4.4	29,611	9.7
Reporting Category(CPT-4 CODES)	761	100.0	300,811	100.0
Mastectomy (19120-19220)	19	2.5	3,078	1.0
Musculoskeletal (20000-29909)	53	7.0	58,688	19.5
Respiratory (30000-32999 & 39501-39599)	6	0.8	13,089	4.4
Cardiovascular (33010-37799 & 93501-93660)	7	0.9	51,568	17.1
Lymphatic/Hemetic (38100-38999)	0	0.0	2,778	0.9
Digestive (40490-49999)	559	73.5	104,073	34.6
Urinary (50010-53899)	4	0.5	8,888	3.0
Male Genital (54000-55899)	13	1.7	3,219	1.1
Female Genital (56405-58999)	36	4.7	10,706	3.6
Endocrine/Nervous (60000-64999)	6	0.8	25,132	8.4
Eye (65091-68899)	55	7.2	11,602	3.9
Ear (69000-69979)	3	0.4	7,990	2.7

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.

AMB ST 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
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		895	100.0	100.0
4523	COLONOSCOPY	145	16.2	6.27
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	85	9.5	5.52
5123	LAP CHOLEY	76	8.5	2.03
4542	ENDO POLYPECTOMY LG INTESTINE	44	4.9	3.42
1341	PHACOEMULSIFICATION-ASPIR CATARACT	42	4.7	1.52
1371	IOL PROSTH-CATARACT EXTRACT-1-STAGE	42	4.7	1.51
4513	OTH ENDO SM INTESTINE	35	3.9	1.98
0443	RELEASE CARPAL TUNNEL	28	3.1	1.17
4701	LAP APPENDECTOMY	27	3.0	0.44
4525	CLO [ENDO] BX LG INTESTINE	23	2.6	2.50
4836	[ENDO] POLYPECTOMY RECTUM	20	2.2	1.06
282	TONSILLECTOMY WO ADENOIDECTOMY	19	2.1	0.64
8521	LOC EXC LES BREAST	18	2.0	0.93
1369	OTH CATARACT EXTRACT	13	1.5	0.05
283	TONSILLECTOMY W/ADENOIDECTOMY	13	1.5	1.75
4292	DILAT ESOPH	11	1.2	1.29
5361	INCIS HERN REPR W/PROSTH	11	1.2	0.20
4824	CLO [ENDO] BX RECTUM	10	1.1	0.53
5451	LAP LYSIS PERITONEAL ADHES	10	1.1	0.27
5304	UNILAT REPR INDIRECT ING HERN-GFT	9	1.0	0.52
CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		761	100.0	100.0
45378	COLONOSCOPY FLEX; DX-SEP PROC	132	17.3	5.95
43239	UGI ENDO; W/BX 1/MX	78	10.2	5.29
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	76	10.0	1.20
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	45	5.9	2.89
66984	EXTRACAPSULAR CATARACT REMV IOL	42	5.5	1.47
44970	LAPAROSCOPY SURGICAL APPENDECTOM	34	4.5	0.46
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	30	3.9	1.28
45380	COLONOSCOPY FLEX; W/BX 1/MX	30	3.9	3.16
29848	ENDO WRST SURG REL TRNS CARP LIG	20	2.6	0.29
49650	LAPARSCPY SURG; REPR INIT ING HE	18	2.4	0.20
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	14	1.8	0.52
66821	DISCISSION 2ND CATARACT; LASER S	13	1.7	0.28
28285	CORRECTION HAMMERTOES	12	1.6	0.53
19125	EXC BRST LES ID RAD MARKR OPN;1	11	1.4	0.29
42820	T&A; UNDER AGE 12	11	1.4	1.38
49659	UNLISTED LAP PROC-HERNIOPLSTY/OT	11	1.4	0.12
43458	DILAT ESOPHAGUS W/BALLOON ACHALA	10	1.3	0.02
49329	UNLIST LAP PROC ABD PERTN&OMNTUM	10	1.3	0.21
58670	LAPARSCPY SURGICAL; W/FULG OVIDU	7	0.9	0.19
19120	EXC BRST CYST TUMR/LES OPN M/F 1	6	0.8	0.59

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, 2004
 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		515	\$2,834	\$2,729
4523	COLONOSCOPY	117	\$832	\$874
5123	LAP CHOLEY	69	\$6,326	\$5,384
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	40	\$883	\$1,145
4542	ENDO POLYPECTOMY LG INTESTINE	27	\$1,207	\$1,132
4701	LAP APPENDECTOMY	26	\$7,091	\$6,923
282	TONSILLECTOMY WO ADENOIDECTOMY	19	\$2,531	\$2,027
4513	OTH ENDO SM INTESTINE	19	\$799	\$1,066
4525	CLO [ENDO] BX LG INTESTINE	19	\$1,140	\$1,249
8521	LOC EXC LES BREAST	16	\$3,425	\$2,337
1369	OTH CATARACT EXTRACT	13	\$573	\$638
283	TONSILLECTOMY W/ADENOIDECTOMY	12	\$2,463	\$1,783
0443	RELEASE CARPAL TUNNEL	10	\$3,393	\$1,950
6902	D&C FOLLOWING DELIV/AB	9	\$2,539	\$2,426
4836	[ENDO] POLYPECTOMY RECTUM	8	\$1,277	\$1,056
5304	UNILAT REPR INDIRECT ING HERN-GFT	8	\$5,684	\$3,302
5361	INCIS HERN REPR W/PROSTH	8	\$6,957	\$5,423
4824	CLO [ENDO] BX RECTUM	7	\$855	\$1,211
6959	OTH ASPIR CURET UTERUS	5	\$1,847	\$2,123
7756	REPR HAMMER TOE	5	\$2,664	\$2,615
5451	LAP LYSIS PERITONEAL ADHES	4	\$4,573	\$4,308

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
CPT-4 Procedures		558	\$2,918	\$2,356
45378	COLONOSCOPY FLEX; DX-SEP PROC	107	\$832	\$868
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	69	\$6,328	\$5,482
66984	EXTRACAPSULAR CATARACT REMV IOL	42	\$2,727	\$2,889
43239	UGI ENDO; W/BX 1/MX	37	\$905	\$1,141
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	37	\$1,205	\$1,120
44970	LAPAROSCOPY SURGICAL APPENDECTOM	26	\$7,091	\$6,771
45380	COLONOSCOPY FLEX; W/BX 1/MX	22	\$1,031	\$1,223
29848	ENDO WRST SURG REL TRNS CARP LIG	19	\$3,458	\$2,278
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	16	\$762	\$986
49650	LAPARSCPY SURG; REPR INIT ING HE	15	\$5,798	\$4,776
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	14	\$2,606	\$2,069
66821	DISCISSION 2ND CATARACT; LASER S	13	\$573	\$675
42820	T&A; UNDER AGE 12	11	\$2,417	\$1,711
19125	EXC BRST LES ID RAD MARKR OPN;1	10	\$3,407	\$3,115
49659	UNLISTED LAP PROC-HERNIOPLSTY/OT	8	\$7,264	\$7,516
19120	EXC BRST CYST TUMR/LES OPN M/F 1	6	\$3,455	\$2,325
42825	TONSILLECT PRIM/SEC; UNDER AGE 1	5	\$2,321	\$1,691
49329	UNLIST LAP PROC ABD PERTN&OMNTUM	5	\$4,793	\$4,075
58558	HYSTEROSCPY SURG; W/BX &/ POLYPE	5	\$4,251	\$2,802
58670	LAPARSCPY SURGICAL; W/FULG OVIDU	5	\$4,359	\$3,011

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

AMB ST 1-4

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
 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	27	9,617
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	5	1,092
	008 SIMPLE EXCISION AND BIOPSY	2	887
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRANGE	1	1,126
	011 SIMPLE INCISION AND EXCISION OF BREAST	18	2,684
	012 BREAST RECONSTRUCTION AND MASTECTOMY	1	392
02	MUSCULOSKELETAL SYSTEM	45	52,555
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	22	10,991
	025 ARTHROSCOPY	20	22,451
	032 BUNION PROCEDURES	3	1,612
03	RESPIRATORY SYSTEM	4	7,438
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	3	4,704
	055 ENDOSCOPY OF THE LOWER AIRWAY	1	1,654
04	CARDIOVASCULAR SYSTEM	1	32,609
	080 MINOR VASCULAR REPAIR AND FISTULA CONSTRUCTION	1	852
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	3	2,811
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	3	1,766
06	DIGESTIVE SYSTEM	536	91,524
	112 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	10	1,234
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	5	740
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	1	417
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	108	19,919
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	9	4,997
	117 LOWER GASTROINTESTINAL ENDOSCOPY	213	38,117
	119 HERNIA AND HYDROCELE PROCEDURES	14	7,192
	120 COMPLEX ANAL AND RECTAL PROCEDURES	2	896
	121 SIMPLE ANAL AND RECTAL PROCEDURES	1	571
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	3	545
	123 COMPLEX LAPAROSCOPIC PROCEDURES	169	14,566
	124 SIMPLE LAPAROSCOPIC PROCEDURES	1	191
07	URINARY SYSTEM	4	7,571
	133 URINARY CATHETERIZATION AND DILATATION	1	395
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	2	3,257
	138 SIMPLE URETHRAL PROCEDURES	1	103
08	MALE GENITAL SYSTEM	12	2,927
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	10	1,396
	154 SIMPLE PENILE PROCEDURES	2	748
09	FEMALE GENITAL SYSTEM	20	6,182
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	6	1,463
	178 DILATION AND CURETTAGE	5	810
	179 HYSTEROSCOPY	8	2,308
	180 COLPOSCOPY	1	200
11	EYE AND OCULAR ADNEXA	55	11,356
	213 LASER EYE PROCEDURES	13	910
	214 CATARACT PROCEDURES	42	4,684
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	39	28,651

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

130 Sanpete Valley Hospital

procedure APG category	procedure APG	TOTAL #	TOTAL # (ALL Hospitals)
234	COMPLEX FACIAL AND ENT PROCEDURES	2	5,185
235	SIMPLE FACIAL AND ENT PROCEDURES	4	14,996
236	TONSIL AND ADENOID PROCEDURES	33	8,225

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, 2004
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	\$3,473	\$2,400
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	5	\$3,312	\$2,565
	008 SIMPLE EXCISION AND BIOPSY	1	\$2,777	\$2,299
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRAN	1	\$2,973	\$2,920
	011 SIMPLE INCISION AND EXCISION OF BREAST	16	\$3,425	\$2,578
	012 BREAST RECONSTRUCTION AND MASTECTOMY	1	\$6,234	\$4,433
02	MUSCULOSKELETAL SYSTEM	32	\$3,129	\$3,512
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	11	\$2,520	\$2,374
	025 ARTHROSCOPY	19	\$3,458	\$3,951
	032 BUNION PROCEDURES	2	\$3,354	\$3,335
04	CARDIOVASCULAR SYSTEM	1	\$3,041	\$7,486
	080 MINOR VASCULAR REPAIR AND FISTULA CONSTRUCTION	1	\$3,041	\$3,982
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	1	\$3,601	\$3,893
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	1	\$3,601	\$4,071
06	DIGESTIVE SYSTEM	375	\$2,888	\$1,913
	112 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	2	\$1,241	\$1,101
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	3	\$506	\$890
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	1	\$874	\$878
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	53	\$862	\$1,110
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	5	\$1,214	\$1,563
	117 LOWER GASTROINTESTINAL ENDOSCOPY	170	\$939	\$1,017
	119 HERNIA AND HYDROCELE PROCEDURES	6	\$4,121	\$3,001
	120 COMPLEX ANAL AND RECTAL PROCEDURES	2	\$2,439	\$2,412
	121 SIMPLE ANAL AND RECTAL PROCEDURES	1	\$2,671	\$2,116
	123 COMPLEX LAPAROSCOPIC PROCEDURES	132	\$6,322	\$5,244
07	URINARY SYSTEM	4	\$3,025	\$4,118
	133 URINARY CATHETERIZATION AND DILATATION	1	\$2,724	\$2,947
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	2	\$3,169	\$3,980
	138 SIMPLE URETHRAL PROCEDURES	1	\$3,038	\$1,730
08	MALE GENITAL SYSTEM	7	\$3,079	\$2,884
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	5	\$3,207	\$2,325
	154 SIMPLE PENILE PROCEDURES	2	\$2,759	\$1,709
09	FEMALE GENITAL SYSTEM	13	\$3,339	\$3,249
	178 DILATION AND CURETTAGE	4	\$2,257	\$1,880
	179 HYSTEROSCOPY	8	\$3,921	\$3,776
	180 COLPOSCOPY	1	\$3,019	\$1,716
11	EYE AND OCULAR ADNEXA	55	\$2,218	\$2,658
	213 LASER EYE PROCEDURES	13	\$573	\$680
	214 CATARACT PROCEDURES	42	\$2,727	\$2,904
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	34	\$2,665	\$2,083
	234 COMPLEX FACIAL AND ENT PROCEDURES	1	\$8,551	\$4,171
	235 SIMPLE FACIAL AND ENT PROCEDURES	1	\$2,023	\$1,547
	236 TONSIL AND ADENOID PROCEDURES	32	\$2,501	\$1,824

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, 2004
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

130 Sanpete Valley Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
GENDER				
Female	396	57.1	120,006	54.8
Male	298	42.9	98,888	45.2
Unknown	0	0.0	8	0.0
Not Reported	0	0.0	4	0.0
AGE				
1-28 days	0	0.0	376	0.2
29-365 days	1	0.1	2,969	1.4
1-4 years	11	1.6	11,176	5.1
5-9	15	2.2	6,445	2.9
10-14	9	1.3	5,080	2.3
15-17	17	2.4	5,201	2.4
18-19	14	2.0	3,849	1.8
20-24	45	6.5	11,707	5.3
25-29	30	4.3	12,626	5.8
30-34	43	6.2	11,936	5.5
35-39	27	3.9	11,960	5.5
40-44	33	4.8	14,821	6.8
45-49	39	5.6	17,215	7.9
50-54	72	10.4	22,033	10.1
55-59	63	9.1	18,759	8.6
60-64	62	8.9	16,305	7.4
65-69	72	10.4	13,961	6.4
70-74	44	6.3	12,040	5.5
75-79	52	7.5	10,224	4.7
80-84	26	3.7	6,733	3.1
85-89	13	1.9	2,713	1.2
90 +	6	0.9	777	0.4
Not Reported	0	0.0	376	0.2
SOURCE OF ADMISSION				
Physician Referral	677	97.6	195,236	89.2
Clinic Referral	0	0.0	774	0.4
HMO Referral	0	0.0	2,769	1.3
Other Hospital	1	0.1	81	0.0
Skilled Nursing Facility	0	0.0	18	0.0
Other Health Care Facility	0	0.0	22	0.0
Emergency Room	16	2.3	4,435	2.0
Court/Law Enforcement	0	0.0	1	0.0
Unknown	0	0.0	469	0.2
Not Reported	0	0.0	15,101	6.9
(Continued)				

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
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	694	100.0	218,417	99.8
Another Hospital	0	0.0	114	0.1
Skilled Nursing Facility	0	0.0	87	0.0
Intermediate Care Facility	0	0.0	11	0.0
Another Type of Institution	0	0.0	39	0.0
Under Care of Home Service	0	0.0	141	0.1
Left Against Medical Advice	0	0.0	13	0.0
Under Care of Home IV Provider	0	0.0	7	0.0
Expired	0	0.0	14	0.0
Unknown	0	0.0	59	0.0
Not Reported	0	0.0	4	0.0
PRIMARY PAYER				
Medicare	223	32.1	47,125	21.5
Medicaid	80	11.5	15,764	7.2
Other government	6	0.9	4,030	1.8
Blue Cross/Blue Shield	56	8.1	30,905	14.1
Other Commercial	55	7.9	15,943	7.3
Managed Care(HMO, PPO)	241	34.7	95,785	43.8
Self Pay	15	2.2	3,566	1.6
Industrial & Worker Comp	6	0.9	4,109	1.9
Charity and Unclassified	2	0.3	322	0.1
Childrens Health Insurance	0	0.0	273	0.1
Unknown	10	1.4	1,005	0.5
Not Reported	0	0.0	79	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	0	0.0	14,650	6.7
Central Utah	681	98.1	7,259	3.3
Davis County	0	0.0	25,726	11.8
Salt Lake County	4	0.6	74,490	34.0
Southeastern Utah	0	0.0	4,561	2.1
Southwest Utah	1	0.1	10,818	4.9
Summit County	1	0.1	2,876	1.3
Tooele County	2	0.3	4,235	1.9
Tri-County	0	0.0	9,559	4.4
Utah County	3	0.4	33,718	15.4
Wasatch County	0	0.0	1,643	0.8
Weber County	0	0.0	19,808	9.0
Unknown Utah	0	0.0	76	0.0
Outside Utah	2	0.3	9,321	4.3
Unknown, Not Reported	0	0.0	166	0.1

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

AMB ST 1-1
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
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)	1,887	100.0	306,368	100.0
Mastectomy (85.0-85.99)	34	1.8	7,302	2.4
Musculoskeletal (76.0-84.99)	207	11.0	61,162	20.0
Respiratory (30.0-34.99)	1	0.1	3,337	1.1
Cardiovascular (35.0-39.99)	0	0.0	17,761	5.8
Lymphatic/Hemetic (40.0-41.99)	9	0.5	2,849	0.9
Digestive System (42.0-54.99)	786	41.7	97,896	32.0
Urinary (55.0-59.99)	60	3.2	8,268	2.7
Male Genital (60.0-64.99)	38	2.0	3,711	1.2
Female Genital (65.0-71.99)	42	2.2	14,242	4.6
Endocrine/Nervous (01.0-07.99)	31	1.6	25,908	8.5
Eye (08.0-16.99)	352	18.7	19,800	6.5
Ear (18.0-20.99)	103	5.5	14,521	4.7
Nose,Mouth,Pharynx (21.0-29.99)	224	11.9	29,611	9.7
Reporting Category(CPT-4 CODES)	1,553	100.0	300,811	100.0
Mastectomy (19120-19220)	20	1.3	3,078	1.0
Musculoskeletal (20000-29909)	206	13.3	58,688	19.5
Respiratory (30000-32999 & 39501-39599)	25	1.6	13,089	4.4
Cardiovascular (33010-37799 & 93501-93660)	2	0.1	51,568	17.1
Lymphatic/Hemetic (38100-38999)	8	0.5	2,778	0.9
Digestive (40490-49999)	894	57.6	104,073	34.6
Urinary (50010-53899)	75	4.8	8,888	3.0
Male Genital (54000-55899)	22	1.4	3,219	1.1
Female Genital (56405-58999)	30	1.9	10,706	3.6
Endocrine/Nervous (60000-64999)	30	1.9	25,132	8.4
Eye (65091-68899)	188	12.1	11,602	3.9
Ear (69000-69979)	53	3.4	7,990	2.7

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.

AMB ST 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
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		1,887	100.0	100.0
4523	COLONOSCOPY	218	11.6	6.27
1371	IOL PROSTH-CATARACT EXTRACT-1-STAGE	163	8.6	1.51
1341	PHACOEMULSIFICATION-ASPIR CATARACT	162	8.6	1.52
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	145	7.7	5.52
4542	ENDO POLYPECTOMY LG INTESTINE	118	6.3	3.42
2001	MYRINGOTOMY W/INSRT TUBE	103	5.5	3.86
232	RESTORATION TOOTH-FILLING	69	3.7	0.66
283	TONSILLECTOMY W/ADENOIDECTOMY	66	3.5	1.75
5732	OTH CYSTOSCOPY	50	2.6	0.56
5123	LAP CHOLEY	49	2.6	2.03
4513	OTH ENDO SM INTESTINE	48	2.5	1.98
4525	CLO [ENDO] BX LG INTESTINE	45	2.4	2.50
2370	ROOT CANAL-NOS	39	2.1	0.48
0443	RELEASE CARPAL TUNNEL	30	1.6	1.17
7756	REPR HAMMER TOE	29	1.5	0.37
4292	DILAT ESOPH	26	1.4	1.29
7751	BUNIONEC SOFT-OSTEOT 1ST METATARS	26	1.4	0.32
806	EXC SEMILUNAR CARTILAGE-KNEE	21	1.1	1.78
4836	[ENDO] POLYPECTOMY RECTUM	19	1.0	1.06
8521	LOC EXC LES BREAST	19	1.0	0.93
CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		1,553	100.0	100.0
45378	COLONOSCOPY FLEX; DX-SEP PROC	217	14.0	5.95
66984	EXTRACAPSULAR CATARACT REMV IOL	162	10.4	1.47
43239	UGI ENDO; W/BX 1/MX	141	9.1	5.29
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	96	6.2	2.89
45380	COLONOSCOPY FLEX; W/BX 1/MX	79	5.1	3.16
41899	UNLIST PROC DENTOALVEOL STRUCTUR	70	4.5	1.36
69436	TYMPANOSTOMY GENERAL ANESTHESIA	52	3.3	2.04
52000	CYSTOURETHROSCOPY-SEP PROC	49	3.2	0.15
42820	T&A; UNDER AGE 12	47	3.0	1.38
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	47	3.0	1.20
28285	CORRECTION HAMMERTOES	31	2.0	0.53
49505	REPR INIT ING HERNIA 5YR/MORE; R	30	1.9	0.99
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	29	1.9	0.75
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	28	1.8	1.28
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	24	1.5	0.72
28296	HALLUX VALGUS; W/METATARSAL OSTE	23	1.5	0.27
42821	T&A; AGE 12 OR OVER	19	1.2	0.34
19120	EXC BRST CYST TUMR/LES OPN M/F 1	18	1.2	0.59
53852	TRNSURETH DSTRUC PROS TISS;RADIO	16	1.0	0.03
66821	DISCISSION 2ND CATARACT; LASER S	16	1.0	0.28

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, 2004
 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 CHRG	AVE TOT CHRG(ALL Hospitals)
ICD-9 Procedures		875	\$1,906	\$2,729
4523	COLONOSCOPY	180	\$921	\$874
4542	ENDO POLYPECTOMY LG INTESTINE	86	\$1,354	\$1,132
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	83	\$1,068	\$1,145
283	TONSILLECTOMY W/ADENOIDECTOMY	58	\$1,796	\$1,783
5732	OTH CYSTOSCOPY	47	\$886	\$3,607
5123	LAP CHOLEY	41	\$7,120	\$5,384
0443	RELEASE CARPAL TUNNEL	26	\$1,426	\$1,950
4525	CLO [ENDO] BX LG INTESTINE	22	\$1,298	\$1,249
232	RESTORATION TOOTH-FILLING	21	\$1,473	\$1,643
6097	OTH TRNSUR DESTR PROS TISS OTH THRM	16	\$3,498	\$5,781
8521	LOC EXC LES BREAST	16	\$2,545	\$2,337
4513	OTH ENDO SM INTESTINE	14	\$894	\$1,066
7751	BUNIONEC SOFT-OSTEOT 1ST METATARS	14	\$2,919	\$3,158
5303	UNILAT REPR DIRECT ING HERN-GFT	13	\$2,975	\$3,282
5304	UNILAT REPR INDIRECT ING HERN-GFT	12	\$2,951	\$3,302
1364	DISCISSION SECNDRY MEMBRN	10	\$471	\$593
640	CIRCUMCISION	10	\$844	\$1,459
8221	EXC LES TENDON SHEATH HAND	10	\$1,622	\$1,963
8512	OP BX BREAST	10	\$2,911	\$2,578
6909	OTH D&C UTERUS	9	\$2,682	\$2,137
CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
CPT-4 Procedures		1,141	\$1,849	\$2,356
45378	COLONOSCOPY FLEX; DX-SEP PROC	182	\$929	\$868
66984	EXTRACAPSULAR CATARACT REMV IOL	152	\$2,117	\$2,889
43239	UGI ENDO; W/BX 1/MX	87	\$1,099	\$1,141
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	77	\$1,384	\$1,120
41899	UNLIST PROC DENTOALVEOL STRUCTUR	70	\$1,675	\$2,179
45380	COLONOSCOPY FLEX; W/BX 1/MX	60	\$1,394	\$1,223
52000	CYSTOURETHROSCOPY-SEP PROC	47	\$886	\$1,813
69436	TYMPANOSTOMY GENERAL ANESTHESIA	47	\$830	\$1,067
42820	T&A; UNDER AGE 12	41	\$1,580	\$1,711
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	40	\$7,070	\$5,482
64721	NEUROPLASTY; MEDIAN @ CARPAL TUN	27	\$1,463	\$1,918
49505	REPR INIT ING HERNIA 5YR/MORE; R	24	\$2,914	\$3,146
28296	HALLUX VALGUS; W/METATARSAL OSTE	17	\$2,932	\$3,281
42821	T&A; AGE 12 OR OVER	17	\$2,307	\$1,992
19120	EXC BRST CYST TUMR/LES OPN M/F 1	16	\$2,553	\$2,325
53852	TRNSURETH DSTRUC PROS TISS;RADIO	16	\$3,498	\$5,797
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	13	\$852	\$986
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	13	\$1,316	\$1,367
58120	DILATION & CURET DX &/ THERAPEUT	10	\$2,599	\$1,880
66821	DISCISSION 2ND CATARACT; LASER S	10	\$471	\$675

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

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
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	29	9,617
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	2	3,147
	006 SIMPLE DEBRIDEMENT AND DESTRUCTION	1	157
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	4	1,092
	008 SIMPLE EXCISION AND BIOPSY	2	887
	011 SIMPLE INCISION AND EXCISION OF BREAST	19	2,684
	012 BREAST RECONSTRUCTION AND MASTECTOMY	1	392
02	MUSCULOSKELETAL SYSTEM	199	52,555
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	2	2,056
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	7	1,930
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	102	10,991
	025 ARTHROSCOPY	48	22,451
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	1	660
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	8	3,677
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	1	417
	032 BUNION PROCEDURES	29	1,612
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	1	1,528
03	RESPIRATORY SYSTEM	5	7,438
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	4	747
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	1	4,704
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	8	2,811
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	8	1,766
06	DIGESTIVE SYSTEM	752	91,524
	112 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	1	1,234
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	1	417
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	169	19,919
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	37	4,997
	117 LOWER GASTROINTESTINAL ENDOSCOPY	395	38,117
	119 HERNIA AND HYDROCELE PROCEDURES	70	7,192
	120 COMPLEX ANAL AND RECTAL PROCEDURES	4	896
	121 SIMPLE ANAL AND RECTAL PROCEDURES	4	571
	123 COMPLEX LAPAROSCOPIC PROCEDURES	71	14,566
07	URINARY SYSTEM	59	7,571
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	2	3,257
	135 MODERATE CYSTOURETHROSCOPY	6	2,205
	136 SIMPLE CYSTOURETHROSCOPY	51	648
08	MALE GENITAL SYSTEM	34	2,927
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	5	1,396
	154 SIMPLE PENILE PROCEDURES	10	748
	155 PROSTATE NEEDLE AND PUNCH BIOPSY	19	256
09	FEMALE GENITAL SYSTEM	13	6,182
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	1	1,400
	178 DILATION AND CURETTAGE	12	810
10	NERVOUS SYSTEM	29	21,547
	198 NERVE REPAIR AND DESTRUCTION	29	4,278
11	EYE AND OCULAR ADNEXA	188	11,356

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

132 Sevier Valley Hospital

procedure APG category	procedure APG	TOTAL #	TOTAL # (ALL Hospitals)
	213 LASER EYE PROCEDURES	16	910
	214 CATARACT PROCEDURES	165	4,684
	216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	2	375
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	2	186
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	2	504
	223 VITRECTOMY	1	1,672
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	218	28,651
	233 NASAL CAUTERIZATION AND PACKING	1	207
	234 COMPLEX FACIAL AND ENT PROCEDURES	13	5,185
	235 SIMPLE FACIAL AND ENT PROCEDURES	136	14,996
	236 TONSIL AND ADENOID PROCEDURES	68	8,225

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, 2004
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	24	\$2,554	\$2,400
	006 SIMPLE DEBRIDEMENT AND DESTRUCTION	1	\$2,979	\$2,412
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	3	\$2,361	\$2,565
	008 SIMPLE EXCISION AND BIOPSY	2	\$2,636	\$2,299
	011 SIMPLE INCISION AND EXCISION OF BREAST	17	\$2,545	\$2,578
	012 BREAST RECONSTRUCTION AND MASTECTOMY	1	\$2,707	\$4,433
02	MUSCULOSKELETAL SYSTEM	91	\$2,441	\$3,512
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	1	\$1,752	\$3,702
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	2	\$2,560	\$4,004
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	43	\$1,695	\$2,374
	025 ARTHROSCOPY	16	\$3,592	\$3,951
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	1	\$2,044	\$2,582
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	6	\$3,289	\$4,121
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	1	\$2,455	\$2,448
	032 BUNION PROCEDURES	21	\$2,887	\$3,335
03	RESPIRATORY SYSTEM	3	\$1,614	\$1,808
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	2	\$375	\$1,075
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	1	\$4,094	\$3,079
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	7	\$3,534	\$3,893
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	7	\$3,534	\$4,071
06	DIGESTIVE SYSTEM	539	\$1,809	\$1,913
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	1	\$4,018	\$878
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	100	\$1,067	\$1,110
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	18	\$1,303	\$1,563
	117 LOWER GASTROINTESTINAL ENDOSCOPY	322	\$1,126	\$1,017
	119 HERNIA AND HYDROCELE PROCEDURES	44	\$3,038	\$3,001
	120 COMPLEX ANAL AND RECTAL PROCEDURES	4	\$2,604	\$2,412
	121 SIMPLE ANAL AND RECTAL PROCEDURES	3	\$2,623	\$2,116
	123 COMPLEX LAPAROSCOPIC PROCEDURES	47	\$6,947	\$5,244
07	URINARY SYSTEM	53	\$904	\$4,118
	135 MODERATE CYSTOURETHROSCOPY	4	\$1,112	\$2,966
	136 SIMPLE CYSTOURETHROSCOPY	49	\$887	\$2,050
08	MALE GENITAL SYSTEM	29	\$2,429	\$2,884
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	1	\$2,729	\$2,325
	154 SIMPLE PENILE PROCEDURES	10	\$844	\$1,709
	155 PROSTATE NEEDLE AND PUNCH BIOPSY	18	\$3,293	\$3,813
09	FEMALE GENITAL SYSTEM	10	\$2,599	\$3,249
	178 DILATION AND CURETTAGE	10	\$2,599	\$1,880
10	NERVOUS SYSTEM	27	\$1,463	\$1,519
	198 NERVE REPAIR AND DESTRUCTION	27	\$1,463	\$2,158
11	EYE AND OCULAR ADNEXA	168	\$1,971	\$2,658
	213 LASER EYE PROCEDURES	10	\$471	\$680
	214 CATARACT PROCEDURES	155	\$2,095	\$2,904
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	1	\$857	\$2,051
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	2	\$458	\$1,662

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
PROCEDURE APG CATEGORY, PROCEDURE APG, SINGLE APG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

132 Sevier Valley Hospital

procedure APG category		TOTAL #	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
Procedure APG				
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	180	\$1,502	\$2,083
233	NASAL CAUTERIZATION AND PACKING	1	\$3,402	\$2,238
234	COMPLEX FACIAL AND ENT PROCEDURES	1	\$2,039	\$4,171
235	SIMPLE FACIAL AND ENT PROCEDURES	118	\$1,335	\$1,547
236	TONSIL AND ADENOID PROCEDURES	60	\$1,789	\$1,824

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, 2004
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

132 Sevier Valley Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
GENDER				
Female	680	50.3	120,006	54.8
Male	673	49.7	98,888	45.2
Unknown	0	0.0	8	0.0
Not Reported	0	0.0	4	0.0
AGE				
1-28 days	4	0.3	376	0.2
29-365 days	15	1.1	2,969	1.4
1-4 years	106	7.8	11,176	5.1
5-9	52	3.8	6,445	2.9
10-14	21	1.6	5,080	2.3
15-17	30	2.2	5,201	2.4
18-19	20	1.5	3,849	1.8
20-24	32	2.4	11,707	5.3
25-29	42	3.1	12,626	5.8
30-34	29	2.1	11,936	5.5
35-39	46	3.4	11,960	5.5
40-44	58	4.3	14,821	6.8
45-49	74	5.5	17,215	7.9
50-54	107	7.9	22,033	10.1
55-59	96	7.1	18,759	8.6
60-64	103	7.6	16,305	7.4
65-69	129	9.5	13,961	6.4
70-74	130	9.6	12,040	5.5
75-79	101	7.5	10,224	4.7
80-84	101	7.5	6,733	3.1
85-89	47	3.5	2,713	1.2
90 +	10	0.7	777	0.4
Not Reported	4	0.3	376	0.2
SOURCE OF ADMISSION				
Physician Referral	1,335	98.7	195,236	89.2
Clinic Referral	0	0.0	774	0.4
HMO Referral	1	0.1	2,769	1.3
Other Hospital	0	0.0	81	0.0
Skilled Nursing Facility	2	0.1	18	0.0
Other Health Care Facility	1	0.1	22	0.0
Emergency Room	14	1.0	4,435	2.0
Court/Law Enforcement	0	0.0	1	0.0
Unknown	0	0.0	469	0.2
Not Reported	0	0.0	15,101	6.9

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
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	1,350	99.8	218,417	99.8
Another Hospital	2	0.1	114	0.1
Skilled Nursing Facility	1	0.1	87	0.0
Intermediate Care Facility	0	0.0	11	0.0
Another Type of Institution	0	0.0	39	0.0
Under Care of Home Service	0	0.0	141	0.1
Left Against Medical Advice	0	0.0	13	0.0
Under Care of Home IV Provider	0	0.0	7	0.0
Expired	0	0.0	14	0.0
Unknown	0	0.0	59	0.0
Not Reported	0	0.0	4	0.0
PRIMARY PAYER				
Medicare	521	38.5	47,125	21.5
Medicaid	183	13.5	15,764	7.2
Other government	11	0.8	4,030	1.8
Blue Cross/Blue Shield	108	8.0	30,905	14.1
Other Commercial	93	6.9	15,943	7.3
Managed Care(HMO, PPO)	402	29.7	95,785	43.8
Self Pay	16	1.2	3,566	1.6
Industrial & Worker Comp	5	0.4	4,109	1.9
Charity and Unclassified	0	0.0	322	0.1
Childrens Health Insurance	0	0.0	273	0.1
Unknown	14	1.0	1,005	0.5
Not Reported	0	0.0	79	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	0	0.0	14,650	6.7
Central Utah	1,311	96.9	7,259	3.3
Davis County	1	0.1	25,726	11.8
Salt Lake County	5	0.4	74,490	34.0
Southeastern Utah	9	0.7	4,561	2.1
Southwest Utah	20	1.5	10,818	4.9
Summit County	0	0.0	2,876	1.3
Tooele County	0	0.0	4,235	1.9
Tri-County	0	0.0	9,559	4.4
Utah County	0	0.0	33,718	15.4
Wasatch County	0	0.0	1,643	0.8
Weber County	0	0.0	19,808	9.0
Unknown Utah	2	0.1	76	0.0
Outside Utah	5	0.4	9,321	4.3
Unknown, Not Reported	0	0.0	166	0.1

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

AMB ST 1-1
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

124 St. Marks Hospital

Reporting Category(ICD-9-CM CODES)	Procedures Performed		Procedures Performed-All Hospitals	
	(#)	(%)	(#)	(%)
Reporting Category(ICD-9-CM CODES)	18,604	100.0	306,368	100.0
Mastectomy (85.0-85.99)	696	3.7	7,302	2.4
Musculoskeletal (76.0-84.99)	3,442	18.5	61,162	20.0
Respiratory (30.0-34.99)	354	1.9	3,337	1.1
Cardiovascular (35.0-39.99)	916	4.9	17,761	5.8
Lymphatic/Hemetic (40.0-41.99)	267	1.4	2,849	0.9
Digestive System (42.0-54.99)	3,350	18.0	97,896	32.0
Urinary (55.0-59.99)	703	3.8	8,268	2.7
Male Genital (60.0-64.99)	109	0.6	3,711	1.2
Female Genital (65.0-71.99)	575	3.1	14,242	4.6
Endocrine/Nervous (01.0-07.99)	6,737	36.2	25,908	8.5
Eye (08.0-16.99)	1,323	7.1	19,800	6.5
Ear (18.0-20.99)	20	0.1	14,521	4.7
Nose,Mouth,Pharynx (21.0-29.99)	112	0.6	29,611	9.7
Reporting Category(CPT-4 CODES)	19,266	100.0	300,811	100.0
Mastectomy (19120-19220)	145	0.8	3,078	1.0
Musculoskeletal (20000-29909)	2,944	15.3	58,688	19.5
Respiratory (30000-32999 & 39501-39599)	358	1.9	13,089	4.4
Cardiovascular (33010-37799 & 93501-93660)	3,096	16.1	51,568	17.1
Lymphatic/Hemetic (38100-38999)	245	1.3	2,778	0.9
Digestive (40490-49999)	3,288	17.1	104,073	34.6
Urinary (50010-53899)	546	2.8	8,888	3.0
Male Genital (54000-55899)	84	0.4	3,219	1.1
Female Genital (56405-58999)	547	2.8	10,706	3.6
Endocrine/Nervous (60000-64999)	6,957	36.1	25,132	8.4
Eye (65091-68899)	939	4.9	11,602	3.9
Ear (69000-69979)	117	0.6	7,990	2.7

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.

AMB ST 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES

124 St. Marks Hospital

ICD-9 CODE	ICD-9 DESCRIPTION	#	%	% ALL Hospitals
All ICD-9 Procedures		18,604	100.0	100.0
0392	INJ OTH AGENT SPINAL CANAL	2,577	13.9	2.72
0391	INJ ANES SPINAL CANAL-ANALGESIA	2,575	13.8	2.20
5123	LAP CHOLEY	466	2.5	2.03
042	DESTRUC CRANIAL & PERIPH NERV	441	2.4	0.27
8192	INJ THERAP SUBSTANCE JT/LIGAMNT	412	2.2	0.44
1474	OTH MECH VITRECTOMY	400	2.2	0.39
4523	COLONOSCOPY	389	2.1	6.27
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	345	1.9	5.52
149	OTH OPER RETINA-CHOROID-POST CHAMBR	320	1.7	0.30
8051	EXC INTERVERTEBRAL DISC	319	1.7	0.45
4542	ENDO POLYPECTOMY LG INTESTINE	291	1.6	3.42
0531	INJ ANES SYMPATHETIC NERV-ANALGES	263	1.4	0.12
3722	LT HEART CARD CATH	258	1.4	1.25
3893	VENOUS CATH-NEC	235	1.3	0.34
8519	OTH DX PROC BREAST	233	1.3	0.32
1424	DEST CHORIORETIN LES-LASER PHOTO	220	1.2	0.19
5732	OTH CYSTOSCOPY	216	1.2	0.56
4513	OTH ENDO SM INTESTINE	214	1.2	1.98
1475	INJ VITREOUS SUBSTITUTE	202	1.1	0.20
4525	CLO [ENDO] BX LG INTESTINE	185	1.0	2.50
CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		19,266	100.0	100.0
64623	DESTRUC FACET JT NRV; L/S-EA AD	917	4.8	0.51
64483	INJ ANES EPIDURL; LUMB/SAC 1 LEV	905	4.7	0.82
64476	INJ ANES FACET JT; LUMB/SAC-EA A	880	4.6	0.64
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	733	3.8	1.23
64475	INJ ANES FACET JT; LUMB/SAC-1LEV	446	2.3	0.42
93545	INJ PROC-CATH; SELECT CORONRY AN	380	2.0	1.54
45378	COLONOSCOPY FLEX; DX-SEP PROC	375	1.9	5.95
64622	DESTRUC FACET JT NRV; L/S-1 LEVE	342	1.8	0.21
43239	UGI ENDO; W/BX 1/MX	340	1.8	5.29
93543	INJ PROC-CATH; LT VENT/ATRIAL AN	334	1.7	1.39
36430	TRANSFUSION BLOOD/BLOOD COMPONEN	332	1.7	0.32
93555	IMAG SUPERVS I&R-CATH; VENT/ATRI	332	1.7	1.22
93556	IMAG SUPERVS I&R-CATH; PULM ANGI	322	1.7	1.33
67038	VITRECTOMY MECH; W/MEMBRANE STRI	319	1.7	0.31
45380	COLONOSCOPY FLEX; W/BX 1/MX	277	1.4	3.16
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	261	1.4	1.20
93510	LT HRT CATH RETRO-BRACH/FEM; PER	257	1.3	1.13
63030	LAMINOT W/ DECOMP; 1 INTERSPACE	253	1.3	0.28
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	235	1.2	2.89
62310	INJ 1 NOT NEUROLYTIC-EPID;CERV/T	230	1.2	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.

AMB ST 1-3

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
 AVERAGE TOTAL CHARGES FOR MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES, SINGLE ICD-9 OR CPT-4 ONLY

124 St. Marks Hospital

ICD-9 CODE	ICD-9 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
ICD-9 Procedures		6,598	\$3,984	\$2,729
042	DESTRUC CRANIAL & PERIPH NERV	434	\$2,598	\$2,348
5123	LAP CHOLEY	396	\$6,831	\$5,384
8192	INJ THERAP SUBSTANCE JT/LIGAMNT	377	\$758	\$811
4523	COLONOSCOPY	327	\$1,510	\$874
0531	INJ ANES SYMPATHETIC NERV-ANALGES	258	\$1,056	\$1,043
3722	LT HEART CARD CATH	241	\$9,850	\$5,884
3893	VENOUS CATH-NEC	221	\$2,333	\$2,776
8051	EXC INTERVERTEBRAL DISC	217	\$7,153	\$6,455
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	211	\$1,695	\$1,145
4542	ENDO POLYPECTOMY LG INTESTINE	175	\$1,837	\$1,132
4131	BX BONE MARROW	151	\$2,708	\$2,469
5011	CLO [PERCUT] [NEEDLE] BX LIVER	130	\$1,679	\$1,765
4513	OTH ENDO SM INTESTINE	128	\$2,045	\$1,066
0481	INJ ANES PERIPH NERV-ANALGESIA	126	\$883	\$1,121
5491	PERCUT ABD DRAIN	123	\$1,083	\$1,232
0611	CLO PERCUT NEEDLE BX THYROID GLAND	107	\$666	\$647
4525	CLO [ENDO] BX LG INTESTINE	98	\$1,853	\$1,249
8511	CLO [PERCUT] [NEEDLE] BX BREAST	91	\$986	\$1,028
8519	OTH DX PROC BREAST	91	\$846	\$810
3324	CLO [ENDO] BX BRONCHUS	90	\$2,838	\$2,032

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
CPT-4 Procedures		8,628	\$3,022	\$2,356
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	716	\$1,187	\$881
64483	INJ ANES EPIDURL; LUMB/SAC 1 LEV	681	\$1,137	\$960
36430	TRANSFUSION BLOOD/BLOOD COMPONEN	317	\$2,314	\$2,372
45378	COLONOSCOPY FLEX; DX-SEP PROC	315	\$1,506	\$868
63030	LAMINOT W/ DECOMP; 1 INTERSPACE	228	\$7,424	\$6,587
62310	INJ 1 NOT NEUROLYTIC-EPID;CERV/T	225	\$1,134	\$976
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	214	\$7,202	\$5,482
43239	UGI ENDO; W/BX 1/MX	208	\$1,705	\$1,141
45380	COLONOSCOPY FLEX; W/BX 1/MX	188	\$1,865	\$1,223
47562	LAPAROSCOPY SURGICAL; CHOLECT	183	\$6,414	\$5,197
36569	36569	178	\$2,049	\$1,984
20610	ARTHROCENTESIS ASPIR&/INJ; MAJ J	173	\$659	\$667
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	162	\$1,827	\$1,120
38221	BONE MARROW; BIOPSY NEEDLE/TROCA	147	\$2,679	\$1,993
58340	CATH&INTRO-CONTRST HYSTROSON/SLP	129	\$578	\$702
47000	BIOPSY LIVER NEEDLE; PERCUTANEOU	125	\$1,503	\$1,682
64520	INJECTION ANES AGT; LUMBAR/THOR	125	\$1,096	\$1,080
64510	INJECTION ANES AGT; STELLATE GAN	123	\$993	\$968
20552	INJ; SINGLE/MX TRIG POINT 1/2 MU	116	\$619	\$564
69210	REMOVAL IMPACT CERUMEN 1/BOTH EA	116	\$161	\$251

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

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

124 St. Marks Hospital

Procedure APG category	Procedure APG	TOTAL #	TOTAL # (ALL Hospitals)
01	INTEGUMENTARY SYSTEM	1,024	9,617
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	477	3,147
	003 COMPLEX INCISION AND DRAINAGE	5	92
	004 SIMPLE INCISION AND DRAINAGE	1	26
	006 SIMPLE DEBRIDEMENT AND DESTRUCTION	12	157
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	57	1,092
	008 SIMPLE EXCISION AND BIOPSY	68	887
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRANGE	260	1,126
	011 SIMPLE INCISION AND EXCISION OF BREAST	125	2,684
	012 BREAST RECONSTRUCTION AND MASTECTOMY	19	392
02	MUSCULOSKELETAL SYSTEM	2,606	52,555
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	632	6,223
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	116	2,056
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	115	1,930
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	502	10,991
	025 ARTHROSCOPY	498	22,451
	027 SPLINT, STRAPPING AND CAST REMOVAL	9	72
	028 CLOSED TREATMENT FX & DISLOCATION OF FINGER, TOE & TRUNK	3	47
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	17	660
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	159	3,677
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	28	417
	032 BUNION PROCEDURES	67	1,612
	033 ARTHROPLASTY	23	497
	034 HAND AND FOOT TENOTOMY	7	293
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	430	1,528
03	RESPIRATORY SYSTEM	436	7,438
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	179	747
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	6	4,704
	054 SIMPLE ENDOSCOPY OF THE UPPER AIRWAY	1	333
	055 ENDOSCOPY OF THE LOWER AIRWAY	250	1,654
04	CARDIOVASCULAR SYSTEM	2,189	32,609
	074 CARDIAC ELECTROPHYSIOLOGIC TESTS	43	3,281
	075 PLACEMENT OF TRANSVENOUS CATHETERS	13	119
	076 DIAGNOSTIC CARDIAC CATHETERIZATION	1,807	23,531
	077 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	111	2,136
	078 PACEMAKER INSERTION AND REPLACEMENT	47	510
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	73	820
	080 MINOR VASCULAR REPAIR AND FISTULA CONSTRUCTION	60	852
	081 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	16	483
	082 VASCULAR LIGATION	17	864
	083 RESUSCITATION AND CARDIOVERSION	2	13
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	433	2,811
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	101	1,766
	097 TRANSFUSION	332	949
06	DIGESTIVE SYSTEM	3,016	91,524
	111 ALIMENTARY TESTS AND SIMPLE TUBE PLACEMENT	14	296

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

124 St. Marks Hospital

procedure APG category	procedure APG	TOTAL #	TOTAL # (ALL Hospitals)
	112 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	15	1,234
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	20	740
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	9	417
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	502	19,919
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	151	4,997
	117 LOWER GASTROINTESTINAL ENDOSCOPY	900	38,117
	118 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	71	1,843
	119 HERNIA AND HYDROCELE PROCEDURES	347	7,192
	120 COMPLEX ANAL AND RECTAL PROCEDURES	106	896
	121 SIMPLE ANAL AND RECTAL PROCEDURES	58	571
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	47	545
	123 COMPLEX LAPAROSCOPIC PROCEDURES	772	14,566
	124 SIMPLE LAPAROSCOPIC PROCEDURES	4	191
07	URINARY SYSTEM	482	7,571
	133 URINARY CATHETERIZATION AND DILATATION	53	395
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	266	3,257
	135 MODERATE CYSTOURETHROSCOPY	132	2,205
	136 SIMPLE CYSTOURETHROSCOPY	23	648
	137 COMPLEX URETHRAL PROCEDURES	6	109
	138 SIMPLE URETHRAL PROCEDURES	2	103
08	MALE GENITAL SYSTEM	82	2,927
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	44	1,396
	152 INSERTION OF PENILE PROSTHESIS	21	92
	153 COMPLEX PENILE PROCEDURES	6	435
	154 SIMPLE PENILE PROCEDURES	9	748
	155 PROSTATE NEEDLE AND PUNCH BIOPSY	2	256
09	FEMALE GENITAL SYSTEM	291	6,182
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	82	1,463
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	49	1,400
	178 DILATION AND CURETTAGE	67	810
	179 HYSTEROSCOPY	85	2,308
	180 COLPOSCOPY	8	200
10	NERVOUS SYSTEM	6,176	21,547
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	5,764	15,863
	196 REVISION AND REMOVAL OF NEUROLOGICAL DEVICE	14	181
	197 NEUROSTIMULATOR AND VENTRICULAR SHUNT IMPLANTATION	51	469
	198 NERVE REPAIR AND DESTRUCTION	262	4,278
	199 SPINAL TAP	85	756
11	EYE AND OCULAR ADNEXA	935	11,356
	213 LASER EYE PROCEDURES	1	910
	214 CATARACT PROCEDURES	27	4,684
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	1	505
	216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	11	375
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	14	186
	218 COMPLEX POSTERIOR SEGMENT EYE PROCEDURES	73	417
	219 SIMPLE POSTERIOR SEGMENT EYE PROCEDURES	228	364

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

124 St. Marks Hospital

procedure APG category	procedure APG	TOTAL #	TOTAL # (ALL Hospitals)
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	5	727
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	3	504
	223 VITRECTOMY	572	1,672
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	146	28,651
	233 NASAL CAUTERIZATION AND PACKING	1	207
	234 COMPLEX FACIAL AND ENT PROCEDURES	115	5,185
	235 SIMPLE FACIAL AND ENT PROCEDURES	30	14,996
13	THERAPUTIC AND OTHER RADIOLOGICAL PROCEDURES	429	3,870
	253 VASCULAR RADIOLOGY EXCEPT FOR VENOGRAPHY OF EXTREMITY	211	1,835
	254 MYELOGRAPHY	82	406
	255 MISCELLANEOUS RADIOLOGICAL PROCEDURES WITH CONTRAST	136	1,614
14	PHYSICAL MEDICINE AND REHABILITATION	3	6
	272 PHYSICAL THERAPY	3	6

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, 2004
PROCEDURE APG CATEGORY, PROCEDURE APG, SINGLE APG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

124 St. Marks Hospital

Procedure APG category	Procedure APG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
01	INTEGUMENTARY SYSTEM	871	\$2,468	\$2,400
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	447	\$1,884	\$1,826
	003 COMPLEX INCISION AND DRAINAGE	3	\$3,548	\$3,064
	004 SIMPLE INCISION AND DRAINAGE	1	\$1,133	\$2,850
	006 SIMPLE DEBRIDEMENT AND DESTRUCTION	9	\$3,157	\$2,412
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	34	\$3,664	\$2,565
	008 SIMPLE EXCISION AND BIOPSY	48	\$2,514	\$2,299
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRAN	241	\$2,827	\$2,920
	011 SIMPLE INCISION AND EXCISION OF BREAST	72	\$3,486	\$2,578
	012 BREAST RECONSTRUCTION AND MASTECTOMY	16	\$5,634	\$4,433
02	MUSCULOSKELETAL SYSTEM	1,275	\$4,213	\$3,512
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	308	\$7,010	\$5,140
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	40	\$5,360	\$3,702
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	21	\$5,333	\$4,004
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	172	\$3,210	\$2,374
	025 ARTHROSCOPY	190	\$6,723	\$3,951
	027 SPLINT, STRAPPING AND CAST REMOVAL	5	\$1,119	\$689
	028 CLOSED TREATMENT FX & DISLOCATION OF FINGER, TOE & TRUNK	1	\$2,031	\$2,523
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	8	\$3,304	\$2,582
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	105	\$5,470	\$4,121
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	18	\$2,607	\$2,448
	032 BUNION PROCEDURES	27	\$4,359	\$3,335
	033 ARTHROPLASTY	8	\$4,654	\$4,516
	034 HAND AND FOOT TENOTOMY	1	\$2,225	\$1,932
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	371	\$659	\$646
03	RESPIRATORY SYSTEM	271	\$1,828	\$1,808
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	166	\$1,128	\$1,075
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	2	\$2,617	\$3,079
	054 SIMPLE ENDOSCOPY OF THE UPPER AIRWAY	1	\$2,478	\$1,126
	055 ENDOSCOPY OF THE LOWER AIRWAY	102	\$2,944	\$1,902
04	CARDIOVASCULAR SYSTEM	150	\$7,206	\$7,486
	074 CARDIAC ELECTROPHYSIOLOGIC TESTS	3	\$7,966	\$18,581
	075 PLACEMENT OF TRANSVENOUS CATHETERS	11	\$2,666	\$2,140
	076 DIAGNOSTIC CARDIAC CATHETERIZATION	2	\$6,122	\$5,567
	077 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	36	\$10,423	\$14,366
	078 PACEMAKER INSERTION AND REPLACEMENT	13	\$26,427	\$20,139
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	31	\$1,954	\$2,988
	080 MINOR VASCULAR REPAIR AND FISTULA CONSTRUCTION	42	\$4,347	\$3,982
	081 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	5	\$4,047	\$9,790
	082 VASCULAR LIGATION	7	\$4,742	\$4,226
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	357	\$2,579	\$3,893
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	40	\$4,680	\$4,071
	097 TRANSFUSION	317	\$2,314	\$2,372
06	DIGESTIVE SYSTEM	2,021	\$3,655	\$1,913
	111 ALIMENTARY TESTS AND SIMPLE TUBE PLACEMENT	14	\$1,254	\$923

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
PROCEDURE APG CATEGORY, PROCEDURE APG, SINGLE APG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

124 St. Marks Hospital

procedure APG category	Procedure APG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	15	\$5,054	\$890
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	9	\$1,386	\$878
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	324	\$1,737	\$1,110
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	91	\$3,054	\$1,563
	117 LOWER GASTROINTESTINAL ENDOSCOPY	668	\$1,686	\$1,017
	118 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	26	\$6,307	\$3,074
	119 HERNIA AND HYDROCELE PROCEDURES	155	\$4,194	\$3,001
	120 COMPLEX ANAL AND RECTAL PROCEDURES	78	\$2,850	\$2,412
	121 SIMPLE ANAL AND RECTAL PROCEDURES	38	\$2,553	\$2,116
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	32	\$4,367	\$2,759
	123 COMPLEX LAPAROSCOPIC PROCEDURES	571	\$7,076	\$5,244
07	URINARY SYSTEM	192	\$4,445	\$4,118
	133 URINARY CATHETERIZATION AND DILATATION	34	\$4,068	\$2,947
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	85	\$5,469	\$3,980
	135 MODERATE CYSTOURETHROSCOPY	65	\$3,366	\$2,966
	136 SIMPLE CYSTOURETHROSCOPY	3	\$3,329	\$2,050
	137 COMPLEX URETHRAL PROCEDURES	4	\$4,105	\$5,173
	138 SIMPLE URETHRAL PROCEDURES	1	\$5,027	\$1,730
08	MALE GENITAL SYSTEM	51	\$9,699	\$2,884
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	24	\$3,158	\$2,325
	152 INSERTION OF PENILE PROSTHESIS	15	\$24,862	\$15,341
	153 COMPLEX PENILE PROCEDURES	6	\$4,692	\$2,606
	154 SIMPLE PENILE PROCEDURES	6	\$2,961	\$1,709
09	FEMALE GENITAL SYSTEM	179	\$4,488	\$3,249
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	60	\$6,006	\$4,142
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	26	\$3,312	\$2,642
	178 DILATION AND CURETTAGE	36	\$2,798	\$1,880
	179 HYSTEROSCOPY	55	\$4,555	\$3,776
	180 COLPOSCOPY	2	\$2,855	\$1,716
10	NERVOUS SYSTEM	2,479	\$1,337	\$1,519
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	2,311	\$1,135	\$939
	196 REVISION AND REMOVAL OF NEUROLOGICAL DEVICE	3	\$5,332	\$5,797
	197 NEUROSTIMULATOR AND VENTRICULAR SHUNT IMPLANTATION	24	\$16,232	\$17,461
	198 NERVE REPAIR AND DESTRUCTION	57	\$2,975	\$2,158
	199 SPINAL TAP	84	\$1,392	\$1,409
11	EYE AND OCULAR ADNEXA	116	\$6,326	\$2,658
	214 CATARACT PROCEDURES	7	\$6,023	\$2,904
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	1	\$2,461	\$2,051
	218 COMPLEX POSTERIOR SEGMENT EYE PROCEDURES	13	\$5,143	\$4,749
	219 SIMPLE POSTERIOR SEGMENT EYE PROCEDURES	2	\$6,691	\$3,639
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	4	\$6,635	\$3,213
	223 VITRECTOMY	89	\$6,545	\$5,079
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	91	\$5,401	\$2,083
	234 COMPLEX FACIAL AND ENT PROCEDURES	75	\$5,693	\$4,171
	235 SIMPLE FACIAL AND ENT PROCEDURES	16	\$4,036	\$1,547

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
PROCEDURE APG CATEGORY, PROCEDURE APG, SINGLE APG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

124 St. Marks Hospital

procedure APG category	Procedure APG	TOTAL #	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
13	THERAPUTIC AND OTHER RADIOLOGICAL PROCEDURES	190	\$2,036	\$2,912
	253 VASCULAR RADIOLOGY EXCEPT FOR VENOGRAPHY OF EXTREMITY	38	\$6,300	\$5,763
	254 MYELOGRAPHY	18	\$3,203	\$2,607
	255 MISCELLANEOUS RADIOLOGICAL PROCEDURES WITH CONTRAST	134	\$670	\$2,500

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, 2004
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

124 St. Marks Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
GENDER				
Female	7,868	60.7	120,006	54.8
Male	5,095	39.3	98,888	45.2
Unknown	0	0.0	8	0.0
Not Reported	0	0.0	4	0.0
AGE				
1-28 days	0	0.0	376	0.2
29-365 days	0	0.0	2,969	1.4
1-4 years	0	0.0	11,176	5.1
5-9	1	0.0	6,445	2.9
10-14	23	0.2	5,080	2.3
15-17	87	0.7	5,201	2.4
18-19	117	0.9	3,849	1.8
20-24	431	3.3	11,707	5.3
25-29	627	4.8	12,626	5.8
30-34	700	5.4	11,936	5.5
35-39	739	5.7	11,960	5.5
40-44	1,036	8.0	14,821	6.8
45-49	1,098	8.5	17,215	7.9
50-54	1,295	10.0	22,033	10.1
55-59	1,250	9.6	18,759	8.6
60-64	1,032	8.0	16,305	7.4
65-69	1,050	8.1	13,961	6.4
70-74	1,076	8.3	12,040	5.5
75-79	1,103	8.5	10,224	4.7
80-84	838	6.5	6,733	3.1
85-89	340	2.6	2,713	1.2
90 +	120	0.9	777	0.4
Not Reported	0	0.0	376	0.2
SOURCE OF ADMISSION				
Physician Referral	12,490	96.4	195,236	89.2
Clinic Referral	209	1.6	774	0.4
HMO Referral	1	0.0	2,769	1.3
Other Hospital	6	0.0	81	0.0
Skilled Nursing Facility	0	0.0	18	0.0
Other Health Care Facility	0	0.0	22	0.0
Emergency Room	257	2.0	4,435	2.0
Court/Law Enforcement	0	0.0	1	0.0
Unknown	0	0.0	469	0.2
Not Reported	0	0.0	15,101	6.9
(Continued)				

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

124 St. Marks Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	12,925	99.7	218,417	99.8
Another Hospital	2	0.0	114	0.1
Skilled Nursing Facility	13	0.1	87	0.0
Intermediate Care Facility	0	0.0	11	0.0
Another Type of Institution	4	0.0	39	0.0
Under Care of Home Service	14	0.1	141	0.1
Left Against Medical Advice	2	0.0	13	0.0
Under Care of Home IV Provider	0	0.0	7	0.0
Expired	3	0.0	14	0.0
Unknown	0	0.0	59	0.0
Not Reported	0	0.0	4	0.0
PRIMARY PAYER				
Medicare	4,577	35.3	47,125	21.5
Medicaid	379	2.9	15,764	7.2
Other government	80	0.6	4,030	1.8
Blue Cross/Blue Shield	3,263	25.2	30,905	14.1
Other Commercial	988	7.6	15,943	7.3
Managed Care(HMO, PPO)	2,916	22.5	95,785	43.8
Self Pay	130	1.0	3,566	1.6
Industrial & Worker Comp	571	4.4	4,109	1.9
Charity and Unclassified	54	0.4	322	0.1
Childrens Health Insurance	3	0.0	273	0.1
Unknown	2	0.0	1,005	0.5
Not Reported	0	0.0	79	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	75	0.6	14,650	6.7
Central Utah	76	0.6	7,259	3.3
Davis County	604	4.7	25,726	11.8
Salt Lake County	10,371	80.0	74,490	34.0
Southeastern Utah	82	0.6	4,561	2.1
Southwest Utah	72	0.6	10,818	4.9
Summit County	250	1.9	2,876	1.3
Tooele County	346	2.7	4,235	1.9
Tri-County	147	1.1	9,559	4.4
Utah County	212	1.6	33,718	15.4
Wasatch County	53	0.4	1,643	0.8
Weber County	135	1.0	19,808	9.0
Unknown Utah	9	0.1	76	0.0
Outside Utah	525	4.0	9,321	4.3
Unknown, Not Reported	6	0.0	166	0.1

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

AMB ST 1-1
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
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)	6,054	100.0	306,368	100.0
Mastectomy (85.0-85.99)	1	0.0	7,302	2.4
Musculoskeletal (76.0-84.99)	5,827	96.3	61,162	20.0
Respiratory (30.0-34.99)	1	0.0	3,337	1.1
Cardiovascular (35.0-39.99)	1	0.0	17,761	5.8
Lymphatic/Hemetic (40.0-41.99)	2	0.0	2,849	0.9
Digestive System (42.0-54.99)	0	0.0	97,896	32.0
Urinary (55.0-59.99)	0	0.0	8,268	2.7
Male Genital (60.0-64.99)	0	0.0	3,711	1.2
Female Genital (65.0-71.99)	0	0.0	14,242	4.6
Endocrine/Nervous (01.0-07.99)	222	3.7	25,908	8.5
Eye (08.0-16.99)	0	0.0	19,800	6.5
Ear (18.0-20.99)	0	0.0	14,521	4.7
Nose, Mouth, Pharynx (21.0-29.99)	0	0.0	29,611	9.7
Reporting Category(CPT-4 CODES)	6,104	100.0	300,811	100.0
Mastectomy (19120-19220)	0	0.0	3,078	1.0
Musculoskeletal (20000-29909)	5,810	95.2	58,688	19.5
Respiratory (30000-32999 & 39501-39599)	0	0.0	13,089	4.4
Cardiovascular (33010-37799 & 93501-93660)	127	2.1	51,568	17.1
Lymphatic/Hemetic (38100-38999)	0	0.0	2,778	0.9
Digestive (40490-49999)	0	0.0	104,073	34.6
Urinary (50010-53899)	0	0.0	8,888	3.0
Male Genital (54000-55899)	0	0.0	3,219	1.1
Female Genital (56405-58999)	0	0.0	10,706	3.6
Endocrine/Nervous (60000-64999)	167	2.7	25,132	8.4
Eye (65091-68899)	0	0.0	11,602	3.9
Ear (69000-69979)	0	0.0	7,990	2.7

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.

AMB ST 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
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		6,054	100.0	100.0
806	EXC SEMILUNAR CARTILAGE-KNEE	802	13.2	1.78
8086	OTH LOC EXC/DESTRUC JT LES-KNEE	704	11.6	1.06
8145	OTH REPR CRUCIATE LIGAMNT	387	6.4	0.56
8081	OTH LOC EXC/DESTRUC JT LES-SHLDR	322	5.3	0.42
8183	OTH REPR SHLDR	322	5.3	0.73
8363	ROTATOR CUFF REPR	318	5.3	0.65
8147	OTH REPR KNEE	315	5.2	0.64
7781	OTH PART OSTEC-SCAPULA-CLAV-THOR	239	3.9	0.50
8046	DIVIS JT CAP-LIGAMNT/CART-KNEE	225	3.7	0.38
0443	RELEASE CARPAL TUNNEL	153	2.5	1.17
7875	OSTEOCLASIS-FEM	134	2.2	0.11
8182	REPR RECUR DISLOC SHLDR	108	1.8	0.15
8076	SYNOVECT-KNEE	107	1.8	0.39
7867	REMOV IMPLNT DEVICE-TIBIA & FIB	105	1.7	0.32
8388	OTH PLSTC OPER TENDON	70	1.2	0.13
8313	OTH TENOT	63	1.0	0.10
8016	OTH ARTHROT-KNEE	61	1.0	0.14
8193	SUT CAPSULE/LIGAMNT UPPER EXTREM	54	0.9	0.08
8144	PATELLAR STABILIZATION	44	0.7	0.06
8146	OTH REPR COLLAT LIGAMNT	40	0.7	0.03
CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		6,104	100.0	100.0
29877	SCOPE KNEE SURG; DEBRID/SHAVE CA	697	11.4	1.08
29881	SCOPE KNEE SURG;W/MENISCECT MED/	665	10.9	1.45
29826	SCOPE SHOULDER; DECOMP SUBACROM	481	7.9	0.87
29888	ARTHSCPY AIDED ACL REPR/AUG/RECO	376	6.2	0.53
29827	SCOPE SHLDR SURG; W/ROTOR CUFF R	233	3.8	0.36
29824	SCOPE SHLDR SURG;DIST CLAVICULEC	214	3.5	0.31
20680	REMOVAL OF IMPLANT; DEEP	202	3.3	0.81
29873	SCOPE KNEE SURGICAL; W/LAT RELEA	180	2.9	0.35
29879	SCOPE KNEE SURG; ABRASION ARTHPL	163	2.7	0.21
29822	SCOPE SHOULDER SURGICAL; DEBRID	161	2.6	0.23
29823	SCOPE SHOULDER SURGICAL; DEBRID	156	2.6	0.18
29880	SCOPE KNEE SURG;W/MENISCECT MED&	134	2.2	0.37
29806	SCOPE SHOULDER SURGICAL; CPSLORR	131	2.1	0.16
29882	SCOPE KNEE; W/MENISCUS REPR MED/	126	2.1	0.15
37202	TRANSCATH THERAP INFUS-NOT THROM	125	2.0	0.07
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	106	1.7	0.75
29875	SCOPE KNEE; SYNOVECT LTD SEP PRO	71	1.2	0.23
23412	REP RUP MUSCLOTENDNUS CUFF OPN;C	65	1.1	0.12
29874	SCOPE KNEE SURG; REMV LOOSE BDY/	50	0.8	0.08
29807	SCOPE SHLDR SURG; REPR SLAP LESI	49	0.8	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.

AMB ST 1-3

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
 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 CHRG	AVE TOT CHRG(ALL Hospitals)
ICD-9 Procedures		1,114	\$3,333	\$2,729
806	EXC SEMILUNAR CARTILAGE-KNEE	161	\$2,690	\$3,608
8086	OTH LOC EXC/DESTRUC JT LES-KNEE	122	\$2,722	\$3,312
0443	RELEASE CARPAL TUNNEL	76	\$1,660	\$1,950
8363	ROTATOR CUFF REPR	68	\$5,575	\$6,741
8145	OTH REPR CRUCIATE LIGAMNT	59	\$6,034	\$7,548
8182	REPR RECUR DISLOC SHLDR	49	\$5,785	\$6,187
8183	OTH REPR SHLDR	37	\$4,118	\$5,382
7867	REMOV IMPLNT DEVICE-TIBIA & FIB	33	\$1,802	\$2,265
8076	SYNOVECT-KNEE	33	\$2,551	\$3,495
8147	OTH REPR KNEE	29	\$3,558	\$4,632
8046	DIVIS JT CAP-LIGAMNT/CART-KNEE	24	\$3,069	\$3,528
7875	OSTEOCLASIS-FEM	22	\$2,919	\$3,174
7936	OP REDUC FX W/INT FIX-TIBIA & FIB	22	\$2,575	\$4,814
8193	SUT CAPSULE/LIGAMNT UPPER EXTREM	22	\$3,954	\$4,888
8388	OTH PLSTC OPER TENDON	21	\$3,675	\$4,521
8081	OTH LOC EXC/DESTRUC JT LES-SHLDR	16	\$3,529	\$4,227
8221	EXC LES TENDON SHEATH HAND	16	\$1,744	\$1,963
8026	ARTHSCPY-KNEE	15	\$2,600	\$3,425
7932	OP REDUC FX W/INT FIX-RADIUS & ULNA	11	\$6,086	\$5,308
7933	OP REDUC W/INT FIX-CARP-METACARP	10	\$2,452	\$3,578

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
CPT-4 Procedures		1,172	\$3,255	\$2,356
29881	SCOPE KNEE SURG;W/MENISCECT MED/	188	\$2,714	\$3,483
29877	SCOPE KNEE SURG; DEBRID/SHAVE CA	133	\$2,783	\$3,337
29806	SCOPE SHOULDER SURGICAL; CPSLORR	77	\$5,220	\$6,019
29888	ARTHSCPY AIDED ACL REPR/AUG/RECO	65	\$5,925	\$7,396
64721	NEUROPLASTY; MEDIAN @ CARPAL TUN	65	\$1,749	\$1,918
20680	REMOVAL OF IMPLANT; DEEP	61	\$1,906	\$2,370
29879	SCOPE KNEE SURG; ABRASION ARTHPL	26	\$2,963	\$3,555
29848	ENDO WRST SURG REL TRNS CARP LIG	25	\$1,686	\$2,278
29873	SCOPE KNEE SURGICAL; W/LAT RELEA	22	\$3,199	\$3,638
29875	SCOPE KNEE; SYNOVECT LTD SEP PRO	22	\$2,520	\$3,309
29880	SCOPE KNEE SURG;W/MENISCECT MED&	22	\$2,639	\$3,728
29826	SCOPE SHOULDER; DECOMP SUBACROM	19	\$3,975	\$4,804
29882	SCOPE KNEE; W/MENISCUS REPR MED/	18	\$3,671	\$4,760
29870	SCOPE KNEE DX W/WO SYN BX SEP PR	15	\$2,600	\$3,327
29876	SCOPE KNEE SURG; SYNOVECTOMY MAJ	14	\$2,767	\$3,515
24341	REPR TEND/MUSC ARM/ELB EA PRIM/S	12	\$3,389	\$4,471
25111	EXCISION OF GANGLION WRIST; PRIM	12	\$1,801	\$2,010
27792	OPEN TX DISTAL FIBULAR FX W/WO F	12	\$2,090	\$4,185
29823	SCOPE SHOULDER SURGICAL; DEBRID	11	\$3,900	\$4,420
64718	NEUROPLASTY; ULNAR NERV @ ELBOW	10	\$2,314	\$2,891

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

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
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	57	9,617
	003 COMPLEX INCISION AND DRAINAGE	6	92
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	37	1,092
	008 SIMPLE EXCISION AND BIOPSY	14	887
02	MUSCULOSKELETAL SYSTEM	5,681	52,555
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	430	6,223
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	179	2,056
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	116	1,930
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	444	10,991
	025 ARTHROSCOPY	4,185	22,451
	028 CLOSED TREATMENT FX & DISLOCATION OF FINGER, TOE & TRUNK	1	47
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	14	660
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	104	3,677
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	31	417
	032 BUNION PROCEDURES	33	1,612
	033 ARTHROPLASTY	68	497
	034 HAND AND FOOT TENOTOMY	58	293
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	18	1,528
04	CARDIOVASCULAR SYSTEM	126	32,609
	077 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	125	2,136
	081 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	1	483
10	NERVOUS SYSTEM	167	21,547
	198 NERVE REPAIR AND DESTRUCTION	167	4,278

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, 2004
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	21	\$2,129	\$2,400
	003 COMPLEX INCISION AND DRAINAGE	5	\$2,623	\$3,064
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	13	\$2,158	\$2,565
	008 SIMPLE EXCISION AND BIOPSY	3	\$1,184	\$2,299
02	MUSCULOSKELETAL SYSTEM	1,051	\$3,302	\$3,512
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	66	\$3,691	\$5,140
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	29	\$3,773	\$3,702
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	32	\$3,340	\$4,004
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	113	\$1,989	\$2,374
	025 ARTHROSCOPY	730	\$3,436	\$3,951
	028 CLOSED TREATMENT FX & DISLOCATION OF FINGER, TOE & TRUNK	1	\$1,347	\$2,523
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	7	\$4,625	\$2,582
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	59	\$3,527	\$4,121
	032 BUNION PROCEDURES	9	\$2,757	\$3,335
	033 ARTHROPLASTY	2	\$3,466	\$4,516
	034 HAND AND FOOT TENOTOMY	2	\$1,960	\$1,932
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	1	\$172	\$646
04	CARDIOVASCULAR SYSTEM	1	\$1,687	\$7,486
	081 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	1	\$1,687	\$9,790
10	NERVOUS SYSTEM	78	\$1,840	\$1,519
	198 NERVE REPAIR AND DESTRUCTION	78	\$1,840	\$2,158

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, 2004
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	1,341	43.8	120,006	54.8
Male	1,719	56.2	98,888	45.2
Unknown	0	0.0	8	0.0
Not Reported	0	0.0	4	0.0
AGE				
1-28 days	0	0.0	376	0.2
29-365 days	0	0.0	2,969	1.4
1-4 years	0	0.0	11,176	5.1
5-9	2	0.1	6,445	2.9
10-14	42	1.4	5,080	2.3
15-17	162	5.3	5,201	2.4
18-19	97	3.2	3,849	1.8
20-24	237	7.7	11,707	5.3
25-29	235	7.7	12,626	5.8
30-34	265	8.7	11,936	5.5
35-39	231	7.5	11,960	5.5
40-44	297	9.7	14,821	6.8
45-49	373	12.2	17,215	7.9
50-54	373	12.2	22,033	10.1
55-59	244	8.0	18,759	8.6
60-64	186	6.1	16,305	7.4
65-69	136	4.4	13,961	6.4
70-74	99	3.2	12,040	5.5
75-79	46	1.5	10,224	4.7
80-84	24	0.8	6,733	3.1
85-89	9	0.3	2,713	1.2
90 +	2	0.1	777	0.4
Not Reported	0	0.0	376	0.2
SOURCE OF ADMISSION				
Physician Referral	3,057	99.9	195,236	89.2
Clinic Referral	1	0.0	774	0.4
HMO Referral	2	0.1	2,769	1.3
Other Hospital	0	0.0	81	0.0
Skilled Nursing Facility	0	0.0	18	0.0
Other Health Care Facility	0	0.0	22	0.0
Emergency Room	0	0.0	4,435	2.0
Court/Law Enforcement	0	0.0	1	0.0
Unknown	0	0.0	469	0.2
Not Reported	0	0.0	15,101	6.9
(Continued)				

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
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	3,054	99.8	218,417	99.8
Another Hospital	2	0.1	114	0.1
Skilled Nursing Facility	1	0.0	87	0.0
Intermediate Care Facility	0	0.0	11	0.0
Another Type of Institution	1	0.0	39	0.0
Under Care of Home Service	2	0.1	141	0.1
Left Against Medical Advice	0	0.0	13	0.0
Under Care of Home IV Provider	0	0.0	7	0.0
Expired	0	0.0	14	0.0
Unknown	0	0.0	59	0.0
Not Reported	0	0.0	4	0.0
PRIMARY PAYER				
Medicare	279	9.1	47,125	21.5
Medicaid	2	0.1	15,764	7.2
Other government	48	1.6	4,030	1.8
Blue Cross/Blue Shield	720	23.5	30,905	14.1
Other Commercial	283	9.2	15,943	7.3
Managed Care(HMO, PPO)	1,231	40.2	95,785	43.8
Self Pay	31	1.0	3,566	1.6
Industrial & Worker Comp	445	14.5	4,109	1.9
Charity and Unclassified	7	0.2	322	0.1
Childrens Health Insurance	12	0.4	273	0.1
Unknown	2	0.1	1,005	0.5
Not Reported	0	0.0	79	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	35	1.1	14,650	6.7
Central Utah	26	0.8	7,259	3.3
Davis County	116	3.8	25,726	11.8
Salt Lake County	2,078	67.9	74,490	34.0
Southeastern Utah	25	0.8	4,561	2.1
Southwest Utah	27	0.9	10,818	4.9
Summit County	234	7.6	2,876	1.3
Tooele County	42	1.4	4,235	1.9
Tri-County	16	0.5	9,559	4.4
Utah County	152	5.0	33,718	15.4
Wasatch County	49	1.6	1,643	0.8
Weber County	52	1.7	19,808	9.0
Unknown Utah	1	0.0	76	0.0
Outside Utah	205	6.7	9,321	4.3
Unknown, Not Reported	2	0.1	166	0.1

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

AMB ST 1-1
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
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)	5,983	100.0	306,368	100.0
Mastectomy (85.0-85.99)	181	3.0	7,302	2.4
Musculoskeletal (76.0-84.99)	946	15.8	61,162	20.0
Respiratory (30.0-34.99)	25	0.4	3,337	1.1
Cardiovascular (35.0-39.99)	248	4.1	17,761	5.8
Lymphatic/Hemetic (40.0-41.99)	27	0.5	2,849	0.9
Digestive System (42.0-54.99)	1,754	29.3	97,896	32.0
Urinary (55.0-59.99)	68	1.1	8,268	2.7
Male Genital (60.0-64.99)	39	0.7	3,711	1.2
Female Genital (65.0-71.99)	368	6.2	14,242	4.6
Endocrine/Nervous (01.0-07.99)	1,297	21.7	25,908	8.5
Eye (08.0-16.99)	531	8.9	19,800	6.5
Ear (18.0-20.99)	302	5.0	14,521	4.7
Nose, Mouth, Pharynx (21.0-29.99)	197	3.3	29,611	9.7
Reporting Category(CPT-4 CODES)	6,018	100.0	300,811	100.0
Mastectomy (19120-19220)	44	0.7	3,078	1.0
Musculoskeletal (20000-29909)	1,011	16.8	58,688	19.5
Respiratory (30000-32999 & 39501-39599)	90	1.5	13,089	4.4
Cardiovascular (33010-37799 & 93501-93660)	816	13.6	51,568	17.1
Lymphatic/Hemetic (38100-38999)	23	0.4	2,778	0.9
Digestive (40490-49999)	1,759	29.2	104,073	34.6
Urinary (50010-53899)	176	2.9	8,888	3.0
Male Genital (54000-55899)	39	0.6	3,219	1.1
Female Genital (56405-58999)	286	4.8	10,706	3.6
Endocrine/Nervous (60000-64999)	1,292	21.5	25,132	8.4
Eye (65091-68899)	325	5.4	11,602	3.9
Ear (69000-69979)	157	2.6	7,990	2.7

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.

AMB ST 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
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		5,983	100.0	100.0
0391	INJ ANES SPINAL CANAL-ANALGESIA	542	9.1	2.20
0392	INJ OTH AGENT SPINAL CANAL	525	8.8	2.72
4523	COLONOSCOPY	436	7.3	6.27
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	313	5.2	5.52
2001	MYRINGOTOMY W/INSRT TUBE	278	4.6	3.86
4542	ENDO POLYPECTOMY LG INTESTINE	153	2.6	3.42
4513	OTH ENDO SM INTESTINE	133	2.2	1.98
5123	LAP CHOLEY	117	2.0	2.03
1371	IOL PROSTH-CATARACT EXTRACT-1-STAGE	97	1.6	1.51
806	EXC SEMILUNAR CARTILAGE-KNEE	97	1.6	1.78
1341	PHACOEMLUSIFICATION-ASPIR CATARACT	96	1.6	1.52
4525	CLO [ENDO] BX LG INTESTINE	94	1.6	2.50
8192	INJ THERAP SUBSTANCE JT/LIGAMNT	90	1.5	0.44
0443	RELEASE CARPAL TUNNEL	84	1.4	1.17
3722	LT HEART CARD CATH	70	1.2	1.25
4701	LAP APPENDECTOMY	60	1.0	0.44
4292	DILAT ESOPH	55	0.9	1.29
3893	VENOUS CATH-NEC	52	0.9	0.34
1511	RECESSION 1 EXTRAOCULAR MUSC	50	0.8	0.27
283	TONSILLECTOMY W/ADENOIDECTOMY	50	0.8	1.75
CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		6,018	100.0	100.0
45378	COLONOSCOPY FLEX; DX-SEP PROC	411	6.8	5.95
43239	UGI ENDO; W/BX 1/MX	313	5.2	5.29
64484	INJ ANES EPIDURL; LUMB/SAC-EA AD	234	3.9	0.31
64483	INJ ANES EPIDURL; LUMB/SAC 1 LEV	212	3.5	0.82
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	207	3.4	1.23
64476	INJ ANES FACET JT; LUMB/SAC-EA A	144	2.4	0.64
69436	TYMPANOSTOMY GENERAL ANESTHESIA	140	2.3	2.04
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	137	2.3	2.89
45380	COLONOSCOPY FLEX; W/BX 1/MX	115	1.9	3.16
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	107	1.8	1.20
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	95	1.6	1.28
66984	EXTRACAPSULAR CATARACT REMV IOL	88	1.5	1.47
29881	SCOPE KNEE SURG;W/MENISCECT MED/	84	1.4	1.45
64475	INJ ANES FACET JT; LUMB/SAC-1LEV	84	1.4	0.42
93545	INJ PROC-CATH; SELECT CORONRY AN	77	1.3	1.54
93543	INJ PROC-CATH; LT VENT/ATRIAL AN	75	1.2	1.39
93555	IMAG SUPERVS I&R-CATH; VENT/ATRI	75	1.2	1.22
93556	IMAG SUPERVS I&R-CATH; PULM ANGI	69	1.1	1.33
93510	LT HRT CATH RETRO-BRACH/FEM; PER	66	1.1	1.13
58662	LAP SURG; W/FULG/EXCIS LES-OVARY	65	1.1	0.57

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, 2004
 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 CHRG	AVE TOT CHRG(ALL Hospitals)
ICD-9 Procedures		2,749	\$3,544	\$2,729
4523	COLONOSCOPY	384	\$1,383	\$874
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	227	\$1,708	\$1,145
4542	ENDO POLYPECTOMY LG INTESTINE	118	\$1,804	\$1,132
5123	LAP CHOLEY	95	\$7,358	\$5,384
8192	INJ THERAP SUBSTANCE JT/LIGAMNT	80	\$803	\$811
4513	OTH ENDO SM INTESTINE	79	\$1,521	\$1,066
3722	LT HEART CARD CATH	69	\$6,530	\$5,884
4525	CLO [ENDO] BX LG INTESTINE	66	\$1,697	\$1,249
0443	RELEASE CARPAL TUNNEL	51	\$3,245	\$1,950
0391	INJ ANES SPINAL CANAL-ANALGESIA	50	\$3,008	\$1,600
806	EXC SEMILUNAR CARTILAGE-KNEE	50	\$5,018	\$3,608
4701	LAP APPENDECTOMY	49	\$9,403	\$6,923
3893	VENOUS CATH-NEC	48	\$3,159	\$2,776
6902	D&C FOLLOWING DELIV/AB	48	\$3,093	\$2,426
283	TONSILLECTOMY W/ADENOIDECTOMY	45	\$3,192	\$1,783
8511	CLO [PERCUT] [NEEDLE] BX BREAST	42	\$2,272	\$1,028
0392	INJ OTH AGENT SPINAL CANAL	28	\$1,509	\$773
5011	CLO [PERCUT] [NEEDLE] BX LIVER	26	\$2,320	\$1,765
6952	ASPIR CURET FOLLOWING DELIV/AB	26	\$2,609	\$2,058
8221	EXC LES TENDON SHEATH HAND	26	\$2,811	\$1,963

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
CPT-4 Procedures		3,166	\$3,298	\$2,356
45378	COLONOSCOPY FLEX; DX-SEP PROC	362	\$1,386	\$868
43239	UGI ENDO; W/BX 1/MX	229	\$1,717	\$1,141
69436	TYMPANOSTOMY GENERAL ANESTHESIA	115	\$2,590	\$1,067
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	108	\$1,774	\$1,120
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	108	\$1,443	\$881
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	88	\$7,385	\$5,482
66984	EXTRACAPSULAR CATARACT REMV IOL	88	\$4,922	\$2,889
45380	COLONOSCOPY FLEX; W/BX 1/MX	87	\$1,696	\$1,223
43235	UGI ENDO; DX W/VO CLCT SPECMN-SP	75	\$1,569	\$986
29881	SCOPE KNEE SURG;W/MENISCECT MED/	62	\$4,986	\$3,483
64483	INJ ANES EPIDURL; LUMB/SAC 1 LEV	53	\$1,366	\$960
29848	ENDO WRST SURG REL TRNS CARP LIG	52	\$3,331	\$2,278
51600	INJ PROC-CYSTOGRAPHY	52	\$1,237	\$980
44970	LAPAROSCOPY SURGICAL APPENDECTOM	49	\$9,403	\$6,771
50590	LITHOTRIPSY XTRACORE SHOCK WAVE	47	\$7,657	\$7,612
62310	INJ 1 NOT NEUROLYTIC-EPID;CERV/T	42	\$1,603	\$976
20610	ARTHROCENTESIS ASPIR&/INJ; MAJ J	40	\$580	\$667
42820	T&A; UNDER AGE 12	40	\$3,165	\$1,711
58340	CATH&INTRO-CONTRST HYSTROSON/SLP	36	\$1,288	\$702
23350	INJ SHLDR ARTHROGRPH/ENHNCD CT/M	35	\$1,180	\$2,170

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

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
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	199	9,617
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	55	3,147
	003 COMPLEX INCISION AND DRAINAGE	3	92
	006 SIMPLE DEBRIDEMENT AND DESTRUCTION	1	157
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	20	1,092
	008 SIMPLE EXCISION AND BIOPSY	20	887
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRANGE	56	1,126
	011 SIMPLE INCISION AND EXCISION OF BREAST	37	2,684
	012 BREAST RECONSTRUCTION AND MASTECTOMY	7	392
02	MUSCULOSKELETAL SYSTEM	854	52,555
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	58	6,223
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	32	2,056
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	23	1,930
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	162	10,991
	025 ARTHROSCOPY	365	22,451
	027 SPLINT, STRAPPING AND CAST REMOVAL	2	72
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	15	660
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	79	3,677
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	10	417
	032 BUNION PROCEDURES	26	1,612
	033 ARTHROPLASTY	3	497
	034 HAND AND FOOT TENOTOMY	3	293
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	76	1,528
03	RESPIRATORY SYSTEM	39	7,438
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	19	747
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	9	4,704
	055 ENDOSCOPY OF THE LOWER AIRWAY	11	1,654
04	CARDIOVASCULAR SYSTEM	576	32,609
	075 PLACEMENT OF TRANSVENOUS CATHETERS	2	119
	076 DIAGNOSTIC CARDIAC CATHETERIZATION	432	23,531
	077 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	89	2,136
	078 PACEMAKER INSERTION AND REPLACEMENT	6	510
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	16	820
	080 MINOR VASCULAR REPAIR AND FISTULA CONSTRUCTION	9	852
	081 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	7	483
	082 VASCULAR LIGATION	15	864
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	26	2,811
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	21	1,766
	097 TRANSFUSION	5	949
06	DIGESTIVE SYSTEM	1,727	91,524
	111 ALIMENTARY TESTS AND SIMPLE TUBE PLACEMENT	2	296
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	19	740
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	4	417
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	410	19,919
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	84	4,997
	117 LOWER GASTROINTESTINAL ENDOSCOPY	709	38,117

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

144 Timpanogos Regional Hospital

procedure APG category	procedure APG	TOTAL #	TOTAL # (ALL Hospitals)
	118 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	33	1,843
	119 HERNIA AND HYDROCELE PROCEDURES	67	7,192
	120 COMPLEX ANAL AND RECTAL PROCEDURES	3	896
	121 SIMPLE ANAL AND RECTAL PROCEDURES	6	571
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	6	545
	123 COMPLEX LAPAROSCOPIC PROCEDURES	381	14,566
	124 SIMPLE LAPAROSCOPIC PROCEDURES	3	191
07	URINARY SYSTEM	114	7,571
	131 RENAL EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	50	851
	133 URINARY CATHETERIZATION AND DILATATION	9	395
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	28	3,257
	135 MODERATE CYSTOURETHROSCOPY	12	2,205
	136 SIMPLE CYSTOURETHROSCOPY	9	648
	137 COMPLEX URETHRAL PROCEDURES	4	109
	138 SIMPLE URETHRAL PROCEDURES	2	103
08	MALE GENITAL SYSTEM	28	2,927
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	15	1,396
	154 SIMPLE PENILE PROCEDURES	6	748
	155 PROSTATE NEEDLE AND PUNCH BIOPSY	7	256
09	FEMALE GENITAL SYSTEM	115	6,182
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	35	1,463
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	26	1,400
	178 DILATION AND CURETTAGE	16	810
	179 HYSTEROSCOPY	32	2,308
	180 COLPOSCOPY	6	200
10	NERVOUS SYSTEM	1,209	21,547
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	1,121	15,863
	196 REVISION AND REMOVAL OF NEUROLOGICAL DEVICE	4	181
	197 NEUROSTIMULATOR AND VENTRICULAR SHUNT IMPLANTATION	13	469
	198 NERVE REPAIR AND DESTRUCTION	45	4,278
	199 SPINAL TAP	26	756
11	EYE AND OCULAR ADNEXA	317	11,356
	211 MINOR OPHTHALMOLOGICAL TESTS AND PROCEDURES	9	37
	214 CATARACT PROCEDURES	103	4,684
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	19	505
	216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	23	375
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	1	186
	220 STRABISMUS AND MUSCLE EYE PROCEDURES	67	975
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	58	727
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	34	504
	223 VITRECTOMY	3	1,672
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	337	28,651
	233 NASAL CAUTERIZATION AND PACKING	1	207
	234 COMPLEX FACIAL AND ENT PROCEDURES	56	5,185
	235 SIMPLE FACIAL AND ENT PROCEDURES	187	14,996
	236 TONSIL AND ADENOID PROCEDURES	93	8,225

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

144 Timpanogos Regional Hospital

procedure APG category	procedure APG	TOTAL #	TOTAL # (ALL Hospitals)
13	THERAPUTIC AND OTHER RADIOLOGICAL PROCEDURES	298	3,870
	253 VASCULAR RADIOLOGY EXCEPT FOR VENOGRAPHY OF EXTREMITY	131	1,835
	254 MYELOGRAPHY	32	406
	255 MISCELLANEOUS RADIOLOGICAL PROCEDURES WITH CONTRAST	135	1,614

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, 2004
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	165	\$3,094	\$2,400
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	54	\$2,192	\$1,826
	003 COMPLEX INCISION AND DRAINAGE	3	\$3,571	\$3,064
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	13	\$3,016	\$2,565
	008 SIMPLE EXCISION AND BIOPSY	15	\$3,153	\$2,299
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRAN	48	\$2,984	\$2,920
	011 SIMPLE INCISION AND EXCISION OF BREAST	26	\$4,674	\$2,578
	012 BREAST RECONSTRUCTION AND MASTECTOMY	6	\$5,034	\$4,433
02	MUSCULOSKELETAL SYSTEM	519	\$4,409	\$3,512
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	39	\$6,510	\$5,140
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	21	\$6,511	\$3,702
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	13	\$4,711	\$4,004
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	99	\$3,277	\$2,374
	025 ARTHROSCOPY	204	\$5,263	\$3,951
	027 SPLINT, STRAPPING AND CAST REMOVAL	1	\$3,415	\$689
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	10	\$3,018	\$2,582
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	47	\$5,104	\$4,121
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	5	\$2,729	\$2,448
	032 BUNION PROCEDURES	17	\$5,101	\$3,335
	033 ARTHROPLASTY	3	\$7,483	\$4,516
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	60	\$700	\$646
03	RESPIRATORY SYSTEM	31	\$2,303	\$1,808
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	19	\$1,432	\$1,075
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	2	\$6,210	\$3,079
	055 ENDOSCOPY OF THE LOWER AIRWAY	10	\$3,177	\$1,902
04	CARDIOVASCULAR SYSTEM	28	\$4,462	\$7,486
	076 DIAGNOSTIC CARDIAC CATHETERIZATION	2	\$3,463	\$5,567
	077 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	9	\$6,875	\$14,366
	078 PACEMAKER INSERTION AND REPLACEMENT	1	\$10,152	\$20,139
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	10	\$1,947	\$2,988
	080 MINOR VASCULAR REPAIR AND FISTULA CONSTRUCTION	1	\$5,522	\$3,982
	081 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	3	\$4,122	\$9,790
	082 VASCULAR LIGATION	2	\$4,311	\$4,226
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	15	\$5,088	\$3,893
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	12	\$4,834	\$4,071
	097 TRANSFUSION	3	\$6,101	\$2,372
06	DIGESTIVE SYSTEM	1,255	\$2,788	\$1,913
	111 ALIMENTARY TESTS AND SIMPLE TUBE PLACEMENT	2	\$399	\$923
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	14	\$584	\$890
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	4	\$1,870	\$878
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	305	\$1,690	\$1,110
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	55	\$1,987	\$1,563
	117 LOWER GASTROINTESTINAL ENDOSCOPY	592	\$1,525	\$1,017
	118 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	7	\$5,088	\$3,074
	119 HERNIA AND HYDROCELE PROCEDURES	29	\$4,223	\$3,001

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
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)
	120 COMPLEX ANAL AND RECTAL PROCEDURES	2	\$3,817	\$2,412
	121 SIMPLE ANAL AND RECTAL PROCEDURES	4	\$3,755	\$2,116
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	5	\$3,654	\$2,759
	123 COMPLEX LAPAROSCOPIC PROCEDURES	236	\$7,439	\$5,244
07	URINARY SYSTEM	78	\$7,431	\$4,118
	131 RENAL EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	47	\$7,657	\$7,612
	133 URINARY CATHETERIZATION AND DILATATION	3	\$3,694	\$2,947
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	14	\$6,631	\$3,980
	135 MODERATE CYSTOURETHROSCOPY	7	\$3,369	\$2,966
	136 SIMPLE CYSTOURETHROSCOPY	4	\$3,424	\$2,050
	137 COMPLEX URETHRAL PROCEDURES	3	\$26,163	\$5,173
08	MALE GENITAL SYSTEM	18	\$2,863	\$2,884
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	8	\$3,910	\$2,325
	154 SIMPLE PENILE PROCEDURES	4	\$2,656	\$1,709
	155 PROSTATE NEEDLE AND PUNCH BIOPSY	6	\$1,605	\$3,813
09	FEMALE GENITAL SYSTEM	58	\$4,126	\$3,249
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	14	\$6,131	\$4,142
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	12	\$2,619	\$2,642
	178 DILATION AND CURETTAGE	13	\$2,887	\$1,880
	179 HYSTEROSCOPY	16	\$4,815	\$3,776
	180 COLPOSCOPY	3	\$2,497	\$1,716
10	NERVOUS SYSTEM	295	\$1,927	\$1,519
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	243	\$1,452	\$939
	197 NEUROSTIMULATOR AND VENTRICULAR SHUNT IMPLANTATION	3	\$28,101	\$17,461
	198 NERVE REPAIR AND DESTRUCTION	23	\$3,316	\$2,158
	199 SPINAL TAP	26	\$2,120	\$1,409
11	EYE AND OCULAR ADNEXA	219	\$3,860	\$2,658
	211 MINOR OPHTHALMOLOGICAL TESTS AND PROCEDURES	6	\$2,037	\$1,530
	214 CATARACT PROCEDURES	98	\$5,015	\$2,904
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	18	\$2,284	\$2,469
	216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	14	\$3,071	\$2,180
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	1	\$3,527	\$2,051
	220 STRABISMUS AND MUSCLE EYE PROCEDURES	39	\$3,056	\$1,849
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	26	\$3,529	\$3,213
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	17	\$2,531	\$1,662
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	232	\$3,198	\$2,083
	234 COMPLEX FACIAL AND ENT PROCEDURES	33	\$5,258	\$4,171
	235 SIMPLE FACIAL AND ENT PROCEDURES	132	\$2,686	\$1,547
	236 TONSIL AND ADENOID PROCEDURES	67	\$3,192	\$1,824
13	THERAPUTIC AND OTHER RADIOLOGICAL PROCEDURES	175	\$2,012	\$2,912
	253 VASCULAR RADIOLOGY EXCEPT FOR VENOGRAPHY OF EXTREMITY	21	\$6,278	\$5,763
	254 MYELOGRAPHY	21	\$2,522	\$2,607
	255 MISCELLANEOUS RADIOLOGICAL PROCEDURES WITH CONTRAST	133	\$1,258	\$2,500

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, 2004
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

144 Timpanogos Regional Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
GENDER				
Female	2,513	55.4	120,006	54.8
Male	2,021	44.6	98,888	45.2
Unknown	0	0.0	8	0.0
Not Reported	0	0.0	4	0.0
AGE				
1-28 days	2	0.0	376	0.2
29-365 days	69	1.5	2,969	1.4
1-4 years	203	4.5	11,176	5.1
5-9	110	2.4	6,445	2.9
10-14	67	1.5	5,080	2.3
15-17	94	2.1	5,201	2.4
18-19	81	1.8	3,849	1.8
20-24	273	6.0	11,707	5.3
25-29	328	7.2	12,626	5.8
30-34	314	6.9	11,936	5.5
35-39	264	5.8	11,960	5.5
40-44	321	7.1	14,821	6.8
45-49	346	7.6	17,215	7.9
50-54	402	8.9	22,033	10.1
55-59	356	7.9	18,759	8.6
60-64	296	6.5	16,305	7.4
65-69	290	6.4	13,961	6.4
70-74	243	5.4	12,040	5.5
75-79	234	5.2	10,224	4.7
80-84	148	3.3	6,733	3.1
85-89	66	1.5	2,713	1.2
90 +	27	0.6	777	0.4
Not Reported	2	0.0	376	0.2
SOURCE OF ADMISSION				
Physician Referral	4,421	97.5	195,236	89.2
Clinic Referral	3	0.1	774	0.4
HMO Referral	0	0.0	2,769	1.3
Other Hospital	2	0.0	81	0.0
Skilled Nursing Facility	1	0.0	18	0.0
Other Health Care Facility	0	0.0	22	0.0
Emergency Room	107	2.4	4,435	2.0
Court/Law Enforcement	0	0.0	1	0.0
Unknown	0	0.0	469	0.2
Not Reported	0	0.0	15,101	6.9

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
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	4,527	99.8	218,417	99.8
Another Hospital	1	0.0	114	0.1
Skilled Nursing Facility	2	0.0	87	0.0
Intermediate Care Facility	0	0.0	11	0.0
Another Type of Institution	0	0.0	39	0.0
Under Care of Home Service	3	0.1	141	0.1
Left Against Medical Advice	1	0.0	13	0.0
Under Care of Home IV Provider	0	0.0	7	0.0
Expired	0	0.0	14	0.0
Unknown	0	0.0	59	0.0
Not Reported	0	0.0	4	0.0
PRIMARY PAYER				
Medicare	1,022	22.5	47,125	21.5
Medicaid	215	4.7	15,764	7.2
Other government	33	0.7	4,030	1.8
Blue Cross/Blue Shield	1,350	29.8	30,905	14.1
Other Commercial	175	3.9	15,943	7.3
Managed Care(HMO, PPO)	1,585	35.0	95,785	43.8
Self Pay	35	0.8	3,566	1.6
Industrial & Worker Comp	112	2.5	4,109	1.9
Charity and Unclassified	7	0.2	322	0.1
Childrens Health Insurance	0	0.0	273	0.1
Unknown	0	0.0	1,005	0.5
Not Reported	0	0.0	79	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	2	0.0	14,650	6.7
Central Utah	262	5.8	7,259	3.3
Davis County	6	0.1	25,726	11.8
Salt Lake County	132	2.9	74,490	34.0
Southeastern Utah	136	3.0	4,561	2.1
Southwest Utah	15	0.3	10,818	4.9
Summit County	9	0.2	2,876	1.3
Tooele County	15	0.3	4,235	1.9
Tri-County	33	0.7	9,559	4.4
Utah County	3,799	83.8	33,718	15.4
Wasatch County	57	1.3	1,643	0.8
Weber County	6	0.1	19,808	9.0
Unknown Utah	1	0.0	76	0.0
Outside Utah	58	1.3	9,321	4.3
Unknown, Not Reported	3	0.1	166	0.1

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

AMB ST 1-1
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
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)	3,031	100.0	306,368	100.0
Mastectomy (85.0-85.99)	28	0.9	7,302	2.4
Musculoskeletal (76.0-84.99)	330	10.9	61,162	20.0
Respiratory (30.0-34.99)	14	0.5	3,337	1.1
Cardiovascular (35.0-39.99)	6	0.2	17,761	5.8
Lymphatic/Hemetic (40.0-41.99)	14	0.5	2,849	0.9
Digestive System (42.0-54.99)	1,342	44.3	97,896	32.0
Urinary (55.0-59.99)	40	1.3	8,268	2.7
Male Genital (60.0-64.99)	119	3.9	3,711	1.2
Female Genital (65.0-71.99)	193	6.4	14,242	4.6
Endocrine/Nervous (01.0-07.99)	80	2.6	25,908	8.5
Eye (08.0-16.99)	293	9.7	19,800	6.5
Ear (18.0-20.99)	252	8.3	14,521	4.7
Nose, Mouth, Pharynx (21.0-29.99)	320	10.6	29,611	9.7
Reporting Category(CPT-4 CODES)	.	.	300,811	100.0
Mastectomy (19120-19220)	.	.	3,078	1.0
Musculoskeletal (20000-29909)	.	.	58,688	19.5
Respiratory (30000-32999 & 39501-39599)	.	.	13,089	4.4
Cardiovascular (33010-37799 & 93501-93660)	.	.	51,568	17.1
Lymphatic/Hemetic (38100-38999)	.	.	2,778	0.9
Digestive (40490-49999)	.	.	104,073	34.6
Urinary (50010-53899)	.	.	8,888	3.0
Male Genital (54000-55899)	.	.	3,219	1.1
Female Genital (56405-58999)	.	.	10,706	3.6
Endocrine/Nervous (60000-64999)	.	.	25,132	8.4
Eye (65091-68899)	.	.	11,602	3.9
Ear (69000-69979)	.	.	7,990	2.7

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.

AMB ST 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
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	342	11.3	6.27
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	308	10.2	5.52
2001	MYRINGOTOMY W/INSRT TUBE	231	7.6	3.86
4542	ENDO POLYPECTOMY LG INTESTINE	155	5.1	3.42
283	TONSILLECTOMY W/ADENOIDECTOMY	150	4.9	1.75
4513	OTH ENDO SM INTESTINE	136	4.5	1.98
1371	IOL PROSTH-CATARACT EXTRACT-1-STAGE	126	4.2	1.51
1341	PHACOEMLUSIFICATION-ASPIR CATARACT	124	4.1	1.52
640	CIRCUMCISION	102	3.4	0.24
4525	CLO [ENDO] BX LG INTESTINE	100	3.3	2.50
5123	LAP CHOLEY	64	2.1	2.03
0443	RELEASE CARPAL TUNNEL	53	1.7	1.17
4836	[ENDO] POLYPECTOMY RECTUM	46	1.5	1.06
5732	OTH CYSTOSCOPY	34	1.1	0.56
282	TONSILLECTOMY WO ADENOIDECTOMY	30	1.0	0.64
6902	D&C FOLLOWING DELIV/AB	30	1.0	0.23
806	EXC SEMILUNAR CARTILAGE-KNEE	28	0.9	1.78
6629	OTH BIL ENDO DESTRUC FALLOP TUBES	26	0.9	0.28
7032	EXC/DESTRUC LES CUL-DE-SAC	25	0.8	0.21
4292	DILAT ESOPH	24	0.8	1.29
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.

AMB ST 1-3

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
 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 CHR	AVE TOT CHR(ALL Hospitals)
ICD-9 Procedures		1,650	\$2,149	\$2,729
4523	COLONOSCOPY	250	\$954	\$874
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	165	\$1,385	\$1,145
283	TONSILLECTOMY W/ADENOIDECTOMY	131	\$2,178	\$1,783
640	CIRCUMCISION	97	\$83	\$1,459
4513	OTH ENDO SM INTESTINE	88	\$1,425	\$1,066
4542	ENDO POLYPECTOMY LG INTESTINE	87	\$1,293	\$1,132
4525	CLO [ENDO] BX LG INTESTINE	60	\$1,443	\$1,249
5123	LAP CHOLEY	54	\$6,373	\$5,384
0443	RELEASE CARPAL TUNNEL	40	\$1,531	\$1,950
5732	OTH CYSTOSCOPY	34	\$830	\$3,607
6902	D&C FOLLOWING DELIV/AB	30	\$2,376	\$2,426
6629	OTH BIL ENDO DESTRUC FALLOP TUBES	24	\$3,287	\$3,129
282	TONSILLECTOMY WO ADENOIDECTOMY	23	\$2,272	\$2,027
6909	OTH D&C UTERUS	21	\$2,318	\$2,137
806	EXC SEMILUNAR CARTILAGE-KNEE	19	\$2,969	\$3,608
4836	[ENDO] POLYPECTOMY RECTUM	17	\$1,302	\$1,056
8521	LOC EXC LES BREAST	16	\$2,636	\$2,337
5304	UNILAT REPR INDIRECT ING HERN-GFT	14	\$4,998	\$3,302
6732	DESTRUC LES CERV-CAUT	14	\$2,086	\$1,981
7032	EXC/DESTRUC LES CUL-DE-SAC	13	\$3,701	\$3,684

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.

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
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	1,250	54.7	120,006	54.8
Male	1,037	45.3	98,888	45.2
Unknown	0	0.0	8	0.0
Not Reported	0	0.0	4	0.0
AGE				
1-28 days	96	4.2	376	0.2
29-365 days	30	1.3	2,969	1.4
1-4 years	132	5.8	11,176	5.1
5-9	100	4.4	6,445	2.9
10-14	50	2.2	5,080	2.3
15-17	62	2.7	5,201	2.4
18-19	48	2.1	3,849	1.8
20-24	136	5.9	11,707	5.3
25-29	130	5.7	12,626	5.8
30-34	99	4.3	11,936	5.5
35-39	129	5.6	11,960	5.5
40-44	126	5.5	14,821	6.8
45-49	143	6.3	17,215	7.9
50-54	173	7.6	22,033	10.1
55-59	154	6.7	18,759	8.6
60-64	137	6.0	16,305	7.4
65-69	178	7.8	13,961	6.4
70-74	152	6.6	12,040	5.5
75-79	119	5.2	10,224	4.7
80-84	64	2.8	6,733	3.1
85-89	22	1.0	2,713	1.2
90 +	7	0.3	777	0.4
Not Reported	96	4.2	376	0.2
SOURCE OF ADMISSION				
Physician Referral	2,280	99.7	195,236	89.2
Clinic Referral	0	0.0	774	0.4
HMO Referral	0	0.0	2,769	1.3
Other Hospital	0	0.0	81	0.0
Skilled Nursing Facility	0	0.0	18	0.0
Other Health Care Facility	0	0.0	22	0.0
Emergency Room	5	0.2	4,435	2.0
Court/Law Enforcement	0	0.0	1	0.0
Unknown	0	0.0	469	0.2
Not Reported	2	0.1	15,101	6.9

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
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	2,258	98.7	218,417	99.8
Another Hospital	10	0.4	114	0.1
Skilled Nursing Facility	1	0.0	87	0.0
Intermediate Care Facility	0	0.0	11	0.0
Another Type of Institution	0	0.0	39	0.0
Under Care of Home Service	2	0.1	141	0.1
Left Against Medical Advice	0	0.0	13	0.0
Under Care of Home IV Provider	0	0.0	7	0.0
Expired	0	0.0	14	0.0
Unknown	16	0.7	59	0.0
Not Reported	0	0.0	4	0.0
PRIMARY PAYER				
Medicare	567	24.8	47,125	21.5
Medicaid	293	12.8	15,764	7.2
Other government	84	3.7	4,030	1.8
Blue Cross/Blue Shield	386	16.9	30,905	14.1
Other Commercial	197	8.6	15,943	7.3
Managed Care(HMO, PPO)	496	21.7	95,785	43.8
Self Pay	192	8.4	3,566	1.6
Industrial & Worker Comp	46	2.0	4,109	1.9
Charity and Unclassified	0	0.0	322	0.1
Childrens Health Insurance	1	0.0	273	0.1
Unknown	25	1.1	1,005	0.5
Not Reported	0	0.0	79	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	3	0.1	14,650	6.7
Central Utah	2	0.1	7,259	3.3
Davis County	4	0.2	25,726	11.8
Salt Lake County	6	0.3	74,490	34.0
Southeastern Utah	2	0.1	4,561	2.1
Southwest Utah	0	0.0	10,818	4.9
Summit County	1	0.0	2,876	1.3
Tooele County	2	0.1	4,235	1.9
Tri-County	2,244	98.1	9,559	4.4
Utah County	0	0.0	33,718	15.4
Wasatch County	2	0.1	1,643	0.8
Weber County	1	0.0	19,808	9.0
Unknown Utah	1	0.0	76	0.0
Outside Utah	19	0.8	9,321	4.3
Unknown, Not Reported	0	0.0	166	0.1

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

AMB ST 1-1
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
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)	16,209	100.0	306,368	100.0
Mastectomy (85.0-85.99)	238	1.5	7,302	2.4
Musculoskeletal (76.0-84.99)	1,483	9.1	61,162	20.0
Respiratory (30.0-34.99)	495	3.1	3,337	1.1
Cardiovascular (35.0-39.99)	2,127	13.1	17,761	5.8
Lymphatic/Hemetic (40.0-41.99)	265	1.6	2,849	0.9
Digestive System (42.0-54.99)	8,688	53.6	97,896	32.0
Urinary (55.0-59.99)	529	3.3	8,268	2.7
Male Genital (60.0-64.99)	90	0.6	3,711	1.2
Female Genital (65.0-71.99)	509	3.1	14,242	4.6
Endocrine/Nervous (01.0-07.99)	465	2.9	25,908	8.5
Eye (08.0-16.99)	138	0.9	19,800	6.5
Ear (18.0-20.99)	421	2.6	14,521	4.7
Nose,Mouth,Pharynx (21.0-29.99)	761	4.7	29,611	9.7
Reporting Category(CPT-4 CODES)	18,991	100.0	300,811	100.0
Mastectomy (19120-19220)	63	0.3	3,078	1.0
Musculoskeletal (20000-29909)	1,566	8.2	58,688	19.5
Respiratory (30000-32999 & 39501-39599)	852	4.5	13,089	4.4
Cardiovascular (33010-37799 & 93501-93660)	5,138	27.1	51,568	17.1
Lymphatic/Hemetic (38100-38999)	483	2.5	2,778	0.9
Digestive (40490-49999)	8,687	45.7	104,073	34.6
Urinary (50010-53899)	613	3.2	8,888	3.0
Male Genital (54000-55899)	93	0.5	3,219	1.1
Female Genital (56405-58999)	428	2.3	10,706	3.6
Endocrine/Nervous (60000-64999)	705	3.7	25,132	8.4
Eye (65091-68899)	98	0.5	11,602	3.9
Ear (69000-69979)	265	1.4	7,990	2.7

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.

AMB ST 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
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				
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	1,629	10.0	5.52
4525	CLO [ENDO] BX LG INTESTINE	1,561	9.6	2.50
4523	COLONOSCOPY	1,198	7.4	6.27
4513	OTH ENDO SM INTESTINE	776	4.8	1.98
4542	ENDO POLYPECTOMY LG INTESTINE	774	4.8	3.42
4824	CLO [ENDO] BX RECTUM	305	1.9	0.53
3722	LT HEART CARD CATH	288	1.8	1.25
4292	DILAT ESOPH	259	1.6	1.29
4836	[ENDO] POLYPECTOMY RECTUM	248	1.5	1.06
3725	BX HEART	206	1.3	0.14
5011	CLO [PERCUT] [NEEDLE] BX LIVER	206	1.3	0.41
3723	COMBO RT & LT HEART CARD CATH	188	1.2	0.57
3893	VENOUS CATH-NEC	183	1.1	0.34
5123	LAP CHOLEY	180	1.1	2.03
4921	ANOSCOPY	174	1.1	0.07
4131	BX BONE MARROW	124	0.8	0.22
4524	FLEX SIGMOIDOSCOPY	113	0.7	0.19
3324	CLO [ENDO] BX BRONCHUS	112	0.7	0.26
3726	CARD ELECTROPHYSIO STIMUL-RECORD	107	0.7	0.38
598	URETERAL CATH	106	0.7	0.49
CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures				
45380	COLONOSCOPY FLEX; W/BX 1/MX	1,730	9.1	3.16
43239	UGI ENDO; W/BX 1/MX	1,531	8.1	5.29
45378	COLONOSCOPY FLEX; DX-SEP PROC	1,020	5.4	5.95
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	848	4.5	2.89
93545	INJ PROC-CATH; SELECT CORONRY AN	531	2.8	1.54
93556	IMAG SUPERVS I&R-CATH; PULM ANGI	492	2.6	1.33
43235	UGI ENDO; DX W/VO CLCT SPECMN-SP	432	2.3	1.28
93543	INJ PROC-CATH; LT VENT/ATRIAL AN	305	1.6	1.39
93555	IMAG SUPERVS I&R-CATH; VENT/ATRI	294	1.5	1.22
93510	LT HRT CATH RETRO-BRACH/FEM; PER	291	1.5	1.13
38220	BONE MARROW; ASPIRATION ONLY	251	1.3	0.14
44500	INTRODUCTION LONG GI TUBE-SEP PR	221	1.2	0.10
93505	ENDOMYOCARDIAL BIOPSY	210	1.1	0.11
47000	BIOPSY LIVER NEEDLE; PERCUTANEOU	199	1.0	0.40
93526	COMB RT HRT CATH&RETRO LT HRT CA	176	0.9	0.45
36216	SEL CATH PLCMT ART; INIT 2ND ORD	168	0.9	0.09
46600	ANSCPY; DX W/VO CLCT SPEC BRSH/W	158	0.8	0.06
49505	REPR INIT ING HERNIA 5YR/MORE; R	143	0.8	0.99
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	141	0.7	0.72
36217	SEL CATH PLCMT ART; INIT 3RD ORD	122	0.6	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.

AMB ST 1-3

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
 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 CHRG	AVE TOT CHRG(ALL Hospitals)
ICD-9 Procedures				
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	1,278	\$1,276	\$1,145
4523	COLONOSCOPY	1,128	\$926	\$874
4525	CLO [ENDO] BX LG INTESTINE	1,088	\$1,175	\$1,249
4513	OTH ENDO SM INTESTINE	607	\$1,131	\$1,066
4542	ENDO POLYPECTOMY LG INTESTINE	427	\$1,163	\$1,132
3722	LT HEART CARD CATH	213	\$7,228	\$5,884
5011	CLO [PERCUT] [NEEDLE] BX LIVER	201	\$1,378	\$1,765
5123	LAP CHOLEY	167	\$6,033	\$5,384
4824	CLO [ENDO] BX RECTUM	162	\$1,213	\$1,211
4921	ANOSCOPY	160	\$136	\$172
3893	VENOUS CATH-NEC	141	\$3,794	\$2,776
3725	BX HEART	139	\$3,549	\$3,848
4836	[ENDO] POLYPECTOMY RECTUM	129	\$1,164	\$1,056
4131	BX BONE MARROW	122	\$3,214	\$2,469
3723	COMBO RT & LT HEART CARD CATH	118	\$7,825	\$6,945
4524	FLEX SIGMOIDOSCOPY	100	\$433	\$586
3927	ARTERIOVENOSTOMY-RENAL DIALYSIS	95	\$4,386	\$4,212
5523	CLO [PERCUT] [NEEDLE] BX KIDNEY	65	\$1,520	\$2,141
5304	UNILAT REPR INDIRECT ING HERN-GFT	62	\$3,776	\$3,302
3721	RT HEART CARD CATH	54	\$3,634	\$4,433

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
CPT-4 Procedures				
45380	COLONOSCOPY FLEX; W/BX 1/MX	1,326	\$1,213	\$1,223
43239	UGI ENDO; W/BX 1/MX	1,169	\$1,216	\$1,141
45378	COLONOSCOPY FLEX; DX-SEP PROC	971	\$965	\$868
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	539	\$1,174	\$1,120
43235	UGI ENDO; DX W/VO CLCT SPECMN-SP	380	\$904	\$986
44500	INTRODUCTION LONG GI TUBE-SEP PR	221	\$922	\$923
38220	BONE MARROW; ASPIRATION ONLY	205	\$3,180	\$2,822
47000	BIOPSY LIVER NEEDLE; PERCUTANEOU	197	\$1,277	\$1,682
46600	ANSCPY; DX W/VO CLCT SPEC BRSH/W	157	\$123	\$167
93505	ENDOMYOCARDIAL BIOPSY	142	\$3,511	\$3,656
49505	REPR INIT ING HERNIA 5YR/MORE; R	133	\$3,995	\$3,146
93660	EVAL CARDIOVASC FUNCT W/TILT TAB	106	\$669	\$638
47562	LAPAROSCOPY SURGICAL; CHOLECT	105	\$5,862	\$5,197
43242	UGI ENDO; W/US GUID ASPIR/BX	84	\$1,659	\$1,815
45330	SIGMOIDOSCOPY FLEX; DX-SEP PROC	83	\$377	\$522
41899	UNLIST PROC DENTOALVEOL STRUCTUR	79	\$5,220	\$2,179
36561	36561	77	\$3,027	\$3,903
36558	36558	67	\$2,552	\$3,196
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	67	\$1,446	\$1,367
43259	UGI ENDO; W/ENDO UNTRASOUND EXAM	66	\$1,368	\$1,322

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

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
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	1,069	9,617
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	608	3,147
	003 COMPLEX INCISION AND DRAINAGE	5	92
	004 SIMPLE INCISION AND DRAINAGE	1	26
	006 SIMPLE DEBRIDEMENT AND DESTRUCTION	29	157
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	55	1,092
	008 SIMPLE EXCISION AND BIOPSY	104	887
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRANGE	193	1,126
	010 SIMPLE SKIN REPAIR	11	14
	011 SIMPLE INCISION AND EXCISION OF BREAST	57	2,684
	012 BREAST RECONSTRUCTION AND MASTECTOMY	6	392
02	MUSCULOSKELETAL SYSTEM	1,282	52,555
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	235	6,223
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	97	2,056
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	82	1,930
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	254	10,991
	025 ARTHROSCOPY	347	22,451
	026 REPLACEMENT OF CAST	5	101
	028 CLOSED TREATMENT FX & DISLOCATION OF FINGER, TOE & TRUNK	1	47
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	10	660
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	138	3,677
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	33	417
	032 BUNION PROCEDURES	1	1,612
	033 ARTHROPLASTY	28	497
	034 HAND AND FOOT TENOTOMY	9	293
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	42	1,528
03	RESPIRATORY SYSTEM	700	7,438
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	49	747
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	333	4,704
	054 SIMPLE ENDOSCOPY OF THE UPPER AIRWAY	32	333
	055 ENDOSCOPY OF THE LOWER AIRWAY	286	1,654
04	CARDIOVASCULAR SYSTEM	3,781	32,609
	074 CARDIAC ELECTROPHYSIOLOGIC TESTS	432	3,281
	075 PLACEMENT OF TRANSVENOUS CATHETERS	26	119
	076 DIAGNOSTIC CARDIAC CATHETERIZATION	2,541	23,531
	077 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	280	2,136
	078 PACEMAKER INSERTION AND REPLACEMENT	58	510
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	223	820
	080 MINOR VASCULAR REPAIR AND FISTULA CONSTRUCTION	169	852
	081 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	19	483
	082 VASCULAR LIGATION	32	864
	083 RESUSCITATION AND CARDIOVERSION	1	13
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	193	2,811
	092 CHEMOTHERAPY EXCEPT BY EXTENDED INFUSION	1	6
	094 BLOOD AND BLOOD PRODUCT EXCHANGE	83	90
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	108	1,766

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
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)
	097 TRANSFUSION	1	949
06	DIGESTIVE SYSTEM	8,125	91,524
	111 ALIMENTARY TESTS AND SIMPLE TUBE PLACEMENT	221	296
	112 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	54	1,234
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	176	740
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	130	417
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	2,007	19,919
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	774	4,997
	117 LOWER GASTROINTESTINAL ENDOSCOPY	3,705	38,117
	118 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	238	1,843
	119 HERNIA AND HYDROCELE PROCEDURES	238	7,192
	120 COMPLEX ANAL AND RECTAL PROCEDURES	27	896
	121 SIMPLE ANAL AND RECTAL PROCEDURES	25	571
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	39	545
	123 COMPLEX LAPAROSCOPIC PROCEDURES	487	14,566
	124 SIMPLE LAPAROSCOPIC PROCEDURES	4	191
07	URINARY SYSTEM	514	7,571
	131 RENAL EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	82	851
	133 URINARY CATHETERIZATION AND DILATATION	5	395
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	191	3,257
	135 MODERATE CYSTOURETHROSCOPY	178	2,205
	136 SIMPLE CYSTOURETHROSCOPY	56	648
	137 COMPLEX URETHRAL PROCEDURES	1	109
	138 SIMPLE URETHRAL PROCEDURES	1	103
08	MALE GENITAL SYSTEM	62	2,927
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	43	1,396
	153 COMPLEX PENILE PROCEDURES	6	435
	154 SIMPLE PENILE PROCEDURES	11	748
	155 PROSTATE NEEDLE AND PUNCH BIOPSY	2	256
09	FEMALE GENITAL SYSTEM	285	6,182
	171 ARTIFICIAL FERTILIZATION	1	1
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	76	1,463
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	99	1,400
	178 DILATION AND CURETTAGE	16	810
	179 HYSTEROSCOPY	86	2,308
	180 COLPOSCOPY	7	200
10	NERVOUS SYSTEM	424	21,547
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	112	15,863
	196 REVISION AND REMOVAL OF NEUROLOGICAL DEVICE	46	181
	197 NEUROSTIMULATOR AND VENTRICULAR SHUNT IMPLANTATION	79	469
	198 NERVE REPAIR AND DESTRUCTION	132	4,278
	199 SPINAL TAP	55	756
11	EYE AND OCULAR ADNEXA	93	11,356
	211 MINOR OPHTHALMOLOGICAL TESTS AND PROCEDURES	1	37
	213 LASER EYE PROCEDURES	2	910
	214 CATARACT PROCEDURES	11	4,684

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
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)
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	14	505
	216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	7	375
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	16	186
	218 COMPLEX POSTERIOR SEGMENT EYE PROCEDURES	5	417
	219 SIMPLE POSTERIOR SEGMENT EYE PROCEDURES	6	364
	220 STRABISMUS AND MUSCLE EYE PROCEDURES	3	975
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	15	727
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	4	504
	223 VITRECTOMY	9	1,672
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	682	28,651
	231 COCHLEAR DEVICE IMPLANTATION	22	38
	233 NASAL CAUTERIZATION AND PACKING	3	207
	234 COMPLEX FACIAL AND ENT PROCEDURES	385	5,185
	235 SIMPLE FACIAL AND ENT PROCEDURES	216	14,996
	236 TONSIL AND ADENOID PROCEDURES	56	8,225
13	THERAPUTIC AND OTHER RADIOLOGICAL PROCEDURES	878	3,870
	252 RADIATION THERAPY AND HYPERTHERMIA	2	15
	253 VASCULAR RADIOLOGY EXCEPT FOR VENOGRAPHY OF EXTREMITY	675	1,835
	254 MYELOGRAPHY	105	406
	255 MISCELLANEOUS RADIOLOGICAL PROCEDURES WITH CONTRAST	96	1,614

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, 2004
PROCEDURE APG CATEGORY, PROCEDURE APG, SINGLE APG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

125 University of Utah Hospitals & Clinics

Procedure APG category		TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
Procedure APG				
01	INTEGUMENTARY SYSTEM	860	\$2,413	\$2,400
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	517	\$2,137	\$1,826
	003 COMPLEX INCISION AND DRAINAGE	5	\$5,224	\$3,064
	004 SIMPLE INCISION AND DRAINAGE	1	\$2,343	\$2,850
	006 SIMPLE DEBRIDEMENT AND DESTRUCTION	23	\$2,602	\$2,412
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	28	\$3,598	\$2,565
	008 SIMPLE EXCISION AND BIOPSY	84	\$2,345	\$2,299
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRAN	152	\$2,863	\$2,920
	010 SIMPLE SKIN REPAIR	1	\$4,614	\$3,203
	011 SIMPLE INCISION AND EXCISION OF BREAST	43	\$2,473	\$2,578
	012 BREAST RECONSTRUCTION AND MASTECTOMY	6	\$6,344	\$4,433
02	MUSCULOSKELETAL SYSTEM	458	\$4,670	\$3,512
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	86	\$6,215	\$5,140
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	31	\$6,666	\$3,702
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	10	\$4,936	\$4,004
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	94	\$3,271	\$2,374
	025 ARTHROSCOPY	100	\$4,973	\$3,951
	026 REPLACEMENT OF CAST	1	\$1,162	\$1,591
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	76	\$5,628	\$4,121
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	20	\$3,849	\$2,448
	033 ARTHROPLASTY	1	\$20,654	\$4,516
	034 HAND AND FOOT TENOTOMY	1	\$3,543	\$1,932
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	38	\$351	\$646
03	RESPIRATORY SYSTEM	196	\$2,777	\$1,808
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	46	\$911	\$1,075
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	56	\$4,523	\$3,079
	054 SIMPLE ENDOSCOPY OF THE UPPER AIRWAY	6	\$3,239	\$1,126
	055 ENDOSCOPY OF THE LOWER AIRWAY	88	\$2,609	\$1,902
04	CARDIOVASCULAR SYSTEM	504	\$4,983	\$7,486
	074 CARDIAC ELECTROPHYSIOLOGIC TESTS	17	\$21,896	\$18,581
	075 PLACEMENT OF TRANSVENOUS CATHETERS	12	\$2,097	\$2,140
	076 DIAGNOSTIC CARDIAC CATHETERIZATION	186	\$3,690	\$5,567
	077 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	35	\$12,269	\$14,366
	078 PACEMAKER INSERTION AND REPLACEMENT	12	\$18,429	\$20,139
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	76	\$1,801	\$2,988
	080 MINOR VASCULAR REPAIR AND FISTULA CONSTRUCTION	141	\$4,014	\$3,982
	081 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	17	\$2,011	\$9,790
	082 VASCULAR LIGATION	8	\$4,997	\$4,226
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	152	\$11,465	\$3,893
	094 BLOOD AND BLOOD PRODUCT EXCHANGE	79	\$17,251	\$16,165
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	72	\$4,852	\$4,071
	097 TRANSFUSION	1	\$30,474	\$2,372
06	DIGESTIVE SYSTEM	6,023	\$1,580	\$1,913
	111 ALIMENTARY TESTS AND SIMPLE TUBE PLACEMENT	221	\$922	\$923
	112 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	2	\$774	\$1,101

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
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)
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	168	\$610	\$890
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	90	\$750	\$878
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	1,577	\$1,148	\$1,110
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	436	\$1,669	\$1,563
	117 LOWER GASTROINTESTINAL ENDOSCOPY	2,853	\$1,122	\$1,017
	118 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	44	\$4,237	\$3,074
	119 HERNIA AND HYDROCELE PROCEDURES	202	\$3,847	\$3,001
	120 COMPLEX ANAL AND RECTAL PROCEDURES	22	\$3,022	\$2,412
	121 SIMPLE ANAL AND RECTAL PROCEDURES	24	\$2,018	\$2,116
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	30	\$3,296	\$2,759
	123 COMPLEX LAPAROSCOPIC PROCEDURES	353	\$6,281	\$5,244
	124 SIMPLE LAPAROSCOPIC PROCEDURES	1	\$7,484	\$9,413
07	URINARY SYSTEM	165	\$4,588	\$4,118
	131 RENAL EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	57	\$6,343	\$7,612
	133 URINARY CATHETERIZATION AND DILATATION	3	\$2,882	\$2,947
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	33	\$3,857	\$3,980
	135 MODERATE CYSTOURETHROSCOPY	56	\$3,433	\$2,966
	136 SIMPLE CYSTOURETHROSCOPY	15	\$4,269	\$2,050
	137 COMPLEX URETHRAL PROCEDURES	1	\$3,209	\$5,173
08	MALE GENITAL SYSTEM	38	\$3,316	\$2,884
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	23	\$3,493	\$2,325
	153 COMPLEX PENILE PROCEDURES	3	\$4,094	\$2,606
	154 SIMPLE PENILE PROCEDURES	10	\$2,383	\$1,709
	155 PROSTATE NEEDLE AND PUNCH BIOPSY	2	\$4,774	\$3,813
09	FEMALE GENITAL SYSTEM	139	\$3,936	\$3,249
	171 ARTIFICIAL FERTILIZATION	1	\$13,217	\$13,217
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	30	\$4,108	\$4,142
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	42	\$3,838	\$2,642
	178 DILATION AND CURETTAGE	11	\$2,995	\$1,880
	179 HYSTEROSCOPY	53	\$3,981	\$3,776
	180 COLPOSCOPY	2	\$2,764	\$1,716
10	NERVOUS SYSTEM	190	\$3,045	\$1,519
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	74	\$1,178	\$939
	196 REVISION AND REMOVAL OF NEUROLOGICAL DEVICE	12	\$7,313	\$5,797
	197 NEUROSTIMULATOR AND VENTRICULAR SHUNT IMPLANTATION	11	\$20,148	\$17,461
	198 NERVE REPAIR AND DESTRUCTION	39	\$3,241	\$2,158
	199 SPINAL TAP	54	\$1,029	\$1,409
11	EYE AND OCULAR ADNEXA	38	\$3,665	\$2,658
	211 MINOR OPHTHALMOLOGICAL TESTS AND PROCEDURES	1	\$2,837	\$1,530
	214 CATARACT PROCEDURES	6	\$3,620	\$2,904
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	7	\$4,155	\$2,469
	216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	1	\$3,313	\$2,180
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	10	\$2,713	\$2,051
	218 COMPLEX POSTERIOR SEGMENT EYE PROCEDURES	2	\$6,919	\$4,749
	219 SIMPLE POSTERIOR SEGMENT EYE PROCEDURES	2	\$779	\$3,639

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
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 CHRG	AVE TOT CHRG(ALL Hospitals)
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	5	\$4,229	\$3,213
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	2	\$2,553	\$1,662
	223 VITRECTOMY	2	\$6,768	\$5,079
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	448	\$7,795	\$2,083
	231 COCHLEAR DEVICE IMPLANTATION	21	\$61,107	\$54,585
	233 NASAL CAUTERIZATION AND PACKING	1	\$5,114	\$2,238
	234 COMPLEX FACIAL AND ENT PROCEDURES	240	\$5,802	\$4,171
	235 SIMPLE FACIAL AND ENT PROCEDURES	137	\$4,700	\$1,547
	236 TONSIL AND ADENOID PROCEDURES	49	\$3,418	\$1,824
13	THERAPUTIC AND OTHER RADIOLOGICAL PROCEDURES	115	\$5,296	\$2,912
	252 RADIATION THERAPY AND HYPERTHERMIA	2	\$3,733	\$7,584
	253 VASCULAR RADIOLOGY EXCEPT FOR VENOGRAPHY OF EXTREMITY	73	\$4,149	\$5,763
	254 MYELOGRAPHY	3	\$1,890	\$2,607
	255 MISCELLANEOUS RADIOLOGICAL PROCEDURES WITH CONTRAST	37	\$7,920	\$2,500

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, 2004
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	7,156	52.1	120,006	54.8
Male	6,565	47.8	98,888	45.2
Unknown	8	0.1	8	0.0
Not Reported	0	0.0	4	0.0
AGE				
1-28 days	0	0.0	376	0.2
29-365 days	3	0.0	2,969	1.4
1-4 years	31	0.2	11,176	5.1
5-9	35	0.3	6,445	2.9
10-14	103	0.8	5,080	2.3
15-17	165	1.2	5,201	2.4
18-19	157	1.1	3,849	1.8
20-24	722	5.3	11,707	5.3
25-29	839	6.1	12,626	5.8
30-34	756	5.5	11,936	5.5
35-39	779	5.7	11,960	5.5
40-44	965	7.0	14,821	6.8
45-49	1,158	8.4	17,215	7.9
50-54	1,743	12.7	22,033	10.1
55-59	1,525	11.1	18,759	8.6
60-64	1,320	9.6	16,305	7.4
65-69	1,173	8.5	13,961	6.4
70-74	910	6.6	12,040	5.5
75-79	802	5.8	10,224	4.7
80-84	386	2.8	6,733	3.1
85-89	128	0.9	2,713	1.2
90 +	29	0.2	777	0.4
Not Reported	0	0.0	376	0.2
SOURCE OF ADMISSION				
Physician Referral	0	0.0	195,236	89.2
Clinic Referral	0	0.0	774	0.4
HMO Referral	0	0.0	2,769	1.3
Other Hospital	0	0.0	81	0.0
Skilled Nursing Facility	0	0.0	18	0.0
Other Health Care Facility	0	0.0	22	0.0
Emergency Room	0	0.0	4,435	2.0
Court/Law Enforcement	0	0.0	1	0.0
Unknown	0	0.0	469	0.2
Not Reported	13,729	100.0	15,101	6.9
(Continued)				

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
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	13,707	99.8	218,417	99.8
Another Hospital	6	0.0	114	0.1
Skilled Nursing Facility	3	0.0	87	0.0
Intermediate Care Facility	0	0.0	11	0.0
Another Type of Institution	1	0.0	39	0.0
Under Care of Home Service	1	0.0	141	0.1
Left Against Medical Advice	0	0.0	13	0.0
Under Care of Home IV Provider	2	0.0	7	0.0
Expired	1	0.0	14	0.0
Unknown	7	0.1	59	0.0
Not Reported	1	0.0	4	0.0
PRIMARY PAYER				
Medicare	3,791	27.6	47,125	21.5
Medicaid	1,105	8.0	15,764	7.2
Other government	433	3.2	4,030	1.8
Blue Cross/Blue Shield	3,536	25.8	30,905	14.1
Other Commercial	1,054	7.7	15,943	7.3
Managed Care(HMO, PPO)	3,448	25.1	95,785	43.8
Self Pay	195	1.4	3,566	1.6
Industrial & Worker Comp	108	0.8	4,109	1.9
Charity and Unclassified	45	0.3	322	0.1
Childrens Health Insurance	10	0.1	273	0.1
Unknown	4	0.0	1,005	0.5
Not Reported	0	0.0	79	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	215	1.6	14,650	6.7
Central Utah	105	0.8	7,259	3.3
Davis County	1,007	7.3	25,726	11.8
Salt Lake County	8,397	61.2	74,490	34.0
Southeastern Utah	150	1.1	4,561	2.1
Southwest Utah	143	1.0	10,818	4.9
Summit County	413	3.0	2,876	1.3
Tooele County	557	4.1	4,235	1.9
Tri-County	144	1.0	9,559	4.4
Utah County	512	3.7	33,718	15.4
Wasatch County	89	0.6	1,643	0.8
Weber County	382	2.8	19,808	9.0
Unknown Utah	5	0.0	76	0.0
Outside Utah	1,609	11.7	9,321	4.3
Unknown, Not Reported	1	0.0	166	0.1

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

AMB ST 1-1
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

310 University of Utah Huntsman Cancer Hospital

Reporting Category(ICD-9-CM CODES)	Procedures Performed		Procedures Performed-All Hospitals	
	(#)	(%)	(#)	(%)
Reporting Category(ICD-9-CM CODES)	912	100.0	306,368	100.0
Mastectomy (85.0-85.99)	160	17.5	7,302	2.4
Musculoskeletal (76.0-84.99)	29	3.2	61,162	20.0
Respiratory (30.0-34.99)	8	0.9	3,337	1.1
Cardiovascular (35.0-39.99)	8	0.9	17,761	5.8
Lymphatic/Hemetic (40.0-41.99)	142	15.6	2,849	0.9
Digestive System (42.0-54.99)	423	46.4	97,896	32.0
Urinary (55.0-59.99)	16	1.8	8,268	2.7
Male Genital (60.0-64.99)	3	0.3	3,711	1.2
Female Genital (65.0-71.99)	64	7.0	14,242	4.6
Endocrine/Nervous (01.0-07.99)	29	3.2	25,908	8.5
Eye (08.0-16.99)	1	0.1	19,800	6.5
Ear (18.0-20.99)	12	1.3	14,521	4.7
Nose, Mouth, Pharynx (21.0-29.99)	17	1.9	29,611	9.7
Reporting Category(CPT-4 CODES)	922	100.0	300,811	100.0
Mastectomy (19120-19220)	71	7.7	3,078	1.0
Musculoskeletal (20000-29909)	31	3.4	58,688	19.5
Respiratory (30000-32999 & 39501-39599)	7	0.8	13,089	4.4
Cardiovascular (33010-37799 & 93501-93660)	22	2.4	51,568	17.1
Lymphatic/Hemetic (38100-38999)	182	19.7	2,778	0.9
Digestive (40490-49999)	480	52.1	104,073	34.6
Urinary (50010-53899)	15	1.6	8,888	3.0
Male Genital (54000-55899)	11	1.2	3,219	1.1
Female Genital (56405-58999)	61	6.6	10,706	3.6
Endocrine/Nervous (60000-64999)	36	3.9	25,132	8.4
Eye (65091-68899)	1	0.1	11,602	3.9
Ear (69000-69979)	5	0.5	7,990	2.7

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.

AMB ST 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES

310 University of Utah Huntsman Cancer Hospital

ICD-9 CODE	ICD-9 DESCRIPTION	#	%	% ALL Hospitals
All ICD-9 Procedures				
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	95	10.4	5.52
4131	BX BONE MARROW	78	8.6	0.22
8521	LOC EXC LES BREAST	70	7.7	0.93
4513	OTH ENDO SM INTESTINE	50	5.5	1.98
4824	CLO [ENDO] BX RECTUM	34	3.7	0.53
4836	[ENDO] POLYPECTOMY RECTUM	32	3.5	1.06
8519	OTH DX PROC BREAST	31	3.4	0.32
4542	ENDO POLYPECTOMY LG INTESTINE	28	3.1	3.42
4523	COLONOSCOPY	25	2.7	6.27
5185	ENDO SPHINCTEROTOMY & PAPILOTOMY	19	2.1	0.16
4019	OTH DX PROC LYMPHATIC STRUCT	18	2.0	0.15
4023	EXC AX LYMPH NODE	17	1.9	0.18
4292	DILAT ESOPH	17	1.9	1.29
4011	BX LYMPHATIC STRUCT	16	1.8	0.17
062	UNILAT THYROID LOBEC	15	1.6	0.11
8511	CLO [PERCUT] [NEEDLE] BX BREAST	15	1.6	0.27
8512	OP BX BREAST	15	1.6	0.08
4524	FLEX SIGMOIDOSCOPY	14	1.5	0.19
4525	CLO [ENDO] BX LG INTESTINE	12	1.3	2.50
5110	[ERCP]	11	1.2	0.09
CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures				
38220	BONE MARROW; ASPIRATION ONLY	112	12.1	0.14
43239	UGI ENDO; W/BX 1/MX	60	6.5	5.29
45380	COLONOSCOPY FLEX; W/BX 1/MX	55	6.0	3.16
43242	UGI ENDO; W/US GUID ASPIR/BX	48	5.2	0.06
19120	EXC BRST CYST TUMR/LES OPN M/F 1	43	4.7	0.59
43259	UGI ENDO; W/ENDO UNTRASOUND EXAM	36	3.9	0.06
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	35	3.8	2.89
19125	EXC BRST LES ID RAD MARKR OPN;1	26	2.8	0.29
45378	COLONOSCOPY FLEX; DX-SEP PROC	22	2.4	5.95
38525	BX/EXC LYMPH NODE; OPN DP AX NOD	19	2.1	0.21
43262	ERCP; W/SPHINCTEROTOMY/PAPILLOTO	19	2.1	0.16
43269	ERCP; REMOVAL FB &OR CHG TUBE/ST	19	2.1	0.07
38792	INJECTION PROC; ID SENTINEL NODE	17	1.8	0.13
60220	TOT THYRD LOBECT UNI;W/WO ISTHMS	15	1.6	0.09
43268	ERCP; INSRT TUBE/STNT BILE/PANC	13	1.4	0.11
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	12	1.3	1.28
43271	ERCP; BALLN DILAT AMPULA BILI&/P	12	1.3	0.06
38510	BX/EXC LYMPH NODE; OPN DP CERV N	10	1.1	0.08
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	10	1.1	0.72
45300	PROCSIGMOSCOPY RIGID; DX-SEP PRO	10	1.1	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.

AMB ST 1-3

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
 AVERAGE TOTAL CHARGES FOR MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES, SINGLE ICD-9 OR CPT-4 ONLY

310 University of Utah Huntsman Cancer Hospital

ICD-9 CODE	ICD-9 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
ICD-9 Procedures				
4131	BX BONE MARROW	77	\$2,036	\$2,469
4516	ESOPHAGOGASTROUDENOSCPY-CLO BX	75	\$1,554	\$1,145
8521	LOC EXC LES BREAST	49	\$2,488	\$2,337
4513	OTH ENDO SM INTESTINE	39	\$1,770	\$1,066
4824	CLO [ENDO] BX RECTUM	26	\$1,314	\$1,211
4523	COLONOSCOPY	24	\$1,042	\$874
4836	[ENDO] POLYPECTOMY RECTUM	24	\$1,435	\$1,056
4542	ENDO POLYPECTOMY LG INTESTINE	17	\$1,233	\$1,132
8519	OTH DX PROC BREAST	15	\$660	\$810
062	UNILAT THYROID LOBEC	14	\$5,928	\$5,047
4011	BX LYMPHATIC STRUCT	13	\$3,873	\$3,133
8511	CLO [PERCUT] [NEEDLE] BX BREAST	12	\$762	\$1,028
4524	FLEX SIGMOIDOSCOPY	10	\$602	\$586
5110	[ERCP]	9	\$4,785	\$2,969
5749	OTH TRANSURETH EXC/DEST LES BLADDER	7	\$3,816	\$3,235
064	COMPLT THYROIDECTOMY	6	\$9,054	\$5,945
4823	RIGID PROCTOSIGMOIDOSCOPY	6	\$651	\$745
5185	ENDO SPHINCTEROTOMY & PAPILOTOMY	6	\$4,206	\$3,896
672	CONIZATION CERV	6	\$3,449	\$2,292
7033	EXC/DESTRUC LES VAG	6	\$4,361	\$2,378
CPT-4 Procedures				
38220	BONE MARROW; ASPIRATION ONLY	98	\$2,073	\$2,822
45380	COLONOSCOPY FLEX; W/BX 1/MX	44	\$1,273	\$1,223
43242	UGI ENDO; W/US GUID ASPIR/BX	33	\$1,792	\$1,815
19120	EXC BRST CYST TUMR/LES OPN M/F 1	32	\$2,462	\$2,325
43239	UGI ENDO; W/BX 1/MX	24	\$1,396	\$1,141
19125	EXC BRST LES ID RAD MARKR OPN;1	22	\$2,501	\$3,115
45378	COLONOSCOPY FLEX; DX-SEP PROC	22	\$1,023	\$868
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	21	\$1,152	\$1,120
43259	UGI ENDO; W/ENDO UNTRASOUND EXAM	18	\$1,239	\$1,322
60220	TOT THYRD LOBECT UNI;W/WO ISTHMS	14	\$5,928	\$5,048
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	10	\$1,535	\$986
45300	PROCSIGMOSCOPY RIGID; DX-SEP PRO	9	\$516	\$598
36561	36561	8	\$3,787	\$3,903
38510	BX/EXC LYMPH NODE; OPN DP CERV N	8	\$4,594	\$3,458
55859	TRNSPERNL PLC NDLE PROS-RADELMNT	8	\$7,480	\$12,827
57520	CONIZATION CERV W/WO D&C; KNIF/L	7	\$3,669	\$2,331
61793	STEREOTAC RADIOSURG 1/MORE SESSI	7	\$10,012	\$8,762
45330	SIGMOIDOSCOPY FLEX; DX-SEP PROC	6	\$340	\$522
60240	THYROIDECTOMY TOTAL OR COMPLETE	6	\$9,054	\$6,136
38500	BX/EXCISION LYMPH NODE; OPEN SUP	5	\$3,743	\$3,281

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

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

310 University of Utah Huntsman Cancer Hospital

Procedure APG category		TOTAL #	TOTAL # (ALL Hospitals)
Procedure APG			
01	INTEGUMENTARY SYSTEM	229	9,617
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	123	3,147
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	9	1,092
	008 SIMPLE EXCISION AND BIOPSY	16	887
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRANGE	10	1,126
	011 SIMPLE INCISION AND EXCISION OF BREAST	69	2,684
	012 BREAST RECONSTRUCTION AND MASTECTOMY	2	392
02	MUSCULOSKELETAL SYSTEM	7	52,555
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	3	6,223
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	4	10,991
03	RESPIRATORY SYSTEM	11	7,438
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	6	747
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	3	4,704
	055 ENDOSCOPY OF THE LOWER AIRWAY	2	1,654
04	CARDIOVASCULAR SYSTEM	5	32,609
	077 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	1	2,136
	078 PACEMAKER INSERTION AND REPLACEMENT	1	510
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	2	820
	081 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	1	483
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	60	2,811
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	59	1,766
	097 TRANSFUSION	1	949
06	DIGESTIVE SYSTEM	473	91,524
	111 ALIMENTARY TESTS AND SIMPLE TUBE PLACEMENT	3	296
	112 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	3	1,234
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	21	740
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	12	417
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	76	19,919
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	139	4,997
	117 LOWER GASTROINTESTINAL ENDOSCOPY	119	38,117
	118 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	83	1,843
	119 HERNIA AND HYDROCELE PROCEDURES	1	7,192
	120 COMPLEX ANAL AND RECTAL PROCEDURES	1	896
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	2	545
	123 COMPLEX LAPAROSCOPIC PROCEDURES	11	14,566
	124 SIMPLE LAPAROSCOPIC PROCEDURES	2	191
07	URINARY SYSTEM	15	7,571
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	4	3,257
	135 MODERATE CYSTOURETHROSCOPY	7	2,205
	136 SIMPLE CYSTOURETHROSCOPY	4	648
08	MALE GENITAL SYSTEM	3	2,927
	153 COMPLEX PENILE PROCEDURES	3	435
09	FEMALE GENITAL SYSTEM	45	6,182
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	7	1,463
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	31	1,400
	178 DILATION AND CURETTAGE	5	810

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

310 University of Utah Huntsman Cancer Hospital

procedure APG category	procedure APG	TOTAL #	TOTAL # (ALL Hospitals)
	179 HYSTEROSCOPY	2	2,308
10	NERVOUS SYSTEM	2	21,547
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	1	15,863
	198 NERVE REPAIR AND DESTRUCTION	1	4,278
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	24	28,651
	234 COMPLEX FACIAL AND ENT PROCEDURES	19	5,185
	235 SIMPLE FACIAL AND ENT PROCEDURES	5	14,996
13	THERAPUTIC AND OTHER RADIOLOGICAL PROCEDURES	9	3,870
	252 RADIATION THERAPY AND HYPERTHERMIA	8	15
	253 VASCULAR RADIOLOGY EXCEPT FOR VENOGRAPHY OF EXTREMITY	1	1,835

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, 2004
PROCEDURE APG CATEGORY, PROCEDURE APG, SINGLE APG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

310 University of Utah Huntsman Cancer Hospital

Procedure APG category	Procedure APG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
01	INTEGUMENTARY SYSTEM	180	\$2,565	\$2,400
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	100	\$2,068	\$1,826
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	7	\$5,205	\$2,565
	008 SIMPLE EXCISION AND BIOPSY	7	\$3,189	\$2,299
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRAN	10	\$3,747	\$2,920
	011 SIMPLE INCISION AND EXCISION OF BREAST	54	\$2,478	\$2,578
	012 BREAST RECONSTRUCTION AND MASTECTOMY	2	\$12,467	\$4,433
02	MUSCULOSKELETAL SYSTEM	5	\$3,525	\$3,512
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	2	\$1,947	\$5,140
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	3	\$4,577	\$2,374
03	RESPIRATORY SYSTEM	8	\$1,822	\$1,808
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	6	\$822	\$1,075
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	1	\$5,269	\$3,079
	055 ENDOSCOPY OF THE LOWER AIRWAY	1	\$4,374	\$1,902
04	CARDIOVASCULAR SYSTEM	4	\$9,665	\$7,486
	078 PACEMAKER INSERTION AND REPLACEMENT	1	\$22,191	\$20,139
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	2	\$2,322	\$2,988
	081 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	1	\$11,823	\$9,790
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	35	\$5,253	\$3,893
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	34	\$5,330	\$4,071
	097 TRANSFUSION	1	\$2,643	\$2,372
06	DIGESTIVE SYSTEM	244	\$1,781	\$1,913
	111 ALIMENTARY TESTS AND SIMPLE TUBE PLACEMENT	2	\$1,612	\$923
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	18	\$584	\$890
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	3	\$1,169	\$878
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	36	\$1,466	\$1,110
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	71	\$1,913	\$1,563
	117 LOWER GASTROINTESTINAL ENDOSCOPY	89	\$1,186	\$1,017
	118 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	15	\$4,210	\$3,074
	119 HERNIA AND HYDROCELE PROCEDURES	1	\$2,396	\$3,001
	120 COMPLEX ANAL AND RECTAL PROCEDURES	1	\$6,256	\$2,412
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	1	\$828	\$2,759
	123 COMPLEX LAPAROSCOPIC PROCEDURES	6	\$7,893	\$5,244
	124 SIMPLE LAPAROSCOPIC PROCEDURES	1	\$3,187	\$9,413
07	URINARY SYSTEM	9	\$3,620	\$4,118
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	4	\$3,584	\$3,980
	135 MODERATE CYSTOURETHROSCOPY	4	\$3,754	\$2,966
	136 SIMPLE CYSTOURETHROSCOPY	1	\$3,230	\$2,050
08	MALE GENITAL SYSTEM	3	\$3,536	\$2,884
	153 COMPLEX PENILE PROCEDURES	3	\$3,536	\$2,606
09	FEMALE GENITAL SYSTEM	28	\$3,843	\$3,249
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	3	\$3,832	\$4,142
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	20	\$3,983	\$2,642
	178 DILATION AND CURETTAGE	4	\$2,829	\$1,880
	179 HYSTEROSCOPY	1	\$5,148	\$3,776

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
PROCEDURE APG CATEGORY, PROCEDURE APG, SINGLE APG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

310 University of Utah Huntsman Cancer Hospital

procedure APG category	Procedure APG	TOTAL #	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
10	NERVOUS SYSTEM	1	\$1,989	\$1,519
	198 NERVE REPAIR AND DESTRUCTION	1	\$1,989	\$2,158
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	19	\$6,620	\$2,083
	234 COMPLEX FACIAL AND ENT PROCEDURES	15	\$7,134	\$4,171
	235 SIMPLE FACIAL AND ENT PROCEDURES	4	\$4,694	\$1,547
13	THERAPUTIC AND OTHER RADIOLOGICAL PROCEDURES	8	\$9,642	\$2,912
	252 RADIATION THERAPY AND HYPERTHERMIA	8	\$9,642	\$7,584

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, 2004
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

310 University of Utah Huntsman Cancer Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
GENDER				
Female	470	60.0	120,006	54.8
Male	313	40.0	98,888	45.2
Unknown	0	0.0	8	0.0
Not Reported	0	0.0	4	0.0
AGE				
1-28 days	0	0.0	376	0.2
29-365 days	0	0.0	2,969	1.4
1-4 years	0	0.0	11,176	5.1
5-9	0	0.0	6,445	2.9
10-14	4	0.5	5,080	2.3
15-17	3	0.4	5,201	2.4
18-19	7	0.9	3,849	1.8
20-24	30	3.8	11,707	5.3
25-29	29	3.7	12,626	5.8
30-34	33	4.2	11,936	5.5
35-39	41	5.2	11,960	5.5
40-44	62	7.9	14,821	6.8
45-49	80	10.2	17,215	7.9
50-54	96	12.3	22,033	10.1
55-59	86	11.0	18,759	8.6
60-64	79	10.1	16,305	7.4
65-69	77	9.8	13,961	6.4
70-74	67	8.6	12,040	5.5
75-79	48	6.1	10,224	4.7
80-84	25	3.2	6,733	3.1
85-89	14	1.8	2,713	1.2
90 +	2	0.3	777	0.4
Not Reported	0	0.0	376	0.2
SOURCE OF ADMISSION				
Physician Referral	0	0.0	195,236	89.2
Clinic Referral	0	0.0	774	0.4
HMO Referral	0	0.0	2,769	1.3
Other Hospital	0	0.0	81	0.0
Skilled Nursing Facility	0	0.0	18	0.0
Other Health Care Facility	0	0.0	22	0.0
Emergency Room	0	0.0	4,435	2.0
Court/Law Enforcement	0	0.0	1	0.0
Unknown	0	0.0	469	0.2
Not Reported	783	100.0	15,101	6.9
(Continued)				

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

310 University of Utah Huntsman Cancer Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	782	99.9	218,417	99.8
Another Hospital	0	0.0	114	0.1
Skilled Nursing Facility	0	0.0	87	0.0
Intermediate Care Facility	0	0.0	11	0.0
Another Type of Institution	0	0.0	39	0.0
Under Care of Home Service	0	0.0	141	0.1
Left Against Medical Advice	0	0.0	13	0.0
Under Care of Home IV Provider	0	0.0	7	0.0
Expired	0	0.0	14	0.0
Unknown	1	0.1	59	0.0
Not Reported	0	0.0	4	0.0
PRIMARY PAYER				
Medicare	238	30.4	47,125	21.5
Medicaid	43	5.5	15,764	7.2
Other government	25	3.2	4,030	1.8
Blue Cross/Blue Shield	226	28.9	30,905	14.1
Other Commercial	45	5.7	15,943	7.3
Managed Care(HMO, PPO)	195	24.9	95,785	43.8
Self Pay	9	1.1	3,566	1.6
Industrial & Worker Comp	1	0.1	4,109	1.9
Charity and Unclassified	0	0.0	322	0.1
Childrens Health Insurance	1	0.1	273	0.1
Unknown	0	0.0	1,005	0.5
Not Reported	0	0.0	79	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	21	2.7	14,650	6.7
Central Utah	8	1.0	7,259	3.3
Davis County	68	8.7	25,726	11.8
Salt Lake County	411	52.5	74,490	34.0
Southeastern Utah	12	1.5	4,561	2.1
Southwest Utah	17	2.2	10,818	4.9
Summit County	27	3.4	2,876	1.3
Tooele County	22	2.8	4,235	1.9
Tri-County	9	1.1	9,559	4.4
Utah County	43	5.5	33,718	15.4
Wasatch County	3	0.4	1,643	0.8
Weber County	39	5.0	19,808	9.0
Unknown Utah	0	0.0	76	0.0
Outside Utah	103	13.2	9,321	4.3
Unknown, Not Reported	0	0.0	166	0.1

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

AMB ST 1-1
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

309 University of Utah Orthopaedic Center

Reporting Category(ICD-9-CM CODES)	Procedures Performed		Procedures Performed-All Hospitals	
	(#)	(%)	(#)	(%)
Reporting Category(ICD-9-CM CODES)	864	100.0	306,368	100.0
Mastectomy (85.0-85.99)	0	0.0	7,302	2.4
Musculoskeletal (76.0-84.99)	744	86.1	61,162	20.0
Respiratory (30.0-34.99)	0	0.0	3,337	1.1
Cardiovascular (35.0-39.99)	2	0.2	17,761	5.8
Lymphatic/Hemetic (40.0-41.99)	3	0.3	2,849	0.9
Digestive System (42.0-54.99)	0	0.0	97,896	32.0
Urinary (55.0-59.99)	0	0.0	8,268	2.7
Male Genital (60.0-64.99)	0	0.0	3,711	1.2
Female Genital (65.0-71.99)	0	0.0	14,242	4.6
Endocrine/Nervous (01.0-07.99)	113	13.1	25,908	8.5
Eye (08.0-16.99)	2	0.2	19,800	6.5
Ear (18.0-20.99)	0	0.0	14,521	4.7
Nose, Mouth, Pharynx (21.0-29.99)	0	0.0	29,611	9.7
Reporting Category(CPT-4 CODES)	869	100.0	300,811	100.0
Mastectomy (19120-19220)	0	0.0	3,078	1.0
Musculoskeletal (20000-29909)	749	86.2	58,688	19.5
Respiratory (30000-32999 & 39501-39599)	0	0.0	13,089	4.4
Cardiovascular (33010-37799 & 93501-93660)	3	0.3	51,568	17.1
Lymphatic/Hemetic (38100-38999)	2	0.2	2,778	0.9
Digestive (40490-49999)	0	0.0	104,073	34.6
Urinary (50010-53899)	0	0.0	8,888	3.0
Male Genital (54000-55899)	0	0.0	3,219	1.1
Female Genital (56405-58999)	0	0.0	10,706	3.6
Endocrine/Nervous (60000-64999)	114	13.1	25,132	8.4
Eye (65091-68899)	1	0.1	11,602	3.9
Ear (69000-69979)	0	0.0	7,990	2.7

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.

AMB ST 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES

309 University of Utah Orthopaedic Center

ICD-9 CODE	ICD-9 DESCRIPTION	#	%	% ALL Hospitals
All ICD-9 Procedures		864	100.0	100.0
0443	RELEASE CARPAL TUNNEL	70	8.1	1.17
806	EXC SEMILUNAR CARTILAGE-KNEE	55	6.4	1.78
8201	EXPLOR TENDON SHEATH HAND	37	4.3	0.39
8026	ARTHSCPY-KNEE	36	4.2	0.81
8021	ARTHSCPY-SHLDR	24	2.8	0.36
8221	EXC LES TENDON SHEATH HAND	24	2.8	0.29
8145	OTH REPR CRUCIATE LIGAMNT	22	2.5	0.56
8363	ROTATOR CUFF REPR	22	2.5	0.65
8086	OTH LOC EXC/DESTRUC JT LES-KNEE	21	2.4	1.06
8175	ARTHPLSTY CARPOCARPAL JT WO IMPLNT	19	2.2	0.09
8023	ARTHSCPY-WRIST	18	2.1	0.11
0449	OTH PERIPH NERV/GANGL DECOMP/LYSIS	17	2.0	0.18
8147	OTH REPR KNEE	17	2.0	0.64
7867	REMOV IMPLNT DEVICE-TIBIA & FIB	15	1.7	0.32
7932	OP REDUC FX W/INT FIX-RADIUS & ULNA	14	1.6	0.22
8183	OTH REPR SHLDR	13	1.5	0.73
8083	OTH LOC EXC/DESTRUC JT LES-WRIST	11	1.3	0.05
7933	OP REDUC W/INT FIX-CARP-METACARP	10	1.2	0.14
7863	REMOV IMPLNT DEVICE-RADIUS & ULNA	9	1.0	0.10
046	TRANSPOSITION CRANIAL & PERIPH NERV	8	0.9	0.08
CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		869	100.0	100.0
20680	REMOVAL OF IMPLANT; DEEP	51	5.9	0.81
26055	TENDON SHEATH INCISION	50	5.8	0.41
29881	SCOPE KNEE SURG;W/MENISCECT MED/	44	5.1	1.45
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	33	3.8	0.75
29848	ENDO WRST SURG REL TRNS CARP LIG	26	3.0	0.29
64483	INJ ANES EPIDURL; LUMB/SAC 1 LEV	25	2.9	0.82
29826	SCOPE SHOULDER; DECOMP SUBACROM	22	2.5	0.87
29877	SCOPE KNEE SURG; DEBRID/SHAVE CA	22	2.5	1.08
29827	SCOPE SHLDR SURG; W/ROTOR CUFF R	20	2.3	0.36
25111	EXCISION OF GANGLION WRIST; PRIM	17	2.0	0.17
29888	ARTHSCPY AIDED ACL REPR/AUG/RECO	17	2.0	0.53
25447	ARTHPLSTY INTERPSTN INTERCARPAL/	16	1.8	0.07
64718	NEUROPLASTY; ULNAR NERV AT ELBOW	12	1.4	0.14
26160	EXC LES TEND SHETH/JNT CAP HND/F	11	1.3	0.12
28232	TENOT OPN TENDON FLX; TOE 1 TEND	11	1.3	0.05
29846	SCOPE WRIST SURG; EXC&/REPR CART	11	1.3	0.04
28270	CAPSULOT; MTP JNT EA JT SEP PROC	10	1.2	0.05
29880	SCOPE KNEE SURG;W/MENISCECT MED&	10	1.2	0.37
25310	TEND TPLNT/TRNSF FOREARM&/WRIST	9	1.0	0.01
25620	OPEN TX DIST RADIAL FX W/WO FIX	9	1.0	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.

AMB ST 1-3

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
 AVERAGE TOTAL CHARGES FOR MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES, SINGLE ICD-9 OR CPT-4 ONLY

309 University of Utah Orthopaedic Center

ICD-9 CODE	ICD-9 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
ICD-9 Procedures		277	\$3,223	\$2,729
0443	RELEASE CARPAL TUNNEL	26	\$1,790	\$1,950
8201	EXPLOR TENDON SHEATH HAND	20	\$1,621	\$1,775
8221	EXC LES TENDON SHEATH HAND	20	\$1,896	\$1,963
806	EXC SEMILUNAR CARTILAGE-KNEE	19	\$2,753	\$3,608
7932	OP REDUC FX W/INT FIX-RADIUS & ULNA	12	\$4,797	\$5,308
7867	REMOV IMPLNT DEVICE-TIBIA & FIB	8	\$2,438	\$2,265
0449	OTH PERIPH NERV/GANGL DECOMP/LYSIS	6	\$2,166	\$2,920
7869	REMOV IMPLNT DEVICE-OTH BONE	6	\$2,101	\$2,818
7933	OP REDUC W/INT FIX-CARP-METACARP	6	\$4,101	\$3,578
8363	ROTATOR CUFF REPR	6	\$8,414	\$6,741
8145	OTH REPR CRUCIATE LIGAMNT	5	\$5,945	\$7,548
8192	INJ THERAP SUBSTANCE JT/LIGAMNT	5	\$854	\$811
0407	OTH EXC/AVUL CRANIAL & PERIPH NERV	4	\$2,234	\$2,093
7934	OP REDUC W/INT FIX-PHALANGES HAND	4	\$3,042	\$3,305
8084	OTH LOC EXC/DEST JT LES-HND-FINGR	4	\$1,935	\$1,911
8086	OTH LOC EXC/DESTRUC JT LES-KNEE	4	\$2,666	\$3,312
7863	REMOV IMPLNT DEVICE-RADIUS & ULNA	3	\$2,045	\$2,296
7865	REMOV IMPLNT DEVICE-FEM	3	\$2,899	\$2,580
7868	REMOV IMPLNT DEVICE-TARS-METATARS	3	\$2,107	\$2,042
8128	INTERPHALANGEAL FUSION	3	\$2,864	\$3,692

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
CPT-4 Procedures		369	\$2,993	\$2,356
29881	SCOPE KNEE SURG;W/MENISCECT MED/	27	\$2,814	\$3,483
20680	REMOVAL OF IMPLANT; DEEP	25	\$2,411	\$2,370
64483	INJ ANES EPIDURL; LUMB/SAC 1 LEV	25	\$718	\$960
64721	NEUROPLASTY; MEDIAN @ CARPAL TUN	18	\$1,774	\$1,918
29848	ENDO WRST SURG REL TRNS CARP LIG	17	\$2,049	\$2,278
25111	EXCISION OF GANGLION WRIST; PRIM	14	\$1,890	\$2,010
26055	TENDON SHEATH INCISION	11	\$1,530	\$1,664
25620	OPEN TX DIST RADIAL FX W/WO FIX	8	\$5,293	\$5,960
29877	SCOPE KNEE SURG; DEBRID/SHAVE CA	8	\$3,585	\$3,337
29880	SCOPE KNEE SURG;W/MENISCECT MED&	8	\$2,935	\$3,728
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	8	\$735	\$881
29846	SCOPE WRIST SURG; EXC&/REPR CART	7	\$3,458	\$3,348
26160	EXC LES TEND SHETH/JNT CAP HND/F	6	\$1,814	\$1,840
29888	ARTHSCPY AIDED ACL REPR/AUG/RECO	6	\$6,280	\$7,396
20610	ARTHROCENTESIS ASPIR&/INJ; MAJ J	5	\$719	\$667
29806	SCOPE SHOULDER SURGICAL; CPSLORR	5	\$6,276	\$6,019
20605	ARTHROCN ASPIR &/INJ;INTRMD JNT/	4	\$914	\$774
20694	REMOVAL UNDER ANES-EXT FIX SYSTE	4	\$1,599	\$1,883
25440	REP NONUNION SCAPHOID CARPAL BN	4	\$5,019	\$4,845
26615	OPEN TX MC FX 1 W/WO INTRL/EXT F	4	\$4,138	\$3,339

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

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

309 University of Utah Orthopaedic Center

Procedure APG category	Procedure APG	TOTAL #	TOTAL # (ALL Hospitals)
01	INTEGUMENTARY SYSTEM	18	9,617
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	2	3,147
	003 COMPLEX INCISION AND DRAINAGE	1	92
	004 SIMPLE INCISION AND DRAINAGE	1	26
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	8	1,092
	008 SIMPLE EXCISION AND BIOPSY	6	887
02	MUSCULOSKELETAL SYSTEM	716	52,555
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	76	6,223
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	34	2,056
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	40	1,930
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	221	10,991
	025 ARTHROSCOPY	232	22,451
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	1	660
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	47	3,677
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	7	417
	032 BUNION PROCEDURES	2	1,612
	033 ARTHROPLASTY	29	497
	034 HAND AND FOOT TENOTOMY	14	293
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	13	1,528
04	CARDIOVASCULAR SYSTEM	2	32,609
	080 MINOR VASCULAR REPAIR AND FISTULA CONSTRUCTION	1	852
	081 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	1	483
10	NERVOUS SYSTEM	114	21,547
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	46	15,863
	196 REVISION AND REMOVAL OF NEUROLOGICAL DEVICE	1	181
	198 NERVE REPAIR AND DESTRUCTION	67	4,278
11	EYE AND OCULAR ADNEXA	1	11,356
	214 CATARACT PROCEDURES	1	4,684
13	THERAPUTIC AND OTHER RADIOLOGICAL PROCEDURES	3	3,870
	255 MISCELLANEOUS RADIOLOGICAL PROCEDURES WITH CONTRAST	3	1,614

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, 2004
PROCEDURE APG CATEGORY, PROCEDURE APG, SINGLE APG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

309 University of Utah Orthopaedic Center

Procedure APG category	Procedure APG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
01	INTEGUMENTARY SYSTEM	8	\$1,915	\$2,400
	004 SIMPLE INCISION AND DRAINAGE	1	\$1,916	\$2,850
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	4	\$2,173	\$2,565
	008 SIMPLE EXCISION AND BIOPSY	3	\$1,571	\$2,299
02	MUSCULOSKELETAL SYSTEM	274	\$3,289	\$3,512
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	15	\$4,794	\$5,140
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	17	\$3,040	\$3,702
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	12	\$3,740	\$4,004
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	77	\$2,287	\$2,374
	025 ARTHROSCOPY	103	\$3,598	\$3,951
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	1	\$4,979	\$2,582
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	30	\$4,667	\$4,121
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	4	\$1,588	\$2,448
	032 BUNION PROCEDURES	1	\$4,452	\$3,335
	033 ARTHROPLASTY	3	\$7,168	\$4,516
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	11	\$788	\$646
10	NERVOUS SYSTEM	76	\$1,224	\$1,519
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	46	\$760	\$939
	196 REVISION AND REMOVAL OF NEUROLOGICAL DEVICE	1	\$929	\$5,797
	198 NERVE REPAIR AND DESTRUCTION	29	\$1,971	\$2,158
11	EYE AND OCULAR ADNEXA	1	\$3,626	\$2,658
	214 CATARACT PROCEDURES	1	\$3,626	\$2,904
13	THERAPUTIC AND OTHER RADIOLOGICAL PROCEDURES	3	\$570	\$2,912
	255 MISCELLANEOUS RADIOLOGICAL PROCEDURES WITH CONTRAST	3	\$570	\$2,500

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, 2004
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

309 University of Utah Orthopaedic Center

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
GENDER				
Female	273	48.4	120,006	54.8
Male	291	51.6	98,888	45.2
Unknown	0	0.0	8	0.0
Not Reported	0	0.0	4	0.0
AGE				
1-28 days	0	0.0	376	0.2
29-365 days	0	0.0	2,969	1.4
1-4 years	0	0.0	11,176	5.1
5-9	1	0.2	6,445	2.9
10-14	11	2.0	5,080	2.3
15-17	22	3.9	5,201	2.4
18-19	20	3.5	3,849	1.8
20-24	40	7.1	11,707	5.3
25-29	54	9.6	12,626	5.8
30-34	38	6.7	11,936	5.5
35-39	44	7.8	11,960	5.5
40-44	40	7.1	14,821	6.8
45-49	60	10.6	17,215	7.9
50-54	63	11.2	22,033	10.1
55-59	59	10.5	18,759	8.6
60-64	38	6.7	16,305	7.4
65-69	29	5.1	13,961	6.4
70-74	17	3.0	12,040	5.5
75-79	15	2.7	10,224	4.7
80-84	9	1.6	6,733	3.1
85-89	4	0.7	2,713	1.2
90 +	0	0.0	777	0.4
Not Reported	0	0.0	376	0.2
SOURCE OF ADMISSION				
Physician Referral	0	0.0	195,236	89.2
Clinic Referral	0	0.0	774	0.4
HMO Referral	0	0.0	2,769	1.3
Other Hospital	0	0.0	81	0.0
Skilled Nursing Facility	0	0.0	18	0.0
Other Health Care Facility	0	0.0	22	0.0
Emergency Room	0	0.0	4,435	2.0
Court/Law Enforcement	0	0.0	1	0.0
Unknown	0	0.0	469	0.2
Not Reported	564	100.0	15,101	6.9

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

309 University of Utah Orthopaedic Center

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	562	99.6	218,417	99.8
Another Hospital	1	0.2	114	0.1
Skilled Nursing Facility	0	0.0	87	0.0
Intermediate Care Facility	0	0.0	11	0.0
Another Type of Institution	0	0.0	39	0.0
Under Care of Home Service	0	0.0	141	0.1
Left Against Medical Advice	0	0.0	13	0.0
Under Care of Home IV Provider	0	0.0	7	0.0
Expired	0	0.0	14	0.0
Unknown	0	0.0	59	0.0
Not Reported	1	0.2	4	0.0
PRIMARY PAYER				
Medicare	83	14.7	47,125	21.5
Medicaid	36	6.4	15,764	7.2
Other government	26	4.6	4,030	1.8
Blue Cross/Blue Shield	180	31.9	30,905	14.1
Other Commercial	59	10.5	15,943	7.3
Managed Care(HMO, PPO)	141	25.0	95,785	43.8
Self Pay	7	1.2	3,566	1.6
Industrial & Worker Comp	30	5.3	4,109	1.9
Charity and Unclassified	1	0.2	322	0.1
Childrens Health Insurance	1	0.2	273	0.1
Unknown	0	0.0	1,005	0.5
Not Reported	0	0.0	79	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	13	2.3	14,650	6.7
Central Utah	1	0.2	7,259	3.3
Davis County	39	6.9	25,726	11.8
Salt Lake County	363	64.4	74,490	34.0
Southeastern Utah	14	2.5	4,561	2.1
Southwest Utah	5	0.9	10,818	4.9
Summit County	22	3.9	2,876	1.3
Tooele County	17	3.0	4,235	1.9
Tri-County	2	0.4	9,559	4.4
Utah County	17	3.0	33,718	15.4
Wasatch County	2	0.4	1,643	0.8
Weber County	19	3.4	19,808	9.0
Unknown Utah	0	0.0	76	0.0
Outside Utah	50	8.9	9,321	4.3
Unknown, Not Reported	0	0.0	166	0.1

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

AMB ST 1-1
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
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)	23,211	100.0	306,368	100.0
Mastectomy (85.0-85.99)	384	1.7	7,302	2.4
Musculoskeletal (76.0-84.99)	3,413	14.7	61,162	20.0
Respiratory (30.0-34.99)	224	1.0	3,337	1.1
Cardiovascular (35.0-39.99)	3,015	13.0	17,761	5.8
Lymphatic/Hemetic (40.0-41.99)	110	0.5	2,849	0.9
Digestive System (42.0-54.99)	6,506	28.0	97,896	32.0
Urinary (55.0-59.99)	462	2.0	8,268	2.7
Male Genital (60.0-64.99)	242	1.0	3,711	1.2
Female Genital (65.0-71.99)	731	3.1	14,242	4.6
Endocrine/Nervous (01.0-07.99)	1,771	7.6	25,908	8.5
Eye (08.0-16.99)	2,480	10.7	19,800	6.5
Ear (18.0-20.99)	1,157	5.0	14,521	4.7
Nose, Mouth, Pharynx (21.0-29.99)	2,716	11.7	29,611	9.7
Reporting Category(CPT-4 CODES)	21,078	100.0	300,811	100.0
Mastectomy (19120-19220)	237	1.1	3,078	1.0
Musculoskeletal (20000-29909)	3,326	15.8	58,688	19.5
Respiratory (30000-32999 & 39501-39599)	1,485	7.0	13,089	4.4
Cardiovascular (33010-37799 & 93501-93660)	4,061	19.3	51,568	17.1
Lymphatic/Hemetic (38100-38999)	89	0.4	2,778	0.9
Digestive (40490-49999)	7,001	33.2	104,073	34.6
Urinary (50010-53899)	526	2.5	8,888	3.0
Male Genital (54000-55899)	223	1.1	3,219	1.1
Female Genital (56405-58999)	586	2.8	10,706	3.6
Endocrine/Nervous (60000-64999)	1,310	6.2	25,132	8.4
Eye (65091-68899)	1,589	7.5	11,602	3.9
Ear (69000-69979)	645	3.1	7,990	2.7

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.

AMB ST 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
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		23,211	100.0	100.0
4523	COLONOSCOPY	1,780	7.7	6.27
4513	OTH ENDO SM INTESTINE	1,082	4.7	1.98
2001	MYRINGOTOMY W/INSRT TUBE	934	4.0	3.86
0391	INJ ANES SPINAL CANAL-ANALGESIA	596	2.6	2.20
0392	INJ OTH AGENT SPINAL CANAL	590	2.5	2.72
3722	LT HEART CARD CATH	581	2.5	1.25
283	TONSILLECTOMY W/ADENOIDECTOMY	577	2.5	1.75
5123	LAP CHOLEY	531	2.3	2.03
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	530	2.3	5.52
4542	ENDO POLYPECTOMY LG INTESTINE	508	2.2	3.42
806	EXC SEMILUNAR CARTILAGE-KNEE	434	1.9	1.78
3729	OTH DX PROC HEART & PERICARDIUM	427	1.8	0.35
3727	CARD MAPPING	424	1.8	0.31
3726	CARD ELECTROPHYSIO STIMUL-RECORD	423	1.8	0.38
4292	DILAT ESOPH	392	1.7	1.29
3734	EXC/DESTRUC OTH LES/TISS HRT OTH	383	1.7	0.33
1371	IOL PROSTH-CATARACT EXTRACT-1-STAGE	382	1.6	1.51
1341	PHACEMULSIFICATION-ASPIR CATARACT	375	1.6	1.52
8086	OTH LOC EXC/DESTRUC JT LES-KNEE	348	1.5	1.06
8521	LOC EXC LES BREAST	216	0.9	0.93
CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		21,078	100.0	100.0
45378	COLONOSCOPY FLEX; DX-SEP PROC	1,654	7.8	5.95
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	744	3.5	1.28
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	520	2.5	1.20
43239	UGI ENDO; W/BX 1/MX	519	2.5	5.29
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	489	2.3	2.89
69436	TYMPANOSTOMY GENERAL ANESTHESIA	480	2.3	2.04
93543	INJ PROC-CATH; LT VENT/ATRIAL AN	449	2.1	1.39
93510	LT HRT CATH RETRO-BRACH/FEM; PER	413	2.0	1.13
42820	T&A; UNDER AGE 12	399	1.9	1.38
66984	EXTRACAPSULAR CATARACT REMV IOL	377	1.8	1.47
29881	SCOPE KNEE SURG;W/MENISCECT MED/	364	1.7	1.45
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	357	1.7	0.72
45380	COLONOSCOPY FLEX; W/BX 1/MX	323	1.5	3.16
93545	INJ PROC-CATH; SELECT CORONRY AN	312	1.5	1.54
64483	INJ ANES EPIDURL; LUMB/SAC 1 LEV	306	1.5	0.82
29877	SCOPE KNEE SURG; DEBRID/SHAVE CA	305	1.4	1.08
93555	IMAG SUPERVS I&R-CATH; VENT/ATRI	282	1.3	1.22
93556	IMAG SUPERVS I&R-CATH; PULM ANGI	268	1.3	1.33
93620	COMP EP EVAL;RT ATRIAL VENT HIS	229	1.1	0.28
30520	SEPTOPLASTY/SUBMUCOS RES W/GFT	213	1.0	0.71

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, 2004
 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 CHRG	AVE TOT CHRG(ALL Hospitals)
ICD-9 Procedures		9,282	\$2,283	\$2,729
4523	COLONOSCOPY	1,551	\$496	\$874
4513	OTH ENDO SM INTESTINE	581	\$526	\$1,066
3722	LT HEART CARD CATH	539	\$4,804	\$5,884
283	TONSILLECTOMY W/ADENOIDECTOMY	468	\$1,237	\$1,783
5123	LAP CHOLEY	460	\$4,749	\$5,384
4542	ENDO POLYPECTOMY LG INTESTINE	392	\$898	\$1,132
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	313	\$655	\$1,145
3723	COMBO RT & LT HEART CARD CATH	143	\$5,854	\$6,945
4525	CLO [ENDO] BX LG INTESTINE	131	\$688	\$1,249
806	EXC SEMILUNAR CARTILAGE-KNEE	129	\$2,624	\$3,608
8521	LOC EXC LES BREAST	110	\$2,072	\$2,337
8192	INJ THERAP SUBSTANCE JT/LIGAMNT	104	\$711	\$811
0331	SPINAL TAP	102	\$1,692	\$1,493
4836	[ENDO] POLYPECTOMY RECTUM	97	\$776	\$1,056
0443	RELEASE CARPAL TUNNEL	92	\$1,576	\$1,950
6952	ASPIR CURET FOLLOWING DELIV/AB	92	\$1,756	\$2,058
282	TONSILLECTOMY WO ADENOIDECTOMY	80	\$1,336	\$2,027
8086	OTH LOC EXC/DESTRUC JT LES-KNEE	80	\$2,526	\$3,312
042	DESTRUC CRANIAL & PERIPH NERV	76	\$1,964	\$2,348
3950	ANGIOPLSTY/ARTHERECT NON-CORNON	76	\$7,961	\$7,990

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
CPT-4 Procedures		10,012	\$2,096	\$2,356
45378	COLONOSCOPY FLEX; DX-SEP PROC	1,438	\$497	\$868
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	574	\$685	\$986
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	451	\$4,747	\$5,482
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	410	\$907	\$1,120
69436	TYMPANOSTOMY GENERAL ANESTHESIA	353	\$734	\$1,067
66984	EXTRACAPSULAR CATARACT REMV IOL	348	\$2,747	\$2,889
42820	T&A; UNDER AGE 12	314	\$1,139	\$1,711
43239	UGI ENDO; W/BX 1/MX	311	\$745	\$1,141
64483	INJ ANES EPIDURL; LUMB/SAC 1 LEV	271	\$808	\$960
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	260	\$902	\$1,367
45380	COLONOSCOPY FLEX; W/BX 1/MX	240	\$761	\$1,223
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	185	\$938	\$881
36299	UNLISTED PROC VASCULAR INJECTION	159	\$13,764	\$13,597
29881	SCOPE KNEE SURG;W/MENISCECT MED/	158	\$2,607	\$3,483
42821	T&A; AGE 12 OR OVER	143	\$1,429	\$1,992
49505	REPR INIT ING HERNIA 5YR/MORE; R	128	\$2,723	\$3,146
29877	SCOPE KNEE SURG; DEBRID/SHAVE CA	109	\$2,548	\$3,337
41899	UNLIST PROC DENTOALVEOL STRUCTUR	105	\$1,857	\$2,179
62270	SPINAL PUNCTURE LUMBAR DIAGNOSTI	103	\$1,649	\$1,419
20680	REMOVAL OF IMPLANT; DEEP	100	\$2,157	\$2,370

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

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
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	434	9,617
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	37	3,147
	003 COMPLEX INCISION AND DRAINAGE	8	92
	004 SIMPLE INCISION AND DRAINAGE	1	26
	006 SIMPLE DEBRIDEMENT AND DESTRUCTION	5	157
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	73	1,092
	008 SIMPLE EXCISION AND BIOPSY	40	887
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRANGE	33	1,126
	011 SIMPLE INCISION AND EXCISION OF BREAST	209	2,684
	012 BREAST RECONSTRUCTION AND MASTECTOMY	28	392
02	MUSCULOSKELETAL SYSTEM	2,955	52,555
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	250	6,223
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	109	2,056
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	48	1,930
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	318	10,991
	025 ARTHROSCOPY	1,736	22,451
	028 CLOSED TREATMENT FX & DISLOCATION OF FINGER, TOE & TRUNK	2	47
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	51	660
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	222	3,677
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	35	417
	032 BUNION PROCEDURES	17	1,612
	033 ARTHROPLASTY	17	497
	034 HAND AND FOOT TENOTOMY	20	293
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	130	1,528
03	RESPIRATORY SYSTEM	944	7,438
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	33	747
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	772	4,704
	054 SIMPLE ENDOSCOPY OF THE UPPER AIRWAY	15	333
	055 ENDOSCOPY OF THE LOWER AIRWAY	124	1,654
04	CARDIOVASCULAR SYSTEM	3,454	32,609
	074 CARDIAC ELECTROPHYSIOLOGIC TESTS	749	3,281
	075 PLACEMENT OF TRANSVENOUS CATHETERS	5	119
	076 DIAGNOSTIC CARDIAC CATHETERIZATION	2,003	23,531
	077 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	226	2,136
	078 PACEMAKER INSERTION AND REPLACEMENT	54	510
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	79	820
	080 MINOR VASCULAR REPAIR AND FISTULA CONSTRUCTION	89	852
	081 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	185	483
	082 VASCULAR LIGATION	63	864
	083 RESUSCITATION AND CARDIOVERSION	1	13
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	102	2,811
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	102	1,766
06	DIGESTIVE SYSTEM	6,065	91,524
	111 ALIMENTARY TESTS AND SIMPLE TUBE PLACEMENT	2	296
	112 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	19	1,234
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	67	740

AMB ST 1-4

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
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)
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	18	417
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	1,273	19,919
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	481	4,997
	117 LOWER GASTROINTESTINAL ENDOSCOPY	2,510	38,117
	118 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	138	1,843
	119 HERNIA AND HYDROCELE PROCEDURES	494	7,192
	120 COMPLEX ANAL AND RECTAL PROCEDURES	41	896
	121 SIMPLE ANAL AND RECTAL PROCEDURES	14	571
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	19	545
	123 COMPLEX LAPAROSCOPIC PROCEDURES	984	14,566
	124 SIMPLE LAPAROSCOPIC PROCEDURES	5	191
07	URINARY SYSTEM	485	7,571
	131 RENAL EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	8	851
	133 URINARY CATHETERIZATION AND DILATATION	25	395
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	246	3,257
	135 MODERATE CYSTOURETHROSCOPY	171	2,205
	136 SIMPLE CYSTOURETHROSCOPY	28	648
	137 COMPLEX URETHRAL PROCEDURES	2	109
	138 SIMPLE URETHRAL PROCEDURES	5	103
08	MALE GENITAL SYSTEM	187	2,927
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	124	1,396
	153 COMPLEX PENILE PROCEDURES	11	435
	154 SIMPLE PENILE PROCEDURES	50	748
	155 PROSTATE NEEDLE AND PUNCH BIOPSY	2	256
09	FEMALE GENITAL SYSTEM	364	6,182
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	66	1,463
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	76	1,400
	178 DILATION AND CURETTAGE	66	810
	179 HYSTEROSCOPY	150	2,308
	180 COLPOSCOPY	6	200
10	NERVOUS SYSTEM	1,257	21,547
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	906	15,863
	196 REVISION AND REMOVAL OF NEUROLOGICAL DEVICE	8	181
	197 NEUROSTIMULATOR AND VENTRICULAR SHUNT IMPLANTATION	37	469
	198 NERVE REPAIR AND DESTRUCTION	197	4,278
	199 SPINAL TAP	109	756
11	EYE AND OCULAR ADNEXA	1,523	11,356
	211 MINOR OPHTHALMOLOGICAL TESTS AND PROCEDURES	13	37
	213 LASER EYE PROCEDURES	44	910
	214 CATARACT PROCEDURES	408	4,684
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	72	505
	216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	92	375
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	22	186
	218 COMPLEX POSTERIOR SEGMENT EYE PROCEDURES	102	417
	219 SIMPLE POSTERIOR SEGMENT EYE PROCEDURES	76	364
	220 STRABISMUS AND MUSCLE EYE PROCEDURES	200	975

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
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	148	727
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	113	504
	223 VITRECTOMY	233	1,672
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	2,370	28,651
	233 NASAL CAUTERIZATION AND PACKING	15	207
	234 COMPLEX FACIAL AND ENT PROCEDURES	466	5,185
	235 SIMPLE FACIAL AND ENT PROCEDURES	1,136	14,996
	236 TONSIL AND ADENOID PROCEDURES	753	8,225
13	THERAPUTIC AND OTHER RADIOLOGICAL PROCEDURES	166	3,870
	253 VASCULAR RADIOLOGY EXCEPT FOR VENOGRAPHY OF EXTREMITY	122	1,835
	255 MISCELLANEOUS RADIOLOGICAL PROCEDURES WITH CONTRAST	44	1,614
14	PHYSICAL MEDICINE AND REHABILITATION	1	6
	272 PHYSICAL THERAPY	1	6

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, 2004
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	290	\$2,282	\$2,400
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	28	\$1,752	\$1,826
	003 COMPLEX INCISION AND DRAINAGE	5	\$2,811	\$3,064
	004 SIMPLE INCISION AND DRAINAGE	1	\$1,153	\$2,850
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	35	\$2,627	\$2,565
	008 SIMPLE EXCISION AND BIOPSY	25	\$2,158	\$2,299
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRAN	13	\$3,003	\$2,920
	011 SIMPLE INCISION AND EXCISION OF BREAST	155	\$2,221	\$2,578
	012 BREAST RECONSTRUCTION AND MASTECTOMY	28	\$2,436	\$4,433
02	MUSCULOSKELETAL SYSTEM	1,165	\$2,892	\$3,512
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	87	\$3,438	\$5,140
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	39	\$2,537	\$3,702
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	20	\$2,702	\$4,004
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	146	\$2,099	\$2,374
	025 ARTHROSCOPY	602	\$3,178	\$3,951
	028 CLOSED TREATMENT FX & DISLOCATION OF FINGER, TOE & TRUNK	2	\$4,566	\$2,523
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	37	\$1,866	\$2,582
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	138	\$3,777	\$4,121
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	2	\$3,356	\$2,448
	032 BUNION PROCEDURES	6	\$3,086	\$3,335
	033 ARTHROPLASTY	5	\$4,323	\$4,516
	034 HAND AND FOOT TENOTOMY	1	\$1,795	\$1,932
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	80	\$625	\$646
03	RESPIRATORY SYSTEM	123	\$1,488	\$1,808
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	21	\$1,370	\$1,075
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	27	\$2,239	\$3,079
	054 SIMPLE ENDOSCOPY OF THE UPPER AIRWAY	2	\$1,353	\$1,126
	055 ENDOSCOPY OF THE LOWER AIRWAY	73	\$1,247	\$1,902
04	CARDIOVASCULAR SYSTEM	363	\$9,852	\$7,486
	074 CARDIAC ELECTROPHYSIOLOGIC TESTS	41	\$13,160	\$18,581
	075 PLACEMENT OF TRANSVENOUS CATHETERS	2	\$2,169	\$2,140
	076 DIAGNOSTIC CARDIAC CATHETERIZATION	48	\$5,893	\$5,567
	077 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	11	\$9,766	\$14,366
	078 PACEMAKER INSERTION AND REPLACEMENT	5	\$12,575	\$20,139
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	6	\$6,161	\$2,988
	080 MINOR VASCULAR REPAIR AND FISTULA CONSTRUCTION	63	\$3,921	\$3,982
	081 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	163	\$13,504	\$9,790
	082 VASCULAR LIGATION	24	\$3,917	\$4,226
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	55	\$3,180	\$3,893
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	55	\$3,180	\$4,071
06	DIGESTIVE SYSTEM	4,480	\$1,394	\$1,913
	111 ALIMENTARY TESTS AND SIMPLE TUBE PLACEMENT	2	\$492	\$923
	112 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	9	\$661	\$1,101
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	39	\$654	\$890
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	12	\$741	\$878

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
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)
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	888	\$706	\$1,110
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	344	\$958	\$1,563
	117 LOWER GASTROINTESTINAL ENDOSCOPY	2,119	\$612	\$1,017
	118 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	50	\$2,454	\$3,074
	119 HERNIA AND HYDROCELE PROCEDURES	280	\$2,531	\$3,001
	120 COMPLEX ANAL AND RECTAL PROCEDURES	28	\$2,376	\$2,412
	121 SIMPLE ANAL AND RECTAL PROCEDURES	8	\$1,658	\$2,116
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	12	\$3,870	\$2,759
	123 COMPLEX LAPAROSCOPIC PROCEDURES	688	\$4,348	\$5,244
	124 SIMPLE LAPAROSCOPIC PROCEDURES	1	\$4,243	\$9,413
07	URINARY SYSTEM	101	\$2,732	\$4,118
	133 URINARY CATHETERIZATION AND DILATATION	9	\$3,685	\$2,947
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	44	\$3,204	\$3,980
	135 MODERATE CYSTOURETHROSCOPY	35	\$2,251	\$2,966
	136 SIMPLE CYSTOURETHROSCOPY	8	\$1,969	\$2,050
	137 COMPLEX URETHRAL PROCEDURES	1	\$1,517	\$5,173
	138 SIMPLE URETHRAL PROCEDURES	4	\$1,440	\$1,730
08	MALE GENITAL SYSTEM	97	\$1,776	\$2,884
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	54	\$1,821	\$2,325
	153 COMPLEX PENILE PROCEDURES	9	\$2,591	\$2,606
	154 SIMPLE PENILE PROCEDURES	33	\$1,516	\$1,709
	155 PROSTATE NEEDLE AND PUNCH BIOPSY	1	\$585	\$3,813
09	FEMALE GENITAL SYSTEM	198	\$2,521	\$3,249
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	35	\$3,609	\$4,142
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	47	\$1,791	\$2,642
	178 DILATION AND CURETTAGE	54	\$1,563	\$1,880
	179 HYSTEROSCOPY	59	\$3,372	\$3,776
	180 COLPOSCOPY	3	\$1,813	\$1,716
10	NERVOUS SYSTEM	838	\$1,265	\$1,519
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	614	\$870	\$939
	196 REVISION AND REMOVAL OF NEUROLOGICAL DEVICE	3	\$1,741	\$5,797
	197 NEUROSTIMULATOR AND VENTRICULAR SHUNT IMPLANTATION	13	\$13,340	\$17,461
	198 NERVE REPAIR AND DESTRUCTION	105	\$1,687	\$2,158
	199 SPINAL TAP	103	\$1,649	\$1,409
11	EYE AND OCULAR ADNEXA	835	\$2,401	\$2,658
	211 MINOR OPHTHALMOLOGICAL TESTS AND PROCEDURES	6	\$1,137	\$1,530
	213 LASER EYE PROCEDURES	39	\$648	\$680
	214 CATARACT PROCEDURES	360	\$2,731	\$2,904
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	53	\$1,149	\$2,469
	216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	49	\$1,489	\$2,180
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	7	\$2,162	\$2,051
	218 COMPLEX POSTERIOR SEGMENT EYE PROCEDURES	44	\$4,938	\$4,749
	219 SIMPLE POSTERIOR SEGMENT EYE PROCEDURES	2	\$3,365	\$3,639
	220 STRABISMUS AND MUSCLE EYE PROCEDURES	130	\$1,656	\$1,849
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	72	\$2,637	\$3,213

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
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 CHRG	AVE TOT CHRG(ALL Hospitals)
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	35	\$1,014	\$1,662
	223 VITRECTOMY	38	\$4,640	\$5,079
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	1,250	\$1,351	\$2,083
	234 COMPLEX FACIAL AND ENT PROCEDURES	143	\$2,807	\$4,171
	235 SIMPLE FACIAL AND ENT PROCEDURES	560	\$1,092	\$1,547
	236 TONSIL AND ADENOID PROCEDURES	547	\$1,236	\$1,824
13	THERAPUTIC AND OTHER RADIOLOGICAL PROCEDURES	19	\$4,869	\$2,912
	253 VASCULAR RADIOLOGY EXCEPT FOR VENOGRAPHY OF EXTREMITY	7	\$10,906	\$5,763
	255 MISCELLANEOUS RADIOLOGICAL PROCEDURES WITH CONTRAST	12	\$1,347	\$2,500

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, 2004
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	7,827	52.5	120,006	54.8
Male	7,077	47.5	98,888	45.2
Unknown	0	0.0	8	0.0
Not Reported	0	0.0	4	0.0
AGE				
1-28 days	2	0.0	376	0.2
29-365 days	194	1.3	2,969	1.4
1-4 years	853	5.7	11,176	5.1
5-9	433	2.9	6,445	2.9
10-14	338	2.3	5,080	2.3
15-17	343	2.3	5,201	2.4
18-19	307	2.1	3,849	1.8
20-24	996	6.7	11,707	5.3
25-29	911	6.1	12,626	5.8
30-34	816	5.5	11,936	5.5
35-39	731	4.9	11,960	5.5
40-44	896	6.0	14,821	6.8
45-49	1,068	7.2	17,215	7.9
50-54	1,471	9.9	22,033	10.1
55-59	1,355	9.1	18,759	8.6
60-64	1,240	8.3	16,305	7.4
65-69	913	6.1	13,961	6.4
70-74	792	5.3	12,040	5.5
75-79	629	4.2	10,224	4.7
80-84	413	2.8	6,733	3.1
85-89	151	1.0	2,713	1.2
90 +	52	0.3	777	0.4
Not Reported	2	0.0	376	0.2
SOURCE OF ADMISSION				
Physician Referral	14,642	98.2	195,236	89.2
Clinic Referral	9	0.1	774	0.4
HMO Referral	3	0.0	2,769	1.3
Other Hospital	30	0.2	81	0.0
Skilled Nursing Facility	3	0.0	18	0.0
Other Health Care Facility	1	0.0	22	0.0
Emergency Room	216	1.4	4,435	2.0
Court/Law Enforcement	0	0.0	1	0.0
Unknown	0	0.0	469	0.2
Not Reported	0	0.0	15,101	6.9
(Continued)				

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
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	14,870	99.8	218,417	99.8
Another Hospital	3	0.0	114	0.1
Skilled Nursing Facility	10	0.1	87	0.0
Intermediate Care Facility	1	0.0	11	0.0
Another Type of Institution	11	0.1	39	0.0
Under Care of Home Service	8	0.1	141	0.1
Left Against Medical Advice	0	0.0	13	0.0
Under Care of Home IV Provider	0	0.0	7	0.0
Expired	1	0.0	14	0.0
Unknown	0	0.0	59	0.0
Not Reported	0	0.0	4	0.0
PRIMARY PAYER				
Medicare	2,966	19.9	47,125	21.5
Medicaid	1,053	7.1	15,764	7.2
Other government	144	1.0	4,030	1.8
Blue Cross/Blue Shield	453	3.0	30,905	14.1
Other Commercial	773	5.2	15,943	7.3
Managed Care(HMO, PPO)	8,991	60.3	95,785	43.8
Self Pay	211	1.4	3,566	1.6
Industrial & Worker Comp	178	1.2	4,109	1.9
Charity and Unclassified	27	0.2	322	0.1
Childrens Health Insurance	8	0.1	273	0.1
Unknown	100	0.7	1,005	0.5
Not Reported	0	0.0	79	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	14	0.1	14,650	6.7
Central Utah	1,148	7.7	7,259	3.3
Davis County	40	0.3	25,726	11.8
Salt Lake County	266	1.8	74,490	34.0
Southeastern Utah	337	2.3	4,561	2.1
Southwest Utah	92	0.6	10,818	4.9
Summit County	32	0.2	2,876	1.3
Tooele County	16	0.1	4,235	1.9
Tri-County	176	1.2	9,559	4.4
Utah County	12,277	82.4	33,718	15.4
Wasatch County	241	1.6	1,643	0.8
Weber County	16	0.1	19,808	9.0
Unknown Utah	10	0.1	76	0.0
Outside Utah	232	1.6	9,321	4.3
Unknown, Not Reported	7	0.0	166	0.1

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

AMB ST 1-1
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
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)	4,814	100.0	306,368	100.0
Mastectomy (85.0-85.99)	133	2.8	7,302	2.4
Musculoskeletal (76.0-84.99)	1,103	22.9	61,162	20.0
Respiratory (30.0-34.99)	10	0.2	3,337	1.1
Cardiovascular (35.0-39.99)	8	0.2	17,761	5.8
Lymphatic/Hemetic (40.0-41.99)	37	0.8	2,849	0.9
Digestive System (42.0-54.99)	2,072	43.0	97,896	32.0
Urinary (55.0-59.99)	146	3.0	8,268	2.7
Male Genital (60.0-64.99)	111	2.3	3,711	1.2
Female Genital (65.0-71.99)	236	4.9	14,242	4.6
Endocrine/Nervous (01.0-07.99)	145	3.0	25,908	8.5
Eye (08.0-16.99)	4	0.1	19,800	6.5
Ear (18.0-20.99)	357	7.4	14,521	4.7
Nose, Mouth, Pharynx (21.0-29.99)	452	9.4	29,611	9.7
Reporting Category(CPT-4 CODES)	4,502	100.0	300,811	100.0
Mastectomy (19120-19220)	80	1.8	3,078	1.0
Musculoskeletal (20000-29909)	1,286	28.6	58,688	19.5
Respiratory (30000-32999 & 39501-39599)	205	4.6	13,089	4.4
Cardiovascular (33010-37799 & 93501-93660)	12	0.3	51,568	17.1
Lymphatic/Hemetic (38100-38999)	37	0.8	2,778	0.9
Digestive (40490-49999)	2,135	47.4	104,073	34.6
Urinary (50010-53899)	200	4.4	8,888	3.0
Male Genital (54000-55899)	68	1.5	3,219	1.1
Female Genital (56405-58999)	172	3.8	10,706	3.6
Endocrine/Nervous (60000-64999)	120	2.7	25,132	8.4
Eye (65091-68899)	2	0.0	11,602	3.9
Ear (69000-69979)	185	4.1	7,990	2.7

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.

AMB ST 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
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		4,814	100.0	100.0
4542	ENDO POLYPECTOMY LG INTESTINE	358	7.4	3.42
2001	MYRINGOTOMY W/INSRT TUBE	329	6.8	3.86
4523	COLONOSCOPY	297	6.2	6.27
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	254	5.3	5.52
5123	LAP CHOLEY	206	4.3	2.03
4836	[ENDO] POLYPECTOMY RECTUM	154	3.2	1.06
283	TONSILLECTOMY W/ADENOIDECTOMY	133	2.8	1.75
4513	OTH ENDO SM INTESTINE	118	2.5	1.98
4292	DILAT ESOPH	102	2.1	1.29
0443	RELEASE CARPAL TUNNEL	96	2.0	1.17
4701	LAP APPENDECTOMY	96	2.0	0.44
806	EXC SEMILUNAR CARTILAGE-KNEE	91	1.9	1.78
4525	CLO [ENDO] BX LG INTESTINE	85	1.8	2.50
8521	LOC EXC LES BREAST	78	1.6	0.93
282	TONSILLECTOMY WO ADENOIDECTOMY	74	1.5	0.64
2188	OTH SEPTOPLASTY	71	1.5	0.62
8183	OTH REPR SHLDR	61	1.3	0.73
8147	OTH REPR KNEE	59	1.2	0.64
8363	ROTATOR CUFF REPR	58	1.2	0.65
5304	UNILAT REPR INDIRECT ING HERN-GFT	53	1.1	0.52
CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		4,502	100.0	100.0
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	317	7.0	2.89
45378	COLONOSCOPY FLEX; DX-SEP PROC	287	6.4	5.95
43239	UGI ENDO; W/BX 1/MX	247	5.5	5.29
69436	TYMPANOSTOMY GENERAL ANESTHESIA	165	3.7	2.04
45380	COLONOSCOPY FLEX; W/BX 1/MX	164	3.6	3.16
47562	LAPAROSCOPY SURGICAL; CHOLECT	135	3.0	0.80
42820	T&A; UNDER AGE 12	125	2.8	1.38
44970	LAPAROSCOPY SURGICAL APPENDECTOM	103	2.3	0.46
29881	SCOPE KNEE SURG;W/MENISCECT MED/	97	2.2	1.45
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	93	2.1	0.75
49505	REPR INIT ING HERNIA 5YR/MORE; R	83	1.8	0.99
29826	SCOPE SHOULDER; DECOMP SUBACROM	79	1.8	0.87
28285	CORRECTION HAMMERTO	75	1.7	0.53
30520	SEPTOPLASTY/SUBMUCOS RES W/GFT	70	1.6	0.71
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	68	1.5	1.28
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	67	1.5	1.20
20680	REMOVAL OF IMPLANT; DEEP	65	1.4	0.81
29877	SCOPE KNEE SURG; DEBRID/SHAVE CA	62	1.4	1.08
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	60	1.3	0.52
43450	DILAT ESOPH-SOUND/BOUGIE-1/MX PA	58	1.3	0.39

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, 2004
 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		2,394	\$2,256	\$2,729
4523	COLONOSCOPY	230	\$873	\$874
4542	ENDO POLYPECTOMY LG INTESTINE	209	\$1,140	\$1,132
5123	LAP CHOLEY	157	\$4,316	\$5,384
283	TONSILLECTOMY W/ADENOIDECTOMY	120	\$982	\$1,783
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	112	\$1,061	\$1,145
0443	RELEASE CARPAL TUNNEL	87	\$1,073	\$1,950
282	TONSILLECTOMY WO ADENOIDECTOMY	69	\$1,427	\$2,027
4701	LAP APPENDECTOMY	58	\$5,231	\$6,923
806	EXC SEMILUNAR CARTILAGE-KNEE	51	\$3,213	\$3,608
4525	CLO [ENDO] BX LG INTESTINE	45	\$1,113	\$1,249
8147	OTH REPR KNEE	44	\$3,558	\$4,632
6902	D&C FOLLOWING DELIV/AB	43	\$1,301	\$2,426
4836	[ENDO] POLYPECTOMY RECTUM	41	\$1,055	\$1,056
5304	UNILAT REPR INDIRECT ING HERN-GFT	40	\$2,950	\$3,302
6909	OTH D&C UTERUS	36	\$1,096	\$2,137
7936	OP REDUC FX W/INT FIX-TIBIA & FIB	35	\$4,067	\$4,814
4513	OTH ENDO SM INTESTINE	34	\$874	\$1,066
6029	OTH TRANSURETHRAL PROSTATECTOMY	34	\$3,483	\$4,496
8183	OTH REPR SHLDR	33	\$4,952	\$5,382
8363	ROTATOR CUFF REPR	29	\$6,513	\$6,741

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
CPT-4 Procedures		2,492	\$2,078	\$2,356
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	252	\$1,176	\$1,120
45378	COLONOSCOPY FLEX; DX-SEP PROC	225	\$878	\$868
69436	TYMPANOSTOMY GENERAL ANESTHESIA	137	\$492	\$1,067
45380	COLONOSCOPY FLEX; W/BX 1/MX	118	\$1,112	\$1,223
43239	UGI ENDO; W/BX 1/MX	114	\$1,064	\$1,141
42820	T&A; UNDER AGE 12	112	\$947	\$1,711
47562	LAPAROSCOPY SURGICAL; CHOLECT	107	\$4,174	\$5,197
64721	NEUROPLASTY; MEDIAN @ CARPAL TUN	88	\$1,093	\$1,918
49505	REPR INIT ING HERNIA 5YR/MORE; R	59	\$3,033	\$3,146
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	58	\$1,515	\$2,069
44970	LAPAROSCOPY SURGICAL APPENDECTOM	58	\$5,231	\$6,771
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	51	\$4,696	\$5,482
29881	SCOPE KNEE SURG;W/MENISCECT MED/	44	\$3,193	\$3,483
58120	DILATION & CURET DX &/ THERAPEUT	37	\$1,105	\$1,880
20680	REMOVAL OF IMPLANT; DEEP	34	\$1,661	\$2,370
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	32	\$870	\$986
52601	TURP INCL CONTRL POSTOP BLEED CM	32	\$3,521	\$4,435
19120	EXC BRST CYST TUMR/LES OPN M/F 1	28	\$2,090	\$2,325
19125	EXC BRST LES ID RAD MARKR OPN;1	26	\$2,659	\$3,115
58670	LAPARSCPY SURGICAL; W/FULG OVIDU	24	\$3,030	\$3,011

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

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
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	134	9,617
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	6	3,147
	003 COMPLEX INCISION AND DRAINAGE	1	92
	006 SIMPLE DEBRIDEMENT AND DESTRUCTION	2	157
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	25	1,092
	008 SIMPLE EXCISION AND BIOPSY	18	887
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRANGE	2	1,126
	011 SIMPLE INCISION AND EXCISION OF BREAST	76	2,684
	012 BREAST RECONSTRUCTION AND MASTECTOMY	4	392
02	MUSCULOSKELETAL SYSTEM	1,213	52,555
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	128	6,223
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	36	2,056
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	40	1,930
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	344	10,991
	025 ARTHROSCOPY	447	22,451
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	28	660
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	117	3,677
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	3	417
	032 BUNION PROCEDURES	55	1,612
	033 ARTHROPLASTY	14	497
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	1	1,528
03	RESPIRATORY SYSTEM	96	7,438
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	1	747
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	94	4,704
	055 ENDOSCOPY OF THE LOWER AIRWAY	1	1,654
04	CARDIOVASCULAR SYSTEM	6	32,609
	075 PLACEMENT OF TRANSVENOUS CATHETERS	1	119
	080 MINOR VASCULAR REPAIR AND FISTULA CONSTRUCTION	1	852
	081 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	2	483
	082 VASCULAR LIGATION	2	864
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	31	2,811
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	31	1,766
06	DIGESTIVE SYSTEM	1,981	91,524
	112 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	58	1,234
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	19	740
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	6	417
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	321	19,919
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	118	4,997
	117 LOWER GASTROINTESTINAL ENDOSCOPY	784	38,117
	118 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	32	1,843
	119 HERNIA AND HYDROCELE PROCEDURES	170	7,192
	120 COMPLEX ANAL AND RECTAL PROCEDURES	17	896
	121 SIMPLE ANAL AND RECTAL PROCEDURES	19	571
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	10	545
	123 COMPLEX LAPAROSCOPIC PROCEDURES	420	14,566
	124 SIMPLE LAPAROSCOPIC PROCEDURES	7	191

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
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)
07	URINARY SYSTEM	193	7,571
	131 RENAL EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	1	851
	133 URINARY CATHETERIZATION AND DILATATION	2	395
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	98	3,257
	135 MODERATE CYSTOURETHROSCOPY	57	2,205
	136 SIMPLE CYSTOURETHROSCOPY	31	648
	137 COMPLEX URETHRAL PROCEDURES	1	109
	138 SIMPLE URETHRAL PROCEDURES	3	103
08	MALE GENITAL SYSTEM	65	2,927
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	36	1,396
	154 SIMPLE PENILE PROCEDURES	11	748
	155 PROSTATE NEEDLE AND PUNCH BIOPSY	18	256
09	FEMALE GENITAL SYSTEM	89	6,182
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	17	1,463
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	21	1,400
	178 DILATION AND CURETTAGE	39	810
	179 HYSTEROSCOPY	10	2,308
	180 COLPOSCOPY	2	200
10	NERVOUS SYSTEM	110	21,547
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	2	15,863
	198 NERVE REPAIR AND DESTRUCTION	108	4,278
11	EYE AND OCULAR ADNEXA	2	11,356
	220 STRABISMUS AND MUSCLE EYE PROCEDURES	1	975
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	1	504
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	538	28,651
	233 NASAL CAUTERIZATION AND PACKING	1	207
	234 COMPLEX FACIAL AND ENT PROCEDURES	99	5,185
	235 SIMPLE FACIAL AND ENT PROCEDURES	219	14,996
	236 TONSIL AND ADENOID PROCEDURES	219	8,225

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, 2004
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	85	\$2,267	\$2,400
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	6	\$1,352	\$1,826
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	18	\$2,086	\$2,565
	008 SIMPLE EXCISION AND BIOPSY	4	\$2,638	\$2,299
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRAN	1	\$2,837	\$2,920
	011 SIMPLE INCISION AND EXCISION OF BREAST	54	\$2,364	\$2,578
	012 BREAST RECONSTRUCTION AND MASTECTOMY	2	\$2,986	\$4,433
02	MUSCULOSKELETAL SYSTEM	443	\$3,082	\$3,512
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	35	\$3,936	\$5,140
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	11	\$2,713	\$3,702
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	14	\$3,169	\$4,004
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	124	\$1,827	\$2,374
	025 ARTHROSCOPY	116	\$4,043	\$3,951
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	19	\$1,495	\$2,582
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	90	\$3,648	\$4,121
	032 BUNION PROCEDURES	21	\$2,818	\$3,335
	033 ARTHROPLASTY	13	\$3,201	\$4,516
03	RESPIRATORY SYSTEM	8	\$2,313	\$1,808
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	1	\$1,052	\$1,075
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	7	\$2,493	\$3,079
04	CARDIOVASCULAR SYSTEM	4	\$2,908	\$7,486
	075 PLACEMENT OF TRANSVENOUS CATHETERS	1	\$2,511	\$2,140
	081 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	1	\$2,342	\$9,790
	082 VASCULAR LIGATION	2	\$3,389	\$4,226
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	11	\$3,411	\$3,893
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	11	\$3,411	\$4,071
06	DIGESTIVE SYSTEM	1,201	\$1,975	\$1,913
	112 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	1	\$891	\$1,101
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	14	\$480	\$890
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	4	\$684	\$878
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	146	\$1,021	\$1,110
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	41	\$1,230	\$1,563
	117 LOWER GASTROINTESTINAL ENDOSCOPY	601	\$1,052	\$1,017
	118 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	4	\$1,687	\$3,074
	119 HERNIA AND HYDROCELE PROCEDURES	104	\$2,966	\$3,001
	120 COMPLEX ANAL AND RECTAL PROCEDURES	12	\$1,973	\$2,412
	121 SIMPLE ANAL AND RECTAL PROCEDURES	3	\$1,672	\$2,116
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	3	\$2,485	\$2,759
	123 COMPLEX LAPAROSCOPIC PROCEDURES	268	\$4,397	\$5,244
07	URINARY SYSTEM	111	\$2,783	\$4,118
	133 URINARY CATHETERIZATION AND DILATATION	1	\$3,075	\$2,947
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	69	\$3,317	\$3,980
	135 MODERATE CYSTOURETHROSCOPY	27	\$2,047	\$2,966
	136 SIMPLE CYSTOURETHROSCOPY	13	\$1,598	\$2,050
	138 SIMPLE URETHRAL PROCEDURES	1	\$934	\$1,730

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
PROCEDURE APG CATEGORY, PROCEDURE APG, SINGLE APG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

112 Valley View Medical Center

procedure APG category		TOTAL #	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
Procedure APG				
08	MALE GENITAL SYSTEM	44	\$2,288	\$2,884
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	21	\$1,950	\$2,325
	154 SIMPLE PENILE PROCEDURES	7	\$1,467	\$1,709
	155 PROSTATE NEEDLE AND PUNCH BIOPSY	16	\$3,090	\$3,813
09	FEMALE GENITAL SYSTEM	81	\$1,942	\$3,249
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	17	\$3,255	\$4,142
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	18	\$1,714	\$2,642
	178 DILATION AND CURETTAGE	37	\$1,105	\$1,880
	179 HYSTEROSCOPY	8	\$3,529	\$3,776
	180 COLPOSCOPY	1	\$2,041	\$1,716
10	NERVOUS SYSTEM	98	\$1,218	\$1,519
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	1	\$1,599	\$939
	198 NERVE REPAIR AND DESTRUCTION	97	\$1,214	\$2,158
11	EYE AND OCULAR ADNEXA	1	\$2,323	\$2,658
	220 STRABISMUS AND MUSCLE EYE PROCEDURES	1	\$2,323	\$1,849
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	382	\$1,030	\$2,083
	233 NASAL CAUTERIZATION AND PACKING	1	\$2,513	\$2,238
	234 COMPLEX FACIAL AND ENT PROCEDURES	40	\$2,193	\$4,171
	235 SIMPLE FACIAL AND ENT PROCEDURES	151	\$567	\$1,547
	236 TONSIL AND ADENOID PROCEDURES	190	\$1,146	\$1,824

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, 2004
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	1,808	52.2	120,006	54.8
Male	1,658	47.8	98,888	45.2
Unknown	0	0.0	8	0.0
Not Reported	0	0.0	4	0.0
AGE				
1-28 days	0	0.0	376	0.2
29-365 days	54	1.6	2,969	1.4
1-4 years	180	5.2	11,176	5.1
5-9	112	3.2	6,445	2.9
10-14	90	2.6	5,080	2.3
15-17	112	3.2	5,201	2.4
18-19	94	2.7	3,849	1.8
20-24	215	6.2	11,707	5.3
25-29	187	5.4	12,626	5.8
30-34	163	4.7	11,936	5.5
35-39	152	4.4	11,960	5.5
40-44	218	6.3	14,821	6.8
45-49	229	6.6	17,215	7.9
50-54	301	8.7	22,033	10.1
55-59	295	8.5	18,759	8.6
60-64	280	8.1	16,305	7.4
65-69	265	7.6	13,961	6.4
70-74	228	6.6	12,040	5.5
75-79	145	4.2	10,224	4.7
80-84	107	3.1	6,733	3.1
85-89	33	1.0	2,713	1.2
90 +	6	0.2	777	0.4
Not Reported	0	0.0	376	0.2
SOURCE OF ADMISSION				
Physician Referral	3,056	88.2	195,236	89.2
Clinic Referral	250	7.2	774	0.4
HMO Referral	2	0.1	2,769	1.3
Other Hospital	5	0.1	81	0.0
Skilled Nursing Facility	0	0.0	18	0.0
Other Health Care Facility	0	0.0	22	0.0
Emergency Room	153	4.4	4,435	2.0
Court/Law Enforcement	0	0.0	1	0.0
Unknown	0	0.0	469	0.2
Not Reported	0	0.0	15,101	6.9
(Continued)				

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
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	3,452	99.6	218,417	99.8
Another Hospital	0	0.0	114	0.1
Skilled Nursing Facility	2	0.1	87	0.0
Intermediate Care Facility	1	0.0	11	0.0
Another Type of Institution	1	0.0	39	0.0
Under Care of Home Service	9	0.3	141	0.1
Left Against Medical Advice	1	0.0	13	0.0
Under Care of Home IV Provider	0	0.0	7	0.0
Expired	0	0.0	14	0.0
Unknown	0	0.0	59	0.0
Not Reported	0	0.0	4	0.0
PRIMARY PAYER				
Medicare	789	22.8	47,125	21.5
Medicaid	350	10.1	15,764	7.2
Other government	62	1.8	4,030	1.8
Blue Cross/Blue Shield	514	14.8	30,905	14.1
Other Commercial	367	10.6	15,943	7.3
Managed Care(HMO, PPO)	1,156	33.4	95,785	43.8
Self Pay	81	2.3	3,566	1.6
Industrial & Worker Comp	96	2.8	4,109	1.9
Charity and Unclassified	1	0.0	322	0.1
Childrens Health Insurance	6	0.2	273	0.1
Unknown	44	1.3	1,005	0.5
Not Reported	0	0.0	79	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	1	0.0	14,650	6.7
Central Utah	180	5.2	7,259	3.3
Davis County	1	0.0	25,726	11.8
Salt Lake County	8	0.2	74,490	34.0
Southeastern Utah	6	0.2	4,561	2.1
Southwest Utah	3,131	90.3	10,818	4.9
Summit County	0	0.0	2,876	1.3
Tooele County	2	0.1	4,235	1.9
Tri-County	1	0.0	9,559	4.4
Utah County	12	0.3	33,718	15.4
Wasatch County	0	0.0	1,643	0.8
Weber County	3	0.1	19,808	9.0
Unknown Utah	1	0.0	76	0.0
Outside Utah	118	3.4	9,321	4.3
Unknown, Not Reported	2	0.1	166	0.1

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

AMB ST 1-1
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

401 Central Utah Surgical Center

	Procedures Performed		Procedures Performed-All FASCs	
	(#)	(%)	(#)	(%)
Reporting Category(ICD-9-CM CODES)	.	.	51,517	100.0
Mastectomy (85.0-85.99)	.	.	1,015	2.0
Musculoskeletal (76.0-84.99)	.	.	10,274	19.9
Respiratory (30.0-34.99)	.	.	99	0.2
Cardiovascular (35.0-39.99)	.	.	195	0.4
Lymphatic/Hemetic (40.0-41.99)	.	.	115	0.2
Digestive System (42.0-54.99)	.	.	6,359	12.3
Urinary (55.0-59.99)	.	.	287	0.6
Male Genital (60.0-64.99)	.	.	252	0.5
Female Genital (65.0-71.99)	.	.	1,550	3.0
Endocrine/Nervous (01.0-07.99)	.	.	3,493	6.8
Eye (08.0-16.99)	.	.	16,433	31.9
Ear (18.0-20.99)	.	.	3,144	6.1
Nose,Mouth,Pharynx (21.0-29.99)	.	.	8,301	16.1
Reporting Category(CPT-4 CODES)	14,641	100.0	115,827	100.0
Mastectomy (19120-19220)	0	0.0	266	0.2
Musculoskeletal (20000-29909)	4,763	32.5	25,839	22.3
Respiratory (30000-32999 & 39501-39599)	507	3.5	9,820	8.5
Cardiovascular (33010-37799 & 93501-93660)	13	0.1	853	0.7
Lymphatic/Hemetic (38100-38999)	26	0.2	207	0.2
Digestive (40490-49999)	3,907	26.7	37,208	32.1
Urinary (50010-53899)	573	3.9	1,628	1.4
Male Genital (54000-55899)	155	1.1	600	0.5
Female Genital (56405-58999)	193	1.3	3,108	2.7
Endocrine/Nervous (60000-64999)	2,184	14.9	11,264	9.7
Eye (65091-68899)	1,994	13.6	19,981	17.3
Ear (69000-69979)	326	2.2	5,053	4.4

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 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES

401 Central Utah Surgical Center

ICD-9 CODE	ICD-9 DESCRIPTION	#	%	% ALL FASCs
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	14,641	100.0	100.0
45378	COLONOSCOPY FLEX; DX-SEP PROC	1,043	7.1	9.88
29881	SCOPE KNEE SURG;W/MENISCECT MED/	873	6.0	6.86
43239	UGI ENDO; W/BX 1/MX	502	3.4	1.56
66821	DISCISSION 2ND CATARACT; LASER S	476	3.3	5.76
29877	SCOPE KNEE SURG; DEBRID/SHAVE CA	468	3.2	1.57
43235	UGI ENDO; DX W/VO CLCT SPECMN-SP	435	3.0	1.00
45380	COLONOSCOPY FLEX; W/BX 1/MX	421	2.9	1.29
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	402	2.7	3.76
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	389	2.7	1.46
64483	INJ ANES EPIDURL; LUMB/SAC 1 LEV	370	2.5	1.29
29826	SCOPE SHOULDER; DECOMP SUBACROM	360	2.5	1.03
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	343	2.3	0.87
50590	LITHOTRIPSY XTRACORP SHOCK WAVE	297	2.0	2.03
69436	TYMPANOSTOMY GENERAL ANESTHESIA	297	2.0	0.53
64484	INJ ANES EPIDURL; LUMB/SAC-EA AD	264	1.8	3.64
64623	DESTRUC FACET JT NRV; L/S-EA AD	242	1.7	0.50
29888	ARTHSCPY AIDED ACL REPR/AUG/RECO	235	1.6	0.61
28285	CORRECTION HAMMERTOES	186	1.3	0.52
20680	REMOVAL OF IMPLANT; DEEP	161	1.1	0.79
		159	1.1	0.83

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, 2004
 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)
ICD-9 Procedures				
Does not report ICDS				

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHR	AVE TOT CHR(ALL FASCs)
CPT-4 Procedures				
		7,227	\$1,809	\$1,687
66984	EXTRACAPSULAR CATARACT REMV IOL	1,016	\$2,945	\$2,461
45378	COLONOSCOPY FLEX; DX-SEP PROC	701	\$829	\$898
66821	DISCISSION 2ND CATARACT; LASER S	459	\$632	\$695
43235	UGI ENDO; DX W/VO CLCT SPECMN-SP	325	\$812	\$756
50590	LITHOTRIPSY XTRACORP SHOCK WAVE	273	\$2,694	\$3,758
45380	COLONOSCOPY FLEX; W/BX 1/MX	261	\$831	\$1,088
43239	UGI ENDO; W/BX 1/MX	253	\$845	\$991
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	249	\$830	\$894
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	200	\$911	\$992
29881	SCOPE KNEE SURG;W/MENISCECT MED/	198	\$2,381	\$2,458
64721	NEUROPLASTY; MEDIAN @ CARPAL TUN	195	\$1,297	\$1,420
29877	SCOPE KNEE SURG; DEBRID/SHAVE CA	144	\$1,984	\$2,428
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	114	\$5,236	\$5,250
41899	UNLIST PROC DENTOALVEOL STRUCTUR	111	\$1,217	\$1,890
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	100	\$819	\$620
42820	T&A; UNDER AGE 12	98	\$1,052	\$1,337
64483	INJ ANES EPIDURL; LUMB/SAC 1 LEV	90	\$605	\$857
49505	REPR INIT ING HERNIA 5YR/MORE; R	79	\$1,900	\$1,719
20680	REMOVAL OF IMPLANT; DEEP	73	\$1,357	\$1,373
29888	ARTHSCPY AIDED ACL REPR/AUG/RECO	72	\$5,728	\$5,347

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

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
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	135	1,480
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	1	51
	003 COMPLEX INCISION AND DRAINAGE	3	19
	006 SIMPLE DEBRIDEMENT AND DESTRUCTION	8	31
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	41	436
	008 SIMPLE EXCISION AND BIOPSY	70	550
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRANGE	12	123
02	MUSCULOSKELETAL SYSTEM	4,554	21,689
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	308	2,054
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	79	726
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	93	850
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	827	5,556
	025 ARTHROSCOPY	2,578	8,944
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	21	87
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	211	1,079
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	66	181
	032 BUNION PROCEDURES	149	994
	033 ARTHROPLASTY	27	213
	034 HAND AND FOOT TENOTOMY	29	111
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	166	882
03	RESPIRATORY SYSTEM	228	4,530
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	1	11
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	221	4,467
	054 SIMPLE ENDOSCOPY OF THE UPPER AIRWAY	4	46
	055 ENDOSCOPY OF THE LOWER AIRWAY	2	6
04	CARDIOVASCULAR SYSTEM	3	636
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	3	17
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	30	236
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	30	236
06	DIGESTIVE SYSTEM	3,613	32,823
	112 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	10	880
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	28	156
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	12	131
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	988	8,283
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	441	2,328
	117 LOWER GASTROINTESTINAL ENDOSCOPY	1,597	17,131
	119 HERNIA AND HYDROCELE PROCEDURES	242	1,300
	120 COMPLEX ANAL AND RECTAL PROCEDURES	10	187
	121 SIMPLE ANAL AND RECTAL PROCEDURES	6	62
	123 COMPLEX LAPAROSCOPIC PROCEDURES	275	2,219
	124 SIMPLE LAPAROSCOPIC PROCEDURES	4	121
07	URINARY SYSTEM	570	1,577
	131 RENAL EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	297	616
	133 URINARY CATHETERIZATION AND DILATATION	2	20
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	163	427
	135 MODERATE CYSTOURETHROSCOPY	80	388

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
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)
	136 SIMPLE CYSTOURETHROSCOPY	15	96
	137 COMPLEX URETHRAL PROCEDURES	10	17
	138 SIMPLE URETHRAL PROCEDURES	3	13
08	MALE GENITAL SYSTEM	135	535
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	91	360
	153 COMPLEX PENILE PROCEDURES	11	37
	154 SIMPLE PENILE PROCEDURES	31	126
	155 PROSTATE NEEDLE AND PUNCH BIOPSY	2	11
09	FEMALE GENITAL SYSTEM	127	1,762
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	37	149
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	55	504
	178 DILATION AND CURETTAGE	21	215
	179 HYSTEROSCOPY	14	856
10	NERVOUS SYSTEM	2,118	10,742
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	1,475	7,841
	196 REVISION AND REMOVAL OF NEUROLOGICAL DEVICE	4	28
	197 NEUROSTIMULATOR AND VENTRICULAR SHUNT IMPLANTATION	17	75
	198 NERVE REPAIR AND DESTRUCTION	622	2,787
11	EYE AND OCULAR ADNEXA	1,988	19,869
	211 MINOR OPHTHALMOLOGICAL TESTS AND PROCEDURES	2	290
	213 LASER EYE PROCEDURES	468	1,899
	214 CATARACT PROCEDURES	1,065	11,800
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	21	1,080
	216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	75	703
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	25	654
	219 SIMPLE POSTERIOR SEGMENT EYE PROCEDURES	4	130
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	275	1,884
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	53	338
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	1,025	18,814
	234 COMPLEX FACIAL AND ENT PROCEDURES	193	3,110
	235 SIMPLE FACIAL AND ENT PROCEDURES	600	11,695
	236 TONSIL AND ADENOID PROCEDURES	232	3,924
13	THERAPUTIC AND OTHER RADIOLOGICAL PROCEDURES	59	571
	254 MYELOGRAPHY	59	408

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, 2004
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	70	\$1,651	\$1,482
	003 COMPLEX INCISION AND DRAINAGE	3	\$1,234	\$1,135
	006 SIMPLE DEBRIDEMENT AND DESTRUCTION	2	\$653	\$1,168
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	26	\$1,427	\$1,367
	008 SIMPLE EXCISION AND BIOPSY	30	\$1,272	\$1,355
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRAN	9	\$3,921	\$3,028
02	MUSCULOSKELETAL SYSTEM	1,665	\$2,545	\$2,338
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	139	\$2,975	\$2,811
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	40	\$1,756	\$2,082
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	38	\$2,457	\$2,345
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	310	\$1,641	\$1,594
	025 ARTHROSCOPY	840	\$3,067	\$3,005
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	17	\$1,220	\$1,316
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	162	\$2,421	\$2,245
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	20	\$931	\$1,150
	032 BUNION PROCEDURES	45	\$1,770	\$1,874
	033 ARTHROPLASTY	10	\$2,778	\$2,643
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	44	\$827	\$754
03	RESPIRATORY SYSTEM	13	\$1,284	\$1,602
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	1	\$1,474	\$1,067
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	7	\$1,452	\$1,677
	054 SIMPLE ENDOSCOPY OF THE UPPER AIRWAY	3	\$983	\$1,347
	055 ENDOSCOPY OF THE LOWER AIRWAY	2	\$1,053	\$855
04	CARDIOVASCULAR SYSTEM	3	\$1,019	\$1,809
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	3	\$1,019	\$983
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	26	\$1,267	\$1,456
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	26	\$1,267	\$1,456
06	DIGESTIVE SYSTEM	2,441	\$1,181	\$1,138
	112 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	3	\$801	\$525
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	13	\$789	\$575
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	10	\$459	\$595
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	614	\$848	\$942
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	276	\$829	\$903
	117 LOWER GASTROINTESTINAL ENDOSCOPY	1,167	\$843	\$948
	119 HERNIA AND HYDROCELE PROCEDURES	149	\$1,906	\$1,748
	120 COMPLEX ANAL AND RECTAL PROCEDURES	9	\$1,407	\$1,171
	121 SIMPLE ANAL AND RECTAL PROCEDURES	2	\$1,472	\$946
	123 COMPLEX LAPAROSCOPIC PROCEDURES	198	\$4,200	\$3,092
07	URINARY SYSTEM	397	\$2,328	\$2,736
	131 RENAL EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	273	\$2,694	\$3,758
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	51	\$1,743	\$1,747
	135 MODERATE CYSTOURETHROSCOPY	53	\$1,424	\$1,421
	136 SIMPLE CYSTOURETHROSCOPY	11	\$1,014	\$1,057
	137 COMPLEX URETHRAL PROCEDURES	8	\$1,510	\$1,698
	138 SIMPLE URETHRAL PROCEDURES	1	\$1,273	\$1,463

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
PROCEDURE APG CATEGORY, PROCEDURE APG, SINGLE APG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

401 Central Utah Surgical Center

procedure APG category		TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL FASCs)
Procedure APG				
08	MALE GENITAL SYSTEM	75	\$1,493	\$1,527
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	34	\$1,490	\$1,580
	153 COMPLEX PENILE PROCEDURES	11	\$1,698	\$1,779
	154 SIMPLE PENILE PROCEDURES	30	\$1,421	\$1,203
09	FEMALE GENITAL SYSTEM	63	\$1,719	\$1,938
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	17	\$2,494	\$2,150
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	22	\$1,110	\$1,334
	178 DILATION AND CURETTAGE	15	\$1,297	\$1,182
	179 HYSTEROSCOPY	9	\$2,451	\$2,393
10	NERVOUS SYSTEM	485	\$1,023	\$984
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	258	\$736	\$684
	196 REVISION AND REMOVAL OF NEUROLOGICAL DEVICE	4	\$1,846	\$3,276
	197 NEUROSTIMULATOR AND VENTRICULAR SHUNT IMPLANTATION	5	\$1,837	\$5,537
	198 NERVE REPAIR AND DESTRUCTION	218	\$1,328	\$1,551
11	EYE AND OCULAR ADNEXA	1,586	\$2,262	\$2,247
	213 LASER EYE PROCEDURES	459	\$632	\$691
	214 CATARACT PROCEDURES	1,038	\$2,945	\$2,474
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	14	\$4,038	\$2,466
	216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	29	\$2,402	\$2,069
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	9	\$2,590	\$1,866
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	30	\$2,542	\$1,836
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	7	\$2,088	\$1,172
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	377	\$1,285	\$1,645
	234 COMPLEX FACIAL AND ENT PROCEDURES	42	\$2,648	\$2,011
	235 SIMPLE FACIAL AND ENT PROCEDURES	168	\$1,181	\$1,789
	236 TONSIL AND ADENOID PROCEDURES	167	\$1,047	\$1,332

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, 2004
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	5,301	51.7	46,759	55.5
Male	4,935	48.2	37,388	44.4
Unknown	12	0.1	51	0.1
Not Reported	0	0.0	19	0.0
AGE				
1-28 days	0	0.0	0	0.0
29-365 days	26	0.3	604	0.7
1-4 years	243	2.4	4,976	5.9
5-9	147	1.4	2,461	2.9
10-14	137	1.3	1,337	1.6
15-17	222	2.2	1,544	1.8
18-19	270	2.6	1,293	1.5
20-24	732	7.1	3,707	4.4
25-29	489	4.8	3,702	4.4
30-34	417	4.1	3,661	4.3
35-39	460	4.5	3,756	4.5
40-44	568	5.5	4,835	5.7
45-49	649	6.3	5,630	6.7
50-54	749	7.3	7,103	8.4
55-59	815	8.0	6,629	7.9
60-64	784	7.7	6,074	7.2
65-69	904	8.8	7,005	8.3
70-74	914	8.9	6,917	8.2
75-79	899	8.8	6,511	7.7
80-84	520	5.1	4,212	5.0
85-89	248	2.4	1,776	2.1
90 +	55	0.5	478	0.6
Not Reported	0	0.0	6	0.0
SOURCE OF ADMISSION				
Physician Referral	10,248	100.0	64,875	77.0
Clinic Referral	0	0.0	1,223	1.5
HMO Referral	0	0.0	4	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	1,347	1.6
Not Reported	0	0.0	16,768	19.9
(Continued)				

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
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	5,624	54.9	68,923	81.8
Another Hospital	0	0.0	68	0.1
Skilled Nursing Facility	0	0.0	2	0.0
Intermediate Care Facility	0	0.0	0	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	0	0.0
Under Care of Home IV Provider	0	0.0	1	0.0
Expired	0	0.0	0	0.0
Unknown	4,624	45.1	15,222	18.1
Not Reported	0	0.0	1	0.0
PRIMARY PAYER				
Medicare	3,570	34.8	26,286	31.2
Medicaid	272	2.7	5,660	6.7
Other government	78	0.8	2,402	2.9
Blue Cross/Blue Shield	1,854	18.1	16,361	19.4
Other Commercial	927	9.0	7,923	9.4
Managed Care(HMO, PPO)	2,966	28.9	21,526	25.6
Self Pay	248	2.4	850	1.0
Industrial & Worker Comp	289	2.8	2,123	2.5
Charity and Unclassified	0	0.0	17	0.0
Childrens Health Insurance	34	0.3	189	0.2
Unknown	0	0.0	69	0.1
Not Reported	10	0.1	811	1.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	14	0.1	4,318	5.1
Central Utah	887	8.7	1,309	1.6
Davis County	27	0.3	11,351	13.5
Salt Lake County	238	2.3	28,856	34.3
Southeastern Utah	489	4.8	931	1.1
Southwest Utah	51	0.5	5,039	6.0
Summit County	26	0.3	1,225	1.5
Tooele County	25	0.2	1,244	1.5
Tri-County	104	1.0	469	0.6
Utah County	7,929	77.4	10,155	12.1
Wasatch County	146	1.4	442	0.5
Weber County	13	0.1	14,545	17.3
Unknown Utah	11	0.1	48	0.1
Outside Utah	279	2.7	4,246	5.0
Unknown, Not Reported	9	0.1	39	0.0

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

AMB ST 1-1
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
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)	3,489	100.0	51,517	100.0
Mastectomy (85.0-85.99)	28	0.8	1,015	2.0
Musculoskeletal (76.0-84.99)	1,369	39.2	10,274	19.9
Respiratory (30.0-34.99)	1	0.0	99	0.2
Cardiovascular (35.0-39.99)	1	0.0	195	0.4
Lymphatic/Hemetic (40.0-41.99)	5	0.1	115	0.2
Digestive System (42.0-54.99)	551	15.8	6,359	12.3
Urinary (55.0-59.99)	44	1.3	287	0.6
Male Genital (60.0-64.99)	75	2.1	252	0.5
Female Genital (65.0-71.99)	28	0.8	1,550	3.0
Endocrine/Nervous (01.0-07.99)	187	5.4	3,493	6.8
Eye (08.0-16.99)	756	21.7	16,433	31.9
Ear (18.0-20.99)	243	7.0	3,144	6.1
Nose,Mouth,Pharynx (21.0-29.99)	201	5.8	8,301	16.1
Reporting Category(CPT-4 CODES)	4,293	100.0	115,827	100.0
Mastectomy (19120-19220)	21	0.5	266	0.2
Musculoskeletal (20000-29909)	1,570	36.6	25,839	22.3
Respiratory (30000-32999 & 39501-39599)	312	7.3	9,820	8.5
Cardiovascular (33010-37799 & 93501-93660)	7	0.2	853	0.7
Lymphatic/Hemetic (38100-38999)	5	0.1	207	0.2
Digestive (40490-49999)	868	20.2	37,208	32.1
Urinary (50010-53899)	107	2.5	1,628	1.4
Male Genital (54000-55899)	80	1.9	600	0.5
Female Genital (56405-58999)	71	1.7	3,108	2.7
Endocrine/Nervous (60000-64999)	177	4.1	11,264	9.7
Eye (65091-68899)	857	20.0	19,981	17.3
Ear (69000-69979)	218	5.1	5,053	4.4

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 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
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		3,489	100.0	100.0
1371	IOL PROSTH-CATARACT EXTRACT-1-STAGE	528	15.1	11.07
806	EXC SEMILUNAR CARTILAGE-KNEE	254	7.3	1.96
2001	MYRINGOTOMY W/INSRT TUBE	224	6.4	4.92
1364	DISCISSION SECNDRY MEMBRN	186	5.3	0.80
8086	OTH LOC EXC/DESTRUC JT LES-KNEE	141	4.0	1.14
4523	COLONOSCOPY	134	3.8	2.29
0443	RELEASE CARPAL TUNNEL	128	3.7	1.62
7860	REMOV IMPLNT DEVICE-UNS SITE	105	3.0	0.45
4513	OTH ENDO SM INTESTINE	96	2.8	0.56
8081	OTH LOC EXC/DESTRUC JT LES-SHLDR	90	2.6	0.41
8183	OTH REPR SHLDR	73	2.1	0.75
2169	OTH TURBINECTOMY	71	2.0	2.56
8363	ROTATOR CUFF REPR	70	2.0	0.57
8076	SYNOVECT-KNEE	68	1.9	0.43
8211	TENOT HAND	66	1.9	0.42
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	64	1.8	2.33
4542	ENDO POLYPECTOMY LG INTESTINE	59	1.7	1.70
5300	UNILAT REPR ING HERN-NOS	55	1.6	0.38
4525	CLO [ENDO] BX LG INTESTINE	53	1.5	1.56
7781	OTH PART OSTEC-SCAPULA-CLAV-THOR	49	1.4	0.55
CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL FASCs
All CPT-4 Procedures		4,293	100.0	100.0
66984	EXTRACAPSULAR CATARACT REMV IOL	528	12.3	9.88
69436	TYMPANOSTOMY GENERAL ANESTHESIA	192	4.5	3.64
66821	DISCISSION 2ND CATARACT; LASER S	186	4.3	1.57
29880	SCOPE KNEE SURG;W/MENISCECT MED&	142	3.3	0.51
45378	COLONOSCOPY FLEX; DX-SEP PROC	134	3.1	6.86
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	128	3.0	1.29
29881	SCOPE KNEE SURG;W/MENISCECT MED/	112	2.6	1.56
20680	REMOVAL OF IMPLANT; DEEP	104	2.4	0.83
29877	SCOPE KNEE SURG; DEBRID/SHAVE CA	98	2.3	1.00
43235	UGI ENDO; DX W/VO CLCT SPECMN-SP	96	2.2	1.29
49650	LAPARSCPY SURG; REPR INIT ING HE	74	1.7	0.17
29826	SCOPE SHOULDER; DECOMP SUBACROM	71	1.7	0.87
30140	SUBMUCOS RES TURBINATE PART/CMPL	71	1.7	2.01
23412	REP RUP MUSCLOTENDNUS CUFF OPN;C	69	1.6	0.26
26055	TENDON SHEATH INCISION	66	1.5	0.74
43239	UGI ENDO; W/BX 1/MX	64	1.5	5.76
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	60	1.4	0.20
29875	SCOPE KNEE; SYNOVECT LTD SEP PRO	59	1.4	0.36
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	59	1.4	2.03
31256	NASL/SINUS ENDO SURG W/MAX ANTRO	55	1.3	0.68

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, 2004
 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 CHRGE	AVE TOT CHRGE(ALL FASCs)
ICD-9 Procedures		1,953	\$2,292	\$1,722
1371	IOL PROSTH-CATARACT EXTRACT-1-STAGE	524	\$2,430	\$2,634
1364	DISCISSION SECNDRY MEMBRN	170	\$900	\$884
4523	COLONOSCOPY	117	\$1,179	\$873
0443	RELEASE CARPAL TUNNEL	85	\$2,459	\$1,597
806	EXC SEMILUNAR CARTILAGE-KNEE	82	\$3,989	\$3,201
4513	OTH ENDO SM INTESTINE	77	\$1,223	\$1,010
4542	ENDO POLYPECTOMY LG INTESTINE	46	\$1,248	\$999
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	45	\$1,298	\$987
7860	REMOV IMPLNT DEVICE-UNS SITE	43	\$1,510	\$1,653
4525	CLO [ENDO] BX LG INTESTINE	39	\$1,164	\$970
5300	UNILAT REPR ING HERN-NOS	39	\$3,135	\$2,244
8211	TENOT HAND	30	\$1,975	\$2,155
5349	OTH UMB HERNIORRHAPHY	24	\$3,210	\$2,284
640	CIRCUMCISION	20	\$1,143	\$1,071
8086	OTH LOC EXC/DESTRUC JT LES-KNEE	20	\$3,259	\$3,360
8221	EXC LES TENDON SHEATH HAND	20	\$2,419	\$1,472
8183	OTH REPR SHLDR	18	\$3,350	\$4,070
8332	EXC LES MUSC	17	\$2,476	\$1,907
8521	LOC EXC LES BREAST	16	\$1,598	\$1,192
1372	SECNDRY INSRT IOL PROSTH	14	\$3,621	\$3,317

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRGE	AVE TOT CHRGE(ALL FASCs)
CPT-4 Procedures		2,184	\$2,297	\$1,687
66984	EXTRACAPSULAR CATARACT REMV IOL	499	\$2,317	\$2,461
66821	DISCISSION 2ND CATARACT; LASER S	170	\$900	\$695
45378	COLONOSCOPY FLEX; DX-SEP PROC	117	\$1,179	\$898
64721	NEUROPLASTY; MEDIAN @ CARPAL TUN	83	\$2,399	\$1,420
43235	UGI ENDO; DX W/VO CLCT SPECMN-SP	73	\$1,150	\$756
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	58	\$5,582	\$5,250
29880	SCOPE KNEE SURG;W/MENISCECT MED&	47	\$4,141	\$3,188
43239	UGI ENDO; W/BX 1/MX	45	\$1,298	\$991
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	45	\$1,213	\$992
20680	REMOVAL OF IMPLANT; DEEP	42	\$1,525	\$1,373
42820	T&A; UNDER AGE 12	38	\$1,999	\$1,337
45380	COLONOSCOPY FLEX; W/BX 1/MX	38	\$1,174	\$1,088
29881	SCOPE KNEE SURG;W/MENISCECT MED/	35	\$3,784	\$2,458
49505	REPR INIT ING HERNIA 5YR/MORE; R	34	\$3,084	\$1,719
26055	TENDON SHEATH INCISION	30	\$1,975	\$1,550
49650	LAPARSCPY SURG; REPR INIT ING HE	29	\$5,653	\$4,318
49585	REPR UMBIL HERNIA 5YR/OVER; RDUC	24	\$3,210	\$1,962
51715	ENDO INJ IMPLNT MAT-URETH&/BLAD	21	\$2,161	\$2,034
19120	EXC BRST CYST TUMR/LES OPN M/F 1	16	\$1,598	\$1,261
29877	SCOPE KNEE SURG; DEBRID/SHAVE CA	16	\$3,227	\$2,428

SOURCE: Utah Ambulatory Surgery Database

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

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

423 Coral Desert Surgery Center

Procedure APG category		TOTAL #	TOTAL # (ALL FASCs)
Procedure APG			
01	INTEGUMENTARY SYSTEM	96	1,480
	003 COMPLEX INCISION AND DRAINAGE	2	19
	006 SIMPLE DEBRIDEMENT AND DESTRUCTION	2	31
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	30	436
	008 SIMPLE EXCISION AND BIOPSY	38	550
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRANGE	3	123
	011 SIMPLE INCISION AND EXCISION OF BREAST	20	239
	012 BREAST RECONSTRUCTION AND MASTECTOMY	1	27
02	MUSCULOSKELETAL SYSTEM	1,443	21,689
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	174	2,054
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	45	726
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	21	850
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	293	5,556
	025 ARTHROSCOPY	763	8,944
	028 CLOSED TREATMENT FX & DISLOCATION OF FINGER, TOE & TRUNK	1	11
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	6	87
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	96	1,079
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	10	181
	032 BUNION PROCEDURES	17	994
	033 ARTHROPLASTY	7	213
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	10	882
03	RESPIRATORY SYSTEM	151	4,530
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	149	4,467
	054 SIMPLE ENDOSCOPY OF THE UPPER AIRWAY	2	46
04	CARDIOVASCULAR SYSTEM	6	636
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	3	17
	081 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	2	169
	082 VASCULAR LIGATION	1	234
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	5	236
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	5	236
06	DIGESTIVE SYSTEM	755	32,823
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	6	156
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	1	131
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	160	8,283
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	30	2,328
	117 LOWER GASTROINTESTINAL ENDOSCOPY	250	17,131
	119 HERNIA AND HYDROCELE PROCEDURES	102	1,300
	120 COMPLEX ANAL AND RECTAL PROCEDURES	13	187
	121 SIMPLE ANAL AND RECTAL PROCEDURES	8	62
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	3	14
	123 COMPLEX LAPAROSCOPIC PROCEDURES	182	2,219
07	URINARY SYSTEM	83	1,577
	131 RENAL EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	16	616
	133 URINARY CATHETERIZATION AND DILATATION	2	20
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	28	427
	135 MODERATE CYSTOURETHROSCOPY	28	388

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
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)
	136 SIMPLE CYSTOURETHROSCOPY	4	96
	137 COMPLEX URETHRAL PROCEDURES	3	17
	138 SIMPLE URETHRAL PROCEDURES	2	13
08	MALE GENITAL SYSTEM	68	535
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	44	360
	153 COMPLEX PENILE PROCEDURES	2	37
	154 SIMPLE PENILE PROCEDURES	22	126
09	FEMALE GENITAL SYSTEM	81	1,762
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	26	149
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	30	504
	178 DILATION AND CURETTAGE	13	215
	179 HYSTEROSCOPY	12	856
10	NERVOUS SYSTEM	178	10,742
	198 NERVE REPAIR AND DESTRUCTION	178	2,787
11	EYE AND OCULAR ADNEXA	854	19,869
	211 MINOR OPHTHALMOLOGICAL TESTS AND PROCEDURES	4	290
	213 LASER EYE PROCEDURES	189	1,899
	214 CATARACT PROCEDURES	547	11,800
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	16	1,080
	216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	5	703
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	41	654
	220 STRABISMUS AND MUSCLE EYE PROCEDURES	14	461
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	7	1,884
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	30	338
	223 VITRECTOMY	1	467
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	533	18,814
	233 NASAL CAUTERIZATION AND PACKING	3	85
	234 COMPLEX FACIAL AND ENT PROCEDURES	92	3,110
	235 SIMPLE FACIAL AND ENT PROCEDURES	335	11,695
	236 TONSIL AND ADENOID PROCEDURES	103	3,924

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, 2004
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	72	\$1,650	\$1,482
	003 COMPLEX INCISION AND DRAINAGE	1	\$649	\$1,135
	006 SIMPLE DEBRIDEMENT AND DESTRUCTION	1	\$853	\$1,168
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	23	\$1,692	\$1,367
	008 SIMPLE EXCISION AND BIOPSY	28	\$1,603	\$1,355
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRAN	2	\$3,130	\$3,028
	011 SIMPLE INCISION AND EXCISION OF BREAST	16	\$1,598	\$1,248
	012 BREAST RECONSTRUCTION AND MASTECTOMY	1	\$1,642	\$1,244
02	MUSCULOSKELETAL SYSTEM	456	\$2,832	\$2,338
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	41	\$3,325	\$2,811
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	27	\$2,667	\$2,082
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	11	\$2,583	\$2,345
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	132	\$1,867	\$1,594
	025 ARTHROSCOPY	155	\$3,876	\$3,005
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	6	\$1,083	\$1,316
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	67	\$2,553	\$2,245
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	9	\$1,033	\$1,150
	032 BUNION PROCEDURES	5	\$2,407	\$1,874
	033 ARTHROPLASTY	3	\$2,780	\$2,643
03	RESPIRATORY SYSTEM	1	\$2,566	\$1,602
	054 SIMPLE ENDOSCOPY OF THE UPPER AIRWAY	1	\$2,566	\$1,347
04	CARDIOVASCULAR SYSTEM	5	\$1,901	\$1,809
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	3	\$1,058	\$983
	081 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	1	\$3,605	\$1,756
	082 VASCULAR LIGATION	1	\$2,727	\$2,214
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	5	\$1,758	\$1,456
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	5	\$1,758	\$1,456
06	DIGESTIVE SYSTEM	556	\$2,317	\$1,138
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	4	\$800	\$575
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	1	\$800	\$595
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	118	\$1,207	\$942
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	17	\$1,146	\$903
	117 LOWER GASTROINTESTINAL ENDOSCOPY	202	\$1,188	\$948
	119 HERNIA AND HYDROCELE PROCEDURES	73	\$3,142	\$1,748
	120 COMPLEX ANAL AND RECTAL PROCEDURES	10	\$2,523	\$1,171
	121 SIMPLE ANAL AND RECTAL PROCEDURES	7	\$1,418	\$946
	123 COMPLEX LAPAROSCOPIC PROCEDURES	124	\$4,983	\$3,092
07	URINARY SYSTEM	59	\$3,118	\$2,736
	131 RENAL EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	16	\$6,600	\$3,758
	133 URINARY CATHETERIZATION AND DILATATION	1	\$1,545	\$1,195
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	11	\$2,326	\$1,747
	135 MODERATE CYSTOURETHROSCOPY	24	\$1,597	\$1,421
	136 SIMPLE CYSTOURETHROSCOPY	3	\$1,547	\$1,057
	137 COMPLEX URETHRAL PROCEDURES	3	\$2,201	\$1,698
	138 SIMPLE URETHRAL PROCEDURES	1	\$1,670	\$1,463

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
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)
08	MALE GENITAL SYSTEM	37	\$1,654	\$1,527
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	16	\$2,151	\$1,580
	153 COMPLEX PENILE PROCEDURES	2	\$3,487	\$1,779
	154 SIMPLE PENILE PROCEDURES	19	\$1,042	\$1,203
09	FEMALE GENITAL SYSTEM	55	\$2,548	\$1,938
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	6	\$3,194	\$2,150
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	27	\$2,089	\$1,334
	178 DILATION AND CURETTAGE	12	\$1,831	\$1,182
	179 HYSTEROSCOPY	10	\$4,260	\$2,393
10	NERVOUS SYSTEM	93	\$2,402	\$984
	198 NERVE REPAIR AND DESTRUCTION	93	\$2,402	\$1,551
11	EYE AND OCULAR ADNEXA	710	\$1,981	\$2,247
	213 LASER EYE PROCEDURES	171	\$895	\$691
	214 CATARACT PROCEDURES	515	\$2,350	\$2,474
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	5	\$3,304	\$2,466
	216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	3	\$1,760	\$2,069
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	13	\$1,149	\$1,866
	220 STRABISMUS AND MUSCLE EYE PROCEDURES	2	\$2,091	\$2,417
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	1	\$1,963	\$1,172
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	118	\$2,016	\$1,645
	234 COMPLEX FACIAL AND ENT PROCEDURES	19	\$2,948	\$2,011
	235 SIMPLE FACIAL AND ENT PROCEDURES	33	\$1,514	\$1,789
	236 TONSIL AND ADENOID PROCEDURES	66	\$1,999	\$1,332

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, 2004
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	1,546	51.0	46,759	55.5
Male	1,486	49.0	37,388	44.4
Unknown	0	0.0	51	0.1
Not Reported	2	0.1	19	0.0
AGE				
1-28 days	0	0.0	0	0.0
29-365 days	33	1.1	604	0.7
1-4 years	116	3.8	4,976	5.9
5-9	66	2.2	2,461	2.9
10-14	48	1.6	1,337	1.6
15-17	81	2.7	1,544	1.8
18-19	51	1.7	1,293	1.5
20-24	102	3.4	3,707	4.4
25-29	88	2.9	3,702	4.4
30-34	111	3.7	3,661	4.3
35-39	96	3.2	3,756	4.5
40-44	133	4.4	4,835	5.7
45-49	157	5.2	5,630	6.7
50-54	153	5.0	7,103	8.4
55-59	183	6.0	6,629	7.9
60-64	251	8.3	6,074	7.2
65-69	361	11.9	7,005	8.3
70-74	397	13.1	6,917	8.2
75-79	308	10.2	6,511	7.7
80-84	199	6.6	4,212	5.0
85-89	83	2.7	1,776	2.1
90 +	17	0.6	478	0.6
Not Reported	0	0.0	6	0.0
SOURCE OF ADMISSION				
Physician Referral	3,034	100.0	64,875	77.0
Clinic Referral	0	0.0	1,223	1.5
HMO Referral	0	0.0	4	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	1,347	1.6
Not Reported	0	0.0	16,768	19.9
(Continued)				

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
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	3,034	100.0	68,923	81.8
Another Hospital	0	0.0	68	0.1
Skilled Nursing Facility	0	0.0	2	0.0
Intermediate Care Facility	0	0.0	0	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	0	0.0
Under Care of Home IV Provider	0	0.0	1	0.0
Expired	0	0.0	0	0.0
Unknown	0	0.0	15,222	18.1
Not Reported	0	0.0	1	0.0
PRIMARY PAYER				
Medicare	1,429	47.1	26,286	31.2
Medicaid	143	4.7	5,660	6.7
Other government	8	0.3	2,402	2.9
Blue Cross/Blue Shield	400	13.2	16,361	19.4
Other Commercial	463	15.3	7,923	9.4
Managed Care(HMO, PPO)	358	11.8	21,526	25.6
Self Pay	0	0.0	850	1.0
Industrial & Worker Comp	80	2.6	2,123	2.5
Charity and Unclassified	0	0.0	17	0.0
Childrens Health Insurance	0	0.0	189	0.2
Unknown	0	0.0	69	0.1
Not Reported	153	5.0	811	1.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	0	0.0	4,318	5.1
Central Utah	16	0.5	1,309	1.6
Davis County	6	0.2	11,351	13.5
Salt Lake County	14	0.5	28,856	34.3
Southeastern Utah	2	0.1	931	1.1
Southwest Utah	2,434	80.2	5,039	6.0
Summit County	0	0.0	1,225	1.5
Tooele County	0	0.0	1,244	1.5
Tri-County	3	0.1	469	0.6
Utah County	9	0.3	10,155	12.1
Wasatch County	0	0.0	442	0.5
Weber County	2	0.1	14,545	17.3
Unknown Utah	0	0.0	48	0.1
Outside Utah	547	18.0	4,246	5.0
Unknown, Not Reported	1	0.0	39	0.0

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

AMB ST 1-1
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

415 Davis Surgical Center

Reporting Category(ICD-9-CM CODES)	Procedures Performed		Procedures Performed-All FASCs	
	(#)	(%)	(#)	(%)
Reporting Category(ICD-9-CM CODES)	.	.	51,517	100.0
Mastectomy (85.0-85.99)	.	.	1,015	2.0
Musculoskeletal (76.0-84.99)	.	.	10,274	19.9
Respiratory (30.0-34.99)	.	.	99	0.2
Cardiovascular (35.0-39.99)	.	.	195	0.4
Lymphatic/Hemetic (40.0-41.99)	.	.	115	0.2
Digestive System (42.0-54.99)	.	.	6,359	12.3
Urinary (55.0-59.99)	.	.	287	0.6
Male Genital (60.0-64.99)	.	.	252	0.5
Female Genital (65.0-71.99)	.	.	1,550	3.0
Endocrine/Nervous (01.0-07.99)	.	.	3,493	6.8
Eye (08.0-16.99)	.	.	16,433	31.9
Ear (18.0-20.99)	.	.	3,144	6.1
Nose,Mouth,Pharynx (21.0-29.99)	.	.	8,301	16.1
Reporting Category(CPT-4 CODES)	7,353	100.0	115,827	100.0
Mastectomy (19120-19220)	1	0.0	266	0.2
Musculoskeletal (20000-29909)	1,842	25.1	25,839	22.3
Respiratory (30000-32999 & 39501-39599)	880	12.0	9,820	8.5
Cardiovascular (33010-37799 & 93501-93660)	4	0.1	853	0.7
Lymphatic/Hemetic (38100-38999)	18	0.2	207	0.2
Digestive (40490-49999)	1,509	20.5	37,208	32.1
Urinary (50010-53899)	21	0.3	1,628	1.4
Male Genital (54000-55899)	6	0.1	600	0.5
Female Genital (56405-58999)	989	13.5	3,108	2.7
Endocrine/Nervous (60000-64999)	403	5.5	11,264	9.7
Eye (65091-68899)	1,151	15.7	19,981	17.3
Ear (69000-69979)	529	7.2	5,053	4.4

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 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES

415 Davis Surgical Center

ICD-9 CODE	ICD-9 DESCRIPTION	#	%	% ALL FASCs
All ICD-9 Procedures				
Does not report ICDs				

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL FASCs
All CPT-4 Procedures		7,353	100.0	100.0
66984	EXTRACAPSULAR CATARACT REMV IOL	697	9.5	9.88
69436	TYMPANOSTOMY GENERAL ANESTHESIA	373	5.1	3.64
58662	LAP SURG; W/FULG/EXCIS LES-OVARY	329	4.5	0.60
45378	COLONOSCOPY FLEX; DX-SEP PROC	261	3.5	6.86
66821	DISCISSION 2ND CATARACT; LASER S	234	3.2	1.57
30140	SUBMUCOS RES TURBINATE PART/CMPL	224	3.0	2.01
42820	T&A; UNDER AGE 12	213	2.9	1.49
58558	HYSTEROSCPY SURG; W/BX &/ POLYPE	205	2.8	0.34
30520	SEPTOPLASTY/SUBMUCOS RES W/GFT	179	2.4	1.49
43239	UGI ENDO; W/BX 1/MX	168	2.3	5.76
29881	SCOPE KNEE SURG;W/MENISCECT MED/	162	2.2	1.56
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	149	2.0	0.75
58563	HYSTEROSC SURG; W/ENDOMETRIAL AB	112	1.5	0.37
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	112	1.5	1.29
31256	NASL/SINUS ENDO SURG W/MAX ANTRO	100	1.4	0.68
28285	CORRECTION HAMMERTOES	92	1.3	0.79
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	91	1.2	1.56
31254	NASAL/SINUS ENDO; W/PART ETHMOEC	88	1.2	0.38
31255	NASAL/SINUS ENDO; W/TOT ETHMOECT	88	1.2	1.05
28296	HALLUX VALGUS; W/METATARSAL OSTE	83	1.1	0.39

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, 2004
 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 CHRG	AVE TOT CHRG(ALL FASCs)
ICD-9 Procedures				
Does not report ICDS				

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL FASCs)
CPT-4 Procedures				
		3,684	\$2,078	\$1,687
66984	EXTRACAPSULAR CATARACT REMV IOL	676	\$3,007	\$2,461
66821	DISCISSION 2ND CATARACT; LASER S	234	\$668	\$695
45378	COLONOSCOPY FLEX; DX-SEP PROC	222	\$1,259	\$898
42820	T&A; UNDER AGE 12	166	\$1,753	\$1,337
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	116	\$1,615	\$1,335
58662	LAP SURG; W/FULG/EXCIS LES-OVARY	113	\$2,471	\$2,205
29881	SCOPE KNEE SURG;W/MENISCECT MED/	102	\$3,132	\$2,458
69436	TYMPANOSTOMY GENERAL ANESTHESIA	96	\$1,562	\$1,160
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	88	\$655	\$620
43239	UGI ENDO; W/BX 1/MX	82	\$1,359	\$991
58563	HYSTEROSC SURG; W/ENDOMETRIAL AB	78	\$3,435	\$3,029
58558	HYSTEROSCPY SURG; W/BX &/ POLYPE	68	\$2,125	\$1,668
49505	REPR INIT ING HERNIA 5YR/MORE; R	67	\$2,328	\$1,719
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	64	\$1,200	\$992
64721	NEUROPLASTY; MEDIAN @ CARPAL TUN	64	\$1,457	\$1,420
45380	COLONOSCOPY FLEX; W/BX 1/MX	44	\$1,200	\$1,088
29877	SCOPE KNEE SURG; DEBRID/SHAVE CA	43	\$3,100	\$2,428
28296	HALLUX VALGUS; W/METATARSAL OSTE	41	\$2,143	\$1,965
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	37	\$4,686	\$5,250
45384	COLONOSOCPY FLEX; REMV LES-FORCE	33	\$1,200	\$1,135

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

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
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	90	1,480
	003 COMPLEX INCISION AND DRAINAGE	1	19
	006 SIMPLE DEBRIDEMENT AND DESTRUCTION	2	31
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	37	436
	008 SIMPLE EXCISION AND BIOPSY	47	550
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRANGE	2	123
	011 SIMPLE INCISION AND EXCISION OF BREAST	1	239
02	MUSCULOSKELETAL SYSTEM	1,711	21,689
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	175	2,054
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	39	726
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	111	850
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	478	5,556
	025 ARTHROSCOPY	658	8,944
	028 CLOSED TREATMENT FX & DISLOCATION OF FINGER, TOE & TRUNK	2	11
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	8	87
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	56	1,079
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	17	181
	032 BUNION PROCEDURES	122	994
	033 ARTHROPLASTY	5	213
	034 HAND AND FOOT TENOTOMY	9	111
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	31	882
03	RESPIRATORY SYSTEM	411	4,530
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	404	4,467
	054 SIMPLE ENDOSCOPY OF THE UPPER AIRWAY	7	46
04	CARDIOVASCULAR SYSTEM	3	636
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	1	17
	080 MINOR VASCULAR REPAIR AND FISTULA CONSTRUCTION	2	19
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	26	236
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	26	236
06	DIGESTIVE SYSTEM	1,409	32,823
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	1	156
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	195	8,283
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	69	2,328
	117 LOWER GASTROINTESTINAL ENDOSCOPY	436	17,131
	119 HERNIA AND HYDROCELE PROCEDURES	122	1,300
	120 COMPLEX ANAL AND RECTAL PROCEDURES	6	187
	121 SIMPLE ANAL AND RECTAL PROCEDURES	2	62
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	2	14
	123 COMPLEX LAPAROSCOPIC PROCEDURES	576	2,219
07	URINARY SYSTEM	21	1,577
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	4	427
	135 MODERATE CYSTOURETHROSCOPY	2	388
	136 SIMPLE CYSTOURETHROSCOPY	14	96
	138 SIMPLE URETHRAL PROCEDURES	1	13
08	MALE GENITAL SYSTEM	4	535
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	3	360

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
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	1	37
09	FEMALE GENITAL SYSTEM	512	1,762
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	36	149
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	135	504
	178 DILATION AND CURETTAGE	7	215
	179 HYSTEROSCOPY	321	856
	180 COLPOSCOPY	13	38
10	NERVOUS SYSTEM	389	10,742
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	181	7,841
	198 NERVE REPAIR AND DESTRUCTION	208	2,787
11	EYE AND OCULAR ADNEXA	1,144	19,869
	211 MINOR OPHTHALMOLOGICAL TESTS AND PROCEDURES	13	290
	213 LASER EYE PROCEDURES	241	1,899
	214 CATARACT PROCEDURES	703	11,800
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	30	1,080
	216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	35	703
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	22	654
	219 SIMPLE POSTERIOR SEGMENT EYE PROCEDURES	2	130
	220 STRABISMUS AND MUSCLE EYE PROCEDURES	39	461
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	39	1,884
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	7	338
	223 VITRECTOMY	13	467
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	1,578	18,814
	233 NASAL CAUTERIZATION AND PACKING	7	85
	234 COMPLEX FACIAL AND ENT PROCEDURES	342	3,110
	235 SIMPLE FACIAL AND ENT PROCEDURES	759	11,695
	236 TONSIL AND ADENOID PROCEDURES	470	3,924
13	THERAPUTIC AND OTHER RADIOLOGICAL PROCEDURES	10	571
	254 MYELOGRAPHY	10	408

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, 2004
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	50	\$1,381	\$1,482
	003 COMPLEX INCISION AND DRAINAGE	1	\$2,015	\$1,135
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	24	\$1,544	\$1,367
	008 SIMPLE EXCISION AND BIOPSY	25	\$1,200	\$1,355
02	MUSCULOSKELETAL SYSTEM	732	\$2,426	\$2,338
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	56	\$2,138	\$2,811
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	18	\$1,663	\$2,082
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	47	\$2,078	\$2,345
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	203	\$1,713	\$1,594
	025 ARTHROSCOPY	296	\$3,240	\$3,005
	028 CLOSED TREATMENT FX & DISLOCATION OF FINGER, TOE & TRUNK	2	\$2,195	\$1,269
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	7	\$1,023	\$1,316
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	37	\$2,228	\$2,245
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	8	\$965	\$1,150
	032 BUNION PROCEDURES	54	\$2,135	\$1,874
	033 ARTHROPLASTY	1	\$2,579	\$2,643
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	3	\$583	\$754
03	RESPIRATORY SYSTEM	25	\$1,680	\$1,602
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	25	\$1,680	\$1,677
04	CARDIOVASCULAR SYSTEM	2	\$1,553	\$1,809
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	1	\$1,270	\$983
	080 MINOR VASCULAR REPAIR AND FISTULA CONSTRUCTION	1	\$1,836	\$1,475
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	23	\$2,202	\$1,456
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	23	\$2,202	\$1,456
06	DIGESTIVE SYSTEM	846	\$1,858	\$1,138
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	1	\$275	\$575
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	99	\$1,332	\$942
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	21	\$1,421	\$903
	117 LOWER GASTROINTESTINAL ENDOSCOPY	366	\$1,235	\$948
	119 HERNIA AND HYDROCELE PROCEDURES	99	\$2,159	\$1,748
	120 COMPLEX ANAL AND RECTAL PROCEDURES	6	\$1,211	\$1,171
	121 SIMPLE ANAL AND RECTAL PROCEDURES	2	\$957	\$946
	123 COMPLEX LAPAROSCOPIC PROCEDURES	252	\$2,917	\$3,092
07	URINARY SYSTEM	5	\$1,563	\$2,736
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	3	\$1,666	\$1,747
	135 MODERATE CYSTOURETHROSCOPY	1	\$1,150	\$1,421
	138 SIMPLE URETHRAL PROCEDURES	1	\$1,670	\$1,463
08	MALE GENITAL SYSTEM	4	\$2,437	\$1,527
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	3	\$1,947	\$1,580
	153 COMPLEX PENILE PROCEDURES	1	\$3,907	\$1,779
09	FEMALE GENITAL SYSTEM	220	\$2,366	\$1,938
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	10	\$2,527	\$2,150
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	49	\$1,259	\$1,334
	178 DILATION AND CURETTAGE	5	\$1,041	\$1,182
	179 HYSTEROSCOPY	146	\$2,825	\$2,393

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
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)
	180 COLPOSCOPY	10	\$1,599	\$1,698
10	NERVOUS SYSTEM	199	\$1,155	\$984
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	103	\$655	\$684
	198 NERVE REPAIR AND DESTRUCTION	96	\$1,691	\$1,551
11	EYE AND OCULAR ADNEXA	1,006	\$2,340	\$2,247
	211 MINOR OPHTHALMOLOGICAL TESTS AND PROCEDURES	8	\$1,240	\$2,806
	213 LASER EYE PROCEDURES	241	\$668	\$691
	214 CATARACT PROCEDURES	681	\$3,005	\$2,474
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	16	\$1,645	\$2,466
	216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	27	\$1,556	\$2,069
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	7	\$1,378	\$1,866
	220 STRABISMUS AND MUSCLE EYE PROCEDURES	4	\$3,589	\$2,417
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	13	\$2,425	\$1,836
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	6	\$1,194	\$1,172
	223 VITRECTOMY	3	\$1,884	\$3,473
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	553	\$1,758	\$1,645
	234 COMPLEX FACIAL AND ENT PROCEDURES	84	\$2,231	\$2,011
	235 SIMPLE FACIAL AND ENT PROCEDURES	146	\$1,585	\$1,789
	236 TONSIL AND ADENOID PROCEDURES	323	\$1,713	\$1,332
13	THERAPUTIC AND OTHER RADIOLOGICAL PROCEDURES	1	\$950	\$845
	254 MYELOGRAPHY	1	\$950	\$958

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, 2004
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

415 Davis Surgical Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
GENDER				
Female	3,053	59.2	46,759	55.5
Male	2,105	40.8	37,388	44.4
Unknown	2	0.0	51	0.1
Not Reported	0	0.0	19	0.0
AGE				
1-28 days	0	0.0	0	0.0
29-365 days	54	1.0	604	0.7
1-4 years	322	6.2	4,976	5.9
5-9	185	3.6	2,461	2.9
10-14	123	2.4	1,337	1.6
15-17	159	3.1	1,544	1.8
18-19	136	2.6	1,293	1.5
20-24	306	5.9	3,707	4.4
25-29	319	6.2	3,702	4.4
30-34	324	6.3	3,661	4.3
35-39	301	5.8	3,756	4.5
40-44	346	6.7	4,835	5.7
45-49	377	7.3	5,630	6.7
50-54	389	7.5	7,103	8.4
55-59	343	6.6	6,629	7.9
60-64	305	5.9	6,074	7.2
65-69	267	5.2	7,005	8.3
70-74	333	6.5	6,917	8.2
75-79	318	6.2	6,511	7.7
80-84	177	3.4	4,212	5.0
85-89	61	1.2	1,776	2.1
90 +	15	0.3	478	0.6
Not Reported	0	0.0	6	0.0
SOURCE OF ADMISSION				
Physician Referral	5,160	100.0	64,875	77.0
Clinic Referral	0	0.0	1,223	1.5
HMO Referral	0	0.0	4	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	1,347	1.6
Not Reported	0	0.0	16,768	19.9
(Continued)				

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
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	5,044	97.8	68,923	81.8
Another Hospital	9	0.2	68	0.1
Skilled Nursing Facility	2	0.0	2	0.0
Intermediate Care Facility	0	0.0	0	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	0	0.0
Under Care of Home IV Provider	0	0.0	1	0.0
Expired	0	0.0	0	0.0
Unknown	105	2.0	15,222	18.1
Not Reported	0	0.0	1	0.0
PRIMARY PAYER				
Medicare	1,129	21.9	26,286	31.2
Medicaid	310	6.0	5,660	6.7
Other government	339	6.6	2,402	2.9
Blue Cross/Blue Shield	1,033	20.0	16,361	19.4
Other Commercial	253	4.9	7,923	9.4
Managed Care(HMO, PPO)	1,768	34.3	21,526	25.6
Self Pay	55	1.1	850	1.0
Industrial & Worker Comp	126	2.4	2,123	2.5
Charity and Unclassified	0	0.0	17	0.0
Childrens Health Insurance	147	2.8	189	0.2
Unknown	0	0.0	69	0.1
Not Reported	0	0.0	811	1.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	69	1.3	4,318	5.1
Central Utah	6	0.1	1,309	1.6
Davis County	3,893	75.4	11,351	13.5
Salt Lake County	104	2.0	28,856	34.3
Southeastern Utah	2	0.0	931	1.1
Southwest Utah	7	0.1	5,039	6.0
Summit County	6	0.1	1,225	1.5
Tooele County	9	0.2	1,244	1.5
Tri-County	3	0.1	469	0.6
Utah County	19	0.4	10,155	12.1
Wasatch County	2	0.0	442	0.5
Weber County	940	18.2	14,545	17.3
Unknown Utah	3	0.1	48	0.1
Outside Utah	87	1.7	4,246	5.0
Unknown, Not Reported	10	0.2	39	0.0

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

AMB ST 1-1
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
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)	.	.	51,517	100.0
Mastectomy (85.0-85.99)	.	.	1,015	2.0
Musculoskeletal (76.0-84.99)	.	.	10,274	19.9
Respiratory (30.0-34.99)	.	.	99	0.2
Cardiovascular (35.0-39.99)	.	.	195	0.4
Lymphatic/Hemetic (40.0-41.99)	.	.	115	0.2
Digestive System (42.0-54.99)	.	.	6,359	12.3
Urinary (55.0-59.99)	.	.	287	0.6
Male Genital (60.0-64.99)	.	.	252	0.5
Female Genital (65.0-71.99)	.	.	1,550	3.0
Endocrine/Nervous (01.0-07.99)	.	.	3,493	6.8
Eye (08.0-16.99)	.	.	16,433	31.9
Ear (18.0-20.99)	.	.	3,144	6.1
Nose,Mouth,Pharynx (21.0-29.99)	.	.	8,301	16.1
Reporting Category(CPT-4 CODES)	897	100.0	115,827	100.0
Mastectomy (19120-19220)	0	0.0	266	0.2
Musculoskeletal (20000-29909)	311	34.7	25,839	22.3
Respiratory (30000-32999 & 39501-39599)	108	12.0	9,820	8.5
Cardiovascular (33010-37799 & 93501-93660)	1	0.1	853	0.7
Lymphatic/Hemetic (38100-38999)	0	0.0	207	0.2
Digestive (40490-49999)	319	35.6	37,208	32.1
Urinary (50010-53899)	0	0.0	1,628	1.4
Male Genital (54000-55899)	0	0.0	600	0.5
Female Genital (56405-58999)	37	4.1	3,108	2.7
Endocrine/Nervous (60000-64999)	92	10.3	11,264	9.7
Eye (65091-68899)	7	0.8	19,981	17.3
Ear (69000-69979)	22	2.5	5,053	4.4

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 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES

418 Healthsouth Park City Surgical Center

ICD-9 CODE	ICD-9 DESCRIPTION	#	%	% ALL FASCs
All ICD-9 Procedures				
Does not report ICDs				

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL FASCs
All CPT-4 Procedures				
45380	COLONOSCOPY FLEX; W/BX 1/MX	144	16.1	3.76
45378	COLONOSCOPY FLEX; DX-SEP PROC	44	4.9	6.86
21299	UNLISTED CRANIOFCE&MAXILLOFCE PR	42	4.7	2.09
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	42	4.7	2.03
45381	COLNSCP PROX SPLENC FLXR;SUBMUC	23	2.6	0.09
29877	SCOPE KNEE SURG; DEBRID/SHAVE CA	21	2.3	1.00
30520	SEPTOPLASTY/SUBMUCOS RES W/GFT	21	2.3	1.49
29881	SCOPE KNEE SURG;W/MENISCECT MED/	20	2.2	1.56
30930	FRACTURE NASL TURBINATE THERAPEU	20	2.2	0.25
43239	UGI ENDO; W/BX 1/MX	20	2.2	5.76
69436	TYMPANOSTOMY GENERAL ANESTHESIA	18	2.0	3.64
30140	SUBMUCOS RES TURBINATE PART/CMPL	17	1.9	2.01
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	17	1.9	1.56
20680	REMOVAL OF IMPLANT; DEEP	15	1.7	0.83
29848	ENDO WRST SURG REL TRNS CARP LIG	14	1.6	0.31
30410	RHINO PRIM; CMPLT EXTERNAL PARTS	14	1.6	0.08
29879	SCOPE KNEE SURG; ABRASION ARTHPL	12	1.3	0.21
42820	T&A; UNDER AGE 12	12	1.3	1.49
58558	HYSTEROSCPY SURG; W/BX &/ POLYPE	12	1.3	0.34
63650	PERQ IMPLANT ELECT ARRAY EPIDURA	12	1.3	0.04

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, 2004
 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 CHRG	AVE TOT CHRG(ALL FASCs)
ICD-9 Procedures				
Does not report ICDS				

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL FASCs)
CPT-4 Procedures				
		465	\$2,345	\$1,687
45380	COLONOSCOPY FLEX; W/BX 1/MX	108	\$1,288	\$1,088
21299	UNLISTED CRANIOFCE&MAXILLOFCE PR	41	\$2,800	\$1,915
45378	COLONOSCOPY FLEX; DX-SEP PROC	41	\$1,288	\$898
29848	ENDO WRST SURG REL TRNS CARP LIG	14	\$2,012	\$1,901
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	13	\$2,591	\$620
69436	TYMPANOSTOMY GENERAL ANESTHESIA	13	\$1,558	\$1,160
30410	RHINO PRIM; CMLPT EXTERNAL PARTS	11	\$2,744	\$1,612
41899	UNLIST PROC DENTOALVEOL STRUCTUR	11	\$2,882	\$1,890
58558	HYSTEROSCPY SURG; W/BX &/ POLYPE	11	\$2,630	\$1,668
42820	T&A; UNDER AGE 12	10	\$2,630	\$1,337
43239	UGI ENDO; W/BX 1/MX	10	\$1,664	\$991
20680	REMOVAL OF IMPLANT; DEEP	8	\$2,549	\$1,373
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	8	\$1,610	\$992
57522	CONIZA CERV W/NO D&C; LOOP ELEC	7	\$1,859	\$1,485
63650	PERQ IMPLANT ELECT ARRAY EPIDURA	7	\$4,470	\$4,236
28296	HALLUX VALGUS; W/METATARSAL OSTE	6	\$3,043	\$1,965
29881	SCOPE KNEE SURG;W/MENISCECT MED/	6	\$4,181	\$2,458
42821	T&A; AGE 12 OR OVER	6	\$3,005	\$1,332
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	6	\$1,878	\$1,335
58563	HYSTEROSC SURG; W/ENDOMETRIAL AB	6	\$3,875	\$3,029

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

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
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	21	1,480
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	2	436
	008 SIMPLE EXCISION AND BIOPSY	8	550
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRANGE	11	123
02	MUSCULOSKELETAL SYSTEM	228	21,689
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	7	2,054
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	6	726
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	5	850
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	56	5,556
	025 ARTHROSCOPY	122	8,944
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	13	1,079
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	3	181
	032 BUNION PROCEDURES	8	994
	033 ARTHROPLASTY	2	213
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	6	882
03	RESPIRATORY SYSTEM	17	4,530
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	16	4,467
	054 SIMPLE ENDOSCOPY OF THE UPPER AIRWAY	1	46
04	CARDIOVASCULAR SYSTEM	1	636
	082 VASCULAR LIGATION	1	234
06	DIGESTIVE SYSTEM	275	32,823
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	20	8,283
	117 LOWER GASTROINTESTINAL ENDOSCOPY	253	17,131
	119 HERNIA AND HYDROCELE PROCEDURES	2	1,300
09	FEMALE GENITAL SYSTEM	36	1,762
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	12	504
	178 DILATION AND CURETTAGE	5	215
	179 HYSTEROSCOPY	18	856
	180 COLPOSCOPY	1	38
10	NERVOUS SYSTEM	92	10,742
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	67	7,841
	196 REVISION AND REMOVAL OF NEUROLOGICAL DEVICE	4	28
	197 NEUROSTIMULATOR AND VENTRICULAR SHUNT IMPLANTATION	20	75
	198 NERVE REPAIR AND DESTRUCTION	1	2,787
11	EYE AND OCULAR ADNEXA	7	19,869
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	1	1,884
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	6	338
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	211	18,814
	234 COMPLEX FACIAL AND ENT PROCEDURES	59	3,110
	235 SIMPLE FACIAL AND ENT PROCEDURES	119	11,695
	236 TONSIL AND ADENOID PROCEDURES	33	3,924
13	THERAPUTIC AND OTHER RADIOLOGICAL PROCEDURES	3	571
	255 MISCELLANEOUS RADIOLOGICAL PROCEDURES WITH CONTRAST	3	8

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, 2004
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	4	\$2,769	\$1,482
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	1	\$2,630	\$1,367
	008 SIMPLE EXCISION AND BIOPSY	2	\$1,140	\$1,355
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRAN	1	\$6,165	\$3,028
02	MUSCULOSKELETAL SYSTEM	90	\$3,049	\$2,338
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	3	\$2,445	\$2,811
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	2	\$1,818	\$2,082
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	3	\$2,319	\$2,345
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	25	\$2,541	\$1,594
	025 ARTHROSCOPY	41	\$3,483	\$3,005
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	8	\$3,587	\$2,245
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	1	\$1,524	\$1,150
	032 BUNION PROCEDURES	6	\$3,043	\$1,874
	033 ARTHROPLASTY	1	\$1,689	\$2,643
03	RESPIRATORY SYSTEM	2	\$1,503	\$1,602
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	2	\$1,503	\$1,677
04	CARDIOVASCULAR SYSTEM	1	\$4,856	\$1,809
	082 VASCULAR LIGATION	1	\$4,856	\$2,214
06	DIGESTIVE SYSTEM	169	\$1,390	\$1,138
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	10	\$1,664	\$942
	117 LOWER GASTROINTESTINAL ENDOSCOPY	157	\$1,304	\$948
	119 HERNIA AND HYDROCELE PROCEDURES	2	\$6,764	\$1,748
09	FEMALE GENITAL SYSTEM	31	\$2,540	\$1,938
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	10	\$1,683	\$1,334
	178 DILATION AND CURETTAGE	4	\$2,429	\$1,182
	179 HYSTEROSCOPY	17	\$3,069	\$2,393
10	NERVOUS SYSTEM	37	\$3,302	\$984
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	25	\$2,298	\$684
	196 REVISION AND REMOVAL OF NEUROLOGICAL DEVICE	2	\$4,113	\$3,276
	197 NEUROSTIMULATOR AND VENTRICULAR SHUNT IMPLANTATION	9	\$6,026	\$5,537
	198 NERVE REPAIR AND DESTRUCTION	1	\$2,254	\$1,551
11	EYE AND OCULAR ADNEXA	6	\$1,124	\$2,247
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	6	\$1,124	\$1,172
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	120	\$2,853	\$1,645
	234 COMPLEX FACIAL AND ENT PROCEDURES	22	\$4,187	\$2,011
	235 SIMPLE FACIAL AND ENT PROCEDURES	73	\$2,603	\$1,789
	236 TONSIL AND ADENOID PROCEDURES	25	\$2,411	\$1,332
13	THERAPUTIC AND OTHER RADIOLOGICAL PROCEDURES	3	\$401	\$845
	255 MISCELLANEOUS RADIOLOGICAL PROCEDURES WITH CONTRAST	3	\$401	\$641

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, 2004
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	339	53.7	46,759	55.5
Male	291	46.1	37,388	44.4
Unknown	1	0.2	51	0.1
Not Reported	0	0.0	19	0.0
AGE				
1-28 days	0	0.0	0	0.0
29-365 days	6	1.0	604	0.7
1-4 years	42	6.7	4,976	5.9
5-9	30	4.8	2,461	2.9
10-14	20	3.2	1,337	1.6
15-17	15	2.4	1,544	1.8
18-19	9	1.4	1,293	1.5
20-24	32	5.1	3,707	4.4
25-29	23	3.6	3,702	4.4
30-34	30	4.8	3,661	4.3
35-39	34	5.4	3,756	4.5
40-44	44	7.0	4,835	5.7
45-49	58	9.2	5,630	6.7
50-54	97	15.4	7,103	8.4
55-59	54	8.6	6,629	7.9
60-64	47	7.4	6,074	7.2
65-69	45	7.1	7,005	8.3
70-74	23	3.6	6,917	8.2
75-79	13	2.1	6,511	7.7
80-84	4	0.6	4,212	5.0
85-89	2	0.3	1,776	2.1
90 +	0	0.0	478	0.6
Not Reported	3	0.5	6	0.0
SOURCE OF ADMISSION				
Physician Referral	631	100.0	64,875	77.0
Clinic Referral	0	0.0	1,223	1.5
HMO Referral	0	0.0	4	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	1,347	1.6
Not Reported	0	0.0	16,768	19.9
(Continued)				

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
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	631	100.0	68,923	81.8
Another Hospital	0	0.0	68	0.1
Skilled Nursing Facility	0	0.0	2	0.0
Intermediate Care Facility	0	0.0	0	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	0	0.0
Under Care of Home IV Provider	0	0.0	1	0.0
Expired	0	0.0	0	0.0
Unknown	0	0.0	15,222	18.1
Not Reported	0	0.0	1	0.0
PRIMARY PAYER				
Medicare	99	15.7	26,286	31.2
Medicaid	53	8.4	5,660	6.7
Other government	9	1.4	2,402	2.9
Blue Cross/Blue Shield	207	32.8	16,361	19.4
Other Commercial	64	10.1	7,923	9.4
Managed Care(HMO, PPO)	136	21.6	21,526	25.6
Self Pay	0	0.0	850	1.0
Industrial & Worker Comp	37	5.9	2,123	2.5
Charity and Unclassified	0	0.0	17	0.0
Childrens Health Insurance	0	0.0	189	0.2
Unknown	0	0.0	69	0.1
Not Reported	26	4.1	811	1.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	3	0.5	4,318	5.1
Central Utah	2	0.3	1,309	1.6
Davis County	6	1.0	11,351	13.5
Salt Lake County	67	10.6	28,856	34.3
Southeastern Utah	0	0.0	931	1.1
Southwest Utah	1	0.2	5,039	6.0
Summit County	358	56.7	1,225	1.5
Tooele County	2	0.3	1,244	1.5
Tri-County	11	1.7	469	0.6
Utah County	9	1.4	10,155	12.1
Wasatch County	99	15.7	442	0.5
Weber County	5	0.8	14,545	17.3
Unknown Utah	1	0.2	48	0.1
Outside Utah	61	9.7	4,246	5.0
Unknown, Not Reported	6	1.0	39	0.0

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

AMB ST 1-1
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

405 Healthsouth Provo Surgical Center

	Procedures Performed		Procedures Performed-All FASCs	
	(#)	(%)	(#)	(%)
Reporting Category(ICD-9-CM CODES)	.	.	51,517	100.0
Mastectomy (85.0-85.99)	.	.	1,015	2.0
Musculoskeletal (76.0-84.99)	.	.	10,274	19.9
Respiratory (30.0-34.99)	.	.	99	0.2
Cardiovascular (35.0-39.99)	.	.	195	0.4
Lymphatic/Hemetic (40.0-41.99)	.	.	115	0.2
Digestive System (42.0-54.99)	.	.	6,359	12.3
Urinary (55.0-59.99)	.	.	287	0.6
Male Genital (60.0-64.99)	.	.	252	0.5
Female Genital (65.0-71.99)	.	.	1,550	3.0
Endocrine/Nervous (01.0-07.99)	.	.	3,493	6.8
Eye (08.0-16.99)	.	.	16,433	31.9
Ear (18.0-20.99)	.	.	3,144	6.1
Nose,Mouth,Pharynx (21.0-29.99)	.	.	8,301	16.1
Reporting Category(CPT-4 CODES)	2,137	100.0	115,827	100.0
Mastectomy (19120-19220)	0	0.0	266	0.2
Musculoskeletal (20000-29909)	967	45.3	25,839	22.3
Respiratory (30000-32999 & 39501-39599)	294	13.8	9,820	8.5
Cardiovascular (33010-37799 & 93501-93660)	32	1.5	853	0.7
Lymphatic/Hemetic (38100-38999)	2	0.1	207	0.2
Digestive (40490-49999)	435	20.4	37,208	32.1
Urinary (50010-53899)	0	0.0	1,628	1.4
Male Genital (54000-55899)	1	0.0	600	0.5
Female Genital (56405-58999)	2	0.1	3,108	2.7
Endocrine/Nervous (60000-64999)	66	3.1	11,264	9.7
Eye (65091-68899)	217	10.2	19,981	17.3
Ear (69000-69979)	121	5.7	5,053	4.4

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 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES

405 Healthsouth Provo Surgical Center

ICD-9 CODE	ICD-9 DESCRIPTION	#	%	% ALL FASCs
All ICD-9 Procedures				
Does not report ICDs				

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL FASCs
All CPT-4 Procedures		2,137	100.0	100.0
21299	UNLISTED CRANIOFCE&MAXILLOFCE PR	414	19.4	2.09
41899	UNLIST PROC DENTOALVEOL STRUCTUR	266	12.4	1.05
66984	EXTRACAPSULAR CATARACT REMV IOL	205	9.6	9.88
69436	TYMPANOSTOMY GENERAL ANESTHESIA	90	4.2	3.64
28285	CORRECTION HAMMERTO	72	3.4	0.79
30520	SEPTOPLASTY/SUBMUCOS RES W/GFT	53	2.5	1.49
30140	SUBMUCOS RES TURBINATE PART/CMPL	52	2.4	2.01
42820	T&A; UNDER AGE 12	49	2.3	1.49
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	41	1.9	0.75
28296	HALLUX VALGUS; W/METATARSAL OSTE	34	1.6	0.39
29848	ENDO WRST SURG REL TRNS CARP LIG	34	1.6	0.31
30410	RHINO PRIM; CMPLT EXTERNAL PARTS	29	1.4	0.08
30930	FRACTURE NASL TURBINATE THERAPEU	29	1.4	0.25
28080	EXC INTERDIGTL NEUROMA SINGLE EA	27	1.3	0.30
42821	T&A; AGE 12 OR OVER	26	1.2	0.53
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	24	1.1	1.56
69300	OTPLSTY PROTRUDING EAR W/WO SZ R	21	1.0	0.06
31255	NASAL/SINUS ENDO; W/TOT ETHMOECT	20	0.9	1.05
20680	REMOVAL OF IMPLANT; DEEP	19	0.9	0.83
31267	NASL/SINUS ENDO; W/TISS REMV MAX	19	0.9	0.99

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, 2004
 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 CHRG	AVE TOT CHRG(ALL FASCs)
ICD-9 Procedures				
Does not report ICDS				

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL FASCs)
CPT-4 Procedures				
		1,414	\$1,789	\$1,687
21299	UNLISTED CRANIOFCE&MAXILLOFCE PR	410	\$2,007	\$1,915
41899	UNLIST PROC DENTOALVEOL STRUCTUR	244	\$1,952	\$1,890
66984	EXTRACAPSULAR CATARACT REMV IOL	205	\$2,189	\$2,461
42820	T&A; UNDER AGE 12	42	\$1,287	\$1,337
69436	TYMPANOSTOMY GENERAL ANESTHESIA	40	\$1,114	\$1,160
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	39	\$1,285	\$1,335
42821	T&A; AGE 12 OR OVER	26	\$1,250	\$1,332
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	24	\$350	\$620
28296	HALLUX VALGUS; W/METATARSAL OSTE	23	\$2,104	\$1,965
30410	RHINO PRIM; CMLPT EXTERNAL PARTS	23	\$1,410	\$1,612
69300	OTPLSTY PROTRUDING EAR W/WO SZ R	21	\$964	\$1,070
29848	ENDO WRST SURG REL TRNS CARP LIG	20	\$1,783	\$1,901
28080	EXC INTERDIGTIL NEUROMA SINGLE EA	19	\$1,597	\$1,609
28285	CORRECTION HAMMERTOES	12	\$1,373	\$1,603
64721	NEUROPLASTY; MEDIAN @ CARPAL TUN	9	\$1,450	\$1,420
20610	ARTHROCENTESIS ASPIR&/INJ; MAJ J	8	\$350	\$671
28119	OSTEC CALCAN; SPUR W/WO PLANTAR	8	\$1,723	\$1,734
28485	OPEN TX MT FX W/WO INTRL/EXT FIX	8	\$1,825	\$1,794
26615	OPEN TX MC FX 1 W/WO INTRL/EXT F	7	\$2,007	\$2,101
30420	RHINO PRIM; INCL MAJ SEPTAL REPA	7	\$1,254	\$2,398

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

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

405 Healthsouth Provo Surgical Center

Procedure APG category		TOTAL #	TOTAL # (ALL FASCs)
Procedure APG			
01	INTEGUMENTARY SYSTEM	31	1,480
	003 COMPLEX INCISION AND DRAINAGE	1	19
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	7	436
	008 SIMPLE EXCISION AND BIOPSY	16	550
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRANGE	7	123
02	MUSCULOSKELETAL SYSTEM	493	21,689
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	17	2,054
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	16	726
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	46	850
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	260	5,556
	025 ARTHROSCOPY	34	8,944
	028 CLOSED TREATMENT FX & DISLOCATION OF FINGER, TOE & TRUNK	3	11
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	2	87
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	44	1,079
	032 BUNION PROCEDURES	51	994
	033 ARTHROPLASTY	5	213
	034 HAND AND FOOT TENOTOMY	3	111
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	12	882
03	RESPIRATORY SYSTEM	82	4,530
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	80	4,467
	054 SIMPLE ENDOSCOPY OF THE UPPER AIRWAY	2	46
04	CARDIOVASCULAR SYSTEM	32	636
	077 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	8	197
	080 MINOR VASCULAR REPAIR AND FISTULA CONSTRUCTION	2	19
	081 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	9	169
	082 VASCULAR LIGATION	13	234
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	3	236
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	3	236
06	DIGESTIVE SYSTEM	11	32,823
	112 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	1	880
	119 HERNIA AND HYDROCELE PROCEDURES	9	1,300
	123 COMPLEX LAPAROSCOPIC PROCEDURES	1	2,219
08	MALE GENITAL SYSTEM	1	535
	154 SIMPLE PENILE PROCEDURES	1	126
09	FEMALE GENITAL SYSTEM	1	1,762
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	1	504
10	NERVOUS SYSTEM	71	10,742
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	24	7,841
	198 NERVE REPAIR AND DESTRUCTION	47	2,787
11	EYE AND OCULAR ADNEXA	217	19,869
	214 CATARACT PROCEDURES	205	11,800
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	1	654
	218 COMPLEX POSTERIOR SEGMENT EYE PROCEDURES	1	163
	220 STRABISMUS AND MUSCLE EYE PROCEDURES	1	461
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	3	1,884
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	6	338

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
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)
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	1,194	18,814
	233 NASAL CAUTERIZATION AND PACKING	2	85
	234 COMPLEX FACIAL AND ENT PROCEDURES	152	3,110
	235 SIMPLE FACIAL AND ENT PROCEDURES	914	11,695
	236 TONSIL AND ADENOID PROCEDURES	126	3,924

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, 2004
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	10	\$1,455	\$1,482
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	1	\$1,250	\$1,367
	008 SIMPLE EXCISION AND BIOPSY	7	\$1,171	\$1,355
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRAN	2	\$2,550	\$3,028
02	MUSCULOSKELETAL SYSTEM	230	\$1,657	\$2,338
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	8	\$1,688	\$2,811
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	3	\$1,750	\$2,082
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	9	\$1,879	\$2,345
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	104	\$1,556	\$1,594
	025 ARTHROSCOPY	20	\$1,783	\$3,005
	028 CLOSED TREATMENT FX & DISLOCATION OF FINGER, TOE & TRUNK	3	\$1,500	\$1,269
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	2	\$1,575	\$1,316
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	35	\$1,730	\$2,245
	032 BUNION PROCEDURES	37	\$2,070	\$1,874
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	9	\$350	\$754
03	RESPIRATORY SYSTEM	3	\$1,167	\$1,602
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	3	\$1,167	\$1,677
04	CARDIOVASCULAR SYSTEM	4	\$1,666	\$1,809
	077 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	1	\$1,200	\$3,249
	081 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	2	\$1,733	\$1,756
	082 VASCULAR LIGATION	1	\$2,000	\$2,214
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	3	\$1,433	\$1,456
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	3	\$1,433	\$1,456
06	DIGESTIVE SYSTEM	4	\$2,025	\$1,138
	112 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	1	\$875	\$525
	119 HERNIA AND HYDROCELE PROCEDURES	2	\$2,550	\$1,748
	123 COMPLEX LAPAROSCOPIC PROCEDURES	1	\$2,125	\$3,092
08	MALE GENITAL SYSTEM	1	\$1,250	\$1,527
	154 SIMPLE PENILE PROCEDURES	1	\$1,250	\$1,203
09	FEMALE GENITAL SYSTEM	1	\$1,100	\$1,938
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	1	\$1,100	\$1,334
10	NERVOUS SYSTEM	39	\$870	\$984
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	24	\$350	\$684
	198 NERVE REPAIR AND DESTRUCTION	15	\$1,702	\$1,551
11	EYE AND OCULAR ADNEXA	215	\$2,162	\$2,247
	214 CATARACT PROCEDURES	205	\$2,189	\$2,474
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	1	\$1,300	\$1,866
	218 COMPLEX POSTERIOR SEGMENT EYE PROCEDURES	1	\$500	\$5,245
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	2	\$850	\$1,836
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	6	\$2,086	\$1,172
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	904	\$1,782	\$1,645
	233 NASAL CAUTERIZATION AND PACKING	1	\$650	\$1,443
	234 COMPLEX FACIAL AND ENT PROCEDURES	81	\$1,330	\$2,011
	235 SIMPLE FACIAL AND ENT PROCEDURES	713	\$1,912	\$1,789
	236 TONSIL AND ADENOID PROCEDURES	109	\$1,275	\$1,332

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, 2004
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

405 Healthsouth Provo Surgical Center

Patient Profile	Patient Visits (#)	Patient Visits (%)	Patient Visits-All FASCs (#)	Patient Visits-All FASCs (%)
GENDER				
Female	870	51.4	46,759	55.5
Male	816	48.2	37,388	44.4
Unknown	6	0.4	51	0.1
Not Reported	0	0.0	19	0.0
AGE				
1-28 days	0	0.0	0	0.0
29-365 days	21	1.2	604	0.7
1-4 years	626	37.0	4,976	5.9
5-9	134	7.9	2,461	2.9
10-14	54	3.2	1,337	1.6
15-17	31	1.8	1,544	1.8
18-19	34	2.0	1,293	1.5
20-24	84	5.0	3,707	4.4
25-29	66	3.9	3,702	4.4
30-34	48	2.8	3,661	4.3
35-39	56	3.3	3,756	4.5
40-44	50	3.0	4,835	5.7
45-49	61	3.6	5,630	6.7
50-54	58	3.4	7,103	8.4
55-59	50	3.0	6,629	7.9
60-64	68	4.0	6,074	7.2
65-69	60	3.5	7,005	8.3
70-74	66	3.9	6,917	8.2
75-79	62	3.7	6,511	7.7
80-84	50	3.0	4,212	5.0
85-89	10	0.6	1,776	2.1
90 +	2	0.1	478	0.6
Not Reported	1	0.1	6	0.0
SOURCE OF ADMISSION				
Physician Referral	1,692	100.0	64,875	77.0
Clinic Referral	0	0.0	1,223	1.5
HMO Referral	0	0.0	4	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	1,347	1.6
Not Reported	0	0.0	16,768	19.9
(Continued)				

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
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	1,692	100.0	68,923	81.8
Another Hospital	0	0.0	68	0.1
Skilled Nursing Facility	0	0.0	2	0.0
Intermediate Care Facility	0	0.0	0	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	0	0.0
Under Care of Home IV Provider	0	0.0	1	0.0
Expired	0	0.0	0	0.0
Unknown	0	0.0	15,222	18.1
Not Reported	0	0.0	1	0.0
PRIMARY PAYER				
Medicare	239	14.1	26,286	31.2
Medicaid	466	27.5	5,660	6.7
Other government	12	0.7	2,402	2.9
Blue Cross/Blue Shield	282	16.7	16,361	19.4
Other Commercial	179	10.6	7,923	9.4
Managed Care(HMO, PPO)	400	23.6	21,526	25.6
Self Pay	0	0.0	850	1.0
Industrial & Worker Comp	38	2.2	2,123	2.5
Charity and Unclassified	0	0.0	17	0.0
Childrens Health Insurance	0	0.0	189	0.2
Unknown	10	0.6	69	0.1
Not Reported	66	3.9	811	1.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	4	0.2	4,318	5.1
Central Utah	159	9.4	1,309	1.6
Davis County	13	0.8	11,351	13.5
Salt Lake County	35	2.1	28,856	34.3
Southeastern Utah	212	12.5	931	1.1
Southwest Utah	10	0.6	5,039	6.0
Summit County	1	0.1	1,225	1.5
Tooele County	6	0.4	1,244	1.5
Tri-County	49	2.9	469	0.6
Utah County	1,152	68.1	10,155	12.1
Wasatch County	14	0.8	442	0.5
Weber County	0	0.0	14,545	17.3
Unknown Utah	9	0.5	48	0.1
Outside Utah	28	1.7	4,246	5.0
Unknown, Not Reported	0	0.0	39	0.0

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

AMB ST 1-1
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
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)	.	.	51,517	100.0
Mastectomy (85.0-85.99)	.	.	1,015	2.0
Musculoskeletal (76.0-84.99)	.	.	10,274	19.9
Respiratory (30.0-34.99)	.	.	99	0.2
Cardiovascular (35.0-39.99)	.	.	195	0.4
Lymphatic/Hemetic (40.0-41.99)	.	.	115	0.2
Digestive System (42.0-54.99)	.	.	6,359	12.3
Urinary (55.0-59.99)	.	.	287	0.6
Male Genital (60.0-64.99)	.	.	252	0.5
Female Genital (65.0-71.99)	.	.	1,550	3.0
Endocrine/Nervous (01.0-07.99)	.	.	3,493	6.8
Eye (08.0-16.99)	.	.	16,433	31.9
Ear (18.0-20.99)	.	.	3,144	6.1
Nose,Mouth,Pharynx (21.0-29.99)	.	.	8,301	16.1
Reporting Category(CPT-4 CODES)	8,020	100.0	115,827	100.0
Mastectomy (19120-19220)	0	0.0	266	0.2
Musculoskeletal (20000-29909)	1,966	24.5	25,839	22.3
Respiratory (30000-32999 & 39501-39599)	982	12.2	9,820	8.5
Cardiovascular (33010-37799 & 93501-93660)	3	0.0	853	0.7
Lymphatic/Hemetic (38100-38999)	8	0.1	207	0.2
Digestive (40490-49999)	736	9.2	37,208	32.1
Urinary (50010-53899)	117	1.5	1,628	1.4
Male Genital (54000-55899)	91	1.1	600	0.5
Female Genital (56405-58999)	48	0.6	3,108	2.7
Endocrine/Nervous (60000-64999)	2,816	35.1	11,264	9.7
Eye (65091-68899)	784	9.8	19,981	17.3
Ear (69000-69979)	469	5.8	5,053	4.4

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 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES

407 Healthsouth Salt Lake Surgical Center

ICD-9 CODE	ICD-9 DESCRIPTION	#	%	% ALL FASCs
All ICD-9 Procedures Does not report ICDs				
CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL FASCs
All CPT-4 Procedures				
21299	UNLISTED CRANIOFCE&MAXILLOFCE PR	8,020	100.0	100.0
66984	EXTRACAPSULAR CATARACT REMV IOL	837	10.4	2.09
69436	TYMPANOSTOMY GENERAL ANESTHESIA	474	5.9	9.88
64483	INJ ANES EPIDURL; LUMB/SAC 1 LEV	390	4.9	3.64
64623	DESTRUC FACET JT NRV; L/S-EA AD	373	4.7	1.03
41899	UNLIST PROC DENTOALVEOL STRUCTUR	314	3.9	0.61
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	298	3.7	1.05
30140	SUBMUCOS RES TURBINATE PART/CMPL	278	3.5	1.56
64476	INJ ANES FACET JT; LUMB/SAC-EA A	247	3.1	2.01
64484	INJ ANES EPIDURL; LUMB/SAC-EA AD	227	2.8	0.79
31255	NASAL/SINUS ENDO; W/TOT ETHMOECT	198	2.5	0.50
64472	INJ ANES FACET JT; CERV/THOR-EA	173	2.2	1.05
27096	INJ SI JNT ARTHRGRPH &/ANES/STER	171	2.1	0.45
64627	DESTRUC FACET NRV; CRV/THOR-EA A	169	2.1	0.31
30520	SEPTOPLASTY/SUBMUCOS RES W/GFT	163	2.0	0.28
64475	INJ ANES FACET JT; LUMB/SAC-1LEV	156	1.9	1.49
62290	INJ PROC DISKOGRAPHY EA LEVL; LU	155	1.9	0.53
64622	DESTRUC FACET JT NRV; L/S-1 LEVE	154	1.9	0.34
42820	T&A; UNDER AGE 12	149	1.9	0.30
62310	INJ 1 NOT NEUROLYTIC-EPID;CERV/T	146	1.8	1.49
		139	1.7	0.40

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, 2004
 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 CHRG	AVE TOT CHRG(ALL FASCs)
ICD-9 Procedures				
Does not report ICDS				

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL FASCs)
CPT-4 Procedures				
		3,084	\$2,056	\$1,687
21299	UNLISTED CRANIOFCE&MAXILLOFCE PR	834	\$2,184	\$1,915
66984	EXTRACAPSULAR CATARACT REMV IOL	469	\$2,866	\$2,461
41899	UNLIST PROC DENTOALVEOL STRUCTUR	294	\$2,185	\$1,890
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	176	\$899	\$620
42820	T&A; UNDER AGE 12	108	\$1,454	\$1,337
64483	INJ ANES EPIDURL; LUMB/SAC 1 LEV	89	\$934	\$857
28299	CORR HALLUX VALGUS; DBL OSTEOT	84	\$1,495	\$1,722
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	72	\$1,570	\$1,335
62310	INJ 1 NOT NEUROLYTIC-EPID;CERV/T	64	\$1,004	\$610
42821	T&A; AGE 12 OR OVER	59	\$1,932	\$1,332
28296	HALLUX VALGUS; W/METATARSAL OSTE	45	\$1,570	\$1,965
28080	EXC INTERDIGTL NEUROMA SINGLE EA	32	\$2,024	\$1,609
64520	INJECTION ANES AGT; LUMBAR/THOR	30	\$939	\$776
54161	CIRC NO CLAMP/DORSL SLIT; NOT N	26	\$1,157	\$1,220
65730	KERATOPLASTY; PENETRATING	24	\$6,444	\$5,331
28119	OSTEC CALCAN; SPUR W/NO PLANTAR	19	\$2,436	\$1,734
64510	INJECTION ANES AGT; STELLATE GAN	18	\$985	\$737
52260	CYSTOURETHROSCOPY W/DILAT; GEN AN	17	\$1,725	\$1,324
64721	NEUROPLASTY; MEDIAN @ CARPAL TUN	16	\$1,229	\$1,420
52332	CYSTOURETHROSCOPY W/INSRT STENT	15	\$1,852	\$1,777

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

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
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	56	1,480
	006 SIMPLE DEBRIDEMENT AND DESTRUCTION	1	31
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	12	436
	008 SIMPLE EXCISION AND BIOPSY	26	550
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRANGE	17	123
02	MUSCULOSKELETAL SYSTEM	1,034	21,689
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	58	2,054
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	4	726
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	33	850
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	382	5,556
	025 ARTHROSCOPY	105	8,944
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	1	87
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	18	1,079
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	6	181
	032 BUNION PROCEDURES	201	994
	034 HAND AND FOOT TENOTOMY	8	111
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	218	882
03	RESPIRATORY SYSTEM	442	4,530
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	435	4,467
	054 SIMPLE ENDOSCOPY OF THE UPPER AIRWAY	6	46
	055 ENDOSCOPY OF THE LOWER AIRWAY	1	6
04	CARDIOVASCULAR SYSTEM	3	636
	082 VASCULAR LIGATION	3	234
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	13	236
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	13	236
06	DIGESTIVE SYSTEM	81	32,823
	119 HERNIA AND HYDROCELE PROCEDURES	19	1,300
	123 COMPLEX LAPAROSCOPIC PROCEDURES	62	2,219
07	URINARY SYSTEM	117	1,577
	131 RENAL EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	3	616
	133 URINARY CATHETERIZATION AND DILATATION	6	20
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	56	427
	135 MODERATE CYSTOURETHROSCOPY	46	388
	136 SIMPLE CYSTOURETHROSCOPY	4	96
	138 SIMPLE URETHRAL PROCEDURES	2	13
08	MALE GENITAL SYSTEM	80	535
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	41	360
	153 COMPLEX PENILE PROCEDURES	5	37
	154 SIMPLE PENILE PROCEDURES	30	126
	155 PROSTATE NEEDLE AND PUNCH BIOPSY	4	11
09	FEMALE GENITAL SYSTEM	23	1,762
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	14	504
	178 DILATION AND CURETTAGE	2	215
	179 HYSTEROSCOPY	7	856
10	NERVOUS SYSTEM	2,655	10,742
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	2,306	7,841

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
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)
	196 REVISION AND REMOVAL OF NEUROLOGICAL DEVICE	19	28
	197 NEUROSTIMULATOR AND VENTRICULAR SHUNT IMPLANTATION	28	75
	198 NERVE REPAIR AND DESTRUCTION	302	2,787
11	EYE AND OCULAR ADNEXA	779	19,869
	214 CATARACT PROCEDURES	509	11,800
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	49	1,080
	216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	36	703
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	10	654
	220 STRABISMUS AND MUSCLE EYE PROCEDURES	81	461
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	81	1,884
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	9	338
	223 VITRECTOMY	4	467
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	2,551	18,814
	233 NASAL CAUTERIZATION AND PACKING	3	85
	234 COMPLEX FACIAL AND ENT PROCEDURES	276	3,110
	235 SIMPLE FACIAL AND ENT PROCEDURES	1,925	11,695
	236 TONSIL AND ADENOID PROCEDURES	347	3,924
13	THERAPUTIC AND OTHER RADIOLOGICAL PROCEDURES	155	571
	254 MYELOGRAPHY	155	408

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, 2004
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	26	\$1,917	\$1,482
	006 SIMPLE DEBRIDEMENT AND DESTRUCTION	1	\$1,323	\$1,168
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	9	\$1,695	\$1,367
	008 SIMPLE EXCISION AND BIOPSY	14	\$2,023	\$1,355
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRAN	2	\$2,478	\$3,028
02	MUSCULOSKELETAL SYSTEM	329	\$1,787	\$2,338
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	6	\$3,428	\$2,811
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	2	\$1,307	\$2,082
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	7	\$2,674	\$2,345
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	138	\$1,957	\$1,594
	025 ARTHROSCOPY	14	\$2,232	\$3,005
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	11	\$1,654	\$2,245
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	1	\$3,050	\$1,150
	032 BUNION PROCEDURES	137	\$1,536	\$1,874
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	13	\$1,001	\$754
03	RESPIRATORY SYSTEM	14	\$1,977	\$1,602
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	14	\$1,977	\$1,677
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	10	\$1,857	\$1,456
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	10	\$1,857	\$1,456
06	DIGESTIVE SYSTEM	37	\$2,756	\$1,138
	119 HERNIA AND HYDROCELE PROCEDURES	14	\$1,897	\$1,748
	123 COMPLEX LAPAROSCOPIC PROCEDURES	23	\$3,280	\$3,092
07	URINARY SYSTEM	81	\$1,727	\$2,736
	131 RENAL EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	3	\$5,900	\$3,758
	133 URINARY CATHETERIZATION AND DILATATION	3	\$1,448	\$1,195
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	40	\$1,488	\$1,747
	135 MODERATE CYSTOURETHROSCOPY	31	\$1,693	\$1,421
	136 SIMPLE CYSTOURETHROSCOPY	3	\$1,535	\$1,057
	138 SIMPLE URETHRAL PROCEDURES	1	\$1,239	\$1,463
08	MALE GENITAL SYSTEM	61	\$1,560	\$1,527
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	26	\$1,919	\$1,580
	153 COMPLEX PENILE PROCEDURES	5	\$1,900	\$1,779
	154 SIMPLE PENILE PROCEDURES	27	\$1,165	\$1,203
	155 PROSTATE NEEDLE AND PUNCH BIOPSY	3	\$1,430	\$3,589
09	FEMALE GENITAL SYSTEM	7	\$1,559	\$1,938
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	3	\$1,686	\$1,334
	178 DILATION AND CURETTAGE	1	\$1,475	\$1,182
	179 HYSTEROSCOPY	3	\$1,460	\$2,393
10	NERVOUS SYSTEM	455	\$1,161	\$984
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	411	\$964	\$684
	196 REVISION AND REMOVAL OF NEUROLOGICAL DEVICE	5	\$4,086	\$3,276
	197 NEUROSTIMULATOR AND VENTRICULAR SHUNT IMPLANTATION	10	\$6,038	\$5,537
	198 NERVE REPAIR AND DESTRUCTION	29	\$1,758	\$1,551
11	EYE AND OCULAR ADNEXA	575	\$3,021	\$2,247
	214 CATARACT PROCEDURES	488	\$2,876	\$2,474

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
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 CHRG	AVE TOT CHRG(ALL FASCs)
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	37	\$6,404	\$2,466
	216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	15	\$1,952	\$2,069
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	4	\$2,156	\$1,866
	220 STRABISMUS AND MUSCLE EYE PROCEDURES	9	\$2,221	\$2,417
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	20	\$1,821	\$1,836
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	2	\$1,197	\$1,172
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	1,480	\$2,047	\$1,645
	233 NASAL CAUTERIZATION AND PACKING	2	\$1,260	\$1,443
	234 COMPLEX FACIAL AND ENT PROCEDURES	55	\$2,047	\$2,011
	235 SIMPLE FACIAL AND ENT PROCEDURES	1,176	\$2,141	\$1,789
	236 TONSIL AND ADENOID PROCEDURES	247	\$1,602	\$1,332
13	THERAPUTIC AND OTHER RADIOLOGICAL PROCEDURES	3	\$693	\$845
	254 MYELOGRAPHY	3	\$693	\$958

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, 2004
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	2,582	55.2	46,759	55.5
Male	2,083	44.5	37,388	44.4
Unknown	14	0.3	51	0.1
Not Reported	0	0.0	19	0.0
AGE				
1-28 days	0	0.0	0	0.0
29-365 days	44	0.9	604	0.7
1-4 years	908	19.4	4,976	5.9
5-9	403	8.6	2,461	2.9
10-14	111	2.4	1,337	1.6
15-17	96	2.1	1,544	1.8
18-19	52	1.1	1,293	1.5
20-24	180	3.8	3,707	4.4
25-29	199	4.3	3,702	4.4
30-34	240	5.1	3,661	4.3
35-39	222	4.7	3,756	4.5
40-44	273	5.8	4,835	5.7
45-49	306	6.5	5,630	6.7
50-54	313	6.7	7,103	8.4
55-59	253	5.4	6,629	7.9
60-64	214	4.6	6,074	7.2
65-69	201	4.3	7,005	8.3
70-74	212	4.5	6,917	8.2
75-79	204	4.4	6,511	7.7
80-84	153	3.3	4,212	5.0
85-89	81	1.7	1,776	2.1
90 +	14	0.3	478	0.6
Not Reported	0	0.0	6	0.0
SOURCE OF ADMISSION				
Physician Referral	4,679	100.0	64,875	77.0
Clinic Referral	0	0.0	1,223	1.5
HMO Referral	0	0.0	4	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	1,347	1.6
Not Reported	0	0.0	16,768	19.9
(Continued)				

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
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	4,679	100.0	68,923	81.8
Another Hospital	0	0.0	68	0.1
Skilled Nursing Facility	0	0.0	2	0.0
Intermediate Care Facility	0	0.0	0	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	0	0.0
Under Care of Home IV Provider	0	0.0	1	0.0
Expired	0	0.0	0	0.0
Unknown	0	0.0	15,222	18.1
Not Reported	0	0.0	1	0.0
PRIMARY PAYER				
Medicare	899	19.2	26,286	31.2
Medicaid	1,065	22.8	5,660	6.7
Other government	72	1.5	2,402	2.9
Blue Cross/Blue Shield	1,330	28.4	16,361	19.4
Other Commercial	338	7.2	7,923	9.4
Managed Care(HMO, PPO)	676	14.4	21,526	25.6
Self Pay	0	0.0	850	1.0
Industrial & Worker Comp	203	4.3	2,123	2.5
Charity and Unclassified	0	0.0	17	0.0
Childrens Health Insurance	0	0.0	189	0.2
Unknown	0	0.0	69	0.1
Not Reported	96	2.1	811	1.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	28	0.6	4,318	5.1
Central Utah	24	0.5	1,309	1.6
Davis County	291	6.2	11,351	13.5
Salt Lake County	3,405	72.8	28,856	34.3
Southeastern Utah	17	0.4	931	1.1
Southwest Utah	13	0.3	5,039	6.0
Summit County	99	2.1	1,225	1.5
Tooele County	213	4.6	1,244	1.5
Tri-County	117	2.5	469	0.6
Utah County	86	1.8	10,155	12.1
Wasatch County	34	0.7	442	0.5
Weber County	70	1.5	14,545	17.3
Unknown Utah	2	0.0	48	0.1
Outside Utah	280	6.0	4,246	5.0
Unknown, Not Reported	0	0.0	39	0.0

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

AMB ST 1-1
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
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)	13,478	100.0	51,517	100.0
Mastectomy (85.0-85.99)	658	4.9	1,015	2.0
Musculoskeletal (76.0-84.99)	1,911	14.2	10,274	19.9
Respiratory (30.0-34.99)	28	0.2	99	0.2
Cardiovascular (35.0-39.99)	126	0.9	195	0.4
Lymphatic/Hemetic (40.0-41.99)	45	0.3	115	0.2
Digestive System (42.0-54.99)	299	2.2	6,359	12.3
Urinary (55.0-59.99)	225	1.7	287	0.6
Male Genital (60.0-64.99)	130	1.0	252	0.5
Female Genital (65.0-71.99)	22	0.2	1,550	3.0
Endocrine/Nervous (01.0-07.99)	392	2.9	3,493	6.8
Eye (08.0-16.99)	4,545	33.7	16,433	31.9
Ear (18.0-20.99)	699	5.2	3,144	6.1
Nose,Mouth,Pharynx (21.0-29.99)	4,398	32.6	8,301	16.1
Reporting Category(CPT-4 CODES)	9,464	100.0	115,827	100.0
Mastectomy (19120-19220)	90	1.0	266	0.2
Musculoskeletal (20000-29909)	1,836	19.4	25,839	22.3
Respiratory (30000-32999 & 39501-39599)	2,766	29.2	9,820	8.5
Cardiovascular (33010-37799 & 93501-93660)	139	1.5	853	0.7
Lymphatic/Hemetic (38100-38999)	49	0.5	207	0.2
Digestive (40490-49999)	963	10.2	37,208	32.1
Urinary (50010-53899)	200	2.1	1,628	1.4
Male Genital (54000-55899)	103	1.1	600	0.5
Female Genital (56405-58999)	18	0.2	3,108	2.7
Endocrine/Nervous (60000-64999)	142	1.5	11,264	9.7
Eye (65091-68899)	2,529	26.7	19,981	17.3
Ear (69000-69979)	629	6.6	5,053	4.4

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 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
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	1,444	10.7	11.07
1341	PHACOEMULSIFICATION-ASPIR CATARACT	1,437	10.7	9.10
2263	ETHMOIDECTOMY	720	5.3	1.79
2169	OTH TURBINECTOMY	617	4.6	2.56
2188	OTH SEPTOPLASTY	556	4.1	1.68
2001	MYRINGOTOMY W/INSRT TUBE	519	3.9	4.92
2219	OTH DX PROC NASAL SINUSES	404	3.0	1.27
2131	LOC EXC/DESTRUC INTRANASAL LES	361	2.7	0.76
2262	EXC LES MAXIL SINUS W/OTH APPRCH	325	2.4	0.91
283	TONSILLECTOMY W/ADENOIDECTOMY	295	2.2	2.17
0887	UPPER EYELID RHYTIDECTOMY	292	2.2	0.74
111	INCIS CORNEA	292	2.2	0.57
0443	RELEASE CARPAL TUNNEL	281	2.1	1.62
222	INTRANASAL ANTROTOMY	214	1.6	0.67
8023	ARTHSCPY-WRIST	214	1.6	0.51
2242	FRONTAL SINUSECTOMY	213	1.6	0.43
286	ADENOIDECTOMY WO TONSILLECTOMY	170	1.3	0.57
8201	EXPLOR TENDON SHEATH HAND	164	1.2	0.61
8554	BILAT BREAST IMPLNT	164	1.2	0.38
0833	REPR BLEPHAROPT-RESECT/ADVANC LEVAT	152	1.1	0.70
CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL FASCs
All CPT-4 Procedures				
66984	EXTRACAPSULAR CATARACT REMV IOL	1,443	15.2	9.88
30520	SEPTOPLASTY/SUBMUCOS RES W/GFT	557	5.9	1.49
31267	NASL/SINUS ENDO; W/TISS REMV MAX	531	5.6	0.99
69436	TYMPANOSTOMY GENERAL ANESTHESIA	521	5.5	3.64
30140	SUBMUCOS RES TURBINATE PART/CMPL	518	5.5	2.01
31255	NASAL/SINUS ENDO; W/TOT ETHMOECT	362	3.8	1.05
66999	UNLISTED PROC ANTERIOR SEGMENT E	303	3.2	0.30
42820	T&A; UNDER AGE 12	207	2.2	1.49
29848	ENDO WRST SURG REL TRNS CARP LIG	182	1.9	0.31
31256	NASL/SINUS ENDO SURG W/MAX ANTRO	160	1.7	0.68
31276	NASL/SINUS ENDO W/FRNTL SINUS EX	158	1.7	0.29
26055	TENDON SHEATH INCISION	150	1.6	0.74
67904	REPR BLEPHAROPTOSIS; RESECT-EXT	150	1.6	0.57
30115	EXCISION NASAL POLYP EXTENSIVE	146	1.5	0.14
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	129	1.4	0.75
42831	ADENOIDECTOMY PRIMARY; AGE 12/OV	94	1.0	0.11
67950	CANTHOPLASTY	91	1.0	0.11
42821	T&A; AGE 12 OR OVER	88	0.9	0.53
20680	REMOVAL OF IMPLANT; DEEP	86	0.9	0.83
42830	ADENOIDECTOMY PRIMARY; UNDER AGE	84	0.9	0.38

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, 2004
 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		1,706	\$1,171	\$1,722
283	TONSILLECTOMY W/ADENOIDECTOMY	217	\$719	\$1,180
282	TONSILLECTOMY WO ADENOIDECTOMY	109	\$714	\$1,256
8554	BILAT BREAST IMPLNT	92	\$862	\$984
8521	LOC EXC LES BREAST	63	\$970	\$1,192
8532	BILAT REDUC MAMMO	62	\$2,177	\$2,497
0443	RELEASE CARPAL TUNNEL	51	\$1,013	\$1,597
8201	EXPLOR TENDON SHEATH HAND	48	\$781	\$1,046
8221	EXC LES TENDON SHEATH HAND	45	\$974	\$1,472
5304	UNILAT REPR INDIRECT ING HERN-GFT	39	\$1,128	\$1,178
1164	OTH PENETRATING KERATOPLASTY	33	\$4,248	\$6,844
7933	OP REDUC W/INT FIX-CARP-METACARP	32	\$1,173	\$1,974
0833	REPR BLEPHAROPT-RESECT/ADVANC LEVAT	25	\$674	\$1,762
5303	UNILAT REPR DIRECT ING HERN-GFT	25	\$1,076	\$1,076
8339	EXC LES OTH SOFT TISS	25	\$1,043	\$1,243
7934	OP REDUC W/INT FIX-PHALANGES HAND	23	\$1,271	\$1,734
7863	REMOV IMPLNT DEVICE-RADIUS & ULNA	22	\$1,092	\$1,149
631	EXC VARICOCELE-HYDROCELE SPERM CORD	20	\$1,057	\$1,338
7932	OP REDUC FX W/INT FIX-RADIUS & ULNA	19	\$1,793	\$2,802
5732	OTH CYSTOSCOPY	17	\$3,270	\$3,161
0407	OTH EXC/AVUL CRANIAL & PERIPH NERV	13	\$951	\$1,433

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHR	AVE TOT CHR(ALL FASCs)
CPT-4 Procedures		2,959	\$1,366	\$1,687
66984	EXTRACAPSULAR CATARACT REMV IOL	1,134	\$1,629	\$2,461
42820	T&A; UNDER AGE 12	146	\$694	\$1,337
29848	ENDO WRST SURG REL TRNS CARP LIG	105	\$1,849	\$1,901
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	103	\$733	\$1,335
49505	REPR INIT ING HERNIA 5YR/MORE; R	71	\$1,145	\$1,719
42821	T&A; AGE 12 OR OVER	69	\$767	\$1,332
64721	NEUROPLASTY; MEDIAN @ CARPAL TUN	53	\$1,010	\$1,420
19120	EXC BRST CYST TUMR/LES OPN M/F 1	47	\$941	\$1,261
20680	REMOVAL OF IMPLANT; DEEP	42	\$960	\$1,373
26055	TENDON SHEATH INCISION	40	\$769	\$1,550
65730	KERATOPLASTY; PENETRATING	32	\$4,319	\$5,331
25111	EXCISION OF GANGLION WRIST; PRIM	29	\$977	\$1,529
67904	REPR BLEPHAROPTOSIS; RESECT-EXT	29	\$744	\$1,713
65426	EXC/TRANSPOSITION PTERYGIUM; W/G	26	\$1,192	\$1,778
26615	OPEN TX MC FX 1 W/WO INTRL/EXT F	25	\$1,162	\$2,101
26160	EXC LES TEND SHETH/JNT CAP HND/F	19	\$967	\$1,420
19125	EXC BRST LES ID RAD MARKR OPN;1	17	\$1,003	\$1,204
21556	EXC TUMR SFT TISS NCK/THOR; DEEP	17	\$947	\$1,397
49650	LAPARSCPY SURG; REPR INIT ING HE	16	\$3,288	\$4,318
55530	EXC VARICOCL/LIG SPERM VN;SEP PR	16	\$1,045	\$1,402

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

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

403 Intermountain Surgical Center

Procedure APG category		TOTAL #	TOTAL # (ALL FASCs)
Procedure APG			
01	INTEGUMENTARY SYSTEM	230	1,480
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	17	51
	006 SIMPLE DEBRIDEMENT AND DESTRUCTION	11	31
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	69	436
	008 SIMPLE EXCISION AND BIOPSY	31	550
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRANGE	12	123
	011 SIMPLE INCISION AND EXCISION OF BREAST	79	239
	012 BREAST RECONSTRUCTION AND MASTECTOMY	11	27
02	MUSCULOSKELETAL SYSTEM	1,624	21,689
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	112	2,054
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	87	726
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	144	850
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	596	5,556
	025 ARTHROSCOPY	318	8,944
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	8	87
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	147	1,079
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	8	181
	032 BUNION PROCEDURES	46	994
	033 ARTHROPLASTY	33	213
	034 HAND AND FOOT TENOTOMY	18	111
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	107	882
03	RESPIRATORY SYSTEM	1,434	4,530
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	1,428	4,467
	054 SIMPLE ENDOSCOPY OF THE UPPER AIRWAY	6	46
04	CARDIOVASCULAR SYSTEM	126	636
	077 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	9	197
	080 MINOR VASCULAR REPAIR AND FISTULA CONSTRUCTION	12	19
	081 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	43	169
	082 VASCULAR LIGATION	62	234
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	34	236
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	34	236
06	DIGESTIVE SYSTEM	273	32,823
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	8	156
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	10	8,283
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	7	2,328
	117 LOWER GASTROINTESTINAL ENDOSCOPY	28	17,131
	119 HERNIA AND HYDROCELE PROCEDURES	149	1,300
	120 COMPLEX ANAL AND RECTAL PROCEDURES	15	187
	121 SIMPLE ANAL AND RECTAL PROCEDURES	8	62
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	5	14
	123 COMPLEX LAPAROSCOPIC PROCEDURES	43	2,219
07	URINARY SYSTEM	197	1,577
	131 RENAL EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	34	616
	133 URINARY CATHETERIZATION AND DILATATION	9	20
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	57	427
	135 MODERATE CYSTOURETHROSCOPY	57	388

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
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	37	96
	137 COMPLEX URETHRAL PROCEDURES	2	17
	138 SIMPLE URETHRAL PROCEDURES	1	13
08	MALE GENITAL SYSTEM	92	535
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	67	360
	153 COMPLEX PENILE PROCEDURES	10	37
	154 SIMPLE PENILE PROCEDURES	15	126
09	FEMALE GENITAL SYSTEM	11	1,762
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	4	149
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	1	504
	179 HYSTEROSCOPY	4	856
	180 COLPOSCOPY	2	38
10	NERVOUS SYSTEM	141	10,742
	198 NERVE REPAIR AND DESTRUCTION	141	2,787
11	EYE AND OCULAR ADNEXA	2,516	19,869
	211 MINOR OPHTHALMOLOGICAL TESTS AND PROCEDURES	3	290
	213 LASER EYE PROCEDURES	2	1,899
	214 CATARACT PROCEDURES	1,457	11,800
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	83	1,080
	216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	98	703
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	331	654
	219 SIMPLE POSTERIOR SEGMENT EYE PROCEDURES	2	130
	220 STRABISMUS AND MUSCLE EYE PROCEDURES	17	461
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	436	1,884
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	78	338
	223 VITRECTOMY	9	467
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	2,730	18,814
	233 NASAL CAUTERIZATION AND PACKING	21	85
	234 COMPLEX FACIAL AND ENT PROCEDURES	774	3,110
	235 SIMPLE FACIAL AND ENT PROCEDURES	1,310	11,695
	236 TONSIL AND ADENOID PROCEDURES	625	3,924

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, 2004
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	138	\$1,032	\$1,482
	006 SIMPLE DEBRIDEMENT AND DESTRUCTION	9	\$1,136	\$1,168
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	46	\$1,121	\$1,367
	008 SIMPLE EXCISION AND BIOPSY	12	\$862	\$1,355
	011 SIMPLE INCISION AND EXCISION OF BREAST	64	\$958	\$1,248
	012 BREAST RECONSTRUCTION AND MASTECTOMY	7	\$1,285	\$1,244
02	MUSCULOSKELETAL SYSTEM	590	\$1,378	\$2,338
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	26	\$1,424	\$2,811
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	31	\$1,153	\$2,082
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	32	\$1,490	\$2,345
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	220	\$1,012	\$1,594
	025 ARTHROSCOPY	160	\$1,904	\$3,005
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	3	\$1,089	\$1,316
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	90	\$1,338	\$2,245
	032 BUNION PROCEDURES	20	\$988	\$1,874
	033 ARTHROPLASTY	5	\$3,803	\$2,643
	034 HAND AND FOOT TENOTOMY	3	\$933	\$1,469
03	RESPIRATORY SYSTEM	12	\$767	\$1,602
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	12	\$767	\$1,677
04	CARDIOVASCULAR SYSTEM	3	\$1,300	\$1,809
	081 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	3	\$1,300	\$1,756
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	24	\$787	\$1,456
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	24	\$787	\$1,456
06	DIGESTIVE SYSTEM	189	\$1,303	\$1,138
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	5	\$1,007	\$575
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	3	\$993	\$942
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	1	\$525	\$903
	117 LOWER GASTROINTESTINAL ENDOSCOPY	19	\$769	\$948
	119 HERNIA AND HYDROCELE PROCEDURES	116	\$1,123	\$1,748
	120 COMPLEX ANAL AND RECTAL PROCEDURES	8	\$931	\$1,171
	121 SIMPLE ANAL AND RECTAL PROCEDURES	4	\$885	\$946
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	5	\$772	\$985
	123 COMPLEX LAPAROSCOPIC PROCEDURES	28	\$2,786	\$3,092
07	URINARY SYSTEM	51	\$1,073	\$2,736
	133 URINARY CATHETERIZATION AND DILATATION	3	\$991	\$1,195
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	14	\$1,284	\$1,747
	135 MODERATE CYSTOURETHROSCOPY	19	\$1,044	\$1,421
	136 SIMPLE CYSTOURETHROSCOPY	15	\$927	\$1,057
08	MALE GENITAL SYSTEM	61	\$958	\$1,527
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	41	\$979	\$1,580
	153 COMPLEX PENILE PROCEDURES	7	\$837	\$1,779
	154 SIMPLE PENILE PROCEDURES	13	\$958	\$1,203
09	FEMALE GENITAL SYSTEM	5	\$1,217	\$1,938
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	2	\$1,024	\$2,150
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	1	\$642	\$1,334

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
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	1	\$1,375	\$2,393
	180 COLPOSCOPY	1	\$2,020	\$1,698
10	NERVOUS SYSTEM	82	\$1,059	\$984
	198 NERVE REPAIR AND DESTRUCTION	82	\$1,059	\$1,551
11	EYE AND OCULAR ADNEXA	1,334	\$1,623	\$2,247
	211 MINOR OPHTHALMOLOGICAL TESTS AND PROCEDURES	1	\$405	\$2,806
	214 CATARACT PROCEDURES	1,139	\$1,628	\$2,474
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	52	\$3,125	\$2,466
	216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	39	\$1,073	\$2,069
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	8	\$899	\$1,866
	220 STRABISMUS AND MUSCLE EYE PROCEDURES	2	\$921	\$2,417
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	85	\$1,058	\$1,836
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	8	\$891	\$1,172
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	456	\$909	\$1,645
	234 COMPLEX FACIAL AND ENT PROCEDURES	86	\$1,522	\$2,011
	235 SIMPLE FACIAL AND ENT PROCEDURES	44	\$1,122	\$1,789
	236 TONSIL AND ADENOID PROCEDURES	326	\$719	\$1,332

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, 2004
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

403 Intermountain Surgical Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
GENDER				
Female	3,180	56.4	46,759	55.5
Male	2,456	43.6	37,388	44.4
Unknown	0	0.0	51	0.1
Not Reported	0	0.0	19	0.0
AGE				
1-28 days	0	0.0	0	0.0
29-365 days	45	0.8	604	0.7
1-4 years	286	5.1	4,976	5.9
5-9	201	3.6	2,461	2.9
10-14	151	2.7	1,337	1.6
15-17	179	3.2	1,544	1.8
18-19	121	2.1	1,293	1.5
20-24	316	5.6	3,707	4.4
25-29	300	5.3	3,702	4.4
30-34	265	4.7	3,661	4.3
35-39	294	5.2	3,756	4.5
40-44	334	5.9	4,835	5.7
45-49	406	7.2	5,630	6.7
50-54	404	7.2	7,103	8.4
55-59	420	7.5	6,629	7.9
60-64	385	6.8	6,074	7.2
65-69	415	7.4	7,005	8.3
70-74	402	7.1	6,917	8.2
75-79	390	6.9	6,511	7.7
80-84	205	3.6	4,212	5.0
85-89	88	1.6	1,776	2.1
90 +	29	0.5	478	0.6
Not Reported	0	0.0	6	0.0
SOURCE OF ADMISSION				
Physician Referral	5,633	99.9	64,875	77.0
Clinic Referral	1	0.0	1,223	1.5
HMO Referral	2	0.0	4	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	1,347	1.6
Not Reported	0	0.0	16,768	19.9
(Continued)				

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
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	5,625	99.8	68,923	81.8
Another Hospital	11	0.2	68	0.1
Skilled Nursing Facility	0	0.0	2	0.0
Intermediate Care Facility	0	0.0	0	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	0	0.0
Under Care of Home IV Provider	0	0.0	1	0.0
Expired	0	0.0	0	0.0
Unknown	0	0.0	15,222	18.1
Not Reported	0	0.0	1	0.0
PRIMARY PAYER				
Medicare	1,408	25.0	26,286	31.2
Medicaid	148	2.6	5,660	6.7
Other government	55	1.0	2,402	2.9
Blue Cross/Blue Shield	231	4.1	16,361	19.4
Other Commercial	564	10.0	7,923	9.4
Managed Care(HMO, PPO)	2,949	52.3	21,526	25.6
Self Pay	126	2.2	850	1.0
Industrial & Worker Comp	128	2.3	2,123	2.5
Charity and Unclassified	4	0.1	17	0.0
Childrens Health Insurance	6	0.1	189	0.2
Unknown	17	0.3	69	0.1
Not Reported	0	0.0	811	1.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	73	1.3	4,318	5.1
Central Utah	30	0.5	1,309	1.6
Davis County	959	17.0	11,351	13.5
Salt Lake County	3,668	65.1	28,856	34.3
Southeastern Utah	16	0.3	931	1.1
Southwest Utah	40	0.7	5,039	6.0
Summit County	119	2.1	1,225	1.5
Tooele County	134	2.4	1,244	1.5
Tri-County	21	0.4	469	0.6
Utah County	154	2.7	10,155	12.1
Wasatch County	32	0.6	442	0.5
Weber County	110	2.0	14,545	17.3
Unknown Utah	0	0.0	48	0.1
Outside Utah	278	4.9	4,246	5.0
Unknown, Not Reported	2	0.0	39	0.0

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

AMB ST 1-1
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

412 Madsen Surgery Center

Reporting Category(ICD-9-CM CODES)	Procedures Performed		Procedures Performed-All FASCs	
	(#)	(%)	(#)	(%)
Reporting Category(ICD-9-CM CODES)	2,114	100.0	51,517	100.0
Mastectomy (85.0-85.99)	207	9.8	1,015	2.0
Musculoskeletal (76.0-84.99)	1,437	68.0	10,274	19.9
Respiratory (30.0-34.99)	1	0.0	99	0.2
Cardiovascular (35.0-39.99)	3	0.1	195	0.4
Lymphatic/Hemetic (40.0-41.99)	0	0.0	115	0.2
Digestive System (42.0-54.99)	12	0.6	6,359	12.3
Urinary (55.0-59.99)	0	0.0	287	0.6
Male Genital (60.0-64.99)	0	0.0	252	0.5
Female Genital (65.0-71.99)	14	0.7	1,550	3.0
Endocrine/Nervous (01.0-07.99)	325	15.4	3,493	6.8
Eye (08.0-16.99)	24	1.1	16,433	31.9
Ear (18.0-20.99)	16	0.8	3,144	6.1
Nose,Mouth,Pharynx (21.0-29.99)	75	3.5	8,301	16.1
Reporting Category(CPT-4 CODES)	1,829	100.0	115,827	100.0
Mastectomy (19120-19220)	63	3.4	266	0.2
Musculoskeletal (20000-29909)	1,459	79.8	25,839	22.3
Respiratory (30000-32999 & 39501-39599)	39	2.1	9,820	8.5
Cardiovascular (33010-37799 & 93501-93660)	4	0.2	853	0.7
Lymphatic/Hemetic (38100-38999)	0	0.0	207	0.2
Digestive (40490-49999)	15	0.8	37,208	32.1
Urinary (50010-53899)	0	0.0	1,628	1.4
Male Genital (54000-55899)	0	0.0	600	0.5
Female Genital (56405-58999)	12	0.7	3,108	2.7
Endocrine/Nervous (60000-64999)	226	12.4	11,264	9.7
Eye (65091-68899)	9	0.5	19,981	17.3
Ear (69000-69979)	2	0.1	5,053	4.4

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 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES

412 Madsen Surgery Center

ICD-9 CODE	ICD-9 DESCRIPTION	#	%	% ALL FASCs
All ICD-9 Procedures		2,114	100.0	100.0
0443	RELEASE CARPAL TUNNEL	192	9.1	1.62
806	EXC SEMILUNAR CARTILAGE-KNEE	97	4.6	1.96
0449	OTH PERIPH NERV/GANGL DECOMP/LYSIS	89	4.2	0.46
8201	EXPLOR TENDON SHEATH HAND	85	4.0	0.61
8026	ARTHSCPY-KNEE	72	3.4	1.38
8221	EXC LES TENDON SHEATH HAND	58	2.7	0.44
8521	LOC EXC LES BREAST	56	2.6	0.47
8145	OTH REPR CRUCIATE LIGAMNT	54	2.6	0.52
8086	OTH LOC EXC/DESTRUC JT LES-KNEE	44	2.1	1.14
8183	OTH REPR SHLDR	36	1.7	0.75
8023	ARTHSCPY-WRIST	34	1.6	0.51
8554	BILAT BREAST IMPLNT	32	1.5	0.38
7932	OP REDUC FX W/INT FIX-RADIUS & ULNA	30	1.4	0.20
7863	REMOV IMPLNT DEVICE-RADIUS & ULNA	29	1.4	0.14
8083	OTH LOC EXC/DESTRUC JT LES-WRIST	28	1.3	0.12
8175	ARTHPLSTY CARPOCARPAL JT WO IMPLNT	27	1.3	0.16
8021	ARTHSCPY-SHLDR	26	1.2	0.53
8291	LYSIS HAND ADHES	25	1.2	0.12
7933	OP REDUC W/INT FIX-CARP-METACARP	23	1.1	0.22
8084	OTH LOC EXC/DEST JT LES-HND-FINGR	22	1.0	0.06
CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL FASCs
All CPT-4 Procedures		1,829	100.0	100.0
20680	REMOVAL OF IMPLANT; DEEP	93	5.1	0.83
26055	TENDON SHEATH INCISION	93	5.1	0.74
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	84	4.6	1.29
29881	SCOPE KNEE SURG;W/MENISCECT MED/	81	4.4	1.56
29848	ENDO WRST SURG REL TRNS CARP LIG	78	4.3	0.31
29888	ARTHSCPY AIDED ACL REPR/AUG/RECO	45	2.5	0.52
64718	NEUROPLASTY; ULNAR NERV AT ELBOW	44	2.4	0.24
29826	SCOPE SHOULDER; DECOMP SUBACROM	42	2.3	0.87
64708	NEUROPLSTY PERIPHRL NERV; NOT SP	42	2.3	0.08
25111	EXCISION OF GANGLION WRIST; PRIM	40	2.2	0.22
19120	EXC BRST CYST TUMR/LES OPN M/F 1	39	2.1	0.16
29877	SCOPE KNEE SURG; DEBRID/SHAVE CA	38	2.1	1.00
26160	EXC LES TEND SHETH/JNT CAP HND/F	27	1.5	0.17
29846	SCOPE WRIST SURG; EXC&/REPR CART	25	1.4	0.08
25310	TEND TPLNT/TRNSF FOREARM&/WRIST	23	1.3	0.04
26445	TENOLYSIS EXT TEND HND/FNGR EA T	23	1.3	0.04
25447	ARTHPLSTY INTERPSTN INTERCARPAL/	22	1.2	0.13
19125	EXC BRST LES ID RAD MARKR OPN;1	20	1.1	0.04
25620	OPEN TX DIST RADIAL FX W/WO FIX	18	1.0	0.11
29824	SCOPE SHLDR SURG;DIST CLAVICULEC	18	1.0	0.29

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, 2004
 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

ICD-9 CODE	ICD-9 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL FASCs)
ICD-9 Procedures		710	\$2,098	\$1,722
0443	RELEASE CARPAL TUNNEL	61	\$1,172	\$1,597
8201	EXPLOR TENDON SHEATH HAND	56	\$860	\$1,046
8221	EXC LES TENDON SHEATH HAND	51	\$1,145	\$1,472
8521	LOC EXC LES BREAST	42	\$1,272	\$1,192
806	EXC SEMILUNAR CARTILAGE-KNEE	38	\$2,358	\$3,201
0449	OTH PERIPH NERV/GANGL DECOMP/LYSIS	26	\$1,985	\$2,042
8554	BILAT BREAST IMPLNT	21	\$1,519	\$984
7932	OP REDUC FX W/INT FIX-RADIUS & ULNA	18	\$3,943	\$2,802
8145	OTH REPR CRUCIATE LIGAMNT	18	\$5,455	\$5,815
8183	OTH REPR SHLDR	15	\$4,310	\$4,070
7863	REMOV IMPLNT DEVICE-RADIUS & ULNA	13	\$1,337	\$1,149
7933	OP REDUC W/INT FIX-CARP-METACARP	13	\$2,980	\$1,974
8083	OTH LOC EXC/DESTRUC JT LES-WRIST	13	\$2,760	\$2,993
8086	OTH LOC EXC/DESTRUC JT LES-KNEE	12	\$2,090	\$3,360
8084	OTH LOC EXC/DEST JT LES-HND-FINGR	9	\$1,018	\$1,001
8363	ROTATOR CUFF REPR	9	\$6,702	\$4,785
7867	REMOV IMPLNT DEVICE-TIBIA & FIB	8	\$1,191	\$1,095
7934	OP REDUC W/INT FIX-PHALANGES HAND	8	\$2,518	\$1,734
8532	BILAT REDUC MAMMO	8	\$4,980	\$2,497
2189	OTH REPR & PLSTC OPER NOSE	7	\$2,523	\$1,936
CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL FASCs)
CPT-4 Procedures		765	\$2,144	\$1,687
29881	SCOPE KNEE SURG;W/MENISCECT MED/	53	\$2,376	\$2,458
64721	NEUROPLASTY; MEDIAN @ CARPAL TUN	50	\$1,143	\$1,420
29848	ENDO WRST SURG REL TRNS CARP LIG	47	\$1,495	\$1,901
26055	TENDON SHEATH INCISION	41	\$815	\$1,550
25111	EXCISION OF GANGLION WRIST; PRIM	35	\$1,166	\$1,529
19120	EXC BRST CYST TUMR/LES OPN M/F 1	34	\$1,265	\$1,261
20680	REMOVAL OF IMPLANT; DEEP	34	\$1,452	\$1,373
29877	SCOPE KNEE SURG; DEBRID/SHAVE CA	21	\$2,106	\$2,428
29888	ARTHSCPY AIDED ACL REPR/AUG/RECO	21	\$5,305	\$5,347
19125	EXC BRST LES ID RAD MARKR OPN;1	18	\$1,678	\$1,204
26160	EXC LES TEND SHETH/JNT CAP HND/F	18	\$1,070	\$1,420
25620	OPEN TX DIST RADIAL FX W/NO FIX	16	\$4,100	\$2,813
29846	SCOPE WRIST SURG; EXC&/REPR CART	14	\$2,667	\$2,792
64718	NEUROPLASTY; ULNAR NERV @ ELBOW	13	\$2,411	\$1,950
64708	NEUROPLSTY PERIPHRL NERV; NOT SP	12	\$1,877	\$1,910
29826	SCOPE SHOULDER; DECOMP SUBACROM	11	\$3,612	\$3,160
26115	EXC TMR/MALF SFT TISS HND/FNGR;S	8	\$979	\$1,461
29806	SCOPE SHOULDER SURGICAL; CPSLORR	8	\$6,377	\$4,285
29870	SCOPE KNEE DX W/NO SYN BX SEP PR	8	\$1,741	\$2,610
25000	INCISION EXT TENDON SHEATH WRIST	7	\$1,057	\$1,454

SOURCE: Utah Ambulatory Surgery Database

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

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

412 Madsen Surgery Center

Procedure APG category	Procedure APG	TOTAL #	TOTAL # (ALL FASCs)
01	INTEGUMENTARY SYSTEM	124	1,480
	003 COMPLEX INCISION AND DRAINAGE	1	19
	004 SIMPLE INCISION AND DRAINAGE	1	4
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	29	436
	008 SIMPLE EXCISION AND BIOPSY	18	550
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRANGE	12	123
	011 SIMPLE INCISION AND EXCISION OF BREAST	59	239
	012 BREAST RECONSTRUCTION AND MASTECTOMY	4	27
02	MUSCULOSKELETAL SYSTEM	1,372	21,689
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	161	2,054
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	73	726
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	87	850
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	428	5,556
	025 ARTHROSCOPY	480	8,944
	028 CLOSED TREATMENT FX & DISLOCATION OF FINGER, TOE & TRUNK	2	11
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	2	87
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	75	1,079
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	10	181
	032 BUNION PROCEDURES	7	994
	033 ARTHROPLASTY	31	213
	034 HAND AND FOOT TENOTOMY	8	111
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	8	882
04	CARDIOVASCULAR SYSTEM	3	636
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	1	17
	080 MINOR VASCULAR REPAIR AND FISTULA CONSTRUCTION	1	19
	081 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	1	169
06	DIGESTIVE SYSTEM	11	32,823
	119 HERNIA AND HYDROCELE PROCEDURES	4	1,300
	123 COMPLEX LAPAROSCOPIC PROCEDURES	7	2,219
09	FEMALE GENITAL SYSTEM	4	1,762
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	1	149
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	1	504
	179 HYSTEROSCOPY	1	856
	180 COLPOSCOPY	1	38
10	NERVOUS SYSTEM	226	10,742
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	1	7,841
	198 NERVE REPAIR AND DESTRUCTION	225	2,787
11	EYE AND OCULAR ADNEXA	9	19,869
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	3	1,080
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	4	1,884
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	2	338
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	56	18,814
	234 COMPLEX FACIAL AND ENT PROCEDURES	45	3,110
	235 SIMPLE FACIAL AND ENT PROCEDURES	11	11,695

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, 2004
PROCEDURE APG CATEGORY, PROCEDURE APG, SINGLE APG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

412 Madsen Surgery Center

Procedure APG category	Procedure APG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL FASCs)
01	INTEGUMENTARY SYSTEM	80	\$1,401	\$1,482
	003 COMPLEX INCISION AND DRAINAGE	1	\$1,476	\$1,135
	004 SIMPLE INCISION AND DRAINAGE	1	\$78	\$1,004
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	10	\$1,718	\$1,367
	008 SIMPLE EXCISION AND BIOPSY	11	\$1,041	\$1,355
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRAN	1	\$4,228	\$3,028
	011 SIMPLE INCISION AND EXCISION OF BREAST	52	\$1,408	\$1,248
	012 BREAST RECONSTRUCTION AND MASTECTOMY	4	\$1,105	\$1,244
02	MUSCULOSKELETAL SYSTEM	557	\$2,326	\$2,338
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	37	\$3,384	\$2,811
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	26	\$1,602	\$2,082
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	31	\$2,825	\$2,345
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	172	\$1,274	\$1,594
	025 ARTHROSCOPY	220	\$2,751	\$3,005
	028 CLOSED TREATMENT FX & DISLOCATION OF FINGER, TOE & TRUNK	2	\$1,290	\$1,269
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	56	\$3,287	\$2,245
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	3	\$818	\$1,150
	032 BUNION PROCEDURES	3	\$3,349	\$1,874
	033 ARTHROPLASTY	6	\$2,691	\$2,643
	034 HAND AND FOOT TENOTOMY	1	\$1,503	\$1,469
06	DIGESTIVE SYSTEM	6	\$1,583	\$1,138
	119 HERNIA AND HYDROCELE PROCEDURES	4	\$1,656	\$1,748
	123 COMPLEX LAPAROSCOPIC PROCEDURES	2	\$1,437	\$3,092
09	FEMALE GENITAL SYSTEM	3	\$2,884	\$1,938
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	1	\$1,378	\$1,334
	179 HYSTEROSCOPY	1	\$1,755	\$2,393
	180 COLPOSCOPY	1	\$5,520	\$1,698
10	NERVOUS SYSTEM	84	\$1,569	\$984
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	1	\$5,820	\$684
	198 NERVE REPAIR AND DESTRUCTION	83	\$1,518	\$1,551
11	EYE AND OCULAR ADNEXA	6	\$3,067	\$2,247
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	3	\$2,341	\$2,466
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	3	\$3,793	\$1,836
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	20	\$1,998	\$1,645
	234 COMPLEX FACIAL AND ENT PROCEDURES	18	\$2,065	\$2,011
	235 SIMPLE FACIAL AND ENT PROCEDURES	2	\$1,397	\$1,789

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, 2004
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

412 Madsen Surgery Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
GENDER				
Female	708	54.7	46,759	55.5
Male	587	45.3	37,388	44.4
Unknown	0	0.0	51	0.1
Not Reported	0	0.0	19	0.0
AGE				
1-28 days	0	0.0	0	0.0
29-365 days	0	0.0	604	0.7
1-4 years	0	0.0	4,976	5.9
5-9	3	0.2	2,461	2.9
10-14	20	1.5	1,337	1.6
15-17	53	4.1	1,544	1.8
18-19	49	3.8	1,293	1.5
20-24	104	8.0	3,707	4.4
25-29	123	9.5	3,702	4.4
30-34	125	9.7	3,661	4.3
35-39	105	8.1	3,756	4.5
40-44	131	10.1	4,835	5.7
45-49	157	12.1	5,630	6.7
50-54	132	10.2	7,103	8.4
55-59	119	9.2	6,629	7.9
60-64	60	4.6	6,074	7.2
65-69	45	3.5	7,005	8.3
70-74	35	2.7	6,917	8.2
75-79	17	1.3	6,511	7.7
80-84	11	0.8	4,212	5.0
85-89	4	0.3	1,776	2.1
90 +	2	0.2	478	0.6
Not Reported	0	0.0	6	0.0
SOURCE OF ADMISSION				
Physician Referral	0	0.0	64,875	77.0
Clinic Referral	0	0.0	1,223	1.5
HMO Referral	0	0.0	4	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	1,347	1.6
Not Reported	1,295	100.0	16,768	19.9
(Continued)				

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

412 Madsen Surgery Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	1,294	99.9	68,923	81.8
Another Hospital	1	0.1	68	0.1
Skilled Nursing Facility	0	0.0	2	0.0
Intermediate Care Facility	0	0.0	0	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	0	0.0
Under Care of Home IV Provider	0	0.0	1	0.0
Expired	0	0.0	0	0.0
Unknown	0	0.0	15,222	18.1
Not Reported	0	0.0	1	0.0
PRIMARY PAYER				
Medicare	138	10.7	26,286	31.2
Medicaid	79	6.1	5,660	6.7
Other government	60	4.6	2,402	2.9
Blue Cross/Blue Shield	394	30.4	16,361	19.4
Other Commercial	130	10.0	7,923	9.4
Managed Care(HMO, PPO)	321	24.8	21,526	25.6
Self Pay	72	5.6	850	1.0
Industrial & Worker Comp	97	7.5	2,123	2.5
Charity and Unclassified	1	0.1	17	0.0
Childrens Health Insurance	0	0.0	189	0.2
Unknown	3	0.2	69	0.1
Not Reported	0	0.0	811	1.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	18	1.4	4,318	5.1
Central Utah	10	0.8	1,309	1.6
Davis County	78	6.0	11,351	13.5
Salt Lake County	878	67.8	28,856	34.3
Southeastern Utah	15	1.2	931	1.1
Southwest Utah	12	0.9	5,039	6.0
Summit County	46	3.6	1,225	1.5
Tooele County	38	2.9	1,244	1.5
Tri-County	9	0.7	469	0.6
Utah County	39	3.0	10,155	12.1
Wasatch County	6	0.5	442	0.5
Weber County	38	2.9	14,545	17.3
Unknown Utah	0	0.0	48	0.1
Outside Utah	105	8.1	4,246	5.0
Unknown, Not Reported	3	0.2	39	0.0

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

AMB ST 1-1
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
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)	14,498	100.0	51,517	100.0
Mastectomy (85.0-85.99)	2	0.0	1,015	2.0
Musculoskeletal (76.0-84.99)	3,320	22.9	10,274	19.9
Respiratory (30.0-34.99)	53	0.4	99	0.2
Cardiovascular (35.0-39.99)	1	0.0	195	0.4
Lymphatic/Hemetic (40.0-41.99)	41	0.3	115	0.2
Digestive System (42.0-54.99)	303	2.1	6,359	12.3
Urinary (55.0-59.99)	0	0.0	287	0.6
Male Genital (60.0-64.99)	0	0.0	252	0.5
Female Genital (65.0-71.99)	1,432	9.9	1,550	3.0
Endocrine/Nervous (01.0-07.99)	2,136	14.7	3,493	6.8
Eye (08.0-16.99)	2,543	17.5	16,433	31.9
Ear (18.0-20.99)	1,816	12.5	3,144	6.1
Nose, Mouth, Pharynx (21.0-29.99)	2,851	19.7	8,301	16.1
Reporting Category(CPT-4 CODES)	10,446	100.0	115,827	100.0
Mastectomy (19120-19220)	0	0.0	266	0.2
Musculoskeletal (20000-29909)	2,244	21.5	25,839	22.3
Respiratory (30000-32999 & 39501-39599)	1,639	15.7	9,820	8.5
Cardiovascular (33010-37799 & 93501-93660)	4	0.0	853	0.7
Lymphatic/Hemetic (38100-38999)	34	0.3	207	0.2
Digestive (40490-49999)	1,235	11.8	37,208	32.1
Urinary (50010-53899)	0	0.0	1,628	1.4
Male Genital (54000-55899)	0	0.0	600	0.5
Female Genital (56405-58999)	709	6.8	3,108	2.7
Endocrine/Nervous (60000-64999)	1,591	15.2	11,264	9.7
Eye (65091-68899)	1,393	13.3	19,981	17.3
Ear (69000-69979)	1,597	15.3	5,053	4.4

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 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
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				
2001	MYRINGOTOMY W/INSRT TUBE	1,455	10.0	4.92
1341	PHACOEMULSIFICATION-ASPIR CATARACT	1,037	7.2	9.10
1371	IOL PROSTH-CATARACT EXTRACT-1-STAGE	1,037	7.2	11.07
0392	INJ OTH AGENT SPINAL CANAL	992	6.8	1.93
0391	INJ ANES SPINAL CANAL-ANALGESIA	989	6.8	1.92
283	TONSILLECTOMY W/ADENOIDECTOMY	708	4.9	2.17
8026	ARTHSCPY-KNEE	554	3.8	1.38
2169	OTH TURBINECTOMY	398	2.7	2.56
806	EXC SEMILUNAR CARTILAGE-KNEE	323	2.2	1.96
6812	HYSTEROSCOPY	314	2.2	0.61
2188	OTH SEPTOPLASTY	305	2.1	1.68
282	TONSILLECTOMY WO ADENOIDECTOMY	254	1.8	0.97
2219	OTH DX PROC NASAL SINUSES	247	1.7	1.27
8021	ARTHSCPY-SHLDR	234	1.6	0.53
6823	ENDOMETRIAL ABLATION	208	1.4	0.41
5421	LAPAROSCOPY	203	1.4	0.48
6909	OTH D&C UTERUS	198	1.4	0.42
201	REMOV TYMPANOSTOMY TUBE	186	1.3	0.50
8183	OTH REPR SHLDR	176	1.2	0.75
2263	ETHMOIDECTOMY	169	1.2	1.79
CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL FASCs
All CPT-4 Procedures				
69436	TYMPANOSTOMY GENERAL ANESTHESIA	1,410	13.5	3.64
66984	EXTRACAPSULAR CATARACT REMV IOL	1,034	9.9	9.88
30140	SUBMUCOS RES TURBINATE PART/CMPL	540	5.2	2.01
42820	T&A; UNDER AGE 12	507	4.9	1.49
64476	INJ ANES FACET JT; LUMB/SAC-EA A	368	3.5	0.79
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	353	3.4	1.56
30520	SEPTOPLASTY/SUBMUCOS RES W/GFT	266	2.5	1.49
64475	INJ ANES FACET JT; LUMB/SAC-1LEV	249	2.4	0.53
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	198	1.9	0.75
29881	SCOPE KNEE SURG;W/MENISCECT MED/	192	1.8	1.56
31256	NASL/SINUS ENDO SURG W/MAX ANTRO	162	1.6	0.68
64483	INJ ANES EPIDURL; LUMB/SAC 1 LEV	160	1.5	1.03
58563	HYSTEROSC SURG; W/ENDOMETRIAL AB	159	1.5	0.37
42821	T&A; AGE 12 OR OVER	156	1.5	0.53
31267	NASL/SINUS ENDO; W/TISS REMV MAX	149	1.4	0.99
31254	NASAL/SINUS ENDO; W/PART ETHMOEC	132	1.3	0.38
29877	SCOPE KNEE SURG; DEBRID/SHAVE CA	131	1.3	1.00
31255	NASAL/SINUS ENDO; W/TOT ETHMOECT	128	1.2	1.05
66821	DISCISSION 2ND CATARACT; LASER S	119	1.1	1.57
58662	LAP SURG; W/FULG/EXCIS LES-OVARY	111	1.1	0.60

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

AMB ST 1-3

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
 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 CHRG	AVE TOT CHRG(ALL FASCs)
ICD-9 Procedures		2,175	\$1,316	\$1,722
283	TONSILLECTOMY W/ADENOIDECTOMY	600	\$1,324	\$1,180
282	TONSILLECTOMY WO ADENOIDECTOMY	192	\$1,326	\$1,256
1364	DISCISSION SECNDRY MEMBRN	119	\$810	\$884
6952	ASPIR CURET FOLLOWING DELIV/AB	71	\$1,115	\$1,115
6629	OTH BIL ENDO DESTRUC FALLOP TUBES	62	\$1,570	\$1,458
7756	REPR HAMMER TOE	43	\$1,769	\$1,849
2171	CLO REDUC NASAL FX	39	\$1,209	\$1,305
7751	BUNIONEC SOFT-OSTEOT 1ST METATARS	32	\$1,723	\$1,818
194	MYRINGOPLASTY	31	\$1,853	\$2,369
4021	EXC DEEP CERV LYMPH NODE	25	\$1,297	\$1,355
2001	MYRINGOTOMY W/INSRT TUBE	24	\$397	\$1,292
031	DIVIS INTRASPINAL NERV ROOT	22	\$3,106	\$3,106
1264	TRABECULECTOMY AB EXT	22	\$1,303	\$2,925
0443	RELEASE CARPAL TUNNEL	21	\$1,131	\$1,597
5421	LAPAROSCOPY	21	\$1,279	\$1,270
0943	PROBE NASOLACRML DUCT	20	\$284	\$374
0407	OTH EXC/AVUL CRANIAL & PERIPH NERV	19	\$1,274	\$1,433
7867	REMOV IMPLNT DEVICE-TIBIA & FIB	19	\$997	\$1,095
7869	REMOV IMPLNT DEVICE-OTH BONE	19	\$918	\$1,105
8339	EXC LES OTH SOFT TISS	19	\$1,465	\$1,243
CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL FASCs)
CPT-4 Procedures		5,002	\$1,631	\$1,687
66984	EXTRACAPSULAR CATARACT REMV IOL	1,022	\$2,141	\$2,461
42820	T&A; UNDER AGE 12	450	\$1,322	\$1,337
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	326	\$501	\$620
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	162	\$1,329	\$1,335
64483	INJ ANES EPIDURL; LUMB/SAC 1 LEV	154	\$564	\$857
42821	T&A; AGE 12 OR OVER	139	\$1,335	\$1,332
29881	SCOPE KNEE SURG;W/MENISCECT MED/	129	\$1,689	\$2,458
66821	DISCISSION 2ND CATARACT; LASER S	119	\$810	\$695
58558	HYSTEROSCPY SURG; W/BX &/ POLYPE	93	\$1,308	\$1,668
62310	INJ 1 NOT NEUROLYTIC-EPID;CERV/T	88	\$523	\$610
64475	INJ ANES FACET JT; LUMB/SAC-1LEV	81	\$731	\$729
58662	LAP SURG; W/FULG/EXCIS LES-OVARY	77	\$2,099	\$2,205
58563	HYSTEROSC SURG; W/ENDOMETRIAL AB	74	\$2,592	\$3,029
29888	ARTHSCPY AIDED ACL REPR/AUG/RECO	66	\$4,895	\$5,347
20680	REMOVAL OF IMPLANT; DEEP	63	\$1,054	\$1,373
29877	SCOPE KNEE SURG; DEBRID/SHAVE CA	61	\$1,794	\$2,428
27096	INJ SI JNT ARTHRGRPH &/ANES/STER	56	\$682	\$810
58671	LAP SURG; W/OCCCLUS OVIDUCTS-DEVI	48	\$2,074	\$2,163
69436	TYMPANOSTOMY GENERAL ANESTHESIA	43	\$397	\$1,160
29880	SCOPE KNEE SURG;W/MENISCECT MED&	40	\$1,755	\$3,188

SOURCE: Utah Ambulatory Surgery Database

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

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
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	82	1,480
	003 COMPLEX INCISION AND DRAINAGE	2	19
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	37	436
	008 SIMPLE EXCISION AND BIOPSY	31	550
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRANGE	12	123
02	MUSCULOSKELETAL SYSTEM	2,030	21,689
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	191	2,054
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	69	726
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	67	850
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	464	5,556
	025 ARTHROSCOPY	960	8,944
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	14	87
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	48	1,079
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	6	181
	032 BUNION PROCEDURES	110	994
	033 ARTHROPLASTY	6	213
	034 HAND AND FOOT TENOTOMY	18	111
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	77	882
03	RESPIRATORY SYSTEM	699	4,530
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	688	4,467
	054 SIMPLE ENDOSCOPY OF THE UPPER AIRWAY	9	46
	055 ENDOSCOPY OF THE LOWER AIRWAY	2	6
04	CARDIOVASCULAR SYSTEM	3	636
	077 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	3	197
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	49	236
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	49	236
06	DIGESTIVE SYSTEM	343	32,823
	112 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	1	880
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	4	8,283
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	1	14
	123 COMPLEX LAPAROSCOPIC PROCEDURES	337	2,219
09	FEMALE GENITAL SYSTEM	447	1,762
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	6	149
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	78	504
	178 DILATION AND CURETTAGE	96	215
	179 HYSTEROSCOPY	266	856
	180 COLPOSCOPY	1	38
10	NERVOUS SYSTEM	1,575	10,742
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	1,521	7,841
	198 NERVE REPAIR AND DESTRUCTION	54	2,787
11	EYE AND OCULAR ADNEXA	1,389	19,869
	211 MINOR OPHTHALMOLOGICAL TESTS AND PROCEDURES	4	290
	213 LASER EYE PROCEDURES	127	1,899
	214 CATARACT PROCEDURES	1,046	11,800
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	33	1,080
	216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	53	703

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
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)
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	3	654
	220 STRABISMUS AND MUSCLE EYE PROCEDURES	32	461
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	74	1,884
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	16	338
	223 VITRECTOMY	1	467
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	3,747	18,814
	233 NASAL CAUTERIZATION AND PACKING	32	85
	234 COMPLEX FACIAL AND ENT PROCEDURES	422	3,110
	235 SIMPLE FACIAL AND ENT PROCEDURES	2,282	11,695
	236 TONSIL AND ADENOID PROCEDURES	1,011	3,924

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, 2004
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	60	\$1,841	\$1,482
	003 COMPLEX INCISION AND DRAINAGE	2	\$769	\$1,135
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	26	\$1,657	\$1,367
	008 SIMPLE EXCISION AND BIOPSY	24	\$1,403	\$1,355
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRAN	8	\$4,022	\$3,028
02	MUSCULOSKELETAL SYSTEM	1,078	\$2,129	\$2,338
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	38	\$1,792	\$2,811
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	52	\$2,747	\$2,082
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	24	\$2,321	\$2,345
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	248	\$1,358	\$1,594
	025 ARTHROSCOPY	511	\$2,710	\$3,005
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	13	\$1,314	\$1,316
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	43	\$1,698	\$2,245
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	4	\$2,314	\$1,150
	032 BUNION PROCEDURES	73	\$1,939	\$1,874
	033 ARTHROPLASTY	5	\$1,436	\$2,643
	034 HAND AND FOOT TENOTOMY	4	\$1,862	\$1,469
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	63	\$813	\$754
03	RESPIRATORY SYSTEM	52	\$1,712	\$1,602
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	43	\$1,812	\$1,677
	054 SIMPLE ENDOSCOPY OF THE UPPER AIRWAY	8	\$1,330	\$1,347
	055 ENDOSCOPY OF THE LOWER AIRWAY	1	\$460	\$855
04	CARDIOVASCULAR SYSTEM	2	\$3,593	\$1,809
	077 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	2	\$3,593	\$3,249
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	45	\$1,390	\$1,456
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	45	\$1,390	\$1,456
06	DIGESTIVE SYSTEM	268	\$2,158	\$1,138
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	2	\$1,053	\$942
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	1	\$989	\$985
	123 COMPLEX LAPAROSCOPIC PROCEDURES	265	\$2,171	\$3,092
09	FEMALE GENITAL SYSTEM	242	\$1,671	\$1,938
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	5	\$1,341	\$2,150
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	56	\$1,188	\$1,334
	178 DILATION AND CURETTAGE	8	\$1,063	\$1,182
	179 HYSTEROSCOPY	172	\$1,870	\$2,393
	180 COLPOSCOPY	1	\$844	\$1,698
10	NERVOUS SYSTEM	752	\$589	\$984
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	717	\$558	\$684
	198 NERVE REPAIR AND DESTRUCTION	35	\$1,224	\$1,551
11	EYE AND OCULAR ADNEXA	1,314	\$1,924	\$2,247
	213 LASER EYE PROCEDURES	127	\$811	\$691
	214 CATARACT PROCEDURES	1,033	\$2,132	\$2,474
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	26	\$1,421	\$2,466
	216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	44	\$1,273	\$2,069
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	3	\$1,238	\$1,866

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
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 CHRG	AVE TOT CHRG(ALL FASCs)
	220 STRABISMUS AND MUSCLE EYE PROCEDURES	32	\$2,100	\$2,417
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	41	\$1,264	\$1,836
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	7	\$844	\$1,172
	223 VITRECTOMY	1	\$1,464	\$3,473
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	1,125	\$1,362	\$1,645
	233 NASAL CAUTERIZATION AND PACKING	16	\$1,617	\$1,443
	234 COMPLEX FACIAL AND ENT PROCEDURES	101	\$2,091	\$2,011
	235 SIMPLE FACIAL AND ENT PROCEDURES	211	\$1,157	\$1,789
	236 TONSIL AND ADENOID PROCEDURES	797	\$1,318	\$1,332

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, 2004
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	4,143	57.5	46,759	55.5
Male	3,068	42.5	37,388	44.4
Unknown	0	0.0	51	0.1
Not Reported	0	0.0	19	0.0
AGE				
1-28 days	0	0.0	0	0.0
29-365 days	209	2.9	604	0.7
1-4 years	735	10.2	4,976	5.9
5-9	408	5.7	2,461	2.9
10-14	218	3.0	1,337	1.6
15-17	194	2.7	1,544	1.8
18-19	157	2.2	1,293	1.5
20-24	428	5.9	3,707	4.4
25-29	434	6.0	3,702	4.4
30-34	411	5.7	3,661	4.3
35-39	398	5.5	3,756	4.5
40-44	501	6.9	4,835	5.7
45-49	525	7.3	5,630	6.7
50-54	431	6.0	7,103	8.4
55-59	395	5.5	6,629	7.9
60-64	363	5.0	6,074	7.2
65-69	399	5.5	7,005	8.3
70-74	357	5.0	6,917	8.2
75-79	312	4.3	6,511	7.7
80-84	225	3.1	4,212	5.0
85-89	90	1.2	1,776	2.1
90 +	21	0.3	478	0.6
Not Reported	0	0.0	6	0.0
SOURCE OF ADMISSION				
Physician Referral	7,207	99.9	64,875	77.0
Clinic Referral	3	0.0	1,223	1.5
HMO Referral	1	0.0	4	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	1,347	1.6
Not Reported	0	0.0	16,768	19.9
(Continued)				

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
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	7,172	99.5	68,923	81.8
Another Hospital	11	0.2	68	0.1
Skilled Nursing Facility	0	0.0	2	0.0
Intermediate Care Facility	0	0.0	0	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	0	0.0
Under Care of Home IV Provider	0	0.0	1	0.0
Expired	0	0.0	0	0.0
Unknown	28	0.4	15,222	18.1
Not Reported	0	0.0	1	0.0
PRIMARY PAYER				
Medicare	1,334	18.5	26,286	31.2
Medicaid	456	6.3	5,660	6.7
Other government	314	4.4	2,402	2.9
Blue Cross/Blue Shield	597	8.3	16,361	19.4
Other Commercial	437	6.1	7,923	9.4
Managed Care(HMO, PPO)	3,758	52.1	21,526	25.6
Self Pay	74	1.0	850	1.0
Industrial & Worker Comp	207	2.9	2,123	2.5
Charity and Unclassified	1	0.0	17	0.0
Childrens Health Insurance	1	0.0	189	0.2
Unknown	32	0.4	69	0.1
Not Reported	0	0.0	811	1.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	499	6.9	4,318	5.1
Central Utah	3	0.0	1,309	1.6
Davis County	1,640	22.7	11,351	13.5
Salt Lake County	72	1.0	28,856	34.3
Southeastern Utah	5	0.1	931	1.1
Southwest Utah	4	0.1	5,039	6.0
Summit County	21	0.3	1,225	1.5
Tooele County	4	0.1	1,244	1.5
Tri-County	5	0.1	469	0.6
Utah County	9	0.1	10,155	12.1
Wasatch County	2	0.0	442	0.5
Weber County	4,800	66.6	14,545	17.3
Unknown Utah	5	0.1	48	0.1
Outside Utah	142	2.0	4,246	5.0
Unknown, Not Reported	0	0.0	39	0.0

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

AMB ST 1-1
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
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)	8,045	100.0	51,517	100.0
Mastectomy (85.0-85.99)	0	0.0	1,015	2.0
Musculoskeletal (76.0-84.99)	46	0.6	10,274	19.9
Respiratory (30.0-34.99)	1	0.0	99	0.2
Cardiovascular (35.0-39.99)	17	0.2	195	0.4
Lymphatic/Hemetic (40.0-41.99)	2	0.0	115	0.2
Digestive System (42.0-54.99)	0	0.0	6,359	12.3
Urinary (55.0-59.99)	0	0.0	287	0.6
Male Genital (60.0-64.99)	0	0.0	252	0.5
Female Genital (65.0-71.99)	0	0.0	1,550	3.0
Endocrine/Nervous (01.0-07.99)	13	0.2	3,493	6.8
Eye (08.0-16.99)	7,937	98.7	16,433	31.9
Ear (18.0-20.99)	1	0.0	3,144	6.1
Nose,Mouth,Pharynx (21.0-29.99)	28	0.3	8,301	16.1
Reporting Category(CPT-4 CODES)	5,330	100.0	115,827	100.0
Mastectomy (19120-19220)	0	0.0	266	0.2
Musculoskeletal (20000-29909)	34	0.6	25,839	22.3
Respiratory (30000-32999 & 39501-39599)	28	0.5	9,820	8.5
Cardiovascular (33010-37799 & 93501-93660)	16	0.3	853	0.7
Lymphatic/Hemetic (38100-38999)	0	0.0	207	0.2
Digestive (40490-49999)	0	0.0	37,208	32.1
Urinary (50010-53899)	0	0.0	1,628	1.4
Male Genital (54000-55899)	0	0.0	600	0.5
Female Genital (56405-58999)	0	0.0	3,108	2.7
Endocrine/Nervous (60000-64999)	1	0.0	11,264	9.7
Eye (65091-68899)	5,251	98.5	19,981	17.3
Ear (69000-69979)	0	0.0	5,053	4.4

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 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
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				
1341	PHACOEMULSIFICATION-ASPIR CATARACT	2,215	27.5	9.10
1371	IOL PROSTH-CATARACT EXTRACT-1-STAGE	2,215	27.5	11.07
1171	KERATOMILEUSIS	561	7.0	1.09
1474	OTH MECH VITRECTOMY	353	4.4	0.69
1429	OTH DESTRUC CHORIORETINAL LES	259	3.2	0.50
149	OTH OPER RETINA-CHOROID-POST CHAMBR	193	2.4	0.37
0833	REPR BLEPHAROPT-RESECT/ADVANC LEVAT	158	2.0	0.70
1264	TRABECULECTOMY AB EXT	132	1.6	0.32
1164	OTH PENETRATING KERATOPLASTY	101	1.3	0.32
0844	REPR ENTROPION/ECTROP-LID RECON	93	1.2	0.32
1424	DEST CHORIORETIN LES-LASER PHOTO	88	1.1	0.17
1372	SECNDRY INSRT IOL PROSTH	69	0.9	0.21
1459	OTH REPR RETINAL DETACH	66	0.8	0.13
1479	OTH OPER VITREOUS	61	0.8	0.12
0838	CORRECT LID RETRACT	59	0.7	0.13
1179	OTH RECON & REFRACTIVE CORNEA SURG	52	0.6	0.11
0899	OTH OPER EYELIDS	51	0.6	0.16
1139	OTH EXC PTERYGIUM	47	0.6	0.19
1511	RECESSION 1 EXTRAOCULAR MUSC	43	0.5	0.17
0887	UPPER EYELID RHYTIDECTOMY	42	0.5	0.74
CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL FASCs
All CPT-4 Procedures				
66984	EXTRACAPSULAR CATARACT REMV IOL	2,154	40.4	9.88
65760	KERATOMILEUSIS	561	10.5	0.49
67221	DESTRUC LES CHOROID; PHOTODYNAMC	257	4.8	0.22
67038	VITRECTOMY MECH; W/MEMBRANE STRI	192	3.6	0.20
67108	REPR RETINAL DETACH; W/VITRECTOM	120	2.3	0.11
66170	FISTULIZ SCLER; TRABECULECT AB E	110	2.1	0.14
67904	REPR BLEPHAROPTOSIS; RESECT-EXT	104	2.0	0.57
67036	VITRECTOMY MECH PARS PLANA APPRC	71	1.3	0.08
65730	KERATOPLSTY; PENETRAT NOT APHAKI	68	1.3	0.19
67335	PLCMT ADJUSTABLE SUTURE-STRABISM	63	1.2	0.09
66982	EXTRACAP CATARACT REMV W/IOL-CMP	55	1.0	0.11
67040	VITRECTOMY MECH; W/PANRETINAL PH	55	1.0	0.05
67911	CORRECTION OF LID RETRACTION	54	1.0	0.06
67917	REPAIR OF ECTROPION; EXTENSIVE	51	1.0	0.19
65772	CORNEAL RELAXING INCS-ASTIGMATIS	48	0.9	0.08
67028	INTRAVITREAL INJ PHARMACOLOGIC A	48	0.9	0.05
67311	STRABISMUS SURG; 1 HORIZONTAL MU	43	0.8	0.11
67875	TEMPORARY CLOSURE OF EYELIDS SUT	42	0.8	0.07
65426	EXC/TRANSPOSITION PTERYGIUM; W/G	40	0.8	0.16
67025	INJ VITREOUS SUBSTITUTE-SEP PROC	38	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.

AMB ST 1-3

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
 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 CHRG	AVE TOT CHRG(ALL FASCs)
ICD-9 Procedures		1,316	\$2,710	\$1,722
1171	KERATOMILEUSIS	560	\$1,273	\$1,273
1429	OTH DESTRUC CHORIORETINAL LES	210	\$2,871	\$2,871
1264	TRABECULECTOMY AB EXT	74	\$3,539	\$2,925
1164	OTH PENETRATING KERATOPLASTY	55	\$8,695	\$6,844
0833	REPR BLEPHAROPT-RESECT/ADVANC LEVAT	33	\$2,632	\$1,762
1474	OTH MECH VITRECTOMY	23	\$4,305	\$4,157
156	REVIS EXTRAOCULAR MUSC SURG	23	\$6,317	\$6,317
0844	REPR ENTROPION/ECTROP-LID RECON	22	\$2,433	\$2,134
153	>=2 EXTRAOC MUSC-TEMP DETCH-1/BOTH	19	\$5,684	\$3,736
1269	OTH SCLERAL FISTULIZING PROC	18	\$4,886	\$4,886
1372	SECNDRY INSRT IOL PROSTH	18	\$4,231	\$3,317
1511	RECESSION 1 EXTRAOCULAR MUSC	18	\$4,771	\$4,630
3821	BX BLD VESSEL	16	\$1,873	\$1,761
1692	EXC LES ORBIT	14	\$3,462	\$2,337
1149	OTH REMOV/DESTRUC CORNEAL LES	13	\$1,535	\$1,469
1283	REVIS OPER WOUND ANT SEGMENT-NEC	13	\$2,783	\$2,399
1449	OTH SCLERAL BUCKLING	12	\$6,659	\$6,659
1266	POSTOP REVIS SCLERL FISTULIZAT PROC	11	\$3,268	\$3,268
1273	CYCLOPHOTOCOAGULATION	11	\$1,677	\$1,677
1179	OTH RECON & REFRACTIVE CORNEA SURG	9	\$1,652	\$1,652
CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL FASCs)
CPT-4 Procedures		3,574	\$3,176	\$1,687
66984	EXTRACAPSULAR CATARACT REMV IOL	2,008	\$3,338	\$2,461
65760	KERATOMILEUSIS	560	\$1,273	\$1,271
67221	DESTRUC LES CHOROID; PHOTODYNAMC	218	\$2,879	\$2,879
67904	REPR BLEPHAROPTOSIS; RESECT-EXT	84	\$3,547	\$1,713
67038	VITRECTOMY MECH; W/MEMBRANE STRI	66	\$4,547	\$3,544
66170	FISTULIZ SCLER; TRABECULECT AB E	55	\$3,563	\$2,706
67108	REPR RETINAL DETACH; W/VITRECTOM	54	\$6,260	\$5,800
65730	KERATOPLASTY; PENETRATING	49	\$8,617	\$5,331
66982	EXTRACAP CATARACT REMV W/IOL-CMP	37	\$5,450	\$3,536
65426	EXC/TRANSPOSITION PTERYGIUM; W/G	33	\$2,730	\$1,778
67036	VITRECTOMY MECH PARS PLANA APPRC	21	\$4,281	\$3,421
66172	FISTULIZAT SCLERA; TRABECULECT	19	\$3,469	\$2,698
66180	AQUEOUS SHUNT EXTRAOCULAR RESERV	19	\$5,045	\$4,566
66985	INSERT IOL PROSTH SECONDARY IMPL	18	\$4,231	\$2,877
66250	REVIS OPERATIVE WOUND ANT SEGMENT	17	\$2,714	\$2,105
67924	REPAIR ENTROPION; BLPHPPLSTY EXT	17	\$2,858	\$1,974
37609	LIGATION OR BIOPSY TEMPORAL ARTE	16	\$1,873	\$1,583
67917	REPAIR ECTROPION; BLPHPPLSTY EXT	15	\$2,810	\$1,737
66999	UNLISTED PROC ANTERIOR SEGMENT E	13	\$2,674	\$2,249
67040	VITRECTOMY MECH; W/PANRETINAL PH	13	\$4,199	\$3,322

SOURCE: Utah Ambulatory Surgery Database

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

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
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	48	1,480
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	1	51
	008 SIMPLE EXCISION AND BIOPSY	36	550
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRANGE	11	123
02	MUSCULOSKELETAL SYSTEM	1	21,689
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	1	5,556
03	RESPIRATORY SYSTEM	9	4,530
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	8	4,467
	054 SIMPLE ENDOSCOPY OF THE UPPER AIRWAY	1	46
10	NERVOUS SYSTEM	1	10,742
	198 NERVE REPAIR AND DESTRUCTION	1	2,787
11	EYE AND OCULAR ADNEXA	5,182	19,869
	211 MINOR OPHTHALMOLOGICAL TESTS AND PROCEDURES	260	290
	213 LASER EYE PROCEDURES	27	1,899
	214 CATARACT PROCEDURES	2,312	11,800
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	739	1,080
	216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	293	703
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	175	654
	218 COMPLEX POSTERIOR SEGMENT EYE PROCEDURES	146	163
	219 SIMPLE POSTERIOR SEGMENT EYE PROCEDURES	116	130
	220 STRABISMUS AND MUSCLE EYE PROCEDURES	229	461
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	436	1,884
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	79	338
	223 VITRECTOMY	370	467
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	30	18,814
	234 COMPLEX FACIAL AND ENT PROCEDURES	24	3,110
	235 SIMPLE FACIAL AND ENT PROCEDURES	6	11,695

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, 2004
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	29	\$1,868	\$1,482
	008 SIMPLE EXCISION AND BIOPSY	25	\$1,734	\$1,355
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRAN	4	\$2,706	\$3,028
11	EYE AND OCULAR ADNEXA	3,533	\$3,178	\$2,247
	211 MINOR OPHTHALMOLOGICAL TESTS AND PROCEDURES	218	\$2,879	\$2,806
	213 LASER EYE PROCEDURES	6	\$2,121	\$691
	214 CATARACT PROCEDURES	2,081	\$3,385	\$2,474
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	649	\$2,176	\$2,466
	216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	132	\$3,132	\$2,069
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	78	\$2,517	\$1,866
	218 COMPLEX POSTERIOR SEGMENT EYE PROCEDURES	64	\$6,138	\$5,245
	219 SIMPLE POSTERIOR SEGMENT EYE PROCEDURES	5	\$3,021	\$1,967
	220 STRABISMUS AND MUSCLE EYE PROCEDURES	15	\$3,333	\$2,417
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	173	\$3,400	\$1,836
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	6	\$1,381	\$1,172
	223 VITRECTOMY	106	\$4,405	\$3,473
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	2	\$4,533	\$1,645
	234 COMPLEX FACIAL AND ENT PROCEDURES	2	\$4,533	\$2,011

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, 2004
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

416 Moran Eye Center

Patient Profile	Patient Visits (#)	Patient Visits (%)	Patient Visits-All FASCs (#)	Patient Visits-All FASCs (%)
GENDER				
Female	2,391	55.4	46,759	55.5
Male	1,922	44.6	37,388	44.4
Unknown	1	0.0	51	0.1
Not Reported	0	0.0	19	0.0
AGE				
1-28 days	0	0.0	0	0.0
29-365 days	13	0.3	604	0.7
1-4 years	39	0.9	4,976	5.9
5-9	42	1.0	2,461	2.9
10-14	40	0.9	1,337	1.6
15-17	31	0.7	1,544	1.8
18-19	12	0.3	1,293	1.5
20-24	97	2.2	3,707	4.4
25-29	152	3.5	3,702	4.4
30-34	152	3.5	3,661	4.3
35-39	143	3.3	3,756	4.5
40-44	201	4.7	4,835	5.7
45-49	220	5.1	5,630	6.7
50-54	238	5.5	7,103	8.4
55-59	290	6.7	6,629	7.9
60-64	322	7.5	6,074	7.2
65-69	430	10.0	7,005	8.3
70-74	498	11.5	6,917	8.2
75-79	670	15.5	6,511	7.7
80-84	422	9.8	4,212	5.0
85-89	217	5.0	1,776	2.1
90 +	85	2.0	478	0.6
Not Reported	0	0.0	6	0.0
SOURCE OF ADMISSION				
Physician Referral	0	0.0	64,875	77.0
Clinic Referral	0	0.0	1,223	1.5
HMO Referral	0	0.0	4	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	1,347	1.6
Not Reported	4,314	100.0	16,768	19.9
(Continued)				

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
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	4,312	100.0	68,923	81.8
Another Hospital	0	0.0	68	0.1
Skilled Nursing Facility	0	0.0	2	0.0
Intermediate Care Facility	0	0.0	0	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	0	0.0
Under Care of Home IV Provider	1	0.0	1	0.0
Expired	0	0.0	0	0.0
Unknown	0	0.0	15,222	18.1
Not Reported	1	0.0	1	0.0
PRIMARY PAYER				
Medicare	2,223	51.5	26,286	31.2
Medicaid	186	4.3	5,660	6.7
Other government	66	1.5	2,402	2.9
Blue Cross/Blue Shield	448	10.4	16,361	19.4
Other Commercial	777	18.0	7,923	9.4
Managed Care(HMO, PPO)	525	12.2	21,526	25.6
Self Pay	66	1.5	850	1.0
Industrial & Worker Comp	18	0.4	2,123	2.5
Charity and Unclassified	1	0.0	17	0.0
Childrens Health Insurance	1	0.0	189	0.2
Unknown	3	0.1	69	0.1
Not Reported	0	0.0	811	1.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	105	2.4	4,318	5.1
Central Utah	42	1.0	1,309	1.6
Davis County	387	9.0	11,351	13.5
Salt Lake County	2,636	61.1	28,856	34.3
Southeastern Utah	46	1.1	931	1.1
Southwest Utah	48	1.1	5,039	6.0
Summit County	112	2.6	1,225	1.5
Tooele County	87	2.0	1,244	1.5
Tri-County	33	0.8	469	0.6
Utah County	171	4.0	10,155	12.1
Wasatch County	23	0.5	442	0.5
Weber County	127	2.9	14,545	17.3
Unknown Utah	2	0.0	48	0.1
Outside Utah	494	11.5	4,246	5.0
Unknown, Not Reported	1	0.0	39	0.0

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

AMB ST 1-1
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
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)	.	.	51,517	100.0
Mastectomy (85.0-85.99)	.	.	1,015	2.0
Musculoskeletal (76.0-84.99)	.	.	10,274	19.9
Respiratory (30.0-34.99)	.	.	99	0.2
Cardiovascular (35.0-39.99)	.	.	195	0.4
Lymphatic/Hemetic (40.0-41.99)	.	.	115	0.2
Digestive System (42.0-54.99)	.	.	6,359	12.3
Urinary (55.0-59.99)	.	.	287	0.6
Male Genital (60.0-64.99)	.	.	252	0.5
Female Genital (65.0-71.99)	.	.	1,550	3.0
Endocrine/Nervous (01.0-07.99)	.	.	3,493	6.8
Eye (08.0-16.99)	.	.	16,433	31.9
Ear (18.0-20.99)	.	.	3,144	6.1
Nose,Mouth,Pharynx (21.0-29.99)	.	.	8,301	16.1
Reporting Category(CPT-4 CODES)	5,828	100.0	115,827	100.0
Mastectomy (19120-19220)	0	0.0	266	0.2
Musculoskeletal (20000-29909)	1,750	30.0	25,839	22.3
Respiratory (30000-32999 & 39501-39599)	246	4.2	9,820	8.5
Cardiovascular (33010-37799 & 93501-93660)	0	0.0	853	0.7
Lymphatic/Hemetic (38100-38999)	5	0.1	207	0.2
Digestive (40490-49999)	850	14.6	37,208	32.1
Urinary (50010-53899)	382	6.6	1,628	1.4
Male Genital (54000-55899)	52	0.9	600	0.5
Female Genital (56405-58999)	148	2.5	3,108	2.7
Endocrine/Nervous (60000-64999)	590	10.1	11,264	9.7
Eye (65091-68899)	1,648	28.3	19,981	17.3
Ear (69000-69979)	157	2.7	5,053	4.4

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 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES

414 Mount Ogden Surgical Center

ICD-9 CODE	ICD-9 DESCRIPTION	#	%	% ALL FASCs
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	1,205	20.7	9.88
21299	UNLISTED CRANIOFCE&MAXILLOFCE PR	274	4.7	2.09
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	250	4.3	1.56
66821	DISCISSION 2ND CATARACT; LASER S	230	3.9	1.57
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	196	3.4	1.29
45378	COLONOSCOPY FLEX; DX-SEP PROC	151	2.6	6.86
50590	LITHOTRIPSY XTRACORP SHOCK WAVE	144	2.5	0.53
43239	UGI ENDO; W/BX 1/MX	138	2.4	5.76
29881	SCOPE KNEE SURG;W/MENISCECT MED/	130	2.2	1.56
69436	TYMPANOSTOMY GENERAL ANESTHESIA	124	2.1	3.64
41899	UNLIST PROC DENTOALVEOL STRUCTUR	122	2.1	1.05
29826	SCOPE SHOULDER; DECOMP SUBACROM	108	1.9	0.87
42820	T&A; UNDER AGE 12	104	1.8	1.49
45380	COLONOSCOPY FLEX; W/BX 1/MX	77	1.3	3.76
26055	TENDON SHEATH INCISION	68	1.2	0.74
20680	REMOVAL OF IMPLANT; DEEP	63	1.1	0.83
29877	SCOPE KNEE SURG; DEBRID/SHAVE CA	58	1.0	1.00
67904	REPR BLEPHAROPTOSIS; RESECT-EXT	55	0.9	0.57
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	46	0.8	2.03
29888	ARTHSCPY AIDED ACL REPR/AUG/RECO	45	0.8	0.52

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, 2004
 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 CHRG	AVE TOT CHRG(ALL FASCs)
ICD-9 Procedures				
Does not report ICDS				

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL FASCs)
CPT-4 Procedures				
		4,055	\$2,268	\$1,687
66984	EXTRACAPSULAR CATARACT REMV IOL	1,198	\$2,711	\$2,461
21299	UNLISTED CRANIOFCE&MAXILLOFCE PR	269	\$1,883	\$1,915
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	238	\$729	\$620
66821	DISCISSION 2ND CATARACT; LASER S	227	\$500	\$695
64721	NEUROPLASTY; MEDIAN @ CARPAL TUN	166	\$1,574	\$1,420
50590	LITHOTRIPSY XTRACORP SHOCK WAVE	134	\$6,509	\$3,758
45378	COLONOSCOPY FLEX; DX-SEP PROC	125	\$876	\$898
41899	UNLIST PROC DENTOALVEOL STRUCTUR	122	\$1,985	\$1,890
69436	TYMPANOSTOMY GENERAL ANESTHESIA	93	\$1,345	\$1,160
42820	T&A; UNDER AGE 12	88	\$1,440	\$1,337
43239	UGI ENDO; W/BX 1/MX	76	\$729	\$991
29881	SCOPE KNEE SURG;W/MENISCECT MED/	66	\$3,185	\$2,458
45380	COLONOSCOPY FLEX; W/BX 1/MX	58	\$840	\$1,088
26055	TENDON SHEATH INCISION	40	\$2,336	\$1,550
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	31	\$1,013	\$992
57522	CONIZA CERV W/NO D&C; LOOP ELEC	27	\$1,754	\$1,485
20680	REMOVAL OF IMPLANT; DEEP	26	\$1,388	\$1,373
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	26	\$1,421	\$1,335
52260	CYSTOURETHROSCPY W/DILAT; GEN AN	24	\$1,111	\$1,324
67038	VITRECTOMY MECH; W/MEMBRANE STRI	24	\$2,643	\$3,544

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

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
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)
01	INTEGUMENTARY SYSTEM	45	1,480
	004 SIMPLE INCISION AND DRAINAGE	1	4
	006 SIMPLE DEBRIDEMENT AND DESTRUCTION	1	31
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	16	436
	008 SIMPLE EXCISION AND BIOPSY	26	550
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRANGE	1	123
02	MUSCULOSKELETAL SYSTEM	1,407	21,689
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	176	2,054
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	51	726
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	53	850
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	291	5,556
	025 ARTHROSCOPY	664	8,944
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	5	87
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	75	1,079
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	4	181
	032 BUNION PROCEDURES	35	994
	033 ARTHROPLASTY	34	213
	034 HAND AND FOOT TENOTOMY	1	111
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	18	882
03	RESPIRATORY SYSTEM	104	4,530
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	100	4,467
	054 SIMPLE ENDOSCOPY OF THE UPPER AIRWAY	3	46
	055 ENDOSCOPY OF THE LOWER AIRWAY	1	6
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	8	236
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	8	236
06	DIGESTIVE SYSTEM	580	32,823
	112 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	35	880
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	170	8,283
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	13	2,328
	117 LOWER GASTROINTESTINAL ENDOSCOPY	275	17,131
	119 HERNIA AND HYDROCELE PROCEDURES	14	1,300
	120 COMPLEX ANAL AND RECTAL PROCEDURES	1	187
	123 COMPLEX LAPAROSCOPIC PROCEDURES	72	2,219
07	URINARY SYSTEM	370	1,577
	131 RENAL EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	144	616
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	80	427
	135 MODERATE CYSTOURETHROSCOPY	130	388
	136 SIMPLE CYSTOURETHROSCOPY	11	96
	137 COMPLEX URETHRAL PROCEDURES	2	17
	138 SIMPLE URETHRAL PROCEDURES	3	13
08	MALE GENITAL SYSTEM	47	535
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	27	360
	152 INSERTION OF PENILE PROSTHESIS	1	1
	153 COMPLEX PENILE PROCEDURES	6	37
	154 SIMPLE PENILE PROCEDURES	12	126
	155 PROSTATE NEEDLE AND PUNCH BIOPSY	1	11

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
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	100	1,762
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	2	149
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	51	504
	178 DILATION AND CURETTAGE	1	215
	179 HYSTEROSCOPY	46	856
10	NERVOUS SYSTEM	584	10,742
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	331	7,841
	196 REVISION AND REMOVAL OF NEUROLOGICAL DEVICE	1	28
	197 NEUROSTIMULATOR AND VENTRICULAR SHUNT IMPLANTATION	10	75
	198 NERVE REPAIR AND DESTRUCTION	242	2,787
11	EYE AND OCULAR ADNEXA	1,648	19,869
	211 MINOR OPHTHALMOLOGICAL TESTS AND PROCEDURES	4	290
	213 LASER EYE PROCEDURES	233	1,899
	214 CATARACT PROCEDURES	1,233	11,800
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	7	1,080
	216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	15	703
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	2	654
	218 COMPLEX POSTERIOR SEGMENT EYE PROCEDURES	5	163
	219 SIMPLE POSTERIOR SEGMENT EYE PROCEDURES	3	130
	220 STRABISMUS AND MUSCLE EYE PROCEDURES	10	461
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	91	1,884
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	11	338
	223 VITRECTOMY	34	467
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	908	18,814
	233 NASAL CAUTERIZATION AND PACKING	8	85
	234 COMPLEX FACIAL AND ENT PROCEDURES	98	3,110
	235 SIMPLE FACIAL AND ENT PROCEDURES	616	11,695
	236 TONSIL AND ADENOID PROCEDURES	186	3,924
13	THERAPUTIC AND OTHER RADIOLOGICAL PROCEDURES	5	571
	254 MYELOGRAPHY	3	408
	255 MISCELLANEOUS RADIOLOGICAL PROCEDURES WITH CONTRAST	2	8

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, 2004
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	29	\$1,687	\$1,482
	004 SIMPLE INCISION AND DRAINAGE	1	\$1,328	\$1,004
	006 SIMPLE DEBRIDEMENT AND DESTRUCTION	1	\$1,910	\$1,168
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	13	\$1,664	\$1,367
	008 SIMPLE EXCISION AND BIOPSY	14	\$1,719	\$1,355
02	MUSCULOSKELETAL SYSTEM	643	\$3,219	\$2,338
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	72	\$3,059	\$2,811
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	30	\$2,579	\$2,082
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	36	\$3,453	\$2,345
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	172	\$2,123	\$1,594
	025 ARTHROSCOPY	222	\$4,327	\$3,005
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	4	\$1,750	\$1,316
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	61	\$3,066	\$2,245
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	3	\$2,507	\$1,150
	032 BUNION PROCEDURES	24	\$2,600	\$1,874
	033 ARTHROPLASTY	17	\$3,169	\$2,643
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	2	\$2,078	\$754
03	RESPIRATORY SYSTEM	9	\$2,364	\$1,602
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	9	\$2,364	\$1,677
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	5	\$2,354	\$1,456
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	5	\$2,354	\$1,456
06	DIGESTIVE SYSTEM	376	\$1,088	\$1,138
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	93	\$716	\$942
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	9	\$890	\$903
	117 LOWER GASTROINTESTINAL ENDOSCOPY	215	\$887	\$948
	119 HERNIA AND HYDROCELE PROCEDURES	6	\$1,962	\$1,748
	123 COMPLEX LAPAROSCOPIC PROCEDURES	53	\$2,492	\$3,092
07	URINARY SYSTEM	221	\$4,557	\$2,736
	131 RENAL EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	134	\$6,509	\$3,758
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	28	\$1,967	\$1,747
	135 MODERATE CYSTOURETHROSCOPY	52	\$1,392	\$1,421
	136 SIMPLE CYSTOURETHROSCOPY	7	\$1,040	\$1,057
08	MALE GENITAL SYSTEM	27	\$2,084	\$1,527
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	11	\$2,221	\$1,580
	152 INSERTION OF PENILE PROSTHESIS	1	\$6,807	\$6,807
	153 COMPLEX PENILE PROCEDURES	5	\$2,222	\$1,779
	154 SIMPLE PENILE PROCEDURES	10	\$1,393	\$1,203
09	FEMALE GENITAL SYSTEM	75	\$2,489	\$1,938
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	1	\$1,985	\$2,150
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	38	\$1,736	\$1,334
	179 HYSTEROSCOPY	36	\$3,297	\$2,393
10	NERVOUS SYSTEM	460	\$1,171	\$984
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	267	\$762	\$684
	197 NEUROSTIMULATOR AND VENTRICULAR SHUNT IMPLANTATION	1	\$14,612	\$5,537
	198 NERVE REPAIR AND DESTRUCTION	192	\$1,670	\$1,551

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
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)
11	EYE AND OCULAR ADNEXA	1,534	\$2,388	\$2,247
	211 MINOR OPHTHALMOLOGICAL TESTS AND PROCEDURES	1	\$1,721	\$2,806
	213 LASER EYE PROCEDURES	228	\$503	\$691
	214 CATARACT PROCEDURES	1,217	\$2,720	\$2,474
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	6	\$3,250	\$2,466
	216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	13	\$2,198	\$2,069
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	2	\$2,810	\$1,866
	218 COMPLEX POSTERIOR SEGMENT EYE PROCEDURES	4	\$2,707	\$5,245
	219 SIMPLE POSTERIOR SEGMENT EYE PROCEDURES	2	\$1,260	\$1,967
	220 STRABISMUS AND MUSCLE EYE PROCEDURES	6	\$3,240	\$2,417
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	19	\$3,204	\$1,836
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	5	\$1,545	\$1,172
	223 VITRECTOMY	31	\$2,641	\$3,473
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	666	\$1,733	\$1,645
	233 NASAL CAUTERIZATION AND PACKING	2	\$1,041	\$1,443
	234 COMPLEX FACIAL AND ENT PROCEDURES	11	\$2,710	\$2,011
	235 SIMPLE FACIAL AND ENT PROCEDURES	509	\$1,809	\$1,789
	236 TONSIL AND ADENOID PROCEDURES	144	\$1,401	\$1,332

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, 2004
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	2,622	54.6	46,759	55.5
Male	2,182	45.4	37,388	44.4
Unknown	0	0.0	51	0.1
Not Reported	0	0.0	19	0.0
AGE				
1-28 days	0	0.0	0	0.0
29-365 days	37	0.8	604	0.7
1-4 years	394	8.2	4,976	5.9
5-9	162	3.4	2,461	2.9
10-14	60	1.2	1,337	1.6
15-17	67	1.4	1,544	1.8
18-19	52	1.1	1,293	1.5
20-24	173	3.6	3,707	4.4
25-29	189	3.9	3,702	4.4
30-34	176	3.7	3,661	4.3
35-39	201	4.2	3,756	4.5
40-44	239	5.0	4,835	5.7
45-49	252	5.2	5,630	6.7
50-54	259	5.4	7,103	8.4
55-59	260	5.4	6,629	7.9
60-64	279	5.8	6,074	7.2
65-69	438	9.1	7,005	8.3
70-74	494	10.3	6,917	8.2
75-79	535	11.1	6,511	7.7
80-84	361	7.5	4,212	5.0
85-89	140	2.9	1,776	2.1
90 +	36	0.7	478	0.6
Not Reported	0	0.0	6	0.0
SOURCE OF ADMISSION				
Physician Referral	0	0.0	64,875	77.0
Clinic Referral	0	0.0	1,223	1.5
HMO Referral	0	0.0	4	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	1,347	1.6
Not Reported	4,804	100.0	16,768	19.9
(Continued)				

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
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	44	0.9	68,923	81.8
Another Hospital	0	0.0	68	0.1
Skilled Nursing Facility	0	0.0	2	0.0
Intermediate Care Facility	0	0.0	0	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	0	0.0
Under Care of Home IV Provider	0	0.0	1	0.0
Expired	0	0.0	0	0.0
Unknown	4,760	99.1	15,222	18.1
Not Reported	0	0.0	1	0.0
PRIMARY PAYER				
Medicare	1,893	39.4	26,286	31.2
Medicaid	460	9.6	5,660	6.7
Other government	379	7.9	2,402	2.9
Blue Cross/Blue Shield	1,021	21.3	16,361	19.4
Other Commercial	511	10.6	7,923	9.4
Managed Care(HMO, PPO)	322	6.7	21,526	25.6
Self Pay	57	1.2	850	1.0
Industrial & Worker Comp	160	3.3	2,123	2.5
Charity and Unclassified	0	0.0	17	0.0
Childrens Health Insurance	0	0.0	189	0.2
Unknown	1	0.0	69	0.1
Not Reported	0	0.0	811	1.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	292	6.1	4,318	5.1
Central Utah	2	0.0	1,309	1.6
Davis County	1,024	21.3	11,351	13.5
Salt Lake County	43	0.9	28,856	34.3
Southeastern Utah	3	0.1	931	1.1
Southwest Utah	5	0.1	5,039	6.0
Summit County	23	0.5	1,225	1.5
Tooele County	5	0.1	1,244	1.5
Tri-County	9	0.2	469	0.6
Utah County	1	0.0	10,155	12.1
Wasatch County	2	0.0	442	0.5
Weber County	3,258	67.8	14,545	17.3
Unknown Utah	1	0.0	48	0.1
Outside Utah	133	2.8	4,246	5.0
Unknown, Not Reported	3	0.1	39	0.0

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

AMB ST 1-1
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

424 Mountain West Surgical Center

Reporting Category(ICD-9-CM CODES)	Procedures Performed		Procedures Performed-All FASCs	
	(#)	(%)	(#)	(%)
Reporting Category(ICD-9-CM CODES)	703	100.0	51,517	100.0
Mastectomy (85.0-85.99)	16	2.3	1,015	2.0
Musculoskeletal (76.0-84.99)	384	54.6	10,274	19.9
Respiratory (30.0-34.99)	0	0.0	99	0.2
Cardiovascular (35.0-39.99)	0	0.0	195	0.4
Lymphatic/Hemetic (40.0-41.99)	2	0.3	115	0.2
Digestive System (42.0-54.99)	8	1.1	6,359	12.3
Urinary (55.0-59.99)	1	0.1	287	0.6
Male Genital (60.0-64.99)	0	0.0	252	0.5
Female Genital (65.0-71.99)	0	0.0	1,550	3.0
Endocrine/Nervous (01.0-07.99)	48	6.8	3,493	6.8
Eye (08.0-16.99)	99	14.1	16,433	31.9
Ear (18.0-20.99)	42	6.0	3,144	6.1
Nose,Mouth,Pharynx (21.0-29.99)	103	14.7	8,301	16.1
Reporting Category(CPT-4 CODES)	1,039	100.0	115,827	100.0
Mastectomy (19120-19220)	1	0.1	266	0.2
Musculoskeletal (20000-29909)	552	53.1	25,839	22.3
Respiratory (30000-32999 & 39501-39599)	136	13.1	9,820	8.5
Cardiovascular (33010-37799 & 93501-93660)	0	0.0	853	0.7
Lymphatic/Hemetic (38100-38999)	2	0.2	207	0.2
Digestive (40490-49999)	72	6.9	37,208	32.1
Urinary (50010-53899)	2	0.2	1,628	1.4
Male Genital (54000-55899)	1	0.1	600	0.5
Female Genital (56405-58999)	0	0.0	3,108	2.7
Endocrine/Nervous (60000-64999)	115	11.1	11,264	9.7
Eye (65091-68899)	105	10.1	19,981	17.3
Ear (69000-69979)	53	5.1	5,053	4.4

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 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES

424 Mountain West Surgical Center

ICD-9 CODE	ICD-9 DESCRIPTION	#	%	% ALL FASCs
All ICD-9 Procedures		703	100.0	100.0
1371	IOL PROSTH-CATARACT EXTRACT-1-STAGE	69	9.8	11.07
8086	OTH LOC EXC/DESTRUC JT LES-KNEE	65	9.2	1.14
806	EXC SEMILUNAR CARTILAGE-KNEE	55	7.8	1.96
2169	OTH TURBINECTOMY	42	6.0	2.56
2001	MYRINGOTOMY W/INSRT TUBE	33	4.7	4.92
282	TONSILLECTOMY WO ADENOIDECTOMY	26	3.7	0.97
8076	SYNOVECT-KNEE	23	3.3	0.43
0443	RELEASE CARPAL TUNNEL	21	3.0	1.62
1364	DISCISSION SECNDRY MEMBRN	21	3.0	0.80
215	SUBMUCOUS RESECT NASAL SEPTUM	21	3.0	0.40
8183	OTH REPR SHLDR	19	2.7	0.75
7756	REPR HAMMER TOE	17	2.4	0.47
8145	OTH REPR CRUCIATE LIGAMNT	13	1.8	0.52
8221	EXC LES TENDON SHEATH HAND	11	1.6	0.44
2171	CLO REDUC NASAL FX	10	1.4	0.17
7860	REMOV IMPLNT DEVICE-UNS SITE	10	1.4	0.45
8363	ROTATOR CUFF REPR	10	1.4	0.57
0531	INJ ANES SYMPATHETIC NERV-ANALGES	8	1.1	0.06
5300	UNILAT REPR ING HERN-NOS	8	1.1	0.38
8081	OTH LOC EXC/DESTRUC JT LES-SHLDR	8	1.1	0.41
CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL FASCs
All CPT-4 Procedures		1,039	100.0	100.0
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	70	6.7	1.56
66984	EXTRACAPSULAR CATARACT REMV IOL	69	6.6	9.88
29877	SCOPE KNEE SURG; DEBRID/SHAVE CA	57	5.5	1.00
29826	SCOPE SHOULDER; DECOMP SUBACROM	49	4.7	0.87
30140	SUBMUCOS RES TURBINATE PART/CMPL	48	4.6	2.01
29881	SCOPE KNEE SURG;W/MENISCECT MED/	43	4.1	1.56
69436	TYMPANOSTOMY GENERAL ANESTHESIA	41	3.9	3.64
42820	T&A; UNDER AGE 12	27	2.6	1.49
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	26	2.5	0.75
29875	SCOPE KNEE; SYNOVECT LTD SEP PRO	22	2.1	0.36
30520	SEPTOPLASTY/SUBMUCOS RES W/GFT	22	2.1	1.49
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	21	2.0	1.29
66821	DISCISSION 2ND CATARACT; LASER S	21	2.0	1.57
29824	SCOPE SHLDR SURG;DIST CLAVICULEC	20	1.9	0.29
28285	CORRECTION HAMMERTOES	18	1.7	0.79
31256	NASL/SINUS ENDO SURG W/MAX ANTRO	18	1.7	0.68
31254	NASAL/SINUS ENDO; W/PART ETHMOEC	16	1.5	0.38
29888	ARTHSCPY AIDED ACL REPR/AUG/RECO	13	1.3	0.52
29807	SCOPE SHLDR SURG; REPR SLAP LESI	12	1.2	0.16
29880	SCOPE KNEE SURG;W/MENISCECT MED&	12	1.2	0.51

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, 2004
 AVERAGE TOTAL CHARGES FOR MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES, SINGLE ICD-9 OR CPT-4 ONLY

424 Mountain West Surgical Center

ICD-9 CODE	ICD-9 DESCRIPTION	#	AVE TOT CHRGE	AVE TOT CHRGE(ALL FASCs)
ICD-9 Procedures		326	\$2,658	\$1,722
1371	IOL PROSTH-CATARACT EXTRACT-1-STAGE	68	\$2,401	\$2,634
8086	OTH LOC EXC/DESTRUC JT LES-KNEE	28	\$3,342	\$3,360
282	TONSILLECTOMY WO ADENOIDECTOMY	23	\$1,999	\$1,256
1364	DISCISSION SECNDRY MEMBRN	21	\$900	\$884
0443	RELEASE CARPAL TUNNEL	16	\$2,452	\$1,597
806	EXC SEMILUNAR CARTILAGE-KNEE	14	\$3,688	\$3,201
8076	SYNOVECT-KNEE	13	\$3,227	\$3,325
2171	CLO REDUC NASAL FX	10	\$1,300	\$1,305
0531	INJ ANES SYMPATHETIC NERV-ANALGES	8	\$700	\$618
7860	REMOV IMPLNT DEVICE-UNS SITE	7	\$1,500	\$1,653
8183	OTH REPR SHLDR	7	\$4,358	\$4,070
5300	UNILAT REPR ING HERN-NOS	6	\$3,074	\$2,244
8221	EXC LES TENDON SHEATH HAND	6	\$2,015	\$1,472
7932	OP REDUC FX W/INT FIX-RADIUS & ULNA	5	\$3,636	\$2,802
8314	FASCIOTOMY	5	\$2,295	\$2,113
8211	TENOT HAND	4	\$1,975	\$2,155
8332	EXC LES MUSC	4	\$2,244	\$1,907
7759	OTH BUNIONEC	3	\$4,509	\$1,878
7933	OP REDUC W/INT FIX-CARP-METACARP	3	\$2,526	\$1,974
8145	OTH REPR CRUCIATE LIGAMNT	3	\$6,335	\$5,815

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRGE	AVE TOT CHRGE(ALL FASCs)
CPT-4 Procedures		424	\$2,182	\$1,687
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	69	\$815	\$620
66984	EXTRACAPSULAR CATARACT REMV IOL	67	\$2,344	\$2,461
29877	SCOPE KNEE SURG; DEBRID/SHAVE CA	26	\$3,227	\$2,428
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	23	\$1,999	\$1,335
42820	T&A; UNDER AGE 12	21	\$1,999	\$1,337
66821	DISCISSION 2ND CATARACT; LASER S	21	\$900	\$695
64721	NEUROPLASTY; MEDIAN @ CARPAL TUN	14	\$2,399	\$1,420
29875	SCOPE KNEE; SYNOVECT LTD SEP PRO	13	\$3,227	\$2,681
21320	CLOS TX NASL BONE FRACTURE; W/ST	10	\$1,300	\$1,327
29881	SCOPE KNEE SURG;W/MENISCECT MED/	10	\$3,550	\$2,458
64510	INJECTION ANES AGT; STELLATE GAN	8	\$700	\$737
20680	REMOVAL OF IMPLANT; DEEP	7	\$1,500	\$1,373
29826	SCOPE SHOULDER; DECOMP SUBACROM	5	\$3,227	\$3,160
29848	ENDO WRST SURG REL TRNS CARP LIG	5	\$3,227	\$1,901
24354	FASCOT LATERAL/MEDIAL; W/STRIPPI	4	\$2,295	\$2,233
25112	EXCISION GANGLION WRIST; RECURRE	4	\$2,015	\$1,920
26055	TENDON SHEATH INCISION	4	\$1,975	\$1,550
29880	SCOPE KNEE SURG;W/MENISCECT MED&	4	\$4,034	\$3,188
49505	REPR INIT ING HERNIA 5YR/MORE; R	4	\$3,125	\$1,719
25620	OPEN TX DIST RADIAL FX W/WO FIX	3	\$4,115	\$2,813

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

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

424 Mountain West Surgical Center

Procedure APG category	Procedure APG	TOTAL #	TOTAL # (ALL FASCs)
01	INTEGUMENTARY SYSTEM	12	1,480
	003 COMPLEX INCISION AND DRAINAGE	2	19
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	5	436
	008 SIMPLE EXCISION AND BIOPSY	4	550
	011 SIMPLE INCISION AND EXCISION OF BREAST	1	239
02	MUSCULOSKELETAL SYSTEM	521	21,689
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	41	2,054
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	14	726
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	21	850
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	76	5,556
	025 ARTHROSCOPY	300	8,944
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	26	1,079
	032 BUNION PROCEDURES	12	994
	033 ARTHROPLASTY	8	213
	034 HAND AND FOOT TENOTOMY	4	111
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	19	882
03	RESPIRATORY SYSTEM	55	4,530
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	55	4,467
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	2	236
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	2	236
06	DIGESTIVE SYSTEM	13	32,823
	119 HERNIA AND HYDROCELE PROCEDURES	11	1,300
	121 SIMPLE ANAL AND RECTAL PROCEDURES	2	62
07	URINARY SYSTEM	2	1,577
	131 RENAL EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	1	616
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	1	427
08	MALE GENITAL SYSTEM	1	535
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	1	360
10	NERVOUS SYSTEM	119	10,742
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	82	7,841
	198 NERVE REPAIR AND DESTRUCTION	37	2,787
11	EYE AND OCULAR ADNEXA	105	19,869
	213 LASER EYE PROCEDURES	21	1,899
	214 CATARACT PROCEDURES	70	11,800
	216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	1	703
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	11	1,884
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	2	338
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	202	18,814
	234 COMPLEX FACIAL AND ENT PROCEDURES	28	3,110
	235 SIMPLE FACIAL AND ENT PROCEDURES	115	11,695
	236 TONSIL AND ADENOID PROCEDURES	59	3,924

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, 2004
PROCEDURE APG CATEGORY, PROCEDURE APG, SINGLE APG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

424 Mountain West Surgical Center

Procedure APG category	Procedure APG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL FASCs)
01	INTEGUMENTARY SYSTEM	8	\$2,217	\$1,482
	003 COMPLEX INCISION AND DRAINAGE	1	\$649	\$1,135
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	4	\$1,795	\$1,367
	008 SIMPLE EXCISION AND BIOPSY	2	\$3,295	\$1,355
	011 SIMPLE INCISION AND EXCISION OF BREAST	1	\$3,320	\$1,248
02	MUSCULOSKELETAL SYSTEM	150	\$2,951	\$2,338
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	12	\$2,590	\$2,811
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	4	\$2,990	\$2,082
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	5	\$2,834	\$2,345
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	28	\$1,813	\$1,594
	025 ARTHROSCOPY	78	\$3,457	\$3,005
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	18	\$2,792	\$2,245
	032 BUNION PROCEDURES	3	\$3,076	\$1,874
	033 ARTHROPLASTY	2	\$2,779	\$2,643
03	RESPIRATORY SYSTEM	1	\$2,611	\$1,602
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	1	\$2,611	\$1,677
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	2	\$1,758	\$1,456
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	2	\$1,758	\$1,456
06	DIGESTIVE SYSTEM	9	\$2,747	\$1,138
	119 HERNIA AND HYDROCELE PROCEDURES	7	\$3,139	\$1,748
	121 SIMPLE ANAL AND RECTAL PROCEDURES	2	\$1,375	\$946
07	URINARY SYSTEM	2	\$4,492	\$2,736
	131 RENAL EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	1	\$6,600	\$3,758
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	1	\$2,383	\$1,747
10	NERVOUS SYSTEM	95	\$1,096	\$984
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	78	\$803	\$684
	198 NERVE REPAIR AND DESTRUCTION	17	\$2,438	\$1,551
11	EYE AND OCULAR ADNEXA	90	\$2,018	\$2,247
	213 LASER EYE PROCEDURES	21	\$900	\$691
	214 CATARACT PROCEDURES	68	\$2,364	\$2,474
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	1	\$1,963	\$1,836
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	62	\$1,934	\$1,645
	234 COMPLEX FACIAL AND ENT PROCEDURES	3	\$3,467	\$2,011
	235 SIMPLE FACIAL AND ENT PROCEDURES	13	\$1,350	\$1,789
	236 TONSIL AND ADENOID PROCEDURES	46	\$1,999	\$1,332

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, 2004
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

424 Mountain West Surgical Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
GENDER				
Female	327	49.0	46,759	55.5
Male	338	50.7	37,388	44.4
Unknown	0	0.0	51	0.1
Not Reported	2	0.3	19	0.0
AGE				
1-28 days	0	0.0	0	0.0
29-365 days	5	0.7	604	0.7
1-4 years	21	3.1	4,976	5.9
5-9	20	3.0	2,461	2.9
10-14	20	3.0	1,337	1.6
15-17	23	3.4	1,544	1.8
18-19	21	3.1	1,293	1.5
20-24	35	5.2	3,707	4.4
25-29	44	6.6	3,702	4.4
30-34	32	4.8	3,661	4.3
35-39	31	4.6	3,756	4.5
40-44	44	6.6	4,835	5.7
45-49	62	9.3	5,630	6.7
50-54	40	6.0	7,103	8.4
55-59	35	5.2	6,629	7.9
60-64	56	8.4	6,074	7.2
65-69	50	7.5	7,005	8.3
70-74	44	6.6	6,917	8.2
75-79	36	5.4	6,511	7.7
80-84	27	4.0	4,212	5.0
85-89	17	2.5	1,776	2.1
90 +	3	0.4	478	0.6
Not Reported	1	0.1	6	0.0
SOURCE OF ADMISSION				
Physician Referral	667	100.0	64,875	77.0
Clinic Referral	0	0.0	1,223	1.5
HMO Referral	0	0.0	4	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	1,347	1.6
Not Reported	0	0.0	16,768	19.9
(Continued)				

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

424 Mountain West Surgical Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	667	100.0	68,923	81.8
Another Hospital	0	0.0	68	0.1
Skilled Nursing Facility	0	0.0	2	0.0
Intermediate Care Facility	0	0.0	0	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	0	0.0
Under Care of Home IV Provider	0	0.0	1	0.0
Expired	0	0.0	0	0.0
Unknown	0	0.0	15,222	18.1
Not Reported	0	0.0	1	0.0
PRIMARY PAYER				
Medicare	176	26.4	26,286	31.2
Medicaid	1	0.1	5,660	6.7
Other government	10	1.5	2,402	2.9
Blue Cross/Blue Shield	170	25.5	16,361	19.4
Other Commercial	102	15.3	7,923	9.4
Managed Care(HMO, PPO)	146	21.9	21,526	25.6
Self Pay	0	0.0	850	1.0
Industrial & Worker Comp	43	6.4	2,123	2.5
Charity and Unclassified	0	0.0	17	0.0
Childrens Health Insurance	0	0.0	189	0.2
Unknown	0	0.0	69	0.1
Not Reported	19	2.8	811	1.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	4	0.6	4,318	5.1
Central Utah	0	0.0	1,309	1.6
Davis County	513	76.9	11,351	13.5
Salt Lake County	70	10.5	28,856	34.3
Southeastern Utah	2	0.3	931	1.1
Southwest Utah	1	0.1	5,039	6.0
Summit County	6	0.9	1,225	1.5
Tooele County	6	0.9	1,244	1.5
Tri-County	0	0.0	469	0.6
Utah County	4	0.6	10,155	12.1
Wasatch County	1	0.1	442	0.5
Weber County	36	5.4	14,545	17.3
Unknown Utah	1	0.1	48	0.1
Outside Utah	23	3.4	4,246	5.0
Unknown, Not Reported	0	0.0	39	0.0

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

AMB ST 1-1
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
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)	4,395	100.0	51,517	100.0
Mastectomy (85.0-85.99)	0	0.0	1,015	2.0
Musculoskeletal (76.0-84.99)	0	0.0	10,274	19.9
Respiratory (30.0-34.99)	0	0.0	99	0.2
Cardiovascular (35.0-39.99)	0	0.0	195	0.4
Lymphatic/Hemetic (40.0-41.99)	0	0.0	115	0.2
Digestive System (42.0-54.99)	4,395	100.0	6,359	12.3
Urinary (55.0-59.99)	0	0.0	287	0.6
Male Genital (60.0-64.99)	0	0.0	252	0.5
Female Genital (65.0-71.99)	0	0.0	1,550	3.0
Endocrine/Nervous (01.0-07.99)	0	0.0	3,493	6.8
Eye (08.0-16.99)	0	0.0	16,433	31.9
Ear (18.0-20.99)	0	0.0	3,144	6.1
Nose,Mouth,Pharynx (21.0-29.99)	0	0.0	8,301	16.1
Reporting Category(CPT-4 CODES)	4,317	100.0	115,827	100.0
Mastectomy (19120-19220)	0	0.0	266	0.2
Musculoskeletal (20000-29909)	0	0.0	25,839	22.3
Respiratory (30000-32999 & 39501-39599)	0	0.0	9,820	8.5
Cardiovascular (33010-37799 & 93501-93660)	0	0.0	853	0.7
Lymphatic/Hemetic (38100-38999)	0	0.0	207	0.2
Digestive (40490-49999)	4,317	100.0	37,208	32.1
Urinary (50010-53899)	0	0.0	1,628	1.4
Male Genital (54000-55899)	0	0.0	600	0.5
Female Genital (56405-58999)	0	0.0	3,108	2.7
Endocrine/Nervous (60000-64999)	0	0.0	11,264	9.7
Eye (65091-68899)	0	0.0	19,981	17.3
Ear (69000-69979)	0	0.0	5,053	4.4

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 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
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				
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	1,033	23.5	2.33
4292	DILAT ESOPH	822	18.7	1.68
4523	COLONOSCOPY	779	17.7	2.29
4525	CLO [ENDO] BX LG INTESTINE	695	15.8	1.56
4542	ENDO POLYPECTOMY LG INTESTINE	695	15.8	1.70
4513	OTH ENDO SM INTESTINE	171	3.9	0.56
4341	ENDO EXC/DESTRUC LES/TISS STOMACH	115	2.6	0.27
4225	OP BX ESOPH	29	0.7	0.06
4422	ENDO DILAT PYLORUS	22	0.5	0.04
4696	LOC PERFUSION LG INTESTINE	10	0.2	0.02
4543	ENDO DEST OTH LES/TISS LG INTEST	7	0.2	0.04
4443	ENDO CNTRL GASTRIC/DUODENAL HEMORR	4	0.1	0.01
4514	CLO [ENDO] BX SM INTESTINE	4	0.1	0.01
4685	DILAT INTESTINE	4	0.1	0.01
4921	ANOSCOPY	2	0.0	0.01
4223	OTH ESOPHAGOSCOPY	1	0.0	0.01
4224	CLO [ENDO] BX ESOPH	1	0.0	0.00
4512	ENDO SM INTEST THRU ARTIFICL STOMA	1	0.0	0.00

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL FASCs
All CPT-4 Procedures				
43239	UGI ENDO; W/BX 1/MX	1,033	23.9	5.76
43450	DILAT ESOPH-SOUND/BOUGIE-1/MX PA	720	16.7	0.76
45378	COLONOSCOPY FLEX; DX-SEP PROC	675	15.6	6.86
45380	COLONOSCOPY FLEX; W/BX 1/MX	670	15.5	3.76
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	580	13.4	2.03
43235	UGI ENDO; DX W/VO CLCT SPECMN-SP	171	4.0	1.29
43251	UGI ENDO; W/REMV TUMOR/LES-SNARE	115	2.7	0.16
45384	COLONOSCOPY FLEX; REMV LES-FORCE	107	2.5	0.41
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	83	1.9	1.46
45330	SIGMOIDOSCOPY FLEX; DX-SEP PROC	29	0.7	0.11
43245	UP GI ENDO;W/DILAT GASTR OUTLT O	22	0.5	0.14
45331	SIGMOIDOSCOPY FLXIBLE; W/BX 1/MX	22	0.5	0.08
43248	UGI ENDO; W/INSRT GUIDE WIRE	16	0.4	0.13
43247	UGI ENDO; W/REMOVAL FB	13	0.3	0.03
45381	COLNSCP PROX SPLENC FLXR;SUBMUC	10	0.2	0.09
45338	SIGMOIDOSCOPY FLEX; REMV LES-SNA	8	0.2	0.02
43255	UGI ENDO; W/CONTRL BLEED ANY MET	4	0.1	0.02
44361	SM INTEST ENDO NOT ILEUM; W/BX 1	4	0.1	0.08
44389	COLONSCPY THRU STOMA; W/BX 1/MX	4	0.1	0.01
45382	COLNSCPY FLEX SPLENIC; CNTRL BLE	4	0.1	0.02

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, 2004
 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		2,453	\$915	\$1,722
4523	COLONOSCOPY	773	\$835	\$873
4525	CLO [ENDO] BX LG INTESTINE	560	\$965	\$970
4542	ENDO POLYPECTOMY LG INTESTINE	524	\$977	\$999
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	385	\$977	\$987
4292	DILAT ESOPH	90	\$822	\$849
4513	OTH ENDO SM INTESTINE	61	\$816	\$1,010
4225	OP BX ESOPH	29	\$560	\$560
4422	ENDO DILAT PYLORUS	14	\$974	\$974
4341	ENDO EXC/DESTRUC LES/TISS STOMACH	7	\$1,015	\$1,098
4443	ENDO CNTRL GASTRIC/DUODENAL HEMORR	3	\$974	\$974
4543	ENDO DEST OTH LES/TISS LG INTEST	3	\$793	\$1,026
4685	DILAT INTESTINE	2	\$1,500	\$1,500
4512	ENDO SM INTEST THRU ARTIFICL STOMA	1	\$1,019	\$1,019
4514	CLO [ENDO] BX SM INTESTINE	1	\$1,019	\$1,322

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHR	AVE TOT CHR(ALL FASCs)
CPT-4 Procedures		2,362	\$917	\$1,687
45378	COLONOSCOPY FLEX; DX-SEP PROC	671	\$834	\$898
45380	COLONOSCOPY FLEX; W/BX 1/MX	538	\$980	\$1,088
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	453	\$980	\$992
43239	UGI ENDO; W/BX 1/MX	384	\$974	\$991
45384	COLONOSCOPY FLEX; REMV LES-FORCE	65	\$980	\$1,135
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	61	\$816	\$756
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	36	\$974	\$894
43450	DILAT ESOPH-SOUND/BOUGIE-1/MX PA	36	\$523	\$525
45330	SIGMOIDOSCOPY FLEX; DX-SEP PROC	29	\$560	\$522
45331	SIGMOIDOSCOPY FLXIBLE; W/BX 1/MX	20	\$560	\$570
43245	UP GI ENDO;W/DILAT GASTR OUTLT O	14	\$974	\$945
43248	UGI ENDO; W/INSRT GUIDE WIRE	13	\$974	\$832
43247	UGI ENDO; W/REMOVAL FB	7	\$974	\$885
43251	UGI ENDO; W/REMV TUMOR/LES-SNARE	7	\$1,015	\$1,000
45338	SIGMOIDOSCOPY FLEX; REMV LES-SNA	6	\$735	\$559
43255	UGI ENDO; W/CONTRL BLEED ANY MET	3	\$974	\$992
43246	UGI ENDO; W/PLCMT GASTROSTOMY TU	2	\$974	\$904
43258	UGI ENDO; W/ABLAT LES NOT SNARE	2	\$1,015	\$834
44389	COLONOSCPY THRU STOMA; W/BX 1/MX	2	\$1,012	\$827
45339	SIGMOIDOS FLEX; ABLAT LES-NOT AM	2	\$700	\$700

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

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
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		4,314	32,823
112 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY		720	880
113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY		29	156
114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY		33	131
115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION		1,210	8,283
116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION		261	2,328
117 LOWER GASTROINTESTINAL ENDOSCOPY		2,061	17,131

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, 2004
PROCEDURE APG CATEGORY, PROCEDURE APG, SINGLE APG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

419 Northern Utah Endoscopy Center

Procedure APG category		TOTAL #	AVE TOT CHRG	AVE TOT CHRG(ALL FASCs)
Procedure APG				
06	DIGESTIVE SYSTEM	2,361	\$917	\$1,138
	112 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	36	\$523	\$525
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	29	\$560	\$575
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	29	\$623	\$595
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	446	\$952	\$942
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	85	\$979	\$903
	117 LOWER GASTROINTESTINAL ENDOSCOPY	1,736	\$924	\$948

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, 2004
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

419 Northern Utah Endoscopy Center

Patient Profile	Patient Visits (#)	Patient Visits (%)	Patient Visits-All FASCs (#)	Patient Visits-All FASCs (%)
GENDER				
Female	1,887	55.4	46,759	55.5
Male	1,506	44.2	37,388	44.4
Unknown	0	0.0	51	0.1
Not Reported	11	0.3	19	0.0
AGE				
1-28 days	0	0.0	0	0.0
29-365 days	0	0.0	604	0.7
1-4 years	0	0.0	4,976	5.9
5-9	0	0.0	2,461	2.9
10-14	2	0.1	1,337	1.6
15-17	18	0.5	1,544	1.8
18-19	38	1.1	1,293	1.5
20-24	96	2.8	3,707	4.4
25-29	103	3.0	3,702	4.4
30-34	100	2.9	3,661	4.3
35-39	105	3.1	3,756	4.5
40-44	180	5.3	4,835	5.7
45-49	255	7.5	5,630	6.7
50-54	421	12.4	7,103	8.4
55-59	387	11.4	6,629	7.9
60-64	360	10.6	6,074	7.2
65-69	399	11.7	7,005	8.3
70-74	355	10.4	6,917	8.2
75-79	306	9.0	6,511	7.7
80-84	176	5.2	4,212	5.0
85-89	85	2.5	1,776	2.1
90 +	18	0.5	478	0.6
Not Reported	0	0.0	6	0.0
SOURCE OF ADMISSION				
Physician Referral	3,404	100.0	64,875	77.0
Clinic Referral	0	0.0	1,223	1.5
HMO Referral	0	0.0	4	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	1,347	1.6
Not Reported	0	0.0	16,768	19.9
(Continued)				

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
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	3,401	99.9	68,923	81.8
Another Hospital	3	0.1	68	0.1
Skilled Nursing Facility	0	0.0	2	0.0
Intermediate Care Facility	0	0.0	0	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	0	0.0
Under Care of Home IV Provider	0	0.0	1	0.0
Expired	0	0.0	0	0.0
Unknown	0	0.0	15,222	18.1
Not Reported	0	0.0	1	0.0
PRIMARY PAYER				
Medicare	1,323	38.9	26,286	31.2
Medicaid	99	2.9	5,660	6.7
Other government	42	1.2	2,402	2.9
Blue Cross/Blue Shield	880	25.9	16,361	19.4
Other Commercial	285	8.4	7,923	9.4
Managed Care(HMO, PPO)	728	21.4	21,526	25.6
Self Pay	4	0.1	850	1.0
Industrial & Worker Comp	0	0.0	2,123	2.5
Charity and Unclassified	2	0.1	17	0.0
Childrens Health Insurance	0	0.0	189	0.2
Unknown	0	0.0	69	0.1
Not Reported	41	1.2	811	1.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	2,833	83.2	4,318	5.1
Central Utah	0	0.0	1,309	1.6
Davis County	6	0.2	11,351	13.5
Salt Lake County	8	0.2	28,856	34.3
Southeastern Utah	0	0.0	931	1.1
Southwest Utah	2	0.1	5,039	6.0
Summit County	2	0.1	1,225	1.5
Tooele County	1	0.0	1,244	1.5
Tri-County	1	0.0	469	0.6
Utah County	5	0.1	10,155	12.1
Wasatch County	1	0.0	442	0.5
Weber County	11	0.3	14,545	17.3
Unknown Utah	0	0.0	48	0.1
Outside Utah	534	15.7	4,246	5.0
Unknown, Not Reported	0	0.0	39	0.0

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

AMB ST 1-1
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

420 Ridgeline Endoscopy Center

	Procedures Performed		Procedures Performed-All FASCs	
	(#)	(%)	(#)	(%)
Reporting Category(ICD-9-CM CODES)	.	.	51,517	100.0
Mastectomy (85.0-85.99)	.	.	1,015	2.0
Musculoskeletal (76.0-84.99)	.	.	10,274	19.9
Respiratory (30.0-34.99)	.	.	99	0.2
Cardiovascular (35.0-39.99)	.	.	195	0.4
Lymphatic/Hemetic (40.0-41.99)	.	.	115	0.2
Digestive System (42.0-54.99)	.	.	6,359	12.3
Urinary (55.0-59.99)	.	.	287	0.6
Male Genital (60.0-64.99)	.	.	252	0.5
Female Genital (65.0-71.99)	.	.	1,550	3.0
Endocrine/Nervous (01.0-07.99)	.	.	3,493	6.8
Eye (08.0-16.99)	.	.	16,433	31.9
Ear (18.0-20.99)	.	.	3,144	6.1
Nose,Mouth,Pharynx (21.0-29.99)	.	.	8,301	16.1
Reporting Category(CPT-4 CODES)	8,803	100.0	115,827	100.0
Mastectomy (19120-19220)	0	0.0	266	0.2
Musculoskeletal (20000-29909)	0	0.0	25,839	22.3
Respiratory (30000-32999 & 39501-39599)	0	0.0	9,820	8.5
Cardiovascular (33010-37799 & 93501-93660)	0	0.0	853	0.7
Lymphatic/Hemetic (38100-38999)	0	0.0	207	0.2
Digestive (40490-49999)	8,803	100.0	37,208	32.1
Urinary (50010-53899)	0	0.0	1,628	1.4
Male Genital (54000-55899)	0	0.0	600	0.5
Female Genital (56405-58999)	0	0.0	3,108	2.7
Endocrine/Nervous (60000-64999)	0	0.0	11,264	9.7
Eye (65091-68899)	0	0.0	19,981	17.3
Ear (69000-69979)	0	0.0	5,053	4.4

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 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES

420 Ridgeline Endoscopy Center

ICD-9 CODE	ICD-9 DESCRIPTION	#	%	% ALL FASCs
All ICD-9 Procedures Does not report ICDs				
CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL FASCs
All CPT-4 Procedures				
43239	UGI ENDO; W/BX 1/MX	2,671	30.3	5.76
45378	COLONOSCOPY FLEX; DX-SEP PROC	2,396	27.2	6.86
45380	COLONOSCOPY FLEX; W/BX 1/MX	1,644	18.7	3.76
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	947	10.8	1.46
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	518	5.9	2.03
45384	COLONOSCOPY FLEX; REMV LES-FORCE	236	2.7	0.41
43245	UP GI ENDO;W/DILAT GASTR OUTLT O	71	0.8	0.14
43450	DILAT ESOPH-SOUND/BOUGIE-1/MX PA	71	0.8	0.76
43235	UGI ENDO; DX W/NO CLCT SPECMN-SP	68	0.8	1.29
47000	BIOPSY LIVER NEEDLE; PERCUTANEOU	31	0.4	0.03
43251	UGI ENDO; W/REMV TUMOR/LES-SNARE	22	0.2	0.16
43244	UGI ENDO; W/BAND LIG VARICES	15	0.2	0.01
45382	COLNSCPY FLEX SPLENIC; CNTRL BLE	13	0.1	0.02
43255	UGI ENDO; W/CONTRL BLEED ANY MET	11	0.1	0.02
43247	UGI ENDO; W/REMOVAL FB	10	0.1	0.03
45331	SIGMOIDOSCOPY FLXIBLE; W/BX 1/MX	9	0.1	0.08
45381	COLNSCP PROX SPLENC FLXR;SUBMUC	9	0.1	0.09
45330	SIGMOIDOSCOPY FLEX; DX-SEP PROC	8	0.1	0.11
45383	COLONOSCOPY FLEX; W/ABLAT LES	8	0.1	1.59
49081	PERITONEOCENTESIS; SUBSQT	7	0.1	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.

AMB ST 1-3

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
 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 CHRG	AVE TOT CHRG(ALL FASCs)
ICD-9 Procedures				
Does not report ICDS				

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL FASCs)
CPT-4 Procedures				
		6,065	\$1,257	\$1,687
45378	COLONOSCOPY FLEX; DX-SEP PROC	2,348	\$1,160	\$898
43239	UGI ENDO; W/BX 1/MX	1,608	\$1,249	\$991
45380	COLONOSCOPY FLEX; W/BX 1/MX	1,376	\$1,370	\$1,088
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	279	\$1,317	\$992
45384	COLONOSCOPY FLEX; REMV LES-FORCE	190	\$1,370	\$1,135
43235	UGI ENDO; DX W/VO CLCT SPECMN-SP	60	\$1,100	\$756
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	60	\$1,166	\$894
43245	UP GI ENDO;W/DILAT GASTR OUTLT O	48	\$1,104	\$945
47000	BIOPSY LIVER NEEDLE; PERCUTANEOU	31	\$3,887	\$3,887
45330	SIGMOIDOSCOPY FLEX; DX-SEP PROC	6	\$667	\$522
45331	SIGMOIDOSCOPY FLXIBLE; W/BX 1/MX	6	\$1,095	\$570
45382	COLNSCPY FLEX SPLENIC; CNTRL BLE	6	\$1,117	\$1,029
49081	PERITONEOCENTESIS; SUBSQT	6	\$1,000	\$1,000
43250	UGI ENDO; W/REMV TUMOR/POLYP/LES	4	\$1,163	\$1,092
43255	UGI ENDO; W/CONTRL BLEED ANY MET	4	\$1,163	\$992
44382	ILESOPY THRU STOMA; W/BX SINGLE/	4	\$1,225	\$1,070
45383	COLONOSCOPY FLEX; W/ABLAT LES	4	\$1,250	\$768
43247	UGI ENDO; W/REMOVAL FB	3	\$1,258	\$885
49080	PERITONEOCENTESIS; INIT	3	\$1,067	\$1,067
43202	ESOPHGSCPY RIGD/FLXIBLE; W/BX 1/	2	\$875	\$769

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

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
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	31	1,480
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	31	51
03	RESPIRATORY SYSTEM	10	4,530
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	10	11
06	DIGESTIVE SYSTEM	8,756	32,823
	112 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	71	880
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	8	156
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	13	131
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	2,741	8,283
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	1,088	2,328
	117 LOWER GASTROINTESTINAL ENDOSCOPY	4,834	17,131
	118 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	1	11
13	THERAPUTIC AND OTHER RADIOLOGICAL PROCEDURES	3	571
	255 MISCELLANEOUS RADIOLOGICAL PROCEDURES WITH CONTRAST	3	8

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, 2004
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 CHRG	AVE TOT CHRG(ALL FASCs)
01	INTEGUMENTARY SYSTEM	31	\$3,887	\$1,482
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	31	\$3,887	\$3,779
03	RESPIRATORY SYSTEM	9	\$1,022	\$1,602
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	9	\$1,022	\$1,067
06	DIGESTIVE SYSTEM	6,021	\$1,244	\$1,138
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	6	\$667	\$575
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	9	\$1,086	\$595
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	1,670	\$1,244	\$942
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	124	\$1,143	\$903
	117 LOWER GASTROINTESTINAL ENDOSCOPY	4,211	\$1,249	\$948
	118 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	1	\$1,500	\$2,059
13	THERAPUTIC AND OTHER RADIOLOGICAL PROCEDURES	2	\$1,000	\$845
	255 MISCELLANEOUS RADIOLOGICAL PROCEDURES WITH CONTRAST	2	\$1,000	\$641

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, 2004
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

420 Ridgeline Endoscopy Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
GENDER				
Female	4,244	57.3	46,759	55.5
Male	3,162	42.7	37,388	44.4
Unknown	0	0.0	51	0.1
Not Reported	0	0.0	19	0.0
AGE				
1-28 days	0	0.0	0	0.0
29-365 days	0	0.0	604	0.7
1-4 years	0	0.0	4,976	5.9
5-9	2	0.0	2,461	2.9
10-14	20	0.3	1,337	1.6
15-17	41	0.6	1,544	1.8
18-19	45	0.6	1,293	1.5
20-24	188	2.5	3,707	4.4
25-29	171	2.3	3,702	4.4
30-34	154	2.1	3,661	4.3
35-39	234	3.2	3,756	4.5
40-44	340	4.6	4,835	5.7
45-49	428	5.8	5,630	6.7
50-54	912	12.3	7,103	8.4
55-59	876	11.8	6,629	7.9
60-64	742	10.0	6,074	7.2
65-69	961	13.0	7,005	8.3
70-74	855	11.5	6,917	8.2
75-79	713	9.6	6,511	7.7
80-84	521	7.0	4,212	5.0
85-89	165	2.2	1,776	2.1
90 +	38	0.5	478	0.6
Not Reported	0	0.0	6	0.0
SOURCE OF ADMISSION				
Physician Referral	7,406	100.0	64,875	77.0
Clinic Referral	0	0.0	1,223	1.5
HMO Referral	0	0.0	4	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	1,347	1.6
Not Reported	0	0.0	16,768	19.9
(Continued)				

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
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	7,406	100.0	68,923	81.8
Another Hospital	0	0.0	68	0.1
Skilled Nursing Facility	0	0.0	2	0.0
Intermediate Care Facility	0	0.0	0	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	0	0.0
Under Care of Home IV Provider	0	0.0	1	0.0
Expired	0	0.0	0	0.0
Unknown	0	0.0	15,222	18.1
Not Reported	0	0.0	1	0.0
PRIMARY PAYER				
Medicare	3,295	44.5	26,286	31.2
Medicaid	131	1.8	5,660	6.7
Other government	702	9.5	2,402	2.9
Blue Cross/Blue Shield	1,472	19.9	16,361	19.4
Other Commercial	902	12.2	7,923	9.4
Managed Care(HMO, PPO)	889	12.0	21,526	25.6
Self Pay	14	0.2	850	1.0
Industrial & Worker Comp	0	0.0	2,123	2.5
Charity and Unclassified	1	0.0	17	0.0
Childrens Health Insurance	0	0.0	189	0.2
Unknown	0	0.0	69	0.1
Not Reported	0	0.0	811	1.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	311	4.2	4,318	5.1
Central Utah	2	0.0	1,309	1.6
Davis County	1,832	24.7	11,351	13.5
Salt Lake County	32	0.4	28,856	34.3
Southeastern Utah	4	0.1	931	1.1
Southwest Utah	7	0.1	5,039	6.0
Summit County	32	0.4	1,225	1.5
Tooele County	2	0.0	1,244	1.5
Tri-County	3	0.0	469	0.6
Utah County	10	0.1	10,155	12.1
Wasatch County	1	0.0	442	0.5
Weber County	4,985	67.3	14,545	17.3
Unknown Utah	4	0.1	48	0.1
Outside Utah	181	2.4	4,246	5.0
Unknown, Not Reported	0	0.0	39	0.0

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

AMB ST 1-1
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
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)	.	.	51,517	100.0
Mastectomy (85.0-85.99)	.	.	1,015	2.0
Musculoskeletal (76.0-84.99)	.	.	10,274	19.9
Respiratory (30.0-34.99)	.	.	99	0.2
Cardiovascular (35.0-39.99)	.	.	195	0.4
Lymphatic/Hemetic (40.0-41.99)	.	.	115	0.2
Digestive System (42.0-54.99)	.	.	6,359	12.3
Urinary (55.0-59.99)	.	.	287	0.6
Male Genital (60.0-64.99)	.	.	252	0.5
Female Genital (65.0-71.99)	.	.	1,550	3.0
Endocrine/Nervous (01.0-07.99)	.	.	3,493	6.8
Eye (08.0-16.99)	.	.	16,433	31.9
Ear (18.0-20.99)	.	.	3,144	6.1
Nose,Mouth,Pharynx (21.0-29.99)	.	.	8,301	16.1
Reporting Category(CPT-4 CODES)	1,615	100.0	115,827	100.0
Mastectomy (19120-19220)	0	0.0	266	0.2
Musculoskeletal (20000-29909)	0	0.0	25,839	22.3
Respiratory (30000-32999 & 39501-39599)	0	0.0	9,820	8.5
Cardiovascular (33010-37799 & 93501-93660)	0	0.0	853	0.7
Lymphatic/Hemetic (38100-38999)	0	0.0	207	0.2
Digestive (40490-49999)	1,615	100.0	37,208	32.1
Urinary (50010-53899)	0	0.0	1,628	1.4
Male Genital (54000-55899)	0	0.0	600	0.5
Female Genital (56405-58999)	0	0.0	3,108	2.7
Endocrine/Nervous (60000-64999)	0	0.0	11,264	9.7
Eye (65091-68899)	0	0.0	19,981	17.3
Ear (69000-69979)	0	0.0	5,053	4.4

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 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES

406 Salt Lake Endoscopy Center

ICD-9 CODE	ICD-9 DESCRIPTION	#	%	% ALL FASCs
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	1,615	100.0	100.0
43239	UGI ENDO; W/BX 1/MX	600	37.2	6.86
45380	COLONOSCOPY FLEX; W/BX 1/MX	294	18.2	5.76
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	169	10.5	3.76
43235	UGI ENDO; DX W/VO CLCT SPECMN-SP	163	10.1	2.03
45384	COLONOSCOPY FLEX; REMV LES-FORCE	126	7.8	1.29
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	60	3.7	0.41
43450	DILAT ESOPH-SOUND/BOUGIE-1/MX PA	50	3.1	1.46
45383	COLONOSCOPY FLEX; W/ABLAT LES	37	2.3	0.76
45330	SIGMOIDOSCOPY FLEX; DX-SEP PROC	34	2.1	1.59
46221	HEMORRHOIDECTOMY BY SIMPLE LIGAT	28	1.7	0.11
43245	UP GI ENDO;W/DILAT GASTR OUTLT O	17	1.1	0.02
43247	UGI ENDO; W/REMOVAL FB	12	0.7	0.14
45331	SIGMOIDOSCOPY FLXIBLE; W/BX 1/MX	5	0.3	0.03
45338	SIGMOIDOSCOPY FLEX; REMV LES-SNA	5	0.3	0.08
43255	UGI ENDO; W/CONTRL BLEED ANY MET	4	0.2	0.02
45340	SIGMOIDSCPY FLX; DILAT BALLN 1/>	3	0.2	0.02
43151	43151	2	0.1	0.01
43246	UGI ENDO; W/PLCMT GASTROSTOMY TU	1	0.1	0.00
43760	CHANGE OF GASTROSTOMY TUBE	1	0.1	0.00

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, 2004
 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 CHRG	AVE TOT CHRG(ALL FASCs)
ICD-9 Procedures				
Does not report ICDS				

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL FASCs)
CPT-4 Procedures				
		1,446	\$530	\$1,687
45378	COLONOSCOPY FLEX; DX-SEP PROC	581	\$511	\$898
43239	UGI ENDO; W/BX 1/MX	244	\$511	\$991
45380	COLONOSCOPY FLEX; W/BX 1/MX	162	\$580	\$1,088
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	161	\$674	\$992
43235	UGI ENDO; DX W/VO CLCT SPECMN-SP	105	\$397	\$756
45384	COLONOSCOPY FLEX; REMV LES-FORCE	60	\$574	\$1,135
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	49	\$674	\$894
45330	SIGMOIDOSCOPY FLEX; DX-SEP PROC	26	\$272	\$522
46221	HEMORRHOIDECTOMY BY SIMPLE LIGAT	16	\$246	\$329
43245	UP GI ENDO;W/DILAT GASTR OUTLT O	12	\$761	\$945
43247	UGI ENDO; W/REMOVAL FB	5	\$528	\$885
45331	SIGMOIDOSCOPY FLXIBLE; W/BX 1/MX	5	\$317	\$570
43450	DILAT ESOPH-SOUND/BOUGIE-1/MX PA	4	\$316	\$525
45338	SIGMOIDOSCOPY FLEX; REMV LES-SNA	4	\$306	\$559
43255	UGI ENDO; W/CONTRL BLEED ANY MET	2	\$830	\$992
45340	SIGMOIDSCPY FLX; DILAT BALLN 1/>	2	\$471	\$666
45383	COLONOSCOPY FLEX; W/ABLAT LES	2	\$350	\$768
43151	43151	1	\$0	\$0
43246	UGI ENDO; W/PLCMT GASTROSTOMY TU	1	\$935	\$904
43760	CHANGE OF GASTROSTOMY TUBE	1	\$332	\$723

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

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
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			
06 DIGESTIVE SYSTEM		1,613	32,823
112 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY		37	880
113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY		28	156
114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY		12	131
115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION		420	8,283
116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION		71	2,328
117 LOWER GASTROINTESTINAL ENDOSCOPY		1,028	17,131
121 SIMPLE ANAL AND RECTAL PROCEDURES		17	62

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, 2004
PROCEDURE APG CATEGORY, PROCEDURE APG, SINGLE APG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

406 Salt Lake Endoscopy Center

Procedure APG category		TOTAL #	AVE TOT CHRG	AVE TOT CHRG(ALL FASCs)
Procedure APG				
06	DIGESTIVE SYSTEM	1,444	\$530	\$1,138
	112 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	4	\$316	\$525
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	26	\$272	\$575
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	12	\$350	\$595
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	349	\$477	\$942
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	69	\$687	\$903
	117 LOWER GASTROINTESTINAL ENDOSCOPY	968	\$553	\$948
	121 SIMPLE ANAL AND RECTAL PROCEDURES	16	\$246	\$946

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, 2004
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	803	53.9	46,759	55.5
Male	686	46.1	37,388	44.4
Unknown	0	0.0	51	0.1
Not Reported	0	0.0	19	0.0
AGE				
1-28 days	0	0.0	0	0.0
29-365 days	0	0.0	604	0.7
1-4 years	0	0.0	4,976	5.9
5-9	0	0.0	2,461	2.9
10-14	0	0.0	1,337	1.6
15-17	2	0.1	1,544	1.8
18-19	8	0.5	1,293	1.5
20-24	30	2.0	3,707	4.4
25-29	44	3.0	3,702	4.4
30-34	53	3.6	3,661	4.3
35-39	54	3.6	3,756	4.5
40-44	95	6.4	4,835	5.7
45-49	111	7.5	5,630	6.7
50-54	220	14.8	7,103	8.4
55-59	187	12.6	6,629	7.9
60-64	184	12.4	6,074	7.2
65-69	137	9.2	7,005	8.3
70-74	146	9.8	6,917	8.2
75-79	99	6.6	6,511	7.7
80-84	82	5.5	4,212	5.0
85-89	26	1.7	1,776	2.1
90 +	10	0.7	478	0.6
Not Reported	1	0.1	6	0.0
SOURCE OF ADMISSION				
Physician Referral	1,469	98.7	64,875	77.0
Clinic Referral	0	0.0	1,223	1.5
HMO Referral	0	0.0	4	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	20	1.3	1,347	1.6
Not Reported	0	0.0	16,768	19.9
(Continued)				

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
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	68,923	81.8
Another Hospital	0	0.0	68	0.1
Skilled Nursing Facility	0	0.0	2	0.0
Intermediate Care Facility	0	0.0	0	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	0	0.0
Under Care of Home IV Provider	0	0.0	1	0.0
Expired	0	0.0	0	0.0
Unknown	1,489	100.0	15,222	18.1
Not Reported	0	0.0	1	0.0
PRIMARY PAYER				
Medicare	498	33.4	26,286	31.2
Medicaid	37	2.5	5,660	6.7
Other government	12	0.8	2,402	2.9
Blue Cross/Blue Shield	397	26.7	16,361	19.4
Other Commercial	97	6.5	7,923	9.4
Managed Care(HMO, PPO)	400	26.9	21,526	25.6
Self Pay	27	1.8	850	1.0
Industrial & Worker Comp	0	0.0	2,123	2.5
Charity and Unclassified	3	0.2	17	0.0
Childrens Health Insurance	0	0.0	189	0.2
Unknown	0	0.0	69	0.1
Not Reported	18	1.2	811	1.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	5	0.3	4,318	5.1
Central Utah	3	0.2	1,309	1.6
Davis County	73	4.9	11,351	13.5
Salt Lake County	1,208	81.1	28,856	34.3
Southeastern Utah	5	0.3	931	1.1
Southwest Utah	2	0.1	5,039	6.0
Summit County	82	5.5	1,225	1.5
Tooele County	36	2.4	1,244	1.5
Tri-County	12	0.8	469	0.6
Utah County	4	0.3	10,155	12.1
Wasatch County	6	0.4	442	0.5
Weber County	7	0.5	14,545	17.3
Unknown Utah	0	0.0	48	0.1
Outside Utah	46	3.1	4,246	5.0
Unknown, Not Reported	0	0.0	39	0.0

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

AMB ST 1-1
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

417 South Towne Surgical Center

	Procedures Performed		Procedures Performed-All FASCs	
	(#)	(%)	(#)	(%)
Reporting Category(ICD-9-CM CODES)	.	.	51,517	100.0
Mastectomy (85.0-85.99)	.	.	1,015	2.0
Musculoskeletal (76.0-84.99)	.	.	10,274	19.9
Respiratory (30.0-34.99)	.	.	99	0.2
Cardiovascular (35.0-39.99)	.	.	195	0.4
Lymphatic/Hemetic (40.0-41.99)	.	.	115	0.2
Digestive System (42.0-54.99)	.	.	6,359	12.3
Urinary (55.0-59.99)	.	.	287	0.6
Male Genital (60.0-64.99)	.	.	252	0.5
Female Genital (65.0-71.99)	.	.	1,550	3.0
Endocrine/Nervous (01.0-07.99)	.	.	3,493	6.8
Eye (08.0-16.99)	.	.	16,433	31.9
Ear (18.0-20.99)	.	.	3,144	6.1
Nose,Mouth,Pharynx (21.0-29.99)	.	.	8,301	16.1
Reporting Category(CPT-4 CODES)	5,865	100.0	115,827	100.0
Mastectomy (19120-19220)	0	0.0	266	0.2
Musculoskeletal (20000-29909)	2,037	34.7	25,839	22.3
Respiratory (30000-32999 & 39501-39599)	49	0.8	9,820	8.5
Cardiovascular (33010-37799 & 93501-93660)	539	9.2	853	0.7
Lymphatic/Hemetic (38100-38999)	1	0.0	207	0.2
Digestive (40490-49999)	1,840	31.4	37,208	32.1
Urinary (50010-53899)	73	1.2	1,628	1.4
Male Genital (54000-55899)	41	0.7	600	0.5
Female Genital (56405-58999)	157	2.7	3,108	2.7
Endocrine/Nervous (60000-64999)	887	15.1	11,264	9.7
Eye (65091-68899)	2	0.0	19,981	17.3
Ear (69000-69979)	239	4.1	5,053	4.4

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 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES

417 South Towne Surgical Center

ICD-9 CODE	ICD-9 DESCRIPTION	#	%	% ALL FASCs
All ICD-9 Procedures				
Does not report ICDs				

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL FASCs
All CPT-4 Procedures		5,865	100.0	100.0
21299	UNLISTED CRANIOFCE&MAXILLOFCE PR	642	10.9	2.09
41899	UNLIST PROC DENTOALVEOL STRUCTUR	387	6.6	1.05
45378	COLONOSCOPY FLEX; DX-SEP PROC	362	6.2	6.86
43239	UGI ENDO; W/BX 1/MX	263	4.5	5.76
45380	COLONOSCOPY FLEX; W/BX 1/MX	219	3.7	3.76
69436	TYMPANOSTOMY GENERAL ANESTHESIA	216	3.7	3.64
62290	INJ PROC DISKOGRAPHY EA LEVL; LU	163	2.8	0.34
36011	SEL CATH PLCMT VENOUS; 1ST ORDER	155	2.6	0.13
37204	TRANSCATH OCCLUD PERQ NON CNS	152	2.6	0.17
43659	UNLISTED LAPAROSCOPY PROC STOMAC	116	2.0	0.10
29881	SCOPE KNEE SURG;W/MENISCECT MED/	111	1.9	1.56
43235	UGI ENDO; DX W/VO CLCT SPECMN-SP	90	1.5	1.29
64483	INJ ANES EPIDURL; LUMB/SAC 1 LEV	90	1.5	1.03
62310	INJ 1 NOT NEUROLYTIC-EPID;CERV/T	89	1.5	0.40
37785	LIG &/ EXC VARICOSE VN CLUSTR 1	84	1.4	0.09
20680	REMOVAL OF IMPLANT; DEEP	80	1.4	0.83
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	73	1.2	1.46
58660	LAPAROSCOPY SURGICAL; W/LYSIS AD	73	1.2	0.11
37765	STAB PHLEBECT VV 1 EXT; 10-20 IN	70	1.2	0.08
28285	CORRECTION HAMMERTO	65	1.1	0.79

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, 2004
 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 CHRG	AVE TOT CHRG(ALL FASCs)
ICD-9 Procedures				
Does not report ICDS				

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL FASCs)
CPT-4 Procedures				
		3,184	\$1,935	\$1,687
21299	UNLISTED CRANIOFCE&MAXILLOFCE PR	642	\$1,777	\$1,915
41899	UNLIST PROC DENTOALVEOL STRUCTUR	387	\$1,773	\$1,890
45378	COLONOSCOPY FLEX; DX-SEP PROC	304	\$769	\$898
45380	COLONOSCOPY FLEX; W/BX 1/MX	148	\$957	\$1,088
43239	UGI ENDO; W/BX 1/MX	139	\$827	\$991
43659	UNLISTED LAPAROSCOPY PROC STOMAC	116	\$6,427	\$6,427
62310	INJ 1 NOT NEUROLYTIC-EPID;CERV/T	86	\$594	\$610
58660	LAPAROSCOPY SURGICAL; W/LYSIS AD	64	\$2,038	\$2,204
43235	UGI ENDO; DX W/VO CLCT SPECMN-SP	63	\$687	\$756
63030	LAMINOT W/ DECOMP; 1 INTERSPACE	58	\$4,596	\$4,903
29881	SCOPE KNEE SURG;W/MENISCECT MED/	56	\$3,291	\$2,458
64721	NEUROPLASTY; MEDIAN @ CARPAL TUN	49	\$2,073	\$1,420
20680	REMOVAL OF IMPLANT; DEEP	47	\$1,702	\$1,373
42820	T&A; UNDER AGE 12	46	\$1,749	\$1,337
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	34	\$595	\$620
29888	ARTHSCPY AIDED ACL REPR/AUG/RECO	28	\$4,395	\$5,347
29880	SCOPE KNEE SURG;W/MENISCECT MED&	27	\$3,772	\$3,188
64483	INJ ANES EPIDURL; LUMB/SAC 1 LEV	27	\$649	\$857
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	25	\$955	\$992
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	24	\$1,710	\$1,335

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

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

417 South Towne Surgical Center

Procedure APG category		TOTAL #	TOTAL # (ALL FASCs)
Procedure APG			
01	INTEGUMENTARY SYSTEM	33	1,480
	003 COMPLEX INCISION AND DRAINAGE	1	19
	006 SIMPLE DEBRIDEMENT AND DESTRUCTION	1	31
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	9	436
	008 SIMPLE EXCISION AND BIOPSY	22	550
02	MUSCULOSKELETAL SYSTEM	1,392	21,689
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	252	2,054
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	37	726
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	42	850
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	327	5,556
	025 ARTHROSCOPY	539	8,944
	028 CLOSED TREATMENT FX & DISLOCATION OF FINGER, TOE & TRUNK	1	11
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	3	87
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	69	1,079
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	9	181
	032 BUNION PROCEDURES	83	994
	033 ARTHROPLASTY	5	213
	034 HAND AND FOOT TENOTOMY	6	111
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	19	882
03	RESPIRATORY SYSTEM	2	4,530
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	2	4,467
04	CARDIOVASCULAR SYSTEM	384	636
	077 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	152	197
	081 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	93	169
	082 VASCULAR LIGATION	139	234
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	1	236
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	1	236
06	DIGESTIVE SYSTEM	1,407	32,823
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	11	156
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	5	131
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	356	8,283
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	78	2,328
	117 LOWER GASTROINTESTINAL ENDOSCOPY	634	17,131
	118 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	10	11
	119 HERNIA AND HYDROCELE PROCEDURES	67	1,300
	120 COMPLEX ANAL AND RECTAL PROCEDURES	8	187
	121 SIMPLE ANAL AND RECTAL PROCEDURES	1	62
	123 COMPLEX LAPAROSCOPIC PROCEDURES	121	2,219
	124 SIMPLE LAPAROSCOPIC PROCEDURES	116	121
07	URINARY SYSTEM	67	1,577
	131 RENAL EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	24	616
	133 URINARY CATHETERIZATION AND DILATATION	1	20
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	21	427
	135 MODERATE CYSTOURETHROSCOPY	14	388
	136 SIMPLE CYSTOURETHROSCOPY	7	96
08	MALE GENITAL SYSTEM	40	535

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
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)
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	26	360
	154 SIMPLE PENILE PROCEDURES	10	126
	155 PROSTATE NEEDLE AND PUNCH BIOPSY	4	11
09	FEMALE GENITAL SYSTEM	56	1,762
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	9	149
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	12	504
	178 DILATION AND CURETTAGE	15	215
	179 HYSTEROSCOPY	19	856
	180 COLPOSCOPY	1	38
10	NERVOUS SYSTEM	653	10,742
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	515	7,841
	198 NERVE REPAIR AND DESTRUCTION	138	2,787
11	EYE AND OCULAR ADNEXA	2	19,869
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	1	1,884
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	1	338
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	1,475	18,814
	233 NASAL CAUTERIZATION AND PACKING	1	85
	234 COMPLEX FACIAL AND ENT PROCEDURES	50	3,110
	235 SIMPLE FACIAL AND ENT PROCEDURES	1,287	11,695
	236 TONSIL AND ADENOID PROCEDURES	137	3,924
13	THERAPUTIC AND OTHER RADIOLOGICAL PROCEDURES	324	571
	253 VASCULAR RADIOLOGY EXCEPT FOR VENOGRAPHY OF EXTREMITY	155	155
	254 MYELOGRAPHY	169	408

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, 2004
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	11	\$1,384	\$1,482
	003 COMPLEX INCISION AND DRAINAGE	1	\$1,576	\$1,135
	006 SIMPLE DEBRIDEMENT AND DESTRUCTION	1	\$1,519	\$1,168
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	2	\$1,503	\$1,367
	008 SIMPLE EXCISION AND BIOPSY	7	\$1,304	\$1,355
02	MUSCULOSKELETAL SYSTEM	576	\$2,885	\$2,338
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	93	\$3,972	\$2,811
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	13	\$1,883	\$2,082
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	18	\$2,416	\$2,345
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	140	\$1,870	\$1,594
	025 ARTHROSCOPY	209	\$3,497	\$3,005
	028 CLOSED TREATMENT FX & DISLOCATION OF FINGER, TOE & TRUNK	1	\$350	\$1,269
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	1	\$1,770	\$1,316
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	47	\$2,492	\$2,245
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	6	\$1,586	\$1,150
	032 BUNION PROCEDURES	40	\$2,275	\$1,874
	033 ARTHROPLASTY	3	\$2,802	\$2,643
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	5	\$743	\$754
04	CARDIOVASCULAR SYSTEM	13	\$1,949	\$1,809
	077 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	1	\$4,611	\$3,249
	082 VASCULAR LIGATION	12	\$1,727	\$2,214
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	1	\$1,757	\$1,456
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	1	\$1,757	\$1,456
06	DIGESTIVE SYSTEM	1,023	\$1,686	\$1,138
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	11	\$776	\$575
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	5	\$560	\$595
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	205	\$792	\$942
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	25	\$876	\$903
	117 LOWER GASTROINTESTINAL ENDOSCOPY	494	\$841	\$948
	118 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	10	\$2,115	\$2,059
	119 HERNIA AND HYDROCELE PROCEDURES	41	\$1,836	\$1,748
	120 COMPLEX ANAL AND RECTAL PROCEDURES	8	\$1,948	\$1,171
	121 SIMPLE ANAL AND RECTAL PROCEDURES	1	\$1,948	\$946
	123 COMPLEX LAPAROSCOPIC PROCEDURES	107	\$2,376	\$3,092
	124 SIMPLE LAPAROSCOPIC PROCEDURES	116	\$6,427	\$6,399
07	URINARY SYSTEM	49	\$3,698	\$2,736
	131 RENAL EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	19	\$6,869	\$3,758
	133 URINARY CATHETERIZATION AND DILATATION	1	\$700	\$1,195
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	15	\$2,142	\$1,747
	135 MODERATE CYSTOURETHROSCOPY	9	\$1,425	\$1,421
	136 SIMPLE CYSTOURETHROSCOPY	5	\$1,012	\$1,057
08	MALE GENITAL SYSTEM	30	\$2,136	\$1,527
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	16	\$1,914	\$1,580
	154 SIMPLE PENILE PROCEDURES	10	\$1,263	\$1,203
	155 PROSTATE NEEDLE AND PUNCH BIOPSY	4	\$5,209	\$3,589

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
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 CHRG	AVE TOT CHRG(ALL FASCs)
09	FEMALE GENITAL SYSTEM	43	\$2,414	\$1,938
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	8	\$1,637	\$2,150
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	8	\$1,880	\$1,334
	178 DILATION AND CURETTAGE	11	\$1,371	\$1,182
	179 HYSTEROSCOPY	16	\$3,786	\$2,393
10	NERVOUS SYSTEM	254	\$1,211	\$984
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	180	\$606	\$684
	198 NERVE REPAIR AND DESTRUCTION	74	\$2,680	\$1,551
11	EYE AND OCULAR ADNEXA	2	\$1,773	\$2,247
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	1	\$2,045	\$1,836
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	1	\$1,500	\$1,172
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	1,164	\$1,752	\$1,645
	234 COMPLEX FACIAL AND ENT PROCEDURES	16	\$1,479	\$2,011
	235 SIMPLE FACIAL AND ENT PROCEDURES	1,061	\$1,758	\$1,789
	236 TONSIL AND ADENOID PROCEDURES	87	\$1,727	\$1,332
13	THERAPUTIC AND OTHER RADIOLOGICAL PROCEDURES	5	\$1,119	\$845
	254 MYELOGRAPHY	5	\$1,119	\$958

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, 2004
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	2,316	54.9	46,759	55.5
Male	1,899	45.0	37,388	44.4
Unknown	2	0.0	51	0.1
Not Reported	0	0.0	19	0.0
AGE				
1-28 days	0	0.0	0	0.0
29-365 days	33	0.8	604	0.7
1-4 years	807	19.1	4,976	5.9
5-9	372	8.8	2,461	2.9
10-14	48	1.1	1,337	1.6
15-17	65	1.5	1,544	1.8
18-19	54	1.3	1,293	1.5
20-24	167	4.0	3,707	4.4
25-29	233	5.5	3,702	4.4
30-34	269	6.4	3,661	4.3
35-39	246	5.8	3,756	4.5
40-44	353	8.4	4,835	5.7
45-49	339	8.0	5,630	6.7
50-54	391	9.3	7,103	8.4
55-59	286	6.8	6,629	7.9
60-64	189	4.5	6,074	7.2
65-69	161	3.8	7,005	8.3
70-74	91	2.2	6,917	8.2
75-79	58	1.4	6,511	7.7
80-84	38	0.9	4,212	5.0
85-89	12	0.3	1,776	2.1
90 +	5	0.1	478	0.6
Not Reported	0	0.0	6	0.0
SOURCE OF ADMISSION				
Physician Referral	4,214	99.9	64,875	77.0
Clinic Referral	0	0.0	1,223	1.5
HMO Referral	1	0.0	4	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	1,347	1.6
Not Reported	2	0.0	16,768	19.9
(Continued)				

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
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	1	0.0	68,923	81.8
Another Hospital	0	0.0	68	0.1
Skilled Nursing Facility	0	0.0	2	0.0
Intermediate Care Facility	0	0.0	0	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	0	0.0
Under Care of Home IV Provider	0	0.0	1	0.0
Expired	0	0.0	0	0.0
Unknown	4,216	100.0	15,222	18.1
Not Reported	0	0.0	1	0.0
PRIMARY PAYER				
Medicare	360	8.5	26,286	31.2
Medicaid	977	23.2	5,660	6.7
Other government	130	3.1	2,402	2.9
Blue Cross/Blue Shield	1,235	29.3	16,361	19.4
Other Commercial	288	6.8	7,923	9.4
Managed Care(HMO, PPO)	883	20.9	21,526	25.6
Self Pay	0	0.0	850	1.0
Industrial & Worker Comp	130	3.1	2,123	2.5
Charity and Unclassified	0	0.0	17	0.0
Childrens Health Insurance	0	0.0	189	0.2
Unknown	0	0.0	69	0.1
Not Reported	214	5.1	811	1.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	20	0.5	4,318	5.1
Central Utah	47	1.1	1,309	1.6
Davis County	128	3.0	11,351	13.5
Salt Lake County	3,403	80.7	28,856	34.3
Southeastern Utah	12	0.3	931	1.1
Southwest Utah	12	0.3	5,039	6.0
Summit County	46	1.1	1,225	1.5
Tooele County	56	1.3	1,244	1.5
Tri-County	24	0.6	469	0.6
Utah County	311	7.4	10,155	12.1
Wasatch County	15	0.4	442	0.5
Weber County	54	1.3	14,545	17.3
Unknown Utah	4	0.1	48	0.1
Outside Utah	83	2.0	4,246	5.0
Unknown, Not Reported	2	0.0	39	0.0

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

AMB ST 1-1
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
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)	94	100.0	51,517	100.0
Mastectomy (85.0-85.99)	0	0.0	1,015	2.0
Musculoskeletal (76.0-84.99)	14	14.9	10,274	19.9
Respiratory (30.0-34.99)	5	5.3	99	0.2
Cardiovascular (35.0-39.99)	40	42.6	195	0.4
Lymphatic/Hemetic (40.0-41.99)	0	0.0	115	0.2
Digestive System (42.0-54.99)	6	6.4	6,359	12.3
Urinary (55.0-59.99)	16	17.0	287	0.6
Male Genital (60.0-64.99)	4	4.3	252	0.5
Female Genital (65.0-71.99)	9	9.6	1,550	3.0
Endocrine/Nervous (01.0-07.99)	0	0.0	3,493	6.8
Eye (08.0-16.99)	0	0.0	16,433	31.9
Ear (18.0-20.99)	0	0.0	3,144	6.1
Nose,Mouth,Pharynx (21.0-29.99)	0	0.0	8,301	16.1
Reporting Category(CPT-4 CODES)	1,979	100.0	115,827	100.0
Mastectomy (19120-19220)	7	0.4	266	0.2
Musculoskeletal (20000-29909)	412	20.8	25,839	22.3
Respiratory (30000-32999 & 39501-39599)	26	1.3	9,820	8.5
Cardiovascular (33010-37799 & 93501-93660)	5	0.3	853	0.7
Lymphatic/Hemetic (38100-38999)	2	0.1	207	0.2
Digestive (40490-49999)	98	5.0	37,208	32.1
Urinary (50010-53899)	147	7.4	1,628	1.4
Male Genital (54000-55899)	21	1.1	600	0.5
Female Genital (56405-58999)	227	11.5	3,108	2.7
Endocrine/Nervous (60000-64999)	969	49.0	11,264	9.7
Eye (65091-68899)	52	2.6	19,981	17.3
Ear (69000-69979)	13	0.7	5,053	4.4

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 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
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		94	100.0	100.0
3665	3665	24	25.5	0.05
5509	5509	15	16.0	0.03
806	EXC SEMILUNAR CARTILAGE-KNEE	7	7.4	1.96
3379	3379	5	5.3	0.01
3540	3540	5	5.3	0.01
4564	4564	5	5.3	0.01
7018	7018	5	5.3	0.01
8076	SYNOVECT-KNEE	5	5.3	0.43
3556	3556	4	4.3	0.01
7039	7039	3	3.2	0.01
3542	CREATE HEART SEPTAL DEFEC	2	2.1	0.00
3743	3743	2	2.1	0.00
6049	6049	2	2.1	0.00
6111	BX SCROTUM/TUNICA VAGINALIS	2	2.1	0.00
8086	OTH LOC EXC/DESTRUC JT LES-KNEE	2	2.1	1.14
3669	3669	1	1.1	0.00
3741	3741	1	1.1	0.00
3752	IMPL TOTAL REPLACEMENT HEART SYSTEM	1	1.1	0.00
4741	4741	1	1.1	0.00
5532	5532	1	1.1	0.00
CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL FASCs
All CPT-4 Procedures		1,979	100.0	100.0
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	526	26.6	1.56
21299	UNLISTED CRANIOFCE&MAXILLOFCE PR	173	8.7	2.09
64483	INJ ANES EPIDURL; LUMB/SAC 1 LEV	105	5.3	1.03
62310	INJ 1 NOT NEUROLYTIC-EPID;CERV/T	100	5.1	0.40
50590	LITHOTRIPSY XTRACORP SHOCK WAVE	97	4.9	0.53
58662	LAP SURG; W/FULG/EXCIS LES-OVARY	78	3.9	0.60
64484	INJ ANES EPIDURL; LUMB/SAC-EA AD	51	2.6	0.50
58670	LAPARSCPY SURGICAL; W/FULG OVIDU	38	1.9	0.17
64475	INJ ANES FACET JT; LUMB/SAC-1LEV	36	1.8	0.53
64476	INJ ANES FACET JT; LUMB/SAC-EA A	35	1.8	0.79
66821	DISCISSION 2ND CATARACT; LASER S	24	1.2	1.57
52005	CYSTOURETHROSCOPY W/URETERAL CAT	23	1.2	0.08
20552	INJ; SINGLE/MX TRIG POINT 1/2 MU	22	1.1	0.04
58120	DILATION & CURET DX &/ THERAPEUT	20	1.0	0.19
27096	INJ SI JNT ARTHRGRPH &/ANES/STER	17	0.9	0.31
20553	INJ; SINGLE/MX TRIG POINT 3/> MU	16	0.8	0.02
28285	CORRECTION HAMMERTO	15	0.8	0.79
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	15	0.8	2.03
52332	CYSTOURETHROSCOPY W/INSRT STENT	15	0.8	0.16
20610	ARTHROCENTESIS ASPIR&/INJ; MAJ J	14	0.7	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.

AMB ST 1-3

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
 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 CHRG	AVE TOT CHRG(ALL FASCs)
ICD-9 Procedures		73	\$1,032	\$1,722
3665	3665	20	\$438	\$438
5509	5509	13	\$1,526	\$1,526
3379	3379	5	\$320	\$320
4564	4564	5	\$936	\$936
7018	7018	5	\$1,280	\$1,280
3540	3540	3	\$693	\$693
806	EXC SEMILUNAR CARTILAGE-KNEE	3	\$2,706	\$3,201
3542	CREATE HEART SEPTAL DEFEC	2	\$1,161	\$1,161
3556	3556	2	\$925	\$925
3743	3743	2	\$1,005	\$1,005
6049	6049	2	\$974	\$974
6111	BX SCROTUM/TUNICA VAGINALIS	2	\$1,022	\$1,022
8076	SYNOVECT-KNEE	2	\$739	\$3,325
8086	OTH LOC EXC/DESTRUC JT LES-KNEE	2	\$3,334	\$3,360
3669	3669	1	\$1,159	\$1,159
3741	3741	1	\$608	\$608
3752	IMPL TOTAL REPLACEMENT HEART SYSTEM	1	\$2,311	\$2,311
4741	4741	1	\$868	\$868
5532	5532	1	\$620	\$620

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL FASCs)
CPT-4 Procedures		1,264	\$686	\$1,687
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	484	\$362	\$620
21299	UNLISTED CRANIOFCE&MAXILLOFCE PR	173	\$831	\$1,915
62310	INJ 1 NOT NEUROLYTIC-EPID;CERV/T	79	\$343	\$610
50590	LITHOTRIPSY XTRACORP SHOCK WAVE	69	\$972	\$3,758
58662	LAP SURG; W/FULG/EXCIS LES-OVARY	42	\$1,953	\$2,205
64483	INJ ANES EPIDURL; LUMB/SAC 1 LEV	35	\$326	\$857
58670	LAPARSCPY SURGICAL; W/FULG OVIDU	24	\$1,730	\$1,738
66821	DISCISSION 2ND CATARACT; LASER S	20	\$438	\$695
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	14	\$535	\$992
58120	DILATION & CURET DX &/ THERAPEUT	13	\$759	\$1,182
20553	INJ; SINGLE/MX TRIG POINT 3/> MU	12	\$361	\$361
49505	REPR INIT ING HERNIA 5YR/MORE; R	11	\$1,321	\$1,719
45378	COLONOSCOPY FLEX; DX-SEP PROC	10	\$465	\$898
20551	INJECTION; TENDON ORIGIN/INSERTI	9	\$284	\$284
62270	SPINAL PUNCTURE LUMBAR DIAGNOSTI	9	\$397	\$397
42820	T&A; UNDER AGE 12	8	\$1,018	\$1,337
42821	T&A; AGE 12 OR OVER	7	\$889	\$1,332
64520	INJECTION ANES AGT; LUMBAR/THOR	7	\$358	\$776
67900	REPAIR OF BROW PTOSIS	6	\$1,259	\$1,769
69300	OTPLSTY PROTRUDING EAR W/VO SZ R	6	\$808	\$1,070

SOURCE: Utah Ambulatory Surgery Database

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

AMB ST 1-4

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
 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	30	1,480
	003 COMPLEX INCISION AND DRAINAGE	3	19
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	11	436
	008 SIMPLE EXCISION AND BIOPSY	9	550
	011 SIMPLE INCISION AND EXCISION OF BREAST	5	239
	012 BREAST RECONSTRUCTION AND MASTECTOMY	2	27
02	MUSCULOSKELETAL SYSTEM	202	21,689
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	9	2,054
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	2	726
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	9	850
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	48	5,556
	025 ARTHROSCOPY	18	8,944
	026 REPLACEMENT OF CAST	1	1
	028 CLOSED TREATMENT FX & DISLOCATION OF FINGER, TOE & TRUNK	1	11
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	4	1,079
	032 BUNION PROCEDURES	11	994
	033 ARTHROPLASTY	9	213
	034 HAND AND FOOT TENOTOMY	1	111
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	89	882
03	RESPIRATORY SYSTEM	5	4,530
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	5	4,467
04	CARDIOVASCULAR SYSTEM	3	636
	082 VASCULAR LIGATION	3	234
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	2	236
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	2	236
06	DIGESTIVE SYSTEM	221	32,823
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	3	156
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	8	8,283
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	2	2,328
	117 LOWER GASTROINTESTINAL ENDOSCOPY	27	17,131
	119 HERNIA AND HYDROCELE PROCEDURES	32	1,300
	120 COMPLEX ANAL AND RECTAL PROCEDURES	1	187
	123 COMPLEX LAPAROSCOPIC PROCEDURES	147	2,219
	124 SIMPLE LAPAROSCOPIC PROCEDURES	1	121
07	URINARY SYSTEM	147	1,577
	131 RENAL EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	97	616
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	17	427
	135 MODERATE CYSTOURETHROSCOPY	31	388
	136 SIMPLE CYSTOURETHROSCOPY	1	96
	138 SIMPLE URETHRAL PROCEDURES	1	13
08	MALE GENITAL SYSTEM	20	535
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	13	360
	153 COMPLEX PENILE PROCEDURES	2	37
	154 SIMPLE PENILE PROCEDURES	5	126
09	FEMALE GENITAL SYSTEM	74	1,762
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	16	149

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
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)
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	25	504
	178 DILATION AND CURETTAGE	20	215
	179 HYSTEROSCOPY	13	856
10	NERVOUS SYSTEM	964	10,742
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	922	7,841
	198 NERVE REPAIR AND DESTRUCTION	31	2,787
	199 SPINAL TAP	11	11
11	EYE AND OCULAR ADNEXA	52	19,869
	213 LASER EYE PROCEDURES	28	1,899
	214 CATARACT PROCEDURES	1	11,800
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	1	1,080
	220 STRABISMUS AND MUSCLE EYE PROCEDURES	6	461
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	15	1,884
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	1	338
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	232	18,814
	234 COMPLEX FACIAL AND ENT PROCEDURES	34	3,110
	235 SIMPLE FACIAL AND ENT PROCEDURES	182	11,695
	236 TONSIL AND ADENOID PROCEDURES	16	3,924

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, 2004
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	18	\$943	\$1,482
	003 COMPLEX INCISION AND DRAINAGE	3	\$899	\$1,135
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	5	\$979	\$1,367
	008 SIMPLE EXCISION AND BIOPSY	3	\$769	\$1,355
	011 SIMPLE INCISION AND EXCISION OF BREAST	5	\$1,007	\$1,248
	012 BREAST RECONSTRUCTION AND MASTECTOMY	2	\$1,022	\$1,244
02	MUSCULOSKELETAL SYSTEM	61	\$680	\$2,338
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	1	\$1,057	\$2,811
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	2	\$1,248	\$2,082
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	2	\$758	\$2,345
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	12	\$986	\$1,594
	025 ARTHROSCOPY	4	\$1,853	\$3,005
	026 REPLACEMENT OF CAST	1	\$656	\$656
	028 CLOSED TREATMENT FX & DISLOCATION OF FINGER, TOE & TRUNK	1	\$0	\$1,269
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	3	\$754	\$2,245
	032 BUNION PROCEDURES	3	\$944	\$1,874
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	32	\$356	\$754
04	CARDIOVASCULAR SYSTEM	1	\$2,592	\$1,809
	082 VASCULAR LIGATION	1	\$2,592	\$2,214
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	2	\$1,012	\$1,456
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	2	\$1,012	\$1,456
06	DIGESTIVE SYSTEM	134	\$1,453	\$1,138
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	2	\$350	\$575
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	5	\$489	\$942
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	1	\$585	\$903
	117 LOWER GASTROINTESTINAL ENDOSCOPY	25	\$506	\$948
	119 HERNIA AND HYDROCELE PROCEDURES	24	\$1,317	\$1,748
	120 COMPLEX ANAL AND RECTAL PROCEDURES	1	\$908	\$1,171
	123 COMPLEX LAPAROSCOPIC PROCEDURES	75	\$1,902	\$3,092
	124 SIMPLE LAPAROSCOPIC PROCEDURES	1	\$3,148	\$6,399
07	URINARY SYSTEM	79	\$969	\$2,736
	131 RENAL EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	69	\$972	\$3,758
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	3	\$1,130	\$1,747
	135 MODERATE CYSTOURETHROSCOPY	7	\$865	\$1,421
08	MALE GENITAL SYSTEM	18	\$941	\$1,527
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	12	\$937	\$1,580
	153 COMPLEX PENILE PROCEDURES	2	\$1,341	\$1,779
	154 SIMPLE PENILE PROCEDURES	4	\$751	\$1,203
09	FEMALE GENITAL SYSTEM	45	\$1,154	\$1,938
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	8	\$2,283	\$2,150
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	17	\$862	\$1,334
	178 DILATION AND CURETTAGE	13	\$759	\$1,182
	179 HYSTEROSCOPY	7	\$1,308	\$2,393
10	NERVOUS SYSTEM	636	\$366	\$984
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	617	\$357	\$684

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
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 CHRG	AVE TOT CHRG(ALL FASCs)
	198 NERVE REPAIR AND DESTRUCTION	10	\$853	\$1,551
	199 SPINAL TAP	9	\$397	\$397
11	EYE AND OCULAR ADNEXA	39	\$678	\$2,247
	213 LASER EYE PROCEDURES	22	\$435	\$691
	214 CATARACT PROCEDURES	1	\$1,159	\$2,474
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	1	\$749	\$2,466
	220 STRABISMUS AND MUSCLE EYE PROCEDURES	2	\$870	\$2,417
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	12	\$1,073	\$1,836
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	1	\$330	\$1,172
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	217	\$854	\$1,645
	234 COMPLEX FACIAL AND ENT PROCEDURES	22	\$964	\$2,011
	235 SIMPLE FACIAL AND ENT PROCEDURES	179	\$832	\$1,789
	236 TONSIL AND ADENOID PROCEDURES	16	\$952	\$1,332

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, 2004
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	922	59.1	46,759	55.5
Male	635	40.7	37,388	44.4
Unknown	0	0.0	51	0.1
Not Reported	4	0.3	19	0.0
AGE				
1-28 days	0	0.0	0	0.0
29-365 days	2	0.1	604	0.7
1-4 years	116	7.4	4,976	5.9
5-9	50	3.2	2,461	2.9
10-14	32	2.0	1,337	1.6
15-17	17	1.1	1,544	1.8
18-19	14	0.9	1,293	1.5
20-24	76	4.9	3,707	4.4
25-29	72	4.6	3,702	4.4
30-34	88	5.6	3,661	4.3
35-39	86	5.5	3,756	4.5
40-44	83	5.3	4,835	5.7
45-49	69	4.4	5,630	6.7
50-54	79	5.1	7,103	8.4
55-59	83	5.3	6,629	7.9
60-64	105	6.7	6,074	7.2
65-69	122	7.8	7,005	8.3
70-74	158	10.1	6,917	8.2
75-79	159	10.2	6,511	7.7
80-84	78	5.0	4,212	5.0
85-89	50	3.2	1,776	2.1
90 +	22	1.4	478	0.6
Not Reported	0	0.0	6	0.0
SOURCE OF ADMISSION				
Physician Referral	1,561	100.0	64,875	77.0
Clinic Referral	0	0.0	1,223	1.5
HMO Referral	0	0.0	4	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	1,347	1.6
Not Reported	0	0.0	16,768	19.9
(Continued)				

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
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	1,561	100.0	68,923	81.8
Another Hospital	0	0.0	68	0.1
Skilled Nursing Facility	0	0.0	2	0.0
Intermediate Care Facility	0	0.0	0	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	0	0.0
Under Care of Home IV Provider	0	0.0	1	0.0
Expired	0	0.0	0	0.0
Unknown	0	0.0	15,222	18.1
Not Reported	0	0.0	1	0.0
PRIMARY PAYER				
Medicare	616	39.5	26,286	31.2
Medicaid	203	13.0	5,660	6.7
Other government	17	1.1	2,402	2.9
Blue Cross/Blue Shield	205	13.1	16,361	19.4
Other Commercial	245	15.7	7,923	9.4
Managed Care(HMO, PPO)	169	10.8	21,526	25.6
Self Pay	78	5.0	850	1.0
Industrial & Worker Comp	28	1.8	2,123	2.5
Charity and Unclassified	0	0.0	17	0.0
Childrens Health Insurance	0	0.0	189	0.2
Unknown	0	0.0	69	0.1
Not Reported	0	0.0	811	1.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	0	0.0	4,318	5.1
Central Utah	8	0.5	1,309	1.6
Davis County	0	0.0	11,351	13.5
Salt Lake County	3	0.2	28,856	34.3
Southeastern Utah	1	0.1	931	1.1
Southwest Utah	1,363	87.3	5,039	6.0
Summit County	2	0.1	1,225	1.5
Tooele County	0	0.0	1,244	1.5
Tri-County	0	0.0	469	0.6
Utah County	0	0.0	10,155	12.1
Wasatch County	0	0.0	442	0.5
Weber County	2	0.1	14,545	17.3
Unknown Utah	2	0.1	48	0.1
Outside Utah	180	11.5	4,246	5.0
Unknown, Not Reported	0	0.0	39	0.0

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

AMB ST 1-1
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

409 St. Marks Outpatient Surgical Center

Reporting Category(ICD-9-CM CODES)	Procedures Performed		Procedures Performed-All FASCs	
	(#)	(%)	(#)	(%)
Reporting Category(ICD-9-CM CODES)	612	100.0	51,517	100.0
Mastectomy (85.0-85.99)	45	7.4	1,015	2.0
Musculoskeletal (76.0-84.99)	182	29.7	10,274	19.9
Respiratory (30.0-34.99)	2	0.3	99	0.2
Cardiovascular (35.0-39.99)	0	0.0	195	0.4
Lymphatic/Hemetic (40.0-41.99)	1	0.2	115	0.2
Digestive System (42.0-54.99)	58	9.5	6,359	12.3
Urinary (55.0-59.99)	0	0.0	287	0.6
Male Genital (60.0-64.99)	0	0.0	252	0.5
Female Genital (65.0-71.99)	35	5.7	1,550	3.0
Endocrine/Nervous (01.0-07.99)	32	5.2	3,493	6.8
Eye (08.0-16.99)	72	11.8	16,433	31.9
Ear (18.0-20.99)	38	6.2	3,144	6.1
Nose,Mouth,Pharynx (21.0-29.99)	147	24.0	8,301	16.1
Reporting Category(CPT-4 CODES)	6,186	100.0	115,827	100.0
Mastectomy (19120-19220)	46	0.7	266	0.2
Musculoskeletal (20000-29909)	2,109	34.1	25,839	22.3
Respiratory (30000-32999 & 39501-39599)	1,136	18.4	9,820	8.5
Cardiovascular (33010-37799 & 93501-93660)	77	1.2	853	0.7
Lymphatic/Hemetic (38100-38999)	35	0.6	207	0.2
Digestive (40490-49999)	895	14.5	37,208	32.1
Urinary (50010-53899)	5	0.1	1,628	1.4
Male Genital (54000-55899)	5	0.1	600	0.5
Female Genital (56405-58999)	380	6.1	3,108	2.7
Endocrine/Nervous (60000-64999)	336	5.4	11,264	9.7
Eye (65091-68899)	869	14.0	19,981	17.3
Ear (69000-69979)	293	4.7	5,053	4.4

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 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES

409 St. Marks Outpatient Surgical Center

ICD-9 CODE	ICD-9 DESCRIPTION	#	%	% ALL FASCs
All ICD-9 Procedures		612	100.0	100.0
1371	IOL PROSTH-CATARACT EXTRACT-1-STAGE	59	9.6	11.07
2169	OTH TURBINECTOMY	42	6.9	2.56
8521	LOC EXC LES BREAST	39	6.4	0.47
5300	UNILAT REPR ING HERN-NOS	38	6.2	0.38
806	EXC SEMILUNAR CARTILAGE-KNEE	33	5.4	1.96
2001	MYRINGOTOMY W/INSRT TUBE	30	4.9	4.92
2262	EXC LES MAXIL SINUS W/OTH APPRCH	22	3.6	0.91
0443	RELEASE CARPAL TUNNEL	20	3.3	1.62
215	SUBMUCOUS RESECT NASAL SEPTUM	18	2.9	0.40
283	TONSILLECTOMY W/ADENOIDECTOMY	15	2.5	2.17
2263	ETHMOIDECTOMY	14	2.3	1.79
7751	BUNIONEC SOFT-OSTEOT 1ST METATARS	14	2.3	0.29
8183	OTH REPR SHLDR	11	1.8	0.75
8211	TENOT HAND	10	1.6	0.42
282	TONSILLECTOMY WO ADENOIDECTOMY	9	1.5	0.97
8221	EXC LES TENDON SHEATH HAND	9	1.5	0.44
7756	REPR HAMMER TOE	8	1.3	0.47
8086	OTH LOC EXC/DESTRUC JT LES-KNEE	8	1.3	1.14
1163	PENETRATING KERATOPLASTY W/AUTOGFT	7	1.1	0.02
6629	OTH BIL ENDO DESTRUC FALLOP TUBES	7	1.1	0.21

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL FASCs
All CPT-4 Procedures		6,186	100.0	100.0
66984	EXTRACAPSULAR CATARACT REMV IOL	684	11.1	9.88
30140	SUBMUCOS RES TURBINATE PART/CMPL	378	6.1	2.01
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	240	3.9	1.29
69436	TYMPANOSTOMY GENERAL ANESTHESIA	232	3.8	3.64
29881	SCOPE KNEE SURG;W/MENISCECT MED/	219	3.5	1.56
49505	REPR INIT ING HERNIA 5YR/MORE; R	210	3.4	0.60
31267	NASL/SINUS ENDO; W/TISS REMV MAX	171	2.8	0.99
26055	TENDON SHEATH INCISION	153	2.5	0.74
30520	SEPTOPLASTY/SUBMUCOS RES W/GFT	153	2.5	1.49
31255	NASAL/SINUS ENDO; W/TOT ETHMOECT	146	2.4	1.05
42820	T&A; UNDER AGE 12	118	1.9	1.49
29826	SCOPE SHOULDER; DECOMP SUBACROM	107	1.7	0.87
28285	CORRECTION HAMMERTOES	102	1.6	0.79
31254	NASAL/SINUS ENDO; W/PART ETHMOEC	90	1.5	0.38
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	87	1.4	0.75
20680	REMOVAL OF IMPLANT; DEEP	71	1.1	0.83
28296	HALLUX VALGUS; W/METATARSAL OSTE	71	1.1	0.39
58662	LAP SURG; W/FULG/EXCIS LES-OVARY	64	1.0	0.60
29877	SCOPE KNEE SURG; DEBRID/SHAVE CA	62	1.0	1.00
58670	LAPARSCPY SURGICAL; W/FULG OVIDU	55	0.9	0.17

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, 2004
 AVERAGE TOTAL CHARGES FOR MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES, SINGLE ICD-9 OR CPT-4 ONLY

409 St. Marks Outpatient Surgical Center

ICD-9 CODE	ICD-9 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL FASCs)
ICD-9 Procedures		325	\$987	\$1,722
1371	IOL PROSTH-CATARACT EXTRACT-1-STAGE	59	\$1,168	\$2,634
8521	LOC EXC LES BREAST	34	\$721	\$1,192
806	EXC SEMILUNAR CARTILAGE-KNEE	26	\$1,154	\$3,201
5300	UNILAT REPR ING HERN-NOS	22	\$849	\$2,244
0443	RELEASE CARPAL TUNNEL	15	\$556	\$1,597
283	TONSILLECTOMY W/ADENOIDECTOMY	12	\$891	\$1,180
1163	PENETRATING KERATOPLASTY W/AUTOGFT	7	\$1,131	\$2,073
6629	OTH BIL ENDO DESTRUC FALLOP TUBES	7	\$652	\$1,458
6902	D&C FOLLOWING DELIV/AB	7	\$700	\$877
8086	OTH LOC EXC/DESTRUC JT LES-KNEE	7	\$1,220	\$3,360
8221	EXC LES TENDON SHEATH HAND	7	\$728	\$1,472
282	TONSILLECTOMY WO ADENOIDECTOMY	6	\$806	\$1,256
4946	EXC HEMORRHOIDS	6	\$889	\$1,655
8183	OTH REPR SHLDR	6	\$1,379	\$4,070
6829	OTH EXC/DESTRUC LES UTERUS	4	\$1,192	\$1,192
7751	BUNIONEC SOFT-OSTEOT 1ST METATARS	4	\$1,097	\$1,818
8145	OTH REPR CRUCIATE LIGAMNT	4	\$2,718	\$5,815
0449	OTH PERIPH NERV/GANGL DECOMP/LYSIS	3	\$966	\$2,042
6816	CLO BX UTERUS	3	\$918	\$918
7860	REMOV IMPLNT DEVICE-UNS SITE	3	\$522	\$1,653

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL FASCs)
CPT-4 Procedures		3,042	\$1,295	\$1,687
66984	EXTRACAPSULAR CATARACT REMV IOL	678	\$1,625	\$2,461
29881	SCOPE KNEE SURG;W/MENISCECT MED/	172	\$1,472	\$2,458
64721	NEUROPLASTY; MEDIAN @ CARPAL TUN	155	\$810	\$1,420
49505	REPR INIT ING HERNIA 5YR/MORE; R	149	\$1,119	\$1,719
42820	T&A; UNDER AGE 12	99	\$982	\$1,337
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	58	\$983	\$1,335
26055	TENDON SHEATH INCISION	52	\$945	\$1,550
29826	SCOPE SHOULDER; DECOMP SUBACROM	50	\$1,685	\$3,160
29877	SCOPE KNEE SURG; DEBRID/SHAVE CA	46	\$1,485	\$2,428
65730	KERATOPLASTY; PENETRATING	45	\$3,187	\$5,331
58670	LAPARSCPY SURGICAL; W/FULG OVIDU	44	\$933	\$1,738
20680	REMOVAL OF IMPLANT; DEEP	42	\$825	\$1,373
42821	T&A; AGE 12 OR OVER	42	\$1,059	\$1,332
46260	HEMORRHOIDECT INTRL&EXT CMLPX/EX	39	\$987	\$1,355
58563	HYSTEROSC SURG; W/ENDOMETRIAL AB	34	\$1,810	\$3,029
58558	HYSTEROSCPY SURG; W/BX &/ POLYPE	33	\$1,046	\$1,668
25111	EXCISION OF GANGLION WRIST; PRIM	31	\$922	\$1,529
46200	FISSURECTOMY W/WO SPHINCTEROTOMY	29	\$822	\$889
58662	LAP SURG; W/FULG/EXCIS LES-OVARY	28	\$1,376	\$2,205
58120	DILATION & CURET DX &/ THERAPEUT	27	\$808	\$1,182

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

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

409 St. Marks Outpatient Surgical Center

Procedure APG category	Procedure APG	TOTAL #	TOTAL # (ALL FASCs)
01	INTEGUMENTARY SYSTEM	281	1,480
	003 COMPLEX INCISION AND DRAINAGE	1	19
	006 SIMPLE DEBRIDEMENT AND DESTRUCTION	2	31
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	101	436
	008 SIMPLE EXCISION AND BIOPSY	109	550
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRANGE	22	123
	011 SIMPLE INCISION AND EXCISION OF BREAST	42	239
	012 BREAST RECONSTRUCTION AND MASTECTOMY	4	27
02	MUSCULOSKELETAL SYSTEM	1,799	21,689
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	163	2,054
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	79	726
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	81	850
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	564	5,556
	025 ARTHROSCOPY	617	8,944
	028 CLOSED TREATMENT FX & DISLOCATION OF FINGER, TOE & TRUNK	1	11
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	9	87
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	111	1,079
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	22	181
	032 BUNION PROCEDURES	98	994
	033 ARTHROPLASTY	27	213
	034 HAND AND FOOT TENOTOMY	6	111
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	21	882
03	RESPIRATORY SYSTEM	506	4,530
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	504	4,467
	054 SIMPLE ENDOSCOPY OF THE UPPER AIRWAY	2	46
04	CARDIOVASCULAR SYSTEM	66	636
	077 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	25	197
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	9	17
	080 MINOR VASCULAR REPAIR AND FISTULA CONSTRUCTION	2	19
	081 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	19	169
	082 VASCULAR LIGATION	11	234
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	39	236
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	39	236
06	DIGESTIVE SYSTEM	662	32,823
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	2	156
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	1	2,328
	119 HERNIA AND HYDROCELE PROCEDURES	349	1,300
	120 COMPLEX ANAL AND RECTAL PROCEDURES	120	187
	121 SIMPLE ANAL AND RECTAL PROCEDURES	6	62
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	2	14
	123 COMPLEX LAPAROSCOPIC PROCEDURES	182	2,219
07	URINARY SYSTEM	3	1,577
	136 SIMPLE CYSTOURETHROSCOPY	3	96
08	MALE GENITAL SYSTEM	3	535
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	3	360
09	FEMALE GENITAL SYSTEM	233	1,762

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

409 St. Marks Outpatient Surgical Center

procedure APG category	procedure APG	TOTAL #	TOTAL # (ALL FASCs)
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	11	149
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	78	504
	178 DILATION AND CURETTAGE	32	215
	179 HYSTEROSCOPY	93	856
	180 COLPOSCOPY	19	38
10	NERVOUS SYSTEM	326	10,742
	198 NERVE REPAIR AND DESTRUCTION	326	2,787
11	EYE AND OCULAR ADNEXA	866	19,869
	214 CATARACT PROCEDURES	711	11,800
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	63	1,080
	216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	20	703
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	8	654
	220 STRABISMUS AND MUSCLE EYE PROCEDURES	29	461
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	22	1,884
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	12	338
	223 VITRECTOMY	1	467
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	1,354	18,814
	233 NASAL CAUTERIZATION AND PACKING	5	85
	234 COMPLEX FACIAL AND ENT PROCEDURES	357	3,110
	235 SIMPLE FACIAL AND ENT PROCEDURES	690	11,695
	236 TONSIL AND ADENOID PROCEDURES	302	3,924

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, 2004
PROCEDURE APG CATEGORY, PROCEDURE APG, SINGLE APG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

409 St. Marks Outpatient Surgical Center

Procedure APG category	Procedure APG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL FASCs)
01	INTEGUMENTARY SYSTEM	176	\$902	\$1,482
	003 COMPLEX INCISION AND DRAINAGE	1	\$1,087	\$1,135
	006 SIMPLE DEBRIDEMENT AND DESTRUCTION	2	\$945	\$1,168
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	69	\$972	\$1,367
	008 SIMPLE EXCISION AND BIOPSY	59	\$875	\$1,355
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRAN	9	\$1,117	\$3,028
	011 SIMPLE INCISION AND EXCISION OF BREAST	32	\$725	\$1,248
	012 BREAST RECONSTRUCTION AND MASTECTOMY	4	\$977	\$1,244
02	MUSCULOSKELETAL SYSTEM	880	\$1,349	\$2,338
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	50	\$1,331	\$2,811
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	39	\$1,072	\$2,082
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	27	\$1,237	\$2,345
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	226	\$953	\$1,594
	025 ARTHROSCOPY	384	\$1,642	\$3,005
	028 CLOSED TREATMENT FX & DISLOCATION OF FINGER, TOE & TRUNK	1	\$870	\$1,269
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	4	\$906	\$1,316
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	86	\$1,325	\$2,245
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	17	\$688	\$1,150
	032 BUNION PROCEDURES	36	\$1,534	\$1,874
	033 ARTHROPLASTY	10	\$1,423	\$2,643
03	RESPIRATORY SYSTEM	16	\$1,048	\$1,602
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	16	\$1,048	\$1,677
04	CARDIOVASCULAR SYSTEM	8	\$923	\$1,809
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	7	\$895	\$983
	080 MINOR VASCULAR REPAIR AND FISTULA CONSTRUCTION	1	\$1,113	\$1,475
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	33	\$908	\$1,456
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	33	\$908	\$1,456
06	DIGESTIVE SYSTEM	486	\$1,090	\$1,138
	119 HERNIA AND HYDROCELE PROCEDURES	248	\$1,131	\$1,748
	120 COMPLEX ANAL AND RECTAL PROCEDURES	120	\$897	\$1,171
	121 SIMPLE ANAL AND RECTAL PROCEDURES	6	\$705	\$946
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	1	\$2,048	\$985
	123 COMPLEX LAPAROSCOPIC PROCEDURES	111	\$1,217	\$3,092
07	URINARY SYSTEM	1	\$893	\$2,736
	136 SIMPLE CYSTOURETHROSCOPY	1	\$893	\$1,057
08	MALE GENITAL SYSTEM	2	\$1,609	\$1,527
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	2	\$1,609	\$1,580
09	FEMALE GENITAL SYSTEM	155	\$1,140	\$1,938
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	9	\$1,213	\$2,150
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	48	\$915	\$1,334
	178 DILATION AND CURETTAGE	27	\$808	\$1,182
	179 HYSTEROSCOPY	68	\$1,429	\$2,393
	180 COLPOSCOPY	3	\$930	\$1,698
10	NERVOUS SYSTEM	191	\$856	\$984
	198 NERVE REPAIR AND DESTRUCTION	191	\$856	\$1,551

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
PROCEDURE APG CATEGORY, PROCEDURE APG, SINGLE APG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

409 St. Marks Outpatient Surgical Center

procedure APG category	Procedure APG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL FASCs)
11	EYE AND OCULAR ADNEXA	783	\$1,695	\$2,247
	214 CATARACT PROCEDURES	702	\$1,624	\$2,474
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	55	\$2,924	\$2,466
	216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	12	\$1,079	\$2,069
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	4	\$827	\$1,866
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	5	\$1,257	\$1,836
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	5	\$703	\$1,172
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	298	\$1,067	\$1,645
	233 NASAL CAUTERIZATION AND PACKING	1	\$630	\$1,443
	234 COMPLEX FACIAL AND ENT PROCEDURES	46	\$1,470	\$2,011
	235 SIMPLE FACIAL AND ENT PROCEDURES	42	\$1,007	\$1,789
	236 TONSIL AND ADENOID PROCEDURES	209	\$993	\$1,332

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, 2004
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

409 St. Marks Outpatient Surgical Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
GENDER				
Female	2,422	58.0	46,759	55.5
Male	1,754	42.0	37,388	44.4
Unknown	0	0.0	51	0.1
Not Reported	0	0.0	19	0.0
AGE				
1-28 days	0	0.0	0	0.0
29-365 days	31	0.7	604	0.7
1-4 years	112	2.7	4,976	5.9
5-9	109	2.6	2,461	2.9
10-14	88	2.1	1,337	1.6
15-17	109	2.6	1,544	1.8
18-19	75	1.8	1,293	1.5
20-24	226	5.4	3,707	4.4
25-29	257	6.2	3,702	4.4
30-34	266	6.4	3,661	4.3
35-39	238	5.7	3,756	4.5
40-44	290	6.9	4,835	5.7
45-49	336	8.0	5,630	6.7
50-54	361	8.6	7,103	8.4
55-59	359	8.6	6,629	7.9
60-64	319	7.6	6,074	7.2
65-69	286	6.8	7,005	8.3
70-74	244	5.8	6,917	8.2
75-79	250	6.0	6,511	7.7
80-84	136	3.3	4,212	5.0
85-89	68	1.6	1,776	2.1
90 +	16	0.4	478	0.6
Not Reported	0	0.0	6	0.0
SOURCE OF ADMISSION				
Physician Referral	4,176	100.0	64,875	77.0
Clinic Referral	0	0.0	1,223	1.5
HMO Referral	0	0.0	4	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	1,347	1.6
Not Reported	0	0.0	16,768	19.9
(Continued)				

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

409 St. Marks Outpatient Surgical Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	4,156	99.5	68,923	81.8
Another Hospital	20	0.5	68	0.1
Skilled Nursing Facility	0	0.0	2	0.0
Intermediate Care Facility	0	0.0	0	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	0	0.0
Under Care of Home IV Provider	0	0.0	1	0.0
Expired	0	0.0	0	0.0
Unknown	0	0.0	15,222	18.1
Not Reported	0	0.0	1	0.0
PRIMARY PAYER				
Medicare	959	23.0	26,286	31.2
Medicaid	131	3.1	5,660	6.7
Other government	15	0.4	2,402	2.9
Blue Cross/Blue Shield	1,221	29.2	16,361	19.4
Other Commercial	403	9.7	7,923	9.4
Managed Care(HMO, PPO)	1,285	30.8	21,526	25.6
Self Pay	3	0.1	850	1.0
Industrial & Worker Comp	95	2.3	2,123	2.5
Charity and Unclassified	0	0.0	17	0.0
Childrens Health Insurance	0	0.0	189	0.2
Unknown	0	0.0	69	0.1
Not Reported	64	1.5	811	1.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	9	0.2	4,318	5.1
Central Utah	14	0.3	1,309	1.6
Davis County	138	3.3	11,351	13.5
Salt Lake County	3,460	82.9	28,856	34.3
Southeastern Utah	18	0.4	931	1.1
Southwest Utah	12	0.3	5,039	6.0
Summit County	61	1.5	1,225	1.5
Tooele County	240	5.7	1,244	1.5
Tri-County	21	0.5	469	0.6
Utah County	70	1.7	10,155	12.1
Wasatch County	15	0.4	442	0.5
Weber County	30	0.7	14,545	17.3
Unknown Utah	1	0.0	48	0.1
Outside Utah	87	2.1	4,246	5.0
Unknown, Not Reported	0	0.0	39	0.0

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

AMB ST 1-1
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
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)	.	.	51,517	100.0
Mastectomy (85.0-85.99)	.	.	1,015	2.0
Musculoskeletal (76.0-84.99)	.	.	10,274	19.9
Respiratory (30.0-34.99)	.	.	99	0.2
Cardiovascular (35.0-39.99)	.	.	195	0.4
Lymphatic/Hemetic (40.0-41.99)	.	.	115	0.2
Digestive System (42.0-54.99)	.	.	6,359	12.3
Urinary (55.0-59.99)	.	.	287	0.6
Male Genital (60.0-64.99)	.	.	252	0.5
Female Genital (65.0-71.99)	.	.	1,550	3.0
Endocrine/Nervous (01.0-07.99)	.	.	3,493	6.8
Eye (08.0-16.99)	.	.	16,433	31.9
Ear (18.0-20.99)	.	.	3,144	6.1
Nose,Mouth,Pharynx (21.0-29.99)	.	.	8,301	16.1
Reporting Category(CPT-4 CODES)	1,436	100.0	115,827	100.0
Mastectomy (19120-19220)	0	0.0	266	0.2
Musculoskeletal (20000-29909)	1	0.1	25,839	22.3
Respiratory (30000-32999 & 39501-39599)	6	0.4	9,820	8.5
Cardiovascular (33010-37799 & 93501-93660)	0	0.0	853	0.7
Lymphatic/Hemetic (38100-38999)	0	0.0	207	0.2
Digestive (40490-49999)	0	0.0	37,208	32.1
Urinary (50010-53899)	0	0.0	1,628	1.4
Male Genital (54000-55899)	0	0.0	600	0.5
Female Genital (56405-58999)	0	0.0	3,108	2.7
Endocrine/Nervous (60000-64999)	0	0.0	11,264	9.7
Eye (65091-68899)	1,429	99.5	19,981	17.3
Ear (69000-69979)	0	0.0	5,053	4.4

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 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES

410 SurgiCare Center of Utah

ICD-9 CODE	ICD-9 DESCRIPTION	#	%	% ALL FASCs
All ICD-9 Procedures				
Does not report ICDs				

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL FASCs
All CPT-4 Procedures		1,436	100.0	100.0
66984	EXTRACAPSULAR CATARACT REMV IOL	902	62.8	9.88
66821	DISCISSION 2ND CATARACT; LASER S	162	11.3	1.57
67904	REPR BLEPHAROPTOSIS; RESECT-EXT	111	7.7	0.57
67917	REPAIR OF ECTROPION; EXTENSIVE	32	2.2	0.19
65426	EXC/TRANSPOSITION PTERYGIUM; W/G	19	1.3	0.16
67038	VITRECTOMY MECH; W/MEMBRANE STRI	19	1.3	0.20
66170	FISTULIZ SCLER; TRABECULECT AB E	14	1.0	0.14
67210	DESTRCT LES RETINA; PHOTOCOAGULA	11	0.8	0.01
67228	DESTRCT RETINOPATHY; PHOTOCOAGUL	11	0.8	0.02
68720	DACRYOCYSTORHINOSTOMY	10	0.7	0.11
65760	KERATOMILEUSIS	9	0.6	0.49
66986	EXCHANGE OF INTRAOCULAR LENS	8	0.6	0.08
67800	EXCISION OF CHALAZION; SINGLE	7	0.5	0.01
67924	REPAIR OF ENTROPION; EXTENSIVE	7	0.5	0.09
68815	PROBE NASOLAC DUCT; W/INSERT TUB	7	0.5	0.14
31200	ETHMOIDECTOMY; INTRANASAL ANTERI	6	0.4	0.03
67036	VITRECTOMY MECH PARS PLANA APPRC	6	0.4	0.08
67040	VITRECTOMY MECH; W/PANRETINAL PH	6	0.4	0.05
67101	REPR RETINAL DETACH; CRYOTHERAPY	6	0.4	0.01
67961	EXC & REPR LID; TO 1/4 LID MARGI	6	0.4	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.

AMB ST 1-3

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
 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 CHRG	AVE TOT CHRG(ALL FASCs)
ICD-9 Procedures				
Does not report ICDS				

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL FASCs)
CPT-4 Procedures				
		1,230	\$1,477	\$1,687
66984	EXTRACAPSULAR CATARACT REMV IOL	888	\$1,673	\$2,461
66821	DISCISSION 2ND CATARACT; LASER S	143	\$750	\$695
65426	EXC/TRANSPOSITION PTERYGIUM; W/G	19	\$1,200	\$1,778
67038	VITRECTOMY MECH; W/MEMBRANE STRI	19	\$1,200	\$3,544
67917	REPAIR ENTROPION; BLPHPLSTY EXT	18	\$1,342	\$1,737
67904	REPR BLEPHAROPTOSIS; RESECT-EXT	15	\$1,050	\$1,713
67210	DESTRCT LES RETINA; PHOTOCOAGULA	11	\$250	\$250
67228	DESTRCT RETINOPATHY; PHOTOCOAGUL	9	\$250	\$250
66170	FISTULIZ SCLER; TRABECULECT AB E	7	\$1,050	\$2,706
67800	EXCISION OF CHALAZION; SINGLE	7	\$575	\$659
66986	EXCHANGE OF INTRAOCULAR LENS	6	\$1,467	\$2,751
67040	VITRECTOMY MECH; W/PANRETINAL PH	6	\$1,650	\$3,322
67101	REPR RETINAL DETACH; CRYOTHERAPY	6	\$1,200	\$1,426
67924	REPAIR ENTROPION; BLPHPLSTY EXT	6	\$1,050	\$1,974
67961	EXC & REPR LID; TO 1/4 LID MARGI	6	\$850	\$1,724
67036	VITRECTOMY MECH PARS PLANA APPRC	5	\$1,050	\$3,421
67950	CANTHOPLASTY	5	\$1,820	\$1,502
65730	KERATOPLASTY; PENETRATING	4	\$3,163	\$5,331
65755	KERATOPLASTY; PENETRATING	3	\$3,542	\$6,071
66985	INSERT IOL PROSTH SECONDARY IMPL	3	\$1,558	\$2,877

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

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

410 SurgiCare Center of Utah

Procedure APG category		TOTAL #	TOTAL # (ALL FASCs)
Procedure APG			
01	INTEGUMENTARY SYSTEM	1	1,480
	008 SIMPLE EXCISION AND BIOPSY	1	550
11	EYE AND OCULAR ADNEXA	1,428	19,869
	213 LASER EYE PROCEDURES	193	1,899
	214 CATARACT PROCEDURES	914	11,800
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	18	1,080
	216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	41	703
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	9	654
	218 COMPLEX POSTERIOR SEGMENT EYE PROCEDURES	11	163
	219 SIMPLE POSTERIOR SEGMENT EYE PROCEDURES	3	130
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	188	1,884
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	17	338
	223 VITRECTOMY	34	467
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	7	18,814
	234 COMPLEX FACIAL AND ENT PROCEDURES	7	3,110

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, 2004
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	1	\$750	\$1,482
	008 SIMPLE EXCISION AND BIOPSY	1	\$750	\$1,355
11	EYE AND OCULAR ADNEXA	1,229	\$1,477	\$2,247
	213 LASER EYE PROCEDURES	170	\$672	\$691
	214 CATARACT PROCEDURES	897	\$1,671	\$2,474
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	10	\$2,895	\$2,466
	216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	27	\$1,144	\$2,069
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	6	\$660	\$1,866
	218 COMPLEX POSTERIOR SEGMENT EYE PROCEDURES	11	\$1,405	\$5,245
	219 SIMPLE POSTERIOR SEGMENT EYE PROCEDURES	3	\$683	\$1,967
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	61	\$1,234	\$1,836
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	14	\$550	\$1,172
	223 VITRECTOMY	30	\$1,265	\$3,473

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, 2004
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	821	61.9	46,759	55.5
Male	504	38.0	37,388	44.4
Unknown	2	0.2	51	0.1
Not Reported	0	0.0	19	0.0
AGE				
1-28 days	0	0.0	0	0.0
29-365 days	0	0.0	604	0.7
1-4 years	0	0.0	4,976	5.9
5-9	0	0.0	2,461	2.9
10-14	2	0.2	1,337	1.6
15-17	0	0.0	1,544	1.8
18-19	0	0.0	1,293	1.5
20-24	4	0.3	3,707	4.4
25-29	3	0.2	3,702	4.4
30-34	6	0.5	3,661	4.3
35-39	7	0.5	3,756	4.5
40-44	12	0.9	4,835	5.7
45-49	46	3.5	5,630	6.7
50-54	42	3.2	7,103	8.4
55-59	56	4.2	6,629	7.9
60-64	71	5.4	6,074	7.2
65-69	189	14.2	7,005	8.3
70-74	231	17.4	6,917	8.2
75-79	277	20.9	6,511	7.7
80-84	240	18.1	4,212	5.0
85-89	109	8.2	1,776	2.1
90 +	32	2.4	478	0.6
Not Reported	0	0.0	6	0.0
SOURCE OF ADMISSION				
Physician Referral	0	0.0	64,875	77.0
Clinic Referral	0	0.0	1,223	1.5
HMO Referral	0	0.0	4	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	1,327	100.0	1,347	1.6
Not Reported	0	0.0	16,768	19.9
(Continued)				

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
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	1,327	100.0	68,923	81.8
Another Hospital	0	0.0	68	0.1
Skilled Nursing Facility	0	0.0	2	0.0
Intermediate Care Facility	0	0.0	0	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	0	0.0
Under Care of Home IV Provider	0	0.0	1	0.0
Expired	0	0.0	0	0.0
Unknown	0	0.0	15,222	18.1
Not Reported	0	0.0	1	0.0
PRIMARY PAYER				
Medicare	811	61.1	26,286	31.2
Medicaid	18	1.4	5,660	6.7
Other government	25	1.9	2,402	2.9
Blue Cross/Blue Shield	215	16.2	16,361	19.4
Other Commercial	130	9.8	7,923	9.4
Managed Care(HMO, PPO)	126	9.5	21,526	25.6
Self Pay	0	0.0	850	1.0
Industrial & Worker Comp	2	0.2	2,123	2.5
Charity and Unclassified	0	0.0	17	0.0
Childrens Health Insurance	0	0.0	189	0.2
Unknown	0	0.0	69	0.1
Not Reported	0	0.0	811	1.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	13	1.0	4,318	5.1
Central Utah	9	0.7	1,309	1.6
Davis County	60	4.5	11,351	13.5
Salt Lake County	789	59.5	28,856	34.3
Southeastern Utah	21	1.6	931	1.1
Southwest Utah	8	0.6	5,039	6.0
Summit County	14	1.1	1,225	1.5
Tooele County	68	5.1	1,244	1.5
Tri-County	6	0.5	469	0.6
Utah County	27	2.0	10,155	12.1
Wasatch County	12	0.9	442	0.5
Weber County	8	0.6	14,545	17.3
Unknown Utah	0	0.0	48	0.1
Outside Utah	292	22.0	4,246	5.0
Unknown, Not Reported	0	0.0	39	0.0

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

AMB ST 1-1
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
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)	4,089	100.0	51,517	100.0
Mastectomy (85.0-85.99)	59	1.4	1,015	2.0
Musculoskeletal (76.0-84.99)	1,611	39.4	10,274	19.9
Respiratory (30.0-34.99)	8	0.2	99	0.2
Cardiovascular (35.0-39.99)	7	0.2	195	0.4
Lymphatic/Hemetic (40.0-41.99)	19	0.5	115	0.2
Digestive System (42.0-54.99)	727	17.8	6,359	12.3
Urinary (55.0-59.99)	1	0.0	287	0.6
Male Genital (60.0-64.99)	43	1.1	252	0.5
Female Genital (65.0-71.99)	10	0.2	1,550	3.0
Endocrine/Nervous (01.0-07.99)	360	8.8	3,493	6.8
Eye (08.0-16.99)	457	11.2	16,433	31.9
Ear (18.0-20.99)	289	7.1	3,144	6.1
Nose,Mouth,Pharynx (21.0-29.99)	498	12.2	8,301	16.1
Reporting Category(CPT-4 CODES)	5,646	100.0	115,827	100.0
Mastectomy (19120-19220)	37	0.7	266	0.2
Musculoskeletal (20000-29909)	1,986	35.2	25,839	22.3
Respiratory (30000-32999 & 39501-39599)	657	11.6	9,820	8.5
Cardiovascular (33010-37799 & 93501-93660)	9	0.2	853	0.7
Lymphatic/Hemetic (38100-38999)	20	0.4	207	0.2
Digestive (40490-49999)	1,247	22.1	37,208	32.1
Urinary (50010-53899)	1	0.0	1,628	1.4
Male Genital (54000-55899)	44	0.8	600	0.5
Female Genital (56405-58999)	117	2.1	3,108	2.7
Endocrine/Nervous (60000-64999)	669	11.8	11,264	9.7
Eye (65091-68899)	474	8.4	19,981	17.3
Ear (69000-69979)	385	6.8	5,053	4.4

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 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
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		4,089	100.0	100.0
1371	IOL PROSTH-CATARACT EXTRACT-1-STAGE	349	8.5	11.07
2001	MYRINGOTOMY W/INSRT TUBE	273	6.7	4.92
4523	COLONOSCOPY	254	6.2	2.29
806	EXC SEMILUNAR CARTILAGE-KNEE	218	5.3	1.96
8086	OTH LOC EXC/DESTRUC JT LES-KNEE	151	3.7	1.14
2169	OTH TURBINECTOMY	149	3.6	2.56
0443	RELEASE CARPAL TUNNEL	146	3.6	1.62
8211	TENOT HAND	131	3.2	0.42
4542	ENDO POLYPECTOMY LG INTESTINE	112	2.7	1.70
7860	REMOV IMPLNT DEVICE-UNS SITE	110	2.7	0.45
215	SUBMUCOUS RESECT NASAL SEPTUM	99	2.4	0.40
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	95	2.3	2.33
5300	UNILAT REPR ING HERN-NOS	92	2.2	0.38
1364	DISCISSION SECNDRY MEMBRN	87	2.1	0.80
283	TONSILLECTOMY W/ADENOIDECTOMY	74	1.8	2.17
8183	OTH REPR SHLDR	71	1.7	0.75
042	DESTRUC CRANIAL & PERIPH NERV	67	1.6	0.13
2241	FRONTAL SINUSOTOMY	67	1.6	0.18
7756	REPR HAMMER TOE	67	1.6	0.47
7781	OTH PART OSTEC-SCAPULA-CLAV-THOR	65	1.6	0.55

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL FASCs
All CPT-4 Procedures		5,646	100.0	100.0
66984	EXTRACAPSULAR CATARACT REMV IOL	349	6.2	9.88
69436	TYMPANOSTOMY GENERAL ANESTHESIA	339	6.0	3.64
45378	COLONOSCOPY FLEX; DX-SEP PROC	254	4.5	6.86
29881	SCOPE KNEE SURG;W/MENISCECT MED/	177	3.1	1.56
30140	SUBMUCOS RES TURBINATE PART/CMPL	146	2.6	2.01
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	146	2.6	1.29
26055	TENDON SHEATH INCISION	132	2.3	0.74
29877	SCOPE KNEE SURG; DEBRID/SHAVE CA	126	2.2	1.00
30520	SEPTOPLASTY/SUBMUCOS RES W/GFT	121	2.1	1.49
31255	NASAL/SINUS ENDO; W/TOT ETHMOECT	119	2.1	1.05
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	112	2.0	2.03
42820	T&A; UNDER AGE 12	111	2.0	1.49
47562	LAPAROSCOPY SURGICAL; CHOLECT	103	1.8	0.13
29826	SCOPE SHOULDER; DECOMP SUBACROM	101	1.8	0.87
20680	REMOVAL OF IMPLANT; DEEP	98	1.7	0.83
43239	UGI ENDO; W/BX 1/MX	95	1.7	5.76
49505	REPR INIT ING HERNIA 5YR/MORE; R	87	1.5	0.60
66821	DISCISSION 2ND CATARACT; LASER S	87	1.5	1.57
31256	NASL/SINUS ENDO SURG W/MAX ANTRO	77	1.4	0.68
42821	T&A; AGE 12 OR OVER	74	1.3	0.53

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, 2004
 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		2,002	\$2,272	\$1,722
1371	IOL PROSTH-CATARACT EXTRACT-1-STAGE	349	\$3,234	\$2,634
4523	COLONOSCOPY	220	\$849	\$873
4542	ENDO POLYPECTOMY LG INTESTINE	90	\$1,018	\$999
806	EXC SEMILUNAR CARTILAGE-KNEE	82	\$3,443	\$3,201
0443	RELEASE CARPAL TUNNEL	81	\$1,523	\$1,597
1364	DISCISSION SECNDRY MEMBRN	81	\$953	\$884
5300	UNILAT REPR ING HERN-NOS	64	\$2,122	\$2,244
283	TONSILLECTOMY W/ADENOIDECTOMY	63	\$1,255	\$1,180
7860	REMOV IMPLNT DEVICE-UNS SITE	54	\$1,862	\$1,653
282	TONSILLECTOMY WO ADENOIDECTOMY	45	\$1,639	\$1,256
8211	TENOT HAND	45	\$2,384	\$2,155
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	42	\$754	\$987
4525	CLO [ENDO] BX LG INTESTINE	40	\$853	\$970
2001	MYRINGOTOMY W/INSRT TUBE	39	\$941	\$1,292
8221	EXC LES TENDON SHEATH HAND	34	\$2,182	\$1,472
8086	OTH LOC EXC/DESTRUC JT LES-KNEE	33	\$4,352	\$3,360
8183	OTH REPR SHLDR	28	\$4,996	\$4,070
8521	LOC EXC LES BREAST	26	\$1,887	\$1,192
0449	OTH PERIPH NERV/GANGL DECOMP/LYSIS	20	\$2,366	\$2,042
7751	BUNIONEC SOFT-OSTEOT 1ST METATARS	18	\$2,307	\$1,818
CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHR	AVE TOT CHR(ALL FASCs)
CPT-4 Procedures		2,518	\$2,325	\$1,687
66984	EXTRACAPSULAR CATARACT REMV IOL	348	\$3,230	\$2,461
45378	COLONOSCOPY FLEX; DX-SEP PROC	220	\$849	\$898
47562	LAPAROSCOPY SURGICAL; CHOLECT	101	\$5,962	\$5,363
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	90	\$1,018	\$992
42820	T&A; UNDER AGE 12	86	\$1,421	\$1,337
64721	NEUROPLASTY; MEDIAN @ CARPAL TUN	81	\$1,523	\$1,420
66821	DISCISSION 2ND CATARACT; LASER S	81	\$953	\$695
29881	SCOPE KNEE SURG;W/MENISCECT MED/	67	\$3,504	\$2,458
42821	T&A; AGE 12 OR OVER	63	\$1,255	\$1,332
49505	REPR INIT ING HERNIA 5YR/MORE; R	58	\$2,083	\$1,719
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	52	\$1,276	\$620
64483	INJ ANES EPIDURL; LUMB/SAC 1 LEV	52	\$2,243	\$857
20680	REMOVAL OF IMPLANT; DEEP	50	\$1,847	\$1,373
26055	TENDON SHEATH INCISION	43	\$2,325	\$1,550
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	43	\$1,428	\$1,335
43239	UGI ENDO; W/BX 1/MX	42	\$754	\$991
45380	COLONOSCOPY FLEX; W/BX 1/MX	40	\$853	\$1,088
58563	HYSTEROSC SURG; W/ENDOMETRIAL AB	33	\$2,970	\$3,029
69436	TYMPANOSTOMY GENERAL ANESTHESIA	32	\$749	\$1,160
29877	SCOPE KNEE SURG; DEBRID/SHAVE CA	29	\$4,129	\$2,428

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

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
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	1,480
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	1	51
	003 COMPLEX INCISION AND DRAINAGE	2	19
	004 SIMPLE INCISION AND DRAINAGE	2	4
	006 SIMPLE DEBRIDEMENT AND DESTRUCTION	3	31
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	30	436
	008 SIMPLE EXCISION AND BIOPSY	57	550
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRANGE	1	123
	011 SIMPLE INCISION AND EXCISION OF BREAST	32	239
	012 BREAST RECONSTRUCTION AND MASTECTOMY	5	27
02	MUSCULOSKELETAL SYSTEM	1,878	21,689
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	210	2,054
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	125	726
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	37	850
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	465	5,556
	025 ARTHROSCOPY	788	8,944
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	8	87
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	86	1,079
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	20	181
	032 BUNION PROCEDURES	44	994
	033 ARTHROPLASTY	14	213
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	81	882
03	RESPIRATORY SYSTEM	375	4,530
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	372	4,467
	054 SIMPLE ENDOSCOPY OF THE UPPER AIRWAY	3	46
04	CARDIOVASCULAR SYSTEM	3	636
	081 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	2	169
	082 VASCULAR LIGATION	1	234
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	24	236
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	24	236
06	DIGESTIVE SYSTEM	1,002	32,823
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	7	156
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	115	8,283
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	27	2,328
	117 LOWER GASTROINTESTINAL ENDOSCOPY	439	17,131
	119 HERNIA AND HYDROCELE PROCEDURES	178	1,300
	120 COMPLEX ANAL AND RECTAL PROCEDURES	13	187
	121 SIMPLE ANAL AND RECTAL PROCEDURES	9	62
	123 COMPLEX LAPAROSCOPIC PROCEDURES	214	2,219
08	MALE GENITAL SYSTEM	44	535
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	44	360
09	FEMALE GENITAL SYSTEM	57	1,762
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	1	149
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	11	504
	178 DILATION AND CURETTAGE	3	215
	179 HYSTEROSCOPY	42	856

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

422 Utah Surgical Center

procedure APG category	procedure APG	TOTAL #	TOTAL # (ALL FASCs)
10	NERVOUS SYSTEM	650	10,742
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	416	7,841
	198 NERVE REPAIR AND DESTRUCTION	234	2,787
11	EYE AND OCULAR ADNEXA	474	19,869
	213 LASER EYE PROCEDURES	87	1,899
	214 CATARACT PROCEDURES	350	11,800
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	6	1,080
	216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	9	703
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	3	654
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	15	1,884
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	4	338
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	972	18,814
	233 NASAL CAUTERIZATION AND PACKING	3	85
	234 COMPLEX FACIAL AND ENT PROCEDURES	148	3,110
	235 SIMPLE FACIAL AND ENT PROCEDURES	544	11,695
	236 TONSIL AND ADENOID PROCEDURES	277	3,924
13	THERAPUTIC AND OTHER RADIOLOGICAL PROCEDURES	12	571
	254 MYELOGRAPHY	12	408

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, 2004
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	78	\$1,843	\$1,482
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	1	\$446	\$3,779
	003 COMPLEX INCISION AND DRAINAGE	1	\$1,638	\$1,135
	004 SIMPLE INCISION AND DRAINAGE	2	\$1,305	\$1,004
	006 SIMPLE DEBRIDEMENT AND DESTRUCTION	3	\$1,445	\$1,168
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	18	\$1,711	\$1,367
	008 SIMPLE EXCISION AND BIOPSY	26	\$1,858	\$1,355
	011 SIMPLE INCISION AND EXCISION OF BREAST	26	\$2,038	\$1,248
	012 BREAST RECONSTRUCTION AND MASTECTOMY	1	\$2,627	\$1,244
02	MUSCULOSKELETAL SYSTEM	668	\$2,990	\$2,338
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	59	\$2,924	\$2,811
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	41	\$3,051	\$2,082
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	18	\$2,909	\$2,345
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	200	\$2,157	\$1,594
	025 ARTHROSCOPY	236	\$4,020	\$3,005
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	7	\$1,990	\$1,316
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	64	\$2,622	\$2,245
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	4	\$1,693	\$1,150
	032 BUNION PROCEDURES	26	\$2,132	\$1,874
	033 ARTHROPLASTY	4	\$3,073	\$2,643
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	9	\$1,217	\$754
03	RESPIRATORY SYSTEM	12	\$2,273	\$1,602
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	12	\$2,273	\$1,677
04	CARDIOVASCULAR SYSTEM	3	\$2,603	\$1,809
	081 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	2	\$1,540	\$1,756
	082 VASCULAR LIGATION	1	\$4,731	\$2,214
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	22	\$2,137	\$1,456
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	22	\$2,137	\$1,456
06	DIGESTIVE SYSTEM	722	\$1,982	\$1,138
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	3	\$1,063	\$575
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	55	\$749	\$942
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	5	\$955	\$903
	117 LOWER GASTROINTESTINAL ENDOSCOPY	355	\$894	\$948
	119 HERNIA AND HYDROCELE PROCEDURES	111	\$2,122	\$1,748
	120 COMPLEX ANAL AND RECTAL PROCEDURES	11	\$2,348	\$1,171
	121 SIMPLE ANAL AND RECTAL PROCEDURES	7	\$1,973	\$946
	123 COMPLEX LAPAROSCOPIC PROCEDURES	175	\$4,513	\$3,092
08	MALE GENITAL SYSTEM	5	\$2,363	\$1,527
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	5	\$2,363	\$1,580
09	FEMALE GENITAL SYSTEM	47	\$2,662	\$1,938
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	1	\$4,206	\$2,150
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	7	\$1,519	\$1,334
	178 DILATION AND CURETTAGE	2	\$1,377	\$1,182
	179 HYSTEROSCOPY	37	\$2,906	\$2,393
10	NERVOUS SYSTEM	222	\$1,709	\$984

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
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 CHRG	AVE TOT CHRG(ALL FASCs)
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	114	\$1,684	\$684
	198 NERVE REPAIR AND DESTRUCTION	108	\$1,735	\$1,551
11	EYE AND OCULAR ADNEXA	446	\$2,771	\$2,247
	213 LASER EYE PROCEDURES	81	\$953	\$691
	214 CATARACT PROCEDURES	349	\$3,231	\$2,474
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	2	\$1,697	\$2,466
	216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	9	\$1,964	\$2,069
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	2	\$1,469	\$1,866
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	3	\$2,414	\$1,836
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	288	\$1,502	\$1,645
	234 COMPLEX FACIAL AND ENT PROCEDURES	22	\$3,105	\$2,011
	235 SIMPLE FACIAL AND ENT PROCEDURES	63	\$1,399	\$1,789
	236 TONSIL AND ADENOID PROCEDURES	203	\$1,361	\$1,332

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, 2004
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

422 Utah Surgical Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
GENDER				
Female	1,999	54.1	46,759	55.5
Male	1,695	45.9	37,388	44.4
Unknown	0	0.0	51	0.1
Not Reported	0	0.0	19	0.0
AGE				
1-28 days	0	0.0	0	0.0
29-365 days	43	1.2	604	0.7
1-4 years	174	4.7	4,976	5.9
5-9	102	2.8	2,461	2.9
10-14	86	2.3	1,337	1.6
15-17	92	2.5	1,544	1.8
18-19	48	1.3	1,293	1.5
20-24	192	5.2	3,707	4.4
25-29	211	5.7	3,702	4.4
30-34	218	5.9	3,661	4.3
35-39	243	6.6	3,756	4.5
40-44	294	8.0	4,835	5.7
45-49	314	8.5	5,630	6.7
50-54	341	9.2	7,103	8.4
55-59	305	8.3	6,629	7.9
60-64	223	6.0	6,074	7.2
65-69	250	6.8	7,005	8.3
70-74	229	6.2	6,917	8.2
75-79	187	5.1	6,511	7.7
80-84	114	3.1	4,212	5.0
85-89	23	0.6	1,776	2.1
90 +	5	0.1	478	0.6
Not Reported	0	0.0	6	0.0
SOURCE OF ADMISSION				
Physician Referral	3,694	100.0	64,875	77.0
Clinic Referral	0	0.0	1,223	1.5
HMO Referral	0	0.0	4	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	1,347	1.6
Not Reported	0	0.0	16,768	19.9
(Continued)				

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
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	3,690	99.9	68,923	81.8
Another Hospital	4	0.1	68	0.1
Skilled Nursing Facility	0	0.0	2	0.0
Intermediate Care Facility	0	0.0	0	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	0	0.0
Under Care of Home IV Provider	0	0.0	1	0.0
Expired	0	0.0	0	0.0
Unknown	0	0.0	15,222	18.1
Not Reported	0	0.0	1	0.0
PRIMARY PAYER				
Medicare	804	21.8	26,286	31.2
Medicaid	314	8.5	5,660	6.7
Other government	27	0.7	2,402	2.9
Blue Cross/Blue Shield	673	18.2	16,361	19.4
Other Commercial	348	9.4	7,923	9.4
Managed Care(HMO, PPO)	1,023	27.7	21,526	25.6
Self Pay	9	0.2	850	1.0
Industrial & Worker Comp	440	11.9	2,123	2.5
Charity and Unclassified	0	0.0	17	0.0
Childrens Health Insurance	0	0.0	189	0.2
Unknown	0	0.0	69	0.1
Not Reported	56	1.5	811	1.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	3	0.1	4,318	5.1
Central Utah	7	0.2	1,309	1.6
Davis County	77	2.1	11,351	13.5
Salt Lake County	3,284	88.9	28,856	34.3
Southeastern Utah	11	0.3	931	1.1
Southwest Utah	8	0.2	5,039	6.0
Summit County	23	0.6	1,225	1.5
Tooele County	173	4.7	1,244	1.5
Tri-County	7	0.2	469	0.6
Utah County	38	1.0	10,155	12.1
Wasatch County	4	0.1	442	0.5
Weber County	23	0.6	14,545	17.3
Unknown Utah	0	0.0	48	0.1
Outside Utah	36	1.0	4,246	5.0
Unknown, Not Reported	0	0.0	39	0.0

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

AMB ST 1-1
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
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)	.	.	51,517	100.0
Mastectomy (85.0-85.99)	.	.	1,015	2.0
Musculoskeletal (76.0-84.99)	.	.	10,274	19.9
Respiratory (30.0-34.99)	.	.	99	0.2
Cardiovascular (35.0-39.99)	.	.	195	0.4
Lymphatic/Hemetic (40.0-41.99)	.	.	115	0.2
Digestive System (42.0-54.99)	.	.	6,359	12.3
Urinary (55.0-59.99)	.	.	287	0.6
Male Genital (60.0-64.99)	.	.	252	0.5
Female Genital (65.0-71.99)	.	.	1,550	3.0
Endocrine/Nervous (01.0-07.99)	.	.	3,493	6.8
Eye (08.0-16.99)	.	.	16,433	31.9
Ear (18.0-20.99)	.	.	3,144	6.1
Nose,Mouth,Pharynx (21.0-29.99)	.	.	8,301	16.1
Reporting Category(CPT-4 CODES)	7,484	100.0	115,827	100.0
Mastectomy (19120-19220)	0	0.0	266	0.2
Musculoskeletal (20000-29909)	0	0.0	25,839	22.3
Respiratory (30000-32999 & 39501-39599)	0	0.0	9,820	8.5
Cardiovascular (33010-37799 & 93501-93660)	0	0.0	853	0.7
Lymphatic/Hemetic (38100-38999)	0	0.0	207	0.2
Digestive (40490-49999)	7,484	100.0	37,208	32.1
Urinary (50010-53899)	0	0.0	1,628	1.4
Male Genital (54000-55899)	0	0.0	600	0.5
Female Genital (56405-58999)	0	0.0	3,108	2.7
Endocrine/Nervous (60000-64999)	0	0.0	11,264	9.7
Eye (65091-68899)	0	0.0	19,981	17.3
Ear (69000-69979)	0	0.0	5,053	4.4

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 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES

411 Wasatch Endoscopy Center

ICD-9 CODE	ICD-9 DESCRIPTION	#	%	% ALL FASCs
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	2,166	28.9	6.86
45383	COLONOSCOPY FLEX; W/ABLAT LES	1,787	23.9	1.59
43239	UGI ENDO; W/BX 1/MX	1,437	19.2	5.76
45380	COLONOSCOPY FLEX; W/BX 1/MX	862	11.5	3.76
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	436	5.8	1.29
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	404	5.4	2.03
43248	UGI ENDO; W/INSRT GUIDE WIRE	107	1.4	0.13
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	65	0.9	1.46
45331	SIGMOIDOSCOPY FLXIBLE; W/BX 1/MX	40	0.5	0.08
45381	COLNSCP PROX SPLENC FLXR;SUBMUC	35	0.5	0.09
43245	UP GI ENDO;W/DILAT GASTR OUTLT O	32	0.4	0.14
45330	SIGMOIDOSCOPY FLEX; DX-SEP PROC	23	0.3	0.11
43236	UP GI ENDO ESOPH STOMCH;SUBMCOS	11	0.1	0.01
43258	UGI ENDO; W/ABLAT LES NOT SNARE	10	0.1	0.01
44361	SM INTEST ENDO NOT ILEUM; W/BX 1	9	0.1	0.08
43251	UGI ENDO; W/REMV TUMOR/LES-SNARE	5	0.1	0.16
43450	DILAT ESOPH-SOUND/BOUGIE-1/MX PA	5	0.1	0.76
45338	SIGMOIDOSCOPY FLEX; REMV LES-SNA	5	0.1	0.02
44388	COLONOSCOPY-STOMA; DX-SEP PROC	4	0.1	0.01
43202	ESOPHGSCPY RIGD/FLXIBLE; W/BX 1/	3	0.0	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.

AMB ST 1-3

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
 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)
ICD-9 Procedures				
Does not report ICDS				

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHR	AVE TOT CHR(ALL FASCs)
CPT-4 Procedures				
		5,349	\$726	\$1,687
45378	COLONOSCOPY FLEX; DX-SEP PROC	1,979	\$710	\$898
45383	COLONOSCOPY FLEX; W/ABLAT LES	1,287	\$766	\$768
43239	UGI ENDO; W/BX 1/MX	900	\$712	\$991
45380	COLONOSCOPY FLEX; W/BX 1/MX	519	\$768	\$1,088
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	330	\$658	\$756
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	179	\$761	\$992
43248	UGI ENDO; W/INSRT GUIDE WIRE	33	\$708	\$832
45331	SIGMOIDOSCOPY FLXIBLE; W/BX 1/MX	22	\$540	\$570
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	20	\$768	\$894
45330	SIGMOIDOSCOPY FLEX; DX-SEP PROC	18	\$505	\$522
43245	UP GI ENDO;W/DILAT GASTR OUTLT O	17	\$708	\$945
44361	SM INTEST ENDO NOT ILEUM; W/BX 1	4	\$719	\$1,160
43202	ESOPHGSCPY RIGD/FLXIBLE; W/BX 1/	3	\$699	\$769
43450	DILAT ESOPH-SOUND/BOUGIE-1/MX PA	3	\$439	\$525
44388	COLONOSCOPY-STOMA; DX-SEP PROC	3	\$699	\$851
45333	SIGMOIDOSCPY FLEX; W/REMV LES-CA	3	\$659	\$895
45338	SIGMOIDOSCOPY FLEX; REMV LES-SNA	3	\$508	\$559
45340	SIGMOIDSCPY FLX; DILAT BALLN 1/>	3	\$715	\$666
43258	UGI ENDO; W/ABLAT LES NOT SNARE	2	\$707	\$834
44389	COLONSCPY THRU STOMA; W/BX 1/MX	2	\$707	\$827

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

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
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		7,484	32,823
112 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY		5	880
113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY		25	156
114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY		55	131
115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION		1,886	8,283
116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION		240	2,328
117 LOWER GASTROINTESTINAL ENDOSCOPY		5,269	17,131
121 SIMPLE ANAL AND RECTAL PROCEDURES		3	62
122 MISCELLANEOUS ABDOMINAL PROCEDURES		1	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.

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
PROCEDURE APG CATEGORY, PROCEDURE APG, SINGLE APG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

411 Wasatch Endoscopy Center

Procedure APG category		TOTAL #	AVE TOT CHRG	AVE TOT CHRG(ALL FASCs)
Procedure APG				
06	DIGESTIVE SYSTEM	5,349	\$726	\$1,138
112	ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	3	\$439	\$525
113	ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	20	\$525	\$575
114	PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	33	\$565	\$595
115	DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	1,238	\$698	\$942
116	THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	79	\$720	\$903
117	LOWER GASTROINTESTINAL ENDOSCOPY	3,974	\$738	\$948
121	SIMPLE ANAL AND RECTAL PROCEDURES	2	\$674	\$946

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, 2004
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

411 Wasatch Endoscopy Center

Patient Profile	Patient Visits (#)	Patient Visits (%)	Patient Visits-All FASCs (#)	Patient Visits-All FASCs (%)
GENDER				
Female	3,598	56.6	46,759	55.5
Male	2,744	43.2	37,388	44.4
Unknown	11	0.2	51	0.1
Not Reported	0	0.0	19	0.0
AGE				
1-28 days	0	0.0	0	0.0
29-365 days	1	0.0	604	0.7
1-4 years	33	0.5	4,976	5.9
5-9	23	0.4	2,461	2.9
10-14	53	0.8	1,337	1.6
15-17	47	0.7	1,544	1.8
18-19	43	0.7	1,293	1.5
20-24	136	2.1	3,707	4.4
25-29	181	2.8	3,702	4.4
30-34	173	2.7	3,661	4.3
35-39	195	3.1	3,756	4.5
40-44	308	4.8	4,835	5.7
45-49	479	7.5	5,630	6.7
50-54	1,053	16.6	7,103	8.4
55-59	830	13.1	6,629	7.9
60-64	679	10.7	6,074	7.2
65-69	692	10.9	7,005	8.3
70-74	557	8.8	6,917	8.2
75-79	438	6.9	6,511	7.7
80-84	276	4.3	4,212	5.0
85-89	130	2.0	1,776	2.1
90 +	26	0.4	478	0.6
Not Reported	0	0.0	6	0.0
SOURCE OF ADMISSION				
Physician Referral	0	0.0	64,875	77.0
Clinic Referral	0	0.0	1,223	1.5
HMO Referral	0	0.0	4	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	1,347	1.6
Not Reported	6,353	100.0	16,768	19.9
(Continued)				

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

411 Wasatch Endoscopy Center

Patient Profile	Patient Visits (#)	Patient Visits (%)	Patient Visits-All FASCs (#)	Patient Visits-All FASCs (%)
DISCHARGE STATUS				
Home or Self Care	6,344	99.9	68,923	81.8
Another Hospital	9	0.1	68	0.1
Skilled Nursing Facility	0	0.0	2	0.0
Intermediate Care Facility	0	0.0	0	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	0	0.0
Under Care of Home IV Provider	0	0.0	1	0.0
Expired	0	0.0	0	0.0
Unknown	0	0.0	15,222	18.1
Not Reported	0	0.0	1	0.0
PRIMARY PAYER				
Medicare	2,080	32.7	26,286	31.2
Medicaid	105	1.7	5,660	6.7
Other government	27	0.4	2,402	2.9
Blue Cross/Blue Shield	2,060	32.4	16,361	19.4
Other Commercial	412	6.5	7,923	9.4
Managed Care(HMO, PPO)	1,617	25.5	21,526	25.6
Self Pay	2	0.0	850	1.0
Industrial & Worker Comp	1	0.0	2,123	2.5
Charity and Unclassified	4	0.1	17	0.0
Childrens Health Insurance	0	0.0	189	0.2
Unknown	0	0.0	69	0.1
Not Reported	45	0.7	811	1.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	15	0.2	4,318	5.1
Central Utah	29	0.5	1,309	1.6
Davis County	197	3.1	11,351	13.5
Salt Lake County	5,436	85.6	28,856	34.3
Southeastern Utah	50	0.8	931	1.1
Southwest Utah	17	0.3	5,039	6.0
Summit County	146	2.3	1,225	1.5
Tooele County	139	2.2	1,244	1.5
Tri-County	31	0.5	469	0.6
Utah County	106	1.7	10,155	12.1
Wasatch County	27	0.4	442	0.5
Weber County	25	0.4	14,545	17.3
Unknown Utah	2	0.0	48	0.1
Outside Utah	132	2.1	4,246	5.0
Unknown, Not Reported	1	0.0	39	0.0

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

AMB ST 1-1
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

421 Zion Eye Institute

Reporting Category(ICD-9-CM CODES)	Procedures Performed		Procedures Performed-All FASCs	
	(#)	(%)	(#)	(%)
Reporting Category(ICD-9-CM CODES)	.	.	51,517	100.0
Mastectomy (85.0-85.99)	.	.	1,015	2.0
Musculoskeletal (76.0-84.99)	.	.	10,274	19.9
Respiratory (30.0-34.99)	.	.	99	0.2
Cardiovascular (35.0-39.99)	.	.	195	0.4
Lymphatic/Hemetic (40.0-41.99)	.	.	115	0.2
Digestive System (42.0-54.99)	.	.	6,359	12.3
Urinary (55.0-59.99)	.	.	287	0.6
Male Genital (60.0-64.99)	.	.	252	0.5
Female Genital (65.0-71.99)	.	.	1,550	3.0
Endocrine/Nervous (01.0-07.99)	.	.	3,493	6.8
Eye (08.0-16.99)	.	.	16,433	31.9
Ear (18.0-20.99)	.	.	3,144	6.1
Nose,Mouth,Pharynx (21.0-29.99)	.	.	8,301	16.1
Reporting Category(CPT-4 CODES)	1,219	100.0	115,827	100.0
Mastectomy (19120-19220)	0	0.0	266	0.2
Musculoskeletal (20000-29909)	0	0.0	25,839	22.3
Respiratory (30000-32999 & 39501-39599)	9	0.7	9,820	8.5
Cardiovascular (33010-37799 & 93501-93660)	0	0.0	853	0.7
Lymphatic/Hemetic (38100-38999)	0	0.0	207	0.2
Digestive (40490-49999)	0	0.0	37,208	32.1
Urinary (50010-53899)	0	0.0	1,628	1.4
Male Genital (54000-55899)	0	0.0	600	0.5
Female Genital (56405-58999)	0	0.0	3,108	2.7
Endocrine/Nervous (60000-64999)	0	0.0	11,264	9.7
Eye (65091-68899)	1,210	99.3	19,981	17.3
Ear (69000-69979)	0	0.0	5,053	4.4

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 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES

421 Zion Eye Institute

ICD-9 CODE	ICD-9 DESCRIPTION	#	%	% ALL FASCs
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	1,219	100.0	100.0
66821	DISCISSION 2ND CATARACT; LASER S	661	54.2	9.88
67904	REPR BLEPHAROPTOSIS; RESECT-EXT	283	23.2	1.57
67917	REPAIR OF ECTROPION; EXTENSIVE	113	9.3	0.57
66982	REPAIR OF ECTROPION; EXTENSIVE	25	2.1	0.19
68815	EXTRACAP CATARACT REMV W/IOL-CMP	13	1.1	0.11
65730	PROBE NASOLAC DUCT; W/INSERT TUB	13	1.1	0.14
68720	KERATOPLSTY; PENETRAT NOT APHAKI	11	0.9	0.19
65275	DACRYOCYSTORHINOSTOMY	11	0.9	0.11
31200	REPR LACERAT; CORNEA NONPERFORAT	10	0.8	0.01
67924	ETHMOIDECTOMY; INTRANASAL ANTERI	9	0.7	0.03
65772	REPAIR OF ENTROPION; EXTENSIVE	8	0.7	0.09
67900	CORNEAL RELAXING INCS-ASTIGMATIS	6	0.5	0.08
65420	REPAIR OF BROW PTOSIS	6	0.5	0.13
65426	EXC/TRANSPSTN PTERYGIUM; W/O GFT	5	0.4	0.03
67999	EXC/TRANSPOSITION PTERYGIUM; W/G	5	0.4	0.16
68320	UNLISTED PROCEDURE EYELIDS	4	0.3	0.02
65930	CONJUNCTIVOPLASTY; W/CONJUNC GFT	4	0.3	0.02
66825	REMOVAL BLOOD CLOT ANT SEGMENT E	3	0.2	0.01
66986	REPSTN IO LENS REQ INCI-SEP PROC	3	0.2	0.03
	EXCHANGE OF INTRAOCULAR LENS	3	0.2	0.08

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, 2004
 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 CHRG	AVE TOT CHRG(ALL FASCs)
ICD-9 Procedures				
Does not report ICDS				

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL FASCs)
CPT-4 Procedures				
		1,219	\$1,112	\$1,687
66984	EXTRACAPSULAR CATARACT REMV IOL	661	\$1,382	\$2,461
66821	DISCISSION 2ND CATARACT; LASER S	283	\$691	\$695
67904	REPR BLEPHAROPTOSIS; RESECT-EXT	113	\$638	\$1,713
67917	REPAIR ECTROPION; BLPHPPLSTY EXT	25	\$1,190	\$1,737
66982	EXTRACAP CATARACT REMV W/IOL-CMP	13	\$1,362	\$3,536
68815	PROBE NASOLAC DUCT; W/INSERT TUB	13	\$1,000	\$1,088
65730	KERATOPLASTY; PENETRATING	11	\$1,693	\$5,331
68720	DACRYOCYSTORHINOSTOMY	11	\$968	\$1,582
65275	REPR LACERAT; CORNEA NONPERFORAT	10	\$960	\$959
31200	ETHMOIDECTOMY; INTRANASAL ANTERI	9	\$956	\$956
67924	REPAIR ENTROPION; BLPHPPLSTY EXT	8	\$919	\$1,974
65772	CORNEAL RELAXING INCS-ASTIGMATIS	6	\$500	\$1,141
67900	REPAIR OF BROW PTOSIS	6	\$792	\$1,769
65420	EXC/TRANSPSTN PTERYGIUM; W/O GFT	5	\$910	\$1,293
65426	EXC/TRANSPOSITION PTERYGIUM; W/G	5	\$960	\$1,778
67999	UNLISTED PROCEDURE EYELIDS	4	\$1,273	\$1,573
68320	CONJUNCTIVOPLASTY; W/CONJUNC GFT	4	\$1,013	\$1,348
65930	REMOVAL BLOOD CLOT ANT SEGMENT E	3	\$1,075	\$1,126
66825	REPSTN IO LENS REQ INCI-SEP PROC	3	\$800	\$2,221
66986	EXCHANGE OF INTRAOCULAR LENS	3	\$1,300	\$2,751

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

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

421 Zion Eye Institute

Procedure APG category	Procedure APG	TOTAL #	TOTAL # (ALL FASCs)
01	INTEGUMENTARY SYSTEM	1	1,480
	008 SIMPLE EXCISION AND BIOPSY	1	550
11	EYE AND OCULAR ADNEXA	1,209	19,869
	213 LASER EYE PROCEDURES	283	1,899
	214 CATARACT PROCEDURES	677	11,800
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	11	1,080
	216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	22	703
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	24	654
	220 STRABISMUS AND MUSCLE EYE PROCEDURES	3	461
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	185	1,884
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	4	338
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	9	18,814
	234 COMPLEX FACIAL AND ENT PROCEDURES	9	3,110

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, 2004
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)
01	INTEGUMENTARY SYSTEM	1	\$1,000	\$1,482
	008 SIMPLE EXCISION AND BIOPSY	1	\$1,000	\$1,355
11	EYE AND OCULAR ADNEXA	1,209	\$1,113	\$2,247
	213 LASER EYE PROCEDURES	283	\$691	\$691
	214 CATARACT PROCEDURES	677	\$1,381	\$2,474
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	11	\$1,693	\$2,466
	216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	22	\$1,001	\$2,069
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	24	\$815	\$1,866
	220 STRABISMUS AND MUSCLE EYE PROCEDURES	3	\$850	\$2,417
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	185	\$794	\$1,836
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	4	\$1,273	\$1,172
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	9	\$956	\$1,645
	234 COMPLEX FACIAL AND ENT PROCEDURES	9	\$956	\$2,011

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, 2004
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

421 Zion Eye Institute

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
GENDER				
Female	685	56.2	46,759	55.5
Male	534	43.8	37,388	44.4
Unknown	0	0.0	51	0.1
Not Reported	0	0.0	19	0.0
AGE				
1-28 days	0	0.0	0	0.0
29-365 days	1	0.1	604	0.7
1-4 years	2	0.2	4,976	5.9
5-9	2	0.2	2,461	2.9
10-14	4	0.3	1,337	1.6
15-17	2	0.2	1,544	1.8
18-19	4	0.3	1,293	1.5
20-24	3	0.2	3,707	4.4
25-29	1	0.1	3,702	4.4
30-34	3	0.2	3,661	4.3
35-39	7	0.6	3,756	4.5
40-44	16	1.3	4,835	5.7
45-49	23	1.9	5,630	6.7
50-54	20	1.6	7,103	8.4
55-59	43	3.5	6,629	7.9
60-64	68	5.6	6,074	7.2
65-69	193	15.8	7,005	8.3
70-74	276	22.6	6,917	8.2
75-79	260	21.3	6,511	7.7
80-84	197	16.2	4,212	5.0
85-89	67	5.5	1,776	2.1
90 +	27	2.2	478	0.6
Not Reported	0	0.0	6	0.0
SOURCE OF ADMISSION				
Physician Referral	0	0.0	64,875	77.0
Clinic Referral	1,219	100.0	1,223	1.5
HMO Referral	0	0.0	4	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	1,347	1.6
Not Reported	0	0.0	16,768	19.9
(Continued)				

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2004
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	1,219	100.0	68,923	81.8
Another Hospital	0	0.0	68	0.1
Skilled Nursing Facility	0	0.0	2	0.0
Intermediate Care Facility	0	0.0	0	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	0	0.0
Under Care of Home IV Provider	0	0.0	1	0.0
Expired	0	0.0	0	0.0
Unknown	0	0.0	15,222	18.1
Not Reported	0	0.0	1	0.0
PRIMARY PAYER				
Medicare	1,003	82.3	26,286	31.2
Medicaid	6	0.5	5,660	6.7
Other government	3	0.2	2,402	2.9
Blue Cross/Blue Shield	36	3.0	16,361	19.4
Other Commercial	68	5.6	7,923	9.4
Managed Care(HMO, PPO)	81	6.6	21,526	25.6
Self Pay	15	1.2	850	1.0
Industrial & Worker Comp	1	0.1	2,123	2.5
Charity and Unclassified	0	0.0	17	0.0
Childrens Health Insurance	0	0.0	189	0.2
Unknown	3	0.2	69	0.1
Not Reported	3	0.2	811	1.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	0	0.0	4,318	5.1
Central Utah	9	0.7	1,309	1.6
Davis County	3	0.2	11,351	13.5
Salt Lake County	3	0.2	28,856	34.3
Southeastern Utah	0	0.0	931	1.1
Southwest Utah	982	80.6	5,039	6.0
Summit County	0	0.0	1,225	1.5
Tooele County	0	0.0	1,244	1.5
Tri-County	0	0.0	469	0.6
Utah County	2	0.2	10,155	12.1
Wasatch County	0	0.0	442	0.5
Weber County	1	0.1	14,545	17.3
Unknown Utah	0	0.0	48	0.1
Outside Utah	218	17.9	4,246	5.0
Unknown, Not Reported	1	0.1	39	0.0

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