

2006

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



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and Charge Profile of
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Facility Detail**

released by
Utah Health Data Committee
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Suggested Citation:

Utah Health Data Committee. 2006 Utah Hospital and Ambulatory Surgery Center Utilization and Charge Profile of Outpatient Surgery, Facility Detail. Salt Lake City, UT: Utah Health Data Committee, 2008.

Acknowledgments

This report was prepared by the Office of Health Care Statistics under the direction of the Utah Health Data Committee and the HDC System Technical Advisory Committee.

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2006 Utah Hospital and Freestanding Ambulatory Surgery Center Utilization and Charge Profile of Outpatient Surgery

Executive Summary

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

Highlights

- There were 304,435 patient visits with 387,253 reportable ambulatory ICD-9 procedures and 412,135 reportable CPT4 procedures for 64 facilities reported in 2006. Approximately 74% of outpatient visits and 74% of ambulatory procedures (CPT-4) occurred in hospitals. FASCs accounted for the remaining 26% of outpatient visits and 26% of ambulatory procedures.
- The statewide total charges reported for all reportable ambulatory procedures for all facilities were \$1,020,850,545 in 2006. The average charge for all reported ambulatory procedures was \$3,353 with the average hospital and FASCs charges being \$3,637 and \$2,559 respectively. The total charge is not the actual payment or reimbursement.
- The most commonly reported reportable procedure APG (Ambulatory Patient Groups) for all facilities was Lower Gastrointestinal Endoscopy (APG 117, N=64,409). For hospitals it was also Lower Gastrointestinal Endoscopy (APG 117, N=47,953), followed by Arthroscopy (APG 025, N=25,432). For FASCs the most commonly reported procedures were Lower Gastrointestinal Endoscopy (APG 117, N=16,456) followed by Cataract Procedures (APG 214, N=11,976).
- In general, hospitals performed substantially more procedures than FASCs, with a few exceptions (APG Category 11 Eye and Ocular Adnexa including Laser Eye Procedures, APG 213.) Variation in number of procedures across APGs was considerable. Hospitals and FASCs performed roughly comparable volumes of procedures on APG Nervous System procedures (APG Category 10, 26,119 and 9,585 respectively) and APG Eye and Ocular Adnexa procedures (APG Category 11, 11,129 and 19,770 respectively). In contrast, hospitals reported almost 100 times as many Cardiovascular System procedures as FASCs reported (APG Category 04, 25,823 and 259 respectively).

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- The highest average charge was Cochlear Device Implantation (APG 231, \$48,074 for hospitals, FASCs did not report this procedure). Second highest was Neurostimulator and Ventricular Shunt Implantation (APG 197, \$22,134 for hospitals, \$4,462 for FASCs). Third was Pacemaker Insertion and Replacement (APG 078, \$21,180 for hospitals, FASCs did not report this procedure). Fourth was Cardiac Electrophysiologic Tests (APG 074, \$21,121 for hospitals, FASCs did not report this procedure.) The average charges were comparable for hospitals and FASCs. For example, Eye and Ocular Adnexa (APG Category 11) procedures were \$3,062 and \$2,446 respectively. Only records with a single APG are included in the calculation of average total charges.
 - During the past eight years (1999 through 2006), the number of Lower Gastrointestinal Endoscopies (APG 117) performed at FASCs has more than tripled (from 4,924 to 16,456 procedures per year). At hospitals the number has more than tripled (from 14,567 to 47,953 procedures per year). The annual percentage of these procedures performed at hospitals is higher than at FASCs. The annual percentage at FASCs has fluctuated. It increased (from 25% to 40% in 2001), then decreased (to 26% in 2006, see Figure 1). During the period, the number of Cataract Procedures (APG 214) performed at FASCs doubled (6,177 to 11,976), while hospitals showed a smaller increase (4,270 to 4,618 or about a 10% increase). The annual percentage of Cataract Procedures performed at FASCs has risen (from 59% to 72%), with a complementary drop in the annual percentage at hospitals (from 41% to 28%, see Figure 2).
 - During the past eight years, the average charge for Lower Gastrointestinal Endoscopies (APG 117) performed at hospitals has increased (\$691 to \$1,114, or a 61% increase since 1999). The FASC trend first decreased then increased, showing a 82% increase in average charges since 1999, (see Figure 3). In 2006 the average facility charge for this procedure was comparable at FASCs (\$1,188) and hospitals (\$1,114). The average charge for Cataract Procedures (APG 214) at hospitals has increased (\$2,239 to \$3,046, or 36%, from 1999 through 2006). The average charge at FASCs for Cataract Procedures (APG 214) has increased less (\$2,211 to \$2,594, or 17%, from 1999 through 2006).
 - The average charges are based on single-procedure discharges only (51% of ICD-9-CM procedures and 69% of CPT4 procedures) and may not apply to multiple-procedure discharges.

Introduction

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

The Health Data Committee

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

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

The Ambulatory Surgery Database

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

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

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>

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

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

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

Data Processing and Quality

Data Submission

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

System Edits

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

Facility Reviews

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

Patient Confidentiality

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

About This Report

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

Organization of Report

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

CPT-4 and ICD-9-CM Codes

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

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

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

APGs (Ambulatory Patient Groups)

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

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

Number of Procedures

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

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

Average Total Charges

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

Patient Demographics

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

Reportable Procedures

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

Description of Tables

Statewide Tables

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

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

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

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

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

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

Table 6: Statewide ambulatory surgery patient profile. Gender, age, source of admission, discharge status, primary payer category and patient’s local health district are listed. Statewide total numbers of patient visits and percentage distributions are included, as well as totals for freestanding and hospital based facilities. One patient visit might include a single procedure or multiple procedures. Thus, the total number of patient visits in Table 6 is smaller than the total number of procedures in Table 2.

Figure 1: Number of Lower Gastrointestinal Endoscopies by Facility Type and Year, Utah, Hospitals and FASCs, 1999—2006.

Figure 2: Number of Lower Cataract Procedures by Facility Type and Year, Utah, Hospitals and FASCs, 1999—2006.

Figure 3: Average Facility Charge for Lower Gastrointestinal Endoscopies by Facility Type and Year, Utah, Hospitals and FASCs, 1999—2006.

Figure 4: Average Facility Charge for Cataract Procedures by Facility Type and Year, Utah, Hospitals and FASCs, 1999—2006.

Facility Tables

A set of six tables is designed for each facility in a format similar to the statewide tables. Each table also provides comparative information on individual facilities and their peer group's performance. The Health Data Committee System Technical Advisory Committee proposed two peer groups: a hospital group and an FASC group.

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

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

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

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

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

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

Description of Terminology

Reporting Category: Required reporting ICD-9 and CPT-4 codes defined by Administrative Rule R428-11. See

Introduction, p. 1 for the reportable codes included in analyses for this report.

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

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

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

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

Sources of Admission:

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

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

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

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

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

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

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

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

Local Health District of Patient Residence:

The following are multi-county districts.

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

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

Central Utah - Includes Juab, Millard, Piute, Sevier, Wayne and Sanpete counties.

Southwest Utah - Includes Garfield, Iron, Kane, Washington, and Beaver counties.

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

Weber-Morgan - Includes Weber and Morgan counties.

Limitations and Sources of Variation

Billed Charges versus Actual Payment

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

APG versus CPT-4 and ICD-9

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

Peer Groups

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

Size, Location and Teaching Status of Facility

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

Outlier Cases

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

Coding

Inter-facility variations may be a reflection of the differences in coding practices and quality of data. Inconsistent ICD-9 and CPT-4 procedure coding among facilities may lead to under reporting of procedures.

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

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

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

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

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

Notes

1. *Ambulatory Patient Groups Definitions Manual, Version 2.1*. Wallingford, CT: 3M Health Information Systems.

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

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 - CAH	G	Rural Health Management	Grand	Moab	R	N	25	Y	N
118	Alta View Hospital	N	Intermountain Healthcare	Salt Lake	Sandy	U	N	80	Y	Y
136	American Fork Hospital	N	Intermountain Healthcare	Utah	American Fork	U	N	84	Y	Y
134	Ashley Regional Medical Center	I	LifePoint Hospitals	Uintah	Vernal	R	N	39	Y	Y
104	Bear River Valley Hospital	N	Intermountain Healthcare	Box Elder	Tremonton	R	N	14	Y	Y
101	Beaver Valley Hospital	G	Freestanding	Beaver	Beaver	R	N	49	Y	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 -CAH	N	Rural Health Management	Juab	Nephi	R	N	25	Y	Y
119	Cottonwood Hospital Medical Center	N	Intermountain Healthcare	Salt Lake	Murray	U	N	213	Y	Y
108	Davis Hospital and Medical Center	I	IASIS Health Care	Davis	Layton	U	N	136	Y	Y
116	Delta Community Medical Center - CAH	N	Intermountain Healthcare	Millard	Delta	R	N	20	Y	Y
140	Dixie Regional Medical Center	N	Intermountain Healthcare	Washington	St. George	R	N	164	Y	Y
115	Fillmore Community Medical Center - CAH	N	Intermountain Healthcare	Millard	Fillmore	R	N	20	Y	Y
110	Garfield Memorial Hospital and Clinics	N	Intermountain Healthcare	Garfield	Panguitch	R	N	41	Y	Y
129	Gunnison Valley Hospital - CAH	G	Freestanding	Sanpete	Gunnison	R	N	25	Y	Y
139	Heber Valley Medical Center - CAH	N	Intermountain Healthcare	Wasatch	Heber	R	N	19	Y	Y
117	Jordan Valley Hospital	I	IASIS Health Care	Salt Lake	West Jordan	U	N	92	Y	Y
114	Kane County Hospital	G	Freestanding	Kane	Kanab	R	N	38	Y	Y
107	Lakeview Hospital	I	MountainStar Healthcare	Davis	Bountiful	U	N	128	Y	Y
121	LDS Hospital	N	Intermountain Healthcare	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: 2006

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	Intermountain Healthcare	Cache	Logan	R	N	147	Y	Y
141	McKay-Dee Hospital Center	N	Intermountain Healthcare	Weber	Ogden	U	Y	277	Y	Y
102	Milford Valley Memorial Hospital** - CAH	G	Freestanding	Beaver	Milford	R	N	25	N	N
137	Mountain View Hospital	I	MountainStar Healthcare	Utah	Payson	U	N	114	Y	Y
133	Mountain West Medical Center	G	Community Health System	Tooele	Tooele	R	N	35	Y	Y
142	Ogden Regional Medical Center	I	MountainStar Healthcare	Weber	Ogden	U	N	223	Y	Y
135	Orem Community Hospital	N	Intermountain Healthcare	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	Intermountain Healthcare	Salt Lake	Salt Lake City	U	N	235	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 - CAH	G	Managed	San Juan	Monticello	R	N	25	N	Y
130	Sanpete Valley Hospital - CAH	N	Intermountain Healthcare	Sanpete	Mt. Pleasant	R	N	18	Y	Y
132	Sevier Valley Hospital	N	Intermountain Healthcare	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	Intermountain Healthcare	Salt Lake	Salt Lake City	U	N	14	Y	Y
144	Timpanogos Regional Hospital	I	MountainStar Healthcare	Utah	Orem	U	N	64	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	See UU	Y	Y
125	University Health Care/Univ. Hospitals & Clinic	G	University Healthcare	Salt Lake	Salt Lake City	U	Y	457	Y	Y
309	University of Utah Orthopaedic Center	G	University Healthcare	Salt Lake	Salt Lake City	U	Y	See UU	Y	Y
138	Utah Valley Regional Medical Center	N	Intermountain Healthcare	Utah	Provo	U	N	395	Y	Y
112	Valley View Medical Center	N	Intermountain Healthcare	Iron	Cedar City	R	N	46	Y	Y

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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: 2006

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	6	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
403	Intermountain Surgical Center	N	Intermountain Healthcare	Salt Lake	Salt Lake City	U	N	4	Y	Y
412	Univ. Health Care Madsen Surgery Center	G	University Healthcare	Salt Lake	Salt Lake City	U	Y	2	Y	Y
404	McKay-Dee Surgical Center	N	Intermountain Healthcare	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	Freestanding	Weber	Ogden	U	Y	3	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
407	Salt Lake Surgical Center	I	HealthSouth	Salt Lake	Salt Lake City	U	N	7	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	Y
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	3	Y	Y
421	Zion Eye Institute	I	Freestanding	Washington	St. George	R	N	2	Y	N

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

¹Facility ID Number

²Owner Category: G=Government, I=Investor-Owned, N=Not for Profit

³Urban or Rural location of facility

⁴Teaching facility (Yes/No)

⁵Facility reports CPT-4 codes

⁶Facility reports ICD-9-CM codes

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

An alternative source for a list of Utah hospitals and ambulatory surgery centers is the Utah Department of Health, Health Facility Licensing Website, <http://health.utah.gov/hflcra/facinfo/factype.php>.

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

STATEWIDE TOTALS

	ALL FACILITIES		HOSPITALS		FASCs	
	Procedures Reported (#)	(%)	Procedures Reported (#)	(%)	Procedures Reported (#)	(%)
Reporting Category(ICD-9-CM CODES)	387,253	100.0	321,711	100.0	65,542	100.0
Mastectomy (85.0-85.99)	8,918	2.3	7,021	2.2	1,897	2.9
Musculoskeletal (76.0-84.99)	77,407	20.0	65,753	20.4	11,654	17.8
Respiratory (30.0-34.99)	3,574	0.9	3,438	1.1	136	0.2
Cardiovascular (35.0-39.99)	15,463	4.0	15,180	1.1	283	0.4
Lymphatic/Hemetic (40.0-41.99)	3,190	0.8	3,088	1.0	102	0.2
Digestive System (42.0-54.99)	121,724	31.4	107,581	33.4	14,143	21.6
Urinary (55.0-59.99)	8,990	2.3	8,752	2.7	238	0.4
Male Genital (60.0-64.99)	3,628	0.9	3,460	1.1	168	0.3
Female Genital (65.0-71.99)	16,959	4.4	15,319	4.8	1,640	2.5
Endocrine/Nervous (01.0-07.99)	32,191	8.3	28,111	8.7	4,080	6.2
Eye (08.0-16.99)	37,209	9.6	19,328	6.0	17,881	27.3
Ear (18.0-20.99)	17,727	4.6	14,440	4.5	3,287	5.0
Nose, Mouth, Pharynx (21.0-29.99)	40,273	10.4	30,240	9.4	10,033	15.3
Reporting Category(CPT-4 CODES)	412,135	100.0	304,292	100.0	107,843	100.0
Mastectomy (19120-19220)	3,643	0.9	3,001	1.0	642	0.6
Musculoskeletal (20000-29909)	88,595	21.5	65,018	21.4	23,577	21.9
Respiratory (30000-32999 & 39501-39599)	22,947	5.6	13,975	4.6	8,972	8.3
Cardiovascular (33010-37799 & 93501-93660)	31,880	7.7	31,569	10.4	311	0.3
Lymphatic/Hemetic (38100-38999)	2,755	0.7	2,606	0.9	149	0.1
Digestive System (40490-49999)	151,743	36.8	115,754	38.0	35,989	33.4
Urinary (50010-53899)	10,376	2.5	8,580	2.8	1,796	1.7
Male Genital (54000-55899)	3,551	0.9	3,059	1.0	492	0.5
Female Genital (56405-58999)	13,725	3.3	11,517	3.8	2,208	2.0
Endocrine/Nervous (60000-64999)	39,861	9.7	29,931	9.8	9,930	9.2
Eye (65091-68899)	31,284	7.6	11,422	3.8	19,862	18.4
Ear (69000-69979)	11,775	2.9	7,860	2.6	3,915	3.6

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics.

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

**TABLE 3
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES**

STATEWIDE TOTALS

ICD-9 CODE	ICD-9 DESCRIPTION	ALL FACILITIES		HOSPITALS		FASCs	
		#	%	#	%	#	%
All Reportable*	ICD-9 Procedures	387,253	100.0	321,711	100.0	65,542	100.0
4523	COLONOSCOPY	27,267	7.0	23,976	7.5	3,291	5.0
4516	EGD W/CLOS BX	20,952	5.4	18,498	5.7	2,454	3.7
2001	MYRINGOTOMY WITH INSERTION OF TUBE	13,974	3.6	11,455	3.6	2,519	3.8
4542	ENDO POLYPECTOMY LARGE INTESTINE	13,612	3.5	12,615	3.9	997	1.5
4525	CLOS [ENDO] BX LARGE INTESTINE	12,045	3.1	8,402	2.6	3,643	5.6
1371	INSRT IOL-CATARACT EXTRACT-1 STAGE	11,089	2.9	4,412	1.4	6,677	10.2
0392	INJECTION OTH AGT INTO SPINAL CANAL	9,948	2.6	8,629	2.7	1,319	2.0
1341	PHACOEMULSIFICATION&ASPIR CATARACT	8,933	2.3	4,433	1.4	4,500	6.9
0391	INJECTION ANES-SPINAL CANAL ANALG	7,402	1.9	6,599	2.1	803	1.2
806	EXCISION SEMILUNAR CARTILAGE KNEE	7,293	1.9	5,970	1.9	1,323	2.0
4513	OTHER ENDOSCOPY OF SMALL INTESTINE	6,873	1.8	6,053	1.9	820	1.3
283	TONSILLECTOMY WITH ADENOIDECTOMY	6,632	1.7	5,403	1.7	1,229	1.9
5123	LAPAROSCOPIC CHOLECYSTECTOMY	6,587	1.7	6,464	2.0	123	0.2
4292	DILATION OF ESOPHAGUS	5,839	1.5	4,952	1.5	887	1.4
0443	RELEASE OF CARPAL TUNNEL	4,411	1.1	3,603	1.1	808	1.2
2169	OTHER TURBINECTOMY	4,010	1.0	2,435	0.8	1,575	2.4
4836	[ENDOSCOPIC] POLYPECTOMY OF RECTUM	3,559	0.9	3,527	1.1	32	0.0
3722	LEFT HEART CARDIAC CATHETERIZATION	3,425	0.9	3,425	1.1	.	.
8521	LOCAL EXCISION OF LESION OF BREAST	3,345	0.9	2,737	0.9	608	0.9
8183	OTHER REPAIR OF SHOULDER	3,328	0.9	2,448	0.8	880	1.3

CPT-4 CODE	CPT-4 DESCRIPTION	ALL FACILITIES		HOSPITALS		FASCs	
		#	%	#	%	#	%
All Reportable*	CPT-4 Procedures	412,135	100.0	304,292	100.0	107,843	100.0
45378	COLONOSCOPY FLEX; DX-SEP PROC	29,954	7.3	22,481	7.4	7,473	6.9
43239	UGI ENDO; W/BX 1/MX	24,440	5.9	18,140	6.0	6,300	5.8
45380	COLONOSCOPY FLEX; W/BX 1/MX	23,481	5.7	17,126	5.6	6,355	5.9
66984	EXTRACAPSULAR CATARACT REMV IOL	15,734	3.8	4,306	1.4	11,428	10.6
69436	TYMPANOSTOMY GENERAL ANESTHESIA	8,982	2.2	5,778	1.9	3,204	3.0
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	7,406	1.8	5,509	1.8	1,897	1.8
29881	SCOPE KNEE SURG;W/MENISCECT MED/	6,834	1.7	4,829	1.6	2,005	1.9
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	6,247	1.5	4,610	1.5	1,637	1.5
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	5,516	1.3	4,016	1.3	1,500	1.4
42820	T&A; UNDER AGE 12	5,494	1.3	4,142	1.4	1,352	1.3
41899	UNLIST PROC DENTOALVEOL STRUCTUR	5,393	1.3	2,981	1.0	2,412	2.2
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	4,986	1.2	3,183	1.0	1,803	1.7
29826	SCOPE SHOULDER; DECOMP SUBACROM	4,655	1.1	3,330	1.1	1,325	1.2
29877	SCOPE KNEE SURG; DEBRID/SHAVE CA	4,384	1.1	3,070	1.0	1,314	1.2
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	4,291	1.0	4,016	1.3	275	0.3
30140	SUBMUCOS RES TURBINATE PART/CMPL	4,283	1.0	2,039	0.7	2,244	2.1
64483	INJ ANES EPIDURL; LUMB/SAC 1 LEV	4,219	1.0	2,997	1.0	1,222	1.1
30520	SEPTOPLASTY/SUBMUCOS RES W/GFT	3,805	0.9	2,266	0.7	1,539	1.4
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	3,718	0.9	2,256	0.7	1,462	1.4
49505	REPR INIT ING HERNIA 5YR/MORE; R	3,579	0.9	2,885	0.9	694	0.6

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

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

**TABLE 4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGES PROFILE OF OUTPATIENT SURGERY, 2006
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	10,676	8,878	1,798
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	2,060	2,028	32
	003 COMPLEX INCISION AND DRAINAGE	101	76	25
	004 SIMPLE INCISION AND DRAINAGE	39	23	16
	006 SIMPLE DEBRIDEMENT AND DESTRUCTION	184	157	27
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	1,561	1,202	359
	008 SIMPLE EXCISION AND BIOPSY	1,578	1,012	566
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRANGE	1,497	1,367	130
	010 SIMPLE SKIN REPAIR	13	12	1
	011 SIMPLE INCISION AND EXCISION OF BREAST	2,948	2,366	582
	012 BREAST RECONSTRUCTION AND MASTECTOMY	695	635	60
02	MUSCULOSKELETAL SYSTEM	80,003	58,082	21,921
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	8,397	6,410	1,987
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	2,816	2,231	585
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	3,011	2,131	880
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	16,456	11,532	4,924
	025 ARTHROSCOPY	35,231	25,432	9,799
	026 REPLACEMENT OF CAST	67	63	4
	027 SPLINT, STRAPPING AND CAST REMOVAL	369	368	1
	028 CLOSED TREATMENT FX & DISLOCATION OF FINGER, TOE & TRUNK	67	54	13
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	759	656	103
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	5,683	4,342	1,341
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	651	470	181
	032 BUNION PROCEDURES	2,496	1,569	927
	033 ARTHROPLASTY	774	512	262
	034 HAND AND FOOT TENOTOMY	374	279	95
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	2,852	2,033	819
03	RESPIRATORY SYSTEM	12,117	7,958	4,159
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	657	656	1
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	9,250	5,137	4,113
	054 SIMPLE ENDOSCOPY OF THE UPPER AIRWAY	340	300	40
	055 ENDOSCOPY OF THE LOWER AIRWAY	1,870	1,865	5
04	CARDIOVASCULAR SYSTEM	26,082	25,823	259
	074 CARDIAC ELECTROPHYSIOLOGIC TESTS	2,947	2,947	0
	075 PLACEMENT OF TRANSVENOUS CATHETERS	48	48	0
	076 DIAGNOSTIC CARDIAC CATHETERIZATION	18,184	18,184	0
	077 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	1,941	1,922	19
	078 PACEMAKER INSERTION AND REPLACEMENT	488	488	0
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	777	746	31
	080 MINOR VASCULAR REPAIR AND FISTULA CONSTRUCTION	903	898	5
	081 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	201	181	20
	082 VASCULAR LIGATION	587	403	184
	083 RESUSCITATION AND CARADIOVERSION	6	6	0
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	3,290	3,114	176
	092 CHEMOTHERAPY EXCEPT BY EXTENDED INFUSION	19	19	0
	094 BLOOD AND BLOOD PRODUCT EXCHANGE	131	131	0

**TABLE 4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGES PROFILE OF OUTPATIENT SURGERY, 2006
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	2,119	1,943	176
	097 TRANSFUSION	1,021	1,021	0
06	DIGESTIVE SYSTEM	136,002	105,156	30,846
	111 ALIMENTARY TESTS AND SIMPLE TUBE PLACEMENT	113	113	0
	112 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	1,906	1,288	618
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	727	649	78
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	501	392	109
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	30,275	22,453	7,822
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	8,218	5,914	2,304
	117 LOWER GASTROINTESTINAL ENDOSCOPY	64,409	47,953	16,456
	118 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	1,570	1,561	9
	119 HERNIA AND HYDROCELE PROCEDURES	8,205	6,882	1,323
	120 COMPLEX ANAL AND RECTAL PROCEDURES	1,304	1,098	206
	121 SIMPLE ANAL AND RECTAL PROCEDURES	530	497	33
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	526	506	20
	123 COMPLEX LAPAROSCOPIC PROCEDURES	17,540	15,680	1,860
	124 SIMPLE LAPAROSCOPIC PROCEDURES	178	170	8
07	URINARY SYSTEM	9,246	7,472	1,774
	131 RENAL EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	1,391	848	543
	132 SIMPLE URINARY STUDIES AND PROCEDURES	1	1	0
	133 URINARY CATHETERIZATION AND DILATATION	395	380	15
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	4,087	3,513	574
	135 MODERATE CYSTOURETHROSCOPY	2,338	1,846	492
	136 SIMPLE CYSTOURETHROSCOPY	710	606	104
	137 COMPLEX URETHRAL PROCEDURES	144	125	19
	138 SIMPLE URETHRAL PROCEDURES	180	153	27
08	MALE GENITAL SYSTEM	3,109	2,684	425
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	1,696	1,397	299
	152 INSERTION OF PENILE PROSTHESIS	56	56	0
	153 COMPLEX PENILE PROCEDURES	432	413	19
	154 SIMPLE PENILE PROCEDURES	771	680	91
	155 PROSTATE NEEDLE AND PUNCH BIOPSY	154	138	16
09	FEMALE GENITAL SYSTEM	8,090	6,830	1,260
	171 ARTIFICIAL FERTILIZATION	1	1	0
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	1,765	1,642	123
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	1,746	1,421	325
	178 DILATION AND CURETTAGE	853	709	144
	179 HYSTEROSCOPY	3,360	2,718	642
	180 COLPOSCOPY	365	339	26
10	NERVOUS SYSTEM	35,704	26,119	9,585
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	26,894	19,763	7,131
	196 REVISION AND REMOVAL OF NEUROLOGICAL DEVICE	236	212	24
	197 NEUROSTIMULATOR AND VENTRICULAR SHUNT IMPLANTATION	881	828	53
	198 NERVE REPAIR AND DESTRUCTION	7,067	4,690	2,377
	199 SPINAL TAP	626	626	0
11	EYE AND OCULAR ADNEXA	30,899	11,129	19,770

TABLE 4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGES PROFILE OF OUTPATIENT SURGERY, 2006
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	103	23	80
213 LASER EYE PROCEDURES	2,443	710	1,733
214 CATARACT PROCEDURES	16,594	4,618	11,976
215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	1,332	469	863
216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	1,069	294	775
217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	1,003	238	765
218 COMPLEX POSTERIOR SEGMENT EYE PROCEDURES	596	374	222
219 SIMPLE POSTERIOR SEGMENT EYE PROCEDURES	524	436	88
220 STRABISMUS AND MUSCLE EYE PROCEDURES	1,315	843	472
221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	2,684	881	1,803
222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	1,007	556	451
223 VITRECTOMY	2,229	1,687	542
12 FACIAL, EAR, NOSE, MOUTH AND THROAT	43,181	27,995	15,186
231 COCHLEAR DEVICE IMPLANTATION	78	78	0
233 NASAL CAUTERIZATION AND PACKING	409	323	86
234 COMPLEX FACIAL AND ENT PROCEDURES	8,373	5,543	2,830
235 SIMPLE FACIAL AND ENT PROCEDURES	22,817	13,699	9,118
236 TONSIL AND ADENOID PROCEDURES	11,504	8,352	3,152
13 THERAPEUTIC AND OTHER RADIOLOGICAL PROCEDURES	3,367	3,177	190
252 RADIATION THERAPY AND HYPERTHERMIA	12	12	0
253 VASCULAR RADIOLOGY EXCEPT FOR VENOGRAPHY OF EXTREMITY	1,174	1,174	0
254 MYELOGRAPHY	483	297	186
255 MISCELLANEOUS RADIOLOGICAL PROCEDURES WITH CONTRAST	1,698	1,694	4
14 PHYSICAL MEDICINE AND REHABILITATION	3	3	0
272 PHYSICAL THERAPY	3	3	0

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

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

TABLE 5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
PROCEDURE APG CATEGORY, PROCEDURE APG, AVERAGE TOTAL CHARGES, SINGLE APG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

STATEWIDE TOTALS		*****AVERAGE TOTAL CHARGES*****		
Procedure APG category	Procedure APG	ALL FACILITIES	HOSPITALS	FASCs
01	INTEGUMENTARY SYSTEM	\$2,845	\$3,077	\$1,406
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	\$2,413	\$2,351	\$6,555
	003 COMPLEX INCISION AND DRAINAGE	\$2,744	\$3,204	\$1,543
	004 SIMPLE INCISION AND DRAINAGE	\$2,261	\$2,900	\$1,275
	006 SIMPLE DEBRIDEMENT AND DESTRUCTION	\$2,111	\$2,246	\$1,167
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	\$2,621	\$2,981	\$1,481
	008 SIMPLE EXCISION AND BIOPSY	\$2,183	\$2,545	\$1,383
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRANGE	\$4,310	\$4,359	\$2,411
	010 SIMPLE SKIN REPAIR	\$3,420	\$3,420	.
	011 SIMPLE INCISION AND EXCISION OF BREAST	\$2,524	\$2,861	\$1,010
	012 BREAST RECONSTRUCTION AND MASTECTOMY	\$4,870	\$5,243	\$1,408
02	MUSCULOSKELETAL SYSTEM	\$3,716	\$4,100	\$2,684
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	\$5,542	\$6,150	\$3,523
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	\$3,383	\$3,787	\$2,335
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	\$3,740	\$4,488	\$2,403
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	\$2,459	\$2,717	\$1,842
	025 ARTHROSCOPY	\$4,208	\$4,558	\$3,355
	026 REPLACEMENT OF CAST	\$6,187	\$6,504	\$1,271
	027 SPLINT, STRAPPING AND CAST REMOVAL	\$5,305	\$5,317	\$1,540
	028 CLOSED TREATMENT FX & DISLOCATION OF FINGER, TOE & TRUNK	\$2,032	\$2,232	\$1,346
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	\$2,915	\$3,140	\$1,389
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	\$4,472	\$5,140	\$2,480
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	\$2,301	\$2,526	\$1,591
	032 BUNION PROCEDURES	\$3,197	\$3,916	\$2,102
	033 ARTHROPLASTY	\$4,757	\$6,241	\$3,391
	034 HAND AND FOOT TENOTOMY	\$1,822	\$1,909	\$1,647
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	\$912	\$909	\$948
03	RESPIRATORY SYSTEM	\$2,042	\$2,071	\$1,659
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	\$1,191	\$1,191	.
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	\$2,843	\$3,201	\$1,665
	054 SIMPLE ENDOSCOPY OF THE UPPER AIRWAY	\$1,375	\$1,344	\$1,525
	055 ENDOSCOPY OF THE LOWER AIRWAY	\$2,231	\$2,233	\$1,858
04	CARDIOVASCULAR SYSTEM	\$10,622	\$10,821	\$1,368
	074 CARDIAC ELECTROPHYSIOLOGIC TESTS	\$21,121	\$21,121	.
	075 PLACEMENT OF TRANSVENOUS CATHETERS	\$12,890	\$12,890	.
	076 DIAGNOSTIC CARDIAC CATHETERIZATION	\$6,014	\$6,014	.
	077 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	\$17,648	\$17,712	\$2,417
	078 PACEMAKER INSERTION AND REPLACEMENT	\$21,180	\$21,180	.
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	\$3,886	\$4,242	\$1,078
	080 MINOR VASCULAR REPAIR AND FISTULA CONSTRUCTION	\$4,911	\$4,911	.
	081 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	\$5,100	\$5,273	\$1,862
	082 VASCULAR LIGATION	\$5,583	\$6,284	\$1,518
	083 RESUSCITATION AND CAROTID OVERSATION	\$439	\$439	.
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	\$3,542	\$3,660	\$1,945
	094 BLOOD AND BLOOD PRODUCT EXCHANGE	\$7,016	\$7,016	.
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	\$4,372	\$4,713	\$1,945
	097 TRANSFUSION	\$2,312	\$2,312	.

TABLE 5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
PROCEDURE APG CATEGORY, PROCEDURE APG, AVERAGE TOTAL CHARGES, SINGLE APG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

STATEWIDE TOTALS		*****AVERAGE TOTAL CHARGES*****		
Procedure APG category		ALL FACILITIES	HOSPITALS	FASCs
Procedure APG				
06	DIGESTIVE SYSTEM	\$1,987	\$2,170	\$1,374
	111 ALIMENTARY TESTS AND SIMPLE TUBE PLACEMENT	\$1,014	\$1,014	.
	112 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	\$1,391	\$1,490	\$1,318
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	\$1,084	\$1,114	\$859
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	\$1,102	\$1,226	\$716
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	\$1,207	\$1,249	\$1,088
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	\$1,632	\$1,798	\$994
	117 LOWER GASTROINTESTINAL ENDOSCOPY	\$1,134	\$1,114	\$1,188
	118 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	\$3,823	\$3,753	\$9,400
	119 HERNIA AND HYDROCELE PROCEDURES	\$3,338	\$3,546	\$2,291
	120 COMPLEX ANAL AND RECTAL PROCEDURES	\$2,541	\$2,846	\$1,270
	121 SIMPLE ANAL AND RECTAL PROCEDURES	\$2,167	\$2,218	\$1,665
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	\$3,034	\$3,109	\$1,067
	123 COMPLEX LAPAROSCOPIC PROCEDURES	\$6,111	\$6,362	\$3,967
	124 SIMPLE LAPAROSCOPIC PROCEDURES	\$7,348	\$7,898	\$2,613
07	URINARY SYSTEM	\$4,170	\$4,480	\$3,192
	131 RENAL EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	\$6,626	\$7,487	\$5,451
	132 SIMPLE URINARY STUDIES AND PROCEDURES	\$2,873	\$2,873	.
	133 URINARY CATHETERIZATION AND DILATATION	\$3,566	\$3,647	\$1,786
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	\$4,172	\$4,624	\$1,869
	135 MODERATE CYSTOURETHROSCOPY	\$3,001	\$3,484	\$1,572
	136 SIMPLE CYSTOURETHROSCOPY	\$2,165	\$2,335	\$1,370
	137 COMPLEX URETHRAL PROCEDURES	\$4,531	\$4,861	\$1,696
	138 SIMPLE URETHRAL PROCEDURES	\$1,524	\$1,539	\$1,428
08	MALE GENITAL SYSTEM	\$2,894	\$3,045	\$1,975
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	\$2,485	\$2,546	\$2,237
	152 INSERTION OF PENILE PROSTHESIS	\$19,133	\$19,133	.
	153 COMPLEX PENILE PROCEDURES	\$3,097	\$3,147	\$2,076
	154 SIMPLE PENILE PROCEDURES	\$1,838	\$1,914	\$1,357
	155 PROSTATE NEEDLE AND PUNCH BIOPSY	\$3,817	\$3,924	\$2,198
09	FEMALE GENITAL SYSTEM	\$3,766	\$4,082	\$2,156
	171 ARTIFICIAL FERTILIZATION	\$367	\$367	.
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	\$4,836	\$5,061	\$2,541
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	\$2,791	\$3,135	\$1,482
	178 DILATION AND CURETTAGE	\$2,257	\$2,371	\$1,373
	179 HYSTEROSCOPY	\$4,208	\$4,610	\$2,587
	180 COLPOSCOPY	\$3,286	\$3,422	\$1,685
10	NERVOUS SYSTEM	\$1,634	\$1,813	\$1,104
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	\$993	\$1,068	\$756
	196 REVISION AND REMOVAL OF NEUROLOGICAL DEVICE	\$6,814	\$7,292	\$1,849
	197 NEUROSTIMULATOR AND VENTRICULAR SHUNT IMPLANTATION	\$21,305	\$22,134	\$4,462
	198 NERVE REPAIR AND DESTRUCTION	\$2,233	\$2,441	\$1,859
	199 SPINAL TAP	\$1,908	\$1,908	.
11	EYE AND OCULAR ADNEXA	\$2,636	\$3,062	\$2,446
	211 MINOR OPHTHALMOLOGICAL TESTS AND PROCEDURES	\$2,875	\$2,500	\$2,964
	213 LASER EYE PROCEDURES	\$824	\$782	\$842
	214 CATARACT PROCEDURES	\$2,718	\$3,046	\$2,594

TABLE 5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
PROCEDURE APG CATEGORY, PROCEDURE APG, AVERAGE TOTAL CHARGES, SINGLE APG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

STATEWIDE TOTALS		*****AVERAGE TOTAL CHARGES*****			
Procedure APG category	Procedure APG	ALL FACILITIES	HOSPITALS	FASCs	
	215	COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	\$3,297	\$3,268	\$3,310
	216	MODERATE ANTERIOR SEGMENT EYE PROCEDURES	\$2,225	\$2,237	\$2,221
	217	SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	\$2,626	\$3,225	\$2,505
	218	COMPLEX POSTERIOR SEGMENT EYE PROCEDURES	\$5,403	\$5,400	\$5,407
	219	SIMPLE POSTERIOR SEGMENT EYE PROCEDURES	\$3,650	\$4,201	\$3,148
	220	STRABISMUS AND MUSCLE EYE PROCEDURES	\$3,114	\$3,156	\$2,730
	221	COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	\$2,690	\$3,876	\$2,208
	222	SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	\$1,851	\$2,152	\$1,467
	223	VITRECTOMY	\$5,097	\$5,731	\$3,722
12		FACIAL, EAR, NOSE, MOUTH AND THROAT	\$2,340	\$2,535	\$1,825
	231	COCHLEAR DEVICE IMPLANTATION	\$48,074	\$48,074	.
	233	NASAL CAUTERIZATION AND PACKING	\$2,824	\$3,183	\$1,295
	234	COMPLEX FACIAL AND ENT PROCEDURES	\$4,291	\$4,888	\$2,361
	235	SIMPLE FACIAL AND ENT PROCEDURES	\$1,838	\$1,798	\$1,938
	236	TONSIL AND ADENOID PROCEDURES	\$2,002	\$2,184	\$1,528
13		THERAPEUTIC AND OTHER RADIOLOGICAL PROCEDURES	\$3,012	\$3,015	\$2,696
	252	RADIATION THERAPY AND HYPERTHERMIA	\$6,035	\$6,035	.
	253	VASCULAR RADIOLOGY EXCEPT FOR VENOGRAPHY OF EXTREMITY	\$11,306	\$11,306	.
	254	MYELOGRAPHY	\$3,078	\$3,100	\$2,861
	255	MISCELLANEOUS RADIOLOGICAL PROCEDURES WITH CONTRAST	\$2,174	\$2,175	\$1,127

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

TABLE 6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
NUMBER OF REPORTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

STATEWIDE TOTALS

Patient Profile	Patient Visits(All)		Patient Visits(HOSPITALS)		Patient Visits(FASCs)	
	(#)	(%)	(#)	(%)	(#)	(%)
GENDER						
Female	166,289	54.6	122,108	54.4	44,181	55.2
Male	138,078	45.4	102,236	45.6	35,842	44.8
Unknown	28	0.0	4	0.0	24	0.0
Not Reported	40	0.0	4	0.0	36	0.0
AGE						
1-28 days	705	0.2	704	0.3	1	0.0
29-365 days	3,351	1.1	2,863	1.3	488	0.6
1-4 years	14,584	4.8	11,046	1.3	3,538	4.4
5-9	8,112	2.7	6,088	4.9	2,024	2.5
10-14	5,738	1.9	4,673	2.7	1,065	1.3
15-17	6,462	2.1	5,017	2.1	1,445	1.8
18-19	4,863	1.6	3,697	2.2	1,166	1.5
20-24	13,877	4.6	10,637	1.6	3,240	4.0
25-29	16,093	5.3	12,527	4.7	3,566	4.5
30-34	15,565	5.1	12,120	5.4	3,445	4.3
35-39	16,011	5.3	12,327	5.5	3,684	4.6
40-44	18,335	6.0	14,081	6.3	4,254	5.3
45-49	22,777	7.5	17,506	7.8	5,271	6.6
50-54	32,340	10.6	25,054	11.2	7,286	9.1
55-59	27,911	9.2	20,980	9.4	6,931	8.7
60-64	23,087	7.6	16,994	7.6	6,093	7.6
65-69	21,622	7.1	14,770	6.6	6,852	8.6
70-74	19,559	6.4	12,538	5.6	7,021	8.8
75-79	16,380	5.4	10,175	4.5	6,205	7.7
80-84	10,855	3.6	6,704	3.0	4,151	5.2
85-89	4,835	1.6	2,983	1.3	1,852	2.3
90 +	1,368	0.4	865	0.4	503	0.6
Not Reported	710	0.2	707	0.3	3	0.0
SOURCE OF ADMISSION						
Physician Referral	268,794	88.3	202,212	90.1	66,582	83.1
Clinic Referral	1,678	0.6	553	0.2	1,125	1.4
HMO Referral	3,606	1.2	3,605	1.6	1	0.0
Other Hospital	90	0.0	90	0.0	0	0.0
Skilled Nursing Facility	22	0.0	22	0.0	0	0.0
Other Health Care Facility	26	0.0	25	0.0	1	0.0
Emergency Room	4,679	1.5	4,679	2.1	0	0.0
Court/Law Enforcement	0	0.0	0	0.0	0	0.0
Unknown	1,502	0.5	11	0.0	0	1.9
Not Reported	24,038	7.9	13,155	5.9	10,883	13.6

(Continued)

TABLE 6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
NUMBER OF REPORTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

STATEWIDE TOTALS

Patient Profile	Patient Visits(All)		Patient Visits(HOSPITALS)		Patient Visits(FASCs)	
	(#)	(%)	(#)	(%)	(#)	(%)
DISCHARGE STATUS						
Home Health Care	297,896	97.9	223,834	99.8	74,062	92.5
Another Hospital	173	0.1	103	0.0	70	0.1
Skilled Nursing Facility	111	0.0	111	0.0	0	0.0
Intermediate Care	11	0.0	11	0.0	0	0.0
Another Type of Institution	52	0.0	46	0.0	6	0.0
Under Care of Home Service	169	0.1	169	0.1	0	0.0
Left Against Medical Advice	16	0.0	16	0.0	0	0.0
Under care of Home Provider	1	0.0	1	0.0	0	0.0
Expired	5	0.0	5	0.0	0	0.0
Unknown	6,001	2.0	56	0.0	5,945	7.4
Not Reported	0	0.0	0	0.0	0	0.0
PRIMARY PAYER						
Medicare	69,047	22.7	45,634	20.3	23,413	29.2
Medicaid	18,805	6.2	14,157	6.3	4,648	5.8
Other Government	5,903	1.9	3,504	1.6	2,399	3.0
Blue Cross/Blue Shield	46,604	15.3	30,700	13.7	15,904	19.9
Other Commercial	22,464	7.4	15,100	6.7	7,364	9.2
Managed Care(HMO, PPO)	126,977	41.7	105,175	46.9	21,802	27.2
Self Pay	3,759	1.2	2,539	1.1	1,220	1.5
Industrial & Worker Comp	5,969	2.0	3,834	1.7	2,135	2.7
Charity and Unclassified	2,340	0.8	2,186	1.0	154	0.2
Childrens Health Insurance	441	0.1	177	0.1	264	0.3
Unknown	1,362	0.4	1,256	0.6	106	0.1
Not Reported	764	0.3	90	0.0	674	0.8
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE						
Bear River	19,462	6.4	15,979	7.1	3,483	4.3
Central Utah	9,451	3.1	8,148	3.6	1,303	1.6
Davis County	36,334	11.9	23,241	10.4	13,093	16.3
Salt Lake County	103,374	34.0	76,236	34.0	27,138	33.9
Southeastern Utah	6,171	2.0	5,436	2.4	735	0.9
Southwest Utah	16,406	5.4	13,567	6.0	2,839	3.5
Summit County	3,957	1.3	3,096	1.4	861	1.1
Tooele County	5,681	1.9	4,599	2.0	1,082	1.4
Tri-County	6,171	2.0	5,798	2.6	373	0.5
Utah County	46,088	15.1	35,900	16.0	10,188	12.7
Wasatch County	2,136	0.7	1,771	0.8	365	0.5
Weber County	36,408	12.0	21,412	9.5	14,996	18.7
Unknown Utah	80	0.0	49	0.0	31	0.0
Outside Utah	12,502	4.1	8,923	4.0	3,579	4.5
Unknown, Not Reported	215	0.1	198	0.1	17	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), 1999-2006

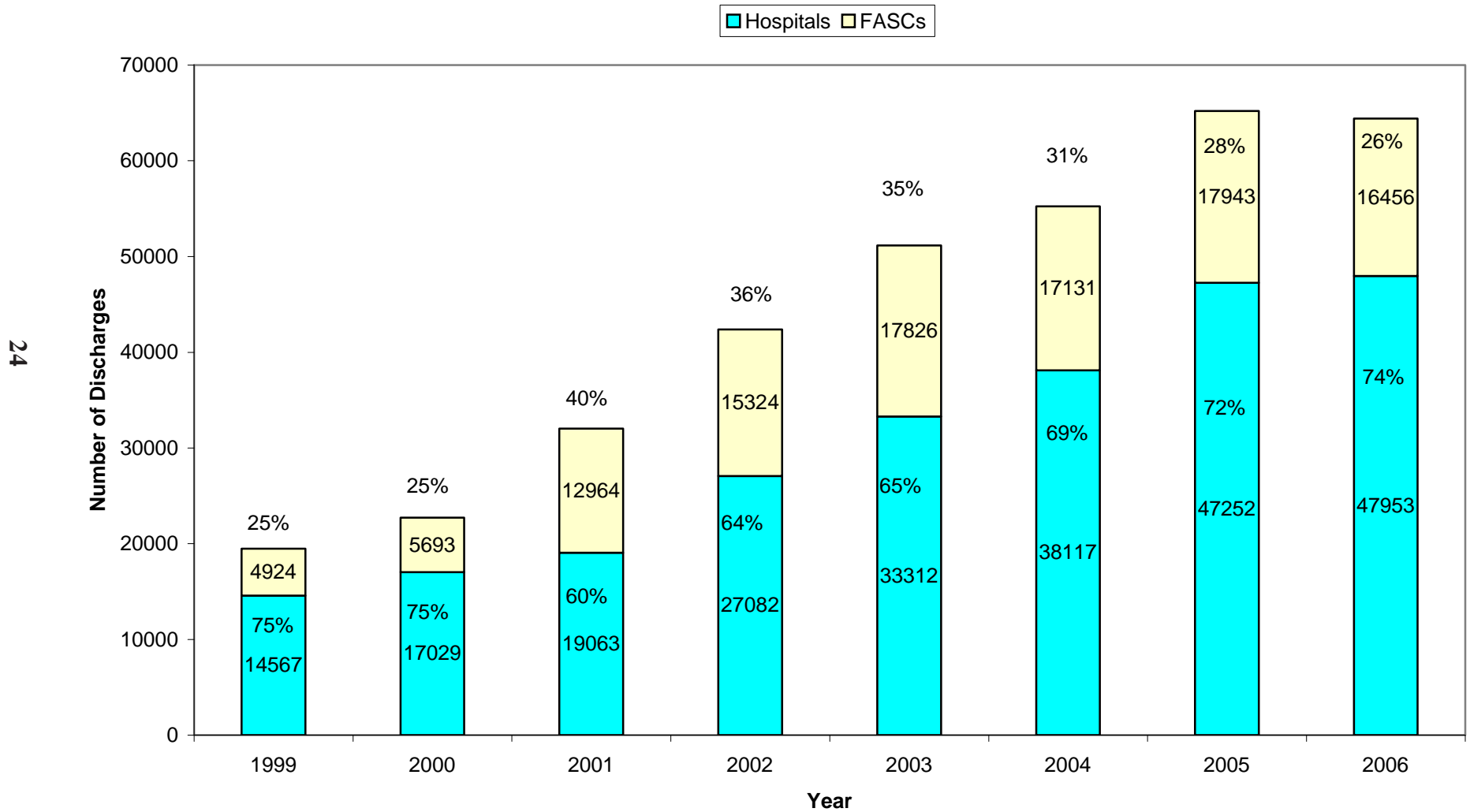


Figure 2. Number and Percentage of Cataract Procedures (APG 214) by Facility Type and Year, Utah, Hospitals and Freestanding Ambulatory Surgery Centers (FASCs), 1999-2006

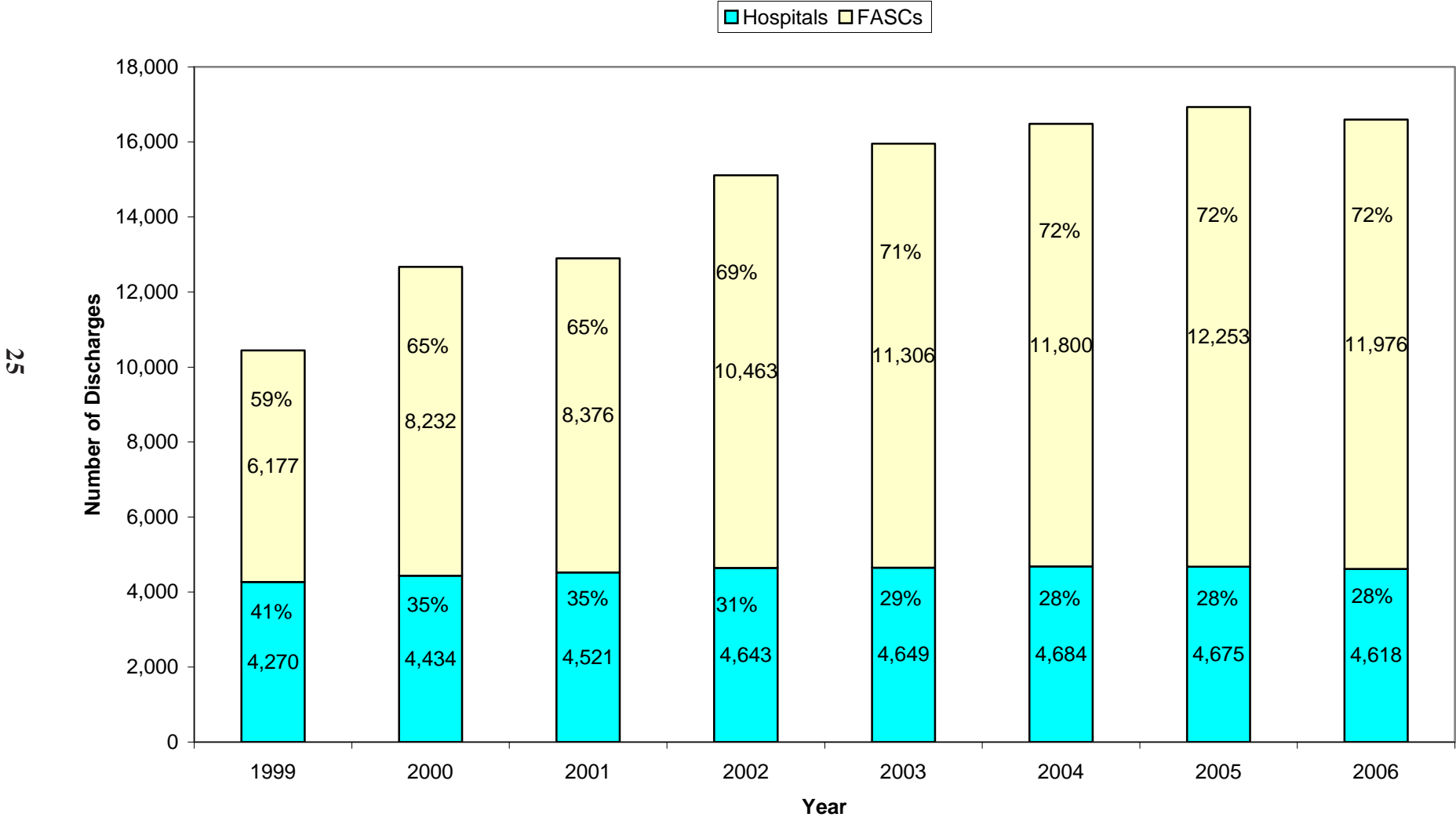


Figure 3. Average Charge for Lower Gastrointestinal Endoscopies (APG 117) by Facility Type and Year, Utah, Hospitals and Freestanding Ambulatory Surgery Centers (FASCs), 1999-2006

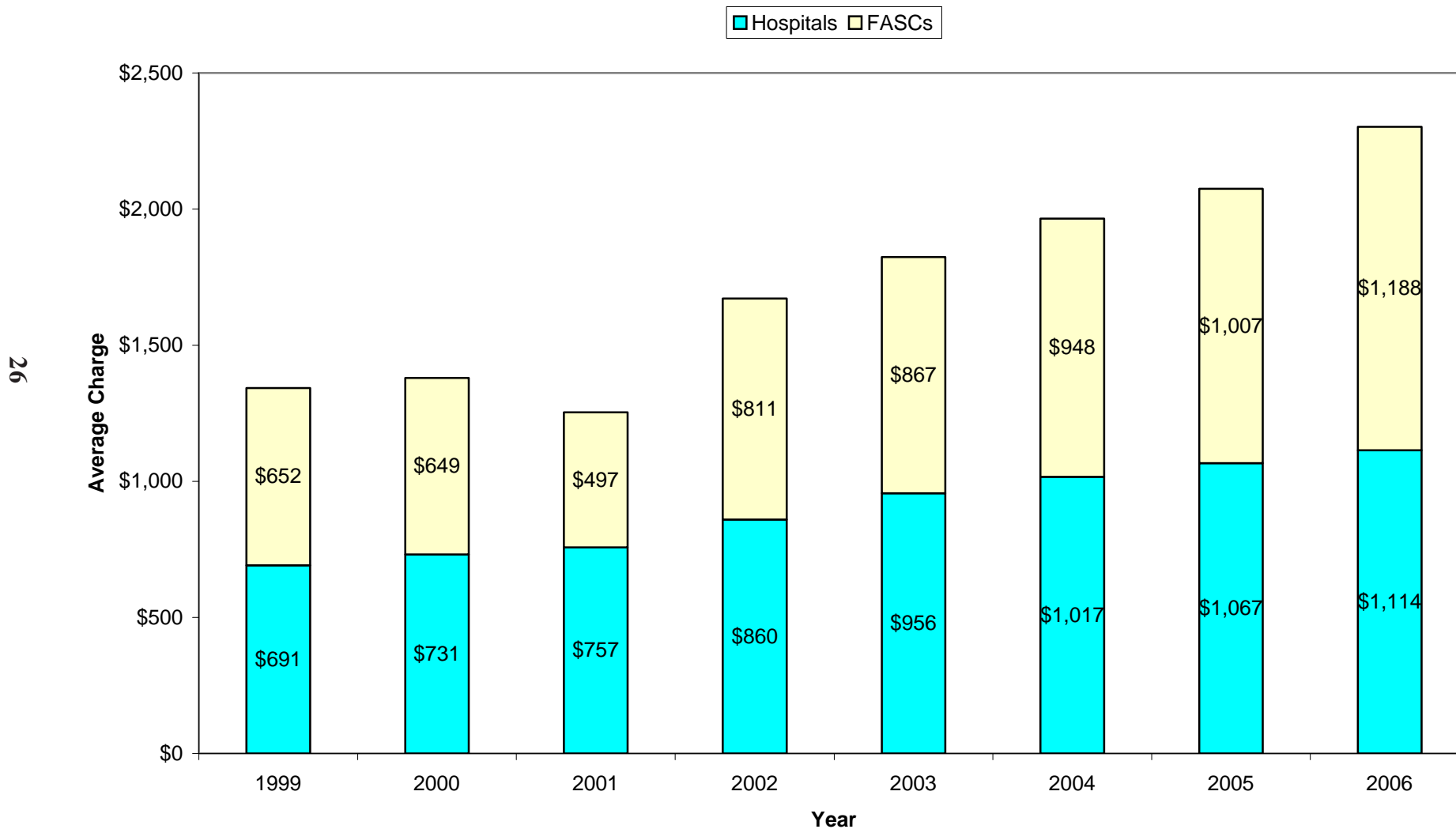
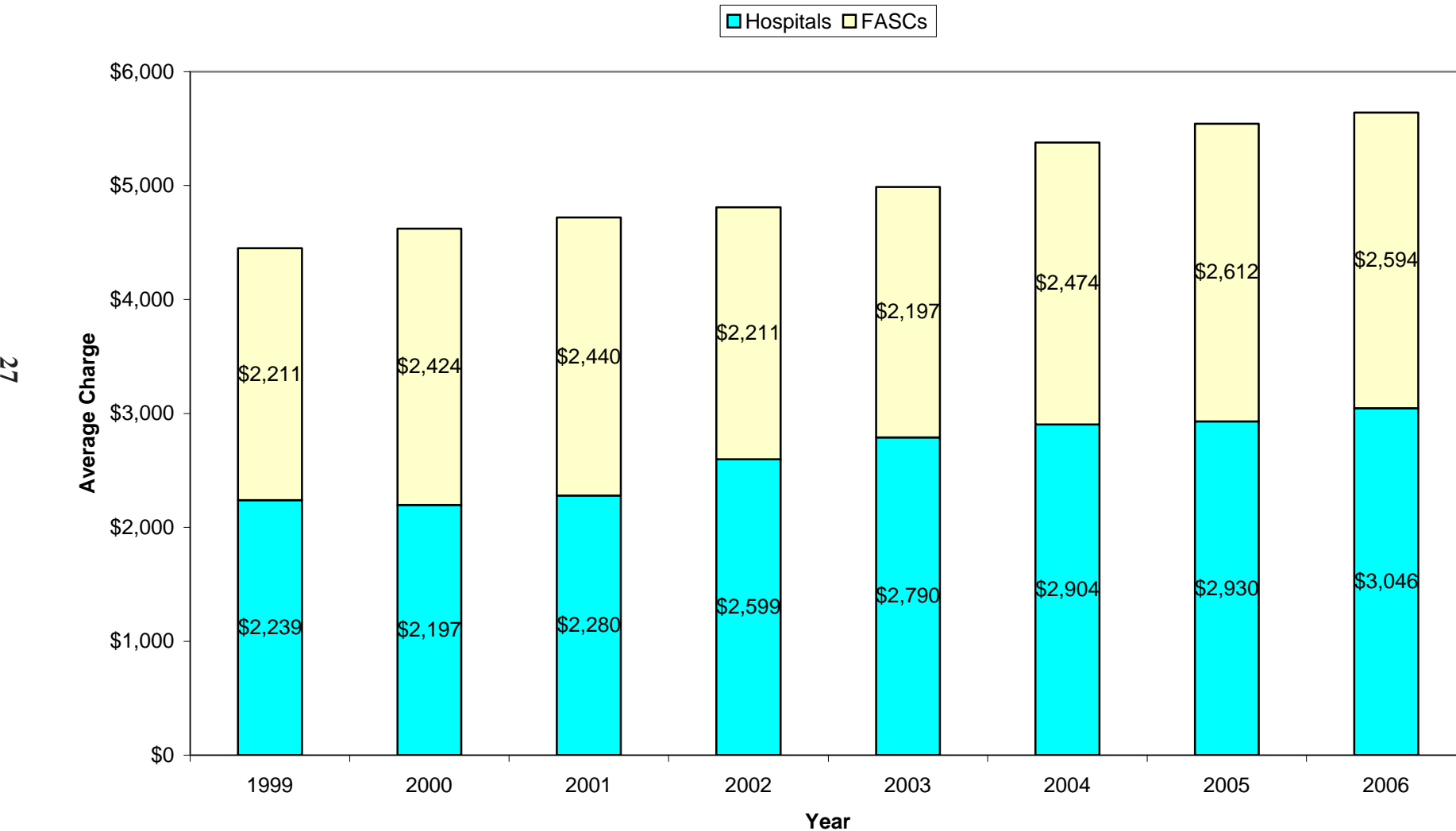


Figure 4. Average Charge for Cataract Procedures (APG 214) by Facility Type and Year, Utah, Hospitals and Freestanding Ambulatory Surgery Centers (FASCs), 1999-2006



AMB ST 1-1
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

111 Allen Memorial Hospital - CAH

	Procedures Performed		Procedures Performed-All Hospitals	
	(#)	(%)	(#)	(%)
Reporting Category(ICD-9-CM CODES)	2	100.0	321,711	100.0
Mastectomy (85.0-85.99)	0	0.0	7,021	2.2
Musculoskeletal (76.0-84.99)	0	0.0	65,753	20.4
Respiratory (30.0-34.99)	0	0.0	3,438	1.1
Cardiovascular (35.0-39.99)	0	0.0	15,180	4.7
Lymphatic/Hemetic (40.0-41.99)	0	0.0	3,088	1.0
Digestive System (42.0-54.99)	0	0.0	107,581	33.4
Urinary (55.0-59.99)	0	0.0	8,752	2.7
Male Genital (60.0-64.99)	0	0.0	3,460	1.1
Female Genital (65.0-71.99)	2	100.0	15,319	4.8
Endocrine/Nervous (01.0-07.99)	0	0.0	28,111	8.7
Eye (08.0-16.99)	0	0.0	19,328	6.0
Ear (18.0-20.99)	0	0.0	14,440	4.5
Nose, Mouth, Pharynx (21.0-29.99)	0	0.0	30,240	9.4
Reporting Category(CPT-4 CODES)	602	100.0	304,292	100.0
Mastectomy (19120-19220)	7	1.2	3,001	1.0
Musculoskeletal (20000-29909)	72	12.0	65,018	21.4
Respiratory (30000-32999 & 39501-39599)	4	0.7	13,975	4.6
Cardiovascular (33010-37799 & 93501-93660)	14	2.3	31,569	10.4
Lymphatic/Hemetic (38100-38999)	3	0.5	2,606	0.9
Digestive (40490-49999)	404	67.1	115,754	38.0
Urinary (50010-53899)	11	1.8	8,580	2.8
Male Genital (54000-55899)	5	0.8	3,059	1.0
Female Genital (56405-58999)	25	4.2	11,517	3.8
Endocrine/Nervous (60000-64999)	18	3.0	29,931	9.8
Eye (65091-68899)	39	6.5	11,422	3.8
Ear (69000-69979)	0	0.0	7,860	2.6

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics.

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

AMB ST 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES

111 Allen Memorial Hospital - CAH

ICD-9 CODE	ICD-9 DESCRIPTION	#	%	% ALL Hospitals
All ICD-9 Procedures		2	100.0	100.0
6632	OTH BILAT LIGATION&DIV FALLOP TUBES	2	100.0	0.00

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		602	100.0	100.0
43239	UGI ENDO; W/BX 1/MX	90	15.0	5.96
45378	COLONOSCOPY FLEX; DX-SEP PROC	82	13.6	7.39
45384	COLONOSCOPY FLEX; REMV LES-FORCE	62	10.3	0.34
46936	DESTRUC HEMORRHOIDS METH; INTRL&	25	4.2	0.01
43257	UP GI ENDO;THRM ENRGY MUSC LW ES	23	3.8	0.01
66984	EXTRACAPSULAR CATARACT REMV IOL	23	3.8	1.42
43235	UGI ENDO; DX W/VO CLCT SPECMN-SP	17	2.8	1.32
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	14	2.3	1.32
66821	DISCISSION 2ND CATARACT; LASER S	12	2.0	0.22
G0121	COLOREC CNCR SCR;COLNSCPY NO HI	11	1.8	0.21
29881	SCOPE KNEE SURG;W/MENISCECT MED/	10	1.7	1.59
49505	REPR INIT ING HERNIA 5YR/MORE; R	10	1.7	0.95
52000	CYSTOURETHROSCOPY-SEP PROC	10	1.7	0.13
45380	COLONOSCOPY FLEX; W/BX 1/MX	9	1.5	5.63
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	9	1.5	0.74
25605	CLOS TX DIST RADIAL FX; REQ MANI	7	1.2	0.06
19120	EXC BRST CYST TUMR/LES OPN M/F 1	6	1.0	0.50
20680	REMOVAL OF IMPLANT; DEEP	6	1.0	0.87
29880	SCOPE KNEE SURG;W/MENISCECT MED&	6	1.0	0.45
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	6	1.0	1.05

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

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

AMB ST 1-3

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

111 Allen Memorial Hospital - CAH

ICD-9 CODE	ICD-9 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
ICD-9 Procedures		2	\$9,857	\$3,166
6632	OTH BILAT LIGATION&DIV FALLOP TUBES	2	\$9,857	\$4,785

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
CPT-4 Procedures		353	\$3,764	\$2,895
45384	COLONOSCOPY FLEX; REMV LES-FORCE	48	\$3,826	\$1,652
43239	UGI ENDO; W/BX 1/MX	41	\$2,202	\$1,299
45378	COLONOSCOPY FLEX; DX-SEP PROC	36	\$2,517	\$949
43257	UP GI ENDO;THRM ENRGY MUSC LW ES	23	\$5,143	\$5,143
66984	EXTRACAPSULAR CATARACT REMV IOL	22	\$1,882	\$3,042
66821	DISCISSION 2ND CATARACT; LASER S	12	\$243	\$770
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	11	\$8,920	\$6,476
G0121	COLOREC CNCR SCR;COLNSCPY NO HI	10	\$2,148	\$756
29881	SCOPE KNEE SURG;W/MENISCECT MED/	8	\$8,949	\$3,914
49505	REPR INIT ING HERNIA 5YR/MORE; R	8	\$3,999	\$3,685
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	8	\$4,062	\$2,178
25605	CLOS TX DIST RADIAL FX; REQ MANI	7	\$1,029	\$2,224
19120	EXC BRST CYST TUMR/LES OPN M/F 1	6	\$3,113	\$2,583
29880	SCOPE KNEE SURG;W/MENISCECT MED&	5	\$9,314	\$4,214
46936	DESTRUC HEMORRHOIDS METH; INTRL&	5	\$2,759	\$2,759
49587	REPR UMBIL HERNIA 5YR/OVER; INCA	5	\$3,519	\$3,612
20680	REMOVAL OF IMPLANT; DEEP	4	\$8,396	\$2,816
44388	COLONOSCOPY-STOMA; DX-SEP PROC	4	\$1,783	\$992
45380	COLONOSCOPY FLEX; W/BX 1/MX	4	\$2,879	\$1,278
52000	CYSTOURETHROSCOPY-SEP PROC	3	\$1,827	\$2,129

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

AMB ST 1-4

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
 PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

111 Allen Memorial Hospital - CAH

Procedure APG category	Procedure APG	TOTAL #	TOTAL # (ALL Hospitals)
01	INTEGUMENTARY SYSTEM	16	8,878
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	1	2,028
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	3	1,202
	008 SIMPLE EXCISION AND BIOPSY	5	1,012
	011 SIMPLE INCISION AND EXCISION OF BREAST	6	2,366
	012 BREAST RECONSTRUCTION AND MASTECTOMY	1	635
02	MUSCULOSKELETAL SYSTEM	63	58,082
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	3	6,410
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	1	2,131
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	20	11,532
	025 ARTHROSCOPY	21	25,432
	028 CLOSED TREATMENT FX & DISLOCATION OF FINGER, TOE & TRUNK	1	54
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	7	656
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	4	4,342
	032 BUNION PROCEDURES	5	1,569
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	1	2,033
03	RESPIRATORY SYSTEM	4	7,958
	055 ENDOSCOPY OF THE LOWER AIRWAY	4	1,865
04	CARDIOVASCULAR SYSTEM	12	25,823
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	2	746
	080 MINOR VASCULAR REPAIR AND FISTULA CONSTRUCTION	1	898
	081 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	1	181
	082 VASCULAR LIGATION	8	403
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	2	3,114
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	2	1,943
06	DIGESTIVE SYSTEM	413	105,000
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	3	649
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	2	392
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	108	22,453
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	33	5,914
	117 LOWER GASTROINTESTINAL ENDOSCOPY	176	47,953
	119 HERNIA AND HYDROCELE PROCEDURES	23	6,882
	120 COMPLEX ANAL AND RECTAL PROCEDURES	1	1,098
	121 SIMPLE ANAL AND RECTAL PROCEDURES	26	497
	123 COMPLEX LAPAROSCOPIC PROCEDURES	40	15,680
	124 SIMPLE LAPAROSCOPIC PROCEDURES	1	170
07	URINARY SYSTEM	11	7,472
	135 MODERATE CYSTOURETHROSCOPY	1	1,846
	136 SIMPLE CYSTOURETHROSCOPY	10	606
08	MALE GENITAL SYSTEM	5	2,684
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	3	1,397
	154 SIMPLE PENILE PROCEDURES	2	680
09	FEMALE GENITAL SYSTEM	8	6,830
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	1	1,421
	178 DILATION AND CURETTAGE	5	709
	180 COLPOSCOPY	2	339

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

111 Allen Memorial Hospital - CAH

procedure APG category		TOTAL #	TOTAL # (ALL Hospitals)
procedure APG			
10	NERVOUS SYSTEM	19	26,119
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	6	19,763
	198 NERVE REPAIR AND DESTRUCTION	13	4,690
11	EYE AND OCULAR ADNEXA	39	11,129
	213 LASER EYE PROCEDURES	12	710
	214 CATARACT PROCEDURES	23	4,618
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	2	469
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	1	238
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	1	556
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	1	27,995
	234 COMPLEX FACIAL AND ENT PROCEDURES	1	5,543

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

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

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
PROCEDURE APG CATEGORY, PROCEDURE APG, SINGLE APG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

111 Allen Memorial Hospital - CAH

Procedure APG category	Procedure APG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
01	INTEGUMENTARY SYSTEM	12	\$3,486	\$3,077
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	2	\$4,444	\$2,981
	008 SIMPLE EXCISION AND BIOPSY	3	\$3,582	\$2,545
	011 SIMPLE INCISION AND EXCISION OF BREAST	6	\$3,113	\$2,861
	012 BREAST RECONSTRUCTION AND MASTECTOMY	1	\$3,515	\$5,243
02	MUSCULOSKELETAL SYSTEM	45	\$6,546	\$4,100
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	1	\$1,377	\$6,150
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	1	\$4,616	\$4,488
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	10	\$5,620	\$2,717
	025 ARTHROSCOPY	18	\$9,517	\$4,558
	028 CLOSED TREATMENT FX & DISLOCATION OF FINGER, TOE & TRUNK	1	\$4,591	\$2,232
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	7	\$1,029	\$3,140
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	4	\$9,960	\$5,140
	032 BUNION PROCEDURES	2	\$4,517	\$3,916
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	1	\$381	\$909
04	CARDIOVASCULAR SYSTEM	3	\$1,873	\$10,821
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	2	\$1,619	\$4,242
	081 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	1	\$2,380	\$5,273
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	2	\$3,735	\$3,660
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	2	\$3,735	\$4,713
06	DIGESTIVE SYSTEM	225	\$3,624	\$2,170
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	2	\$547	\$1,114
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	2	\$1,024	\$1,226
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	44	\$2,175	\$1,249
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	26	\$4,818	\$1,798
	117 LOWER GASTROINTESTINAL ENDOSCOPY	107	\$3,101	\$1,114
	119 HERNIA AND HYDROCELE PROCEDURES	17	\$3,888	\$3,546
	121 SIMPLE ANAL AND RECTAL PROCEDURES	5	\$2,759	\$2,218
	123 COMPLEX LAPAROSCOPIC PROCEDURES	22	\$8,160	\$6,362
07	URINARY SYSTEM	4	\$1,970	\$4,480
	135 MODERATE CYSTOURETHROSCOPY	1	\$2,399	\$3,484
	136 SIMPLE CYSTOURETHROSCOPY	3	\$1,827	\$2,335
08	MALE GENITAL SYSTEM	2	\$3,507	\$3,045
	154 SIMPLE PENILE PROCEDURES	2	\$3,507	\$1,914
09	FEMALE GENITAL SYSTEM	6	\$2,744	\$4,082
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	1	\$3,943	\$3,135
	178 DILATION AND CURETTAGE	3	\$3,024	\$2,371
	180 COLPOSCOPY	2	\$1,723	\$3,422
10	NERVOUS SYSTEM	11	\$4,248	\$1,813
	198 NERVE REPAIR AND DESTRUCTION	11	\$4,248	\$2,441
11	EYE AND OCULAR ADNEXA	36	\$1,287	\$3,062
	213 LASER EYE PROCEDURES	12	\$243	\$782
	214 CATARACT PROCEDURES	22	\$1,882	\$3,046
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	2	\$1,005	\$3,268

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

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

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

111 Allen Memorial Hospital - CAH

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
GENDER				
Female	241	51.4	122,108	54.4
Male	228	48.6	102,236	45.6
Unknown	0	0.0	4	0.0
Not Reported	0	0.0	4	0.0
AGE				
1-28 days	0	0.0	704	0.3
29-365 days	0	0.0	2,863	1.3
1-4 years	2	0.4	11,046	4.9
5-9	2	0.4	6,088	2.7
10-14	6	1.3	4,673	2.1
15-17	9	1.9	5,017	2.2
18-19	4	0.9	3,697	1.6
20-24	4	0.9	10,637	4.7
25-29	22	4.7	12,527	5.6
30-34	15	3.2	12,120	5.4
35-39	26	5.5	12,327	5.5
40-44	28	6.0	14,081	6.3
45-49	20	4.3	17,506	7.8
50-54	68	14.5	25,054	11.2
55-59	62	13.2	20,980	9.4
60-64	38	8.1	16,994	7.6
65-69	57	12.2	14,770	6.6
70-74	36	7.7	12,538	5.6
75-79	41	8.7	10,175	4.5
80-84	22	4.7	6,704	3.0
85-89	6	1.3	2,983	1.3
90 +	1	0.2	865	0.4
Not Reported	0	0.0	707	0.3
SOURCE OF ADMISSION				
Physician Referral	467	99.6	202,212	90.1
Clinic Referral	0	0.0	553	0.2
HMO Referral	0	0.0	3,605	1.6
Other Hospital	0	0.0	90	0.0
Skilled Nursing Facility	0	0.0	22	0.0
Other Health Care Facility	0	0.0	25	0.0
Emergency Room	2	0.4	4,679	2.1
Court/Law Enforcement	0	0.0	0	0.0
Unknown	0	0.0	11	0.0
Not Reported	0	0.0	13,155	5.9

(Continued)

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

111 Allen Memorial Hospital - CAH

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	468	99.8	223,834	99.8
Another Hospital	1	0.2	103	0.0
Skilled Nursing Facility	0	0.0	111	0.0
Intermediate Care Facility	0	0.0	11	0.0
Another Type of Institution	0	0.0	46	0.0
Under Care of Home Service	0	0.0	169	0.1
Left Against Medical Advice	0	0.0	16	0.0
Under Care of Home IV Provider	0	0.0	1	0.0
Expired	0	0.0	5	0.0
Unknown	0	0.0	56	0.0
Not Reported	0	0.0	0	0.0
PRIMARY PAYER				
Medicare	170	36.2	45,634	20.3
Medicaid	36	7.7	14,157	6.3
Other government	6	1.3	3,504	1.6
Blue Cross/Blue Shield	122	26.0	30,700	13.7
Other Commercial	62	13.2	15,100	6.7
Managed Care(HMO, PPO)	65	13.9	105,175	46.9
Self Pay	0	0.0	2,539	1.1
Industrial & Worker Comp	6	1.3	3,834	1.7
Charity and Unclassified	0	0.0	2,186	1.0
Childrens Health Insurance	2	0.4	177	0.1
Unknown	0	0.0	1,256	0.6
Not Reported	0	0.0	90	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	0	0.0	15,979	7.1
Central Utah	0	0.0	8,148	3.6
Davis County	0	0.0	23,241	10.4
Salt Lake County	2	0.4	76,236	34.0
Southeastern Utah	452	96.4	5,436	2.4
Southwest Utah	0	0.0	13,567	6.0
Summit County	0	0.0	3,096	1.4
Tooele County	0	0.0	4,599	2.0
Tri-County	0	0.0	5,798	2.6
Utah County	1	0.2	35,900	16.0
Wasatch County	0	0.0	1,771	0.8
Weber County	0	0.0	21,412	9.5
Unknown Utah	0	0.0	49	0.0
Outside Utah	14	3.0	8,923	4.0
Unknown, Not Reported	0	0.0	197	0.1

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

AMB ST 1-1
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

118 Alta View Hospital

	Procedures Performed		Procedures Performed-All Hospitals	
	(#)	(%)	(#)	(%)
Reporting Category(ICD-9-CM CODES)	15,920	100.0	321,711	100.0
Mastectomy (85.0-85.99)	245	1.5	7,021	2.2
Musculoskeletal (76.0-84.99)	3,534	22.2	65,753	20.4
Respiratory (30.0-34.99)	42	0.3	3,438	1.1
Cardiovascular (35.0-39.99)	10	0.1	15,180	4.7
Lymphatic/Hemetic (40.0-41.99)	32	0.2	3,088	1.0
Digestive System (42.0-54.99)	7,426	46.6	107,581	33.4
Urinary (55.0-59.99)	455	2.9	8,752	2.7
Male Genital (60.0-64.99)	160	1.0	3,460	1.1
Female Genital (65.0-71.99)	894	5.6	15,319	4.8
Endocrine/Nervous (01.0-07.99)	511	3.2	28,111	8.7
Eye (08.0-16.99)	563	3.5	19,328	6.0
Ear (18.0-20.99)	555	3.5	14,440	4.5
Nose, Mouth, Pharynx (21.0-29.99)	1,493	9.4	30,240	9.4
Reporting Category(CPT-4 CODES)	14,352	100.0	304,292	100.0
Mastectomy (19120-19220)	64	0.4	3,001	1.0
Musculoskeletal (20000-29909)	3,610	25.2	65,018	21.4
Respiratory (30000-32999 & 39501-39599)	342	2.4	13,975	4.6
Cardiovascular (33010-37799 & 93501-93660)	9	0.1	31,569	10.4
Lymphatic/Hemetic (38100-38999)	22	0.2	2,606	0.9
Digestive (40490-49999)	7,919	55.2	115,754	38.0
Urinary (50010-53899)	561	3.9	8,580	2.8
Male Genital (54000-55899)	112	0.8	3,059	1.0
Female Genital (56405-58999)	618	4.3	11,517	3.8
Endocrine/Nervous (60000-64999)	579	4.0	29,931	9.8
Eye (65091-68899)	233	1.6	11,422	3.8
Ear (69000-69979)	283	2.0	7,860	2.6

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics.

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

AMB ST 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES

118 Alta View Hospital

ICD-9 CODE	ICD-9 DESCRIPTION	#	%	% ALL Hospitals
All ICD-9 Procedures				
4523	COLONOSCOPY	1,836	11.5	7.45
4516	EGD W/CLOS BX	1,610	10.1	5.75
4542	ENDO POLYPECTOMY LARGE INTESTINE	1,360	8.5	3.92
806	EXCISION SEMILUNAR CARTILAGE KNEE	558	3.5	1.86
4525	CLOS [ENDO] BX LARGE INTESTINE	550	3.5	2.61
2001	MYRINGOTOMY WITH INSERTION OF TUBE	472	3.0	3.56
8147	OTHER REPAIR OF KNEE	469	2.9	0.75
4836	[ENDOSCOPIC] POLYPECTOMY OF RECTUM	440	2.8	1.10
4292	DILATION OF ESOPHAGUS	276	1.7	1.54
5123	LAPAROSCOPIC CHOLECYSTECTOMY	276	1.7	2.01
232	RESTORATION OF TOOTH BY FILLING	245	1.5	0.68
2341	APPLICATION OF CROWN	210	1.3	0.49
8363	ROTATOR CUFF REPAIR	193	1.2	0.74
1341	PHACOEMULSIFICATION&ASPIR CATARACT	181	1.1	1.38
1371	INSRT IOL-CATARACT EXTRACT-1 STAGE	181	1.1	1.37
283	TONSILLECTOMY WITH ADENOIDECTOMY	174	1.1	1.68
8081	OTH LOCAL EXC/DESTRUC LES SHLDR JNT	170	1.1	0.47
4513	OTHER ENDOSCOPY OF SMALL INTESTINE	168	1.1	1.88
0443	RELEASE OF CARPAL TUNNEL	164	1.0	1.12
7781	OTH PART OSTEC SCAPULA CLAV&THORAX	158	1.0	0.50

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures				
45380	COLONOSCOPY FLEX; W/BX 1/MX	1,903	13.3	5.63
45378	COLONOSCOPY FLEX; DX-SEP PROC	1,690	11.8	7.39
43239	UGI ENDO; W/BX 1/MX	1,605	11.2	5.96
29877	SCOPE KNEE SURG; DEBRID/SHAVE CA	427	3.0	1.01
29881	SCOPE KNEE SURG;W/MENISCECT MED/	371	2.6	1.59
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	356	2.5	1.81
41899	UNLIST PROC DENTOALVEOL STRUCTUR	272	1.9	0.98
47562	LAPAROSCOPY SURGICAL; CHOLECT	264	1.8	0.77
69436	TYMPANOSTOMY GENERAL ANESTHESIA	243	1.7	1.90
29880	SCOPE KNEE SURG;W/MENISCECT MED&	186	1.3	0.45
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	174	1.2	1.05
49505	REPR INIT ING HERNIA 5YR/MORE; R	166	1.2	0.95
66984	EXTRACAPSULAR CATARACT REMV IOL	160	1.1	1.42
29826	SCOPE SHOULDER; DECOMP SUBACROM	146	1.0	1.09
29823	SCOPE SHOULDER SURGICAL; DEBRID	138	1.0	0.22
58662	LAP SURG; W/FULG/EXCIS LES-OVARY	132	0.9	0.50
43235	UGI ENDO; DX W/VO CLCT SPECMN-SP	130	0.9	1.32
52332	CYSTOURETHROSCOPY W/INSRT STENT	130	0.9	0.42
42820	T&A; UNDER AGE 12	125	0.9	1.36
23420	RECWSTR CMPL SHLDR CUFF AVUL CHR	123	0.9	0.10

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

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

AMB ST 1-3

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

118 Alta View Hospital

ICD-9 CODE	ICD-9 DESCRIPTION	#	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
ICD-9 Procedures		7,120	\$2,064	\$3,166
4523	COLONOSCOPY	1,558	\$669	\$947
4542	ENDO POLYPECTOMY LARGE INTESTINE	924	\$944	\$1,297
4516	EGD W/CLOS BX	779	\$839	\$1,301
4525	CLOS [ENDO] BX LARGE INTESTINE	254	\$958	\$1,356
5123	LAPAROSCOPIC CHOLECYSTECTOMY	254	\$3,989	\$6,118
4836	[ENDOSCOPIC] POLYPECTOMY OF RECTUM	188	\$900	\$1,228
283	TONSILLECTOMY WITH ADENOIDECTOMY	148	\$1,542	\$2,169
0443	RELEASE OF CARPAL TUNNEL	103	\$1,866	\$2,124
282	TONSILLECTOMY WITHOUT ADENOIDECTOMY	96	\$1,546	\$2,285
4513	OTHER ENDOSCOPY OF SMALL INTESTINE	93	\$805	\$1,089
6902	DILATION&CURET FOLLOWING DELIV/AB	92	\$1,880	\$2,491
5304	UNILAT REPR INDIRECT ING HERN-GFT	91	\$2,247	\$3,643
4495	LAP GASTRIC RESTRICTIVE PROC	83	\$12,065	\$15,136
806	EXCISION SEMILUNAR CARTILAGE KNEE	68	\$3,078	\$4,034
8201	EXPLORATION TENDON SHEATH HAND	66	\$1,571	\$1,942
7751	BUNIONEC SOFT-OSTEOT 1ST METATARS	65	\$2,714	\$3,715
6952	ASPIRATION CURET FOLLOWING DELIV/AB	64	\$1,764	\$2,456
8221	EXCISION LESION TENDON SHEATH HAND	64	\$1,613	\$2,205
8051	EXCISION OF INTERVERTEBRAL DISC	59	\$5,463	\$7,760
598	URETERAL CATHETERIZATION	50	\$4,223	\$4,979

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
CPT-4 Procedures		7,529	\$1,885	\$2,895
45378	COLONOSCOPY FLEX; DX-SEP PROC	1,439	\$669	\$949
45380	COLONOSCOPY FLEX; W/BX 1/MX	1,353	\$923	\$1,278
43239	UGI ENDO; W/BX 1/MX	772	\$834	\$1,299
41899	UNLIST PROC DENTOALVEOL STRUCTUR	263	\$1,876	\$2,456
47562	LAPAROSCOPY SURGICAL; CHOLECT	246	\$3,936	\$5,595
69436	TYMPANOSTOMY GENERAL ANESTHESIA	170	\$709	\$1,166
66984	EXTRACAPSULAR CATARACT REMV IOL	160	\$3,402	\$3,042
49505	REPR INIT ING HERNIA 5YR/MORE; R	143	\$2,380	\$3,685
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	106	\$1,048	\$1,431
42820	T&A; UNDER AGE 12	105	\$1,390	\$2,072
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	87	\$1,568	\$2,330
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	83	\$677	\$1,036
43770	43770	83	\$12,065	\$15,123
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	81	\$1,814	\$2,178
G0121	COLOREC CNCR SCR;COLNSCPY NO HI	81	\$657	\$756
29881	SCOPE KNEE SURG;W/MENISCECT MED/	71	\$3,038	\$3,914
58662	LAP SURG; W/FULG/EXCIS LES-OVARY	63	\$2,523	\$4,792
20680	REMOVAL OF IMPLANT; DEEP	60	\$1,699	\$2,816
29880	SCOPE KNEE SURG;W/MENISCECT MED&	48	\$3,462	\$4,214
28299	CORR HALLUX VALGUS; DBL OSTEOT	47	\$2,643	\$3,417

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

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

118 Alta View Hospital

Procedure APG category		TOTAL #	TOTAL # (ALL Hospitals)
Procedure APG			
01	INTEGUMENTARY SYSTEM	152	8,878
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	2	2,028
	003 COMPLEX INCISION AND DRAINAGE	8	76
	004 SIMPLE INCISION AND DRAINAGE	2	23
	006 SIMPLE DEBRIDEMENT AND DESTRUCTION	4	157
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	41	1,202
	008 SIMPLE EXCISION AND BIOPSY	22	1,012
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRANGE	9	1,367
	011 SIMPLE INCISION AND EXCISION OF BREAST	49	2,366
	012 BREAST RECONSTRUCTION AND MASTECTOMY	15	635
02	MUSCULOSKELETAL SYSTEM	3,412	58,082
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	445	6,410
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	100	2,231
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	72	2,131
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	602	11,532
	025 ARTHROSCOPY	1,765	25,432
	027 SPLINT, STRAPPING AND CAST REMOVAL	1	368
	028 CLOSED TREATMENT FX & DISLOCATION OF FINGER, TOE & TRUNK	6	54
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	18	656
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	191	4,342
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	22	470
	032 BUNION PROCEDURES	157	1,569
	033 ARTHROPLASTY	5	512
	034 HAND AND FOOT TENOTOMY	11	279
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	17	2,033
03	RESPIRATORY SYSTEM	145	7,958
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	107	5,137
	054 SIMPLE ENDOSCOPY OF THE UPPER AIRWAY	5	300
	055 ENDOSCOPY OF THE LOWER AIRWAY	33	1,865
04	CARDIOVASCULAR SYSTEM	8	25,823
	080 MINOR VASCULAR REPAIR AND FISTULA CONSTRUCTION	6	898
	081 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	2	181
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	26	3,114
	092 CHEMOTHERAPY EXCEPT BY EXTENDED INFUSION	3	19
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	23	1,943
06	DIGESTIVE SYSTEM	7,501	105,000
	112 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	96	1,288
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	17	649
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	12	392
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	1,736	22,453
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	270	5,914
	117 LOWER GASTROINTESTINAL ENDOSCOPY	4,142	47,953
	118 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	36	1,561
	119 HERNIA AND HYDROCELE PROCEDURES	322	6,882
	120 COMPLEX ANAL AND RECTAL PROCEDURES	26	1,098
	121 SIMPLE ANAL AND RECTAL PROCEDURES	4	497

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

118 Alta View Hospital

procedure APG category		TOTAL #	TOTAL # (ALL Hospitals)
procedure APG			
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	8	506
	123 COMPLEX LAPAROSCOPIC PROCEDURES	825	15,680
	124 SIMPLE LAPAROSCOPIC PROCEDURES	7	170
07	URINARY SYSTEM	510	7,472
	131 RENAL EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	19	848
	133 URINARY CATHETERIZATION AND DILATATION	13	380
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	350	3,513
	135 MODERATE CYSTOURETHROSCOPY	92	1,846
	136 SIMPLE CYSTOURETHROSCOPY	26	606
	137 COMPLEX URETHRAL PROCEDURES	7	125
	138 SIMPLE URETHRAL PROCEDURES	3	153
08	MALE GENITAL SYSTEM	122	2,684
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	55	1,397
	152 INSERTION OF PENILE PROSTHESIS	2	56
	153 COMPLEX PENILE PROCEDURES	5	413
	154 SIMPLE PENILE PROCEDURES	20	680
	155 PROSTATE NEEDLE AND PUNCH BIOPSY	40	138
09	FEMALE GENITAL SYSTEM	322	6,830
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	58	1,642
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	77	1,421
	178 DILATION AND CURETTAGE	59	709
	179 HYSTEROSCOPY	84	2,718
	180 COLPOSCOPY	44	339
10	NERVOUS SYSTEM	465	26,119
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	163	19,763
	196 REVISION AND REMOVAL OF NEUROLOGICAL DEVICE	38	212
	197 NEUROSTIMULATOR AND VENTRICULAR SHUNT IMPLANTATION	102	828
	198 NERVE REPAIR AND DESTRUCTION	162	4,690
11	EYE AND OCULAR ADNEXA	230	11,129
	214 CATARACT PROCEDURES	181	4,618
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	2	469
	216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	15	294
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	4	238
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	25	881
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	3	556
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	1,189	27,995
	233 NASAL CAUTERIZATION AND PACKING	6	323
	234 COMPLEX FACIAL AND ENT PROCEDURES	148	5,543
	235 SIMPLE FACIAL AND ENT PROCEDURES	689	13,699
	236 TONSIL AND ADENOID PROCEDURES	346	8,352
13	THERAPEUTIC AND OTHER RADIOLOGICAL PROCEDURES	19	3,177
	254 MYELOGRAPHY	18	297
	255 MISCELLANEOUS RADIOLOGICAL PROCEDURES WITH CONTRAST	1	1,694

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

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

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
PROCEDURE APG CATEGORY, PROCEDURE APG, SINGLE APG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

118 Alta View Hospital

Procedure APG category	Procedure APG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
01	INTEGUMENTARY SYSTEM	110	\$2,174	\$3,077
	003 COMPLEX INCISION AND DRAINAGE	8	\$2,443	\$3,204
	004 SIMPLE INCISION AND DRAINAGE	2	\$1,727	\$2,900
	006 SIMPLE DEBRIDEMENT AND DESTRUCTION	3	\$1,591	\$2,246
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	27	\$1,758	\$2,981
	008 SIMPLE EXCISION AND BIOPSY	12	\$1,796	\$2,545
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRAN	2	\$2,430	\$4,359
	011 SIMPLE INCISION AND EXCISION OF BREAST	43	\$2,161	\$2,861
	012 BREAST RECONSTRUCTION AND MASTECTOMY	13	\$3,422	\$5,243
02	MUSCULOSKELETAL SYSTEM	955	\$3,031	\$4,100
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	88	\$4,630	\$6,150
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	31	\$2,452	\$3,787
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	16	\$3,022	\$4,488
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	296	\$1,856	\$2,717
	025 ARTHROSCOPY	273	\$3,768	\$4,558
	028 CLOSED TREATMENT FX & DISLOCATION OF FINGER, TOE & TRUNK	1	\$1,053	\$2,232
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	12	\$2,159	\$3,140
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	142	\$3,435	\$5,140
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	3	\$2,668	\$2,526
	032 BUNION PROCEDURES	89	\$2,711	\$3,916
	033 ARTHROPLASTY	3	\$6,355	\$6,241
	034 HAND AND FOOT TENOTOMY	1	\$1,634	\$1,909
03	RESPIRATORY SYSTEM	31	\$2,249	\$2,071
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	17	\$2,387	\$3,201
	054 SIMPLE ENDOSCOPY OF THE UPPER AIRWAY	1	\$3,729	\$1,344
	055 ENDOSCOPY OF THE LOWER AIRWAY	13	\$1,955	\$2,233
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	19	\$3,274	\$3,660
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	19	\$3,274	\$4,713
06	DIGESTIVE SYSTEM	4,757	\$1,389	\$2,170
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	13	\$509	\$1,114
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	7	\$1,268	\$1,226
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	855	\$819	\$1,249
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	44	\$1,477	\$1,798
	117 LOWER GASTROINTESTINAL ENDOSCOPY	3,015	\$796	\$1,114
	118 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	14	\$2,741	\$3,753
	119 HERNIA AND HYDROCELE PROCEDURES	222	\$2,468	\$3,546
	120 COMPLEX ANAL AND RECTAL PROCEDURES	16	\$1,883	\$2,846
	121 SIMPLE ANAL AND RECTAL PROCEDURES	2	\$1,603	\$2,218
	123 COMPLEX LAPAROSCOPIC PROCEDURES	567	\$4,939	\$6,362
	124 SIMPLE LAPAROSCOPIC PROCEDURES	2	\$3,287	\$7,898
07	URINARY SYSTEM	107	\$2,936	\$4,480
	133 URINARY CATHETERIZATION AND DILATATION	6	\$4,485	\$3,647
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	51	\$3,341	\$4,624
	135 MODERATE CYSTOURETHROSCOPY	29	\$2,412	\$3,484
	136 SIMPLE CYSTOURETHROSCOPY	16	\$1,571	\$2,335

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
PROCEDURE APG CATEGORY, PROCEDURE APG, SINGLE APG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

118 Alta View Hospital

procedure APG category	Procedure APG	TOTAL #	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
	137 COMPLEX URETHRAL PROCEDURES	2	\$7,893	\$4,861
	138 SIMPLE URETHRAL PROCEDURES	3	\$1,994	\$1,539
08	MALE GENITAL SYSTEM	75	\$4,451	\$3,045
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	21	\$1,948	\$2,546
	152 INSERTION OF PENILE PROSTHESIS	2	\$21,534	\$19,133
	153 COMPLEX PENILE PROCEDURES	5	\$6,948	\$3,147
	154 SIMPLE PENILE PROCEDURES	17	\$1,771	\$1,914
	155 PROSTATE NEEDLE AND PUNCH BIOPSY	30	\$6,166	\$3,924
09	FEMALE GENITAL SYSTEM	145	\$2,980	\$4,082
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	29	\$4,218	\$5,061
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	36	\$2,083	\$3,135
	178 DILATION AND CURETTAGE	35	\$2,349	\$2,371
	179 HYSTEROSCOPY	28	\$3,022	\$4,610
	180 COLPOSCOPY	17	\$3,998	\$3,422
10	NERVOUS SYSTEM	183	\$3,214	\$1,813
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	45	\$1,721	\$1,068
	196 REVISION AND REMOVAL OF NEUROLOGICAL DEVICE	25	\$6,910	\$7,292
	197 NEUROSTIMULATOR AND VENTRICULAR SHUNT IMPLANTATION	10	\$13,942	\$22,134
	198 NERVE REPAIR AND DESTRUCTION	103	\$1,928	\$2,441
11	EYE AND OCULAR ADNEXA	225	\$3,308	\$3,062
	214 CATARACT PROCEDURES	181	\$3,420	\$3,046
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	2	\$1,679	\$3,268
	216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	14	\$2,305	\$2,237
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	4	\$3,769	\$3,225
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	21	\$3,296	\$3,876
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	3	\$1,810	\$2,152
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	793	\$1,524	\$2,535
	233 NASAL CAUTERIZATION AND PACKING	2	\$3,191	\$3,183
	234 COMPLEX FACIAL AND ENT PROCEDURES	40	\$2,853	\$4,888
	235 SIMPLE FACIAL AND ENT PROCEDURES	504	\$1,404	\$1,798
	236 TONSIL AND ADENOID PROCEDURES	247	\$1,540	\$2,184

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

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

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

118 Alta View Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
GENDER				
Female	6,080	55.9	122,108	54.4
Male	4,802	44.1	102,236	45.6
Unknown	0	0.0	4	0.0
Not Reported	0	0.0	4	0.0
AGE				
1-28 days	0	0.0	704	0.3
29-365 days	53	0.5	2,863	1.3
1-4 years	418	3.8	11,046	4.9
5-9	192	1.8	6,088	2.7
10-14	132	1.2	4,673	2.1
15-17	162	1.5	5,017	2.2
18-19	165	1.5	3,697	1.6
20-24	590	5.4	10,637	4.7
25-29	701	6.4	12,527	5.6
30-34	691	6.3	12,120	5.4
35-39	676	6.2	12,327	5.5
40-44	704	6.5	14,081	6.3
45-49	931	8.6	17,506	7.8
50-54	1,531	14.1	25,054	11.2
55-59	1,312	12.1	20,980	9.4
60-64	915	8.4	16,994	7.6
65-69	668	6.1	14,770	6.6
70-74	471	4.3	12,538	5.6
75-79	292	2.7	10,175	4.5
80-84	176	1.6	6,704	3.0
85-89	76	0.7	2,983	1.3
90 +	26	0.2	865	0.4
Not Reported	0	0.0	707	0.3
SOURCE OF ADMISSION				
Physician Referral	10,657	97.9	202,212	90.1
Clinic Referral	7	0.1	553	0.2
HMO Referral	0	0.0	3,605	1.6
Other Hospital	0	0.0	90	0.0
Skilled Nursing Facility	0	0.0	22	0.0
Other Health Care Facility	1	0.0	25	0.0
Emergency Room	217	2.0	4,679	2.1
Court/Law Enforcement	0	0.0	0	0.0
Unknown	0	0.0	11	0.0
Not Reported	0	0.0	13,155	5.9

(Continued)

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

118 Alta View Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	10,865	99.8	223,834	99.8
Another Hospital	5	0.0	103	0.0
Skilled Nursing Facility	7	0.1	111	0.0
Intermediate Care Facility	0	0.0	11	0.0
Another Type of Institution	2	0.0	46	0.0
Under Care of Home Service	2	0.0	169	0.1
Left Against Medical Advice	1	0.0	16	0.0
Under Care of Home IV Provider	0	0.0	1	0.0
Expired	0	0.0	5	0.0
Unknown	0	0.0	56	0.0
Not Reported	0	0.0	0	0.0
PRIMARY PAYER				
Medicare	1,537	14.1	45,634	20.3
Medicaid	392	3.6	14,157	6.3
Other government	59	0.5	3,504	1.6
Blue Cross/Blue Shield	285	2.6	30,700	13.7
Other Commercial	612	5.6	15,100	6.7
Managed Care(HMO, PPO)	7,612	70.0	105,175	46.9
Self Pay	110	1.0	2,539	1.1
Industrial & Worker Comp	127	1.2	3,834	1.7
Charity and Unclassified	68	0.6	2,186	1.0
Childrens Health Insurance	16	0.1	177	0.1
Unknown	64	0.6	1,256	0.6
Not Reported	0	0.0	90	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	24	0.2	15,979	7.1
Central Utah	18	0.2	8,148	3.6
Davis County	145	1.3	23,241	10.4
Salt Lake County	9,944	91.4	76,236	34.0
Southeastern Utah	17	0.2	5,436	2.4
Southwest Utah	21	0.2	13,567	6.0
Summit County	73	0.7	3,096	1.4
Tooele County	94	0.9	4,599	2.0
Tri-County	20	0.2	5,798	2.6
Utah County	353	3.2	35,900	16.0
Wasatch County	35	0.3	1,771	0.8
Weber County	24	0.2	21,412	9.5
Unknown Utah	1	0.0	49	0.0
Outside Utah	108	1.0	8,923	4.0
Unknown, Not Reported	5	0.0	197	0.1

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

AMB ST 1-1
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

136 American Fork Hospital

	Procedures Performed		Procedures Performed-All Hospitals	
	(#)	(%)	(#)	(%)
Reporting Category(ICD-9-CM CODES)	12,714	100.0	321,711	100.0
Mastectomy (85.0-85.99)	149	1.2	7,021	2.2
Musculoskeletal (76.0-84.99)	2,863	22.5	65,753	20.4
Respiratory (30.0-34.99)	78	0.6	3,438	1.1
Cardiovascular (35.0-39.99)	63	0.5	15,180	4.7
Lymphatic/Hemetic (40.0-41.99)	47	0.4	3,088	1.0
Digestive System (42.0-54.99)	5,347	42.1	107,581	33.4
Urinary (55.0-59.99)	241	1.9	8,752	2.7
Male Genital (60.0-64.99)	138	1.1	3,460	1.1
Female Genital (65.0-71.99)	802	6.3	15,319	4.8
Endocrine/Nervous (01.0-07.99)	642	5.0	28,111	8.7
Eye (08.0-16.99)	482	3.8	19,328	6.0
Ear (18.0-20.99)	1,002	7.9	14,440	4.5
Nose, Mouth, Pharynx (21.0-29.99)	860	6.8	30,240	9.4
Reporting Category(CPT-4 CODES)	11,623	100.0	304,292	100.0
Mastectomy (19120-19220)	76	0.7	3,001	1.0
Musculoskeletal (20000-29909)	3,523	30.3	65,018	21.4
Respiratory (30000-32999 & 39501-39599)	283	2.4	13,975	4.6
Cardiovascular (33010-37799 & 93501-93660)	167	1.4	31,569	10.4
Lymphatic/Hemetic (38100-38999)	44	0.4	2,606	0.9
Digestive (40490-49999)	5,532	47.6	115,754	38.0
Urinary (50010-53899)	288	2.5	8,580	2.8
Male Genital (54000-55899)	82	0.7	3,059	1.0
Female Genital (56405-58999)	574	4.9	11,517	3.8
Endocrine/Nervous (60000-64999)	285	2.5	29,931	9.8
Eye (65091-68899)	241	2.1	11,422	3.8
Ear (69000-69979)	528	4.5	7,860	2.6

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics.

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

AMB ST 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES

136 American Fork Hospital

ICD-9 CODE	ICD-9 DESCRIPTION	#	%	% ALL Hospitals
All ICD-9 Procedures				
4523	COLONOSCOPY	1,656	13.0	7.45
2001	MYRINGOTOMY WITH INSERTION OF TUBE	896	7.0	3.56
4513	OTHER ENDOSCOPY OF SMALL INTESTINE	675	5.3	1.88
4516	EGD W/CLOS BX	673	5.3	5.75
4542	ENDO POLYPECTOMY LARGE INTESTINE	514	4.0	3.92
5123	LAPAROSCOPIC CHOLECYSTECTOMY	316	2.5	2.01
4292	DILATION OF ESOPHAGUS	294	2.3	1.54
283	TONSILLECTOMY WITH ADENOIDECTOMY	230	1.8	1.68
1341	PHACOEMULSIFICATION&ASPIR CATARACT	220	1.7	1.38
1371	INSRT IOL-CATARACT EXTRACT-1 STAGE	217	1.7	1.37
0443	RELEASE OF CARPAL TUNNEL	211	1.7	1.12
4701	LAPAROSCOPIC APPENDECTOMY	188	1.5	0.56
806	EXCISION SEMILUNAR CARTILAGE KNEE	177	1.4	1.86
4525	CLOS [ENDO] BX LARGE INTESTINE	171	1.3	2.61
0407	OTH EXC/AVUL CRANIL&PERIPH NERV	155	1.2	0.22
6952	ASPIRATION CURET FOLLOWING DELIV/AB	151	1.2	0.47
8081	OTH LOCAL EXC/DESTRUC LES SHLDR JNT	142	1.1	0.47
8147	OTHER REPAIR OF KNEE	139	1.1	0.75
8363	ROTATOR CUFF REPAIR	131	1.0	0.74
4836	[ENDOSCOPIC] POLYPECTOMY OF RECTUM	128	1.0	1.10

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures				
45378	COLONOSCOPY FLEX; DX-SEP PROC	1,545	13.3	7.39
43239	UGI ENDO; W/BX 1/MX	647	5.6	5.96
45380	COLONOSCOPY FLEX; W/BX 1/MX	497	4.3	5.63
69436	TYMPANOSTOMY GENERAL ANESTHESIA	455	3.9	1.90
43235	UGI ENDO; DX W/NO CLCT SPECMN-SP	435	3.7	1.32
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	275	2.4	1.32
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	263	2.3	1.81
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	246	2.1	1.05
66984	EXTRACAPSULAR CATARACT REMV IOL	217	1.9	1.42
28285	CORRECTION HAMMERTO	214	1.8	0.51
29826	SCOPE SHOULDER; DECOMP SUBACROM	206	1.8	1.09
44970	LAPAROSCOPY SURGICAL APPENDECTOM	191	1.6	0.61
42820	T&A; UNDER AGE 12	187	1.6	1.36
29881	SCOPE KNEE SURG;W/MENISCECT MED/	154	1.3	1.59
29848	ENDO WRST SURG REL TRNS CARP LIG	152	1.3	0.31
28080	EXC INTERDIGTL NEUROMA SINGLE EA	135	1.2	0.19
29827	SCOPE SHLDR SURG; W/ROTOR CUFF R	131	1.1	0.55
29823	SCOPE SHOULDER SURGICAL; DEBRID	123	1.1	0.22
29879	SCOPE KNEE SURG; ABRASION ARTHPL	122	1.0	0.27
42830	ADENOIDECTOMY PRIMARY; UNDER AGE	116	1.0	0.35

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

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

AMB ST 1-3

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

136 American Fork Hospital

ICD-9 CODE	ICD-9 DESCRIPTION	#	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
ICD-9 Procedures		5,982	\$2,137	\$3,166
4523	COLONOSCOPY	1,364	\$888	\$947
4542	ENDO POLYPECTOMY LARGE INTESTINE	396	\$1,168	\$1,297
4516	EGD W/CLOS BX	356	\$995	\$1,301
4513	OTHER ENDOSCOPY OF SMALL INTESTINE	332	\$836	\$1,089
5123	LAPAROSCOPIC CHOLECYSTECTOMY	260	\$4,536	\$6,118
283	TONSILLECTOMY WITH ADENOIDECTOMY	200	\$1,803	\$2,169
4701	LAPAROSCOPIC APPENDECTOMY	158	\$7,484	\$8,144
6952	ASPIRATION CURET FOLLOWING DELIV/AB	140	\$1,516	\$2,456
0443	RELEASE OF CARPAL TUNNEL	131	\$1,807	\$2,124
4525	CLOS [ENDO] BX LARGE INTESTINE	111	\$1,171	\$1,356
282	TONSILLECTOMY WITHOUT ADENOIDECTOMY	86	\$1,915	\$2,285
4836	[ENDOSCOPIC] POLYPECTOMY OF RECTUM	72	\$1,102	\$1,228
6823	ENDOMETRIAL ABLATION	72	\$3,603	\$5,036
0407	OTH EXC/AVUL CRANIL&PERIPH NERV	69	\$1,539	\$2,305
8201	EXPLORATION TENDON SHEATH HAND	63	\$1,538	\$1,942
7751	BUNIONEC SOFT-OSTEOT 1ST METATARS	62	\$2,055	\$3,715
5304	UNILAT REPR INDIRECT ING HERN-GFT	56	\$2,974	\$3,643
7756	REPAIR OF HAMMER TOE	46	\$1,981	\$3,095
8147	OTHER REPAIR OF KNEE	45	\$4,650	\$5,129
8183	OTHER REPAIR OF SHOULDER	45	\$6,057	\$6,622

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
CPT-4 Procedures		6,318	\$2,004	\$2,895
45378	COLONOSCOPY FLEX; DX-SEP PROC	1,276	\$888	\$949
45380	COLONOSCOPY FLEX; W/BX 1/MX	389	\$1,135	\$1,278
43239	UGI ENDO; W/BX 1/MX	351	\$998	\$1,299
69436	TYMPANOSTOMY GENERAL ANESTHESIA	329	\$1,016	\$1,166
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	324	\$848	\$1,036
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	235	\$4,573	\$6,476
66984	EXTRACAPSULAR CATARACT REMV IOL	217	\$2,434	\$3,042
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	170	\$1,183	\$1,431
42820	T&A; UNDER AGE 12	159	\$1,786	\$2,072
44970	LAPAROSCOPY SURGICAL APPENDECTOM	158	\$7,479	\$8,116
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	149	\$1,322	\$1,582
29848	ENDO WRST SURG REL TRNS CARP LIG	136	\$1,874	\$2,360
49505	REPR INIT ING HERNIA 5YR/MORE; R	83	\$2,690	\$3,685
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	76	\$1,923	\$2,330
28080	EXC INTERDIGTL NEUROMA SINGLE EA	61	\$1,531	\$2,108
28296	HALLUX VALGUS; W/METATARSAL OSTE	60	\$2,142	\$3,979
G0121	COLOREC CNCR SCR;COLNSCPY NO HI	54	\$883	\$756
58353	ENDOMET ABLAT THERM W/O SCOPE GU	53	\$3,482	\$4,436
19120	EXC BRST CYST TUMR/LES OPN M/F 1	48	\$1,989	\$2,583
20680	REMOVAL OF IMPLANT; DEEP	46	\$2,279	\$2,816

SOURCE: Utah Ambulatory Surgery Database

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

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

136 American Fork Hospital

Procedure APG category		TOTAL #	TOTAL # (ALL Hospitals)
Procedure APG			
01	INTEGUMENTARY SYSTEM	206	8,878
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	7	2,028
	003 COMPLEX INCISION AND DRAINAGE	4	76
	006 SIMPLE DEBRIDEMENT AND DESTRUCTION	1	157
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	79	1,202
	008 SIMPLE EXCISION AND BIOPSY	25	1,012
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRANGE	14	1,367
	011 SIMPLE INCISION AND EXCISION OF BREAST	70	2,366
	012 BREAST RECONSTRUCTION AND MASTECTOMY	6	635
02	MUSCULOSKELETAL SYSTEM	3,268	58,082
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	158	6,410
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	70	2,231
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	202	2,131
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	987	11,532
	025 ARTHROSCOPY	1,298	25,432
	028 CLOSED TREATMENT FX & DISLOCATION OF FINGER, TOE & TRUNK	7	54
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	34	656
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	220	4,342
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	13	470
	032 BUNION PROCEDURES	219	1,569
	033 ARTHROPLASTY	27	512
	034 HAND AND FOOT TENOTOMY	6	279
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	27	2,033
03	RESPIRATORY SYSTEM	154	7,958
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	11	656
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	76	5,137
	054 SIMPLE ENDOSCOPY OF THE UPPER AIRWAY	6	300
	055 ENDOSCOPY OF THE LOWER AIRWAY	61	1,865
04	CARDIOVASCULAR SYSTEM	45	25,823
	077 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	14	1,922
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	4	746
	080 MINOR VASCULAR REPAIR AND FISTULA CONSTRUCTION	20	898
	081 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	6	181
	082 VASCULAR LIGATION	1	403
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	128	3,114
	094 BLOOD AND BLOOD PRODUCT EXCHANGE	89	131
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	39	1,943
06	DIGESTIVE SYSTEM	5,204	105,000
	112 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	2	1,288
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	47	649
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	21	392
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	1,084	22,453
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	344	5,914
	117 LOWER GASTROINTESTINAL ENDOSCOPY	2,441	47,953
	118 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	10	1,561
	119 HERNIA AND HYDROCELE PROCEDURES	256	6,882

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

136 American Fork Hospital

procedure APG category		TOTAL #	TOTAL # (ALL Hospitals)
procedure APG			
	120 COMPLEX ANAL AND RECTAL PROCEDURES	14	1,098
	121 SIMPLE ANAL AND RECTAL PROCEDURES	9	497
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	21	506
	123 COMPLEX LAPAROSCOPIC PROCEDURES	945	15,680
	124 SIMPLE LAPAROSCOPIC PROCEDURES	10	170
07	URINARY SYSTEM	283	7,472
	131 RENAL EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	3	848
	133 URINARY CATHETERIZATION AND DILATATION	35	380
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	125	3,513
	135 MODERATE CYSTOURETHROSCOPY	84	1,846
	136 SIMPLE CYSTOURETHROSCOPY	27	606
	137 COMPLEX URETHRAL PROCEDURES	7	125
	138 SIMPLE URETHRAL PROCEDURES	2	153
08	MALE GENITAL SYSTEM	74	2,684
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	55	1,397
	152 INSERTION OF PENILE PROSTHESIS	2	56
	153 COMPLEX PENILE PROCEDURES	3	413
	154 SIMPLE PENILE PROCEDURES	13	680
	155 PROSTATE NEEDLE AND PUNCH BIOPSY	1	138
09	FEMALE GENITAL SYSTEM	318	6,830
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	132	1,642
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	77	1,421
	178 DILATION AND CURETTAGE	14	709
	179 HYSTEROSCOPY	79	2,718
	180 COLPOSCOPY	16	339
10	NERVOUS SYSTEM	234	26,119
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	106	19,763
	197 NEUROSTIMULATOR AND VENTRICULAR SHUNT IMPLANTATION	3	828
	198 NERVE REPAIR AND DESTRUCTION	113	4,690
	199 SPINAL TAP	12	626
11	EYE AND OCULAR ADNEXA	238	11,129
	213 LASER EYE PROCEDURES	1	710
	214 CATARACT PROCEDURES	224	4,618
	216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	1	294
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	6	238
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	3	881
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	3	556
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	1,246	27,995
	233 NASAL CAUTERIZATION AND PACKING	8	323
	234 COMPLEX FACIAL AND ENT PROCEDURES	147	5,543
	235 SIMPLE FACIAL AND ENT PROCEDURES	632	13,699
	236 TONSIL AND ADENOID PROCEDURES	459	8,352
13	THERAPEUTIC AND OTHER RADIOLOGICAL PROCEDURES	15	3,177
	253 VASCULAR RADIOLOGY EXCEPT FOR VENOGRAPHY OF EXTREMITY	12	1,174
	255 MISCELLANEOUS RADIOLOGICAL PROCEDURES WITH CONTRAST	3	1,694

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

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

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
PROCEDURE APG CATEGORY, PROCEDURE APG, SINGLE APG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

136 American Fork Hospital

Procedure APG category	Procedure APG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
01	INTEGUMENTARY SYSTEM	118	\$2,197	\$3,077
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	2	\$2,021	\$2,351
	006 SIMPLE DEBRIDEMENT AND DESTRUCTION	1	\$1,238	\$2,246
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	43	\$1,940	\$2,981
	008 SIMPLE EXCISION AND BIOPSY	8	\$1,952	\$2,545
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRAN	4	\$4,409	\$4,359
	011 SIMPLE INCISION AND EXCISION OF BREAST	56	\$2,055	\$2,861
	012 BREAST RECONSTRUCTION AND MASTECTOMY	4	\$5,558	\$5,243
02	MUSCULOSKELETAL SYSTEM	988	\$2,476	\$4,100
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	48	\$3,354	\$6,150
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	24	\$2,321	\$3,787
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	63	\$3,318	\$4,488
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	332	\$1,960	\$2,717
	025 ARTHROSCOPY	216	\$2,603	\$4,558
	028 CLOSED TREATMENT FX & DISLOCATION OF FINGER, TOE & TRUNK	4	\$1,713	\$2,232
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	26	\$2,112	\$3,140
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	148	\$3,038	\$5,140
	032 BUNION PROCEDURES	101	\$2,131	\$3,916
	033 ARTHROPLASTY	11	\$6,044	\$6,241
	034 HAND AND FOOT TENOTOMY	4	\$2,176	\$1,909
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	11	\$526	\$909
03	RESPIRATORY SYSTEM	56	\$2,036	\$2,071
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	8	\$745	\$1,191
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	6	\$2,341	\$3,201
	054 SIMPLE ENDOSCOPY OF THE UPPER AIRWAY	1	\$3,213	\$1,344
	055 ENDOSCOPY OF THE LOWER AIRWAY	41	\$2,215	\$2,233
04	CARDIOVASCULAR SYSTEM	9	\$4,029	\$10,821
	077 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	2	\$4,711	\$17,712
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	1	\$4,075	\$4,242
	080 MINOR VASCULAR REPAIR AND FISTULA CONSTRUCTION	1	\$4,691	\$4,911
	081 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	4	\$3,806	\$5,273
	082 VASCULAR LIGATION	1	\$2,847	\$6,284
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	23	\$3,347	\$3,660
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	23	\$3,347	\$4,713
06	DIGESTIVE SYSTEM	3,619	\$1,800	\$2,170
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	36	\$621	\$1,114
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	20	\$1,169	\$1,226
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	676	\$927	\$1,249
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	195	\$1,261	\$1,798
	117 LOWER GASTROINTESTINAL ENDOSCOPY	1,928	\$969	\$1,114
	118 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	4	\$3,136	\$3,753
	119 HERNIA AND HYDROCELE PROCEDURES	153	\$2,677	\$3,546
	120 COMPLEX ANAL AND RECTAL PROCEDURES	10	\$2,427	\$2,846
	121 SIMPLE ANAL AND RECTAL PROCEDURES	3	\$2,420	\$2,218
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	10	\$1,983	\$3,109

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
PROCEDURE APG CATEGORY, PROCEDURE APG, SINGLE APG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

136 American Fork Hospital

procedure APG category	Procedure APG	TOTAL #	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
	123 COMPLEX LAPAROSCOPIC PROCEDURES	583	\$5,573	\$6,362
	124 SIMPLE LAPAROSCOPIC PROCEDURES	1	\$6,128	\$7,898
07	URINARY SYSTEM	109	\$3,397	\$4,480
	133 URINARY CATHETERIZATION AND DILATATION	20	\$4,211	\$3,647
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	53	\$3,708	\$4,624
	135 MODERATE CYSTOURETHROSCOPY	19	\$2,628	\$3,484
	136 SIMPLE CYSTOURETHROSCOPY	11	\$1,808	\$2,335
	137 COMPLEX URETHRAL PROCEDURES	4	\$2,422	\$4,861
	138 SIMPLE URETHRAL PROCEDURES	2	\$5,041	\$1,539
08	MALE GENITAL SYSTEM	50	\$2,592	\$3,045
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	33	\$2,473	\$2,546
	152 INSERTION OF PENILE PROSTHESIS	1	\$19,088	\$19,133
	153 COMPLEX PENILE PROCEDURES	3	\$2,553	\$3,147
	154 SIMPLE PENILE PROCEDURES	13	\$1,632	\$1,914
09	FEMALE GENITAL SYSTEM	159	\$2,974	\$4,082
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	73	\$3,564	\$5,061
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	32	\$1,830	\$3,135
	178 DILATION AND CURETTAGE	8	\$1,838	\$2,371
	179 HYSTEROSCOPY	40	\$3,249	\$4,610
	180 COLPOSCOPY	6	\$1,578	\$3,422
10	NERVOUS SYSTEM	119	\$1,370	\$1,813
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	72	\$946	\$1,068
	197 NEUROSTIMULATOR AND VENTRICULAR SHUNT IMPLANTATION	1	\$8,789	\$22,134
	198 NERVE REPAIR AND DESTRUCTION	34	\$2,045	\$2,441
	199 SPINAL TAP	12	\$1,382	\$1,908
11	EYE AND OCULAR ADNEXA	232	\$2,408	\$3,062
	214 CATARACT PROCEDURES	223	\$2,435	\$3,046
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	5	\$1,817	\$3,225
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	1	\$2,406	\$3,876
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	3	\$1,369	\$2,152
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	779	\$1,555	\$2,535
	234 COMPLEX FACIAL AND ENT PROCEDURES	67	\$2,970	\$4,888
	235 SIMPLE FACIAL AND ENT PROCEDURES	402	\$1,139	\$1,798
	236 TONSIL AND ADENOID PROCEDURES	310	\$1,789	\$2,184
13	THERAPEUTIC AND OTHER RADIOLOGICAL PROCEDURES	3	\$4,369	\$3,015
	253 VASCULAR RADIOLOGY EXCEPT FOR VENOGRAPHY OF EXTREMITY	3	\$4,369	\$11,306

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

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

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

136 American Fork Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
GENDER				
Female	4,965	55.6	122,108	54.4
Male	3,964	44.4	102,236	45.6
Unknown	0	0.0	4	0.0
Not Reported	0	0.0	4	0.0
AGE				
1-28 days	0	0.0	704	0.3
29-365 days	127	1.4	2,863	1.3
1-4 years	389	4.4	11,046	4.9
5-9	217	2.4	6,088	2.7
10-14	248	2.8	4,673	2.1
15-17	221	2.5	5,017	2.2
18-19	158	1.8	3,697	1.6
20-24	520	5.8	10,637	4.7
25-29	592	6.6	12,527	5.6
30-34	560	6.3	12,120	5.4
35-39	567	6.4	12,327	5.5
40-44	610	6.8	14,081	6.3
45-49	597	6.7	17,506	7.8
50-54	926	10.4	25,054	11.2
55-59	777	8.7	20,980	9.4
60-64	656	7.3	16,994	7.6
65-69	574	6.4	14,770	6.6
70-74	506	5.7	12,538	5.6
75-79	364	4.1	10,175	4.5
80-84	194	2.2	6,704	3.0
85-89	99	1.1	2,983	1.3
90 +	27	0.3	865	0.4
Not Reported	0	0.0	707	0.3
SOURCE OF ADMISSION				
Physician Referral	8,663	97.0	202,212	90.1
Clinic Referral	4	0.0	553	0.2
HMO Referral	0	0.0	3,605	1.6
Other Hospital	1	0.0	90	0.0
Skilled Nursing Facility	0	0.0	22	0.0
Other Health Care Facility	0	0.0	25	0.0
Emergency Room	261	2.9	4,679	2.1
Court/Law Enforcement	0	0.0	0	0.0
Unknown	0	0.0	11	0.0
Not Reported	0	0.0	13,155	5.9

(Continued)

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

136 American Fork Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	8,912	99.8	223,834	99.8
Another Hospital	3	0.0	103	0.0
Skilled Nursing Facility	2	0.0	111	0.0
Intermediate Care Facility	0	0.0	11	0.0
Another Type of Institution	0	0.0	46	0.0
Under Care of Home Service	12	0.1	169	0.1
Left Against Medical Advice	0	0.0	16	0.0
Under Care of Home IV Provider	0	0.0	1	0.0
Expired	0	0.0	5	0.0
Unknown	0	0.0	56	0.0
Not Reported	0	0.0	0	0.0
PRIMARY PAYER				
Medicare	1,665	18.6	45,634	20.3
Medicaid	346	3.9	14,157	6.3
Other government	136	1.5	3,504	1.6
Blue Cross/Blue Shield	332	3.7	30,700	13.7
Other Commercial	377	4.2	15,100	6.7
Managed Care(HMO, PPO)	5,661	63.4	105,175	46.9
Self Pay	69	0.8	2,539	1.1
Industrial & Worker Comp	163	1.8	3,834	1.7
Charity and Unclassified	117	1.3	2,186	1.0
Childrens Health Insurance	1	0.0	177	0.1
Unknown	62	0.7	1,256	0.6
Not Reported	0	0.0	90	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	7	0.1	15,979	7.1
Central Utah	135	1.5	8,148	3.6
Davis County	20	0.2	23,241	10.4
Salt Lake County	194	2.2	76,236	34.0
Southeastern Utah	29	0.3	5,436	2.4
Southwest Utah	18	0.2	13,567	6.0
Summit County	13	0.1	3,096	1.4
Tooele County	13	0.1	4,599	2.0
Tri-County	25	0.3	5,798	2.6
Utah County	8,372	93.8	35,900	16.0
Wasatch County	44	0.5	1,771	0.8
Weber County	9	0.1	21,412	9.5
Unknown Utah	0	0.0	49	0.0
Outside Utah	47	0.5	8,923	4.0
Unknown, Not Reported	3	0.0	197	0.1

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

AMB ST 1-1
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

134 Ashley Regional Medical Center

	Procedures Performed		Procedures Performed-All Hospitals	
	(#)	(%)	(#)	(%)
Reporting Category(ICD-9-CM CODES)	2,872	100.0	321,711	100.0
Mastectomy (85.0-85.99)	69	2.4	7,021	2.2
Musculoskeletal (76.0-84.99)	515	17.9	65,753	20.4
Respiratory (30.0-34.99)	22	0.8	3,438	1.1
Cardiovascular (35.0-39.99)	7	0.2	15,180	4.7
Lymphatic/Hemetic (40.0-41.99)	9	0.3	3,088	1.0
Digestive System (42.0-54.99)	945	32.9	107,581	33.4
Urinary (55.0-59.99)	30	1.0	8,752	2.7
Male Genital (60.0-64.99)	18	0.6	3,460	1.1
Female Genital (65.0-71.99)	153	5.3	15,319	4.8
Endocrine/Nervous (01.0-07.99)	359	12.5	28,111	8.7
Eye (08.0-16.99)	188	6.5	19,328	6.0
Ear (18.0-20.99)	209	7.3	14,440	4.5
Nose, Mouth, Pharynx (21.0-29.99)	348	12.1	30,240	9.4
Reporting Category(CPT-4 CODES)	2,829	100.0	304,292	100.0
Mastectomy (19120-19220)	12	0.4	3,001	1.0
Musculoskeletal (20000-29909)	585	20.7	65,018	21.4
Respiratory (30000-32999 & 39501-39599)	134	4.7	13,975	4.6
Cardiovascular (33010-37799 & 93501-93660)	200	7.1	31,569	10.4
Lymphatic/Hemetic (38100-38999)	9	0.3	2,606	0.9
Digestive (40490-49999)	1,149	40.6	115,754	38.0
Urinary (50010-53899)	23	0.8	8,580	2.8
Male Genital (54000-55899)	17	0.6	3,059	1.0
Female Genital (56405-58999)	101	3.6	11,517	3.8
Endocrine/Nervous (60000-64999)	389	13.8	29,931	9.8
Eye (65091-68899)	100	3.5	11,422	3.8
Ear (69000-69979)	110	3.9	7,860	2.6

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics.

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

AMB ST 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES

134 Ashley Regional Medical Center

ICD-9 CODE	ICD-9 DESCRIPTION	#	%	% ALL Hospitals
All ICD-9 Procedures		2,872	100.0	100.0
0392	INJECTION OTH AGT INTO SPINAL CANAL	280	9.7	2.68
4523	COLONOSCOPY	246	8.6	7.45
2001	MYRINGOTOMY WITH INSERTION OF TUBE	195	6.8	3.56
4516	EGD W/CLOS BX	158	5.5	5.75
283	TONSILLECTOMY WITH ADENOIDECTOMY	141	4.9	1.68
4542	ENDO POLYPECTOMY LARGE INTESTINE	114	4.0	3.92
1371	INSRT IOL-CATARACT EXTRACT-1 STAGE	86	3.0	1.37
1341	PHACOEMULSIFICATION&ASPIR CATARACT	85	3.0	1.38
4525	CLOS [ENDO] BX LARGE INTESTINE	78	2.7	2.61
806	EXCISION SEMILUNAR CARTILAGE KNEE	76	2.6	1.86
5123	LAPAROSCOPIC CHOLECYSTECTOMY	72	2.5	2.01
4836	[ENDOSCOPIC] POLYPECTOMY OF RECTUM	66	2.3	1.10
4513	OTHER ENDOSCOPY OF SMALL INTESTINE	41	1.4	1.88
0443	RELEASE OF CARPAL TUNNEL	40	1.4	1.12
286	ADENOIDECTOMY WITHOUT TONSILLECTOMY	37	1.3	0.37
2263	ETHMOIDECTOMY	35	1.2	0.54
8192	INJ THERAPEUTIC SBSTNC IN JNT/LIG	35	1.2	0.50
2262	EXC LESION MAX SINUS W/OTH APPRCH	33	1.1	0.24
8511	CLOSED BIOPSY OF BREAST	31	1.1	0.26
4824	CLOSED BIOPSY OF RECTUM	27	0.9	0.49

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		2,829	100.0	100.0
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	293	10.4	1.51
45378	COLONOSCOPY FLEX; DX-SEP PROC	247	8.7	7.39
45380	COLONOSCOPY FLEX; W/BX 1/MX	209	7.4	5.63
43239	UGI ENDO; W/BX 1/MX	173	6.1	5.96
36416	COLLECTON CAPILLARY BLOOD SPECIM	167	5.9	0.37
69436	TYMPANOSTOMY GENERAL ANESTHESIA	99	3.5	1.90
66984	EXTRACAPSULAR CATARACT REMV IOL	86	3.0	1.42
23350	INJ SHLDR ARTHROGRPH/ENHNCD CT/M	82	2.9	0.18
42820	T&A; UNDER AGE 12	79	2.8	1.36
42821	T&A; AGE 12 OR OVER	62	2.2	0.37
29881	SCOPE KNEE SURG;W/MENISCECT MED/	51	1.8	1.59
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	45	1.6	1.32
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	39	1.4	0.74
42830	ADENOIDECTOMY PRIMARY; UNDER AGE	37	1.3	0.35
20610	ARTHROCENTESIS ASPIR&/INJ; MAJ J	36	1.3	0.42
31255	NASAL/SINUS ENDO; W/TOT ETHMOECT	35	1.2	0.37
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	35	1.2	1.32
31267	NASL/SINUS ENDO; W/TISS REMV MAX	34	1.2	0.25
58558	HYSTEROSCPY SURG; W/BX &/ POLYPE	33	1.2	0.33
49505	REPR INIT ING HERNIA 5YR/MORE; R	27	1.0	0.95

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

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

AMB ST 1-3

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

134 Ashley Regional Medical Center

ICD-9 CODE	ICD-9 DESCRIPTION	#	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
ICD-9 Procedures		1,538	\$2,878	\$3,166
0392	INJECTION OTH AGT INTO SPINAL CANAL	276	\$571	\$751
4523	COLONOSCOPY	209	\$1,063	\$947
283	TONSILLECTOMY WITH ADENOIDECTOMY	124	\$3,851	\$2,169
4516	EGD W/CLOS BX	95	\$1,621	\$1,301
4542	ENDO POLYPECTOMY LARGE INTESTINE	71	\$1,504	\$1,297
5123	LAPAROSCOPIC CHOLECYSTECTOMY	59	\$10,105	\$6,118
4525	CLOS [ENDO] BX LARGE INTESTINE	44	\$1,555	\$1,356
0443	RELEASE OF CARPAL TUNNEL	36	\$3,480	\$2,124
8511	CLOSED BIOPSY OF BREAST	31	\$1,294	\$1,405
4836	[ENDOSCOPIC] POLYPECTOMY OF RECTUM	28	\$1,405	\$1,228
806	EXCISION SEMILUNAR CARTILAGE KNEE	28	\$6,118	\$4,034
4513	OTHER ENDOSCOPY OF SMALL INTESTINE	25	\$1,416	\$1,089
8192	INJ THERAPEUTIC SBSTNC IN JNT/LIG	25	\$523	\$964
7902	CLO REDUC FX WO INT FIX-RADIUS-ULNA	16	\$2,769	\$2,203
282	TONSILLECTOMY WITHOUT ADENOIDECTOMY	14	\$3,934	\$2,285
7936	OPEN RDUC FX TIB&FIB W/INTRL FIX	14	\$7,205	\$6,093
6902	DILATION&CURET FOLLOWING DELIV/AB	12	\$4,837	\$2,491
8591	ASPIRATION OF BREAST	12	\$493	\$805
4824	CLOSED BIOPSY OF RECTUM	11	\$1,546	\$1,279
7751	BUNIONEC SOFT-OSTEOT 1ST METATARS	11	\$4,966	\$3,715

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
CPT-4 Procedures		1,865	\$2,821	\$2,895
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	271	\$575	\$982
45378	COLONOSCOPY FLEX; DX-SEP PROC	208	\$1,063	\$949
45380	COLONOSCOPY FLEX; W/BX 1/MX	164	\$1,491	\$1,278
43239	UGI ENDO; W/BX 1/MX	95	\$1,600	\$1,299
66984	EXTRACAPSULAR CATARACT REMV IOL	84	\$3,988	\$3,042
23350	INJ SHLDR ARTHROGRPH/ENHNCD CT/M	81	\$1,341	\$2,649
42820	T&A; UNDER AGE 12	69	\$3,825	\$2,072
42821	T&A; AGE 12 OR OVER	55	\$3,884	\$2,469
36416	COLLECTON CAPILLARY BLOOD SPECIM	53	\$88	\$148
69436	TYMPANOSTOMY GENERAL ANESTHESIA	52	\$2,011	\$1,166
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	37	\$3,480	\$2,178
29881	SCOPE KNEE SURG;W/MENISCECT MED/	36	\$6,142	\$3,914
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	36	\$10,103	\$6,476
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	24	\$1,461	\$1,036
20610	ARTHROCENTESIS ASPIR&/INJ; MAJ J	23	\$329	\$930
47562	LAPAROSCOPY SURGICAL; CHOLECT	23	\$10,108	\$5,595
49505	REPR INIT ING HERNIA 5YR/MORE; R	22	\$5,683	\$3,685
20680	REMOVAL OF IMPLANT; DEEP	18	\$4,619	\$2,816
58558	HYSTEROSCPY SURG; W/BX &/ POLYPE	16	\$4,212	\$3,299
25605	CLOS TX DIST RADIAL FX; REQ MANI	13	\$2,861	\$2,224

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

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

134 Ashley Regional Medical Center

Procedure APG category		TOTAL #	TOTAL # (ALL Hospitals)
Procedure APG			
01	INTEGUMENTARY SYSTEM	55	8,878
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	13	2,028
	003 COMPLEX INCISION AND DRAINAGE	1	76
	004 SIMPLE INCISION AND DRAINAGE	1	23
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	12	1,202
	008 SIMPLE EXCISION AND BIOPSY	9	1,012
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRANGE	7	1,367
	011 SIMPLE INCISION AND EXCISION OF BREAST	10	2,366
	012 BREAST RECONSTRUCTION AND MASTECTOMY	2	635
02	MUSCULOSKELETAL SYSTEM	454	58,082
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	29	6,410
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	12	2,231
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	5	2,131
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	83	11,532
	025 ARTHROSCOPY	160	25,432
	026 REPLACEMENT OF CAST	3	63
	027 SPLINT, STRAPPING AND CAST REMOVAL	8	368
	028 CLOSED TREATMENT FX & DISLOCATION OF FINGER, TOE & TRUNK	2	54
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	22	656
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	65	4,342
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	6	470
	032 BUNION PROCEDURES	16	1,569
	033 ARTHROPLASTY	2	512
	034 HAND AND FOOT TENOTOMY	1	279
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	40	2,033
03	RESPIRATORY SYSTEM	93	7,958
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	9	656
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	81	5,137
	055 ENDOSCOPY OF THE LOWER AIRWAY	3	1,865
04	CARDIOVASCULAR SYSTEM	2	25,823
	080 MINOR VASCULAR REPAIR AND FISTULA CONSTRUCTION	2	898
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	36	3,114
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	10	1,943
	097 TRANSFUSION	26	1,021
06	DIGESTIVE SYSTEM	942	105,000
	112 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	2	1,288
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	2	649
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	209	22,453
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	33	5,914
	117 LOWER GASTROINTESTINAL ENDOSCOPY	494	47,953
	118 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	1	1,561
	119 HERNIA AND HYDROCELE PROCEDURES	65	6,882
	120 COMPLEX ANAL AND RECTAL PROCEDURES	10	1,098
	121 SIMPLE ANAL AND RECTAL PROCEDURES	2	497
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	1	506
	123 COMPLEX LAPAROSCOPIC PROCEDURES	123	15,680

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

134 Ashley Regional Medical Center

procedure APG category		TOTAL #	TOTAL # (ALL Hospitals)
procedure APG			
07	URINARY SYSTEM	22	7,472
	133 URINARY CATHETERIZATION AND DILATATION	2	380
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	3	3,513
	135 MODERATE CYSTOURETHROSCOPY	3	1,846
	136 SIMPLE CYSTOURETHROSCOPY	13	606
	137 COMPLEX URETHRAL PROCEDURES	1	125
08	MALE GENITAL SYSTEM	13	2,684
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	7	1,397
	154 SIMPLE PENILE PROCEDURES	6	680
09	FEMALE GENITAL SYSTEM	74	6,830
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	4	1,642
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	11	1,421
	178 DILATION AND CURETTAGE	6	709
	179 HYSTEROSCOPY	49	2,718
	180 COLPOSCOPY	4	339
10	NERVOUS SYSTEM	373	26,119
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	318	19,763
	198 NERVE REPAIR AND DESTRUCTION	47	4,690
	199 SPINAL TAP	8	626
11	EYE AND OCULAR ADNEXA	100	11,129
	214 CATARACT PROCEDURES	86	4,618
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	5	469
	216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	2	294
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	1	238
	220 STRABISMUS AND MUSCLE EYE PROCEDURES	1	843
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	1	881
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	1	556
	223 VITRECTOMY	3	1,687
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	378	27,995
	233 NASAL CAUTERIZATION AND PACKING	6	323
	234 COMPLEX FACIAL AND ENT PROCEDURES	22	5,543
	235 SIMPLE FACIAL AND ENT PROCEDURES	146	13,699
	236 TONSIL AND ADENOID PROCEDURES	204	8,352
13	THERAPEUTIC AND OTHER RADIOLOGICAL PROCEDURES	93	3,177
	254 MYELOGRAPHY	3	297
	255 MISCELLANEOUS RADIOLOGICAL PROCEDURES WITH CONTRAST	90	1,694

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

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

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
PROCEDURE APG CATEGORY, PROCEDURE APG, SINGLE APG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

134 Ashley Regional Medical Center

Procedure APG category	Procedure APG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
01	INTEGUMENTARY SYSTEM	42	\$3,634	\$3,077
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	11	\$2,018	\$2,351
	003 COMPLEX INCISION AND DRAINAGE	1	\$3,656	\$3,204
	004 SIMPLE INCISION AND DRAINAGE	1	\$5,993	\$2,900
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	6	\$4,785	\$2,981
	008 SIMPLE EXCISION AND BIOPSY	4	\$4,315	\$2,545
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRAN	7	\$3,150	\$4,359
	011 SIMPLE INCISION AND EXCISION OF BREAST	10	\$4,318	\$2,861
	012 BREAST RECONSTRUCTION AND MASTECTOMY	2	\$4,783	\$5,243
02	MUSCULOSKELETAL SYSTEM	254	\$4,969	\$4,100
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	17	\$7,879	\$6,150
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	4	\$5,652	\$3,787
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	2	\$4,982	\$4,488
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	52	\$4,679	\$2,717
	025 ARTHROSCOPY	60	\$6,332	\$4,558
	027 SPLINT, STRAPPING AND CAST REMOVAL	6	\$341	\$5,317
	028 CLOSED TREATMENT FX & DISLOCATION OF FINGER, TOE & TRUNK	1	\$2,262	\$2,232
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	18	\$2,936	\$3,140
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	52	\$6,178	\$5,140
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	3	\$4,446	\$2,526
	032 BUNION PROCEDURES	11	\$4,966	\$3,916
	033 ARTHROPLASTY	2	\$8,626	\$6,241
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	26	\$339	\$909
03	RESPIRATORY SYSTEM	17	\$2,068	\$2,071
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	9	\$960	\$1,191
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	6	\$3,678	\$3,201
	055 ENDOSCOPY OF THE LOWER AIRWAY	2	\$2,228	\$2,233
04	CARDIOVASCULAR SYSTEM	1	\$4,657	\$10,821
	080 MINOR VASCULAR REPAIR AND FISTULA CONSTRUCTION	1	\$4,657	\$4,911
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	21	\$5,018	\$3,660
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	9	\$6,492	\$4,713
	097 TRANSFUSION	12	\$3,913	\$2,312
06	DIGESTIVE SYSTEM	672	\$2,748	\$2,170
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	1	\$986	\$1,114
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	119	\$1,572	\$1,249
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	18	\$1,600	\$1,798
	117 LOWER GASTROINTESTINAL ENDOSCOPY	393	\$1,281	\$1,114
	118 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	1	\$120	\$3,753
	119 HERNIA AND HYDROCELE PROCEDURES	41	\$5,541	\$3,546
	120 COMPLEX ANAL AND RECTAL PROCEDURES	7	\$4,719	\$2,846
	123 COMPLEX LAPAROSCOPIC PROCEDURES	92	\$9,412	\$6,362
07	URINARY SYSTEM	18	\$2,187	\$4,480
	133 URINARY CATHETERIZATION AND DILATATION	1	\$393	\$3,647
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	2	\$3,777	\$4,624
	135 MODERATE CYSTOURETHROSCOPY	2	\$1,891	\$3,484

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
PROCEDURE APG CATEGORY, PROCEDURE APG, SINGLE APG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

134 Ashley Regional Medical Center

procedure APG category	Procedure APG	TOTAL #	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
	136 SIMPLE CYSTOURETHROSCOPY	12	\$1,992	\$2,335
	137 COMPLEX URETHRAL PROCEDURES	1	\$3,724	\$4,861
08	MALE GENITAL SYSTEM	7	\$3,682	\$3,045
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	3	\$4,513	\$2,546
	154 SIMPLE PENILE PROCEDURES	4	\$3,058	\$1,914
09	FEMALE GENITAL SYSTEM	33	\$4,758	\$4,082
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	3	\$5,968	\$5,061
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	8	\$4,772	\$3,135
	178 DILATION AND CURETTAGE	3	\$3,672	\$2,371
	179 HYSTEROSCOPY	17	\$4,606	\$4,610
	180 COLPOSCOPY	2	\$5,816	\$3,422
10	NERVOUS SYSTEM	331	\$985	\$1,813
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	280	\$574	\$1,068
	198 NERVE REPAIR AND DESTRUCTION	43	\$3,709	\$2,441
	199 SPINAL TAP	8	\$725	\$1,908
11	EYE AND OCULAR ADNEXA	93	\$3,866	\$3,062
	214 CATARACT PROCEDURES	84	\$3,988	\$3,046
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	5	\$1,722	\$3,268
	216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	1	\$2,967	\$2,237
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	1	\$7,403	\$3,225
	220 STRABISMUS AND MUSCLE EYE PROCEDURES	1	\$3,956	\$3,156
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	1	\$1,599	\$2,152
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	212	\$3,358	\$2,535
	233 NASAL CAUTERIZATION AND PACKING	5	\$3,545	\$3,183
	234 COMPLEX FACIAL AND ENT PROCEDURES	3	\$5,506	\$4,888
	235 SIMPLE FACIAL AND ENT PROCEDURES	63	\$2,117	\$1,798
	236 TONSIL AND ADENOID PROCEDURES	141	\$3,860	\$2,184
13	THERAPEUTIC AND OTHER RADIOLOGICAL PROCEDURES	92	\$1,285	\$3,015
	254 MYELOGRAPHY	3	\$1,918	\$3,100
	255 MISCELLANEOUS RADIOLOGICAL PROCEDURES WITH CONTRAST	89	\$1,264	\$2,175

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

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

134 Ashley Regional Medical Center

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
GENDER				
Female	1,254	52.8	122,108	54.4
Male	1,122	47.2	102,236	45.6
Unknown	0	0.0	4	0.0
Not Reported	0	0.0	4	0.0
AGE				
1-28 days	64	2.7	704	0.3
29-365 days	47	2.0	2,863	1.3
1-4 years	114	4.8	11,046	4.9
5-9	77	3.2	6,088	2.7
10-14	49	2.1	4,673	2.1
15-17	61	2.6	5,017	2.2
18-19	44	1.9	3,697	1.6
20-24	93	3.9	10,637	4.7
25-29	113	4.8	12,527	5.6
30-34	115	4.8	12,120	5.4
35-39	107	4.5	12,327	5.5
40-44	123	5.2	14,081	6.3
45-49	194	8.2	17,506	7.8
50-54	245	10.3	25,054	11.2
55-59	223	9.4	20,980	9.4
60-64	162	6.8	16,994	7.6
65-69	167	7.0	14,770	6.6
70-74	120	5.1	12,538	5.6
75-79	132	5.6	10,175	4.5
80-84	78	3.3	6,704	3.0
85-89	40	1.7	2,983	1.3
90 +	8	0.3	865	0.4
Not Reported	64	2.7	707	0.3
SOURCE OF ADMISSION				
Physician Referral	2,308	97.1	202,212	90.1
Clinic Referral	1	0.0	553	0.2
HMO Referral	0	0.0	3,605	1.6
Other Hospital	0	0.0	90	0.0
Skilled Nursing Facility	0	0.0	22	0.0
Other Health Care Facility	0	0.0	25	0.0
Emergency Room	67	2.8	4,679	2.1
Court/Law Enforcement	0	0.0	0	0.0
Unknown	0	0.0	11	0.0
Not Reported	0	0.0	13,155	5.9

(Continued)

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

134 Ashley Regional Medical Center

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	2,373	99.9	223,834	99.8
Another Hospital	2	0.1	103	0.0
Skilled Nursing Facility	1	0.0	111	0.0
Intermediate Care Facility	0	0.0	11	0.0
Another Type of Institution	0	0.0	46	0.0
Under Care of Home Service	0	0.0	169	0.1
Left Against Medical Advice	0	0.0	16	0.0
Under Care of Home IV Provider	0	0.0	1	0.0
Expired	0	0.0	5	0.0
Unknown	0	0.0	56	0.0
Not Reported	0	0.0	0	0.0
PRIMARY PAYER				
Medicare	576	24.2	45,634	20.3
Medicaid	190	8.0	14,157	6.3
Other government	30	1.3	3,504	1.6
Blue Cross/Blue Shield	523	22.0	30,700	13.7
Other Commercial	196	8.2	15,100	6.7
Managed Care(HMO, PPO)	655	27.6	105,175	46.9
Self Pay	89	3.7	2,539	1.1
Industrial & Worker Comp	99	4.2	3,834	1.7
Charity and Unclassified	0	0.0	2,186	1.0
Childrens Health Insurance	0	0.0	177	0.1
Unknown	18	0.8	1,256	0.6
Not Reported	0	0.0	90	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	1	0.0	15,979	7.1
Central Utah	0	0.0	8,148	3.6
Davis County	0	0.0	23,241	10.4
Salt Lake County	5	0.2	76,236	34.0
Southeastern Utah	1	0.0	5,436	2.4
Southwest Utah	2	0.1	13,567	6.0
Summit County	0	0.0	3,096	1.4
Tooele County	1	0.0	4,599	2.0
Tri-County	2,300	96.8	5,798	2.6
Utah County	3	0.1	35,900	16.0
Wasatch County	0	0.0	1,771	0.8
Weber County	0	0.0	21,412	9.5
Unknown Utah	0	0.0	49	0.0
Outside Utah	63	2.7	8,923	4.0
Unknown, Not Reported	0	0.0	197	0.1

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

AMB ST 1-1
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

104 Bear River Valley Hospital

	Procedures Performed		Procedures Performed-All Hospitals	
	(#)	(%)	(#)	(%)
Reporting Category(ICD-9-CM CODES)	1,039	100.0	321,711	100.0
Mastectomy (85.0-85.99)	176	16.9	7,021	2.2
Musculoskeletal (76.0-84.99)	146	14.1	65,753	20.4
Respiratory (30.0-34.99)	2	0.2	3,438	1.1
Cardiovascular (35.0-39.99)	0	0.0	15,180	4.7
Lymphatic/Hemetic (40.0-41.99)	3	0.3	3,088	1.0
Digestive System (42.0-54.99)	554	53.3	107,581	33.4
Urinary (55.0-59.99)	0	0.0	8,752	2.7
Male Genital (60.0-64.99)	6	0.6	3,460	1.1
Female Genital (65.0-71.99)	64	6.2	15,319	4.8
Endocrine/Nervous (01.0-07.99)	26	2.5	28,111	8.7
Eye (08.0-16.99)	17	1.6	19,328	6.0
Ear (18.0-20.99)	25	2.4	14,440	4.5
Nose, Mouth, Pharynx (21.0-29.99)	20	1.9	30,240	9.4
Reporting Category(CPT-4 CODES)	804	100.0	304,292	100.0
Mastectomy (19120-19220)	7	0.9	3,001	1.0
Musculoskeletal (20000-29909)	144	17.9	65,018	21.4
Respiratory (30000-32999 & 39501-39599)	2	0.2	13,975	4.6
Cardiovascular (33010-37799 & 93501-93660)	1	0.1	31,569	10.4
Lymphatic/Hemetic (38100-38999)	2	0.2	2,606	0.9
Digestive (40490-49999)	586	72.9	115,754	38.0
Urinary (50010-53899)	0	0.0	8,580	2.8
Male Genital (54000-55899)	5	0.6	3,059	1.0
Female Genital (56405-58999)	36	4.5	11,517	3.8
Endocrine/Nervous (60000-64999)	5	0.6	29,931	9.8
Eye (65091-68899)	4	0.5	11,422	3.8
Ear (69000-69979)	12	1.5	7,860	2.6

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics.

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

AMB ST 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES

104 Bear River Valley Hospital

ICD-9 CODE	ICD-9 DESCRIPTION	#	%	% ALL Hospitals
All ICD-9 Procedures		1,039	100.0	100.0
4523	COLONOSCOPY	123	11.8	7.45
4516	EGD W/CLOS BX	96	9.2	5.75
4542	ENDO POLYPECTOMY LARGE INTESTINE	94	9.0	3.92
8554	BILATERAL BREAST IMPLANT	88	8.5	0.07
5123	LAPAROSCOPIC CHOLECYSTECTOMY	36	3.5	2.01
4525	CLOS [ENDO] BX LARGE INTESTINE	35	3.4	2.61
4836	[ENDOSCOPIC] POLYPECTOMY OF RECTUM	24	2.3	1.10
856	MASTOPEXY	23	2.2	0.04
0443	RELEASE OF CARPAL TUNNEL	21	2.0	1.12
4701	LAPAROSCOPIC APPENDECTOMY	19	1.8	0.56
8594	REMOVAL OF IMPLANT OF BREAST	19	1.8	0.07
2001	MYRINGOTOMY WITH INSERTION OF TUBE	18	1.7	3.56
6823	ENDOMETRIAL ABLATION	17	1.6	0.62
283	TONSILLECTOMY WITH ADENOIDECTOMY	15	1.4	1.68
6812	HYSTEROSCOPY	15	1.4	0.30
8026	ARTHROSCOPY OF KNEE	15	1.4	0.58
8532	BILATERAL REDUCTION MAMMOPLASTY	14	1.3	0.11
4292	DILATION OF ESOPHAGUS	13	1.3	1.54
4824	CLOSED BIOPSY OF RECTUM	13	1.3	0.49
806	EXCISION SEMILUNAR CARTILAGE KNEE	13	1.3	1.86

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		804	100.0	100.0
45378	COLONOSCOPY FLEX; DX-SEP PROC	126	15.7	7.39
45380	COLONOSCOPY FLEX; W/BX 1/MX	105	13.1	5.63
43239	UGI ENDO; W/BX 1/MX	101	12.6	5.96
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	55	6.8	1.81
44970	LAPAROSCOPY SURGICAL APPENDECTOM	23	2.9	0.61
47563	LAPAROSCOPY SURG; CHOLECT W/CHOLAN	23	2.9	1.32
49505	REPR INIT ING HERNIA 5YR/MORE; R	23	2.9	0.95
29848	ENDO WRST SURG REL TRNS CARP LIG	21	2.6	0.31
58563	HYSTEROSC SURG; W/ENDOMETRIAL AB	16	2.0	0.47
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	13	1.6	1.05
47562	LAPAROSCOPY SURGICAL; CHOLECT	13	1.6	0.77
49585	REPR UMBIL HERNIA 5YR/OVER; RDUC	11	1.4	0.32
29881	SCOPE KNEE SURG;W/MENISCECT MED/	10	1.2	1.59
42820	T&A; UNDER AGE 12	10	1.2	1.36
42821	T&A; AGE 12 OR OVER	9	1.1	0.37
69436	TYMPANOSTOMY GENERAL ANESTHESIA	9	1.1	1.90
29826	SCOPE SHOULDER; DECOMP SUBACROM	8	1.0	1.09
29875	SCOPE KNEE; SYNOVECT LTD SEP PRO	6	0.7	0.24
43235	UGI ENDO; DX W/VO CLCT SPECMN-SP	6	0.7	1.32
49520	REPR RECUR ING HERN ANY AGE; RDU	6	0.7	0.09

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

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

AMB ST 1-3

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

104 Bear River Valley Hospital

ICD-9 CODE	ICD-9 DESCRIPTION	#	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
ICD-9 Procedures		512	\$1,837	\$3,166
4523	COLONOSCOPY	102	\$655	\$947
8554	BILATERAL BREAST IMPLANT	73	\$862	\$2,560
4542	ENDO POLYPECTOMY LARGE INTESTINE	66	\$882	\$1,297
4516	EGD W/CLOS BX	52	\$763	\$1,301
5123	LAPAROSCOPIC CHOLECYSTECTOMY	26	\$6,438	\$6,118
4525	CLOS [ENDO] BX LARGE INTESTINE	17	\$797	\$1,356
4701	LAPAROSCOPIC APPENDECTOMY	16	\$5,801	\$8,144
283	TONSILLECTOMY WITH ADENOIDECTOMY	15	\$2,101	\$2,169
0443	RELEASE OF CARPAL TUNNEL	9	\$2,036	\$2,124
4836	[ENDOSCOPIC] POLYPECTOMY OF RECTUM	8	\$738	\$1,228
8532	BILATERAL REDUCTION MAMMOPLASTY	8	\$5,563	\$7,330
5304	UNILAT REPR INDIRECT ING HERN-GFT	6	\$2,589	\$3,643
5341	REPAIR UMBILICAL HERNIA W/PROSTH	6	\$3,125	\$4,269
6902	DILATION&CURET FOLLOWING DELIV/AB	6	\$1,752	\$2,491
7936	OPEN RDUC FX TIB&FIB W/INTRL FIX	6	\$4,570	\$6,093
5349	OTHER UMBILICAL HERNIORRHAPHY	4	\$1,750	\$2,650
7911	CLOS RDUC FRACTURE HUM W/INTRL FIX	4	\$6,029	\$3,484
8221	EXCISION LESION TENDON SHEATH HAND	4	\$1,873	\$2,205
4011	BIOPSY OF LYMPHATIC STRUCTURE	3	\$3,545	\$3,469
4513	OTHER ENDOSCOPY OF SMALL INTESTINE	3	\$686	\$1,089

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
CPT-4 Procedures		466	\$2,043	\$2,895
45378	COLONOSCOPY FLEX; DX-SEP PROC	101	\$646	\$949
45380	COLONOSCOPY FLEX; W/BX 1/MX	61	\$826	\$1,278
43239	UGI ENDO; W/BX 1/MX	52	\$735	\$1,299
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	28	\$915	\$1,431
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	18	\$6,638	\$6,476
49505	REPR INIT ING HERNIA 5YR/MORE; R	17	\$2,912	\$3,685
44970	LAPAROSCOPY SURGICAL APPENDECTOM	16	\$5,801	\$8,116
58563	HYSTEROSC SURG; W/ENDOMETRIAL AB	16	\$4,055	\$5,400
29848	ENDO WRST SURG REL TRNS CARP LIG	15	\$2,093	\$2,360
42820	T&A; UNDER AGE 12	10	\$2,029	\$2,072
49585	REPR UMBIL HERNIA 5YR/OVER; RDUC	9	\$2,319	\$3,556
69436	TYMPANOSTOMY GENERAL ANESTHESIA	9	\$1,173	\$1,166
47562	LAPAROSCOPY SURGICAL; CHOLECT	8	\$5,988	\$5,595
29826	SCOPE SHOULDER; DECOMP SUBACROM	7	\$3,947	\$5,503
29881	SCOPE KNEE SURG;W/MENISCECT MED/	6	\$2,954	\$3,914
42821	T&A; AGE 12 OR OVER	4	\$2,235	\$2,469
58670	LAPARSCPY SURGICAL; W/FULG OVIDU	4	\$3,787	\$3,770
24538	PERQ FIX SPRCOND FX W/WO EXTENSI	3	\$3,272	\$3,234
27814	OPEN TX BIMALLEOLAR ANK FX W/WO	3	\$4,892	\$6,122
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	3	\$686	\$1,036

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

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

104 Bear River Valley Hospital

Procedure APG category		TOTAL #	TOTAL # (ALL Hospitals)
Procedure APG			
01	INTEGUMENTARY SYSTEM	12	8,878
	004 SIMPLE INCISION AND DRAINAGE	1	23
	006 SIMPLE DEBRIDEMENT AND DESTRUCTION	3	157
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	1	1,202
	011 SIMPLE INCISION AND EXCISION OF BREAST	3	2,366
	012 BREAST RECONSTRUCTION AND MASTECTOMY	4	635
02	MUSCULOSKELETAL SYSTEM	136	58,082
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	15	6,410
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	3	2,231
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	3	2,131
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	23	11,532
	025 ARTHROSCOPY	67	25,432
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	3	656
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	14	4,342
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	3	470
	032 BUNION PROCEDURES	2	1,569
	033 ARTHROPLASTY	2	512
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	1	2,033
03	RESPIRATORY SYSTEM	1	7,958
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	1	656
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	3	3,114
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	2	1,943
	097 TRANSFUSION	1	1,021
06	DIGESTIVE SYSTEM	561	105,000
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	107	22,453
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	19	5,914
	117 LOWER GASTROINTESTINAL ENDOSCOPY	290	47,953
	119 HERNIA AND HYDROCELE PROCEDURES	58	6,882
	120 COMPLEX ANAL AND RECTAL PROCEDURES	4	1,098
	121 SIMPLE ANAL AND RECTAL PROCEDURES	5	497
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	1	506
	123 COMPLEX LAPAROSCOPIC PROCEDURES	77	15,680
08	MALE GENITAL SYSTEM	3	2,684
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	3	1,397
09	FEMALE GENITAL SYSTEM	23	6,830
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	2	1,642
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	5	1,421
	179 HYSTEROSCOPY	16	2,718
10	NERVOUS SYSTEM	5	26,119
	198 NERVE REPAIR AND DESTRUCTION	5	4,690
11	EYE AND OCULAR ADNEXA	4	11,129
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	3	881
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	1	556
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	37	27,995
	234 COMPLEX FACIAL AND ENT PROCEDURES	8	5,543
	235 SIMPLE FACIAL AND ENT PROCEDURES	10	13,699

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

104 Bear River Valley Hospital

procedure APG category procedure APG	TOTAL #	TOTAL # (ALL Hospitals)
236 TONSIL AND ADENOID PROCEDURES	19	8,352

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

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
PROCEDURE APG CATEGORY, PROCEDURE APG, SINGLE APG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

104 Bear River Valley Hospital

Procedure APG category	Procedure APG	TOTAL #	AVE TOT CHR	AVE TOT CHRG(ALL Hospitals)
01	INTEGUMENTARY SYSTEM	6	\$2,050	\$3,077
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	1	\$1,523	\$2,981
	011 SIMPLE INCISION AND EXCISION OF BREAST	2	\$1,621	\$2,861
	012 BREAST RECONSTRUCTION AND MASTECTOMY	3	\$2,511	\$5,243
02	MUSCULOSKELETAL SYSTEM	68	\$2,938	\$4,100
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	4	\$2,801	\$6,150
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	2	\$2,240	\$4,488
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	12	\$2,075	\$2,717
	025 ARTHROSCOPY	33	\$2,936	\$4,558
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	1	\$1,299	\$3,140
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	12	\$3,842	\$5,140
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	2	\$1,785	\$2,526
	032 BUNION PROCEDURES	1	\$8,398	\$3,916
	033 ARTHROPLASTY	1	\$2,924	\$6,241
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	2	\$3,151	\$3,660
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	2	\$3,151	\$4,713
06	DIGESTIVE SYSTEM	334	\$1,718	\$2,170
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	55	\$732	\$1,249
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	3	\$740	\$1,798
	117 LOWER GASTROINTESTINAL ENDOSCOPY	193	\$747	\$1,114
	119 HERNIA AND HYDROCELE PROCEDURES	32	\$2,777	\$3,546
	121 SIMPLE ANAL AND RECTAL PROCEDURES	2	\$1,582	\$2,218
	123 COMPLEX LAPAROSCOPIC PROCEDURES	49	\$6,026	\$6,362
09	FEMALE GENITAL SYSTEM	20	\$3,746	\$4,082
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	1	\$3,248	\$5,061
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	3	\$2,266	\$3,135
	179 HYSTEROSCOPY	16	\$4,055	\$4,610
10	NERVOUS SYSTEM	2	\$1,459	\$1,813
	198 NERVE REPAIR AND DESTRUCTION	2	\$1,459	\$2,441
11	EYE AND OCULAR ADNEXA	1	\$1,727	\$3,062
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	1	\$1,727	\$3,876
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	29	\$1,835	\$2,535
	234 COMPLEX FACIAL AND ENT PROCEDURES	6	\$2,240	\$4,888
	235 SIMPLE FACIAL AND ENT PROCEDURES	9	\$1,173	\$1,798
	236 TONSIL AND ADENOID PROCEDURES	14	\$2,088	\$2,184

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

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

104 Bear River Valley Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
GENDER				
Female	417	56.9	122,108	54.4
Male	316	43.1	102,236	45.6
Unknown	0	0.0	4	0.0
Not Reported	0	0.0	4	0.0
AGE				
1-28 days	0	0.0	704	0.3
29-365 days	6	0.8	2,863	1.3
1-4 years	4	0.5	11,046	4.9
5-9	15	2.0	6,088	2.7
10-14	15	2.0	4,673	2.1
15-17	15	2.0	5,017	2.2
18-19	18	2.5	3,697	1.6
20-24	46	6.3	10,637	4.7
25-29	60	8.2	12,527	5.6
30-34	55	7.5	12,120	5.4
35-39	52	7.1	12,327	5.5
40-44	60	8.2	14,081	6.3
45-49	59	8.0	17,506	7.8
50-54	78	10.6	25,054	11.2
55-59	60	8.2	20,980	9.4
60-64	40	5.5	16,994	7.6
65-69	56	7.6	14,770	6.6
70-74	38	5.2	12,538	5.6
75-79	30	4.1	10,175	4.5
80-84	14	1.9	6,704	3.0
85-89	8	1.1	2,983	1.3
90 +	3	0.4	865	0.4
Not Reported	1	0.1	707	0.3
SOURCE OF ADMISSION				
Physician Referral	704	96.0	202,212	90.1
Clinic Referral	0	0.0	553	0.2
HMO Referral	0	0.0	3,605	1.6
Other Hospital	0	0.0	90	0.0
Skilled Nursing Facility	0	0.0	22	0.0
Other Health Care Facility	0	0.0	25	0.0
Emergency Room	29	4.0	4,679	2.1
Court/Law Enforcement	0	0.0	0	0.0
Unknown	0	0.0	11	0.0
Not Reported	0	0.0	13,155	5.9

(Continued)

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

104 Bear River Valley Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	732	99.9	223,834	99.8
Another Hospital	1	0.1	103	0.0
Skilled Nursing Facility	0	0.0	111	0.0
Intermediate Care Facility	0	0.0	11	0.0
Another Type of Institution	0	0.0	46	0.0
Under Care of Home Service	0	0.0	169	0.1
Left Against Medical Advice	0	0.0	16	0.0
Under Care of Home IV Provider	0	0.0	1	0.0
Expired	0	0.0	5	0.0
Unknown	0	0.0	56	0.0
Not Reported	0	0.0	0	0.0
PRIMARY PAYER				
Medicare	138	18.8	45,634	20.3
Medicaid	20	2.7	14,157	6.3
Other government	3	0.4	3,504	1.6
Blue Cross/Blue Shield	105	14.3	30,700	13.7
Other Commercial	33	4.5	15,100	6.7
Managed Care(HMO, PPO)	291	39.7	105,175	46.9
Self Pay	115	15.7	2,539	1.1
Industrial & Worker Comp	10	1.4	3,834	1.7
Charity and Unclassified	13	1.8	2,186	1.0
Childrens Health Insurance	0	0.0	177	0.1
Unknown	5	0.7	1,256	0.6
Not Reported	0	0.0	90	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	626	85.4	15,979	7.1
Central Utah	0	0.0	8,148	3.6
Davis County	14	1.9	23,241	10.4
Salt Lake County	1	0.1	76,236	34.0
Southeastern Utah	0	0.0	5,436	2.4
Southwest Utah	1	0.1	13,567	6.0
Summit County	0	0.0	3,096	1.4
Tooele County	0	0.0	4,599	2.0
Tri-County	0	0.0	5,798	2.6
Utah County	1	0.1	35,900	16.0
Wasatch County	0	0.0	1,771	0.8
Weber County	9	1.2	21,412	9.5
Unknown Utah	1	0.1	49	0.0
Outside Utah	80	10.9	8,923	4.0
Unknown, Not Reported	0	0.0	197	0.1

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

AMB ST 1-1
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

101 Beaver Valley Hospital

	Procedures Performed		Procedures Performed-All Hospitals	
	(#)	(%)	(#)	(%)
Reporting Category(ICD-9-CM CODES)	222	100.0	321,711	100.0
Mastectomy (85.0-85.99)	2	0.9	7,021	2.2
Musculoskeletal (76.0-84.99)	8	3.6	65,753	20.4
Respiratory (30.0-34.99)	1	0.5	3,438	1.1
Cardiovascular (35.0-39.99)	0	0.0	15,180	4.7
Lymphatic/Hemetic (40.0-41.99)	0	0.0	3,088	1.0
Digestive System (42.0-54.99)	67	30.2	107,581	33.4
Urinary (55.0-59.99)	0	0.0	8,752	2.7
Male Genital (60.0-64.99)	3	1.4	3,460	1.1
Female Genital (65.0-71.99)	54	24.3	15,319	4.8
Endocrine/Nervous (01.0-07.99)	9	4.1	28,111	8.7
Eye (08.0-16.99)	0	0.0	19,328	6.0
Ear (18.0-20.99)	48	21.6	14,440	4.5
Nose, Mouth, Pharynx (21.0-29.99)	30	13.5	30,240	9.4
Reporting Category(CPT-4 CODES)	252	100.0	304,292	100.0
Mastectomy (19120-19220)	0	0.0	3,001	1.0
Musculoskeletal (20000-29909)	5	2.0	65,018	21.4
Respiratory (30000-32999 & 39501-39599)	0	0.0	13,975	4.6
Cardiovascular (33010-37799 & 93501-93660)	0	0.0	31,569	10.4
Lymphatic/Hemetic (38100-38999)	0	0.0	2,606	0.9
Digestive (40490-49999)	164	65.1	115,754	38.0
Urinary (50010-53899)	0	0.0	8,580	2.8
Male Genital (54000-55899)	0	0.0	3,059	1.0
Female Genital (56405-58999)	31	12.3	11,517	3.8
Endocrine/Nervous (60000-64999)	6	2.4	29,931	9.8
Eye (65091-68899)	0	0.0	11,422	3.8
Ear (69000-69979)	46	18.3	7,860	2.6

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics.

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

AMB ST 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES

101 Beaver Valley Hospital

ICD-9 CODE	ICD-9 DESCRIPTION	#	%	% ALL Hospitals
All ICD-9 Procedures		222	100.0	100.0
2001	MYRINGOTOMY WITH INSERTION OF TUBE	42	18.9	3.56
4523	COLONOSCOPY	33	14.9	7.45
283	TONSILLECTOMY WITH ADENOIDECTOMY	23	10.4	1.68
6823	ENDOMETRIAL ABLATION	22	9.9	0.62
4525	CLOS [ENDO] BX LARGE INTESTINE	18	8.1	2.61
0443	RELEASE OF CARPAL TUNNEL	9	4.1	1.12
6909	OTHER DILATION&CURETTAGE OF UTERUS	9	4.1	0.47
6902	DILATION&CURET FOLLOWING DELIV/AB	8	3.6	0.24
6629	OTH BIL ENDO DESTRUC FALLOP TUBES	7	3.2	0.32
5349	OTHER UMBILICAL HERNIORRHAPHY	4	1.8	0.29
201	REMOVAL OF TYMPANOSTOMY TUBE	3	1.4	0.13
4516	EGD W/CLOS BX	3	1.4	5.75
282	TONSILLECTOMY WITHOUT ADENOIDECTOMY	2	0.9	0.62
5300	UNILATERAL REPAIR ING HERNIA NOS	2	0.9	0.11
5302	UNILAT REPAIR INDIRECT ING HERNIA	2	0.9	0.08
6563	LAP REMOV BIL OVARY-TUBE-SAME SURG	2	0.9	0.06
6841	6841	2	0.9	0.00
8221	EXCISION LESION TENDON SHEATH HAND	2	0.9	0.26
1809	OTHER INCISION OF EXTERNAL EAR	1	0.5	0.00
1879	OTHER PLASTIC REPAIR EXTERNAL EAR	1	0.5	0.06

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		252	100.0	100.0
45378	COLONOSCOPY FLEX; DX-SEP PROC	64	25.4	7.39
45380	COLONOSCOPY FLEX; W/BX 1/MX	54	21.4	5.63
69436	TYMPANOSTOMY GENERAL ANESTHESIA	42	16.7	1.90
42820	T&A; UNDER AGE 12	18	7.1	1.36
58353	ENDOMET ABLAT THERM W/O SCOPE GU	15	6.0	0.13
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	12	4.8	1.32
58120	DILATION & CURET DX &/ THERAPEUT	11	4.4	0.23
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	6	2.4	0.74
42821	T&A; AGE 12 OR OVER	5	2.0	0.37
49505	REPR INIT ING HERNIA 5YR/MORE; R	5	2.0	0.95
G0121	COLOREC CNCR SCR;COLNSCPY NO HI	4	1.6	0.21
58180	SUPRACERVICAL ABD HYSTERECTOMY	3	1.2	0.00
58671	LAP SURG; W/OCCLUS OVIDUCTS-DEVI	2	0.8	0.18
69300	OTPLSTY PROTRUDING EAR W/WO SZ R	2	0.8	0.00
25111	EXCISION OF GANGLION WRIST; PRIM	1	0.4	0.17
26055	TENDON SHEATH INCISION	1	0.4	0.42
26115	EXC TMR/MALF SFT TISS HND/FNGR;S	1	0.4	0.03
27570	MANIP KNEE JNT UNDER GEN ANESTHE	1	0.4	0.06
28292	HALLUX VALGUS; KELLER/MAYO TYPE	1	0.4	0.05
49320	LAP-ABD DX-W/WO SPECMN-SEP PROC	1	0.4	0.22

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

AMB ST 1-3

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

101 Beaver Valley Hospital

ICD-9 CODE	ICD-9 DESCRIPTION	#	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
ICD-9 Procedures		180	\$1,708	\$3,166
2001	MYRINGOTOMY WITH INSERTION OF TUBE	40	\$1,317	\$1,466
4523	COLONOSCOPY	32	\$863	\$947
283	TONSILLECTOMY WITH ADENOIDECTOMY	22	\$2,369	\$2,169
4525	CLOS [ENDO] BX LARGE INTESTINE	18	\$1,083	\$1,356
6823	ENDOMETRIAL ABLATION	15	\$3,742	\$5,036
0443	RELEASE OF CARPAL TUNNEL	9	\$1,558	\$2,124
6902	DILATION&CURET FOLLOWING DELIV/AB	7	\$1,597	\$2,491
6909	OTHER DILATION&CURETTAGE OF UTERUS	4	\$1,856	\$2,634
4516	EGD W/CLOS BX	3	\$884	\$1,301
5349	OTHER UMBILICAL HERNIORRHAPHY	3	\$2,685	\$2,650
6629	OTH BIL ENDO DESTRUC FALLOP TUBES	3	\$3,045	\$3,774
282	TONSILLECTOMY WITHOUT ADENOIDECTOMY	2	\$1,991	\$2,285
5300	UNILATERAL REPAIR ING HERNIA NOS	2	\$2,666	\$2,326
5302	UNILAT REPAIR INDIRECT ING HERNIA	2	\$2,645	\$2,929
8221	EXCISION LESION TENDON SHEATH HAND	2	\$1,524	\$2,205
1809	OTHER INCISION OF EXTERNAL EAR	1	\$1,422	\$2,358
1879	OTHER PLASTIC REPAIR EXTERNAL EAR	1	\$1,719	\$3,448
2009	OTHER MYRINGOTOMY	1	\$1,380	\$1,795
201	REMOVAL OF TYMPANOSTOMY TUBE	1	\$1,032	\$1,095
2724	BIOPSY MOUTH UNSPECIFIED STRUCTURE	1	\$339	\$2,064

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
CPT-4 Procedures		240	\$1,483	\$2,895
45378	COLONOSCOPY FLEX; DX-SEP PROC	63	\$864	\$949
45380	COLONOSCOPY FLEX; W/BX 1/MX	52	\$1,021	\$1,278
69436	TYMPANOSTOMY GENERAL ANESTHESIA	42	\$1,306	\$1,166
42820	T&A; UNDER AGE 12	17	\$2,238	\$2,072
58353	ENDOMET ABLAT THERM W/O SCOPE GU	13	\$3,531	\$4,436
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	11	\$918	\$1,036
58120	DILATION & CURET DX &/ THERAPEUT	10	\$2,047	\$2,371
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	6	\$1,591	\$2,178
42821	T&A; AGE 12 OR OVER	5	\$2,334	\$2,469
49505	REPR INIT ING HERNIA 5YR/MORE; R	5	\$2,656	\$3,685
G0121	COLOREC CNCR SCR;COLNSCPY NO HI	4	\$825	\$756
58180	SUPRACERVICAL ABD HYSTERECTOMY	3	\$7,539	\$7,988
25111	EXCISION OF GANGLION WRIST; PRIM	1	\$1,692	\$2,291
27570	MANIP KNEE JNT UNDER GEN ANESTHE	1	\$941	\$2,314
28292	HALLUX VALGUS; KELLER/MAYO TYPE	1	\$2,341	\$3,140
49320	LAP-ABD DX-W/WO SPECMN-SEP PROC	1	\$3,405	\$4,067
49585	REPR UMBIL HERNIA 5YR/OVER; RDUC	1	\$3,064	\$3,556
58671	LAP SURG; W/OCCLUS OVIDUCTS-DEVI	1	\$3,200	\$3,986
69205	REMOV FB-EXT AUDIT CANAL; W/ANES	1	\$1,230	\$1,716
69300	OTPLSTY PROTRUDING EAR W/WO SZ R	1	\$1,719	\$2,577

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

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

101 Beaver Valley Hospital

Procedure APG category		TOTAL #	TOTAL # (ALL Hospitals)
Procedure APG			
01	INTEGUMENTARY SYSTEM	2	8,878
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	1	1,202
	008 SIMPLE EXCISION AND BIOPSY	1	1,012
02	MUSCULOSKELETAL SYSTEM	4	58,082
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	2	11,532
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	1	470
	032 BUNION PROCEDURES	1	1,569
06	DIGESTIVE SYSTEM	143	105,000
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	12	22,453
	117 LOWER GASTROINTESTINAL ENDOSCOPY	122	47,953
	119 HERNIA AND HYDROCELE PROCEDURES	6	6,882
	123 COMPLEX LAPAROSCOPIC PROCEDURES	3	15,680
09	FEMALE GENITAL SYSTEM	26	6,830
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	15	1,642
	178 DILATION AND CURETTAGE	11	709
10	NERVOUS SYSTEM	6	26,119
	198 NERVE REPAIR AND DESTRUCTION	6	4,690
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	68	27,995
	234 COMPLEX FACIAL AND ENT PROCEDURES	2	5,543
	235 SIMPLE FACIAL AND ENT PROCEDURES	43	13,699
	236 TONSIL AND ADENOID PROCEDURES	23	8,352

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

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

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
PROCEDURE APG CATEGORY, PROCEDURE APG, SINGLE APG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

101 Beaver Valley Hospital

Procedure APG category	Procedure APG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
01	INTEGUMENTARY SYSTEM	1	\$1,230	\$3,077
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	1	\$1,230	\$2,981
02	MUSCULOSKELETAL SYSTEM	3	\$1,658	\$4,100
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	1	\$1,692	\$2,717
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	1	\$941	\$2,526
	032 BUNION PROCEDURES	1	\$2,341	\$3,916
06	DIGESTIVE SYSTEM	138	\$1,043	\$2,170
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	11	\$918	\$1,249
	117 LOWER GASTROINTESTINAL ENDOSCOPY	119	\$931	\$1,114
	119 HERNIA AND HYDROCELE PROCEDURES	6	\$2,724	\$3,546
	123 COMPLEX LAPAROSCOPIC PROCEDURES	2	\$3,303	\$6,362
09	FEMALE GENITAL SYSTEM	23	\$2,886	\$4,082
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	13	\$3,531	\$5,061
	178 DILATION AND CURETTAGE	10	\$2,047	\$2,371
10	NERVOUS SYSTEM	6	\$1,591	\$1,813
	198 NERVE REPAIR AND DESTRUCTION	6	\$1,591	\$2,441
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	66	\$1,626	\$2,535
	234 COMPLEX FACIAL AND ENT PROCEDURES	1	\$1,719	\$4,888
	235 SIMPLE FACIAL AND ENT PROCEDURES	43	\$1,300	\$1,798
	236 TONSIL AND ADENOID PROCEDURES	22	\$2,260	\$2,184

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

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

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

101 Beaver Valley Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
GENDER				
Female	148	53.2	122,108	54.4
Male	125	45.0	102,236	45.6
Unknown	1	0.4	4	0.0
Not Reported	4	1.4	4	0.0
AGE				
1-28 days	0	0.0	704	0.3
29-365 days	15	5.4	2,863	1.3
1-4 years	34	12.2	11,046	4.9
5-9	12	4.3	6,088	2.7
10-14	5	1.8	4,673	2.1
15-17	5	1.8	5,017	2.2
18-19	3	1.1	3,697	1.6
20-24	6	2.2	10,637	4.7
25-29	10	3.6	12,527	5.6
30-34	8	2.9	12,120	5.4
35-39	14	5.0	12,327	5.5
40-44	16	5.8	14,081	6.3
45-49	20	7.2	17,506	7.8
50-54	31	11.2	25,054	11.2
55-59	15	5.4	20,980	9.4
60-64	25	9.0	16,994	7.6
65-69	22	7.9	14,770	6.6
70-74	16	5.8	12,538	5.6
75-79	13	4.7	10,175	4.5
80-84	7	2.5	6,704	3.0
85-89	0	0.0	2,983	1.3
90 +	1	0.4	865	0.4
Not Reported	0	0.0	707	0.3
SOURCE OF ADMISSION				
Physician Referral	274	98.6	202,212	90.1
Clinic Referral	0	0.0	553	0.2
HMO Referral	0	0.0	3,605	1.6
Other Hospital	0	0.0	90	0.0
Skilled Nursing Facility	0	0.0	22	0.0
Other Health Care Facility	0	0.0	25	0.0
Emergency Room	4	1.4	4,679	2.1
Court/Law Enforcement	0	0.0	0	0.0
Unknown	0	0.0	11	0.0
Not Reported	0	0.0	13,155	5.9

(Continued)

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

101 Beaver Valley Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	275	98.9	223,834	99.8
Another Hospital	0	0.0	103	0.0
Skilled Nursing Facility	0	0.0	111	0.0
Intermediate Care Facility	0	0.0	11	0.0
Another Type of Institution	2	0.7	46	0.0
Under Care of Home Service	0	0.0	169	0.1
Left Against Medical Advice	0	0.0	16	0.0
Under Care of Home IV Provider	1	0.4	1	0.0
Expired	0	0.0	5	0.0
Unknown	0	0.0	56	0.0
Not Reported	0	0.0	0	0.0
PRIMARY PAYER				
Medicare	58	20.9	45,634	20.3
Medicaid	36	12.9	14,157	6.3
Other government	7	2.5	3,504	1.6
Blue Cross/Blue Shield	39	14.0	30,700	13.7
Other Commercial	42	15.1	15,100	6.7
Managed Care(HMO, PPO)	86	30.9	105,175	46.9
Self Pay	6	2.2	2,539	1.1
Industrial & Worker Comp	4	1.4	3,834	1.7
Charity and Unclassified	0	0.0	2,186	1.0
Childrens Health Insurance	0	0.0	177	0.1
Unknown	0	0.0	1,256	0.6
Not Reported	0	0.0	90	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	0	0.0	15,979	7.1
Central Utah	4	1.4	8,148	3.6
Davis County	1	0.4	23,241	10.4
Salt Lake County	1	0.4	76,236	34.0
Southeastern Utah	0	0.0	5,436	2.4
Southwest Utah	264	95.0	13,567	6.0
Summit County	0	0.0	3,096	1.4
Tooele County	0	0.0	4,599	2.0
Tri-County	0	0.0	5,798	2.6
Utah County	2	0.7	35,900	16.0
Wasatch County	0	0.0	1,771	0.8
Weber County	0	0.0	21,412	9.5
Unknown Utah	0	0.0	49	0.0
Outside Utah	6	2.2	8,923	4.0
Unknown, Not Reported	0	0.0	197	0.1

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

AMB ST 1-1
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

103 Brigham City Community Hospital

	Procedures Performed		Procedures Performed-All Hospitals	
	(#)	(%)	(#)	(%)
Reporting Category(ICD-9-CM CODES)	3,711	100.0	321,711	100.0
Mastectomy (85.0-85.99)	63	1.7	7,021	2.2
Musculoskeletal (76.0-84.99)	870	23.4	65,753	20.4
Respiratory (30.0-34.99)	3	0.1	3,438	1.1
Cardiovascular (35.0-39.99)	0	0.0	15,180	4.7
Lymphatic/Hemetic (40.0-41.99)	11	0.3	3,088	1.0
Digestive System (42.0-54.99)	1,315	35.4	107,581	33.4
Urinary (55.0-59.99)	15	0.4	8,752	2.7
Male Genital (60.0-64.99)	29	0.8	3,460	1.1
Female Genital (65.0-71.99)	213	5.7	15,319	4.8
Endocrine/Nervous (01.0-07.99)	325	8.8	28,111	8.7
Eye (08.0-16.99)	484	13.0	19,328	6.0
Ear (18.0-20.99)	202	5.4	14,440	4.5
Nose, Mouth, Pharynx (21.0-29.99)	181	4.9	30,240	9.4
Reporting Category(CPT-4 CODES)	2,739	100.0	304,292	100.0
Mastectomy (19120-19220)	46	1.7	3,001	1.0
Musculoskeletal (20000-29909)	609	22.2	65,018	21.4
Respiratory (30000-32999 & 39501-39599)	61	2.2	13,975	4.6
Cardiovascular (33010-37799 & 93501-93660)	39	1.4	31,569	10.4
Lymphatic/Hemetic (38100-38999)	12	0.4	2,606	0.9
Digestive (40490-49999)	1,276	46.6	115,754	38.0
Urinary (50010-53899)	22	0.8	8,580	2.8
Male Genital (54000-55899)	23	0.8	3,059	1.0
Female Genital (56405-58999)	99	3.6	11,517	3.8
Endocrine/Nervous (60000-64999)	175	6.4	29,931	9.8
Eye (65091-68899)	273	10.0	11,422	3.8
Ear (69000-69979)	104	3.8	7,860	2.6

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics.

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

AMB ST 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES

103 Brigham City Community Hospital

ICD-9 CODE	ICD-9 DESCRIPTION	#	%	% ALL Hospitals
All ICD-9 Procedures		3,711	100.0	100.0
4523	COLONOSCOPY	335	9.0	7.45
4516	EGD W/CLOS BX	231	6.2	5.75
1371	INSRT IOL-CATARACT EXTRACT-1 STAGE	195	5.3	1.37
1341	PHACOEMULSIFICATION&ASPIR CATARACT	192	5.2	1.38
4525	CLOS [ENDO] BX LARGE INTESTINE	175	4.7	2.61
2001	MYRINGOTOMY WITH INSERTION OF TUBE	167	4.5	3.56
0392	INJECTION OTH AGT INTO SPINAL CANAL	132	3.6	2.68
0391	INJECTION ANES-SPINAL CANAL ANALG	99	2.7	2.05
5123	LAPAROSCOPIC CHOLECYSTECTOMY	96	2.6	2.01
8026	ARTHROSCOPY OF KNEE	85	2.3	0.58
283	TONSILLECTOMY WITH ADENOIDECTOMY	82	2.2	1.68
8021	ARTHROSCOPY OF SHOULDER	80	2.2	0.30
4824	CLOSED BIOPSY OF RECTUM	73	2.0	0.49
0443	RELEASE OF CARPAL TUNNEL	68	1.8	1.12
806	EXCISION SEMILUNAR CARTILAGE KNEE	64	1.7	1.86
4292	DILATION OF ESOPHAGUS	63	1.7	1.54
4542	ENDO POLYPECTOMY LARGE INTESTINE	60	1.6	3.92
8023	ARTHROSCOPY OF WRIST	55	1.5	0.08
8183	OTHER REPAIR OF SHOULDER	55	1.5	0.76
1179	OTHER RECONSTRUCTIVE SURGERY CORNEA	54	1.5	0.03

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		2,739	100.0	100.0
45378	COLONOSCOPY FLEX; DX-SEP PROC	284	10.4	7.39
43239	UGI ENDO; W/BX 1/MX	234	8.5	5.96
45380	COLONOSCOPY FLEX; W/BX 1/MX	213	7.8	5.63
66984	EXTRACAPSULAR CATARACT REMV IOL	190	6.9	1.42
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	141	5.1	1.51
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	86	3.1	1.32
69436	TYMPANOSTOMY GENERAL ANESTHESIA	86	3.1	1.90
29826	SCOPE SHOULDER; DECOMP SUBACROM	75	2.7	1.09
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	65	2.4	1.81
42820	T&A; UNDER AGE 12	59	2.2	1.36
66999	UNLISTED PROC ANTERIOR SEGMENT E	53	1.9	0.04
49505	REPR INIT ING HERNIA 5YR/MORE; R	51	1.9	0.95
29848	ENDO WRST SURG REL TRNS CARP LIG	48	1.8	0.31
29881	SCOPE KNEE SURG;W/MENISCECT MED/	47	1.7	1.59
58563	HYSTEROSC SURG; W/ENDOMETRIAL AB	40	1.5	0.47
43248	UGI ENDO; W/INSRT GUIDE WIRE	30	1.1	0.14
44970	LAPAROSCOPY SURGICAL APPENDECTOM	30	1.1	0.61
19120	EXC BRST CYST TUMR/LES OPN M/F 1	29	1.1	0.50
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	28	1.0	1.05
29827	SCOPE SHLDR SURG; W/ROTOR CUFF R	25	0.9	0.55

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

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

AMB ST 1-3

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

103 Brigham City Community Hospital

ICD-9 CODE	ICD-9 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
ICD-9 Procedures		1,193	\$2,777	\$3,166
4523	COLONOSCOPY	297	\$1,756	\$947
4516	EGD W/CLOS BX	140	\$1,604	\$1,301
4525	CLOS [ENDO] BX LARGE INTESTINE	103	\$2,096	\$1,356
5123	LAPAROSCOPIC CHOLECYSTECTOMY	74	\$7,083	\$6,118
283	TONSILLECTOMY WITH ADENOIDECTOMY	72	\$2,173	\$2,169
0392	INJECTION OTH AGT INTO SPINAL CANAL	39	\$341	\$751
4542	ENDO POLYPECTOMY LARGE INTESTINE	32	\$2,515	\$1,297
8521	LOCAL EXCISION OF LESION OF BREAST	27	\$2,738	\$2,630
4824	CLOSED BIOPSY OF RECTUM	26	\$1,873	\$1,279
8399	OTH OP MUSCLE TENDON FASC&BURSA	19	\$2,859	\$2,779
4513	OTHER ENDOSCOPY OF SMALL INTESTINE	18	\$1,685	\$1,089
5303	UNILAT REPR DIRECT ING HERN-GFT	14	\$5,549	\$3,866
6952	ASPIRATION CURET FOLLOWING DELIV/AB	14	\$2,001	\$2,456
5305	UNILAT REPR ING HERN-GFT/PROS-NOS	11	\$5,326	\$4,078
7936	OPEN RDUC FX TIB&FIB W/INTRL FIX	11	\$6,520	\$6,093
5304	UNILAT REPR INDIRECT ING HERN-GFT	10	\$4,987	\$3,643
4701	LAPAROSCOPIC APPENDECTOMY	9	\$8,758	\$8,144
6909	OTHER DILATION&CURETTAGE OF UTERUS	8	\$2,057	\$2,634
0943	PROBING OF NASOLACRIMAL DUCT	7	\$1,666	\$1,517
4946	EXCISION OF HEMORRHOIDS	7	\$3,045	\$2,658

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
CPT-4 Procedures		1,729	\$2,839	\$2,895
45378	COLONOSCOPY FLEX; DX-SEP PROC	253	\$1,766	\$949
45380	COLONOSCOPY FLEX; W/BX 1/MX	158	\$2,058	\$1,278
43239	UGI ENDO; W/BX 1/MX	145	\$1,612	\$1,299
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	136	\$317	\$982
66984	EXTRACAPSULAR CATARACT REMV IOL	135	\$3,794	\$3,042
69436	TYMPANOSTOMY GENERAL ANESTHESIA	74	\$1,827	\$1,166
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	66	\$7,054	\$6,476
42820	T&A; UNDER AGE 12	52	\$2,096	\$2,072
29848	ENDO WRST SURG REL TRNS CARP LIG	37	\$2,867	\$2,360
49505	REPR INIT ING HERNIA 5YR/MORE; R	37	\$5,212	\$3,685
29881	SCOPE KNEE SURG;W/MENISCECT MED/	35	\$4,069	\$3,914
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	35	\$2,531	\$1,431
58563	HYSTEROSC SURG; W/ENDOMETRIAL AB	34	\$3,811	\$5,400
19120	EXC BRST CYST TUMR/LES OPN M/F 1	24	\$2,703	\$2,583
29826	SCOPE SHOULDER; DECOMP SUBACROM	22	\$5,147	\$5,503
42821	T&A; AGE 12 OR OVER	21	\$2,381	\$2,469
24999	UNLISTED PROCEDURE HUMERUS OR EL	16	\$2,878	\$5,443
43235	UGI ENDO; DX W/VO CLCT SPECMN-SP	16	\$1,492	\$1,036
29880	SCOPE KNEE SURG;W/MENISCECT MED&	14	\$4,650	\$4,214
36430	TRANSFUSION BLOOD/BLOOD COMPONEN	14	\$1,092	\$2,312

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

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

103 Brigham City Community Hospital

Procedure APG category		TOTAL #	TOTAL # (ALL Hospitals)
Procedure APG			
01	INTEGUMENTARY SYSTEM	85	8,878
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	6	2,028
	006 SIMPLE DEBRIDEMENT AND DESTRUCTION	1	157
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	11	1,202
	008 SIMPLE EXCISION AND BIOPSY	8	1,012
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRANGE	13	1,367
	011 SIMPLE INCISION AND EXCISION OF BREAST	40	2,366
	012 BREAST RECONSTRUCTION AND MASTECTOMY	6	635
02	MUSCULOSKELETAL SYSTEM	580	58,082
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	65	6,410
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	15	2,231
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	6	2,131
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	114	11,532
	025 ARTHROSCOPY	267	25,432
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	30	656
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	42	4,342
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	5	470
	032 BUNION PROCEDURES	21	1,569
	033 ARTHROPLASTY	7	512
	034 HAND AND FOOT TENOTOMY	2	279
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	6	2,033
03	RESPIRATORY SYSTEM	25	7,958
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	4	656
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	20	5,137
	055 ENDOSCOPY OF THE LOWER AIRWAY	1	1,865
04	CARDIOVASCULAR SYSTEM	2	25,823
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	2	746
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	35	3,114
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	11	1,943
	097 TRANSFUSION	24	1,021
06	DIGESTIVE SYSTEM	1,204	105,000
	112 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	3	1,288
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	1	649
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	256	22,453
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	71	5,914
	117 LOWER GASTROINTESTINAL ENDOSCOPY	567	47,953
	119 HERNIA AND HYDROCELE PROCEDURES	95	6,882
	120 COMPLEX ANAL AND RECTAL PROCEDURES	19	1,098
	121 SIMPLE ANAL AND RECTAL PROCEDURES	6	497
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	6	506
	123 COMPLEX LAPAROSCOPIC PROCEDURES	176	15,680
	124 SIMPLE LAPAROSCOPIC PROCEDURES	4	170
07	URINARY SYSTEM	22	7,472
	133 URINARY CATHETERIZATION AND DILATATION	4	380
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	5	3,513
	135 MODERATE CYSTOURETHROSCOPY	9	1,846

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

103 Brigham City Community Hospital

procedure APG category		TOTAL #	TOTAL # (ALL Hospitals)
procedure APG			
08	138 MALE GENITAL SYSTEM	4	153
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	19	2,684
	153 COMPLEX PENILE PROCEDURES	16	1,397
	154 SIMPLE PENILE PROCEDURES	1	413
09	FEMALE GENITAL SYSTEM	2	680
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	73	6,830
	178 DILATION AND CURETTAGE	19	1,421
	179 HYSTEROSCOPY	9	709
10	NERVOUS SYSTEM	45	2,718
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	170	26,119
	198 NERVE REPAIR AND DESTRUCTION	145	19,763
	199 SPINAL TAP	24	4,690
11	EYE AND OCULAR ADNEXA	1	626
	214 CATARACT PROCEDURES	273	11,129
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	196	4,618
	216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	8	469
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	2	294
	220 STRABISMUS AND MUSCLE EYE PROCEDURES	54	238
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	6	843
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	5	881
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	2	556
	234 COMPLEX FACIAL AND ENT PROCEDURES	244	27,995
	235 SIMPLE FACIAL AND ENT PROCEDURES	25	5,543
	236 TONSIL AND ADENOID PROCEDURES	129	13,699
13	THERAPEUTIC AND OTHER RADIOLOGICAL PROCEDURES	90	8,352
	254 MYELOGRAPHY	1	3,177
		1	297

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

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

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
PROCEDURE APG CATEGORY, PROCEDURE APG, SINGLE APG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

103 Brigham City Community Hospital

Procedure APG category	Procedure APG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
01	INTEGUMENTARY SYSTEM	67	\$2,912	\$3,077
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	3	\$333	\$2,351
	006 SIMPLE DEBRIDEMENT AND DESTRUCTION	1	\$2,920	\$2,246
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	8	\$2,120	\$2,981
	008 SIMPLE EXCISION AND BIOPSY	6	\$2,377	\$2,545
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRAN	10	\$4,280	\$4,359
	011 SIMPLE INCISION AND EXCISION OF BREAST	33	\$2,787	\$2,861
	012 BREAST RECONSTRUCTION AND MASTECTOMY	6	\$4,200	\$5,243
02	MUSCULOSKELETAL SYSTEM	274	\$4,142	\$4,100
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	26	\$5,492	\$6,150
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	6	\$4,333	\$3,787
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	1	\$2,639	\$4,488
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	49	\$2,728	\$2,717
	025 ARTHROSCOPY	126	\$4,079	\$4,558
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	18	\$2,727	\$3,140
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	35	\$6,006	\$5,140
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	4	\$1,817	\$2,526
	032 BUNION PROCEDURES	7	\$5,220	\$3,916
	033 ARTHROPLASTY	1	\$12,282	\$6,241
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	1	\$394	\$909
03	RESPIRATORY SYSTEM	5	\$1,031	\$2,071
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	3	\$476	\$1,191
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	1	\$2,441	\$3,201
	055 ENDOSCOPY OF THE LOWER AIRWAY	1	\$1,287	\$2,233
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	22	\$2,405	\$3,660
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	8	\$4,702	\$4,713
	097 TRANSFUSION	14	\$1,092	\$2,312
06	DIGESTIVE SYSTEM	809	\$2,798	\$2,170
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	162	\$1,597	\$1,249
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	17	\$2,559	\$1,798
	117 LOWER GASTROINTESTINAL ENDOSCOPY	450	\$1,938	\$1,114
	119 HERNIA AND HYDROCELE PROCEDURES	57	\$5,216	\$3,546
	120 COMPLEX ANAL AND RECTAL PROCEDURES	13	\$4,520	\$2,846
	121 SIMPLE ANAL AND RECTAL PROCEDURES	4	\$3,561	\$2,218
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	3	\$4,059	\$3,109
	123 COMPLEX LAPAROSCOPIC PROCEDURES	102	\$6,883	\$6,362
	124 SIMPLE LAPAROSCOPIC PROCEDURES	1	\$4,879	\$7,898
07	URINARY SYSTEM	14	\$3,183	\$4,480
	133 URINARY CATHETERIZATION AND DILATATION	4	\$214	\$3,647
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	2	\$5,942	\$4,624
	135 MODERATE CYSTOURETHROSCOPY	6	\$4,749	\$3,484
	138 SIMPLE URETHRAL PROCEDURES	2	\$1,661	\$1,539
08	MALE GENITAL SYSTEM	8	\$2,656	\$3,045
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	7	\$2,683	\$2,546
	154 SIMPLE PENILE PROCEDURES	1	\$2,468	\$1,914

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
PROCEDURE APG CATEGORY, PROCEDURE APG, SINGLE APG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

103 Brigham City Community Hospital

procedure APG category Procedure APG	TOTAL #	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
09 FEMALE GENITAL SYSTEM	54	\$3,293	\$4,082
177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	11	\$2,581	\$3,135
178 DILATION AND CURETTAGE	8	\$2,057	\$2,371
179 HYSTEROSCOPY	35	\$3,799	\$4,610
10 NERVOUS SYSTEM	148	\$476	\$1,813
195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	138	\$347	\$1,068
198 NERVE REPAIR AND DESTRUCTION	9	\$2,440	\$2,441
199 SPINAL TAP	1	\$595	\$1,908
11 EYE AND OCULAR ADNEXA	158	\$3,700	\$3,062
214 CATARACT PROCEDURES	140	\$3,825	\$3,046
215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	7	\$1,666	\$3,268
220 STRABISMUS AND MUSCLE EYE PROCEDURES	6	\$4,262	\$3,156
221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	3	\$2,919	\$3,876
222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	2	\$1,541	\$2,152
12 FACIAL, EAR, NOSE, MOUTH AND THROAT	167	\$2,045	\$2,535
234 COMPLEX FACIAL AND ENT PROCEDURES	4	\$3,360	\$4,888
235 SIMPLE FACIAL AND ENT PROCEDURES	87	\$1,864	\$1,798
236 TONSIL AND ADENOID PROCEDURES	76	\$2,184	\$2,184
13 THERAPEUTIC AND OTHER RADIOLOGICAL PROCEDURES	1	\$427	\$3,015
254 MYELOGRAPHY	1	\$427	\$3,100

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

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

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

103 Brigham City Community Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
GENDER				
Female	1,244	54.8	122,108	54.4
Male	1,028	45.2	102,236	45.6
Unknown	0	0.0	4	0.0
Not Reported	0	0.0	4	0.0
AGE				
1-28 days	0	0.0	704	0.3
29-365 days	38	1.7	2,863	1.3
1-4 years	89	3.9	11,046	4.9
5-9	54	2.4	6,088	2.7
10-14	40	1.8	4,673	2.1
15-17	49	2.2	5,017	2.2
18-19	34	1.5	3,697	1.6
20-24	82	3.6	10,637	4.7
25-29	89	3.9	12,527	5.6
30-34	88	3.9	12,120	5.4
35-39	116	5.1	12,327	5.5
40-44	147	6.5	14,081	6.3
45-49	211	9.3	17,506	7.8
50-54	229	10.1	25,054	11.2
55-59	163	7.2	20,980	9.4
60-64	154	6.8	16,994	7.6
65-69	176	7.7	14,770	6.6
70-74	188	8.3	12,538	5.6
75-79	148	6.5	10,175	4.5
80-84	119	5.2	6,704	3.0
85-89	53	2.3	2,983	1.3
90 +	5	0.2	865	0.4
Not Reported	0	0.0	707	0.3
SOURCE OF ADMISSION				
Physician Referral	2,217	97.6	202,212	90.1
Clinic Referral	2	0.1	553	0.2
HMO Referral	0	0.0	3,605	1.6
Other Hospital	0	0.0	90	0.0
Skilled Nursing Facility	0	0.0	22	0.0
Other Health Care Facility	0	0.0	25	0.0
Emergency Room	52	2.3	4,679	2.1
Court/Law Enforcement	0	0.0	0	0.0
Unknown	0	0.0	11	0.0
Not Reported	1	0.0	13,155	5.9

(Continued)

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

103 Brigham City Community Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	2,269	99.9	223,834	99.8
Another Hospital	0	0.0	103	0.0
Skilled Nursing Facility	1	0.0	111	0.0
Intermediate Care Facility	0	0.0	11	0.0
Another Type of Institution	0	0.0	46	0.0
Under Care of Home Service	2	0.1	169	0.1
Left Against Medical Advice	0	0.0	16	0.0
Under Care of Home IV Provider	0	0.0	1	0.0
Expired	0	0.0	5	0.0
Unknown	0	0.0	56	0.0
Not Reported	0	0.0	0	0.0
PRIMARY PAYER				
Medicare	663	29.2	45,634	20.3
Medicaid	173	7.6	14,157	6.3
Other government	9	0.4	3,504	1.6
Blue Cross/Blue Shield	352	15.5	30,700	13.7
Other Commercial	111	4.9	15,100	6.7
Managed Care(HMO, PPO)	878	38.6	105,175	46.9
Self Pay	25	1.1	2,539	1.1
Industrial & Worker Comp	29	1.3	3,834	1.7
Charity and Unclassified	26	1.1	2,186	1.0
Childrens Health Insurance	0	0.0	177	0.1
Unknown	6	0.3	1,256	0.6
Not Reported	0	0.0	90	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	2,062	90.8	15,979	7.1
Central Utah	2	0.1	8,148	3.6
Davis County	15	0.7	23,241	10.4
Salt Lake County	7	0.3	76,236	34.0
Southeastern Utah	0	0.0	5,436	2.4
Southwest Utah	1	0.0	13,567	6.0
Summit County	0	0.0	3,096	1.4
Tooele County	1	0.0	4,599	2.0
Tri-County	3	0.1	5,798	2.6
Utah County	2	0.1	35,900	16.0
Wasatch County	0	0.0	1,771	0.8
Weber County	131	5.8	21,412	9.5
Unknown Utah	1	0.0	49	0.0
Outside Utah	46	2.0	8,923	4.0
Unknown, Not Reported	1	0.0	197	0.1

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

AMB ST 1-1
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

145 Cache Valley Specialty Hospital

	Procedures Performed		Procedures Performed-All Hospitals	
	(#)	(%)	(#)	(%)
Reporting Category(ICD-9-CM CODES)	7,014	100.0	321,711	100.0
Mastectomy (85.0-85.99)	82	1.2	7,021	2.2
Musculoskeletal (76.0-84.99)	3,240	46.2	65,753	20.4
Respiratory (30.0-34.99)	32	0.5	3,438	1.1
Cardiovascular (35.0-39.99)	13	0.2	15,180	4.7
Lymphatic/Hemetic (40.0-41.99)	29	0.4	3,088	1.0
Digestive System (42.0-54.99)	297	4.2	107,581	33.4
Urinary (55.0-59.99)	206	2.9	8,752	2.7
Male Genital (60.0-64.99)	90	1.3	3,460	1.1
Female Genital (65.0-71.99)	300	4.3	15,319	4.8
Endocrine/Nervous (01.0-07.99)	310	4.4	28,111	8.7
Eye (08.0-16.99)	61	0.9	19,328	6.0
Ear (18.0-20.99)	769	11.0	14,440	4.5
Nose, Mouth, Pharynx (21.0-29.99)	1,585	22.6	30,240	9.4
Reporting Category(CPT-4 CODES)	5,657	100.0	304,292	100.0
Mastectomy (19120-19220)	68	1.2	3,001	1.0
Musculoskeletal (20000-29909)	2,620	46.3	65,018	21.4
Respiratory (30000-32999 & 39501-39599)	756	13.4	13,975	4.6
Cardiovascular (33010-37799 & 93501-93660)	34	0.6	31,569	10.4
Lymphatic/Hemetic (38100-38999)	29	0.5	2,606	0.9
Digestive (40490-49999)	969	17.1	115,754	38.0
Urinary (50010-53899)	207	3.7	8,580	2.8
Male Genital (54000-55899)	81	1.4	3,059	1.0
Female Genital (56405-58999)	187	3.3	11,517	3.8
Endocrine/Nervous (60000-64999)	230	4.1	29,931	9.8
Eye (65091-68899)	28	0.5	11,422	3.8
Ear (69000-69979)	448	7.9	7,860	2.6

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics.

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

AMB ST 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES

145 Cache Valley Specialty Hospital

ICD-9 CODE	ICD-9 DESCRIPTION	#	%	% ALL Hospitals
All ICD-9 Procedures		7,014	100.0	100.0
2001	MYRINGOTOMY WITH INSERTION OF TUBE	623	8.9	3.56
8026	ARTHROSCOPY OF KNEE	482	6.9	0.58
283	TONSILLECTOMY WITH ADENOIDECTOMY	319	4.5	1.68
806	EXCISION SEMILUNAR CARTILAGE KNEE	299	4.3	1.86
8021	ARTHROSCOPY OF SHOULDER	219	3.1	0.30
0443	RELEASE OF CARPAL TUNNEL	191	2.7	1.12
8086	OTH LOCAL EXC/DESTRUC LES KNEE JNT	187	2.7	0.85
8183	OTHER REPAIR OF SHOULDER	170	2.4	0.76
2169	OTHER TURBINECTOMY	159	2.3	0.76
2349	OTHER DENTAL RESTORATION	152	2.2	0.30
215	SUBMUCOUS RESECTION OF NASAL SEPTUM	142	2.0	0.30
8081	OTH LOCAL EXC/DESTRUC LES SHLDR JNT	135	1.9	0.47
282	TONSILLECTOMY WITHOUT ADENOIDECTOMY	129	1.8	0.62
2263	ETHMOIDECTOMY	120	1.7	0.54
2219	OTHER DIAGNOSTIC PROC NASAL SINUSES	111	1.6	0.11
194	MYRINGOPLASTY	100	1.4	0.25
222	INTRANASAL ANTROTOMY	91	1.3	0.33
8145	OTHER REPAIR THE CRUCIATE LIGAMENTS	91	1.3	0.57
8363	ROTATOR CUFF REPAIR	85	1.2	0.74
8023	ARTHROSCOPY OF WRIST	82	1.2	0.08

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		5,657	100.0	100.0
69436	TYMPANOSTOMY GENERAL ANESTHESIA	304	5.4	1.90
42820	T&A; UNDER AGE 12	263	4.6	1.36
29881	SCOPE KNEE SURG;W/MENISCECT MED/	233	4.1	1.59
29826	SCOPE SHOULDER; DECOMP SUBACROM	182	3.2	1.09
41899	UNLIST PROC DENTOALVEOL STRUCTUR	161	2.8	0.98
30140	SUBMUCOS RES TURBINATE PART/CMPL	156	2.8	0.67
30520	SEPTOPLASTY/SUBMUCOS RES W/GFT	153	2.7	0.74
29877	SCOPE KNEE SURG; DEBRID/SHAVE CA	138	2.4	1.01
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	115	2.0	0.74
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	112	2.0	0.51
20680	REMOVAL OF IMPLANT; DEEP	95	1.7	0.87
31256	NASL/SINUS ENDO SURG W/MAX ANTRO	94	1.7	0.31
29888	ARTHSCPY AIDED ACL REPR/AUG/RECO	90	1.6	0.58
28285	CORRECTION HAMMERTOE	81	1.4	0.51
31255	NASAL/SINUS ENDO; W/TOT ETHMOECT	80	1.4	0.37
29823	SCOPE SHOULDER SURGICAL; DEBRID	75	1.3	0.22
50590	LITHOTRIPSY XTRACORP SHOCK WAVE	72	1.3	0.28
42830	ADENOIDECTOMY PRIMARY; UNDER AGE	70	1.2	0.35
29880	SCOPE KNEE SURG;W/MENISCECT MED&	66	1.2	0.45
29824	SCOPE SHLDR SURG;DIST CLAVICULEC	64	1.1	0.40

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

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

AMB ST 1-3

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

145 Cache Valley Specialty Hospital

ICD-9 CODE	ICD-9 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
ICD-9 Procedures		1,411	\$2,820	\$3,166
283	TONSILLECTOMY WITH ADENOIDECTOMY	212	\$1,635	\$2,169
2349	OTHER DENTAL RESTORATION	145	\$2,982	\$2,562
282	TONSILLECTOMY WITHOUT ADENOIDECTOMY	81	\$1,924	\$2,285
8521	LOCAL EXCISION OF LESION OF BREAST	49	\$2,556	\$2,630
0443	RELEASE OF CARPAL TUNNEL	48	\$1,715	\$2,124
5123	LAPAROSCOPIC CHOLECYSTECTOMY	32	\$5,612	\$6,118
7751	BUNIONEC SOFT-OSTEOT 1ST METATARS	30	\$3,361	\$3,715
194	MYRINGOPLASTY	27	\$2,098	\$3,322
2171	CLOSED REDUCTION OF NASAL FRACTURE	26	\$1,526	\$1,953
8051	EXCISION OF INTERVERTEBRAL DISC	24	\$3,649	\$7,760
8201	EXPLORATION TENDON SHEATH HAND	22	\$2,125	\$1,942
6902	DILATION&CURET FOLLOWING DELIV/AB	21	\$1,791	\$2,491
5304	UNILAT REPR INDIRECT ING HERN-GFT	20	\$3,024	\$3,643
8221	EXCISION LESION TENDON SHEATH HAND	20	\$1,881	\$2,205
5303	UNILAT REPR DIRECT ING HERN-GFT	17	\$3,271	\$3,866
0407	OTH EXC/AVUL CRANIL&PERIPH NERV	16	\$1,923	\$2,305
7867	REMOVAL IMPL DEVICE FROM TIBIA&FIB	16	\$2,721	\$2,636
7939	OPN REDUC FX W/INT FIX-OTH BONE	16	\$6,727	\$7,496
5341	REPAIR UMBILICAL HERNIA W/PROSTH	15	\$3,523	\$4,269
7936	OPEN RDUC FX TIB&FIB W/INTRL FIX	15	\$4,432	\$6,093

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
CPT-4 Procedures		2,186	\$2,789	\$2,895
69436	TYMPANOSTOMY GENERAL ANESTHESIA	171	\$1,178	\$1,166
41899	UNLIST PROC DENTOALVEOL STRUCTUR	152	\$2,978	\$2,456
42820	T&A; UNDER AGE 12	151	\$1,586	\$2,072
29881	SCOPE KNEE SURG;W/MENISCECT MED/	88	\$3,050	\$3,914
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	73	\$1,976	\$2,330
50590	LITHOTRIPSY XTRACORP SHOCK WAVE	69	\$624	\$7,497
29848	ENDO WRST SURG REL TRNS CARP LIG	51	\$2,048	\$2,360
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	50	\$1,746	\$2,178
29877	SCOPE KNEE SURG; DEBRID/SHAVE CA	49	\$3,037	\$3,536
49505	REPR INIT ING HERNIA 5YR/MORE; R	48	\$3,131	\$3,685
42821	T&A; AGE 12 OR OVER	43	\$1,804	\$2,469
20680	REMOVAL OF IMPLANT; DEEP	38	\$2,615	\$2,816
19120	EXC BRST CYST TUMR/LES OPN M/F 1	37	\$2,246	\$2,583
29880	SCOPE KNEE SURG;W/MENISCECT MED&	35	\$3,187	\$4,214
58563	HYSTEROSC SURG; W/ENDOMETRIAL AB	32	\$4,077	\$5,400
27570	MANIP KNEE JNT UNDER GEN ANESTHE	30	\$1,438	\$2,314
29873	SCOPE KNEE SURGICAL; W/LAT RELEA	30	\$3,359	\$4,176
28296	HALLUX VALGUS; W/METATARSAL OSTE	29	\$3,327	\$3,979
69610	TYMPANIC MEMB REPR W/NO SITE PRE	28	\$1,098	\$1,622
21320	CLOS TX NASL BONE FRACTURE; W/ST	24	\$1,549	\$1,844

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

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

145 Cache Valley Specialty Hospital

Procedure APG category		TOTAL #	TOTAL # (ALL Hospitals)
Procedure APG			
01	INTEGUMENTARY SYSTEM	166	8,878
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	2	2,028
	003 COMPLEX INCISION AND DRAINAGE	5	76
	004 SIMPLE INCISION AND DRAINAGE	7	23
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	35	1,202
	008 SIMPLE EXCISION AND BIOPSY	23	1,012
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRANGE	26	1,367
	011 SIMPLE INCISION AND EXCISION OF BREAST	59	2,366
	012 BREAST RECONSTRUCTION AND MASTECTOMY	9	635
02	MUSCULOSKELETAL SYSTEM	2,453	58,082
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	261	6,410
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	51	2,231
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	86	2,131
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	480	11,532
	025 ARTHROSCOPY	1,305	25,432
	026 REPLACEMENT OF CAST	1	63
	028 CLOSED TREATMENT FX & DISLOCATION OF FINGER, TOE & TRUNK	2	54
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	7	656
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	115	4,342
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	43	470
	032 BUNION PROCEDURES	67	1,569
	033 ARTHROPLASTY	21	512
	034 HAND AND FOOT TENOTOMY	3	279
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	11	2,033
03	RESPIRATORY SYSTEM	350	7,958
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	338	5,137
	054 SIMPLE ENDOSCOPY OF THE UPPER AIRWAY	11	300
	055 ENDOSCOPY OF THE LOWER AIRWAY	1	1,865
04	CARDIOVASCULAR SYSTEM	15	25,823
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	6	746
	080 MINOR VASCULAR REPAIR AND FISTULA CONSTRUCTION	4	898
	081 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	2	181
	082 VASCULAR LIGATION	3	403
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	31	3,114
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	31	1,943
06	DIGESTIVE SYSTEM	318	105,000
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	1	5,914
	119 HERNIA AND HYDROCELE PROCEDURES	148	6,882
	120 COMPLEX ANAL AND RECTAL PROCEDURES	7	1,098
	121 SIMPLE ANAL AND RECTAL PROCEDURES	1	497
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	2	506
	123 COMPLEX LAPAROSCOPIC PROCEDURES	159	15,680
07	URINARY SYSTEM	207	7,472
	131 RENAL EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	72	848
	133 URINARY CATHETERIZATION AND DILATATION	2	380
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	88	3,513

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

145 Cache Valley Specialty Hospital

procedure APG category		TOTAL #	TOTAL # (ALL Hospitals)
procedure APG			
	135 MODERATE CYSTOURETHROSCOPY	31	1,846
	136 SIMPLE CYSTOURETHROSCOPY	1	606
	137 COMPLEX URETHRAL PROCEDURES	1	125
	138 SIMPLE URETHRAL PROCEDURES	12	153
08	MALE GENITAL SYSTEM	60	2,684
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	44	1,397
	153 COMPLEX PENILE PROCEDURES	3	413
	154 SIMPLE PENILE PROCEDURES	13	680
09	FEMALE GENITAL SYSTEM	122	6,830
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	9	1,642
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	13	1,421
	178 DILATION AND CURETTAGE	2	709
	179 HYSTEROSCOPY	94	2,718
	180 COLPOSCOPY	4	339
10	NERVOUS SYSTEM	206	26,119
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	32	19,763
	197 NEUROSTIMULATOR AND VENTRICULAR SHUNT IMPLANTATION	3	828
	198 NERVE REPAIR AND DESTRUCTION	171	4,690
11	EYE AND OCULAR ADNEXA	28	11,129
	214 CATARACT PROCEDURES	22	4,618
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	5	469
	216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	1	294
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	1,590	27,995
	233 NASAL CAUTERIZATION AND PACKING	23	323
	234 COMPLEX FACIAL AND ENT PROCEDURES	245	5,543
	235 SIMPLE FACIAL AND ENT PROCEDURES	798	13,699
	236 TONSIL AND ADENOID PROCEDURES	524	8,352

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

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

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
PROCEDURE APG CATEGORY, PROCEDURE APG, SINGLE APG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

145 Cache Valley Specialty Hospital

Procedure APG category	Procedure APG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
01	INTEGUMENTARY SYSTEM	116	\$2,624	\$3,077
	003 COMPLEX INCISION AND DRAINAGE	5	\$2,637	\$3,204
	004 SIMPLE INCISION AND DRAINAGE	4	\$1,674	\$2,900
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	18	\$2,259	\$2,981
	008 SIMPLE EXCISION AND BIOPSY	15	\$1,685	\$2,545
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRAN	16	\$3,856	\$4,359
	011 SIMPLE INCISION AND EXCISION OF BREAST	54	\$2,556	\$2,861
	012 BREAST RECONSTRUCTION AND MASTECTOMY	4	\$4,723	\$5,243
02	MUSCULOSKELETAL SYSTEM	766	\$3,330	\$4,100
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	67	\$3,701	\$6,150
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	18	\$2,062	\$3,787
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	27	\$3,706	\$4,488
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	147	\$2,132	\$2,717
	025 ARTHROSCOPY	354	\$3,532	\$4,558
	028 CLOSED TREATMENT FX & DISLOCATION OF FINGER, TOE & TRUNK	2	\$2,015	\$2,232
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	6	\$2,327	\$3,140
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	72	\$5,311	\$5,140
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	35	\$1,532	\$2,526
	032 BUNION PROCEDURES	36	\$3,734	\$3,916
	033 ARTHROPLASTY	2	\$6,892	\$6,241
03	RESPIRATORY SYSTEM	16	\$2,415	\$2,071
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	16	\$2,415	\$3,201
04	CARDIOVASCULAR SYSTEM	9	\$3,061	\$10,821
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	5	\$1,683	\$4,242
	080 MINOR VASCULAR REPAIR AND FISTULA CONSTRUCTION	4	\$4,783	\$4,911
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	16	\$2,996	\$3,660
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	16	\$2,996	\$4,713
06	DIGESTIVE SYSTEM	179	\$4,053	\$2,170
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	1	\$1,480	\$1,798
	119 HERNIA AND HYDROCELE PROCEDURES	92	\$3,125	\$3,546
	120 COMPLEX ANAL AND RECTAL PROCEDURES	7	\$2,974	\$2,846
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	2	\$3,228	\$3,109
	123 COMPLEX LAPAROSCOPIC PROCEDURES	77	\$5,315	\$6,362
07	URINARY SYSTEM	139	\$1,800	\$4,480
	131 RENAL EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	69	\$624	\$7,487
	133 URINARY CATHETERIZATION AND DILATATION	1	\$1,238	\$3,647
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	38	\$3,081	\$4,624
	135 MODERATE CYSTOURETHROSCOPY	20	\$3,303	\$3,484
	136 SIMPLE CYSTOURETHROSCOPY	1	\$4,199	\$2,335
	137 COMPLEX URETHRAL PROCEDURES	1	\$2,455	\$4,861
	138 SIMPLE URETHRAL PROCEDURES	9	\$1,791	\$1,539
08	MALE GENITAL SYSTEM	38	\$2,708	\$3,045
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	24	\$2,883	\$2,546
	153 COMPLEX PENILE PROCEDURES	3	\$3,152	\$3,147
	154 SIMPLE PENILE PROCEDURES	11	\$2,205	\$1,914

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
PROCEDURE APG CATEGORY, PROCEDURE APG, SINGLE APG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

145 Cache Valley Specialty Hospital

procedure APG category Procedure APG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
09 FEMALE GENITAL SYSTEM	47	\$3,495	\$4,082
176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	3	\$4,138	\$5,061
177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	4	\$1,942	\$3,135
178 DILATION AND CURETTAGE	1	\$1,322	\$2,371
179 HYSTEROSCOPY	39	\$3,660	\$4,610
10 NERVOUS SYSTEM	69	\$3,049	\$1,813
195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	1	\$1,022	\$1,068
197 NEUROSTIMULATOR AND VENTRICULAR SHUNT IMPLANTATION	3	\$23,564	\$22,134
198 NERVE REPAIR AND DESTRUCTION	65	\$2,133	\$2,441
11 EYE AND OCULAR ADNEXA	27	\$3,837	\$3,062
214 CATARACT PROCEDURES	21	\$4,582	\$3,046
215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	5	\$1,197	\$3,268
216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	1	\$1,374	\$2,237
12 FACIAL, EAR, NOSE, MOUTH AND THROAT	730	\$1,957	\$2,535
233 NASAL CAUTERIZATION AND PACKING	1	\$1,326	\$3,183
234 COMPLEX FACIAL AND ENT PROCEDURES	43	\$4,037	\$4,888
235 SIMPLE FACIAL AND ENT PROCEDURES	404	\$1,898	\$1,798
236 TONSIL AND ADENOID PROCEDURES	282	\$1,725	\$2,184

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

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

145 Cache Valley Specialty Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
GENDER				
Female	1,793	49.9	122,108	54.4
Male	1,803	50.1	102,236	45.6
Unknown	0	0.0	4	0.0
Not Reported	0	0.0	4	0.0
AGE				
1-28 days	0	0.0	704	0.3
29-365 days	79	2.2	2,863	1.3
1-4 years	458	12.7	11,046	4.9
5-9	264	7.3	6,088	2.7
10-14	113	3.1	4,673	2.1
15-17	160	4.4	5,017	2.2
18-19	126	3.5	3,697	1.6
20-24	234	6.5	10,637	4.7
25-29	225	6.3	12,527	5.6
30-34	196	5.5	12,120	5.4
35-39	168	4.7	12,327	5.5
40-44	225	6.3	14,081	6.3
45-49	274	7.6	17,506	7.8
50-54	268	7.5	25,054	11.2
55-59	193	5.4	20,980	9.4
60-64	145	4.0	16,994	7.6
65-69	178	4.9	14,770	6.6
70-74	116	3.2	12,538	5.6
75-79	95	2.6	10,175	4.5
80-84	56	1.6	6,704	3.0
85-89	16	0.4	2,983	1.3
90 +	6	0.2	865	0.4
Not Reported	1	0.0	707	0.3
SOURCE OF ADMISSION				
Physician Referral	17	0.5	202,212	90.1
Clinic Referral	4	0.1	553	0.2
HMO Referral	3,575	99.4	3,605	1.6
Other Hospital	0	0.0	90	0.0
Skilled Nursing Facility	0	0.0	22	0.0
Other Health Care Facility	0	0.0	25	0.0
Emergency Room	0	0.0	4,679	2.1
Court/Law Enforcement	0	0.0	0	0.0
Unknown	0	0.0	11	0.0
Not Reported	0	0.0	13,155	5.9

(Continued)

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

145 Cache Valley Specialty Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	3,596	100.0	223,834	99.8
Another Hospital	0	0.0	103	0.0
Skilled Nursing Facility	0	0.0	111	0.0
Intermediate Care Facility	0	0.0	11	0.0
Another Type of Institution	0	0.0	46	0.0
Under Care of Home Service	0	0.0	169	0.1
Left Against Medical Advice	0	0.0	16	0.0
Under Care of Home IV Provider	0	0.0	1	0.0
Expired	0	0.0	5	0.0
Unknown	0	0.0	56	0.0
Not Reported	0	0.0	0	0.0
PRIMARY PAYER				
Medicare	400	11.1	45,634	20.3
Medicaid	441	12.3	14,157	6.3
Other government	30	0.8	3,504	1.6
Blue Cross/Blue Shield	1,354	37.7	30,700	13.7
Other Commercial	398	11.1	15,100	6.7
Managed Care(HMO, PPO)	781	21.7	105,175	46.9
Self Pay	0	0.0	2,539	1.1
Industrial & Worker Comp	98	2.7	3,834	1.7
Charity and Unclassified	1	0.0	2,186	1.0
Childrens Health Insurance	0	0.0	177	0.1
Unknown	4	0.1	1,256	0.6
Not Reported	89	2.5	90	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	2,859	79.5	15,979	7.1
Central Utah	1	0.0	8,148	3.6
Davis County	34	0.9	23,241	10.4
Salt Lake County	26	0.7	76,236	34.0
Southeastern Utah	2	0.1	5,436	2.4
Southwest Utah	7	0.2	13,567	6.0
Summit County	1	0.0	3,096	1.4
Tooele County	1	0.0	4,599	2.0
Tri-County	5	0.1	5,798	2.6
Utah County	2	0.1	35,900	16.0
Wasatch County	1	0.0	1,771	0.8
Weber County	38	1.1	21,412	9.5
Unknown Utah	1	0.0	49	0.0
Outside Utah	618	17.2	8,923	4.0
Unknown, Not Reported	0	0.0	197	0.1

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

AMB ST 1-1
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

106 Castleview Hospital

	Procedures Performed		Procedures Performed-All Hospitals	
	(#)	(%)	(#)	(%)
Reporting Category(ICD-9-CM CODES)	4,814	100.0	321,711	100.0
Mastectomy (85.0-85.99)	58	1.2	7,021	2.2
Musculoskeletal (76.0-84.99)	1,273	26.4	65,753	20.4
Respiratory (30.0-34.99)	18	0.4	3,438	1.1
Cardiovascular (35.0-39.99)	26	0.5	15,180	4.7
Lymphatic/Hemetic (40.0-41.99)	20	0.4	3,088	1.0
Digestive System (42.0-54.99)	1,682	34.9	107,581	33.4
Urinary (55.0-59.99)	98	2.0	8,752	2.7
Male Genital (60.0-64.99)	55	1.1	3,460	1.1
Female Genital (65.0-71.99)	96	2.0	15,319	4.8
Endocrine/Nervous (01.0-07.99)	399	8.3	28,111	8.7
Eye (08.0-16.99)	56	1.2	19,328	6.0
Ear (18.0-20.99)	225	4.7	14,440	4.5
Nose, Mouth, Pharynx (21.0-29.99)	808	16.8	30,240	9.4
Reporting Category(CPT-4 CODES)	4,881	100.0	304,292	100.0
Mastectomy (19120-19220)	26	0.5	3,001	1.0
Musculoskeletal (20000-29909)	1,302	26.7	65,018	21.4
Respiratory (30000-32999 & 39501-39599)	543	11.1	13,975	4.6
Cardiovascular (33010-37799 & 93501-93660)	378	7.7	31,569	10.4
Lymphatic/Hemetic (38100-38999)	17	0.3	2,606	0.9
Digestive (40490-49999)	1,763	36.1	115,754	38.0
Urinary (50010-53899)	183	3.7	8,580	2.8
Male Genital (54000-55899)	51	1.0	3,059	1.0
Female Genital (56405-58999)	80	1.6	11,517	3.8
Endocrine/Nervous (60000-64999)	385	7.9	29,931	9.8
Eye (65091-68899)	29	0.6	11,422	3.8
Ear (69000-69979)	124	2.5	7,860	2.6

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics.

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

AMB ST 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES

106 Castleview Hospital

ICD-9 CODE	ICD-9 DESCRIPTION	#	%	% ALL Hospitals
All ICD-9 Procedures		4,814	100.0	100.0
4516	EGD W/CLOS BX	397	8.2	5.75
4523	COLONOSCOPY	313	6.5	7.45
0443	RELEASE OF CARPAL TUNNEL	218	4.5	1.12
4542	ENDO POLYPECTOMY LARGE INTESTINE	218	4.5	3.92
4525	CLOS [ENDO] BX LARGE INTESTINE	208	4.3	2.61
806	EXCISION SEMILUNAR CARTILAGE KNEE	179	3.7	1.86
8183	OTHER REPAIR OF SHOULDER	168	3.5	0.76
2001	MYRINGOTOMY WITH INSERTION OF TUBE	159	3.3	3.56
283	TONSILLECTOMY WITH ADENOIDECTOMY	142	2.9	1.68
2188	OTHER SEPTOPLASTY	128	2.7	0.46
5123	LAPAROSCOPIC CHOLECYSTECTOMY	120	2.5	2.01
8086	OTH LOCAL EXC/DESTRUC LES KNEE JNT	117	2.4	0.85
2169	OTHER TURBINECTOMY	104	2.2	0.76
2262	EXC LESION MAX SINUS W/OTH APPRCH	96	2.0	0.24
2162	FRACTURE OF THE TURBINATES	88	1.8	0.11
4824	CLOSED BIOPSY OF RECTUM	82	1.7	0.49
8363	ROTATOR CUFF REPAIR	76	1.6	0.74
0392	INJECTION OTH AGT INTO SPINAL CANAL	60	1.2	2.68
2263	ETHMOIDECTOMY	60	1.2	0.54
8076	SYNOVECTOMY OF KNEE	59	1.2	0.39

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		4,881	100.0	100.0
43239	UGI ENDO; W/BX 1/MX	396	8.1	5.96
36416	COLLECTON CAPILLARY BLOOD SPECIM	302	6.2	0.37
45380	COLONOSCOPY FLEX; W/BX 1/MX	283	5.8	5.63
45378	COLONOSCOPY FLEX; DX-SEP PROC	257	5.3	7.39
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	166	3.4	0.74
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	157	3.2	1.81
29881	SCOPE KNEE SURG;W/MENISCECT MED/	138	2.8	1.59
29826	SCOPE SHOULDER; DECOMP SUBACROM	136	2.8	1.09
30520	SEPTOPLASTY/SUBMUCOS RES W/GFT	126	2.6	0.74
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	114	2.3	1.32
30140	SUBMUCOS RES TURBINATE PART/CMPL	99	2.0	0.67
31267	NASL/SINUS ENDO; W/TISS REMV MAX	95	1.9	0.25
29877	SCOPE KNEE SURG; DEBRID/SHAVE CA	94	1.9	1.01
30930	FRACTURE NASL TURBINATE THERAPEU	85	1.7	0.11
69436	TYMPANOSTOMY GENERAL ANESTHESIA	80	1.6	1.90
42820	T&A; UNDER AGE 12	79	1.6	1.36
42821	T&A; AGE 12 OR OVER	64	1.3	0.37
49505	REPR INIT ING HERNIA 5YR/MORE; R	61	1.2	0.95
61795	STEREOTAC VOL-INTRA/EXTRACRAN/SP	60	1.2	0.09
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	58	1.2	1.51

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

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

AMB ST 1-3

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

106 Castlevew Hospital

ICD-9 CODE	ICD-9 DESCRIPTION	#	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
ICD-9 Procedures		2,004	\$3,740	\$3,166
4523	COLONOSCOPY	254	\$1,196	\$947
4516	EGD W/CLOS BX	227	\$1,671	\$1,301
4542	ENDO POLYPECTOMY LARGE INTESTINE	155	\$1,836	\$1,297
4525	CLOS [ENDO] BX LARGE INTESTINE	105	\$1,759	\$1,356
8183	OTHER REPAIR OF SHOULDER	98	\$8,220	\$6,622
5123	LAPAROSCOPIC CHOLECYSTECTOMY	95	\$8,787	\$6,118
0443	RELEASE OF CARPAL TUNNEL	70	\$3,200	\$2,124
283	TONSILLECTOMY WITH ADENOIDECTOMY	46	\$2,494	\$2,169
0392	INJECTION OTH AGT INTO SPINAL CANAL	44	\$565	\$751
806	EXCISION SEMILUNAR CARTILAGE KNEE	40	\$5,978	\$4,034
8363	ROTATOR CUFF REPAIR	39	\$9,536	\$8,430
8192	INJ THERAPEUTIC SBSTNC IN JNT/LIG	36	\$1,303	\$964
5732	OTHER CYSTOSCOPY	33	\$2,362	\$4,187
7902	CLO REDUC FX WO INT FIX-RADIUS-ULNA	26	\$2,949	\$2,203
4701	LAPAROSCOPIC APPENDECTOMY	25	\$10,585	\$8,144
5303	UNILAT REPR DIRECT ING HERN-GFT	22	\$4,988	\$3,866
8086	OTH LOCAL EXC/DESTRUC LES KNEE JNT	21	\$5,822	\$3,477
8511	CLOSED BIOPSY OF BREAST	19	\$1,237	\$1,405
0611	CLOSED BIOPSY OF THYROID GLAND	18	\$960	\$731
4513	OTHER ENDOSCOPY OF SMALL INTESTINE	18	\$2,331	\$1,089

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
CPT-4 Procedures		2,601	\$3,351	\$2,895
36416	COLLECTON CAPILLARY BLOOD SPECIM	291	\$76	\$148
43239	UGI ENDO; W/BX 1/MX	238	\$1,679	\$1,299
45378	COLONOSCOPY FLEX; DX-SEP PROC	211	\$1,199	\$949
45380	COLONOSCOPY FLEX; W/BX 1/MX	205	\$1,731	\$1,278
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	119	\$1,864	\$1,431
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	105	\$3,480	\$2,178
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	90	\$8,793	\$6,476
29826	SCOPE SHOULDER; DECOMP SUBACROM	63	\$7,875	\$5,503
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	58	\$618	\$982
29881	SCOPE KNEE SURG;W/MENISCECT MED/	55	\$5,963	\$3,914
49505	REPR INIT ING HERNIA 5YR/MORE; R	46	\$5,111	\$3,685
50590	LITHOTRIPSY XTRACORP SHOCK WAVE	43	\$11,347	\$7,497
69436	TYMPANOSTOMY GENERAL ANESTHESIA	36	\$1,365	\$1,166
20610	ARTHROCENTESIS ASPIR&/INJ; MAJ J	30	\$1,087	\$930
42820	T&A; UNDER AGE 12	29	\$2,464	\$2,072
44970	LAPAROSCOPY SURGICAL APPENDECTOM	26	\$10,554	\$8,116
66984	EXTRACAPSULAR CATARACT REMV IOL	26	\$2,137	\$3,042
20680	REMOVAL OF IMPLANT; DEEP	24	\$3,464	\$2,816
36430	TRANSFUSION BLOOD/BLOOD COMPONENT	23	\$1,489	\$2,312
52005	CYSTOURETHROSCOPY W/URETERAL CAT	23	\$3,157	\$3,699

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

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

106 Castlevew Hospital

Procedure APG category		TOTAL #	TOTAL # (ALL Hospitals)
Procedure APG			
01	INTEGUMENTARY SYSTEM	126	8,878
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	29	2,028
	006 SIMPLE DEBRIDEMENT AND DESTRUCTION	1	157
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	22	1,202
	008 SIMPLE EXCISION AND BIOPSY	18	1,012
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRANGE	30	1,367
	011 SIMPLE INCISION AND EXCISION OF BREAST	17	2,366
	012 BREAST RECONSTRUCTION AND MASTECTOMY	9	635
02	MUSCULOSKELETAL SYSTEM	1,211	58,082
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	148	6,410
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	49	2,231
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	12	2,131
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	169	11,532
	025 ARTHROSCOPY	644	25,432
	027 SPLINT, STRAPPING AND CAST REMOVAL	8	368
	028 CLOSED TREATMENT FX & DISLOCATION OF FINGER, TOE & TRUNK	4	54
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	36	656
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	33	4,342
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	15	470
	032 BUNION PROCEDURES	33	1,569
	033 ARTHROPLASTY	3	512
	034 HAND AND FOOT TENOTOMY	2	279
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	55	2,033
03	RESPIRATORY SYSTEM	220	7,958
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	9	656
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	208	5,137
	054 SIMPLE ENDOSCOPY OF THE UPPER AIRWAY	3	300
04	CARDIOVASCULAR SYSTEM	15	25,823
	075 PLACEMENT OF TRANSVENOUS CATHETERS	1	48
	078 PACEMAKER INSERTION AND REPLACEMENT	4	488
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	7	746
	080 MINOR VASCULAR REPAIR AND FISTULA CONSTRUCTION	2	898
	083 RESUSCITATION AND CARDIOVERSION	1	6
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	54	3,114
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	23	1,943
	097 TRANSFUSION	31	1,021
06	DIGESTIVE SYSTEM	1,548	105,000
	111 ALIMENTARY TESTS AND SIMPLE TUBE PLACEMENT	1	113
	112 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	2	1,288
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	3	649
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	7	392
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	410	22,453
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	56	5,914
	117 LOWER GASTROINTESTINAL ENDOSCOPY	721	47,953
	119 HERNIA AND HYDROCELE PROCEDURES	131	6,882
	120 COMPLEX ANAL AND RECTAL PROCEDURES	9	1,098

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

106 Castleview Hospital

procedure APG category		TOTAL #	TOTAL # (ALL Hospitals)
procedure APG			
	121 SIMPLE ANAL AND RECTAL PROCEDURES	2	497
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	6	506
	123 COMPLEX LAPAROSCOPIC PROCEDURES	197	15,680
	124 SIMPLE LAPAROSCOPIC PROCEDURES	3	170
07	URINARY SYSTEM	163	7,472
	131 RENAL EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	54	848
	133 URINARY CATHETERIZATION AND DILATATION	7	380
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	26	3,513
	135 MODERATE CYSTOURETHROSCOPY	50	1,846
	136 SIMPLE CYSTOURETHROSCOPY	24	606
	138 SIMPLE URETHRAL PROCEDURES	2	153
08	MALE GENITAL SYSTEM	47	2,684
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	14	1,397
	154 SIMPLE PENILE PROCEDURES	15	680
	155 PROSTATE NEEDLE AND PUNCH BIOPSY	18	138
09	FEMALE GENITAL SYSTEM	34	6,830
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	6	1,642
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	5	1,421
	179 HYSTEROSCOPY	22	2,718
	180 COLPOSCOPY	1	339
10	NERVOUS SYSTEM	287	26,119
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	72	19,763
	198 NERVE REPAIR AND DESTRUCTION	209	4,690
	199 SPINAL TAP	6	626
11	EYE AND OCULAR ADNEXA	29	11,129
	213 LASER EYE PROCEDURES	3	710
	214 CATARACT PROCEDURES	26	4,618
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	691	27,995
	233 NASAL CAUTERIZATION AND PACKING	2	323
	234 COMPLEX FACIAL AND ENT PROCEDURES	181	5,543
	235 SIMPLE FACIAL AND ENT PROCEDURES	336	13,699
	236 TONSIL AND ADENOID PROCEDURES	172	8,352
13	THERAPEUTIC AND OTHER RADIOLOGICAL PROCEDURES	46	3,177
	253 VASCULAR RADIOLOGY EXCEPT FOR VENOGRAPHY OF EXTREMITY	1	1,174
	254 MYELOGRAPHY	1	297
	255 MISCELLANEOUS RADIOLOGICAL PROCEDURES WITH CONTRAST	44	1,694

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

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

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
PROCEDURE APG CATEGORY, PROCEDURE APG, SINGLE APG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

106 Castleview Hospital

Procedure APG category	Procedure APG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
01	INTEGUMENTARY SYSTEM	109	\$3,235	\$3,077
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	29	\$1,420	\$2,351
	006 SIMPLE DEBRIDEMENT AND DESTRUCTION	1	\$3,467	\$2,246
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	14	\$4,319	\$2,981
	008 SIMPLE EXCISION AND BIOPSY	14	\$3,564	\$2,545
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRAN	26	\$3,439	\$4,359
	011 SIMPLE INCISION AND EXCISION OF BREAST	16	\$4,382	\$2,861
	012 BREAST RECONSTRUCTION AND MASTECTOMY	9	\$4,232	\$5,243
02	MUSCULOSKELETAL SYSTEM	469	\$6,207	\$4,100
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	55	\$9,729	\$6,150
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	20	\$5,891	\$3,787
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	7	\$8,222	\$4,488
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	63	\$3,650	\$2,717
	025 ARTHROSCOPY	209	\$7,132	\$4,558
	027 SPLINT, STRAPPING AND CAST REMOVAL	8	\$1,193	\$5,317
	028 CLOSED TREATMENT FX & DISLOCATION OF FINGER, TOE & TRUNK	3	\$3,198	\$2,232
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	30	\$3,179	\$3,140
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	26	\$8,502	\$5,140
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	1	\$2,060	\$2,526
	032 BUNION PROCEDURES	13	\$7,262	\$3,916
	033 ARTHROPLASTY	2	\$6,307	\$6,241
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	32	\$1,111	\$909
03	RESPIRATORY SYSTEM	12	\$2,119	\$2,071
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	9	\$1,358	\$1,191
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	3	\$4,400	\$3,201
04	CARDIOVASCULAR SYSTEM	6	\$7,616	\$10,821
	078 PACEMAKER INSERTION AND REPLACEMENT	2	\$13,189	\$21,180
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	3	\$3,992	\$4,242
	080 MINOR VASCULAR REPAIR AND FISTULA CONSTRUCTION	1	\$7,340	\$4,911
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	41	\$4,458	\$3,660
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	18	\$8,252	\$4,713
	097 TRANSFUSION	23	\$1,489	\$2,312
06	DIGESTIVE SYSTEM	1,059	\$2,825	\$2,170
	111 ALIMENTARY TESTS AND SIMPLE TUBE PLACEMENT	1	\$673	\$1,014
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	3	\$2,015	\$1,114
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	4	\$1,923	\$1,226
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	249	\$1,694	\$1,249
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	27	\$2,306	\$1,798
	117 LOWER GASTROINTESTINAL ENDOSCOPY	554	\$1,561	\$1,114
	119 HERNIA AND HYDROCELE PROCEDURES	70	\$5,041	\$3,546
	120 COMPLEX ANAL AND RECTAL PROCEDURES	9	\$5,319	\$2,846
	121 SIMPLE ANAL AND RECTAL PROCEDURES	2	\$5,116	\$2,218
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	3	\$2,970	\$3,109
	123 COMPLEX LAPAROSCOPIC PROCEDURES	136	\$8,848	\$6,362
	124 SIMPLE LAPAROSCOPIC PROCEDURES	1	\$4,587	\$7,898

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
PROCEDURE APG CATEGORY, PROCEDURE APG, SINGLE APG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

106 Castleview Hospital

procedure APG category	Procedure APG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
07	URINARY SYSTEM	132	\$5,568	\$4,480
	131 RENAL EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	43	\$11,347	\$7,487
	133 URINARY CATHETERIZATION AND DILATATION	7	\$1,503	\$3,647
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	19	\$4,004	\$4,624
	135 MODERATE CYSTOURETHROSCOPY	38	\$2,860	\$3,484
	136 SIMPLE CYSTOURETHROSCOPY	23	\$2,078	\$2,335
	138 SIMPLE URETHRAL PROCEDURES	2	\$2,013	\$1,539
08	MALE GENITAL SYSTEM	36	\$1,647	\$3,045
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	5	\$4,146	\$2,546
	154 SIMPLE PENILE PROCEDURES	13	\$1,601	\$1,914
	155 PROSTATE NEEDLE AND PUNCH BIOPSY	18	\$986	\$3,924
09	FEMALE GENITAL SYSTEM	26	\$5,388	\$4,082
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	6	\$6,358	\$5,061
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	5	\$4,331	\$3,135
	179 HYSTEROSCOPY	15	\$5,352	\$4,610
10	NERVOUS SYSTEM	194	\$2,484	\$1,813
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	72	\$612	\$1,068
	198 NERVE REPAIR AND DESTRUCTION	116	\$3,670	\$2,441
	199 SPINAL TAP	6	\$2,004	\$1,908
11	EYE AND OCULAR ADNEXA	29	\$1,990	\$3,062
	213 LASER EYE PROCEDURES	3	\$717	\$782
	214 CATARACT PROCEDURES	26	\$2,137	\$3,046
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	127	\$3,695	\$2,535
	233 NASAL CAUTERIZATION AND PACKING	1	\$4,045	\$3,183
	234 COMPLEX FACIAL AND ENT PROCEDURES	28	\$8,603	\$4,888
	235 SIMPLE FACIAL AND ENT PROCEDURES	45	\$2,024	\$1,798
	236 TONSIL AND ADENOID PROCEDURES	53	\$2,513	\$2,184
13	THERAPEUTIC AND OTHER RADIOLOGICAL PROCEDURES	45	\$1,484	\$3,015
	254 MYELOGRAPHY	1	\$2,713	\$3,100
	255 MISCELLANEOUS RADIOLOGICAL PROCEDURES WITH CONTRAST	44	\$1,456	\$2,175

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

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

106 Castleview Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
GENDER				
Female	1,911	53.2	122,108	54.4
Male	1,680	46.8	102,236	45.6
Unknown	0	0.0	4	0.0
Not Reported	0	0.0	4	0.0
AGE				
1-28 days	216	6.0	704	0.3
29-365 days	45	1.3	2,863	1.3
1-4 years	143	4.0	11,046	4.9
5-9	69	1.9	6,088	2.7
10-14	95	2.6	4,673	2.1
15-17	141	3.9	5,017	2.2
18-19	54	1.5	3,697	1.6
20-24	130	3.6	10,637	4.7
25-29	158	4.4	12,527	5.6
30-34	172	4.8	12,120	5.4
35-39	152	4.2	12,327	5.5
40-44	185	5.2	14,081	6.3
45-49	288	8.0	17,506	7.8
50-54	353	9.8	25,054	11.2
55-59	343	9.6	20,980	9.4
60-64	220	6.1	16,994	7.6
65-69	230	6.4	14,770	6.6
70-74	190	5.3	12,538	5.6
75-79	168	4.7	10,175	4.5
80-84	129	3.6	6,704	3.0
85-89	82	2.3	2,983	1.3
90 +	28	0.8	865	0.4
Not Reported	216	6.0	707	0.3
SOURCE OF ADMISSION				
Physician Referral	3,481	96.9	202,212	90.1
Clinic Referral	9	0.3	553	0.2
HMO Referral	0	0.0	3,605	1.6
Other Hospital	0	0.0	90	0.0
Skilled Nursing Facility	0	0.0	22	0.0
Other Health Care Facility	0	0.0	25	0.0
Emergency Room	101	2.8	4,679	2.1
Court/Law Enforcement	0	0.0	0	0.0
Unknown	0	0.0	11	0.0
Not Reported	0	0.0	13,155	5.9

(Continued)

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

106 Castleview Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	3,570	99.4	223,834	99.8
Another Hospital	4	0.1	103	0.0
Skilled Nursing Facility	5	0.1	111	0.0
Intermediate Care Facility	4	0.1	11	0.0
Another Type of Institution	1	0.0	46	0.0
Under Care of Home Service	7	0.2	169	0.1
Left Against Medical Advice	0	0.0	16	0.0
Under Care of Home IV Provider	0	0.0	1	0.0
Expired	0	0.0	5	0.0
Unknown	0	0.0	56	0.0
Not Reported	0	0.0	0	0.0
PRIMARY PAYER				
Medicare	859	23.9	45,634	20.3
Medicaid	376	10.5	14,157	6.3
Other government	8	0.2	3,504	1.6
Blue Cross/Blue Shield	791	22.0	30,700	13.7
Other Commercial	606	16.9	15,100	6.7
Managed Care(HMO, PPO)	797	22.2	105,175	46.9
Self Pay	32	0.9	2,539	1.1
Industrial & Worker Comp	90	2.5	3,834	1.7
Charity and Unclassified	0	0.0	2,186	1.0
Childrens Health Insurance	0	0.0	177	0.1
Unknown	32	0.9	1,256	0.6
Not Reported	0	0.0	90	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	0	0.0	15,979	7.1
Central Utah	27	0.8	8,148	3.6
Davis County	0	0.0	23,241	10.4
Salt Lake County	6	0.2	76,236	34.0
Southeastern Utah	3,452	96.1	5,436	2.4
Southwest Utah	9	0.3	13,567	6.0
Summit County	0	0.0	3,096	1.4
Tooele County	0	0.0	4,599	2.0
Tri-County	60	1.7	5,798	2.6
Utah County	11	0.3	35,900	16.0
Wasatch County	0	0.0	1,771	0.8
Weber County	1	0.0	21,412	9.5
Unknown Utah	0	0.0	49	0.0
Outside Utah	25	0.7	8,923	4.0
Unknown, Not Reported	0	0.0	197	0.1

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

AMB ST 1-1
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

113 Central Valley Medical Center - CAH

Reporting Category(ICD-9-CM CODES)	Procedures Performed		Procedures Performed-All Hospitals	
	(#)	(%)	(#)	(%)
Reporting Category(ICD-9-CM CODES)	102	100.0	321,711	100.0
Mastectomy (85.0-85.99)	0	0.0	7,021	2.2
Musculoskeletal (76.0-84.99)	39	38.2	65,753	20.4
Respiratory (30.0-34.99)	0	0.0	3,438	1.1
Cardiovascular (35.0-39.99)	0	0.0	15,180	4.7
Lymphatic/Hemetic (40.0-41.99)	1	1.0	3,088	1.0
Digestive System (42.0-54.99)	20	19.6	107,581	33.4
Urinary (55.0-59.99)	1	1.0	8,752	2.7
Male Genital (60.0-64.99)	0	0.0	3,460	1.1
Female Genital (65.0-71.99)	14	13.7	15,319	4.8
Endocrine/Nervous (01.0-07.99)	0	0.0	28,111	8.7
Eye (08.0-16.99)	0	0.0	19,328	6.0
Ear (18.0-20.99)	20	19.6	14,440	4.5
Nose, Mouth, Pharynx (21.0-29.99)	7	6.9	30,240	9.4
Reporting Category(CPT-4 CODES)	990	100.0	304,292	100.0
Mastectomy (19120-19220)	6	0.6	3,001	1.0
Musculoskeletal (20000-29909)	128	12.9	65,018	21.4
Respiratory (30000-32999 & 39501-39599)	4	0.4	13,975	4.6
Cardiovascular (33010-37799 & 93501-93660)	3	0.3	31,569	10.4
Lymphatic/Hemetic (38100-38999)	1	0.1	2,606	0.9
Digestive (40490-49999)	687	69.4	115,754	38.0
Urinary (50010-53899)	19	1.9	8,580	2.8
Male Genital (54000-55899)	4	0.4	3,059	1.0
Female Genital (56405-58999)	81	8.2	11,517	3.8
Endocrine/Nervous (60000-64999)	24	2.4	29,931	9.8
Eye (65091-68899)	0	0.0	11,422	3.8
Ear (69000-69979)	33	3.3	7,860	2.6

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics.

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

AMB ST 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES

113 Central Valley Medical Center - CAH

ICD-9 CODE	ICD-9 DESCRIPTION	#	%	% ALL Hospitals
All ICD-9 Procedures				
2001	MYRINGOTOMY WITH INSERTION OF TUBE	20	19.6	3.56
5123	LAPAROSCOPIC CHOLECYSTECTOMY	6	5.9	2.01
282	TONSILLECTOMY WITHOUT ADENOIDECTOMY	5	4.9	0.62
443	GASTROENTROST WITHOUT GASTRECTOMY	4	3.9	0.00
7756	REPAIR OF HAMMER TOE	4	3.9	0.31
8339	EXCISION LESION OTHER SOFT TISSUE	4	3.9	0.28
7768	LOCAL EXC LESION/TISSUE TARSALS&MTS	3	2.9	0.21
283	TONSILLECTOMY WITH ADENOIDECTOMY	2	2.0	1.68
5424	CLOSED BIOPSY INTRA-ABDOMINAL MASS	2	2.0	0.04
5451	LAPAROSCOPIC LYSIS PERITONEAL ADHES	2	2.0	0.25
6812	HYSTEROSCOPY	2	2.0	0.30
6902	DILATION&CURET FOLLOWING DELIV/AB	2	2.0	0.24
6909	OTHER DILATION&CURETTAGE OF UTERUS	2	2.0	0.47
7788	OTH PARTIAL OSTECTOMY TARSALS&MTS	2	2.0	0.11
8048	DIV JNT CAP LIGAMENT/CART FOOT&TOE	2	2.0	0.04
8201	EXPLORATION TENDON SHEATH HAND	2	2.0	0.38
8221	EXCISION LESION TENDON SHEATH HAND	2	2.0	0.26
8313	OTHER TENOTOMY	2	2.0	0.11
407	407	1	1.0	0.00
4999	OTHER OPERATIONS ON ANUS	1	1.0	0.00

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures				
45378	COLONOSCOPY FLEX; DX-SEP PROC	271	27.4	7.39
43235	UGI ENDO; DX W/VO CLCT SPECMN-SP	166	16.8	1.32
44100	BX INTESTINE CAPSULE TUBE PERORA	89	9.0	0.03
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	37	3.7	1.32
69436	TYMPANOSTOMY GENERAL ANESTHESIA	29	2.9	1.90
49505	REPR INIT ING HERNIA 5YR/MORE; R	21	2.1	0.95
28285	CORRECTION HAMMERTOE	20	2.0	0.51
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	20	2.0	0.74
58563	HYSTEROSC SURG; W/ENDOMETRIAL AB	18	1.8	0.47
28270	CAPSULOT; MTP JNT EA JT SEP PROC	14	1.4	0.06
42820	T&A; UNDER AGE 12	11	1.1	1.36
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	10	1.0	0.51
28298	HALLUX VALGUS; PHALANX OSTEOATOMY	9	0.9	0.03
58558	HYSTEROSCPY SURG; W/BX &/ POLYPE	9	0.9	0.33
28296	HALLUX VALGUS; W/METATARSAL OSTE	8	0.8	0.25
42825	TONSILLECT PRIM/SEC; UNDER AGE 1	8	0.8	0.12
43239	UGI ENDO; W/BX 1/MX	8	0.8	5.96
49320	LAP-ABD DX-W/VO SPECMN-SEP PROC	8	0.8	0.22
58670	LAPARSCPY SURGICAL; W/FULG OVIDU	8	0.8	0.18
58661	LAP SURG; W/REMV ADNEXAL STRUCT	7	0.7	0.19

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

AMB ST 1-3

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

113 Central Valley Medical Center - CAH

ICD-9 CODE	ICD-9 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
ICD-9 Procedures		35	\$3,623	\$3,166
5123	LAPAROSCOPIC CHOLECYSTECTOMY	6	\$5,777	\$6,118
282	TONSILLECTOMY WITHOUT ADENOIDECTOMY	5	\$2,353	\$2,285
2001	MYRINGOTOMY WITH INSERTION OF TUBE	4	\$1,470	\$1,466
443	GASTROENTROST WITHOUT GASTRECTOMY	3	\$1,502	\$1,502
283	TONSILLECTOMY WITH ADENOIDECTOMY	2	\$2,051	\$2,169
5424	CLOSED BIOPSY INTRA-ABDOMINAL MASS	2	\$5,058	\$3,144
6902	DILATION&CURET FOLLOWING DELIV/AB	2	\$2,709	\$2,491
4999	OTHER OPERATIONS ON ANUS	1	\$3,058	\$3,058
5302	UNILAT REPAIR INDIRECT ING HERNIA	1	\$2,173	\$2,929
5369	REPR OTH HERN ANT ABD WALL W/PROSTH	1	\$10,969	\$6,370
5749	OTH TRANSURETH EXC/DEST LES BLADDER	1	\$2,797	\$3,731
6662	SALPINGECTOMY W/REMOVAL TUBAL PG	1	\$6,262	\$6,734
7768	LOCAL EXC LESION/TISSUE TARSALES&MTS	1	\$15,319	\$3,599
8201	EXPLORATION TENDON SHEATH HAND	1	\$1,310	\$1,942
8221	EXCISION LESION TENDON SHEATH HAND	1	\$1,687	\$2,205
8235	OTHER FASCIECTOMY OF HAND	1	\$1,895	\$3,295
8339	EXCISION LESION OTHER SOFT TISSUE	1	\$1,860	\$2,877
8411	AMPUTATION OF TOE	1	\$3,037	\$2,835

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
CPT-4 Procedures		462	\$2,359	\$2,895
45378	COLONOSCOPY FLEX; DX-SEP PROC	143	\$1,127	\$949
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	89	\$1,298	\$1,036
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	30	\$5,841	\$6,476
69436	TYMPANOSTOMY GENERAL ANESTHESIA	26	\$1,603	\$1,166
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	19	\$1,668	\$2,178
49505	REPR INIT ING HERNIA 5YR/MORE; R	17	\$4,052	\$3,685
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	10	\$2,806	\$2,330
42820	T&A; UNDER AGE 12	9	\$2,445	\$2,072
58563	HYSTEROSC SURG; W/ENDOMETRIAL AB	9	\$5,741	\$5,400
42825	TONSILLECT PRIM/SEC; UNDER AGE 1	8	\$2,335	\$2,074
43280	LAP SURG-ESOPHAGOGASTRIC FUNDOPL	5	\$7,365	\$9,327
49320	LAP-ABD DX-W/WO SPECMN-SEP PROC	5	\$4,575	\$4,067
19125	EXC BRST LES ID RAD MARKR OPN;1	4	\$2,493	\$3,410
58558	HYSTEROSCPY SURG; W/BX &/ POLYPE	4	\$3,880	\$3,299
20680	REMOVAL OF IMPLANT; DEEP	2	\$4,066	\$2,816
27327	EXC TUMOR THIGH/KNEE AREA; SUBQ	2	\$2,477	\$3,859
28119	OSTEC CALCAN; SPUR W/WO PLANTAR	2	\$2,088	\$2,096
28124	PARTIAL EXCISION BONE; PHALANX T	2	\$2,251	\$2,494
28298	HALLUX VALGUS; PHALANX OSTEOTOMY	2	\$3,658	\$2,929
31720	CATHETER ASPIR; NASOTRACH SEP PR	2	\$385	\$591

SOURCE: Utah Ambulatory Surgery Database

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

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

113 Central Valley Medical Center - CAH

Procedure APG category		TOTAL #	TOTAL # (ALL Hospitals)
Procedure APG			
01	INTEGUMENTARY SYSTEM	15	8,878
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	1	2,028
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	4	1,202
	008 SIMPLE EXCISION AND BIOPSY	3	1,012
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRANGE	1	1,367
	011 SIMPLE INCISION AND EXCISION OF BREAST	5	2,366
	012 BREAST RECONSTRUCTION AND MASTECTOMY	1	635
02	MUSCULOSKELETAL SYSTEM	120	58,082
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	5	6,410
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	2	2,231
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	9	2,131
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	70	11,532
	025 ARTHROSCOPY	2	25,432
	026 REPLACEMENT OF CAST	1	63
	027 SPLINT, STRAPPING AND CAST REMOVAL	1	368
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	4	4,342
	032 BUNION PROCEDURES	18	1,569
	033 ARTHROPLASTY	1	512
	034 HAND AND FOOT TENOTOMY	4	279
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	3	2,033
03	RESPIRATORY SYSTEM	2	7,958
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	2	656
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	2	3,114
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	2	1,943
06	DIGESTIVE SYSTEM	673	105,000
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	263	22,453
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	3	5,914
	117 LOWER GASTROINTESTINAL ENDOSCOPY	275	47,953
	119 HERNIA AND HYDROCELE PROCEDURES	39	6,882
	120 COMPLEX ANAL AND RECTAL PROCEDURES	1	1,098
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	2	506
	123 COMPLEX LAPAROSCOPIC PROCEDURES	90	15,680
07	URINARY SYSTEM	19	7,472
	133 URINARY CATHETERIZATION AND DILATATION	1	380
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	2	3,513
	135 MODERATE CYSTOURETHROSCOPY	9	1,846
	136 SIMPLE CYSTOURETHROSCOPY	7	606
08	MALE GENITAL SYSTEM	4	2,684
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	2	1,397
	154 SIMPLE PENILE PROCEDURES	1	680
	155 PROSTATE NEEDLE AND PUNCH BIOPSY	1	138
09	FEMALE GENITAL SYSTEM	48	6,830
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	3	1,642
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	4	1,421
	178 DILATION AND CURETTAGE	2	709
	179 HYSTEROSCOPY	33	2,718

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

113 Central Valley Medical Center - CAH

procedure APG category		TOTAL #	TOTAL # (ALL Hospitals)
procedure APG			
	180 COLPOSCOPY	6	339
10	NERVOUS SYSTEM	23	26,119
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	1	19,763
	198 NERVE REPAIR AND DESTRUCTION	22	4,690
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	69	27,995
	234 COMPLEX FACIAL AND ENT PROCEDURES	4	5,543
	235 SIMPLE FACIAL AND ENT PROCEDURES	33	13,699
	236 TONSIL AND ADENOID PROCEDURES	32	8,352
14	PHYSICAL MEDICINE AND REHABILITATION	1	3
	272 PHYSICAL THERAPY	1	3

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

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

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
PROCEDURE APG CATEGORY, PROCEDURE APG, SINGLE APG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

113 Central Valley Medical Center - CAH

Procedure APG category	Procedure APG	TOTAL #	AVE TOT CHR	AVE TOT CHRG(ALL Hospitals)
01	INTEGUMENTARY SYSTEM	13	\$2,538	\$3,077
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	3	\$1,891	\$2,981
	008 SIMPLE EXCISION AND BIOPSY	3	\$2,221	\$2,545
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRAN	1	\$2,302	\$4,359
	011 SIMPLE INCISION AND EXCISION OF BREAST	5	\$2,528	\$2,861
	012 BREAST RECONSTRUCTION AND MASTECTOMY	1	\$5,718	\$5,243
02	MUSCULOSKELETAL SYSTEM	23	\$3,029	\$4,100
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	3	\$2,446	\$4,488
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	14	\$2,451	\$2,717
	027 SPLINT, STRAPPING AND CAST REMOVAL	1	\$4,074	\$5,317
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	2	\$4,296	\$5,140
	032 BUNION PROCEDURES	3	\$5,114	\$3,916
03	RESPIRATORY SYSTEM	2	\$385	\$2,071
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	2	\$385	\$1,191
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	2	\$4,626	\$3,660
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	2	\$4,626	\$4,713
06	DIGESTIVE SYSTEM	308	\$2,216	\$2,170
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	89	\$1,298	\$1,249
	117 LOWER GASTROINTESTINAL ENDOSCOPY	143	\$1,127	\$1,114
	119 HERNIA AND HYDROCELE PROCEDURES	23	\$4,346	\$3,546
	120 COMPLEX ANAL AND RECTAL PROCEDURES	1	\$5,163	\$2,846
	123 COMPLEX LAPAROSCOPIC PROCEDURES	52	\$5,782	\$6,362
07	URINARY SYSTEM	9	\$2,216	\$4,480
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	1	\$2,797	\$4,624
	135 MODERATE CYSTOURETHROSCOPY	4	\$1,946	\$3,484
	136 SIMPLE CYSTOURETHROSCOPY	4	\$2,341	\$2,335
08	MALE GENITAL SYSTEM	2	\$2,824	\$3,045
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	1	\$3,506	\$2,546
	154 SIMPLE PENILE PROCEDURES	1	\$2,142	\$1,914
09	FEMALE GENITAL SYSTEM	19	\$4,817	\$4,082
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	2	\$5,008	\$5,061
	178 DILATION AND CURETTAGE	1	\$2,477	\$2,371
	179 HYSTEROSCOPY	15	\$5,119	\$4,610
	180 COLPOSCOPY	1	\$2,241	\$3,422
10	NERVOUS SYSTEM	20	\$1,744	\$1,813
	198 NERVE REPAIR AND DESTRUCTION	20	\$1,744	\$2,441
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	60	\$2,179	\$2,535
	234 COMPLEX FACIAL AND ENT PROCEDURES	2	\$4,846	\$4,888
	235 SIMPLE FACIAL AND ENT PROCEDURES	28	\$1,598	\$1,798
	236 TONSIL AND ADENOID PROCEDURES	30	\$2,543	\$2,184

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

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

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

113 Central Valley Medical Center - CAH

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
GENDER				
Female	406	58.2	122,108	54.4
Male	290	41.6	102,236	45.6
Unknown	1	0.1	4	0.0
Not Reported	0	0.0	4	0.0
AGE				
1-28 days	0	0.0	704	0.3
29-365 days	13	1.9	2,863	1.3
1-4 years	24	3.4	11,046	4.9
5-9	15	2.2	6,088	2.7
10-14	18	2.6	4,673	2.1
15-17	23	3.3	5,017	2.2
18-19	11	1.6	3,697	1.6
20-24	25	3.6	10,637	4.7
25-29	29	4.2	12,527	5.6
30-34	30	4.3	12,120	5.4
35-39	44	6.3	12,327	5.5
40-44	35	5.0	14,081	6.3
45-49	52	7.5	17,506	7.8
50-54	73	10.5	25,054	11.2
55-59	68	9.8	20,980	9.4
60-64	50	7.2	16,994	7.6
65-69	79	11.3	14,770	6.6
70-74	45	6.5	12,538	5.6
75-79	29	4.2	10,175	4.5
80-84	20	2.9	6,704	3.0
85-89	12	1.7	2,983	1.3
90 +	2	0.3	865	0.4
Not Reported	0	0.0	707	0.3
SOURCE OF ADMISSION				
Physician Referral	697	100.0	202,212	90.1
Clinic Referral	0	0.0	553	0.2
HMO Referral	0	0.0	3,605	1.6
Other Hospital	0	0.0	90	0.0
Skilled Nursing Facility	0	0.0	22	0.0
Other Health Care Facility	0	0.0	25	0.0
Emergency Room	0	0.0	4,679	2.1
Court/Law Enforcement	0	0.0	0	0.0
Unknown	0	0.0	11	0.0
Not Reported	0	0.0	13,155	5.9

(Continued)

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

113 Central Valley Medical Center - CAH

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	690	99.0	223,834	99.8
Another Hospital	1	0.1	103	0.0
Skilled Nursing Facility	3	0.4	111	0.0
Intermediate Care Facility	0	0.0	11	0.0
Another Type of Institution	1	0.1	46	0.0
Under Care of Home Service	2	0.3	169	0.1
Left Against Medical Advice	0	0.0	16	0.0
Under Care of Home IV Provider	0	0.0	1	0.0
Expired	0	0.0	5	0.0
Unknown	0	0.0	56	0.0
Not Reported	0	0.0	0	0.0
PRIMARY PAYER				
Medicare	171	24.5	45,634	20.3
Medicaid	58	8.3	14,157	6.3
Other government	9	1.3	3,504	1.6
Blue Cross/Blue Shield	169	24.2	30,700	13.7
Other Commercial	68	9.8	15,100	6.7
Managed Care(HMO, PPO)	217	31.1	105,175	46.9
Self Pay	0	0.0	2,539	1.1
Industrial & Worker Comp	5	0.7	3,834	1.7
Charity and Unclassified	0	0.0	2,186	1.0
Childrens Health Insurance	0	0.0	177	0.1
Unknown	0	0.0	1,256	0.6
Not Reported	0	0.0	90	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	0	0.0	15,979	7.1
Central Utah	647	92.8	8,148	3.6
Davis County	0	0.0	23,241	10.4
Salt Lake County	2	0.3	76,236	34.0
Southeastern Utah	0	0.0	5,436	2.4
Southwest Utah	2	0.3	13,567	6.0
Summit County	0	0.0	3,096	1.4
Tooele County	4	0.6	4,599	2.0
Tri-County	1	0.1	5,798	2.6
Utah County	35	5.0	35,900	16.0
Wasatch County	0	0.0	1,771	0.8
Weber County	0	0.0	21,412	9.5
Unknown Utah	1	0.1	49	0.0
Outside Utah	5	0.7	8,923	4.0
Unknown, Not Reported	0	0.0	197	0.1

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

AMB ST 1-1
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

119 Cottonwood Hospital Medical Center

	Procedures Performed		Procedures Performed-All Hospitals	
	(#)	(%)	(#)	(%)
Reporting Category(ICD-9-CM CODES)	26,094	100.0	321,711	100.0
Mastectomy (85.0-85.99)	663	2.5	7,021	2.2
Musculoskeletal (76.0-84.99)	2,622	10.0	65,753	20.4
Respiratory (30.0-34.99)	145	0.6	3,438	1.1
Cardiovascular (35.0-39.99)	468	1.8	15,180	4.7
Lymphatic/Hemetic (40.0-41.99)	270	1.0	3,088	1.0
Digestive System (42.0-54.99)	12,308	47.2	107,581	33.4
Urinary (55.0-59.99)	410	1.6	8,752	2.7
Male Genital (60.0-64.99)	194	0.7	3,460	1.1
Female Genital (65.0-71.99)	1,699	6.5	15,319	4.8
Endocrine/Nervous (01.0-07.99)	812	3.1	28,111	8.7
Eye (08.0-16.99)	3,148	12.1	19,328	6.0
Ear (18.0-20.99)	907	3.5	14,440	4.5
Nose, Mouth, Pharynx (21.0-29.99)	2,448	9.4	30,240	9.4
Reporting Category(CPT-4 CODES)	23,961	100.0	304,292	100.0
Mastectomy (19120-19220)	360	1.5	3,001	1.0
Musculoskeletal (20000-29909)	2,724	11.4	65,018	21.4
Respiratory (30000-32999 & 39501-39599)	1,581	6.6	13,975	4.6
Cardiovascular (33010-37799 & 93501-93660)	1,339	5.6	31,569	10.4
Lymphatic/Hemetic (38100-38999)	236	1.0	2,606	0.9
Digestive (40490-49999)	12,871	53.7	115,754	38.0
Urinary (50010-53899)	349	1.5	8,580	2.8
Male Genital (54000-55899)	178	0.7	3,059	1.0
Female Genital (56405-58999)	1,260	5.3	11,517	3.8
Endocrine/Nervous (60000-64999)	843	3.5	29,931	9.8
Eye (65091-68899)	1,716	7.2	11,422	3.8
Ear (69000-69979)	504	2.1	7,860	2.6

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics.

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

AMB ST 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES

119 Cottonwood Hospital Medical Center

ICD-9 CODE	ICD-9 DESCRIPTION	#	%	% ALL Hospitals
All ICD-9 Procedures		26,094	100.0	100.0
4523	COLONOSCOPY	2,882	11.0	7.45
4516	EGD W/CLOS BX	2,288	8.8	5.75
4542	ENDO POLYPECTOMY LARGE INTESTINE	1,833	7.0	3.92
1371	INSRT IOL-CATARACT EXTRACT-1 STAGE	1,369	5.2	1.37
1341	PHACOEMULSIFICATION&ASPIR CATARACT	1,367	5.2	1.38
4525	CLOS [ENDO] BX LARGE INTESTINE	915	3.5	2.61
2001	MYRINGOTOMY WITH INSERTION OF TUBE	713	2.7	3.56
5123	LAPAROSCOPIC CHOLECYSTECTOMY	688	2.6	2.01
4836	[ENDOSCOPIC] POLYPECTOMY OF RECTUM	631	2.4	1.10
4292	DILATION OF ESOPHAGUS	469	1.8	1.54
283	TONSILLECTOMY WITH ADENOIDECTOMY	365	1.4	1.68
2169	OTHER TURBINECTOMY	352	1.3	0.76
8521	LOCAL EXCISION OF LESION OF BREAST	325	1.2	0.85
4513	OTHER ENDOSCOPY OF SMALL INTESTINE	284	1.1	1.88
282	TONSILLECTOMY WITHOUT ADENOIDECTOMY	270	1.0	0.62
2188	OTHER SEPTOPLASTY	264	1.0	0.46
6823	ENDOMETRIAL ABLATION	248	1.0	0.62
6952	ASPIRATION CURET FOLLOWING DELIV/AB	203	0.8	0.47
6909	OTHER DILATION&CURETTAGE OF UTERUS	199	0.8	0.47
806	EXCISION SEMILUNAR CARTILAGE KNEE	199	0.8	1.86

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		23,961	100.0	100.0
45380	COLONOSCOPY FLEX; W/BX 1/MX	2,691	11.2	5.63
45378	COLONOSCOPY FLEX; DX-SEP PROC	2,666	11.1	7.39
43239	UGI ENDO; W/BX 1/MX	2,287	9.5	5.96
66984	EXTRACAPSULAR CATARACT REMV IOL	1,331	5.6	1.42
47562	LAPAROSCOPY SURGICAL; CHOLECT	639	2.7	0.77
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	542	2.3	1.81
69436	TYMPANOSTOMY GENERAL ANESTHESIA	374	1.6	1.90
30140	SUBMUCOS RES TURBINATE PART/CMPL	357	1.5	0.67
49505	REPR INIT ING HERNIA 5YR/MORE; R	327	1.4	0.95
30520	SEPTOPLASTY/SUBMUCOS RES W/GFT	313	1.3	0.74
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	295	1.2	1.05
42820	T&A; UNDER AGE 12	268	1.1	1.36
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	230	1.0	0.51
93545	INJ PROC-CATH; SELECT CORONRY AN	226	0.9	1.15
93543	INJ PROC-CATH; LT VENT/ATRIAL AN	224	0.9	1.08
93555	IMAG SUPERVS I&R-CATH; VENT/ATRI	219	0.9	0.93
58662	LAP SURG; W/FULG/EXCIS LES-OVARY	215	0.9	0.50
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	209	0.9	1.32
93556	IMAG SUPERVS I&R-CATH; PULM ANGI	207	0.9	0.98
44970	LAPAROSCOPY SURGICAL APPENDECTOM	183	0.8	0.61

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

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

AMB ST 1-3

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

119 Cottonwood Hospital Medical Center

ICD-9 CODE	ICD-9 DESCRIPTION	#	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
ICD-9 Procedures		12,236	\$1,901	\$3,166
4523	COLONOSCOPY	2,575	\$641	\$947
4516	EGD W/CLOS BX	1,244	\$908	\$1,301
4542	ENDO POLYPECTOMY LARGE INTESTINE	1,229	\$906	\$1,297
5123	LAPAROSCOPIC CHOLECYSTECTOMY	635	\$4,036	\$6,118
4525	CLOS [ENDO] BX LARGE INTESTINE	504	\$943	\$1,356
283	TONSILLECTOMY WITH ADENOIDECTOMY	317	\$1,318	\$2,169
4836	[ENDOSCOPIC] POLYPECTOMY OF RECTUM	291	\$844	\$1,228
8521	LOCAL EXCISION OF LESION OF BREAST	235	\$1,886	\$2,630
282	TONSILLECTOMY WITHOUT ADENOIDECTOMY	213	\$1,390	\$2,285
6952	ASPIRATION CURET FOLLOWING DELIV/AB	198	\$1,788	\$2,456
3722	LEFT HEART CARDIAC CATHETERIZATION	189	\$4,652	\$6,307
4513	OTHER ENDOSCOPY OF SMALL INTESTINE	169	\$830	\$1,089
4701	LAPAROSCOPIC APPENDECTOMY	161	\$6,883	\$8,144
6823	ENDOMETRIAL ABLATION	156	\$4,063	\$5,036
5011	CLOSED BIOPSY OF LIVER	138	\$2,025	\$2,288
5304	UNILAT REPR INDIRECT ING HERN-GFT	135	\$2,432	\$3,643
3723	COMBINED RIGHT&LEFT HEART CARD CATH	130	\$4,918	\$6,831
4131	BIOPSY OF BONE MARROW	124	\$4,302	\$3,459
6629	OTH BIL ENDO DESTRUC FALLOP TUBES	95	\$2,341	\$3,774
6909	OTHER DILATION&CURETTAGE OF UTERUS	93	\$1,988	\$2,634

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
CPT-4 Procedures		13,397	\$1,872	\$2,895
45378	COLONOSCOPY FLEX; DX-SEP PROC	2,378	\$640	\$949
45380	COLONOSCOPY FLEX; W/BX 1/MX	2,003	\$893	\$1,278
66984	EXTRACAPSULAR CATARACT REMV IOL	1,289	\$2,793	\$3,042
43239	UGI ENDO; W/BX 1/MX	1,225	\$903	\$1,299
47562	LAPAROSCOPY SURGICAL; CHOLECT	593	\$4,002	\$5,595
69436	TYMPANOSTOMY GENERAL ANESTHESIA	264	\$772	\$1,166
49505	REPR INIT ING HERNIA 5YR/MORE; R	243	\$2,330	\$3,685
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	230	\$965	\$1,431
42820	T&A; UNDER AGE 12	227	\$1,239	\$2,072
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	189	\$1,413	\$2,330
44970	LAPAROSCOPY SURGICAL APPENDECTOM	155	\$6,826	\$8,116
19120	EXC BRST CYST TUMR/LES OPN M/F 1	151	\$1,602	\$2,583
43235	UGI ENDO; DX W/VO CLCT SPECMN-SP	139	\$724	\$1,036
G0121	COLOREC CNCR SCR;COLNSCPY NO HI	117	\$636	\$756
47000	BIOPSY LIVER NEEDLE; PERCUTANEOU	112	\$1,984	\$2,166
38221	BONE MARROW; BIOPSY NEEDLE/TROCA	102	\$4,290	\$2,954
19125	EXC BRST LES ID RAD MARKR OPN;1	94	\$2,444	\$3,410
58662	LAP SURG; W/FULG/EXCIS LES-OVARY	93	\$3,366	\$4,792
58563	HYSTEROSC SURG; W/ENDOMETRIAL AB	88	\$4,206	\$5,400
42821	T&A; AGE 12 OR OVER	86	\$1,525	\$2,469

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

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

119 Cottonwood Hospital Medical Center

Procedure APG category		TOTAL #	TOTAL # (ALL Hospitals)
Procedure APG			
01	INTEGUMENTARY SYSTEM	875	8,878
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	273	2,028
	003 COMPLEX INCISION AND DRAINAGE	5	76
	004 SIMPLE INCISION AND DRAINAGE	1	23
	006 SIMPLE DEBRIDEMENT AND DESTRUCTION	29	157
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	87	1,202
	008 SIMPLE EXCISION AND BIOPSY	75	1,012
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRANGE	45	1,367
	011 SIMPLE INCISION AND EXCISION OF BREAST	308	2,366
	012 BREAST RECONSTRUCTION AND MASTECTOMY	52	635
02	MUSCULOSKELETAL SYSTEM	2,277	58,082
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	190	6,410
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	84	2,231
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	104	2,131
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	790	11,532
	025 ARTHROSCOPY	684	25,432
	027 SPLINT, STRAPPING AND CAST REMOVAL	1	368
	028 CLOSED TREATMENT FX & DISLOCATION OF FINGER, TOE & TRUNK	1	54
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	18	656
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	177	4,342
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	7	470
	032 BUNION PROCEDURES	182	1,569
	033 ARTHROPLASTY	12	512
	034 HAND AND FOOT TENOTOMY	18	279
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	9	2,033
03	RESPIRATORY SYSTEM	721	7,958
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	7	656
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	633	5,137
	054 SIMPLE ENDOSCOPY OF THE UPPER AIRWAY	6	300
	055 ENDOSCOPY OF THE LOWER AIRWAY	75	1,865
04	CARDIOVASCULAR SYSTEM	1,317	25,823
	075 PLACEMENT OF TRANSVENOUS CATHETERS	2	48
	076 DIAGNOSTIC CARDIAC CATHETERIZATION	1,190	18,184
	077 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	12	1,922
	078 PACEMAKER INSERTION AND REPLACEMENT	50	488
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	35	746
	080 MINOR VASCULAR REPAIR AND FISTULA CONSTRUCTION	10	898
	081 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	11	181
	082 VASCULAR LIGATION	7	403
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	182	3,114
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	182	1,943
06	DIGESTIVE SYSTEM	12,260	105,000
	112 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	137	1,288
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	76	649
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	52	392
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	2,503	22,453

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

119 Cottonwood Hospital Medical Center

procedure APG category		TOTAL #	TOTAL # (ALL Hospitals)
procedure APG			
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	518	5,914
	117 LOWER GASTROINTESTINAL ENDOSCOPY	6,195	47,953
	118 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	157	1,561
	119 HERNIA AND HYDROCELE PROCEDURES	685	6,882
	120 COMPLEX ANAL AND RECTAL PROCEDURES	213	1,098
	121 SIMPLE ANAL AND RECTAL PROCEDURES	68	497
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	46	506
	123 COMPLEX LAPAROSCOPIC PROCEDURES	1,603	15,680
	124 SIMPLE LAPAROSCOPIC PROCEDURES	7	170
07	URINARY SYSTEM	313	7,472
	131 RENAL EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	5	848
	133 URINARY CATHETERIZATION AND DILATATION	11	380
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	158	3,513
	135 MODERATE CYSTOURETHROSCOPY	94	1,846
	136 SIMPLE CYSTOURETHROSCOPY	36	606
	137 COMPLEX URETHRAL PROCEDURES	7	125
	138 SIMPLE URETHRAL PROCEDURES	2	153
08	MALE GENITAL SYSTEM	184	2,684
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	134	1,397
	152 INSERTION OF PENILE PROSTHESIS	27	56
	153 COMPLEX PENILE PROCEDURES	5	413
	154 SIMPLE PENILE PROCEDURES	17	680
	155 PROSTATE NEEDLE AND PUNCH BIOPSY	1	138
09	FEMALE GENITAL SYSTEM	755	6,830
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	117	1,642
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	149	1,421
	178 DILATION AND CURETTAGE	101	709
	179 HYSTEROSCOPY	293	2,718
	180 COLPOSCOPY	95	339
10	NERVOUS SYSTEM	612	26,119
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	316	19,763
	196 REVISION AND REMOVAL OF NEUROLOGICAL DEVICE	9	212
	197 NEUROSTIMULATOR AND VENTRICULAR SHUNT IMPLANTATION	15	828
	198 NERVE REPAIR AND DESTRUCTION	271	4,690
	199 SPINAL TAP	1	626
11	EYE AND OCULAR ADNEXA	1,712	11,129
	211 MINOR OPHTHALMOLOGICAL TESTS AND PROCEDURES	2	23
	213 LASER EYE PROCEDURES	2	710
	214 CATARACT PROCEDURES	1,397	4,618
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	75	469
	216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	38	294
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	45	238
	218 COMPLEX POSTERIOR SEGMENT EYE PROCEDURES	2	374
	219 SIMPLE POSTERIOR SEGMENT EYE PROCEDURES	1	436
	220 STRABISMUS AND MUSCLE EYE PROCEDURES	94	843
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	23	881

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

119 Cottonwood Hospital Medical Center

procedure APG category	procedure APG	TOTAL #	TOTAL # (ALL Hospitals)
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	17	556
	223 VITRECTOMY	16	1,687
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	2,355	27,995
	233 NASAL CAUTERIZATION AND PACKING	34	323
	234 COMPLEX FACIAL AND ENT PROCEDURES	643	5,543
	235 SIMPLE FACIAL AND ENT PROCEDURES	958	13,699
	236 TONSIL AND ADENOID PROCEDURES	720	8,352
13	THERAPEUTIC AND OTHER RADIOLOGICAL PROCEDURES	27	3,177
	253 VASCULAR RADIOLOGY EXCEPT FOR VENOGRAPHY OF EXTREMITY	14	1,174
	254 MYELOGRAPHY	8	297
	255 MISCELLANEOUS RADIOLOGICAL PROCEDURES WITH CONTRAST	5	1,694

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

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

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
PROCEDURE APG CATEGORY, PROCEDURE APG, SINGLE APG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

119 Cottonwood Hospital Medical Center

Procedure APG category	Procedure APG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
01	INTEGUMENTARY SYSTEM	664	\$2,410	\$3,077
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	251	\$2,983	\$2,351
	003 COMPLEX INCISION AND DRAINAGE	5	\$2,495	\$3,204
	004 SIMPLE INCISION AND DRAINAGE	1	\$1,463	\$2,900
	006 SIMPLE DEBRIDEMENT AND DESTRUCTION	12	\$1,544	\$2,246
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	62	\$2,077	\$2,981
	008 SIMPLE EXCISION AND BIOPSY	48	\$1,815	\$2,545
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRAN	3	\$2,823	\$4,359
	011 SIMPLE INCISION AND EXCISION OF BREAST	245	\$1,925	\$2,861
	012 BREAST RECONSTRUCTION AND MASTECTOMY	37	\$3,329	\$5,243
02	MUSCULOSKELETAL SYSTEM	795	\$2,607	\$4,100
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	53	\$3,476	\$6,150
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	27	\$2,236	\$3,787
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	30	\$3,236	\$4,488
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	297	\$1,961	\$2,717
	025 ARTHROSCOPY	173	\$3,080	\$4,558
	028 CLOSED TREATMENT FX & DISLOCATION OF FINGER, TOE & TRUNK	1	\$1,182	\$2,232
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	14	\$2,474	\$3,140
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	115	\$3,059	\$5,140
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	1	\$3,323	\$2,526
	032 BUNION PROCEDURES	78	\$2,663	\$3,916
	033 ARTHROPLASTY	3	\$4,293	\$6,241
	034 HAND AND FOOT TENOTOMY	1	\$1,537	\$1,909
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	2	\$1,252	\$909
03	RESPIRATORY SYSTEM	70	\$1,863	\$2,071
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	41	\$2,014	\$3,201
	054 SIMPLE ENDOSCOPY OF THE UPPER AIRWAY	2	\$1,562	\$1,344
	055 ENDOSCOPY OF THE LOWER AIRWAY	27	\$1,658	\$2,233
04	CARDIOVASCULAR SYSTEM	56	\$8,070	\$10,821
	076 DIAGNOSTIC CARDIAC CATHETERIZATION	22	\$4,460	\$6,014
	077 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	4	\$4,635	\$17,712
	078 PACEMAKER INSERTION AND REPLACEMENT	23	\$13,438	\$21,180
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	2	\$3,414	\$4,242
	081 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	2	\$3,569	\$5,273
	082 VASCULAR LIGATION	3	\$4,084	\$6,284
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	110	\$3,355	\$3,660
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	110	\$3,355	\$4,713
06	DIGESTIVE SYSTEM	8,191	\$1,417	\$2,170
	112 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	3	\$957	\$1,490
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	49	\$623	\$1,114
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	31	\$708	\$1,226
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	1,366	\$885	\$1,249
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	109	\$1,323	\$1,798
	117 LOWER GASTROINTESTINAL ENDOSCOPY	4,807	\$763	\$1,114
	118 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	52	\$2,989	\$3,753

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
PROCEDURE APG CATEGORY, PROCEDURE APG, SINGLE APG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

119 Cottonwood Hospital Medical Center

procedure APG category		TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
Procedure APG				
119	HERNIA AND HYDROCELE PROCEDURES	418	\$2,417	\$3,546
120	COMPLEX ANAL AND RECTAL PROCEDURES	175	\$1,641	\$2,846
121	SIMPLE ANAL AND RECTAL PROCEDURES	28	\$1,687	\$2,218
122	MISCELLANEOUS ABDOMINAL PROCEDURES	12	\$2,035	\$3,109
123	COMPLEX LAPAROSCOPIC PROCEDURES	1,140	\$4,386	\$6,362
124	SIMPLE LAPAROSCOPIC PROCEDURES	1	\$3,282	\$7,898
07	URINARY SYSTEM	141	\$2,725	\$4,480
133	URINARY CATHETERIZATION AND DILATATION	1	\$1,609	\$3,647
134	COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	65	\$3,369	\$4,624
135	MODERATE CYSTOURETHROSCOPY	57	\$2,048	\$3,484
136	SIMPLE CYSTOURETHROSCOPY	14	\$2,587	\$2,335
137	COMPLEX URETHRAL PROCEDURES	4	\$2,668	\$4,861
08	MALE GENITAL SYSTEM	86	\$5,748	\$3,045
151	TESTICULAR AND EPIDIDYMAL PROCEDURES	48	\$1,734	\$2,546
152	INSERTION OF PENILE PROSTHESIS	22	\$16,553	\$19,133
153	COMPLEX PENILE PROCEDURES	4	\$6,439	\$3,147
154	SIMPLE PENILE PROCEDURES	12	\$1,765	\$1,914
09	FEMALE GENITAL SYSTEM	411	\$2,924	\$4,082
176	COMPLEX FEMALE REPRODUCTIVE PROCEDURES	59	\$3,926	\$5,061
177	SIMPLE FEMALE REPRODUCTIVE PROCEDURES	84	\$1,633	\$3,135
178	DILATION AND CURETTAGE	76	\$1,922	\$2,371
179	HYSTEROSCOPY	134	\$3,567	\$4,610
180	COLPOSCOPY	58	\$3,598	\$3,422
10	NERVOUS SYSTEM	229	\$1,605	\$1,813
195	NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	108	\$1,172	\$1,068
196	REVISION AND REMOVAL OF NEUROLOGICAL DEVICE	3	\$4,589	\$7,292
197	NEUROSTIMULATOR AND VENTRICULAR SHUNT IMPLANTATION	5	\$8,218	\$22,134
198	NERVE REPAIR AND DESTRUCTION	112	\$1,569	\$2,441
199	SPINAL TAP	1	\$10,462	\$1,908
11	EYE AND OCULAR ADNEXA	1,455	\$2,919	\$3,062
214	CATARACT PROCEDURES	1,336	\$2,798	\$3,046
215	COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	59	\$6,226	\$3,268
216	MODERATE ANTERIOR SEGMENT EYE PROCEDURES	18	\$2,076	\$2,237
217	SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	12	\$3,459	\$3,225
220	STRABISMUS AND MUSCLE EYE PROCEDURES	10	\$1,905	\$3,156
221	COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	12	\$1,899	\$3,876
222	SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	6	\$1,465	\$2,152
223	VITRECTOMY	2	\$5,643	\$5,731
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	1,084	\$1,468	\$2,535
233	NASAL CAUTERIZATION AND PACKING	4	\$2,105	\$3,183
234	COMPLEX FACIAL AND ENT PROCEDURES	160	\$3,027	\$4,888
235	SIMPLE FACIAL AND ENT PROCEDURES	383	\$984	\$1,798
236	TONSIL AND ADENOID PROCEDURES	537	\$1,344	\$2,184
13	THERAPEUTIC AND OTHER RADIOLOGICAL PROCEDURES	3	\$2,577	\$3,015
253	VASCULAR RADIOLOGY EXCEPT FOR VENOGRAPHY OF EXTREMITY	2	\$2,907	\$11,306

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
PROCEDURE APG CATEGORY, PROCEDURE APG, SINGLE APG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

119 Cottonwood Hospital Medical Center

procedure APG category Procedure APG	TOTAL #	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
254 MYELOGRAPHY	1	\$1,918	\$3,100

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

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

119 Cottonwood Hospital Medical Center

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
GENDER				
Female	10,507	57.7	122,108	54.4
Male	7,718	42.3	102,236	45.6
Unknown	0	0.0	4	0.0
Not Reported	0	0.0	4	0.0
AGE				
1-28 days	0	0.0	704	0.3
29-365 days	85	0.5	2,863	1.3
1-4 years	400	2.2	11,046	4.9
5-9	295	1.6	6,088	2.7
10-14	301	1.7	4,673	2.1
15-17	349	1.9	5,017	2.2
18-19	253	1.4	3,697	1.6
20-24	799	4.4	10,637	4.7
25-29	1,071	5.9	12,527	5.6
30-34	1,048	5.8	12,120	5.4
35-39	1,026	5.6	12,327	5.5
40-44	1,142	6.3	14,081	6.3
45-49	1,576	8.6	17,506	7.8
50-54	2,766	15.2	25,054	11.2
55-59	2,096	11.5	20,980	9.4
60-64	1,654	9.1	16,994	7.6
65-69	1,150	6.3	14,770	6.6
70-74	897	4.9	12,538	5.6
75-79	704	3.9	10,175	4.5
80-84	403	2.2	6,704	3.0
85-89	171	0.9	2,983	1.3
90 +	39	0.2	865	0.4
Not Reported	0	0.0	707	0.3
SOURCE OF ADMISSION				
Physician Referral	17,761	97.5	202,212	90.1
Clinic Referral	3	0.0	553	0.2
HMO Referral	3	0.0	3,605	1.6
Other Hospital	10	0.1	90	0.0
Skilled Nursing Facility	1	0.0	22	0.0
Other Health Care Facility	3	0.0	25	0.0
Emergency Room	444	2.4	4,679	2.1
Court/Law Enforcement	0	0.0	0	0.0
Unknown	0	0.0	11	0.0
Not Reported	0	0.0	13,155	5.9

(Continued)

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

119 Cottonwood Hospital Medical Center

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	18,185	99.8	223,834	99.8
Another Hospital	20	0.1	103	0.0
Skilled Nursing Facility	8	0.0	111	0.0
Intermediate Care Facility	2	0.0	11	0.0
Another Type of Institution	0	0.0	46	0.0
Under Care of Home Service	8	0.0	169	0.1
Left Against Medical Advice	1	0.0	16	0.0
Under Care of Home IV Provider	0	0.0	1	0.0
Expired	1	0.0	5	0.0
Unknown	0	0.0	56	0.0
Not Reported	0	0.0	0	0.0
PRIMARY PAYER				
Medicare	3,003	16.5	45,634	20.3
Medicaid	479	2.6	14,157	6.3
Other government	163	0.9	3,504	1.6
Blue Cross/Blue Shield	460	2.5	30,700	13.7
Other Commercial	929	5.1	15,100	6.7
Managed Care(HMO, PPO)	12,632	69.3	105,175	46.9
Self Pay	158	0.9	2,539	1.1
Industrial & Worker Comp	151	0.8	3,834	1.7
Charity and Unclassified	195	1.1	2,186	1.0
Childrens Health Insurance	12	0.1	177	0.1
Unknown	43	0.2	1,256	0.6
Not Reported	0	0.0	90	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	65	0.4	15,979	7.1
Central Utah	62	0.3	8,148	3.6
Davis County	391	2.1	23,241	10.4
Salt Lake County	16,094	88.3	76,236	34.0
Southeastern Utah	26	0.1	5,436	2.4
Southwest Utah	37	0.2	13,567	6.0
Summit County	287	1.6	3,096	1.4
Tooele County	328	1.8	4,599	2.0
Tri-County	44	0.2	5,798	2.6
Utah County	527	2.9	35,900	16.0
Wasatch County	75	0.4	1,771	0.8
Weber County	83	0.5	21,412	9.5
Unknown Utah	3	0.0	49	0.0
Outside Utah	203	1.1	8,923	4.0
Unknown, Not Reported	0	0.0	197	0.1

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

AMB ST 1-1
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

108 Davis Hospital & Medical Center

	Procedures Performed		Procedures Performed-All Hospitals	
	(#)	(%)	(#)	(%)
Reporting Category(ICD-9-CM CODES)	11,535	100.0	321,711	100.0
Mastectomy (85.0-85.99)	435	3.8	7,021	2.2
Musculoskeletal (76.0-84.99)	1,046	9.1	65,753	20.4
Respiratory (30.0-34.99)	71	0.6	3,438	1.1
Cardiovascular (35.0-39.99)	492	4.3	15,180	4.7
Lymphatic/Hemetic (40.0-41.99)	39	0.3	3,088	1.0
Digestive System (42.0-54.99)	6,435	55.8	107,581	33.4
Urinary (55.0-59.99)	331	2.9	8,752	2.7
Male Genital (60.0-64.99)	134	1.2	3,460	1.1
Female Genital (65.0-71.99)	802	7.0	15,319	4.8
Endocrine/Nervous (01.0-07.99)	474	4.1	28,111	8.7
Eye (08.0-16.99)	96	0.8	19,328	6.0
Ear (18.0-20.99)	323	2.8	14,440	4.5
Nose, Mouth, Pharynx (21.0-29.99)	857	7.4	30,240	9.4
Reporting Category(CPT-4 CODES)	12,303	100.0	304,292	100.0
Mastectomy (19120-19220)	73	0.6	3,001	1.0
Musculoskeletal (20000-29909)	1,190	9.7	65,018	21.4
Respiratory (30000-32999 & 39501-39599)	532	4.3	13,975	4.6
Cardiovascular (33010-37799 & 93501-93660)	2,046	16.6	31,569	10.4
Lymphatic/Hemetic (38100-38999)	33	0.3	2,606	0.9
Digestive (40490-49999)	6,549	53.2	115,754	38.0
Urinary (50010-53899)	425	3.5	8,580	2.8
Male Genital (54000-55899)	88	0.7	3,059	1.0
Female Genital (56405-58999)	667	5.4	11,517	3.8
Endocrine/Nervous (60000-64999)	459	3.7	29,931	9.8
Eye (65091-68899)	60	0.5	11,422	3.8
Ear (69000-69979)	181	1.5	7,860	2.6

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics.

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

AMB ST 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES

108 Davis Hospital & Medical Center

ICD-9 CODE	ICD-9 DESCRIPTION	#	%	% ALL Hospitals
All ICD-9 Procedures				
4516	EGD W/CLOS BX	1,457	12.6	5.75
4523	COLONOSCOPY	1,409	12.2	7.45
4525	CLOS [ENDO] BX LARGE INTESTINE	755	6.5	2.61
4542	ENDO POLYPECTOMY LARGE INTESTINE	749	6.5	3.92
4292	DILATION OF ESOPHAGUS	404	3.5	1.54
3722	LEFT HEART CARDIAC CATHETERIZATION	254	2.2	1.06
5123	LAPAROSCOPIC CHOLECYSTECTOMY	247	2.1	2.01
2001	MYRINGOTOMY WITH INSERTION OF TUBE	242	2.1	3.56
4513	OTHER ENDOSCOPY OF SMALL INTESTINE	227	2.0	1.88
4836	[ENDOSCOPIC] POLYPECTOMY OF RECTUM	224	1.9	1.10
4824	CLOSED BIOPSY OF RECTUM	198	1.7	0.49
8511	CLOSED BIOPSY OF BREAST	146	1.3	0.26
0392	INJECTION OTH AGT INTO SPINAL CANAL	142	1.2	2.68
8519	OTHER DIAGNOSTIC PROCEDURES BREAST	136	1.2	0.27
283	TONSILLECTOMY WITH ADENOIDECTOMY	135	1.2	1.68
598	URETERAL CATHETERIZATION	112	1.0	0.59
2169	OTHER TURBINECTOMY	104	0.9	0.76
6909	OTHER DILATION&CURETTAGE OF UTERUS	101	0.9	0.47
6823	ENDOMETRIAL ABLATION	96	0.8	0.62
282	TONSILLECTOMY WITHOUT ADENOIDECTOMY	91	0.8	0.62

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures				
43239	UGI ENDO; W/BX 1/MX	1,456	11.8	5.96
45378	COLONOSCOPY FLEX; DX-SEP PROC	1,390	11.3	7.39
45380	COLONOSCOPY FLEX; W/BX 1/MX	1,246	10.1	5.63
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	448	3.6	1.81
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	372	3.0	1.05
93545	INJ PROC-CATH; SELECT CORONRY AN	306	2.5	1.15
93556	IMAG SUPERVS I&R-CATH; PULM ANGI	275	2.2	0.98
93543	INJ PROC-CATH; LT VENT/ATRIAL AN	274	2.2	1.08
93555	IMAG SUPERVS I&R-CATH; VENT/ATRI	267	2.2	0.93
93510	LT HRT CATH RETRO-BRACH/FEM; PER	255	2.1	0.93
36416	COLLECTON CAPILLARY BLOOD SPECIM	228	1.9	0.37
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	199	1.6	1.32
43235	UGI ENDO; DX W/VO CLCT SPECMN-SP	149	1.2	1.32
69436	TYMPANOSTOMY GENERAL ANESTHESIA	127	1.0	1.90
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	121	1.0	1.51
58662	LAP SURG; W/FULG/EXCIS LES-OVARY	114	0.9	0.50
49505	REPR INIT ING HERNIA 5YR/MORE; R	110	0.9	0.95
30520	SEPTOPLASTY/SUBMUCOS RES W/GFT	107	0.9	0.74
42820	T&A; UNDER AGE 12	106	0.9	1.36
36430	TRANSFUSION BLOOD/BLOOD COMPONEN	102	0.8	0.34

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

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

AMB ST 1-3

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

108 Davis Hospital & Medical Center

ICD-9 CODE	ICD-9 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
ICD-9 Procedures		5,890	\$3,402	\$3,166
4523	COLONOSCOPY	1,258	\$1,508	\$947
4516	EGD W/CLOS BX	904	\$1,903	\$1,301
4542	ENDO POLYPECTOMY LARGE INTESTINE	483	\$2,323	\$1,297
4525	CLOS [ENDO] BX LARGE INTESTINE	441	\$2,049	\$1,356
5123	LAPAROSCOPIC CHOLECYSTECTOMY	205	\$8,065	\$6,118
3722	LEFT HEART CARDIAC CATHETERIZATION	174	\$9,741	\$6,307
283	TONSILLECTOMY WITH ADENOIDECTOMY	115	\$3,058	\$2,169
0392	INJECTION OTH AGT INTO SPINAL CANAL	113	\$1,046	\$751
4836	[ENDOSCOPIC] POLYPECTOMY OF RECTUM	95	\$2,002	\$1,228
4513	OTHER ENDOSCOPY OF SMALL INTESTINE	81	\$1,527	\$1,089
282	TONSILLECTOMY WITHOUT ADENOIDECTOMY	71	\$3,211	\$2,285
5011	CLOSED BIOPSY OF LIVER	63	\$2,493	\$2,288
0331	SPINAL TAP	58	\$2,228	\$1,934
6902	DILATION&CURET FOLLOWING DELIV/AB	58	\$3,035	\$2,491
6823	ENDOMETRIAL ABLATION	55	\$5,454	\$5,036
3893	VENOUS CATHETERIZATION NEC	51	\$2,068	\$3,189
4701	LAPAROSCOPIC APPENDECTOMY	50	\$7,149	\$8,144
5304	UNILAT REPR INDIRECT ING HERN-GFT	50	\$5,064	\$3,643
6831	LAPAROSCOPIC SUPRACERV HYSTERECTOMY	46	\$12,033	\$11,449
8521	LOCAL EXCISION OF LESION OF BREAST	45	\$3,699	\$2,630

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
CPT-4 Procedures		6,647	\$3,047	\$2,895
45378	COLONOSCOPY FLEX; DX-SEP PROC	1,256	\$1,505	\$949
45380	COLONOSCOPY FLEX; W/BX 1/MX	904	\$2,000	\$1,278
43239	UGI ENDO; W/BX 1/MX	900	\$1,899	\$1,299
36416	COLLECTON CAPILLARY BLOOD SPECIM	225	\$287	\$148
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	213	\$2,423	\$1,431
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	164	\$8,367	\$6,476
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	120	\$1,135	\$982
36430	TRANSFUSION BLOOD/BLOOD COMPONEN	96	\$2,795	\$2,312
69436	TYMPANOSTOMY GENERAL ANESTHESIA	89	\$2,111	\$1,166
42820	T&A; UNDER AGE 12	88	\$3,043	\$2,072
49505	REPR INIT ING HERNIA 5YR/MORE; R	87	\$4,832	\$3,685
50590	LITHOTRIPSY XTRACORP SHOCK WAVE	81	\$9,621	\$7,497
58340	CATH&INTRO SALINE/CONTRAST SIS/H	81	\$698	\$824
43235	UGI ENDO; DX W/VO CLCT SPECIMN-SP	75	\$1,469	\$1,036
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	68	\$3,228	\$2,330
23350	INJ SHLDR ARTHROGRPH/ENHNCD CT/M	67	\$3,427	\$2,649
58563	HYSTEROSC SURG; W/ENDOMETRIAL AB	65	\$5,555	\$5,400
47000	BIOPSY LIVER NEEDLE; PERCUTANEOU	63	\$2,493	\$2,166
62270	SPINAL PUNCTURE LUMBAR DIAGNOSTI	58	\$2,228	\$1,920
58662	LAP SURG; W/FULG/EXCIS LES-OVARY	54	\$6,178	\$4,792

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

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

108 Davis Hospital & Medical Center

Procedure APG category		TOTAL #	TOTAL # (ALL Hospitals)
Procedure APG			
01	INTEGUMENTARY SYSTEM	345	8,878
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	91	2,028
	003 COMPLEX INCISION AND DRAINAGE	2	76
	004 SIMPLE INCISION AND DRAINAGE	1	23
	006 SIMPLE DEBRIDEMENT AND DESTRUCTION	2	157
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	46	1,202
	008 SIMPLE EXCISION AND BIOPSY	26	1,012
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRANGE	104	1,367
	011 SIMPLE INCISION AND EXCISION OF BREAST	61	2,366
	012 BREAST RECONSTRUCTION AND MASTECTOMY	12	635
02	MUSCULOSKELETAL SYSTEM	954	58,082
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	180	6,410
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	18	2,231
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	37	2,131
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	243	11,532
	025 ARTHROSCOPY	247	25,432
	027 SPLINT, STRAPPING AND CAST REMOVAL	41	368
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	11	656
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	84	4,342
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	7	470
	032 BUNION PROCEDURES	66	1,569
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	20	2,033
03	RESPIRATORY SYSTEM	283	7,958
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	35	656
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	209	5,137
	054 SIMPLE ENDOSCOPY OF THE UPPER AIRWAY	7	300
	055 ENDOSCOPY OF THE LOWER AIRWAY	32	1,865
04	CARDIOVASCULAR SYSTEM	1,545	25,823
	076 DIAGNOSTIC CARDIAC CATHETERIZATION	1,487	18,184
	077 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	25	1,922
	078 PACEMAKER INSERTION AND REPLACEMENT	10	488
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	14	746
	080 MINOR VASCULAR REPAIR AND FISTULA CONSTRUCTION	5	898
	082 VASCULAR LIGATION	1	403
	083 RESUSCITATION AND CARDIOVERSION	3	6
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	139	3,114
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	37	1,943
	097 TRANSFUSION	102	1,021
06	DIGESTIVE SYSTEM	6,404	105,000
	111 ALIMENTARY TESTS AND SIMPLE TUBE PLACEMENT	10	113
	112 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	14	1,288
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	14	649
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	5	392
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	1,610	22,453
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	464	5,914
	117 LOWER GASTROINTESTINAL ENDOSCOPY	3,189	47,953

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

108 Davis Hospital & Medical Center

procedure APG category		TOTAL #	TOTAL # (ALL Hospitals)
procedure APG			
	118 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	128	1,561
	119 HERNIA AND HYDROCELE PROCEDURES	264	6,882
	120 COMPLEX ANAL AND RECTAL PROCEDURES	29	1,098
	121 SIMPLE ANAL AND RECTAL PROCEDURES	6	497
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	12	506
	123 COMPLEX LAPAROSCOPIC PROCEDURES	653	15,680
	124 SIMPLE LAPAROSCOPIC PROCEDURES	6	170
07	URINARY SYSTEM	398	7,472
	131 RENAL EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	99	848
	133 URINARY CATHETERIZATION AND DILATATION	2	380
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	216	3,513
	135 MODERATE CYSTOURETHROSCOPY	66	1,846
	136 SIMPLE CYSTOURETHROSCOPY	8	606
	137 COMPLEX URETHRAL PROCEDURES	2	125
	138 SIMPLE URETHRAL PROCEDURES	5	153
08	MALE GENITAL SYSTEM	69	2,684
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	50	1,397
	152 INSERTION OF PENILE PROSTHESIS	1	56
	153 COMPLEX PENILE PROCEDURES	2	413
	154 SIMPLE PENILE PROCEDURES	16	680
09	FEMALE GENITAL SYSTEM	308	6,830
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	49	1,642
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	68	1,421
	178 DILATION AND CURETTAGE	12	709
	179 HYSTEROSCOPY	177	2,718
	180 COLPOSCOPY	2	339
10	NERVOUS SYSTEM	362	26,119
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	192	19,763
	197 NEUROSTIMULATOR AND VENTRICULAR SHUNT IMPLANTATION	7	828
	198 NERVE REPAIR AND DESTRUCTION	103	4,690
	199 SPINAL TAP	60	626
11	EYE AND OCULAR ADNEXA	60	11,129
	211 MINOR OPHTHALMOLOGICAL TESTS AND PROCEDURES	1	23
	214 CATARACT PROCEDURES	21	4,618
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	11	469
	216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	3	294
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	9	238
	220 STRABISMUS AND MUSCLE EYE PROCEDURES	3	843
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	4	881
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	6	556
	223 VITRECTOMY	2	1,687
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	780	27,995
	233 NASAL CAUTERIZATION AND PACKING	7	323
	234 COMPLEX FACIAL AND ENT PROCEDURES	202	5,543
	235 SIMPLE FACIAL AND ENT PROCEDURES	317	13,699
	236 TONSIL AND ADENOID PROCEDURES	254	8,352

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

108 Davis Hospital & Medical Center

procedure APG category		TOTAL #	TOTAL # (ALL Hospitals)
procedure APG			
13	THERAPEUTIC AND OTHER RADIOLOGICAL PROCEDURES	253	3,177
	253 VASCULAR RADIOLOGY EXCEPT FOR VENOGRAPHY OF EXTREMITY	42	1,174
	254 MYELOGRAPHY	27	297
	255 MISCELLANEOUS RADIOLOGICAL PROCEDURES WITH CONTRAST	184	1,694

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

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

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
PROCEDURE APG CATEGORY, PROCEDURE APG, SINGLE APG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

108 Davis Hospital & Medical Center

Procedure APG category	Procedure APG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
01	INTEGUMENTARY SYSTEM	273	\$3,894	\$3,077
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	85	\$2,377	\$2,351
	003 COMPLEX INCISION AND DRAINAGE	1	\$3,389	\$3,204
	004 SIMPLE INCISION AND DRAINAGE	1	\$3,844	\$2,900
	006 SIMPLE DEBRIDEMENT AND DESTRUCTION	2	\$2,625	\$2,246
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	24	\$3,781	\$2,981
	008 SIMPLE EXCISION AND BIOPSY	10	\$3,493	\$2,545
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRAN	90	\$4,613	\$4,359
	011 SIMPLE INCISION AND EXCISION OF BREAST	51	\$3,806	\$2,861
	012 BREAST RECONSTRUCTION AND MASTECTOMY	9	\$12,606	\$5,243
02	MUSCULOSKELETAL SYSTEM	337	\$5,391	\$4,100
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	50	\$7,720	\$6,150
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	10	\$5,378	\$3,787
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	17	\$6,667	\$4,488
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	67	\$3,870	\$2,717
	025 ARTHROSCOPY	57	\$6,351	\$4,558
	027 SPLINT, STRAPPING AND CAST REMOVAL	41	\$290	\$5,317
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	8	\$5,418	\$3,140
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	59	\$8,660	\$5,140
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	1	\$2,099	\$2,526
	032 BUNION PROCEDURES	13	\$4,737	\$3,916
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	14	\$892	\$909
03	RESPIRATORY SYSTEM	60	\$2,269	\$2,071
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	32	\$1,413	\$1,191
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	14	\$4,520	\$3,201
	055 ENDOSCOPY OF THE LOWER AIRWAY	14	\$1,977	\$2,233
04	CARDIOVASCULAR SYSTEM	22	\$13,674	\$10,821
	076 DIAGNOSTIC CARDIAC CATHETERIZATION	4	\$19,999	\$6,014
	077 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	3	\$2,772	\$17,712
	078 PACEMAKER INSERTION AND REPLACEMENT	6	\$31,974	\$21,180
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	4	\$1,305	\$4,242
	080 MINOR VASCULAR REPAIR AND FISTULA CONSTRUCTION	1	\$6,651	\$4,911
	082 VASCULAR LIGATION	1	\$7,472	\$6,284
	083 RESUSCITATION AND CARDIOVERSION	3	\$439	\$439
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	125	\$3,650	\$3,660
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	29	\$6,482	\$4,713
	097 TRANSFUSION	96	\$2,795	\$2,312
06	DIGESTIVE SYSTEM	4,175	\$2,575	\$2,170
	111 ALIMENTARY TESTS AND SIMPLE TUBE PLACEMENT	10	\$1,174	\$1,014
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	11	\$1,439	\$1,114
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	5	\$1,576	\$1,226
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	976	\$1,866	\$1,249
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	82	\$2,329	\$1,798
	117 LOWER GASTROINTESTINAL ENDOSCOPY	2,427	\$1,784	\$1,114
	118 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	35	\$6,624	\$3,753

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
PROCEDURE APG CATEGORY, PROCEDURE APG, SINGLE APG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

108 Davis Hospital & Medical Center

procedure APG category Procedure APG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
119 HERNIA AND HYDROCELE PROCEDURES	163	\$4,660	\$3,546
120 COMPLEX ANAL AND RECTAL PROCEDURES	20	\$3,584	\$2,846
121 SIMPLE ANAL AND RECTAL PROCEDURES	5	\$4,041	\$2,218
122 MISCELLANEOUS ABDOMINAL PROCEDURES	4	\$3,318	\$3,109
123 COMPLEX LAPAROSCOPIC PROCEDURES	431	\$7,476	\$6,362
124 SIMPLE LAPAROSCOPIC PROCEDURES	6	\$9,007	\$7,898
07 URINARY SYSTEM	238	\$6,893	\$4,480
131 RENAL EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	82	\$9,519	\$7,487
133 URINARY CATHETERIZATION AND DILATATION	1	\$3,613	\$3,647
134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	111	\$6,223	\$4,624
135 MODERATE CYSTOURETHROSCOPY	39	\$3,846	\$3,484
136 SIMPLE CYSTOURETHROSCOPY	2	\$2,147	\$2,335
137 COMPLEX URETHRAL PROCEDURES	1	\$5,327	\$4,861
138 SIMPLE URETHRAL PROCEDURES	2	\$3,040	\$1,539
08 MALE GENITAL SYSTEM	45	\$4,196	\$3,045
151 TESTICULAR AND EPIDIDYMAL PROCEDURES	29	\$4,195	\$2,546
152 INSERTION OF PENILE PROSTHESIS	1	\$16,999	\$19,133
153 COMPLEX PENILE PROCEDURES	2	\$5,199	\$3,147
154 SIMPLE PENILE PROCEDURES	13	\$3,058	\$1,914
09 FEMALE GENITAL SYSTEM	160	\$4,803	\$4,082
176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	20	\$6,700	\$5,061
177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	43	\$3,429	\$3,135
178 DILATION AND CURETTAGE	5	\$3,610	\$2,371
179 HYSTEROSCOPY	92	\$5,098	\$4,610
10 NERVOUS SYSTEM	290	\$2,077	\$1,813
195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	183	\$1,049	\$1,068
197 NEUROSTIMULATOR AND VENTRICULAR SHUNT IMPLANTATION	3	\$50,747	\$22,134
198 NERVE REPAIR AND DESTRUCTION	44	\$2,867	\$2,441
199 SPINAL TAP	60	\$2,201	\$1,908
11 EYE AND OCULAR ADNEXA	31	\$5,735	\$3,062
214 CATARACT PROCEDURES	13	\$5,284	\$3,046
215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	9	\$6,196	\$3,268
217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	1	\$6,384	\$3,225
220 STRABISMUS AND MUSCLE EYE PROCEDURES	3	\$6,578	\$3,156
221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	2	\$9,104	\$3,876
222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	3	\$2,996	\$2,152
12 FACIAL, EAR, NOSE, MOUTH AND THROAT	377	\$3,503	\$2,535
233 NASAL CAUTERIZATION AND PACKING	2	\$4,146	\$3,183
234 COMPLEX FACIAL AND ENT PROCEDURES	50	\$7,746	\$4,888
235 SIMPLE FACIAL AND ENT PROCEDURES	137	\$2,482	\$1,798
236 TONSIL AND ADENOID PROCEDURES	188	\$3,111	\$2,184
13 THERAPEUTIC AND OTHER RADIOLOGICAL PROCEDURES	212	\$2,119	\$3,015
253 VASCULAR RADIOLOGY EXCEPT FOR VENOGRAPHY OF EXTREMITY	3	\$8,655	\$11,306
254 MYELOGRAPHY	27	\$2,833	\$3,100
255 MISCELLANEOUS RADIOLOGICAL PROCEDURES WITH CONTRAST	182	\$1,905	\$2,175

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

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

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

108 Davis Hospital & Medical Center

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
GENDER				
Female	5,190	56.7	122,108	54.4
Male	3,966	43.3	102,236	45.6
Unknown	0	0.0	4	0.0
Not Reported	0	0.0	4	0.0
AGE				
1-28 days	184	2.0	704	0.3
29-365 days	55	0.6	2,863	1.3
1-4 years	160	1.7	11,046	4.9
5-9	121	1.3	6,088	2.7
10-14	127	1.4	4,673	2.1
15-17	190	2.1	5,017	2.2
18-19	158	1.7	3,697	1.6
20-24	405	4.4	10,637	4.7
25-29	580	6.3	12,527	5.6
30-34	576	6.3	12,120	5.4
35-39	575	6.3	12,327	5.5
40-44	692	7.6	14,081	6.3
45-49	835	9.1	17,506	7.8
50-54	1,254	13.7	25,054	11.2
55-59	953	10.4	20,980	9.4
60-64	682	7.4	16,994	7.6
65-69	498	5.4	14,770	6.6
70-74	452	4.9	12,538	5.6
75-79	323	3.5	10,175	4.5
80-84	227	2.5	6,704	3.0
85-89	90	1.0	2,983	1.3
90 +	19	0.2	865	0.4
Not Reported	184	2.0	707	0.3
SOURCE OF ADMISSION				
Physician Referral	9,141	99.8	202,212	90.1
Clinic Referral	0	0.0	553	0.2
HMO Referral	1	0.0	3,605	1.6
Other Hospital	0	0.0	90	0.0
Skilled Nursing Facility	0	0.0	22	0.0
Other Health Care Facility	0	0.0	25	0.0
Emergency Room	13	0.1	4,679	2.1
Court/Law Enforcement	0	0.0	0	0.0
Unknown	0	0.0	11	0.0
Not Reported	1	0.0	13,155	5.9

(Continued)

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

108 Davis Hospital & Medical Center

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	9,142	99.8	223,834	99.8
Another Hospital	3	0.0	103	0.0
Skilled Nursing Facility	4	0.0	111	0.0
Intermediate Care Facility	0	0.0	11	0.0
Another Type of Institution	3	0.0	46	0.0
Under Care of Home Service	2	0.0	169	0.1
Left Against Medical Advice	0	0.0	16	0.0
Under Care of Home IV Provider	0	0.0	1	0.0
Expired	0	0.0	5	0.0
Unknown	2	0.0	56	0.0
Not Reported	0	0.0	0	0.0
PRIMARY PAYER				
Medicare	1,482	16.2	45,634	20.3
Medicaid	431	4.7	14,157	6.3
Other government	368	4.0	3,504	1.6
Blue Cross/Blue Shield	1,272	13.9	30,700	13.7
Other Commercial	588	6.4	15,100	6.7
Managed Care(HMO, PPO)	4,934	53.9	105,175	46.9
Self Pay	46	0.5	2,539	1.1
Industrial & Worker Comp	19	0.2	3,834	1.7
Charity and Unclassified	1	0.0	2,186	1.0
Childrens Health Insurance	0	0.0	177	0.1
Unknown	15	0.2	1,256	0.6
Not Reported	0	0.0	90	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	217	2.4	15,979	7.1
Central Utah	3	0.0	8,148	3.6
Davis County	6,667	72.8	23,241	10.4
Salt Lake County	128	1.4	76,236	34.0
Southeastern Utah	12	0.1	5,436	2.4
Southwest Utah	6	0.1	13,567	6.0
Summit County	13	0.1	3,096	1.4
Tooele County	17	0.2	4,599	2.0
Tri-County	8	0.1	5,798	2.6
Utah County	19	0.2	35,900	16.0
Wasatch County	1	0.0	1,771	0.8
Weber County	1,928	21.1	21,412	9.5
Unknown Utah	2	0.0	49	0.0
Outside Utah	101	1.1	8,923	4.0
Unknown, Not Reported	34	0.4	197	0.1

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

AMB ST 1-1
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

116 Delta Community Medical Center - CAH

	Procedures Performed		Procedures Performed-All Hospitals	
	(#)	(%)	(#)	(%)
Reporting Category(ICD-9-CM CODES)	625	100.0	321,711	100.0
Mastectomy (85.0-85.99)	6	1.0	7,021	2.2
Musculoskeletal (76.0-84.99)	6	1.0	65,753	20.4
Respiratory (30.0-34.99)	0	0.0	3,438	1.1
Cardiovascular (35.0-39.99)	0	0.0	15,180	4.7
Lymphatic/Hemetic (40.0-41.99)	2	0.3	3,088	1.0
Digestive System (42.0-54.99)	290	46.4	107,581	33.4
Urinary (55.0-59.99)	0	0.0	8,752	2.7
Male Genital (60.0-64.99)	3	0.5	3,460	1.1
Female Genital (65.0-71.99)	52	8.3	15,319	4.8
Endocrine/Nervous (01.0-07.99)	0	0.0	28,111	8.7
Eye (08.0-16.99)	141	22.6	19,328	6.0
Ear (18.0-20.99)	77	12.3	14,440	4.5
Nose, Mouth, Pharynx (21.0-29.99)	48	7.7	30,240	9.4
Reporting Category(CPT-4 CODES)	489	100.0	304,292	100.0
Mastectomy (19120-19220)	5	1.0	3,001	1.0
Musculoskeletal (20000-29909)	6	1.2	65,018	21.4
Respiratory (30000-32999 & 39501-39599)	1	0.2	13,975	4.6
Cardiovascular (33010-37799 & 93501-93660)	1	0.2	31,569	10.4
Lymphatic/Hemetic (38100-38999)	2	0.4	2,606	0.9
Digestive (40490-49999)	316	64.6	115,754	38.0
Urinary (50010-53899)	0	0.0	8,580	2.8
Male Genital (54000-55899)	2	0.4	3,059	1.0
Female Genital (56405-58999)	34	7.0	11,517	3.8
Endocrine/Nervous (60000-64999)	0	0.0	29,931	9.8
Eye (65091-68899)	82	16.8	11,422	3.8
Ear (69000-69979)	40	8.2	7,860	2.6

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics.

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

AMB ST 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES

116 Delta Community Medical Center - CAH

ICD-9 CODE	ICD-9 DESCRIPTION	#	%	% ALL Hospitals
All ICD-9 Procedures		625	100.0	100.0
4523	COLONOSCOPY	121	19.4	7.45
2001	MYRINGOTOMY WITH INSERTION OF TUBE	65	10.4	3.56
1341	PHACOEMLUSIFICATION&ASPIR CATARACT	58	9.3	1.38
1371	INSRT IOL-CATARACT EXTRACT-1 STAGE	58	9.3	1.37
283	TONSILLECTOMY WITH ADENOIDECTOMY	46	7.4	1.68
4516	EGD W/CLOS BX	34	5.4	5.75
4525	CLOS [ENDO] BX LARGE INTESTINE	27	4.3	2.61
4836	[ENDOSCOPIC] POLYPECTOMY OF RECTUM	27	4.3	1.10
4542	ENDO POLYPECTOMY LARGE INTESTINE	18	2.9	3.92
6823	ENDOMETRIAL ABLATION	18	2.9	0.62
4824	CLOSED BIOPSY OF RECTUM	16	2.6	0.49
4513	OTHER ENDOSCOPY OF SMALL INTESTINE	15	2.4	1.88
6812	HYSTEROSCOPY	13	2.1	0.30
1364	DISCISSION OF SECONDARY MEMBRANE	11	1.8	0.18
201	REMOVAL OF TYMPANOSTOMY TUBE	9	1.4	0.13
5421	LAPAROSCOPY	8	1.3	0.49
6952	ASPIRATION CURET FOLLOWING DELIV/AB	7	1.1	0.47
6629	OTH BIL ENDO DESTRUC FALLOP TUBES	6	1.0	0.32
6909	OTHER DILATION&CURETTAGE OF UTERUS	6	1.0	0.47
8521	LOCAL EXCISION OF LESION OF BREAST	5	0.8	0.85

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		489	100.0	100.0
45378	COLONOSCOPY FLEX; DX-SEP PROC	119	24.3	7.39
45380	COLONOSCOPY FLEX; W/BX 1/MX	62	12.7	5.63
66984	EXTRACAPSULAR CATARACT REMV IOL	58	11.9	1.42
43239	UGI ENDO; W/BX 1/MX	34	7.0	5.96
69436	TYMPANOSTOMY GENERAL ANESTHESIA	34	7.0	1.90
42820	T&A; UNDER AGE 12	31	6.3	1.36
58563	HYSTEROSC SURG; W/ENDOMETRIAL AB	18	3.7	0.47
42821	T&A; AGE 12 OR OVER	15	3.1	0.37
43235	UGI ENDO; DX W/NO CLCT SPECMN-SP	14	2.9	1.32
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	11	2.2	1.81
66821	DISCISSION 2ND CATARACT; LASER S	11	2.2	0.22
49650	LAPARSCPY SURG; REPR INIT ING HE	7	1.4	0.19
58120	DILATION & CURET DX &/ THERAPEUT	6	1.2	0.23
58670	LAPARSCPY SURGICAL; W/FULG OVIDU	6	1.2	0.18
69424	VENTILATING TUBE REMV RQR GEN AN	5	1.0	0.07
19120	EXC BRST CYST TUMR/LES OPN M/F 1	4	0.8	0.50
49505	REPR INIT ING HERNIA 5YR/MORE; R	4	0.8	0.95
66940	REMOVAL LENS MATERIAL; XTRACAPSL	4	0.8	0.01
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	3	0.6	1.32
68811	PROBE NASOLACRIM DUCT; REQ GEN A	3	0.6	0.11

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

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

AMB ST 1-3

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

116 Delta Community Medical Center - CAH

ICD-9 CODE	ICD-9 DESCRIPTION	#	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
ICD-9 Procedures		281	\$1,541	\$3,166
4523	COLONOSCOPY	100	\$838	\$947
283	TONSILLECTOMY WITH ADENOIDECTOMY	42	\$2,503	\$2,169
4525	CLOS [ENDO] BX LARGE INTESTINE	17	\$1,072	\$1,356
4516	EGD W/CLOS BX	15	\$861	\$1,301
4836	[ENDOSCOPIC] POLYPECTOMY OF RECTUM	15	\$1,113	\$1,228
1364	DISCISSION OF SECONDARY MEMBRANE	11	\$744	\$732
4542	ENDO POLYPECTOMY LARGE INTESTINE	8	\$1,021	\$1,297
4824	CLOSED BIOPSY OF RECTUM	7	\$960	\$1,279
6952	ASPIRATION CURET FOLLOWING DELIV/AB	7	\$2,913	\$2,456
6909	OTHER DILATION&CURETTAGE OF UTERUS	6	\$1,876	\$2,634
4513	OTHER ENDOSCOPY OF SMALL INTESTINE	5	\$799	\$1,089
6629	OTH BIL ENDO DESTRUC FALLOP TUBES	5	\$2,802	\$3,774
6823	ENDOMETRIAL ABLATION	5	\$3,962	\$5,036
8521	LOCAL EXCISION OF LESION OF BREAST	5	\$2,260	\$2,630
1359	OTHER EXTRACAPSULAR EXTRACTION LENS	4	\$738	\$1,475
0943	PROBING OF NASOLACRIMAL DUCT	3	\$977	\$1,517
5123	LAPAROSCOPIC CHOLECYSTECTOMY	3	\$5,457	\$6,118
4341	ENDO EXC/DESTRUC LES/TISSUE STOMACH	2	\$3,088	\$1,476
5303	UNILAT REPR DIRECT ING HERN-GFT	2	\$4,257	\$3,866
5304	UNILAT REPR INDIRECT ING HERN-GFT	2	\$3,892	\$3,643

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
CPT-4 Procedures		384	\$1,851	\$2,895
45378	COLONOSCOPY FLEX; DX-SEP PROC	98	\$839	\$949
66984	EXTRACAPSULAR CATARACT REMV IOL	54	\$3,504	\$3,042
45380	COLONOSCOPY FLEX; W/BX 1/MX	47	\$1,087	\$1,278
69436	TYMPANOSTOMY GENERAL ANESTHESIA	32	\$1,147	\$1,166
42820	T&A; UNDER AGE 12	29	\$2,502	\$2,072
58563	HYSTEROSC SURG; W/ENDOMETRIAL AB	17	\$3,862	\$5,400
43239	UGI ENDO; W/BX 1/MX	15	\$861	\$1,299
42821	T&A; AGE 12 OR OVER	14	\$2,539	\$2,469
66821	DISCISSION 2ND CATARACT; LASER S	11	\$744	\$770
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	7	\$1,240	\$1,431
49650	LAPARSCPY SURG; REPR INIT ING HE	6	\$4,485	\$5,288
58120	DILATION & CURET DX &/ THERAPEUT	5	\$1,785	\$2,371
58670	LAPARSCPY SURGICAL; W/FULG OVIDU	5	\$2,802	\$3,770
19120	EXC BRST CYST TUMR/LES OPN M/F 1	4	\$2,368	\$2,583
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	4	\$819	\$1,036
66940	REMOVAL LENS MATERIAL; XTRACAPSL	4	\$738	\$1,118
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	3	\$5,457	\$6,476
49505	REPR INIT ING HERNIA 5YR/MORE; R	3	\$4,328	\$3,685
68811	PROBE NASOLACRIM DUCT; REQ GEN A	3	\$977	\$1,527
69424	VENTILATING TUBE REMV RQR GEN AN	3	\$993	\$1,169

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

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

116 Delta Community Medical Center - CAH

Procedure APG category		TOTAL #	TOTAL # (ALL Hospitals)
Procedure APG			
01	INTEGUMENTARY SYSTEM	7	8,878
	008 SIMPLE EXCISION AND BIOPSY	2	1,012
	011 SIMPLE INCISION AND EXCISION OF BREAST	4	2,366
	012 BREAST RECONSTRUCTION AND MASTECTOMY	1	635
02	MUSCULOSKELETAL SYSTEM	6	58,082
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	5	11,532
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	1	2,033
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	3	3,114
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	2	1,943
	097 TRANSFUSION	1	1,021
06	DIGESTIVE SYSTEM	276	105,000
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	1	649
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	48	22,453
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	5	5,914
	117 LOWER GASTROINTESTINAL ENDOSCOPY	195	47,953
	119 HERNIA AND HYDROCELE PROCEDURES	10	6,882
	123 COMPLEX LAPAROSCOPIC PROCEDURES	17	15,680
08	MALE GENITAL SYSTEM	2	2,684
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	1	1,397
	154 SIMPLE PENILE PROCEDURES	1	680
09	FEMALE GENITAL SYSTEM	26	6,830
	178 DILATION AND CURETTAGE	6	709
	179 HYSTEROSCOPY	19	2,718
	180 COLPOSCOPY	1	339
11	EYE AND OCULAR ADNEXA	80	11,129
	213 LASER EYE PROCEDURES	11	710
	214 CATARACT PROCEDURES	62	4,618
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	3	469
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	2	238
	219 SIMPLE POSTERIOR SEGMENT EYE PROCEDURES	2	436
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	87	27,995
	233 NASAL CAUTERIZATION AND PACKING	1	323
	235 SIMPLE FACIAL AND ENT PROCEDURES	40	13,699
	236 TONSIL AND ADENOID PROCEDURES	46	8,352

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

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

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
PROCEDURE APG CATEGORY, PROCEDURE APG, SINGLE APG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

116 Delta Community Medical Center - CAH

Procedure APG category	Procedure APG	TOTAL #	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
01	INTEGUMENTARY SYSTEM	6	\$2,043	\$3,077
	008 SIMPLE EXCISION AND BIOPSY	1	\$957	\$2,545
	011 SIMPLE INCISION AND EXCISION OF BREAST	4	\$2,368	\$2,861
	012 BREAST RECONSTRUCTION AND MASTECTOMY	1	\$1,830	\$5,243
02	MUSCULOSKELETAL SYSTEM	5	\$3,043	\$4,100
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	5	\$3,043	\$2,717
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	2	\$3,282	\$3,660
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	2	\$3,282	\$4,713
06	DIGESTIVE SYSTEM	196	\$1,245	\$2,170
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	19	\$852	\$1,249
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	3	\$2,300	\$1,798
	117 LOWER GASTROINTESTINAL ENDOSCOPY	155	\$934	\$1,114
	119 HERNIA AND HYDROCELE PROCEDURES	4	\$4,074	\$3,546
	123 COMPLEX LAPAROSCOPIC PROCEDURES	15	\$3,994	\$6,362
08	MALE GENITAL SYSTEM	1	\$2,007	\$3,045
	154 SIMPLE PENILE PROCEDURES	1	\$2,007	\$1,914
09	FEMALE GENITAL SYSTEM	23	\$3,409	\$4,082
	178 DILATION AND CURETTAGE	5	\$1,785	\$2,371
	179 HYSTEROSCOPY	18	\$3,860	\$4,610
11	EYE AND OCULAR ADNEXA	72	\$2,823	\$3,062
	213 LASER EYE PROCEDURES	11	\$744	\$782
	214 CATARACT PROCEDURES	58	\$3,313	\$3,046
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	3	\$977	\$3,268
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	79	\$1,884	\$2,535
	235 SIMPLE FACIAL AND ENT PROCEDURES	36	\$1,133	\$1,798
	236 TONSIL AND ADENOID PROCEDURES	43	\$2,514	\$2,184

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

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

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

116 Delta Community Medical Center - CAH

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
GENDER				
Female	243	54.5	122,108	54.4
Male	203	45.5	102,236	45.6
Unknown	0	0.0	4	0.0
Not Reported	0	0.0	4	0.0
AGE				
1-28 days	0	0.0	704	0.3
29-365 days	13	2.9	2,863	1.3
1-4 years	30	6.7	11,046	4.9
5-9	23	5.2	6,088	2.7
10-14	6	1.3	4,673	2.1
15-17	17	3.8	5,017	2.2
18-19	4	0.9	3,697	1.6
20-24	15	3.4	10,637	4.7
25-29	6	1.3	12,527	5.6
30-34	11	2.5	12,120	5.4
35-39	14	3.1	12,327	5.5
40-44	20	4.5	14,081	6.3
45-49	32	7.2	17,506	7.8
50-54	43	9.6	25,054	11.2
55-59	33	7.4	20,980	9.4
60-64	30	6.7	16,994	7.6
65-69	32	7.2	14,770	6.6
70-74	34	7.6	12,538	5.6
75-79	41	9.2	10,175	4.5
80-84	26	5.8	6,704	3.0
85-89	15	3.4	2,983	1.3
90 +	1	0.2	865	0.4
Not Reported	0	0.0	707	0.3
SOURCE OF ADMISSION				
Physician Referral	442	99.1	202,212	90.1
Clinic Referral	0	0.0	553	0.2
HMO Referral	0	0.0	3,605	1.6
Other Hospital	0	0.0	90	0.0
Skilled Nursing Facility	0	0.0	22	0.0
Other Health Care Facility	0	0.0	25	0.0
Emergency Room	4	0.9	4,679	2.1
Court/Law Enforcement	0	0.0	0	0.0
Unknown	0	0.0	11	0.0
Not Reported	0	0.0	13,155	5.9

(Continued)

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

116 Delta Community Medical Center - CAH

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	446	100.0	223,834	99.8
Another Hospital	0	0.0	103	0.0
Skilled Nursing Facility	0	0.0	111	0.0
Intermediate Care Facility	0	0.0	11	0.0
Another Type of Institution	0	0.0	46	0.0
Under Care of Home Service	0	0.0	169	0.1
Left Against Medical Advice	0	0.0	16	0.0
Under Care of Home IV Provider	0	0.0	1	0.0
Expired	0	0.0	5	0.0
Unknown	0	0.0	56	0.0
Not Reported	0	0.0	0	0.0
PRIMARY PAYER				
Medicare	141	31.6	45,634	20.3
Medicaid	40	9.0	14,157	6.3
Other government	5	1.1	3,504	1.6
Blue Cross/Blue Shield	93	20.9	30,700	13.7
Other Commercial	32	7.2	15,100	6.7
Managed Care(HMO, PPO)	115	25.8	105,175	46.9
Self Pay	6	1.3	2,539	1.1
Industrial & Worker Comp	0	0.0	3,834	1.7
Charity and Unclassified	3	0.7	2,186	1.0
Childrens Health Insurance	0	0.0	177	0.1
Unknown	11	2.5	1,256	0.6
Not Reported	0	0.0	90	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	2	0.4	15,979	7.1
Central Utah	423	94.8	8,148	3.6
Davis County	0	0.0	23,241	10.4
Salt Lake County	2	0.4	76,236	34.0
Southeastern Utah	2	0.4	5,436	2.4
Southwest Utah	1	0.2	13,567	6.0
Summit County	0	0.0	3,096	1.4
Tooele County	5	1.1	4,599	2.0
Tri-County	0	0.0	5,798	2.6
Utah County	3	0.7	35,900	16.0
Wasatch County	0	0.0	1,771	0.8
Weber County	0	0.0	21,412	9.5
Unknown Utah	0	0.0	49	0.0
Outside Utah	8	1.8	8,923	4.0
Unknown, Not Reported	0	0.0	197	0.1

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

AMB ST 1-1
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

140 Dixie Regional Medical Center

	Procedures Performed		Procedures Performed-All Hospitals	
	(#)	(%)	(#)	(%)
Reporting Category(ICD-9-CM CODES)	14,503	100.0	321,711	100.0
Mastectomy (85.0-85.99)	320	2.2	7,021	2.2
Musculoskeletal (76.0-84.99)	2,909	20.1	65,753	20.4
Respiratory (30.0-34.99)	245	1.7	3,438	1.1
Cardiovascular (35.0-39.99)	1,345	9.3	15,180	4.7
Lymphatic/Hemetic (40.0-41.99)	176	1.2	3,088	1.0
Digestive System (42.0-54.99)	2,776	19.1	107,581	33.4
Urinary (55.0-59.99)	544	3.8	8,752	2.7
Male Genital (60.0-64.99)	167	1.2	3,460	1.1
Female Genital (65.0-71.99)	744	5.1	15,319	4.8
Endocrine/Nervous (01.0-07.99)	2,248	15.5	28,111	8.7
Eye (08.0-16.99)	14	0.1	19,328	6.0
Ear (18.0-20.99)	1,018	7.0	14,440	4.5
Nose, Mouth, Pharynx (21.0-29.99)	1,997	13.8	30,240	9.4
Reporting Category(CPT-4 CODES)	15,460	100.0	304,292	100.0
Mastectomy (19120-19220)	170	1.1	3,001	1.0
Musculoskeletal (20000-29909)	2,874	18.6	65,018	21.4
Respiratory (30000-32999 & 39501-39599)	1,243	8.0	13,975	4.6
Cardiovascular (33010-37799 & 93501-93660)	4,046	26.2	31,569	10.4
Lymphatic/Hemetic (38100-38999)	141	0.9	2,606	0.9
Digestive (40490-49999)	3,577	23.1	115,754	38.0
Urinary (50010-53899)	571	3.7	8,580	2.8
Male Genital (54000-55899)	146	0.9	3,059	1.0
Female Genital (56405-58999)	674	4.4	11,517	3.8
Endocrine/Nervous (60000-64999)	1,467	9.5	29,931	9.8
Eye (65091-68899)	7	0.0	11,422	3.8
Ear (69000-69979)	544	3.5	7,860	2.6

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

AMB ST 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES

140 Dixie Regional Medical Center

ICD-9 CODE	ICD-9 DESCRIPTION	#	%	% ALL Hospitals
All ICD-9 Procedures		14,503	100.0	100.0
0392	INJECTION OTH AGT INTO SPINAL CANAL	902	6.2	2.68
2001	MYRINGOTOMY WITH INSERTION OF TUBE	891	6.1	3.56
0390	INSRT SPINAL CANAL INFUS CATH	677	4.7	0.23
3722	LEFT HEART CARDIAC CATHETERIZATION	655	4.5	1.06
283	TONSILLECTOMY WITH ADENOIDECTOMY	354	2.4	1.68
4523	COLONOSCOPY	342	2.4	7.45
4516	EGD W/CLOS BX	337	2.3	5.75
4542	ENDO POLYPECTOMY LARGE INTESTINE	299	2.1	3.92
3723	COMBINED RIGHT&LEFT HEART CARD CATH	282	1.9	0.44
5123	LAPAROSCOPIC CHOLECYSTECTOMY	276	1.9	2.01
806	EXCISION SEMILUNAR CARTILAGE KNEE	274	1.9	1.86
2349	OTHER DENTAL RESTORATION	250	1.7	0.30
2263	ETHMOIDECTOMY	202	1.4	0.54
4513	OTHER ENDOSCOPY OF SMALL INTESTINE	197	1.4	1.88
2169	OTHER TURBINECTOMY	196	1.4	0.76
0443	RELEASE OF CARPAL TUNNEL	178	1.2	1.12
8363	ROTATOR CUFF REPAIR	175	1.2	0.74
8521	LOCAL EXCISION OF LESION OF BREAST	169	1.2	0.85
0391	INJECTION ANES--SPINAL CANAL ANALG	168	1.2	2.05
215	SUBMUCOUS RESECTION OF NASAL SEPTUM	162	1.1	0.30

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		15,460	100.0	100.0
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	749	4.8	1.51
93543	INJ PROC-CATH; LT VENT/ATRIAL AN	683	4.4	1.08
93545	INJ PROC-CATH; SELECT CORONRY AN	683	4.4	1.15
93555	IMAG SUPERVS I&R-CATH; VENT/ATRI	612	4.0	0.93
93556	IMAG SUPERVS I&R-CATH; PULM ANGI	593	3.8	0.98
93510	LT HRT CATH RETRO-BRACH/FEM; PER	523	3.4	0.93
69436	TYMPANOSTOMY GENERAL ANESTHESIA	454	2.9	1.90
45378	COLONOSCOPY FLEX; DX-SEP PROC	341	2.2	7.39
45380	COLONOSCOPY FLEX; W/BX 1/MX	337	2.2	5.63
43239	UGI ENDO; W/BX 1/MX	329	2.1	5.96
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	273	1.8	1.32
42820	T&A; UNDER AGE 12	268	1.7	1.36
93526	COMB RT HRT CATH&RETRO LT HRT CA	253	1.6	0.35
41899	UNLIST PROC DENTOALVEOL STRUCTUR	250	1.6	0.98
29826	SCOPE SHOULDER; DECOMP SUBACROM	231	1.5	1.09
29881	SCOPE KNEE SURG;W/MENISCECT MED/	211	1.4	1.59
30520	SEPTOPLASTY/SUBMUCOS RES W/GFT	200	1.3	0.74
31255	NASAL/SINUS ENDO; W/TOT ETHMOECT	191	1.2	0.37
30140	SUBMUCOS RES TURBINATE PART/CMPL	189	1.2	0.67
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	159	1.0	0.74

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

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

AMB ST 1-3

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

140 Dixie Regional Medical Center

ICD-9 CODE	ICD-9 DESCRIPTION	#	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
ICD-9 Procedures		5,856	\$3,795	\$3,166
3722	LEFT HEART CARDIAC CATHETERIZATION	651	\$5,259	\$6,307
3723	COMBINED RIGHT&LEFT HEART CARD CATH	280	\$5,679	\$6,831
4523	COLONOSCOPY	268	\$817	\$947
283	TONSILLECTOMY WITH ADENOIDECTOMY	247	\$2,086	\$2,169
2349	OTHER DENTAL RESTORATION	246	\$2,522	\$2,562
5123	LAPAROSCOPIC CHOLECYSTECTOMY	246	\$5,546	\$6,118
4542	ENDO POLYPECTOMY LARGE INTESTINE	187	\$1,093	\$1,297
4516	EGD W/CLOS BX	173	\$1,352	\$1,301
8521	LOCAL EXCISION OF LESION OF BREAST	88	\$2,587	\$2,630
0443	RELEASE OF CARPAL TUNNEL	87	\$1,934	\$2,124
4513	OTHER ENDOSCOPY OF SMALL INTESTINE	87	\$1,264	\$1,089
6902	DILATION&CURET FOLLOWING DELIV/AB	87	\$2,193	\$2,491
282	TONSILLECTOMY WITHOUT ADENOIDECTOMY	75	\$2,200	\$2,285
5011	CLOSED BIOPSY OF LIVER	72	\$2,378	\$2,288
6823	ENDOMETRIAL ABLATION	72	\$4,072	\$5,036
806	EXCISION SEMILUNAR CARTILAGE KNEE	66	\$3,495	\$4,034
8363	ROTATOR CUFF REPAIR	66	\$6,891	\$8,430
0392	INJECTION OTH AGT INTO SPINAL CANAL	65	\$663	\$751
598	URETERAL CATHETERIZATION	65	\$4,364	\$4,979
3950	ANGPLSTY/ATHERECT OTH NON-COR VES	63	\$9,123	\$12,499

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
CPT-4 Procedures		5,810	\$2,678	\$2,895
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	743	\$749	\$982
69436	TYMPANOSTOMY GENERAL ANESTHESIA	315	\$918	\$1,166
45378	COLONOSCOPY FLEX; DX-SEP PROC	269	\$816	\$949
41899	UNLIST PROC DENTOALVEOL STRUCTUR	246	\$2,522	\$2,456
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	245	\$5,555	\$6,476
45380	COLONOSCOPY FLEX; W/BX 1/MX	240	\$1,108	\$1,278
42820	T&A; UNDER AGE 12	183	\$2,021	\$2,072
43239	UGI ENDO; W/BX 1/MX	164	\$1,312	\$1,299
62310	INJ 1 NOT NEUROLYTIC-EPID;CERV/T	148	\$736	\$1,147
49505	REPR INIT ING HERNIA 5YR/MORE; R	98	\$3,614	\$3,685
19120	EXC BRST CYST TUMR/LES OPN M/F 1	87	\$2,602	\$2,583
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	87	\$1,916	\$2,178
29881	SCOPE KNEE SURG;W/MENISCECT MED/	86	\$3,541	\$3,914
20680	REMOVAL OF IMPLANT; DEEP	81	\$2,775	\$2,816
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	68	\$2,260	\$2,330
43235	UGI ENDO; DX W/VO CLCT SPECMN-SP	65	\$870	\$1,036
42821	T&A; AGE 12 OR OVER	59	\$2,283	\$2,469
45330	SIGMOIDOSCOPY FLEX; DX-SEP PROC	57	\$332	\$634
62270	SPINAL PUNCTURE LUMBAR DIAGNOSTI	54	\$1,443	\$1,920
47000	BIOPSY LIVER NEEDLE; PERCUTANEOU	53	\$2,098	\$2,166

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

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

140 Dixie Regional Medical Center

Procedure APG category		TOTAL #	TOTAL # (ALL Hospitals)
Procedure APG			
01	INTEGUMENTARY SYSTEM	453	8,878
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	163	2,028
	003 COMPLEX INCISION AND DRAINAGE	4	76
	006 SIMPLE DEBRIDEMENT AND DESTRUCTION	5	157
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	44	1,202
	008 SIMPLE EXCISION AND BIOPSY	47	1,012
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRANGE	19	1,367
	010 SIMPLE SKIN REPAIR	1	12
	011 SIMPLE INCISION AND EXCISION OF BREAST	155	2,366
	012 BREAST RECONSTRUCTION AND MASTECTOMY	15	635
02	MUSCULOSKELETAL SYSTEM	2,661	58,082
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	328	6,410
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	99	2,231
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	96	2,131
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	463	11,532
	025 ARTHROSCOPY	1,288	25,432
	028 CLOSED TREATMENT FX & DISLOCATION OF FINGER, TOE & TRUNK	4	54
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	26	656
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	188	4,342
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	5	470
	032 BUNION PROCEDURES	62	1,569
	033 ARTHROPLASTY	44	512
	034 HAND AND FOOT TENOTOMY	4	279
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	54	2,033
03	RESPIRATORY SYSTEM	739	7,958
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	13	656
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	592	5,137
	054 SIMPLE ENDOSCOPY OF THE UPPER AIRWAY	6	300
	055 ENDOSCOPY OF THE LOWER AIRWAY	128	1,865
04	CARDIOVASCULAR SYSTEM	3,830	25,823
	074 CARDIAC ELECTROPHYSIOLOGIC TESTS	10	2,947
	076 DIAGNOSTIC CARDIAC CATHETERIZATION	3,521	18,184
	077 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	119	1,922
	078 PACEMAKER INSERTION AND REPLACEMENT	33	488
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	47	746
	080 MINOR VASCULAR REPAIR AND FISTULA CONSTRUCTION	78	898
	081 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	9	181
	082 VASCULAR LIGATION	13	403
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	114	3,114
	092 CHEMOTHERAPY EXCEPT BY EXTENDED INFUSION	1	19
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	110	1,943
	097 TRANSFUSION	3	1,021
06	DIGESTIVE SYSTEM	2,820	105,000
	112 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	79	1,288
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	71	649
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	54	392

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

140 Dixie Regional Medical Center

procedure APG category		TOTAL #	TOTAL # (ALL Hospitals)
procedure APG			
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	468	22,453
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	161	5,914
	117 LOWER GASTROINTESTINAL ENDOSCOPY	786	47,953
	118 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	66	1,561
	119 HERNIA AND HYDROCELE PROCEDURES	284	6,882
	120 COMPLEX ANAL AND RECTAL PROCEDURES	36	1,098
	121 SIMPLE ANAL AND RECTAL PROCEDURES	9	497
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	34	506
	123 COMPLEX LAPAROSCOPIC PROCEDURES	759	15,680
	124 SIMPLE LAPAROSCOPIC PROCEDURES	13	170
07	URINARY SYSTEM	487	7,472
	131 RENAL EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	24	848
	133 URINARY CATHETERIZATION AND DILATATION	23	380
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	292	3,513
	135 MODERATE CYSTOURETHROSCOPY	111	1,846
	136 SIMPLE CYSTOURETHROSCOPY	24	606
	137 COMPLEX URETHRAL PROCEDURES	6	125
	138 SIMPLE URETHRAL PROCEDURES	7	153
08	MALE GENITAL SYSTEM	116	2,684
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	70	1,397
	152 INSERTION OF PENILE PROSTHESIS	6	56
	153 COMPLEX PENILE PROCEDURES	12	413
	154 SIMPLE PENILE PROCEDURES	28	680
09	FEMALE GENITAL SYSTEM	472	6,830
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	253	1,642
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	105	1,421
	178 DILATION AND CURETTAGE	63	709
	179 HYSTEROSCOPY	26	2,718
	180 COLPOSCOPY	25	339
10	NERVOUS SYSTEM	1,327	26,119
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	955	19,763
	196 REVISION AND REMOVAL OF NEUROLOGICAL DEVICE	8	212
	197 NEUROSTIMULATOR AND VENTRICULAR SHUNT IMPLANTATION	39	828
	198 NERVE REPAIR AND DESTRUCTION	267	4,690
	199 SPINAL TAP	58	626
11	EYE AND OCULAR ADNEXA	6	11,129
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	3	469
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	2	881
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	1	556
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	1,937	27,995
	233 NASAL CAUTERIZATION AND PACKING	14	323
	234 COMPLEX FACIAL AND ENT PROCEDURES	343	5,543
	235 SIMPLE FACIAL AND ENT PROCEDURES	1,042	13,699
	236 TONSIL AND ADENOID PROCEDURES	538	8,352
13	THERAPEUTIC AND OTHER RADIOLOGICAL PROCEDURES	85	3,177
	253 VASCULAR RADIOLOGY EXCEPT FOR VENOGRAPHY OF EXTREMITY	77	1,174

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

140 Dixie Regional Medical Center

procedure APG category procedure APG	TOTAL #	TOTAL # (ALL Hospitals)
255 MISCELLANEOUS RADIOLOGICAL PROCEDURES WITH CONTRAST	8	1,694

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

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
PROCEDURE APG CATEGORY, PROCEDURE APG, SINGLE APG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

140 Dixie Regional Medical Center

Procedure APG category	Procedure APG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
01	INTEGUMENTARY SYSTEM	362	\$2,686	\$3,077
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	148	\$2,374	\$2,351
	003 COMPLEX INCISION AND DRAINAGE	3	\$3,465	\$3,204
	006 SIMPLE DEBRIDEMENT AND DESTRUCTION	3	\$3,043	\$2,246
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	30	\$3,043	\$2,981
	008 SIMPLE EXCISION AND BIOPSY	31	\$2,391	\$2,545
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRAN	8	\$2,745	\$4,359
	011 SIMPLE INCISION AND EXCISION OF BREAST	128	\$2,827	\$2,861
	012 BREAST RECONSTRUCTION AND MASTECTOMY	11	\$4,753	\$5,243
02	MUSCULOSKELETAL SYSTEM	855	\$3,975	\$4,100
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	124	\$5,152	\$6,150
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	28	\$4,217	\$3,787
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	41	\$5,064	\$4,488
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	226	\$2,784	\$2,717
	025 ARTHROSCOPY	219	\$4,262	\$4,558
	028 CLOSED TREATMENT FX & DISLOCATION OF FINGER, TOE & TRUNK	2	\$2,351	\$2,232
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	18	\$3,511	\$3,140
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	145	\$4,571	\$5,140
	032 BUNION PROCEDURES	28	\$3,314	\$3,916
	033 ARTHROPLASTY	6	\$4,843	\$6,241
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	18	\$1,071	\$909
03	RESPIRATORY SYSTEM	60	\$2,670	\$2,071
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	7	\$2,056	\$1,191
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	26	\$3,175	\$3,201
	055 ENDOSCOPY OF THE LOWER AIRWAY	27	\$2,343	\$2,233
04	CARDIOVASCULAR SYSTEM	137	\$6,145	\$10,821
	074 CARDIAC ELECTROPHYSIOLOGIC TESTS	2	\$29,469	\$21,121
	076 DIAGNOSTIC CARDIAC CATHETERIZATION	44	\$4,959	\$6,014
	077 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	10	\$8,810	\$17,712
	078 PACEMAKER INSERTION AND REPLACEMENT	8	\$12,494	\$21,180
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	7	\$9,136	\$4,242
	080 MINOR VASCULAR REPAIR AND FISTULA CONSTRUCTION	54	\$4,842	\$4,911
	081 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	7	\$4,312	\$5,273
	082 VASCULAR LIGATION	5	\$4,215	\$6,284
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	72	\$4,372	\$3,660
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	69	\$4,281	\$4,713
	097 TRANSFUSION	3	\$6,481	\$2,312
06	DIGESTIVE SYSTEM	1,627	\$2,625	\$2,170
	112 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	2	\$1,428	\$1,490
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	62	\$542	\$1,114
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	32	\$657	\$1,226
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	230	\$1,187	\$1,249
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	67	\$1,711	\$1,798
	117 LOWER GASTROINTESTINAL ENDOSCOPY	559	\$974	\$1,114
	118 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	16	\$3,322	\$3,753

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
PROCEDURE APG CATEGORY, PROCEDURE APG, SINGLE APG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

140 Dixie Regional Medical Center

procedure APG category		TOTAL #	AVE TOT CHR	AVE TOT CHRG(ALL Hospitals)
Procedure APG				
119	HERNIA AND HYDROCELE PROCEDURES	180	\$3,567	\$3,546
120	COMPLEX ANAL AND RECTAL PROCEDURES	31	\$3,749	\$2,846
121	SIMPLE ANAL AND RECTAL PROCEDURES	4	\$1,771	\$2,218
122	MISCELLANEOUS ABDOMINAL PROCEDURES	9	\$3,117	\$3,109
123	COMPLEX LAPAROSCOPIC PROCEDURES	433	\$5,594	\$6,362
124	SIMPLE LAPAROSCOPIC PROCEDURES	2	\$5,893	\$7,898
07	URINARY SYSTEM	164	\$3,598	\$4,480
133	URINARY CATHETERIZATION AND DILATATION	5	\$3,798	\$3,647
134	COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	115	\$3,787	\$4,624
135	MODERATE CYSTOURETHROSCOPY	25	\$3,257	\$3,484
136	SIMPLE CYSTOURETHROSCOPY	7	\$3,630	\$2,335
137	COMPLEX URETHRAL PROCEDURES	6	\$3,208	\$4,861
138	SIMPLE URETHRAL PROCEDURES	6	\$1,571	\$1,539
08	MALE GENITAL SYSTEM	57	\$5,080	\$3,045
151	TESTICULAR AND EPIDIDYMAL PROCEDURES	26	\$2,868	\$2,546
152	INSERTION OF PENILE PROSTHESIS	6	\$19,200	\$19,133
153	COMPLEX PENILE PROCEDURES	10	\$6,543	\$3,147
154	SIMPLE PENILE PROCEDURES	15	\$2,290	\$1,914
09	FEMALE GENITAL SYSTEM	181	\$3,666	\$4,082
176	COMPLEX FEMALE REPRODUCTIVE PROCEDURES	70	\$4,031	\$5,061
177	SIMPLE FEMALE REPRODUCTIVE PROCEDURES	65	\$3,914	\$3,135
178	DILATION AND CURETTAGE	22	\$2,225	\$2,371
179	HYSTEROSCOPY	21	\$3,209	\$4,610
180	COLPOSCOPY	3	\$3,538	\$3,422
10	NERVOUS SYSTEM	1,113	\$965	\$1,813
195	NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	940	\$748	\$1,068
196	REVISION AND REMOVAL OF NEUROLOGICAL DEVICE	1	\$19,794	\$7,292
197	NEUROSTIMULATOR AND VENTRICULAR SHUNT IMPLANTATION	5	\$7,042	\$22,134
198	NERVE REPAIR AND DESTRUCTION	109	\$2,138	\$2,441
199	SPINAL TAP	58	\$1,427	\$1,908
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	1,030	\$2,050	\$2,535
233	NASAL CAUTERIZATION AND PACKING	1	\$4,175	\$3,183
234	COMPLEX FACIAL AND ENT PROCEDURES	91	\$4,534	\$4,888
235	SIMPLE FACIAL AND ENT PROCEDURES	618	\$1,649	\$1,798
236	TONSIL AND ADENOID PROCEDURES	320	\$2,110	\$2,184
13	THERAPEUTIC AND OTHER RADIOLOGICAL PROCEDURES	6	\$8,316	\$3,015
253	VASCULAR RADIOLOGY EXCEPT FOR VENOGRAPHY OF EXTREMITY	5	\$9,115	\$11,306
255	MISCELLANEOUS RADIOLOGICAL PROCEDURES WITH CONTRAST	1	\$4,320	\$2,175

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

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

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

140 Dixie Regional Medical Center

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
GENDER				
Female	4,975	52.4	122,108	54.4
Male	4,526	47.6	102,236	45.6
Unknown	0	0.0	4	0.0
Not Reported	0	0.0	4	0.0
AGE				
1-28 days	0	0.0	704	0.3
29-365 days	118	1.2	2,863	1.3
1-4 years	697	7.3	11,046	4.9
5-9	293	3.1	6,088	2.7
10-14	226	2.4	4,673	2.1
15-17	232	2.4	5,017	2.2
18-19	157	1.7	3,697	1.6
20-24	382	4.0	10,637	4.7
25-29	420	4.4	12,527	5.6
30-34	393	4.1	12,120	5.4
35-39	433	4.6	12,327	5.5
40-44	460	4.8	14,081	6.3
45-49	604	6.4	17,506	7.8
50-54	681	7.2	25,054	11.2
55-59	742	7.8	20,980	9.4
60-64	770	8.1	16,994	7.6
65-69	853	9.0	14,770	6.6
70-74	810	8.5	12,538	5.6
75-79	661	7.0	10,175	4.5
80-84	394	4.1	6,704	3.0
85-89	138	1.5	2,983	1.3
90 +	37	0.4	865	0.4
Not Reported	0	0.0	707	0.3
SOURCE OF ADMISSION				
Physician Referral	9,157	96.4	202,212	90.1
Clinic Referral	5	0.1	553	0.2
HMO Referral	2	0.0	3,605	1.6
Other Hospital	5	0.1	90	0.0
Skilled Nursing Facility	0	0.0	22	0.0
Other Health Care Facility	0	0.0	25	0.0
Emergency Room	332	3.5	4,679	2.1
Court/Law Enforcement	0	0.0	0	0.0
Unknown	0	0.0	11	0.0
Not Reported	0	0.0	13,155	5.9

(Continued)

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

140 Dixie Regional Medical Center

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	9,489	99.9	223,834	99.8
Another Hospital	0	0.0	103	0.0
Skilled Nursing Facility	0	0.0	111	0.0
Intermediate Care Facility	0	0.0	11	0.0
Another Type of Institution	3	0.0	46	0.0
Under Care of Home Service	8	0.1	169	0.1
Left Against Medical Advice	1	0.0	16	0.0
Under Care of Home IV Provider	0	0.0	1	0.0
Expired	0	0.0	5	0.0
Unknown	0	0.0	56	0.0
Not Reported	0	0.0	0	0.0
PRIMARY PAYER				
Medicare	2,743	28.9	45,634	20.3
Medicaid	776	8.2	14,157	6.3
Other government	102	1.1	3,504	1.6
Blue Cross/Blue Shield	1,060	11.2	30,700	13.7
Other Commercial	736	7.7	15,100	6.7
Managed Care(HMO, PPO)	3,462	36.4	105,175	46.9
Self Pay	85	0.9	2,539	1.1
Industrial & Worker Comp	224	2.4	3,834	1.7
Charity and Unclassified	181	1.9	2,186	1.0
Childrens Health Insurance	14	0.1	177	0.1
Unknown	118	1.2	1,256	0.6
Not Reported	0	0.0	90	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	6	0.1	15,979	7.1
Central Utah	61	0.6	8,148	3.6
Davis County	16	0.2	23,241	10.4
Salt Lake County	33	0.3	76,236	34.0
Southeastern Utah	13	0.1	5,436	2.4
Southwest Utah	8,359	88.0	13,567	6.0
Summit County	3	0.0	3,096	1.4
Tooele County	0	0.0	4,599	2.0
Tri-County	3	0.0	5,798	2.6
Utah County	28	0.3	35,900	16.0
Wasatch County	0	0.0	1,771	0.8
Weber County	4	0.0	21,412	9.5
Unknown Utah	3	0.0	49	0.0
Outside Utah	968	10.2	8,923	4.0
Unknown, Not Reported	4	0.0	197	0.1

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

AMB ST 1-1
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

115 Fillmore Community Medical Center - CAH

	Procedures Performed		Procedures Performed-All Hospitals	
	(#)	(%)	(#)	(%)
Reporting Category(ICD-9-CM CODES)	126	100.0	321,711	100.0
Mastectomy (85.0-85.99)	0	0.0	7,021	2.2
Musculoskeletal (76.0-84.99)	3	2.4	65,753	20.4
Respiratory (30.0-34.99)	0	0.0	3,438	1.1
Cardiovascular (35.0-39.99)	0	0.0	15,180	4.7
Lymphatic/Hemetic (40.0-41.99)	0	0.0	3,088	1.0
Digestive System (42.0-54.99)	92	73.0	107,581	33.4
Urinary (55.0-59.99)	0	0.0	8,752	2.7
Male Genital (60.0-64.99)	1	0.8	3,460	1.1
Female Genital (65.0-71.99)	6	4.8	15,319	4.8
Endocrine/Nervous (01.0-07.99)	5	4.0	28,111	8.7
Eye (08.0-16.99)	0	0.0	19,328	6.0
Ear (18.0-20.99)	10	7.9	14,440	4.5
Nose, Mouth, Pharynx (21.0-29.99)	9	7.1	30,240	9.4
Reporting Category(CPT-4 CODES)	105	100.0	304,292	100.0
Mastectomy (19120-19220)	0	0.0	3,001	1.0
Musculoskeletal (20000-29909)	4	3.8	65,018	21.4
Respiratory (30000-32999 & 39501-39599)	0	0.0	13,975	4.6
Cardiovascular (33010-37799 & 93501-93660)	0	0.0	31,569	10.4
Lymphatic/Hemetic (38100-38999)	0	0.0	2,606	0.9
Digestive (40490-49999)	94	89.5	115,754	38.0
Urinary (50010-53899)	0	0.0	8,580	2.8
Male Genital (54000-55899)	1	1.0	3,059	1.0
Female Genital (56405-58999)	1	1.0	11,517	3.8
Endocrine/Nervous (60000-64999)	0	0.0	29,931	9.8
Eye (65091-68899)	0	0.0	11,422	3.8
Ear (69000-69979)	5	4.8	7,860	2.6

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics.

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

AMB ST 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES

115 Fillmore Community Medical Center - CAH

ICD-9 CODE	ICD-9 DESCRIPTION	#	%	% ALL Hospitals
All ICD-9 Procedures		126	100.0	100.0
4523	COLONOSCOPY	32	25.4	7.45
4525	CLOS [ENDO] BX LARGE INTESTINE	19	15.1	2.61
4516	EGD W/CLOS BX	12	9.5	5.75
4824	CLOSED BIOPSY OF RECTUM	9	7.1	0.49
2001	MYRINGOTOMY WITH INSERTION OF TUBE	8	6.3	3.56
283	TONSILLECTOMY WITH ADENOIDECTOMY	7	5.6	1.68
5421	LAPAROSCOPY	5	4.0	0.49
0443	RELEASE OF CARPAL TUNNEL	4	3.2	1.12
4542	ENDO POLYPECTOMY LARGE INTESTINE	4	3.2	3.92
6952	ASPIRATION CURET FOLLOWING DELIV/AB	4	3.2	0.47
4543	ENDO DESTRUC OTH LES/TISS LG INTEST	3	2.4	0.07
201	REMOVAL OF TYMPANOSTOMY TUBE	2	1.6	0.13
5304	UNILAT REPR INDIRECT ING HERN-GFT	2	1.6	0.49
7751	BUNIONEC SOFT-OSTEOT 1ST METATARS	2	1.6	0.28
0407	OTH EXC/AVUL CRANIL&PERIPH NERV	1	0.8	0.22
282	TONSILLECTOMY WITHOUT ADENOIDECTOMY	1	0.8	0.62
286	ADENOIDECTOMY WITHOUT TONSILLECTOMY	1	0.8	0.37
4835	LOCAL EXCISION RECTAL LESION/TISSUE	1	0.8	0.02
4836	[ENDOSCOPIC] POLYPECTOMY OF RECTUM	1	0.8	1.10
5314	BILAT REP DIR ING HERN W/GFT/PROSTH	1	0.8	0.07

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		105	100.0	100.0
45378	COLONOSCOPY FLEX; DX-SEP PROC	32	30.5	7.39
45380	COLONOSCOPY FLEX; W/BX 1/MX	25	23.8	5.63
43239	UGI ENDO; W/BX 1/MX	11	10.5	5.96
42820	T&A; UNDER AGE 12	10	9.5	1.36
69436	TYMPANOSTOMY GENERAL ANESTHESIA	4	3.8	1.90
45383	COLONOSCOPY FLEX; W/ABLAT LES	3	2.9	0.13
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	3	2.9	1.81
49659	UNLISTED LAP PROC-HERNIOPLSTY/OT	3	2.9	0.16
29848	ENDO WRST SURG REL TRNS CARP LIG	2	1.9	0.31
45384	COLONOSCOPY FLEX; REMV LES-FORCE	2	1.9	0.34
28080	EXC INTERDIGITL NEUROMA SINGLE EA	1	1.0	0.19
28296	HALLUX VALGUS; W/METATARSAL OSTE	1	1.0	0.25
42821	T&A; AGE 12 OR OVER	1	1.0	0.37
42825	TONSILLECT PRIM/SEC; UNDER AGE 1	1	1.0	0.12
42830	ADENOIDECTOMY PRIMARY; UNDER AGE	1	1.0	0.35
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	1	1.0	1.32
49650	LAPAROSCPY SURG; REPR INIT ING HE	1	1.0	0.19
54161	CIRC NO CLAMP/DORSL SLIT; NOT NB	1	1.0	0.17
58120	DILATION & CURET DX &/ THERAPEUT	1	1.0	0.23
69424	VENTILATING TUBE REMV RQR GEN AN	1	1.0	0.07

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

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

AMB ST 1-3

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

115 Fillmore Community Medical Center - CAH

ICD-9 CODE	ICD-9 DESCRIPTION	#	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
ICD-9 Procedures		73	\$1,495	\$3,166
4523	COLONOSCOPY	28	\$928	\$947
4525	CLOS [ENDO] BX LARGE INTESTINE	13	\$1,226	\$1,356
283	TONSILLECTOMY WITH ADENOIDECTOMY	7	\$3,822	\$2,169
4516	EGD W/CLOS BX	6	\$1,171	\$1,301
4824	CLOSED BIOPSY OF RECTUM	5	\$1,153	\$1,279
6952	ASPIRATION CURET FOLLOWING DELIV/AB	4	\$2,181	\$2,456
4542	ENDO POLYPECTOMY LARGE INTESTINE	2	\$1,282	\$1,297
0407	OTH EXC/AVUL CRANIL&PERIPH NERV	1	\$2,502	\$2,305
282	TONSILLECTOMY WITHOUT ADENOIDECTOMY	1	\$2,126	\$2,285
286	ADENOIDECTOMY WITHOUT TONSILLECTOMY	1	\$2,306	\$1,778
4543	ENDO DESTRUC OTH LES/TISS LG INTEST	1	\$1,089	\$1,528
640	CIRCUMCISION	1	\$2,207	\$1,763
6902	DILATION&CURET FOLLOWING DELIV/AB	1	\$1,512	\$2,491
6909	OTHER DILATION&CURETTAGE OF UTERUS	1	\$1,558	\$2,634
7789	OTH PART OSTEC OTH BONE NO FCE BNS	1	\$3,045	\$3,547

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
CPT-4 Procedures		79	\$1,703	\$2,895
45378	COLONOSCOPY FLEX; DX-SEP PROC	28	\$928	\$949
45380	COLONOSCOPY FLEX; W/BX 1/MX	20	\$1,253	\$1,278
42820	T&A; UNDER AGE 12	5	\$3,962	\$2,072
43239	UGI ENDO; W/BX 1/MX	5	\$1,254	\$1,299
69436	TYMPANOSTOMY GENERAL ANESTHESIA	4	\$1,760	\$1,166
45384	COLONOSCOPY FLEX; REMV LES-FORCE	2	\$1,220	\$1,652
49659	UNLISTED LAP PROC-HERNIOPLSTY/OT	2	\$5,667	\$8,287
28080	EXC INTERDIGTL NEUROMA SINGLE EA	1	\$2,502	\$2,108
28296	HALLUX VALGUS; W/METATARSAL OSTE	1	\$7,500	\$3,979
29848	ENDO WRST SURG REL TRNS CARP LIG	1	\$3,740	\$2,360
42821	T&A; AGE 12 OR OVER	1	\$3,906	\$2,469
42825	TONSILLECT PRIM/SEC; UNDER AGE 1	1	\$2,126	\$2,074
42830	ADENOIDECTOMY PRIMARY; UNDER AGE	1	\$2,306	\$1,830
43235	UGI ENDO; DX W/NO CLCT SPECMN-SP	1	\$752	\$1,036
45383	COLONOSCOPY FLEX; W/ABLAT LES	1	\$1,089	\$1,375
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	1	\$1,526	\$1,431
49650	LAPARSCPY SURG; REPR INIT ING HE	1	\$5,987	\$5,288
54161	CIRC NO CLAMP/DORSAL SLIT; NOT NB	1	\$2,207	\$2,004
58120	DILATION & CURET DX &/ THERAPEUT	1	\$1,558	\$2,371
69424	VENTILATING TUBE REMV RQR GEN AN	1	\$1,410	\$1,169

SOURCE: Utah Ambulatory Surgery Database

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

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

115 Fillmore Community Medical Center - CAH

Procedure APG category		TOTAL #	TOTAL # (ALL Hospitals)
Procedure APG			
02	MUSCULOSKELETAL SYSTEM	4	58,082
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	1	11,532
	025 ARTHROSCOPY	2	25,432
	032 BUNION PROCEDURES	1	1,569
06	DIGESTIVE SYSTEM	81	105,000
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	12	22,453
	117 LOWER GASTROINTESTINAL ENDOSCOPY	65	47,953
	123 COMPLEX LAPAROSCOPIC PROCEDURES	4	15,680
08	MALE GENITAL SYSTEM	1	2,684
	154 SIMPLE PENILE PROCEDURES	1	680
09	FEMALE GENITAL SYSTEM	1	6,830
	178 DILATION AND CURETTAGE	1	709
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	18	27,995
	235 SIMPLE FACIAL AND ENT PROCEDURES	5	13,699
	236 TONSIL AND ADENOID PROCEDURES	13	8,352

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

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

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
PROCEDURE APG CATEGORY, PROCEDURE APG, SINGLE APG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

115 Fillmore Community Medical Center - CAH

Procedure APG category	Procedure APG	TOTAL #	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
02	MUSCULOSKELETAL SYSTEM	3	\$4,581	\$4,100
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	1	\$2,502	\$2,717
	025 ARTHROSCOPY	1	\$3,740	\$4,558
	032 BUNION PROCEDURES	1	\$7,500	\$3,916
06	DIGESTIVE SYSTEM	61	\$1,319	\$2,170
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	6	\$1,171	\$1,249
	117 LOWER GASTROINTESTINAL ENDOSCOPY	52	\$1,079	\$1,114
	123 COMPLEX LAPAROSCOPIC PROCEDURES	3	\$5,773	\$6,362
08	MALE GENITAL SYSTEM	1	\$2,207	\$3,045
	154 SIMPLE PENILE PROCEDURES	1	\$2,207	\$1,914
09	FEMALE GENITAL SYSTEM	1	\$1,558	\$4,082
	178 DILATION AND CURETTAGE	1	\$1,558	\$2,371
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	13	\$2,815	\$2,535
	235 SIMPLE FACIAL AND ENT PROCEDURES	5	\$1,690	\$1,798
	236 TONSIL AND ADENOID PROCEDURES	8	\$3,518	\$2,184

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

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

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

115 Fillmore Community Medical Center - CAH

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
GENDER				
Female	44	45.8	122,108	54.4
Male	52	54.2	102,236	45.6
Unknown	0	0.0	4	0.0
Not Reported	0	0.0	4	0.0
AGE				
1-28 days	0	0.0	704	0.3
29-365 days	1	1.0	2,863	1.3
1-4 years	5	5.2	11,046	4.9
5-9	5	5.2	6,088	2.7
10-14	3	3.1	4,673	2.1
15-17	2	2.1	5,017	2.2
18-19	0	0.0	3,697	1.6
20-24	3	3.1	10,637	4.7
25-29	1	1.0	12,527	5.6
30-34	1	1.0	12,120	5.4
35-39	6	6.3	12,327	5.5
40-44	0	0.0	14,081	6.3
45-49	4	4.2	17,506	7.8
50-54	23	24.0	25,054	11.2
55-59	11	11.5	20,980	9.4
60-64	6	6.3	16,994	7.6
65-69	6	6.3	14,770	6.6
70-74	8	8.3	12,538	5.6
75-79	9	9.4	10,175	4.5
80-84	2	2.1	6,704	3.0
85-89	0	0.0	2,983	1.3
90 +	0	0.0	865	0.4
Not Reported	0	0.0	707	0.3
SOURCE OF ADMISSION				
Physician Referral	96	100.0	202,212	90.1
Clinic Referral	0	0.0	553	0.2
HMO Referral	0	0.0	3,605	1.6
Other Hospital	0	0.0	90	0.0
Skilled Nursing Facility	0	0.0	22	0.0
Other Health Care Facility	0	0.0	25	0.0
Emergency Room	0	0.0	4,679	2.1
Court/Law Enforcement	0	0.0	0	0.0
Unknown	0	0.0	11	0.0
Not Reported	0	0.0	13,155	5.9

(Continued)

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

115 Fillmore Community Medical Center - CAH

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	95	99.0	223,834	99.8
Another Hospital	1	1.0	103	0.0
Skilled Nursing Facility	0	0.0	111	0.0
Intermediate Care Facility	0	0.0	11	0.0
Another Type of Institution	0	0.0	46	0.0
Under Care of Home Service	0	0.0	169	0.1
Left Against Medical Advice	0	0.0	16	0.0
Under Care of Home IV Provider	0	0.0	1	0.0
Expired	0	0.0	5	0.0
Unknown	0	0.0	56	0.0
Not Reported	0	0.0	0	0.0
PRIMARY PAYER				
Medicare	20	20.8	45,634	20.3
Medicaid	6	6.3	14,157	6.3
Other government	1	1.0	3,504	1.6
Blue Cross/Blue Shield	17	17.7	30,700	13.7
Other Commercial	4	4.2	15,100	6.7
Managed Care(HMO, PPO)	37	38.5	105,175	46.9
Self Pay	6	6.3	2,539	1.1
Industrial & Worker Comp	1	1.0	3,834	1.7
Charity and Unclassified	2	2.1	2,186	1.0
Childrens Health Insurance	0	0.0	177	0.1
Unknown	2	2.1	1,256	0.6
Not Reported	0	0.0	90	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	0	0.0	15,979	7.1
Central Utah	93	96.9	8,148	3.6
Davis County	0	0.0	23,241	10.4
Salt Lake County	1	1.0	76,236	34.0
Southeastern Utah	0	0.0	5,436	2.4
Southwest Utah	2	2.1	13,567	6.0
Summit County	0	0.0	3,096	1.4
Tooele County	0	0.0	4,599	2.0
Tri-County	0	0.0	5,798	2.6
Utah County	0	0.0	35,900	16.0
Wasatch County	0	0.0	1,771	0.8
Weber County	0	0.0	21,412	9.5
Unknown Utah	0	0.0	49	0.0
Outside Utah	0	0.0	8,923	4.0
Unknown, Not Reported	0	0.0	197	0.1

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

AMB ST 1-1
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

110 Garfield Memorial Hospital

	Procedures Performed		Procedures Performed-All Hospitals	
	(#)	(%)	(#)	(%)
Reporting Category(ICD-9-CM CODES)	259	100.0	321,711	100.0
Mastectomy (85.0-85.99)	0	0.0	7,021	2.2
Musculoskeletal (76.0-84.99)	0	0.0	65,753	20.4
Respiratory (30.0-34.99)	0	0.0	3,438	1.1
Cardiovascular (35.0-39.99)	0	0.0	15,180	4.7
Lymphatic/Hemetic (40.0-41.99)	1	0.4	3,088	1.0
Digestive System (42.0-54.99)	222	85.7	107,581	33.4
Urinary (55.0-59.99)	0	0.0	8,752	2.7
Male Genital (60.0-64.99)	4	1.5	3,460	1.1
Female Genital (65.0-71.99)	0	0.0	15,319	4.8
Endocrine/Nervous (01.0-07.99)	0	0.0	28,111	8.7
Eye (08.0-16.99)	0	0.0	19,328	6.0
Ear (18.0-20.99)	16	6.2	14,440	4.5
Nose, Mouth, Pharynx (21.0-29.99)	16	6.2	30,240	9.4
Reporting Category(CPT-4 CODES)	248	100.0	304,292	100.0
Mastectomy (19120-19220)	0	0.0	3,001	1.0
Musculoskeletal (20000-29909)	0	0.0	65,018	21.4
Respiratory (30000-32999 & 39501-39599)	0	0.0	13,975	4.6
Cardiovascular (33010-37799 & 93501-93660)	0	0.0	31,569	10.4
Lymphatic/Hemetic (38100-38999)	1	0.4	2,606	0.9
Digestive (40490-49999)	227	91.5	115,754	38.0
Urinary (50010-53899)	0	0.0	8,580	2.8
Male Genital (54000-55899)	4	1.6	3,059	1.0
Female Genital (56405-58999)	0	0.0	11,517	3.8
Endocrine/Nervous (60000-64999)	0	0.0	29,931	9.8
Eye (65091-68899)	0	0.0	11,422	3.8
Ear (69000-69979)	16	6.5	7,860	2.6

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics.

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

AMB ST 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES

110 Garfield Memorial Hospital

ICD-9 CODE	ICD-9 DESCRIPTION	#	%	% ALL Hospitals
All ICD-9 Procedures		259	100.0	100.0
4523	COLONOSCOPY	75	29.0	7.45
4516	EGD W/CLOS BX	45	17.4	5.75
4542	ENDO POLYPECTOMY LARGE INTESTINE	30	11.6	3.92
2001	MYRINGOTOMY WITH INSERTION OF TUBE	16	6.2	3.56
4525	CLOS [ENDO] BX LARGE INTESTINE	15	5.8	2.61
4836	[ENDOSCOPIC] POLYPECTOMY OF RECTUM	14	5.4	1.10
4513	OTHER ENDOSCOPY OF SMALL INTESTINE	13	5.0	1.88
283	TONSILLECTOMY WITH ADENOIDECTOMY	10	3.9	1.68
5123	LAPAROSCOPIC CHOLECYSTECTOMY	7	2.7	2.01
4341	ENDO EXC/DESTRUC LES/TISSUE STOMACH	4	1.5	0.15
5304	UNILAT REPR INDIRECT ING HERN-GFT	4	1.5	0.49
282	TONSILLECTOMY WITHOUT ADENOIDECTOMY	3	1.2	0.62
4824	CLOSED BIOPSY OF RECTUM	3	1.2	0.49
5303	UNILAT REPR DIRECT ING HERN-GFT	3	1.2	0.33
4946	EXCISION OF HEMORRHOIDS	2	0.8	0.16
6373	VASECTOMY	2	0.8	0.04
2132	LOCAL EXC/DESTRUC OTH LESION NSE	1	0.4	0.08
2189	OTH REPAIR&PLASTIC OPERATIONS NOSE	1	0.4	0.13
286	ADENOIDECTOMY WITHOUT TONSILLECTOMY	1	0.4	0.37
4024	EXCISION OF INGUINAL LYMPH NODE	1	0.4	0.03

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		248	100.0	100.0
45378	COLONOSCOPY FLEX; DX-SEP PROC	61	24.6	7.39
43239	UGI ENDO; W/BX 1/MX	44	17.7	5.96
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	39	15.7	1.81
45380	COLONOSCOPY FLEX; W/BX 1/MX	17	6.9	5.63
69436	TYMPANOSTOMY GENERAL ANESTHESIA	16	6.5	1.90
43235	UGI ENDO; DX W/VO CLCT SPECMN-SP	11	4.4	1.32
G0121	COLOREC CNCR SCR;COLNSCPY NO HI	10	4.0	0.21
42820	T&A; UNDER AGE 12	9	3.6	1.36
47562	LAPAROSCOPY SURGICAL; CHOLECT	6	2.4	0.77
49505	REPR INIT ING HERNIA 5YR/MORE; R	6	2.4	0.95
43251	UGI ENDO; W/REMV TUMOR/LES-SNARE	4	1.6	0.06
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	2	0.8	0.51
46260	HEMORRHOIDECT INTRL&EXT CMLPX/EX	2	0.8	0.04
49585	REPR UMBIL HERNIA 5YR/OVER; RDUC	2	0.8	0.32
55250	VASECT UNI/BIL-SEP PROC-POSTOP S	2	0.8	0.04
G0105	COLOREC CANCR SCR; COLNSCPY HI R	2	0.8	0.07
38500	BX/EXCISION LYMPH NODE; OPEN SUP	1	0.4	0.08
42821	T&A; AGE 12 OR OVER	1	0.4	0.37
42825	TONSILLECT PRIM/SEC; UNDER AGE 1	1	0.4	0.12
42830	ADENOIDECTOMY PRIMARY; UNDER AGE	1	0.4	0.35

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

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

AMB ST 1-3

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

110 Garfield Memorial Hospital

ICD-9 CODE	ICD-9 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
ICD-9 Procedures		145	\$1,400	\$3,166
4523	COLONOSCOPY	57	\$1,243	\$947
4516	EGD W/CLOS BX	20	\$1,052	\$1,301
4542	ENDO POLYPECTOMY LARGE INTESTINE	20	\$1,596	\$1,297
283	TONSILLECTOMY WITH ADENOIDECTOMY	10	\$891	\$2,169
4836	[ENDOSCOPIC] POLYPECTOMY OF RECTUM	9	\$1,593	\$1,228
5123	LAPAROSCOPIC CHOLECYSTECTOMY	6	\$2,932	\$6,118
282	TONSILLECTOMY WITHOUT ADENOIDECTOMY	3	\$863	\$2,285
4513	OTHER ENDOSCOPY OF SMALL INTESTINE	3	\$1,004	\$1,089
4525	CLOS [ENDO] BX LARGE INTESTINE	3	\$1,641	\$1,356
5303	UNILAT REPR DIRECT ING HERN-GFT	3	\$1,954	\$3,866
4946	EXCISION OF HEMORRHOIDS	2	\$1,776	\$2,658
5304	UNILAT REPR INDIRECT ING HERN-GFT	2	\$2,004	\$3,643
6373	VASECTOMY	2	\$1,970	\$2,710
4024	EXCISION OF INGUINAL LYMPH NODE	1	\$2,928	\$4,205
4524	FLEXIBLE SIGMOIDOSCOPY	1	\$830	\$733
5341	REPAIR UMBILICAL HERNIA W/PROSTH	1	\$2,704	\$4,269
5349	OTHER UMBILICAL HERNIORRHAPHY	1	\$1,290	\$2,650
5369	REPR OTH HERN ANT ABD WALL W/PROSTH	1	\$2,677	\$6,370

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
CPT-4 Procedures		143	\$1,400	\$2,895
45378	COLONOSCOPY FLEX; DX-SEP PROC	45	\$1,249	\$949
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	27	\$1,596	\$1,431
43239	UGI ENDO; W/BX 1/MX	20	\$1,052	\$1,299
42820	T&A; UNDER AGE 12	9	\$868	\$2,072
G0121	COLOREC CNCR SCR;COLNSCPY NO HI	8	\$1,232	\$756
45380	COLONOSCOPY FLEX; W/BX 1/MX	5	\$1,617	\$1,278
47562	LAPAROSCOPY SURGICAL; CHOLECT	5	\$2,786	\$5,595
49505	REPR INIT ING HERNIA 5YR/MORE; R	4	\$1,923	\$3,685
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	2	\$1,039	\$2,330
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	2	\$933	\$1,036
46260	HEMORRHOIDECT INTRL&EXT CMLX/EX	2	\$1,776	\$2,721
49585	REPR UMBIL HERNIA 5YR/OVER; RDU	2	\$1,997	\$3,556
55250	VASECT UNI/BIL-SEP PROC-POSTOP S	2	\$1,970	\$2,584
G0105	COLOREC CANCR SCR; COLNSCPY HI R	2	\$1,183	\$727
38500	BX/EXCISION LYMPH NODE; OPEN SUP	1	\$2,928	\$3,788
42821	T&A; AGE 12 OR OVER	1	\$1,096	\$2,469
42825	TONSILLECT PRIM/SEC; UNDER AGE 1	1	\$512	\$2,074
43251	UGI ENDO; W/REMV TUMOR/LES-SNARE	1	\$2,357	\$1,912
44376	SM INTEST ENDO W/ILEUM; DX-SEP P	1	\$1,146	\$1,046
45330	SIGMOIDOSCOPY FLEX; DX-SEP PROC	1	\$830	\$634

SOURCE: Utah Ambulatory Surgery Database

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

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

110 Garfield Memorial Hospital

Procedure APG category		TOTAL #	TOTAL # (ALL Hospitals)
Procedure APG			
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	1	3,114
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	1	1,943
06	DIGESTIVE SYSTEM	213	105,000
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	1	649
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	55	22,453
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	4	5,914
	117 LOWER GASTROINTESTINAL ENDOSCOPY	129	47,953
	118 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	2	1,561
	119 HERNIA AND HYDROCELE PROCEDURES	11	6,882
	120 COMPLEX ANAL AND RECTAL PROCEDURES	2	1,098
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	1	506
	123 COMPLEX LAPAROSCOPIC PROCEDURES	8	15,680
08	MALE GENITAL SYSTEM	4	2,684
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	4	1,397
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	30	27,995
	235 SIMPLE FACIAL AND ENT PROCEDURES	16	13,699
	236 TONSIL AND ADENOID PROCEDURES	14	8,352

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

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

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
PROCEDURE APG CATEGORY, PROCEDURE APG, SINGLE APG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

110 Garfield Memorial Hospital

Procedure APG category	Procedure APG	TOTAL #	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	1	\$2,928	\$3,660
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	1	\$2,928	\$4,713
06	DIGESTIVE SYSTEM	127	\$1,432	\$2,170
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	1	\$830	\$1,114
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	22	\$1,041	\$1,249
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	1	\$2,357	\$1,798
	117 LOWER GASTROINTESTINAL ENDOSCOPY	87	\$1,375	\$1,114
	118 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	1	\$1,146	\$3,753
	119 HERNIA AND HYDROCELE PROCEDURES	7	\$1,981	\$3,546
	120 COMPLEX ANAL AND RECTAL PROCEDURES	2	\$1,776	\$2,846
	123 COMPLEX LAPAROSCOPIC PROCEDURES	6	\$2,932	\$6,362
08	MALE GENITAL SYSTEM	2	\$1,970	\$3,045
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	2	\$1,970	\$2,546
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	13	\$885	\$2,535
	236 TONSIL AND ADENOID PROCEDURES	13	\$885	\$2,184

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

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

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

110 Garfield Memorial Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
GENDER				
Female	104	52.8	122,108	54.4
Male	93	47.2	102,236	45.6
Unknown	0	0.0	4	0.0
Not Reported	0	0.0	4	0.0
AGE				
1-28 days	0	0.0	704	0.3
29-365 days	2	1.0	2,863	1.3
1-4 years	9	4.6	11,046	4.9
5-9	6	3.0	6,088	2.7
10-14	3	1.5	4,673	2.1
15-17	1	0.5	5,017	2.2
18-19	1	0.5	3,697	1.6
20-24	2	1.0	10,637	4.7
25-29	6	3.0	12,527	5.6
30-34	6	3.0	12,120	5.4
35-39	9	4.6	12,327	5.5
40-44	9	4.6	14,081	6.3
45-49	10	5.1	17,506	7.8
50-54	24	12.2	25,054	11.2
55-59	26	13.2	20,980	9.4
60-64	23	11.7	16,994	7.6
65-69	24	12.2	14,770	6.6
70-74	22	11.2	12,538	5.6
75-79	10	5.1	10,175	4.5
80-84	2	1.0	6,704	3.0
85-89	1	0.5	2,983	1.3
90 +	1	0.5	865	0.4
Not Reported	0	0.0	707	0.3
SOURCE OF ADMISSION				
Physician Referral	10	5.1	202,212	90.1
Clinic Referral	187	94.9	553	0.2
HMO Referral	0	0.0	3,605	1.6
Other Hospital	0	0.0	90	0.0
Skilled Nursing Facility	0	0.0	22	0.0
Other Health Care Facility	0	0.0	25	0.0
Emergency Room	0	0.0	4,679	2.1
Court/Law Enforcement	0	0.0	0	0.0
Unknown	0	0.0	11	0.0
Not Reported	0	0.0	13,155	5.9

(Continued)

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

110 Garfield Memorial Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	197	100.0	223,834	99.8
Another Hospital	0	0.0	103	0.0
Skilled Nursing Facility	0	0.0	111	0.0
Intermediate Care Facility	0	0.0	11	0.0
Another Type of Institution	0	0.0	46	0.0
Under Care of Home Service	0	0.0	169	0.1
Left Against Medical Advice	0	0.0	16	0.0
Under Care of Home IV Provider	0	0.0	1	0.0
Expired	0	0.0	5	0.0
Unknown	0	0.0	56	0.0
Not Reported	0	0.0	0	0.0
PRIMARY PAYER				
Medicare	60	30.5	45,634	20.3
Medicaid	5	2.5	14,157	6.3
Other government	4	2.0	3,504	1.6
Blue Cross/Blue Shield	17	8.6	30,700	13.7
Other Commercial	21	10.7	15,100	6.7
Managed Care(HMO, PPO)	81	41.1	105,175	46.9
Self Pay	1	0.5	2,539	1.1
Industrial & Worker Comp	1	0.5	3,834	1.7
Charity and Unclassified	4	2.0	2,186	1.0
Childrens Health Insurance	0	0.0	177	0.1
Unknown	3	1.5	1,256	0.6
Not Reported	0	0.0	90	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	0	0.0	15,979	7.1
Central Utah	15	7.6	8,148	3.6
Davis County	0	0.0	23,241	10.4
Salt Lake County	0	0.0	76,236	34.0
Southeastern Utah	0	0.0	5,436	2.4
Southwest Utah	180	91.4	13,567	6.0
Summit County	0	0.0	3,096	1.4
Tooele County	0	0.0	4,599	2.0
Tri-County	0	0.0	5,798	2.6
Utah County	1	0.5	35,900	16.0
Wasatch County	0	0.0	1,771	0.8
Weber County	0	0.0	21,412	9.5
Unknown Utah	0	0.0	49	0.0
Outside Utah	1	0.5	8,923	4.0
Unknown, Not Reported	0	0.0	197	0.1

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

AMB ST 1-1
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

129 Gunnison Valley Hospital - CAH

	Procedures Performed		Procedures Performed-All Hospitals	
	(#)	(%)	(#)	(%)
Reporting Category(ICD-9-CM CODES)	1,409	100.0	321,711	100.0
Mastectomy (85.0-85.99)	35	2.5	7,021	2.2
Musculoskeletal (76.0-84.99)	43	3.1	65,753	20.4
Respiratory (30.0-34.99)	5	0.4	3,438	1.1
Cardiovascular (35.0-39.99)	5	0.4	15,180	4.7
Lymphatic/Hemetic (40.0-41.99)	5	0.4	3,088	1.0
Digestive System (42.0-54.99)	881	62.5	107,581	33.4
Urinary (55.0-59.99)	10	0.7	8,752	2.7
Male Genital (60.0-64.99)	7	0.5	3,460	1.1
Female Genital (65.0-71.99)	71	5.0	15,319	4.8
Endocrine/Nervous (01.0-07.99)	49	3.5	28,111	8.7
Eye (08.0-16.99)	102	7.2	19,328	6.0
Ear (18.0-20.99)	81	5.7	14,440	4.5
Nose, Mouth, Pharynx (21.0-29.99)	115	8.2	30,240	9.4
Reporting Category(CPT-4 CODES)	1,431	100.0	304,292	100.0
Mastectomy (19120-19220)	18	1.3	3,001	1.0
Musculoskeletal (20000-29909)	54	3.8	65,018	21.4
Respiratory (30000-32999 & 39501-39599)	19	1.3	13,975	4.6
Cardiovascular (33010-37799 & 93501-93660)	450	31.4	31,569	10.4
Lymphatic/Hemetic (38100-38999)	3	0.2	2,606	0.9
Digestive (40490-49999)	717	50.1	115,754	38.0
Urinary (50010-53899)	6	0.4	8,580	2.8
Male Genital (54000-55899)	4	0.3	3,059	1.0
Female Genital (56405-58999)	12	0.8	11,517	3.8
Endocrine/Nervous (60000-64999)	6	0.4	29,931	9.8
Eye (65091-68899)	100	7.0	11,422	3.8
Ear (69000-69979)	42	2.9	7,860	2.6

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

AMB ST 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES

129 Gunnison Valley Hospital - CAH

ICD-9 CODE	ICD-9 DESCRIPTION	#	%	% ALL Hospitals
All ICD-9 Procedures		1,409	100.0	100.0
4523	COLONOSCOPY	224	15.9	7.45
4513	OTHER ENDOSCOPY OF SMALL INTESTINE	207	14.7	1.88
4542	ENDO POLYPECTOMY LARGE INTESTINE	90	6.4	3.92
1341	PHACOEMULSIFICATION&ASPIR CATARACT	74	5.3	1.38
2001	MYRINGOTOMY WITH INSERTION OF TUBE	74	5.3	3.56
5123	LAPAROSCOPIC CHOLECYSTECTOMY	68	4.8	2.01
5159	INCISION OF OTHER BILE DUCT	63	4.5	0.02
4525	CLOS [ENDO] BX LARGE INTESTINE	58	4.1	2.61
283	TONSILLECTOMY WITH ADENOIDECTOMY	51	3.6	1.68
0443	RELEASE OF CARPAL TUNNEL	45	3.2	1.12
4516	EGD W/CLOS BX	35	2.5	5.75
8521	LOCAL EXCISION OF LESION OF BREAST	30	2.1	0.85
5451	LAPAROSCOPIC LYSIS PERITONEAL ADHES	28	2.0	0.25
1364	DISCISSION OF SECONDARY MEMBRANE	27	1.9	0.18
282	TONSILLECTOMY WITHOUT ADENOIDECTOMY	27	1.9	0.62
6851	LAPAROSCOPICALLY ASSISTED VAG HYST	18	1.3	0.03
4467	LAP CREATE EG SPHINCTRIC COMPETENCE	16	1.1	0.07
6909	OTHER DILATION&CURETTAGE OF UTERUS	15	1.1	0.47
4292	DILATION OF ESOPHAGUS	14	1.0	1.54
8147	OTHER REPAIR OF KNEE	13	0.9	0.75

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		1,431	100.0	100.0
36416	COLLECTON CAPILLARY BLOOD SPECIM	418	29.2	0.37
45378	COLONOSCOPY FLEX; DX-SEP PROC	213	14.9	7.39
43235	UGI ENDO; DX W/VO CLCT SPECMN-SP	183	12.8	1.32
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	86	6.0	1.81
66984	EXTRACAPSULAR CATARACT REMV IOL	73	5.1	1.42
45380	COLONOSCOPY FLEX; W/BX 1/MX	54	3.8	5.63
42820	T&A; UNDER AGE 12	47	3.3	1.36
69436	TYMPANOSTOMY GENERAL ANESTHESIA	37	2.6	1.90
43239	UGI ENDO; W/BX 1/MX	29	2.0	5.96
66821	DISCISSION 2ND CATARACT; LASER S	27	1.9	0.22
29848	ENDO WRST SURG REL TRNS CARP LIG	26	1.8	0.31
36430	TRANSFUSION BLOOD/BLOOD COMPONENT	26	1.8	0.34
49505	REPR INIT ING HERNIA 5YR/MORE; R	16	1.1	0.95
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	14	1.0	0.51
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	14	1.0	1.05
19120	EXC BRST CYST TUMR/LES OPN M/F 1	11	0.8	0.50
27332	ARTHROT EXC SEMILUNAR KNEE; MED/	8	0.6	0.00
19125	EXC BRST LES ID RAD MARKR OPN;1	7	0.5	0.26
42825	TONSILLECT PRIM/SEC; UNDER AGE 1	6	0.4	0.12
58120	DILATION & CURET DX &/ THERAPEUT	6	0.4	0.23

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

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

AMB ST 1-3

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

129 Gunnison Valley Hospital - CAH

ICD-9 CODE	ICD-9 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
ICD-9 Procedures		784	\$1,589	\$3,166
4523	COLONOSCOPY	166	\$809	\$947
4513	OTHER ENDOSCOPY OF SMALL INTESTINE	108	\$682	\$1,089
1341	PHACOEMULSIFICATION&ASPIR CATARACT	73	\$2,285	\$2,407
4542	ENDO POLYPECTOMY LARGE INTESTINE	65	\$1,199	\$1,297
283	TONSILLECTOMY WITH ADENOIDECTOMY	48	\$1,213	\$2,169
4525	CLOS [ENDO] BX LARGE INTESTINE	29	\$1,058	\$1,356
8521	LOCAL EXCISION OF LESION OF BREAST	28	\$2,186	\$2,630
1364	DISCISSION OF SECONDARY MEMBRANE	27	\$645	\$732
282	TONSILLECTOMY WITHOUT ADENOIDECTOMY	27	\$1,325	\$2,285
0443	RELEASE OF CARPAL TUNNEL	24	\$1,916	\$2,124
4516	EGD W/CLOS BX	21	\$1,062	\$1,301
6909	OTHER DILATION&CURETTAGE OF UTERUS	14	\$1,364	\$2,634
4467	LAP CREATE EG SPHINCTRIC COMPETENCE	13	\$5,737	\$9,237
6902	DILATION&CURET FOLLOWING DELIV/AB	10	\$2,095	\$2,491
5304	UNILAT REPR INDIRECT ING HERN-GFT	9	\$2,690	\$3,643
6851	LAPAROSCOPICALLY ASSISTED VAG HYST	9	\$6,737	\$8,329
4701	LAPAROSCOPIC APPENDECTOMY	6	\$6,240	\$8,144
5316	BIL REPR ING HERN DIRCT-INDRCT-GFT	6	\$4,228	\$5,230
5421	LAPAROSCOPY	6	\$3,403	\$3,954
4292	DILATION OF ESOPHAGUS	5	\$1,278	\$1,494

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
CPT-4 Procedures		1,167	\$889	\$2,895
36416	COLLECTON CAPILLARY BLOOD SPECIM	416	\$108	\$148
45378	COLONOSCOPY FLEX; DX-SEP PROC	156	\$794	\$949
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	99	\$664	\$1,036
66984	EXTRACAPSULAR CATARACT REMV IOL	73	\$2,284	\$3,042
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	64	\$1,221	\$1,431
42820	T&A; UNDER AGE 12	44	\$1,213	\$2,072
69436	TYMPANOSTOMY GENERAL ANESTHESIA	33	\$730	\$1,166
45380	COLONOSCOPY FLEX; W/BX 1/MX	30	\$1,054	\$1,278
66821	DISCISSION 2ND CATARACT; LASER S	27	\$645	\$770
36430	TRANSFUSION BLOOD/BLOOD COMPONENT	26	\$1,308	\$2,312
29848	ENDO WRST SURG REL TRNS CARP LIG	25	\$1,898	\$2,360
43239	UGI ENDO; W/BX 1/MX	17	\$966	\$1,299
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	14	\$1,304	\$2,330
19120	EXC BRST CYST TUMR/LES OPN M/F 1	11	\$1,960	\$2,583
49505	REPR INIT ING HERNIA 5YR/MORE; R	10	\$2,602	\$3,685
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	7	\$1,215	\$1,582
19125	EXC BRST LES ID RAD MARKR OPN;1	6	\$2,548	\$3,410
42825	TONSILLECT PRIM/SEC; UNDER AGE 1	6	\$1,276	\$2,074
58120	DILATION & CURET DX &/ THERAPEUT	6	\$1,296	\$2,371
43247	UGI ENDO; W/REMOVAL FB	5	\$811	\$1,425

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

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

129 Gunnison Valley Hospital - CAH

Procedure APG category		TOTAL #	TOTAL # (ALL Hospitals)
Procedure APG			
01	INTEGUMENTARY SYSTEM	24	8,878
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	1	1,202
	008 SIMPLE EXCISION AND BIOPSY	3	1,012
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRANGE	2	1,367
	011 SIMPLE INCISION AND EXCISION OF BREAST	18	2,366
02	MUSCULOSKELETAL SYSTEM	49	58,082
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	9	6,410
	025 ARTHROSCOPY	29	25,432
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	1	656
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	3	470
	033 ARTHROPLASTY	6	512
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	1	2,033
03	RESPIRATORY SYSTEM	9	7,958
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	1	656
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	7	5,137
	055 ENDOSCOPY OF THE LOWER AIRWAY	1	1,865
04	CARDIOVASCULAR SYSTEM	3	25,823
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	3	746
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	32	3,114
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	6	1,943
	097 TRANSFUSION	26	1,021
06	DIGESTIVE SYSTEM	645	105,000
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	212	22,453
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	22	5,914
	117 LOWER GASTROINTESTINAL ENDOSCOPY	359	47,953
	119 HERNIA AND HYDROCELE PROCEDURES	30	6,882
	120 COMPLEX ANAL AND RECTAL PROCEDURES	1	1,098
	121 SIMPLE ANAL AND RECTAL PROCEDURES	1	497
	123 COMPLEX LAPAROSCOPIC PROCEDURES	20	15,680
07	URINARY SYSTEM	6	7,472
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	1	3,513
	135 MODERATE CYSTOURETHROSCOPY	3	1,846
	136 SIMPLE CYSTOURETHROSCOPY	2	606
08	MALE GENITAL SYSTEM	4	2,684
	154 SIMPLE PENILE PROCEDURES	4	680
09	FEMALE GENITAL SYSTEM	9	6,830
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	1	1,642
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	2	1,421
	178 DILATION AND CURETTAGE	6	709
10	NERVOUS SYSTEM	3	26,119
	198 NERVE REPAIR AND DESTRUCTION	3	4,690
11	EYE AND OCULAR ADNEXA	100	11,129
	213 LASER EYE PROCEDURES	27	710
	214 CATARACT PROCEDURES	73	4,618
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	128	27,995
	234 COMPLEX FACIAL AND ENT PROCEDURES	7	5,543

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

129 Gunnison Valley Hospital - CAH

procedure APG category procedure APG	TOTAL #	TOTAL # (ALL Hospitals)
235 SIMPLE FACIAL AND ENT PROCEDURES	50	13,699
236 TONSIL AND ADENOID PROCEDURES	71	8,352

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

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
PROCEDURE APG CATEGORY, PROCEDURE APG, SINGLE APG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

129 Gunnison Valley Hospital - CAH

Procedure APG category	Procedure APG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
01	INTEGUMENTARY SYSTEM	23	\$2,073	\$3,077
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	1	\$470	\$2,981
	008 SIMPLE EXCISION AND BIOPSY	3	\$1,631	\$2,545
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRAN	2	\$2,730	\$4,359
	011 SIMPLE INCISION AND EXCISION OF BREAST	17	\$2,168	\$2,861
02	MUSCULOSKELETAL SYSTEM	37	\$1,926	\$4,100
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	4	\$2,221	\$6,150
	025 ARTHROSCOPY	28	\$2,009	\$4,558
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	1	\$777	\$3,140
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	3	\$1,121	\$2,526
	033 ARTHROPLASTY	1	\$2,002	\$6,241
03	RESPIRATORY SYSTEM	2	\$1,544	\$2,071
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	1	\$1,878	\$1,191
	055 ENDOSCOPY OF THE LOWER AIRWAY	1	\$1,209	\$2,233
04	CARDIOVASCULAR SYSTEM	3	\$1,405	\$10,821
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	3	\$1,405	\$4,242
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	32	\$1,645	\$3,660
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	6	\$3,108	\$4,713
	097 TRANSFUSION	26	\$1,308	\$2,312
06	DIGESTIVE SYSTEM	420	\$1,140	\$2,170
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	116	\$708	\$1,249
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	13	\$1,065	\$1,798
	117 LOWER GASTROINTESTINAL ENDOSCOPY	256	\$930	\$1,114
	119 HERNIA AND HYDROCELE PROCEDURES	16	\$3,027	\$3,546
	121 SIMPLE ANAL AND RECTAL PROCEDURES	1	\$965	\$2,218
	123 COMPLEX LAPAROSCOPIC PROCEDURES	18	\$5,285	\$6,362
07	URINARY SYSTEM	6	\$991	\$4,480
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	1	\$1,531	\$4,624
	135 MODERATE CYSTOURETHROSCOPY	3	\$897	\$3,484
	136 SIMPLE CYSTOURETHROSCOPY	2	\$862	\$2,335
08	MALE GENITAL SYSTEM	4	\$327	\$3,045
	154 SIMPLE PENILE PROCEDURES	4	\$327	\$1,914
09	FEMALE GENITAL SYSTEM	9	\$1,965	\$4,082
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	1	\$2,614	\$5,061
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	2	\$3,648	\$3,135
	178 DILATION AND CURETTAGE	6	\$1,296	\$2,371
10	NERVOUS SYSTEM	2	\$1,753	\$1,813
	198 NERVE REPAIR AND DESTRUCTION	2	\$1,753	\$2,441
11	EYE AND OCULAR ADNEXA	100	\$1,841	\$3,062
	213 LASER EYE PROCEDURES	27	\$645	\$782
	214 CATARACT PROCEDURES	73	\$2,284	\$3,046
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	112	\$1,075	\$2,535
	234 COMPLEX FACIAL AND ENT PROCEDURES	4	\$1,813	\$4,888
	235 SIMPLE FACIAL AND ENT PROCEDURES	41	\$734	\$1,798
	236 TONSIL AND ADENOID PROCEDURES	67	\$1,239	\$2,184

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

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

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

129 Gunnison Valley Hospital - CAH

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
GENDER				
Female	827	54.2	122,108	54.4
Male	698	45.8	102,236	45.6
Unknown	0	0.0	4	0.0
Not Reported	0	0.0	4	0.0
AGE				
1-28 days	159	10.4	704	0.3
29-365 days	90	5.9	2,863	1.3
1-4 years	186	12.2	11,046	4.9
5-9	44	2.9	6,088	2.7
10-14	23	1.5	4,673	2.1
15-17	29	1.9	5,017	2.2
18-19	14	0.9	3,697	1.6
20-24	46	3.0	10,637	4.7
25-29	52	3.4	12,527	5.6
30-34	41	2.7	12,120	5.4
35-39	31	2.0	12,327	5.5
40-44	58	3.8	14,081	6.3
45-49	85	5.6	17,506	7.8
50-54	117	7.7	25,054	11.2
55-59	103	6.8	20,980	9.4
60-64	90	5.9	16,994	7.6
65-69	99	6.5	14,770	6.6
70-74	86	5.6	12,538	5.6
75-79	89	5.8	10,175	4.5
80-84	46	3.0	6,704	3.0
85-89	32	2.1	2,983	1.3
90 +	5	0.3	865	0.4
Not Reported	159	10.4	707	0.3
SOURCE OF ADMISSION				
Physician Referral	1,497	98.2	202,212	90.1
Clinic Referral	0	0.0	553	0.2
HMO Referral	0	0.0	3,605	1.6
Other Hospital	0	0.0	90	0.0
Skilled Nursing Facility	0	0.0	22	0.0
Other Health Care Facility	0	0.0	25	0.0
Emergency Room	24	1.6	4,679	2.1
Court/Law Enforcement	0	0.0	0	0.0
Unknown	0	0.0	11	0.0
Not Reported	4	0.3	13,155	5.9

(Continued)

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

129 Gunnison Valley Hospital - CAH

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	1,520	99.7	223,834	99.8
Another Hospital	4	0.3	103	0.0
Skilled Nursing Facility	0	0.0	111	0.0
Intermediate Care Facility	0	0.0	11	0.0
Another Type of Institution	0	0.0	46	0.0
Under Care of Home Service	1	0.1	169	0.1
Left Against Medical Advice	0	0.0	16	0.0
Under Care of Home IV Provider	0	0.0	1	0.0
Expired	0	0.0	5	0.0
Unknown	0	0.0	56	0.0
Not Reported	0	0.0	0	0.0
PRIMARY PAYER				
Medicare	334	21.9	45,634	20.3
Medicaid	235	15.4	14,157	6.3
Other government	25	1.6	3,504	1.6
Blue Cross/Blue Shield	107	7.0	30,700	13.7
Other Commercial	156	10.2	15,100	6.7
Managed Care(HMO, PPO)	546	35.8	105,175	46.9
Self Pay	98	6.4	2,539	1.1
Industrial & Worker Comp	1	0.1	3,834	1.7
Charity and Unclassified	0	0.0	2,186	1.0
Childrens Health Insurance	0	0.0	177	0.1
Unknown	22	1.4	1,256	0.6
Not Reported	1	0.1	90	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	0	0.0	15,979	7.1
Central Utah	1,487	97.5	8,148	3.6
Davis County	0	0.0	23,241	10.4
Salt Lake County	3	0.2	76,236	34.0
Southeastern Utah	9	0.6	5,436	2.4
Southwest Utah	8	0.5	13,567	6.0
Summit County	0	0.0	3,096	1.4
Tooele County	0	0.0	4,599	2.0
Tri-County	0	0.0	5,798	2.6
Utah County	11	0.7	35,900	16.0
Wasatch County	0	0.0	1,771	0.8
Weber County	0	0.0	21,412	9.5
Unknown Utah	1	0.1	49	0.0
Outside Utah	5	0.3	8,923	4.0
Unknown, Not Reported	1	0.1	197	0.1

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

AMB ST 1-1
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

139 Heber Valley Medical Center - CAH

	Procedures Performed		Procedures Performed-All Hospitals	
	(#)	(%)	(#)	(%)
Reporting Category(ICD-9-CM CODES)	3,585	100.0	321,711	100.0
Mastectomy (85.0-85.99)	12	0.3	7,021	2.2
Musculoskeletal (76.0-84.99)	2,011	56.1	65,753	20.4
Respiratory (30.0-34.99)	0	0.0	3,438	1.1
Cardiovascular (35.0-39.99)	0	0.0	15,180	4.7
Lymphatic/Hemetic (40.0-41.99)	3	0.1	3,088	1.0
Digestive System (42.0-54.99)	497	13.9	107,581	33.4
Urinary (55.0-59.99)	0	0.0	8,752	2.7
Male Genital (60.0-64.99)	4	0.1	3,460	1.1
Female Genital (65.0-71.99)	37	1.0	15,319	4.8
Endocrine/Nervous (01.0-07.99)	805	22.5	28,111	8.7
Eye (08.0-16.99)	183	5.1	19,328	6.0
Ear (18.0-20.99)	22	0.6	14,440	4.5
Nose, Mouth, Pharynx (21.0-29.99)	11	0.3	30,240	9.4
Reporting Category(CPT-4 CODES)	2,834	100.0	304,292	100.0
Mastectomy (19120-19220)	9	0.3	3,001	1.0
Musculoskeletal (20000-29909)	1,508	53.2	65,018	21.4
Respiratory (30000-32999 & 39501-39599)	0	0.0	13,975	4.6
Cardiovascular (33010-37799 & 93501-93660)	0	0.0	31,569	10.4
Lymphatic/Hemetic (38100-38999)	3	0.1	2,606	0.9
Digestive (40490-49999)	498	17.6	115,754	38.0
Urinary (50010-53899)	0	0.0	8,580	2.8
Male Genital (54000-55899)	3	0.1	3,059	1.0
Female Genital (56405-58999)	15	0.5	11,517	3.8
Endocrine/Nervous (60000-64999)	686	24.2	29,931	9.8
Eye (65091-68899)	100	3.5	11,422	3.8
Ear (69000-69979)	12	0.4	7,860	2.6

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics.

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

AMB ST 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES

139 Heber Valley Medical Center - CAH

ICD-9 CODE	ICD-9 DESCRIPTION	#	%	% ALL Hospitals
All ICD-9 Procedures		3,585	100.0	100.0
0392	INJECTION OTH AGT INTO SPINAL CANAL	381	10.6	2.68
0391	INJECTION ANES-SPINAL CANAL ANALG	371	10.3	2.05
806	EXCISION SEMILUNAR CARTILAGE KNEE	342	9.5	1.86
4523	COLONOSCOPY	239	6.7	7.45
7766	LOCAL EXCISION LESION/TISSUE PAT	173	4.8	0.14
7765	LOCAL EXCISION LESION/TISSUE FEMUR	156	4.4	0.13
8145	OTHER REPAIR THE CRUCIATE LIGAMENTS	155	4.3	0.57
8086	OTH LOCAL EXC/DESTRUC LES KNEE JNT	129	3.6	0.85
7767	LOCAL EXC LESION/TISSUE TIB&FIB	96	2.7	0.10
8076	SYNOVECTOMY OF KNEE	93	2.6	0.39
8183	OTHER REPAIR OF SHOULDER	90	2.5	0.76
8363	ROTATOR CUFF REPAIR	88	2.5	0.74
4525	CLOS [ENDO] BX LARGE INTESTINE	87	2.4	2.61
8081	OTH LOCAL EXC/DESTRUC LES SHLDR JNT	81	2.3	0.47
1341	PHACOEMULSIFICATION&ASPIR CATARACT	73	2.0	1.38
1371	INSRT IOL-CATARACT EXTRACT-1 STAGE	73	2.0	1.37
7781	OTH PART OSTEC SCAPULA CLAV&THORAX	72	2.0	0.50
8147	OTHER REPAIR OF KNEE	72	2.0	0.75
8046	DIV JOINT CAP LIGAMENT/CART KNEE	55	1.5	0.29
8193	SUT CAPSULE/LIGAMENT UPPER EXTREM	45	1.3	0.09

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		2,834	100.0	100.0
29881	SCOPE KNEE SURG;W/MENISCECT MED/	271	9.6	1.59
45378	COLONOSCOPY FLEX; DX-SEP PROC	237	8.4	7.39
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	163	5.8	1.51
29888	ARTHSCPY AIDED ACL REPR/AUG/RECO	153	5.4	0.58
29826	SCOPE SHOULDER; DECOMP SUBACROM	149	5.3	1.09
64483	INJ ANES EPIDURL; LUMB/SAC 1 LEV	140	4.9	0.98
29877	SCOPE KNEE SURG; DEBRID/SHAVE CA	104	3.7	1.01
45380	COLONOSCOPY FLEX; W/BX 1/MX	88	3.1	5.63
64472	INJ ANES FACET JT; CERV/THOR-EA	88	3.1	0.28
29827	SCOPE SHLDR SURG; W/ROTOR CUFF R	87	3.1	0.55
29823	SCOPE SHOULDER SURGICAL; DEBRID	74	2.6	0.22
29824	SCOPE SHLDR SURG;DIST CLAVICULEC	70	2.5	0.40
66984	EXTRACAPSULAR CATARACT REMV IOL	67	2.4	1.42
29880	SCOPE KNEE SURG;W/MENISCECT MED&	63	2.2	0.45
64484	INJ ANES EPIDURL; LUMB/SAC-EA AD	61	2.2	0.57
64476	INJ ANES FACET JT; LUMB/SAC-EA A	58	2.0	0.60
29873	SCOPE KNEE SURGICAL; W/LAT RELEA	50	1.8	0.29
20680	REMOVAL OF IMPLANT; DEEP	45	1.6	0.87
29806	SCOPE SHOULDER SURGICAL; CPSLORR	45	1.6	0.18
64475	INJ ANES FACET JT; LUMB/SAC-1LEV	44	1.6	0.52

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

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

AMB ST 1-3

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

139 Heber Valley Medical Center - CAH

ICD-9 CODE	ICD-9 DESCRIPTION	#	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
ICD-9 Procedures		875	\$3,109	\$3,166
4523	COLONOSCOPY	220	\$1,122	\$947
4525	CLOS [ENDO] BX LARGE INTESTINE	70	\$1,298	\$1,356
8086	OTH LOCAL EXC/DESTRUC LES KNEE JNT	66	\$4,540	\$3,477
806	EXCISION SEMILUNAR CARTILAGE KNEE	56	\$4,567	\$4,034
8145	OTHER REPAIR THE CRUCIATE LIGAMENTS	34	\$6,924	\$8,676
5123	LAPAROSCOPIC CHOLECYSTECTOMY	26	\$7,650	\$6,118
4516	EGD W/CLOS BX	24	\$1,149	\$1,301
8076	SYNOVECTOMY OF KNEE	21	\$4,311	\$3,941
0443	RELEASE OF CARPAL TUNNEL	19	\$2,837	\$2,124
1359	OTHER EXTRACAPSULAR EXTRACTION LENS	19	\$1,440	\$1,475
8193	SUT CAPSULE/LIGAMENT UPPER EXTREM	17	\$6,357	\$5,782
4513	OTHER ENDOSCOPY OF SMALL INTESTINE	16	\$1,198	\$1,089
8363	ROTATOR CUFF REPAIR	15	\$7,110	\$8,430
8046	DIV JOINT CAP LIGAMENT/CART KNEE	11	\$4,947	\$4,133
5304	UNILAT REPR INDIRECT ING HERN-GFT	10	\$3,423	\$3,643
8183	OTHER REPAIR OF SHOULDER	10	\$5,734	\$6,622
8192	INJ THERAPEUTIC SBSTNC IN JNT/LIG	10	\$1,906	\$964
0392	INJECTION OTH AGT INTO SPINAL CANAL	9	\$1,183	\$751
4701	LAPAROSCOPIC APPENDECTOMY	9	\$8,132	\$8,144
7932	OPEN RDUC FX RADUS&ULNA W/INTRL FIX	9	\$4,416	\$7,111

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
CPT-4 Procedures		1,421	\$3,098	\$2,895
45378	COLONOSCOPY FLEX; DX-SEP PROC	218	\$1,123	\$949
29881	SCOPE KNEE SURG;W/MENISCECT MED/	180	\$4,583	\$3,914
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	138	\$1,213	\$982
45380	COLONOSCOPY FLEX; W/BX 1/MX	82	\$1,286	\$1,278
29877	SCOPE KNEE SURG; DEBRID/SHAVE CA	78	\$4,628	\$3,536
66984	EXTRACAPSULAR CATARACT REMV IOL	67	\$3,315	\$3,042
29888	ARTHSCPY AIDED ACL REPR/AUG/RECO	57	\$6,889	\$8,902
64483	INJ ANES EPIDURL; LUMB/SAC 1 LEV	56	\$1,415	\$1,198
29873	SCOPE KNEE SURGICAL; W/LAT RELEA	35	\$5,204	\$4,176
29880	SCOPE KNEE SURG;W/MENISCECT MED&	34	\$4,593	\$4,214
62310	INJ 1 NOT NEUROLYTIC-EPID;CERV/T	27	\$1,639	\$1,147
43239	UGI ENDO; W/BX 1/MX	24	\$1,149	\$1,299
47562	LAPAROSCOPY SURGICAL; CHOLECT	22	\$7,629	\$5,595
20680	REMOVAL OF IMPLANT; DEEP	19	\$2,377	\$2,816
49505	REPR INIT ING HERNIA 5YR/MORE; R	19	\$3,397	\$3,685
66821	DISCISSION 2ND CATARACT; LASER S	19	\$1,440	\$770
29806	SCOPE SHOULDER SURGICAL; CPSLORR	18	\$6,317	\$7,427
29875	SCOPE KNEE; SYNOVECT LTD SEP PRO	18	\$4,292	\$3,609
64475	INJ ANES FACET JT; LUMB/SAC-1LEV	17	\$1,258	\$1,343
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	14	\$2,022	\$2,178

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

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

139 Heber Valley Medical Center - CAH

Procedure APG category		TOTAL #	TOTAL # (ALL Hospitals)
Procedure APG			
01	INTEGUMENTARY SYSTEM	16	8,878
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	4	1,202
	008 SIMPLE EXCISION AND BIOPSY	1	1,012
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRANGE	2	1,367
	011 SIMPLE INCISION AND EXCISION OF BREAST	9	2,366
02	MUSCULOSKELETAL SYSTEM	1,474	58,082
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	40	6,410
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	41	2,231
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	2	2,131
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	64	11,532
	025 ARTHROSCOPY	1,250	25,432
	027 SPLINT, STRAPPING AND CAST REMOVAL	1	368
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	5	656
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	48	4,342
	032 BUNION PROCEDURES	1	1,569
	033 ARTHROPLASTY	1	512
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	21	2,033
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	3	3,114
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	3	1,943
06	DIGESTIVE SYSTEM	493	105,000
	112 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	1	1,288
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	59	22,453
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	6	5,914
	117 LOWER GASTROINTESTINAL ENDOSCOPY	327	47,953
	119 HERNIA AND HYDROCELE PROCEDURES	38	6,882
	120 COMPLEX ANAL AND RECTAL PROCEDURES	6	1,098
	121 SIMPLE ANAL AND RECTAL PROCEDURES	1	497
	123 COMPLEX LAPAROSCOPIC PROCEDURES	55	15,680
08	MALE GENITAL SYSTEM	3	2,684
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	1	1,397
	154 SIMPLE PENILE PROCEDURES	2	680
09	FEMALE GENITAL SYSTEM	9	6,830
	178 DILATION AND CURETTAGE	1	709
	179 HYSTEROSCOPY	8	2,718
10	NERVOUS SYSTEM	682	26,119
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	650	19,763
	197 NEUROSTIMULATOR AND VENTRICULAR SHUNT IMPLANTATION	1	828
	198 NERVE REPAIR AND DESTRUCTION	31	4,690
11	EYE AND OCULAR ADNEXA	100	11,129
	213 LASER EYE PROCEDURES	20	710
	214 CATARACT PROCEDURES	73	4,618
	216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	6	294
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	1	881
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	22	27,995
	234 COMPLEX FACIAL AND ENT PROCEDURES	1	5,543
	235 SIMPLE FACIAL AND ENT PROCEDURES	12	13,699

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

139 Heber Valley Medical Center - CAH

procedure APG category	procedure APG	TOTAL #	TOTAL # (ALL Hospitals)
	236 TONSIL AND ADENOID PROCEDURES	9	8,352
13	THERAPEUTIC AND OTHER RADIOLOGICAL PROCEDURES	4	3,177
	254 MYELOGRAPHY	4	297

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

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
PROCEDURE APG CATEGORY, PROCEDURE APG, SINGLE APG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

139 Heber Valley Medical Center - CAH

Procedure APG category	Procedure APG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
01	INTEGUMENTARY SYSTEM	10	\$3,076	\$3,077
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	1	\$2,404	\$2,981
	008 SIMPLE EXCISION AND BIOPSY	1	\$1,274	\$2,545
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRAN	1	\$5,795	\$4,359
	011 SIMPLE INCISION AND EXCISION OF BREAST	7	\$3,041	\$2,861
02	MUSCULOSKELETAL SYSTEM	579	\$4,735	\$4,100
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	22	\$4,912	\$6,150
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	3	\$2,494	\$3,787
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	34	\$2,332	\$2,717
	025 ARTHROSCOPY	465	\$5,062	\$4,558
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	4	\$2,208	\$3,140
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	38	\$4,200	\$5,140
	032 BUNION PROCEDURES	1	\$2,080	\$3,916
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	12	\$1,870	\$909
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	1	\$4,027	\$3,660
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	1	\$4,027	\$4,713
06	DIGESTIVE SYSTEM	421	\$2,006	\$2,170
	112 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	1	\$1,500	\$1,490
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	35	\$1,108	\$1,249
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	6	\$1,520	\$1,798
	117 LOWER GASTROINTESTINAL ENDOSCOPY	302	\$1,169	\$1,114
	119 HERNIA AND HYDROCELE PROCEDURES	24	\$3,284	\$3,546
	120 COMPLEX ANAL AND RECTAL PROCEDURES	3	\$2,250	\$2,846
	123 COMPLEX LAPAROSCOPIC PROCEDURES	50	\$7,130	\$6,362
08	MALE GENITAL SYSTEM	3	\$2,230	\$3,045
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	1	\$1,526	\$2,546
	154 SIMPLE PENILE PROCEDURES	2	\$2,582	\$1,914
09	FEMALE GENITAL SYSTEM	9	\$3,251	\$4,082
	178 DILATION AND CURETTAGE	1	\$1,864	\$2,371
	179 HYSTEROSCOPY	8	\$3,424	\$4,610
10	NERVOUS SYSTEM	264	\$1,379	\$1,813
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	247	\$1,331	\$1,068
	198 NERVE REPAIR AND DESTRUCTION	17	\$2,077	\$2,441
11	EYE AND OCULAR ADNEXA	100	\$2,849	\$3,062
	213 LASER EYE PROCEDURES	20	\$1,383	\$782
	214 CATARACT PROCEDURES	73	\$3,272	\$3,046
	216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	6	\$2,486	\$2,237
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	1	\$3,462	\$3,876
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	21	\$1,805	\$2,535
	234 COMPLEX FACIAL AND ENT PROCEDURES	1	\$2,523	\$4,888
	235 SIMPLE FACIAL AND ENT PROCEDURES	11	\$1,418	\$1,798
	236 TONSIL AND ADENOID PROCEDURES	9	\$2,199	\$2,184

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

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

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

139 Heber Valley Medical Center - CAH

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
GENDER				
Female	915	46.1	122,108	54.4
Male	1,071	53.9	102,236	45.6
Unknown	0	0.0	4	0.0
Not Reported	0	0.0	4	0.0
AGE				
1-28 days	0	0.0	704	0.3
29-365 days	2	0.1	2,863	1.3
1-4 years	16	0.8	11,046	4.9
5-9	11	0.6	6,088	2.7
10-14	22	1.1	4,673	2.1
15-17	83	4.2	5,017	2.2
18-19	45	2.3	3,697	1.6
20-24	73	3.7	10,637	4.7
25-29	91	4.6	12,527	5.6
30-34	134	6.7	12,120	5.4
35-39	144	7.3	12,327	5.5
40-44	155	7.8	14,081	6.3
45-49	187	9.4	17,506	7.8
50-54	278	14.0	25,054	11.2
55-59	230	11.6	20,980	9.4
60-64	157	7.9	16,994	7.6
65-69	121	6.1	14,770	6.6
70-74	100	5.0	12,538	5.6
75-79	75	3.8	10,175	4.5
80-84	36	1.8	6,704	3.0
85-89	19	1.0	2,983	1.3
90 +	7	0.4	865	0.4
Not Reported	0	0.0	707	0.3
SOURCE OF ADMISSION				
Physician Referral	1,945	97.9	202,212	90.1
Clinic Referral	1	0.1	553	0.2
HMO Referral	1	0.1	3,605	1.6
Other Hospital	0	0.0	90	0.0
Skilled Nursing Facility	0	0.0	22	0.0
Other Health Care Facility	0	0.0	25	0.0
Emergency Room	39	2.0	4,679	2.1
Court/Law Enforcement	0	0.0	0	0.0
Unknown	0	0.0	11	0.0
Not Reported	0	0.0	13,155	5.9

(Continued)

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

139 Heber Valley Medical Center - CAH

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	1,983	99.8	223,834	99.8
Another Hospital	1	0.1	103	0.0
Skilled Nursing Facility	0	0.0	111	0.0
Intermediate Care Facility	0	0.0	11	0.0
Another Type of Institution	1	0.1	46	0.0
Under Care of Home Service	0	0.0	169	0.1
Left Against Medical Advice	1	0.1	16	0.0
Under Care of Home IV Provider	0	0.0	1	0.0
Expired	0	0.0	5	0.0
Unknown	0	0.0	56	0.0
Not Reported	0	0.0	0	0.0
PRIMARY PAYER				
Medicare	336	16.9	45,634	20.3
Medicaid	27	1.4	14,157	6.3
Other government	7	0.4	3,504	1.6
Blue Cross/Blue Shield	396	19.9	30,700	13.7
Other Commercial	146	7.4	15,100	6.7
Managed Care(HMO, PPO)	959	48.3	105,175	46.9
Self Pay	22	1.1	2,539	1.1
Industrial & Worker Comp	69	3.5	3,834	1.7
Charity and Unclassified	22	1.1	2,186	1.0
Childrens Health Insurance	0	0.0	177	0.1
Unknown	2	0.1	1,256	0.6
Not Reported	0	0.0	90	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	4	0.2	15,979	7.1
Central Utah	5	0.3	8,148	3.6
Davis County	14	0.7	23,241	10.4
Salt Lake County	247	12.4	76,236	34.0
Southeastern Utah	5	0.3	5,436	2.4
Southwest Utah	3	0.2	13,567	6.0
Summit County	635	32.0	3,096	1.4
Tooele County	8	0.4	4,599	2.0
Tri-County	72	3.6	5,798	2.6
Utah County	40	2.0	35,900	16.0
Wasatch County	793	39.9	1,771	0.8
Weber County	20	1.0	21,412	9.5
Unknown Utah	0	0.0	49	0.0
Outside Utah	134	6.7	8,923	4.0
Unknown, Not Reported	6	0.3	197	0.1

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

AMB ST 1-1
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

117 Jordan Valley Medical Center

	Procedures Performed		Procedures Performed-All Hospitals	
	(#)	(%)	(#)	(%)
Reporting Category(ICD-9-CM CODES)	5,666	100.0	321,711	100.0
Mastectomy (85.0-85.99)	158	2.8	7,021	2.2
Musculoskeletal (76.0-84.99)	1,295	22.9	65,753	20.4
Respiratory (30.0-34.99)	55	1.0	3,438	1.1
Cardiovascular (35.0-39.99)	138	2.4	15,180	4.7
Lymphatic/Hemetic (40.0-41.99)	23	0.4	3,088	1.0
Digestive System (42.0-54.99)	2,215	39.1	107,581	33.4
Urinary (55.0-59.99)	159	2.8	8,752	2.7
Male Genital (60.0-64.99)	46	0.8	3,460	1.1
Female Genital (65.0-71.99)	539	9.5	15,319	4.8
Endocrine/Nervous (01.0-07.99)	159	2.8	28,111	8.7
Eye (08.0-16.99)	108	1.9	19,328	6.0
Ear (18.0-20.99)	365	6.4	14,440	4.5
Nose, Mouth, Pharynx (21.0-29.99)	406	7.2	30,240	9.4
Reporting Category(CPT-4 CODES)	5,848	100.0	304,292	100.0
Mastectomy (19120-19220)	86	1.5	3,001	1.0
Musculoskeletal (20000-29909)	1,431	24.5	65,018	21.4
Respiratory (30000-32999 & 39501-39599)	217	3.7	13,975	4.6
Cardiovascular (33010-37799 & 93501-93660)	540	9.2	31,569	10.4
Lymphatic/Hemetic (38100-38999)	21	0.4	2,606	0.9
Digestive (40490-49999)	2,360	40.4	115,754	38.0
Urinary (50010-53899)	301	5.1	8,580	2.8
Male Genital (54000-55899)	33	0.6	3,059	1.0
Female Genital (56405-58999)	423	7.2	11,517	3.8
Endocrine/Nervous (60000-64999)	201	3.4	29,931	9.8
Eye (65091-68899)	50	0.9	11,422	3.8
Ear (69000-69979)	185	3.2	7,860	2.6

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics.

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

AMB ST 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES

117 Jordan Valley Medical Center

ICD-9 CODE	ICD-9 DESCRIPTION	#	%	% ALL Hospitals
All ICD-9 Procedures		5,666	100.0	100.0
4523	COLONOSCOPY	588	10.4	7.45
2001	MYRINGOTOMY WITH INSERTION OF TUBE	326	5.8	3.56
4516	EGD W/CLOS BX	286	5.0	5.75
4542	ENDO POLYPECTOMY LARGE INTESTINE	238	4.2	3.92
806	EXCISION SEMILUNAR CARTILAGE KNEE	200	3.5	1.86
5123	LAPAROSCOPIC CHOLECYSTECTOMY	186	3.3	2.01
4513	OTHER ENDOSCOPY OF SMALL INTESTINE	185	3.3	1.88
4525	CLOS [ENDO] BX LARGE INTESTINE	155	2.7	2.61
4292	DILATION OF ESOPHAGUS	126	2.2	1.54
6952	ASPIRATION CURET FOLLOWING DELIV/AB	115	2.0	0.47
8147	OTHER REPAIR OF KNEE	110	1.9	0.75
283	TONSILLECTOMY WITH ADENOIDECTOMY	106	1.9	1.68
8145	OTHER REPAIR THE CRUCIATE LIGAMENTS	92	1.6	0.57
8521	LOCAL EXCISION OF LESION OF BREAST	78	1.4	0.85
6823	ENDOMETRIAL ABLATION	77	1.4	0.62
4836	[ENDOSCOPIC] POLYPECTOMY OF RECTUM	70	1.2	1.10
0443	RELEASE OF CARPAL TUNNEL	64	1.1	1.12
8363	ROTATOR CUFF REPAIR	64	1.1	0.74
282	TONSILLECTOMY WITHOUT ADENOIDECTOMY	58	1.0	0.62
598	URETERAL CATHETERIZATION	52	0.9	0.59

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		5,848	100.0	100.0
45378	COLONOSCOPY FLEX; DX-SEP PROC	547	9.4	7.39
45380	COLONOSCOPY FLEX; W/BX 1/MX	327	5.6	5.63
43239	UGI ENDO; W/BX 1/MX	288	4.9	5.96
69436	TYMPANOSTOMY GENERAL ANESTHESIA	167	2.9	1.90
29881	SCOPE KNEE SURG;W/MENISCECT MED/	153	2.6	1.59
43235	UGI ENDO; DX W/VO CLCT SPECMN-SP	129	2.2	1.32
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	123	2.1	1.32
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	118	2.0	1.05
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	118	2.0	1.81
50590	LITHOTRIPSY XTRACORP SHOCK WAVE	107	1.8	0.28
29879	SCOPE KNEE SURG; ABRASION ARTHPL	97	1.7	0.27
42820	T&A; UNDER AGE 12	92	1.6	1.36
29888	ARTHSCPY AIDED ACL REPR/AUG/RECO	87	1.5	0.58
49505	REPR INIT ING HERNIA 5YR/MORE; R	75	1.3	0.95
58563	HYSTEROSC SURG; W/ENDOMETRIAL AB	74	1.3	0.47
93545	INJ PROC-CATH; SELECT CORONRY AN	71	1.2	1.15
93543	INJ PROC-CATH; LT VENT/ATRIAL AN	70	1.2	1.08
29826	SCOPE SHOULDER; DECOMP SUBACROM	68	1.2	1.09
93555	IMAG SUPERVS I&R-CATH; VENT/ATRI	68	1.2	0.93
47562	LAPAROSCOPY SURGICAL; CHOLECT	67	1.1	0.77

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

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

AMB ST 1-3

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

117 Jordan Valley Medical Center

ICD-9 CODE	ICD-9 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
ICD-9 Procedures		2,851	\$5,465	\$3,166
4523	COLONOSCOPY	506	\$2,357	\$947
5123	LAPAROSCOPIC CHOLECYSTECTOMY	179	\$11,602	\$6,118
4542	ENDO POLYPECTOMY LARGE INTESTINE	156	\$2,883	\$1,297
4516	EGD W/CLOS BX	124	\$2,506	\$1,301
6952	ASPIRATION CURET FOLLOWING DELIV/AB	112	\$4,011	\$2,456
4525	CLOS [ENDO] BX LARGE INTESTINE	98	\$2,805	\$1,356
283	TONSILLECTOMY WITH ADENOIDECTOMY	97	\$3,534	\$2,169
4513	OTHER ENDOSCOPY OF SMALL INTESTINE	83	\$2,285	\$1,089
806	EXCISION SEMILUNAR CARTILAGE KNEE	62	\$7,099	\$4,034
282	TONSILLECTOMY WITHOUT ADENOIDECTOMY	50	\$3,872	\$2,285
6823	ENDOMETRIAL ABLATION	48	\$5,989	\$5,036
0443	RELEASE OF CARPAL TUNNEL	46	\$3,732	\$2,124
8521	LOCAL EXCISION OF LESION OF BREAST	43	\$4,449	\$2,630
5304	UNILAT REPR INDIRECT ING HERN-GFT	38	\$7,285	\$3,643
3722	LEFT HEART CARDIAC CATHETERIZATION	37	\$12,473	\$6,307
3723	COMBINED RIGHT&LEFT HEART CARD CATH	35	\$11,903	\$6,831
5341	REPAIR UMBILICAL HERNIA W/PROSTH	33	\$7,332	\$4,269
4836	[ENDOSCOPIC] POLYPECTOMY OF RECTUM	32	\$2,772	\$1,228
3324	CLOSED BIOPSY OF BRONCHUS	26	\$3,016	\$2,252
6622	BILAT ENDO LIG&DIV FALLOP TUBES	25	\$5,797	\$4,651

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
CPT-4 Procedures		3,171	\$5,053	\$2,895
45378	COLONOSCOPY FLEX; DX-SEP PROC	465	\$2,359	\$949
45380	COLONOSCOPY FLEX; W/BX 1/MX	237	\$2,735	\$1,278
43239	UGI ENDO; W/BX 1/MX	124	\$2,506	\$1,299
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	118	\$11,979	\$6,476
69436	TYMPANOSTOMY GENERAL ANESTHESIA	110	\$2,721	\$1,166
50590	LITHOTRIPSY XTRACORP SHOCK WAVE	92	\$8,542	\$7,497
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	81	\$2,268	\$1,036
42820	T&A; UNDER AGE 12	78	\$3,442	\$2,072
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	72	\$3,025	\$1,431
49505	REPR INIT ING HERNIA 5YR/MORE; R	67	\$7,879	\$3,685
47562	LAPAROSCOPY SURGICAL; CHOLECT	65	\$10,832	\$5,595
23350	INJ SHLDR ARTHROGRPH/ENHNCD CT/M	61	\$2,764	\$2,649
29881	SCOPE KNEE SURG;W/MENISCECT MED/	60	\$6,776	\$3,914
19120	EXC BRST CYST TUMR/LES OPN M/F 1	52	\$4,701	\$2,583
58563	HYSTEROSC SURG; W/ENDOMETRIAL AB	44	\$5,913	\$5,400
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	42	\$3,962	\$2,330
66984	EXTRACAPSULAR CATARACT REMV IOL	38	\$6,645	\$3,042
36569	INSERT PICC W/O PORT/PUMP; 5 YR/	36	\$5,517	\$3,161
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	36	\$3,848	\$2,178
58670	LAPARSCPY SURGICAL; W/FULG OVIDU	32	\$6,799	\$3,770

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

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

117 Jordan Valley Medical Center

Procedure APG category		TOTAL #	TOTAL # (ALL Hospitals)
Procedure APG			
01	INTEGUMENTARY SYSTEM	221	8,878
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	47	2,028
	006 SIMPLE DEBRIDEMENT AND DESTRUCTION	1	157
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	16	1,202
	008 SIMPLE EXCISION AND BIOPSY	26	1,012
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRANGE	45	1,367
	011 SIMPLE INCISION AND EXCISION OF BREAST	75	2,366
	012 BREAST RECONSTRUCTION AND MASTECTOMY	11	635
02	MUSCULOSKELETAL SYSTEM	1,281	58,082
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	100	6,410
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	34	2,231
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	31	2,131
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	194	11,532
	025 ARTHROSCOPY	711	25,432
	027 SPLINT, STRAPPING AND CAST REMOVAL	1	368
	028 CLOSED TREATMENT FX & DISLOCATION OF FINGER, TOE & TRUNK	1	54
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	17	656
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	102	4,342
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	33	470
	032 BUNION PROCEDURES	41	1,569
	033 ARTHROPLASTY	5	512
	034 HAND AND FOOT TENOTOMY	4	279
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	7	2,033
03	RESPIRATORY SYSTEM	140	7,958
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	15	656
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	81	5,137
	054 SIMPLE ENDOSCOPY OF THE UPPER AIRWAY	1	300
	055 ENDOSCOPY OF THE LOWER AIRWAY	43	1,865
04	CARDIOVASCULAR SYSTEM	442	25,823
	075 PLACEMENT OF TRANSVENOUS CATHETERS	1	48
	076 DIAGNOSTIC CARDIAC CATHETERIZATION	397	18,184
	077 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	13	1,922
	078 PACEMAKER INSERTION AND REPLACEMENT	7	488
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	13	746
	081 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	7	181
	082 VASCULAR LIGATION	4	403
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	53	3,114
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	20	1,943
	097 TRANSFUSION	33	1,021
06	DIGESTIVE SYSTEM	2,241	105,000
	111 ALIMENTARY TESTS AND SIMPLE TUBE PLACEMENT	3	113
	112 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	1	1,288
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	8	649
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	417	22,453
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	146	5,914
	117 LOWER GASTROINTESTINAL ENDOSCOPY	1,010	47,953

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

117 Jordan Valley Medical Center

procedure APG category		TOTAL #	TOTAL # (ALL Hospitals)
procedure APG			
	118 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	45	1,561
	119 HERNIA AND HYDROCELE PROCEDURES	170	6,882
	120 COMPLEX ANAL AND RECTAL PROCEDURES	11	1,098
	121 SIMPLE ANAL AND RECTAL PROCEDURES	2	497
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	4	506
	123 COMPLEX LAPAROSCOPIC PROCEDURES	423	15,680
	124 SIMPLE LAPAROSCOPIC PROCEDURES	1	170
07	URINARY SYSTEM	288	7,472
	131 RENAL EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	107	848
	133 URINARY CATHETERIZATION AND DILATATION	3	380
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	112	3,513
	135 MODERATE CYSTOURETHROSCOPY	60	1,846
	136 SIMPLE CYSTOURETHROSCOPY	3	606
	137 COMPLEX URETHRAL PROCEDURES	1	125
	138 SIMPLE URETHRAL PROCEDURES	2	153
08	MALE GENITAL SYSTEM	37	2,684
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	18	1,397
	153 COMPLEX PENILE PROCEDURES	3	413
	154 SIMPLE PENILE PROCEDURES	8	680
	155 PROSTATE NEEDLE AND PUNCH BIOPSY	8	138
09	FEMALE GENITAL SYSTEM	226	6,830
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	22	1,642
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	56	1,421
	178 DILATION AND CURETTAGE	21	709
	179 HYSTEROSCOPY	123	2,718
	180 COLPOSCOPY	4	339
10	NERVOUS SYSTEM	161	26,119
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	50	19,763
	198 NERVE REPAIR AND DESTRUCTION	80	4,690
	199 SPINAL TAP	31	626
11	EYE AND OCULAR ADNEXA	50	11,129
	214 CATARACT PROCEDURES	38	4,618
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	1	469
	216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	1	294
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	3	238
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	3	881
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	4	556
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	506	27,995
	233 NASAL CAUTERIZATION AND PACKING	1	323
	234 COMPLEX FACIAL AND ENT PROCEDURES	49	5,543
	235 SIMPLE FACIAL AND ENT PROCEDURES	241	13,699
	236 TONSIL AND ADENOID PROCEDURES	215	8,352
13	THERAPEUTIC AND OTHER RADIOLOGICAL PROCEDURES	125	3,177
	253 VASCULAR RADIOLOGY EXCEPT FOR VENOGRAPHY OF EXTREMITY	16	1,174
	254 MYELOGRAPHY	1	297

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

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

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
PROCEDURE APG CATEGORY, PROCEDURE APG, SINGLE APG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

117 Jordan Valley Medical Center

Procedure APG category	Procedure APG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
01	INTEGUMENTARY SYSTEM	183	\$4,797	\$3,077
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	45	\$2,687	\$2,351
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	10	\$4,324	\$2,981
	008 SIMPLE EXCISION AND BIOPSY	14	\$4,083	\$2,545
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRAN	43	\$6,027	\$4,359
	011 SIMPLE INCISION AND EXCISION OF BREAST	62	\$5,017	\$2,861
	012 BREAST RECONSTRUCTION AND MASTECTOMY	9	\$9,590	\$5,243
02	MUSCULOSKELETAL SYSTEM	451	\$7,299	\$4,100
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	36	\$9,011	\$6,150
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	15	\$6,194	\$3,787
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	12	\$8,186	\$4,488
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	86	\$4,527	\$2,717
	025 ARTHROSCOPY	172	\$8,651	\$4,558
	028 CLOSED TREATMENT FX & DISLOCATION OF FINGER, TOE & TRUNK	1	\$2,807	\$2,232
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	15	\$4,067	\$3,140
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	70	\$8,590	\$5,140
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	21	\$3,574	\$2,526
	032 BUNION PROCEDURES	20	\$7,335	\$3,916
	033 ARTHROPLASTY	3	\$4,077	\$6,241
03	RESPIRATORY SYSTEM	53	\$3,022	\$2,071
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	13	\$1,204	\$1,191
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	5	\$6,921	\$3,201
	055 ENDOSCOPY OF THE LOWER AIRWAY	35	\$3,140	\$2,233
04	CARDIOVASCULAR SYSTEM	22	\$11,973	\$10,821
	078 PACEMAKER INSERTION AND REPLACEMENT	4	\$29,206	\$21,180
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	9	\$8,019	\$4,242
	081 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	5	\$7,172	\$5,273
	082 VASCULAR LIGATION	4	\$9,641	\$6,284
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	42	\$4,222	\$3,660
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	12	\$8,974	\$4,713
	097 TRANSFUSION	30	\$2,321	\$2,312
06	DIGESTIVE SYSTEM	1,486	\$4,534	\$2,170
	111 ALIMENTARY TESTS AND SIMPLE TUBE PLACEMENT	3	\$368	\$1,014
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	6	\$2,288	\$1,114
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	205	\$2,412	\$1,249
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	39	\$3,318	\$1,798
	117 LOWER GASTROINTESTINAL ENDOSCOPY	786	\$2,539	\$1,114
	118 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	5	\$6,987	\$3,753
	119 HERNIA AND HYDROCELE PROCEDURES	114	\$7,496	\$3,546
	120 COMPLEX ANAL AND RECTAL PROCEDURES	9	\$5,306	\$2,846
	121 SIMPLE ANAL AND RECTAL PROCEDURES	2	\$4,275	\$2,218
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	2	\$3,847	\$3,109
	123 COMPLEX LAPAROSCOPIC PROCEDURES	314	\$10,003	\$6,362
	124 SIMPLE LAPAROSCOPIC PROCEDURES	1	\$9,255	\$7,898
07	URINARY SYSTEM	162	\$7,823	\$4,480

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
PROCEDURE APG CATEGORY, PROCEDURE APG, SINGLE APG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

117 Jordan Valley Medical Center

procedure APG category	Procedure APG	TOTAL #	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
	131 RENAL EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	92	\$8,542	\$7,487
	133 URINARY CATHETERIZATION AND DILATATION	1	\$10,263	\$3,647
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	34	\$8,290	\$4,624
	135 MODERATE CYSTOURETHROSCOPY	31	\$5,494	\$3,484
	136 SIMPLE CYSTOURETHROSCOPY	1	\$4,186	\$2,335
	137 COMPLEX URETHRAL PROCEDURES	1	\$6,746	\$4,861
	138 SIMPLE URETHRAL PROCEDURES	2	\$4,086	\$1,539
08	MALE GENITAL SYSTEM	24	\$6,512	\$3,045
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	7	\$6,004	\$2,546
	153 COMPLEX PENILE PROCEDURES	3	\$6,551	\$3,147
	154 SIMPLE PENILE PROCEDURES	7	\$4,753	\$1,914
	155 PROSTATE NEEDLE AND PUNCH BIOPSY	7	\$8,763	\$3,924
09	FEMALE GENITAL SYSTEM	119	\$5,768	\$4,082
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	11	\$10,091	\$5,061
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	21	\$4,853	\$3,135
	178 DILATION AND CURETTAGE	11	\$5,064	\$2,371
	179 HYSTEROSCOPY	74	\$5,549	\$4,610
	180 COLPOSCOPY	2	\$3,552	\$3,422
10	NERVOUS SYSTEM	124	\$2,383	\$1,813
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	48	\$1,369	\$1,068
	198 NERVE REPAIR AND DESTRUCTION	45	\$4,122	\$2,441
	199 SPINAL TAP	31	\$1,427	\$1,908
11	EYE AND OCULAR ADNEXA	50	\$6,945	\$3,062
	214 CATARACT PROCEDURES	38	\$6,645	\$3,046
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	1	\$3,072	\$3,268
	216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	1	\$4,780	\$2,237
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	3	\$5,847	\$3,225
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	3	\$15,346	\$3,876
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	4	\$5,833	\$2,152
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	299	\$3,710	\$2,535
	234 COMPLEX FACIAL AND ENT PROCEDURES	14	\$10,103	\$4,888
	235 SIMPLE FACIAL AND ENT PROCEDURES	137	\$3,141	\$1,798
	236 TONSIL AND ADENOID PROCEDURES	148	\$3,631	\$2,184
13	THERAPEUTIC AND OTHER RADIOLOGICAL PROCEDURES	110	\$2,392	\$3,015
	253 VASCULAR RADIOLOGY EXCEPT FOR VENOGRAPHY OF EXTREMITY	5	\$10,869	\$11,306
	254 MYELOGRAPHY	1	\$4,125	\$3,100
	255 MISCELLANEOUS RADIOLOGICAL PROCEDURES WITH CONTRAST	104	\$1,968	\$2,175

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

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

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

117 Jordan Valley Medical Center

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
GENDER				
Female	2,615	58.2	122,108	54.4
Male	1,880	41.8	102,236	45.6
Unknown	0	0.0	4	0.0
Not Reported	0	0.0	4	0.0
AGE				
1-28 days	0	0.0	704	0.3
29-365 days	42	0.9	2,863	1.3
1-4 years	156	3.5	11,046	4.9
5-9	80	1.8	6,088	2.7
10-14	59	1.3	4,673	2.1
15-17	93	2.1	5,017	2.2
18-19	97	2.2	3,697	1.6
20-24	304	6.8	10,637	4.7
25-29	396	8.8	12,527	5.6
30-34	369	8.2	12,120	5.4
35-39	341	7.6	12,327	5.5
40-44	332	7.4	14,081	6.3
45-49	398	8.9	17,506	7.8
50-54	517	11.5	25,054	11.2
55-59	403	9.0	20,980	9.4
60-64	259	5.8	16,994	7.6
65-69	248	5.5	14,770	6.6
70-74	163	3.6	12,538	5.6
75-79	126	2.8	10,175	4.5
80-84	78	1.7	6,704	3.0
85-89	27	0.6	2,983	1.3
90 +	7	0.2	865	0.4
Not Reported	0	0.0	707	0.3
SOURCE OF ADMISSION				
Physician Referral	4,476	99.6	202,212	90.1
Clinic Referral	0	0.0	553	0.2
HMO Referral	0	0.0	3,605	1.6
Other Hospital	0	0.0	90	0.0
Skilled Nursing Facility	0	0.0	22	0.0
Other Health Care Facility	0	0.0	25	0.0
Emergency Room	19	0.4	4,679	2.1
Court/Law Enforcement	0	0.0	0	0.0
Unknown	0	0.0	11	0.0
Not Reported	0	0.0	13,155	5.9

(Continued)

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

117 Jordan Valley Medical Center

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	4,489	99.9	223,834	99.8
Another Hospital	1	0.0	103	0.0
Skilled Nursing Facility	0	0.0	111	0.0
Intermediate Care Facility	0	0.0	11	0.0
Another Type of Institution	1	0.0	46	0.0
Under Care of Home Service	2	0.0	169	0.1
Left Against Medical Advice	0	0.0	16	0.0
Under Care of Home IV Provider	0	0.0	1	0.0
Expired	0	0.0	5	0.0
Unknown	2	0.0	56	0.0
Not Reported	0	0.0	0	0.0
PRIMARY PAYER				
Medicare	603	13.4	45,634	20.3
Medicaid	218	4.8	14,157	6.3
Other government	88	2.0	3,504	1.6
Blue Cross/Blue Shield	1,335	29.7	30,700	13.7
Other Commercial	765	17.0	15,100	6.7
Managed Care(HMO, PPO)	1,385	30.8	105,175	46.9
Self Pay	30	0.7	2,539	1.1
Industrial & Worker Comp	62	1.4	3,834	1.7
Charity and Unclassified	2	0.0	2,186	1.0
Childrens Health Insurance	0	0.0	177	0.1
Unknown	7	0.2	1,256	0.6
Not Reported	0	0.0	90	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	6	0.1	15,979	7.1
Central Utah	9	0.2	8,148	3.6
Davis County	46	1.0	23,241	10.4
Salt Lake County	4,115	91.5	76,236	34.0
Southeastern Utah	6	0.1	5,436	2.4
Southwest Utah	10	0.2	13,567	6.0
Summit County	24	0.5	3,096	1.4
Tooele County	59	1.3	4,599	2.0
Tri-County	10	0.2	5,798	2.6
Utah County	108	2.4	35,900	16.0
Wasatch County	5	0.1	1,771	0.8
Weber County	16	0.4	21,412	9.5
Unknown Utah	1	0.0	49	0.0
Outside Utah	75	1.7	8,923	4.0
Unknown, Not Reported	5	0.1	197	0.1

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

AMB ST 1-1
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

114 Kane County Hospital

	Procedures Performed		Procedures Performed-All Hospitals	
	(#)	(%)	(#)	(%)
Reporting Category(ICD-9-CM CODES)	364	100.0	321,711	100.0
Mastectomy (85.0-85.99)	0	0.0	7,021	2.2
Musculoskeletal (76.0-84.99)	9	2.5	65,753	20.4
Respiratory (30.0-34.99)	0	0.0	3,438	1.1
Cardiovascular (35.0-39.99)	0	0.0	15,180	4.7
Lymphatic/Hemetic (40.0-41.99)	0	0.0	3,088	1.0
Digestive System (42.0-54.99)	197	54.1	107,581	33.4
Urinary (55.0-59.99)	5	1.4	8,752	2.7
Male Genital (60.0-64.99)	0	0.0	3,460	1.1
Female Genital (65.0-71.99)	4	1.1	15,319	4.8
Endocrine/Nervous (01.0-07.99)	33	9.1	28,111	8.7
Eye (08.0-16.99)	88	24.2	19,328	6.0
Ear (18.0-20.99)	11	3.0	14,440	4.5
Nose, Mouth, Pharynx (21.0-29.99)	17	4.7	30,240	9.4
Reporting Category(CPT-4 CODES)	319	100.0	304,292	100.0
Mastectomy (19120-19220)	0	0.0	3,001	1.0
Musculoskeletal (20000-29909)	13	4.1	65,018	21.4
Respiratory (30000-32999 & 39501-39599)	14	4.4	13,975	4.6
Cardiovascular (33010-37799 & 93501-93660)	10	3.1	31,569	10.4
Lymphatic/Hemetic (38100-38999)	0	0.0	2,606	0.9
Digestive (40490-49999)	199	62.4	115,754	38.0
Urinary (50010-53899)	6	1.9	8,580	2.8
Male Genital (54000-55899)	0	0.0	3,059	1.0
Female Genital (56405-58999)	3	0.9	11,517	3.8
Endocrine/Nervous (60000-64999)	22	6.9	29,931	9.8
Eye (65091-68899)	46	14.4	11,422	3.8
Ear (69000-69979)	6	1.9	7,860	2.6

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics.

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

AMB ST 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES

114 Kane County Hospital

ICD-9 CODE	ICD-9 DESCRIPTION	#	%	% ALL Hospitals
All ICD-9 Procedures		364	100.0	100.0
4523	COLONOSCOPY	64	17.6	7.45
1341	PHACOEMULSIFICATION&ASPIR CATARACT	42	11.5	1.38
1371	INSRT IOL-CATARACT EXTRACT-1 STAGE	42	11.5	1.37
4516	EGD W/CLOS BX	35	9.6	5.75
4542	ENDO POLYPECTOMY LARGE INTESTINE	30	8.2	3.92
4525	CLOS [ENDO] BX LARGE INTESTINE	28	7.7	2.61
4513	OTHER ENDOSCOPY OF SMALL INTESTINE	14	3.8	1.88
4824	CLOSED BIOPSY OF RECTUM	13	3.6	0.49
0391	INJECTION ANES-SPINAL CANAL ANALG	11	3.0	2.05
0392	INJECTION OTH AGT INTO SPINAL CANAL	11	3.0	2.68
2001	MYRINGOTOMY WITH INSERTION OF TUBE	10	2.7	3.56
4836	[ENDOSCOPIC] POLYPECTOMY OF RECTUM	8	2.2	1.10
282	TONSILLECTOMY WITHOUT ADENOIDECTOMY	7	1.9	0.62
283	TONSILLECTOMY WITH ADENOIDECTOMY	7	1.9	1.68
0309	OTH EXPL&DECOMPRES SPINAL CANAL	4	1.1	0.10
0331	SPINAL TAP	4	1.1	0.17
5794	INSERTION INDWELL URINARY CATHETER	4	1.1	0.02
1364	DISCISSION OF SECONDARY MEMBRANE	3	0.8	0.18
8201	EXPLORATION TENDON SHEATH HAND	3	0.8	0.38
2200	ASPIRATION&LAVAGE NASAL SINUS NOS	2	0.5	0.00

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		319	100.0	100.0
45378	COLONOSCOPY FLEX; DX-SEP PROC	66	20.7	7.39
45380	COLONOSCOPY FLEX; W/BX 1/MX	58	18.2	5.63
66984	EXTRACAPSULAR CATARACT REMV IOL	42	13.2	1.42
43239	UGI ENDO; W/BX 1/MX	32	10.0	5.96
31720	CATHETER ASPIR; NASOTRACH SEP PR	13	4.1	0.05
43235	UGI ENDO; DX W/NO CLCT SPECMN-SP	11	3.4	1.32
36430	TRANSFUSION BLOOD/BLOOD COMPONENT	10	3.1	0.34
62319	INJ NOT NEUROLYTIC-EPID; LUMB/SA	8	2.5	0.07
42820	T&A; UNDER AGE 12	7	2.2	1.36
42825	TONSILLECT PRIM/SEC; UNDER AGE 1	7	2.2	0.12
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	6	1.9	1.81
69436	TYMPANOSTOMY GENERAL ANESTHESIA	5	1.6	1.90
51702	INSERT TEMP INDWLL BLADD CATH; S	4	1.3	0.03
62270	SPINAL PUNCTURE LUMBAR DIAGNOSTI	4	1.3	0.19
62272	SP PUNCT TX DRAIN CEREBROSP FL	4	1.3	0.01
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	4	1.3	1.51
26055	TENDON SHEATH INCISION	3	0.9	0.42
28080	EXC INTERDIGTL NEUROMA SINGLE EA	2	0.6	0.19
44799	UNLISTED PROCEDURE INTESTINE	2	0.6	0.03
58670	LAPARSCPY SURGICAL; W/FULG OVIDU	2	0.6	0.18

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

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

AMB ST 1-3

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

114 Kane County Hospital

ICD-9 CODE	ICD-9 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
ICD-9 Procedures		170	\$2,024	\$3,166
4523	COLONOSCOPY	51	\$1,828	\$947
4516	EGD W/CLOS BX	23	\$1,734	\$1,301
4542	ENDO POLYPECTOMY LARGE INTESTINE	20	\$2,289	\$1,297
4525	CLOS [ENDO] BX LARGE INTESTINE	16	\$2,378	\$1,356
282	TONSILLECTOMY WITHOUT ADENOIDECTOMY	7	\$2,930	\$2,285
4824	CLOSED BIOPSY OF RECTUM	7	\$2,461	\$1,279
4513	OTHER ENDOSCOPY OF SMALL INTESTINE	5	\$1,833	\$1,089
4836	[ENDOSCOPIC] POLYPECTOMY OF RECTUM	5	\$2,217	\$1,228
0309	OTH EXPL&DECOMPRS SPINAL CANAL	4	\$1,257	\$7,538
0331	SPINAL TAP	4	\$2,712	\$1,934
283	TONSILLECTOMY WITH ADENOIDECTOMY	4	\$2,387	\$2,169
5794	INSERTION INDWELL URINARY CATHETER	4	\$2,233	\$3,974
1364	DISCISSION OF SECONDARY MEMBRANE	3	\$598	\$732
2200	ASPIRATION&LAVAGE NASAL SINUS NOS	2	\$135	\$1,971
6622	BILAT ENDO LIG&DIV FALLOP TUBES	2	\$3,660	\$4,651
8201	EXPLORATION TENDON SHEATH HAND	2	\$2,411	\$1,942
0395	SPINAL BLOOD PATCH	1	\$538	\$842
0407	OTH EXC/AVUL CRANIL&PERIPH NERV	1	\$2,611	\$2,305
0443	RELEASE OF CARPAL TUNNEL	1	\$3,005	\$2,124
0844	REPR ENTROPION/ECTROP W/LID RECON	1	\$1,825	\$3,079

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
CPT-4 Procedures		257	\$2,056	\$2,895
45380	COLONOSCOPY FLEX; W/BX 1/MX	52	\$2,391	\$1,278
45378	COLONOSCOPY FLEX; DX-SEP PROC	51	\$1,828	\$949
66984	EXTRACAPSULAR CATARACT REMV IOL	42	\$2,983	\$3,042
43239	UGI ENDO; W/BX 1/MX	22	\$1,723	\$1,299
36430	TRANSFUSION BLOOD/BLOOD COMPONEN	10	\$1,366	\$2,312
31720	CATHETER ASPIR; NASOTRACH SEP PR	9	\$111	\$591
62319	INJ NOT NEUROLYTIC-EPID; LUMB/SA	8	\$682	\$954
42825	TONSILLECT PRIM/SEC; UNDER AGE 1	7	\$2,930	\$2,074
43235	UGI ENDO; DX W/VO CLCT SPECMN-SP	5	\$1,833	\$1,036
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	5	\$2,141	\$1,431
42820	T&A; UNDER AGE 12	4	\$2,387	\$2,072
51702	INSERT TEMP INDWLL BLADD CATH; S	4	\$2,233	\$2,930
62270	SPINAL PUNCTURE LUMBAR DIAGNOSTI	4	\$2,712	\$1,920
62272	SP PUNCT TX DRAIN CEREBROSP FL	4	\$1,257	\$1,723
69436	TYMPANOSTOMY GENERAL ANESTHESIA	3	\$1,931	\$1,166
26055	TENDON SHEATH INCISION	2	\$2,411	\$1,892
58670	LAPARSCPY SURGICAL; W/FULG OVIDU	2	\$3,660	\$3,770
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	2	\$789	\$982
66821	DISCISSION 2ND CATARACT; LASER S	2	\$446	\$770
25605	CLOS TX DIST RADIAL FX; REQ MANI	1	\$465	\$2,224

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

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

114 Kane County Hospital

Procedure APG category		TOTAL #	TOTAL # (ALL Hospitals)
Procedure APG			
01	INTEGUMENTARY SYSTEM	2	8,878
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	1	1,202
	008 SIMPLE EXCISION AND BIOPSY	1	1,012
02	MUSCULOSKELETAL SYSTEM	11	58,082
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	7	11,532
	027 SPLINT, STRAPPING AND CAST REMOVAL	2	368
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	1	656
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	1	2,033
03	RESPIRATORY SYSTEM	13	7,958
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	13	656
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	10	3,114
	097 TRANSFUSION	10	1,021
06	DIGESTIVE SYSTEM	187	105,000
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	1	649
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	1	392
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	43	22,453
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	2	5,914
	117 LOWER GASTROINTESTINAL ENDOSCOPY	131	47,953
	118 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	2	1,561
	119 HERNIA AND HYDROCELE PROCEDURES	1	6,882
	121 SIMPLE ANAL AND RECTAL PROCEDURES	1	497
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	3	506
	123 COMPLEX LAPAROSCOPIC PROCEDURES	2	15,680
07	URINARY SYSTEM	6	7,472
	133 URINARY CATHETERIZATION AND DILATATION	6	380
09	FEMALE GENITAL SYSTEM	1	6,830
	178 DILATION AND CURETTAGE	1	709
10	NERVOUS SYSTEM	22	26,119
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	13	19,763
	198 NERVE REPAIR AND DESTRUCTION	1	4,690
	199 SPINAL TAP	8	626
11	EYE AND OCULAR ADNEXA	46	11,129
	213 LASER EYE PROCEDURES	2	710
	214 CATARACT PROCEDURES	42	4,618
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	1	238
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	1	881
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	21	27,995
	235 SIMPLE FACIAL AND ENT PROCEDURES	7	13,699
	236 TONSIL AND ADENOID PROCEDURES	14	8,352

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

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

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
PROCEDURE APG CATEGORY, PROCEDURE APG, SINGLE APG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

114 Kane County Hospital

Procedure APG category		TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
Procedure APG				
02	MUSCULOSKELETAL SYSTEM	7	\$1,466	\$4,100
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	4	\$2,263	\$2,717
	027 SPLINT, STRAPPING AND CAST REMOVAL	2	\$373	\$5,317
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	1	\$465	\$3,140
03	RESPIRATORY SYSTEM	9	\$111	\$2,071
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	9	\$111	\$1,191
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	10	\$1,366	\$3,660
	097 TRANSFUSION	10	\$1,366	\$2,312
06	DIGESTIVE SYSTEM	143	\$2,091	\$2,170
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	1	\$2,582	\$1,226
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	27	\$1,744	\$1,249
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	1	\$1,117	\$1,798
	117 LOWER GASTROINTESTINAL ENDOSCOPY	108	\$2,113	\$1,114
	118 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	2	\$2,567	\$3,753
	119 HERNIA AND HYDROCELE PROCEDURES	1	\$4,536	\$3,546
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	1	\$2,988	\$3,109
	123 COMPLEX LAPAROSCOPIC PROCEDURES	2	\$3,660	\$6,362
07	URINARY SYSTEM	6	\$1,562	\$4,480
	133 URINARY CATHETERIZATION AND DILATATION	6	\$1,562	\$3,647
09	FEMALE GENITAL SYSTEM	1	\$3,722	\$4,082
	178 DILATION AND CURETTAGE	1	\$3,722	\$2,371
10	NERVOUS SYSTEM	20	\$1,323	\$1,813
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	11	\$689	\$1,068
	198 NERVE REPAIR AND DESTRUCTION	1	\$3,005	\$2,441
	199 SPINAL TAP	8	\$1,984	\$1,908
11	EYE AND OCULAR ADNEXA	46	\$2,802	\$3,062
	213 LASER EYE PROCEDURES	2	\$446	\$782
	214 CATARACT PROCEDURES	42	\$2,983	\$3,046
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	1	\$903	\$3,225
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	1	\$1,825	\$3,876
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	15	\$2,396	\$2,535
	235 SIMPLE FACIAL AND ENT PROCEDURES	4	\$1,471	\$1,798
	236 TONSIL AND ADENOID PROCEDURES	11	\$2,732	\$2,184

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

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

114 Kane County Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
GENDER				
Female	139	48.3	122,108	54.4
Male	149	51.7	102,236	45.6
Unknown	0	0.0	4	0.0
Not Reported	0	0.0	4	0.0
AGE				
1-28 days	2	0.7	704	0.3
29-365 days	5	1.7	2,863	1.3
1-4 years	12	4.2	11,046	4.9
5-9	7	2.4	6,088	2.7
10-14	4	1.4	4,673	2.1
15-17	1	0.3	5,017	2.2
18-19	0	0.0	3,697	1.6
20-24	2	0.7	10,637	4.7
25-29	2	0.7	12,527	5.6
30-34	5	1.7	12,120	5.4
35-39	9	3.1	12,327	5.5
40-44	9	3.1	14,081	6.3
45-49	13	4.5	17,506	7.8
50-54	39	13.5	25,054	11.2
55-59	27	9.4	20,980	9.4
60-64	26	9.0	16,994	7.6
65-69	33	11.5	14,770	6.6
70-74	36	12.5	12,538	5.6
75-79	31	10.8	10,175	4.5
80-84	18	6.3	6,704	3.0
85-89	5	1.7	2,983	1.3
90 +	2	0.7	865	0.4
Not Reported	2	0.7	707	0.3
SOURCE OF ADMISSION				
Physician Referral	283	98.3	202,212	90.1
Clinic Referral	0	0.0	553	0.2
HMO Referral	0	0.0	3,605	1.6
Other Hospital	0	0.0	90	0.0
Skilled Nursing Facility	0	0.0	22	0.0
Other Health Care Facility	0	0.0	25	0.0
Emergency Room	2	0.7	4,679	2.1
Court/Law Enforcement	0	0.0	0	0.0
Unknown	3	1.0	11	0.0
Not Reported	0	0.0	13,155	5.9

(Continued)

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

114 Kane County Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	288	100.0	223,834	99.8
Another Hospital	0	0.0	103	0.0
Skilled Nursing Facility	0	0.0	111	0.0
Intermediate Care Facility	0	0.0	11	0.0
Another Type of Institution	0	0.0	46	0.0
Under Care of Home Service	0	0.0	169	0.1
Left Against Medical Advice	0	0.0	16	0.0
Under Care of Home IV Provider	0	0.0	1	0.0
Expired	0	0.0	5	0.0
Unknown	0	0.0	56	0.0
Not Reported	0	0.0	0	0.0
PRIMARY PAYER				
Medicare	113	39.2	45,634	20.3
Medicaid	26	9.0	14,157	6.3
Other government	2	0.7	3,504	1.6
Blue Cross/Blue Shield	26	9.0	30,700	13.7
Other Commercial	117	40.6	15,100	6.7
Managed Care(HMO, PPO)	0	0.0	105,175	46.9
Self Pay	4	1.4	2,539	1.1
Industrial & Worker Comp	0	0.0	3,834	1.7
Charity and Unclassified	0	0.0	2,186	1.0
Childrens Health Insurance	0	0.0	177	0.1
Unknown	0	0.0	1,256	0.6
Not Reported	0	0.0	90	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	0	0.0	15,979	7.1
Central Utah	0	0.0	8,148	3.6
Davis County	0	0.0	23,241	10.4
Salt Lake County	0	0.0	76,236	34.0
Southeastern Utah	0	0.0	5,436	2.4
Southwest Utah	229	79.5	13,567	6.0
Summit County	0	0.0	3,096	1.4
Tooele County	0	0.0	4,599	2.0
Tri-County	0	0.0	5,798	2.6
Utah County	0	0.0	35,900	16.0
Wasatch County	0	0.0	1,771	0.8
Weber County	0	0.0	21,412	9.5
Unknown Utah	0	0.0	49	0.0
Outside Utah	59	20.5	8,923	4.0
Unknown, Not Reported	0	0.0	197	0.1

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

AMB ST 1-1
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

107 Lakeview Hospital

	Procedures Performed		Procedures Performed-All Hospitals	
	(#)	(%)	(#)	(%)
Reporting Category(ICD-9-CM CODES)	6,580	100.0	321,711	100.0
Mastectomy (85.0-85.99)	262	4.0	7,021	2.2
Musculoskeletal (76.0-84.99)	1,537	23.4	65,753	20.4
Respiratory (30.0-34.99)	52	0.8	3,438	1.1
Cardiovascular (35.0-39.99)	205	3.1	15,180	4.7
Lymphatic/Hemetic (40.0-41.99)	32	0.5	3,088	1.0
Digestive System (42.0-54.99)	3,256	49.5	107,581	33.4
Urinary (55.0-59.99)	210	3.2	8,752	2.7
Male Genital (60.0-64.99)	61	0.9	3,460	1.1
Female Genital (65.0-71.99)	204	3.1	15,319	4.8
Endocrine/Nervous (01.0-07.99)	228	3.5	28,111	8.7
Eye (08.0-16.99)	217	3.3	19,328	6.0
Ear (18.0-20.99)	87	1.3	14,440	4.5
Nose, Mouth, Pharynx (21.0-29.99)	229	3.5	30,240	9.4
Reporting Category(CPT-4 CODES)	6,690	100.0	304,292	100.0
Mastectomy (19120-19220)	96	1.4	3,001	1.0
Musculoskeletal (20000-29909)	1,610	24.1	65,018	21.4
Respiratory (30000-32999 & 39501-39599)	136	2.0	13,975	4.6
Cardiovascular (33010-37799 & 93501-93660)	662	9.9	31,569	10.4
Lymphatic/Hemetic (38100-38999)	23	0.3	2,606	0.9
Digestive (40490-49999)	3,193	47.7	115,754	38.0
Urinary (50010-53899)	337	5.0	8,580	2.8
Male Genital (54000-55899)	39	0.6	3,059	1.0
Female Genital (56405-58999)	171	2.6	11,517	3.8
Endocrine/Nervous (60000-64999)	250	3.7	29,931	9.8
Eye (65091-68899)	125	1.9	11,422	3.8
Ear (69000-69979)	48	0.7	7,860	2.6

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

AMB ST 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES

107 Lakeview Hospital

ICD-9 CODE	ICD-9 DESCRIPTION	#	%	% ALL Hospitals
All ICD-9 Procedures		6,580	100.0	100.0
4516	EGD W/CLOS BX	706	10.7	5.75
4523	COLONOSCOPY	601	9.1	7.45
4542	ENDO POLYPECTOMY LARGE INTESTINE	464	7.1	3.92
4525	CLOS [ENDO] BX LARGE INTESTINE	305	4.6	2.61
4292	DILATION OF ESOPHAGUS	177	2.7	1.54
806	EXCISION SEMILUNAR CARTILAGE KNEE	170	2.6	1.86
5123	LAPAROSCOPIC CHOLECYSTECTOMY	160	2.4	2.01
8086	OTH LOCAL EXC/DESTRUC LES KNEE JNT	157	2.4	0.85
4836	[ENDOSCOPIC] POLYPECTOMY OF RECTUM	125	1.9	1.10
4513	OTHER ENDOSCOPY OF SMALL INTESTINE	123	1.9	1.88
4824	CLOSED BIOPSY OF RECTUM	116	1.8	0.49
8521	LOCAL EXCISION OF LESION OF BREAST	86	1.3	0.85
4701	LAPAROSCOPIC APPENDECTOMY	84	1.3	0.56
0443	RELEASE OF CARPAL TUNNEL	79	1.2	1.12
3722	LEFT HEART CARDIAC CATHETERIZATION	79	1.2	1.06
8076	SYNOVECTOMY OF KNEE	75	1.1	0.39
1341	PHACOEMULSIFICATION&ASPIR CATARACT	70	1.1	1.38
1371	INSRT IOL-CATARACT EXTRACT-1 STAGE	70	1.1	1.37
8192	INJ THERAPEUTIC SBSTNC IN JNT/LIG	67	1.0	0.50
8363	ROTATOR CUFF REPAIR	67	1.0	0.74

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		6,690	100.0	100.0
43239	UGI ENDO; W/BX 1/MX	704	10.5	5.96
45380	COLONOSCOPY FLEX; W/BX 1/MX	614	9.2	5.63
45378	COLONOSCOPY FLEX; DX-SEP PROC	479	7.2	7.39
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	149	2.2	1.32
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	142	2.1	1.81
29881	SCOPE KNEE SURG;W/MENISCECT MED/	135	2.0	1.59
45384	COLONOSOCPY FLEX; REMV LES-FORCE	133	2.0	0.34
93545	INJ PROC-CATH; SELECT CORONRY AN	105	1.6	1.15
93556	IMAG SUPERVS I&R-CATH; PULM ANGI	97	1.4	0.98
93555	IMAG SUPERVS I&R-CATH; VENT/ATRI	95	1.4	0.93
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	94	1.4	1.05
93543	INJ PROC-CATH; LT VENT/ATRIAL AN	92	1.4	1.08
44970	LAPAROSCOPY SURGICAL APPENDECTOM	89	1.3	0.61
43248	UGI ENDO; W/INSRT GUIDE WIRE	83	1.2	0.14
93510	LT HRT CATH RETRO-BRACH/FEM; PER	78	1.2	0.93
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	71	1.1	1.32
66984	EXTRACAPSULAR CATARACT REMV IOL	70	1.0	1.42
50590	LITHOTRIPSY XTRACORP SHOCK WAVE	67	1.0	0.28
29826	SCOPE SHOULDER; DECOMP SUBACROM	66	1.0	1.09
29877	SCOPE KNEE SURG; DEBRID/SHAVE CA	66	1.0	1.01

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

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

AMB ST 1-3

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

107 Lakeview Hospital

ICD-9 CODE	ICD-9 DESCRIPTION	#	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
ICD-9 Procedures		2,665	\$4,032	\$3,166
4523	COLONOSCOPY	441	\$1,687	\$947
4542	ENDO POLYPECTOMY LARGE INTESTINE	291	\$2,193	\$1,297
4516	EGD W/CLOS BX	262	\$2,327	\$1,301
5123	LAPAROSCOPIC CHOLECYSTECTOMY	121	\$7,245	\$6,118
4525	CLOS [ENDO] BX LARGE INTESTINE	94	\$2,221	\$1,356
4701	LAPAROSCOPIC APPENDECTOMY	65	\$9,430	\$8,144
8521	LOCAL EXCISION OF LESION OF BREAST	60	\$3,928	\$2,630
4513	OTHER ENDOSCOPY OF SMALL INTESTINE	51	\$1,863	\$1,089
1364	DISCISSION OF SECONDARY MEMBRANE	46	\$1,239	\$732
3722	LEFT HEART CARDIAC CATHETERIZATION	45	\$9,299	\$6,307
8051	EXCISION OF INTERVERTEBRAL DISC	41	\$6,314	\$7,760
283	TONSILLECTOMY WITH ADENOIDECTOMY	40	\$3,529	\$2,169
4836	[ENDOSCOPIC] POLYPECTOMY OF RECTUM	39	\$2,079	\$1,228
806	EXCISION SEMILUNAR CARTILAGE KNEE	37	\$5,426	\$4,034
282	TONSILLECTOMY WITHOUT ADENOIDECTOMY	29	\$3,743	\$2,285
5749	OTH TRANSURETH EXC/DEST LES BLADDER	24	\$4,583	\$3,731
6902	DILATION&CURET FOLLOWING DELIV/AB	23	\$4,609	\$2,491
8076	SYNOVECTOMY OF KNEE	22	\$5,503	\$3,941
8363	ROTATOR CUFF REPAIR	21	\$9,032	\$8,430
8554	BILATERAL BREAST IMPLANT	20	\$5,375	\$2,560

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
CPT-4 Procedures		2,914	\$3,913	\$2,895
45380	COLONOSCOPY FLEX; W/BX 1/MX	354	\$2,237	\$1,278
45378	COLONOSCOPY FLEX; DX-SEP PROC	335	\$1,680	\$949
43239	UGI ENDO; W/BX 1/MX	264	\$2,387	\$1,299
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	124	\$7,261	\$6,476
29881	SCOPE KNEE SURG;W/MENISCECT MED/	76	\$5,449	\$3,914
45384	COLONOSCOPY FLEX; REMV LES-FORCE	75	\$2,197	\$1,652
66984	EXTRACAPSULAR CATARACT REMV IOL	70	\$4,054	\$3,042
44970	LAPAROSCOPY SURGICAL APPENDECTOM	67	\$9,403	\$8,116
50590	LITHOTRIPSY XTRACORP SHOCK WAVE	63	\$7,244	\$7,497
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	47	\$2,212	\$1,431
62284	INJ PROC MYELGRPH &/CT SPINAL	44	\$3,239	\$2,889
66821	DISCISSION 2ND CATARACT; LASER S	44	\$1,240	\$770
20610	ARTHROCENTESIS ASPIR&/INJ; MAJ J	43	\$756	\$930
19120	EXC BRST CYST TUMR/LES OPN M/F 1	41	\$3,913	\$2,583
36430	TRANSFUSION BLOOD/BLOOD COMPONEN	37	\$1,758	\$2,312
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	37	\$1,820	\$1,036
63030	LAMINOT W/ DECOMP; 1 INTERSPACE	35	\$6,460	\$7,927
29875	SCOPE KNEE; SYNOVECT LTD SEP PRO	32	\$5,528	\$3,609
42820	T&A; UNDER AGE 12	32	\$3,477	\$2,072
49505	REPR INIT ING HERNIA 5YR/MORE; R	30	\$4,118	\$3,685

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

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

107 Lakeview Hospital

Procedure APG category		TOTAL #	TOTAL # (ALL Hospitals)
Procedure APG			
01	INTEGUMENTARY SYSTEM	216	8,878
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	32	2,028
	003 COMPLEX INCISION AND DRAINAGE	8	76
	006 SIMPLE DEBRIDEMENT AND DESTRUCTION	1	157
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	27	1,202
	008 SIMPLE EXCISION AND BIOPSY	17	1,012
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRANGE	35	1,367
	011 SIMPLE INCISION AND EXCISION OF BREAST	79	2,366
	012 BREAST RECONSTRUCTION AND MASTECTOMY	17	635
02	MUSCULOSKELETAL SYSTEM	1,505	58,082
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	202	6,410
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	38	2,231
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	68	2,131
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	261	11,532
	025 ARTHROSCOPY	629	25,432
	026 REPLACEMENT OF CAST	6	63
	027 SPLINT, STRAPPING AND CAST REMOVAL	3	368
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	11	656
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	67	4,342
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	30	470
	032 BUNION PROCEDURES	37	1,569
	033 ARTHROPLASTY	29	512
	034 HAND AND FOOT TENOTOMY	7	279
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	117	2,033
03	RESPIRATORY SYSTEM	94	7,958
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	21	656
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	15	5,137
	054 SIMPLE ENDOSCOPY OF THE UPPER AIRWAY	1	300
	055 ENDOSCOPY OF THE LOWER AIRWAY	57	1,865
04	CARDIOVASCULAR SYSTEM	577	25,823
	075 PLACEMENT OF TRANSVENOUS CATHETERS	1	48
	076 DIAGNOSTIC CARDIAC CATHETERIZATION	514	18,184
	077 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	8	1,922
	078 PACEMAKER INSERTION AND REPLACEMENT	11	488
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	10	746
	080 MINOR VASCULAR REPAIR AND FISTULA CONSTRUCTION	1	898
	081 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	10	181
	082 VASCULAR LIGATION	22	403
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	86	3,114
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	32	1,943
	097 TRANSFUSION	54	1,021
06	DIGESTIVE SYSTEM	3,094	105,000
	111 ALIMENTARY TESTS AND SIMPLE TUBE PLACEMENT	20	113
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	11	649
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	15	392
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	778	22,453

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

107 Lakeview Hospital

procedure APG category		TOTAL #	TOTAL # (ALL Hospitals)
procedure APG			
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	253	5,914
	117 LOWER GASTROINTESTINAL ENDOSCOPY	1,409	47,953
	118 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	52	1,561
	119 HERNIA AND HYDROCELE PROCEDURES	148	6,882
	120 COMPLEX ANAL AND RECTAL PROCEDURES	8	1,098
	121 SIMPLE ANAL AND RECTAL PROCEDURES	5	497
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	9	506
	123 COMPLEX LAPAROSCOPIC PROCEDURES	385	15,680
	124 SIMPLE LAPAROSCOPIC PROCEDURES	1	170
07	URINARY SYSTEM	253	7,472
	131 RENAL EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	67	848
	133 URINARY CATHETERIZATION AND DILATATION	14	380
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	118	3,513
	135 MODERATE CYSTOURETHROSCOPY	41	1,846
	136 SIMPLE CYSTOURETHROSCOPY	4	606
	137 COMPLEX URETHRAL PROCEDURES	7	125
	138 SIMPLE URETHRAL PROCEDURES	2	153
08	MALE GENITAL SYSTEM	36	2,684
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	26	1,397
	152 INSERTION OF PENILE PROSTHESIS	2	56
	153 COMPLEX PENILE PROCEDURES	4	413
	154 SIMPLE PENILE PROCEDURES	3	680
	155 PROSTATE NEEDLE AND PUNCH BIOPSY	1	138
09	FEMALE GENITAL SYSTEM	107	6,830
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	53	1,642
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	26	1,421
	178 DILATION AND CURETTAGE	5	709
	179 HYSTEROSCOPY	21	2,718
	180 COLPOSCOPY	2	339
10	NERVOUS SYSTEM	121	26,119
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	36	19,763
	196 REVISION AND REMOVAL OF NEUROLOGICAL DEVICE	1	212
	197 NEUROSTIMULATOR AND VENTRICULAR SHUNT IMPLANTATION	15	828
	198 NERVE REPAIR AND DESTRUCTION	59	4,690
	199 SPINAL TAP	10	626
11	EYE AND OCULAR ADNEXA	124	11,129
	213 LASER EYE PROCEDURES	46	710
	214 CATARACT PROCEDURES	71	4,618
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	1	469
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	3	881
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	2	556
	223 VITRECTOMY	1	1,687
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	223	27,995
	233 NASAL CAUTERIZATION AND PACKING	6	323
	234 COMPLEX FACIAL AND ENT PROCEDURES	63	5,543
	235 SIMPLE FACIAL AND ENT PROCEDURES	76	13,699

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

107 Lakeview Hospital

procedure APG category	procedure APG	TOTAL #	TOTAL # (ALL Hospitals)
	236 TONSIL AND ADENOID PROCEDURES	78	8,352
13	THERAPEUTIC AND OTHER RADIOLOGICAL PROCEDURES	163	3,177
	253 VASCULAR RADIOLOGY EXCEPT FOR VENOGRAPHY OF EXTREMITY	3	1,174
	254 MYELOGRAPHY	44	297
	255 MISCELLANEOUS RADIOLOGICAL PROCEDURES WITH CONTRAST	116	1,694

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

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
PROCEDURE APG CATEGORY, PROCEDURE APG, SINGLE APG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

107 Lakeview Hospital

Procedure APG category	Procedure APG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
01	INTEGUMENTARY SYSTEM	149	\$4,160	\$3,077
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	14	\$2,464	\$2,351
	003 COMPLEX INCISION AND DRAINAGE	4	\$4,597	\$3,204
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	7	\$3,615	\$2,981
	008 SIMPLE EXCISION AND BIOPSY	12	\$5,673	\$2,545
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRAN	26	\$4,339	\$4,359
	011 SIMPLE INCISION AND EXCISION OF BREAST	69	\$4,088	\$2,861
	012 BREAST RECONSTRUCTION AND MASTECTOMY	17	\$4,631	\$5,243
02	MUSCULOSKELETAL SYSTEM	507	\$5,238	\$4,100
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	59	\$6,356	\$6,150
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	14	\$9,226	\$3,787
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	14	\$5,060	\$4,488
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	79	\$3,778	\$2,717
	025 ARTHROSCOPY	211	\$5,802	\$4,558
	026 REPLACEMENT OF CAST	1	\$783	\$6,504
	027 SPLINT, STRAPPING AND CAST REMOVAL	3	\$1,446	\$5,317
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	6	\$5,784	\$3,140
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	42	\$7,779	\$5,140
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	18	\$3,438	\$2,526
	032 BUNION PROCEDURES	15	\$4,776	\$3,916
	033 ARTHROPLASTY	2	\$12,700	\$6,241
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	43	\$756	\$909
03	RESPIRATORY SYSTEM	22	\$2,205	\$2,071
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	15	\$1,663	\$1,191
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	1	\$4,088	\$3,201
	055 ENDOSCOPY OF THE LOWER AIRWAY	6	\$3,246	\$2,233
04	CARDIOVASCULAR SYSTEM	13	\$13,521	\$10,821
	076 DIAGNOSTIC CARDIAC CATHETERIZATION	3	\$5,919	\$6,014
	077 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	1	\$10,598	\$17,712
	078 PACEMAKER INSERTION AND REPLACEMENT	6	\$22,343	\$21,180
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	2	\$3,248	\$4,242
	081 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	1	\$6,863	\$5,273
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	61	\$3,035	\$3,660
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	24	\$5,004	\$4,713
	097 TRANSFUSION	37	\$1,758	\$2,312
06	DIGESTIVE SYSTEM	1,545	\$3,120	\$2,170
	111 ALIMENTARY TESTS AND SIMPLE TUBE PLACEMENT	19	\$480	\$1,014
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	5	\$1,365	\$1,114
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	7	\$1,766	\$1,226
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	304	\$2,313	\$1,249
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	57	\$2,361	\$1,798
	117 LOWER GASTROINTESTINAL ENDOSCOPY	818	\$2,003	\$1,114
	118 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	12	\$3,327	\$3,753
	119 HERNIA AND HYDROCELE PROCEDURES	61	\$4,594	\$3,546
	120 COMPLEX ANAL AND RECTAL PROCEDURES	6	\$4,009	\$2,846

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
PROCEDURE APG CATEGORY, PROCEDURE APG, SINGLE APG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

107 Lakeview Hospital

procedure APG category			TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
Procedure APG					
121	SIMPLE ANAL AND RECTAL PROCEDURES		2	\$4,106	\$2,218
122	MISCELLANEOUS ABDOMINAL PROCEDURES		2	\$6,802	\$3,109
123	COMPLEX LAPAROSCOPIC PROCEDURES		252	\$7,736	\$6,362
07	URINARY SYSTEM		129	\$5,947	\$4,480
131	RENAL EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY		63	\$7,244	\$7,487
133	URINARY CATHETERIZATION AND DILATATION		9	\$2,493	\$3,647
134	COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY		24	\$5,286	\$4,624
135	MODERATE CYSTOURETHROSCOPY		23	\$5,177	\$3,484
136	SIMPLE CYSTOURETHROSCOPY		2	\$3,506	\$2,335
137	COMPLEX URETHRAL PROCEDURES		6	\$4,506	\$4,861
138	SIMPLE URETHRAL PROCEDURES		2	\$4,219	\$1,539
08	MALE GENITAL SYSTEM		11	\$8,733	\$3,045
151	TESTICULAR AND EPIDIDYMAL PROCEDURES		5	\$4,247	\$2,546
152	INSERTION OF PENILE PROSTHESIS		2	\$24,293	\$19,133
153	COMPLEX PENILE PROCEDURES		2	\$9,983	\$3,147
154	SIMPLE PENILE PROCEDURES		2	\$3,141	\$1,914
09	FEMALE GENITAL SYSTEM		48	\$5,575	\$4,082
176	COMPLEX FEMALE REPRODUCTIVE PROCEDURES		20	\$6,574	\$5,061
177	SIMPLE FEMALE REPRODUCTIVE PROCEDURES		17	\$4,930	\$3,135
178	DILATION AND CURETTAGE		3	\$4,960	\$2,371
179	HYSTEROSCOPY		8	\$4,681	\$4,610
10	NERVOUS SYSTEM		52	\$6,380	\$1,813
195	NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP		16	\$1,830	\$1,068
196	REVISION AND REMOVAL OF NEUROLOGICAL DEVICE		1	\$4,373	\$7,292
197	NEUROSTIMULATOR AND VENTRICULAR SHUNT IMPLANTATION		10	\$20,439	\$22,134
198	NERVE REPAIR AND DESTRUCTION		17	\$4,218	\$2,441
199	SPINAL TAP		8	\$2,756	\$1,908
11	EYE AND OCULAR ADNEXA		118	\$3,001	\$3,062
213	LASER EYE PROCEDURES		44	\$1,240	\$782
214	CATARACT PROCEDURES		70	\$4,054	\$3,046
215	COMPLEX ANTERIOR SEGMENT EYE PROCEDURES		1	\$2,857	\$3,268
221	COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE		2	\$5,132	\$3,876
222	SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE		1	\$2,685	\$2,152
12	FACIAL, EAR, NOSE, MOUTH AND THROAT		123	\$3,939	\$2,535
233	NASAL CAUTERIZATION AND PACKING		3	\$4,527	\$3,183
234	COMPLEX FACIAL AND ENT PROCEDURES		15	\$6,218	\$4,888
235	SIMPLE FACIAL AND ENT PROCEDURES		37	\$3,540	\$1,798
236	TONSIL AND ADENOID PROCEDURES		68	\$3,628	\$2,184
13	THERAPEUTIC AND OTHER RADIOLOGICAL PROCEDURES		97	\$2,554	\$3,015
254	MYELOGRAPHY		44	\$3,239	\$3,100
255	MISCELLANEOUS RADIOLOGICAL PROCEDURES WITH CONTRAST		53	\$1,985	\$2,175

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

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

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

107 Lakeview Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
GENDER				
Female	2,600	55.1	122,108	54.4
Male	2,121	44.9	102,236	45.6
Unknown	0	0.0	4	0.0
Not Reported	0	0.0	4	0.0
AGE				
1-28 days	0	0.0	704	0.3
29-365 days	5	0.1	2,863	1.3
1-4 years	38	0.8	11,046	4.9
5-9	32	0.7	6,088	2.7
10-14	54	1.1	4,673	2.1
15-17	79	1.7	5,017	2.2
18-19	66	1.4	3,697	1.6
20-24	206	4.4	10,637	4.7
25-29	222	4.7	12,527	5.6
30-34	194	4.1	12,120	5.4
35-39	216	4.6	12,327	5.5
40-44	278	5.9	14,081	6.3
45-49	283	6.0	17,506	7.8
50-54	522	11.1	25,054	11.2
55-59	495	10.5	20,980	9.4
60-64	444	9.4	16,994	7.6
65-69	463	9.8	14,770	6.6
70-74	416	8.8	12,538	5.6
75-79	343	7.3	10,175	4.5
80-84	246	5.2	6,704	3.0
85-89	90	1.9	2,983	1.3
90 +	29	0.6	865	0.4
Not Reported	0	0.0	707	0.3
SOURCE OF ADMISSION				
Physician Referral	4,471	94.7	202,212	90.1
Clinic Referral	86	1.8	553	0.2
HMO Referral	0	0.0	3,605	1.6
Other Hospital	0	0.0	90	0.0
Skilled Nursing Facility	0	0.0	22	0.0
Other Health Care Facility	0	0.0	25	0.0
Emergency Room	163	3.5	4,679	2.1
Court/Law Enforcement	0	0.0	0	0.0
Unknown	1	0.0	11	0.0
Not Reported	0	0.0	13,155	5.9

(Continued)

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

107 Lakeview Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	4,717	99.9	223,834	99.8
Another Hospital	0	0.0	103	0.0
Skilled Nursing Facility	1	0.0	111	0.0
Intermediate Care Facility	1	0.0	11	0.0
Another Type of Institution	1	0.0	46	0.0
Under Care of Home Service	0	0.0	169	0.1
Left Against Medical Advice	1	0.0	16	0.0
Under Care of Home IV Provider	0	0.0	1	0.0
Expired	0	0.0	5	0.0
Unknown	0	0.0	56	0.0
Not Reported	0	0.0	0	0.0
PRIMARY PAYER				
Medicare	1,389	29.4	45,634	20.3
Medicaid	146	3.1	14,157	6.3
Other government	64	1.4	3,504	1.6
Blue Cross/Blue Shield	871	18.4	30,700	13.7
Other Commercial	248	5.3	15,100	6.7
Managed Care(HMO, PPO)	1,822	38.6	105,175	46.9
Self Pay	109	2.3	2,539	1.1
Industrial & Worker Comp	57	1.2	3,834	1.7
Charity and Unclassified	15	0.3	2,186	1.0
Childrens Health Insurance	0	0.0	177	0.1
Unknown	0	0.0	1,256	0.6
Not Reported	0	0.0	90	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	47	1.0	15,979	7.1
Central Utah	8	0.2	8,148	3.6
Davis County	4,003	84.8	23,241	10.4
Salt Lake County	348	7.4	76,236	34.0
Southeastern Utah	5	0.1	5,436	2.4
Southwest Utah	10	0.2	13,567	6.0
Summit County	9	0.2	3,096	1.4
Tooele County	53	1.1	4,599	2.0
Tri-County	6	0.1	5,798	2.6
Utah County	20	0.4	35,900	16.0
Wasatch County	4	0.1	1,771	0.8
Weber County	121	2.6	21,412	9.5
Unknown Utah	1	0.0	49	0.0
Outside Utah	86	1.8	8,923	4.0
Unknown, Not Reported	0	0.0	197	0.1

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

AMB ST 1-1
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

121 LDS Hospital

	Procedures Performed		Procedures Performed-All Hospitals	
	(#)	(%)	(#)	(%)
Reporting Category(ICD-9-CM CODES)	30,531	100.0	321,711	100.0
Mastectomy (85.0-85.99)	671	2.2	7,021	2.2
Musculoskeletal (76.0-84.99)	5,629	18.4	65,753	20.4
Respiratory (30.0-34.99)	542	1.8	3,438	1.1
Cardiovascular (35.0-39.99)	4,301	14.1	15,180	4.7
Lymphatic/Hemetic (40.0-41.99)	696	2.3	3,088	1.0
Digestive System (42.0-54.99)	10,457	34.3	107,581	33.4
Urinary (55.0-59.99)	1,167	3.8	8,752	2.7
Male Genital (60.0-64.99)	134	0.4	3,460	1.1
Female Genital (65.0-71.99)	1,627	5.3	15,319	4.8
Endocrine/Nervous (01.0-07.99)	638	2.1	28,111	8.7
Eye (08.0-16.99)	2,499	8.2	19,328	6.0
Ear (18.0-20.99)	304	1.0	14,440	4.5
Nose, Mouth, Pharynx (21.0-29.99)	1,866	6.1	30,240	9.4
Reporting Category(CPT-4 CODES)	26,176	100.0	304,292	100.0
Mastectomy (19120-19220)	421	1.6	3,001	1.0
Musculoskeletal (20000-29909)	4,157	15.9	65,018	21.4
Respiratory (30000-32999 & 39501-39599)	1,290	4.9	13,975	4.6
Cardiovascular (33010-37799 & 93501-93660)	5,123	19.6	31,569	10.4
Lymphatic/Hemetic (38100-38999)	566	2.2	2,606	0.9
Digestive (40490-49999)	9,729	37.2	115,754	38.0
Urinary (50010-53899)	808	3.1	8,580	2.8
Male Genital (54000-55899)	83	0.3	3,059	1.0
Female Genital (56405-58999)	1,107	4.2	11,517	3.8
Endocrine/Nervous (60000-64999)	1,338	5.1	29,931	9.8
Eye (65091-68899)	1,387	5.3	11,422	3.8
Ear (69000-69979)	167	0.6	7,860	2.6

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

AMB ST 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES

121 LDS Hospital

ICD-9 CODE	ICD-9 DESCRIPTION	#	%	% ALL Hospitals
All ICD-9 Procedures				
4523	COLONOSCOPY	2,088	6.8	7.45
4516	EGD W/CLOS BX	1,802	5.9	5.75
4542	ENDO POLYPECTOMY LARGE INTESTINE	1,212	4.0	3.92
8051	EXCISION OF INTERVERTEBRAL DISC	720	2.4	0.48
1474	OTHER MECHANICAL VITRECTOMY	633	2.1	0.41
5123	LAPAROSCOPIC CHOLECYSTECTOMY	631	2.1	2.01
4525	CLOS [ENDO] BX LARGE INTESTINE	597	2.0	2.61
8026	ARTHROSCOPY OF KNEE	597	2.0	0.58
5421	LAPAROSCOPY	503	1.6	0.49
3728	INTRACARDIAC ECHOCARDIOGRAPHY	481	1.6	0.16
1475	INJECTION OF VITREOUS SUBSTITUTE	468	1.5	0.26
149	OTH OP RETINA CHOROID&POST CHAMB	459	1.5	0.29
4513	OTHER ENDOSCOPY OF SMALL INTESTINE	459	1.5	1.88
3552	REPR ATRIAL SEPTL DEFEC-PROSTH-CLO	458	1.5	0.20
3722	LEFT HEART CARDIAC CATHETERIZATION	446	1.5	1.06
2169	OTHER TURBINECTOMY	414	1.4	0.76
3726	CARD EP STIM&RECORDING STUDIES	387	1.3	0.34
8521	LOCAL EXCISION OF LESION OF BREAST	385	1.3	0.85
3734	EXC/DESTRUC OTH LES/TISS HRT OTH	360	1.2	0.32
5732	OTHER CYSTOSCOPY	358	1.2	0.44

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures				
45378	COLONOSCOPY FLEX; DX-SEP PROC	2,060	7.9	7.39
43239	UGI ENDO; W/BX 1/MX	1,679	6.4	5.96
45380	COLONOSCOPY FLEX; W/BX 1/MX	1,589	6.1	5.63
93545	INJ PROC-CATH; SELECT CORONRY AN	488	1.9	1.15
67038	VITRECTOMY MECH; W/MEMBRANE STRI	457	1.7	0.31
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	432	1.7	1.32
93543	INJ PROC-CATH; LT VENT/ATRIAL AN	386	1.5	1.08
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	377	1.4	1.81
93556	IMAG SUPERVS I&R-CATH; PULM ANGI	365	1.4	0.98
93555	IMAG SUPERVS I&R-CATH; VENT/ATRI	356	1.4	0.93
93510	LT HRT CATH RETRO-BRACH/FEM; PER	344	1.3	0.93
93580	PERQ TRNSCATH CLO INTERATRIAL CM	337	1.3	0.16
29881	SCOPE KNEE SURG;W/MENISCECT MED/	279	1.1	1.59
63075	DISKECT ANT; CERVICAL 1 INTERSPA	269	1.0	0.14
22554	ARTHRODESIS W/MINI DISKECT;BELOW	267	1.0	0.15
93620	COMP EP EVAL;RT ATRIAL VENT HIS	264	1.0	0.27
93621	COMP EP EVAL;LT ATRIAL COR SINUS	247	0.9	0.18
63030	LAMINOT W/ DECOMP; 1 INTERSPACE	243	0.9	0.27
49650	LAPARSCPY SURG; REPR INIT ING HE	240	0.9	0.19
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	237	0.9	1.05

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

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

AMB ST 1-3

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

121 LDS Hospital

ICD-9 CODE	ICD-9 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
ICD-9 Procedures		10,301	\$3,269	\$3,166
4523	COLONOSCOPY	1,701	\$640	\$947
4516	EGD W/CLOS BX	862	\$1,059	\$1,301
4542	ENDO POLYPECTOMY LARGE INTESTINE	769	\$951	\$1,297
5123	LAPAROSCOPIC CHOLECYSTECTOMY	544	\$4,924	\$6,118
3722	LEFT HEART CARDIAC CATHETERIZATION	432	\$4,874	\$6,307
4525	CLOS [ENDO] BX LARGE INTESTINE	267	\$946	\$1,356
8051	EXCISION OF INTERVERTEBRAL DISC	250	\$6,709	\$7,760
3723	COMBINED RIGHT&LEFT HEART CARD CATH	244	\$5,689	\$6,831
8521	LOCAL EXCISION OF LESION OF BREAST	236	\$2,273	\$2,630
4513	OTHER ENDOSCOPY OF SMALL INTESTINE	232	\$1,026	\$1,089
5011	CLOSED BIOPSY OF LIVER	221	\$2,059	\$2,288
4701	LAPAROSCOPIC APPENDECTOMY	147	\$8,153	\$8,144
6952	ASPIRATION CURET FOLLOWING DELIV/AB	140	\$2,056	\$2,456
4836	[ENDOSCOPIC] POLYPECTOMY OF RECTUM	137	\$911	\$1,228
3927	ARTERIOVENOSTOMY FOR RENAL DIALYSIS	133	\$5,657	\$5,077
3950	ANGPLSTY/ATHERECT OTH NON-COR VES	120	\$10,858	\$12,499
1364	DISCISSION OF SECONDARY MEMBRANE	112	\$525	\$732
0443	RELEASE OF CARPAL TUNNEL	111	\$1,589	\$2,124
3721	RIGHT HEART CARDIAC CATHETERIZATION	99	\$7,604	\$6,548
5523	CLOSED BIOPSY OF KIDNEY	96	\$2,918	\$2,928

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
CPT-4 Procedures		11,052	\$3,477	\$2,895
45378	COLONOSCOPY FLEX; DX-SEP PROC	1,691	\$641	\$949
45380	COLONOSCOPY FLEX; W/BX 1/MX	1,150	\$929	\$1,278
43239	UGI ENDO; W/BX 1/MX	770	\$920	\$1,299
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	377	\$5,158	\$6,476
93580	PERQ TRNSCATH CLO INTERATRIAL CM	336	\$19,479	\$22,746
63030	LAMINOT W/ DECOMP; 1 INTERSPACE	230	\$6,677	\$7,927
49650	LAPARSCPY SURG; REPR INIT ING HE	196	\$4,253	\$5,288
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	193	\$1,034	\$1,431
47562	LAPAROSCOPY SURGICAL; CHOLECT	171	\$4,463	\$5,595
47000	BIOPSY LIVER NEEDLE; PERCUTANEOU	152	\$1,960	\$2,166
67038	VITRECTOMY MECH; W/MEMBRANE STRI	148	\$4,804	\$5,891
44970	LAPAROSCOPY SURGICAL APPENDECTOM	147	\$8,158	\$8,116
19120	EXC BRST CYST TUMR/LES OPN M/F 1	146	\$1,961	\$2,583
66821	DISCISSION 2ND CATARACT; LASER S	139	\$622	\$770
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	130	\$799	\$1,036
20680	REMOVAL OF IMPLANT; DEEP	129	\$2,401	\$2,816
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	120	\$1,615	\$2,178
29881	SCOPE KNEE SURG;W/MENISCECT MED/	116	\$2,886	\$3,914
43259	UGI ENDO; W/ENDO UNTRASOUND EXAM	87	\$1,351	\$1,428
19125	EXC BRST LES ID RAD MARKR OPN;1	82	\$2,838	\$3,410

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

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

121 LDS Hospital

Procedure APG category		TOTAL #	TOTAL # (ALL Hospitals)
Procedure APG			
01	INTEGUMENTARY SYSTEM	927	8,878
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	287	2,028
	003 COMPLEX INCISION AND DRAINAGE	1	76
	006 SIMPLE DEBRIDEMENT AND DESTRUCTION	11	157
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	127	1,202
	008 SIMPLE EXCISION AND BIOPSY	67	1,012
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRANGE	11	1,367
	010 SIMPLE SKIN REPAIR	2	12
	011 SIMPLE INCISION AND EXCISION OF BREAST	300	2,366
	012 BREAST RECONSTRUCTION AND MASTECTOMY	121	635
02	MUSCULOSKELETAL SYSTEM	3,122	58,082
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	498	6,410
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	144	2,231
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	91	2,131
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	496	11,532
	025 ARTHROSCOPY	1,457	25,432
	026 REPLACEMENT OF CAST	1	63
	027 SPLINT, STRAPPING AND CAST REMOVAL	2	368
	028 CLOSED TREATMENT FX & DISLOCATION OF FINGER, TOE & TRUNK	2	54
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	21	656
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	301	4,342
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	27	470
	032 BUNION PROCEDURES	18	1,569
	033 ARTHROPLASTY	25	512
	034 HAND AND FOOT TENOTOMY	1	279
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	38	2,033
03	RESPIRATORY SYSTEM	718	7,958
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	10	656
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	401	5,137
	054 SIMPLE ENDOSCOPY OF THE UPPER AIRWAY	20	300
	055 ENDOSCOPY OF THE LOWER AIRWAY	287	1,865
04	CARDIOVASCULAR SYSTEM	4,643	25,823
	074 CARDIAC ELECTROPHYSIOLOGIC TESTS	1,027	2,947
	075 PLACEMENT OF TRANSVENOUS CATHETERS	2	48
	076 DIAGNOSTIC CARDIAC CATHETERIZATION	2,429	18,184
	077 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	624	1,922
	078 PACEMAKER INSERTION AND REPLACEMENT	60	488
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	96	746
	080 MINOR VASCULAR REPAIR AND FISTULA CONSTRUCTION	270	898
	081 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	31	181
	082 VASCULAR LIGATION	104	403
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	440	3,114
	092 CHEMOTHERAPY EXCEPT BY EXTENDED INFUSION	3	19
	094 BLOOD AND BLOOD PRODUCT EXCHANGE	9	131
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	428	1,943
06	DIGESTIVE SYSTEM	9,589	105,000

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

121 LDS Hospital

procedure APG category		TOTAL #	TOTAL # (ALL Hospitals)
procedure APG			
112	ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	15	1,288
113	ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	96	649
114	PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	51	392
115	DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	1,943	22,453
116	THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	772	5,914
117	LOWER GASTROINTESTINAL ENDOSCOPY	4,196	47,953
118	ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	250	1,561
119	HERNIA AND HYDROCELE PROCEDURES	299	6,882
120	COMPLEX ANAL AND RECTAL PROCEDURES	104	1,098
121	SIMPLE ANAL AND RECTAL PROCEDURES	37	497
122	MISCELLANEOUS ABDOMINAL PROCEDURES	62	506
123	COMPLEX LAPAROSCOPIC PROCEDURES	1,723	15,680
124	SIMPLE LAPAROSCOPIC PROCEDURES	41	170
07	URINARY SYSTEM	718	7,472
131	RENAL EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	45	848
133	URINARY CATHETERIZATION AND DILATATION	23	380
134	COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	377	3,513
135	MODERATE CYSTOURETHROSCOPY	220	1,846
136	SIMPLE CYSTOURETHROSCOPY	42	606
137	COMPLEX URETHRAL PROCEDURES	5	125
138	SIMPLE URETHRAL PROCEDURES	6	153
08	MALE GENITAL SYSTEM	60	2,684
151	TESTICULAR AND EPIDIDYMAL PROCEDURES	34	1,397
152	INSERTION OF PENILE PROSTHESIS	1	56
153	COMPLEX PENILE PROCEDURES	14	413
154	SIMPLE PENILE PROCEDURES	10	680
155	PROSTATE NEEDLE AND PUNCH BIOPSY	1	138
09	FEMALE GENITAL SYSTEM	727	6,830
176	COMPLEX FEMALE REPRODUCTIVE PROCEDURES	154	1,642
177	SIMPLE FEMALE REPRODUCTIVE PROCEDURES	122	1,421
178	DILATION AND CURETTAGE	31	709
179	HYSTEROSCOPY	393	2,718
180	COLPOSCOPY	27	339
10	NERVOUS SYSTEM	301	26,119
195	NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	18	19,763
196	REVISION AND REMOVAL OF NEUROLOGICAL DEVICE	11	212
197	NEUROSTIMULATOR AND VENTRICULAR SHUNT IMPLANTATION	47	828
198	NERVE REPAIR AND DESTRUCTION	222	4,690
199	SPINAL TAP	3	626
11	EYE AND OCULAR ADNEXA	1,241	11,129
213	LASER EYE PROCEDURES	144	710
214	CATARACT PROCEDURES	44	4,618
215	COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	1	469
216	MODERATE ANTERIOR SEGMENT EYE PROCEDURES	8	294
217	SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	16	238
218	COMPLEX POSTERIOR SEGMENT EYE PROCEDURES	189	374

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

121 LDS Hospital

procedure APG category	procedure APG	TOTAL #	TOTAL # (ALL Hospitals)
	219 SIMPLE POSTERIOR SEGMENT EYE PROCEDURES	30	436
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	9	881
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	4	556
	223 VITRECTOMY	796	1,687
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	1,142	27,995
	231 COCHLEAR DEVICE IMPLANTATION	10	78
	233 NASAL CAUTERIZATION AND PACKING	59	323
	234 COMPLEX FACIAL AND ENT PROCEDURES	573	5,543
	235 SIMPLE FACIAL AND ENT PROCEDURES	330	13,699
	236 TONSIL AND ADENOID PROCEDURES	170	8,352
13	THERAPEUTIC AND OTHER RADIOLOGICAL PROCEDURES	256	3,177
	253 VASCULAR RADIOLOGY EXCEPT FOR VENOGRAPHY OF EXTREMITY	235	1,174
	255 MISCELLANEOUS RADIOLOGICAL PROCEDURES WITH CONTRAST	21	1,694
14	PHYSICAL MEDICINE AND REHABILITATION	1	3
	272 PHYSICAL THERAPY	1	3

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

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

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
PROCEDURE APG CATEGORY, PROCEDURE APG, SINGLE APG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

121 LDS Hospital

Procedure APG category	Procedure APG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
01	INTEGUMENTARY SYSTEM	661	\$2,577	\$3,077
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	259	\$2,275	\$2,351
	006 SIMPLE DEBRIDEMENT AND DESTRUCTION	5	\$1,424	\$2,246
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	68	\$2,714	\$2,981
	008 SIMPLE EXCISION AND BIOPSY	44	\$2,354	\$2,545
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRAN	4	\$3,808	\$4,359
	010 SIMPLE SKIN REPAIR	1	\$2,099	\$3,420
	011 SIMPLE INCISION AND EXCISION OF BREAST	228	\$2,276	\$2,861
	012 BREAST RECONSTRUCTION AND MASTECTOMY	52	\$5,430	\$5,243
02	MUSCULOSKELETAL SYSTEM	1,343	\$4,524	\$4,100
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	326	\$6,095	\$6,150
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	54	\$3,497	\$3,787
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	23	\$4,877	\$4,488
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	267	\$2,463	\$2,717
	025 ARTHROSCOPY	415	\$4,098	\$4,558
	028 CLOSED TREATMENT FX & DISLOCATION OF FINGER, TOE & TRUNK	2	\$2,978	\$2,232
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	15	\$4,070	\$3,140
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	222	\$5,821	\$5,140
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	1	\$3,669	\$2,526
	032 BUNION PROCEDURES	11	\$2,998	\$3,916
	033 ARTHROPLASTY	4	\$4,467	\$6,241
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	3	\$5,484	\$909
03	RESPIRATORY SYSTEM	197	\$2,306	\$2,071
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	4	\$3,547	\$1,191
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	48	\$2,933	\$3,201
	054 SIMPLE ENDOSCOPY OF THE UPPER AIRWAY	4	\$2,420	\$1,344
	055 ENDOSCOPY OF THE LOWER AIRWAY	141	\$2,054	\$2,233
04	CARDIOVASCULAR SYSTEM	741	\$12,609	\$10,821
	074 CARDIAC ELECTROPHYSIOLOGIC TESTS	19	\$25,441	\$21,121
	076 DIAGNOSTIC CARDIAC CATHETERIZATION	135	\$4,953	\$6,014
	077 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	345	\$19,296	\$17,712
	078 PACEMAKER INSERTION AND REPLACEMENT	20	\$14,887	\$21,180
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	13	\$8,803	\$4,242
	080 MINOR VASCULAR REPAIR AND FISTULA CONSTRUCTION	179	\$5,351	\$4,911
	081 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	10	\$5,192	\$5,273
	082 VASCULAR LIGATION	20	\$5,611	\$6,284
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	149	\$4,428	\$3,660
	094 BLOOD AND BLOOD PRODUCT EXCHANGE	9	\$5,294	\$7,016
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	140	\$4,372	\$4,713
06	DIGESTIVE SYSTEM	6,058	\$1,916	\$2,170
	112 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	2	\$2,414	\$1,490
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	59	\$1,159	\$1,114
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	30	\$861	\$1,226
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	939	\$943	\$1,249
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	335	\$1,701	\$1,798

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
PROCEDURE APG CATEGORY, PROCEDURE APG, SINGLE APG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

121 LDS Hospital

procedure APG category		TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
Procedure APG				
117	LOWER GASTROINTESTINAL ENDOSCOPY	3,105	\$783	\$1,114
118	ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	48	\$2,549	\$3,753
119	HERNIA AND HYDROCELE PROCEDURES	178	\$2,738	\$3,546
120	COMPLEX ANAL AND RECTAL PROCEDURES	81	\$2,521	\$2,846
121	SIMPLE ANAL AND RECTAL PROCEDURES	14	\$1,768	\$2,218
122	MISCELLANEOUS ABDOMINAL PROCEDURES	36	\$3,402	\$3,109
123	COMPLEX LAPAROSCOPIC PROCEDURES	1,221	\$5,392	\$6,362
124	SIMPLE LAPAROSCOPIC PROCEDURES	10	\$7,837	\$7,898
07	URINARY SYSTEM	208	\$3,866	\$4,480
131	RENAL EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	5	\$5,348	\$7,487
133	URINARY CATHETERIZATION AND DILATATION	11	\$6,485	\$3,647
134	COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	96	\$4,421	\$4,624
135	MODERATE CYSTOURETHROSCOPY	63	\$2,717	\$3,484
136	SIMPLE CYSTOURETHROSCOPY	24	\$2,803	\$2,335
137	COMPLEX URETHRAL PROCEDURES	5	\$3,661	\$4,861
138	SIMPLE URETHRAL PROCEDURES	4	\$6,234	\$1,539
08	MALE GENITAL SYSTEM	39	\$4,270	\$3,045
151	TESTICULAR AND EPIDIDYMAL PROCEDURES	17	\$2,675	\$2,546
152	INSERTION OF PENILE PROSTHESIS	1	\$28,861	\$19,133
153	COMPLEX PENILE PROCEDURES	13	\$5,676	\$3,147
154	SIMPLE PENILE PROCEDURES	8	\$2,301	\$1,914
09	FEMALE GENITAL SYSTEM	290	\$3,700	\$4,082
176	COMPLEX FEMALE REPRODUCTIVE PROCEDURES	75	\$4,532	\$5,061
177	SIMPLE FEMALE REPRODUCTIVE PROCEDURES	40	\$2,513	\$3,135
178	DILATION AND CURETTAGE	22	\$1,643	\$2,371
179	HYSTEROSCOPY	139	\$3,993	\$4,610
180	COLPOSCOPY	14	\$2,947	\$3,422
10	NERVOUS SYSTEM	148	\$2,117	\$1,813
195	NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	8	\$1,434	\$1,068
196	REVISION AND REMOVAL OF NEUROLOGICAL DEVICE	4	\$3,405	\$7,292
197	NEUROSTIMULATOR AND VENTRICULAR SHUNT IMPLANTATION	3	\$18,283	\$22,134
198	NERVE REPAIR AND DESTRUCTION	132	\$1,725	\$2,441
199	SPINAL TAP	1	\$5,653	\$1,908
11	EYE AND OCULAR ADNEXA	523	\$3,674	\$3,062
213	LASER EYE PROCEDURES	143	\$629	\$782
214	CATARACT PROCEDURES	6	\$2,986	\$3,046
217	SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	4	\$3,663	\$3,225
218	COMPLEX POSTERIOR SEGMENT EYE PROCEDURES	96	\$5,225	\$5,400
219	SIMPLE POSTERIOR SEGMENT EYE PROCEDURES	6	\$3,873	\$4,201
221	COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	6	\$4,025	\$3,876
222	SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	2	\$2,355	\$2,152
223	VITRECTOMY	260	\$4,788	\$5,731
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	452	\$4,386	\$2,535
231	COCHLEAR DEVICE IMPLANTATION	10	\$32,683	\$48,074
233	NASAL CAUTERIZATION AND PACKING	14	\$2,658	\$3,183

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
PROCEDURE APG CATEGORY, PROCEDURE APG, SINGLE APG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

121 LDS Hospital

procedure APG category Procedure APG	TOTAL #	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
234 COMPLEX FACIAL AND ENT PROCEDURES	249	\$4,881	\$4,888
235 SIMPLE FACIAL AND ENT PROCEDURES	70	\$2,687	\$1,798
236 TONSIL AND ADENOID PROCEDURES	109	\$1,970	\$2,184
13 THERAPEUTIC AND OTHER RADIOLOGICAL PROCEDURES	28	\$27,451	\$3,015
253 VASCULAR RADIOLOGY EXCEPT FOR VENOGRAPHY OF EXTREMITY	26	\$28,906	\$11,306
255 MISCELLANEOUS RADIOLOGICAL PROCEDURES WITH CONTRAST	2	\$8,529	\$2,175

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

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

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

121 LDS Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
GENDER				
Female	9,782	54.6	122,108	54.4
Male	8,142	45.4	102,236	45.6
Unknown	0	0.0	4	0.0
Not Reported	0	0.0	4	0.0
AGE				
1-28 days	0	0.0	704	0.3
29-365 days	2	0.0	2,863	1.3
1-4 years	8	0.0	11,046	4.9
5-9	39	0.2	6,088	2.7
10-14	103	0.6	4,673	2.1
15-17	238	1.3	5,017	2.2
18-19	241	1.3	3,697	1.6
20-24	871	4.9	10,637	4.7
25-29	1,042	5.8	12,527	5.6
30-34	1,004	5.6	12,120	5.4
35-39	1,100	6.1	12,327	5.5
40-44	1,246	7.0	14,081	6.3
45-49	1,603	8.9	17,506	7.8
50-54	2,380	13.3	25,054	11.2
55-59	1,943	10.8	20,980	9.4
60-64	1,669	9.3	16,994	7.6
65-69	1,404	7.8	14,770	6.6
70-74	1,171	6.5	12,538	5.6
75-79	968	5.4	10,175	4.5
80-84	585	3.3	6,704	3.0
85-89	249	1.4	2,983	1.3
90 +	58	0.3	865	0.4
Not Reported	0	0.0	707	0.3
SOURCE OF ADMISSION				
Physician Referral	17,586	98.1	202,212	90.1
Clinic Referral	4	0.0	553	0.2
HMO Referral	5	0.0	3,605	1.6
Other Hospital	5	0.0	90	0.0
Skilled Nursing Facility	1	0.0	22	0.0
Other Health Care Facility	12	0.1	25	0.0
Emergency Room	311	1.7	4,679	2.1
Court/Law Enforcement	0	0.0	0	0.0
Unknown	0	0.0	11	0.0
Not Reported	0	0.0	13,155	5.9

(Continued)

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

121 LDS Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	17,892	99.8	223,834	99.8
Another Hospital	2	0.0	103	0.0
Skilled Nursing Facility	6	0.0	111	0.0
Intermediate Care Facility	0	0.0	11	0.0
Another Type of Institution	3	0.0	46	0.0
Under Care of Home Service	19	0.1	169	0.1
Left Against Medical Advice	2	0.0	16	0.0
Under Care of Home IV Provider	0	0.0	1	0.0
Expired	0	0.0	5	0.0
Unknown	0	0.0	56	0.0
Not Reported	0	0.0	0	0.0
PRIMARY PAYER				
Medicare	4,235	23.6	45,634	20.3
Medicaid	599	3.3	14,157	6.3
Other government	155	0.9	3,504	1.6
Blue Cross/Blue Shield	944	5.3	30,700	13.7
Other Commercial	962	5.4	15,100	6.7
Managed Care(HMO, PPO)	10,144	56.6	105,175	46.9
Self Pay	198	1.1	2,539	1.1
Industrial & Worker Comp	274	1.5	3,834	1.7
Charity and Unclassified	342	1.9	2,186	1.0
Childrens Health Insurance	51	0.3	177	0.1
Unknown	20	0.1	1,256	0.6
Not Reported	0	0.0	90	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	367	2.0	15,979	7.1
Central Utah	144	0.8	8,148	3.6
Davis County	2,925	16.3	23,241	10.4
Salt Lake County	10,839	60.5	76,236	34.0
Southeastern Utah	66	0.4	5,436	2.4
Southwest Utah	267	1.5	13,567	6.0
Summit County	433	2.4	3,096	1.4
Tooele County	504	2.8	4,599	2.0
Tri-County	163	0.9	5,798	2.6
Utah County	623	3.5	35,900	16.0
Wasatch County	96	0.5	1,771	0.8
Weber County	388	2.2	21,412	9.5
Unknown Utah	1	0.0	49	0.0
Outside Utah	1,096	6.1	8,923	4.0
Unknown, Not Reported	12	0.1	197	0.1

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

AMB ST 1-1
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

105 Logan Regional Hospital

	Procedures Performed		Procedures Performed-All Hospitals	
	(#)	(%)	(#)	(%)
Reporting Category(ICD-9-CM CODES)	13,070	100.0	321,711	100.0
Mastectomy (85.0-85.99)	363	2.8	7,021	2.2
Musculoskeletal (76.0-84.99)	1,972	15.1	65,753	20.4
Respiratory (30.0-34.99)	112	0.9	3,438	1.1
Cardiovascular (35.0-39.99)	367	2.8	15,180	4.7
Lymphatic/Hemetic (40.0-41.99)	84	0.6	3,088	1.0
Digestive System (42.0-54.99)	4,630	35.4	107,581	33.4
Urinary (55.0-59.99)	327	2.5	8,752	2.7
Male Genital (60.0-64.99)	127	1.0	3,460	1.1
Female Genital (65.0-71.99)	547	4.2	15,319	4.8
Endocrine/Nervous (01.0-07.99)	1,023	7.8	28,111	8.7
Eye (08.0-16.99)	1,438	11.0	19,328	6.0
Ear (18.0-20.99)	555	4.2	14,440	4.5
Nose, Mouth, Pharynx (21.0-29.99)	1,525	11.7	30,240	9.4
Reporting Category(CPT-4 CODES)	11,746	100.0	304,292	100.0
Mastectomy (19120-19220)	130	1.1	3,001	1.0
Musculoskeletal (20000-29909)	2,093	17.8	65,018	21.4
Respiratory (30000-32999 & 39501-39599)	419	3.6	13,975	4.6
Cardiovascular (33010-37799 & 93501-93660)	1,048	8.9	31,569	10.4
Lymphatic/Hemetic (38100-38999)	49	0.4	2,606	0.9
Digestive (40490-49999)	5,375	45.8	115,754	38.0
Urinary (50010-53899)	326	2.8	8,580	2.8
Male Genital (54000-55899)	104	0.9	3,059	1.0
Female Genital (56405-58999)	358	3.0	11,517	3.8
Endocrine/Nervous (60000-64999)	706	6.0	29,931	9.8
Eye (65091-68899)	822	7.0	11,422	3.8
Ear (69000-69979)	316	2.7	7,860	2.6

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics.

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

AMB ST 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES

105 Logan Regional Hospital

ICD-9 CODE	ICD-9 DESCRIPTION	#	%	% ALL Hospitals
All ICD-9 Procedures		13,070	100.0	100.0
4542	ENDO POLYPECTOMY LARGE INTESTINE	1,026	7.9	3.92
4516	EGD W/CLOS BX	761	5.8	5.75
1371	INSRT IOL-CATARACT EXTRACT-1 STAGE	587	4.5	1.37
1341	PHACOEMULSIFICATION&ASPIR CATARACT	586	4.5	1.38
4292	DILATION OF ESOPHAGUS	521	4.0	1.54
4523	COLONOSCOPY	501	3.8	7.45
2001	MYRINGOTOMY WITH INSERTION OF TUBE	394	3.0	3.56
0392	INJECTION OTH AGT INTO SPINAL CANAL	340	2.6	2.68
0391	INJECTION ANES-SPINAL CANAL ANALG	288	2.2	2.05
4836	[ENDOSCOPIC] POLYPECTOMY OF RECTUM	259	2.0	1.10
4525	CLOS [ENDO] BX LARGE INTESTINE	244	1.9	2.61
2341	APPLICATION OF CROWN	242	1.9	0.49
232	RESTORATION OF TOOTH BY FILLING	237	1.8	0.68
8147	OTHER REPAIR OF KNEE	202	1.5	0.75
283	TONSILLECTOMY WITH ADENOIDECTOMY	198	1.5	1.68
5123	LAPAROSCOPIC CHOLECYSTECTOMY	188	1.4	2.01
3722	LEFT HEART CARDIAC CATHETERIZATION	185	1.4	1.06
4513	OTHER ENDOSCOPY OF SMALL INTESTINE	185	1.4	1.88
2370	ROOT CANAL NOT OTHERWISE SPECIFIED	165	1.3	0.36
8511	CLOSED BIOPSY OF BREAST	154	1.2	0.26

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		11,746	100.0	100.0
45380	COLONOSCOPY FLEX; W/BX 1/MX	815	6.9	5.63
43239	UGI ENDO; W/BX 1/MX	747	6.4	5.96
66984	EXTRACAPSULAR CATARACT REMV IOL	578	4.9	1.42
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	521	4.4	1.81
45378	COLONOSCOPY FLEX; DX-SEP PROC	501	4.3	7.39
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	311	2.6	1.05
41899	UNLIST PROC DENTOALVEOL STRUCTUR	299	2.5	0.98
64483	INJ ANES EPIDURL; LUMB/SAC 1 LEV	248	2.1	0.98
45384	COLONOSCOPY FLEX; REMV LES-FORCE	238	2.0	0.34
43450	DILAT ESOPH-SOUND/BOUGIE-1/MX PA	218	1.9	0.40
69436	TYMPANOSTOMY GENERAL ANESTHESIA	209	1.8	1.90
29881	SCOPE KNEE SURG;W/MENISCECT MED/	192	1.6	1.59
42820	T&A; UNDER AGE 12	174	1.5	1.36
93545	INJ PROC-CATH; SELECT CORONRY AN	174	1.5	1.15
49505	REPR INIT ING HERNIA 5YR/MORE; R	164	1.4	0.95
93556	IMAG SUPERVS I&R-CATH; PULM ANGI	159	1.4	0.98
44970	LAPAROSCOPY SURGICAL APPENDECTOM	157	1.3	0.61
47562	LAPAROSCOPY SURGICAL; CHOLECT	157	1.3	0.77
93555	IMAG SUPERVS I&R-CATH; VENT/ATRI	157	1.3	0.93
93543	INJ PROC-CATH; LT VENT/ATRIAL AN	156	1.3	1.08

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

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

AMB ST 1-3

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

105 Logan Regional Hospital

ICD-9 CODE	ICD-9 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
ICD-9 Procedures		5,227	\$2,201	\$3,166
4542	ENDO POLYPECTOMY LARGE INTESTINE	688	\$971	\$1,297
4523	COLONOSCOPY	469	\$692	\$947
4516	EGD W/CLOS BX	263	\$956	\$1,301
8147	OTHER REPAIR OF KNEE	183	\$4,081	\$5,129
3722	LEFT HEART CARDIAC CATHETERIZATION	182	\$4,424	\$6,307
5123	LAPAROSCOPIC CHOLECYSTECTOMY	173	\$4,556	\$6,118
283	TONSILLECTOMY WITH ADENOIDECTOMY	141	\$1,309	\$2,169
4701	LAPAROSCOPIC APPENDECTOMY	127	\$6,263	\$8,144
1364	DISCISSION OF SECONDARY MEMBRANE	126	\$521	\$732
4525	CLOS [ENDO] BX LARGE INTESTINE	124	\$954	\$1,356
5304	UNILAT REPR INDIRECT ING HERN-GFT	119	\$2,374	\$3,643
0611	CLOSED BIOPSY OF THYROID GLAND	115	\$509	\$731
8183	OTHER REPAIR OF SHOULDER	100	\$5,600	\$6,622
8511	CLOSED BIOPSY OF BREAST	96	\$753	\$1,405
282	TONSILLECTOMY WITHOUT ADENOIDECTOMY	81	\$1,677	\$2,285
0443	RELEASE OF CARPAL TUNNEL	79	\$1,324	\$2,124
5491	PERCUTANEOUS ABDOMINAL DRAINAGE	70	\$1,176	\$1,637
6952	ASPIRATION CURET FOLLOWING DELIV/AB	66	\$1,693	\$2,456
4513	OTHER ENDOSCOPY OF SMALL INTESTINE	61	\$823	\$1,089
8521	LOCAL EXCISION OF LESION OF BREAST	61	\$2,188	\$2,630

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
CPT-4 Procedures		5,600	\$2,081	\$2,895
66984	EXTRACAPSULAR CATARACT REMV IOL	573	\$2,172	\$3,042
45378	COLONOSCOPY FLEX; DX-SEP PROC	467	\$678	\$949
45380	COLONOSCOPY FLEX; W/BX 1/MX	459	\$930	\$1,278
41899	UNLIST PROC DENTOALVEOL STRUCTUR	287	\$1,724	\$2,456
43239	UGI ENDO; W/BX 1/MX	261	\$964	\$1,299
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	176	\$975	\$1,431
47562	LAPAROSCOPY SURGICAL; CHOLECT	147	\$4,400	\$5,595
66821	DISCISSION 2ND CATARACT; LASER S	147	\$518	\$770
49505	REPR INIT ING HERNIA 5YR/MORE; R	143	\$2,360	\$3,685
64483	INJ ANES EPIDURL; LUMB/SAC 1 LEV	138	\$1,054	\$1,198
44970	LAPAROSCOPY SURGICAL APPENDECTOM	134	\$6,259	\$8,116
69436	TYMPANOSTOMY GENERAL ANESTHESIA	122	\$765	\$1,166
42820	T&A; UNDER AGE 12	120	\$1,268	\$2,072
45384	COLONOSCOPY FLEX; REMV LES-FORCE	101	\$982	\$1,652
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	85	\$1,396	\$2,178
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	72	\$1,726	\$2,330
29881	SCOPE KNEE SURG;W/MENISCECT MED/	65	\$3,212	\$3,914
49080	PERITONEOCENTESIS; INIT	58	\$1,074	\$1,388
43235	UGI ENDO; DX W/VO CLCT SPECMN-SP	53	\$678	\$1,036
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	50	\$1,229	\$1,582

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

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

105 Logan Regional Hospital

Procedure APG category		TOTAL #	TOTAL # (ALL Hospitals)
Procedure APG			
01	INTEGUMENTARY SYSTEM	275	8,878
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	61	2,028
	003 COMPLEX INCISION AND DRAINAGE	2	76
	006 SIMPLE DEBRIDEMENT AND DESTRUCTION	4	157
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	38	1,202
	008 SIMPLE EXCISION AND BIOPSY	13	1,012
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRANGE	27	1,367
	011 SIMPLE INCISION AND EXCISION OF BREAST	98	2,366
	012 BREAST RECONSTRUCTION AND MASTECTOMY	32	635
02	MUSCULOSKELETAL SYSTEM	1,934	58,082
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	174	6,410
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	73	2,231
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	41	2,131
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	358	11,532
	025 ARTHROSCOPY	1,025	25,432
	028 CLOSED TREATMENT FX & DISLOCATION OF FINGER, TOE & TRUNK	1	54
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	14	656
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	164	4,342
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	9	470
	032 BUNION PROCEDURES	38	1,569
	033 ARTHROPLASTY	6	512
	034 HAND AND FOOT TENOTOMY	5	279
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	26	2,033
03	RESPIRATORY SYSTEM	228	7,958
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	98	656
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	95	5,137
	054 SIMPLE ENDOSCOPY OF THE UPPER AIRWAY	28	300
	055 ENDOSCOPY OF THE LOWER AIRWAY	7	1,865
04	CARDIOVASCULAR SYSTEM	975	25,823
	075 PLACEMENT OF TRANSVENOUS CATHETERS	18	48
	076 DIAGNOSTIC CARDIAC CATHETERIZATION	838	18,184
	077 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	49	1,922
	078 PACEMAKER INSERTION AND REPLACEMENT	16	488
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	16	746
	080 MINOR VASCULAR REPAIR AND FISTULA CONSTRUCTION	29	898
	081 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	6	181
	082 VASCULAR LIGATION	3	403
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	43	3,114
	092 CHEMOTHERAPY EXCEPT BY EXTENDED INFUSION	1	19
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	42	1,943
06	DIGESTIVE SYSTEM	4,667	105,000
	112 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	219	1,288
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	23	649
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	24	392
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	850	22,453
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	450	5,914

AMB ST 1-4

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
 PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

105 Logan Regional Hospital

procedure APG category	procedure APG	TOTAL #	TOTAL # (ALL Hospitals)
	117 LOWER GASTROINTESTINAL ENDOSCOPY	2,196	47,953
	118 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	53	1,561
	119 HERNIA AND HYDROCELE PROCEDURES	299	6,882
	120 COMPLEX ANAL AND RECTAL PROCEDURES	22	1,098
	121 SIMPLE ANAL AND RECTAL PROCEDURES	10	497
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	17	506
	123 COMPLEX LAPAROSCOPIC PROCEDURES	504	15,680
07	URINARY SYSTEM	288	7,472
	131 RENAL EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	11	848
	133 URINARY CATHETERIZATION AND DILATATION	9	380
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	187	3,513
	135 MODERATE CYSTOURETHROSCOPY	59	1,846
	136 SIMPLE CYSTOURETHROSCOPY	12	606
	137 COMPLEX URETHRAL PROCEDURES	3	125
	138 SIMPLE URETHRAL PROCEDURES	7	153
08	MALE GENITAL SYSTEM	88	2,684
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	70	1,397
	153 COMPLEX PENILE PROCEDURES	6	413
	154 SIMPLE PENILE PROCEDURES	12	680
09	FEMALE GENITAL SYSTEM	247	6,830
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	81	1,642
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	67	1,421
	178 DILATION AND CURETTAGE	27	709
	179 HYSTEROSCOPY	66	2,718
	180 COLPOSCOPY	6	339
10	NERVOUS SYSTEM	602	26,119
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	450	19,763
	196 REVISION AND REMOVAL OF NEUROLOGICAL DEVICE	6	212
	197 NEUROSTIMULATOR AND VENTRICULAR SHUNT IMPLANTATION	5	828
	198 NERVE REPAIR AND DESTRUCTION	132	4,690
	199 SPINAL TAP	9	626
11	EYE AND OCULAR ADNEXA	820	11,129
	211 MINOR OPHTHALMOLOGICAL TESTS AND PROCEDURES	1	23
	213 LASER EYE PROCEDURES	159	710
	214 CATARACT PROCEDURES	589	4,618
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	21	469
	216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	17	294
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	19	238
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	3	881
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	9	556
	223 VITRECTOMY	2	1,687
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	1,322	27,995
	233 NASAL CAUTERIZATION AND PACKING	8	323
	234 COMPLEX FACIAL AND ENT PROCEDURES	216	5,543
	235 SIMPLE FACIAL AND ENT PROCEDURES	750	13,699
	236 TONSIL AND ADENOID PROCEDURES	348	8,352

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

105 Logan Regional Hospital

procedure APG category	TOTAL #	TOTAL # (ALL Hospitals)
procedure APG		
13 THERAPEUTIC AND OTHER RADIOLOGICAL PROCEDURES	29	3,177
253 VASCULAR RADIOLOGY EXCEPT FOR VENOGRAPHY OF EXTREMITY	7	1,174
255 MISCELLANEOUS RADIOLOGICAL PROCEDURES WITH CONTRAST	22	1,694

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

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
PROCEDURE APG CATEGORY, PROCEDURE APG, SINGLE APG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

105 Logan Regional Hospital

Procedure APG category	Procedure APG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
01	INTEGUMENTARY SYSTEM	200	\$2,287	\$3,077
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	55	\$1,038	\$2,351
	003 COMPLEX INCISION AND DRAINAGE	1	\$2,149	\$3,204
	006 SIMPLE DEBRIDEMENT AND DESTRUCTION	1	\$1,241	\$2,246
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	23	\$2,152	\$2,981
	008 SIMPLE EXCISION AND BIOPSY	6	\$1,586	\$2,545
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRAN	15	\$2,678	\$4,359
	011 SIMPLE INCISION AND EXCISION OF BREAST	71	\$2,278	\$2,861
	012 BREAST RECONSTRUCTION AND MASTECTOMY	28	\$4,859	\$5,243
02	MUSCULOSKELETAL SYSTEM	671	\$3,482	\$4,100
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	63	\$4,219	\$6,150
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	19	\$2,538	\$3,787
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	19	\$2,684	\$4,488
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	167	\$2,021	\$2,717
	025 ARTHROSCOPY	236	\$4,243	\$4,558
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	11	\$3,464	\$3,140
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	117	\$4,412	\$5,140
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	1	\$1,857	\$2,526
	032 BUNION PROCEDURES	23	\$2,755	\$3,916
	033 ARTHROPLASTY	1	\$3,480	\$6,241
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	14	\$712	\$909
03	RESPIRATORY SYSTEM	121	\$1,089	\$2,071
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	84	\$926	\$1,191
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	13	\$2,582	\$3,201
	054 SIMPLE ENDOSCOPY OF THE UPPER AIRWAY	21	\$592	\$1,344
	055 ENDOSCOPY OF THE LOWER AIRWAY	3	\$2,672	\$2,233
04	CARDIOVASCULAR SYSTEM	34	\$6,074	\$10,821
	076 DIAGNOSTIC CARDIAC CATHETERIZATION	2	\$1,949	\$6,014
	077 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	3	\$4,821	\$17,712
	078 PACEMAKER INSERTION AND REPLACEMENT	6	\$17,110	\$21,180
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	1	\$2,477	\$4,242
	080 MINOR VASCULAR REPAIR AND FISTULA CONSTRUCTION	20	\$3,896	\$4,911
	081 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	1	\$1,723	\$5,273
	082 VASCULAR LIGATION	1	\$3,367	\$6,284
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	31	\$3,921	\$3,660
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	31	\$3,921	\$4,713
06	DIGESTIVE SYSTEM	2,305	\$1,708	\$2,170
	112 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	5	\$846	\$1,490
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	14	\$534	\$1,114
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	13	\$652	\$1,226
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	314	\$916	\$1,249
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	90	\$1,395	\$1,798
	117 LOWER GASTROINTESTINAL ENDOSCOPY	1,248	\$853	\$1,114
	118 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	22	\$2,869	\$3,753
	119 HERNIA AND HYDROCELE PROCEDURES	212	\$2,390	\$3,546

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
PROCEDURE APG CATEGORY, PROCEDURE APG, SINGLE APG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

105 Logan Regional Hospital

procedure APG category		TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
Procedure APG				
120	COMPLEX ANAL AND RECTAL PROCEDURES	20	\$2,089	\$2,846
121	SIMPLE ANAL AND RECTAL PROCEDURES	6	\$1,874	\$2,218
122	MISCELLANEOUS ABDOMINAL PROCEDURES	7	\$1,831	\$3,109
123	COMPLEX LAPAROSCOPIC PROCEDURES	354	\$5,095	\$6,362
07	URINARY SYSTEM	115	\$3,475	\$4,480
133	URINARY CATHETERIZATION AND DILATATION	3	\$4,734	\$3,647
134	COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	65	\$4,011	\$4,624
135	MODERATE CYSTOURETHROSCOPY	33	\$2,841	\$3,484
136	SIMPLE CYSTOURETHROSCOPY	7	\$2,606	\$2,335
137	COMPLEX URETHRAL PROCEDURES	2	\$2,321	\$4,861
138	SIMPLE URETHRAL PROCEDURES	5	\$1,614	\$1,539
08	MALE GENITAL SYSTEM	60	\$2,056	\$3,045
151	TESTICULAR AND EPIDIDYMAL PROCEDURES	46	\$2,084	\$2,546
153	COMPLEX PENILE PROCEDURES	5	\$2,891	\$3,147
154	SIMPLE PENILE PROCEDURES	9	\$1,448	\$1,914
09	FEMALE GENITAL SYSTEM	120	\$2,954	\$4,082
176	COMPLEX FEMALE REPRODUCTIVE PROCEDURES	34	\$3,822	\$5,061
177	SIMPLE FEMALE REPRODUCTIVE PROCEDURES	31	\$1,783	\$3,135
178	DILATION AND CURETTAGE	14	\$1,808	\$2,371
179	HYSTEROSCOPY	39	\$3,631	\$4,610
180	COLPOSCOPY	2	\$1,185	\$3,422
10	NERVOUS SYSTEM	299	\$1,191	\$1,813
195	NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	195	\$880	\$1,068
197	NEUROSTIMULATOR AND VENTRICULAR SHUNT IMPLANTATION	4	\$8,835	\$22,134
198	NERVE REPAIR AND DESTRUCTION	91	\$1,496	\$2,441
199	SPINAL TAP	9	\$1,467	\$1,908
11	EYE AND OCULAR ADNEXA	800	\$1,784	\$3,062
211	MINOR OPHTHALMOLOGICAL TESTS AND PROCEDURES	1	\$626	\$2,500
213	LASER EYE PROCEDURES	159	\$509	\$782
214	CATARACT PROCEDURES	584	\$2,172	\$3,046
215	COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	20	\$849	\$3,268
216	MODERATE ANTERIOR SEGMENT EYE PROCEDURES	14	\$1,852	\$2,237
217	SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	16	\$1,401	\$3,225
221	COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	2	\$2,222	\$3,876
222	SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	4	\$1,908	\$2,152
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	731	\$1,611	\$2,535
234	COMPLEX FACIAL AND ENT PROCEDURES	57	\$3,670	\$4,888
235	SIMPLE FACIAL AND ENT PROCEDURES	458	\$1,433	\$1,798
236	TONSIL AND ADENOID PROCEDURES	216	\$1,445	\$2,184
13	THERAPEUTIC AND OTHER RADIOLOGICAL PROCEDURES	6	\$645	\$3,015
255	MISCELLANEOUS RADIOLOGICAL PROCEDURES WITH CONTRAST	6	\$645	\$2,175

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

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

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

105 Logan Regional Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
GENDER				
Female	4,721	54.7	122,108	54.4
Male	3,912	45.3	102,236	45.6
Unknown	0	0.0	4	0.0
Not Reported	0	0.0	4	0.0
AGE				
1-28 days	0	0.0	704	0.3
29-365 days	73	0.8	2,863	1.3
1-4 years	453	5.2	11,046	4.9
5-9	257	3.0	6,088	2.7
10-14	159	1.8	4,673	2.1
15-17	185	2.1	5,017	2.2
18-19	147	1.7	3,697	1.6
20-24	508	5.9	10,637	4.7
25-29	436	5.1	12,527	5.6
30-34	418	4.8	12,120	5.4
35-39	409	4.7	12,327	5.5
40-44	549	6.4	14,081	6.3
45-49	647	7.5	17,506	7.8
50-54	997	11.5	25,054	11.2
55-59	827	9.6	20,980	9.4
60-64	617	7.1	16,994	7.6
65-69	524	6.1	14,770	6.6
70-74	496	5.7	12,538	5.6
75-79	406	4.7	10,175	4.5
80-84	316	3.7	6,704	3.0
85-89	157	1.8	2,983	1.3
90 +	52	0.6	865	0.4
Not Reported	0	0.0	707	0.3
SOURCE OF ADMISSION				
Physician Referral	8,316	96.3	202,212	90.1
Clinic Referral	3	0.0	553	0.2
HMO Referral	1	0.0	3,605	1.6
Other Hospital	1	0.0	90	0.0
Skilled Nursing Facility	0	0.0	22	0.0
Other Health Care Facility	0	0.0	25	0.0
Emergency Room	311	3.6	4,679	2.1
Court/Law Enforcement	0	0.0	0	0.0
Unknown	1	0.0	11	0.0
Not Reported	0	0.0	13,155	5.9

(Continued)

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

105 Logan Regional Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	8,593	99.5	223,834	99.8
Another Hospital	21	0.2	103	0.0
Skilled Nursing Facility	6	0.1	111	0.0
Intermediate Care Facility	1	0.0	11	0.0
Another Type of Institution	0	0.0	46	0.0
Under Care of Home Service	10	0.1	169	0.1
Left Against Medical Advice	1	0.0	16	0.0
Under Care of Home IV Provider	0	0.0	1	0.0
Expired	1	0.0	5	0.0
Unknown	0	0.0	56	0.0
Not Reported	0	0.0	0	0.0
PRIMARY PAYER				
Medicare	1,838	21.3	45,634	20.3
Medicaid	546	6.3	14,157	6.3
Other government	91	1.1	3,504	1.6
Blue Cross/Blue Shield	1,604	18.6	30,700	13.7
Other Commercial	467	5.4	15,100	6.7
Managed Care(HMO, PPO)	3,688	42.7	105,175	46.9
Self Pay	146	1.7	2,539	1.1
Industrial & Worker Comp	123	1.4	3,834	1.7
Charity and Unclassified	19	0.2	2,186	1.0
Childrens Health Insurance	2	0.0	177	0.1
Unknown	109	1.3	1,256	0.6
Not Reported	0	0.0	90	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	7,622	88.3	15,979	7.1
Central Utah	3	0.0	8,148	3.6
Davis County	26	0.3	23,241	10.4
Salt Lake County	38	0.4	76,236	34.0
Southeastern Utah	2	0.0	5,436	2.4
Southwest Utah	10	0.1	13,567	6.0
Summit County	4	0.0	3,096	1.4
Tooele County	2	0.0	4,599	2.0
Tri-County	4	0.0	5,798	2.6
Utah County	12	0.1	35,900	16.0
Wasatch County	3	0.0	1,771	0.8
Weber County	45	0.5	21,412	9.5
Unknown Utah	2	0.0	49	0.0
Outside Utah	858	9.9	8,923	4.0
Unknown, Not Reported	2	0.0	197	0.1

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

AMB ST 1-1
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

141 McKay Dee Hospital Center

	Procedures Performed		Procedures Performed-All Hospitals	
	(#)	(%)	(#)	(%)
Reporting Category(ICD-9-CM CODES)	21,885	100.0	321,711	100.0
Mastectomy (85.0-85.99)	443	2.0	7,021	2.2
Musculoskeletal (76.0-84.99)	3,378	15.4	65,753	20.4
Respiratory (30.0-34.99)	238	1.1	3,438	1.1
Cardiovascular (35.0-39.99)	1,286	5.9	15,180	4.7
Lymphatic/Hemetic (40.0-41.99)	194	0.9	3,088	1.0
Digestive System (42.0-54.99)	11,158	51.0	107,581	33.4
Urinary (55.0-59.99)	1,017	4.6	8,752	2.7
Male Genital (60.0-64.99)	223	1.0	3,460	1.1
Female Genital (65.0-71.99)	1,038	4.7	15,319	4.8
Endocrine/Nervous (01.0-07.99)	2,024	9.2	28,111	8.7
Eye (08.0-16.99)	308	1.4	19,328	6.0
Ear (18.0-20.99)	63	0.3	14,440	4.5
Nose, Mouth, Pharynx (21.0-29.99)	515	2.4	30,240	9.4
Reporting Category(CPT-4 CODES)	20,678	100.0	304,292	100.0
Mastectomy (19120-19220)	235	1.1	3,001	1.0
Musculoskeletal (20000-29909)	2,968	14.4	65,018	21.4
Respiratory (30000-32999 & 39501-39599)	387	1.9	13,975	4.6
Cardiovascular (33010-37799 & 93501-93660)	2,197	10.6	31,569	10.4
Lymphatic/Hemetic (38100-38999)	117	0.6	2,606	0.9
Digestive (40490-49999)	11,008	53.2	115,754	38.0
Urinary (50010-53899)	713	3.4	8,580	2.8
Male Genital (54000-55899)	170	0.8	3,059	1.0
Female Genital (56405-58999)	724	3.5	11,517	3.8
Endocrine/Nervous (60000-64999)	1,885	9.1	29,931	9.8
Eye (65091-68899)	237	1.1	11,422	3.8
Ear (69000-69979)	37	0.2	7,860	2.6

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics.

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

AMB ST 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES

141 McKay Dee Hospital Center

ICD-9 CODE	ICD-9 DESCRIPTION	#	%	% ALL Hospitals
All ICD-9 Procedures				
4523	COLONOSCOPY	2,946	13.5	7.45
4516	EGD W/CLOS BX	2,350	10.7	5.75
4525	CLOS [ENDO] BX LARGE INTESTINE	930	4.2	2.61
0392	INJECTION OTH AGT INTO SPINAL CANAL	814	3.7	2.68
0391	INJECTION ANES-SPINAL CANAL ANALG	764	3.5	2.05
4542	ENDO POLYPECTOMY LARGE INTESTINE	747	3.4	3.92
4292	DILATION OF ESOPHAGUS	718	3.3	1.54
5123	LAPAROSCOPIC CHOLECYSTECTOMY	711	3.2	2.01
3722	LEFT HEART CARDIAC CATHETERIZATION	540	2.5	1.06
5732	OTHER CYSTOSCOPY	330	1.5	0.44
4513	OTHER ENDOSCOPY OF SMALL INTESTINE	329	1.5	1.88
4701	LAPAROSCOPIC APPENDECTOMY	242	1.1	0.56
5421	LAPAROSCOPY	203	0.9	0.49
0443	RELEASE OF CARPAL TUNNEL	188	0.9	1.12
8026	ARTHROSCOPY OF KNEE	186	0.8	0.58
598	URETERAL CATHETERIZATION	182	0.8	0.59
4836	[ENDOSCOPIC] POLYPECTOMY OF RECTUM	181	0.8	1.10
8521	LOCAL EXCISION OF LESION OF BREAST	177	0.8	0.85
5304	UNILAT REPR INDIRECT ING HERN-GFT	157	0.7	0.49
806	EXCISION SEMILUNAR CARTILAGE KNEE	151	0.7	1.86

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures				
45378	COLONOSCOPY FLEX; DX-SEP PROC	2,735	13.2	7.39
43239	UGI ENDO; W/BX 1/MX	2,333	11.3	5.96
45380	COLONOSCOPY FLEX; W/BX 1/MX	1,136	5.5	5.63
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	600	2.9	1.32
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	506	2.4	1.51
43450	DILAT ESOPH-SOUND/BOUGIE-1/MX PA	499	2.4	0.40
64475	INJ ANES FACET JT; LUMB/SAC-1LEV	483	2.3	0.52
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	446	2.2	1.81
49505	REPR INIT ING HERNIA 5YR/MORE; R	366	1.8	0.95
93545	INJ PROC-CATH; SELECT CORONRY AN	341	1.6	1.15
93510	LT HRT CATH RETRO-BRACH/FEM; PER	317	1.5	0.93
93543	INJ PROC-CATH; LT VENT/ATRIAL AN	315	1.5	1.08
93556	IMAG SUPERVS I&R-CATH; PULM ANGI	307	1.5	0.98
44970	LAPAROSCOPY SURGICAL APPENDECTOM	250	1.2	0.61
93555	IMAG SUPERVS I&R-CATH; VENT/ATRI	239	1.2	0.93
45384	COLONOSCOPY FLEX; REMV LES-FORCE	223	1.1	0.34
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	202	1.0	1.05
G0121	COLOREC CNCR SCR;COLNSCPY NO HI	180	0.9	0.21
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	169	0.8	0.74
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	167	0.8	1.32

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

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

AMB ST 1-3

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

141 McKay Dee Hospital Center

ICD-9 CODE	ICD-9 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
ICD-9 Procedures		10,550	\$2,517	\$3,166
4523	COLONOSCOPY	2,680	\$688	\$947
4516	EGD W/CLOS BX	1,273	\$915	\$1,301
5123	LAPAROSCOPIC CHOLECYSTECTOMY	639	\$5,756	\$6,118
4525	CLOS [ENDO] BX LARGE INTESTINE	601	\$1,028	\$1,356
4542	ENDO POLYPECTOMY LARGE INTESTINE	564	\$1,016	\$1,297
3722	LEFT HEART CARDIAC CATHETERIZATION	497	\$5,112	\$6,307
4701	LAPAROSCOPIC APPENDECTOMY	212	\$7,221	\$8,144
4513	OTHER ENDOSCOPY OF SMALL INTESTINE	191	\$920	\$1,089
5304	UNILAT REPR INDIRECT ING HERN-GFT	138	\$3,015	\$3,643
8521	LOCAL EXCISION OF LESION OF BREAST	119	\$2,153	\$2,630
5303	UNILAT REPR DIRECT ING HERN-GFT	103	\$2,975	\$3,866
4836	[ENDOSCOPIC] POLYPECTOMY OF RECTUM	100	\$953	\$1,228
0443	RELEASE OF CARPAL TUNNEL	98	\$2,066	\$2,124
6952	ASPIRATION CURET FOLLOWING DELIV/AB	80	\$1,871	\$2,456
3723	COMBINED RIGHT&LEFT HEART CARD CATH	74	\$5,442	\$6,831
3927	ARTERIOVENOSTOMY FOR RENAL DIALYSIS	72	\$3,553	\$5,077
7936	OPEN RDUC FX TIB&FIB W/INTRL FIX	70	\$6,769	\$6,093
3950	ANGPLSTY/ATHERECT OTH NON-COR VES	59	\$8,150	\$12,499
6902	DILATION&CURET FOLLOWING DELIV/AB	58	\$2,022	\$2,491
5732	OTHER CYSTOSCOPY	57	\$6,038	\$4,187

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
CPT-4 Procedures		10,422	\$2,343	\$2,895
45378	COLONOSCOPY FLEX; DX-SEP PROC	2,479	\$689	\$949
43239	UGI ENDO; W/BX 1/MX	1,259	\$924	\$1,299
45380	COLONOSCOPY FLEX; W/BX 1/MX	824	\$1,029	\$1,278
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	542	\$5,793	\$6,476
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	322	\$1,016	\$1,431
49505	REPR INIT ING HERNIA 5YR/MORE; R	306	\$3,002	\$3,685
44970	LAPAROSCOPY SURGICAL APPENDECTOM	213	\$7,230	\$8,116
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	205	\$1,101	\$982
45384	COLONOSCPY FLEX; REMV LES-FORCE	173	\$1,020	\$1,652
G0121	COLOREC CNCR SCR;COLNSCPY NO HI	172	\$673	\$756
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	108	\$2,101	\$2,178
20680	REMOVAL OF IMPLANT; DEEP	107	\$3,061	\$2,816
47562	LAPAROSCOPY SURGICAL; CHOLECT	99	\$5,671	\$5,595
19120	EXC BRST CYST TUMR/LES OPN M/F 1	97	\$1,972	\$2,583
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	96	\$833	\$1,036
62310	INJ 1 NOT NEUROLYTIC-EPID;CERV/T	86	\$1,214	\$1,147
43247	UGI ENDO; W/REMOVAL FB	85	\$961	\$1,425
49585	REPR UMBIL HERNIA 5YR/OVER; RDUC	75	\$2,561	\$3,556
29881	SCOPE KNEE SURG;W/MENISCECT MED/	60	\$3,825	\$3,914
58558	HYSTEROSCPY SURG; W/BX &/ POLYPE	50	\$2,980	\$3,299

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

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

141 McKay Dee Hospital Center

Procedure APG category		TOTAL #	TOTAL # (ALL Hospitals)
Procedure APG			
01	INTEGUMENTARY SYSTEM	495	8,878
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	50	2,028
	003 COMPLEX INCISION AND DRAINAGE	6	76
	004 SIMPLE INCISION AND DRAINAGE	1	23
	006 SIMPLE DEBRIDEMENT AND DESTRUCTION	11	157
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	89	1,202
	008 SIMPLE EXCISION AND BIOPSY	57	1,012
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRANGE	45	1,367
	010 SIMPLE SKIN REPAIR	1	12
	011 SIMPLE INCISION AND EXCISION OF BREAST	153	2,366
	012 BREAST RECONSTRUCTION AND MASTECTOMY	82	635
02	MUSCULOSKELETAL SYSTEM	2,544	58,082
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	439	6,410
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	205	2,231
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	135	2,131
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	620	11,532
	025 ARTHROSCOPY	606	25,432
	027 SPLINT, STRAPPING AND CAST REMOVAL	1	368
	028 CLOSED TREATMENT FX & DISLOCATION OF FINGER, TOE & TRUNK	3	54
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	53	656
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	334	4,342
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	8	470
	032 BUNION PROCEDURES	56	1,569
	033 ARTHROPLASTY	54	512
	034 HAND AND FOOT TENOTOMY	12	279
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	18	2,033
03	RESPIRATORY SYSTEM	265	7,958
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	20	656
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	103	5,137
	054 SIMPLE ENDOSCOPY OF THE UPPER AIRWAY	4	300
	055 ENDOSCOPY OF THE LOWER AIRWAY	138	1,865
04	CARDIOVASCULAR SYSTEM	2,026	25,823
	074 CARDIAC ELECTROPHYSIOLOGIC TESTS	173	2,947
	075 PLACEMENT OF TRANSVENOUS CATHETERS	1	48
	076 DIAGNOSTIC CARDIAC CATHETERIZATION	1,567	18,184
	077 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	105	1,922
	078 PACEMAKER INSERTION AND REPLACEMENT	20	488
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	26	746
	080 MINOR VASCULAR REPAIR AND FISTULA CONSTRUCTION	96	898
	081 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	13	181
	082 VASCULAR LIGATION	25	403
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	151	3,114
	092 CHEMOTHERAPY EXCEPT BY EXTENDED INFUSION	3	19
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	148	1,943
06	DIGESTIVE SYSTEM	11,100	105,000
	111 ALIMENTARY TESTS AND SIMPLE TUBE PLACEMENT	1	113

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

141 McKay Dee Hospital Center

procedure APG category		TOTAL #	TOTAL # (ALL Hospitals)
procedure APG			
112	ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	507	1,288
113	ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	56	649
114	PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	26	392
115	DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	2,503	22,453
116	THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	367	5,914
117	LOWER GASTROINTESTINAL ENDOSCOPY	4,828	47,953
118	ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	225	1,561
119	HERNIA AND HYDROCELE PROCEDURES	785	6,882
120	COMPLEX ANAL AND RECTAL PROCEDURES	152	1,098
121	SIMPLE ANAL AND RECTAL PROCEDURES	129	497
122	MISCELLANEOUS ABDOMINAL PROCEDURES	72	506
123	COMPLEX LAPAROSCOPIC PROCEDURES	1,436	15,680
124	SIMPLE LAPAROSCOPIC PROCEDURES	13	170
07	URINARY SYSTEM	616	7,472
131	RENAL EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	17	848
133	URINARY CATHETERIZATION AND DILATATION	34	380
134	COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	251	3,513
135	MODERATE CYSTOURETHROSCOPY	221	1,846
136	SIMPLE CYSTOURETHROSCOPY	80	606
137	COMPLEX URETHRAL PROCEDURES	2	125
138	SIMPLE URETHRAL PROCEDURES	11	153
08	MALE GENITAL SYSTEM	130	2,684
151	TESTICULAR AND EPIDIDYMAL PROCEDURES	91	1,397
152	INSERTION OF PENILE PROSTHESIS	3	56
153	COMPLEX PENILE PROCEDURES	7	413
154	SIMPLE PENILE PROCEDURES	23	680
155	PROSTATE NEEDLE AND PUNCH BIOPSY	6	138
09	FEMALE GENITAL SYSTEM	414	6,830
176	COMPLEX FEMALE REPRODUCTIVE PROCEDURES	95	1,642
177	SIMPLE FEMALE REPRODUCTIVE PROCEDURES	101	1,421
178	DILATION AND CURETTAGE	25	709
179	HYSTEROSCOPY	182	2,718
180	COLPOSCOPY	11	339
10	NERVOUS SYSTEM	1,656	26,119
195	NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	1,372	19,763
197	NEUROSTIMULATOR AND VENTRICULAR SHUNT IMPLANTATION	19	828
198	NERVE REPAIR AND DESTRUCTION	255	4,690
199	SPINAL TAP	10	626
11	EYE AND OCULAR ADNEXA	194	11,129
213	LASER EYE PROCEDURES	1	710
214	CATARACT PROCEDURES	4	4,618
215	COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	2	469
216	MODERATE ANTERIOR SEGMENT EYE PROCEDURES	5	294
217	SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	4	238
218	COMPLEX POSTERIOR SEGMENT EYE PROCEDURES	41	374
219	SIMPLE POSTERIOR SEGMENT EYE PROCEDURES	48	436

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

141 McKay Dee Hospital Center

procedure APG category	procedure APG	TOTAL #	TOTAL # (ALL Hospitals)
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	1	881
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	1	556
	223 VITRECTOMY	87	1,687
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	417	27,995
	233 NASAL CAUTERIZATION AND PACKING	2	323
	234 COMPLEX FACIAL AND ENT PROCEDURES	183	5,543
	235 SIMPLE FACIAL AND ENT PROCEDURES	161	13,699
	236 TONSIL AND ADENOID PROCEDURES	71	8,352
13	THERAPEUTIC AND OTHER RADIOLOGICAL PROCEDURES	26	3,177
	252 RADIATION THERAPY AND HYPERTHERMIA	2	12
	253 VASCULAR RADIOLOGY EXCEPT FOR VENOGRAPHY OF EXTREMITY	14	1,174
	255 MISCELLANEOUS RADIOLOGICAL PROCEDURES WITH CONTRAST	10	1,694

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

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

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
PROCEDURE APG CATEGORY, PROCEDURE APG, SINGLE APG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

141 McKay Dee Hospital Center

Procedure APG category	Procedure APG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
01	INTEGUMENTARY SYSTEM	345	\$2,623	\$3,077
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	40	\$1,726	\$2,351
	003 COMPLEX INCISION AND DRAINAGE	3	\$4,822	\$3,204
	004 SIMPLE INCISION AND DRAINAGE	1	\$1,865	\$2,900
	006 SIMPLE DEBRIDEMENT AND DESTRUCTION	7	\$1,534	\$2,246
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	64	\$2,397	\$2,981
	008 SIMPLE EXCISION AND BIOPSY	40	\$2,284	\$2,545
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRAN	22	\$4,114	\$4,359
	010 SIMPLE SKIN REPAIR	1	\$2,262	\$3,420
	011 SIMPLE INCISION AND EXCISION OF BREAST	131	\$2,225	\$2,861
	012 BREAST RECONSTRUCTION AND MASTECTOMY	36	\$4,997	\$5,243
02	MUSCULOSKELETAL SYSTEM	956	\$4,320	\$4,100
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	98	\$5,272	\$6,150
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	91	\$4,094	\$3,787
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	28	\$5,801	\$4,488
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	292	\$2,999	\$2,717
	025 ARTHROSCOPY	164	\$4,699	\$4,558
	028 CLOSED TREATMENT FX & DISLOCATION OF FINGER, TOE & TRUNK	2	\$2,441	\$2,232
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	21	\$4,917	\$3,140
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	220	\$5,171	\$5,140
	032 BUNION PROCEDURES	32	\$4,337	\$3,916
	033 ARTHROPLASTY	5	\$9,181	\$6,241
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	3	\$372	\$909
03	RESPIRATORY SYSTEM	90	\$1,594	\$2,071
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	16	\$1,207	\$1,191
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	6	\$5,575	\$3,201
	054 SIMPLE ENDOSCOPY OF THE UPPER AIRWAY	1	\$736	\$1,344
	055 ENDOSCOPY OF THE LOWER AIRWAY	67	\$1,343	\$2,233
04	CARDIOVASCULAR SYSTEM	141	\$5,897	\$10,821
	074 CARDIAC ELECTROPHYSIOLOGIC TESTS	7	\$17,980	\$21,121
	076 DIAGNOSTIC CARDIAC CATHETERIZATION	11	\$6,058	\$6,014
	077 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	13	\$6,342	\$17,712
	078 PACEMAKER INSERTION AND REPLACEMENT	10	\$16,464	\$21,180
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	4	\$6,039	\$4,242
	080 MINOR VASCULAR REPAIR AND FISTULA CONSTRUCTION	67	\$3,539	\$4,911
	081 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	8	\$4,154	\$5,273
	082 VASCULAR LIGATION	21	\$4,638	\$6,284
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	77	\$4,475	\$3,660
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	77	\$4,475	\$4,713
06	DIGESTIVE SYSTEM	7,361	\$1,740	\$2,170
	112 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	1	\$1,223	\$1,490
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	39	\$868	\$1,114
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	21	\$922	\$1,226
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	1,355	\$917	\$1,249
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	150	\$1,160	\$1,798

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
PROCEDURE APG CATEGORY, PROCEDURE APG, SINGLE APG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

141 McKay Dee Hospital Center

procedure APG category	Procedure APG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
	117 LOWER GASTROINTESTINAL ENDOSCOPY	4,043	\$802	\$1,114
	118 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	50	\$2,922	\$3,753
	119 HERNIA AND HYDROCELE PROCEDURES	476	\$2,964	\$3,546
	120 COMPLEX ANAL AND RECTAL PROCEDURES	96	\$2,372	\$2,846
	121 SIMPLE ANAL AND RECTAL PROCEDURES	67	\$1,643	\$2,218
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	29	\$2,468	\$3,109
	123 COMPLEX LAPAROSCOPIC PROCEDURES	1,030	\$5,924	\$6,362
	124 SIMPLE LAPAROSCOPIC PROCEDURES	4	\$5,943	\$7,898
07	URINARY SYSTEM	268	\$3,501	\$4,480
	133 URINARY CATHETERIZATION AND DILATATION	12	\$4,152	\$3,647
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	122	\$4,059	\$4,624
	135 MODERATE CYSTOURETHROSCOPY	98	\$3,143	\$3,484
	136 SIMPLE CYSTOURETHROSCOPY	26	\$2,683	\$2,335
	137 COMPLEX URETHRAL PROCEDURES	1	\$1,312	\$4,861
	138 SIMPLE URETHRAL PROCEDURES	9	\$1,571	\$1,539
08	MALE GENITAL SYSTEM	70	\$2,681	\$3,045
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	44	\$2,162	\$2,546
	152 INSERTION OF PENILE PROSTHESIS	3	\$15,992	\$19,133
	153 COMPLEX PENILE PROCEDURES	4	\$2,225	\$3,147
	154 SIMPLE PENILE PROCEDURES	18	\$1,844	\$1,914
	155 PROSTATE NEEDLE AND PUNCH BIOPSY	1	\$2,517	\$3,924
09	FEMALE GENITAL SYSTEM	230	\$3,827	\$4,082
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	37	\$4,313	\$5,061
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	74	\$2,957	\$3,135
	178 DILATION AND CURETTAGE	14	\$2,048	\$2,371
	179 HYSTEROSCOPY	100	\$4,565	\$4,610
	180 COLPOSCOPY	5	\$3,348	\$3,422
10	NERVOUS SYSTEM	458	\$1,553	\$1,813
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	319	\$1,137	\$1,068
	197 NEUROSTIMULATOR AND VENTRICULAR SHUNT IMPLANTATION	3	\$16,420	\$22,134
	198 NERVE REPAIR AND DESTRUCTION	126	\$2,257	\$2,441
	199 SPINAL TAP	10	\$1,500	\$1,908
11	EYE AND OCULAR ADNEXA	34	\$4,526	\$3,062
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	2	\$3,844	\$3,268
	218 COMPLEX POSTERIOR SEGMENT EYE PROCEDURES	18	\$4,160	\$5,400
	219 SIMPLE POSTERIOR SEGMENT EYE PROCEDURES	3	\$4,717	\$4,201
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	1	\$2,578	\$2,152
	223 VITRECTOMY	10	\$5,459	\$5,731
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	184	\$3,776	\$2,535
	233 NASAL CAUTERIZATION AND PACKING	1	\$1,896	\$3,183
	234 COMPLEX FACIAL AND ENT PROCEDURES	81	\$5,424	\$4,888
	235 SIMPLE FACIAL AND ENT PROCEDURES	60	\$2,464	\$1,798
	236 TONSIL AND ADENOID PROCEDURES	42	\$2,513	\$2,184
13	THERAPEUTIC AND OTHER RADIOLOGICAL PROCEDURES	1	\$12,834	\$3,015
	253 VASCULAR RADIOLOGY EXCEPT FOR VENOGRAPHY OF EXTREMITY	1	\$12,834	\$11,306

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

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

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

141 McKay Dee Hospital Center

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
GENDER				
Female	8,484	55.4	122,108	54.4
Male	6,834	44.6	102,236	45.6
Unknown	0	0.0	4	0.0
Not Reported	0	0.0	4	0.0
AGE				
1-28 days	0	0.0	704	0.3
29-365 days	7	0.0	2,863	1.3
1-4 years	133	0.9	11,046	4.9
5-9	101	0.7	6,088	2.7
10-14	134	0.9	4,673	2.1
15-17	259	1.7	5,017	2.2
18-19	228	1.5	3,697	1.6
20-24	773	5.0	10,637	4.7
25-29	886	5.8	12,527	5.6
30-34	820	5.4	12,120	5.4
35-39	886	5.8	12,327	5.5
40-44	1,034	6.8	14,081	6.3
45-49	1,364	8.9	17,506	7.8
50-54	2,094	13.7	25,054	11.2
55-59	1,580	10.3	20,980	9.4
60-64	1,372	9.0	16,994	7.6
65-69	1,125	7.3	14,770	6.6
70-74	1,002	6.5	12,538	5.6
75-79	763	5.0	10,175	4.5
80-84	496	3.2	6,704	3.0
85-89	199	1.3	2,983	1.3
90 +	62	0.4	865	0.4
Not Reported	0	0.0	707	0.3
SOURCE OF ADMISSION				
Physician Referral	14,720	96.1	202,212	90.1
Clinic Referral	3	0.0	553	0.2
HMO Referral	6	0.0	3,605	1.6
Other Hospital	6	0.0	90	0.0
Skilled Nursing Facility	11	0.1	22	0.0
Other Health Care Facility	2	0.0	25	0.0
Emergency Room	568	3.7	4,679	2.1
Court/Law Enforcement	0	0.0	0	0.0
Unknown	0	0.0	11	0.0
Not Reported	2	0.0	13,155	5.9

(Continued)

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

141 McKay Dee Hospital Center

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	15,270	99.7	223,834	99.8
Another Hospital	1	0.0	103	0.0
Skilled Nursing Facility	17	0.1	111	0.0
Intermediate Care Facility	1	0.0	11	0.0
Another Type of Institution	2	0.0	46	0.0
Under Care of Home Service	24	0.2	169	0.1
Left Against Medical Advice	3	0.0	16	0.0
Under Care of Home IV Provider	0	0.0	1	0.0
Expired	0	0.0	5	0.0
Unknown	0	0.0	56	0.0
Not Reported	0	0.0	0	0.0
PRIMARY PAYER				
Medicare	3,573	23.3	45,634	20.3
Medicaid	740	4.8	14,157	6.3
Other government	385	2.5	3,504	1.6
Blue Cross/Blue Shield	1,366	8.9	30,700	13.7
Other Commercial	513	3.3	15,100	6.7
Managed Care(HMO, PPO)	7,999	52.2	105,175	46.9
Self Pay	105	0.7	2,539	1.1
Industrial & Worker Comp	158	1.0	3,834	1.7
Charity and Unclassified	438	2.9	2,186	1.0
Childrens Health Insurance	17	0.1	177	0.1
Unknown	24	0.2	1,256	0.6
Not Reported	0	0.0	90	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	768	5.0	15,979	7.1
Central Utah	10	0.1	8,148	3.6
Davis County	3,422	22.3	23,241	10.4
Salt Lake County	107	0.7	76,236	34.0
Southeastern Utah	2	0.0	5,436	2.4
Southwest Utah	8	0.1	13,567	6.0
Summit County	57	0.4	3,096	1.4
Tooele County	9	0.1	4,599	2.0
Tri-County	7	0.0	5,798	2.6
Utah County	24	0.2	35,900	16.0
Wasatch County	5	0.0	1,771	0.8
Weber County	10,584	69.1	21,412	9.5
Unknown Utah	5	0.0	49	0.0
Outside Utah	309	2.0	8,923	4.0
Unknown, Not Reported	1	0.0	197	0.1

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

AMB ST 1-1
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

137 Mountain View Hospital

	Procedures Performed		Procedures Performed-All Hospitals	
	(#)	(%)	(#)	(%)
Reporting Category(ICD-9-CM CODES)	4,994	100.0	321,711	100.0
Mastectomy (85.0-85.99)	147	2.9	7,021	2.2
Musculoskeletal (76.0-84.99)	911	18.2	65,753	20.4
Respiratory (30.0-34.99)	37	0.7	3,438	1.1
Cardiovascular (35.0-39.99)	267	5.3	15,180	4.7
Lymphatic/Hemetic (40.0-41.99)	13	0.3	3,088	1.0
Digestive System (42.0-54.99)	2,048	41.0	107,581	33.4
Urinary (55.0-59.99)	162	3.2	8,752	2.7
Male Genital (60.0-64.99)	46	0.9	3,460	1.1
Female Genital (65.0-71.99)	168	3.4	15,319	4.8
Endocrine/Nervous (01.0-07.99)	422	8.5	28,111	8.7
Eye (08.0-16.99)	127	2.5	19,328	6.0
Ear (18.0-20.99)	260	5.2	14,440	4.5
Nose, Mouth, Pharynx (21.0-29.99)	386	7.7	30,240	9.4
Reporting Category(CPT-4 CODES)	5,096	100.0	304,292	100.0
Mastectomy (19120-19220)	48	0.9	3,001	1.0
Musculoskeletal (20000-29909)	952	18.7	65,018	21.4
Respiratory (30000-32999 & 39501-39599)	193	3.8	13,975	4.6
Cardiovascular (33010-37799 & 93501-93660)	884	17.3	31,569	10.4
Lymphatic/Hemetic (38100-38999)	10	0.2	2,606	0.9
Digestive (40490-49999)	2,018	39.6	115,754	38.0
Urinary (50010-53899)	197	3.9	8,580	2.8
Male Genital (54000-55899)	37	0.7	3,059	1.0
Female Genital (56405-58999)	134	2.6	11,517	3.8
Endocrine/Nervous (60000-64999)	416	8.2	29,931	9.8
Eye (65091-68899)	64	1.3	11,422	3.8
Ear (69000-69979)	143	2.8	7,860	2.6

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics.

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

AMB ST 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES

137 Mountain View Hospital

ICD-9 CODE	ICD-9 DESCRIPTION	#	%	% ALL Hospitals
All ICD-9 Procedures		4,994	100.0	100.0
4523	COLONOSCOPY	436	8.7	7.45
4542	ENDO POLYPECTOMY LARGE INTESTINE	302	6.0	3.92
4513	OTHER ENDOSCOPY OF SMALL INTESTINE	251	5.0	1.88
0392	INJECTION OTH AGT INTO SPINAL CANAL	241	4.8	2.68
2001	MYRINGOTOMY WITH INSERTION OF TUBE	224	4.5	3.56
4516	EGD W/CLOS BX	222	4.4	5.75
5123	LAPAROSCOPIC CHOLECYSTECTOMY	160	3.2	2.01
806	EXCISION SEMILUNAR CARTILAGE KNEE	158	3.2	1.86
283	TONSILLECTOMY WITH ADENOIDECTOMY	130	2.6	1.68
3722	LEFT HEART CARDIAC CATHETERIZATION	122	2.4	1.06
4292	DILATION OF ESOPHAGUS	119	2.4	1.54
8363	ROTATOR CUFF REPAIR	85	1.7	0.74
8147	OTHER REPAIR OF KNEE	81	1.6	0.75
4836	[ENDOSCOPIC] POLYPECTOMY OF RECTUM	73	1.5	1.10
0391	INJECTION ANES-SPINAL CANAL ANALG	71	1.4	2.05
1371	INSRT IOL-CATARACT EXTRACT-1 STAGE	60	1.2	1.37
1341	PHACOEMULSIFICATION&ASPIR CATARACT	55	1.1	1.38
598	URETERAL CATHETERIZATION	51	1.0	0.59
4525	CLOS [ENDO] BX LARGE INTESTINE	49	1.0	2.61
4701	LAPAROSCOPIC APPENDECTOMY	46	0.9	0.56

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		5,096	100.0	100.0
45378	COLONOSCOPY FLEX; DX-SEP PROC	342	6.7	7.39
43239	UGI ENDO; W/BX 1/MX	221	4.3	5.96
45380	COLONOSCOPY FLEX; W/BX 1/MX	209	4.1	5.63
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	192	3.8	1.51
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	174	3.4	1.81
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	158	3.1	1.32
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	153	3.0	1.32
93543	INJ PROC-CATH; LT VENT/ATRIAL AN	133	2.6	1.08
93545	INJ PROC-CATH; SELECT CORONRY AN	128	2.5	1.15
93510	LT HRT CATH RETRO-BRACH/FEM; PER	121	2.4	0.93
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	118	2.3	1.05
93555	IMAG SUPERVS I&R-CATH; VENT/ATRI	118	2.3	0.93
29881	SCOPE KNEE SURG;W/MENISCECT MED/	116	2.3	1.59
93556	IMAG SUPERVS I&R-CATH; PULM ANGI	116	2.3	0.98
69436	TYMPANOSTOMY GENERAL ANESTHESIA	115	2.3	1.90
42820	T&A; UNDER AGE 12	106	2.1	1.36
29826	SCOPE SHOULDER; DECOMP SUBACROM	92	1.8	1.09
29827	SCOPE SHLDR SURG; W/ROTOR CUFF R	76	1.5	0.55
49505	REPR INIT ING HERNIA 5YR/MORE; R	63	1.2	0.95
64476	INJ ANES FACET JT; LUMB/SAC-EA A	58	1.1	0.60

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

AMB ST 1-3

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

137 Mountain View Hospital

ICD-9 CODE	ICD-9 DESCRIPTION	#	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
ICD-9 Procedures		2,643	\$3,200	\$3,166
4523	COLONOSCOPY	396	\$1,068	\$947
4542	ENDO POLYPECTOMY LARGE INTESTINE	244	\$1,491	\$1,297
0392	INJECTION OTH AGT INTO SPINAL CANAL	170	\$820	\$751
4513	OTHER ENDOSCOPY OF SMALL INTESTINE	145	\$972	\$1,089
4516	EGD W/CLOS BX	142	\$1,293	\$1,301
5123	LAPAROSCOPIC CHOLECYSTECTOMY	137	\$6,248	\$6,118
283	TONSILLECTOMY WITH ADENOIDECTOMY	107	\$2,536	\$2,169
3722	LEFT HEART CARDIAC CATHETERIZATION	80	\$8,149	\$6,307
806	EXCISION SEMILUNAR CARTILAGE KNEE	56	\$3,564	\$4,034
8363	ROTATOR CUFF REPAIR	46	\$9,584	\$8,430
4701	LAPAROSCOPIC APPENDECTOMY	42	\$8,922	\$8,144
8511	CLOSED BIOPSY OF BREAST	40	\$1,203	\$1,405
5305	UNILAT REPR ING HERN-GFT/PROS-NOS	39	\$3,765	\$4,078
8147	OTHER REPAIR OF KNEE	36	\$3,933	\$5,129
4525	CLOS [ENDO] BX LARGE INTESTINE	35	\$1,391	\$1,356
4836	[ENDOSCOPIC] POLYPECTOMY OF RECTUM	35	\$1,370	\$1,228
8192	INJ THERAPEUTIC SBSTNC IN JNT/LIG	25	\$1,170	\$964
6823	ENDOMETRIAL ABLATION	23	\$5,214	\$5,036
6902	DILATION&CURET FOLLOWING DELIV/AB	23	\$2,707	\$2,491
8521	LOCAL EXCISION OF LESION OF BREAST	23	\$3,133	\$2,630

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
CPT-4 Procedures		2,926	\$2,862	\$2,895
45378	COLONOSCOPY FLEX; DX-SEP PROC	310	\$1,068	\$949
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	188	\$820	\$982
45380	COLONOSCOPY FLEX; W/BX 1/MX	184	\$1,458	\$1,278
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	158	\$1,564	\$1,431
43239	UGI ENDO; W/BX 1/MX	150	\$1,300	\$1,299
43235	UGI ENDO; DX W/VO CLCT SPECMN-SP	136	\$934	\$1,036
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	136	\$6,230	\$6,476
42820	T&A; UNDER AGE 12	84	\$2,464	\$2,072
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	79	\$1,531	\$1,582
69436	TYMPANOSTOMY GENERAL ANESTHESIA	77	\$1,590	\$1,166
29881	SCOPE KNEE SURG;W/MENISCECT MED/	76	\$3,549	\$3,914
66984	EXTRACAPSULAR CATARACT REMV IOL	55	\$2,140	\$3,042
36430	TRANSFUSION BLOOD/BLOOD COMPONENT	52	\$1,710	\$2,312
49505	REPR INIT ING HERNIA 5YR/MORE; R	43	\$4,392	\$3,685
44970	LAPAROSCOPY SURGICAL APPENDECTOM	42	\$8,922	\$8,116
51600	INJ PROC-CYSTOGRAPHY	37	\$907	\$1,059
29880	SCOPE KNEE SURG;W/MENISCECT MED&	33	\$3,554	\$4,214
58340	CATH&INTRO SALINE/CONTRAST SIS/H	24	\$747	\$824
20610	ARTHROCENTESIS ASPIR&/INJ; MAJ J	23	\$1,187	\$930
58353	ENDOMET ABLAT THERM W/O SCOPE GU	22	\$5,067	\$4,436

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

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

137 Mountain View Hospital

Procedure APG category		TOTAL #	TOTAL # (ALL Hospitals)
Procedure APG			
01	INTEGUMENTARY SYSTEM	140	8,878
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	19	2,028
	006 SIMPLE DEBRIDEMENT AND DESTRUCTION	2	157
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	10	1,202
	008 SIMPLE EXCISION AND BIOPSY	17	1,012
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRANGE	44	1,367
	011 SIMPLE INCISION AND EXCISION OF BREAST	43	2,366
	012 BREAST RECONSTRUCTION AND MASTECTOMY	5	635
02	MUSCULOSKELETAL SYSTEM	854	58,082
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	58	6,410
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	44	2,231
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	6	2,131
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	58	11,532
	025 ARTHROSCOPY	551	25,432
	027 SPLINT, STRAPPING AND CAST REMOVAL	1	368
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	5	656
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	49	4,342
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	22	470
	032 BUNION PROCEDURES	12	1,569
	033 ARTHROPLASTY	2	512
	034 HAND AND FOOT TENOTOMY	6	279
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	40	2,033
03	RESPIRATORY SYSTEM	109	7,958
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	11	656
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	65	5,137
	054 SIMPLE ENDOSCOPY OF THE UPPER AIRWAY	3	300
	055 ENDOSCOPY OF THE LOWER AIRWAY	30	1,865
04	CARDIOVASCULAR SYSTEM	771	25,823
	075 PLACEMENT OF TRANSVENOUS CATHETERS	4	48
	076 DIAGNOSTIC CARDIAC CATHETERIZATION	698	18,184
	077 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	15	1,922
	078 PACEMAKER INSERTION AND REPLACEMENT	25	488
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	25	746
	080 MINOR VASCULAR REPAIR AND FISTULA CONSTRUCTION	1	898
	081 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	2	181
	082 VASCULAR LIGATION	1	403
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	85	3,114
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	31	1,943
	097 TRANSFUSION	54	1,021
06	DIGESTIVE SYSTEM	1,830	105,000
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	4	649
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	2	392
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	375	22,453
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	168	5,914
	117 LOWER GASTROINTESTINAL ENDOSCOPY	736	47,953
	118 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	18	1,561

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

137 Mountain View Hospital

procedure APG category		TOTAL #	TOTAL # (ALL Hospitals)
procedure APG			
	119 HERNIA AND HYDROCELE PROCEDURES	156	6,882
	120 COMPLEX ANAL AND RECTAL PROCEDURES	27	1,098
	121 SIMPLE ANAL AND RECTAL PROCEDURES	4	497
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	5	506
	123 COMPLEX LAPAROSCOPIC PROCEDURES	335	15,680
07	URINARY SYSTEM	129	7,472
	131 RENAL EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	9	848
	133 URINARY CATHETERIZATION AND DILATATION	5	380
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	62	3,513
	135 MODERATE CYSTOURETHROSCOPY	37	1,846
	136 SIMPLE CYSTOURETHROSCOPY	12	606
	137 COMPLEX URETHRAL PROCEDURES	4	125
08	MALE GENITAL SYSTEM	35	2,684
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	25	1,397
	152 INSERTION OF PENILE PROSTHESIS	1	56
	153 COMPLEX PENILE PROCEDURES	1	413
	154 SIMPLE PENILE PROCEDURES	2	680
	155 PROSTATE NEEDLE AND PUNCH BIOPSY	6	138
09	FEMALE GENITAL SYSTEM	76	6,830
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	33	1,642
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	20	1,421
	178 DILATION AND CURETTAGE	8	709
	179 HYSTEROSCOPY	13	2,718
	180 COLPOSCOPY	2	339
10	NERVOUS SYSTEM	367	26,119
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	313	19,763
	196 REVISION AND REMOVAL OF NEUROLOGICAL DEVICE	1	212
	197 NEUROSTIMULATOR AND VENTRICULAR SHUNT IMPLANTATION	1	828
	198 NERVE REPAIR AND DESTRUCTION	37	4,690
	199 SPINAL TAP	15	626
11	EYE AND OCULAR ADNEXA	64	11,129
	214 CATARACT PROCEDURES	62	4,618
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	2	881
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	450	27,995
	233 NASAL CAUTERIZATION AND PACKING	10	323
	234 COMPLEX FACIAL AND ENT PROCEDURES	71	5,543
	235 SIMPLE FACIAL AND ENT PROCEDURES	192	13,699
	236 TONSIL AND ADENOID PROCEDURES	177	8,352
13	THERAPEUTIC AND OTHER RADIOLOGICAL PROCEDURES	138	3,177
	253 VASCULAR RADIOLOGY EXCEPT FOR VENOGRAPHY OF EXTREMITY	15	1,174
	254 MYELOGRAPHY	13	297
	255 MISCELLANEOUS RADIOLOGICAL PROCEDURES WITH CONTRAST	110	1,694

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

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

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
PROCEDURE APG CATEGORY, PROCEDURE APG, SINGLE APG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

137 Mountain View Hospital

Procedure APG category				
Procedure APG		TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
01	INTEGUMENTARY SYSTEM	111	\$3,129	\$3,077
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	18	\$1,154	\$2,351
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	7	\$3,415	\$2,981
	008 SIMPLE EXCISION AND BIOPSY	11	\$2,829	\$2,545
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRAN	39	\$3,294	\$4,359
	011 SIMPLE INCISION AND EXCISION OF BREAST	31	\$3,617	\$2,861
	012 BREAST RECONSTRUCTION AND MASTECTOMY	5	\$6,182	\$5,243
02	MUSCULOSKELETAL SYSTEM	387	\$4,394	\$4,100
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	28	\$6,885	\$6,150
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	13	\$4,602	\$3,787
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	35	\$3,857	\$2,717
	025 ARTHROSCOPY	219	\$4,403	\$4,558
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	3	\$3,008	\$3,140
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	31	\$6,884	\$5,140
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	18	\$1,989	\$2,526
	032 BUNION PROCEDURES	7	\$7,083	\$3,916
	033 ARTHROPLASTY	2	\$3,892	\$6,241
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	31	\$1,063	\$909
03	RESPIRATORY SYSTEM	19	\$2,260	\$2,071
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	10	\$1,562	\$1,191
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	5	\$4,439	\$3,201
	055 ENDOSCOPY OF THE LOWER AIRWAY	4	\$1,283	\$2,233
04	CARDIOVASCULAR SYSTEM	40	\$11,615	\$10,821
	076 DIAGNOSTIC CARDIAC CATHETERIZATION	1	\$6,027	\$6,014
	077 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	8	\$9,623	\$17,712
	078 PACEMAKER INSERTION AND REPLACEMENT	15	\$21,172	\$21,180
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	12	\$3,471	\$4,242
	080 MINOR VASCULAR REPAIR AND FISTULA CONSTRUCTION	1	\$7,733	\$4,911
	081 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	2	\$3,851	\$5,273
	082 VASCULAR LIGATION	1	\$6,912	\$6,284
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	77	\$3,337	\$3,660
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	25	\$6,719	\$4,713
	097 TRANSFUSION	52	\$1,710	\$2,312
06	DIGESTIVE SYSTEM	1,455	\$2,477	\$2,170
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	2	\$674	\$1,114
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	2	\$1,788	\$1,226
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	286	\$1,126	\$1,249
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	115	\$1,577	\$1,798
	117 LOWER GASTROINTESTINAL ENDOSCOPY	660	\$1,303	\$1,114
	118 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	4	\$3,323	\$3,753
	119 HERNIA AND HYDROCELE PROCEDURES	106	\$4,307	\$3,546
	120 COMPLEX ANAL AND RECTAL PROCEDURES	20	\$3,033	\$2,846
	121 SIMPLE ANAL AND RECTAL PROCEDURES	3	\$3,140	\$2,218
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	2	\$1,236	\$3,109
	123 COMPLEX LAPAROSCOPIC PROCEDURES	255	\$6,638	\$6,362

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
PROCEDURE APG CATEGORY, PROCEDURE APG, SINGLE APG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

137 Mountain View Hospital

procedure APG category	Procedure APG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
07	URINARY SYSTEM	62	\$4,315	\$4,480
	131 RENAL EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	3	\$2,884	\$7,487
	133 URINARY CATHETERIZATION AND DILATATION	2	\$3,223	\$3,647
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	20	\$5,534	\$4,624
	135 MODERATE CYSTOURETHROSCOPY	23	\$4,323	\$3,484
	136 SIMPLE CYSTOURETHROSCOPY	11	\$2,648	\$2,335
	137 COMPLEX URETHRAL PROCEDURES	3	\$4,401	\$4,861
08	MALE GENITAL SYSTEM	5	\$7,339	\$3,045
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	1	\$4,962	\$2,546
	152 INSERTION OF PENILE PROSTHESIS	1	\$22,601	\$19,133
	154 SIMPLE PENILE PROCEDURES	1	\$3,256	\$1,914
	155 PROSTATE NEEDLE AND PUNCH BIOPSY	2	\$2,939	\$3,924
09	FEMALE GENITAL SYSTEM	57	\$4,280	\$4,082
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	24	\$5,035	\$5,061
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	16	\$3,897	\$3,135
	178 DILATION AND CURETTAGE	7	\$2,790	\$2,371
	179 HYSTEROSCOPY	9	\$4,298	\$4,610
	180 COLPOSCOPY	1	\$2,577	\$3,422
10	NERVOUS SYSTEM	240	\$1,253	\$1,813
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	204	\$862	\$1,068
	196 REVISION AND REMOVAL OF NEUROLOGICAL DEVICE	1	\$29,746	\$7,292
	197 NEUROSTIMULATOR AND VENTRICULAR SHUNT IMPLANTATION	1	\$4,782	\$22,134
	198 NERVE REPAIR AND DESTRUCTION	19	\$3,283	\$2,441
	199 SPINAL TAP	15	\$1,868	\$1,908
11	EYE AND OCULAR ADNEXA	64	\$2,263	\$3,062
	214 CATARACT PROCEDURES	62	\$2,131	\$3,046
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	2	\$6,370	\$3,876
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	256	\$2,662	\$2,535
	233 NASAL CAUTERIZATION AND PACKING	2	\$3,512	\$3,183
	234 COMPLEX FACIAL AND ENT PROCEDURES	28	\$6,408	\$4,888
	235 SIMPLE FACIAL AND ENT PROCEDURES	97	\$1,703	\$1,798
	236 TONSIL AND ADENOID PROCEDURES	129	\$2,557	\$2,184
13	THERAPEUTIC AND OTHER RADIOLOGICAL PROCEDURES	124	\$1,313	\$3,015
	253 VASCULAR RADIOLOGY EXCEPT FOR VENOGRAPHY OF EXTREMITY	2	\$9,577	\$11,306
	254 MYELOGRAPHY	13	\$2,132	\$3,100
	255 MISCELLANEOUS RADIOLOGICAL PROCEDURES WITH CONTRAST	109	\$1,063	\$2,175

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

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

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

137 Mountain View Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
GENDER				
Female	2,084	52.7	122,108	54.4
Male	1,873	47.3	102,236	45.6
Unknown	0	0.0	4	0.0
Not Reported	0	0.0	4	0.0
AGE				
1-28 days	0	0.0	704	0.3
29-365 days	36	0.9	2,863	1.3
1-4 years	145	3.7	11,046	4.9
5-9	87	2.2	6,088	2.7
10-14	61	1.5	4,673	2.1
15-17	90	2.3	5,017	2.2
18-19	80	2.0	3,697	1.6
20-24	164	4.1	10,637	4.7
25-29	210	5.3	12,527	5.6
30-34	187	4.7	12,120	5.4
35-39	225	5.7	12,327	5.5
40-44	203	5.1	14,081	6.3
45-49	264	6.7	17,506	7.8
50-54	330	8.3	25,054	11.2
55-59	327	8.3	20,980	9.4
60-64	268	6.8	16,994	7.6
65-69	372	9.4	14,770	6.6
70-74	354	8.9	12,538	5.6
75-79	276	7.0	10,175	4.5
80-84	175	4.4	6,704	3.0
85-89	79	2.0	2,983	1.3
90 +	24	0.6	865	0.4
Not Reported	0	0.0	707	0.3
SOURCE OF ADMISSION				
Physician Referral	3,854	97.4	202,212	90.1
Clinic Referral	0	0.0	553	0.2
HMO Referral	0	0.0	3,605	1.6
Other Hospital	3	0.1	90	0.0
Skilled Nursing Facility	0	0.0	22	0.0
Other Health Care Facility	0	0.0	25	0.0
Emergency Room	100	2.5	4,679	2.1
Court/Law Enforcement	0	0.0	0	0.0
Unknown	0	0.0	11	0.0
Not Reported	0	0.0	13,155	5.9

(Continued)

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

137 Mountain View Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	3,944	99.7	223,834	99.8
Another Hospital	2	0.1	103	0.0
Skilled Nursing Facility	8	0.2	111	0.0
Intermediate Care Facility	0	0.0	11	0.0
Another Type of Institution	0	0.0	46	0.0
Under Care of Home Service	3	0.1	169	0.1
Left Against Medical Advice	0	0.0	16	0.0
Under Care of Home IV Provider	0	0.0	1	0.0
Expired	0	0.0	5	0.0
Unknown	0	0.0	56	0.0
Not Reported	0	0.0	0	0.0
PRIMARY PAYER				
Medicare	1,223	30.9	45,634	20.3
Medicaid	331	8.4	14,157	6.3
Other government	49	1.2	3,504	1.6
Blue Cross/Blue Shield	672	17.0	30,700	13.7
Other Commercial	266	6.7	15,100	6.7
Managed Care(HMO, PPO)	1,227	31.0	105,175	46.9
Self Pay	73	1.8	2,539	1.1
Industrial & Worker Comp	85	2.1	3,834	1.7
Charity and Unclassified	15	0.4	2,186	1.0
Childrens Health Insurance	0	0.0	177	0.1
Unknown	16	0.4	1,256	0.6
Not Reported	0	0.0	90	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	0	0.0	15,979	7.1
Central Utah	547	13.8	8,148	3.6
Davis County	5	0.1	23,241	10.4
Salt Lake County	27	0.7	76,236	34.0
Southeastern Utah	93	2.4	5,436	2.4
Southwest Utah	13	0.3	13,567	6.0
Summit County	0	0.0	3,096	1.4
Tooele County	5	0.1	4,599	2.0
Tri-County	7	0.2	5,798	2.6
Utah County	3,210	81.1	35,900	16.0
Wasatch County	8	0.2	1,771	0.8
Weber County	1	0.0	21,412	9.5
Unknown Utah	1	0.0	49	0.0
Outside Utah	36	0.9	8,923	4.0
Unknown, Not Reported	4	0.1	197	0.1

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

AMB ST 1-1
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

133 Mountain West Medical Center

	Procedures Performed		Procedures Performed-All Hospitals	
	(#)	(%)	(#)	(%)
Reporting Category(ICD-9-CM CODES)	2,116	100.0	321,711	100.0
Mastectomy (85.0-85.99)	42	2.0	7,021	2.2
Musculoskeletal (76.0-84.99)	466	22.0	65,753	20.4
Respiratory (30.0-34.99)	5	0.2	3,438	1.1
Cardiovascular (35.0-39.99)	21	1.0	15,180	4.7
Lymphatic/Hemetic (40.0-41.99)	2	0.1	3,088	1.0
Digestive System (42.0-54.99)	499	23.6	107,581	33.4
Urinary (55.0-59.99)	37	1.7	8,752	2.7
Male Genital (60.0-64.99)	29	1.4	3,460	1.1
Female Genital (65.0-71.99)	96	4.5	15,319	4.8
Endocrine/Nervous (01.0-07.99)	101	4.8	28,111	8.7
Eye (08.0-16.99)	114	5.4	19,328	6.0
Ear (18.0-20.99)	131	6.2	14,440	4.5
Nose, Mouth, Pharynx (21.0-29.99)	573	27.1	30,240	9.4
Reporting Category(CPT-4 CODES)	2,753	100.0	304,292	100.0
Mastectomy (19120-19220)	31	1.1	3,001	1.0
Musculoskeletal (20000-29909)	660	24.0	65,018	21.4
Respiratory (30000-32999 & 39501-39599)	498	18.1	13,975	4.6
Cardiovascular (33010-37799 & 93501-93660)	27	1.0	31,569	10.4
Lymphatic/Hemetic (38100-38999)	3	0.1	2,606	0.9
Digestive (40490-49999)	891	32.4	115,754	38.0
Urinary (50010-53899)	78	2.8	8,580	2.8
Male Genital (54000-55899)	16	0.6	3,059	1.0
Female Genital (56405-58999)	107	3.9	11,517	3.8
Endocrine/Nervous (60000-64999)	116	4.2	29,931	9.8
Eye (65091-68899)	243	8.8	11,422	3.8
Ear (69000-69979)	83	3.0	7,860	2.6

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics.

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

AMB ST 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES

133 Mountain West Medical Center

ICD-9 CODE	ICD-9 DESCRIPTION	#	%	% ALL Hospitals
All ICD-9 Procedures		2,116	100.0	100.0
4523	COLONOSCOPY	166	7.8	7.45
2001	MYRINGOTOMY WITH INSERTION OF TUBE	109	5.2	3.56
283	TONSILLECTOMY WITH ADENOIDECTOMY	105	5.0	1.68
4516	EGD W/CLOS BX	80	3.8	5.75
2263	ETHMOIDECTOMY	70	3.3	0.54
2188	OTHER SEPTOPLASTY	67	3.2	0.46
2169	OTHER TURBINECTOMY	65	3.1	0.76
5123	LAPAROSCOPIC CHOLECYSTECTOMY	64	3.0	2.01
8183	OTHER REPAIR OF SHOULDER	49	2.3	0.76
1371	INSRT IOL-CATARACT EXTRACT-1 STAGE	48	2.3	1.37
1341	PHACOEMULSIFICATION&ASPIR CATARACT	47	2.2	1.38
8147	OTHER REPAIR OF KNEE	47	2.2	0.75
4542	ENDO POLYPECTOMY LARGE INTESTINE	44	2.1	3.92
2262	EXC LESION MAX SINUS W/OTH APPRCH	41	1.9	0.24
8076	SYNOVECTOMY OF KNEE	40	1.9	0.39
2264	SPHENOIDECTOMY	39	1.8	0.07
215	SUBMUCOUS RESECTION OF NASAL SEPTUM	31	1.5	0.30
2252	SPHENOIDOTOMY	29	1.4	0.13
8521	LOCAL EXCISION OF LESION OF BREAST	29	1.4	0.85
8071	SYNOVECTOMY OF SHOULDER	25	1.2	0.03

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		2,753	100.0	100.0
45378	COLONOSCOPY FLEX; DX-SEP PROC	228	8.3	7.39
66984	EXTRACAPSULAR CATARACT REMV IOL	171	6.2	1.42
30520	SEPTOPLASTY/SUBMUCOS RES W/GFT	121	4.4	0.74
43239	UGI ENDO; W/BX 1/MX	109	4.0	5.96
42820	T&A; UNDER AGE 12	91	3.3	1.36
31255	NASAL/SINUS ENDO; W/TOT ETHMOECT	86	3.1	0.37
30140	SUBMUCOS RES TURBINATE PART/CMPL	78	2.8	0.67
45380	COLONOSCOPY FLEX; W/BX 1/MX	76	2.8	5.63
47562	LAPAROSCOPY SURGICAL; CHOLECT	71	2.6	0.77
31267	NASL/SINUS ENDO; W/TISS REMV MAX	66	2.4	0.25
69436	TYMPANOSTOMY GENERAL ANESTHESIA	66	2.4	1.90
66821	DISCISSION 2ND CATARACT; LASER S	60	2.2	0.22
29876	SCOPE KNEE SURG; SYNOVECTOMY MAJ	57	2.1	0.10
31288	NASAL ENDO W/SPHENOIDOT; REMV TI	50	1.8	0.07
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	43	1.6	1.51
29879	SCOPE KNEE SURG; ABRASION ARTHPL	41	1.5	0.27
29881	SCOPE KNEE SURG;W/MENISCECT MED/	38	1.4	1.59
29826	SCOPE SHOULDER; DECOMP SUBACROM	37	1.3	1.09
49505	REPR INIT ING HERNIA 5YR/MORE; R	34	1.2	0.95
31287	NASL/SINUS ENDO SURG W/SPHENOIDO	33	1.2	0.14

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

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

AMB ST 1-3

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

133 Mountain West Medical Center

ICD-9 CODE	ICD-9 DESCRIPTION	#	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
ICD-9 Procedures		934	\$5,178	\$3,166
4523	COLONOSCOPY	153	\$1,868	\$947
283	TONSILLECTOMY WITH ADENOIDECTOMY	92	\$4,164	\$2,169
4516	EGD W/CLOS BX	62	\$2,385	\$1,301
5123	LAPAROSCOPIC CHOLECYSTECTOMY	60	\$11,924	\$6,118
8147	OTHER REPAIR OF KNEE	34	\$9,009	\$5,129
4542	ENDO POLYPECTOMY LARGE INTESTINE	30	\$3,104	\$1,297
8183	OTHER REPAIR OF SHOULDER	28	\$14,665	\$6,622
8521	LOCAL EXCISION OF LESION OF BREAST	26	\$4,332	\$2,630
640	CIRCUMCISION	20	\$603	\$1,763
5491	PERCUTANEOUS ABDOMINAL DRAINAGE	16	\$1,761	\$1,637
0443	RELEASE OF CARPAL TUNNEL	14	\$4,453	\$2,124
282	TONSILLECTOMY WITHOUT ADENOIDECTOMY	14	\$4,514	\$2,285
3893	VENOUS CATHETERIZATION NEC	11	\$858	\$3,189
4836	[ENDOSCOPIC] POLYPECTOMY OF RECTUM	11	\$2,671	\$1,228
5341	REPAIR UMBILICAL HERNIA W/PROSTH	11	\$7,662	\$4,269
8511	CLOSED BIOPSY OF BREAST	10	\$1,027	\$1,405
7751	BUNIONEC SOFT-OSTEOT 1ST METATARS	9	\$8,186	\$3,715
1364	DISCISSION OF SECONDARY MEMBRANE	8	\$1,075	\$732
4513	OTHER ENDOSCOPY OF SMALL INTESTINE	8	\$2,006	\$1,089
4525	CLOS [ENDO] BX LARGE INTESTINE	8	\$2,656	\$1,356

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
CPT-4 Procedures		1,518	\$4,483	\$2,895
45378	COLONOSCOPY FLEX; DX-SEP PROC	209	\$1,887	\$949
66984	EXTRACAPSULAR CATARACT REMV IOL	171	\$3,882	\$3,042
42820	T&A; UNDER AGE 12	80	\$4,125	\$2,072
43239	UGI ENDO; W/BX 1/MX	80	\$2,396	\$1,299
47562	LAPAROSCOPY SURGICAL; CHOLECT	66	\$11,991	\$5,595
45380	COLONOSCOPY FLEX; W/BX 1/MX	62	\$2,872	\$1,278
66821	DISCISSION 2ND CATARACT; LASER S	60	\$1,089	\$770
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	43	\$1,218	\$982
69436	TYMPANOSTOMY GENERAL ANESTHESIA	42	\$2,338	\$1,166
49505	REPR INIT ING HERNIA 5YR/MORE; R	31	\$9,874	\$3,685
19120	EXC BRST CYST TUMR/LES OPN M/F 1	25	\$4,291	\$2,583
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	24	\$4,658	\$2,178
23350	INJ SHLDR ARTHROGRPH/ENHNC D CT/M	22	\$2,653	\$2,649
42821	T&A; AGE 12 OR OVER	21	\$4,312	\$2,469
G0121	COLOREC CNCR SCR;COLNSCPY NO HI	19	\$1,880	\$756
50590	LITHOTRIPSY XTRACORP SHOCK WAVE	18	\$6,434	\$7,497
49585	REPR UMBIL HERNIA 5YR/OVER; RDUC	17	\$7,164	\$3,556
28296	HALLUX VALGUS; W/METATARSAL OSTE	15	\$8,247	\$3,979
49080	PERITONEOCENTESIS; INIT	15	\$1,528	\$1,388
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	14	\$4,611	\$2,330

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

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

133 Mountain West Medical Center

Procedure APG category		TOTAL #	TOTAL # (ALL Hospitals)
Procedure APG			
01	INTEGUMENTARY SYSTEM	70	8,878
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	8	2,028
	006 SIMPLE DEBRIDEMENT AND DESTRUCTION	2	157
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	9	1,202
	008 SIMPLE EXCISION AND BIOPSY	5	1,012
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRANGE	15	1,367
	011 SIMPLE INCISION AND EXCISION OF BREAST	31	2,366
02	MUSCULOSKELETAL SYSTEM	615	58,082
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	68	6,410
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	13	2,231
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	12	2,131
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	117	11,532
	025 ARTHROSCOPY	318	25,432
	026 REPLACEMENT OF CAST	1	63
	028 CLOSED TREATMENT FX & DISLOCATION OF FINGER, TOE & TRUNK	1	54
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	4	656
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	20	4,342
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	14	470
	032 BUNION PROCEDURES	29	1,569
	033 ARTHROPLASTY	4	512
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	14	2,033
03	RESPIRATORY SYSTEM	304	7,958
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	24	656
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	278	5,137
	054 SIMPLE ENDOSCOPY OF THE UPPER AIRWAY	1	300
	055 ENDOSCOPY OF THE LOWER AIRWAY	1	1,865
04	CARDIOVASCULAR SYSTEM	13	25,823
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	5	746
	080 MINOR VASCULAR REPAIR AND FISTULA CONSTRUCTION	1	898
	082 VASCULAR LIGATION	7	403
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	3	3,114
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	3	1,943
06	DIGESTIVE SYSTEM	703	105,000
	111 ALIMENTARY TESTS AND SIMPLE TUBE PLACEMENT	3	113
	112 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	2	1,288
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	12	649
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	4	392
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	124	22,453
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	17	5,914
	117 LOWER GASTROINTESTINAL ENDOSCOPY	352	47,953
	118 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	1	1,561
	119 HERNIA AND HYDROCELE PROCEDURES	72	6,882
	120 COMPLEX ANAL AND RECTAL PROCEDURES	2	1,098
	121 SIMPLE ANAL AND RECTAL PROCEDURES	2	497
	123 COMPLEX LAPAROSCOPIC PROCEDURES	112	15,680
07	URINARY SYSTEM	73	7,472

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

133 Mountain West Medical Center

procedure APG category		TOTAL #	TOTAL # (ALL Hospitals)
procedure APG			
	131 RENAL EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	18	848
	133 URINARY CATHETERIZATION AND DILATATION	13	380
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	18	3,513
	135 MODERATE CYSTOURETHROSCOPY	17	1,846
	136 SIMPLE CYSTOURETHROSCOPY	4	606
	137 COMPLEX URETHRAL PROCEDURES	3	125
08	MALE GENITAL SYSTEM	15	2,684
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	7	1,397
	154 SIMPLE PENILE PROCEDURES	6	680
	155 PROSTATE NEEDLE AND PUNCH BIOPSY	2	138
09	FEMALE GENITAL SYSTEM	69	6,830
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	10	1,642
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	25	1,421
	178 DILATION AND CURETTAGE	2	709
	179 HYSTEROSCOPY	30	2,718
	180 COLPOSCOPY	2	339
10	NERVOUS SYSTEM	98	26,119
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	49	19,763
	197 NEUROSTIMULATOR AND VENTRICULAR SHUNT IMPLANTATION	1	828
	198 NERVE REPAIR AND DESTRUCTION	41	4,690
	199 SPINAL TAP	7	626
11	EYE AND OCULAR ADNEXA	242	11,129
	213 LASER EYE PROCEDURES	60	710
	214 CATARACT PROCEDURES	172	4,618
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	8	469
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	2	238
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	484	27,995
	233 NASAL CAUTERIZATION AND PACKING	5	323
	234 COMPLEX FACIAL AND ENT PROCEDURES	147	5,543
	235 SIMPLE FACIAL AND ENT PROCEDURES	169	13,699
	236 TONSIL AND ADENOID PROCEDURES	163	8,352
13	THERAPEUTIC AND OTHER RADIOLOGICAL PROCEDURES	38	3,177
	254 MYELOGRAPHY	7	297
	255 MISCELLANEOUS RADIOLOGICAL PROCEDURES WITH CONTRAST	31	1,694

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

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

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
PROCEDURE APG CATEGORY, PROCEDURE APG, SINGLE APG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

133 Mountain West Medical Center

Procedure APG category	Procedure APG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
01	INTEGUMENTARY SYSTEM	59	\$3,692	\$3,077
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	5	\$1,070	\$2,351
	006 SIMPLE DEBRIDEMENT AND DESTRUCTION	1	\$3,595	\$2,246
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	7	\$3,911	\$2,981
	008 SIMPLE EXCISION AND BIOPSY	4	\$6,679	\$2,545
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRAN	13	\$1,724	\$4,359
	011 SIMPLE INCISION AND EXCISION OF BREAST	29	\$4,565	\$2,861
02	MUSCULOSKELETAL SYSTEM	183	\$8,274	\$4,100
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	23	\$10,619	\$6,150
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	4	\$11,174	\$3,787
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	4	\$6,005	\$4,488
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	63	\$5,153	\$2,717
	025 ARTHROSCOPY	44	\$10,843	\$4,558
	026 REPLACEMENT OF CAST	1	\$4,035	\$6,504
	028 CLOSED TREATMENT FX & DISLOCATION OF FINGER, TOE & TRUNK	1	\$2,653	\$2,232
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	4	\$7,158	\$3,140
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	17	\$10,323	\$5,140
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	1	\$3,406	\$2,526
	032 BUNION PROCEDURES	19	\$8,617	\$3,916
	033 ARTHROPLASTY	1	\$13,312	\$6,241
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	1	\$8,191	\$909
03	RESPIRATORY SYSTEM	24	\$1,868	\$2,071
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	23	\$1,698	\$1,191
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	1	\$5,790	\$3,201
04	CARDIOVASCULAR SYSTEM	11	\$5,670	\$10,821
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	5	\$2,505	\$4,242
	080 MINOR VASCULAR REPAIR AND FISTULA CONSTRUCTION	1	\$6,956	\$4,911
	082 VASCULAR LIGATION	5	\$8,578	\$6,284
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	3	\$6,709	\$3,660
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	3	\$6,709	\$4,713
06	DIGESTIVE SYSTEM	574	\$4,269	\$2,170
	111 ALIMENTARY TESTS AND SIMPLE TUBE PLACEMENT	3	\$708	\$1,014
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	6	\$1,885	\$1,114
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	4	\$3,162	\$1,226
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	91	\$2,334	\$1,249
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	14	\$1,960	\$1,798
	117 LOWER GASTROINTESTINAL ENDOSCOPY	306	\$2,151	\$1,114
	119 HERNIA AND HYDROCELE PROCEDURES	55	\$8,707	\$3,546
	120 COMPLEX ANAL AND RECTAL PROCEDURES	2	\$4,971	\$2,846
	121 SIMPLE ANAL AND RECTAL PROCEDURES	2	\$4,776	\$2,218
	123 COMPLEX LAPAROSCOPIC PROCEDURES	91	\$11,297	\$6,362
07	URINARY SYSTEM	54	\$5,345	\$4,480
	131 RENAL EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	18	\$6,434	\$7,487
	133 URINARY CATHETERIZATION AND DILATATION	13	\$634	\$3,647
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	10	\$6,925	\$4,624

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
PROCEDURE APG CATEGORY, PROCEDURE APG, SINGLE APG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

133 Mountain West Medical Center

procedure APG category	Procedure APG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
	135 MODERATE CYSTOURETHROSCOPY	10	\$7,533	\$3,484
	136 SIMPLE CYSTOURETHROSCOPY	1	\$4,854	\$2,335
	137 COMPLEX URETHRAL PROCEDURES	2	\$7,573	\$4,861
08	MALE GENITAL SYSTEM	10	\$3,190	\$3,045
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	4	\$5,411	\$2,546
	154 SIMPLE PENILE PROCEDURES	6	\$1,710	\$1,914
09	FEMALE GENITAL SYSTEM	35	\$6,358	\$4,082
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	2	\$12,146	\$5,061
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	15	\$4,673	\$3,135
	178 DILATION AND CURETTAGE	1	\$3,079	\$2,371
	179 HYSTEROSCOPY	15	\$7,796	\$4,610
	180 COLPOSCOPY	2	\$4,073	\$3,422
10	NERVOUS SYSTEM	80	\$2,778	\$1,813
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	46	\$1,328	\$1,068
	197 NEUROSTIMULATOR AND VENTRICULAR SHUNT IMPLANTATION	1	\$18,922	\$22,134
	198 NERVE REPAIR AND DESTRUCTION	26	\$4,955	\$2,441
	199 SPINAL TAP	7	\$1,912	\$1,908
11	EYE AND OCULAR ADNEXA	242	\$3,131	\$3,062
	213 LASER EYE PROCEDURES	60	\$1,089	\$782
	214 CATARACT PROCEDURES	172	\$3,884	\$3,046
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	8	\$2,457	\$3,268
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	2	\$2,391	\$3,225
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	193	\$3,970	\$2,535
	233 NASAL CAUTERIZATION AND PACKING	3	\$3,010	\$3,183
	234 COMPLEX FACIAL AND ENT PROCEDURES	8	\$9,603	\$4,888
	235 SIMPLE FACIAL AND ENT PROCEDURES	59	\$2,851	\$1,798
	236 TONSIL AND ADENOID PROCEDURES	123	\$4,164	\$2,184
13	THERAPEUTIC AND OTHER RADIOLOGICAL PROCEDURES	36	\$3,069	\$3,015
	254 MYELOGRAPHY	7	\$6,397	\$3,100
	255 MISCELLANEOUS RADIOLOGICAL PROCEDURES WITH CONTRAST	29	\$2,265	\$2,175

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

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

133 Mountain West Medical Center

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
GENDER				
Female	1,213	58.3	122,108	54.4
Male	867	41.7	102,236	45.6
Unknown	0	0.0	4	0.0
Not Reported	0	0.0	4	0.0
AGE				
1-28 days	17	0.8	704	0.3
29-365 days	19	0.9	2,863	1.3
1-4 years	94	4.5	11,046	4.9
5-9	65	3.1	6,088	2.7
10-14	48	2.3	4,673	2.1
15-17	55	2.6	5,017	2.2
18-19	32	1.5	3,697	1.6
20-24	63	3.0	10,637	4.7
25-29	116	5.6	12,527	5.6
30-34	161	7.7	12,120	5.4
35-39	150	7.2	12,327	5.5
40-44	151	7.3	14,081	6.3
45-49	142	6.8	17,506	7.8
50-54	206	9.9	25,054	11.2
55-59	171	8.2	20,980	9.4
60-64	135	6.5	16,994	7.6
65-69	123	5.9	14,770	6.6
70-74	109	5.2	12,538	5.6
75-79	121	5.8	10,175	4.5
80-84	66	3.2	6,704	3.0
85-89	31	1.5	2,983	1.3
90 +	5	0.2	865	0.4
Not Reported	17	0.8	707	0.3
SOURCE OF ADMISSION				
Physician Referral	2,065	99.3	202,212	90.1
Clinic Referral	0	0.0	553	0.2
HMO Referral	4	0.2	3,605	1.6
Other Hospital	0	0.0	90	0.0
Skilled Nursing Facility	6	0.3	22	0.0
Other Health Care Facility	0	0.0	25	0.0
Emergency Room	5	0.2	4,679	2.1
Court/Law Enforcement	0	0.0	0	0.0
Unknown	0	0.0	11	0.0
Not Reported	0	0.0	13,155	5.9

(Continued)

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

133 Mountain West Medical Center

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	2,078	99.9	223,834	99.8
Another Hospital	1	0.0	103	0.0
Skilled Nursing Facility	0	0.0	111	0.0
Intermediate Care Facility	0	0.0	11	0.0
Another Type of Institution	0	0.0	46	0.0
Under Care of Home Service	1	0.0	169	0.1
Left Against Medical Advice	0	0.0	16	0.0
Under Care of Home IV Provider	0	0.0	1	0.0
Expired	0	0.0	5	0.0
Unknown	0	0.0	56	0.0
Not Reported	0	0.0	0	0.0
PRIMARY PAYER				
Medicare	428	20.6	45,634	20.3
Medicaid	157	7.5	14,157	6.3
Other government	49	2.4	3,504	1.6
Blue Cross/Blue Shield	397	19.1	30,700	13.7
Other Commercial	144	6.9	15,100	6.7
Managed Care(HMO, PPO)	849	40.8	105,175	46.9
Self Pay	18	0.9	2,539	1.1
Industrial & Worker Comp	38	1.8	3,834	1.7
Charity and Unclassified	0	0.0	2,186	1.0
Childrens Health Insurance	0	0.0	177	0.1
Unknown	0	0.0	1,256	0.6
Not Reported	0	0.0	90	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	1	0.0	15,979	7.1
Central Utah	3	0.1	8,148	3.6
Davis County	8	0.4	23,241	10.4
Salt Lake County	36	1.7	76,236	34.0
Southeastern Utah	0	0.0	5,436	2.4
Southwest Utah	1	0.0	13,567	6.0
Summit County	0	0.0	3,096	1.4
Tooele County	2,002	96.3	4,599	2.0
Tri-County	1	0.0	5,798	2.6
Utah County	4	0.2	35,900	16.0
Wasatch County	0	0.0	1,771	0.8
Weber County	0	0.0	21,412	9.5
Unknown Utah	0	0.0	49	0.0
Outside Utah	24	1.2	8,923	4.0
Unknown, Not Reported	0	0.0	197	0.1

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

AMB ST 1-1
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

142 Ogden Regional Medical Center

	Procedures Performed		Procedures Performed-All Hospitals	
	(#)	(%)	(#)	(%)
Reporting Category(ICD-9-CM CODES)	12,390	100.0	321,711	100.0
Mastectomy (85.0-85.99)	152	1.2	7,021	2.2
Musculoskeletal (76.0-84.99)	2,152	17.4	65,753	20.4
Respiratory (30.0-34.99)	110	0.9	3,438	1.1
Cardiovascular (35.0-39.99)	329	2.7	15,180	4.7
Lymphatic/Hemetic (40.0-41.99)	75	0.6	3,088	1.0
Digestive System (42.0-54.99)	3,586	28.9	107,581	33.4
Urinary (55.0-59.99)	196	1.6	8,752	2.7
Male Genital (60.0-64.99)	61	0.5	3,460	1.1
Female Genital (65.0-71.99)	1,100	8.9	15,319	4.8
Endocrine/Nervous (01.0-07.99)	1,807	14.6	28,111	8.7
Eye (08.0-16.99)	866	7.0	19,328	6.0
Ear (18.0-20.99)	644	5.2	14,440	4.5
Nose, Mouth, Pharynx (21.0-29.99)	1,312	10.6	30,240	9.4
Reporting Category(CPT-4 CODES)	13,179	100.0	304,292	100.0
Mastectomy (19120-19220)	71	0.5	3,001	1.0
Musculoskeletal (20000-29909)	2,448	18.6	65,018	21.4
Respiratory (30000-32999 & 39501-39599)	955	7.2	13,975	4.6
Cardiovascular (33010-37799 & 93501-93660)	1,992	15.1	31,569	10.4
Lymphatic/Hemetic (38100-38999)	70	0.5	2,606	0.9
Digestive (40490-49999)	4,089	31.0	115,754	38.0
Urinary (50010-53899)	283	2.1	8,580	2.8
Male Genital (54000-55899)	59	0.4	3,059	1.0
Female Genital (56405-58999)	797	6.0	11,517	3.8
Endocrine/Nervous (60000-64999)	1,579	12.0	29,931	9.8
Eye (65091-68899)	467	3.5	11,422	3.8
Ear (69000-69979)	369	2.8	7,860	2.6

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics.

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

AMB ST 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES

142 Ogden Regional Medical Center

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

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		13,179	100.0	100.0
45378	COLONOSCOPY FLEX; DX-SEP PROC	886	6.7	7.39
43239	UGI ENDO; W/BX 1/MX	772	5.9	5.96
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	505	3.8	1.51
45380	COLONOSCOPY FLEX; W/BX 1/MX	386	2.9	5.63
66984	EXTRACAPSULAR CATARACT REMV IOL	319	2.4	1.42
69436	TYMPANOSTOMY GENERAL ANESTHESIA	275	2.1	1.90
62310	INJ 1 NOT NEUROLYTIC-EPID;CERV/T	269	2.0	0.35
93545	INJ PROC-CATH; SELECT CORONRY AN	205	1.6	1.15
93556	IMAG SUPERVS I&R-CATH; PULM ANGI	202	1.5	0.98
42820	T&A; UNDER AGE 12	194	1.5	1.36
30140	SUBMUCOS RES TURBINATE PART/CMPL	184	1.4	0.67
36430	TRANSFUSION BLOOD/BLOOD COMPONENT	183	1.4	0.34
93543	INJ PROC-CATH; LT VENT/ATRIAL AN	176	1.3	1.08
93555	IMAG SUPERVS I&R-CATH; VENT/ATRI	176	1.3	0.93
30520	SEPTOPLASTY/SUBMUCOS RES W/GFT	174	1.3	0.74
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	169	1.3	1.81
93510	LT HRT CATH RETRO-BRACH/FEM; PER	160	1.2	0.93
29881	SCOPE KNEE SURG;W/MENISCECT MED/	153	1.2	1.59
58662	LAP SURG; W/FULG/EXCIS LES-OVARY	141	1.1	0.50
58563	HYSTEROSC SURG; W/ENDOMETRIAL AB	131	1.0	0.47

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

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

AMB ST 1-3

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

142 Ogden Regional Medical Center

ICD-9 CODE	ICD-9 DESCRIPTION	#	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
ICD-9 Procedures		5,016	\$4,164	\$3,166
4523	COLONOSCOPY	818	\$1,159	\$947
4516	EGD W/CLOS BX	541	\$1,727	\$1,301
4542	ENDO POLYPECTOMY LARGE INTESTINE	317	\$2,087	\$1,297
283	TONSILLECTOMY WITH ADENOIDECTOMY	208	\$3,514	\$2,169
5123	LAPAROSCOPIC CHOLECYSTECTOMY	169	\$9,054	\$6,118
4525	CLOS [ENDO] BX LARGE INTESTINE	132	\$2,161	\$1,356
282	TONSILLECTOMY WITHOUT ADENOIDECTOMY	100	\$3,626	\$2,285
6952	ASPIRATION CURET FOLLOWING DELIV/AB	98	\$3,552	\$2,456
4701	LAPAROSCOPIC APPENDECTOMY	84	\$13,655	\$8,144
6823	ENDOMETRIAL ABLATION	83	\$8,039	\$5,036
806	EXCISION SEMILUNAR CARTILAGE KNEE	62	\$4,989	\$4,034
3893	VENOUS CATHETERIZATION NEC	60	\$3,443	\$3,189
0443	RELEASE OF CARPAL TUNNEL	59	\$2,979	\$2,124
4513	OTHER ENDOSCOPY OF SMALL INTESTINE	57	\$1,369	\$1,089
8201	EXPLORATION TENDON SHEATH HAND	56	\$2,722	\$1,942
6909	OTHER DILATION&CURETTAGE OF UTERUS	53	\$3,319	\$2,634
3722	LEFT HEART CARDIAC CATHETERIZATION	51	\$10,509	\$6,307
5304	UNILAT REPR INDIRECT ING HERN-GFT	48	\$5,359	\$3,643
6629	OTH BIL ENDO DESTRUC FALLOP TUBES	44	\$4,819	\$3,774
5303	UNILAT REPR DIRECT ING HERN-GFT	43	\$5,146	\$3,866

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
CPT-4 Procedures		6,999	\$3,451	\$2,895
45378	COLONOSCOPY FLEX; DX-SEP PROC	818	\$1,160	\$949
43239	UGI ENDO; W/BX 1/MX	530	\$1,661	\$1,299
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	444	\$660	\$982
66984	EXTRACAPSULAR CATARACT REMV IOL	318	\$4,819	\$3,042
45380	COLONOSCOPY FLEX; W/BX 1/MX	280	\$2,189	\$1,278
62310	INJ 1 NOT NEUROLYTIC-EPID;CERV/T	246	\$957	\$1,147
69436	TYMPANOSTOMY GENERAL ANESTHESIA	192	\$2,385	\$1,166
42820	T&A; UNDER AGE 12	147	\$3,302	\$2,072
36430	TRANSFUSION BLOOD/BLOOD COMPONEN	139	\$1,889	\$2,312
49505	REPR INIT ING HERNIA 5YR/MORE; R	118	\$5,314	\$3,685
31720	CATHETER ASPIR; NASOTRACH SEP PR	111	\$579	\$591
45384	COLONOSCOPY FLEX; REMV LES-FORCE	107	\$1,877	\$1,652
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	106	\$1,951	\$1,431
58563	HYSTEROSC SURG; W/ENDOMETRIAL AB	98	\$8,082	\$5,400
47562	LAPAROSCOPY SURGICAL; CHOLECT	91	\$8,979	\$5,595
44970	LAPAROSCOPY SURGICAL APPENDECTOM	85	\$13,661	\$8,116
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	84	\$3,761	\$2,330
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	79	\$9,160	\$6,476
58558	HYSTEROSCPY SURG; W/BX &/ POLYPE	69	\$3,354	\$3,299
23350	INJ SHLDR ARTHROGRPH/ENHNCD CT/M	68	\$2,880	\$2,649

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

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

142 Ogden Regional Medical Center

Procedure APG category		TOTAL #	TOTAL # (ALL Hospitals)
Procedure APG			
01	INTEGUMENTARY SYSTEM	365	8,878
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	98	2,028
	003 COMPLEX INCISION AND DRAINAGE	6	76
	004 SIMPLE INCISION AND DRAINAGE	1	23
	006 SIMPLE DEBRIDEMENT AND DESTRUCTION	3	157
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	35	1,202
	008 SIMPLE EXCISION AND BIOPSY	33	1,012
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRANGE	118	1,367
	011 SIMPLE INCISION AND EXCISION OF BREAST	49	2,366
	012 BREAST RECONSTRUCTION AND MASTECTOMY	22	635
02	MUSCULOSKELETAL SYSTEM	2,155	58,082
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	303	6,410
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	91	2,231
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	93	2,131
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	521	11,532
	025 ARTHROSCOPY	711	25,432
	026 REPLACEMENT OF CAST	1	63
	027 SPLINT, STRAPPING AND CAST REMOVAL	9	368
	028 CLOSED TREATMENT FX & DISLOCATION OF FINGER, TOE & TRUNK	2	54
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	16	656
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	138	4,342
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	19	470
	032 BUNION PROCEDURES	76	1,569
	033 ARTHROPLASTY	28	512
	034 HAND AND FOOT TENOTOMY	1	279
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	146	2,033
03	RESPIRATORY SYSTEM	550	7,958
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	172	656
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	307	5,137
	054 SIMPLE ENDOSCOPY OF THE UPPER AIRWAY	7	300
	055 ENDOSCOPY OF THE LOWER AIRWAY	64	1,865
04	CARDIOVASCULAR SYSTEM	1,473	25,823
	074 CARDIAC ELECTROPHYSIOLOGIC TESTS	205	2,947
	076 DIAGNOSTIC CARDIAC CATHETERIZATION	1,020	18,184
	077 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	100	1,922
	078 PACEMAKER INSERTION AND REPLACEMENT	26	488
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	66	746
	080 MINOR VASCULAR REPAIR AND FISTULA CONSTRUCTION	21	898
	081 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	11	181
	082 VASCULAR LIGATION	24	403
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	243	3,114
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	60	1,943
	097 TRANSFUSION	183	1,021
06	DIGESTIVE SYSTEM	3,809	105,000
	111 ALIMENTARY TESTS AND SIMPLE TUBE PLACEMENT	3	113
	112 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	94	1,288

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

142 Ogden Regional Medical Center

procedure APG category		TOTAL #	TOTAL # (ALL Hospitals)
procedure APG			
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	11	649
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	11	392
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	851	22,453
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	104	5,914
	117 LOWER GASTROINTESTINAL ENDOSCOPY	1,619	47,953
	118 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	31	1,561
	119 HERNIA AND HYDROCELE PROCEDURES	237	6,882
	120 COMPLEX ANAL AND RECTAL PROCEDURES	45	1,098
	121 SIMPLE ANAL AND RECTAL PROCEDURES	23	497
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	20	506
	123 COMPLEX LAPAROSCOPIC PROCEDURES	754	15,680
	124 SIMPLE LAPAROSCOPIC PROCEDURES	6	170
07	URINARY SYSTEM	180	7,472
	131 RENAL EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	41	848
	133 URINARY CATHETERIZATION AND DILATATION	24	380
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	51	3,513
	135 MODERATE CYSTOURETHROSCOPY	40	1,846
	136 SIMPLE CYSTOURETHROSCOPY	21	606
	137 COMPLEX URETHRAL PROCEDURES	2	125
	138 SIMPLE URETHRAL PROCEDURES	1	153
08	MALE GENITAL SYSTEM	43	2,684
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	20	1,397
	152 INSERTION OF PENILE PROSTHESIS	2	56
	153 COMPLEX PENILE PROCEDURES	2	413
	154 SIMPLE PENILE PROCEDURES	9	680
	155 PROSTATE NEEDLE AND PUNCH BIOPSY	10	138
09	FEMALE GENITAL SYSTEM	408	6,830
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	79	1,642
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	77	1,421
	178 DILATION AND CURETTAGE	12	709
	179 HYSTEROSCOPY	223	2,718
	180 COLPOSCOPY	17	339
10	NERVOUS SYSTEM	1,425	26,119
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	1,151	19,763
	197 NEUROSTIMULATOR AND VENTRICULAR SHUNT IMPLANTATION	5	828
	198 NERVE REPAIR AND DESTRUCTION	172	4,690
	199 SPINAL TAP	97	626
11	EYE AND OCULAR ADNEXA	465	11,129
	211 MINOR OPHTHALMOLOGICAL TESTS AND PROCEDURES	3	23
	213 LASER EYE PROCEDURES	43	710
	214 CATARACT PROCEDURES	323	4,618
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	7	469
	216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	11	294
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	4	238
	218 COMPLEX POSTERIOR SEGMENT EYE PROCEDURES	10	374
	219 SIMPLE POSTERIOR SEGMENT EYE PROCEDURES	1	436

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

142 Ogden Regional Medical Center

procedure APG category		TOTAL #	TOTAL # (ALL Hospitals)
procedure APG			
	220 STRABISMUS AND MUSCLE EYE PROCEDURES	9	843
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	38	881
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	15	556
	223 VITRECTOMY	1	1,687
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	1,312	27,995
	233 NASAL CAUTERIZATION AND PACKING	12	323
	234 COMPLEX FACIAL AND ENT PROCEDURES	269	5,543
	235 SIMPLE FACIAL AND ENT PROCEDURES	589	13,699
	236 TONSIL AND ADENOID PROCEDURES	442	8,352
13	THERAPEUTIC AND OTHER RADIOLOGICAL PROCEDURES	337	3,177
	253 VASCULAR RADIOLOGY EXCEPT FOR VENOGRAPHY OF EXTREMITY	103	1,174
	254 MYELOGRAPHY	18	297
	255 MISCELLANEOUS RADIOLOGICAL PROCEDURES WITH CONTRAST	216	1,694
14	PHYSICAL MEDICINE AND REHABILITATION	1	3
	272 PHYSICAL THERAPY	1	3

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

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

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
PROCEDURE APG CATEGORY, PROCEDURE APG, SINGLE APG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

142 Ogden Regional Medical Center

Procedure APG category	Procedure APG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
01	INTEGUMENTARY SYSTEM	260	\$3,230	\$3,077
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	78	\$1,804	\$2,351
	003 COMPLEX INCISION AND DRAINAGE	2	\$3,273	\$3,204
	004 SIMPLE INCISION AND DRAINAGE	1	\$6,330	\$2,900
	006 SIMPLE DEBRIDEMENT AND DESTRUCTION	3	\$2,500	\$2,246
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	17	\$3,697	\$2,981
	008 SIMPLE EXCISION AND BIOPSY	18	\$3,357	\$2,545
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRAN	90	\$3,925	\$4,359
	011 SIMPLE INCISION AND EXCISION OF BREAST	43	\$3,192	\$2,861
	012 BREAST RECONSTRUCTION AND MASTECTOMY	8	\$8,117	\$5,243
02	MUSCULOSKELETAL SYSTEM	760	\$5,143	\$4,100
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	113	\$7,697	\$6,150
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	19	\$5,192	\$3,787
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	27	\$6,551	\$4,488
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	221	\$3,691	\$2,717
	025 ARTHROSCOPY	151	\$6,238	\$4,558
	027 SPLINT, STRAPPING AND CAST REMOVAL	1	\$2,824	\$5,317
	028 CLOSED TREATMENT FX & DISLOCATION OF FINGER, TOE & TRUNK	1	\$3,254	\$2,232
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	10	\$5,337	\$3,140
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	79	\$7,793	\$5,140
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	16	\$2,688	\$2,526
	032 BUNION PROCEDURES	47	\$4,333	\$3,916
	033 ARTHROPLASTY	6	\$8,744	\$6,241
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	69	\$459	\$909
03	RESPIRATORY SYSTEM	208	\$1,537	\$2,071
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	152	\$909	\$1,191
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	21	\$4,271	\$3,201
	054 SIMPLE ENDOSCOPY OF THE UPPER AIRWAY	4	\$4,441	\$1,344
	055 ENDOSCOPY OF THE LOWER AIRWAY	31	\$2,393	\$2,233
04	CARDIOVASCULAR SYSTEM	81	\$6,985	\$10,821
	074 CARDIAC ELECTROPHYSIOLOGIC TESTS	2	\$53,655	\$21,121
	076 DIAGNOSTIC CARDIAC CATHETERIZATION	4	\$10,723	\$6,014
	078 PACEMAKER INSERTION AND REPLACEMENT	11	\$15,560	\$21,180
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	36	\$1,996	\$4,242
	080 MINOR VASCULAR REPAIR AND FISTULA CONSTRUCTION	13	\$5,756	\$4,911
	081 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	5	\$4,478	\$5,273
	082 VASCULAR LIGATION	10	\$7,533	\$6,284
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	172	\$2,624	\$3,660
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	33	\$5,721	\$4,713
	097 TRANSFUSION	139	\$1,889	\$2,312
06	DIGESTIVE SYSTEM	2,715	\$3,102	\$2,170
	111 ALIMENTARY TESTS AND SIMPLE TUBE PLACEMENT	3	\$3,507	\$1,014
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	10	\$900	\$1,114
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	8	\$713	\$1,226
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	583	\$1,624	\$1,249

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
PROCEDURE APG CATEGORY, PROCEDURE APG, SINGLE APG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

142 Ogden Regional Medical Center

procedure APG category				
Procedure APG		TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
116	THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	56	\$2,446	\$1,798
117	LOWER GASTROINTESTINAL ENDOSCOPY	1,351	\$1,525	\$1,114
118	ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	7	\$3,047	\$3,753
119	HERNIA AND HYDROCELE PROCEDURES	173	\$5,255	\$3,546
120	COMPLEX ANAL AND RECTAL PROCEDURES	31	\$4,169	\$2,846
121	SIMPLE ANAL AND RECTAL PROCEDURES	18	\$2,646	\$2,218
122	MISCELLANEOUS ABDOMINAL PROCEDURES	7	\$2,767	\$3,109
123	COMPLEX LAPAROSCOPIC PROCEDURES	467	\$8,815	\$6,362
124	SIMPLE LAPAROSCOPIC PROCEDURES	1	\$10,234	\$7,898
07	URINARY SYSTEM	112	\$6,652	\$4,480
131	RENAL EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	32	\$10,041	\$7,487
133	URINARY CATHETERIZATION AND DILATATION	16	\$5,513	\$3,647
134	COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	25	\$7,106	\$4,624
135	MODERATE CYSTOURETHROSCOPY	28	\$4,246	\$3,484
136	SIMPLE CYSTOURETHROSCOPY	8	\$3,728	\$2,335
137	COMPLEX URETHRAL PROCEDURES	2	\$3,110	\$4,861
138	SIMPLE URETHRAL PROCEDURES	1	\$2,968	\$1,539
08	MALE GENITAL SYSTEM	28	\$4,150	\$3,045
151	TESTICULAR AND EPIDIDYMAL PROCEDURES	9	\$4,345	\$2,546
152	INSERTION OF PENILE PROSTHESIS	1	\$21,453	\$19,133
153	COMPLEX PENILE PROCEDURES	1	\$8,002	\$3,147
154	SIMPLE PENILE PROCEDURES	7	\$3,444	\$1,914
155	PROSTATE NEEDLE AND PUNCH BIOPSY	10	\$2,353	\$3,924
09	FEMALE GENITAL SYSTEM	277	\$5,664	\$4,082
176	COMPLEX FEMALE REPRODUCTIVE PROCEDURES	41	\$7,195	\$5,061
177	SIMPLE FEMALE REPRODUCTIVE PROCEDURES	57	\$3,538	\$3,135
178	DILATION AND CURETTAGE	6	\$3,326	\$2,371
179	HYSTEROSCOPY	167	\$6,128	\$4,610
180	COLPOSCOPY	6	\$4,818	\$3,422
10	NERVOUS SYSTEM	954	\$1,177	\$1,813
195	NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	809	\$778	\$1,068
197	NEUROSTIMULATOR AND VENTRICULAR SHUNT IMPLANTATION	1	\$45,231	\$22,134
198	NERVE REPAIR AND DESTRUCTION	81	\$3,330	\$2,441
199	SPINAL TAP	63	\$2,835	\$1,908
11	EYE AND OCULAR ADNEXA	444	\$4,439	\$3,062
211	MINOR OPHTHALMOLOGICAL TESTS AND PROCEDURES	1	\$1,853	\$2,500
213	LASER EYE PROCEDURES	43	\$696	\$782
214	CATARACT PROCEDURES	322	\$4,831	\$3,046
215	COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	4	\$1,919	\$3,268
216	MODERATE ANTERIOR SEGMENT EYE PROCEDURES	9	\$3,545	\$2,237
217	SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	3	\$6,251	\$3,225
218	COMPLEX POSTERIOR SEGMENT EYE PROCEDURES	10	\$7,171	\$5,400
220	STRABISMUS AND MUSCLE EYE PROCEDURES	9	\$4,195	\$3,156
221	COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	35	\$5,577	\$3,876
222	SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	8	\$2,559	\$2,152

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
PROCEDURE APG CATEGORY, PROCEDURE APG, SINGLE APG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

142 Ogden Regional Medical Center

procedure APG category Procedure APG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
12 FACIAL, EAR, NOSE, MOUTH AND THROAT	622	\$3,404	\$2,535
233 NASAL CAUTERIZATION AND PACKING	7	\$4,584	\$3,183
234 COMPLEX FACIAL AND ENT PROCEDURES	44	\$6,452	\$4,888
235 SIMPLE FACIAL AND ENT PROCEDURES	262	\$2,669	\$1,798
236 TONSIL AND ADENOID PROCEDURES	309	\$3,566	\$2,184
13 THERAPEUTIC AND OTHER RADIOLOGICAL PROCEDURES	205	\$5,059	\$3,015
253 VASCULAR RADIOLOGY EXCEPT FOR VENOGRAPHY OF EXTREMITY	9	\$6,228	\$11,306
254 MYELOGRAPHY	17	\$1,871	\$3,100
255 MISCELLANEOUS RADIOLOGICAL PROCEDURES WITH CONTRAST	179	\$5,303	\$2,175

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

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

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

142 Ogden Regional Medical Center

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
GENDER				
Female	5,541	57.7	122,108	54.4
Male	4,060	42.3	102,236	45.6
Unknown	0	0.0	4	0.0
Not Reported	0	0.0	4	0.0
AGE				
1-28 days	1	0.0	704	0.3
29-365 days	152	1.6	2,863	1.3
1-4 years	359	3.7	11,046	4.9
5-9	183	1.9	6,088	2.7
10-14	153	1.6	4,673	2.1
15-17	212	2.2	5,017	2.2
18-19	159	1.7	3,697	1.6
20-24	426	4.4	10,637	4.7
25-29	629	6.6	12,527	5.6
30-34	582	6.1	12,120	5.4
35-39	593	6.2	12,327	5.5
40-44	664	6.9	14,081	6.3
45-49	920	9.6	17,506	7.8
50-54	1,206	12.6	25,054	11.2
55-59	922	9.6	20,980	9.4
60-64	712	7.4	16,994	7.6
65-69	500	5.2	14,770	6.6
70-74	405	4.2	12,538	5.6
75-79	348	3.6	10,175	4.5
80-84	304	3.2	6,704	3.0
85-89	135	1.4	2,983	1.3
90 +	36	0.4	865	0.4
Not Reported	1	0.0	707	0.3
SOURCE OF ADMISSION				
Physician Referral	9,264	96.5	202,212	90.1
Clinic Referral	45	0.5	553	0.2
HMO Referral	0	0.0	3,605	1.6
Other Hospital	1	0.0	90	0.0
Skilled Nursing Facility	0	0.0	22	0.0
Other Health Care Facility	0	0.0	25	0.0
Emergency Room	291	3.0	4,679	2.1
Court/Law Enforcement	0	0.0	0	0.0
Unknown	0	0.0	11	0.0
Not Reported	0	0.0	13,155	5.9

(Continued)

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

142 Ogden Regional Medical Center

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	9,587	99.9	223,834	99.8
Another Hospital	1	0.0	103	0.0
Skilled Nursing Facility	4	0.0	111	0.0
Intermediate Care Facility	1	0.0	11	0.0
Another Type of Institution	2	0.0	46	0.0
Under Care of Home Service	6	0.1	169	0.1
Left Against Medical Advice	0	0.0	16	0.0
Under Care of Home IV Provider	0	0.0	1	0.0
Expired	0	0.0	5	0.0
Unknown	0	0.0	56	0.0
Not Reported	0	0.0	0	0.0
PRIMARY PAYER				
Medicare	1,532	16.0	45,634	20.3
Medicaid	461	4.8	14,157	6.3
Other government	137	1.4	3,504	1.6
Blue Cross/Blue Shield	1,892	19.7	30,700	13.7
Other Commercial	512	5.3	15,100	6.7
Managed Care(HMO, PPO)	4,854	50.6	105,175	46.9
Self Pay	41	0.4	2,539	1.1
Industrial & Worker Comp	121	1.3	3,834	1.7
Charity and Unclassified	17	0.2	2,186	1.0
Childrens Health Insurance	0	0.0	177	0.1
Unknown	34	0.4	1,256	0.6
Not Reported	0	0.0	90	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	609	6.3	15,979	7.1
Central Utah	4	0.0	8,148	3.6
Davis County	1,928	20.1	23,241	10.4
Salt Lake County	54	0.6	76,236	34.0
Southeastern Utah	4	0.0	5,436	2.4
Southwest Utah	6	0.1	13,567	6.0
Summit County	34	0.4	3,096	1.4
Tooele County	4	0.0	4,599	2.0
Tri-County	9	0.1	5,798	2.6
Utah County	9	0.1	35,900	16.0
Wasatch County	2	0.0	1,771	0.8
Weber County	6,772	70.5	21,412	9.5
Unknown Utah	2	0.0	49	0.0
Outside Utah	162	1.7	8,923	4.0
Unknown, Not Reported	2	0.0	197	0.1

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

AMB ST 1-1
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

135 Orem Community Hospital

	Procedures Performed		Procedures Performed-All Hospitals	
	(#)	(%)	(#)	(%)
Reporting Category(ICD-9-CM CODES)	5,581	100.0	321,711	100.0
Mastectomy (85.0-85.99)	71	1.3	7,021	2.2
Musculoskeletal (76.0-84.99)	1,702	30.5	65,753	20.4
Respiratory (30.0-34.99)	0	0.0	3,438	1.1
Cardiovascular (35.0-39.99)	4	0.1	15,180	4.7
Lymphatic/Hemetic (40.0-41.99)	5	0.1	3,088	1.0
Digestive System (42.0-54.99)	77	1.4	107,581	33.4
Urinary (55.0-59.99)	10	0.2	8,752	2.7
Male Genital (60.0-64.99)	2	0.0	3,460	1.1
Female Genital (65.0-71.99)	301	5.4	15,319	4.8
Endocrine/Nervous (01.0-07.99)	1,938	34.7	28,111	8.7
Eye (08.0-16.99)	242	4.3	19,328	6.0
Ear (18.0-20.99)	96	1.7	14,440	4.5
Nose, Mouth, Pharynx (21.0-29.99)	1,133	20.3	30,240	9.4
Reporting Category(CPT-4 CODES)	5,256	100.0	304,292	100.0
Mastectomy (19120-19220)	8	0.2	3,001	1.0
Musculoskeletal (20000-29909)	1,709	32.5	65,018	21.4
Respiratory (30000-32999 & 39501-39599)	22	0.4	13,975	4.6
Cardiovascular (33010-37799 & 93501-93660)	7	0.1	31,569	10.4
Lymphatic/Hemetic (38100-38999)	5	0.1	2,606	0.9
Digestive (40490-49999)	606	11.5	115,754	38.0
Urinary (50010-53899)	8	0.2	8,580	2.8
Male Genital (54000-55899)	1	0.0	3,059	1.0
Female Genital (56405-58999)	167	3.2	11,517	3.8
Endocrine/Nervous (60000-64999)	2,556	48.6	29,931	9.8
Eye (65091-68899)	121	2.3	11,422	3.8
Ear (69000-69979)	46	0.9	7,860	2.6

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics.

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

AMB ST 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES

135 Orem Community Hospital

ICD-9 CODE	ICD-9 DESCRIPTION	#	%	% ALL Hospitals
All ICD-9 Procedures		5,581	100.0	100.0
0481	INJECTION ANESIN PERIPH NERVE ANALG	751	13.5	0.34
0489	INJECTION OTH AGT EXCEPT NEUROLYTIC	623	11.2	0.24
232	RESTORATION OF TOOTH BY FILLING	361	6.5	0.68
2341	APPLICATION OF CROWN	256	4.6	0.49
0443	RELEASE OF CARPAL TUNNEL	187	3.4	1.12
2370	ROOT CANAL NOT OTHERWISE SPECIFIED	165	3.0	0.36
806	EXCISION SEMILUNAR CARTILAGE KNEE	153	2.7	1.86
2349	OTHER DENTAL RESTORATION	123	2.2	0.30
1371	INSRT IOL-CATARACT EXTRACT-1 STAGE	109	2.0	1.37
1341	PHACOEMULSIFICATION&ASPIR CATARACT	108	1.9	1.38
8192	INJ THERAPEUTIC SBSTNC IN JNT/LIG	98	1.8	0.50
8086	OTH LOCAL EXC/DESTRUC LES KNEE JNT	95	1.7	0.85
0392	INJECTION OTH AGT INTO SPINAL CANAL	93	1.7	2.68
0391	INJECTION ANES-SPINAL CANAL ANALG	85	1.5	2.05
2001	MYRINGOTOMY WITH INSERTION OF TUBE	85	1.5	3.56
042	DESTRUC CRANIAL&PERIPHERAL NERVES	79	1.4	0.30
2309	EXTRACTION OF OTHER TOOTH	70	1.3	0.18
6952	ASPIRATION CURET FOLLOWING DELIV/AB	67	1.2	0.47
8183	OTHER REPAIR OF SHOULDER	63	1.1	0.76
8201	EXPLORATION TENDON SHEATH HAND	59	1.1	0.38

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		5,256	100.0	100.0
64484	INJ ANES EPIDURL; LUMB/SAC-EA AD	647	12.3	0.57
64483	INJ ANES EPIDURL; LUMB/SAC 1 LEV	508	9.7	0.98
41899	UNLIST PROC DENTOALVEOL STRUCTUR	499	9.5	0.98
64476	INJ ANES FACET JT; LUMB/SAC-EA A	310	5.9	0.60
64475	INJ ANES FACET JT; LUMB/SAC-1LEV	169	3.2	0.52
64472	INJ ANES FACET JT; CERV/THOR-EA	151	2.9	0.28
64623	DESTRUC FACET JT NRV; L/S-EA AD	145	2.8	0.61
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	126	2.4	0.74
29881	SCOPE KNEE SURG;W/MENISCECT MED/	107	2.0	1.59
66984	EXTRACAPSULAR CATARACT REMV IOL	101	1.9	1.42
28285	CORRECTION HAMMERTOE	91	1.7	0.51
20610	ARTHROCENTESIS ASPIR&/INJ; MAJ J	89	1.7	0.42
20680	REMOVAL OF IMPLANT; DEEP	75	1.4	0.87
29826	SCOPE SHOULDER; DECOMP SUBACROM	63	1.2	1.09
29877	SCOPE KNEE SURG; DEBRID/SHAVE CA	61	1.2	1.01
64470	INJ ANES FACET JT; CERV/THOR-1LE	61	1.2	0.14
64627	DESTRUC FACET NRV; CRV/THOR-EA A	60	1.1	0.18
26055	TENDON SHEATH INCISION	59	1.1	0.42
64622	DESTRUC FACET JT NRV; L/S-1 LEVE	59	1.1	0.25
62310	INJ 1 NOT NEUROLYTIC-EPID;CERV/T	54	1.0	0.35

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

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

AMB ST 1-3

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

135 Orem Community Hospital

ICD-9 CODE	ICD-9 DESCRIPTION	#	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
ICD-9 Procedures		1,425	\$3,077	\$3,166
0481	INJECTION ANESIN PERIPH NERVE ANALG	125	\$1,445	\$1,060
0443	RELEASE OF CARPAL TUNNEL	81	\$1,938	\$2,124
042	DESTRUC CRANIAL&PERIPHERAL NERVES	77	\$1,992	\$3,615
6952	ASPIRATION CURET FOLLOWING DELIV/AB	67	\$2,099	\$2,456
232	RESTORATION OF TOOTH BY FILLING	64	\$1,597	\$2,000
2349	OTHER DENTAL RESTORATION	60	\$1,661	\$2,562
8192	INJ THERAPEUTIC SBSTNC IN JNT/LIG	40	\$1,521	\$964
8221	EXCISION LESION TENDON SHEATH HAND	39	\$1,840	\$2,205
806	EXCISION SEMILUNAR CARTILAGE KNEE	36	\$3,555	\$4,034
6902	DILATION&CURET FOLLOWING DELIV/AB	32	\$2,304	\$2,491
8201	EXPLORATION TENDON SHEATH HAND	31	\$1,643	\$1,942
8183	OTHER REPAIR OF SHOULDER	29	\$5,562	\$6,622
7933	OP REDUC W/INT FIX-CARP-METACARP	23	\$3,166	\$4,290
0393	IMPL/REPL SPINAL NEUROSTIM LEAD(S)	22	\$33,600	\$35,325
8086	OTH LOCAL EXC/DESTRUC LES KNEE JNT	20	\$3,416	\$3,477
7751	BUNIONEC SOFT-OSTEOT 1ST METATARS	19	\$3,268	\$3,715
7913	CLO REDUC-/INT FIX-CARP-METACARP	19	\$2,001	\$2,652
8532	BILATERAL REDUCTION MAMMOPLASTY	18	\$6,730	\$7,330
7932	OPEN RDUC FX RADUS&ULNA W/INTRL FIX	17	\$6,305	\$7,111
283	TONSILLECTOMY WITH ADENOIDECTOMY	16	\$1,653	\$2,169

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
CPT-4 Procedures		1,758	\$2,400	\$2,895
41899	UNLIST PROC DENTOALVEOL STRUCTUR	484	\$1,754	\$2,456
66984	EXTRACAPSULAR CATARACT REMV IOL	101	\$2,417	\$3,042
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	85	\$1,879	\$2,178
64483	INJ ANES EPIDURL; LUMB/SAC 1 LEV	64	\$1,432	\$1,198
29881	SCOPE KNEE SURG;W/MENISCECT MED/	55	\$3,496	\$3,914
62310	INJ 1 NOT NEUROLYTIC-EPID;CERV/T	50	\$1,479	\$1,147
20680	REMOVAL OF IMPLANT; DEEP	45	\$2,482	\$2,816
20610	ARTHROCENTESIS ASPIR&/INJ; MAJ J	35	\$1,516	\$930
69436	TYMPANOSTOMY GENERAL ANESTHESIA	34	\$768	\$1,166
29877	SCOPE KNEE SURG; DEBRID/SHAVE CA	30	\$3,492	\$3,536
29880	SCOPE KNEE SURG;W/MENISCECT MED&	29	\$3,690	\$4,214
29848	ENDO WRST SURG REL TRNS CARP LIG	26	\$2,316	\$2,360
25111	EXCISION OF GANGLION WRIST; PRIM	24	\$1,746	\$2,291
26055	TENDON SHEATH INCISION	23	\$1,596	\$1,892
28296	HALLUX VALGUS; W/METATARSAL OSTE	22	\$3,238	\$3,979
26615	OPEN TX MC FX 1 W/WO INTRL/EXT F	18	\$3,035	\$3,983
26160	EXC LES TEND SHETH/JNT CAP HND/F	16	\$1,999	\$2,023
29826	SCOPE SHOULDER; DECOMP SUBACROM	16	\$4,541	\$5,503
26608	PERCUT SKEL FIX MC FRACTURE EA B	14	\$2,070	\$2,563
42820	T&A; UNDER AGE 12	14	\$1,641	\$2,072

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

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

135 Orem Community Hospital

Procedure APG category		TOTAL #	TOTAL # (ALL Hospitals)
Procedure APG			
01	INTEGUMENTARY SYSTEM	52	8,878
	003 COMPLEX INCISION AND DRAINAGE	3	76
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	26	1,202
	008 SIMPLE EXCISION AND BIOPSY	11	1,012
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRANGE	4	1,367
	011 SIMPLE INCISION AND EXCISION OF BREAST	7	2,366
	012 BREAST RECONSTRUCTION AND MASTECTOMY	1	635
02	MUSCULOSKELETAL SYSTEM	1,643	58,082
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	81	6,410
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	46	2,231
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	80	2,131
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	481	11,532
	025 ARTHROSCOPY	563	25,432
	028 CLOSED TREATMENT FX & DISLOCATION OF FINGER, TOE & TRUNK	2	54
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	21	656
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	153	4,342
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	8	470
	032 BUNION PROCEDURES	70	1,569
	033 ARTHROPLASTY	11	512
	034 HAND AND FOOT TENOTOMY	3	279
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	124	2,033
03	RESPIRATORY SYSTEM	2	7,958
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	1	5,137
	054 SIMPLE ENDOSCOPY OF THE UPPER AIRWAY	1	300
04	CARDIOVASCULAR SYSTEM	4	25,823
	081 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	2	181
	082 VASCULAR LIGATION	2	403
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	5	3,114
	094 BLOOD AND BLOOD PRODUCT EXCHANGE	1	131
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	4	1,943
06	DIGESTIVE SYSTEM	125	105,000
	119 HERNIA AND HYDROCELE PROCEDURES	12	6,882
	121 SIMPLE ANAL AND RECTAL PROCEDURES	1	497
	123 COMPLEX LAPAROSCOPIC PROCEDURES	112	15,680
07	URINARY SYSTEM	8	7,472
	133 URINARY CATHETERIZATION AND DILATATION	2	380
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	1	3,513
	136 SIMPLE CYSTOURETHROSCOPY	5	606
08	MALE GENITAL SYSTEM	1	2,684
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	1	1,397
09	FEMALE GENITAL SYSTEM	81	6,830
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	7	1,642
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	25	1,421
	178 DILATION AND CURETTAGE	17	709
	179 HYSTEROSCOPY	30	2,718
	180 COLPOSCOPY	2	339

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

135 Orem Community Hospital

procedure APG category		TOTAL #	TOTAL # (ALL Hospitals)
procedure APG			
10	NERVOUS SYSTEM	2,536	26,119
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	2,230	19,763
	196 REVISION AND REMOVAL OF NEUROLOGICAL DEVICE	5	212
	197 NEUROSTIMULATOR AND VENTRICULAR SHUNT IMPLANTATION	33	828
	198 NERVE REPAIR AND DESTRUCTION	268	4,690
11	EYE AND OCULAR ADNEXA	119	11,129
	213 LASER EYE PROCEDURES	4	710
	214 CATARACT PROCEDURES	109	4,618
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	1	469
	216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	1	294
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	2	881
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	1	556
	223 VITRECTOMY	1	1,687
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	620	27,995
	233 NASAL CAUTERIZATION AND PACKING	1	323
	234 COMPLEX FACIAL AND ENT PROCEDURES	16	5,543
	235 SIMPLE FACIAL AND ENT PROCEDURES	565	13,699
	236 TONSIL AND ADENOID PROCEDURES	38	8,352
13	THERAPEUTIC AND OTHER RADIOLOGICAL PROCEDURES	7	3,177
	254 MYELOGRAPHY	7	297

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

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

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
PROCEDURE APG CATEGORY, PROCEDURE APG, SINGLE APG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

135 Orem Community Hospital

Procedure APG category	Procedure APG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
01	INTEGUMENTARY SYSTEM	31	\$2,292	\$3,077
	003 COMPLEX INCISION AND DRAINAGE	1	\$1,883	\$3,204
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	12	\$2,024	\$2,981
	008 SIMPLE EXCISION AND BIOPSY	7	\$1,701	\$2,545
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRAN	3	\$2,711	\$4,359
	011 SIMPLE INCISION AND EXCISION OF BREAST	7	\$2,196	\$2,861
	012 BREAST RECONSTRUCTION AND MASTECTOMY	1	\$9,459	\$5,243
02	MUSCULOSKELETAL SYSTEM	699	\$3,103	\$4,100
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	31	\$3,788	\$6,150
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	19	\$2,256	\$3,787
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	29	\$2,975	\$4,488
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	197	\$2,305	\$2,717
	025 ARTHROSCOPY	232	\$3,941	\$4,558
	028 CLOSED TREATMENT FX & DISLOCATION OF FINGER, TOE & TRUNK	2	\$1,958	\$2,232
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	14	\$1,603	\$3,140
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	108	\$3,415	\$5,140
	032 BUNION PROCEDURES	29	\$3,263	\$3,916
	033 ARTHROPLASTY	3	\$3,841	\$6,241
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	35	\$1,516	\$909
03	RESPIRATORY SYSTEM	1	\$2,210	\$2,071
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	1	\$2,210	\$3,201
04	CARDIOVASCULAR SYSTEM	1	\$1,581	\$10,821
	081 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	1	\$1,581	\$5,273
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	2	\$2,362	\$3,660
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	2	\$2,362	\$4,713
06	DIGESTIVE SYSTEM	42	\$4,541	\$2,170
	119 HERNIA AND HYDROCELE PROCEDURES	8	\$3,089	\$3,546
	121 SIMPLE ANAL AND RECTAL PROCEDURES	1	\$3,759	\$2,218
	123 COMPLEX LAPAROSCOPIC PROCEDURES	33	\$4,917	\$6,362
09	FEMALE GENITAL SYSTEM	33	\$2,601	\$4,082
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	4	\$2,387	\$5,061
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	5	\$1,785	\$3,135
	178 DILATION AND CURETTAGE	14	\$2,139	\$2,371
	179 HYSTEROSCOPY	10	\$3,743	\$4,610
10	NERVOUS SYSTEM	262	\$1,654	\$1,813
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	160	\$1,430	\$1,068
	196 REVISION AND REMOVAL OF NEUROLOGICAL DEVICE	1	\$5,150	\$7,292
	198 NERVE REPAIR AND DESTRUCTION	101	\$1,975	\$2,441
11	EYE AND OCULAR ADNEXA	115	\$2,325	\$3,062
	213 LASER EYE PROCEDURES	4	\$482	\$782
	214 CATARACT PROCEDURES	108	\$2,415	\$3,046
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	2	\$1,820	\$3,876
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	1	\$962	\$2,152
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	559	\$1,695	\$2,535
	234 COMPLEX FACIAL AND ENT PROCEDURES	7	\$2,296	\$4,888

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
PROCEDURE APG CATEGORY, PROCEDURE APG, SINGLE APG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

135 Orem Community Hospital

procedure APG category Procedure APG	TOTAL #	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
235 SIMPLE FACIAL AND ENT PROCEDURES	523	\$1,688	\$1,798
236 TONSIL AND ADENOID PROCEDURES	29	\$1,678	\$2,184

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

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

135 Orem Community Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
GENDER				
Female	1,826	56.0	122,108	54.4
Male	1,433	44.0	102,236	45.6
Unknown	0	0.0	4	0.0
Not Reported	0	0.0	4	0.0
AGE				
1-28 days	0	0.0	704	0.3
29-365 days	10	0.3	2,863	1.3
1-4 years	347	10.6	11,046	4.9
5-9	124	3.8	6,088	2.7
10-14	74	2.3	4,673	2.1
15-17	96	2.9	5,017	2.2
18-19	76	2.3	3,697	1.6
20-24	225	6.9	10,637	4.7
25-29	251	7.7	12,527	5.6
30-34	214	6.6	12,120	5.4
35-39	208	6.4	12,327	5.5
40-44	239	7.3	14,081	6.3
45-49	228	7.0	17,506	7.8
50-54	308	9.5	25,054	11.2
55-59	235	7.2	20,980	9.4
60-64	227	7.0	16,994	7.6
65-69	133	4.1	14,770	6.6
70-74	113	3.5	12,538	5.6
75-79	77	2.4	10,175	4.5
80-84	43	1.3	6,704	3.0
85-89	27	0.8	2,983	1.3
90 +	4	0.1	865	0.4
Not Reported	0	0.0	707	0.3
SOURCE OF ADMISSION				
Physician Referral	3,222	98.9	202,212	90.1
Clinic Referral	0	0.0	553	0.2
HMO Referral	1	0.0	3,605	1.6
Other Hospital	0	0.0	90	0.0
Skilled Nursing Facility	0	0.0	22	0.0
Other Health Care Facility	0	0.0	25	0.0
Emergency Room	36	1.1	4,679	2.1
Court/Law Enforcement	0	0.0	0	0.0
Unknown	0	0.0	11	0.0
Not Reported	0	0.0	13,155	5.9

(Continued)

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

135 Orem Community Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	3,253	99.8	223,834	99.8
Another Hospital	5	0.2	103	0.0
Skilled Nursing Facility	1	0.0	111	0.0
Intermediate Care Facility	0	0.0	11	0.0
Another Type of Institution	0	0.0	46	0.0
Under Care of Home Service	0	0.0	169	0.1
Left Against Medical Advice	0	0.0	16	0.0
Under Care of Home IV Provider	0	0.0	1	0.0
Expired	0	0.0	5	0.0
Unknown	0	0.0	56	0.0
Not Reported	0	0.0	0	0.0
PRIMARY PAYER				
Medicare	428	13.1	45,634	20.3
Medicaid	374	11.5	14,157	6.3
Other government	36	1.1	3,504	1.6
Blue Cross/Blue Shield	46	1.4	30,700	13.7
Other Commercial	134	4.1	15,100	6.7
Managed Care(HMO, PPO)	1,967	60.4	105,175	46.9
Self Pay	15	0.5	2,539	1.1
Industrial & Worker Comp	118	3.6	3,834	1.7
Charity and Unclassified	46	1.4	2,186	1.0
Childrens Health Insurance	3	0.1	177	0.1
Unknown	92	2.8	1,256	0.6
Not Reported	0	0.0	90	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	1	0.0	15,979	7.1
Central Utah	307	9.4	8,148	3.6
Davis County	8	0.2	23,241	10.4
Salt Lake County	70	2.1	76,236	34.0
Southeastern Utah	52	1.6	5,436	2.4
Southwest Utah	14	0.4	13,567	6.0
Summit County	10	0.3	3,096	1.4
Tooele County	8	0.2	4,599	2.0
Tri-County	29	0.9	5,798	2.6
Utah County	2,702	82.9	35,900	16.0
Wasatch County	28	0.9	1,771	0.8
Weber County	6	0.2	21,412	9.5
Unknown Utah	0	0.0	49	0.0
Outside Utah	23	0.7	8,923	4.0
Unknown, Not Reported	1	0.0	197	0.1

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

AMB ST 1-1
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

126 Pioneer Valley Hospital

	Procedures Performed		Procedures Performed-All Hospitals	
	(#)	(%)	(#)	(%)
Reporting Category(ICD-9-CM CODES)	4,091	100.0	321,711	100.0
Mastectomy (85.0-85.99)	117	2.9	7,021	2.2
Musculoskeletal (76.0-84.99)	851	20.8	65,753	20.4
Respiratory (30.0-34.99)	30	0.7	3,438	1.1
Cardiovascular (35.0-39.99)	196	4.8	15,180	4.7
Lymphatic/Hemetic (40.0-41.99)	26	0.6	3,088	1.0
Digestive System (42.0-54.99)	2,011	49.2	107,581	33.4
Urinary (55.0-59.99)	35	0.9	8,752	2.7
Male Genital (60.0-64.99)	15	0.4	3,460	1.1
Female Genital (65.0-71.99)	202	4.9	15,319	4.8
Endocrine/Nervous (01.0-07.99)	367	9.0	28,111	8.7
Eye (08.0-16.99)	18	0.4	19,328	6.0
Ear (18.0-20.99)	67	1.6	14,440	4.5
Nose, Mouth, Pharynx (21.0-29.99)	156	3.8	30,240	9.4
Reporting Category(CPT-4 CODES)	4,376	100.0	304,292	100.0
Mastectomy (19120-19220)	66	1.5	3,001	1.0
Musculoskeletal (20000-29909)	965	22.1	65,018	21.4
Respiratory (30000-32999 & 39501-39599)	116	2.7	13,975	4.6
Cardiovascular (33010-37799 & 93501-93660)	641	14.6	31,569	10.4
Lymphatic/Hemetic (38100-38999)	26	0.6	2,606	0.9
Digestive (40490-49999)	2,059	47.1	115,754	38.0
Urinary (50010-53899)	39	0.9	8,580	2.8
Male Genital (54000-55899)	11	0.3	3,059	1.0
Female Genital (56405-58999)	124	2.8	11,517	3.8
Endocrine/Nervous (60000-64999)	282	6.4	29,931	9.8
Eye (65091-68899)	9	0.2	11,422	3.8
Ear (69000-69979)	38	0.9	7,860	2.6

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

AMB ST 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES

126 Pioneer Valley Hospital

ICD-9 CODE	ICD-9 DESCRIPTION	#	%	% ALL Hospitals
All ICD-9 Procedures		4,091	100.0	100.0
4523	COLONOSCOPY	574	14.0	7.45
4516	EGD W/CLOS BX	526	12.9	5.75
4525	CLOS [ENDO] BX LARGE INTESTINE	261	6.4	2.61
4542	ENDO POLYPECTOMY LARGE INTESTINE	123	3.0	3.92
0392	INJECTION OTH AGT INTO SPINAL CANAL	114	2.8	2.68
0391	INJECTION ANES-SPINAL CANAL ANALG	112	2.7	2.05
806	EXCISION SEMILUNAR CARTILAGE KNEE	93	2.3	1.86
5123	LAPAROSCOPIC CHOLECYSTECTOMY	91	2.2	2.01
3950	ANGPLSTY/ATHERECT OTH NON-COR VES	76	1.9	0.27
8521	LOCAL EXCISION OF LESION OF BREAST	68	1.7	0.85
4513	OTHER ENDOSCOPY OF SMALL INTESTINE	64	1.6	1.88
0443	RELEASE OF CARPAL TUNNEL	45	1.1	1.12
4292	DILATION OF ESOPHAGUS	42	1.0	1.54
6952	ASPIRATION CURET FOLLOWING DELIV/AB	41	1.0	0.47
8363	ROTATOR CUFF REPAIR	38	0.9	0.74
3722	LEFT HEART CARDIAC CATHETERIZATION	35	0.9	1.06
2001	MYRINGOTOMY WITH INSERTION OF TUBE	34	0.8	3.56
283	TONSILLECTOMY WITH ADENOIDECTOMY	32	0.8	1.68
3990	INSRT NON-RX-ELUT PERIPH VES STENTS	30	0.7	0.09
6629	OTH BIL ENDO DESTRUC FALLOP TUBES	29	0.7	0.32

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		4,376	100.0	100.0
45378	COLONOSCOPY FLEX; DX-SEP PROC	576	13.2	7.39
43239	UGI ENDO; W/BX 1/MX	525	12.0	5.96
45380	COLONOSCOPY FLEX; W/BX 1/MX	273	6.2	5.63
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	121	2.8	1.81
47562	LAPAROSCOPY SURGICAL; CHOLECT	86	2.0	0.77
23350	INJ SHLDR ARTHROGRPH/ENHNCD CT/M	78	1.8	0.18
29881	SCOPE KNEE SURG;W/MENISCECT MED/	75	1.7	1.59
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	66	1.5	1.51
36247	SEL CATH PLCMT ART; INIT 3RD ABD	62	1.4	0.07
20680	REMOVAL OF IMPLANT; DEEP	54	1.2	0.87
28285	CORRECTION HAMMERTOE	47	1.1	0.51
93545	INJ PROC-CATH; SELECT CORONRY AN	43	1.0	1.15
49505	REPR INIT ING HERNIA 5YR/MORE; R	38	0.9	0.95
43235	UGI ENDO; DX W/VO CLCT SPECMN-SP	37	0.8	1.32
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	37	0.8	1.05
35495	TRNSLUM PERIPH ATHEREC PERQ; TIB	35	0.8	0.01
93510	LT HRT CATH RETRO-BRACH/FEM; PER	35	0.8	0.93
93543	INJ PROC-CATH; LT VENT/ATRIAL AN	35	0.8	1.08
93556	IMAG SUPERVS I&R-CATH; PULM ANGI	35	0.8	0.98
19120	EXC BRST CYST TUMR/LES OPN M/F 1	34	0.8	0.50

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

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

AMB ST 1-3

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

126 Pioneer Valley Hospital

ICD-9 CODE	ICD-9 DESCRIPTION	#	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
ICD-9 Procedures		2,310	\$5,134	\$3,166
4523	COLONOSCOPY	467	\$1,658	\$947
4516	EGD W/CLOS BX	330	\$2,263	\$1,301
4525	CLOS [ENDO] BX LARGE INTESTINE	186	\$2,261	\$1,356
4542	ENDO POLYPECTOMY LARGE INTESTINE	98	\$2,557	\$1,297
5123	LAPAROSCOPIC CHOLECYSTECTOMY	79	\$9,187	\$6,118
806	EXCISION SEMILUNAR CARTILAGE KNEE	54	\$6,023	\$4,034
3950	ANGLPLSTY/ATHERECT OTH NON-COR VES	46	\$36,110	\$12,499
6952	ASPIRATION CURET FOLLOWING DELIV/AB	39	\$3,595	\$2,456
4513	OTHER ENDOSCOPY OF SMALL INTESTINE	36	\$2,080	\$1,089
8521	LOCAL EXCISION OF LESION OF BREAST	31	\$5,352	\$2,630
3722	LEFT HEART CARDIAC CATHETERIZATION	29	\$12,778	\$6,307
283	TONSILLECTOMY WITH ADENOIDECTOMY	27	\$4,315	\$2,169
6629	OTH BIL ENDO DESTRUC FALLOP TUBES	25	\$5,930	\$3,774
4311	PERCUTANEOUS GASTROSTOMY	24	\$1,892	\$2,578
5011	CLOSED BIOPSY OF LIVER	24	\$2,870	\$2,288
8363	ROTATOR CUFF REPAIR	24	\$11,384	\$8,430
6823	ENDOMETRIAL ABLATION	23	\$6,059	\$5,036
4514	CLOS [ENDO] BX SMALL INTESTINE	21	\$2,325	\$1,721
0443	RELEASE OF CARPAL TUNNEL	19	\$4,065	\$2,124
3893	VENOUS CATHETERIZATION NEC	16	\$4,615	\$3,189

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
CPT-4 Procedures		2,471	\$4,024	\$2,895
45378	COLONOSCOPY FLEX; DX-SEP PROC	468	\$1,659	\$949
43239	UGI ENDO; W/BX 1/MX	329	\$2,269	\$1,299
45380	COLONOSCOPY FLEX; W/BX 1/MX	201	\$2,286	\$1,278
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	106	\$2,653	\$1,431
23350	INJ SHLDR ARTHROGRPH/ENHNCD CT/M	78	\$3,570	\$2,649
47562	LAPAROSCOPY SURGICAL; CHOLECT	78	\$9,145	\$5,595
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	62	\$1,405	\$982
29881	SCOPE KNEE SURG;W/MENISCECT MED/	47	\$6,006	\$3,914
20680	REMOVAL OF IMPLANT; DEEP	41	\$5,147	\$2,816
19120	EXC BRST CYST TUMR/LES OPN M/F 1	30	\$5,324	\$2,583
19125	EXC BRST LES ID RAD MARKR OPN;1	28	\$6,973	\$3,410
43235	UGI ENDO; DX W/VO CLCT SPECMN-SP	28	\$2,178	\$1,036
49505	REPR INIT ING HERNIA 5YR/MORE; R	28	\$7,115	\$3,685
64483	INJ ANES EPIDURL; LUMB/SAC 1 LEV	28	\$1,554	\$1,198
43246	UGI ENDO; W/PLCMT GASTROSTOMY TU	25	\$1,902	\$2,067
58671	LAP SURG; W/OCLUS OVIDUCTS-DEVI	25	\$5,874	\$3,986
47000	BIOPSY LIVER NEEDLE; PERCUTANEOU	24	\$2,870	\$2,166
36430	TRANSFUSION BLOOD/BLOOD COMPONEN	23	\$2,739	\$2,312
44361	SM INTEST ENDO NOT ILEUM; W/BX 1	22	\$2,311	\$2,214
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	22	\$4,361	\$2,178

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

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

126 Pioneer Valley Hospital

Procedure APG category		TOTAL #	TOTAL # (ALL Hospitals)
Procedure APG			
01	INTEGUMENTARY SYSTEM	143	8,878
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	34	2,028
	003 COMPLEX INCISION AND DRAINAGE	1	76
	004 SIMPLE INCISION AND DRAINAGE	1	23
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	12	1,202
	008 SIMPLE EXCISION AND BIOPSY	8	1,012
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRANGE	21	1,367
	011 SIMPLE INCISION AND EXCISION OF BREAST	65	2,366
	012 BREAST RECONSTRUCTION AND MASTECTOMY	1	635
02	MUSCULOSKELETAL SYSTEM	805	58,082
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	104	6,410
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	35	2,231
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	28	2,131
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	213	11,532
	025 ARTHROSCOPY	245	25,432
	028 CLOSED TREATMENT FX & DISLOCATION OF FINGER, TOE & TRUNK	1	54
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	7	656
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	87	4,342
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	8	470
	032 BUNION PROCEDURES	40	1,569
	033 ARTHROPLASTY	12	512
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	25	2,033
03	RESPIRATORY SYSTEM	78	7,958
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	12	656
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	40	5,137
	055 ENDOSCOPY OF THE LOWER AIRWAY	26	1,865
04	CARDIOVASCULAR SYSTEM	375	25,823
	075 PLACEMENT OF TRANSVENOUS CATHETERS	1	48
	076 DIAGNOSTIC CARDIAC CATHETERIZATION	213	18,184
	077 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	136	1,922
	078 PACEMAKER INSERTION AND REPLACEMENT	5	488
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	8	746
	081 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	2	181
	082 VASCULAR LIGATION	10	403
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	51	3,114
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	23	1,943
	097 TRANSFUSION	28	1,021
06	DIGESTIVE SYSTEM	2,007	105,000
	111 ALIMENTARY TESTS AND SIMPLE TUBE PLACEMENT	1	113
	112 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	5	1,288
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	6	649
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	2	392
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	589	22,453
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	92	5,914
	117 LOWER GASTROINTESTINAL ENDOSCOPY	981	47,953
	118 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	21	1,561

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

126 Pioneer Valley Hospital

procedure APG category		TOTAL #	TOTAL # (ALL Hospitals)
procedure APG			
	119 HERNIA AND HYDROCELE PROCEDURES	102	6,882
	120 COMPLEX ANAL AND RECTAL PROCEDURES	6	1,098
	121 SIMPLE ANAL AND RECTAL PROCEDURES	2	497
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	5	506
	123 COMPLEX LAPAROSCOPIC PROCEDURES	191	15,680
	124 SIMPLE LAPAROSCOPIC PROCEDURES	4	170
07	URINARY SYSTEM	36	7,472
	131 RENAL EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	5	848
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	18	3,513
	135 MODERATE CYSTOURETHROSCOPY	9	1,846
	136 SIMPLE CYSTOURETHROSCOPY	3	606
	137 COMPLEX URETHRAL PROCEDURES	1	125
08	MALE GENITAL SYSTEM	9	2,684
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	8	1,397
	153 COMPLEX PENILE PROCEDURES	1	413
09	FEMALE GENITAL SYSTEM	64	6,830
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	5	1,642
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	13	1,421
	178 DILATION AND CURETTAGE	8	709
	179 HYSTEROSCOPY	38	2,718
10	NERVOUS SYSTEM	266	26,119
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	136	19,763
	196 REVISION AND REMOVAL OF NEUROLOGICAL DEVICE	12	212
	197 NEUROSTIMULATOR AND VENTRICULAR SHUNT IMPLANTATION	31	828
	198 NERVE REPAIR AND DESTRUCTION	78	4,690
	199 SPINAL TAP	9	626
11	EYE AND OCULAR ADNEXA	9	11,129
	214 CATARACT PROCEDURES	9	4,618
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	146	27,995
	233 NASAL CAUTERIZATION AND PACKING	1	323
	234 COMPLEX FACIAL AND ENT PROCEDURES	33	5,543
	235 SIMPLE FACIAL AND ENT PROCEDURES	66	13,699
	236 TONSIL AND ADENOID PROCEDURES	46	8,352
13	THERAPEUTIC AND OTHER RADIOLOGICAL PROCEDURES	305	3,177
	253 VASCULAR RADIOLOGY EXCEPT FOR VENOGRAPHY OF EXTREMITY	199	1,174
	254 MYELOGRAPHY	2	297
	255 MISCELLANEOUS RADIOLOGICAL PROCEDURES WITH CONTRAST	104	1,694

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

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

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
PROCEDURE APG CATEGORY, PROCEDURE APG, SINGLE APG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

126 Pioneer Valley Hospital

Procedure APG category	Procedure APG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
01	INTEGUMENTARY SYSTEM	128	\$5,081	\$3,077
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	31	\$2,608	\$2,351
	003 COMPLEX INCISION AND DRAINAGE	1	\$3,818	\$3,204
	004 SIMPLE INCISION AND DRAINAGE	1	\$5,426	\$2,900
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	10	\$6,840	\$2,981
	008 SIMPLE EXCISION AND BIOPSY	8	\$4,508	\$2,545
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRAN	18	\$4,963	\$4,359
	011 SIMPLE INCISION AND EXCISION OF BREAST	58	\$6,120	\$2,861
	012 BREAST RECONSTRUCTION AND MASTECTOMY	1	\$11,576	\$5,243
02	MUSCULOSKELETAL SYSTEM	367	\$7,230	\$4,100
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	44	\$9,731	\$6,150
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	9	\$5,402	\$3,787
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	8	\$10,129	\$4,488
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	77	\$5,618	\$2,717
	025 ARTHROSCOPY	125	\$6,963	\$4,558
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	5	\$4,164	\$3,140
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	62	\$9,114	\$5,140
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	8	\$3,143	\$2,526
	032 BUNION PROCEDURES	13	\$10,203	\$3,916
	033 ARTHROPLASTY	2	\$14,888	\$6,241
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	14	\$1,376	\$909
03	RESPIRATORY SYSTEM	32	\$1,670	\$2,071
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	12	\$1,202	\$1,191
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	1	\$5,135	\$3,201
	055 ENDOSCOPY OF THE LOWER AIRWAY	19	\$1,783	\$2,233
04	CARDIOVASCULAR SYSTEM	5	\$11,099	\$10,821
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	2	\$4,517	\$4,242
	082 VASCULAR LIGATION	3	\$15,486	\$6,284
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	36	\$5,286	\$3,660
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	13	\$9,790	\$4,713
	097 TRANSFUSION	23	\$2,739	\$2,312
06	DIGESTIVE SYSTEM	1,448	\$3,021	\$2,170
	111 ALIMENTARY TESTS AND SIMPLE TUBE PLACEMENT	1	\$646	\$1,014
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	5	\$3,468	\$1,114
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	2	\$2,661	\$1,226
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	383	\$2,265	\$1,249
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	59	\$2,438	\$1,798
	117 LOWER GASTROINTESTINAL ENDOSCOPY	779	\$1,962	\$1,114
	118 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	12	\$4,608	\$3,753
	119 HERNIA AND HYDROCELE PROCEDURES	51	\$6,943	\$3,546
	120 COMPLEX ANAL AND RECTAL PROCEDURES	2	\$4,393	\$2,846
	121 SIMPLE ANAL AND RECTAL PROCEDURES	1	\$5,613	\$2,218
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	3	\$1,268	\$3,109
	123 COMPLEX LAPAROSCOPIC PROCEDURES	149	\$9,201	\$6,362
	124 SIMPLE LAPAROSCOPIC PROCEDURES	1	\$12,655	\$7,898

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
PROCEDURE APG CATEGORY, PROCEDURE APG, SINGLE APG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

126 Pioneer Valley Hospital

procedure APG category Procedure APG	TOTAL #	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
07 URINARY SYSTEM	20	\$5,640	\$4,480
131 RENAL EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	2	\$4,938	\$7,487
134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	11	\$6,263	\$4,624
135 MODERATE CYSTOURETHROSCOPY	6	\$5,107	\$3,484
136 SIMPLE CYSTOURETHROSCOPY	1	\$3,399	\$2,335
08 MALE GENITAL SYSTEM	6	\$6,012	\$3,045
151 TESTICULAR AND EPIDIDYMAL PROCEDURES	5	\$6,282	\$2,546
153 COMPLEX PENILE PROCEDURES	1	\$4,662	\$3,147
09 FEMALE GENITAL SYSTEM	39	\$4,986	\$4,082
176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	3	\$5,505	\$5,061
177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	8	\$4,428	\$3,135
178 DILATION AND CURETTAGE	7	\$3,567	\$2,371
179 HYSTEROSCOPY	21	\$5,598	\$4,610
10 NERVOUS SYSTEM	142	\$2,607	\$1,813
195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	100	\$1,600	\$1,068
196 REVISION AND REMOVAL OF NEUROLOGICAL DEVICE	2	\$4,187	\$7,292
197 NEUROSTIMULATOR AND VENTRICULAR SHUNT IMPLANTATION	1	\$13,090	\$22,134
198 NERVE REPAIR AND DESTRUCTION	30	\$5,568	\$2,441
199 SPINAL TAP	9	\$2,415	\$1,908
11 EYE AND OCULAR ADNEXA	9	\$5,929	\$3,062
214 CATARACT PROCEDURES	9	\$5,929	\$3,046
12 FACIAL, EAR, NOSE, MOUTH AND THROAT	74	\$4,627	\$2,535
233 NASAL CAUTERIZATION AND PACKING	1	\$2,912	\$3,183
234 COMPLEX FACIAL AND ENT PROCEDURES	8	\$10,908	\$4,888
235 SIMPLE FACIAL AND ENT PROCEDURES	36	\$3,496	\$1,798
236 TONSIL AND ADENOID PROCEDURES	29	\$4,357	\$2,184
13 THERAPEUTIC AND OTHER RADIOLOGICAL PROCEDURES	124	\$4,103	\$3,015
253 VASCULAR RADIOLOGY EXCEPT FOR VENOGRAPHY OF EXTREMITY	18	\$10,003	\$11,306
254 MYELOGRAPHY	2	\$3,643	\$3,100
255 MISCELLANEOUS RADIOLOGICAL PROCEDURES WITH CONTRAST	104	\$3,091	\$2,175

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

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

126 Pioneer Valley Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
GENDER				
Female	1,860	55.9	122,108	54.4
Male	1,470	44.1	102,236	45.6
Unknown	0	0.0	4	0.0
Not Reported	0	0.0	4	0.0
AGE				
1-28 days	0	0.0	704	0.3
29-365 days	3	0.1	2,863	1.3
1-4 years	31	0.9	11,046	4.9
5-9	15	0.5	6,088	2.7
10-14	34	1.0	4,673	2.1
15-17	64	1.9	5,017	2.2
18-19	52	1.6	3,697	1.6
20-24	161	4.8	10,637	4.7
25-29	236	7.1	12,527	5.6
30-34	184	5.5	12,120	5.4
35-39	210	6.3	12,327	5.5
40-44	235	7.1	14,081	6.3
45-49	306	9.2	17,506	7.8
50-54	397	11.9	25,054	11.2
55-59	328	9.8	20,980	9.4
60-64	240	7.2	16,994	7.6
65-69	260	7.8	14,770	6.6
70-74	229	6.9	12,538	5.6
75-79	190	5.7	10,175	4.5
80-84	102	3.1	6,704	3.0
85-89	40	1.2	2,983	1.3
90 +	13	0.4	865	0.4
Not Reported	0	0.0	707	0.3
SOURCE OF ADMISSION				
Physician Referral	3,281	98.5	202,212	90.1
Clinic Referral	35	1.1	553	0.2
HMO Referral	2	0.1	3,605	1.6
Other Hospital	1	0.0	90	0.0
Skilled Nursing Facility	0	0.0	22	0.0
Other Health Care Facility	1	0.0	25	0.0
Emergency Room	6	0.2	4,679	2.1
Court/Law Enforcement	0	0.0	0	0.0
Unknown	4	0.1	11	0.0
Not Reported	0	0.0	13,155	5.9

(Continued)

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

126 Pioneer Valley Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	3,324	99.8	223,834	99.8
Another Hospital	2	0.1	103	0.0
Skilled Nursing Facility	2	0.1	111	0.0
Intermediate Care Facility	0	0.0	11	0.0
Another Type of Institution	0	0.0	46	0.0
Under Care of Home Service	0	0.0	169	0.1
Left Against Medical Advice	0	0.0	16	0.0
Under Care of Home IV Provider	0	0.0	1	0.0
Expired	0	0.0	5	0.0
Unknown	2	0.1	56	0.0
Not Reported	0	0.0	0	0.0
PRIMARY PAYER				
Medicare	724	21.7	45,634	20.3
Medicaid	327	9.8	14,157	6.3
Other government	62	1.9	3,504	1.6
Blue Cross/Blue Shield	688	20.7	30,700	13.7
Other Commercial	451	13.5	15,100	6.7
Managed Care(HMO, PPO)	978	29.4	105,175	46.9
Self Pay	43	1.3	2,539	1.1
Industrial & Worker Comp	53	1.6	3,834	1.7
Charity and Unclassified	1	0.0	2,186	1.0
Childrens Health Insurance	0	0.0	177	0.1
Unknown	3	0.1	1,256	0.6
Not Reported	0	0.0	90	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	5	0.2	15,979	7.1
Central Utah	7	0.2	8,148	3.6
Davis County	60	1.8	23,241	10.4
Salt Lake County	3,004	90.2	76,236	34.0
Southeastern Utah	9	0.3	5,436	2.4
Southwest Utah	4	0.1	13,567	6.0
Summit County	4	0.1	3,096	1.4
Tooele County	128	3.8	4,599	2.0
Tri-County	8	0.2	5,798	2.6
Utah County	30	0.9	35,900	16.0
Wasatch County	1	0.0	1,771	0.8
Weber County	24	0.7	21,412	9.5
Unknown Utah	0	0.0	49	0.0
Outside Utah	44	1.3	8,923	4.0
Unknown, Not Reported	2	0.1	197	0.1

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

AMB ST 1-1
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

122 Primary Childrens Medical Center

	Procedures Performed		Procedures Performed-All Hospitals	
	(#)	(%)	(#)	(%)
Reporting Category(ICD-9-CM CODES)	18,468	100.0	321,711	100.0
Mastectomy (85.0-85.99)	8	0.0	7,021	2.2
Musculoskeletal (76.0-84.99)	1,815	9.8	65,753	20.4
Respiratory (30.0-34.99)	605	3.3	3,438	1.1
Cardiovascular (35.0-39.99)	682	3.7	15,180	4.7
Lymphatic/Hemetic (40.0-41.99)	258	1.4	3,088	1.0
Digestive System (42.0-54.99)	1,752	9.5	107,581	33.4
Urinary (55.0-59.99)	641	3.5	8,752	2.7
Male Genital (60.0-64.99)	1,047	5.7	3,460	1.1
Female Genital (65.0-71.99)	51	0.3	15,319	4.8
Endocrine/Nervous (01.0-07.99)	678	3.7	28,111	8.7
Eye (08.0-16.99)	1,299	7.0	19,328	6.0
Ear (18.0-20.99)	4,068	22.0	14,440	4.5
Nose, Mouth, Pharynx (21.0-29.99)	5,564	30.1	30,240	9.4
Reporting Category(CPT-4 CODES)	14,123	100.0	304,292	100.0
Mastectomy (19120-19220)	5	0.0	3,001	1.0
Musculoskeletal (20000-29909)	1,849	13.1	65,018	21.4
Respiratory (30000-32999 & 39501-39599)	976	6.9	13,975	4.6
Cardiovascular (33010-37799 & 93501-93660)	1,106	7.8	31,569	10.4
Lymphatic/Hemetic (38100-38999)	259	1.8	2,606	0.9
Digestive (40490-49999)	4,928	34.9	115,754	38.0
Urinary (50010-53899)	378	2.7	8,580	2.8
Male Genital (54000-55899)	1,164	8.2	3,059	1.0
Female Genital (56405-58999)	39	0.3	11,517	3.8
Endocrine/Nervous (60000-64999)	219	1.6	29,931	9.8
Eye (65091-68899)	1,034	7.3	11,422	3.8
Ear (69000-69979)	2,166	15.3	7,860	2.6

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics.

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

AMB ST 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES

122 Primary Childrens Medical Center

ICD-9 CODE	ICD-9 DESCRIPTION	#	%	% ALL Hospitals
All ICD-9 Procedures				
2001	MYRINGOTOMY WITH INSERTION OF TUBE	3,433	18.6	3.56
283	TONSILLECTOMY WITH ADENOIDECTOMY	1,389	7.5	1.68
232	RESTORATION OF TOOTH BY FILLING	860	4.7	0.68
2341	APPLICATION OF CROWN	749	4.1	0.49
2370	ROOT CANAL NOT OTHERWISE SPECIFIED	598	3.2	0.36
0392	INJECTION OTH AGT INTO SPINAL CANAL	496	2.7	2.68
1511	RECESSION OF ONE EXTRAOCULAR MUSCLE	434	2.4	0.19
4516	EGD W/CLOS BX	397	2.1	5.75
640	CIRCUMCISION	341	1.8	0.21
286	ADENOIDECTOMY WITHOUT TONSILLECTOMY	294	1.6	0.37
625	ORCHIOPEXY	279	1.5	0.12
2309	EXTRACTION OF OTHER TOOTH	272	1.5	0.18
5300	UNILATERAL REPAIR ING HERNIA NOS	242	1.3	0.11
3142	LARYNGOSCOPY AND OTHER TRACHEOSCOPY	227	1.2	0.14
153	OP>=2 XTROCLR MUSC-TEMP DTCH-1/BOTH	224	1.2	0.09
5845	REPAIR OF HYPOSPADIAS OR EPISPADIAS	210	1.1	0.07
0943	PROBING OF NASOLACRIMAL DUCT	203	1.1	0.11
3323	OTHER BRONCHOSCOPY	201	1.1	0.09
7911	CLOS RDUC FRACTURE HUM W/INTRL FIX	200	1.1	0.10
2349	OTHER DENTAL RESTORATION	199	1.1	0.30

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures				
69436	TYMPANOSTOMY GENERAL ANESTHESIA	1,753	12.4	1.90
42820	T&A; UNDER AGE 12	1,262	8.9	1.36
41899	UNLIST PROC DENTOALVEOL STRUCTUR	1,069	7.6	0.98
43239	UGI ENDO; W/BX 1/MX	394	2.8	5.96
54161	CIRC NO CLAMP/DORSL SLIT; NOT NB	316	2.2	0.17
67311	STRABISMUS SURG; 1 HORIZONTAL MU	294	2.1	0.14
42830	ADENOIDECTOMY PRIMARY; UNDER AGE	275	1.9	0.35
20680	REMOVAL OF IMPLANT; DEEP	256	1.8	0.87
54640	ORCHIPXY ING APPRCH W/WO HERN RE	225	1.6	0.10
68811	PROBE NASOLACRIM DUCT; REQ GEN A	198	1.4	0.11
24538	PERQ FIX SPRCOND FX W/WO EXTENSI	196	1.4	0.10
31622	BRNCHSCPY;DX W/WO CELL WASH SP P	196	1.4	0.15
38221	BONE MARROW; BIOPSY NEEDLE/TROCA	182	1.3	0.16
49320	LAP-ABD DX-W/WO SPECMN-SEP PROC	174	1.2	0.22
49500	REPR INIT ING HERNIA 6MO-<5YR; R	146	1.0	0.07
54322	1 STAGE DSTL REPR; W/SMPL MEATL	146	1.0	0.05
93556	IMAG SUPERVS I&R-CATH; PULM ANGI	134	0.9	0.98
55500	EXC HYDROCEL SPERM CRD UNI-SEP P	131	0.9	0.07
42821	T&A; AGE 12 OR OVER	125	0.9	0.37
49580	REPR UMBILIC HERNIA <5YR; REDUCI	125	0.9	0.05

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

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

AMB ST 1-3

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

122 Primary Childrens Medical Center

ICD-9 CODE	ICD-9 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
ICD-9 Procedures		6,312	\$2,721	\$3,166
283	TONSILLECTOMY WITH ADENOIDECTOMY	1,090	\$1,968	\$2,169
0392	INJECTION OTH AGT INTO SPINAL CANAL	416	\$572	\$751
4516	EGD W/CLOS BX	297	\$1,668	\$1,301
640	CIRCUMCISION	220	\$1,737	\$1,763
7911	CLOS RDUC FRACTURE HUM W/INTRL FIX	191	\$3,071	\$3,484
5845	REPAIR OF HYPOSPADIAS OR EPISPADIAS	174	\$2,589	\$2,672
625	ORCHIOPEXY	140	\$1,938	\$2,043
5300	UNILATERAL REPAIR ING HERNIA NOS	126	\$1,961	\$2,326
153	OP>=2 XTROCLR MUSC-TEMP DTCH-1/BOTH	101	\$3,507	\$3,180
0943	PROBING OF NASOLACRIMAL DUCT	100	\$1,956	\$1,517
282	TONSILLECTOMY WITHOUT ADENOIDECTOMY	95	\$2,047	\$2,285
5349	OTHER UMBILICAL HERNIORRHAPHY	92	\$1,842	\$2,650
3723	COMBINED RIGHT&LEFT HEART CARD CATH	91	\$9,187	\$6,831
232	RESTORATION OF TOOTH BY FILLING	85	\$2,432	\$2,000
631	EXC VARICOCELE-HYDROCELE SPERM CORD	84	\$1,931	\$2,390
7865	REMOVAL IMPLANTED DEVICE FROM FEMUR	83	\$2,488	\$3,191
4131	BIOPSY OF BONE MARROW	82	\$2,532	\$3,459
0331	SPINAL TAP	70	\$1,392	\$1,934
8192	INJ THERAPEUTIC SBSTNC IN JNT/LIG	66	\$630	\$964
6493	DIVISION OF PENILE ADHESIONS	52	\$945	\$1,182

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
CPT-4 Procedures		8,028	\$2,438	\$2,895
69436	TYMPANOSTOMY GENERAL ANESTHESIA	1,209	\$856	\$1,166
41899	UNLIST PROC DENTOALVEOL STRUCTUR	993	\$2,925	\$2,456
42820	T&A; UNDER AGE 12	973	\$1,945	\$2,072
43239	UGI ENDO; W/BX 1/MX	292	\$1,665	\$1,299
54161	CIRC NO CLAMP/DORSAL SLIT; NOT NB	212	\$1,721	\$2,004
67311	STRABISMUS SURG; 1 HORIZONTAL MU	184	\$3,499	\$3,104
20680	REMOVAL OF IMPLANT; DEEP	181	\$2,347	\$2,816
54640	ORCHIPXY ING APPRCH W/NO HERN RE	157	\$1,969	\$2,123
38221	BONE MARROW; BIOPSY NEEDLE/TROCA	154	\$1,636	\$2,954
24538	PERQ FIX SPRCOND FX W/NO EXTENSI	152	\$3,006	\$3,234
54322	1 STAGE DSTL REPR; W/SMPLE MEATL	120	\$2,504	\$2,541
42821	T&A; AGE 12 OR OVER	109	\$2,129	\$2,469
68811	PROBE NASOLACRIMAL DUCT; REQ GEN A	98	\$1,954	\$1,527
49500	REPR INIT ING HERNIA 6MO-<5YR; R	86	\$1,828	\$1,977
67312	STRABISMUS SURG; 2 HORIZONTAL MU	86	\$3,498	\$3,359
55500	EXC HYDROCEL SPERM CRD UNI-SEP P	83	\$1,930	\$2,023
49505	REPR INIT ING HERNIA 5YR/MORE; R	78	\$1,919	\$3,685
49580	REPR UMBILIC HERNIA <5YR; REDUCI	74	\$1,832	\$1,920
42825	TONSILLECT PRIM/SEC; UNDER AGE 1	69	\$2,117	\$2,074
62270	SPINAL PUNCTURE LUMBAR DIAGNOSTI	61	\$1,075	\$1,920

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

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

122 Primary Childrens Medical Center

Procedure APG category		TOTAL #	TOTAL # (ALL Hospitals)
Procedure APG			
01	INTEGUMENTARY SYSTEM	442	8,878
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	251	2,028
	003 COMPLEX INCISION AND DRAINAGE	1	76
	004 SIMPLE INCISION AND DRAINAGE	1	23
	006 SIMPLE DEBRIDEMENT AND DESTRUCTION	12	157
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	51	1,202
	008 SIMPLE EXCISION AND BIOPSY	78	1,012
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRANGE	41	1,367
	010 SIMPLE SKIN REPAIR	2	12
	011 SIMPLE INCISION AND EXCISION OF BREAST	3	2,366
	012 BREAST RECONSTRUCTION AND MASTECTOMY	2	635
02	MUSCULOSKELETAL SYSTEM	1,384	58,082
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	197	6,410
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	112	2,231
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	86	2,131
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	428	11,532
	025 ARTHROSCOPY	17	25,432
	026 REPLACEMENT OF CAST	3	63
	027 SPLINT, STRAPPING AND CAST REMOVAL	2	368
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	84	656
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	292	4,342
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	13	470
	032 BUNION PROCEDURES	4	1,569
	033 ARTHROPLASTY	3	512
	034 HAND AND FOOT TENOTOMY	31	279
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	112	2,033
03	RESPIRATORY SYSTEM	621	7,958
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	3	656
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	232	5,137
	054 SIMPLE ENDOSCOPY OF THE UPPER AIRWAY	133	300
	055 ENDOSCOPY OF THE LOWER AIRWAY	253	1,865
04	CARDIOVASCULAR SYSTEM	1,027	25,823
	074 CARDIAC ELECTROPHYSIOLOGIC TESTS	160	2,947
	076 DIAGNOSTIC CARDIAC CATHETERIZATION	733	18,184
	077 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	57	1,922
	078 PACEMAKER INSERTION AND REPLACEMENT	22	488
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	47	746
	080 MINOR VASCULAR REPAIR AND FISTULA CONSTRUCTION	3	898
	081 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	5	181
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	58	3,114
	094 BLOOD AND BLOOD PRODUCT EXCHANGE	3	131
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	54	1,943
	097 TRANSFUSION	1	1,021
06	DIGESTIVE SYSTEM	1,691	105,000
	112 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	20	1,288
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	21	649

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

122 Primary Childrens Medical Center

procedure APG category		TOTAL #	TOTAL # (ALL Hospitals)
procedure APG			
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	22	392
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	440	22,453
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	111	5,914
	117 LOWER GASTROINTESTINAL ENDOSCOPY	108	47,953
	118 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	1	1,561
	119 HERNIA AND HYDROCELE PROCEDURES	649	6,882
	120 COMPLEX ANAL AND RECTAL PROCEDURES	27	1,098
	121 SIMPLE ANAL AND RECTAL PROCEDURES	18	497
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	49	506
	123 COMPLEX LAPAROSCOPIC PROCEDURES	224	15,680
	124 SIMPLE LAPAROSCOPIC PROCEDURES	1	170
07	URINARY SYSTEM	258	7,472
	131 RENAL EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	3	848
	133 URINARY CATHETERIZATION AND DILATATION	36	380
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	7	3,513
	135 MODERATE CYSTOURETHROSCOPY	62	1,846
	136 SIMPLE CYSTOURETHROSCOPY	38	606
	137 COMPLEX URETHRAL PROCEDURES	42	125
	138 SIMPLE URETHRAL PROCEDURES	70	153
08	MALE GENITAL SYSTEM	1,078	2,684
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	393	1,397
	153 COMPLEX PENILE PROCEDURES	311	413
	154 SIMPLE PENILE PROCEDURES	374	680
09	FEMALE GENITAL SYSTEM	57	6,830
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	1	1,642
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	35	1,421
	180 COLPOSCOPY	21	339
10	NERVOUS SYSTEM	174	26,119
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	16	19,763
	196 REVISION AND REMOVAL OF NEUROLOGICAL DEVICE	10	212
	197 NEUROSTIMULATOR AND VENTRICULAR SHUNT IMPLANTATION	26	828
	198 NERVE REPAIR AND DESTRUCTION	36	4,690
	199 SPINAL TAP	86	626
11	EYE AND OCULAR ADNEXA	1,026	11,129
	211 MINOR OPHTHALMOLOGICAL TESTS AND PROCEDURES	5	23
	213 LASER EYE PROCEDURES	3	710
	214 CATARACT PROCEDURES	33	4,618
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	207	469
	216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	44	294
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	28	238
	220 STRABISMUS AND MUSCLE EYE PROCEDURES	588	843
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	27	881
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	70	556
	223 VITRECTOMY	21	1,687
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	5,832	27,995
	231 COCHLEAR DEVICE IMPLANTATION	32	78

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

122 Primary Childrens Medical Center

procedure APG category		TOTAL #	TOTAL # (ALL Hospitals)
procedure APG			
	233 NASAL CAUTERIZATION AND PACKING	69	323
	234 COMPLEX FACIAL AND ENT PROCEDURES	473	5,543
	235 SIMPLE FACIAL AND ENT PROCEDURES	3,426	13,699
	236 TONSIL AND ADENOID PROCEDURES	1,832	8,352
13	THERAPEUTIC AND OTHER RADIOLOGICAL PROCEDURES	30	3,177
	252 RADIATION THERAPY AND HYPERTHERMIA	5	12
	253 VASCULAR RADIOLOGY EXCEPT FOR VENOGRAPHY OF EXTREMITY	10	1,174
	255 MISCELLANEOUS RADIOLOGICAL PROCEDURES WITH CONTRAST	15	1,694

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

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

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
PROCEDURE APG CATEGORY, PROCEDURE APG, SINGLE APG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

122 Primary Childrens Medical Center

Procedure APG category	Procedure APG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
01	INTEGUMENTARY SYSTEM	320	\$2,151	\$3,077
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	186	\$1,899	\$2,351
	003 COMPLEX INCISION AND DRAINAGE	1	\$3,793	\$3,204
	004 SIMPLE INCISION AND DRAINAGE	1	\$1,514	\$2,900
	006 SIMPLE DEBRIDEMENT AND DESTRUCTION	9	\$2,045	\$2,246
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	33	\$3,473	\$2,981
	008 SIMPLE EXCISION AND BIOPSY	68	\$1,984	\$2,545
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRAN	18	\$2,956	\$4,359
	011 SIMPLE INCISION AND EXCISION OF BREAST	2	\$1,909	\$2,861
	012 BREAST RECONSTRUCTION AND MASTECTOMY	2	\$2,354	\$5,243
02	MUSCULOSKELETAL SYSTEM	769	\$2,763	\$4,100
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	79	\$3,565	\$6,150
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	58	\$2,606	\$3,787
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	26	\$3,340	\$4,488
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	256	\$2,342	\$2,717
	025 ARTHROSCOPY	9	\$5,504	\$4,558
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	56	\$3,459	\$3,140
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	218	\$3,261	\$5,140
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	3	\$2,604	\$2,526
	032 BUNION PROCEDURES	1	\$2,198	\$3,916
	034 HAND AND FOOT TENOTOMY	3	\$1,487	\$1,909
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	60	\$619	\$909
03	RESPIRATORY SYSTEM	112	\$2,373	\$2,071
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	2	\$10,575	\$1,191
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	37	\$2,222	\$3,201
	054 SIMPLE ENDOSCOPY OF THE UPPER AIRWAY	16	\$978	\$1,344
	055 ENDOSCOPY OF THE LOWER AIRWAY	57	\$2,575	\$2,233
04	CARDIOVASCULAR SYSTEM	43	\$8,920	\$10,821
	074 CARDIAC ELECTROPHYSIOLOGIC TESTS	3	\$43,517	\$21,121
	076 DIAGNOSTIC CARDIAC CATHETERIZATION	15	\$6,596	\$6,014
	077 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	1	\$12,532	\$17,712
	078 PACEMAKER INSERTION AND REPLACEMENT	6	\$13,430	\$21,180
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	11	\$3,719	\$4,242
	080 MINOR VASCULAR REPAIR AND FISTULA CONSTRUCTION	3	\$1,979	\$4,911
	081 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	4	\$3,531	\$5,273
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	49	\$3,117	\$3,660
	094 BLOOD AND BLOOD PRODUCT EXCHANGE	3	\$0	\$7,016
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	45	\$3,325	\$4,713
	097 TRANSFUSION	1	\$3,097	\$2,312
06	DIGESTIVE SYSTEM	979	\$2,035	\$2,170
	112 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	6	\$1,464	\$1,490
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	16	\$1,508	\$1,114
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	8	\$1,502	\$1,226
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	307	\$1,680	\$1,249
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	87	\$2,651	\$1,798

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
PROCEDURE APG CATEGORY, PROCEDURE APG, SINGLE APG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

122 Primary Childrens Medical Center

procedure APG category	Procedure APG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
	117 LOWER GASTROINTESTINAL ENDOSCOPY	39	\$1,807	\$1,114
	119 HERNIA AND HYDROCELE PROCEDURES	385	\$1,951	\$3,546
	120 COMPLEX ANAL AND RECTAL PROCEDURES	22	\$1,254	\$2,846
	121 SIMPLE ANAL AND RECTAL PROCEDURES	6	\$1,319	\$2,218
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	43	\$2,561	\$3,109
	123 COMPLEX LAPAROSCOPIC PROCEDURES	59	\$3,899	\$6,362
	124 SIMPLE LAPAROSCOPIC PROCEDURES	1	\$3,588	\$7,898
07	URINARY SYSTEM	148	\$2,343	\$4,480
	133 URINARY CATHETERIZATION AND DILATATION	16	\$2,235	\$3,647
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	4	\$3,245	\$4,624
	135 MODERATE CYSTOURETHROSCOPY	38	\$4,709	\$3,484
	136 SIMPLE CYSTOURETHROSCOPY	11	\$2,827	\$2,335
	137 COMPLEX URETHRAL PROCEDURES	28	\$2,205	\$4,861
	138 SIMPLE URETHRAL PROCEDURES	51	\$515	\$1,539
08	MALE GENITAL SYSTEM	726	\$2,005	\$3,045
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	254	\$1,958	\$2,546
	153 COMPLEX PENILE PROCEDURES	221	\$2,448	\$3,147
	154 SIMPLE PENILE PROCEDURES	251	\$1,661	\$1,914
09	FEMALE GENITAL SYSTEM	27	\$4,736	\$4,082
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	23	\$5,210	\$3,135
	180 COLPOSCOPY	4	\$2,012	\$3,422
10	NERVOUS SYSTEM	82	\$1,843	\$1,813
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	2	\$1,044	\$1,068
	196 REVISION AND REMOVAL OF NEUROLOGICAL DEVICE	7	\$7,162	\$7,292
	198 NERVE REPAIR AND DESTRUCTION	12	\$2,781	\$2,441
	199 SPINAL TAP	61	\$1,075	\$1,908
11	EYE AND OCULAR ADNEXA	559	\$3,067	\$3,062
	211 MINOR OPHTHALMOLOGICAL TESTS AND PROCEDURES	4	\$2,148	\$2,500
	213 LASER EYE PROCEDURES	2	\$2,697	\$782
	214 CATARACT PROCEDURES	18	\$4,528	\$3,046
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	106	\$2,311	\$3,268
	216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	35	\$2,433	\$2,237
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	16	\$4,613	\$3,225
	220 STRABISMUS AND MUSCLE EYE PROCEDURES	305	\$3,463	\$3,156
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	18	\$2,953	\$3,876
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	52	\$1,763	\$2,152
	223 VITRECTOMY	3	\$4,721	\$5,731
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	3,941	\$2,298	\$2,535
	231 COCHLEAR DEVICE IMPLANTATION	32	\$42,543	\$48,074
	233 NASAL CAUTERIZATION AND PACKING	22	\$2,798	\$3,183
	234 COMPLEX FACIAL AND ENT PROCEDURES	231	\$3,649	\$4,888
	235 SIMPLE FACIAL AND ENT PROCEDURES	2,426	\$1,808	\$1,798
	236 TONSIL AND ADENOID PROCEDURES	1,230	\$1,955	\$2,184
13	THERAPEUTIC AND OTHER RADIOLOGICAL PROCEDURES	6	\$6,947	\$3,015
	252 RADIATION THERAPY AND HYPERTHERMIA	5	\$7,175	\$6,035

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
PROCEDURE APG CATEGORY, PROCEDURE APG, SINGLE APG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

122 Primary Childrens Medical Center

procedure APG category Procedure APG	TOTAL #	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
255 MISCELLANEOUS RADIOLOGICAL PROCEDURES WITH CONTRAST	1	\$5,804	\$2,175

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

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

122 Primary Childrens Medical Center

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
GENDER				
Female	4,485	39.8	122,108	54.4
Male	6,778	60.2	102,236	45.6
Unknown	0	0.0	4	0.0
Not Reported	0	0.0	4	0.0
AGE				
1-28 days	17	0.2	704	0.3
29-365 days	1,434	12.7	2,863	1.3
1-4 years	4,830	42.9	11,046	4.9
5-9	2,635	23.4	6,088	2.7
10-14	1,478	13.1	4,673	2.1
15-17	600	5.3	5,017	2.2
18-19	151	1.3	3,697	1.6
20-24	93	0.8	10,637	4.7
25-29	20	0.2	12,527	5.6
30-34	1	0.0	12,120	5.4
35-39	1	0.0	12,327	5.5
40-44	1	0.0	14,081	6.3
45-49	1	0.0	17,506	7.8
50-54	1	0.0	25,054	11.2
55-59	0	0.0	20,980	9.4
60-64	0	0.0	16,994	7.6
65-69	0	0.0	14,770	6.6
70-74	0	0.0	12,538	5.6
75-79	0	0.0	10,175	4.5
80-84	0	0.0	6,704	3.0
85-89	0	0.0	2,983	1.3
90 +	0	0.0	865	0.4
Not Reported	17	0.2	707	0.3
SOURCE OF ADMISSION				
Physician Referral	10,771	95.6	202,212	90.1
Clinic Referral	5	0.0	553	0.2
HMO Referral	2	0.0	3,605	1.6
Other Hospital	4	0.0	90	0.0
Skilled Nursing Facility	0	0.0	22	0.0
Other Health Care Facility	3	0.0	25	0.0
Emergency Room	478	4.2	4,679	2.1
Court/Law Enforcement	0	0.0	0	0.0
Unknown	0	0.0	11	0.0
Not Reported	0	0.0	13,155	5.9

(Continued)

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

122 Primary Childrens Medical Center

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	11,253	99.9	223,834	99.8
Another Hospital	3	0.0	103	0.0
Skilled Nursing Facility	1	0.0	111	0.0
Intermediate Care Facility	0	0.0	11	0.0
Another Type of Institution	1	0.0	46	0.0
Under Care of Home Service	5	0.0	169	0.1
Left Against Medical Advice	0	0.0	16	0.0
Under Care of Home IV Provider	0	0.0	1	0.0
Expired	0	0.0	5	0.0
Unknown	0	0.0	56	0.0
Not Reported	0	0.0	0	0.0
PRIMARY PAYER				
Medicare	10	0.1	45,634	20.3
Medicaid	2,581	22.9	14,157	6.3
Other government	214	1.9	3,504	1.6
Blue Cross/Blue Shield	1,950	17.3	30,700	13.7
Other Commercial	742	6.6	15,100	6.7
Managed Care(HMO, PPO)	5,254	46.6	105,175	46.9
Self Pay	91	0.8	2,539	1.1
Industrial & Worker Comp	0	0.0	3,834	1.7
Charity and Unclassified	141	1.3	2,186	1.0
Childrens Health Insurance	4	0.0	177	0.1
Unknown	276	2.5	1,256	0.6
Not Reported	0	0.0	90	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	276	2.5	15,979	7.1
Central Utah	136	1.2	8,148	3.6
Davis County	1,332	11.8	23,241	10.4
Salt Lake County	5,758	51.1	76,236	34.0
Southeastern Utah	84	0.7	5,436	2.4
Southwest Utah	179	1.6	13,567	6.0
Summit County	202	1.8	3,096	1.4
Tooele County	266	2.4	4,599	2.0
Tri-County	116	1.0	5,798	2.6
Utah County	1,291	11.5	35,900	16.0
Wasatch County	106	0.9	1,771	0.8
Weber County	571	5.1	21,412	9.5
Unknown Utah	0	0.0	49	0.0
Outside Utah	936	8.3	8,923	4.0
Unknown, Not Reported	10	0.1	197	0.1

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

AMB ST 1-1
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

120 Salt Lake Regional Medical Center

	Procedures Performed		Procedures Performed-All Hospitals	
	(#)	(%)	(#)	(%)
Reporting Category(ICD-9-CM CODES)	6,135	100.0	321,711	100.0
Mastectomy (85.0-85.99)	314	5.1	7,021	2.2
Musculoskeletal (76.0-84.99)	1,013	16.5	65,753	20.4
Respiratory (30.0-34.99)	45	0.7	3,438	1.1
Cardiovascular (35.0-39.99)	1,044	17.0	15,180	4.7
Lymphatic/Hemetic (40.0-41.99)	48	0.8	3,088	1.0
Digestive System (42.0-54.99)	545	8.9	107,581	33.4
Urinary (55.0-59.99)	192	3.1	8,752	2.7
Male Genital (60.0-64.99)	40	0.7	3,460	1.1
Female Genital (65.0-71.99)	324	5.3	15,319	4.8
Endocrine/Nervous (01.0-07.99)	339	5.5	28,111	8.7
Eye (08.0-16.99)	1,335	21.8	19,328	6.0
Ear (18.0-20.99)	116	1.9	14,440	4.5
Nose, Mouth, Pharynx (21.0-29.99)	780	12.7	30,240	9.4
Reporting Category(CPT-4 CODES)	7,116	100.0	304,292	100.0
Mastectomy (19120-19220)	122	1.7	3,001	1.0
Musculoskeletal (20000-29909)	1,308	18.4	65,018	21.4
Respiratory (30000-32999 & 39501-39599)	596	8.4	13,975	4.6
Cardiovascular (33010-37799 & 93501-93660)	2,153	30.3	31,569	10.4
Lymphatic/Hemetic (38100-38999)	37	0.5	2,606	0.9
Digestive (40490-49999)	780	11.0	115,754	38.0
Urinary (50010-53899)	323	4.5	8,580	2.8
Male Genital (54000-55899)	47	0.7	3,059	1.0
Female Genital (56405-58999)	354	5.0	11,517	3.8
Endocrine/Nervous (60000-64999)	519	7.3	29,931	9.8
Eye (65091-68899)	813	11.4	11,422	3.8
Ear (69000-69979)	64	0.9	7,860	2.6

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics.

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

AMB ST 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES

120 Salt Lake Regional Medical Center

ICD-9 CODE	ICD-9 DESCRIPTION	#	%	% ALL Hospitals
All ICD-9 Procedures		6,135	100.0	100.0
3722	LEFT HEART CARDIAC CATHETERIZATION	249	4.1	1.06
0833	REPR BLEPHAROPT-RESECT/ADVANC LEVAT	208	3.4	0.09
0844	REPR ENTROPION/ECTROP W/LID RECON	167	2.7	0.09
0870	RECONSTRUCTION OF EYELID NOS	164	2.7	0.09
8345	OTHER MYECTOMY	144	2.3	0.07
3552	REPR ATRIAL SEPTL DEFEC-PROSTH-CLO	142	2.3	0.20
2169	OTHER TURBINECTOMY	135	2.2	0.76
3726	CARD EP STIM&RECORDING STUDIES	132	2.2	0.34
3734	EXC/DESTRUC OTH LES/TISS HRT OTH	125	2.0	0.32
2263	ETHMOIDECTOMY	109	1.8	0.54
8521	LOCAL EXCISION OF LESION OF BREAST	109	1.8	0.85
215	SUBMUCOUS RESECTION OF NASAL SEPTUM	108	1.8	0.30
3727	CARDIAC MAPPING	98	1.6	0.30
5123	LAPAROSCOPIC CHOLECYSTECTOMY	88	1.4	2.01
0859	OTHER ADJUSTMENT OF LID POSITION	87	1.4	0.04
8192	INJ THERAPEUTIC SBSTNC IN JNT/LIG	87	1.4	0.50
0899	OTHER OPERATIONS ON EYELIDS	78	1.3	0.04
0835	REPAIR BLEPHAROPT TARSAL TECHNIQUE	76	1.2	0.03
2001	MYRINGOTOMY WITH INSERTION OF TUBE	75	1.2	3.56
8519	OTHER DIAGNOSTIC PROCEDURES BREAST	74	1.2	0.27

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		7,116	100.0	100.0
93545	INJ PROC-CATH; SELECT CORONRY AN	296	4.2	1.15
93543	INJ PROC-CATH; LT VENT/ATRIAL AN	261	3.7	1.08
93510	LT HRT CATH RETRO-BRACH/FEM; PER	249	3.5	0.93
29580	STRAPPING; UNNA BOOT	184	2.6	0.07
67904	REPR BLEPHAROPTOSIS; RESECT-EXT	152	2.1	0.06
93580	PERQ TRNSCATH CLO INTERATRIAL CM	143	2.0	0.16
30140	SUBMUCOS RES TURBINATE PART/CMPL	132	1.9	0.67
93620	COMP EP EVAL;RT ATRIAL VENT HIS	130	1.8	0.27
30520	SEPTOPLASTY/SUBMUCOS RES W/GFT	126	1.8	0.74
93651	INTRACARD CATH ABLAT ARRHY; TX T	108	1.5	0.18
93623	PROGRAM STIM & PACE AFTER IV DRU	100	1.4	0.16
93556	IMAG SUPERVS I&R-CATH; PULM ANGI	98	1.4	0.98
93621	COMP EP EVAL;LT ATRIAL COR SINUS	94	1.3	0.18
50590	LITHOTRIPSY XTRACORP SHOCK WAVE	92	1.3	0.28
67917	REPAIR OF ECTROPION; EXTENSIVE	92	1.3	0.05
93555	IMAG SUPERVS I&R-CATH; VENT/ATRI	85	1.2	0.93
20610	ARTHROCENTESIS ASPIR&/INJ; MAJ J	83	1.2	0.42
49505	REPR INIT ING HERNIA 5YR/MORE; R	81	1.1	0.95
63650	PERQ IMPLANT ELECT ARRAY EPIDURA	81	1.1	0.10
68760	CLO LACRIMAL PUNCTUM; THERMOCAUT	77	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 and CPT4 blood draw codes in previous reports.

AMB ST 1-3

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

120 Salt Lake Regional Medical Center

ICD-9 CODE	ICD-9 DESCRIPTION	#	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
ICD-9 Procedures		2,281	\$9,467	\$3,166
3722	LEFT HEART CARDIAC CATHETERIZATION	202	\$9,866	\$6,307
3552	REPR ATRIAL SEPTL DEFEC-PROSTH-CLO	136	\$30,573	\$28,691
8192	INJ THERAPEUTIC SBSTNC IN JNT/LIG	82	\$775	\$964
5123	LAPAROSCOPIC CHOLECYSTECTOMY	74	\$9,364	\$6,118
8345	OTHER MYECTOMY	60	\$9,312	\$7,387
6823	ENDOMETRIAL ABLATION	55	\$6,056	\$5,036
8521	LOCAL EXCISION OF LESION OF BREAST	52	\$3,157	\$2,630
4495	LAP GASTRIC RESTRICTIVE PROC	48	\$19,891	\$15,136
282	TONSILLECTOMY WITHOUT ADENOIDECTOMY	47	\$3,486	\$2,285
0393	IMPL/REPL SPINAL NEUROSTIM LEAD(S)	43	\$42,397	\$35,325
806	EXCISION SEMILUNAR CARTILAGE KNEE	43	\$7,458	\$4,034
3723	COMBINED RIGHT&LEFT HEART CARD CATH	41	\$10,862	\$6,831
283	TONSILLECTOMY WITH ADENOIDECTOMY	38	\$3,354	\$2,169
0443	RELEASE OF CARPAL TUNNEL	33	\$2,906	\$2,124
5304	UNILAT REPR INDIRECT ING HERN-GFT	32	\$5,775	\$3,643
6952	ASPIRATION CURET FOLLOWING DELIV/AB	28	\$3,178	\$2,456
8363	ROTATOR CUFF REPAIR	26	\$13,928	\$8,430
8051	EXCISION OF INTERVERTEBRAL DISC	24	\$9,291	\$7,760
8511	CLOSED BIOPSY OF BREAST	23	\$2,235	\$1,405
5303	UNILAT REPR DIRECT ING HERN-GFT	22	\$5,265	\$3,866

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
CPT-4 Procedures		2,679	\$7,990	\$2,895
29580	STRAPPING; UNNA BOOT	179	\$8,960	\$8,252
93580	PERQ TRNSCATH CLO INTERATRIAL CM	142	\$30,583	\$22,746
50590	LITHOTRIPSY XTRACORP SHOCK WAVE	84	\$7,386	\$7,497
20610	ARTHROCENTESIS ASPIR&/INJ; MAJ J	80	\$764	\$930
49505	REPR INIT ING HERNIA 5YR/MORE; R	72	\$4,801	\$3,685
58340	CATH&INTRO SALINE/CONTRAST SIS/H	70	\$1,150	\$824
36430	TRANSFUSION BLOOD/BLOOD COMPONENT	65	\$3,666	\$2,312
58563	HYSTERO SC SURG; W/ENDOMETRIAL AB	57	\$6,054	\$5,400
19120	EXC BRST CYST TUMR/LES OPN M/F 1	53	\$3,094	\$2,583
43770	43770	46	\$20,059	\$15,123
47562	LAPAROSCOPY SURGICAL; CHOLECT	46	\$8,545	\$5,595
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	44	\$3,527	\$2,330
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	38	\$1,990	\$982
29881	SCOPE KNEE SURG;W/MENISCECT MED/	36	\$7,314	\$3,914
51600	INJ PROC-CYSTOGRAPHY	34	\$889	\$1,059
23350	INJ SHLDR ARTHROGRPH/ENHNCD CT/M	33	\$4,216	\$2,649
43760	CHANGE OF GASTROSTOMY TUBE	33	\$2,242	\$2,097
29125	APPLIC SHORT ARM SPLINT; STATIC	31	\$643	\$586
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	30	\$2,911	\$2,178
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	28	\$10,709	\$6,476

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

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

120 Salt Lake Regional Medical Center

Procedure APG category		TOTAL #	TOTAL # (ALL Hospitals)
Procedure APG			
01	INTEGUMENTARY SYSTEM	262	8,878
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	27	2,028
	003 COMPLEX INCISION AND DRAINAGE	1	76
	006 SIMPLE DEBRIDEMENT AND DESTRUCTION	8	157
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	38	1,202
	008 SIMPLE EXCISION AND BIOPSY	28	1,012
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRANGE	35	1,367
	010 SIMPLE SKIN REPAIR	3	12
	011 SIMPLE INCISION AND EXCISION OF BREAST	97	2,366
	012 BREAST RECONSTRUCTION AND MASTECTOMY	25	635
02	MUSCULOSKELETAL SYSTEM	1,079	58,082
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	82	6,410
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	16	2,231
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	28	2,131
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	146	11,532
	025 ARTHROSCOPY	300	25,432
	026 REPLACEMENT OF CAST	35	63
	027 SPLINT, STRAPPING AND CAST REMOVAL	246	368
	028 CLOSED TREATMENT FX & DISLOCATION OF FINGER, TOE & TRUNK	3	54
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	9	656
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	80	4,342
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	4	470
	032 BUNION PROCEDURES	23	1,569
	033 ARTHROPLASTY	1	512
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	106	2,033
03	RESPIRATORY SYSTEM	262	7,958
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	17	656
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	219	5,137
	054 SIMPLE ENDOSCOPY OF THE UPPER AIRWAY	2	300
	055 ENDOSCOPY OF THE LOWER AIRWAY	24	1,865
04	CARDIOVASCULAR SYSTEM	1,944	25,823
	074 CARDIAC ELECTROPHYSIOLOGIC TESTS	512	2,947
	075 PLACEMENT OF TRANSVENOUS CATHETERS	5	48
	076 DIAGNOSTIC CARDIAC CATHETERIZATION	1,149	18,184
	077 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	148	1,922
	078 PACEMAKER INSERTION AND REPLACEMENT	40	488
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	58	746
	080 MINOR VASCULAR REPAIR AND FISTULA CONSTRUCTION	7	898
	081 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	2	181
	082 VASCULAR LIGATION	23	403
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	109	3,114
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	43	1,943
	097 TRANSFUSION	66	1,021
06	DIGESTIVE SYSTEM	606	105,000
	111 ALIMENTARY TESTS AND SIMPLE TUBE PLACEMENT	18	113
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	2	649

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

120 Salt Lake Regional Medical Center

procedure APG category		TOTAL #	TOTAL # (ALL Hospitals)
procedure APG			
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	1	392
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	9	22,453
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	20	5,914
	117 LOWER GASTROINTESTINAL ENDOSCOPY	8	47,953
	118 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	16	1,561
	119 HERNIA AND HYDROCELE PROCEDURES	168	6,882
	120 COMPLEX ANAL AND RECTAL PROCEDURES	23	1,098
	121 SIMPLE ANAL AND RECTAL PROCEDURES	5	497
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	20	506
	123 COMPLEX LAPAROSCOPIC PROCEDURES	306	15,680
	124 SIMPLE LAPAROSCOPIC PROCEDURES	10	170
07	URINARY SYSTEM	271	7,472
	131 RENAL EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	92	848
	133 URINARY CATHETERIZATION AND DILATATION	14	380
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	100	3,513
	135 MODERATE CYSTOURETHROSCOPY	51	1,846
	136 SIMPLE CYSTOURETHROSCOPY	14	606
08	MALE GENITAL SYSTEM	23	2,684
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	11	1,397
	152 INSERTION OF PENILE PROSTHESIS	1	56
	153 COMPLEX PENILE PROCEDURES	4	413
	154 SIMPLE PENILE PROCEDURES	7	680
09	FEMALE GENITAL SYSTEM	185	6,830
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	35	1,642
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	28	1,421
	178 DILATION AND CURETTAGE	15	709
	179 HYSTEROSCOPY	105	2,718
	180 COLPOSCOPY	2	339
10	NERVOUS SYSTEM	397	26,119
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	82	19,763
	196 REVISION AND REMOVAL OF NEUROLOGICAL DEVICE	34	212
	197 NEUROSTIMULATOR AND VENTRICULAR SHUNT IMPLANTATION	136	828
	198 NERVE REPAIR AND DESTRUCTION	121	4,690
	199 SPINAL TAP	24	626
11	EYE AND OCULAR ADNEXA	792	11,129
	211 MINOR OPHTHALMOLOGICAL TESTS AND PROCEDURES	1	23
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	6	469
	216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	46	294
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	3	238
	220 STRABISMUS AND MUSCLE EYE PROCEDURES	2	843
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	467	881
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	267	556
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	674	27,995
	233 NASAL CAUTERIZATION AND PACKING	5	323
	234 COMPLEX FACIAL AND ENT PROCEDURES	295	5,543
	235 SIMPLE FACIAL AND ENT PROCEDURES	234	13,699

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

120 Salt Lake Regional Medical Center

procedure APG category		TOTAL #	TOTAL # (ALL Hospitals)
procedure APG			
13	236 TONSIL AND ADENOID PROCEDURES	140	8,352
	THERAPEUTIC AND OTHER RADIOLOGICAL PROCEDURES	200	3,177
	253 VASCULAR RADIOLOGY EXCEPT FOR VENOGRAPHY OF EXTREMITY	13	1,174
	254 MYELOGRAPHY	32	297
	255 MISCELLANEOUS RADIOLOGICAL PROCEDURES WITH CONTRAST	155	1,694

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

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

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
PROCEDURE APG CATEGORY, PROCEDURE APG, SINGLE APG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

120 Salt Lake Regional Medical Center

Procedure APG category	Procedure APG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
01	INTEGUMENTARY SYSTEM	197	\$4,863	\$3,077
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	26	\$2,475	\$2,351
	003 COMPLEX INCISION AND DRAINAGE	1	\$6,295	\$3,204
	006 SIMPLE DEBRIDEMENT AND DESTRUCTION	6	\$2,221	\$2,246
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	18	\$3,778	\$2,981
	008 SIMPLE EXCISION AND BIOPSY	19	\$2,821	\$2,545
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRAN	28	\$11,369	\$4,359
	010 SIMPLE SKIN REPAIR	2	\$4,278	\$3,420
	011 SIMPLE INCISION AND EXCISION OF BREAST	79	\$3,678	\$2,861
	012 BREAST RECONSTRUCTION AND MASTECTOMY	18	\$7,500	\$5,243
02	MUSCULOSKELETAL SYSTEM	673	\$6,402	\$4,100
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	41	\$9,008	\$6,150
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	5	\$6,075	\$3,787
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	10	\$7,046	\$4,488
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	57	\$4,514	\$2,717
	025 ARTHROSCOPY	101	\$8,942	\$4,558
	026 REPLACEMENT OF CAST	29	\$6,787	\$6,504
	027 SPLINT, STRAPPING AND CAST REMOVAL	240	\$6,947	\$5,317
	028 CLOSED TREATMENT FX & DISLOCATION OF FINGER, TOE & TRUNK	2	\$1,688	\$2,232
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	8	\$3,312	\$3,140
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	67	\$9,299	\$5,140
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	1	\$1,642	\$2,526
	032 BUNION PROCEDURES	10	\$7,484	\$3,916
	033 ARTHROPLASTY	1	\$8,733	\$6,241
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	101	\$751	\$909
03	RESPIRATORY SYSTEM	39	\$2,417	\$2,071
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	14	\$1,534	\$1,191
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	12	\$3,927	\$3,201
	055 ENDOSCOPY OF THE LOWER AIRWAY	13	\$1,974	\$2,233
04	CARDIOVASCULAR SYSTEM	199	\$26,929	\$10,821
	075 PLACEMENT OF TRANSVENOUS CATHETERS	1	\$7,741	\$12,890
	076 DIAGNOSTIC CARDIAC CATHETERIZATION	7	\$20,219	\$6,014
	077 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	144	\$30,305	\$17,712
	078 PACEMAKER INSERTION AND REPLACEMENT	17	\$35,321	\$21,180
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	10	\$8,133	\$4,242
	080 MINOR VASCULAR REPAIR AND FISTULA CONSTRUCTION	1	\$7,978	\$4,911
	082 VASCULAR LIGATION	19	\$8,199	\$6,284
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	93	\$4,710	\$3,660
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	28	\$7,133	\$4,713
	097 TRANSFUSION	65	\$3,666	\$2,312
06	DIGESTIVE SYSTEM	415	\$7,840	\$2,170
	111 ALIMENTARY TESTS AND SIMPLE TUBE PLACEMENT	18	\$1,335	\$1,014
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	8	\$3,054	\$1,249
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	17	\$3,225	\$1,798
	117 LOWER GASTROINTESTINAL ENDOSCOPY	6	\$1,212	\$1,114

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
PROCEDURE APG CATEGORY, PROCEDURE APG, SINGLE APG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

120 Salt Lake Regional Medical Center

procedure APG category	Procedure APG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
	118 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	10	\$6,854	\$3,753
	119 HERNIA AND HYDROCELE PROCEDURES	121	\$4,930	\$3,546
	120 COMPLEX ANAL AND RECTAL PROCEDURES	15	\$3,449	\$2,846
	121 SIMPLE ANAL AND RECTAL PROCEDURES	5	\$2,385	\$2,218
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	12	\$4,352	\$3,109
	123 COMPLEX LAPAROSCOPIC PROCEDURES	199	\$11,594	\$6,362
	124 SIMPLE LAPAROSCOPIC PROCEDURES	4	\$13,690	\$7,898
07	URINARY SYSTEM	188	\$6,306	\$4,480
	131 RENAL EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	84	\$7,386	\$7,487
	133 URINARY CATHETERIZATION AND DILATATION	13	\$1,960	\$3,647
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	44	\$7,066	\$4,624
	135 MODERATE CYSTOURETHROSCOPY	37	\$5,064	\$3,484
	136 SIMPLE CYSTOURETHROSCOPY	10	\$4,146	\$2,335
08	MALE GENITAL SYSTEM	19	\$5,502	\$3,045
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	9	\$5,437	\$2,546
	152 INSERTION OF PENILE PROSTHESIS	1	\$20,014	\$19,133
	153 COMPLEX PENILE PROCEDURES	4	\$5,145	\$3,147
	154 SIMPLE PENILE PROCEDURES	5	\$3,001	\$1,914
09	FEMALE GENITAL SYSTEM	125	\$5,734	\$4,082
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	20	\$8,395	\$5,061
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	14	\$4,254	\$3,135
	178 DILATION AND CURETTAGE	12	\$2,529	\$2,371
	179 HYSTEROSCOPY	79	\$5,809	\$4,610
10	NERVOUS SYSTEM	142	\$7,873	\$1,813
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	52	\$1,858	\$1,068
	196 REVISION AND REMOVAL OF NEUROLOGICAL DEVICE	11	\$5,507	\$7,292
	197 NEUROSTIMULATOR AND VENTRICULAR SHUNT IMPLANTATION	18	\$42,668	\$22,134
	198 NERVE REPAIR AND DESTRUCTION	37	\$3,405	\$2,441
	199 SPINAL TAP	24	\$2,782	\$1,908
11	EYE AND OCULAR ADNEXA	93	\$4,588	\$3,062
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	1	\$3,217	\$3,268
	216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	2	\$4,719	\$2,237
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	75	\$4,544	\$3,876
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	15	\$4,882	\$2,152
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	160	\$4,141	\$2,535
	234 COMPLEX FACIAL AND ENT PROCEDURES	34	\$6,264	\$4,888
	235 SIMPLE FACIAL AND ENT PROCEDURES	40	\$3,884	\$1,798
	236 TONSIL AND ADENOID PROCEDURES	86	\$3,421	\$2,184
13	THERAPEUTIC AND OTHER RADIOLOGICAL PROCEDURES	182	\$2,331	\$3,015
	253 VASCULAR RADIOLOGY EXCEPT FOR VENOGRAPHY OF EXTREMITY	5	\$7,183	\$11,306
	254 MYELOGRAPHY	26	\$3,984	\$3,100
	255 MISCELLANEOUS RADIOLOGICAL PROCEDURES WITH CONTRAST	151	\$1,886	\$2,175

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

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

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

120 Salt Lake Regional Medical Center

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
GENDER				
Female	2,481	55.9	122,108	54.4
Male	1,957	44.1	102,236	45.6
Unknown	0	0.0	4	0.0
Not Reported	0	0.0	4	0.0
AGE				
1-28 days	1	0.0	704	0.3
29-365 days	8	0.2	2,863	1.3
1-4 years	45	1.0	11,046	4.9
5-9	26	0.6	6,088	2.7
10-14	59	1.3	4,673	2.1
15-17	62	1.4	5,017	2.2
18-19	56	1.3	3,697	1.6
20-24	198	4.5	10,637	4.7
25-29	275	6.2	12,527	5.6
30-34	285	6.4	12,120	5.4
35-39	296	6.7	12,327	5.5
40-44	353	8.0	14,081	6.3
45-49	367	8.3	17,506	7.8
50-54	393	8.9	25,054	11.2
55-59	395	8.9	20,980	9.4
60-64	386	8.7	16,994	7.6
65-69	318	7.2	14,770	6.6
70-74	233	5.3	12,538	5.6
75-79	257	5.8	10,175	4.5
80-84	239	5.4	6,704	3.0
85-89	142	3.2	2,983	1.3
90 +	44	1.0	865	0.4
Not Reported	1	0.0	707	0.3
SOURCE OF ADMISSION				
Physician Referral	4,430	99.8	202,212	90.1
Clinic Referral	0	0.0	553	0.2
HMO Referral	0	0.0	3,605	1.6
Other Hospital	0	0.0	90	0.0
Skilled Nursing Facility	0	0.0	22	0.0
Other Health Care Facility	0	0.0	25	0.0
Emergency Room	8	0.2	4,679	2.1
Court/Law Enforcement	0	0.0	0	0.0
Unknown	0	0.0	11	0.0
Not Reported	0	0.0	13,155	5.9

(Continued)

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

120 Salt Lake Regional Medical Center

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	4,419	99.6	223,834	99.8
Another Hospital	1	0.0	103	0.0
Skilled Nursing Facility	7	0.2	111	0.0
Intermediate Care Facility	0	0.0	11	0.0
Another Type of Institution	9	0.2	46	0.0
Under Care of Home Service	0	0.0	169	0.1
Left Against Medical Advice	0	0.0	16	0.0
Under Care of Home IV Provider	0	0.0	1	0.0
Expired	0	0.0	5	0.0
Unknown	2	0.0	56	0.0
Not Reported	0	0.0	0	0.0
PRIMARY PAYER				
Medicare	1,202	27.1	45,634	20.3
Medicaid	167	3.8	14,157	6.3
Other government	70	1.6	3,504	1.6
Blue Cross/Blue Shield	1,183	26.7	30,700	13.7
Other Commercial	515	11.6	15,100	6.7
Managed Care(HMO, PPO)	1,165	26.3	105,175	46.9
Self Pay	62	1.4	2,539	1.1
Industrial & Worker Comp	70	1.6	3,834	1.7
Charity and Unclassified	0	0.0	2,186	1.0
Childrens Health Insurance	0	0.0	177	0.1
Unknown	4	0.1	1,256	0.6
Not Reported	0	0.0	90	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	44	1.0	15,979	7.1
Central Utah	17	0.4	8,148	3.6
Davis County	369	8.3	23,241	10.4
Salt Lake County	2,828	63.7	76,236	34.0
Southeastern Utah	26	0.6	5,436	2.4
Southwest Utah	25	0.6	13,567	6.0
Summit County	153	3.4	3,096	1.4
Tooele County	154	3.5	4,599	2.0
Tri-County	111	2.5	5,798	2.6
Utah County	105	2.4	35,900	16.0
Wasatch County	24	0.5	1,771	0.8
Weber County	62	1.4	21,412	9.5
Unknown Utah	1	0.0	49	0.0
Outside Utah	437	9.8	8,923	4.0
Unknown, Not Reported	82	1.8	197	0.1

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

AMB ST 1-1
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

128 San Juan Hospital - CAH

Reporting Category(ICD-9-CM CODES)	Procedures Performed		Procedures Performed-All Hospitals	
	(#)	(%)	(#)	(%)
Reporting Category(ICD-9-CM CODES)	486	100.0	321,711	100.0
Mastectomy (85.0-85.99)	5	1.0	7,021	2.2
Musculoskeletal (76.0-84.99)	5	1.0	65,753	20.4
Respiratory (30.0-34.99)	0	0.0	3,438	1.1
Cardiovascular (35.0-39.99)	0	0.0	15,180	4.7
Lymphatic/Hemetic (40.0-41.99)	1	0.2	3,088	1.0
Digestive System (42.0-54.99)	229	47.1	107,581	33.4
Urinary (55.0-59.99)	0	0.0	8,752	2.7
Male Genital (60.0-64.99)	0	0.0	3,460	1.1
Female Genital (65.0-71.99)	13	2.7	15,319	4.8
Endocrine/Nervous (01.0-07.99)	4	0.8	28,111	8.7
Eye (08.0-16.99)	164	33.7	19,328	6.0
Ear (18.0-20.99)	36	7.4	14,440	4.5
Nose, Mouth, Pharynx (21.0-29.99)	29	6.0	30,240	9.4
Reporting Category(CPT-4 CODES)	82	100.0	304,292	100.0
Mastectomy (19120-19220)	0	0.0	3,001	1.0
Musculoskeletal (20000-29909)	0	0.0	65,018	21.4
Respiratory (30000-32999 & 39501-39599)	0	0.0	13,975	4.6
Cardiovascular (33010-37799 & 93501-93660)	0	0.0	31,569	10.4
Lymphatic/Hemetic (38100-38999)	0	0.0	2,606	0.9
Digestive (40490-49999)	82	100.0	115,754	38.0
Urinary (50010-53899)	0	0.0	8,580	2.8
Male Genital (54000-55899)	0	0.0	3,059	1.0
Female Genital (56405-58999)	0	0.0	11,517	3.8
Endocrine/Nervous (60000-64999)	0	0.0	29,931	9.8
Eye (65091-68899)	0	0.0	11,422	3.8
Ear (69000-69979)	0	0.0	7,860	2.6

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics.

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

AMB ST 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES

128 San Juan Hospital - CAH

ICD-9 CODE	ICD-9 DESCRIPTION	#	%	% ALL Hospitals
All ICD-9 Procedures		486	100.0	100.0
1341	PHACOEMULSIFICATION&ASPIR CATARACT	69	14.2	1.38
1371	INSRT IOL-CATARACT EXTRACT-1 STAGE	69	14.2	1.37
4516	EGD W/CLOS BX	58	11.9	5.75
4542	ENDO POLYPECTOMY LARGE INTESTINE	58	11.9	3.92
4523	COLONOSCOPY	45	9.3	7.45
2001	MYRINGOTOMY WITH INSERTION OF TUBE	35	7.2	3.56
4525	CLOS [ENDO] BX LARGE INTESTINE	33	6.8	2.61
1364	DISCISSION OF SECONDARY MEMBRANE	19	3.9	0.18
283	TONSILLECTOMY WITH ADENOIDECTOMY	18	3.7	1.68
282	TONSILLECTOMY WITHOUT ADENOIDECTOMY	8	1.6	0.62
5123	LAPAROSCOPIC CHOLECYSTECTOMY	8	1.6	2.01
6909	OTHER DILATION&CURETTAGE OF UTERUS	7	1.4	0.47
4292	DILATION OF ESOPHAGUS	6	1.2	1.54
0443	RELEASE OF CARPAL TUNNEL	4	0.8	1.12
4311	PERCUTANEOUS GASTROSTOMY	4	0.8	0.05
1372	SEC INSRTION INTRAOCULR LENS PROSTH	3	0.6	0.02
5303	UNILAT REPR DIRECT ING HERN-GFT	3	0.6	0.33
6902	DILATION&CURET FOLLOWING DELIV/AB	3	0.6	0.24
8512	OPEN BIOPSY OF BREAST	3	0.6	0.07
111	INCISION OF CORNEA	2	0.4	0.00

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		82	100.0	100.0
45380	COLONOSCOPY FLEX; W/BX 1/MX	55	67.1	5.63
43239	UGI ENDO; W/BX 1/MX	27	32.9	5.96

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

AMB ST 1-3

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

128 San Juan Hospital - CAH

ICD-9 CODE	ICD-9 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
ICD-9 Procedures		205	\$2,925	\$3,166
4542	ENDO POLYPECTOMY LARGE INTESTINE	37	\$2,360	\$1,297
4523	COLONOSCOPY	33	\$2,158	\$947
4516	EGD W/CLOS BX	29	\$2,137	\$1,301
1364	DISCISSION OF SECONDARY MEMBRANE	19	\$684	\$732
283	TONSILLECTOMY WITH ADENOIDECTOMY	16	\$3,472	\$2,169
4525	CLOS [ENDO] BX LARGE INTESTINE	13	\$2,521	\$1,356
282	TONSILLECTOMY WITHOUT ADENOIDECTOMY	8	\$3,422	\$2,285
5123	LAPAROSCOPIC CHOLECYSTECTOMY	7	\$9,884	\$6,118
6909	OTHER DILATION&CURETTAGE OF UTERUS	7	\$2,638	\$2,634
0443	RELEASE OF CARPAL TUNNEL	4	\$3,181	\$2,124
1372	SEC INSRTION INTRAOCULR LENS PROSTH	3	\$2,814	\$2,840
4311	PERCUTANEOUS GASTROSTOMY	3	\$3,496	\$2,578
5303	UNILAT REPR DIRECT ING HERN-GFT	3	\$8,221	\$3,866
6902	DILATION&CURET FOLLOWING DELIV/AB	3	\$2,670	\$2,491
5304	UNILAT REPR INDIRECT ING HERN-GFT	2	\$10,763	\$3,643
8512	OPEN BIOPSY OF BREAST	2	\$2,337	\$2,914
8521	LOCAL EXCISION OF LESION OF BREAST	2	\$3,491	\$2,630
0842	REPR ENTROPION/ECTROPION SUT TECH	1	\$2,058	\$2,155
1139	OTHER EXCISION OF PTERYGIUM	1	\$2,169	\$1,887
4021	EXCISION DEEP CERVICAL LYMPH NODE	1	\$3,213	\$3,960

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
CPT-4 Procedures		64	\$2,436	\$2,895
45380	COLONOSCOPY FLEX; W/BX 1/MX	46	\$2,400	\$1,278
43239	UGI ENDO; W/BX 1/MX	18	\$2,529	\$1,299

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

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

128 San Juan Hospital - CAH

Procedure APG category	TOTAL #	TOTAL # (ALL Hospitals)
Procedure APG		
06 DIGESTIVE SYSTEM	82	105,000
115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	27	22,453
117 LOWER GASTROINTESTINAL ENDOSCOPY	55	47,953

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

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

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
PROCEDURE APG CATEGORY, PROCEDURE APG, SINGLE APG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

128 San Juan Hospital - CAH

Procedure APG category	Procedure APG	TOTAL #	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
06	DIGESTIVE SYSTEM	64	\$2,436	\$2,170
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	18	\$2,529	\$1,249
	117 LOWER GASTROINTESTINAL ENDOSCOPY	46	\$2,400	\$1,114

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

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

128 San Juan Hospital - CAH

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
GENDER				
Female	186	55.2	122,108	54.4
Male	150	44.5	102,236	45.6
Unknown	1	0.3	4	0.0
Not Reported	0	0.0	4	0.0
AGE				
1-28 days	0	0.0	704	0.3
29-365 days	5	1.5	2,863	1.3
1-4 years	16	4.7	11,046	4.9
5-9	9	2.7	6,088	2.7
10-14	6	1.8	4,673	2.1
15-17	7	2.1	5,017	2.2
18-19	3	0.9	3,697	1.6
20-24	4	1.2	10,637	4.7
25-29	3	0.9	12,527	5.6
30-34	8	2.4	12,120	5.4
35-39	9	2.7	12,327	5.5
40-44	15	4.5	14,081	6.3
45-49	15	4.5	17,506	7.8
50-54	27	8.0	25,054	11.2
55-59	46	13.6	20,980	9.4
60-64	22	6.5	16,994	7.6
65-69	50	14.8	14,770	6.6
70-74	31	9.2	12,538	5.6
75-79	26	7.7	10,175	4.5
80-84	20	5.9	6,704	3.0
85-89	8	2.4	2,983	1.3
90 +	7	2.1	865	0.4
Not Reported	0	0.0	707	0.3
SOURCE OF ADMISSION				
Physician Referral	334	99.1	202,212	90.1
Clinic Referral	0	0.0	553	0.2
HMO Referral	0	0.0	3,605	1.6
Other Hospital	0	0.0	90	0.0
Skilled Nursing Facility	0	0.0	22	0.0
Other Health Care Facility	0	0.0	25	0.0
Emergency Room	2	0.6	4,679	2.1
Court/Law Enforcement	0	0.0	0	0.0
Unknown	0	0.0	11	0.0
Not Reported	1	0.3	13,155	5.9

(Continued)

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

128 San Juan Hospital - CAH

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	289	85.8	223,834	99.8
Another Hospital	0	0.0	103	0.0
Skilled Nursing Facility	1	0.3	111	0.0
Intermediate Care Facility	0	0.0	11	0.0
Another Type of Institution	0	0.0	46	0.0
Under Care of Home Service	0	0.0	169	0.1
Left Against Medical Advice	1	0.3	16	0.0
Under Care of Home IV Provider	0	0.0	1	0.0
Expired	0	0.0	5	0.0
Unknown	46	13.6	56	0.0
Not Reported	0	0.0	0	0.0
PRIMARY PAYER				
Medicare	140	41.5	45,634	20.3
Medicaid	35	10.4	14,157	6.3
Other government	5	1.5	3,504	1.6
Blue Cross/Blue Shield	48	14.2	30,700	13.7
Other Commercial	14	4.2	15,100	6.7
Managed Care(HMO, PPO)	88	26.1	105,175	46.9
Self Pay	7	2.1	2,539	1.1
Industrial & Worker Comp	0	0.0	3,834	1.7
Charity and Unclassified	0	0.0	2,186	1.0
Childrens Health Insurance	0	0.0	177	0.1
Unknown	0	0.0	1,256	0.6
Not Reported	0	0.0	90	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	0	0.0	15,979	7.1
Central Utah	0	0.0	8,148	3.6
Davis County	0	0.0	23,241	10.4
Salt Lake County	0	0.0	76,236	34.0
Southeastern Utah	326	96.7	5,436	2.4
Southwest Utah	0	0.0	13,567	6.0
Summit County	0	0.0	3,096	1.4
Tooele County	0	0.0	4,599	2.0
Tri-County	0	0.0	5,798	2.6
Utah County	0	0.0	35,900	16.0
Wasatch County	0	0.0	1,771	0.8
Weber County	0	0.0	21,412	9.5
Unknown Utah	0	0.0	49	0.0
Outside Utah	11	3.3	8,923	4.0
Unknown, Not Reported	0	0.0	197	0.1

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

AMB ST 1-1
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

130 Sanpete Valley Hospital - CAH

	Procedures Performed		Procedures Performed-All Hospitals	
	(#)	(%)	(#)	(%)
Reporting Category(ICD-9-CM CODES)	980	100.0	321,711	100.0
Mastectomy (85.0-85.99)	16	1.6	7,021	2.2
Musculoskeletal (76.0-84.99)	47	4.8	65,753	20.4
Respiratory (30.0-34.99)	0	0.0	3,438	1.1
Cardiovascular (35.0-39.99)	4	0.4	15,180	4.7
Lymphatic/Hemetic (40.0-41.99)	2	0.2	3,088	1.0
Digestive System (42.0-54.99)	628	64.1	107,581	33.4
Urinary (55.0-59.99)	2	0.2	8,752	2.7
Male Genital (60.0-64.99)	9	0.9	3,460	1.1
Female Genital (65.0-71.99)	44	4.5	15,319	4.8
Endocrine/Nervous (01.0-07.99)	28	2.9	28,111	8.7
Eye (08.0-16.99)	180	18.4	19,328	6.0
Ear (18.0-20.99)	4	0.4	14,440	4.5
Nose, Mouth, Pharynx (21.0-29.99)	16	1.6	30,240	9.4
Reporting Category(CPT-4 CODES)	838	100.0	304,292	100.0
Mastectomy (19120-19220)	7	0.8	3,001	1.0
Musculoskeletal (20000-29909)	56	6.7	65,018	21.4
Respiratory (30000-32999 & 39501-39599)	0	0.0	13,975	4.6
Cardiovascular (33010-37799 & 93501-93660)	4	0.5	31,569	10.4
Lymphatic/Hemetic (38100-38999)	2	0.2	2,606	0.9
Digestive (40490-49999)	596	71.1	115,754	38.0
Urinary (50010-53899)	1	0.1	8,580	2.8
Male Genital (54000-55899)	9	1.1	3,059	1.0
Female Genital (56405-58999)	31	3.7	11,517	3.8
Endocrine/Nervous (60000-64999)	2	0.2	29,931	9.8
Eye (65091-68899)	127	15.2	11,422	3.8
Ear (69000-69979)	3	0.4	7,860	2.6

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics.

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

AMB ST 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES

130 Sanpete Valley Hospital - CAH

ICD-9 CODE	ICD-9 DESCRIPTION	#	%	% ALL Hospitals
All ICD-9 Procedures				
4523	COLONOSCOPY	128	13.1	7.45
4516	EGD W/CLOS BX	92	9.4	5.75
4542	ENDO POLYPECTOMY LARGE INTESTINE	80	8.2	3.92
1371	INSRT IOL-CATARACT EXTRACT-1 STAGE	72	7.3	1.37
5123	LAPAROSCOPIC CHOLECYSTECTOMY	70	7.1	2.01
1341	PHACOEMLUSIFICATION&ASPIR CATARACT	63	6.4	1.38
4513	OTHER ENDOSCOPY OF SMALL INTESTINE	42	4.3	1.88
5421	LAPAROSCOPY	33	3.4	0.49
4525	CLOS [ENDO] BX LARGE INTESTINE	30	3.1	2.61
0443	RELEASE OF CARPAL TUNNEL	26	2.7	1.12
4836	[ENDOSCOPIC] POLYPECTOMY OF RECTUM	26	2.7	1.10
1369	OTHER CATARACT EXTRACTION	21	2.1	0.02
4824	CLOSED BIOPSY OF RECTUM	17	1.7	0.49
4292	DILATION OF ESOPHAGUS	13	1.3	1.54
8023	ARTHROSCOPY OF WRIST	13	1.3	0.08
4701	LAPAROSCOPIC APPENDECTOMY	11	1.1	0.56
5304	UNILAT REPR INDIRECT ING HERN-GFT	10	1.0	0.49
6909	OTHER DILATION&CURETTAGE OF UTERUS	10	1.0	0.47
1343	MECH PHACOFRAG-OTH ASPIR CATARACT	9	0.9	0.02
1359	OTHER EXTRACAPSULAR EXTRACTION LENS	9	0.9	0.03

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures				
45378	COLONOSCOPY FLEX; DX-SEP PROC	125	14.9	7.39
43239	UGI ENDO; W/BX 1/MX	93	11.1	5.96
66984	EXTRACAPSULAR CATARACT REMV IOL	72	8.6	1.42
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	67	8.0	1.32
45383	COLONOSCOPY FLEX; W/ABLAT LES	53	6.3	0.13
45380	COLONOSCOPY FLEX; W/BX 1/MX	43	5.1	5.63
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	40	4.8	1.81
66821	DISCISSION 2ND CATARACT; LASER S	34	4.1	0.22
43235	UGI ENDO; DX W/VO CLCT SPECMN-SP	32	3.8	1.32
49650	LAPARSCPY SURG; REPR INIT ING HE	23	2.7	0.19
66940	REMOVAL LENS MATERIAL; XTRACAPSL	19	2.3	0.01
29848	ENDO WRST SURG REL TRNS CARP LIG	16	1.9	0.31
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	13	1.6	1.05
44970	LAPAROSCOPY SURGICAL APPENDECTOM	11	1.3	0.61
45384	COLONOSCPY FLEX; REMV LES-FORCE	10	1.2	0.34
49659	UNLISTED LAP PROC-HERNIOPLSTY/OT	9	1.1	0.16
58558	HYSTEROSCPY SURG; W/BX &/ POLYPE	9	1.1	0.33
42820	T&A; UNDER AGE 12	8	1.0	1.36
28232	TENOT OPN TENDON FLX; TOE 1 TEND	7	0.8	0.04
28285	CORRECTION HAMMERTOES	7	0.8	0.51

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

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

AMB ST 1-3

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

130 Sanpete Valley Hospital - CAH

ICD-9 CODE	ICD-9 DESCRIPTION	#	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
ICD-9 Procedures		471	\$2,201	\$3,166
4523	COLONOSCOPY	97	\$730	\$947
5123	LAPAROSCOPIC CHOLECYSTECTOMY	65	\$5,540	\$6,118
4542	ENDO POLYPECTOMY LARGE INTESTINE	50	\$918	\$1,297
4516	EGD W/CLOS BX	39	\$818	\$1,301
4513	OTHER ENDOSCOPY OF SMALL INTESTINE	24	\$736	\$1,089
1369	OTHER CATARACT EXTRACTION	20	\$1,034	\$763
4836	[ENDOSCOPIC] POLYPECTOMY OF RECTUM	12	\$903	\$1,228
4701	LAPAROSCOPIC APPENDECTOMY	11	\$6,472	\$8,144
4525	CLOS [ENDO] BX LARGE INTESTINE	10	\$951	\$1,356
4824	CLOSED BIOPSY OF RECTUM	10	\$1,026	\$1,279
1359	OTHER EXTRACAPSULAR EXTRACTION LENS	8	\$878	\$1,475
283	TONSILLECTOMY WITH ADENOIDECTOMY	8	\$2,304	\$2,169
282	TONSILLECTOMY WITHOUT ADENOIDECTOMY	7	\$2,104	\$2,285
8521	LOCAL EXCISION OF LESION OF BREAST	6	\$2,944	\$2,630
1364	DISCISSION OF SECONDARY MEMBRANE	4	\$1,095	\$732
5451	LAPAROSCOPIC LYSIS PERITONEAL ADHES	4	\$4,496	\$5,053
7756	REPAIR OF HAMMER TOE	4	\$2,195	\$3,095
8411	AMPUTATION OF TOE	4	\$2,343	\$2,835
8511	CLOSED BIOPSY OF BREAST	4	\$3,562	\$1,405
0443	RELEASE OF CARPAL TUNNEL	3	\$3,240	\$2,124

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
CPT-4 Procedures		575	\$2,370	\$2,895
45378	COLONOSCOPY FLEX; DX-SEP PROC	95	\$734	\$949
66984	EXTRACAPSULAR CATARACT REMV IOL	71	\$2,770	\$3,042
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	61	\$5,619	\$6,476
43239	UGI ENDO; W/BX 1/MX	40	\$813	\$1,299
45383	COLONOSCOPY FLEX; W/ABLAT LES	32	\$946	\$1,375
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	31	\$969	\$1,431
66821	DISCISSION 2ND CATARACT; LASER S	23	\$1,064	\$770
45380	COLONOSCOPY FLEX; W/BX 1/MX	20	\$898	\$1,278
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	19	\$626	\$1,036
49650	LAPARSCPY SURG; REPR INIT ING HE	18	\$5,035	\$5,288
29848	ENDO WRST SURG REL TRNS CARP LIG	13	\$3,768	\$2,360
44970	LAPAROSCOPY SURGICAL APPENDECTOM	10	\$6,719	\$8,116
42820	T&A; UNDER AGE 12	8	\$2,304	\$2,072
49659	UNLISTED LAP PROC-HERNIOPLSTY/OT	8	\$4,842	\$8,287
58558	HYSTEROSCPY SURG; W/BX &/ POLYPE	8	\$4,107	\$3,299
45384	COLONOSCOPY FLEX; REMV LES-FORCE	7	\$818	\$1,652
66940	REMOVAL LENS MATERIAL; XTRACAPSL	6	\$865	\$1,118
43247	UGI ENDO; W/REMOVAL FB	5	\$1,152	\$1,425
19120	EXC BRST CYST TUMR/LES OPN M/F 1	4	\$1,759	\$2,583
28285	CORRECTION HAMMERTOE	4	\$2,195	\$2,672

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

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

130 Sanpete Valley Hospital - CAH

Procedure APG category		TOTAL #	TOTAL # (ALL Hospitals)
Procedure APG			
01	INTEGUMENTARY SYSTEM	19	8,878
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	1	2,028
	004 SIMPLE INCISION AND DRAINAGE	1	23
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	1	1,202
	008 SIMPLE EXCISION AND BIOPSY	6	1,012
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRANGE	3	1,367
	011 SIMPLE INCISION AND EXCISION OF BREAST	7	2,366
02	MUSCULOSKELETAL SYSTEM	50	58,082
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	1	2,231
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	18	11,532
	025 ARTHROSCOPY	16	25,432
	032 BUNION PROCEDURES	7	1,569
	033 ARTHROPLASTY	1	512
	034 HAND AND FOOT TENOTOMY	7	279
04	CARDIOVASCULAR SYSTEM	1	25,823
	081 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	1	181
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	2	3,114
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	2	1,943
06	DIGESTIVE SYSTEM	584	105,000
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	1	649
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	2	392
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	125	22,453
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	27	5,914
	117 LOWER GASTROINTESTINAL ENDOSCOPY	273	47,953
	119 HERNIA AND HYDROCELE PROCEDURES	13	6,882
	120 COMPLEX ANAL AND RECTAL PROCEDURES	2	1,098
	121 SIMPLE ANAL AND RECTAL PROCEDURES	4	497
	123 COMPLEX LAPAROSCOPIC PROCEDURES	135	15,680
	124 SIMPLE LAPAROSCOPIC PROCEDURES	2	170
08	MALE GENITAL SYSTEM	6	2,684
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	4	1,397
	154 SIMPLE PENILE PROCEDURES	2	680
09	FEMALE GENITAL SYSTEM	24	6,830
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	4	1,642
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	3	1,421
	178 DILATION AND CURETTAGE	5	709
	179 HYSTEROSCOPY	11	2,718
	180 COLPOSCOPY	1	339
10	NERVOUS SYSTEM	2	26,119
	198 NERVE REPAIR AND DESTRUCTION	2	4,690
11	EYE AND OCULAR ADNEXA	127	11,129
	213 LASER EYE PROCEDURES	34	710
	214 CATARACT PROCEDURES	92	4,618
	219 SIMPLE POSTERIOR SEGMENT EYE PROCEDURES	1	436
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	18	27,995
	235 SIMPLE FACIAL AND ENT PROCEDURES	3	13,699

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

130 Sanpete Valley Hospital - CAH

procedure APG category procedure APG	TOTAL #	TOTAL # (ALL Hospitals)
236 TONSIL AND ADENOID PROCEDURES	15	8,352

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

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
PROCEDURE APG CATEGORY, PROCEDURE APG, SINGLE APG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

130 Sanpete Valley Hospital - CAH

Procedure APG category	Procedure APG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
01	INTEGUMENTARY SYSTEM	16	\$2,362	\$3,077
	004 SIMPLE INCISION AND DRAINAGE	1	\$3,079	\$2,900
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	1	\$1,746	\$2,981
	008 SIMPLE EXCISION AND BIOPSY	4	\$2,177	\$2,545
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRAN	3	\$1,171	\$4,359
	011 SIMPLE INCISION AND EXCISION OF BREAST	7	\$2,963	\$2,861
02	MUSCULOSKELETAL SYSTEM	33	\$3,071	\$4,100
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	1	\$2,796	\$3,787
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	12	\$2,354	\$2,717
	025 ARTHROSCOPY	13	\$3,768	\$4,558
	032 BUNION PROCEDURES	6	\$2,889	\$3,916
	033 ARTHROPLASTY	1	\$3,989	\$6,241
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	2	\$3,643	\$3,660
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	2	\$3,643	\$4,713
06	DIGESTIVE SYSTEM	383	\$2,276	\$2,170
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	1	\$832	\$1,114
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	2	\$2,116	\$1,226
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	59	\$753	\$1,249
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	10	\$989	\$1,798
	117 LOWER GASTROINTESTINAL ENDOSCOPY	187	\$829	\$1,114
	119 HERNIA AND HYDROCELE PROCEDURES	9	\$3,654	\$3,546
	120 COMPLEX ANAL AND RECTAL PROCEDURES	1	\$2,248	\$2,846
	123 COMPLEX LAPAROSCOPIC PROCEDURES	114	\$5,458	\$6,362
08	MALE GENITAL SYSTEM	1	\$2,505	\$3,045
	154 SIMPLE PENILE PROCEDURES	1	\$2,505	\$1,914
09	FEMALE GENITAL SYSTEM	18	\$3,533	\$4,082
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	2	\$4,844	\$5,061
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	2	\$2,467	\$3,135
	178 DILATION AND CURETTAGE	4	\$2,102	\$2,371
	179 HYSTEROSCOPY	9	\$4,223	\$4,610
	180 COLPOSCOPY	1	\$2,553	\$3,422
10	NERVOUS SYSTEM	1	\$2,514	\$1,813
	198 NERVE REPAIR AND DESTRUCTION	1	\$2,514	\$2,441
11	EYE AND OCULAR ADNEXA	101	\$2,251	\$3,062
	213 LASER EYE PROCEDURES	23	\$1,064	\$782
	214 CATARACT PROCEDURES	78	\$2,602	\$3,046
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	18	\$2,075	\$2,535
	235 SIMPLE FACIAL AND ENT PROCEDURES	3	\$1,398	\$1,798
	236 TONSIL AND ADENOID PROCEDURES	15	\$2,211	\$2,184

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

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

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

130 Sanpete Valley Hospital - CAH

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
GENDER				
Female	397	56.4	122,108	54.4
Male	307	43.6	102,236	45.6
Unknown	0	0.0	4	0.0
Not Reported	0	0.0	4	0.0
AGE				
1-28 days	0	0.0	704	0.3
29-365 days	3	0.4	2,863	1.3
1-4 years	3	0.4	11,046	4.9
5-9	8	1.1	6,088	2.7
10-14	11	1.6	4,673	2.1
15-17	18	2.6	5,017	2.2
18-19	18	2.6	3,697	1.6
20-24	32	4.5	10,637	4.7
25-29	29	4.1	12,527	5.6
30-34	25	3.6	12,120	5.4
35-39	27	3.8	12,327	5.5
40-44	27	3.8	14,081	6.3
45-49	40	5.7	17,506	7.8
50-54	60	8.5	25,054	11.2
55-59	64	9.1	20,980	9.4
60-64	67	9.5	16,994	7.6
65-69	99	14.1	14,770	6.6
70-74	68	9.7	12,538	5.6
75-79	47	6.7	10,175	4.5
80-84	33	4.7	6,704	3.0
85-89	21	3.0	2,983	1.3
90 +	4	0.6	865	0.4
Not Reported	0	0.0	707	0.3
SOURCE OF ADMISSION				
Physician Referral	692	98.3	202,212	90.1
Clinic Referral	0	0.0	553	0.2
HMO Referral	0	0.0	3,605	1.6
Other Hospital	0	0.0	90	0.0
Skilled Nursing Facility	0	0.0	22	0.0
Other Health Care Facility	0	0.0	25	0.0
Emergency Room	12	1.7	4,679	2.1
Court/Law Enforcement	0	0.0	0	0.0
Unknown	0	0.0	11	0.0
Not Reported	0	0.0	13,155	5.9

(Continued)

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

130 Sanpete Valley Hospital - CAH

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	704	100.0	223,834	99.8
Another Hospital	0	0.0	103	0.0
Skilled Nursing Facility	0	0.0	111	0.0
Intermediate Care Facility	0	0.0	11	0.0
Another Type of Institution	0	0.0	46	0.0
Under Care of Home Service	0	0.0	169	0.1
Left Against Medical Advice	0	0.0	16	0.0
Under Care of Home IV Provider	0	0.0	1	0.0
Expired	0	0.0	5	0.0
Unknown	0	0.0	56	0.0
Not Reported	0	0.0	0	0.0
PRIMARY PAYER				
Medicare	273	38.8	45,634	20.3
Medicaid	72	10.2	14,157	6.3
Other government	9	1.3	3,504	1.6
Blue Cross/Blue Shield	51	7.2	30,700	13.7
Other Commercial	43	6.1	15,100	6.7
Managed Care(HMO, PPO)	238	33.8	105,175	46.9
Self Pay	1	0.1	2,539	1.1
Industrial & Worker Comp	4	0.6	3,834	1.7
Charity and Unclassified	10	1.4	2,186	1.0
Childrens Health Insurance	0	0.0	177	0.1
Unknown	3	0.4	1,256	0.6
Not Reported	0	0.0	90	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	2	0.3	15,979	7.1
Central Utah	683	97.0	8,148	3.6
Davis County	0	0.0	23,241	10.4
Salt Lake County	3	0.4	76,236	34.0
Southeastern Utah	1	0.1	5,436	2.4
Southwest Utah	2	0.3	13,567	6.0
Summit County	0	0.0	3,096	1.4
Tooele County	2	0.3	4,599	2.0
Tri-County	1	0.1	5,798	2.6
Utah County	8	1.1	35,900	16.0
Wasatch County	0	0.0	1,771	0.8
Weber County	0	0.0	21,412	9.5
Unknown Utah	0	0.0	49	0.0
Outside Utah	2	0.3	8,923	4.0
Unknown, Not Reported	0	0.0	197	0.1

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

AMB ST 1-1
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

132 Sevier Valley Medical Center

	Procedures Performed		Procedures Performed-All Hospitals	
	(#)	(%)	(#)	(%)
Reporting Category(ICD-9-CM CODES)	2,116	100.0	321,711	100.0
Mastectomy (85.0-85.99)	15	0.7	7,021	2.2
Musculoskeletal (76.0-84.99)	191	9.0	65,753	20.4
Respiratory (30.0-34.99)	7	0.3	3,438	1.1
Cardiovascular (35.0-39.99)	7	0.3	15,180	4.7
Lymphatic/Hemetic (40.0-41.99)	15	0.7	3,088	1.0
Digestive System (42.0-54.99)	948	44.8	107,581	33.4
Urinary (55.0-59.99)	53	2.5	8,752	2.7
Male Genital (60.0-64.99)	24	1.1	3,460	1.1
Female Genital (65.0-71.99)	37	1.7	15,319	4.8
Endocrine/Nervous (01.0-07.99)	26	1.2	28,111	8.7
Eye (08.0-16.99)	498	23.5	19,328	6.0
Ear (18.0-20.99)	61	2.9	14,440	4.5
Nose, Mouth, Pharynx (21.0-29.99)	234	11.1	30,240	9.4
Reporting Category(CPT-4 CODES)	1,750	100.0	304,292	100.0
Mastectomy (19120-19220)	9	0.5	3,001	1.0
Musculoskeletal (20000-29909)	186	10.6	65,018	21.4
Respiratory (30000-32999 & 39501-39599)	14	0.8	13,975	4.6
Cardiovascular (33010-37799 & 93501-93660)	12	0.7	31,569	10.4
Lymphatic/Hemetic (38100-38999)	13	0.7	2,606	0.9
Digestive (40490-49999)	1,073	61.3	115,754	38.0
Urinary (50010-53899)	53	3.0	8,580	2.8
Male Genital (54000-55899)	21	1.2	3,059	1.0
Female Genital (56405-58999)	25	1.4	11,517	3.8
Endocrine/Nervous (60000-64999)	26	1.5	29,931	9.8
Eye (65091-68899)	287	16.4	11,422	3.8
Ear (69000-69979)	31	1.8	7,860	2.6

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics.

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

AMB ST 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES

132 Sevier Valley Medical Center

ICD-9 CODE	ICD-9 DESCRIPTION	#	%	% ALL Hospitals
All ICD-9 Procedures		2,116	100.0	100.0
4523	COLONOSCOPY	238	11.2	7.45
1341	PHACOEMULSIFICATION&ASPIR CATARACT	209	9.9	1.38
1371	INSRT IOL-CATARACT EXTRACT-1 STAGE	209	9.9	1.37
4516	EGD W/CLOS BX	182	8.6	5.75
4542	ENDO POLYPECTOMY LARGE INTESTINE	151	7.1	3.92
1364	DISCISSION OF SECONDARY MEMBRANE	71	3.4	0.18
232	RESTORATION OF TOOTH BY FILLING	69	3.3	0.68
5123	LAPAROSCOPIC CHOLECYSTECTOMY	66	3.1	2.01
283	TONSILLECTOMY WITH ADENOIDECTOMY	62	2.9	1.68
4292	DILATION OF ESOPHAGUS	62	2.9	1.54
2001	MYRINGOTOMY WITH INSERTION OF TUBE	58	2.7	3.56
4525	CLOS [ENDO] BX LARGE INTESTINE	55	2.6	2.61
4513	OTHER ENDOSCOPY OF SMALL INTESTINE	50	2.4	1.88
5732	OTHER CYSTOSCOPY	45	2.1	0.44
2370	ROOT CANAL NOT OTHERWISE SPECIFIED	42	2.0	0.36
2309	EXTRACTION OF OTHER TOOTH	31	1.5	0.18
7756	REPAIR OF HAMMER TOE	26	1.2	0.31
806	EXCISION SEMILUNAR CARTILAGE KNEE	25	1.2	1.86
0443	RELEASE OF CARPAL TUNNEL	24	1.1	1.12
4836	[ENDOSCOPIC] POLYPECTOMY OF RECTUM	22	1.0	1.10

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		1,750	100.0	100.0
45378	COLONOSCOPY FLEX; DX-SEP PROC	237	13.5	7.39
45380	COLONOSCOPY FLEX; W/BX 1/MX	218	12.5	5.63
66984	EXTRACAPSULAR CATARACT REMV IOL	209	11.9	1.42
43239	UGI ENDO; W/BX 1/MX	181	10.3	5.96
41899	UNLIST PROC DENTOALVEOL STRUCTUR	71	4.1	0.98
66821	DISCISSION 2ND CATARACT; LASER S	71	4.1	0.22
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	64	3.7	1.32
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	61	3.5	1.05
52000	CYSTOURETHROSCOPY-SEP PROC	45	2.6	0.13
42820	T&A; UNDER AGE 12	42	2.4	1.36
49505	REPR INIT ING HERNIA 5YR/MORE; R	40	2.3	0.95
69436	TYMPANOSTOMY GENERAL ANESTHESIA	29	1.7	1.90
28285	CORRECTION HAMMERTOES	26	1.5	0.51
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	24	1.4	0.74
42821	T&A; AGE 12 OR OVER	20	1.1	0.37
28296	HALLUX VALGUS; W/METATARSAL OSTE	17	1.0	0.25
29877	SCOPE KNEE SURG; DEBRID/SHAVE CA	17	1.0	1.01
29881	SCOPE KNEE SURG;W/MENISCECT MED/	17	1.0	1.59
43235	UGI ENDO; DX W/VO CLCT SPECMN-SP	17	1.0	1.32
43247	UGI ENDO; W/REMOVAL FB	16	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 and CPT4 blood draw codes in previous reports.

AMB ST 1-3

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

132 Sevier Valley Medical Center

ICD-9 CODE	ICD-9 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
ICD-9 Procedures		981	\$2,172	\$3,166
4523	COLONOSCOPY	194	\$994	\$947
4542	ENDO POLYPECTOMY LARGE INTESTINE	113	\$1,282	\$1,297
4516	EGD W/CLOS BX	77	\$1,291	\$1,301
1364	DISCISSION OF SECONDARY MEMBRANE	70	\$1,212	\$732
283	TONSILLECTOMY WITH ADENOIDECTOMY	60	\$1,812	\$2,169
5123	LAPAROSCOPIC CHOLECYSTECTOMY	55	\$7,606	\$6,118
5732	OTHER CYSTOSCOPY	43	\$844	\$4,187
4525	CLOS [ENDO] BX LARGE INTESTINE	36	\$1,203	\$1,356
0443	RELEASE OF CARPAL TUNNEL	21	\$1,671	\$2,124
282	TONSILLECTOMY WITHOUT ADENOIDECTOMY	17	\$2,639	\$2,285
5304	UNILAT REPR INDIRECT ING HERN-GFT	17	\$3,455	\$3,643
232	RESTORATION OF TOOTH BY FILLING	16	\$1,701	\$2,000
4513	OTHER ENDOSCOPY OF SMALL INTESTINE	12	\$1,508	\$1,089
4836	[ENDOSCOPIC] POLYPECTOMY OF RECTUM	11	\$1,164	\$1,228
640	CIRCUMCISION	11	\$524	\$1,763
6909	OTHER DILATION&CURETTAGE OF UTERUS	11	\$2,148	\$2,634
5303	UNILAT REPR DIRECT ING HERN-GFT	10	\$3,616	\$3,866
7751	BUNIONEC SOFT-OSTEOT 1ST METATARS	10	\$3,327	\$3,715
5341	REPAIR UMBILICAL HERNIA W/PROSTH	8	\$5,550	\$4,269
6902	DILATION&CURET FOLLOWING DELIV/AB	8	\$2,128	\$2,491

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
CPT-4 Procedures		1,275	\$2,145	\$2,895
66984	EXTRACAPSULAR CATARACT REMV IOL	205	\$2,598	\$3,042
45378	COLONOSCOPY FLEX; DX-SEP PROC	194	\$994	\$949
45380	COLONOSCOPY FLEX; W/BX 1/MX	172	\$1,264	\$1,278
43239	UGI ENDO; W/BX 1/MX	78	\$1,308	\$1,299
66821	DISCISSION 2ND CATARACT; LASER S	70	\$1,212	\$770
41899	UNLIST PROC DENTOALVEOL STRUCTUR	68	\$1,890	\$2,456
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	53	\$7,651	\$6,476
52000	CYSTOURETHROSCOPY-SEP PROC	45	\$834	\$2,129
42820	T&A; UNDER AGE 12	40	\$1,779	\$2,072
49505	REPR INIT ING HERNIA 5YR/MORE; R	28	\$3,518	\$3,685
69436	TYMPANOSTOMY GENERAL ANESTHESIA	26	\$926	\$1,166
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	21	\$1,671	\$2,178
42821	T&A; AGE 12 OR OVER	20	\$1,876	\$2,469
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	15	\$1,723	\$1,582
28296	HALLUX VALGUS; W/METATARSAL OSTE	12	\$3,335	\$3,979
58120	DILATION & CURET DX &/ THERAPEUT	12	\$2,120	\$2,371
29881	SCOPE KNEE SURG;W/MENISCECT MED/	10	\$3,558	\$3,914
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	10	\$2,620	\$2,330
28285	CORRECTION HAMMERTOE	7	\$2,432	\$2,672
42825	TONSILLECT PRIM/SEC; UNDER AGE 1	7	\$2,667	\$2,074

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

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

132 Sevier Valley Medical Center

Procedure APG category		TOTAL #	TOTAL # (ALL Hospitals)
Procedure APG			
01	INTEGUMENTARY SYSTEM	18	8,878
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	5	1,202
	008 SIMPLE EXCISION AND BIOPSY	4	1,012
	011 SIMPLE INCISION AND EXCISION OF BREAST	7	2,366
	012 BREAST RECONSTRUCTION AND MASTECTOMY	2	635
02	MUSCULOSKELETAL SYSTEM	176	58,082
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	1	6,410
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	2	2,231
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	5	2,131
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	87	11,532
	025 ARTHROSCOPY	50	25,432
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	5	656
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	4	4,342
	032 BUNION PROCEDURES	20	1,569
	034 HAND AND FOOT TENOTOMY	2	279
03	RESPIRATORY SYSTEM	7	7,958
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	7	656
04	CARDIOVASCULAR SYSTEM	11	25,823
	078 PACEMAKER INSERTION AND REPLACEMENT	5	488
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	6	746
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	13	3,114
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	13	1,943
06	DIGESTIVE SYSTEM	922	105,000
	112 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	1	1,288
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	1	649
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	2	392
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	198	22,453
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	82	5,914
	117 LOWER GASTROINTESTINAL ENDOSCOPY	462	47,953
	118 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	1	1,561
	119 HERNIA AND HYDROCELE PROCEDURES	70	6,882
	120 COMPLEX ANAL AND RECTAL PROCEDURES	3	1,098
	121 SIMPLE ANAL AND RECTAL PROCEDURES	5	497
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	1	506
	123 COMPLEX LAPAROSCOPIC PROCEDURES	95	15,680
	124 SIMPLE LAPAROSCOPIC PROCEDURES	1	170
07	URINARY SYSTEM	52	7,472
	133 URINARY CATHETERIZATION AND DILATATION	1	380
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	2	3,513
	135 MODERATE CYSTOURETHROSCOPY	3	1,846
	136 SIMPLE CYSTOURETHROSCOPY	46	606
08	MALE GENITAL SYSTEM	20	2,684
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	7	1,397
	153 COMPLEX PENILE PROCEDURES	1	413
	154 SIMPLE PENILE PROCEDURES	11	680
	155 PROSTATE NEEDLE AND PUNCH BIOPSY	1	138

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

132 Sevier Valley Medical Center

procedure APG category		TOTAL #	TOTAL # (ALL Hospitals)
procedure APG			
09	FEMALE GENITAL SYSTEM	15	6,830
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	1	1,642
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	1	1,421
	178 DILATION AND CURETTAGE	12	709
	180 COLPOSCOPY	1	339
10	NERVOUS SYSTEM	24	26,119
	198 NERVE REPAIR AND DESTRUCTION	24	4,690
11	EYE AND OCULAR ADNEXA	287	11,129
	213 LASER EYE PROCEDURES	71	710
	214 CATARACT PROCEDURES	209	4,618
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	2	469
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	4	238
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	1	881
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	194	27,995
	234 COMPLEX FACIAL AND ENT PROCEDURES	4	5,543
	235 SIMPLE FACIAL AND ENT PROCEDURES	110	13,699
	236 TONSIL AND ADENOID PROCEDURES	80	8,352

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

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

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
PROCEDURE APG CATEGORY, PROCEDURE APG, SINGLE APG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

132 Sevier Valley Medical Center

Procedure APG category	Procedure APG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
01	INTEGUMENTARY SYSTEM	12	\$3,073	\$3,077
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	5	\$2,726	\$2,981
	008 SIMPLE EXCISION AND BIOPSY	2	\$2,684	\$2,545
	011 SIMPLE INCISION AND EXCISION OF BREAST	4	\$2,985	\$2,861
	012 BREAST RECONSTRUCTION AND MASTECTOMY	1	\$5,936	\$5,243
02	MUSCULOSKELETAL SYSTEM	91	\$2,757	\$4,100
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	1	\$1,262	\$3,787
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	3	\$2,494	\$4,488
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	47	\$2,230	\$2,717
	025 ARTHROSCOPY	18	\$3,699	\$4,558
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	5	\$1,761	\$3,140
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	3	\$5,744	\$5,140
	032 BUNION PROCEDURES	14	\$3,195	\$3,916
03	RESPIRATORY SYSTEM	7	\$495	\$2,071
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	7	\$495	\$1,191
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	9	\$4,169	\$3,660
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	9	\$4,169	\$4,713
06	DIGESTIVE SYSTEM	599	\$2,222	\$2,170
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	1	\$1,244	\$1,226
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	85	\$1,295	\$1,249
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	21	\$1,761	\$1,798
	117 LOWER GASTROINTESTINAL ENDOSCOPY	370	\$1,121	\$1,114
	119 HERNIA AND HYDROCELE PROCEDURES	49	\$3,964	\$3,546
	120 COMPLEX ANAL AND RECTAL PROCEDURES	2	\$3,504	\$2,846
	123 COMPLEX LAPAROSCOPIC PROCEDURES	70	\$8,001	\$6,362
	124 SIMPLE LAPAROSCOPIC PROCEDURES	1	\$6,597	\$7,898
07	URINARY SYSTEM	50	\$937	\$4,480
	133 URINARY CATHETERIZATION AND DILATATION	1	\$829	\$3,647
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	1	\$4,757	\$4,624
	135 MODERATE CYSTOURETHROSCOPY	2	\$1,284	\$3,484
	136 SIMPLE CYSTOURETHROSCOPY	46	\$842	\$2,335
08	MALE GENITAL SYSTEM	12	\$666	\$3,045
	154 SIMPLE PENILE PROCEDURES	11	\$524	\$1,914
	155 PROSTATE NEEDLE AND PUNCH BIOPSY	1	\$2,232	\$3,924
09	FEMALE GENITAL SYSTEM	15	\$2,208	\$4,082
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	1	\$3,704	\$5,061
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	1	\$2,369	\$3,135
	178 DILATION AND CURETTAGE	12	\$2,120	\$2,371
	180 COLPOSCOPY	1	\$1,608	\$3,422
10	NERVOUS SYSTEM	21	\$1,671	\$1,813
	198 NERVE REPAIR AND DESTRUCTION	21	\$1,671	\$2,441
11	EYE AND OCULAR ADNEXA	279	\$2,227	\$3,062
	213 LASER EYE PROCEDURES	70	\$1,212	\$782
	214 CATARACT PROCEDURES	205	\$2,598	\$3,046
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	2	\$807	\$3,268

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
PROCEDURE APG CATEGORY, PROCEDURE APG, SINGLE APG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

132 Sevier Valley Medical Center

procedure APG category	Procedure APG	TOTAL #	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	1	\$1,173	\$3,225
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	1	\$1,086	\$3,876
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	174	\$1,792	\$2,535
	234 COMPLEX FACIAL AND ENT PROCEDURES	1	\$1,037	\$4,888
	235 SIMPLE FACIAL AND ENT PROCEDURES	96	\$1,638	\$1,798
	236 TONSIL AND ADENOID PROCEDURES	77	\$1,994	\$2,184

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

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

132 Sevier Valley Medical Center

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
GENDER				
Female	807	53.1	122,108	54.4
Male	713	46.9	102,236	45.6
Unknown	0	0.0	4	0.0
Not Reported	0	0.0	4	0.0
AGE				
1-28 days	3	0.2	704	0.3
29-365 days	11	0.7	2,863	1.3
1-4 years	85	5.6	11,046	4.9
5-9	58	3.8	6,088	2.7
10-14	36	2.4	4,673	2.1
15-17	29	1.9	5,017	2.2
18-19	17	1.1	3,697	1.6
20-24	44	2.9	10,637	4.7
25-29	49	3.2	12,527	5.6
30-34	46	3.0	12,120	5.4
35-39	36	2.4	12,327	5.5
40-44	61	4.0	14,081	6.3
45-49	62	4.1	17,506	7.8
50-54	123	8.1	25,054	11.2
55-59	131	8.6	20,980	9.4
60-64	119	7.8	16,994	7.6
65-69	156	10.3	14,770	6.6
70-74	158	10.4	12,538	5.6
75-79	129	8.5	10,175	4.5
80-84	109	7.2	6,704	3.0
85-89	43	2.8	2,983	1.3
90 +	15	1.0	865	0.4
Not Reported	3	0.2	707	0.3
SOURCE OF ADMISSION				
Physician Referral	1,492	98.2	202,212	90.1
Clinic Referral	2	0.1	553	0.2
HMO Referral	0	0.0	3,605	1.6
Other Hospital	0	0.0	90	0.0
Skilled Nursing Facility	1	0.1	22	0.0
Other Health Care Facility	0	0.0	25	0.0
Emergency Room	25	1.6	4,679	2.1
Court/Law Enforcement	0	0.0	0	0.0
Unknown	0	0.0	11	0.0
Not Reported	0	0.0	13,155	5.9

(Continued)

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

132 Sevier Valley Medical Center

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	1,518	99.9	223,834	99.8
Another Hospital	2	0.1	103	0.0
Skilled Nursing Facility	0	0.0	111	0.0
Intermediate Care Facility	0	0.0	11	0.0
Another Type of Institution	0	0.0	46	0.0
Under Care of Home Service	0	0.0	169	0.1
Left Against Medical Advice	0	0.0	16	0.0
Under Care of Home IV Provider	0	0.0	1	0.0
Expired	0	0.0	5	0.0
Unknown	0	0.0	56	0.0
Not Reported	0	0.0	0	0.0
PRIMARY PAYER				
Medicare	576	37.9	45,634	20.3
Medicaid	198	13.0	14,157	6.3
Other government	13	0.9	3,504	1.6
Blue Cross/Blue Shield	112	7.4	30,700	13.7
Other Commercial	94	6.2	15,100	6.7
Managed Care(HMO, PPO)	471	31.0	105,175	46.9
Self Pay	20	1.3	2,539	1.1
Industrial & Worker Comp	13	0.9	3,834	1.7
Charity and Unclassified	3	0.2	2,186	1.0
Childrens Health Insurance	0	0.0	177	0.1
Unknown	20	1.3	1,256	0.6
Not Reported	0	0.0	90	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	1	0.1	15,979	7.1
Central Utah	1,452	95.5	8,148	3.6
Davis County	0	0.0	23,241	10.4
Salt Lake County	2	0.1	76,236	34.0
Southeastern Utah	14	0.9	5,436	2.4
Southwest Utah	40	2.6	13,567	6.0
Summit County	0	0.0	3,096	1.4
Tooele County	0	0.0	4,599	2.0
Tri-County	0	0.0	5,798	2.6
Utah County	3	0.2	35,900	16.0
Wasatch County	0	0.0	1,771	0.8
Weber County	0	0.0	21,412	9.5
Unknown Utah	0	0.0	49	0.0
Outside Utah	8	0.5	8,923	4.0
Unknown, Not Reported	0	0.0	197	0.1

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

AMB ST 1-1
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

124 St. Marks Hospital

	Procedures Performed		Procedures Performed-All Hospitals	
	(#)	(%)	(#)	(%)
Reporting Category(ICD-9-CM CODES)	18,124	100.0	321,711	100.0
Mastectomy (85.0-85.99)	833	4.6	7,021	2.2
Musculoskeletal (76.0-84.99)	2,797	15.4	65,753	20.4
Respiratory (30.0-34.99)	289	1.6	3,438	1.1
Cardiovascular (35.0-39.99)	819	4.5	15,180	4.7
Lymphatic/Hemetic (40.0-41.99)	309	1.7	3,088	1.0
Digestive System (42.0-54.99)	2,854	15.7	107,581	33.4
Urinary (55.0-59.99)	710	3.9	8,752	2.7
Male Genital (60.0-64.99)	77	0.4	3,460	1.1
Female Genital (65.0-71.99)	991	5.5	15,319	4.8
Endocrine/Nervous (01.0-07.99)	6,874	37.9	28,111	8.7
Eye (08.0-16.99)	1,443	8.0	19,328	6.0
Ear (18.0-20.99)	20	0.1	14,440	4.5
Nose, Mouth, Pharynx (21.0-29.99)	108	0.6	30,240	9.4
Reporting Category(CPT-4 CODES)	18,602	100.0	304,292	100.0
Mastectomy (19120-19220)	122	0.7	3,001	1.0
Musculoskeletal (20000-29909)	2,243	12.1	65,018	21.4
Respiratory (30000-32999 & 39501-39599)	303	1.6	13,975	4.6
Cardiovascular (33010-37799 & 93501-93660)	2,267	12.2	31,569	10.4
Lymphatic/Hemetic (38100-38999)	276	1.5	2,606	0.9
Digestive (40490-49999)	2,764	14.9	115,754	38.0
Urinary (50010-53899)	522	2.8	8,580	2.8
Male Genital (54000-55899)	55	0.3	3,059	1.0
Female Genital (56405-58999)	878	4.7	11,517	3.8
Endocrine/Nervous (60000-64999)	8,047	43.3	29,931	9.8
Eye (65091-68899)	1,010	5.4	11,422	3.8
Ear (69000-69979)	115	0.6	7,860	2.6

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics.

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

AMB ST 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES

124 St. Marks Hospital

ICD-9 CODE	ICD-9 DESCRIPTION	#	%	% ALL Hospitals
All ICD-9 Procedures		18,124	100.0	100.0
0392	INJECTION OTH AGT INTO SPINAL CANAL	2,517	13.9	2.68
0391	INJECTION ANES-SPINAL CANAL ANALG	2,504	13.8	2.05
042	DESTRUC CRANIAL&PERIPHERAL NERVES	786	4.3	0.30
8192	INJ THERAPEUTIC SBSTNC IN JNT/LIG	596	3.3	0.50
1474	OTHER MECHANICAL VITRECTOMY	466	2.6	0.41
5123	LAPAROSCOPIC CHOLECYSTECTOMY	437	2.4	2.01
149	OTH OP RETINA CHOROID&POST CHAMB	335	1.8	0.29
8519	OTHER DIAGNOSTIC PROCEDURES BREAST	298	1.6	0.27
4516	EGD W/CLOS BX	293	1.6	5.75
1475	INJECTION OF VITREOUS SUBSTITUTE	255	1.4	0.26
8511	CLOSED BIOPSY OF BREAST	250	1.4	0.26
8051	EXCISION OF INTERVERTEBRAL DISC	237	1.3	0.48
1424	DEST CHORIORETIN LES-LASER PHOTO	223	1.2	0.17
3893	VENOUS CATHETERIZATION NEC	210	1.2	0.21
5732	OTHER CYSTOSCOPY	165	0.9	0.44
4513	OTHER ENDOSCOPY OF SMALL INTESTINE	160	0.9	1.88
6812	HYSTEROSCOPY	159	0.9	0.30
4131	BIOPSY OF BONE MARROW	148	0.8	0.17
4542	ENDO POLYPECTOMY LARGE INTESTINE	146	0.8	3.92
0611	CLOSED BIOPSY OF THYROID GLAND	142	0.8	0.12

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		18,602	100.0	100.0
64623	DESTRUC FACET JT NRV; L/S-EA AD	1,468	7.9	0.61
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	943	5.1	1.51
64476	INJ ANES FACET JT; LUMB/SAC-EA A	914	4.9	0.60
64483	INJ ANES EPIDURL; LUMB/SAC 1 LEV	597	3.2	0.98
64622	DESTRUC FACET JT NRV; L/S-1 LEVE	545	2.9	0.25
64475	INJ ANES FACET JT; LUMB/SAC-1LEV	438	2.4	0.52
64472	INJ ANES FACET JT; CERV/THOR-EA	436	2.3	0.28
64627	DESTRUC FACET NRV; CRV/THOR-EA A	420	2.3	0.18
67038	VITRECTOMY MECH; W/MEMBRANE STRI	335	1.8	0.31
36430	TRANSFUSION BLOOD/BLOOD COMPONEN	328	1.8	0.34
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	313	1.7	1.32
43239	UGI ENDO; W/BX 1/MX	284	1.5	5.96
67025	INJ VITREOUS SUBSTITUTE-SEP PROC	255	1.4	0.11
45380	COLONOSCOPY FLEX; W/BX 1/MX	251	1.3	5.63
20610	ARTHROCENTESIS ASPIR&/INJ; MAJ J	222	1.2	0.42
62310	INJ 1 NOT NEUROLYTIC-EPID;CERV/T	221	1.2	0.35
36569	INSERT PICC W/O PORT/PUMP; 5 YR/	196	1.1	0.17
64470	INJ ANES FACET JT; CERV/THOR-1LE	195	1.0	0.14
93545	INJ PROC-CATH; SELECT CORONRY AN	183	1.0	1.15
93543	INJ PROC-CATH; LT VENT/ATRIAL AN	180	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 and CPT4 blood draw codes in previous reports.

AMB ST 1-3

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

124 St. Marks Hospital

ICD-9 CODE	ICD-9 DESCRIPTION	#	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
ICD-9 Procedures		6,002	\$4,818	\$3,166
042	DESTRUC CRANIAL&PERIPHERAL NERVES	605	\$3,966	\$3,615
8192	INJ THERAPEUTIC SBSTNC IN JNT/LIG	459	\$859	\$964
5123	LAPAROSCOPIC CHOLECYSTECTOMY	378	\$6,648	\$6,118
3893	VENOUS CATHETERIZATION NEC	202	\$2,504	\$3,189
4516	EGD W/CLOS BX	196	\$2,229	\$1,301
8051	EXCISION OF INTERVERTEBRAL DISC	165	\$10,597	\$7,760
4131	BIOPSY OF BONE MARROW	143	\$3,473	\$3,459
0611	CLOSED BIOPSY OF THYROID GLAND	142	\$753	\$731
5011	CLOSED BIOPSY OF LIVER	131	\$2,306	\$2,288
8511	CLOSED BIOPSY OF BREAST	124	\$997	\$1,405
6952	ASPIRATION CURET FOLLOWING DELIV/AB	123	\$3,383	\$2,456
8519	OTHER DIAGNOSTIC PROCEDURES BREAST	116	\$1,008	\$1,052
3722	LEFT HEART CARDIAC CATHETERIZATION	114	\$11,149	\$6,307
4513	OTHER ENDOSCOPY OF SMALL INTESTINE	105	\$2,410	\$1,089
4523	COLONOSCOPY	89	\$1,842	\$947
0531	INJ ANESIN SYMPATHETIC NERVE ANALG	87	\$1,287	\$1,206
8165	VERTEBROPLASTY	79	\$7,967	\$6,912
4542	ENDO POLYPECTOMY LARGE INTESTINE	77	\$2,422	\$1,297
0331	SPINAL TAP	70	\$1,867	\$1,934
5491	PERCUTANEOUS ABDOMINAL DRAINAGE	67	\$1,560	\$1,637

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
CPT-4 Procedures		7,770	\$3,734	\$2,895
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	926	\$1,358	\$982
64483	INJ ANES EPIDURL; LUMB/SAC 1 LEV	483	\$1,284	\$1,198
36430	TRANSFUSION BLOOD/BLOOD COMPONENT	312	\$2,420	\$2,312
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	268	\$6,603	\$6,476
62310	INJ 1 NOT NEUROLYTIC-EPID;CERV/T	216	\$1,346	\$1,147
20610	ARTHROCENTESIS ASPIR&/INJ; MAJ J	200	\$828	\$930
36569	INSERT PICC W/O PORT/PUMP; 5 YR/	189	\$2,402	\$3,161
43239	UGI ENDO; W/BX 1/MX	188	\$2,201	\$1,299
45380	COLONOSCOPY FLEX; W/BX 1/MX	176	\$2,416	\$1,278
58340	CATH&INTRO SALINE/CONTRAST SIS/H	161	\$661	\$824
63030	LAMINOT W/ DECOMP; 1 INTERSPACE	154	\$10,623	\$7,927
38221	BONE MARROW; BIOPSY NEEDLE/TROCA	143	\$3,475	\$2,954
47000	BIOPSY LIVER NEEDLE; PERCUTANEOU	124	\$1,863	\$2,166
69210	REMOVAL IMPACT CERUMEN 1/BOTH EA	113	\$286	\$417
47562	LAPAROSCOPY SURGICAL; CHOLECT	110	\$6,759	\$5,595
64479	INJ ANES EPIDURL; CERV/THOR 1 LE	109	\$1,198	\$1,168
67038	VITRECTOMY MECH; W/MEMBRANE STRI	94	\$7,711	\$5,891
45378	COLONOSCOPY FLEX; DX-SEP PROC	90	\$1,910	\$949
43235	UGI ENDO; DX W/VO CLCT SPECMN-SP	84	\$2,102	\$1,036
62270	SPINAL PUNCTURE LUMBAR DIAGNOSTI	73	\$1,847	\$1,920

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

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

124 St. Marks Hospital

Procedure APG category		TOTAL #	TOTAL # (ALL Hospitals)
Procedure APG			
01	INTEGUMENTARY SYSTEM	979	8,878
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	420	2,028
	003 COMPLEX INCISION AND DRAINAGE	7	76
	004 SIMPLE INCISION AND DRAINAGE	1	23
	006 SIMPLE DEBRIDEMENT AND DESTRUCTION	24	157
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	47	1,202
	008 SIMPLE EXCISION AND BIOPSY	52	1,012
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRANGE	306	1,367
	011 SIMPLE INCISION AND EXCISION OF BREAST	76	2,366
	012 BREAST RECONSTRUCTION AND MASTECTOMY	46	635
02	MUSCULOSKELETAL SYSTEM	1,881	58,082
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	437	6,410
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	89	2,231
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	109	2,131
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	349	11,532
	025 ARTHROSCOPY	258	25,432
	026 REPLACEMENT OF CAST	1	63
	027 SPLINT, STRAPPING AND CAST REMOVAL	36	368
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	16	656
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	105	4,342
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	22	470
	032 BUNION PROCEDURES	67	1,569
	033 ARTHROPLASTY	6	512
	034 HAND AND FOOT TENOTOMY	24	279
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	362	2,033
03	RESPIRATORY SYSTEM	328	7,958
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	118	656
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	12	5,137
	055 ENDOSCOPY OF THE LOWER AIRWAY	198	1,865
04	CARDIOVASCULAR SYSTEM	1,378	25,823
	074 CARDIAC ELECTROPHYSIOLOGIC TESTS	8	2,947
	075 PLACEMENT OF TRANSVENOUS CATHETERS	3	48
	076 DIAGNOSTIC CARDIAC CATHETERIZATION	948	18,184
	077 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	105	1,922
	078 PACEMAKER INSERTION AND REPLACEMENT	78	488
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	103	746
	080 MINOR VASCULAR REPAIR AND FISTULA CONSTRUCTION	88	898
	081 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	20	181
	082 VASCULAR LIGATION	25	403
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	454	3,114
	092 CHEMOTHERAPY EXCEPT BY EXTENDED INFUSION	3	19
	094 BLOOD AND BLOOD PRODUCT EXCHANGE	21	131
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	102	1,943
	097 TRANSFUSION	328	1,021
06	DIGESTIVE SYSTEM	2,625	105,000
	111 ALIMENTARY TESTS AND SIMPLE TUBE PLACEMENT	51	113

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

124 St. Marks Hospital

procedure APG category		TOTAL #	TOTAL # (ALL Hospitals)
procedure APG			
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	51	649
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	19	392
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	399	22,453
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	167	5,914
	117 LOWER GASTROINTESTINAL ENDOSCOPY	433	47,953
	118 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	88	1,561
	119 HERNIA AND HYDROCELE PROCEDURES	244	6,882
	120 COMPLEX ANAL AND RECTAL PROCEDURES	176	1,098
	121 SIMPLE ANAL AND RECTAL PROCEDURES	79	497
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	31	506
	123 COMPLEX LAPAROSCOPIC PROCEDURES	882	15,680
	124 SIMPLE LAPAROSCOPIC PROCEDURES	5	170
07	URINARY SYSTEM	451	7,472
	131 RENAL EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	9	848
	132 SIMPLE URINARY STUDIES AND PROCEDURES	1	1
	133 URINARY CATHETERIZATION AND DILATATION	60	380
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	218	3,513
	135 MODERATE CYSTOURETHROSCOPY	116	1,846
	136 SIMPLE CYSTOURETHROSCOPY	33	606
	137 COMPLEX URETHRAL PROCEDURES	9	125
	138 SIMPLE URETHRAL PROCEDURES	5	153
08	MALE GENITAL SYSTEM	42	2,684
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	28	1,397
	152 INSERTION OF PENILE PROSTHESIS	3	56
	153 COMPLEX PENILE PROCEDURES	2	413
	154 SIMPLE PENILE PROCEDURES	8	680
	155 PROSTATE NEEDLE AND PUNCH BIOPSY	1	138
09	FEMALE GENITAL SYSTEM	503	6,830
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	103	1,642
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	75	1,421
	178 DILATION AND CURETTAGE	124	709
	179 HYSTEROSCOPY	185	2,718
	180 COLPOSCOPY	16	339
10	NERVOUS SYSTEM	7,446	26,119
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	6,580	19,763
	196 REVISION AND REMOVAL OF NEUROLOGICAL DEVICE	16	212
	197 NEUROSTIMULATOR AND VENTRICULAR SHUNT IMPLANTATION	81	828
	198 NERVE REPAIR AND DESTRUCTION	693	4,690
	199 SPINAL TAP	76	626
11	EYE AND OCULAR ADNEXA	1,006	11,129
	213 LASER EYE PROCEDURES	1	710
	214 CATARACT PROCEDURES	34	4,618
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	6	469
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	10	238
	218 COMPLEX POSTERIOR SEGMENT EYE PROCEDURES	56	374
	219 SIMPLE POSTERIOR SEGMENT EYE PROCEDURES	294	436

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

124 St. Marks Hospital

procedure APG category		TOTAL #	TOTAL # (ALL Hospitals)
procedure APG			
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	1	556
	223 VITRECTOMY	604	1,687
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	150	27,995
	233 NASAL CAUTERIZATION AND PACKING	4	323
	234 COMPLEX FACIAL AND ENT PROCEDURES	112	5,543
	235 SIMPLE FACIAL AND ENT PROCEDURES	31	13,699
	236 TONSIL AND ADENOID PROCEDURES	3	8,352
13	THERAPEUTIC AND OTHER RADIOLOGICAL PROCEDURES	372	3,177
	253 VASCULAR RADIOLOGY EXCEPT FOR VENOGRAPHY OF EXTREMITY	149	1,174
	254 MYELOGRAPHY	55	297
	255 MISCELLANEOUS RADIOLOGICAL PROCEDURES WITH CONTRAST	168	1,694

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

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

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
PROCEDURE APG CATEGORY, PROCEDURE APG, SINGLE APG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

124 St. Marks Hospital

Procedure APG category	Procedure APG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
01	INTEGUMENTARY SYSTEM	853	\$3,433	\$3,077
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	400	\$2,627	\$2,351
	003 COMPLEX INCISION AND DRAINAGE	4	\$2,989	\$3,204
	004 SIMPLE INCISION AND DRAINAGE	1	\$3,677	\$2,900
	006 SIMPLE DEBRIDEMENT AND DESTRUCTION	8	\$3,038	\$2,246
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	27	\$4,048	\$2,981
	008 SIMPLE EXCISION AND BIOPSY	42	\$3,038	\$2,545
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRAN	295	\$4,272	\$4,359
	011 SIMPLE INCISION AND EXCISION OF BREAST	55	\$4,038	\$2,861
	012 BREAST RECONSTRUCTION AND MASTECTOMY	21	\$5,641	\$5,243
02	MUSCULOSKELETAL SYSTEM	875	\$4,820	\$4,100
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	197	\$9,832	\$6,150
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	37	\$5,349	\$3,787
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	14	\$5,617	\$4,488
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	104	\$4,444	\$2,717
	025 ARTHROSCOPY	100	\$6,986	\$4,558
	027 SPLINT, STRAPPING AND CAST REMOVAL	19	\$425	\$5,317
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	7	\$4,838	\$3,140
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	57	\$6,704	\$5,140
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	12	\$2,678	\$2,526
	032 BUNION PROCEDURES	24	\$5,609	\$3,916
	034 HAND AND FOOT TENOTOMY	1	\$2,335	\$1,909
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	303	\$824	\$909
03	RESPIRATORY SYSTEM	187	\$1,833	\$2,071
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	117	\$1,228	\$1,191
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	2	\$5,009	\$3,201
	055 ENDOSCOPY OF THE LOWER AIRWAY	68	\$2,780	\$2,233
04	CARDIOVASCULAR SYSTEM	195	\$10,587	\$10,821
	075 PLACEMENT OF TRANSVENOUS CATHETERS	1	\$5,335	\$12,890
	077 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	32	\$10,264	\$17,712
	078 PACEMAKER INSERTION AND REPLACEMENT	36	\$30,747	\$21,180
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	52	\$3,827	\$4,242
	080 MINOR VASCULAR REPAIR AND FISTULA CONSTRUCTION	61	\$5,648	\$4,911
	081 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	9	\$6,827	\$5,273
	082 VASCULAR LIGATION	4	\$4,686	\$6,284
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	370	\$2,936	\$3,660
	094 BLOOD AND BLOOD PRODUCT EXCHANGE	18	\$5,471	\$7,016
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	40	\$5,821	\$4,713
	097 TRANSFUSION	312	\$2,420	\$2,312
06	DIGESTIVE SYSTEM	1,698	\$4,625	\$2,170
	111 ALIMENTARY TESTS AND SIMPLE TUBE PLACEMENT	51	\$989	\$1,014
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	24	\$4,920	\$1,114
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	14	\$2,576	\$1,226
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	272	\$2,170	\$1,249
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	116	\$3,274	\$1,798

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
PROCEDURE APG CATEGORY, PROCEDURE APG, SINGLE APG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

124 St. Marks Hospital

procedure APG category		TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
Procedure APG				
117	LOWER GASTROINTESTINAL ENDOSCOPY	279	\$2,281	\$1,114
118	ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	21	\$7,686	\$3,753
119	HERNIA AND HYDROCELE PROCEDURES	127	\$4,710	\$3,546
120	COMPLEX ANAL AND RECTAL PROCEDURES	116	\$3,913	\$2,846
121	SIMPLE ANAL AND RECTAL PROCEDURES	37	\$2,750	\$2,218
122	MISCELLANEOUS ABDOMINAL PROCEDURES	16	\$5,890	\$3,109
123	COMPLEX LAPAROSCOPIC PROCEDURES	624	\$7,404	\$6,362
124	SIMPLE LAPAROSCOPIC PROCEDURES	1	\$12,644	\$7,898
07	URINARY SYSTEM	185	\$4,793	\$4,480
131	RENAL EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	7	\$3,341	\$7,487
132	SIMPLE URINARY STUDIES AND PROCEDURES	1	\$2,873	\$2,873
133	URINARY CATHETERIZATION AND DILATATION	36	\$5,072	\$3,647
134	COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	67	\$5,581	\$4,624
135	MODERATE CYSTOURETHROSCOPY	55	\$4,176	\$3,484
136	SIMPLE CYSTOURETHROSCOPY	13	\$3,560	\$2,335
137	COMPLEX URETHRAL PROCEDURES	4	\$4,634	\$4,861
138	SIMPLE URETHRAL PROCEDURES	2	\$4,721	\$1,539
08	MALE GENITAL SYSTEM	25	\$7,267	\$3,045
151	TESTICULAR AND EPIDIDYMAL PROCEDURES	14	\$4,006	\$2,546
152	INSERTION OF PENILE PROSTHESIS	3	\$30,008	\$19,133
153	COMPLEX PENILE PROCEDURES	2	\$5,744	\$3,147
154	SIMPLE PENILE PROCEDURES	6	\$4,013	\$1,914
09	FEMALE GENITAL SYSTEM	216	\$4,847	\$4,082
176	COMPLEX FEMALE REPRODUCTIVE PROCEDURES	64	\$6,263	\$5,061
177	SIMPLE FEMALE REPRODUCTIVE PROCEDURES	38	\$3,399	\$3,135
178	DILATION AND CURETTAGE	38	\$3,128	\$2,371
179	HYSTEROSCOPY	70	\$5,429	\$4,610
180	COLPOSCOPY	6	\$3,004	\$3,422
10	NERVOUS SYSTEM	2,277	\$1,707	\$1,813
195	NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	2,102	\$1,312	\$1,068
196	REVISION AND REMOVAL OF NEUROLOGICAL DEVICE	4	\$16,429	\$7,292
197	NEUROSTIMULATOR AND VENTRICULAR SHUNT IMPLANTATION	40	\$19,374	\$22,134
198	NERVE REPAIR AND DESTRUCTION	55	\$2,740	\$2,441
199	SPINAL TAP	76	\$1,812	\$1,908
11	EYE AND OCULAR ADNEXA	158	\$7,502	\$3,062
213	LASER EYE PROCEDURES	1	\$2,400	\$782
214	CATARACT PROCEDURES	4	\$6,216	\$3,046
215	COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	6	\$11,057	\$3,268
217	SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	2	\$3,197	\$3,225
218	COMPLEX POSTERIOR SEGMENT EYE PROCEDURES	13	\$5,909	\$5,400
222	SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	1	\$6,230	\$2,152
223	VITRECTOMY	131	\$7,651	\$5,731
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	90	\$6,198	\$2,535
233	NASAL CAUTERIZATION AND PACKING	3	\$5,705	\$3,183
234	COMPLEX FACIAL AND ENT PROCEDURES	70	\$6,413	\$4,888

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
PROCEDURE APG CATEGORY, PROCEDURE APG, SINGLE APG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

124 St. Marks Hospital

procedure APG category	Procedure APG	TOTAL #	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
	235 SIMPLE FACIAL AND ENT PROCEDURES	17	\$5,401	\$1,798
13	THERAPEUTIC AND OTHER RADIOLOGICAL PROCEDURES	215	\$1,680	\$3,015
	253 VASCULAR RADIOLOGY EXCEPT FOR VENOGRAPHY OF EXTREMITY	21	\$6,768	\$11,306
	254 MYELOGRAPHY	27	\$3,089	\$3,100
	255 MISCELLANEOUS RADIOLOGICAL PROCEDURES WITH CONTRAST	167	\$812	\$2,175

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

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

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

124 St. Marks Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
GENDER				
Female	7,992	64.5	122,108	54.4
Male	4,406	35.5	102,236	45.6
Unknown	0	0.0	4	0.0
Not Reported	0	0.0	4	0.0
AGE				
1-28 days	0	0.0	704	0.3
29-365 days	0	0.0	2,863	1.3
1-4 years	0	0.0	11,046	4.9
5-9	1	0.0	6,088	2.7
10-14	14	0.1	4,673	2.1
15-17	75	0.6	5,017	2.2
18-19	82	0.7	3,697	1.6
20-24	446	3.6	10,637	4.7
25-29	641	5.2	12,527	5.6
30-34	746	6.0	12,120	5.4
35-39	706	5.7	12,327	5.5
40-44	940	7.6	14,081	6.3
45-49	1,092	8.8	17,506	7.8
50-54	1,202	9.7	25,054	11.2
55-59	1,029	8.3	20,980	9.4
60-64	1,015	8.2	16,994	7.6
65-69	986	8.0	14,770	6.6
70-74	1,037	8.4	12,538	5.6
75-79	958	7.7	10,175	4.5
80-84	830	6.7	6,704	3.0
85-89	440	3.5	2,983	1.3
90 +	158	1.3	865	0.4
Not Reported	0	0.0	707	0.3
SOURCE OF ADMISSION				
Physician Referral	12,172	98.2	202,212	90.1
Clinic Referral	18	0.1	553	0.2
HMO Referral	0	0.0	3,605	1.6
Other Hospital	3	0.0	90	0.0
Skilled Nursing Facility	0	0.0	22	0.0
Other Health Care Facility	1	0.0	25	0.0
Emergency Room	203	1.6	4,679	2.1
Court/Law Enforcement	0	0.0	0	0.0
Unknown	1	0.0	11	0.0
Not Reported	0	0.0	13,155	5.9

(Continued)

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

124 St. Marks Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	12,370	99.8	223,834	99.8
Another Hospital	1	0.0	103	0.0
Skilled Nursing Facility	7	0.1	111	0.0
Intermediate Care Facility	0	0.0	11	0.0
Another Type of Institution	5	0.0	46	0.0
Under Care of Home Service	12	0.1	169	0.1
Left Against Medical Advice	1	0.0	16	0.0
Under Care of Home IV Provider	0	0.0	1	0.0
Expired	2	0.0	5	0.0
Unknown	0	0.0	56	0.0
Not Reported	0	0.0	0	0.0
PRIMARY PAYER				
Medicare	4,207	33.9	45,634	20.3
Medicaid	323	2.6	14,157	6.3
Other government	117	0.9	3,504	1.6
Blue Cross/Blue Shield	3,161	25.5	30,700	13.7
Other Commercial	1,052	8.5	15,100	6.7
Managed Care(HMO, PPO)	2,949	23.8	105,175	46.9
Self Pay	139	1.1	2,539	1.1
Industrial & Worker Comp	411	3.3	3,834	1.7
Charity and Unclassified	36	0.3	2,186	1.0
Childrens Health Insurance	3	0.0	177	0.1
Unknown	0	0.0	1,256	0.6
Not Reported	0	0.0	90	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	74	0.6	15,979	7.1
Central Utah	58	0.5	8,148	3.6
Davis County	597	4.8	23,241	10.4
Salt Lake County	9,848	79.4	76,236	34.0
Southeastern Utah	53	0.4	5,436	2.4
Southwest Utah	77	0.6	13,567	6.0
Summit County	217	1.8	3,096	1.4
Tooele County	329	2.7	4,599	2.0
Tri-County	127	1.0	5,798	2.6
Utah County	244	2.0	35,900	16.0
Wasatch County	59	0.5	1,771	0.8
Weber County	175	1.4	21,412	9.5
Unknown Utah	6	0.0	49	0.0
Outside Utah	532	4.3	8,923	4.0
Unknown, Not Reported	2	0.0	197	0.1

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

AMB ST 1-1
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

307 The Orthopedic Specialty Hospital

	Procedures Performed		Procedures Performed-All Hospitals	
	(#)	(%)	(#)	(%)
Reporting Category(ICD-9-CM CODES)	8,959	100.0	321,711	100.0
Mastectomy (85.0-85.99)	0	0.0	7,021	2.2
Musculoskeletal (76.0-84.99)	8,416	93.9	65,753	20.4
Respiratory (30.0-34.99)	1	0.0	3,438	1.1
Cardiovascular (35.0-39.99)	3	0.0	15,180	4.7
Lymphatic/Hemetic (40.0-41.99)	8	0.1	3,088	1.0
Digestive System (42.0-54.99)	0	0.0	107,581	33.4
Urinary (55.0-59.99)	0	0.0	8,752	2.7
Male Genital (60.0-64.99)	0	0.0	3,460	1.1
Female Genital (65.0-71.99)	0	0.0	15,319	4.8
Endocrine/Nervous (01.0-07.99)	531	5.9	28,111	8.7
Eye (08.0-16.99)	0	0.0	19,328	6.0
Ear (18.0-20.99)	0	0.0	14,440	4.5
Nose, Mouth, Pharynx (21.0-29.99)	0	0.0	30,240	9.4
Reporting Category(CPT-4 CODES)	8,817	100.0	304,292	100.0
Mastectomy (19120-19220)	0	0.0	3,001	1.0
Musculoskeletal (20000-29909)	8,599	97.5	65,018	21.4
Respiratory (30000-32999 & 39501-39599)	0	0.0	13,975	4.6
Cardiovascular (33010-37799 & 93501-93660)	3	0.0	31,569	10.4
Lymphatic/Hemetic (38100-38999)	6	0.1	2,606	0.9
Digestive (40490-49999)	0	0.0	115,754	38.0
Urinary (50010-53899)	0	0.0	8,580	2.8
Male Genital (54000-55899)	0	0.0	3,059	1.0
Female Genital (56405-58999)	0	0.0	11,517	3.8
Endocrine/Nervous (60000-64999)	209	2.4	29,931	9.8
Eye (65091-68899)	0	0.0	11,422	3.8
Ear (69000-69979)	0	0.0	7,860	2.6

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics.

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

AMB ST 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES

307 The Orthopedic Specialty Hospital

ICD-9 CODE	ICD-9 DESCRIPTION	#	%	% ALL Hospitals
All ICD-9 Procedures		8,959	100.0	100.0
806	EXCISION SEMILUNAR CARTILAGE KNEE	1,001	11.2	1.86
8086	OTH LOCAL EXC/DESTRUC LES KNEE JNT	886	9.9	0.85
8145	OTHER REPAIR THE CRUCIATE LIGAMENTS	455	5.1	0.57
0443	RELEASE OF CARPAL TUNNEL	380	4.2	1.12
8363	ROTATOR CUFF REPAIR	348	3.9	0.74
8183	OTHER REPAIR OF SHOULDER	345	3.9	0.76
7781	OTH PART OSTEC SCAPULA CLAV&THORAX	301	3.4	0.50
8081	OTH LOCAL EXC/DESTRUC LES SHLDR JNT	286	3.2	0.47
8147	OTHER REPAIR OF KNEE	255	2.8	0.75
7867	REMOVAL IMPL DEVICE FROM TIBIA&FIB	229	2.6	0.33
8046	DIV JOINT CAP LIGAMENT/CART KNEE	190	2.1	0.29
7936	OPEN RDUC FX TIB&FIB W/INTRL FIX	127	1.4	0.28
8076	SYNOVECTOMY OF KNEE	122	1.4	0.39
8388	OTHER PLASTIC OPERATIONS ON TENDON	114	1.3	0.16
8201	EXPLORATION TENDON SHEATH HAND	106	1.2	0.38
8313	OTHER TENOTOMY	105	1.2	0.11
7868	REMOVAL IMPL DEVICE FROM TARSAL&MTS	97	1.1	0.11
7937	OP REDUC W/INT FIX-TARS-METATARS	92	1.0	0.11
8182	REPAIR RECURRENT DISLOC SHOULDER	87	1.0	0.14
7932	OPEN RDUC FX RADUS&ULNA W/INTRL FIX	82	0.9	0.26

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		8,817	100.0	100.0
29877	SCOPE KNEE SURG; DEBRID/SHAVE CA	894	10.1	1.01
29881	SCOPE KNEE SURG;W/MENISCECT MED/	851	9.7	1.59
29826	SCOPE SHOULDER; DECOMP SUBACROM	598	6.8	1.09
29888	ARTHSCPY AIDED ACL REPR/AUG/RECO	444	5.0	0.58
20680	REMOVAL OF IMPLANT; DEEP	371	4.2	0.87
29827	SCOPE SHLDR SURG; W/ROTOR CUFF R	329	3.7	0.55
29824	SCOPE SHLDR SURG;DIST CLAVICULEC	281	3.2	0.40
29848	ENDO WRST SURG REL TRNS CARP LIG	242	2.7	0.31
29873	SCOPE KNEE SURGICAL; W/LAT RELEA	168	1.9	0.29
29822	SCOPE SHOULDER SURGICAL; DEBRID	158	1.8	0.26
29880	SCOPE KNEE SURG;W/MENISCECT MED&	151	1.7	0.45
29806	SCOPE SHOULDER SURGICAL; CPSLORR	135	1.5	0.18
29823	SCOPE SHOULDER SURGICAL; DEBRID	129	1.5	0.22
20900	BONE GRAFT ANY DONOR AREA; MINOR	126	1.4	0.06
26055	TENDON SHEATH INCISION	116	1.3	0.42
29875	SCOPE KNEE; SYNOVECT LTD SEP PRO	102	1.2	0.24
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	97	1.1	0.74
28899	UNLISTED PROCEDURE FOOT OR TOES	94	1.1	0.11
29882	SCOPE KNEE; W/MENISCUS REPR MED/	88	1.0	0.11
28285	CORRECTION HAMMERTOES	75	0.9	0.51

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

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

AMB ST 1-3

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

307 The Orthopedic Specialty Hospital

ICD-9 CODE	ICD-9 DESCRIPTION	#	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
ICD-9 Procedures		2,193	\$3,452	\$3,166
806	EXCISION SEMILUNAR CARTILAGE KNEE	258	\$2,855	\$4,034
8086	OTH LOCAL EXC/DESTRUC LES KNEE JNT	227	\$2,850	\$3,477
0443	RELEASE OF CARPAL TUNNEL	191	\$2,064	\$2,124
8145	OTHER REPAIR THE CRUCIATE LIGAMENTS	127	\$7,483	\$8,676
8363	ROTATOR CUFF REPAIR	123	\$6,058	\$8,430
7867	REMOVAL IMPL DEVICE FROM TIBIA&FIB	66	\$1,788	\$2,636
8183	OTHER REPAIR OF SHOULDER	66	\$4,283	\$6,622
8182	REPAIR RECURRENT DISLOC SHOULDER	60	\$6,679	\$8,193
7936	OPEN RDUC FX TIB&FIB W/INTRL FIX	58	\$3,499	\$6,093
8076	SYNOVECTOMY OF KNEE	48	\$2,815	\$3,941
8201	EXPLORATION TENDON SHEATH HAND	47	\$1,608	\$1,942
8147	OTHER REPAIR OF KNEE	45	\$3,824	\$5,129
8221	EXCISION LESION TENDON SHEATH HAND	45	\$1,743	\$2,205
7932	OPEN RDUC FX RADUS&ULNA W/INTRL FIX	39	\$5,248	\$7,111
7937	OP REDUC W/INT FIX-TARS-METATARS	36	\$3,304	\$5,075
8046	DIV JOINT CAP LIGAMENT/CART KNEE	33	\$3,277	\$4,133
8193	SUT CAPSULE/LIGAMENT UPPER EXTREM	32	\$5,053	\$5,782
8364	OTHER SUTURE OF TENDON	32	\$2,781	\$4,227
7914	CLO REDUC W/INT FIX-PHALANGES HAND	27	\$1,467	\$2,512
8388	OTHER PLASTIC OPERATIONS ON TENDON	27	\$3,542	\$4,674

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
CPT-4 Procedures		2,282	\$3,352	\$2,895
29881	SCOPE KNEE SURG;W/MENISCECT MED/	274	\$2,871	\$3,914
29877	SCOPE KNEE SURG; DEBRID/SHAVE CA	250	\$2,906	\$3,536
29848	ENDO WRST SURG REL TRNS CARP LIG	168	\$2,067	\$2,360
29888	ARTHSCPY AIDED ACL REPR/AUG/RECO	130	\$7,367	\$8,902
20680	REMOVAL OF IMPLANT; DEEP	102	\$1,950	\$2,816
29806	SCOPE SHOULDER SURGICAL; CPSLORR	99	\$6,086	\$7,427
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	62	\$2,029	\$2,178
29826	SCOPE SHOULDER; DECOMP SUBACROM	55	\$3,948	\$5,503
29875	SCOPE KNEE; SYNOVECT LTD SEP PRO	43	\$2,655	\$3,609
29880	SCOPE KNEE SURG;W/MENISCECT MED&	42	\$2,856	\$4,214
25111	EXCISION OF GANGLION WRIST; PRIM	33	\$1,743	\$2,291
26055	TENDON SHEATH INCISION	33	\$1,542	\$1,892
29873	SCOPE KNEE SURGICAL; W/LAT RELEA	31	\$3,359	\$4,176
27650	REPR PRIM OPN/PERQ RUP ACHILLES	27	\$2,618	\$4,163
25620	OPEN TX DIST RADIAL FX W/WO FIX	25	\$5,415	\$7,858
26540	REPAIR COLLAT LIGAMENT MCP/IP JO	21	\$2,556	\$3,407
28080	EXC INTERDIGTL NEUROMA SINGLE EA	21	\$2,031	\$2,108
29822	SCOPE SHOULDER SURGICAL; DEBRID	21	\$3,782	\$4,938
29862	SCOPE HIP SURG; DEBRID/SHAV CART	19	\$3,838	\$4,565
29870	SCOPE KNEE DX W/WO SYN BX SEP PR	19	\$2,773	\$3,157

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

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

307 The Orthopedic Specialty Hospital

Procedure APG category	Procedure APG	TOTAL #	TOTAL # (ALL Hospitals)
01	INTEGUMENTARY SYSTEM	143	8,878
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	6	2,028
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	53	1,202
	008 SIMPLE EXCISION AND BIOPSY	82	1,012
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRANGE	2	1,367
02	MUSCULOSKELETAL SYSTEM	8,355	58,082
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	763	6,410
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	339	2,231
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	267	2,131
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	1,212	11,532
	025 ARTHROSCOPY	4,980	25,432
	028 CLOSED TREATMENT FX & DISLOCATION OF FINGER, TOE & TRUNK	5	54
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	38	656
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	460	4,342
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	20	470
	032 BUNION PROCEDURES	69	1,569
	033 ARTHROPLASTY	65	512
	034 HAND AND FOOT TENOTOMY	83	279
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	54	2,033
04	CARDIOVASCULAR SYSTEM	3	25,823
	080 MINOR VASCULAR REPAIR AND FISTULA CONSTRUCTION	1	898
	081 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	2	181
10	NERVOUS SYSTEM	213	26,119
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	4	19,763
	198 NERVE REPAIR AND DESTRUCTION	209	4,690

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

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

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
PROCEDURE APG CATEGORY, PROCEDURE APG, SINGLE APG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

307 The Orthopedic Specialty Hospital

Procedure APG category	Procedure APG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
01	INTEGUMENTARY SYSTEM	27	\$2,141	\$3,077
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	13	\$2,347	\$2,981
	008 SIMPLE EXCISION AND BIOPSY	14	\$1,950	\$2,545
02	MUSCULOSKELETAL SYSTEM	2,112	\$3,376	\$4,100
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	160	\$3,745	\$6,150
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	58	\$3,205	\$3,787
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	47	\$3,357	\$4,488
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	297	\$1,979	\$2,717
	025 ARTHROSCOPY	1,303	\$3,677	\$4,558
	028 CLOSED TREATMENT FX & DISLOCATION OF FINGER, TOE & TRUNK	4	\$1,697	\$2,232
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	23	\$2,235	\$3,140
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	199	\$3,426	\$5,140
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	2	\$2,894	\$2,526
	032 BUNION PROCEDURES	15	\$2,709	\$3,916
	033 ARTHROPLASTY	4	\$5,639	\$6,241
10	NERVOUS SYSTEM	95	\$2,171	\$1,813
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	1	\$2,346	\$1,068
	198 NERVE REPAIR AND DESTRUCTION	94	\$2,169	\$2,441

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

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

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

307 The Orthopedic Specialty Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
GENDER				
Female	2,248	45.8	122,108	54.4
Male	2,658	54.2	102,236	45.6
Unknown	0	0.0	4	0.0
Not Reported	0	0.0	4	0.0
AGE				
1-28 days	0	0.0	704	0.3
29-365 days	0	0.0	2,863	1.3
1-4 years	0	0.0	11,046	4.9
5-9	7	0.1	6,088	2.7
10-14	104	2.1	4,673	2.1
15-17	286	5.8	5,017	2.2
18-19	158	3.2	3,697	1.6
20-24	339	6.9	10,637	4.7
25-29	367	7.5	12,527	5.6
30-34	348	7.1	12,120	5.4
35-39	389	7.9	12,327	5.5
40-44	438	8.9	14,081	6.3
45-49	573	11.7	17,506	7.8
50-54	587	12.0	25,054	11.2
55-59	492	10.0	20,980	9.4
60-64	317	6.5	16,994	7.6
65-69	217	4.4	14,770	6.6
70-74	136	2.8	12,538	5.6
75-79	92	1.9	10,175	4.5
80-84	44	0.9	6,704	3.0
85-89	11	0.2	2,983	1.3
90 +	1	0.0	865	0.4
Not Reported	0	0.0	707	0.3
SOURCE OF ADMISSION				
Physician Referral	4,904	100.0	202,212	90.1
Clinic Referral	0	0.0	553	0.2
HMO Referral	0	0.0	3,605	1.6
Other Hospital	0	0.0	90	0.0
Skilled Nursing Facility	1	0.0	22	0.0
Other Health Care Facility	0	0.0	25	0.0
Emergency Room	1	0.0	4,679	2.1
Court/Law Enforcement	0	0.0	0	0.0
Unknown	0	0.0	11	0.0
Not Reported	0	0.0	13,155	5.9

(Continued)

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

307 The Orthopedic Specialty Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	4,882	99.5	223,834	99.8
Another Hospital	6	0.1	103	0.0
Skilled Nursing Facility	4	0.1	111	0.0
Intermediate Care Facility	0	0.0	11	0.0
Another Type of Institution	4	0.1	46	0.0
Under Care of Home Service	9	0.2	169	0.1
Left Against Medical Advice	1	0.0	16	0.0
Under Care of Home IV Provider	0	0.0	1	0.0
Expired	0	0.0	5	0.0
Unknown	0	0.0	56	0.0
Not Reported	0	0.0	0	0.0
PRIMARY PAYER				
Medicare	462	9.4	45,634	20.3
Medicaid	99	2.0	14,157	6.3
Other government	49	1.0	3,504	1.6
Blue Cross/Blue Shield	712	14.5	30,700	13.7
Other Commercial	238	4.9	15,100	6.7
Managed Care(HMO, PPO)	2,754	56.1	105,175	46.9
Self Pay	46	0.9	2,539	1.1
Industrial & Worker Comp	465	9.5	3,834	1.7
Charity and Unclassified	44	0.9	2,186	1.0
Childrens Health Insurance	26	0.5	177	0.1
Unknown	11	0.2	1,256	0.6
Not Reported	0	0.0	90	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	40	0.8	15,979	7.1
Central Utah	30	0.6	8,148	3.6
Davis County	238	4.9	23,241	10.4
Salt Lake County	3,766	76.8	76,236	34.0
Southeastern Utah	24	0.5	5,436	2.4
Southwest Utah	27	0.6	13,567	6.0
Summit County	254	5.2	3,096	1.4
Tooele County	68	1.4	4,599	2.0
Tri-County	21	0.4	5,798	2.6
Utah County	215	4.4	35,900	16.0
Wasatch County	29	0.6	1,771	0.8
Weber County	58	1.2	21,412	9.5
Unknown Utah	3	0.1	49	0.0
Outside Utah	131	2.7	8,923	4.0
Unknown, Not Reported	2	0.0	197	0.1

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

AMB ST 1-1
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

144 Timpanogos Regional Hospital

Reporting Category(ICD-9-CM CODES)	Procedures Performed		Procedures Performed-All Hospitals	
	(#)	(%)	(#)	(%)
Reporting Category(ICD-9-CM CODES)	6,007	100.0	321,711	100.0
Mastectomy (85.0-85.99)	136	2.3	7,021	2.2
Musculoskeletal (76.0-84.99)	914	15.2	65,753	20.4
Respiratory (30.0-34.99)	23	0.4	3,438	1.1
Cardiovascular (35.0-39.99)	145	2.4	15,180	4.7
Lymphatic/Hemetic (40.0-41.99)	30	0.5	3,088	1.0
Digestive System (42.0-54.99)	2,304	38.4	107,581	33.4
Urinary (55.0-59.99)	66	1.1	8,752	2.7
Male Genital (60.0-64.99)	31	0.5	3,460	1.1
Female Genital (65.0-71.99)	304	5.1	15,319	4.8
Endocrine/Nervous (01.0-07.99)	1,586	26.4	28,111	8.7
Eye (08.0-16.99)	134	2.2	19,328	6.0
Ear (18.0-20.99)	167	2.8	14,440	4.5
Nose, Mouth, Pharynx (21.0-29.99)	167	2.8	30,240	9.4
Reporting Category(CPT-4 CODES)	6,200	100.0	304,292	100.0
Mastectomy (19120-19220)	22	0.4	3,001	1.0
Musculoskeletal (20000-29909)	1,046	16.9	65,018	21.4
Respiratory (30000-32999 & 39501-39599)	55	0.9	13,975	4.6
Cardiovascular (33010-37799 & 93501-93660)	443	7.1	31,569	10.4
Lymphatic/Hemetic (38100-38999)	23	0.4	2,606	0.9
Digestive (40490-49999)	2,252	36.3	115,754	38.0
Urinary (50010-53899)	178	2.9	8,580	2.8
Male Genital (54000-55899)	28	0.5	3,059	1.0
Female Genital (56405-58999)	260	4.2	11,517	3.8
Endocrine/Nervous (60000-64999)	1,745	28.1	29,931	9.8
Eye (65091-68899)	62	1.0	11,422	3.8
Ear (69000-69979)	86	1.4	7,860	2.6

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics.

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

AMB ST 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES

144 Timpanogos Regional Hospital

ICD-9 CODE	ICD-9 DESCRIPTION	#	%	% ALL Hospitals
All ICD-9 Procedures		6,007	100.0	100.0
4523	COLONOSCOPY	678	11.3	7.45
0391	INJECTION ANES-SPINAL CANAL ANALG	659	11.0	2.05
0392	INJECTION OTH AGT INTO SPINAL CANAL	628	10.5	2.68
4513	OTHER ENDOSCOPY OF SMALL INTESTINE	332	5.5	1.88
4542	ENDO POLYPECTOMY LARGE INTESTINE	283	4.7	3.92
4516	EGD W/CLOS BX	276	4.6	5.75
2001	MYRINGOTOMY WITH INSERTION OF TUBE	160	2.7	3.56
4292	DILATION OF ESOPHAGUS	119	2.0	1.54
5123	LAPAROSCOPIC CHOLECYSTECTOMY	116	1.9	2.01
0443	RELEASE OF CARPAL TUNNEL	113	1.9	1.12
4836	[ENDOSCOPIC] POLYPECTOMY OF RECTUM	84	1.4	1.10
4525	CLOS [ENDO] BX LARGE INTESTINE	81	1.3	2.61
806	EXCISION SEMILUNAR CARTILAGE KNEE	77	1.3	1.86
8192	INJ THERAPEUTIC SBSTNC IN JNT/LIG	61	1.0	0.50
4701	LAPAROSCOPIC APPENDECTOMY	57	0.9	0.56
3893	VENOUS CATHETERIZATION NEC	50	0.8	0.21
8511	CLOSED BIOPSY OF BREAST	49	0.8	0.26
8183	OTHER REPAIR OF SHOULDER	46	0.8	0.76
283	TONSILLECTOMY WITH ADENOIDECTOMY	45	0.7	1.68
6823	ENDOMETRIAL ABLATION	44	0.7	0.62

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		6,200	100.0	100.0
45378	COLONOSCOPY FLEX; DX-SEP PROC	627	10.1	7.39
64484	INJ ANES EPIDURL; LUMB/SAC-EA AD	358	5.8	0.57
64483	INJ ANES EPIDURL; LUMB/SAC 1 LEV	346	5.6	0.98
45380	COLONOSCOPY FLEX; W/BX 1/MX	304	4.9	5.63
43239	UGI ENDO; W/BX 1/MX	276	4.5	5.96
43235	UGI ENDO; DX W/VO CLCT SPECMN-SP	240	3.9	1.32
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	196	3.2	1.51
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	137	2.2	1.81
64476	INJ ANES FACET JT; LUMB/SAC-EA A	117	1.9	0.60
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	110	1.8	1.32
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	104	1.7	1.05
64472	INJ ANES FACET JT; CERV/THOR-EA	100	1.6	0.28
69436	TYMPANOSTOMY GENERAL ANESTHESIA	82	1.3	1.90
64475	INJ ANES FACET JT; LUMB/SAC-1LEV	72	1.2	0.52
29848	ENDO WRST SURG REL TRNS CARP LIG	69	1.1	0.31
64623	DESTRUC FACET JT NRV; L/S-EA AD	69	1.1	0.61
20610	ARTHROCENTESIS ASPIR&/INJ; MAJ J	66	1.1	0.42
29826	SCOPE SHOULDER; DECOMP SUBACROM	64	1.0	1.09
50590	LITHOTRIPSY XTRACORP SHOCK WAVE	63	1.0	0.28
44970	LAPAROSCOPY SURGICAL APPENDECTOM	59	1.0	0.61

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

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

AMB ST 1-3

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

144 Timpanogos Regional Hospital

ICD-9 CODE	ICD-9 DESCRIPTION	#	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
ICD-9 Procedures		3,031	\$4,568	\$3,166
4523	COLONOSCOPY	598	\$1,708	\$947
4542	ENDO POLYPECTOMY LARGE INTESTINE	222	\$2,301	\$1,297
4513	OTHER ENDOSCOPY OF SMALL INTESTINE	195	\$1,734	\$1,089
4516	EGD W/CLOS BX	173	\$2,035	\$1,301
5123	LAPAROSCOPIC CHOLECYSTECTOMY	93	\$8,365	\$6,118
0391	INJECTION ANES-SPINAL CANAL ANALG	65	\$5,977	\$3,421
0443	RELEASE OF CARPAL TUNNEL	65	\$3,336	\$2,124
4525	CLOS [ENDO] BX LARGE INTESTINE	62	\$2,030	\$1,356
8511	CLOSED BIOPSY OF BREAST	49	\$3,027	\$1,405
4836	[ENDOSCOPIC] POLYPECTOMY OF RECTUM	48	\$1,965	\$1,228
806	EXCISION SEMILUNAR CARTILAGE KNEE	47	\$5,854	\$4,034
8192	INJ THERAPEUTIC SBSTNC IN JNT/LIG	47	\$995	\$964
3893	VENOUS CATHETERIZATION NEC	46	\$4,968	\$3,189
4701	LAPAROSCOPIC APPENDECTOMY	44	\$11,427	\$8,144
283	TONSILLECTOMY WITH ADENOIDECTOMY	41	\$3,040	\$2,169
031	DIVISION OF INTRASPINAL NERVE ROOT	36	\$12,502	\$6,624
6823	ENDOMETRIAL ABLATION	35	\$7,081	\$5,036
8051	EXCISION OF INTERVERTEBRAL DISC	33	\$8,603	\$7,760
6902	DILATION&CURET FOLLOWING DELIV/AB	32	\$3,582	\$2,491
6952	ASPIRATION CURET FOLLOWING DELIV/AB	32	\$3,213	\$2,456

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
CPT-4 Procedures		3,374	\$3,775	\$2,895
45378	COLONOSCOPY FLEX; DX-SEP PROC	548	\$1,714	\$949
45380	COLONOSCOPY FLEX; W/BX 1/MX	240	\$2,080	\$1,278
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	194	\$1,722	\$1,036
43239	UGI ENDO; W/BX 1/MX	172	\$2,037	\$1,299
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	107	\$1,422	\$982
64483	INJ ANES EPIDURL; LUMB/SAC 1 LEV	96	\$1,843	\$1,198
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	89	\$8,392	\$6,476
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	86	\$2,314	\$1,431
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	70	\$2,447	\$1,582
69436	TYMPANOSTOMY GENERAL ANESTHESIA	64	\$2,327	\$1,166
29848	ENDO WRST SURG REL TRNS CARP LIG	60	\$3,563	\$2,360
50590	LITHOTRIPSY XTRACORP SHOCK WAVE	54	\$9,549	\$7,497
36430	TRANSFUSION BLOOD/BLOOD COMPONENT	47	\$1,713	\$2,312
20610	ARTHROCENTESIS ASPIR&/INJ; MAJ J	45	\$815	\$930
44970	LAPAROSCOPY SURGICAL APPENDECTOM	44	\$11,427	\$8,116
62310	INJ 1 NOT NEUROLYTIC-EPID;CERV/T	43	\$1,616	\$1,147
58340	CATH&INTRO SALINE/CONTRAST SIS/H	42	\$1,495	\$824
51600	INJ PROC-CYSTOGRAPHY	41	\$1,423	\$1,059
29881	SCOPE KNEE SURG;W/MENISCECT MED/	40	\$5,796	\$3,914
36569	INSERT PICC W/O PORT/PUMP; 5 YR/	38	\$4,030	\$3,161

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

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

144 Timpanogos Regional Hospital

Procedure APG category		TOTAL #	TOTAL # (ALL Hospitals)
Procedure APG			
01	INTEGUMENTARY SYSTEM	167	8,878
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	33	2,028
	004 SIMPLE INCISION AND DRAINAGE	1	23
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	13	1,202
	008 SIMPLE EXCISION AND BIOPSY	20	1,012
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRANGE	78	1,367
	011 SIMPLE INCISION AND EXCISION OF BREAST	10	2,366
	012 BREAST RECONSTRUCTION AND MASTECTOMY	12	635
02	MUSCULOSKELETAL SYSTEM	943	58,082
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	87	6,410
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	38	2,231
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	33	2,131
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	192	11,532
	025 ARTHROSCOPY	372	25,432
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	14	656
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	89	4,342
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	15	470
	032 BUNION PROCEDURES	24	1,569
	033 ARTHROPLASTY	1	512
	034 HAND AND FOOT TENOTOMY	7	279
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	71	2,033
03	RESPIRATORY SYSTEM	27	7,958
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	10	656
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	4	5,137
	055 ENDOSCOPY OF THE LOWER AIRWAY	13	1,865
04	CARDIOVASCULAR SYSTEM	178	25,823
	075 PLACEMENT OF TRANSVENOUS CATHETERS	2	48
	076 DIAGNOSTIC CARDIAC CATHETERIZATION	84	18,184
	077 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	53	1,922
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	22	746
	080 MINOR VASCULAR REPAIR AND FISTULA CONSTRUCTION	15	898
	082 VASCULAR LIGATION	1	403
	083 RESUSCITATION AND CARDIOVERSION	1	6
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	77	3,114
	094 BLOOD AND BLOOD PRODUCT EXCHANGE	1	131
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	27	1,943
	097 TRANSFUSION	49	1,021
06	DIGESTIVE SYSTEM	2,228	105,000
	111 ALIMENTARY TESTS AND SIMPLE TUBE PLACEMENT	1	113
	112 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	4	1,288
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	15	649
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	7	392
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	517	22,453
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	125	5,914
	117 LOWER GASTROINTESTINAL ENDOSCOPY	1,084	47,953
	118 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	37	1,561

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

144 Timpanogos Regional Hospital

procedure APG category		TOTAL #	TOTAL # (ALL Hospitals)
procedure APG			
	119 HERNIA AND HYDROCELE PROCEDURES	81	6,882
	120 COMPLEX ANAL AND RECTAL PROCEDURES	7	1,098
	121 SIMPLE ANAL AND RECTAL PROCEDURES	3	497
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	4	506
	123 COMPLEX LAPAROSCOPIC PROCEDURES	340	15,680
	124 SIMPLE LAPAROSCOPIC PROCEDURES	3	170
07	URINARY SYSTEM	131	7,472
	131 RENAL EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	63	848
	133 URINARY CATHETERIZATION AND DILATATION	2	380
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	36	3,513
	135 MODERATE CYSTOURETHROSCOPY	20	1,846
	136 SIMPLE CYSTOURETHROSCOPY	6	606
	137 COMPLEX URETHRAL PROCEDURES	4	125
08	MALE GENITAL SYSTEM	19	2,684
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	9	1,397
	153 COMPLEX PENILE PROCEDURES	1	413
	154 SIMPLE PENILE PROCEDURES	3	680
	155 PROSTATE NEEDLE AND PUNCH BIOPSY	6	138
09	FEMALE GENITAL SYSTEM	119	6,830
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	47	1,642
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	25	1,421
	178 DILATION AND CURETTAGE	13	709
	179 HYSTEROSCOPY	31	2,718
	180 COLPOSCOPY	3	339
10	NERVOUS SYSTEM	1,613	26,119
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	1,466	19,763
	196 REVISION AND REMOVAL OF NEUROLOGICAL DEVICE	17	212
	197 NEUROSTIMULATOR AND VENTRICULAR SHUNT IMPLANTATION	20	828
	198 NERVE REPAIR AND DESTRUCTION	82	4,690
	199 SPINAL TAP	28	626
11	EYE AND OCULAR ADNEXA	57	11,129
	211 MINOR OPHTHALMOLOGICAL TESTS AND PROCEDURES	1	23
	214 CATARACT PROCEDURES	13	4,618
	216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	2	294
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	2	238
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	30	881
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	9	556
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	214	27,995
	233 NASAL CAUTERIZATION AND PACKING	1	323
	234 COMPLEX FACIAL AND ENT PROCEDURES	29	5,543
	235 SIMPLE FACIAL AND ENT PROCEDURES	108	13,699
	236 TONSIL AND ADENOID PROCEDURES	76	8,352
13	THERAPEUTIC AND OTHER RADIOLOGICAL PROCEDURES	286	3,177
	253 VASCULAR RADIOLOGY EXCEPT FOR VENOGRAPHY OF EXTREMITY	115	1,174
	254 MYELOGRAPHY	52	297

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

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

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
PROCEDURE APG CATEGORY, PROCEDURE APG, SINGLE APG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

144 Timpanogos Regional Hospital

Procedure APG category	Procedure APG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
01	INTEGUMENTARY SYSTEM	137	\$5,088	\$3,077
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	27	\$2,712	\$2,351
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	10	\$4,596	\$2,981
	008 SIMPLE EXCISION AND BIOPSY	10	\$2,909	\$2,545
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRAN	72	\$5,970	\$4,359
	011 SIMPLE INCISION AND EXCISION OF BREAST	10	\$4,472	\$2,861
	012 BREAST RECONSTRUCTION AND MASTECTOMY	8	\$9,285	\$5,243
02	MUSCULOSKELETAL SYSTEM	522	\$5,643	\$4,100
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	67	\$8,905	\$6,150
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	26	\$4,703	\$3,787
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	13	\$8,793	\$4,488
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	96	\$3,919	\$2,717
	025 ARTHROSCOPY	172	\$5,883	\$4,558
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	10	\$3,970	\$3,140
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	70	\$7,482	\$5,140
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	9	\$2,913	\$2,526
	032 BUNION PROCEDURES	14	\$6,983	\$3,916
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	45	\$815	\$909
03	RESPIRATORY SYSTEM	23	\$2,691	\$2,071
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	10	\$2,152	\$1,191
	055 ENDOSCOPY OF THE LOWER AIRWAY	13	\$3,105	\$2,233
04	CARDIOVASCULAR SYSTEM	24	\$4,476	\$10,821
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	10	\$2,691	\$4,242
	080 MINOR VASCULAR REPAIR AND FISTULA CONSTRUCTION	13	\$5,678	\$4,911
	082 VASCULAR LIGATION	1	\$6,696	\$6,284
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	65	\$3,253	\$3,660
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	18	\$7,276	\$4,713
	097 TRANSFUSION	47	\$1,713	\$2,312
06	DIGESTIVE SYSTEM	1,650	\$3,009	\$2,170
	111 ALIMENTARY TESTS AND SIMPLE TUBE PLACEMENT	1	\$1,635	\$1,014
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	14	\$809	\$1,114
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	7	\$1,114	\$1,226
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	367	\$1,871	\$1,249
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	82	\$2,522	\$1,798
	117 LOWER GASTROINTESTINAL ENDOSCOPY	886	\$1,877	\$1,114
	118 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	7	\$6,597	\$3,753
	119 HERNIA AND HYDROCELE PROCEDURES	38	\$5,981	\$3,546
	120 COMPLEX ANAL AND RECTAL PROCEDURES	7	\$4,734	\$2,846
	121 SIMPLE ANAL AND RECTAL PROCEDURES	2	\$2,595	\$2,218
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	3	\$3,263	\$3,109
	123 COMPLEX LAPAROSCOPIC PROCEDURES	236	\$8,752	\$6,362
07	URINARY SYSTEM	95	\$8,962	\$4,480
	131 RENAL EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	54	\$9,549	\$7,487
	133 URINARY CATHETERIZATION AND DILATATION	1	\$3,084	\$3,647
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	20	\$6,286	\$4,624

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
PROCEDURE APG CATEGORY, PROCEDURE APG, SINGLE APG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

144 Timpanogos Regional Hospital

procedure APG category		TOTAL #	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
Procedure APG				
135	MODERATE CYSTOURETHROSCOPY	11	\$4,072	\$3,484
136	SIMPLE CYSTOURETHROSCOPY	5	\$3,255	\$2,335
137	COMPLEX URETHRAL PROCEDURES	4	\$36,459	\$4,861
08	MALE GENITAL SYSTEM	14	\$3,467	\$3,045
151	TESTICULAR AND EPIDIDYMAL PROCEDURES	6	\$4,434	\$2,546
153	COMPLEX PENILE PROCEDURES	1	\$4,758	\$3,147
154	SIMPLE PENILE PROCEDURES	1	\$3,216	\$1,914
155	PROSTATE NEEDLE AND PUNCH BIOPSY	6	\$2,326	\$3,924
09	FEMALE GENITAL SYSTEM	77	\$5,435	\$4,082
176	COMPLEX FEMALE REPRODUCTIVE PROCEDURES	31	\$7,036	\$5,061
177	SIMPLE FEMALE REPRODUCTIVE PROCEDURES	11	\$3,094	\$3,135
178	DILATION AND CURETTAGE	12	\$3,515	\$2,371
179	HYSTEROSCOPY	22	\$5,505	\$4,610
180	COLPOSCOPY	1	\$3,063	\$3,422
10	NERVOUS SYSTEM	359	\$2,201	\$1,813
195	NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	298	\$1,589	\$1,068
196	REVISION AND REMOVAL OF NEUROLOGICAL DEVICE	2	\$5,416	\$7,292
197	NEUROSTIMULATOR AND VENTRICULAR SHUNT IMPLANTATION	3	\$38,430	\$22,134
198	NERVE REPAIR AND DESTRUCTION	28	\$4,119	\$2,441
199	SPINAL TAP	28	\$2,677	\$1,908
11	EYE AND OCULAR ADNEXA	33	\$3,992	\$3,062
214	CATARACT PROCEDURES	13	\$4,623	\$3,046
216	MODERATE ANTERIOR SEGMENT EYE PROCEDURES	1	\$4,612	\$2,237
217	SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	2	\$2,532	\$3,225
221	COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	15	\$3,719	\$3,876
222	SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	2	\$3,098	\$2,152
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	148	\$3,136	\$2,535
233	NASAL CAUTERIZATION AND PACKING	1	\$2,217	\$3,183
234	COMPLEX FACIAL AND ENT PROCEDURES	16	\$6,818	\$4,888
235	SIMPLE FACIAL AND ENT PROCEDURES	75	\$2,461	\$1,798
236	TONSIL AND ADENOID PROCEDURES	56	\$3,005	\$2,184
13	THERAPEUTIC AND OTHER RADIOLOGICAL PROCEDURES	161	\$2,867	\$3,015
253	VASCULAR RADIOLOGY EXCEPT FOR VENOGRAPHY OF EXTREMITY	26	\$8,036	\$11,306
254	MYELOGRAPHY	18	\$3,086	\$3,100
255	MISCELLANEOUS RADIOLOGICAL PROCEDURES WITH CONTRAST	117	\$1,685	\$2,175

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

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

144 Timpanogos Regional Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
GENDER				
Female	2,739	57.1	122,108	54.4
Male	2,056	42.9	102,236	45.6
Unknown	0	0.0	4	0.0
Not Reported	0	0.0	4	0.0
AGE				
1-28 days	0	0.0	704	0.3
29-365 days	39	0.8	2,863	1.3
1-4 years	88	1.8	11,046	4.9
5-9	51	1.1	6,088	2.7
10-14	73	1.5	4,673	2.1
15-17	102	2.1	5,017	2.2
18-19	83	1.7	3,697	1.6
20-24	237	4.9	10,637	4.7
25-29	316	6.6	12,527	5.6
30-34	388	8.1	12,120	5.4
35-39	309	6.4	12,327	5.5
40-44	340	7.1	14,081	6.3
45-49	389	8.1	17,506	7.8
50-54	557	11.6	25,054	11.2
55-59	440	9.2	20,980	9.4
60-64	331	6.9	16,994	7.6
65-69	308	6.4	14,770	6.6
70-74	303	6.3	12,538	5.6
75-79	235	4.9	10,175	4.5
80-84	127	2.6	6,704	3.0
85-89	55	1.1	2,983	1.3
90 +	24	0.5	865	0.4
Not Reported	0	0.0	707	0.3
SOURCE OF ADMISSION				
Physician Referral	4,699	98.0	202,212	90.1
Clinic Referral	0	0.0	553	0.2
HMO Referral	0	0.0	3,605	1.6
Other Hospital	0	0.0	90	0.0
Skilled Nursing Facility	0	0.0	22	0.0
Other Health Care Facility	0	0.0	25	0.0
Emergency Room	96	2.0	4,679	2.1
Court/Law Enforcement	0	0.0	0	0.0
Unknown	0	0.0	11	0.0
Not Reported	0	0.0	13,155	5.9

(Continued)

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

144 Timpanogos Regional Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	4,793	100.0	223,834	99.8
Another Hospital	0	0.0	103	0.0
Skilled Nursing Facility	0	0.0	111	0.0
Intermediate Care Facility	0	0.0	11	0.0
Another Type of Institution	0	0.0	46	0.0
Under Care of Home Service	1	0.0	169	0.1
Left Against Medical Advice	1	0.0	16	0.0
Under Care of Home IV Provider	0	0.0	1	0.0
Expired	0	0.0	5	0.0
Unknown	0	0.0	56	0.0
Not Reported	0	0.0	0	0.0
PRIMARY PAYER				
Medicare	983	20.5	45,634	20.3
Medicaid	204	4.3	14,157	6.3
Other government	18	0.4	3,504	1.6
Blue Cross/Blue Shield	1,475	30.8	30,700	13.7
Other Commercial	237	4.9	15,100	6.7
Managed Care(HMO, PPO)	1,725	36.0	105,175	46.9
Self Pay	35	0.7	2,539	1.1
Industrial & Worker Comp	109	2.3	3,834	1.7
Charity and Unclassified	9	0.2	2,186	1.0
Childrens Health Insurance	0	0.0	177	0.1
Unknown	0	0.0	1,256	0.6
Not Reported	0	0.0	90	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	3	0.1	15,979	7.1
Central Utah	258	5.4	8,148	3.6
Davis County	22	0.5	23,241	10.4
Salt Lake County	129	2.7	76,236	34.0
Southeastern Utah	138	2.9	5,436	2.4
Southwest Utah	17	0.4	13,567	6.0
Summit County	7	0.1	3,096	1.4
Tooele County	14	0.3	4,599	2.0
Tri-County	23	0.5	5,798	2.6
Utah County	4,057	84.6	35,900	16.0
Wasatch County	61	1.3	1,771	0.8
Weber County	2	0.0	21,412	9.5
Unknown Utah	1	0.0	49	0.0
Outside Utah	61	1.3	8,923	4.0
Unknown, Not Reported	2	0.0	197	0.1

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

AMB ST 1-1
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

109 Uintah Basin Medical Center

Reporting Category(ICD-9-CM CODES)	Procedures Performed		Procedures Performed-All Hospitals	
	(#)	(%)	(#)	(%)
Reporting Category(ICD-9-CM CODES)	3,171	100.0	321,711	100.0
Mastectomy (85.0-85.99)	30	0.9	7,021	2.2
Musculoskeletal (76.0-84.99)	375	11.8	65,753	20.4
Respiratory (30.0-34.99)	12	0.4	3,438	1.1
Cardiovascular (35.0-39.99)	12	0.4	15,180	4.7
Lymphatic/Hemetic (40.0-41.99)	4	0.1	3,088	1.0
Digestive System (42.0-54.99)	1,555	49.0	107,581	33.4
Urinary (55.0-59.99)	34	1.1	8,752	2.7
Male Genital (60.0-64.99)	47	1.5	3,460	1.1
Female Genital (65.0-71.99)	126	4.0	15,319	4.8
Endocrine/Nervous (01.0-07.99)	65	2.0	28,111	8.7
Eye (08.0-16.99)	312	9.8	19,328	6.0
Ear (18.0-20.99)	270	8.5	14,440	4.5
Nose, Mouth, Pharynx (21.0-29.99)	329	10.4	30,240	9.4
Reporting Category(CPT-4 CODES)	5	100.0	304,292	100.0
Mastectomy (19120-19220)	0	0.0	3,001	1.0
Musculoskeletal (20000-29909)	0	0.0	65,018	21.4
Respiratory (30000-32999 & 39501-39599)	0	0.0	13,975	4.6
Cardiovascular (33010-37799 & 93501-93660)	5	100.0	31,569	10.4
Lymphatic/Hemetic (38100-38999)	0	0.0	2,606	0.9
Digestive (40490-49999)	0	0.0	115,754	38.0
Urinary (50010-53899)	0	0.0	8,580	2.8
Male Genital (54000-55899)	0	0.0	3,059	1.0
Female Genital (56405-58999)	0	0.0	11,517	3.8
Endocrine/Nervous (60000-64999)	0	0.0	29,931	9.8
Eye (65091-68899)	0	0.0	11,422	3.8
Ear (69000-69979)	0	0.0	7,860	2.6

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics.

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

AMB ST 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES

109 Uintah Basin Medical Center

ICD-9 CODE	ICD-9 DESCRIPTION	#	%	% ALL Hospitals
All ICD-9 Procedures		3,171	100.0	100.0
4523	COLONOSCOPY	523	16.5	7.45
4516	EGD W/CLOS BX	283	8.9	5.75
2001	MYRINGOTOMY WITH INSERTION OF TUBE	249	7.9	3.56
4513	OTHER ENDOSCOPY OF SMALL INTESTINE	179	5.6	1.88
4542	ENDO POLYPECTOMY LARGE INTESTINE	159	5.0	3.92
1371	INSRT IOL-CATARACT EXTRACT-1 STAGE	142	4.5	1.37
1341	PHACOEMULSIFICATION&ASPIR CATARACT	138	4.4	1.38
283	TONSILLECTOMY WITH ADENOIDECTOMY	133	4.2	1.68
4525	CLOS [ENDO] BX LARGE INTESTINE	111	3.5	2.61
5123	LAPAROSCOPIC CHOLECYSTECTOMY	55	1.7	2.01
806	EXCISION SEMILUNAR CARTILAGE KNEE	50	1.6	1.86
0443	RELEASE OF CARPAL TUNNEL	47	1.5	1.12
640	CIRCUMCISION	43	1.4	0.21
4836	[ENDOSCOPIC] POLYPECTOMY OF RECTUM	40	1.3	1.10
8183	OTHER REPAIR OF SHOULDER	40	1.3	0.76
286	ADENOIDECTOMY WITHOUT TONSILLECTOMY	38	1.2	0.37
282	TONSILLECTOMY WITHOUT ADENOIDECTOMY	36	1.1	0.62
4292	DILATION OF ESOPHAGUS	31	1.0	1.54
2169	OTHER TURBINECTOMY	27	0.9	0.76
8363	ROTATOR CUFF REPAIR	27	0.9	0.74

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		5	100.0	100.0
36569	INSERT PICC W/O PORT/PUMP; 5 YR/	4	80.0	0.17
36568	INSERT PICC W/O PORT/PUMP; < 5 Y	1	20.0	0.00

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

AMB ST 1-3

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

109 Uintah Basin Medical Center

ICD-9 CODE	ICD-9 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
ICD-9 Procedures		1,663	\$2,269	\$3,166
4523	COLONOSCOPY	411	\$1,062	\$947
4516	EGD W/CLOS BX	152	\$1,489	\$1,301
283	TONSILLECTOMY WITH ADENOIDECTOMY	115	\$2,537	\$2,169
4513	OTHER ENDOSCOPY OF SMALL INTESTINE	104	\$1,333	\$1,089
4542	ENDO POLYPECTOMY LARGE INTESTINE	96	\$1,399	\$1,297
4525	CLOS [ENDO] BX LARGE INTESTINE	65	\$1,452	\$1,356
5123	LAPAROSCOPIC CHOLECYSTECTOMY	51	\$6,258	\$6,118
640	CIRCUMCISION	42	\$255	\$1,763
806	EXCISION SEMILUNAR CARTILAGE KNEE	37	\$3,316	\$4,034
0443	RELEASE OF CARPAL TUNNEL	35	\$1,644	\$2,124
6902	DILATION&CURET FOLLOWING DELIV/AB	22	\$2,427	\$2,491
282	TONSILLECTOMY WITHOUT ADENOIDECTOMY	20	\$2,634	\$2,285
5732	OTHER CYSTOSCOPY	20	\$947	\$4,187
4701	LAPAROSCOPIC APPENDECTOMY	18	\$9,241	\$8,144
5304	UNILAT REPR INDIRECT ING HERN-GFT	17	\$4,920	\$3,643
6629	OTH BIL ENDO DESTRUC FALLOP TUBES	16	\$3,625	\$3,774
4836	[ENDOSCOPIC] POLYPECTOMY OF RECTUM	14	\$1,274	\$1,228
7932	OPEN RDUC FX RADUS&ULNA W/INTRL FIX	14	\$5,339	\$7,111
6732	DESTRUCTION LESION CERVIX CAUT	13	\$1,930	\$2,451
8183	OTHER REPAIR OF SHOULDER	13	\$4,304	\$6,622

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
CPT-4 Procedures		5	\$1,821	\$2,895
36569	INSERT PICC W/O PORT/PUMP; 5 YR/	4	\$1,800	\$3,161
36568	INSERT PICC W/O PORT/PUMP; < 5 Y	1	\$1,903	\$3,838

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

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

109 Uintah Basin Medical Center

Procedure APG category	TOTAL #	TOTAL # (ALL Hospitals)
Procedure APG		
01 INTEGUMENTARY SYSTEM	5	8,878
009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRANGE	5	1,367

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

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
PROCEDURE APG CATEGORY, PROCEDURE APG, SINGLE APG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

109 Uintah Basin Medical Center

Procedure APG category	TOTAL #	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
Procedure APG			
01 INTEGUMENTARY SYSTEM	5	\$1,821	\$3,077
009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRAN	5	\$1,821	\$4,359

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

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

109 Uintah Basin Medical Center

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
GENDER				
Female	1,224	51.9	122,108	54.4
Male	1,134	48.1	102,236	45.6
Unknown	0	0.0	4	0.0
Not Reported	0	0.0	4	0.0
AGE				
1-28 days	39	1.7	704	0.3
29-365 days	31	1.3	2,863	1.3
1-4 years	125	5.3	11,046	4.9
5-9	71	3.0	6,088	2.7
10-14	58	2.5	4,673	2.1
15-17	54	2.3	5,017	2.2
18-19	47	2.0	3,697	1.6
20-24	133	5.6	10,637	4.7
25-29	139	5.9	12,527	5.6
30-34	92	3.9	12,120	5.4
35-39	111	4.7	12,327	5.5
40-44	113	4.8	14,081	6.3
45-49	179	7.6	17,506	7.8
50-54	257	10.9	25,054	11.2
55-59	183	7.8	20,980	9.4
60-64	197	8.4	16,994	7.6
65-69	170	7.2	14,770	6.6
70-74	166	7.0	12,538	5.6
75-79	110	4.7	10,175	4.5
80-84	48	2.0	6,704	3.0
85-89	33	1.4	2,983	1.3
90 +	2	0.1	865	0.4
Not Reported	39	1.7	707	0.3
SOURCE OF ADMISSION				
Physician Referral	2,357	100.0	202,212	90.1
Clinic Referral	0	0.0	553	0.2
HMO Referral	0	0.0	3,605	1.6
Other Hospital	0	0.0	90	0.0
Skilled Nursing Facility	0	0.0	22	0.0
Other Health Care Facility	0	0.0	25	0.0
Emergency Room	0	0.0	4,679	2.1
Court/Law Enforcement	0	0.0	0	0.0
Unknown	0	0.0	11	0.0
Not Reported	1	0.0	13,155	5.9

(Continued)

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

109 Uintah Basin Medical Center

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	2,351	99.7	223,834	99.8
Another Hospital	4	0.2	103	0.0
Skilled Nursing Facility	2	0.1	111	0.0
Intermediate Care Facility	0	0.0	11	0.0
Another Type of Institution	0	0.0	46	0.0
Under Care of Home Service	0	0.0	169	0.1
Left Against Medical Advice	0	0.0	16	0.0
Under Care of Home IV Provider	0	0.0	1	0.0
Expired	0	0.0	5	0.0
Unknown	1	0.0	56	0.0
Not Reported	0	0.0	0	0.0
PRIMARY PAYER				
Medicare	545	23.1	45,634	20.3
Medicaid	200	8.5	14,157	6.3
Other government	59	2.5	3,504	1.6
Blue Cross/Blue Shield	315	13.4	30,700	13.7
Other Commercial	248	10.5	15,100	6.7
Managed Care(HMO, PPO)	804	34.1	105,175	46.9
Self Pay	116	4.9	2,539	1.1
Industrial & Worker Comp	39	1.7	3,834	1.7
Charity and Unclassified	0	0.0	2,186	1.0
Childrens Health Insurance	0	0.0	177	0.1
Unknown	32	1.4	1,256	0.6
Not Reported	0	0.0	90	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	0	0.0	15,979	7.1
Central Utah	1	0.0	8,148	3.6
Davis County	0	0.0	23,241	10.4
Salt Lake County	6	0.3	76,236	34.0
Southeastern Utah	4	0.2	5,436	2.4
Southwest Utah	0	0.0	13,567	6.0
Summit County	0	0.0	3,096	1.4
Tooele County	0	0.0	4,599	2.0
Tri-County	2,322	98.5	5,798	2.6
Utah County	6	0.3	35,900	16.0
Wasatch County	1	0.0	1,771	0.8
Weber County	0	0.0	21,412	9.5
Unknown Utah	0	0.0	49	0.0
Outside Utah	18	0.8	8,923	4.0
Unknown, Not Reported	0	0.0	197	0.1

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

AMB ST 1-1
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

125 UHC/University Hospitals & Clinics

	Procedures Performed		Procedures Performed-All Hospitals	
	(#)	(%)	(#)	(%)
Reporting Category(ICD-9-CM CODES)	8,166	100.0	321,711	100.0
Mastectomy (85.0-85.99)	164	2.0	7,021	2.2
Musculoskeletal (76.0-84.99)	575	7.0	65,753	20.4
Respiratory (30.0-34.99)	302	3.7	3,438	1.1
Cardiovascular (35.0-39.99)	314	3.8	15,180	4.7
Lymphatic/Hemetic (40.0-41.99)	85	1.0	3,088	1.0
Digestive System (42.0-54.99)	4,296	52.6	107,581	33.4
Urinary (55.0-59.99)	511	6.3	8,752	2.7
Male Genital (60.0-64.99)	109	1.3	3,460	1.1
Female Genital (65.0-71.99)	433	5.3	15,319	4.8
Endocrine/Nervous (01.0-07.99)	183	2.2	28,111	8.7
Eye (08.0-16.99)	154	1.9	19,328	6.0
Ear (18.0-20.99)	367	4.5	14,440	4.5
Nose, Mouth, Pharynx (21.0-29.99)	673	8.2	30,240	9.4
Reporting Category(CPT-4 CODES)	8,736	100.0	304,292	100.0
Mastectomy (19120-19220)	69	0.8	3,001	1.0
Musculoskeletal (20000-29909)	661	7.6	65,018	21.4
Respiratory (30000-32999 & 39501-39599)	671	7.7	13,975	4.6
Cardiovascular (33010-37799 & 93501-93660)	771	8.8	31,569	10.4
Lymphatic/Hemetic (38100-38999)	66	0.8	2,606	0.9
Digestive (40490-49999)	4,688	53.7	115,754	38.0
Urinary (50010-53899)	494	5.7	8,580	2.8
Male Genital (54000-55899)	96	1.1	3,059	1.0
Female Genital (56405-58999)	436	5.0	11,517	3.8
Endocrine/Nervous (60000-64999)	405	4.6	29,931	9.8
Eye (65091-68899)	123	1.4	11,422	3.8
Ear (69000-69979)	256	2.9	7,860	2.6

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics.

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

AMB ST 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES

125 UHC/University Hospitals & Clinics

ICD-9 CODE	ICD-9 DESCRIPTION	#	%	% ALL Hospitals
All ICD-9 Procedures		8,166	100.0	100.0
4525	CLOS [ENDO] BX LARGE INTESTINE	1,451	17.8	2.61
4516	EGD W/CLOS BX	818	10.0	5.75
4523	COLONOSCOPY	655	8.0	7.45
4542	ENDO POLYPECTOMY LARGE INTESTINE	264	3.2	3.92
5123	LAPAROSCOPIC CHOLECYSTECTOMY	185	2.3	2.01
598	URETERAL CATHETERIZATION	151	1.8	0.59
4513	OTHER ENDOSCOPY OF SMALL INTESTINE	112	1.4	1.88
3927	ARTERIOVENOSTOMY FOR RENAL DIALYSIS	98	1.2	0.17
2189	OTH REPAIR&PLASTIC OPERATIONS NOSE	94	1.2	0.13
5304	UNILAT REPR INDIRECT ING HERN-GFT	91	1.1	0.49
3859	LIG&STRIP LOWER LIMB VARICOSE VEINS	84	1.0	0.12
3324	CLOSED BIOPSY OF BRONCHUS	74	0.9	0.26
560	TRANSURETH REMOV OBST URETER-PELV	70	0.9	0.31
2263	ETHMOIDECTOMY	68	0.8	0.54
5749	OTH TRANSURETH EXC/DEST LES BLADDER	67	0.8	0.22
4292	DILATION OF ESOPHAGUS	64	0.8	1.54
5979	OTH REPAIR URINARY STRESS INCONT	64	0.8	0.18
6909	OTHER DILATION&CURETTAGE OF UTERUS	64	0.8	0.47
194	MYRINGOPLASTY	61	0.7	0.25
2049	OTHER MASTOIDECTOMY	60	0.7	0.05

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		8,736	100.0	100.0
45380	COLONOSCOPY FLEX; W/BX 1/MX	1,501	17.2	5.63
43239	UGI ENDO; W/BX 1/MX	862	9.9	5.96
45378	COLONOSCOPY FLEX; DX-SEP PROC	593	6.8	7.39
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	277	3.2	1.81
49505	REPR INIT ING HERNIA 5YR/MORE; R	159	1.8	0.95
43235	UGI ENDO; DX W/VO CLCT SPECMN-SP	129	1.5	1.32
93508	CATH PLC-COR ANGIO W/O LT HRT CA	119	1.4	0.10
52332	CYSTOURETHROSCOPY W/INSRT STENT	103	1.2	0.42
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	93	1.1	1.32
41899	UNLIST PROC DENTOALVEOL STRUCTUR	92	1.1	0.98
47562	LAPAROSCOPY SURGICAL; CHOLECT	90	1.0	0.77
36821	AV ANASTOM OPN; DIR ANY SITE-SP	89	1.0	0.10
36561	INSRT TUNNL CNTRL CVAD PORT; 5 Y	88	1.0	0.14
57288	SLING OPERATION STRESS INCONTINE	73	0.8	0.21
93526	COMB RT HRT CATH&RETRO LT HRT CA	71	0.8	0.35
G0121	COLOREC CNCR SCR;COLNSCPY NO HI	68	0.8	0.21
61885	INSRT/REPL CRAN NEUROSTIM; 1 ARR	64	0.7	0.03
31624	BRNCHSCPY; W/BRONCH ALVEOL LAVAG	62	0.7	0.18
93510	LT HRT CATH RETRO-BRACH/FEM; PER	59	0.7	0.93
50590	LITHOTRIPSY XTRACORP SHOCK WAVE	57	0.7	0.28

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

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

AMB ST 1-3

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

125 UHC/University Hospitals & Clinics

ICD-9 CODE	ICD-9 DESCRIPTION	#	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
ICD-9 Procedures		4,991	\$3,611	\$3,166
4525	CLOS [ENDO] BX LARGE INTESTINE	1,199	\$1,144	\$1,356
4516	EGD W/CLOS BX	674	\$1,139	\$1,301
4523	COLONOSCOPY	631	\$895	\$947
5123	LAPAROSCOPIC CHOLECYSTECTOMY	168	\$6,140	\$6,118
4513	OTHER ENDOSCOPY OF SMALL INTESTINE	101	\$872	\$1,089
3927	ARTERIOVENOSTOMY FOR RENAL DIALYSIS	91	\$5,219	\$5,077
5304	UNILAT REPR INDIRECT ING HERN-GFT	83	\$4,234	\$3,643
4542	ENDO POLYPECTOMY LARGE INTESTINE	61	\$1,136	\$1,297
0492	IMPL/REPL PERIPH NEUROSTIM LEAD(S)	55	\$31,251	\$25,569
598	URETERAL CATHETERIZATION	53	\$4,196	\$4,979
5749	OTH TRANSURETH EXC/DEST LES BLADDER	49	\$4,167	\$3,731
1919	OTHER STAPEDECTOMY	47	\$4,009	\$4,228
282	TONSILLECTOMY WITHOUT ADENOIDECTOMY	45	\$3,297	\$2,285
5979	OTH REPAIR URINARY STRESS INCONT	45	\$6,540	\$6,158
8521	LOCAL EXCISION OF LESION OF BREAST	43	\$2,688	\$2,630
8051	EXCISION OF INTERVERTEBRAL DISC	41	\$8,402	\$7,760
3324	CLOSED BIOPSY OF BRONCHUS	37	\$2,550	\$2,252
5303	UNILAT REPR DIRECT ING HERN-GFT	37	\$4,299	\$3,866
4921	ANOSCOPY	33	\$77	\$583
6629	OTH BIL ENDO DESTRUC FALLOP TUBES	31	\$4,462	\$3,774

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
CPT-4 Procedures		5,816	\$3,968	\$2,895
45380	COLONOSCOPY FLEX; W/BX 1/MX	1,244	\$1,149	\$1,278
43239	UGI ENDO; W/BX 1/MX	710	\$1,144	\$1,299
45378	COLONOSCOPY FLEX; DX-SEP PROC	577	\$932	\$949
49505	REPR INIT ING HERNIA 5YR/MORE; R	141	\$4,237	\$3,685
93508	CATH PLC-COR ANGIO W/O LT HRT CA	119	\$6,158	\$6,247
43235	UGI ENDO; DX W/VO CLCT SPECMN-SP	115	\$783	\$1,036
41899	UNLIST PROC DENTOALVEOL STRUCTUR	91	\$4,991	\$2,456
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	86	\$6,547	\$6,476
36561	INSRT TUNNL CNTRL CVAD PORT; 5 Y	85	\$2,985	\$5,107
47562	LAPAROSCOPY SURGICAL; CHOLECT	85	\$5,786	\$5,595
36821	AV ANASTOM OPN; DIR ANY SITE-SP	81	\$4,902	\$4,574
93526	COMB RT HRT CATH&RETRO LT HRT CA	71	\$6,741	\$6,005
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	69	\$1,181	\$1,431
G0121	COLOREC CNCR SCR;COLNSCPY NO HI	63	\$703	\$756
93510	LT HRT CATH RETRO-BRACH/FEM; PER	58	\$6,275	\$5,610
57288	SLING OPERATION STRESS INCONTINE	55	\$6,571	\$6,429
69660	STAPEDECTOMY/STAPEDOTOMY	48	\$4,113	\$4,374
50590	LITHOTRIPSY XTRACORP SHOCK WAVE	47	\$6,488	\$7,497
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	45	\$3,297	\$2,330
G0105	COLOREC CANCR SCR; COLNSCPY HI R	44	\$794	\$727

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

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

125 UHC/University Hospitals & Clinics

Procedure APG category		TOTAL #	TOTAL # (ALL Hospitals)
Procedure APG			
01	INTEGUMENTARY SYSTEM	347	8,878
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	13	2,028
	003 COMPLEX INCISION AND DRAINAGE	2	76
	004 SIMPLE INCISION AND DRAINAGE	2	23
	006 SIMPLE DEBRIDEMENT AND DESTRUCTION	25	157
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	37	1,202
	008 SIMPLE EXCISION AND BIOPSY	79	1,012
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRANGE	118	1,367
	010 SIMPLE SKIN REPAIR	2	12
	011 SIMPLE INCISION AND EXCISION OF BREAST	47	2,366
	012 BREAST RECONSTRUCTION AND MASTECTOMY	22	635
02	MUSCULOSKELETAL SYSTEM	431	58,082
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	77	6,410
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	22	2,231
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	42	2,131
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	146	11,532
	025 ARTHROSCOPY	42	25,432
	026 REPLACEMENT OF CAST	1	63
	027 SPLINT, STRAPPING AND CAST REMOVAL	2	368
	028 CLOSED TREATMENT FX & DISLOCATION OF FINGER, TOE & TRUNK	1	54
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	2	656
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	70	4,342
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	5	470
	032 BUNION PROCEDURES	2	1,569
	033 ARTHROPLASTY	7	512
	034 HAND AND FOOT TENOTOMY	6	279
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	6	2,033
03	RESPIRATORY SYSTEM	502	7,958
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	281	5,137
	054 SIMPLE ENDOSCOPY OF THE UPPER AIRWAY	26	300
	055 ENDOSCOPY OF THE LOWER AIRWAY	195	1,865
04	CARDIOVASCULAR SYSTEM	635	25,823
	074 CARDIAC ELECTROPHYSIOLOGIC TESTS	29	2,947
	075 PLACEMENT OF TRANSVENOUS CATHETERS	4	48
	076 DIAGNOSTIC CARDIAC CATHETERIZATION	171	18,184
	077 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	150	1,922
	078 PACEMAKER INSERTION AND REPLACEMENT	16	488
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	19	746
	080 MINOR VASCULAR REPAIR AND FISTULA CONSTRUCTION	139	898
	081 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	17	181
	082 VASCULAR LIGATION	90	403
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	50	3,114
	094 BLOOD AND BLOOD PRODUCT EXCHANGE	7	131
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	43	1,943
06	DIGESTIVE SYSTEM	4,563	105,000
	112 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	29	1,288

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

125 UHC/University Hospitals & Clinics

procedure APG category		TOTAL #	TOTAL # (ALL Hospitals)
procedure APG			
113	ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	17	649
114	PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	10	392
115	DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	1,009	22,453
116	THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	102	5,914
117	LOWER GASTROINTESTINAL ENDOSCOPY	2,558	47,953
118	ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	51	1,561
119	HERNIA AND HYDROCELE PROCEDURES	264	6,882
120	COMPLEX ANAL AND RECTAL PROCEDURES	29	1,098
121	SIMPLE ANAL AND RECTAL PROCEDURES	7	497
122	MISCELLANEOUS ABDOMINAL PROCEDURES	17	506
123	COMPLEX LAPAROSCOPIC PROCEDURES	460	15,680
124	SIMPLE LAPAROSCOPIC PROCEDURES	10	170
07	URINARY SYSTEM	472	7,472
131	RENAL EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	57	848
133	URINARY CATHETERIZATION AND DILATATION	11	380
134	COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	228	3,513
135	MODERATE CYSTOURETHROSCOPY	139	1,846
136	SIMPLE CYSTOURETHROSCOPY	31	606
137	COMPLEX URETHRAL PROCEDURES	2	125
138	SIMPLE URETHRAL PROCEDURES	4	153
08	MALE GENITAL SYSTEM	76	2,684
151	TESTICULAR AND EPIDIDYMAL PROCEDURES	56	1,397
152	INSERTION OF PENILE PROSTHESIS	1	56
153	COMPLEX PENILE PROCEDURES	6	413
154	SIMPLE PENILE PROCEDURES	13	680
09	FEMALE GENITAL SYSTEM	325	6,830
176	COMPLEX FEMALE REPRODUCTIVE PROCEDURES	132	1,642
177	SIMPLE FEMALE REPRODUCTIVE PROCEDURES	70	1,421
178	DILATION AND CURETTAGE	16	709
179	HYSTEROSCOPY	98	2,718
180	COLPOSCOPY	9	339
10	NERVOUS SYSTEM	265	26,119
195	NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	13	19,763
196	REVISION AND REMOVAL OF NEUROLOGICAL DEVICE	30	212
197	NEUROSTIMULATOR AND VENTRICULAR SHUNT IMPLANTATION	161	828
198	NERVE REPAIR AND DESTRUCTION	61	4,690
11	EYE AND OCULAR ADNEXA	117	11,129
211	MINOR OPHTHALMOLOGICAL TESTS AND PROCEDURES	4	23
213	LASER EYE PROCEDURES	1	710
214	CATARACT PROCEDURES	23	4,618
215	COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	22	469
216	MODERATE ANTERIOR SEGMENT EYE PROCEDURES	9	294
217	SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	4	238
218	COMPLEX POSTERIOR SEGMENT EYE PROCEDURES	7	374
219	SIMPLE POSTERIOR SEGMENT EYE PROCEDURES	3	436
220	STRABISMUS AND MUSCLE EYE PROCEDURES	9	843

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

125 UHC/University Hospitals & Clinics

procedure APG category		TOTAL #	TOTAL # (ALL Hospitals)
procedure APG			
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	20	881
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	11	556
	223 VITRECTOMY	4	1,687
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	669	27,995
	231 COCHLEAR DEVICE IMPLANTATION	36	78
	233 NASAL CAUTERIZATION AND PACKING	6	323
	234 COMPLEX FACIAL AND ENT PROCEDURES	366	5,543
	235 SIMPLE FACIAL AND ENT PROCEDURES	205	13,699
	236 TONSIL AND ADENOID PROCEDURES	56	8,352
13	THERAPEUTIC AND OTHER RADIOLOGICAL PROCEDURES	6	3,177
	252 RADIATION THERAPY AND HYPERTHERMIA	1	12
	253 VASCULAR RADIOLOGY EXCEPT FOR VENOGRAPHY OF EXTREMITY	3	1,174
	255 MISCELLANEOUS RADIOLOGICAL PROCEDURES WITH CONTRAST	2	1,694

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

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

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
PROCEDURE APG CATEGORY, PROCEDURE APG, SINGLE APG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

125 UHC/University Hospitals & Clinics

Procedure APG category	Procedure APG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
01	INTEGUMENTARY SYSTEM	249	\$2,975	\$3,077
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	7	\$1,264	\$2,351
	003 COMPLEX INCISION AND DRAINAGE	1	\$2,232	\$3,204
	004 SIMPLE INCISION AND DRAINAGE	2	\$2,975	\$2,900
	006 SIMPLE DEBRIDEMENT AND DESTRUCTION	15	\$2,864	\$2,246
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	24	\$3,641	\$2,981
	008 SIMPLE EXCISION AND BIOPSY	56	\$2,616	\$2,545
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRAN	90	\$3,133	\$4,359
	010 SIMPLE SKIN REPAIR	2	\$3,801	\$3,420
	011 SIMPLE INCISION AND EXCISION OF BREAST	43	\$2,745	\$2,861
	012 BREAST RECONSTRUCTION AND MASTECTOMY	9	\$4,367	\$5,243
02	MUSCULOSKELETAL SYSTEM	164	\$5,842	\$4,100
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	48	\$8,189	\$6,150
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	8	\$5,313	\$3,787
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	4	\$3,961	\$4,488
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	45	\$3,537	\$2,717
	025 ARTHROSCOPY	16	\$5,999	\$4,558
	027 SPLINT, STRAPPING AND CAST REMOVAL	1	\$3,189	\$5,317
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	2	\$3,507	\$3,140
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	33	\$6,565	\$5,140
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	3	\$3,043	\$2,526
	032 BUNION PROCEDURES	1	\$8,836	\$3,916
	033 ARTHROPLASTY	1	\$5,049	\$6,241
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	2	\$826	\$909
03	RESPIRATORY SYSTEM	123	\$3,366	\$2,071
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	46	\$4,170	\$3,201
	055 ENDOSCOPY OF THE LOWER AIRWAY	77	\$2,886	\$2,233
04	CARDIOVASCULAR SYSTEM	472	\$7,106	\$10,821
	074 CARDIAC ELECTROPHYSIOLOGIC TESTS	23	\$19,456	\$21,121
	075 PLACEMENT OF TRANSVENOUS CATHETERS	4	\$17,687	\$12,890
	076 DIAGNOSTIC CARDIAC CATHETERIZATION	169	\$6,917	\$6,014
	077 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	126	\$6,214	\$17,712
	078 PACEMAKER INSERTION AND REPLACEMENT	13	\$17,010	\$21,180
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	11	\$4,034	\$4,242
	080 MINOR VASCULAR REPAIR AND FISTULA CONSTRUCTION	118	\$4,971	\$4,911
	081 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	2	\$2,425	\$5,273
	082 VASCULAR LIGATION	6	\$4,463	\$6,284
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	33	\$6,320	\$3,660
	094 BLOOD AND BLOOD PRODUCT EXCHANGE	6	\$17,740	\$7,016
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	27	\$3,782	\$4,713
06	DIGESTIVE SYSTEM	3,520	\$1,861	\$2,170
	112 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	2	\$4,371	\$1,490
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	12	\$1,223	\$1,114
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	7	\$1,051	\$1,226
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	832	\$1,104	\$1,249

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
PROCEDURE APG CATEGORY, PROCEDURE APG, SINGLE APG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

125 UHC/University Hospitals & Clinics

procedure APG category				
Procedure APG		TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
116	THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	38	\$1,620	\$1,798
117	LOWER GASTROINTESTINAL ENDOSCOPY	1,999	\$1,067	\$1,114
118	ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	8	\$4,108	\$3,753
119	HERNIA AND HYDROCELE PROCEDURES	217	\$4,131	\$3,546
120	COMPLEX ANAL AND RECTAL PROCEDURES	21	\$3,831	\$2,846
121	SIMPLE ANAL AND RECTAL PROCEDURES	5	\$2,633	\$2,218
122	MISCELLANEOUS ABDOMINAL PROCEDURES	9	\$4,868	\$3,109
123	COMPLEX LAPAROSCOPIC PROCEDURES	368	\$6,319	\$6,362
124	SIMPLE LAPAROSCOPIC PROCEDURES	2	\$7,028	\$7,898
07	URINARY SYSTEM	267	\$4,591	\$4,480
131	RENAL EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	47	\$6,488	\$7,487
133	URINARY CATHETERIZATION AND DILATATION	1	\$4,903	\$3,647
134	COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	107	\$4,848	\$4,624
135	MODERATE CYSTOURETHROSCOPY	103	\$3,551	\$3,484
136	SIMPLE CYSTOURETHROSCOPY	7	\$3,714	\$2,335
137	COMPLEX URETHRAL PROCEDURES	1	\$3,645	\$4,861
138	SIMPLE URETHRAL PROCEDURES	1	\$1,993	\$1,539
08	MALE GENITAL SYSTEM	45	\$4,096	\$3,045
151	TESTICULAR AND EPIDIDYMAL PROCEDURES	27	\$4,133	\$2,546
152	INSERTION OF PENILE PROSTHESIS	1	\$12,036	\$19,133
153	COMPLEX PENILE PROCEDURES	5	\$4,873	\$3,147
154	SIMPLE PENILE PROCEDURES	12	\$3,029	\$1,914
09	FEMALE GENITAL SYSTEM	187	\$4,726	\$4,082
176	COMPLEX FEMALE REPRODUCTIVE PROCEDURES	85	\$5,817	\$5,061
177	SIMPLE FEMALE REPRODUCTIVE PROCEDURES	32	\$4,032	\$3,135
178	DILATION AND CURETTAGE	8	\$3,051	\$2,371
179	HYSTEROSCOPY	59	\$3,759	\$4,610
180	COLPOSCOPY	3	\$4,724	\$3,422
10	NERVOUS SYSTEM	111	\$16,488	\$1,813
195	NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	10	\$3,631	\$1,068
196	REVISION AND REMOVAL OF NEUROLOGICAL DEVICE	15	\$8,871	\$7,292
197	NEUROSTIMULATOR AND VENTRICULAR SHUNT IMPLANTATION	62	\$24,992	\$22,134
198	NERVE REPAIR AND DESTRUCTION	24	\$4,640	\$2,441
11	EYE AND OCULAR ADNEXA	60	\$4,214	\$3,062
211	MINOR OPHTHALMOLOGICAL TESTS AND PROCEDURES	3	\$3,808	\$2,500
214	CATARACT PROCEDURES	21	\$3,441	\$3,046
215	COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	14	\$6,671	\$3,268
216	MODERATE ANTERIOR SEGMENT EYE PROCEDURES	3	\$1,706	\$2,237
217	SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	1	\$2,025	\$3,225
218	COMPLEX POSTERIOR SEGMENT EYE PROCEDURES	5	\$5,457	\$5,400
219	SIMPLE POSTERIOR SEGMENT EYE PROCEDURES	1	\$4,622	\$4,201
220	STRABISMUS AND MUSCLE EYE PROCEDURES	1	\$1,459	\$3,156
221	COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	7	\$4,151	\$3,876
222	SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	4	\$1,544	\$2,152
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	446	\$9,678	\$2,535

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
PROCEDURE APG CATEGORY, PROCEDURE APG, SINGLE APG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

125 UHC/University Hospitals & Clinics

procedure APG category	Procedure APG	TOTAL #	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
	231 COCHLEAR DEVICE IMPLANTATION	36	\$57,267	\$48,074
	233 NASAL CAUTERIZATION AND PACKING	3	\$4,015	\$3,183
	234 COMPLEX FACIAL AND ENT PROCEDURES	217	\$6,415	\$4,888
	235 SIMPLE FACIAL AND ENT PROCEDURES	138	\$4,909	\$1,798
	236 TONSIL AND ADENOID PROCEDURES	52	\$3,329	\$2,184
13	THERAPEUTIC AND OTHER RADIOLOGICAL PROCEDURES	4	\$6,388	\$3,015
	253 VASCULAR RADIOLOGY EXCEPT FOR VENOGRAPHY OF EXTREMITY	3	\$8,053	\$11,306
	255 MISCELLANEOUS RADIOLOGICAL PROCEDURES WITH CONTRAST	1	\$1,395	\$2,175

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

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

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

125 UHC/University Hospitals & Clinics

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
GENDER				
Female	3,899	53.6	122,108	54.4
Male	3,370	46.4	102,236	45.6
Unknown	1	0.0	4	0.0
Not Reported	0	0.0	4	0.0
AGE				
1-28 days	0	0.0	704	0.3
29-365 days	0	0.0	2,863	1.3
1-4 years	9	0.1	11,046	4.9
5-9	34	0.5	6,088	2.7
10-14	49	0.7	4,673	2.1
15-17	75	1.0	5,017	2.2
18-19	107	1.5	3,697	1.6
20-24	356	4.9	10,637	4.7
25-29	426	5.9	12,527	5.6
30-34	445	6.1	12,120	5.4
35-39	459	6.3	12,327	5.5
40-44	491	6.8	14,081	6.3
45-49	657	9.0	17,506	7.8
50-54	979	13.5	25,054	11.2
55-59	895	12.3	20,980	9.4
60-64	605	8.3	16,994	7.6
65-69	591	8.1	14,770	6.6
70-74	420	5.8	12,538	5.6
75-79	400	5.5	10,175	4.5
80-84	202	2.8	6,704	3.0
85-89	54	0.7	2,983	1.3
90 +	15	0.2	865	0.4
Not Reported	1	0.0	707	0.3
SOURCE OF ADMISSION				
Physician Referral	0	0.0	202,212	90.1
Clinic Referral	0	0.0	553	0.2
HMO Referral	0	0.0	3,605	1.6
Other Hospital	0	0.0	90	0.0
Skilled Nursing Facility	0	0.0	22	0.0
Other Health Care Facility	0	0.0	25	0.0
Emergency Room	0	0.0	4,679	2.1
Court/Law Enforcement	0	0.0	0	0.0
Unknown	0	0.0	11	0.0
Not Reported	7,270	100.0	13,155	5.9

(Continued)

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

125 UHC/University Hospitals & Clinics

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	7,264	99.9	223,834	99.8
Another Hospital	1	0.0	103	0.0
Skilled Nursing Facility	2	0.0	111	0.0
Intermediate Care Facility	1	0.0	11	0.0
Another Type of Institution	0	0.0	46	0.0
Under Care of Home Service	0	0.0	169	0.1
Left Against Medical Advice	0	0.0	16	0.0
Under Care of Home IV Provider	0	0.0	1	0.0
Expired	1	0.0	5	0.0
Unknown	1	0.0	56	0.0
Not Reported	0	0.0	0	0.0
PRIMARY PAYER				
Medicare	1,779	24.5	45,634	20.3
Medicaid	740	10.2	14,157	6.3
Other government	417	5.7	3,504	1.6
Blue Cross/Blue Shield	1,607	22.1	30,700	13.7
Other Commercial	510	7.0	15,100	6.7
Managed Care(HMO, PPO)	2,010	27.6	105,175	46.9
Self Pay	162	2.2	2,539	1.1
Industrial & Worker Comp	29	0.4	3,834	1.7
Charity and Unclassified	5	0.1	2,186	1.0
Childrens Health Insurance	9	0.1	177	0.1
Unknown	2	0.0	1,256	0.6
Not Reported	0	0.0	90	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	88	1.2	15,979	7.1
Central Utah	52	0.7	8,148	3.6
Davis County	424	5.8	23,241	10.4
Salt Lake County	4,615	63.5	76,236	34.0
Southeastern Utah	68	0.9	5,436	2.4
Southwest Utah	69	0.9	13,567	6.0
Summit County	465	6.4	3,096	1.4
Tooele County	323	4.4	4,599	2.0
Tri-County	66	0.9	5,798	2.6
Utah County	237	3.3	35,900	16.0
Wasatch County	73	1.0	1,771	0.8
Weber County	154	2.1	21,412	9.5
Unknown Utah	4	0.1	49	0.0
Outside Utah	632	8.7	8,923	4.0
Unknown, Not Reported	0	0.0	197	0.1

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

AMB ST 1-1
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

310 University of Utah Huntsman Cancer Hospital

	Procedures Performed		Procedures Performed-All Hospitals	
	(#)	(%)	(#)	(%)
Reporting Category(ICD-9-CM CODES)	1,596	100.0	321,711	100.0
Mastectomy (85.0-85.99)	345	21.6	7,021	2.2
Musculoskeletal (76.0-84.99)	156	9.8	65,753	20.4
Respiratory (30.0-34.99)	40	2.5	3,438	1.1
Cardiovascular (35.0-39.99)	5	0.3	15,180	4.7
Lymphatic/Hemetic (40.0-41.99)	365	22.9	3,088	1.0
Digestive System (42.0-54.99)	190	11.9	107,581	33.4
Urinary (55.0-59.99)	101	6.3	8,752	2.7
Male Genital (60.0-64.99)	17	1.1	3,460	1.1
Female Genital (65.0-71.99)	105	6.6	15,319	4.8
Endocrine/Nervous (01.0-07.99)	48	3.0	28,111	8.7
Eye (08.0-16.99)	12	0.8	19,328	6.0
Ear (18.0-20.99)	40	2.5	14,440	4.5
Nose, Mouth, Pharynx (21.0-29.99)	172	10.8	30,240	9.4
Reporting Category(CPT-4 CODES)	1,718	100.0	304,292	100.0
Mastectomy (19120-19220)	248	14.4	3,001	1.0
Musculoskeletal (20000-29909)	178	10.4	65,018	21.4
Respiratory (30000-32999 & 39501-39599)	90	5.2	13,975	4.6
Cardiovascular (33010-37799 & 93501-93660)	81	4.7	31,569	10.4
Lymphatic/Hemetic (38100-38999)	349	20.3	2,606	0.9
Digestive (40490-49999)	469	27.3	115,754	38.0
Urinary (50010-53899)	99	5.8	8,580	2.8
Male Genital (54000-55899)	51	3.0	3,059	1.0
Female Genital (56405-58999)	94	5.5	11,517	3.8
Endocrine/Nervous (60000-64999)	45	2.6	29,931	9.8
Eye (65091-68899)	5	0.3	11,422	3.8
Ear (69000-69979)	9	0.5	7,860	2.6

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics.

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

AMB ST 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES

310 University of Utah Huntsman Cancer Hospital

ICD-9 CODE	ICD-9 DESCRIPTION	#	%	% ALL Hospitals
All ICD-9 Procedures		1,596	100.0	100.0
8521	LOCAL EXCISION OF LESION OF BREAST	238	14.9	0.85
4019	OTH DX PROC LYMPHATIC STRUCTURES	134	8.4	0.19
4023	EXCISION OF AXILLARY LYMPH NODE	98	6.1	0.20
8339	EXCISION LESION OTHER SOFT TISSUE	71	4.4	0.28
2189	OTH REPAIR&PLASTIC OPERATIONS NOSE	56	3.5	0.13
5749	OTH TRANSURETH EXC/DEST LES BLADDER	40	2.5	0.22
4223	OTHER ESOPHAGOSCOPY	32	2.0	0.08
4011	BIOPSY OF LYMPHATIC STRUCTURE	31	1.9	0.18
598	URETERAL CATHETERIZATION	31	1.9	0.59
4021	EXCISION DEEP CERVICAL LYMPH NODE	28	1.8	0.05
4029	SIMPLE EXCISION OTH LYMPH STRUCTURE	28	1.8	0.04
062	UNILATERAL THYROID LOBECTOMY	22	1.4	0.13
4292	DILATION OF ESOPHAGUS	21	1.3	1.54
1829	EXC/DESTRUC OTH LESION EXTERNAL EAR	20	1.3	0.10
8587	OTHER REPAIR/RECONSTRUCTION NIPPLE	17	1.1	0.03
4523	COLONOSCOPY	16	1.0	7.45
3142	LARYNGOSCOPY AND OTHER TRACHEOSCOPY	14	0.9	0.14
4513	OTHER ENDOSCOPY OF SMALL INTESTINE	14	0.9	1.88
0689	OTHER PARATHYROIDECTOMY	13	0.8	0.07
6563	LAP REMOV BIL OVARY-TUBE-SAME SURG	13	0.8	0.06

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		1,718	100.0	100.0
38792	INJECTION PROC; ID SENTINEL NODE	121	7.0	0.15
38525	BX/EXC LYMPH NODE; OPN DP AX NOD	107	6.2	0.24
19120	EXC BRST CYST TUMR/LES OPN M/F 1	96	5.6	0.50
19125	EXC BRST LES ID RAD MARKR OPN;1	96	5.6	0.26
36561	INSRT TUNNL CNTRL CVAD PORT; 5 Y	65	3.8	0.14
45380	COLONOSCOPY FLEX; W/BX 1/MX	54	3.1	5.63
45378	COLONOSCOPY FLEX; DX-SEP PROC	47	2.7	7.39
19160	MASTECTOMY PARTIAL;	45	2.6	0.10
43239	UGI ENDO; W/BX 1/MX	43	2.5	5.96
38510	BX/EXC LYMPH NODE; OPN DP CERV N	42	2.4	0.09
55859	TRNSPERNL PLC NDLE PROS-RADELMNT	35	2.0	0.04
38500	BX/EXCISION LYMPH NODE; OPEN SUP	25	1.5	0.08
43242	UGI ENDO; W/US GUID ASPIR/BX	23	1.3	0.04
58661	LAP SURG; W/REMV ADNEXAL STRUCT	23	1.3	0.19
60220	TOT THYRD LOBECT UNI;W/VO ISTHMS	22	1.3	0.11
43200	ESOPHAGOSCOPY; DX-SEP PROC	21	1.2	0.03
21930	EXC TUMR SOFT TISSUE BACK/FLANK	19	1.1	0.06
52332	CYSTOURETHROSCOPY W/INSRT STENT	19	1.1	0.42
38542	DISSECTION DEEP JUGULAR NODE	17	1.0	0.01
43259	UGI ENDO; W/ENDO UNTRASOUND EXAM	16	0.9	0.05

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

AMB ST 1-3

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

310 University of Utah Huntsman Cancer Hospital

ICD-9 CODE	ICD-9 DESCRIPTION	#	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
ICD-9 Procedures		645	\$3,661	\$3,166
8521	LOCAL EXCISION OF LESION OF BREAST	160	\$2,353	\$2,630
5749	OTH TRANSURETH EXC/DEST LES BLADDER	32	\$3,867	\$3,731
4011	BIOPSY OF LYMPHATIC STRUCTURE	23	\$3,538	\$3,469
062	UNILATERAL THYROID LOBECTOMY	20	\$5,204	\$5,973
2189	OTH REPAIR&PLASTIC OPERATIONS NOSE	20	\$4,037	\$4,233
8339	EXCISION LESION OTHER SOFT TISSUE	19	\$3,608	\$2,877
4523	COLONOSCOPY	16	\$1,443	\$947
598	URETERAL CATHETERIZATION	14	\$3,526	\$4,979
0689	OTHER PARATHYROIDECTOMY	13	\$6,413	\$5,618
6563	LAP REMOV BIL OVARY-TUBE-SAME SURG	13	\$6,695	\$7,135
623	UNILATERAL ORCHIECTOMY	10	\$4,089	\$3,172
4051	RADICAL EXCISION AX LYMPH NODES	9	\$4,428	\$4,570
7033	EXCISION/DESTRUCTION LESION VAGINA	9	\$4,040	\$2,661
8321	BIOPSY OF SOFT TISSUE	9	\$4,509	\$2,494
6525	OTH LAP LOCAL EXCISION/DESTRUC OVRY	8	\$7,081	\$5,593
4513	OTHER ENDOSCOPY OF SMALL INTESTINE	7	\$3,382	\$1,089
4516	EGD W/CLOS BX	7	\$2,972	\$1,301
4836	[ENDOSCOPIC] POLYPECTOMY OF RECTUM	7	\$5,428	\$1,228
4021	EXCISION DEEP CERVICAL LYMPH NODE	6	\$4,268	\$3,960
6541	LAPAROSCOPIC UNILATERAL S-O	6	\$6,716	\$6,807

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
CPT-4 Procedures		922	\$3,505	\$2,895
19120	EXC BRST CYST TUMR/LES OPN M/F 1	78	\$2,215	\$2,583
19125	EXC BRST LES ID RAD MARKR OPN;1	73	\$2,468	\$3,410
36561	INSRT TUNNL CNTRL CVAD PORT; 5 Y	61	\$4,293	\$5,107
45380	COLONOSCOPY FLEX; W/BX 1/MX	50	\$1,445	\$1,278
45378	COLONOSCOPY FLEX; DX-SEP PROC	47	\$1,197	\$949
55859	TRNSPERNL PLC NDLE PROS-RADELMNT	35	\$5,913	\$13,358
43239	UGI ENDO; W/BX 1/MX	25	\$1,565	\$1,299
58661	LAP SURG; W/REMV ADNEXAL STRUCT	21	\$6,580	\$7,045
60220	TOT THYRD LOBECT UNI;W/WO ISTHMS	21	\$5,477	\$6,006
43242	UGI ENDO; W/US GUID ASPIR/BX	19	\$1,969	\$2,352
38510	BX/EXC LYMPH NODE; OPN DP CERV N	18	\$4,558	\$3,792
60500	PARATHYROIDECTOMY/EXPL PARATHYRO	14	\$6,631	\$5,631
52332	CYSTOURETHROSCOPY W/INSRT STENT	12	\$3,481	\$3,901
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	11	\$1,029	\$1,036
52234	CYSTOURETHROSCOPY W/FULG; SM TUM	11	\$4,112	\$3,302
43226	ESOPHAGOSCOPY; W/INSRT GUIDE WIR	10	\$3,753	\$3,524
54530	ORCHECT RADICAL TUMOR; ING APPRC	10	\$4,089	\$3,428
19160	MASTECTOMY PARTIAL;	9	\$2,757	\$3,317
20245	BIOPSY BONE OPEN; DEEP	9	\$4,737	\$5,391
38500	BX/EXCISION LYMPH NODE; OPEN SUP	9	\$3,603	\$3,788

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

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

310 University of Utah Huntsman Cancer Hospital

Procedure APG category		TOTAL #	TOTAL # (ALL Hospitals)
Procedure APG			
01	INTEGUMENTARY SYSTEM	430	8,878
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	5	2,028
	006 SIMPLE DEBRIDEMENT AND DESTRUCTION	1	157
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	79	1,202
	008 SIMPLE EXCISION AND BIOPSY	25	1,012
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRANGE	72	1,367
	011 SIMPLE INCISION AND EXCISION OF BREAST	195	2,366
	012 BREAST RECONSTRUCTION AND MASTECTOMY	53	635
02	MUSCULOSKELETAL SYSTEM	30	58,082
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	6	6,410
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	8	2,231
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	10	11,532
	025 ARTHROSCOPY	6	25,432
03	RESPIRATORY SYSTEM	60	7,958
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	40	5,137
	054 SIMPLE ENDOSCOPY OF THE UPPER AIRWAY	14	300
	055 ENDOSCOPY OF THE LOWER AIRWAY	6	1,865
04	CARDIOVASCULAR SYSTEM	8	25,823
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	7	746
	081 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	1	181
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	244	3,114
	092 CHEMOTHERAPY EXCEPT BY EXTENDED INFUSION	5	19
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	239	1,943
06	DIGESTIVE SYSTEM	451	105,000
	112 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	7	1,288
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	12	649
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	8	392
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	80	22,453
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	104	5,914
	117 LOWER GASTROINTESTINAL ENDOSCOPY	125	47,953
	118 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	50	1,561
	119 HERNIA AND HYDROCELE PROCEDURES	6	6,882
	120 COMPLEX ANAL AND RECTAL PROCEDURES	4	1,098
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	9	506
	123 COMPLEX LAPAROSCOPIC PROCEDURES	43	15,680
	124 SIMPLE LAPAROSCOPIC PROCEDURES	3	170
07	URINARY SYSTEM	93	7,472
	133 URINARY CATHETERIZATION AND DILATATION	2	380
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	47	3,513
	135 MODERATE CYSTOURETHROSCOPY	31	1,846
	136 SIMPLE CYSTOURETHROSCOPY	7	606
	137 COMPLEX URETHRAL PROCEDURES	6	125
08	MALE GENITAL SYSTEM	14	2,684
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	3	1,397
	153 COMPLEX PENILE PROCEDURES	10	413
	154 SIMPLE PENILE PROCEDURES	1	680

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

310 University of Utah Huntsman Cancer Hospital

procedure APG category procedure APG	TOTAL #	TOTAL # (ALL Hospitals)
09 FEMALE GENITAL SYSTEM	61	6,830
176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	10	1,642
177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	40	1,421
178 DILATION AND CURETTAGE	5	709
179 HYSTEROSCOPY	4	2,718
180 COLPOSCOPY	2	339
10 NERVOUS SYSTEM	6	26,119
197 NEUROSTIMULATOR AND VENTRICULAR SHUNT IMPLANTATION	1	828
198 NERVE REPAIR AND DESTRUCTION	5	4,690
11 EYE AND OCULAR ADNEXA	4	11,129
215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	2	469
216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	1	294
221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	1	881
12 FACIAL, EAR, NOSE, MOUTH AND THROAT	130	27,995
233 NASAL CAUTERIZATION AND PACKING	4	323
234 COMPLEX FACIAL AND ENT PROCEDURES	82	5,543
235 SIMPLE FACIAL AND ENT PROCEDURES	42	13,699
236 TONSIL AND ADENOID PROCEDURES	2	8,352
13 THERAPEUTIC AND OTHER RADIOLOGICAL PROCEDURES	2	3,177
252 RADIATION THERAPY AND HYPERTHERMIA	2	12

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

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

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
PROCEDURE APG CATEGORY, PROCEDURE APG, SINGLE APG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

310 University of Utah Huntsman Cancer Hospital

Procedure APG category	Procedure APG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
01	INTEGUMENTARY SYSTEM	283	\$3,233	\$3,077
	006 SIMPLE DEBRIDEMENT AND DESTRUCTION	1	\$2,969	\$2,246
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	34	\$4,217	\$2,981
	008 SIMPLE EXCISION AND BIOPSY	14	\$2,917	\$2,545
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRAN	68	\$4,459	\$4,359
	011 SIMPLE INCISION AND EXCISION OF BREAST	151	\$2,338	\$2,861
	012 BREAST RECONSTRUCTION AND MASTECTOMY	15	\$4,775	\$5,243
02	MUSCULOSKELETAL SYSTEM	11	\$5,145	\$4,100
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	2	\$5,911	\$6,150
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	3	\$4,444	\$3,787
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	4	\$5,377	\$2,717
	025 ARTHROSCOPY	2	\$4,966	\$4,558
03	RESPIRATORY SYSTEM	17	\$3,089	\$2,071
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	16	\$3,092	\$3,201
	055 ENDOSCOPY OF THE LOWER AIRWAY	1	\$3,042	\$2,233
04	CARDIOVASCULAR SYSTEM	3	\$2,165	\$10,821
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	3	\$2,165	\$4,242
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	79	\$4,591	\$3,660
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	79	\$4,591	\$4,713
06	DIGESTIVE SYSTEM	296	\$2,674	\$2,170
	112 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	3	\$3,371	\$1,490
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	11	\$764	\$1,114
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	8	\$5,071	\$1,226
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	41	\$1,562	\$1,249
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	59	\$2,691	\$1,798
	117 LOWER GASTROINTESTINAL ENDOSCOPY	105	\$1,359	\$1,114
	118 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	19	\$3,876	\$3,753
	119 HERNIA AND HYDROCELE PROCEDURES	5	\$3,947	\$3,546
	120 COMPLEX ANAL AND RECTAL PROCEDURES	3	\$3,564	\$2,846
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	6	\$2,987	\$3,109
	123 COMPLEX LAPAROSCOPIC PROCEDURES	34	\$6,716	\$6,362
	124 SIMPLE LAPAROSCOPIC PROCEDURES	2	\$8,346	\$7,898
07	URINARY SYSTEM	60	\$3,727	\$4,480
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	34	\$3,742	\$4,624
	135 MODERATE CYSTOURETHROSCOPY	18	\$3,562	\$3,484
	136 SIMPLE CYSTOURETHROSCOPY	3	\$3,915	\$2,335
	137 COMPLEX URETHRAL PROCEDURES	5	\$4,113	\$4,861
08	MALE GENITAL SYSTEM	14	\$3,678	\$3,045
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	3	\$2,872	\$2,546
	153 COMPLEX PENILE PROCEDURES	10	\$4,089	\$3,147
	154 SIMPLE PENILE PROCEDURES	1	\$1,989	\$1,914
09	FEMALE GENITAL SYSTEM	44	\$3,507	\$4,082
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	9	\$4,425	\$5,061
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	25	\$3,378	\$3,135
	178 DILATION AND CURETTAGE	5	\$2,777	\$2,371

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
PROCEDURE APG CATEGORY, PROCEDURE APG, SINGLE APG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

310 University of Utah Huntsman Cancer Hospital

procedure APG category Procedure APG	TOTAL #	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
179 HYSTEROSCOPY	4	\$3,107	\$4,610
180 COLPOSCOPY	1	\$3,741	\$3,422
10 NERVOUS SYSTEM	2	\$6,144	\$1,813
197 NEUROSTIMULATOR AND VENTRICULAR SHUNT IMPLANTATION	1	\$6,494	\$22,134
198 NERVE REPAIR AND DESTRUCTION	1	\$5,794	\$2,441
11 EYE AND OCULAR ADNEXA	1	\$3,255	\$3,062
215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	1	\$3,255	\$3,268
12 FACIAL, EAR, NOSE, MOUTH AND THROAT	62	\$5,429	\$2,535
233 NASAL CAUTERIZATION AND PACKING	1	\$5,333	\$3,183
234 COMPLEX FACIAL AND ENT PROCEDURES	40	\$6,402	\$4,888
235 SIMPLE FACIAL AND ENT PROCEDURES	21	\$3,580	\$1,798
13 THERAPEUTIC AND OTHER RADIOLOGICAL PROCEDURES	1	\$8,769	\$3,015
252 RADIATION THERAPY AND HYPERTHERMIA	1	\$8,769	\$6,035

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

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

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

310 University of Utah Huntsman Cancer Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
GENDER				
Female	791	59.4	122,108	54.4
Male	541	40.6	102,236	45.6
Unknown	0	0.0	4	0.0
Not Reported	0	0.0	4	0.0
AGE				
1-28 days	0	0.0	704	0.3
29-365 days	0	0.0	2,863	1.3
1-4 years	0	0.0	11,046	4.9
5-9	1	0.1	6,088	2.7
10-14	5	0.4	4,673	2.1
15-17	9	0.7	5,017	2.2
18-19	8	0.6	3,697	1.6
20-24	50	3.8	10,637	4.7
25-29	62	4.7	12,527	5.6
30-34	72	5.4	12,120	5.4
35-39	89	6.7	12,327	5.5
40-44	107	8.0	14,081	6.3
45-49	152	11.4	17,506	7.8
50-54	151	11.3	25,054	11.2
55-59	150	11.3	20,980	9.4
60-64	130	9.8	16,994	7.6
65-69	122	9.2	14,770	6.6
70-74	89	6.7	12,538	5.6
75-79	63	4.7	10,175	4.5
80-84	51	3.8	6,704	3.0
85-89	15	1.1	2,983	1.3
90 +	6	0.5	865	0.4
Not Reported	0	0.0	707	0.3
SOURCE OF ADMISSION				
Physician Referral	0	0.0	202,212	90.1
Clinic Referral	0	0.0	553	0.2
HMO Referral	0	0.0	3,605	1.6
Other Hospital	0	0.0	90	0.0
Skilled Nursing Facility	0	0.0	22	0.0
Other Health Care Facility	0	0.0	25	0.0
Emergency Room	0	0.0	4,679	2.1
Court/Law Enforcement	0	0.0	0	0.0
Unknown	0	0.0	11	0.0
Not Reported	1,332	100.0	13,155	5.9

(Continued)

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

310 University of Utah Huntsman Cancer Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	1,331	99.9	223,834	99.8
Another Hospital	0	0.0	103	0.0
Skilled Nursing Facility	0	0.0	111	0.0
Intermediate Care Facility	0	0.0	11	0.0
Another Type of Institution	0	0.0	46	0.0
Under Care of Home Service	1	0.1	169	0.1
Left Against Medical Advice	0	0.0	16	0.0
Under Care of Home IV Provider	0	0.0	1	0.0
Expired	0	0.0	5	0.0
Unknown	0	0.0	56	0.0
Not Reported	0	0.0	0	0.0
PRIMARY PAYER				
Medicare	325	24.4	45,634	20.3
Medicaid	61	4.6	14,157	6.3
Other government	50	3.8	3,504	1.6
Blue Cross/Blue Shield	357	26.8	30,700	13.7
Other Commercial	140	10.5	15,100	6.7
Managed Care(HMO, PPO)	372	27.9	105,175	46.9
Self Pay	21	1.6	2,539	1.1
Industrial & Worker Comp	3	0.2	3,834	1.7
Charity and Unclassified	2	0.2	2,186	1.0
Childrens Health Insurance	0	0.0	177	0.1
Unknown	1	0.1	1,256	0.6
Not Reported	0	0.0	90	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	49	3.7	15,979	7.1
Central Utah	20	1.5	8,148	3.6
Davis County	117	8.8	23,241	10.4
Salt Lake County	650	48.8	76,236	34.0
Southeastern Utah	18	1.4	5,436	2.4
Southwest Utah	21	1.6	13,567	6.0
Summit County	45	3.4	3,096	1.4
Tooele County	24	1.8	4,599	2.0
Tri-County	20	1.5	5,798	2.6
Utah County	84	6.3	35,900	16.0
Wasatch County	13	1.0	1,771	0.8
Weber County	56	4.2	21,412	9.5
Unknown Utah	0	0.0	49	0.0
Outside Utah	214	16.1	8,923	4.0
Unknown, Not Reported	1	0.1	197	0.1

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

AMB ST 1-1
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

309 University of Utah Orthopaedic Center

Reporting Category(ICD-9-CM CODES)	Procedures Performed		Procedures Performed-All Hospitals	
	(#)	(%)	(#)	(%)
Reporting Category(ICD-9-CM CODES)	3,904	100.0	321,711	100.0
Mastectomy (85.0-85.99)	0	0.0	7,021	2.2
Musculoskeletal (76.0-84.99)	3,248	83.2	65,753	20.4
Respiratory (30.0-34.99)	0	0.0	3,438	1.1
Cardiovascular (35.0-39.99)	1	0.0	15,180	4.7
Lymphatic/Hemetic (40.0-41.99)	10	0.3	3,088	1.0
Digestive System (42.0-54.99)	4	0.1	107,581	33.4
Urinary (55.0-59.99)	0	0.0	8,752	2.7
Male Genital (60.0-64.99)	0	0.0	3,460	1.1
Female Genital (65.0-71.99)	0	0.0	15,319	4.8
Endocrine/Nervous (01.0-07.99)	641	16.4	28,111	8.7
Eye (08.0-16.99)	0	0.0	19,328	6.0
Ear (18.0-20.99)	0	0.0	14,440	4.5
Nose, Mouth, Pharynx (21.0-29.99)	0	0.0	30,240	9.4
Reporting Category(CPT-4 CODES)	6,906	100.0	304,292	100.0
Mastectomy (19120-19220)	0	0.0	3,001	1.0
Musculoskeletal (20000-29909)	4,044	58.6	65,018	21.4
Respiratory (30000-32999 & 39501-39599)	0	0.0	13,975	4.6
Cardiovascular (33010-37799 & 93501-93660)	1	0.0	31,569	10.4
Lymphatic/Hemetic (38100-38999)	11	0.2	2,606	0.9
Digestive (40490-49999)	4	0.1	115,754	38.0
Urinary (50010-53899)	0	0.0	8,580	2.8
Male Genital (54000-55899)	0	0.0	3,059	1.0
Female Genital (56405-58999)	0	0.0	11,517	3.8
Endocrine/Nervous (60000-64999)	2,846	41.2	29,931	9.8
Eye (65091-68899)	0	0.0	11,422	3.8
Ear (69000-69979)	0	0.0	7,860	2.6

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics.

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

AMB ST 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES

309 University of Utah Orthopaedic Center

ICD-9 CODE	ICD-9 DESCRIPTION	#	%	% ALL Hospitals
All ICD-9 Procedures		3,904	100.0	100.0
0443	RELEASE OF CARPAL TUNNEL	299	7.7	1.12
806	EXCISION SEMILUNAR CARTILAGE KNEE	205	5.3	1.86
8201	EXPLORATION TENDON SHEATH HAND	135	3.5	0.38
0449	OTH PERIPH NERV/GANGL DECOMP/LYSIS	134	3.4	0.20
8145	OTHER REPAIR THE CRUCIATE LIGAMENTS	127	3.3	0.57
8086	OTH LOCAL EXC/DESTRUC LES KNEE JNT	109	2.8	0.85
8175	ARTHRLSTY CARPOCARPAL JT W/O IMPLN	102	2.6	0.11
8363	ROTATOR CUFF REPAIR	101	2.6	0.74
0481	INJECTION ANESIN PERIPH NERVE ANALG	98	2.5	0.34
7867	REMOVAL IMPL DEVICE FROM TIBIA&FIB	98	2.5	0.33
8183	OTHER REPAIR OF SHOULDER	88	2.3	0.76
8257	OTHER HAND TENDON TRANSPOSITION	80	2.0	0.09
7932	OPEN RDUC FX RADUS&ULNA W/INTRL FIX	77	2.0	0.26
8221	EXCISION LESION TENDON SHEATH HAND	74	1.9	0.26
7863	REMOVL IMPL DEVICE FROM RADIUS&ULNA	59	1.5	0.10
7781	OTH PART OSTEC SCAPULA CLAV&THORAX	52	1.3	0.50
8083	OTH LOCAL EXC/DESTRUC LES WRST JNT	46	1.2	0.05
8081	OTH LOCAL EXC/DESTRUC LES SHLDR JNT	42	1.1	0.47
8087	OTH LOCAL EXC/DESTRUC LES ANK JNT	39	1.0	0.08
8147	OTHER REPAIR OF KNEE	38	1.0	0.75

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		6,906	100.0	100.0
64483	INJ ANES EPIDURL; LUMB/SAC 1 LEV	882	12.8	0.98
64484	INJ ANES EPIDURL; LUMB/SAC-EA AD	392	5.7	0.57
20680	REMOVAL OF IMPLANT; DEEP	264	3.8	0.87
20610	ARTHROCENTESIS ASPIR&/INJ; MAJ J	233	3.4	0.42
64450	INJ ANES AGT; OTH PERIPH NERVE/B	204	3.0	0.08
29881	SCOPE KNEE SURG;W/MENISCECT MED/	188	2.7	1.59
62319	INJ NOT NEUROLYTIC-EPID; LUMB/SA	175	2.5	0.07
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	169	2.4	0.74
64475	INJ ANES FACET JT; LUMB/SAC-1LEV	167	2.4	0.52
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	160	2.3	1.51
26055	TENDON SHEATH INCISION	157	2.3	0.42
29826	SCOPE SHOULDER; DECOMP SUBACROM	127	1.8	1.09
29888	ARTHSCPY AIDED ACL REPR/AUG/RECO	125	1.8	0.58
64479	INJ ANES EPIDURL; CERV/THOR 1 LE	120	1.7	0.14
20605	ARTHROCN ASPIR &/INJ;INTRMD JNT/	114	1.7	0.09
29848	ENDO WRST SURG REL TRNS CARP LIG	110	1.6	0.31
29827	SCOPE SHLDR SURG; W/ROTOR CUFF R	101	1.5	0.55
29877	SCOPE KNEE SURG; DEBRID/SHAVE CA	96	1.4	1.01
64718	NEUROPLASTY; ULNAR NERV AT ELBOW	94	1.4	0.15
25310	TEND TPLNT/TRNSF FOREARM&/WRIST	76	1.1	0.08

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

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

AMB ST 1-3

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

309 University of Utah Orthopaedic Center

ICD-9 CODE	ICD-9 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
ICD-9 Procedures		1,465	\$3,753	\$3,166
0443	RELEASE OF CARPAL TUNNEL	148	\$1,611	\$2,124
806	EXCISION SEMILUNAR CARTILAGE KNEE	120	\$3,055	\$4,034
8201	EXPLORATION TENDON SHEATH HAND	76	\$1,420	\$1,942
7867	REMOVAL IMPL DEVICE FROM TIBIA&FIB	68	\$2,627	\$2,636
7932	OPEN RDUC FX RADUS&ULNA W/INTRL FIX	60	\$6,112	\$7,111
8145	OTHER REPAIR THE CRUCIATE LIGAMENTS	55	\$7,413	\$8,676
8221	EXCISION LESION TENDON SHEATH HAND	53	\$1,683	\$2,205
0481	INJECTION ANESIN PERIPH NERVE ANALG	50	\$207	\$1,060
8363	ROTATOR CUFF REPAIR	48	\$8,363	\$8,430
8086	OTH LOCAL EXC/DESTRUC LES KNEE JNT	47	\$3,037	\$3,477
0449	OTH PERIPH NERV/GANGL DECOMP/LYSIS	39	\$2,280	\$3,196
7863	REMOVL IMPL DEVICE FROM RADIUS&ULNA	29	\$2,550	\$2,781
8183	OTHER REPAIR OF SHOULDER	28	\$6,825	\$6,622
7865	REMOVAL IMPLANTED DEVICE FROM FEMUR	20	\$2,930	\$3,191
8081	OTH LOCAL EXC/DESTRUC LES SHLDR JNT	20	\$4,758	\$4,998
0393	IMPL/REPL SPINAL NEUROSTIM LEAD(S)	19	\$23,762	\$35,325
7868	REMOVAL IMPL DEVICE FROM TARSAL&MTS	18	\$2,583	\$2,513
7936	OPEN RDUC FX TIB&FIB W/INTRL FIX	18	\$6,858	\$6,093
8083	OTH LOCAL EXC/DESTRUC LES WRST JNT	18	\$3,468	\$3,235
7933	OP REDUC W/INT FIX-CARP-METACARP	16	\$4,133	\$4,290

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
CPT-4 Procedures		2,833	\$2,195	\$2,895
64483	INJ ANES EPIDURL; LUMB/SAC 1 LEV	458	\$959	\$1,198
20610	ARTHROCENTESIS ASPIR&/INJ; MAJ J	223	\$1,092	\$930
62319	INJ NOT NEUROLYTIC-EPID; LUMB/SA	166	\$949	\$954
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	147	\$945	\$982
20680	REMOVAL OF IMPLANT; DEEP	125	\$2,578	\$2,816
29881	SCOPE KNEE SURG;W/MENISCECT MED/	124	\$3,049	\$3,914
64479	INJ ANES EPIDURL; CERV/THOR 1 LE	109	\$1,060	\$1,168
20605	ARTHROCN ASPIR &/INJ;INTRMD JNT/	102	\$1,096	\$1,011
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	101	\$1,478	\$2,178
64475	INJ ANES FACET JT; LUMB/SAC-1LEV	77	\$1,066	\$1,343
29848	ENDO WRST SURG REL TRNS CARP LIG	65	\$1,912	\$2,360
23350	INJ SHLDR ARTHROGRPH/ENHNCD CT/M	59	\$2,235	\$2,649
27095	INJ PROC HIP ARTHROGRAPHY; W/ANE	55	\$2,004	\$1,777
29877	SCOPE KNEE SURG; DEBRID/SHAVE CA	50	\$3,054	\$3,536
26055	TENDON SHEATH INCISION	49	\$1,337	\$1,892
29888	ARTHSCPY AIDED ACL REPR/AUG/RECO	36	\$7,470	\$8,902
64415	INJ ANESAGT; BRACH PLEXUS SINGLE	35	\$330	\$351
25620	OPEN TX DIST RADIAL FX W/WO FIX	34	\$6,529	\$7,858
26160	EXC LES TEND SHETH/JNT CAP HND/F	32	\$1,603	\$2,023
64470	INJ ANES FACET JT; CERV/THOR-1LE	29	\$1,158	\$1,290

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

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

309 University of Utah Orthopaedic Center

Procedure APG category		TOTAL #	TOTAL # (ALL Hospitals)
Procedure APG			
01	INTEGUMENTARY SYSTEM	78	8,878
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	11	2,028
	003 COMPLEX INCISION AND DRAINAGE	3	76
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	20	1,202
	008 SIMPLE EXCISION AND BIOPSY	41	1,012
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRANGE	3	1,367
02	MUSCULOSKELETAL SYSTEM	3,776	58,082
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	463	6,410
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	190	2,231
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	244	2,131
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	850	11,532
	025 ARTHROSCOPY	1,198	25,432
	026 REPLACEMENT OF CAST	5	63
	027 SPLINT, STRAPPING AND CAST REMOVAL	2	368
	028 CLOSED TREATMENT FX & DISLOCATION OF FINGER, TOE & TRUNK	3	54
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	9	656
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	243	4,342
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	48	470
	032 BUNION PROCEDURES	20	1,569
	033 ARTHROPLASTY	92	512
	034 HAND AND FOOT TENOTOMY	26	279
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	383	2,033
04	CARDIOVASCULAR SYSTEM	1	25,823
	082 VASCULAR LIGATION	1	403
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	1	3,114
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	1	1,943
06	DIGESTIVE SYSTEM	4	105,000
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	1	22,453
	117 LOWER GASTROINTESTINAL ENDOSCOPY	3	47,953
10	NERVOUS SYSTEM	2,840	26,119
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	2,410	19,763
	196 REVISION AND REMOVAL OF NEUROLOGICAL DEVICE	5	212
	197 NEUROSTIMULATOR AND VENTRICULAR SHUNT IMPLANTATION	44	828
	198 NERVE REPAIR AND DESTRUCTION	381	4,690
13	THERAPEUTIC AND OTHER RADIOLOGICAL PROCEDURES	144	3,177
	255 MISCELLANEOUS RADIOLOGICAL PROCEDURES WITH CONTRAST	144	1,694

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

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

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
PROCEDURE APG CATEGORY, PROCEDURE APG, SINGLE APG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

309 University of Utah Orthopaedic Center

Procedure APG category		TOTAL #	AVE TOT CHR	AVE TOT CHRG(ALL Hospitals)
Procedure APG				
01	INTEGUMENTARY SYSTEM	30	\$2,085	\$3,077
	003 COMPLEX INCISION AND DRAINAGE	2	\$2,668	\$3,204
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	10	\$2,681	\$2,981
	008 SIMPLE EXCISION AND BIOPSY	17	\$1,652	\$2,545
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRAN	1	\$2,329	\$4,359
02	MUSCULOSKELETAL SYSTEM	1,393	\$2,917	\$4,100
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	83	\$4,479	\$6,150
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	50	\$2,528	\$3,787
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	48	\$3,620	\$4,488
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	311	\$2,192	\$2,717
	025 ARTHROSCOPY	418	\$3,911	\$4,558
	027 SPLINT, STRAPPING AND CAST REMOVAL	1	\$3,346	\$5,317
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	7	\$3,492	\$3,140
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	111	\$5,410	\$5,140
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	15	\$2,128	\$2,526
	032 BUNION PROCEDURES	3	\$7,068	\$3,916
	033 ARTHROPLASTY	5	\$4,446	\$6,241
	034 HAND AND FOOT TENOTOMY	1	\$1,834	\$1,909
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	340	\$1,088	\$909
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	1	\$1,169	\$3,660
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	1	\$1,169	\$4,713
06	DIGESTIVE SYSTEM	1	\$848	\$2,170
	117 LOWER GASTROINTESTINAL ENDOSCOPY	1	\$848	\$1,114
10	NERVOUS SYSTEM	1,239	\$1,242	\$1,813
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	1,078	\$948	\$1,068
	196 REVISION AND REMOVAL OF NEUROLOGICAL DEVICE	1	\$4,237	\$7,292
	197 NEUROSTIMULATOR AND VENTRICULAR SHUNT IMPLANTATION	12	\$20,376	\$22,134
	198 NERVE REPAIR AND DESTRUCTION	148	\$1,813	\$2,441
13	THERAPEUTIC AND OTHER RADIOLOGICAL PROCEDURES	141	\$2,072	\$3,015
	255 MISCELLANEOUS RADIOLOGICAL PROCEDURES WITH CONTRAST	141	\$2,072	\$2,175

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

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

309 University of Utah Orthopaedic Center

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
GENDER				
Female	2,234	49.2	122,108	54.4
Male	2,307	50.8	102,236	45.6
Unknown	0	0.0	4	0.0
Not Reported	0	0.0	4	0.0
AGE				
1-28 days	0	0.0	704	0.3
29-365 days	1	0.0	2,863	1.3
1-4 years	4	0.1	11,046	4.9
5-9	9	0.2	6,088	2.7
10-14	55	1.2	4,673	2.1
15-17	110	2.4	5,017	2.2
18-19	94	2.1	3,697	1.6
20-24	323	7.1	10,637	4.7
25-29	328	7.2	12,527	5.6
30-34	298	6.6	12,120	5.4
35-39	349	7.7	12,327	5.5
40-44	405	8.9	14,081	6.3
45-49	415	9.1	17,506	7.8
50-54	506	11.1	25,054	11.2
55-59	442	9.7	20,980	9.4
60-64	337	7.4	16,994	7.6
65-69	268	5.9	14,770	6.6
70-74	230	5.1	12,538	5.6
75-79	186	4.1	10,175	4.5
80-84	120	2.6	6,704	3.0
85-89	41	0.9	2,983	1.3
90 +	20	0.4	865	0.4
Not Reported	0	0.0	707	0.3
SOURCE OF ADMISSION				
Physician Referral	0	0.0	202,212	90.1
Clinic Referral	0	0.0	553	0.2
HMO Referral	0	0.0	3,605	1.6
Other Hospital	0	0.0	90	0.0
Skilled Nursing Facility	0	0.0	22	0.0
Other Health Care Facility	0	0.0	25	0.0
Emergency Room	0	0.0	4,679	2.1
Court/Law Enforcement	0	0.0	0	0.0
Unknown	0	0.0	11	0.0
Not Reported	4,541	100.0	13,155	5.9

(Continued)

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

309 University of Utah Orthopaedic Center

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	4,541	100.0	223,834	99.8
Another Hospital	0	0.0	103	0.0
Skilled Nursing Facility	0	0.0	111	0.0
Intermediate Care Facility	0	0.0	11	0.0
Another Type of Institution	0	0.0	46	0.0
Under Care of Home Service	0	0.0	169	0.1
Left Against Medical Advice	0	0.0	16	0.0
Under Care of Home IV Provider	0	0.0	1	0.0
Expired	0	0.0	5	0.0
Unknown	0	0.0	56	0.0
Not Reported	0	0.0	0	0.0
PRIMARY PAYER				
Medicare	877	19.3	45,634	20.3
Medicaid	249	5.5	14,157	6.3
Other government	196	4.3	3,504	1.6
Blue Cross/Blue Shield	1,297	28.6	30,700	13.7
Other Commercial	476	10.5	15,100	6.7
Managed Care(HMO, PPO)	1,110	24.4	105,175	46.9
Self Pay	56	1.2	2,539	1.1
Industrial & Worker Comp	275	6.1	3,834	1.7
Charity and Unclassified	4	0.1	2,186	1.0
Childrens Health Insurance	0	0.0	177	0.1
Unknown	1	0.0	1,256	0.6
Not Reported	0	0.0	90	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	76	1.7	15,979	7.1
Central Utah	29	0.6	8,148	3.6
Davis County	351	7.7	23,241	10.4
Salt Lake County	3,002	66.1	76,236	34.0
Southeastern Utah	80	1.8	5,436	2.4
Southwest Utah	53	1.2	13,567	6.0
Summit County	120	2.6	3,096	1.4
Tooele County	152	3.3	4,599	2.0
Tri-County	30	0.7	5,798	2.6
Utah County	155	3.4	35,900	16.0
Wasatch County	23	0.5	1,771	0.8
Weber County	108	2.4	21,412	9.5
Unknown Utah	0	0.0	49	0.0
Outside Utah	361	7.9	8,923	4.0
Unknown, Not Reported	1	0.0	197	0.1

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

AMB ST 1-1
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

138 Utah Valley Regional Medical Center

	Procedures Performed		Procedures Performed-All Hospitals	
	(#)	(%)	(#)	(%)
Reporting Category(ICD-9-CM CODES)	24,607	100.0	321,711	100.0
Mastectomy (85.0-85.99)	354	1.4	7,021	2.2
Musculoskeletal (76.0-84.99)	4,139	16.8	65,753	20.4
Respiratory (30.0-34.99)	265	1.1	3,438	1.1
Cardiovascular (35.0-39.99)	2,590	10.5	15,180	4.7
Lymphatic/Hemetic (40.0-41.99)	126	0.5	3,088	1.0
Digestive System (42.0-54.99)	8,624	35.0	107,581	33.4
Urinary (55.0-59.99)	584	2.4	8,752	2.7
Male Genital (60.0-64.99)	192	0.8	3,460	1.1
Female Genital (65.0-71.99)	789	3.2	15,319	4.8
Endocrine/Nervous (01.0-07.99)	1,267	5.1	28,111	8.7
Eye (08.0-16.99)	2,226	9.0	19,328	6.0
Ear (18.0-20.99)	975	4.0	14,440	4.5
Nose, Mouth, Pharynx (21.0-29.99)	2,476	10.1	30,240	9.4
Reporting Category(CPT-4 CODES)	21,254	100.0	304,292	100.0
Mastectomy (19120-19220)	216	1.0	3,001	1.0
Musculoskeletal (20000-29909)	3,660	17.2	65,018	21.4
Respiratory (30000-32999 & 39501-39599)	1,365	6.4	13,975	4.6
Cardiovascular (33010-37799 & 93501-93660)	2,852	13.4	31,569	10.4
Lymphatic/Hemetic (38100-38999)	94	0.4	2,606	0.9
Digestive (40490-49999)	9,045	42.6	115,754	38.0
Urinary (50010-53899)	534	2.5	8,580	2.8
Male Genital (54000-55899)	161	0.8	3,059	1.0
Female Genital (56405-58999)	572	2.7	11,517	3.8
Endocrine/Nervous (60000-64999)	848	4.0	29,931	9.8
Eye (65091-68899)	1,370	6.4	11,422	3.8
Ear (69000-69979)	537	2.5	7,860	2.6

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics.

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

AMB ST 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES

138 Utah Valley Regional Medical Center

ICD-9 CODE	ICD-9 DESCRIPTION	#	%	% ALL Hospitals
All ICD-9 Procedures				
4523	COLONOSCOPY	2,258	9.2	7.45
4513	OTHER ENDOSCOPY OF SMALL INTESTINE	1,290	5.2	1.88
4542	ENDO POLYPECTOMY LARGE INTESTINE	1,122	4.6	3.92
4516	EGD W/CLOS BX	826	3.4	5.75
2001	MYRINGOTOMY WITH INSERTION OF TUBE	764	3.1	3.56
5123	LAPAROSCOPIC CHOLECYSTECTOMY	574	2.3	2.01
4292	DILATION OF ESOPHAGUS	549	2.2	1.54
283	TONSILLECTOMY WITH ADENOIDECTOMY	513	2.1	1.68
806	EXCISION SEMILUNAR CARTILAGE KNEE	498	2.0	1.86
3722	LEFT HEART CARDIAC CATHETERIZATION	422	1.7	1.06
3726	CARD EP STIM&RECORDING STUDIES	415	1.7	0.34
3727	CARDIAC MAPPING	387	1.6	0.30
0392	INJECTION OTH AGT INTO SPINAL CANAL	375	1.5	2.68
0391	INJECTION ANES-SPINAL CANAL ANALG	364	1.5	2.05
3734	EXC/DESTRUC OTH LES/TISS HRT OTH	362	1.5	0.32
1371	INSRT IOL-CATARACT EXTRACT-1 STAGE	340	1.4	1.37
1341	PHACOEMULSIFICATION&ASPIR CATARACT	338	1.4	1.38
4525	CLOS [ENDO] BX LARGE INTESTINE	316	1.3	2.61
8086	OTH LOCAL EXC/DESTRUC LES KNEE JNT	291	1.2	0.85
4836	[ENDOSCOPIC] POLYPECTOMY OF RECTUM	270	1.1	1.10

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures				
45378	COLONOSCOPY FLEX; DX-SEP PROC	2,170	10.2	7.39
45380	COLONOSCOPY FLEX; W/BX 1/MX	993	4.7	5.63
43235	UGI ENDO; DX W/VO CLCT SPECMN-SP	831	3.9	1.32
43239	UGI ENDO; W/BX 1/MX	818	3.8	5.96
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	664	3.1	1.81
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	555	2.6	1.32
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	518	2.4	1.05
29881	SCOPE KNEE SURG;W/MENISCECT MED/	409	1.9	1.59
69436	TYMPANOSTOMY GENERAL ANESTHESIA	391	1.8	1.90
66984	EXTRACAPSULAR CATARACT REMV IOL	331	1.6	1.42
42820	T&A; UNDER AGE 12	328	1.5	1.36
93620	COMP EP EVAL;RT ATRIAL VENT HIS	286	1.3	0.27
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	244	1.1	1.51
29826	SCOPE SHOULDER; DECOMP SUBACROM	243	1.1	1.09
93543	INJ PROC-CATH; LT VENT/ATRIAL AN	237	1.1	1.08
29877	SCOPE KNEE SURG; DEBRID/SHAVE CA	236	1.1	1.01
30520	SEPTOPLASTY/SUBMUCOS RES W/GFT	194	0.9	0.74
93510	LT HRT CATH RETRO-BRACH/FEM; PER	189	0.9	0.93
42821	T&A; AGE 12 OR OVER	185	0.9	0.37
49505	REPR INIT ING HERNIA 5YR/MORE; R	181	0.9	0.95

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

AMB ST 1-3

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

138 Utah Valley Regional Medical Center

ICD-9 CODE	ICD-9 DESCRIPTION	#	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
ICD-9 Procedures		10,276	\$2,590	\$3,166
4523	COLONOSCOPY	2,001	\$659	\$947
4542	ENDO POLYPECTOMY LARGE INTESTINE	848	\$957	\$1,297
4513	OTHER ENDOSCOPY OF SMALL INTESTINE	678	\$662	\$1,089
4516	EGD W/CLOS BX	498	\$824	\$1,301
5123	LAPAROSCOPIC CHOLECYSTECTOMY	494	\$5,847	\$6,118
283	TONSILLECTOMY WITH ADENOIDECTOMY	434	\$1,656	\$2,169
3722	LEFT HEART CARDIAC CATHETERIZATION	381	\$5,602	\$6,307
4525	CLOS [ENDO] BX LARGE INTESTINE	186	\$966	\$1,356
4836	[ENDOSCOPIC] POLYPECTOMY OF RECTUM	130	\$928	\$1,228
806	EXCISION SEMILUNAR CARTILAGE KNEE	123	\$3,084	\$4,034
3723	COMBINED RIGHT&LEFT HEART CARD CATH	115	\$5,647	\$6,831
4701	LAPAROSCOPIC APPENDECTOMY	112	\$7,340	\$8,144
6952	ASPIRATION CURET FOLLOWING DELIV/AB	102	\$2,055	\$2,456
8521	LOCAL EXCISION OF LESION OF BREAST	91	\$2,485	\$2,630
8192	INJ THERAPEUTIC SBSTNC IN JNT/LIG	89	\$790	\$964
0331	SPINAL TAP	87	\$1,850	\$1,934
6823	ENDOMETRIAL ABLATION	75	\$4,284	\$5,036
0443	RELEASE OF CARPAL TUNNEL	72	\$1,765	\$2,124
3950	ANGPLSTY/ATHERECT OTH NON-COR VES	72	\$8,023	\$12,499
3927	ARTERIOVENOSTOMY FOR RENAL DIALYSIS	67	\$4,667	\$5,077

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
CPT-4 Procedures		11,247	\$2,346	\$2,895
45378	COLONOSCOPY FLEX; DX-SEP PROC	1,927	\$658	\$949
45380	COLONOSCOPY FLEX; W/BX 1/MX	727	\$924	\$1,278
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	656	\$773	\$1,036
43239	UGI ENDO; W/BX 1/MX	502	\$937	\$1,299
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	489	\$5,907	\$6,476
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	468	\$993	\$1,431
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	334	\$1,215	\$1,582
66984	EXTRACAPSULAR CATARACT REMV IOL	316	\$2,934	\$3,042
69436	TYMPANOSTOMY GENERAL ANESTHESIA	277	\$888	\$1,166
42820	T&A; UNDER AGE 12	276	\$1,493	\$2,072
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	234	\$1,064	\$982
29881	SCOPE KNEE SURG;W/MENISCECT MED/	218	\$3,036	\$3,914
42821	T&A; AGE 12 OR OVER	154	\$1,949	\$2,469
49505	REPR INIT ING HERNIA 5YR/MORE; R	137	\$3,212	\$3,685
44970	LAPAROSCOPY SURGICAL APPENDECTOM	115	\$7,305	\$8,116
20680	REMOVAL OF IMPLANT; DEEP	98	\$2,689	\$2,816
41899	UNLIST PROC DENTOALVEOL STRUCTUR	98	\$1,987	\$2,456
19120	EXC BRST CYST TUMR/LES OPN M/F 1	90	\$2,487	\$2,583
29877	SCOPE KNEE SURG; DEBRID/SHAVE CA	90	\$3,063	\$3,536
58563	HYSTERO SC SURG; W/ENDOMETRIAL AB	85	\$4,456	\$5,400

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

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

138 Utah Valley Regional Medical Center

Procedure APG category		TOTAL #	TOTAL # (ALL Hospitals)
Procedure APG			
01	INTEGUMENTARY SYSTEM	430	8,878
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	35	2,028
	003 COMPLEX INCISION AND DRAINAGE	5	76
	006 SIMPLE DEBRIDEMENT AND DESTRUCTION	5	157
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	55	1,202
	008 SIMPLE EXCISION AND BIOPSY	51	1,012
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRANGE	63	1,367
	011 SIMPLE INCISION AND EXCISION OF BREAST	174	2,366
	012 BREAST RECONSTRUCTION AND MASTECTOMY	42	635
02	MUSCULOSKELETAL SYSTEM	3,243	58,082
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	280	6,410
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	113	2,231
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	77	2,131
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	371	11,532
	025 ARTHROSCOPY	1,883	25,432
	026 REPLACEMENT OF CAST	3	63
	028 CLOSED TREATMENT FX & DISLOCATION OF FINGER, TOE & TRUNK	1	54
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	43	656
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	284	4,342
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	27	470
	032 BUNION PROCEDURES	26	1,569
	033 ARTHROPLASTY	23	512
	034 HAND AND FOOT TENOTOMY	2	279
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	110	2,033
03	RESPIRATORY SYSTEM	842	7,958
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	11	656
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	633	5,137
	054 SIMPLE ENDOSCOPY OF THE UPPER AIRWAY	14	300
	055 ENDOSCOPY OF THE LOWER AIRWAY	184	1,865
04	CARDIOVASCULAR SYSTEM	2,533	25,823
	074 CARDIAC ELECTROPHYSIOLOGIC TESTS	823	2,947
	075 PLACEMENT OF TRANSVENOUS CATHETERS	3	48
	076 DIAGNOSTIC CARDIAC CATHETERIZATION	1,225	18,184
	077 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	189	1,922
	078 PACEMAKER INSERTION AND REPLACEMENT	60	488
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	99	746
	080 MINOR VASCULAR REPAIR AND FISTULA CONSTRUCTION	98	898
	081 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	13	181
	082 VASCULAR LIGATION	22	403
	083 RESUSCITATION AND CARADIOVERSION	1	6
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	126	3,114
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	125	1,943
	097 TRANSFUSION	1	1,021
06	DIGESTIVE SYSTEM	8,213	105,000
	111 ALIMENTARY TESTS AND SIMPLE TUBE PLACEMENT	1	113
	112 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	19	1,288

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

138 Utah Valley Regional Medical Center

procedure APG category		TOTAL #	TOTAL # (ALL Hospitals)
procedure APG			
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	41	649
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	21	392
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	1,658	22,453
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	679	5,914
	117 LOWER GASTROINTESTINAL ENDOSCOPY	3,973	47,953
	118 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	189	1,561
	119 HERNIA AND HYDROCELE PROCEDURES	476	6,882
	120 COMPLEX ANAL AND RECTAL PROCEDURES	43	1,098
	121 SIMPLE ANAL AND RECTAL PROCEDURES	4	497
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	22	506
	123 COMPLEX LAPAROSCOPIC PROCEDURES	1,073	15,680
	124 SIMPLE LAPAROSCOPIC PROCEDURES	14	170
07	URINARY SYSTEM	487	7,472
	131 RENAL EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	26	848
	133 URINARY CATHETERIZATION AND DILATATION	19	380
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	297	3,513
	135 MODERATE CYSTOURETHROSCOPY	107	1,846
	136 SIMPLE CYSTOURETHROSCOPY	31	606
	137 COMPLEX URETHRAL PROCEDURES	1	125
	138 SIMPLE URETHRAL PROCEDURES	6	153
08	MALE GENITAL SYSTEM	146	2,684
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	95	1,397
	152 INSERTION OF PENILE PROSTHESIS	4	56
	153 COMPLEX PENILE PROCEDURES	8	413
	154 SIMPLE PENILE PROCEDURES	38	680
	155 PROSTATE NEEDLE AND PUNCH BIOPSY	1	138
09	FEMALE GENITAL SYSTEM	382	6,830
	171 ARTIFICIAL FERTILIZATION	1	1
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	54	1,642
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	74	1,421
	178 DILATION AND CURETTAGE	43	709
	179 HYSTEROSCOPY	202	2,718
	180 COLPOSCOPY	8	339
10	NERVOUS SYSTEM	714	26,119
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	418	19,763
	196 REVISION AND REMOVAL OF NEUROLOGICAL DEVICE	5	212
	197 NEUROSTIMULATOR AND VENTRICULAR SHUNT IMPLANTATION	25	828
	198 NERVE REPAIR AND DESTRUCTION	199	4,690
	199 SPINAL TAP	67	626
11	EYE AND OCULAR ADNEXA	1,332	11,129
	211 MINOR OPHTHALMOLOGICAL TESTS AND PROCEDURES	5	23
	213 LASER EYE PROCEDURES	65	710
	214 CATARACT PROCEDURES	367	4,618
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	67	469
	216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	78	294
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	15	238

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

138 Utah Valley Regional Medical Center

procedure APG category		TOTAL #	TOTAL # (ALL Hospitals)
procedure APG			
218	COMPLEX POSTERIOR SEGMENT EYE PROCEDURES	69	374
219	SIMPLE POSTERIOR SEGMENT EYE PROCEDURES	56	436
220	STRABISMUS AND MUSCLE EYE PROCEDURES	131	843
221	COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	203	881
222	SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	127	556
223	VITRECTOMY	149	1,687
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	2,163	27,995
233	NASAL CAUTERIZATION AND PACKING	25	323
234	COMPLEX FACIAL AND ENT PROCEDURES	495	5,543
235	SIMPLE FACIAL AND ENT PROCEDURES	971	13,699
236	TONSIL AND ADENOID PROCEDURES	672	8,352
13	THERAPEUTIC AND OTHER RADIOLOGICAL PROCEDURES	169	3,177
252	RADIATION THERAPY AND HYPERTHERMIA	2	12
253	VASCULAR RADIOLOGY EXCEPT FOR VENOGRAPHY OF EXTREMITY	146	1,174
254	MYELOGRAPHY	4	297
255	MISCELLANEOUS RADIOLOGICAL PROCEDURES WITH CONTRAST	17	1,694

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

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

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
PROCEDURE APG CATEGORY, PROCEDURE APG, SINGLE APG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

138 Utah Valley Regional Medical Center

Procedure APG category	Procedure APG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
01	INTEGUMENTARY SYSTEM	275	\$2,796	\$3,077
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	23	\$2,642	\$2,351
	003 COMPLEX INCISION AND DRAINAGE	2	\$4,446	\$3,204
	006 SIMPLE DEBRIDEMENT AND DESTRUCTION	5	\$2,237	\$2,246
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	29	\$2,899	\$2,981
	008 SIMPLE EXCISION AND BIOPSY	31	\$2,104	\$2,545
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRAN	15	\$3,121	\$4,359
	011 SIMPLE INCISION AND EXCISION OF BREAST	135	\$2,652	\$2,861
	012 BREAST RECONSTRUCTION AND MASTECTOMY	35	\$3,826	\$5,243
02	MUSCULOSKELETAL SYSTEM	1,354	\$3,737	\$4,100
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	93	\$4,568	\$6,150
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	43	\$3,671	\$3,787
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	20	\$4,634	\$4,488
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	186	\$2,622	\$2,717
	025 ARTHROSCOPY	717	\$3,969	\$4,558
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	31	\$3,113	\$3,140
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	179	\$4,724	\$5,140
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	2	\$3,291	\$2,526
	032 BUNION PROCEDURES	6	\$3,393	\$3,916
	033 ARTHROPLASTY	6	\$4,509	\$6,241
	034 HAND AND FOOT TENOTOMY	1	\$2,401	\$1,909
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	70	\$764	\$909
03	RESPIRATORY SYSTEM	110	\$1,961	\$2,071
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	7	\$1,801	\$1,191
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	22	\$2,912	\$3,201
	054 SIMPLE ENDOSCOPY OF THE UPPER AIRWAY	3	\$1,633	\$1,344
	055 ENDOSCOPY OF THE LOWER AIRWAY	78	\$1,720	\$2,233
04	CARDIOVASCULAR SYSTEM	282	\$9,637	\$10,821
	074 CARDIAC ELECTROPHYSIOLOGIC TESTS	84	\$19,088	\$21,121
	075 PLACEMENT OF TRANSVENOUS CATHETERS	1	\$6,410	\$12,890
	076 DIAGNOSTIC CARDIAC CATHETERIZATION	69	\$4,509	\$6,014
	077 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	23	\$9,134	\$17,712
	078 PACEMAKER INSERTION AND REPLACEMENT	7	\$11,899	\$21,180
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	13	\$5,817	\$4,242
	080 MINOR VASCULAR REPAIR AND FISTULA CONSTRUCTION	68	\$4,355	\$4,911
	081 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	10	\$9,132	\$5,273
	082 VASCULAR LIGATION	7	\$5,737	\$6,284
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	85	\$4,617	\$3,660
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	85	\$4,617	\$4,713
06	DIGESTIVE SYSTEM	6,047	\$1,603	\$2,170
	111 ALIMENTARY TESTS AND SIMPLE TUBE PLACEMENT	1	\$542	\$1,014
	112 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	4	\$367	\$1,490
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	30	\$812	\$1,114
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	18	\$939	\$1,226
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	1,160	\$847	\$1,249

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
PROCEDURE APG CATEGORY, PROCEDURE APG, SINGLE APG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

138 Utah Valley Regional Medical Center

procedure APG category				
Procedure APG		TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
116	THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	455	\$1,204	\$1,798
117	LOWER GASTROINTESTINAL ENDOSCOPY	3,227	\$772	\$1,114
118	ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	40	\$2,470	\$3,753
119	HERNIA AND HYDROCELE PROCEDURES	285	\$3,003	\$3,546
120	COMPLEX ANAL AND RECTAL PROCEDURES	37	\$3,189	\$2,846
121	SIMPLE ANAL AND RECTAL PROCEDURES	4	\$2,311	\$2,218
122	MISCELLANEOUS ABDOMINAL PROCEDURES	9	\$2,710	\$3,109
123	COMPLEX LAPAROSCOPIC PROCEDURES	776	\$5,820	\$6,362
124	SIMPLE LAPAROSCOPIC PROCEDURES	1	\$5,724	\$7,898
07	URINARY SYSTEM	150	\$3,067	\$4,480
131	RENAL EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	1	\$6,460	\$7,487
133	URINARY CATHETERIZATION AND DILATATION	11	\$3,811	\$3,647
134	COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	68	\$3,606	\$4,624
135	MODERATE CYSTOURETHROSCOPY	52	\$2,551	\$3,484
136	SIMPLE CYSTOURETHROSCOPY	13	\$1,984	\$2,335
137	COMPLEX URETHRAL PROCEDURES	1	\$2,827	\$4,861
138	SIMPLE URETHRAL PROCEDURES	4	\$1,301	\$1,539
08	MALE GENITAL SYSTEM	86	\$2,889	\$3,045
151	TESTICULAR AND EPIDIDYMAL PROCEDURES	44	\$2,009	\$2,546
152	INSERTION OF PENILE PROSTHESIS	4	\$21,866	\$19,133
153	COMPLEX PENILE PROCEDURES	5	\$2,222	\$3,147
154	SIMPLE PENILE PROCEDURES	32	\$1,856	\$1,914
155	PROSTATE NEEDLE AND PUNCH BIOPSY	1	\$2,060	\$3,924
09	FEMALE GENITAL SYSTEM	212	\$3,468	\$4,082
171	ARTIFICIAL FERTILIZATION	1	\$367	\$367
176	COMPLEX FEMALE REPRODUCTIVE PROCEDURES	25	\$4,144	\$5,061
177	SIMPLE FEMALE REPRODUCTIVE PROCEDURES	35	\$2,618	\$3,135
178	DILATION AND CURETTAGE	34	\$1,888	\$2,371
179	HYSTEROSCOPY	114	\$4,081	\$4,610
180	COLPOSCOPY	3	\$3,386	\$3,422
10	NERVOUS SYSTEM	506	\$1,556	\$1,813
195	NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	326	\$1,118	\$1,068
196	REVISION AND REMOVAL OF NEUROLOGICAL DEVICE	3	\$3,180	\$7,292
197	NEUROSTIMULATOR AND VENTRICULAR SHUNT IMPLANTATION	9	\$11,466	\$22,134
198	NERVE REPAIR AND DESTRUCTION	102	\$1,969	\$2,441
199	SPINAL TAP	66	\$1,657	\$1,908
11	EYE AND OCULAR ADNEXA	755	\$2,551	\$3,062
213	LASER EYE PROCEDURES	62	\$605	\$782
214	CATARACT PROCEDURES	329	\$2,946	\$3,046
215	COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	53	\$1,711	\$3,268
216	MODERATE ANTERIOR SEGMENT EYE PROCEDURES	38	\$1,680	\$2,237
217	SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	7	\$2,083	\$3,225
218	COMPLEX POSTERIOR SEGMENT EYE PROCEDURES	20	\$6,126	\$5,400
220	STRABISMUS AND MUSCLE EYE PROCEDURES	84	\$1,888	\$3,156
221	COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	86	\$2,880	\$3,876

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
PROCEDURE APG CATEGORY, PROCEDURE APG, SINGLE APG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

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	50	\$1,459	\$2,152
	223 VITRECTOMY	26	\$5,715	\$5,731
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	1,165	\$1,907	\$2,535
	233 NASAL CAUTERIZATION AND PACKING	2	\$1,715	\$3,183
	234 COMPLEX FACIAL AND ENT PROCEDURES	171	\$4,327	\$4,888
	235 SIMPLE FACIAL AND ENT PROCEDURES	488	\$1,314	\$1,798
	236 TONSIL AND ADENOID PROCEDURES	504	\$1,661	\$2,184
13	THERAPEUTIC AND OTHER RADIOLOGICAL PROCEDURES	31	\$3,034	\$3,015
	252 RADIATION THERAPY AND HYPERTHERMIA	2	\$1,817	\$6,035
	253 VASCULAR RADIOLOGY EXCEPT FOR VENOGRAPHY OF EXTREMITY	17	\$4,416	\$11,306
	254 MYELOGRAPHY	3	\$1,338	\$3,100
	255 MISCELLANEOUS RADIOLOGICAL PROCEDURES WITH CONTRAST	9	\$1,259	\$2,175

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

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

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

138 Utah Valley Regional Medical Center

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
GENDER				
Female	8,484	52.6	122,108	54.4
Male	7,634	47.4	102,236	45.6
Unknown	0	0.0	4	0.0
Not Reported	0	0.0	4	0.0
AGE				
1-28 days	1	0.0	704	0.3
29-365 days	147	0.9	2,863	1.3
1-4 years	722	4.5	11,046	4.9
5-9	362	2.2	6,088	2.7
10-14	296	1.8	4,673	2.1
15-17	364	2.3	5,017	2.2
18-19	373	2.3	3,697	1.6
20-24	1,021	6.3	10,637	4.7
25-29	1,013	6.3	12,527	5.6
30-34	923	5.7	12,120	5.4
35-39	869	5.4	12,327	5.5
40-44	959	5.9	14,081	6.3
45-49	1,157	7.2	17,506	7.8
50-54	1,827	11.3	25,054	11.2
55-59	1,667	10.3	20,980	9.4
60-64	1,326	8.2	16,994	7.6
65-69	999	6.2	14,770	6.6
70-74	799	5.0	12,538	5.6
75-79	664	4.1	10,175	4.5
80-84	400	2.5	6,704	3.0
85-89	179	1.1	2,983	1.3
90 +	50	0.3	865	0.4
Not Reported	1	0.0	707	0.3
SOURCE OF ADMISSION				
Physician Referral	15,735	97.6	202,212	90.1
Clinic Referral	5	0.0	553	0.2
HMO Referral	2	0.0	3,605	1.6
Other Hospital	49	0.3	90	0.0
Skilled Nursing Facility	1	0.0	22	0.0
Other Health Care Facility	1	0.0	25	0.0
Emergency Room	322	2.0	4,679	2.1
Court/Law Enforcement	0	0.0	0	0.0
Unknown	1	0.0	11	0.0
Not Reported	2	0.0	13,155	5.9

(Continued)

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

138 Utah Valley Regional Medical Center

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	16,071	99.7	223,834	99.8
Another Hospital	3	0.0	103	0.0
Skilled Nursing Facility	10	0.1	111	0.0
Intermediate Care Facility	0	0.0	11	0.0
Another Type of Institution	5	0.0	46	0.0
Under Care of Home Service	28	0.2	169	0.1
Left Against Medical Advice	1	0.0	16	0.0
Under Care of Home IV Provider	0	0.0	1	0.0
Expired	0	0.0	5	0.0
Unknown	0	0.0	56	0.0
Not Reported	0	0.0	0	0.0
PRIMARY PAYER				
Medicare	2,997	18.6	45,634	20.3
Medicaid	892	5.5	14,157	6.3
Other government	121	0.8	3,504	1.6
Blue Cross/Blue Shield	472	2.9	30,700	13.7
Other Commercial	754	4.7	15,100	6.7
Managed Care(HMO, PPO)	10,149	63.0	105,175	46.9
Self Pay	104	0.6	2,539	1.1
Industrial & Worker Comp	164	1.0	3,834	1.7
Charity and Unclassified	311	1.9	2,186	1.0
Childrens Health Insurance	11	0.1	177	0.1
Unknown	143	0.9	1,256	0.6
Not Reported	0	0.0	90	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	25	0.2	15,979	7.1
Central Utah	1,220	7.6	8,148	3.6
Davis County	43	0.3	23,241	10.4
Salt Lake County	279	1.7	76,236	34.0
Southeastern Utah	337	2.1	5,436	2.4
Southwest Utah	83	0.5	13,567	6.0
Summit County	33	0.2	3,096	1.4
Tooele County	20	0.1	4,599	2.0
Tri-County	175	1.1	5,798	2.6
Utah County	13,335	82.7	35,900	16.0
Wasatch County	281	1.7	1,771	0.8
Weber County	22	0.1	21,412	9.5
Unknown Utah	7	0.0	49	0.0
Outside Utah	248	1.5	8,923	4.0
Unknown, Not Reported	10	0.1	197	0.1

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

AMB ST 1-1
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

112 Valley View Medical Center

	Procedures Performed		Procedures Performed-All Hospitals	
	(#)	(%)	(#)	(%)
Reporting Category(ICD-9-CM CODES)	5,178	100.0	321,711	100.0
Mastectomy (85.0-85.99)	60	1.2	7,021	2.2
Musculoskeletal (76.0-84.99)	1,032	19.9	65,753	20.4
Respiratory (30.0-34.99)	4	0.1	3,438	1.1
Cardiovascular (35.0-39.99)	11	0.2	15,180	4.7
Lymphatic/Hemetic (40.0-41.99)	29	0.6	3,088	1.0
Digestive System (42.0-54.99)	2,364	45.7	107,581	33.4
Urinary (55.0-59.99)	192	3.7	8,752	2.7
Male Genital (60.0-64.99)	110	2.1	3,460	1.1
Female Genital (65.0-71.99)	273	5.3	15,319	4.8
Endocrine/Nervous (01.0-07.99)	127	2.5	28,111	8.7
Eye (08.0-16.99)	11	0.2	19,328	6.0
Ear (18.0-20.99)	224	4.3	14,440	4.5
Nose, Mouth, Pharynx (21.0-29.99)	741	14.3	30,240	9.4
Reporting Category(CPT-4 CODES)	4,468	100.0	304,292	100.0
Mastectomy (19120-19220)	42	0.9	3,001	1.0
Musculoskeletal (20000-29909)	1,224	27.4	65,018	21.4
Respiratory (30000-32999 & 39501-39599)	153	3.4	13,975	4.6
Cardiovascular (33010-37799 & 93501-93660)	13	0.3	31,569	10.4
Lymphatic/Hemetic (38100-38999)	22	0.5	2,606	0.9
Digestive (40490-49999)	2,248	50.3	115,754	38.0
Urinary (50010-53899)	237	5.3	8,580	2.8
Male Genital (54000-55899)	68	1.5	3,059	1.0
Female Genital (56405-58999)	218	4.9	11,517	3.8
Endocrine/Nervous (60000-64999)	112	2.5	29,931	9.8
Eye (65091-68899)	8	0.2	11,422	3.8
Ear (69000-69979)	123	2.8	7,860	2.6

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics.

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

AMB ST 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES

112 Valley View Medical Center

ICD-9 CODE	ICD-9 DESCRIPTION	#	%	% ALL Hospitals
All ICD-9 Procedures		5,178	100.0	100.0
4523	COLONOSCOPY	578	11.2	7.45
4542	ENDO POLYPECTOMY LARGE INTESTINE	363	7.0	3.92
4516	EGD W/CLOS BX	298	5.8	5.75
232	RESTORATION OF TOOTH BY FILLING	244	4.7	0.68
2001	MYRINGOTOMY WITH INSERTION OF TUBE	198	3.8	3.56
5123	LAPAROSCOPIC CHOLECYSTECTOMY	191	3.7	2.01
4513	OTHER ENDOSCOPY OF SMALL INTESTINE	159	3.1	1.88
4836	[ENDOSCOPIC] POLYPECTOMY OF RECTUM	114	2.2	1.10
8147	OTHER REPAIR OF KNEE	112	2.2	0.75
4292	DILATION OF ESOPHAGUS	109	2.1	1.54
4525	CLOS [ENDO] BX LARGE INTESTINE	95	1.8	2.61
283	TONSILLECTOMY WITH ADENOIDECTOMY	88	1.7	1.68
282	TONSILLECTOMY WITHOUT ADENOIDECTOMY	83	1.6	0.62
0443	RELEASE OF CARPAL TUNNEL	76	1.5	1.12
4701	LAPAROSCOPIC APPENDECTOMY	64	1.2	0.56
806	EXCISION SEMILUNAR CARTILAGE KNEE	63	1.2	1.86
8183	OTHER REPAIR OF SHOULDER	55	1.1	0.76
8363	ROTATOR CUFF REPAIR	55	1.1	0.74
2370	ROOT CANAL NOT OTHERWISE SPECIFIED	54	1.0	0.36
6952	ASPIRATION CURET FOLLOWING DELIV/AB	53	1.0	0.47

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		4,468	100.0	100.0
45378	COLONOSCOPY FLEX; DX-SEP PROC	493	11.0	7.39
45380	COLONOSCOPY FLEX; W/BX 1/MX	339	7.6	5.63
43239	UGI ENDO; W/BX 1/MX	261	5.8	5.96
47562	LAPAROSCOPY SURGICAL; CHOLECT	149	3.3	0.77
29881	SCOPE KNEE SURG;W/MENISCECT MED/	117	2.6	1.59
43235	UGI ENDO; DX W/VO CLCT SPECMN-SP	102	2.3	1.32
69436	TYMPANOSTOMY GENERAL ANESTHESIA	102	2.3	1.90
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	94	2.1	1.81
42820	T&A; UNDER AGE 12	82	1.8	1.36
49505	REPR INIT ING HERNIA 5YR/MORE; R	78	1.7	0.95
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	76	1.7	0.74
29826	SCOPE SHOULDER; DECOMP SUBACROM	70	1.6	1.09
44970	LAPAROSCOPY SURGICAL APPENDECTOM	67	1.5	0.61
20680	REMOVAL OF IMPLANT; DEEP	65	1.5	0.87
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	64	1.4	0.51
30520	SEPTOPLASTY/SUBMUCOS RES W/GFT	50	1.1	0.74
29827	SCOPE SHLDR SURG; W/ROTOR CUFF R	47	1.1	0.55
29877	SCOPE KNEE SURG; DEBRID/SHAVE CA	45	1.0	1.01
29888	ARTHSCPY AIDED ACL REPR/AUG/RECO	43	1.0	0.58
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	38	0.9	1.05

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

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

AMB ST 1-3

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

112 Valley View Medical Center

ICD-9 CODE	ICD-9 DESCRIPTION	#	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
ICD-9 Procedures		2,842	\$2,336	\$3,166
4523	COLONOSCOPY	493	\$664	\$947
4542	ENDO POLYPECTOMY LARGE INTESTINE	257	\$908	\$1,297
4516	EGD W/CLOS BX	155	\$805	\$1,301
5123	LAPAROSCOPIC CHOLECYSTECTOMY	151	\$4,754	\$6,118
8147	OTHER REPAIR OF KNEE	103	\$4,489	\$5,129
283	TONSILLECTOMY WITH ADENOIDECTOMY	83	\$1,640	\$2,169
282	TONSILLECTOMY WITHOUT ADENOIDECTOMY	77	\$1,850	\$2,285
0443	RELEASE OF CARPAL TUNNEL	65	\$1,354	\$2,124
4513	OTHER ENDOSCOPY OF SMALL INTESTINE	63	\$562	\$1,089
4525	CLOS [ENDO] BX LARGE INTESTINE	61	\$933	\$1,356
6952	ASPIRATION CURET FOLLOWING DELIV/AB	53	\$1,957	\$2,456
4836	[ENDOSCOPIC] POLYPECTOMY OF RECTUM	49	\$927	\$1,228
4701	LAPAROSCOPIC APPENDECTOMY	48	\$6,210	\$8,144
806	EXCISION SEMILUNAR CARTILAGE KNEE	43	\$3,829	\$4,034
8183	OTHER REPAIR OF SHOULDER	42	\$4,820	\$6,622
5304	UNILAT REPR INDIRECT ING HERN-GFT	33	\$3,389	\$3,643
598	URETERAL CATHETERIZATION	31	\$3,372	\$4,979
6629	OTH BIL ENDO DESTRUC FALLOP TUBES	29	\$4,248	\$3,774
7936	OPEN RDOC FX TIB&FIB W/INTRL FIX	29	\$3,986	\$6,093
7902	CLO REDUC FX WO INT FIX-RADIUS-ULNA	28	\$1,508	\$2,203

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
CPT-4 Procedures		2,708	\$2,236	\$2,895
45378	COLONOSCOPY FLEX; DX-SEP PROC	422	\$670	\$949
45380	COLONOSCOPY FLEX; W/BX 1/MX	292	\$908	\$1,278
43239	UGI ENDO; W/BX 1/MX	140	\$820	\$1,299
47562	LAPAROSCOPY SURGICAL; CHOLECT	125	\$4,658	\$5,595
69436	TYMPANOSTOMY GENERAL ANESTHESIA	90	\$661	\$1,166
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	81	\$1,093	\$1,431
42820	T&A; UNDER AGE 12	78	\$1,644	\$2,072
29881	SCOPE KNEE SURG;W/MENISCECT MED/	72	\$3,829	\$3,914
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	65	\$1,354	\$2,178
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	64	\$573	\$1,036
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	59	\$1,942	\$2,330
49505	REPR INIT ING HERNIA 5YR/MORE; R	51	\$3,444	\$3,685
44970	LAPAROSCOPY SURGICAL APPENDECTOM	49	\$6,238	\$8,116
20680	REMOVAL OF IMPLANT; DEEP	35	\$2,094	\$2,816
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	28	\$5,270	\$6,476
58353	ENDOMET ABLAT THERM W/O SCOPE GU	25	\$3,677	\$4,436
52601	TURP INCL CONTRL POSTOP BLEED CM	24	\$3,780	\$5,142
28296	HALLUX VALGUS; W/METATARSAL OSTE	21	\$3,331	\$3,979
29880	SCOPE KNEE SURG;W/MENISCECT MED&	20	\$3,857	\$4,214
49585	REPR UMBIL HERNIA 5YR/OVER; RDOC	19	\$2,850	\$3,556

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

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

112 Valley View Medical Center

Procedure APG category		TOTAL #	TOTAL # (ALL Hospitals)
Procedure APG			
01	INTEGUMENTARY SYSTEM	97	8,878
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	2	2,028
	003 COMPLEX INCISION AND DRAINAGE	1	76
	004 SIMPLE INCISION AND DRAINAGE	1	23
	006 SIMPLE DEBRIDEMENT AND DESTRUCTION	1	157
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	22	1,202
	008 SIMPLE EXCISION AND BIOPSY	23	1,012
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRANGE	4	1,367
	010 SIMPLE SKIN REPAIR	1	12
	011 SIMPLE INCISION AND EXCISION OF BREAST	36	2,366
	012 BREAST RECONSTRUCTION AND MASTECTOMY	6	635
02	MUSCULOSKELETAL SYSTEM	1,139	58,082
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	114	6,410
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	34	2,231
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	20	2,131
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	281	11,532
	025 ARTHROSCOPY	465	25,432
	026 REPLACEMENT OF CAST	1	63
	028 CLOSED TREATMENT FX & DISLOCATION OF FINGER, TOE & TRUNK	1	54
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	48	656
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	115	4,342
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	8	470
	032 BUNION PROCEDURES	39	1,569
	033 ARTHROPLASTY	6	512
	034 HAND AND FOOT TENOTOMY	1	279
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	6	2,033
03	RESPIRATORY SYSTEM	62	7,958
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	2	656
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	59	5,137
	054 SIMPLE ENDOSCOPY OF THE UPPER AIRWAY	1	300
04	CARDIOVASCULAR SYSTEM	11	25,823
	081 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	5	181
	082 VASCULAR LIGATION	6	403
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	19	3,114
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	19	1,943
06	DIGESTIVE SYSTEM	2,136	105,000
	112 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	29	1,288
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	24	649
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	11	392
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	365	22,453
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	116	5,914
	117 LOWER GASTROINTESTINAL ENDOSCOPY	940	47,953
	118 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	30	1,561
	119 HERNIA AND HYDROCELE PROCEDURES	165	6,882
	120 COMPLEX ANAL AND RECTAL PROCEDURES	29	1,098
	121 SIMPLE ANAL AND RECTAL PROCEDURES	16	497

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

112 Valley View Medical Center

procedure APG category		TOTAL #	TOTAL # (ALL Hospitals)
procedure APG			
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	16	506
	123 COMPLEX LAPAROSCOPIC PROCEDURES	391	15,680
	124 SIMPLE LAPAROSCOPIC PROCEDURES	4	170
07	URINARY SYSTEM	221	7,472
	131 RENAL EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	2	848
	133 URINARY CATHETERIZATION AND DILATATION	2	380
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	117	3,513
	135 MODERATE CYSTOURETHROSCOPY	60	1,846
	136 SIMPLE CYSTOURETHROSCOPY	36	606
	137 COMPLEX URETHRAL PROCEDURES	2	125
	138 SIMPLE URETHRAL PROCEDURES	2	153
08	MALE GENITAL SYSTEM	76	2,684
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	32	1,397
	153 COMPLEX PENILE PROCEDURES	1	413
	154 SIMPLE PENILE PROCEDURES	9	680
	155 PROSTATE NEEDLE AND PUNCH BIOPSY	34	138
09	FEMALE GENITAL SYSTEM	111	6,830
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	67	1,642
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	2	1,421
	178 DILATION AND CURETTAGE	21	709
	179 HYSTEROSCOPY	18	2,718
	180 COLPOSCOPY	3	339
10	NERVOUS SYSTEM	96	26,119
	196 REVISION AND REMOVAL OF NEUROLOGICAL DEVICE	4	212
	197 NEUROSTIMULATOR AND VENTRICULAR SHUNT IMPLANTATION	7	828
	198 NERVE REPAIR AND DESTRUCTION	85	4,690
11	EYE AND OCULAR ADNEXA	8	11,129
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	1	469
	216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	3	294
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	1	238
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	3	881
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	438	27,995
	233 NASAL CAUTERIZATION AND PACKING	3	323
	234 COMPLEX FACIAL AND ENT PROCEDURES	88	5,543
	235 SIMPLE FACIAL AND ENT PROCEDURES	167	13,699
	236 TONSIL AND ADENOID PROCEDURES	180	8,352
13	THERAPEUTIC AND OTHER RADIOLOGICAL PROCEDURES	1	3,177
	255 MISCELLANEOUS RADIOLOGICAL PROCEDURES WITH CONTRAST	1	1,694

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

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

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
PROCEDURE APG CATEGORY, PROCEDURE APG, SINGLE APG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

112 Valley View Medical Center

Procedure APG category	Procedure APG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
01	INTEGUMENTARY SYSTEM	58	\$2,721	\$3,077
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	2	\$1,311	\$2,351
	003 COMPLEX INCISION AND DRAINAGE	1	\$2,172	\$3,204
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	13	\$3,021	\$2,981
	008 SIMPLE EXCISION AND BIOPSY	9	\$2,483	\$2,545
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRAN	1	\$3,498	\$4,359
	011 SIMPLE INCISION AND EXCISION OF BREAST	28	\$2,581	\$2,861
	012 BREAST RECONSTRUCTION AND MASTECTOMY	4	\$3,913	\$5,243
02	MUSCULOSKELETAL SYSTEM	481	\$3,377	\$4,100
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	24	\$4,027	\$6,150
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	13	\$2,700	\$3,787
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	10	\$3,100	\$4,488
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	124	\$2,294	\$2,717
	025 ARTHROSCOPY	148	\$4,438	\$4,558
	028 CLOSED TREATMENT FX & DISLOCATION OF FINGER, TOE & TRUNK	1	\$1,278	\$2,232
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	43	\$1,823	\$3,140
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	88	\$3,951	\$5,140
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	1	\$1,249	\$2,526
	032 BUNION PROCEDURES	27	\$3,105	\$3,916
	033 ARTHROPLASTY	2	\$3,902	\$6,241
03	RESPIRATORY SYSTEM	3	\$2,110	\$2,071
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	1	\$889	\$1,191
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	2	\$2,720	\$3,201
04	CARDIOVASCULAR SYSTEM	7	\$3,065	\$10,821
	081 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	3	\$2,501	\$5,273
	082 VASCULAR LIGATION	4	\$3,489	\$6,284
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	13	\$4,251	\$3,660
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	13	\$4,251	\$4,713
06	DIGESTIVE SYSTEM	1,497	\$1,804	\$2,170
	112 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	4	\$642	\$1,490
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	20	\$736	\$1,114
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	9	\$835	\$1,226
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	204	\$743	\$1,249
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	48	\$1,171	\$1,798
	117 LOWER GASTROINTESTINAL ENDOSCOPY	805	\$803	\$1,114
	118 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	6	\$1,758	\$3,753
	119 HERNIA AND HYDROCELE PROCEDURES	96	\$3,277	\$3,546
	120 COMPLEX ANAL AND RECTAL PROCEDURES	22	\$2,396	\$2,846
	121 SIMPLE ANAL AND RECTAL PROCEDURES	5	\$1,614	\$2,218
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	6	\$1,871	\$3,109
	123 COMPLEX LAPAROSCOPIC PROCEDURES	272	\$5,236	\$6,362
07	URINARY SYSTEM	99	\$2,687	\$4,480
	133 URINARY CATHETERIZATION AND DILATATION	1	\$2,517	\$3,647
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	52	\$3,308	\$4,624
	135 MODERATE CYSTOURETHROSCOPY	27	\$2,193	\$3,484

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
PROCEDURE APG CATEGORY, PROCEDURE APG, SINGLE APG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

112 Valley View Medical Center

procedure APG category	Procedure APG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
	136 SIMPLE CYSTOURETHROSCOPY	15	\$1,589	\$2,335
	137 COMPLEX URETHRAL PROCEDURES	2	\$2,678	\$4,861
	138 SIMPLE URETHRAL PROCEDURES	2	\$1,532	\$1,539
08	MALE GENITAL SYSTEM	47	\$3,026	\$3,045
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	8	\$2,749	\$2,546
	153 COMPLEX PENILE PROCEDURES	1	\$2,726	\$3,147
	154 SIMPLE PENILE PROCEDURES	8	\$1,977	\$1,914
	155 PROSTATE NEEDLE AND PUNCH BIOPSY	30	\$3,390	\$3,924
09	FEMALE GENITAL SYSTEM	74	\$3,490	\$4,082
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	39	\$3,776	\$5,061
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	1	\$2,247	\$3,135
	178 DILATION AND CURETTAGE	17	\$1,878	\$2,371
	179 HYSTEROSCOPY	17	\$4,522	\$4,610
10	NERVOUS SYSTEM	77	\$2,057	\$1,813
	196 REVISION AND REMOVAL OF NEUROLOGICAL DEVICE	2	\$1,801	\$7,292
	197 NEUROSTIMULATOR AND VENTRICULAR SHUNT IMPLANTATION	7	\$8,286	\$22,134
	198 NERVE REPAIR AND DESTRUCTION	68	\$1,423	\$2,441
11	EYE AND OCULAR ADNEXA	6	\$2,070	\$3,062
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	1	\$525	\$3,268
	216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	1	\$2,464	\$2,237
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	1	\$2,922	\$3,225
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	3	\$2,170	\$3,876
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	314	\$1,586	\$2,535
	233 NASAL CAUTERIZATION AND PACKING	2	\$1,016	\$3,183
	234 COMPLEX FACIAL AND ENT PROCEDURES	34	\$2,921	\$4,888
	235 SIMPLE FACIAL AND ENT PROCEDURES	118	\$970	\$1,798
	236 TONSIL AND ADENOID PROCEDURES	160	\$1,763	\$2,184

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

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

112 Valley View Medical Center

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
GENDER				
Female	2,012	52.8	122,108	54.4
Male	1,799	47.2	102,236	45.6
Unknown	0	0.0	4	0.0
Not Reported	0	0.0	4	0.0
AGE				
1-28 days	0	0.0	704	0.3
29-365 days	41	1.1	2,863	1.3
1-4 years	165	4.3	11,046	4.9
5-9	111	2.9	6,088	2.7
10-14	114	3.0	4,673	2.1
15-17	105	2.8	5,017	2.2
18-19	73	1.9	3,697	1.6
20-24	203	5.3	10,637	4.7
25-29	207	5.4	12,527	5.6
30-34	165	4.3	12,120	5.4
35-39	170	4.5	12,327	5.5
40-44	222	5.8	14,081	6.3
45-49	260	6.8	17,506	7.8
50-54	400	10.5	25,054	11.2
55-59	378	9.9	20,980	9.4
60-64	356	9.3	16,994	7.6
65-69	311	8.2	14,770	6.6
70-74	239	6.3	12,538	5.6
75-79	135	3.5	10,175	4.5
80-84	101	2.7	6,704	3.0
85-89	44	1.2	2,983	1.3
90 +	11	0.3	865	0.4
Not Reported	0	0.0	707	0.3
SOURCE OF ADMISSION				
Physician Referral	3,554	93.3	202,212	90.1
Clinic Referral	124	3.3	553	0.2
HMO Referral	0	0.0	3,605	1.6
Other Hospital	1	0.0	90	0.0
Skilled Nursing Facility	0	0.0	22	0.0
Other Health Care Facility	1	0.0	25	0.0
Emergency Room	131	3.4	4,679	2.1
Court/Law Enforcement	0	0.0	0	0.0
Unknown	0	0.0	11	0.0
Not Reported	0	0.0	13,155	5.9

(Continued)

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

112 Valley View Medical Center

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	3,806	99.9	223,834	99.8
Another Hospital	0	0.0	103	0.0
Skilled Nursing Facility	1	0.0	111	0.0
Intermediate Care Facility	0	0.0	11	0.0
Another Type of Institution	0	0.0	46	0.0
Under Care of Home Service	4	0.1	169	0.1
Left Against Medical Advice	0	0.0	16	0.0
Under Care of Home IV Provider	0	0.0	1	0.0
Expired	0	0.0	5	0.0
Unknown	0	0.0	56	0.0
Not Reported	0	0.0	0	0.0
PRIMARY PAYER				
Medicare	816	21.4	45,634	20.3
Medicaid	344	9.0	14,157	6.3
Other government	76	2.0	3,504	1.6
Blue Cross/Blue Shield	625	16.4	30,700	13.7
Other Commercial	341	8.9	15,100	6.7
Managed Care(HMO, PPO)	1,364	35.8	105,175	46.9
Self Pay	29	0.8	2,539	1.1
Industrial & Worker Comp	66	1.7	3,834	1.7
Charity and Unclassified	93	2.4	2,186	1.0
Childrens Health Insurance	6	0.2	177	0.1
Unknown	51	1.3	1,256	0.6
Not Reported	0	0.0	90	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	2	0.1	15,979	7.1
Central Utah	167	4.4	8,148	3.6
Davis County	0	0.0	23,241	10.4
Salt Lake County	16	0.4	76,236	34.0
Southeastern Utah	4	0.1	5,436	2.4
Southwest Utah	3,481	91.3	13,567	6.0
Summit County	0	0.0	3,096	1.4
Tooele County	1	0.0	4,599	2.0
Tri-County	1	0.0	5,798	2.6
Utah County	7	0.2	35,900	16.0
Wasatch County	0	0.0	1,771	0.8
Weber County	0	0.0	21,412	9.5
Unknown Utah	0	0.0	49	0.0
Outside Utah	128	3.4	8,923	4.0
Unknown, Not Reported	4	0.1	197	0.1

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

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2005
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	1,743	51.3	121,269	54.3
Male	1,656	48.7	101,991	45.7
Unknown	0	0.0	13	0.0
Not Reported	0	0.0	5	0.0
AGE				
1-28 days	0	0.0	469	0.2
29-365 days	40	1.2	3,008	1.3
1-4 years	185	5.4	10,999	4.9
5-9	109	3.2	6,321	2.8
10-14	96	2.8	4,532	2.0
15-17	122	3.6	4,858	2.2
18-19	62	1.8	3,511	1.6
20-24	222	6.5	10,616	4.8
25-29	201	5.9	12,207	5.5
30-34	156	4.6	11,660	5.2
35-39	145	4.3	11,852	5.3
40-44	179	5.3	14,382	6.4
45-49	216	6.4	17,465	7.8
50-54	309	9.1	24,332	10.9
55-59	304	8.9	20,472	9.2
60-64	295	8.7	17,241	7.7
65-69	260	7.6	15,102	6.8
70-74	207	6.1	12,741	5.7
75-79	152	4.5	10,692	4.8
80-84	93	2.7	6,850	3.1
85-89	38	1.1	3,124	1.4
90 +	8	0.2	842	0.4
Not Reported	0	0.0	471	0.2
SOURCE OF ADMISSION				
Physician Referral	3,049	89.7	197,732	88.6
Clinic Referral	200	5.9	511	0.2
HMO Referral	1	0.0	3,452	1.5
Other Hospital	3	0.1	121	0.1
Skilled Nursing Facility	0	0.0	19	0.0
Other Health Care Facility	0	0.0	36	0.0
Emergency Room	146	4.3	4,092	1.8
Court/Law Enforcement	0	0.0	0	0.0
Unknown	0	0.0	7	0.0
Not Reported	0	0.0	17,308	7.8

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2005
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	3,389	99.7	222,736	99.8
Another Hospital	0	0.0	119	0.1
Skilled Nursing Facility	1	0.0	104	0.0
Intermediate Care Facility	0	0.0	9	0.0
Another Type of Institution	1	0.0	26	0.0
Under Care of Home Service	8	0.2	191	0.1
Left Against Medical Advice	0	0.0	24	0.0
Under Care of Home IV Provider	0	0.0	11	0.0
Expired	0	0.0	12	0.0
Unknown	0	0.0	46	0.0
Not Reported	0	0.0	0	0.0
PRIMARY PAYER				
Medicare	772	22.7	49,290	22.1
Medicaid	367	10.8	14,728	6.6
Other government	146	4.3	5,443	2.4
Blue Cross/Blue Shield	522	15.4	29,900	13.4
Other Commercial	298	8.8	14,398	6.4
Managed Care(HMO, PPO)	1,160	34.1	101,684	45.5
Self Pay	22	0.6	2,175	1.0
Industrial & Worker Comp	68	2.0	4,017	1.8
Charity and Unclassified	0	0.0	206	0.1
Childrens Health Insurance	6	0.2	197	0.1
Unknown	38	1.1	1,148	0.5
Not Reported	0	0.0	92	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	1	0.0	15,256	6.8
Central Utah	171	5.0	8,217	3.7
Davis County	2	0.1	22,608	10.1
Salt Lake County	12	0.4	78,843	35.3
Southeastern Utah	2	0.1	5,233	2.3
Southwest Utah	3,076	90.5	12,333	5.5
Summit County	1	0.0	3,135	1.4
Tooele County	0	0.0	4,296	1.9
Tri-County	0	0.0	5,769	2.6
Utah County	4	0.1	35,901	16.1
Wasatch County	1	0.0	1,724	0.8
Weber County	0	0.0	20,598	9.2
Unknown Utah	1	0.0	49	0.0
Outside Utah	128	3.8	9,153	4.1
Unknown, Not Reported	0	0.0	163	0.1

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

AMB ST 1-1
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

401 Central Utah Surgical Center

	Procedures Performed		Procedures Performed-All FASCs	
	(#)	(%)	(#)	(%)
Reporting Category(ICD-9-CM CODES)	.	.	65,542	100.0
Mastectomy (85.0-85.99)	.	.	1,897	2.9
Musculoskeletal (76.0-84.99)	.	.	11,654	17.8
Respiratory (30.0-34.99)	.	.	136	0.2
Cardiovascular (35.0-39.99)	.	.	283	0.4
Lymphatic/Hemetic (40.0-41.99)	.	.	102	0.2
Digestive System (42.0-54.99)	.	.	14,143	21.6
Urinary (55.0-59.99)	.	.	238	0.4
Male Genital (60.0-64.99)	.	.	168	0.3
Female Genital (65.0-71.99)	.	.	1,640	2.5
Endocrine/Nervous (01.0-07.99)	.	.	4,080	6.2
Eye (08.0-16.99)	.	.	17,881	27.3
Ear (18.0-20.99)	.	.	3,287	5.0
Nose, Mouth, Pharynx (21.0-29.99)	.	.	10,033	15.3
Reporting Category(CPT-4 CODES)	15,415	100.0	107,843	100.0
Mastectomy (19120-19220)	1	0.0	642	0.6
Musculoskeletal (20000-29909)	5,793	37.6	23,577	21.9
Respiratory (30000-32999 & 39501-39599)	561	3.6	8,972	8.3
Cardiovascular (33010-37799 & 93501-93660)	26	0.2	311	0.3
Lymphatic/Hemetic (38100-38999)	18	0.1	149	0.1
Digestive (40490-49999)	4,583	29.7	35,989	33.4
Urinary (50010-53899)	590	3.8	1,796	1.7
Male Genital (54000-55899)	107	0.7	492	0.5
Female Genital (56405-58999)	112	0.7	2,208	2.0
Endocrine/Nervous (60000-64999)	1,318	8.6	9,930	9.2
Eye (65091-68899)	1,934	12.5	19,862	18.4
Ear (69000-69979)	372	2.4	3,915	3.6

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics.

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

AMB ST 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES

401 Central Utah Surgical Center

ICD-9 CODE	ICD-9 DESCRIPTION	#	%	% ALL FASCs
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All ICD-9 Procedures

Does not report ICDs

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL FASCs
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All CPT-4 Procedures		15,415	100.0	100.0
66984	EXTRACAPSULAR CATARACT REMV IOL	1,084	7.0	10.60
45378	COLONOSCOPY FLEX; DX-SEP PROC	846	5.5	6.93
43239	UGI ENDO; W/BX 1/MX	715	4.6	5.84
45380	COLONOSCOPY FLEX; W/BX 1/MX	650	4.2	5.89
29877	SCOPE KNEE SURG; DEBRID/SHAVE CA	631	4.1	1.22
29881	SCOPE KNEE SURG;W/MENISCECT MED/	626	4.1	1.86
43235	UGI ENDO; DX W/VO CLCT SPECMN-SP	480	3.1	1.39
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	434	2.8	1.67
64483	INJ ANES EPIDURL; LUMB/SAC 1 LEV	394	2.6	1.13
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	378	2.5	1.76
29826	SCOPE SHOULDER; DECOMP SUBACROM	375	2.4	1.23
69436	TYMPANOSTOMY GENERAL ANESTHESIA	298	1.9	2.97
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	293	1.9	1.36
64484	INJ ANES EPIDURL; LUMB/SAC-EA AD	264	1.7	0.52
66821	DISCISSION 2ND CATARACT; LASER S	254	1.6	1.55
50590	LITHOTRIPSY XTRACORP SHOCK WAVE	235	1.5	0.50
29888	ARTHSCPY AIDED ACL REPR/AUG/RECO	211	1.4	0.49
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	203	1.3	1.52
29880	SCOPE KNEE SURG;W/MENISCECT MED&	182	1.2	0.59
20680	REMOVAL OF IMPLANT; DEEP	181	1.2	0.69

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

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

AMB ST 1-3

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

401 Central Utah Surgical Center

ICD-9 CODE	ICD-9 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL FASCs)
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ICD-9 Procedures

Does not report ICDS

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL FASCs)
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CPT-4 Procedures		7,501	\$1,971	\$1,932
66984	EXTRACAPSULAR CATARACT REMV IOL	1,065	\$3,074	\$2,558
45378	COLONOSCOPY FLEX; DX-SEP PROC	657	\$843	\$1,177
45380	COLONOSCOPY FLEX; W/BX 1/MX	414	\$841	\$1,178
43235	UGI ENDO; DX W/VO CLCT SPECMN-SP	368	\$815	\$719
43239	UGI ENDO; W/BX 1/MX	358	\$843	\$1,199
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	260	\$817	\$1,021
66821	DISCISSION 2ND CATARACT; LASER S	244	\$648	\$844
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	201	\$830	\$727
50590	LITHOTRIPSY XTRACORP SHOCK WAVE	200	\$5,901	\$5,451
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	191	\$932	\$1,227
29877	SCOPE KNEE SURG; DEBRID/SHAVE CA	189	\$2,044	\$2,792
29881	SCOPE KNEE SURG;W/MENISCECT MED/	187	\$2,305	\$2,661
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	132	\$1,297	\$1,734
42820	T&A; UNDER AGE 12	130	\$1,080	\$1,584
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	121	\$5,402	\$5,133
41899	UNLIST PROC DENTOALVEOL STRUCTUR	102	\$1,244	\$2,063
20680	REMOVAL OF IMPLANT; DEEP	87	\$1,551	\$1,588
49505	REPR INIT ING HERNIA 5YR/MORE; R	80	\$1,988	\$2,089
29880	SCOPE KNEE SURG;W/MENISCECT MED&	71	\$2,683	\$3,253
29888	ARTHSCPY AIDED ACL REPR/AUG/RECO	67	\$5,991	\$5,716

SOURCE: Utah Ambulatory Surgery Database

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

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

401 Central Utah Surgical Center

Procedure APG category		TOTAL #	TOTAL # (ALL FASCs)
Procedure APG			
01	INTEGUMENTARY SYSTEM	198	1,798
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	2	32
	003 COMPLEX INCISION AND DRAINAGE	12	25
	004 SIMPLE INCISION AND DRAINAGE	2	16
	006 SIMPLE DEBRIDEMENT AND DESTRUCTION	4	27
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	51	359
	008 SIMPLE EXCISION AND BIOPSY	91	566
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRANGE	35	130
	011 SIMPLE INCISION AND EXCISION OF BREAST	1	582
02	MUSCULOSKELETAL SYSTEM	5,520	21,921
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	365	1,987
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	106	585
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	169	880
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	934	4,924
	025 ARTHROSCOPY	3,080	9,799
	026 REPLACEMENT OF CAST	2	4
	028 CLOSED TREATMENT FX & DISLOCATION OF FINGER, TOE & TRUNK	3	13
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	36	103
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	393	1,341
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	57	181
	032 BUNION PROCEDURES	137	927
	033 ARTHROPLASTY	48	262
	034 HAND AND FOOT TENOTOMY	47	95
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	143	819
03	RESPIRATORY SYSTEM	271	4,159
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	266	4,113
	054 SIMPLE ENDOSCOPY OF THE UPPER AIRWAY	3	40
	055 ENDOSCOPY OF THE LOWER AIRWAY	2	5
04	CARDIOVASCULAR SYSTEM	16	259
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	15	31
	080 MINOR VASCULAR REPAIR AND FISTULA CONSTRUCTION	1	5
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	21	176
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	21	176
06	DIGESTIVE SYSTEM	4,166	30,846
	112 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	1	618
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	16	78
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	10	109
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	1,203	7,822
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	514	2,304
	117 LOWER GASTROINTESTINAL ENDOSCOPY	1,953	16,456
	119 HERNIA AND HYDROCELE PROCEDURES	211	1,323
	120 COMPLEX ANAL AND RECTAL PROCEDURES	17	206
	121 SIMPLE ANAL AND RECTAL PROCEDURES	3	33
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	2	20
	123 COMPLEX LAPAROSCOPIC PROCEDURES	236	1,860
07	URINARY SYSTEM	584	1,774

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

401 Central Utah Surgical Center

procedure APG category		TOTAL #	TOTAL # (ALL FASCs)
procedure APG			
	131 RENAL EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	235	543
	133 URINARY CATHETERIZATION AND DILATATION	2	15
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	192	574
	135 MODERATE CYSTOURETHROSCOPY	119	492
	136 SIMPLE CYSTOURETHROSCOPY	26	104
	137 COMPLEX URETHRAL PROCEDURES	5	19
	138 SIMPLE URETHRAL PROCEDURES	5	27
08	MALE GENITAL SYSTEM	97	425
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	69	299
	153 COMPLEX PENILE PROCEDURES	3	19
	154 SIMPLE PENILE PROCEDURES	21	91
	155 PROSTATE NEEDLE AND PUNCH BIOPSY	4	16
09	FEMALE GENITAL SYSTEM	71	1,260
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	14	123
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	23	325
	178 DILATION AND CURETTAGE	11	144
	179 HYSTEROSCOPY	23	642
10	NERVOUS SYSTEM	1,282	9,585
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	876	7,131
	196 REVISION AND REMOVAL OF NEUROLOGICAL DEVICE	3	24
	197 NEUROSTIMULATOR AND VENTRICULAR SHUNT IMPLANTATION	3	53
	198 NERVE REPAIR AND DESTRUCTION	400	2,377
11	EYE AND OCULAR ADNEXA	1,921	19,770
	211 MINOR OPHTHALMOLOGICAL TESTS AND PROCEDURES	12	80
	213 LASER EYE PROCEDURES	256	1,733
	214 CATARACT PROCEDURES	1,142	11,976
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	28	863
	216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	101	775
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	28	765
	219 SIMPLE POSTERIOR SEGMENT EYE PROCEDURES	4	88
	220 STRABISMUS AND MUSCLE EYE PROCEDURES	28	472
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	246	1,803
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	74	451
	223 VITRECTOMY	2	542
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	1,180	15,186
	233 NASAL CAUTERIZATION AND PACKING	7	86
	234 COMPLEX FACIAL AND ENT PROCEDURES	224	2,830
	235 SIMPLE FACIAL AND ENT PROCEDURES	637	9,118
	236 TONSIL AND ADENOID PROCEDURES	312	3,152
13	THERAPEUTIC AND OTHER RADIOLOGICAL PROCEDURES	17	190
	254 MYELOGRAPHY	13	186
	255 MISCELLANEOUS RADIOLOGICAL PROCEDURES WITH CONTRAST	4	4

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

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

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
PROCEDURE APG CATEGORY, PROCEDURE APG, SINGLE APG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

401 Central Utah Surgical Center

Procedure APG category	Procedure APG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL FASCs)
01	INTEGUMENTARY SYSTEM	82	\$1,604	\$1,406
	003 COMPLEX INCISION AND DRAINAGE	9	\$1,550	\$1,543
	006 SIMPLE DEBRIDEMENT AND DESTRUCTION	2	\$1,106	\$1,167
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	33	\$1,437	\$1,481
	008 SIMPLE EXCISION AND BIOPSY	30	\$1,325	\$1,383
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRAN	8	\$3,522	\$2,411
02	MUSCULOSKELETAL SYSTEM	1,860	\$2,597	\$2,684
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	153	\$3,538	\$3,523
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	50	\$1,772	\$2,335
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	62	\$2,626	\$2,403
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	346	\$1,679	\$1,842
	025 ARTHROSCOPY	826	\$3,017	\$3,355
	026 REPLACEMENT OF CAST	2	\$1,271	\$1,271
	028 CLOSED TREATMENT FX & DISLOCATION OF FINGER, TOE & TRUNK	1	\$1,385	\$1,346
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	26	\$1,314	\$1,389
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	287	\$2,563	\$2,480
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	12	\$950	\$1,591
	032 BUNION PROCEDURES	69	\$1,929	\$2,102
	033 ARTHROPLASTY	14	\$2,599	\$3,391
	034 HAND AND FOOT TENOTOMY	1	\$1,305	\$1,647
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	11	\$816	\$948
03	RESPIRATORY SYSTEM	19	\$1,461	\$1,659
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	16	\$1,547	\$1,665
	054 SIMPLE ENDOSCOPY OF THE UPPER AIRWAY	2	\$983	\$1,525
	055 ENDOSCOPY OF THE LOWER AIRWAY	1	\$1,053	\$1,858
04	CARDIOVASCULAR SYSTEM	13	\$1,019	\$1,368
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	13	\$1,019	\$1,078
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	18	\$1,440	\$1,945
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	18	\$1,440	\$1,945
06	DIGESTIVE SYSTEM	2,641	\$1,156	\$1,374
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	6	\$884	\$859
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	6	\$459	\$716
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	730	\$828	\$1,088
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	301	\$818	\$994
	117 LOWER GASTROINTESTINAL ENDOSCOPY	1,269	\$856	\$1,188
	119 HERNIA AND HYDROCELE PROCEDURES	129	\$1,977	\$2,291
	120 COMPLEX ANAL AND RECTAL PROCEDURES	15	\$1,629	\$1,270
	121 SIMPLE ANAL AND RECTAL PROCEDURES	2	\$1,106	\$1,665
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	1	\$819	\$1,067
	123 COMPLEX LAPAROSCOPIC PROCEDURES	182	\$4,531	\$3,967
07	URINARY SYSTEM	346	\$4,105	\$3,192
	131 RENAL EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	200	\$5,901	\$5,451
	133 URINARY CATHETERIZATION AND DILATATION	1	\$1,291	\$1,786
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	53	\$2,257	\$1,869
	135 MODERATE CYSTOURETHROSCOPY	63	\$1,426	\$1,572

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
PROCEDURE APG CATEGORY, PROCEDURE APG, SINGLE APG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

401 Central Utah Surgical Center

procedure APG category		TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL FASCs)
Procedure APG				
	136 SIMPLE CYSTOURETHROSCOPY	22	\$897	\$1,370
	137 COMPLEX URETHRAL PROCEDURES	2	\$1,796	\$1,696
	138 SIMPLE URETHRAL PROCEDURES	5	\$1,228	\$1,428
08	MALE GENITAL SYSTEM	66	\$1,504	\$1,975
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	40	\$1,622	\$2,237
	153 COMPLEX PENILE PROCEDURES	3	\$1,381	\$2,076
	154 SIMPLE PENILE PROCEDURES	20	\$1,416	\$1,357
	155 PROSTATE NEEDLE AND PUNCH BIOPSY	3	\$642	\$2,198
09	FEMALE GENITAL SYSTEM	53	\$1,842	\$2,156
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	10	\$2,056	\$2,541
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	15	\$1,097	\$1,482
	178 DILATION AND CURETTAGE	9	\$1,320	\$1,373
	179 HYSTEROSCOPY	19	\$2,566	\$2,587
10	NERVOUS SYSTEM	421	\$1,040	\$1,104
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	255	\$785	\$756
	196 REVISION AND REMOVAL OF NEUROLOGICAL DEVICE	1	\$1,751	\$1,849
	198 NERVE REPAIR AND DESTRUCTION	165	\$1,431	\$1,859
11	EYE AND OCULAR ADNEXA	1,492	\$2,643	\$2,446
	213 LASER EYE PROCEDURES	244	\$648	\$842
	214 CATARACT PROCEDURES	1,113	\$3,073	\$2,594
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	17	\$4,697	\$3,310
	216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	40	\$2,182	\$2,221
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	11	\$2,177	\$2,505
	219 SIMPLE POSTERIOR SEGMENT EYE PROCEDURES	1	\$1,417	\$3,148
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	53	\$2,685	\$2,208
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	13	\$2,324	\$1,467
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	456	\$1,339	\$1,825
	233 NASAL CAUTERIZATION AND PACKING	2	\$1,357	\$1,295
	234 COMPLEX FACIAL AND ENT PROCEDURES	57	\$2,790	\$2,361
	235 SIMPLE FACIAL AND ENT PROCEDURES	161	\$1,203	\$1,938
	236 TONSIL AND ADENOID PROCEDURES	236	\$1,080	\$1,528
13	THERAPEUTIC AND OTHER RADIOLOGICAL PROCEDURES	2	\$1,127	\$2,696
	255 MISCELLANEOUS RADIOLOGICAL PROCEDURES WITH CONTRAST	2	\$1,127	\$1,127

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

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

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

401 Central Utah Surgical Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
GENDER				
Female	5,612	51.5	44,181	55.2
Male	5,282	48.5	35,842	44.8
Unknown	5	0.0	24	0.0
Not Reported	0	0.0	36	0.0
AGE				
1-28 days	0	0.0	1	0.0
29-365 days	29	0.3	488	0.6
1-4 years	279	2.6	3,538	4.4
5-9	168	1.5	2,024	2.5
10-14	153	1.4	1,065	1.3
15-17	278	2.6	1,445	1.8
18-19	271	2.5	1,166	1.5
20-24	784	7.2	3,240	4.0
25-29	566	5.2	3,566	4.5
30-34	481	4.4	3,445	4.3
35-39	489	4.5	3,684	4.6
40-44	554	5.1	4,254	5.3
45-49	654	6.0	5,271	6.6
50-54	825	7.6	7,286	9.1
55-59	856	7.9	6,931	8.7
60-64	827	7.6	6,093	7.6
65-69	939	8.6	6,852	8.6
70-74	1,019	9.3	7,021	8.8
75-79	846	7.8	6,205	7.7
80-84	539	4.9	4,151	5.2
85-89	264	2.4	1,852	2.3
90 +	78	0.7	503	0.6
Not Reported	0	0.0	3	0.0
SOURCE OF ADMISSION				
Physician Referral	10,899	100.0	66,582	83.1
Clinic Referral	0	0.0	1,125	1.4
HMO Referral	0	0.0	1	0.0
Other Hospital	0	0.0	0	0.0
Skilled Nursing Facility	0	0.0	0	0.0
Other Health Care Facility	0	0.0	1	0.0
Emergency Room	0	0.0	0	0.0
Court/Law Enforcement	0	0.0	0	0.0
Unknown	0	0.0	1,491	1.9
Not Reported	0	0.0	10,883	13.6

(Continued)

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

401 Central Utah Surgical Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	10,899	100.0	74,062	92.5
Another Hospital	0	0.0	70	0.1
Skilled Nursing Facility	0	0.0	0	0.0
Intermediate Care Facility	0	0.0	0	0.0
Another Type of Institution	0	0.0	6	0.0
Under Care of Home Service	0	0.0	0	0.0
Left Against Medical Advice	0	0.0	0	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	0	0.0	0	0.0
Unknown	0	0.0	5,945	7.4
Not Reported	0	0.0	0	0.0
PRIMARY PAYER				
Medicare	3,421	31.4	23,413	29.2
Medicaid	335	3.1	4,648	5.8
Other government	142	1.3	2,399	3.0
Blue Cross/Blue Shield	1,856	17.0	15,904	19.9
Other Commercial	1,083	9.9	7,364	9.2
Managed Care(HMO, PPO)	3,320	30.5	21,802	27.2
Self Pay	318	2.9	1,220	1.5
Industrial & Worker Comp	382	3.5	2,135	2.7
Charity and Unclassified	32	0.3	154	0.2
Childrens Health Insurance	8	0.1	264	0.3
Unknown	0	0.0	106	0.1
Not Reported	2	0.0	674	0.8
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	11	0.1	3,483	4.3
Central Utah	1,016	9.3	1,303	1.6
Davis County	28	0.3	13,093	16.3
Salt Lake County	185	1.7	27,138	33.9
Southeastern Utah	485	4.4	735	0.9
Southwest Utah	46	0.4	2,839	3.5
Summit County	19	0.2	861	1.1
Tooele County	15	0.1	1,082	1.4
Tri-County	92	0.8	373	0.5
Utah County	8,532	78.3	10,188	12.7
Wasatch County	167	1.5	365	0.5
Weber County	9	0.1	14,996	18.7
Unknown Utah	7	0.1	31	0.0
Outside Utah	287	2.6	3,579	4.5
Unknown, Not Reported	0	0.0	17	0.0

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

AMB ST 1-1
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

423 Coral Desert Surgery Center

Reporting Category(ICD-9-CM CODES)	Procedures Performed		Procedures Performed-All FASCs	
	(#)	(%)	(#)	(%)
Reporting Category(ICD-9-CM CODES)	1,251	100.0	65,542	100.0
Mastectomy (85.0-85.99)	2	0.2	1,897	2.9
Musculoskeletal (76.0-84.99)	385	30.8	11,654	17.8
Respiratory (30.0-34.99)	0	0.0	136	0.2
Cardiovascular (35.0-39.99)	1	0.1	283	0.4
Lymphatic/Hemetic (40.0-41.99)	1	0.1	102	0.2
Digestive System (42.0-54.99)	316	25.3	14,143	21.6
Urinary (55.0-59.99)	15	1.2	238	0.4
Male Genital (60.0-64.99)	21	1.7	168	0.3
Female Genital (65.0-71.99)	8	0.6	1,640	2.5
Endocrine/Nervous (01.0-07.99)	47	3.8	4,080	6.2
Eye (08.0-16.99)	227	18.1	17,881	27.3
Ear (18.0-20.99)	125	10.0	3,287	5.0
Nose, Mouth, Pharynx (21.0-29.99)	103	8.2	10,033	15.3
Reporting Category(CPT-4 CODES)	1,337	100.0	107,843	100.0
Mastectomy (19120-19220)	2	0.1	642	0.6
Musculoskeletal (20000-29909)	428	32.0	23,577	21.9
Respiratory (30000-32999 & 39501-39599)	71	5.3	8,972	8.3
Cardiovascular (33010-37799 & 93501-93660)	1	0.1	311	0.3
Lymphatic/Hemetic (38100-38999)	1	0.1	149	0.1
Digestive (40490-49999)	377	28.2	35,989	33.4
Urinary (50010-53899)	14	1.0	1,796	1.7
Male Genital (54000-55899)	20	1.5	492	0.5
Female Genital (56405-58999)	17	1.3	2,208	2.0
Endocrine/Nervous (60000-64999)	83	6.2	9,930	9.2
Eye (65091-68899)	243	18.2	19,862	18.4
Ear (69000-69979)	80	6.0	3,915	3.6

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics.

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

AMB ST 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES

423 Coral Desert Surgery Center

ICD-9 CODE	ICD-9 DESCRIPTION	#	%	% ALL FASCs
All ICD-9 Procedures		1,251	100.0	100.0
1371	INSRT IOL-CATARACT EXTRACT-1 STAGE	162	12.9	10.19
2001	MYRINGOTOMY WITH INSERTION OF TUBE	123	9.8	3.84
4523	COLONOSCOPY	87	7.0	5.02
4525	CLOS [ENDO] BX LARGE INTESTINE	75	6.0	5.56
806	EXCISION SEMILUNAR CARTILAGE KNEE	63	5.0	2.02
1364	DISCISSION OF SECONDARY MEMBRANE	57	4.6	0.63
4513	OTHER ENDOSCOPY OF SMALL INTESTINE	35	2.8	1.25
8081	OTH LOCAL EXC/DESTRUC LES SHLDR JNT	34	2.7	0.35
0443	RELEASE OF CARPAL TUNNEL	33	2.6	1.23
8183	OTHER REPAIR OF SHOULDER	32	2.6	1.34
4516	EGD W/CLOS BX	29	2.3	3.74
283	TONSILLECTOMY WITH ADENOIDECTOMY	26	2.1	1.88
8076	SYNOVECTOMY OF KNEE	25	2.0	0.35
5305	UNILAT REPR ING HERN-GFT/PROS-NOS	24	1.9	0.05
7863	REMOVL IMPL DEVICE FROM RADIUS&ULNA	24	1.9	0.13
8086	OTH LOCAL EXC/DESTRUC LES KNEE JNT	24	1.9	0.82
8363	ROTATOR CUFF REPAIR	21	1.7	0.61
4542	ENDO POLYPECTOMY LARGE INTESTINE	19	1.5	1.52
5304	UNILAT REPR INDIRECT ING HERN-GFT	18	1.4	0.15
2263	ETHMOIDECTOMY	16	1.3	1.89

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL FASCs
All CPT-4 Procedures		1,337	100.0	100.0
66984	EXTRACAPSULAR CATARACT REMV IOL	162	12.1	10.60
45378	COLONOSCOPY FLEX; DX-SEP PROC	87	6.5	6.93
69436	TYMPANOSTOMY GENERAL ANESTHESIA	78	5.8	2.97
45380	COLONOSCOPY FLEX; W/BX 1/MX	74	5.5	5.89
66821	DISCISSION 2ND CATARACT; LASER S	57	4.3	1.55
29880	SCOPE KNEE SURG;W/MENISCECT MED&	43	3.2	0.59
43235	UGI ENDO; DX W/VO CLCT SPECMN-SP	35	2.6	1.39
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	33	2.5	1.36
43239	UGI ENDO; W/BX 1/MX	29	2.2	5.84
29826	SCOPE SHOULDER; DECOMP SUBACROM	27	2.0	1.23
20680	REMOVAL OF IMPLANT; DEEP	24	1.8	0.69
49650	LAPARSCPY SURG; REPR INIT ING HE	24	1.8	0.11
23412	REP RUP MUSCLOTENDNUS CUFF OPN;C	21	1.6	0.23
29881	SCOPE KNEE SURG;W/MENISCECT MED/	20	1.5	1.86
29823	SCOPE SHOULDER SURGICAL; DEBRID	18	1.3	0.31
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	18	1.3	1.76
49505	REPR INIT ING HERNIA 5YR/MORE; R	18	1.3	0.64
29876	SCOPE KNEE SURG; SYNOVECTOMY MAJ	17	1.3	0.22
42820	T&A; UNDER AGE 12	17	1.3	1.25
28285	CORRECTION HAMMERTO	16	1.2	0.86

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

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

AMB ST 1-3

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

423 Coral Desert Surgery Center

ICD-9 CODE	ICD-9 DESCRIPTION	#	AVE TOT CHR	AVE TOT CHR(ALL FASCs)
ICD-9 Procedures		620	\$2,645	\$1,710
1371	INSRT IOL-CATARACT EXTRACT-1 STAGE	160	\$2,601	\$2,921
4523	COLONOSCOPY	73	\$1,200	\$875
4525	CLOS [ENDO] BX LARGE INTESTINE	58	\$1,228	\$894
1364	DISCISSION OF SECONDARY MEMBRANE	34	\$1,015	\$1,395
0443	RELEASE OF CARPAL TUNNEL	26	\$2,653	\$1,769
4513	OTHER ENDOSCOPY OF SMALL INTESTINE	23	\$1,166	\$547
806	EXCISION SEMILUNAR CARTILAGE KNEE	23	\$5,791	\$2,570
4516	EGD W/CLOS BX	20	\$1,391	\$873
283	TONSILLECTOMY WITH ADENOIDECTOMY	18	\$1,999	\$1,633
7863	REMOVL IMPL DEVICE FROM RADIUS&ULNA	13	\$3,785	\$1,985
5304	UNILAT REPR INDIRECT ING HERN-GFT	12	\$5,394	\$2,985
8211	TENOTOMY OF HAND	11	\$3,339	\$1,764
5305	UNILAT REPR ING HERN-GFT/PROS-NOS	9	\$7,294	\$4,272
4542	ENDO POLYPECTOMY LARGE INTESTINE	5	\$1,444	\$999
0531	INJ ANESIN SYMPATHETIC NERVE ANALG	4	\$1,220	\$933
282	TONSILLECTOMY WITHOUT ADENOIDECTOMY	4	\$1,999	\$1,436
4292	DILATION OF ESOPHAGUS	4	\$1,345	\$1,051
5341	REPAIR UMBILICAL HERNIA W/PROSTH	4	\$8,906	\$3,791
5349	OTHER UMBILICAL HERNIORRHAPHY	4	\$6,125	\$3,156
594	SUPRAPUBIC SLING OPERATION	4	\$4,456	\$4,139

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHR	AVE TOT CHR(ALL FASCs)
CPT-4 Procedures		674	\$2,546	\$1,932
66984	EXTRACAPSULAR CATARACT REMV IOL	157	\$2,583	\$2,558
45378	COLONOSCOPY FLEX; DX-SEP PROC	73	\$1,200	\$1,177
45380	COLONOSCOPY FLEX; W/BX 1/MX	56	\$1,200	\$1,178
66821	DISCISSION 2ND CATARACT; LASER S	34	\$1,015	\$844
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	26	\$2,653	\$1,734
43235	UGI ENDO; DX W/VO CLCT SPECMN-SP	23	\$1,166	\$719
43239	UGI ENDO; W/BX 1/MX	20	\$1,391	\$1,199
29880	SCOPE KNEE SURG;W/MENISCECT MED&	14	\$5,330	\$3,253
62310	INJ 1 NOT NEUROLYTIC-EPID;CERV/T	14	\$1,060	\$727
20680	REMOVAL OF IMPLANT; DEEP	13	\$3,785	\$1,588
42820	T&A; UNDER AGE 12	12	\$1,999	\$1,584
49505	REPR INIT ING HERNIA 5YR/MORE; R	12	\$5,394	\$2,089
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	12	\$1,243	\$727
26055	TENDON SHEATH INCISION	10	\$3,312	\$1,704
29881	SCOPE KNEE SURG;W/MENISCECT MED/	9	\$6,508	\$2,661
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	9	\$5,585	\$5,133
49650	LAPARSCPY SURG; REPR INIT ING HE	7	\$6,048	\$3,936
42821	T&A; AGE 12 OR OVER	6	\$1,999	\$1,520
69436	TYMPANOSTOMY GENERAL ANESTHESIA	5	\$2,665	\$1,480
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	4	\$1,999	\$1,435

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

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

423 Coral Desert Surgery Center

Procedure APG category		TOTAL #	TOTAL # (ALL FASCs)
Procedure APG			
01	INTEGUMENTARY SYSTEM	21	1,798
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	8	359
	008 SIMPLE EXCISION AND BIOPSY	11	566
	012 BREAST RECONSTRUCTION AND MASTECTOMY	2	60
02	MUSCULOSKELETAL SYSTEM	403	21,921
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	58	1,987
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	3	585
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	12	880
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	86	4,924
	025 ARTHROSCOPY	187	9,799
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	1	103
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	15	1,341
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	8	181
	032 BUNION PROCEDURES	10	927
	033 ARTHROPLASTY	7	262
	034 HAND AND FOOT TENOTOMY	3	95
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	13	819
03	RESPIRATORY SYSTEM	40	4,159
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	40	4,113
04	CARDIOVASCULAR SYSTEM	1	259
	081 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	1	20
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	1	176
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	1	176
06	DIGESTIVE SYSTEM	340	30,846
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	64	7,822
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	8	2,304
	117 LOWER GASTROINTESTINAL ENDOSCOPY	184	16,456
	119 HERNIA AND HYDROCELE PROCEDURES	30	1,323
	120 COMPLEX ANAL AND RECTAL PROCEDURES	3	206
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	3	20
	123 COMPLEX LAPAROSCOPIC PROCEDURES	48	1,860
07	URINARY SYSTEM	14	1,774
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	4	574
	135 MODERATE CYSTOURETHROSCOPY	7	492
	136 SIMPLE CYSTOURETHROSCOPY	1	104
	138 SIMPLE URETHRAL PROCEDURES	2	27
08	MALE GENITAL SYSTEM	16	425
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	12	299
	154 SIMPLE PENILE PROCEDURES	4	91
09	FEMALE GENITAL SYSTEM	16	1,260
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	9	123
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	1	325
	178 DILATION AND CURETTAGE	3	144
	179 HYSTEROSCOPY	3	642
10	NERVOUS SYSTEM	83	9,585
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	43	7,131

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

423 Coral Desert Surgery Center

procedure APG category		TOTAL #	TOTAL # (ALL FASCs)
procedure APG			
11	198 NERVE REPAIR AND DESTRUCTION	40	2,377
	EYE AND OCULAR ADNEXA	243	19,770
	213 LASER EYE PROCEDURES	58	1,733
	214 CATARACT PROCEDURES	165	11,976
	216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	2	775
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	14	765
	220 STRABISMUS AND MUSCLE EYE PROCEDURES	2	472
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	2	451
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	155	15,186
	234 COMPLEX FACIAL AND ENT PROCEDURES	15	2,830
	235 SIMPLE FACIAL AND ENT PROCEDURES	103	9,118
	236 TONSIL AND ADENOID PROCEDURES	37	3,152

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

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
PROCEDURE APG CATEGORY, PROCEDURE APG, SINGLE APG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

423 Coral Desert Surgery Center

Procedure APG category	Procedure APG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL FASCs)
01	INTEGUMENTARY SYSTEM	11	\$1,981	\$1,406
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	5	\$2,626	\$1,481
	008 SIMPLE EXCISION AND BIOPSY	6	\$1,443	\$1,383
02	MUSCULOSKELETAL SYSTEM	110	\$4,221	\$2,684
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	12	\$4,531	\$3,523
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	3	\$2,336	\$2,335
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	1	\$3,588	\$2,403
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	38	\$3,390	\$1,842
	025 ARTHROSCOPY	36	\$5,529	\$3,355
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	1	\$998	\$1,389
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	10	\$3,902	\$2,480
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	1	\$1,286	\$1,591
	032 BUNION PROCEDURES	2	\$4,101	\$2,102
	033 ARTHROPLASTY	5	\$4,179	\$3,391
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	1	\$1,070	\$948
04	CARDIOVASCULAR SYSTEM	1	\$2,727	\$1,368
	081 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	1	\$2,727	\$1,862
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	1	\$2,686	\$1,945
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	1	\$2,686	\$1,945
06	DIGESTIVE SYSTEM	232	\$2,115	\$1,374
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	43	\$1,271	\$1,088
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	6	\$1,361	\$994
	117 LOWER GASTROINTESTINAL ENDOSCOPY	137	\$1,212	\$1,188
	119 HERNIA AND HYDROCELE PROCEDURES	21	\$5,308	\$2,291
	120 COMPLEX ANAL AND RECTAL PROCEDURES	2	\$2,523	\$1,270
	123 COMPLEX LAPAROSCOPIC PROCEDURES	23	\$6,315	\$3,967
07	URINARY SYSTEM	6	\$3,364	\$3,192
	135 MODERATE CYSTOURETHROSCOPY	5	\$3,638	\$1,572
	136 SIMPLE CYSTOURETHROSCOPY	1	\$1,994	\$1,370
08	MALE GENITAL SYSTEM	9	\$2,250	\$1,975
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	7	\$2,388	\$2,237
	154 SIMPLE PENILE PROCEDURES	2	\$1,766	\$1,357
09	FEMALE GENITAL SYSTEM	9	\$3,877	\$2,156
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	4	\$4,456	\$2,541
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	1	\$3,338	\$1,482
	178 DILATION AND CURETTAGE	2	\$2,225	\$1,373
	179 HYSTEROSCOPY	2	\$4,640	\$2,587
10	NERVOUS SYSTEM	57	\$1,880	\$1,104
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	30	\$1,155	\$756
	198 NERVE REPAIR AND DESTRUCTION	27	\$2,686	\$1,859
11	EYE AND OCULAR ADNEXA	200	\$2,306	\$2,446
	213 LASER EYE PROCEDURES	34	\$1,015	\$842
	214 CATARACT PROCEDURES	160	\$2,596	\$2,594
	216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	2	\$2,284	\$2,221
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	4	\$1,694	\$2,505

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
PROCEDURE APG CATEGORY, PROCEDURE APG, SINGLE APG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

423 Coral Desert Surgery Center

procedure APG category	Procedure APG	TOTAL #	AVE TOT CHRG	AVE TOT CHRG(ALL FASCs)
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	36	\$2,331	\$1,825
	234 COMPLEX FACIAL AND ENT PROCEDURES	2	\$4,581	\$2,361
	235 SIMPLE FACIAL AND ENT PROCEDURES	10	\$2,677	\$1,938
	236 TONSIL AND ADENOID PROCEDURES	24	\$1,999	\$1,528

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

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

423 Coral Desert Surgery Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
GENDER				
Female	501	53.0	44,181	55.2
Male	444	47.0	35,842	44.8
Unknown	0	0.0	24	0.0
Not Reported	0	0.0	36	0.0
AGE				
1-28 days	0	0.0	1	0.0
29-365 days	13	1.4	488	0.6
1-4 years	40	4.2	3,538	4.4
5-9	13	1.4	2,024	2.5
10-14	7	0.7	1,065	1.3
15-17	12	1.3	1,445	1.8
18-19	14	1.5	1,166	1.5
20-24	20	2.1	3,240	4.0
25-29	21	2.2	3,566	4.5
30-34	18	1.9	3,445	4.3
35-39	19	2.0	3,684	4.6
40-44	28	3.0	4,254	5.3
45-49	43	4.6	5,271	6.6
50-54	55	5.8	7,286	9.1
55-59	61	6.5	6,931	8.7
60-64	92	9.7	6,093	7.6
65-69	129	13.7	6,852	8.6
70-74	158	16.7	7,021	8.8
75-79	115	12.2	6,205	7.7
80-84	55	5.8	4,151	5.2
85-89	24	2.5	1,852	2.3
90 +	8	0.8	503	0.6
Not Reported	0	0.0	3	0.0
SOURCE OF ADMISSION				
Physician Referral	945	100.0	66,582	83.1
Clinic Referral	0	0.0	1,125	1.4
HMO Referral	0	0.0	1	0.0
Other Hospital	0	0.0	0	0.0
Skilled Nursing Facility	0	0.0	0	0.0
Other Health Care Facility	0	0.0	1	0.0
Emergency Room	0	0.0	0	0.0
Court/Law Enforcement	0	0.0	0	0.0
Unknown	0	0.0	1,491	1.9
Not Reported	0	0.0	10,883	13.6

(Continued)

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

423 Coral Desert Surgery Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	945	100.0	74,062	92.5
Another Hospital	0	0.0	70	0.1
Skilled Nursing Facility	0	0.0	0	0.0
Intermediate Care Facility	0	0.0	0	0.0
Another Type of Institution	0	0.0	6	0.0
Under Care of Home Service	0	0.0	0	0.0
Left Against Medical Advice	0	0.0	0	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	0	0.0	0	0.0
Unknown	0	0.0	5,945	7.4
Not Reported	0	0.0	0	0.0
PRIMARY PAYER				
Medicare	475	50.3	23,413	29.2
Medicaid	31	3.3	4,648	5.8
Other government	13	1.4	2,399	3.0
Blue Cross/Blue Shield	117	12.4	15,904	19.9
Other Commercial	87	9.2	7,364	9.2
Managed Care(HMO, PPO)	158	16.7	21,802	27.2
Self Pay	5	0.5	1,220	1.5
Industrial & Worker Comp	22	2.3	2,135	2.7
Charity and Unclassified	0	0.0	154	0.2
Childrens Health Insurance	0	0.0	264	0.3
Unknown	0	0.0	106	0.1
Not Reported	37	3.9	674	0.8
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	1	0.1	3,483	4.3
Central Utah	6	0.6	1,303	1.6
Davis County	1	0.1	13,093	16.3
Salt Lake County	4	0.4	27,138	33.9
Southeastern Utah	4	0.4	735	0.9
Southwest Utah	800	84.7	2,839	3.5
Summit County	0	0.0	861	1.1
Tooele County	0	0.0	1,082	1.4
Tri-County	2	0.2	373	0.5
Utah County	2	0.2	10,188	12.7
Wasatch County	0	0.0	365	0.5
Weber County	1	0.1	14,996	18.7
Unknown Utah	0	0.0	31	0.0
Outside Utah	124	13.1	3,579	4.5
Unknown, Not Reported	0	0.0	17	0.0

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

AMB ST 1-1
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

415 Davis Surgical Center

	Procedures Performed		Procedures Performed-All FASCs	
	(#)	(%)	(#)	(%)
Reporting Category(ICD-9-CM CODES)	.	.	65,542	100.0
Mastectomy (85.0-85.99)	.	.	1,897	2.9
Musculoskeletal (76.0-84.99)	.	.	11,654	17.8
Respiratory (30.0-34.99)	.	.	136	0.2
Cardiovascular (35.0-39.99)	.	.	283	0.4
Lymphatic/Hemetic (40.0-41.99)	.	.	102	0.2
Digestive System (42.0-54.99)	.	.	14,143	21.6
Urinary (55.0-59.99)	.	.	238	0.4
Male Genital (60.0-64.99)	.	.	168	0.3
Female Genital (65.0-71.99)	.	.	1,640	2.5
Endocrine/Nervous (01.0-07.99)	.	.	4,080	6.2
Eye (08.0-16.99)	.	.	17,881	27.3
Ear (18.0-20.99)	.	.	3,287	5.0
Nose, Mouth, Pharynx (21.0-29.99)	.	.	10,033	15.3
Reporting Category(CPT-4 CODES)	7,014	100.0	107,843	100.0
Mastectomy (19120-19220)	0	0.0	642	0.6
Musculoskeletal (20000-29909)	1,827	26.0	23,577	21.9
Respiratory (30000-32999 & 39501-39599)	802	11.4	8,972	8.3
Cardiovascular (33010-37799 & 93501-93660)	3	0.0	311	0.3
Lymphatic/Hemetic (38100-38999)	13	0.2	149	0.1
Digestive (40490-49999)	1,677	23.9	35,989	33.4
Urinary (50010-53899)	15	0.2	1,796	1.7
Male Genital (54000-55899)	18	0.3	492	0.5
Female Genital (56405-58999)	737	10.5	2,208	2.0
Endocrine/Nervous (60000-64999)	420	6.0	9,930	9.2
Eye (65091-68899)	908	12.9	19,862	18.4
Ear (69000-69979)	594	8.5	3,915	3.6

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics.

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

AMB ST 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES

415 Davis Surgical Center

ICD-9 CODE	ICD-9 DESCRIPTION	#	%	% ALL FASCs
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All ICD-9 Procedures

Does not report ICDs

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL FASCs
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All CPT-4 Procedures		7,014	100.0	100.0
66984	EXTRACAPSULAR CATARACT REMV IOL	545	7.8	10.60
69436	TYMPANOSTOMY GENERAL ANESTHESIA	495	7.1	2.97
45378	COLONOSCOPY FLEX; DX-SEP PROC	420	6.0	6.93
58662	LAP SURG; W/FULG/EXCIS LES-OVARY	227	3.2	0.45
30140	SUBMUCOS RES TURBINATE PART/CMPL	214	3.1	2.08
66821	DISCISSION 2ND CATARACT; LASER S	210	3.0	1.55
42820	T&A; UNDER AGE 12	190	2.7	1.25
43239	UGI ENDO; W/BX 1/MX	171	2.4	5.84
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	165	2.4	1.36
30520	SEPTOPLASTY/SUBMUCOS RES W/GFT	156	2.2	1.43
58558	HYSTEROSCPY SURG; W/BX &/ POLYPE	150	2.1	0.27
31256	NASL/SINUS ENDO SURG W/MAX ANTRO	146	2.1	0.63
29881	SCOPE KNEE SURG;W/MENISCECT MED/	133	1.9	1.86
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	125	1.8	1.76
28285	CORRECTION HAMMERTOES	115	1.6	0.86
31254	NASAL/SINUS ENDO; W/PART ETHMOEC	109	1.6	0.44
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	108	1.5	0.66
58563	HYSTEROSC SURG; W/ENDOMETRIAL AB	83	1.2	0.29
29826	SCOPE SHOULDER; DECOMP SUBACROM	81	1.2	1.23
45380	COLONOSCOPY FLEX; W/BX 1/MX	79	1.1	5.89

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

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

AMB ST 1-3

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

415 Davis Surgical Center

ICD-9 CODE	ICD-9 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL FASCs)
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ICD-9 Procedures

Does not report ICDS

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL FASCs)
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CPT-4 Procedures		3,423	\$2,184	\$1,932
66984	EXTRACAPSULAR CATARACT REMV IOL	541	\$2,912	\$2,558
45378	COLONOSCOPY FLEX; DX-SEP PROC	364	\$1,300	\$1,177
66821	DISCISSION 2ND CATARACT; LASER S	199	\$753	\$844
42820	T&A; UNDER AGE 12	151	\$1,947	\$1,584
29881	SCOPE KNEE SURG;W/MENISCECT MED/	99	\$3,328	\$2,661
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	99	\$1,500	\$1,227
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	93	\$2,272	\$1,734
58662	LAP SURG; W/FULG/EXCIS LES-OVARY	88	\$2,960	\$2,574
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	84	\$1,756	\$1,435
43239	UGI ENDO; W/BX 1/MX	78	\$1,300	\$1,199
45380	COLONOSCOPY FLEX; W/BX 1/MX	68	\$1,300	\$1,178
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	68	\$4,713	\$5,133
45384	COLONOSOCY FLEX; REMV LES-FORCE	53	\$1,500	\$1,766
58563	HYSTEROSC SURG; W/ENDOMETRIAL AB	50	\$3,446	\$3,299
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	47	\$819	\$727
58558	HYSTEROSCPY SURG; W/BX &/ POLYPE	44	\$2,259	\$1,694
69436	TYMPANOSTOMY GENERAL ANESTHESIA	41	\$2,103	\$1,480
29880	SCOPE KNEE SURG;W/MENISCECT MED&	38	\$3,334	\$3,253
49505	REPR INIT ING HERNIA 5YR/MORE; R	37	\$2,626	\$2,089
28296	HALLUX VALGUS; W/METATARSAL OSTE	36	\$2,253	\$1,968

SOURCE: Utah Ambulatory Surgery Database

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

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

415 Davis Surgical Center

Procedure APG category		TOTAL #	TOTAL # (ALL FASCs)
Procedure APG			
01	INTEGUMENTARY SYSTEM	93	1,798
	006 SIMPLE DEBRIDEMENT AND DESTRUCTION	3	27
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	27	359
	008 SIMPLE EXCISION AND BIOPSY	56	566
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRANGE	7	130
02	MUSCULOSKELETAL SYSTEM	1,696	21,921
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	166	1,987
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	29	585
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	110	880
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	505	4,924
	025 ARTHROSCOPY	578	9,799
	028 CLOSED TREATMENT FX & DISLOCATION OF FINGER, TOE & TRUNK	1	13
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	9	103
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	120	1,341
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	13	181
	032 BUNION PROCEDURES	108	927
	033 ARTHROPLASTY	22	262
	034 HAND AND FOOT TENOTOMY	2	95
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	33	819
03	RESPIRATORY SYSTEM	405	4,159
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	397	4,113
	054 SIMPLE ENDOSCOPY OF THE UPPER AIRWAY	8	40
04	CARDIOVASCULAR SYSTEM	2	259
	082 VASCULAR LIGATION	2	184
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	19	176
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	19	176
06	DIGESTIVE SYSTEM	1,556	30,846
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	1	78
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	217	7,822
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	54	2,304
	117 LOWER GASTROINTESTINAL ENDOSCOPY	699	16,456
	119 HERNIA AND HYDROCELE PROCEDURES	107	1,323
	120 COMPLEX ANAL AND RECTAL PROCEDURES	7	206
	121 SIMPLE ANAL AND RECTAL PROCEDURES	2	33
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	1	20
	123 COMPLEX LAPAROSCOPIC PROCEDURES	468	1,860
07	URINARY SYSTEM	15	1,774
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	13	574
	135 MODERATE CYSTOURETHROSCOPY	2	492
08	MALE GENITAL SYSTEM	15	425
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	13	299
	154 SIMPLE PENILE PROCEDURES	2	91
09	FEMALE GENITAL SYSTEM	379	1,260
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	23	123
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	85	325
	178 DILATION AND CURETTAGE	13	144

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

415 Davis Surgical Center

procedure APG category	procedure APG	TOTAL #	TOTAL # (ALL FASCs)
	179 HYSTEROSCOPY	240	642
	180 COLPOSCOPY	18	26
10	NERVOUS SYSTEM	412	9,585
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	143	7,131
	198 NERVE REPAIR AND DESTRUCTION	269	2,377
11	EYE AND OCULAR ADNEXA	906	19,770
	211 MINOR OPHTHALMOLOGICAL TESTS AND PROCEDURES	9	80
	213 LASER EYE PROCEDURES	210	1,733
	214 CATARACT PROCEDURES	562	11,976
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	21	863
	216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	27	775
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	21	765
	220 STRABISMUS AND MUSCLE EYE PROCEDURES	20	472
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	29	1,803
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	5	451
	223 VITRECTOMY	2	542
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	1,475	15,186
	234 COMPLEX FACIAL AND ENT PROCEDURES	292	2,830
	235 SIMPLE FACIAL AND ENT PROCEDURES	792	9,118
	236 TONSIL AND ADENOID PROCEDURES	391	3,152
13	THERAPEUTIC AND OTHER RADIOLOGICAL PROCEDURES	5	190
	254 MYELOGRAPHY	5	186

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

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

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
PROCEDURE APG CATEGORY, PROCEDURE APG, SINGLE APG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

415 Davis Surgical Center

Procedure APG category	Procedure APG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL FASCs)
01	INTEGUMENTARY SYSTEM	50	\$1,728	\$1,406
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	18	\$1,589	\$1,481
	008 SIMPLE EXCISION AND BIOPSY	32	\$1,806	\$1,383
02	MUSCULOSKELETAL SYSTEM	738	\$2,595	\$2,684
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	41	\$2,508	\$3,523
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	20	\$1,960	\$2,335
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	42	\$2,100	\$2,403
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	213	\$1,890	\$1,842
	025 ARTHROSCOPY	257	\$3,471	\$3,355
	028 CLOSED TREATMENT FX & DISLOCATION OF FINGER, TOE & TRUNK	1	\$801	\$1,346
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	6	\$1,294	\$1,389
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	77	\$2,298	\$2,480
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	6	\$1,199	\$1,591
	032 BUNION PROCEDURES	63	\$2,474	\$2,102
	033 ARTHROPLASTY	9	\$4,434	\$3,391
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	3	\$583	\$948
03	RESPIRATORY SYSTEM	10	\$1,775	\$1,659
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	10	\$1,775	\$1,665
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	15	\$2,340	\$1,945
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	15	\$2,340	\$1,945
06	DIGESTIVE SYSTEM	1,011	\$1,909	\$1,374
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	1	\$950	\$859
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	95	\$1,294	\$1,088
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	21	\$1,387	\$994
	117 LOWER GASTROINTESTINAL ENDOSCOPY	587	\$1,353	\$1,188
	119 HERNIA AND HYDROCELE PROCEDURES	68	\$2,612	\$2,291
	120 COMPLEX ANAL AND RECTAL PROCEDURES	5	\$1,461	\$1,270
	121 SIMPLE ANAL AND RECTAL PROCEDURES	2	\$1,304	\$1,665
	123 COMPLEX LAPAROSCOPIC PROCEDURES	232	\$3,428	\$3,967
07	URINARY SYSTEM	15	\$1,755	\$3,192
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	13	\$1,766	\$1,869
	135 MODERATE CYSTOURETHROSCOPY	2	\$1,688	\$1,572
08	MALE GENITAL SYSTEM	9	\$1,952	\$1,975
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	8	\$2,058	\$2,237
	154 SIMPLE PENILE PROCEDURES	1	\$1,100	\$1,357
09	FEMALE GENITAL SYSTEM	166	\$2,465	\$2,156
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	10	\$2,635	\$2,541
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	46	\$1,757	\$1,482
	178 DILATION AND CURETTAGE	5	\$1,931	\$1,373
	179 HYSTEROSCOPY	95	\$2,882	\$2,587
	180 COLPOSCOPY	10	\$1,860	\$1,685
10	NERVOUS SYSTEM	172	\$1,822	\$1,104
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	54	\$826	\$756
	198 NERVE REPAIR AND DESTRUCTION	118	\$2,277	\$1,859
11	EYE AND OCULAR ADNEXA	824	\$2,301	\$2,446

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
PROCEDURE APG CATEGORY, PROCEDURE APG, SINGLE APG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

415 Davis Surgical Center

procedure APG category Procedure APG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL FASCs)
211 MINOR OPHTHALMOLOGICAL TESTS AND PROCEDURES	3	\$1,240	\$2,964
213 LASER EYE PROCEDURES	199	\$753	\$842
214 CATARACT PROCEDURES	556	\$2,911	\$2,594
215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	10	\$1,837	\$3,310
216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	19	\$1,846	\$2,221
217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	16	\$1,828	\$2,505
220 STRABISMUS AND MUSCLE EYE PROCEDURES	3	\$2,091	\$2,730
221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	15	\$2,084	\$2,208
222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	3	\$1,148	\$1,467
12 FACIAL, EAR, NOSE, MOUTH AND THROAT	404	\$1,994	\$1,825
234 COMPLEX FACIAL AND ENT PROCEDURES	68	\$2,531	\$2,361
235 SIMPLE FACIAL AND ENT PROCEDURES	66	\$1,898	\$1,938
236 TONSIL AND ADENOID PROCEDURES	270	\$1,881	\$1,528

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

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

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

415 Davis Surgical Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
GENDER				
Female	2,831	58.2	44,181	55.2
Male	2,034	41.8	35,842	44.8
Unknown	2	0.0	24	0.0
Not Reported	0	0.0	36	0.0
AGE				
1-28 days	0	0.0	1	0.0
29-365 days	79	1.6	488	0.6
1-4 years	274	5.6	3,538	4.4
5-9	171	3.5	2,024	2.5
10-14	104	2.1	1,065	1.3
15-17	144	3.0	1,445	1.8
18-19	103	2.1	1,166	1.5
20-24	234	4.8	3,240	4.0
25-29	281	5.8	3,566	4.5
30-34	278	5.7	3,445	4.3
35-39	253	5.2	3,684	4.6
40-44	296	6.1	4,254	5.3
45-49	370	7.6	5,271	6.6
50-54	456	9.4	7,286	9.1
55-59	397	8.2	6,931	8.7
60-64	312	6.4	6,093	7.6
65-69	312	6.4	6,852	8.6
70-74	278	5.7	7,021	8.8
75-79	279	5.7	6,205	7.7
80-84	161	3.3	4,151	5.2
85-89	69	1.4	1,852	2.3
90 +	16	0.3	503	0.6
Not Reported	0	0.0	3	0.0
SOURCE OF ADMISSION				
Physician Referral	4,867	100.0	66,582	83.1
Clinic Referral	0	0.0	1,125	1.4
HMO Referral	0	0.0	1	0.0
Other Hospital	0	0.0	0	0.0
Skilled Nursing Facility	0	0.0	0	0.0
Other Health Care Facility	0	0.0	1	0.0
Emergency Room	0	0.0	0	0.0
Court/Law Enforcement	0	0.0	0	0.0
Unknown	0	0.0	1,491	1.9
Not Reported	0	0.0	10,883	13.6

(Continued)

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

415 Davis Surgical Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	4,722	97.0	74,062	92.5
Another Hospital	2	0.0	70	0.1
Skilled Nursing Facility	0	0.0	0	0.0
Intermediate Care Facility	0	0.0	0	0.0
Another Type of Institution	0	0.0	6	0.0
Under Care of Home Service	0	0.0	0	0.0
Left Against Medical Advice	0	0.0	0	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	0	0.0	0	0.0
Unknown	143	2.9	5,945	7.4
Not Reported	0	0.0	0	0.0
PRIMARY PAYER				
Medicare	951	19.5	23,413	29.2
Medicaid	307	6.3	4,648	5.8
Other government	271	5.6	2,399	3.0
Blue Cross/Blue Shield	1,027	21.1	15,904	19.9
Other Commercial	214	4.4	7,364	9.2
Managed Care(HMO, PPO)	1,709	35.1	21,802	27.2
Self Pay	53	1.1	1,220	1.5
Industrial & Worker Comp	90	1.8	2,135	2.7
Charity and Unclassified	0	0.0	154	0.2
Childrens Health Insurance	244	5.0	264	0.3
Unknown	0	0.0	106	0.1
Not Reported	1	0.0	674	0.8
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	66	1.4	3,483	4.3
Central Utah	1	0.0	1,303	1.6
Davis County	3,756	77.2	13,093	16.3
Salt Lake County	73	1.5	27,138	33.9
Southeastern Utah	1	0.0	735	0.9
Southwest Utah	3	0.1	2,839	3.5
Summit County	11	0.2	861	1.1
Tooele County	15	0.3	1,082	1.4
Tri-County	6	0.1	373	0.5
Utah County	8	0.2	10,188	12.7
Wasatch County	1	0.0	365	0.5
Weber County	860	17.7	14,996	18.7
Unknown Utah	2	0.0	31	0.0
Outside Utah	62	1.3	3,579	4.5
Unknown, Not Reported	2	0.0	17	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, 2006
NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

403 Intermountain Surgical Center

	Procedures Performed		Procedures Performed-All FASCs	
	(#)	(%)	(#)	(%)
Reporting Category(ICD-9-CM CODES)	11,769	100.0	65,542	100.0
Mastectomy (85.0-85.99)	704	6.0	1,897	2.9
Musculoskeletal (76.0-84.99)	1,856	15.8	11,654	17.8
Respiratory (30.0-34.99)	39	0.3	136	0.2
Cardiovascular (35.0-39.99)	195	1.7	283	0.4
Lymphatic/Hemetic (40.0-41.99)	22	0.2	102	0.2
Digestive System (42.0-54.99)	190	1.6	14,143	21.6
Urinary (55.0-59.99)	156	1.3	238	0.4
Male Genital (60.0-64.99)	63	0.5	168	0.3
Female Genital (65.0-71.99)	9	0.1	1,640	2.5
Endocrine/Nervous (01.0-07.99)	323	2.7	4,080	6.2
Eye (08.0-16.99)	3,532	30.0	17,881	27.3
Ear (18.0-20.99)	505	4.3	3,287	5.0
Nose, Mouth, Pharynx (21.0-29.99)	4,175	35.5	10,033	15.3
Reporting Category(CPT-4 CODES)	8,115	100.0	107,843	100.0
Mastectomy (19120-19220)	91	1.1	642	0.6
Musculoskeletal (20000-29909)	1,768	21.8	23,577	21.9
Respiratory (30000-32999 & 39501-39599)	2,932	36.1	8,972	8.3
Cardiovascular (33010-37799 & 93501-93660)	201	2.5	311	0.3
Lymphatic/Hemetic (38100-38999)	21	0.3	149	0.1
Digestive (40490-49999)	617	7.6	35,989	33.4
Urinary (50010-53899)	136	1.7	1,796	1.7
Male Genital (54000-55899)	48	0.6	492	0.5
Female Genital (56405-58999)	9	0.1	2,208	2.0
Endocrine/Nervous (60000-64999)	208	2.6	9,930	9.2
Eye (65091-68899)	1,824	22.5	19,862	18.4
Ear (69000-69979)	260	3.2	3,915	3.6

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics.

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

AMB ST 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES

403 Intermountain Surgical Center

ICD-9 CODE	ICD-9 DESCRIPTION	#	%	% ALL FASCs
All ICD-9 Procedures		11,769	100.0	100.0
1371	INSRT IOL-CATARACT EXTRACT-1 STAGE	932	7.9	10.19
1341	PHACOEMULSIFICATION&ASPIR CATARACT	931	7.9	6.87
2263	ETHMOIDECTOMY	808	6.9	1.89
2188	OTHER SEPTOPLASTY	526	4.5	1.28
2262	EXC LESION MAX SINUS W/OTH APPRCH	477	4.1	1.25
2219	OTHER DIAGNOSTIC PROC NASAL SINUSES	446	3.8	0.98
2169	OTHER TURBINECTOMY	434	3.7	2.40
2131	LOCAL EXC/DESTRUC INTRANASL LESION	369	3.1	0.63
0887	UPPER EYELID RHYTIDECTOMY	347	2.9	0.91
2001	MYRINGOTOMY WITH INSERTION OF TUBE	294	2.5	3.84
222	INTRANASAL ANTROTOMY	235	2.0	0.64
0833	REPR BLEPHAROPT-RESECT/ADVANC LEVAT	224	1.9	0.65
0443	RELEASE OF CARPAL TUNNEL	199	1.7	1.23
2242	FRONTAL SINUSECTOMY	194	1.6	0.31
283	TONSILLECTOMY WITH ADENOIDECTOMY	176	1.5	1.88
3859	LIG&STRIP LOWER LIMB VARICOSE VEINS	174	1.5	0.27
0886	LOWER EYELID RHYTIDECTOMY	157	1.3	0.33
8554	BILATERAL BREAST IMPLANT	141	1.2	0.79
856	MASTOPEXY	131	1.1	0.34
8594	REMOVAL OF IMPLANT OF BREAST	128	1.1	0.27

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL FASCs
All CPT-4 Procedures		8,115	100.0	100.0
66984	EXTRACAPSULAR CATARACT REMV IOL	932	11.5	10.60
30140	SUBMUCOS RES TURBINATE PART/CMPL	644	7.9	2.08
30520	SEPTOPLASTY/SUBMUCOS RES W/GFT	538	6.6	1.43
31255	NASAL/SINUS ENDO; W/TOT ETHMOECT	410	5.1	0.94
31267	NASL/SINUS ENDO; W/TISS REMV MAX	360	4.4	0.78
30115	EXCISION NASAL POLYP EXTENSIVE	183	2.3	0.18
66999	UNLISTED PROC ANTERIOR SEGMENT E	170	2.1	0.40
31276	NASL/SINUS ENDO W/FRNTL SINUS EX	165	2.0	0.39
69436	TYMPANOSTOMY GENERAL ANESTHESIA	153	1.9	2.97
31256	NASL/SINUS ENDO SURG W/MAX ANTRO	145	1.8	0.63
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	130	1.6	1.36
67904	REPR BLEPHAROPTOSIS; RESECT-EXT	128	1.6	0.47
26055	TENDON SHEATH INCISION	105	1.3	0.61
20550	INJECTION; 1 TENDON SHEATH/LIGAM	101	1.2	0.17
31240	NASL/SINUS ENDO; CONCHA BULLOSA	98	1.2	0.20
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	97	1.2	0.66
42820	T&A; UNDER AGE 12	95	1.2	1.25
31288	NASAL ENDO W/SPHENOIDOT; REMV TI	92	1.1	0.15
42821	T&A; AGE 12 OR OVER	81	1.0	0.49
49505	REPR INIT ING HERNIA 5YR/MORE; R	70	0.9	0.64

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

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

AMB ST 1-3

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

403 Intermountain Surgical Center

ICD-9 CODE	ICD-9 DESCRIPTION	#	AVE TOT CHRGR	AVE TOT CHRGR(ALL FASCs)
ICD-9 Procedures		1,389	\$1,395	\$1,710
283	TONSILLECTOMY WITH ADENOIDECTOMY	110	\$736	\$1,633
0443	RELEASE OF CARPAL TUNNEL	87	\$899	\$1,769
282	TONSILLECTOMY WITHOUT ADENOIDECTOMY	69	\$695	\$1,436
8554	BILATERAL BREAST IMPLANT	68	\$924	\$897
8532	BILATERAL REDUCTION MAMMOPLASTY	59	\$2,330	\$2,496
8521	LOCAL EXCISION OF LESION OF BREAST	57	\$1,069	\$1,003
8201	EXPLORATION TENDON SHEATH HAND	47	\$876	\$1,127
5304	UNILAT REPR INDIRECT ING HERN-GFT	39	\$1,475	\$2,985
8221	EXCISION LESION TENDON SHEATH HAND	37	\$829	\$1,564
1164	OTHER PENETRATING KERATOPLASTY	33	\$2,059	\$7,183
7751	BUNIONEC SOFT-OSTEOT 1ST METATARS	26	\$1,645	\$1,948
7932	OPEN RDUC FX RADUS&ULNA W/INTRL FIX	25	\$2,733	\$2,442
7934	OP REDUC W/INT FIX-PHALANGES HAND	25	\$2,004	\$2,121
5303	UNILAT REPR DIRECT ING HERN-GFT	24	\$1,483	\$3,006
3859	LIG&STRIP LOWER LIMB VARICOSE VEINS	23	\$1,737	\$1,778
7933	OP REDUC W/INT FIX-CARP-METACARP	23	\$2,213	\$2,393
5732	OTHER CYSTOSCOPY	20	\$6,035	\$5,424
0833	REPR BLEPHAROPT-RESECT/ADVANC LEVAT	18	\$884	\$2,022
0407	OTH EXC/AVUL CRANIL&PERIPH NERV	15	\$1,016	\$1,770
194	MYRINGOPLASTY	14	\$1,874	\$2,672

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRGR	AVE TOT CHRGR(ALL FASCs)
CPT-4 Procedures		2,360	\$1,335	\$1,932
66984	EXTRACAPSULAR CATARACT REMV IOL	760	\$1,276	\$2,558
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	90	\$902	\$1,734
67904	REPR BLEPHAROPTOSIS; RESECT-EXT	78	\$1,773	\$2,375
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	65	\$706	\$1,435
49505	REPR INIT ING HERNIA 5YR/MORE; R	65	\$1,521	\$2,089
42820	T&A; UNDER AGE 12	59	\$667	\$1,584
69436	TYMPANOSTOMY GENERAL ANESTHESIA	56	\$857	\$1,480
19120	EXC BRST CYST TUMR/LES OPN M/F 1	55	\$1,268	\$1,079
42821	T&A; AGE 12 OR OVER	53	\$817	\$1,520
26055	TENDON SHEATH INCISION	39	\$814	\$1,704
20680	REMOVAL OF IMPLANT; DEEP	30	\$1,034	\$1,588
65730	KERATOPLSTY; PENETRAT NOT APHAKI	29	\$2,060	\$5,707
28296	HALLUX VALGUS; W/METATARSAL OSTE	28	\$1,978	\$1,968
29848	ENDO WRST SURG REL TRNS CARP LIG	26	\$1,561	\$1,997
25111	EXCISION OF GANGLION WRIST; PRIM	24	\$934	\$2,006
65426	EXC/TRANSPOSITION PTERYGIUM; W/G	24	\$1,207	\$2,095
26160	EXC LES TEND SHETH/JNT CAP HND/F	20	\$875	\$1,582
25620	OPEN TX DIST RADIAL FX W/WO FIX	18	\$3,048	\$2,810
26735	OPEN TX PHALANGEAL FX W/WO FIX E	17	\$1,871	\$2,133
26615	OPEN TX MC FX 1 W/WO INTRL/EXT F	14	\$1,855	\$2,525

SOURCE: Utah Ambulatory Surgery Database

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

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

403 Intermountain Surgical Center

Procedure APG category		TOTAL #	TOTAL # (ALL FASCs)
Procedure APG			
01	INTEGUMENTARY SYSTEM	140	1,798
	006 SIMPLE DEBRIDEMENT AND DESTRUCTION	7	27
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	21	359
	008 SIMPLE EXCISION AND BIOPSY	16	566
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRANGE	5	130
	011 SIMPLE INCISION AND EXCISION OF BREAST	78	582
	012 BREAST RECONSTRUCTION AND MASTECTOMY	13	60
02	MUSCULOSKELETAL SYSTEM	1,601	21,921
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	145	1,987
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	65	585
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	124	880
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	567	4,924
	025 ARTHROSCOPY	244	9,799
	027 SPLINT, STRAPPING AND CAST REMOVAL	1	1
	028 CLOSED TREATMENT FX & DISLOCATION OF FINGER, TOE & TRUNK	1	13
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	6	103
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	162	1,341
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	1	181
	032 BUNION PROCEDURES	99	927
	033 ARTHROPLASTY	62	262
	034 HAND AND FOOT TENOTOMY	5	95
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	119	819
03	RESPIRATORY SYSTEM	1,410	4,159
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	1,408	4,113
	054 SIMPLE ENDOSCOPY OF THE UPPER AIRWAY	2	40
04	CARDIOVASCULAR SYSTEM	200	259
	077 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	15	19
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	2	31
	080 MINOR VASCULAR REPAIR AND FISTULA CONSTRUCTION	2	5
	081 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	16	20
	082 VASCULAR LIGATION	165	184
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	21	176
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	21	176
06	DIGESTIVE SYSTEM	179	30,846
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	2	78
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	1	2,304
	119 HERNIA AND HYDROCELE PROCEDURES	140	1,323
	120 COMPLEX ANAL AND RECTAL PROCEDURES	6	206
	121 SIMPLE ANAL AND RECTAL PROCEDURES	4	33
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	3	20
	123 COMPLEX LAPAROSCOPIC PROCEDURES	23	1,860
07	URINARY SYSTEM	135	1,774
	131 RENAL EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	24	543
	133 URINARY CATHETERIZATION AND DILATATION	3	15
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	41	574
	135 MODERATE CYSTOURETHROSCOPY	41	492

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

403 Intermountain Surgical Center

procedure APG category		TOTAL #	TOTAL # (ALL FASCs)
procedure APG			
	136 SIMPLE CYSTOURETHROSCOPY	21	104
	137 COMPLEX URETHRAL PROCEDURES	3	19
	138 SIMPLE URETHRAL PROCEDURES	2	27
08	MALE GENITAL SYSTEM	42	425
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	31	299
	153 COMPLEX PENILE PROCEDURES	7	19
	154 SIMPLE PENILE PROCEDURES	3	91
	155 PROSTATE NEEDLE AND PUNCH BIOPSY	1	16
09	FEMALE GENITAL SYSTEM	6	1,260
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	1	123
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	3	325
	179 HYSTEROSCOPY	2	642
10	NERVOUS SYSTEM	205	9,585
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	1	7,131
	198 NERVE REPAIR AND DESTRUCTION	204	2,377
11	EYE AND OCULAR ADNEXA	1,807	19,770
	211 MINOR OPHTHALMOLOGICAL TESTS AND PROCEDURES	4	80
	213 LASER EYE PROCEDURES	3	1,733
	214 CATARACT PROCEDURES	944	11,976
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	59	863
	216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	81	775
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	199	765
	219 SIMPLE POSTERIOR SEGMENT EYE PROCEDURES	2	88
	220 STRABISMUS AND MUSCLE EYE PROCEDURES	12	472
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	357	1,803
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	138	451
	223 VITRECTOMY	8	542
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	2,321	15,186
	233 NASAL CAUTERIZATION AND PACKING	33	86
	234 COMPLEX FACIAL AND ENT PROCEDURES	772	2,830
	235 SIMPLE FACIAL AND ENT PROCEDURES	1,112	9,118
	236 TONSIL AND ADENOID PROCEDURES	404	3,152

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

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

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
PROCEDURE APG CATEGORY, PROCEDURE APG, SINGLE APG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

403 Intermountain Surgical Center

Procedure APG category	Procedure APG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL FASCs)
01	INTEGUMENTARY SYSTEM	91	\$1,246	\$1,406
	006 SIMPLE DEBRIDEMENT AND DESTRUCTION	3	\$1,297	\$1,167
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	13	\$1,008	\$1,481
	008 SIMPLE EXCISION AND BIOPSY	8	\$1,030	\$1,383
	011 SIMPLE INCISION AND EXCISION OF BREAST	63	\$1,258	\$1,010
	012 BREAST RECONSTRUCTION AND MASTECTOMY	4	\$2,233	\$1,408
02	MUSCULOSKELETAL SYSTEM	546	\$1,571	\$2,684
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	35	\$2,015	\$3,523
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	23	\$1,224	\$2,335
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	36	\$1,597	\$2,403
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	206	\$1,019	\$1,842
	025 ARTHROSCOPY	82	\$1,837	\$3,355
	027 SPLINT, STRAPPING AND CAST REMOVAL	1	\$1,540	\$1,540
	028 CLOSED TREATMENT FX & DISLOCATION OF FINGER, TOE & TRUNK	1	\$450	\$1,346
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	5	\$1,332	\$1,389
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	112	\$2,145	\$2,480
	032 BUNION PROCEDURES	39	\$1,881	\$2,102
	033 ARTHROPLASTY	5	\$3,618	\$3,391
	034 HAND AND FOOT TENOTOMY	1	\$812	\$1,647
03	RESPIRATORY SYSTEM	15	\$1,176	\$1,659
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	14	\$1,206	\$1,665
	054 SIMPLE ENDOSCOPY OF THE UPPER AIRWAY	1	\$761	\$1,525
04	CARDIOVASCULAR SYSTEM	26	\$1,737	\$1,368
	077 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	3	\$2,417	\$2,417
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	2	\$2,715	\$1,078
	081 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	3	\$1,573	\$1,862
	082 VASCULAR LIGATION	18	\$1,542	\$1,518
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	17	\$1,451	\$1,945
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	17	\$1,451	\$1,945
06	DIGESTIVE SYSTEM	140	\$1,626	\$1,374
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	1	\$427	\$994
	119 HERNIA AND HYDROCELE PROCEDURES	114	\$1,512	\$2,291
	120 COMPLEX ANAL AND RECTAL PROCEDURES	6	\$1,211	\$1,270
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	3	\$1,186	\$1,067
	123 COMPLEX LAPAROSCOPIC PROCEDURES	16	\$2,756	\$3,967
07	URINARY SYSTEM	42	\$1,024	\$3,192
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	21	\$1,114	\$1,869
	135 MODERATE CYSTOURETHROSCOPY	12	\$1,014	\$1,572
	136 SIMPLE CYSTOURETHROSCOPY	7	\$764	\$1,370
	137 COMPLEX URETHRAL PROCEDURES	1	\$1,195	\$1,696
	138 SIMPLE URETHRAL PROCEDURES	1	\$916	\$1,428
08	MALE GENITAL SYSTEM	30	\$780	\$1,975
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	21	\$736	\$2,237
	153 COMPLEX PENILE PROCEDURES	6	\$818	\$2,076
	154 SIMPLE PENILE PROCEDURES	2	\$1,016	\$1,357

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
PROCEDURE APG CATEGORY, PROCEDURE APG, SINGLE APG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

403 Intermountain Surgical Center

procedure APG category	Procedure APG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL FASCs)
	155 PROSTATE NEEDLE AND PUNCH BIOPSY	1	\$1,005	\$2,198
09	FEMALE GENITAL SYSTEM	4	\$1,058	\$2,156
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	1	\$1,402	\$2,541
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	3	\$944	\$1,482
10	NERVOUS SYSTEM	109	\$930	\$1,104
	198 NERVE REPAIR AND DESTRUCTION	109	\$930	\$1,859
11	EYE AND OCULAR ADNEXA	999	\$1,350	\$2,446
	211 MINOR OPHTHALMOLOGICAL TESTS AND PROCEDURES	1	\$122	\$2,964
	214 CATARACT PROCEDURES	765	\$1,276	\$2,594
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	42	\$1,931	\$3,310
	216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	28	\$1,193	\$2,221
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	10	\$826	\$2,505
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	132	\$1,683	\$2,208
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	21	\$1,321	\$1,467
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	328	\$975	\$1,825
	233 NASAL CAUTERIZATION AND PACKING	1	\$380	\$1,295
	234 COMPLEX FACIAL AND ENT PROCEDURES	68	\$1,679	\$2,361
	235 SIMPLE FACIAL AND ENT PROCEDURES	78	\$956	\$1,938
	236 TONSIL AND ADENOID PROCEDURES	181	\$722	\$1,528

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

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

403 Intermountain Surgical Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
GENDER				
Female	2,639	57.3	44,181	55.2
Male	1,969	42.7	35,842	44.8
Unknown	0	0.0	24	0.0
Not Reported	0	0.0	36	0.0
AGE				
1-28 days	0	0.0	1	0.0
29-365 days	24	0.5	488	0.6
1-4 years	129	2.8	3,538	4.4
5-9	125	2.7	2,024	2.5
10-14	101	2.2	1,065	1.3
15-17	130	2.8	1,445	1.8
18-19	104	2.3	1,166	1.5
20-24	238	5.2	3,240	4.0
25-29	282	6.1	3,566	4.5
30-34	284	6.2	3,445	4.3
35-39	250	5.4	3,684	4.6
40-44	294	6.4	4,254	5.3
45-49	360	7.8	5,271	6.6
50-54	440	9.5	7,286	9.1
55-59	426	9.2	6,931	8.7
60-64	402	8.7	6,093	7.6
65-69	270	5.9	6,852	8.6
70-74	276	6.0	7,021	8.8
75-79	208	4.5	6,205	7.7
80-84	177	3.8	4,151	5.2
85-89	66	1.4	1,852	2.3
90 +	22	0.5	503	0.6
Not Reported	0	0.0	3	0.0
SOURCE OF ADMISSION				
Physician Referral	4,608	100.0	66,582	83.1
Clinic Referral	0	0.0	1,125	1.4
HMO Referral	0	0.0	1	0.0
Other Hospital	0	0.0	0	0.0
Skilled Nursing Facility	0	0.0	0	0.0
Other Health Care Facility	0	0.0	1	0.0
Emergency Room	0	0.0	0	0.0
Court/Law Enforcement	0	0.0	0	0.0
Unknown	0	0.0	1,491	1.9
Not Reported	0	0.0	10,883	13.6

(Continued)

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

403 Intermountain Surgical Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	4,603	99.9	74,062	92.5
Another Hospital	5	0.1	70	0.1
Skilled Nursing Facility	0	0.0	0	0.0
Intermediate Care Facility	0	0.0	0	0.0
Another Type of Institution	0	0.0	6	0.0
Under Care of Home Service	0	0.0	0	0.0
Left Against Medical Advice	0	0.0	0	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	0	0.0	0	0.0
Unknown	0	0.0	5,945	7.4
Not Reported	0	0.0	0	0.0
PRIMARY PAYER				
Medicare	903	19.6	23,413	29.2
Medicaid	149	3.2	4,648	5.8
Other government	31	0.7	2,399	3.0
Blue Cross/Blue Shield	180	3.9	15,904	19.9
Other Commercial	524	11.4	7,364	9.2
Managed Care(HMO, PPO)	2,613	56.7	21,802	27.2
Self Pay	37	0.8	1,220	1.5
Industrial & Worker Comp	96	2.1	2,135	2.7
Charity and Unclassified	43	0.9	154	0.2
Childrens Health Insurance	10	0.2	264	0.3
Unknown	22	0.5	106	0.1
Not Reported	0	0.0	674	0.8
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	56	1.2	3,483	4.3
Central Utah	26	0.6	1,303	1.6
Davis County	774	16.8	13,093	16.3
Salt Lake County	2,967	64.4	27,138	33.9
Southeastern Utah	14	0.3	735	0.9
Southwest Utah	29	0.6	2,839	3.5
Summit County	120	2.6	861	1.1
Tooele County	97	2.1	1,082	1.4
Tri-County	20	0.4	373	0.5
Utah County	140	3.0	10,188	12.7
Wasatch County	47	1.0	365	0.5
Weber County	99	2.1	14,996	18.7
Unknown Utah	0	0.0	31	0.0
Outside Utah	215	4.7	3,579	4.5
Unknown, Not Reported	4	0.1	17	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, 2006
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)	550	100.0	65,542	100.0
Mastectomy (85.0-85.99)	117	21.3	1,897	2.9
Musculoskeletal (76.0-84.99)	199	36.2	11,654	17.8
Respiratory (30.0-34.99)	2	0.4	136	0.2
Cardiovascular (35.0-39.99)	0	0.0	283	0.4
Lymphatic/Hemetic (40.0-41.99)	0	0.0	102	0.2
Digestive System (42.0-54.99)	12	2.2	14,143	21.6
Urinary (55.0-59.99)	8	1.5	238	0.4
Male Genital (60.0-64.99)	6	1.1	168	0.3
Female Genital (65.0-71.99)	37	6.7	1,640	2.5
Endocrine/Nervous (01.0-07.99)	30	5.5	4,080	6.2
Eye (08.0-16.99)	57	10.4	17,881	27.3
Ear (18.0-20.99)	21	3.8	3,287	5.0
Nose, Mouth, Pharynx (21.0-29.99)	61	11.1	10,033	15.3
Reporting Category(CPT-4 CODES)	382	100.0	107,843	100.0
Mastectomy (19120-19220)	1	0.3	642	0.6
Musculoskeletal (20000-29909)	241	63.1	23,577	21.9
Respiratory (30000-32999 & 39501-39599)	27	7.1	8,972	8.3
Cardiovascular (33010-37799 & 93501-93660)	1	0.3	311	0.3
Lymphatic/Hemetic (38100-38999)	0	0.0	149	0.1
Digestive (40490-49999)	13	3.4	35,989	33.4
Urinary (50010-53899)	7	1.8	1,796	1.7
Male Genital (54000-55899)	4	1.0	492	0.5
Female Genital (56405-58999)	37	9.7	2,208	2.0
Endocrine/Nervous (60000-64999)	27	7.1	9,930	9.2
Eye (65091-68899)	17	4.5	19,862	18.4
Ear (69000-69979)	7	1.8	3,915	3.6

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics.

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

AMB ST 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES

412 Madsen Surgery Center

ICD-9 CODE	ICD-9 DESCRIPTION	#	%	% ALL FASCs
All ICD-9 Procedures		550	100.0	100.0
8554	BILATERAL BREAST IMPLANT	52	9.5	0.79
856	MASTOPEXY	20	3.6	0.34
2189	OTH REPAIR&PLASTIC OPERATIONS NOSE	18	3.3	0.13
0886	LOWER EYELID RHYTIDECTOMY	16	2.9	0.33
7751	BUNIONEC SOFT-OSTEOT 1ST METATARS	15	2.7	0.38
8594	REMOVAL OF IMPLANT OF BREAST	14	2.5	0.27
0887	UPPER EYELID RHYTIDECTOMY	13	2.4	0.91
0836	REPAIR BLEPHAROPT OTH TECHNIQUES	11	2.0	0.16
7756	REPAIR OF HAMMER TOE	11	2.0	0.47
0407	OTH EXC/AVUL CRANIL&PERIPH NERV	10	1.8	0.26
7161	UNILATERAL VULVECTOMY	10	1.8	0.02
7934	OP REDUC W/INT FIX-PHALANGES HAND	9	1.6	0.12
8401	AMPUTATION&DISARTICULATION FINGER	9	1.6	0.04
0443	RELEASE OF CARPAL TUNNEL	8	1.5	1.23
185	SURGICAL CORRECTION PROMINENT EAR	8	1.5	0.04
1879	OTHER PLASTIC REPAIR EXTERNAL EAR	8	1.5	0.04
2162	FRACTURE OF THE TURBINATES	8	1.5	0.06
5421	LAPAROSCOPY	8	1.5	0.34
8245	OTHER SUTURE OTHER TENDON HAND	8	1.5	0.08
7933	OP REDUC W/INT FIX-CARP-METACARP	7	1.3	0.15

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL FASCs
All CPT-4 Procedures		382	100.0	100.0
28296	HALLUX VALGUS; W/METATARSAL OSTE	14	3.7	0.42
28285	CORRECTION HAMMERTOES	12	3.1	0.86
20670	REMOVAL OF IMPLANT; SUP SEP PROC	10	2.6	0.07
56620	VULVECTOMY SIMPLE; PARTIAL	10	2.6	0.02
20680	REMOVAL OF IMPLANT; DEEP	8	2.1	0.69
26525	CAPCTOMY/CAPSULOT; IP JNT EA JNT	8	2.1	0.03
49320	LAP-ABD DX-W/WO SPECMN-SEP PROC	8	2.1	0.09
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	8	2.1	1.36
67999	UNLISTED PROCEDURE EYELIDS	8	2.1	0.06
26418	REPR EXT TEND FNGR PRIM/SEC;W/O	7	1.8	0.06
26952	AMP FNGR/THUMB ANY JNT; W/ADV FL	7	1.8	0.02
30930	FRACTURE NASL TURBinate THERAPEU	7	1.8	0.10
26615	OPEN TX MC FX 1 W/WO INTRL/EXT F	6	1.6	0.13
69300	OTPLSTY PROTRUDING EAR W/WO SZ R	6	1.6	0.06
26115	EXC TMR/MALF SFT TISS HND/FNGR;S	5	1.3	0.05
26520	CAPCTOMY/CAPSULOT; MCP JNT EA JN	5	1.3	0.01
26951	AMP FNGR/THUMB ANY JNT; W/DIR CL	5	1.3	0.02
58750	TUBOTUBAL ANASTOMOSIS	5	1.3	0.02
21320	CLOS TX NASL BONE FRACTURE; W/ST	4	1.0	0.13
25111	EXCISION OF GANGLION WRIST; PRIM	4	1.0	0.21

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

AMB ST 1-3

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

412 Madsen Surgery Center

ICD-9 CODE	ICD-9 DESCRIPTION	#	AVE TOT CHRGR	AVE TOT CHRGR(ALL FASCs)
ICD-9 Procedures		219	\$2,055	\$1,710
8554	BILATERAL BREAST IMPLANT	37	\$848	\$897
7751	BUNIONEC SOFT-OSTEOT 1ST METATARS	10	\$2,992	\$1,948
7756	REPAIR OF HAMMER TOE	10	\$2,677	\$2,767
7161	UNILATERAL VULVECTOMY	8	\$1,860	\$1,513
8401	AMPUTATION&DISARTICULATION FINGER	7	\$2,163	\$2,064
0407	OTH EXC/AVUL CRANIL&PERIPH NERV	6	\$2,223	\$1,770
0836	REPAIR BLEPHAROPT OTH TECHNIQUES	5	\$2,339	\$2,502
8532	BILATERAL REDUCTION MAMMOPLASTY	5	\$4,454	\$2,496
185	SURGICAL CORRECTION PROMINENT EAR	4	\$550	\$544
2189	OTH REPAIR&PLASTIC OPERATIONS NOSE	4	\$2,812	\$4,183
6829	OTH EXCISION/DESTRUC LESION UTERUS	4	\$2,662	\$1,952
7869	REMOVAL IMPL DEVICE FROM OTH BONE	4	\$3,109	\$1,364
7933	OP REDUC W/INT FIX-CARP-METACARP	4	\$2,809	\$2,393
8331	EXCISION OF LESION OF TENDON SHEATH	4	\$2,015	\$1,558
8339	EXCISION LESION OTHER SOFT TISSUE	4	\$2,090	\$1,702
0443	RELEASE OF CARPAL TUNNEL	3	\$1,430	\$1,769
0822	EXCISION OTHER MINOR LESION EYELID	3	\$1,074	\$855
1879	OTHER PLASTIC REPAIR EXTERNAL EAR	3	\$2,112	\$1,660
2187	OTHER RHINOPLASTY	3	\$774	\$2,145
7788	OTH PARTIAL OSTEOTOMY TARSALS&MTS	3	\$3,582	\$2,769

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRGR	AVE TOT CHRGR(ALL FASCs)
CPT-4 Procedures		172	\$2,283	\$1,932
28296	HALLUX VALGUS; W/METATARSAL OSTE	12	\$2,928	\$1,968
56620	VULVECTOMY SIMPLE; PARTIAL	10	\$1,771	\$1,705
20670	REMOVAL OF IMPLANT; SUP SEP PROC	8	\$697	\$1,094
28285	CORRECTION HAMMERTOES	8	\$2,388	\$1,983
69300	OTPLSTY PROTRUDING EAR W/WO SZ R	6	\$577	\$1,107
26951	AMP FNGR/THUMB ANY JNT; W/DIR CL	5	\$2,299	\$1,979
67999	UNLISTED PROCEDURE EYELIDS	5	\$2,622	\$2,343
26115	EXC TMR/MALF SFT TISS HND/FNGR;S	4	\$1,457	\$1,601
28090	EXC LES TEND TEND SHEATH/CAP; FO	4	\$2,015	\$1,390
30410	RHINO PRIM; CMPLT EXTERNAL PARTS	4	\$774	\$1,834
20680	REMOVAL OF IMPLANT; DEEP	3	\$2,080	\$1,588
26615	OPEN TX MC FX 1 W/WO INTRL/EXT F	3	\$2,781	\$2,525
28080	EXC INTERDIGITL NEUROMA SINGLE EA	3	\$2,158	\$1,781
58561	HYSTEROSCOPY; W/REMOVAL LEIOMYOM	3	\$2,818	\$2,497
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	3	\$1,430	\$1,734
21029	REMOVAL CONTOUR BEN TUMOR FCE BO	2	\$1,995	\$1,910
21320	CLOS TX NASL BONE FRACTURE; W/ST	2	\$1,945	\$1,635
21930	EXC TUMR SOFT TISSUE BACK/FLANK	2	\$2,459	\$1,309
26160	EXC LES TEND SHETH/JNT CAP HND/F	2	\$1,390	\$1,582
26418	REPR EXT TEND FNGR PRIM/SEC;W/O	2	\$1,373	\$1,586

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

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

412 Madsen Surgery Center

Procedure APG category		TOTAL #	TOTAL # (ALL FASCs)
Procedure APG			
01	INTEGUMENTARY SYSTEM	41	1,798
	004 SIMPLE INCISION AND DRAINAGE	1	16
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	8	359
	008 SIMPLE EXCISION AND BIOPSY	27	566
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRANGE	4	130
	012 BREAST RECONSTRUCTION AND MASTECTOMY	1	60
02	MUSCULOSKELETAL SYSTEM	180	21,921
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	6	1,987
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	4	585
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	19	880
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	100	4,924
	028 CLOSED TREATMENT FX & DISLOCATION OF FINGER, TOE & TRUNK	2	13
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	2	103
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	28	1,341
	032 BUNION PROCEDURES	16	927
	034 HAND AND FOOT TENOTOMY	1	95
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	2	819
04	CARDIOVASCULAR SYSTEM	1	259
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	1	31
06	DIGESTIVE SYSTEM	15	30,846
	119 HERNIA AND HYDROCELE PROCEDURES	3	1,323
	123 COMPLEX LAPAROSCOPIC PROCEDURES	12	1,860
07	URINARY SYSTEM	5	1,774
	131 RENAL EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	1	543
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	3	574
	135 MODERATE CYSTOURETHROSCOPY	1	492
08	MALE GENITAL SYSTEM	3	425
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	2	299
	154 SIMPLE PENILE PROCEDURES	1	91
09	FEMALE GENITAL SYSTEM	31	1,260
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	14	123
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	8	325
	178 DILATION AND CURETTAGE	1	144
	179 HYSTEROSCOPY	7	642
	180 COLPOSCOPY	1	26
10	NERVOUS SYSTEM	28	9,585
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	1	7,131
	197 NEUROSTIMULATOR AND VENTRICULAR SHUNT IMPLANTATION	1	53
	198 NERVE REPAIR AND DESTRUCTION	26	2,377
11	EYE AND OCULAR ADNEXA	17	19,770
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	7	1,803
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	10	451
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	49	15,186
	233 NASAL CAUTERIZATION AND PACKING	1	86
	234 COMPLEX FACIAL AND ENT PROCEDURES	32	2,830

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

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

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
PROCEDURE APG CATEGORY, PROCEDURE APG, SINGLE APG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

412 Madsen Surgery Center

Procedure APG category	Procedure APG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL FASCs)
01	INTEGUMENTARY SYSTEM	22	\$1,493	\$1,406
	004 SIMPLE INCISION AND DRAINAGE	1	\$1,698	\$1,275
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	3	\$2,385	\$1,481
	008 SIMPLE EXCISION AND BIOPSY	16	\$1,126	\$1,383
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRAN	1	\$5,091	\$2,411
	012 BREAST RECONSTRUCTION AND MASTECTOMY	1	\$897	\$1,408
02	MUSCULOSKELETAL SYSTEM	78	\$2,478	\$2,684
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	4	\$3,315	\$3,523
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	4	\$2,767	\$2,403
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	45	\$2,281	\$1,842
	028 CLOSED TREATMENT FX & DISLOCATION OF FINGER, TOE & TRUNK	2	\$1,260	\$1,346
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	1	\$3,449	\$1,389
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	9	\$2,418	\$2,480
	032 BUNION PROCEDURES	12	\$2,928	\$2,102
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	1	\$3,468	\$948
04	CARDIOVASCULAR SYSTEM	1	\$3,323	\$1,368
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	1	\$3,323	\$1,078
06	DIGESTIVE SYSTEM	5	\$2,144	\$1,374
	119 HERNIA AND HYDROCELE PROCEDURES	3	\$1,769	\$2,291
	123 COMPLEX LAPAROSCOPIC PROCEDURES	2	\$2,707	\$3,967
07	URINARY SYSTEM	3	\$2,058	\$3,192
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	2	\$2,208	\$1,869
	135 MODERATE CYSTOURETHROSCOPY	1	\$1,757	\$1,572
08	MALE GENITAL SYSTEM	3	\$3,395	\$1,975
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	2	\$4,204	\$2,237
	154 SIMPLE PENILE PROCEDURES	1	\$1,777	\$1,357
09	FEMALE GENITAL SYSTEM	25	\$2,255	\$2,156
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	14	\$2,404	\$2,541
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	5	\$1,598	\$1,482
	178 DILATION AND CURETTAGE	1	\$2,008	\$1,373
	179 HYSTEROSCOPY	5	\$2,543	\$2,587
10	NERVOUS SYSTEM	7	\$4,723	\$1,104
	197 NEUROSTIMULATOR AND VENTRICULAR SHUNT IMPLANTATION	1	\$21,446	\$4,462
	198 NERVE REPAIR AND DESTRUCTION	6	\$1,936	\$1,859
11	EYE AND OCULAR ADNEXA	7	\$2,471	\$2,446
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	2	\$2,094	\$2,208
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	5	\$2,622	\$1,467
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	20	\$1,356	\$1,825
	234 COMPLEX FACIAL AND ENT PROCEDURES	15	\$941	\$2,361
	235 SIMPLE FACIAL AND ENT PROCEDURES	5	\$2,601	\$1,938

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

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

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

412 Madsen Surgery Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
GENDER				
Female	235	64.9	44,181	55.2
Male	127	35.1	35,842	44.8
Unknown	0	0.0	24	0.0
Not Reported	0	0.0	36	0.0
AGE				
1-28 days	0	0.0	1	0.0
29-365 days	0	0.0	488	0.6
1-4 years	2	0.6	3,538	4.4
5-9	9	2.5	2,024	2.5
10-14	8	2.2	1,065	1.3
15-17	12	3.3	1,445	1.8
18-19	9	2.5	1,166	1.5
20-24	29	8.0	3,240	4.0
25-29	44	12.2	3,566	4.5
30-34	47	13.0	3,445	4.3
35-39	38	10.5	3,684	4.6
40-44	38	10.5	4,254	5.3
45-49	24	6.6	5,271	6.6
50-54	29	8.0	7,286	9.1
55-59	28	7.7	6,931	8.7
60-64	17	4.7	6,093	7.6
65-69	9	2.5	6,852	8.6
70-74	8	2.2	7,021	8.8
75-79	5	1.4	6,205	7.7
80-84	6	1.7	4,151	5.2
85-89	0	0.0	1,852	2.3
90 +	0	0.0	503	0.6
Not Reported	0	0.0	3	0.0
SOURCE OF ADMISSION				
Physician Referral	0	0.0	66,582	83.1
Clinic Referral	0	0.0	1,125	1.4
HMO Referral	0	0.0	1	0.0
Other Hospital	0	0.0	0	0.0
Skilled Nursing Facility	0	0.0	0	0.0
Other Health Care Facility	0	0.0	1	0.0
Emergency Room	0	0.0	0	0.0
Court/Law Enforcement	0	0.0	0	0.0
Unknown	0	0.0	1,491	1.9
Not Reported	362	100.0	10,883	13.6

(Continued)

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

412 Madsen Surgery Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	362	100.0	74,062	92.5
Another Hospital	0	0.0	70	0.1
Skilled Nursing Facility	0	0.0	0	0.0
Intermediate Care Facility	0	0.0	0	0.0
Another Type of Institution	0	0.0	6	0.0
Under Care of Home Service	0	0.0	0	0.0
Left Against Medical Advice	0	0.0	0	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	0	0.0	0	0.0
Unknown	0	0.0	5,945	7.4
Not Reported	0	0.0	0	0.0
PRIMARY PAYER				
Medicare	29	8.0	23,413	29.2
Medicaid	32	8.8	4,648	5.8
Other government	14	3.9	2,399	3.0
Blue Cross/Blue Shield	63	17.4	15,904	19.9
Other Commercial	34	9.4	7,364	9.2
Managed Care(HMO, PPO)	60	16.6	21,802	27.2
Self Pay	103	28.5	1,220	1.5
Industrial & Worker Comp	27	7.5	2,135	2.7
Charity and Unclassified	0	0.0	154	0.2
Childrens Health Insurance	0	0.0	264	0.3
Unknown	0	0.0	106	0.1
Not Reported	0	0.0	674	0.8
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	3	0.8	3,483	4.3
Central Utah	1	0.3	1,303	1.6
Davis County	25	6.9	13,093	16.3
Salt Lake County	225	62.2	27,138	33.9
Southeastern Utah	8	2.2	735	0.9
Southwest Utah	5	1.4	2,839	3.5
Summit County	8	2.2	861	1.1
Tooele County	12	3.3	1,082	1.4
Tri-County	8	2.2	373	0.5
Utah County	20	5.5	10,188	12.7
Wasatch County	1	0.3	365	0.5
Weber County	7	1.9	14,996	18.7
Unknown Utah	0	0.0	31	0.0
Outside Utah	39	10.8	3,579	4.5
Unknown, Not Reported	0	0.0	17	0.0

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

AMB ST 1-1
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

404 McKay-Dee Surgical Center

	Procedures Performed		Procedures Performed-All FASCs	
	(#)	(%)	(#)	(%)
Reporting Category(ICD-9-CM CODES)	13,673	100.0	65,542	100.0
Mastectomy (85.0-85.99)	0	0.0	1,897	2.9
Musculoskeletal (76.0-84.99)	3,338	24.4	11,654	17.8
Respiratory (30.0-34.99)	61	0.4	136	0.2
Cardiovascular (35.0-39.99)	2	0.0	283	0.4
Lymphatic/Hemetic (40.0-41.99)	26	0.2	102	0.2
Digestive System (42.0-54.99)	304	2.2	14,143	21.6
Urinary (55.0-59.99)	15	0.1	238	0.4
Male Genital (60.0-64.99)	0	0.0	168	0.3
Female Genital (65.0-71.99)	1,157	8.5	1,640	2.5
Endocrine/Nervous (01.0-07.99)	1,756	12.8	4,080	6.2
Eye (08.0-16.99)	2,455	18.0	17,881	27.3
Ear (18.0-20.99)	1,835	13.4	3,287	5.0
Nose, Mouth, Pharynx (21.0-29.99)	2,724	19.9	10,033	15.3
Reporting Category(CPT-4 CODES)	8,007	100.0	107,843	100.0
Mastectomy (19120-19220)	0	0.0	642	0.6
Musculoskeletal (20000-29909)	1,790	22.4	23,577	21.9
Respiratory (30000-32999 & 39501-39599)	1,183	14.8	8,972	8.3
Cardiovascular (33010-37799 & 93501-93660)	1	0.0	311	0.3
Lymphatic/Hemetic (38100-38999)	22	0.3	149	0.1
Digestive (40490-49999)	1,001	12.5	35,989	33.4
Urinary (50010-53899)	19	0.2	1,796	1.7
Male Genital (54000-55899)	0	0.0	492	0.5
Female Genital (56405-58999)	522	6.5	2,208	2.0
Endocrine/Nervous (60000-64999)	1,228	15.3	9,930	9.2
Eye (65091-68899)	1,003	12.5	19,862	18.4
Ear (69000-69979)	1,238	15.5	3,915	3.6

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics.

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

AMB ST 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES

404 McKay-Dee Surgical Center

ICD-9 CODE	ICD-9 DESCRIPTION	#	%	% ALL FASCs
All ICD-9 Procedures		13,673	100.0	100.0
2001	MYRINGOTOMY WITH INSERTION OF TUBE	1,419	10.4	3.84
1371	INSRT IOL-CATARACT EXTRACT-1 STAGE	981	7.2	10.19
1341	PHACOEMULSIFICATION&ASPIR CATARACT	980	7.2	6.87
0392	INJECTION OTH AGT INTO SPINAL CANAL	806	5.9	2.01
0391	INJECTION ANES-SPINAL CANAL ANALG	793	5.8	1.23
283	TONSILLECTOMY WITH ADENOIDECTOMY	749	5.5	1.88
8026	ARTHROSCOPY OF KNEE	562	4.1	1.07
2169	OTHER TURBINECTOMY	403	2.9	2.40
806	EXCISION SEMILUNAR CARTILAGE KNEE	368	2.7	2.02
2188	OTHER SEPTOPLASTY	297	2.2	1.28
8021	ARTHROSCOPY OF SHOULDER	294	2.2	0.57
282	TONSILLECTOMY WITHOUT ADENOIDECTOMY	228	1.7	0.87
8183	OTHER REPAIR OF SHOULDER	226	1.7	1.34
201	REMOVAL OF TYMPANOSTOMY TUBE	220	1.6	0.49
2219	OTHER DIAGNOSTIC PROC NASAL SINUSES	194	1.4	0.98
5421	LAPAROSCOPY	183	1.3	0.34
6812	HYSTEROSCOPY	183	1.3	0.29
7781	OTH PART OSTEC SCAPULA CLAV&THORAX	168	1.2	0.55
8363	ROTATOR CUFF REPAIR	163	1.2	0.61
6823	ENDOMETRIAL ABLATION	161	1.2	0.27

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL FASCs
All CPT-4 Procedures		8,007	100.0	100.0
69436	TYMPANOSTOMY GENERAL ANESTHESIA	1,071	13.4	2.97
66984	EXTRACAPSULAR CATARACT REMV IOL	732	9.1	10.60
30140	SUBMUCOS RES TURBINATE PART/CMPL	436	5.4	2.08
42820	T&A; UNDER AGE 12	410	5.1	1.25
64476	INJ ANES FACET JT; LUMB/SAC-EA A	347	4.3	0.79
29881	SCOPE KNEE SURG;W/MENISCECT MED/	201	2.5	1.86
30520	SEPTOPLASTY/SUBMUCOS RES W/GFT	198	2.5	1.43
64483	INJ ANES EPIDURL; LUMB/SAC 1 LEV	193	2.4	1.13
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	172	2.1	1.52
64475	INJ ANES FACET JT; LUMB/SAC-1LEV	155	1.9	0.56
42821	T&A; AGE 12 OR OVER	145	1.8	0.49
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	128	1.6	0.66
58563	HYSTEROSC SURG; W/ENDOMETRIAL AB	109	1.4	0.29
31256	NASL/SINUS ENDO SURG W/MAX ANTRO	106	1.3	0.63
29826	SCOPE SHOULDER; DECOMP SUBACROM	99	1.2	1.23
66821	DISCISSION 2ND CATARACT; LASER S	99	1.2	1.55
58662	LAP SURG; W/FULG/EXCIS LES-OVARY	98	1.2	0.45
42830	ADENOIDECTOMY PRIMARY; UNDER AGE	91	1.1	0.34
31267	NASL/SINUS ENDO; W/TISS REMV MAX	89	1.1	0.78
29877	SCOPE KNEE SURG; DEBRID/SHAVE CA	81	1.0	1.22

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

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

AMB ST 1-3

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

404 McKay-Dee Surgical Center

ICD-9 CODE	ICD-9 DESCRIPTION	#	AVE TOT CHRGE	AVE TOT CHRGE(ALL FASCs)
ICD-9 Procedures		2,054	\$1,885	\$1,710
283	TONSILLECTOMY WITH ADENOIDECTOMY	620	\$1,918	\$1,633
282	TONSILLECTOMY WITHOUT ADENOIDECTOMY	165	\$1,915	\$1,436
1364	DISCISSION OF SECONDARY MEMBRANE	129	\$1,174	\$1,395
6952	ASPIRATION CURET FOLLOWING DELIV/AB	70	\$1,748	\$1,748
6732	DESTRUCTION LESION CERVIX CAUT	42	\$1,704	\$1,686
031	DIVISION OF INTRASPINAL NERVE ROOT	41	\$4,398	\$4,398
6629	OTH BIL ENDO DESTRUC FALLOP TUBES	37	\$2,015	\$1,559
2171	CLOSED REDUCTION OF NASAL FRACTURE	31	\$1,551	\$1,683
7756	REPAIR OF HAMMER TOE	28	\$3,252	\$2,767
1829	EXC/DESTRUC OTH LESION EXTERNAL EAR	26	\$1,466	\$1,680
0443	RELEASE OF CARPAL TUNNEL	25	\$1,524	\$1,769
194	MYRINGOPLASTY	24	\$2,653	\$2,672
7751	BUNIONEC SOFT-OSTEOT 1ST METATARS	23	\$2,196	\$1,948
6823	ENDOMETRIAL ABLATION	22	\$3,769	\$3,460
0407	OTH EXC/AVUL CRANIL&PERIPH NERV	21	\$1,929	\$1,770
2001	MYRINGOTOMY WITH INSERTION OF TUBE	21	\$610	\$2,109
2169	OTHER TURBINECTOMY	21	\$2,321	\$4,583
7869	REMOVAL IMPL DEVICE FROM OTH BONE	20	\$1,329	\$1,364
8192	INJ THERAPEUTIC SBSTNC IN JNT/LIG	19	\$813	\$1,045
0943	PROBING OF NASOLACRIMAL DUCT	17	\$392	\$636

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRGE	AVE TOT CHRGE(ALL FASCs)
CPT-4 Procedures		3,503	\$2,414	\$1,932
66984	EXTRACAPSULAR CATARACT REMV IOL	712	\$3,148	\$2,558
42820	T&A; UNDER AGE 12	336	\$1,920	\$1,584
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	161	\$742	\$727
64483	INJ ANES EPIDURL; LUMB/SAC 1 LEV	153	\$805	\$784
42821	T&A; AGE 12 OR OVER	129	\$1,935	\$1,520
29881	SCOPE KNEE SURG;W/MENISCECT MED/	128	\$2,450	\$2,661
66821	DISCISSION 2ND CATARACT; LASER S	99	\$1,174	\$844
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	98	\$1,915	\$1,435
62310	INJ 1 NOT NEUROLYTIC-EPID;CERV/T	62	\$768	\$727
29823	SCOPE SHOULDER SURGICAL; DEBRID	59	\$5,979	\$5,381
29880	SCOPE KNEE SURG;W/MENISCECT MED&	51	\$3,311	\$3,253
58662	LAP SURG; W/FULG/EXCIS LES-OVARY	50	\$3,314	\$2,574
58558	HYSTEROSCPY SURG; W/BX &/ POLYPE	45	\$1,331	\$1,694
58563	HYSTEROSC SURG; W/ENDOMETRIAL AB	37	\$3,769	\$3,299
29877	SCOPE KNEE SURG; DEBRID/SHAVE CA	33	\$2,542	\$2,792
57522	CONIZA CERV W/WO D&C; LOOP ELEC	30	\$1,666	\$1,744
21320	CLOS TX NASL BONE FRACTURE; W/ST	25	\$1,669	\$1,635
29893	ENDOSCOPIC PLANTAR FASCIOTOMY	23	\$1,613	\$1,924
29807	SCOPE SHLDR SURG; REPR SLAP LESI	22	\$5,880	\$4,595
69436	TYMPANOSTOMY GENERAL ANESTHESIA	22	\$575	\$1,480

SOURCE: Utah Ambulatory Surgery Database

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

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

404 McKay-Dee Surgical Center

Procedure APG category		TOTAL #	TOTAL # (ALL FASCs)
Procedure APG			
01	INTEGUMENTARY SYSTEM	55	1,798
	003 COMPLEX INCISION AND DRAINAGE	3	25
	004 SIMPLE INCISION AND DRAINAGE	2	16
	006 SIMPLE DEBRIDEMENT AND DESTRUCTION	1	27
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	23	359
	008 SIMPLE EXCISION AND BIOPSY	25	566
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRANGE	1	130
02	MUSCULOSKELETAL SYSTEM	1,638	21,921
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	227	1,987
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	65	585
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	47	880
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	291	4,924
	025 ARTHROSCOPY	878	9,799
	028 CLOSED TREATMENT FX & DISLOCATION OF FINGER, TOE & TRUNK	1	13
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	3	103
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	41	1,341
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	9	181
	032 BUNION PROCEDURES	43	927
	033 ARTHROPLASTY	3	262
	034 HAND AND FOOT TENOTOMY	14	95
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	16	819
03	RESPIRATORY SYSTEM	457	4,159
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	446	4,113
	054 SIMPLE ENDOSCOPY OF THE UPPER AIRWAY	8	40
	055 ENDOSCOPY OF THE LOWER AIRWAY	3	5
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	30	176
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	30	176
06	DIGESTIVE SYSTEM	273	30,846
	112 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	5	618
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	3	7,822
	119 HERNIA AND HYDROCELE PROCEDURES	1	1,323
	123 COMPLEX LAPAROSCOPIC PROCEDURES	264	1,860
07	URINARY SYSTEM	12	1,774
	135 MODERATE CYSTOURETHROSCOPY	1	492
	136 SIMPLE CYSTOURETHROSCOPY	11	104
09	FEMALE GENITAL SYSTEM	328	1,260
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	9	123
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	73	325
	178 DILATION AND CURETTAGE	73	144
	179 HYSTEROSCOPY	173	642
10	NERVOUS SYSTEM	1,220	9,585
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	1,160	7,131
	198 NERVE REPAIR AND DESTRUCTION	60	2,377
11	EYE AND OCULAR ADNEXA	1,001	19,770
	211 MINOR OPHTHALMOLOGICAL TESTS AND PROCEDURES	3	80
	213 LASER EYE PROCEDURES	109	1,733

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

404 McKay-Dee Surgical Center

procedure APG category		TOTAL #	TOTAL # (ALL FASCs)
procedure APG			
	214 CATARACT PROCEDURES	742	11,976
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	26	863
	216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	39	775
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	8	765
	220 STRABISMUS AND MUSCLE EYE PROCEDURES	21	472
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	41	1,803
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	11	451
	223 VITRECTOMY	1	542
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	2,906	15,186
	233 NASAL CAUTERIZATION AND PACKING	22	86
	234 COMPLEX FACIAL AND ENT PROCEDURES	333	2,830
	235 SIMPLE FACIAL AND ENT PROCEDURES	1,747	9,118
	236 TONSIL AND ADENOID PROCEDURES	804	3,152
13	THERAPEUTIC AND OTHER RADIOLOGICAL PROCEDURES	2	190
	254 MYELOGRAPHY	2	186

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

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

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
PROCEDURE APG CATEGORY, PROCEDURE APG, SINGLE APG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

404 McKay-Dee Surgical Center

Procedure APG category	Procedure APG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL FASCs)
01	INTEGUMENTARY SYSTEM	42	\$1,923	\$1,406
	003 COMPLEX INCISION AND DRAINAGE	3	\$2,145	\$1,543
	004 SIMPLE INCISION AND DRAINAGE	2	\$965	\$1,275
	006 SIMPLE DEBRIDEMENT AND DESTRUCTION	1	\$1,256	\$1,167
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	13	\$1,972	\$1,481
	008 SIMPLE EXCISION AND BIOPSY	22	\$1,920	\$1,383
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRAN	1	\$3,242	\$2,411
02	MUSCULOSKELETAL SYSTEM	813	\$3,295	\$2,684
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	75	\$3,256	\$3,523
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	51	\$3,921	\$2,335
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	20	\$2,616	\$2,403
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	152	\$2,074	\$1,842
	025 ARTHROSCOPY	428	\$3,840	\$3,355
	028 CLOSED TREATMENT FX & DISLOCATION OF FINGER, TOE & TRUNK	1	\$2,306	\$1,346
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	2	\$1,644	\$1,389
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	31	\$2,766	\$2,480
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	3	\$4,293	\$1,591
	032 BUNION PROCEDURES	33	\$2,562	\$2,102
	033 ARTHROPLASTY	1	\$1,951	\$3,391
	034 HAND AND FOOT TENOTOMY	3	\$2,048	\$1,647
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	13	\$2,020	\$948
03	RESPIRATORY SYSTEM	37	\$1,833	\$1,659
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	30	\$1,726	\$1,665
	054 SIMPLE ENDOSCOPY OF THE UPPER AIRWAY	4	\$2,417	\$1,525
	055 ENDOSCOPY OF THE LOWER AIRWAY	3	\$2,127	\$1,858
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	27	\$1,990	\$1,945
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	27	\$1,990	\$1,945
06	DIGESTIVE SYSTEM	162	\$3,244	\$1,374
	112 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	5	\$2,421	\$1,318
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	1	\$471	\$1,088
	119 HERNIA AND HYDROCELE PROCEDURES	1	\$2,248	\$2,291
	123 COMPLEX LAPAROSCOPIC PROCEDURES	155	\$3,295	\$3,967
07	URINARY SYSTEM	3	\$3,912	\$3,192
	135 MODERATE CYSTOURETHROSCOPY	1	\$3,979	\$1,572
	136 SIMPLE CYSTOURETHROSCOPY	2	\$3,879	\$1,370
09	FEMALE GENITAL SYSTEM	155	\$2,018	\$2,156
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	7	\$1,568	\$2,541
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	53	\$1,574	\$1,482
	178 DILATION AND CURETTAGE	9	\$1,605	\$1,373
	179 HYSTEROSCOPY	86	\$2,371	\$2,587
10	NERVOUS SYSTEM	440	\$852	\$1,104
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	412	\$791	\$756
	198 NERVE REPAIR AND DESTRUCTION	28	\$1,747	\$1,859
11	EYE AND OCULAR ADNEXA	939	\$2,773	\$2,446
	213 LASER EYE PROCEDURES	108	\$1,172	\$842

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
PROCEDURE APG CATEGORY, PROCEDURE APG, SINGLE APG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

404 McKay-Dee Surgical Center

procedure APG category	Procedure APG	TOTAL #	AVE TOT CHRG	AVE TOT CHRG(ALL FASCs)
	214 CATARACT PROCEDURES	721	\$3,135	\$2,594
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	20	\$2,281	\$3,310
	216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	31	\$1,992	\$2,221
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	7	\$1,155	\$2,505
	220 STRABISMUS AND MUSCLE EYE PROCEDURES	5	\$3,244	\$2,730
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	36	\$1,990	\$2,208
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	11	\$1,213	\$1,467
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	831	\$1,974	\$1,825
	233 NASAL CAUTERIZATION AND PACKING	12	\$1,472	\$1,295
	234 COMPLEX FACIAL AND ENT PROCEDURES	84	\$3,019	\$2,361
	235 SIMPLE FACIAL AND ENT PROCEDURES	137	\$1,661	\$1,938
	236 TONSIL AND ADENOID PROCEDURES	598	\$1,909	\$1,528

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

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

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

404 McKay-Dee Surgical Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
GENDER				
Female	3,853	56.8	44,181	55.2
Male	2,931	43.2	35,842	44.8
Unknown	0	0.0	24	0.0
Not Reported	0	0.0	36	0.0
AGE				
1-28 days	0	0.0	1	0.0
29-365 days	184	2.7	488	0.6
1-4 years	665	9.8	3,538	4.4
5-9	450	6.6	2,024	2.5
10-14	224	3.3	1,065	1.3
15-17	189	2.8	1,445	1.8
18-19	123	1.8	1,166	1.5
20-24	395	5.8	3,240	4.0
25-29	409	6.0	3,566	4.5
30-34	412	6.1	3,445	4.3
35-39	350	5.2	3,684	4.6
40-44	396	5.8	4,254	5.3
45-49	468	6.9	5,271	6.6
50-54	456	6.7	7,286	9.1
55-59	433	6.4	6,931	8.7
60-64	335	4.9	6,093	7.6
65-69	328	4.8	6,852	8.6
70-74	348	5.1	7,021	8.8
75-79	305	4.5	6,205	7.7
80-84	209	3.1	4,151	5.2
85-89	84	1.2	1,852	2.3
90 +	21	0.3	503	0.6
Not Reported	0	0.0	3	0.0
SOURCE OF ADMISSION				
Physician Referral	6,780	99.9	66,582	83.1
Clinic Referral	2	0.0	1,125	1.4
HMO Referral	1	0.0	1	0.0
Other Hospital	0	0.0	0	0.0
Skilled Nursing Facility	0	0.0	0	0.0
Other Health Care Facility	1	0.0	1	0.0
Emergency Room	0	0.0	0	0.0
Court/Law Enforcement	0	0.0	0	0.0
Unknown	0	0.0	1,491	1.9
Not Reported	0	0.0	10,883	13.6

(Continued)

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

404 McKay-Dee Surgical Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	6,755	99.6	74,062	92.5
Another Hospital	29	0.4	70	0.1
Skilled Nursing Facility	0	0.0	0	0.0
Intermediate Care Facility	0	0.0	0	0.0
Another Type of Institution	0	0.0	6	0.0
Under Care of Home Service	0	0.0	0	0.0
Left Against Medical Advice	0	0.0	0	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	0	0.0	0	0.0
Unknown	0	0.0	5,945	7.4
Not Reported	0	0.0	0	0.0
PRIMARY PAYER				
Medicare	1,219	18.0	23,413	29.2
Medicaid	419	6.2	4,648	5.8
Other government	272	4.0	2,399	3.0
Blue Cross/Blue Shield	548	8.1	15,904	19.9
Other Commercial	268	4.0	7,364	9.2
Managed Care(HMO, PPO)	3,741	55.1	21,802	27.2
Self Pay	60	0.9	1,220	1.5
Industrial & Worker Comp	164	2.4	2,135	2.7
Charity and Unclassified	29	0.4	154	0.2
Childrens Health Insurance	2	0.0	264	0.3
Unknown	62	0.9	106	0.1
Not Reported	0	0.0	674	0.8
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	440	6.5	3,483	4.3
Central Utah	2	0.0	1,303	1.6
Davis County	1,553	22.9	13,093	16.3
Salt Lake County	61	0.9	27,138	33.9
Southeastern Utah	1	0.0	735	0.9
Southwest Utah	2	0.0	2,839	3.5
Summit County	15	0.2	861	1.1
Tooele County	8	0.1	1,082	1.4
Tri-County	5	0.1	373	0.5
Utah County	11	0.2	10,188	12.7
Wasatch County	3	0.0	365	0.5
Weber County	4,557	67.2	14,996	18.7
Unknown Utah	2	0.0	31	0.0
Outside Utah	124	1.8	3,579	4.5
Unknown, Not Reported	0	0.0	17	0.0

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

AMB ST 1-1
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

414 Mount Ogden Surgical Center

	Procedures Performed		Procedures Performed-All FASCs	
	(#)	(%)	(#)	(%)
Reporting Category(ICD-9-CM CODES)	.	.	65,542	100.0
Mastectomy (85.0-85.99)	.	.	1,897	2.9
Musculoskeletal (76.0-84.99)	.	.	11,654	17.8
Respiratory (30.0-34.99)	.	.	136	0.2
Cardiovascular (35.0-39.99)	.	.	283	0.4
Lymphatic/Hemetic (40.0-41.99)	.	.	102	0.2
Digestive System (42.0-54.99)	.	.	14,143	21.6
Urinary (55.0-59.99)	.	.	238	0.4
Male Genital (60.0-64.99)	.	.	168	0.3
Female Genital (65.0-71.99)	.	.	1,640	2.5
Endocrine/Nervous (01.0-07.99)	.	.	4,080	6.2
Eye (08.0-16.99)	.	.	17,881	27.3
Ear (18.0-20.99)	.	.	3,287	5.0
Nose, Mouth, Pharynx (21.0-29.99)	.	.	10,033	15.3
Reporting Category(CPT-4 CODES)	7,060	100.0	107,843	100.0
Mastectomy (19120-19220)	0	0.0	642	0.6
Musculoskeletal (20000-29909)	2,208	31.3	23,577	21.9
Respiratory (30000-32999 & 39501-39599)	294	4.2	8,972	8.3
Cardiovascular (33010-37799 & 93501-93660)	2	0.0	311	0.3
Lymphatic/Hemetic (38100-38999)	10	0.1	149	0.1
Digestive (40490-49999)	1,245	17.6	35,989	33.4
Urinary (50010-53899)	415	5.9	1,796	1.7
Male Genital (54000-55899)	70	1.0	492	0.5
Female Genital (56405-58999)	125	1.8	2,208	2.0
Endocrine/Nervous (60000-64999)	443	6.3	9,930	9.2
Eye (65091-68899)	2,039	28.9	19,862	18.4
Ear (69000-69979)	209	3.0	3,915	3.6

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics.

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

AMB ST 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES

414 Mount Ogden Surgical Center

ICD-9 CODE	ICD-9 DESCRIPTION	#	%	% ALL FASCs
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All ICD-9 Procedures

Does not report ICDs

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL FASCs
All CPT-4 Procedures		7,060	100.0	100.0
66984	EXTRACAPSULAR CATARACT REMV IOL	1,356	19.2	10.60
41899	UNLIST PROC DENTOALVEOL STRUCTUR	444	6.3	2.24
66821	DISCISSION 2ND CATARACT; LASER S	407	5.8	1.55
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	231	3.3	1.36
29881	SCOPE KNEE SURG;W/MENISCECT MED/	187	2.6	1.86
69436	TYMPANOSTOMY GENERAL ANESTHESIA	170	2.4	2.97
45378	COLONOSCOPY FLEX; DX-SEP PROC	167	2.4	6.93
29826	SCOPE SHOULDER; DECOMP SUBACROM	151	2.1	1.23
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	140	2.0	1.52
50590	LITHOTRIPSY XTRACORP SHOCK WAVE	133	1.9	0.50
43239	UGI ENDO; W/BX 1/MX	126	1.8	5.84
42820	T&A; UNDER AGE 12	111	1.6	1.25
28285	CORRECTION HAMMERTOES	95	1.3	0.86
45380	COLONOSCOPY FLEX; W/BX 1/MX	94	1.3	5.89
29824	SCOPE SHLDR SURG;DIST CLAVICULEC	90	1.3	0.46
29877	SCOPE KNEE SURG; DEBRID/SHAVE CA	85	1.2	1.22
20680	REMOVAL OF IMPLANT; DEEP	81	1.1	0.69
30140	SUBMUCOS RES TURBINATE PART/CMPL	69	1.0	2.08
30520	SEPTOPLASTY/SUBMUCOS RES W/GFT	67	0.9	1.43
26055	TENDON SHEATH INCISION	64	0.9	0.61

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

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

AMB ST 1-3

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

414 Mount Ogden Surgical Center

ICD-9 CODE	ICD-9 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL FASCs)
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ICD-9 Procedures

Does not report ICDS

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL FASCs)
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CPT-4 Procedures		4,648	\$2,268	\$1,932
66984	EXTRACAPSULAR CATARACT REMV IOL	1,346	\$2,075	\$2,558
41899	UNLIST PROC DENTOALVEOL STRUCTUR	441	\$2,272	\$2,063
66821	DISCISSION 2ND CATARACT; LASER S	399	\$686	\$844
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	198	\$1,809	\$1,734
45378	COLONOSCOPY FLEX; DX-SEP PROC	147	\$920	\$1,177
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	140	\$630	\$727
50590	LITHOTRIPSY XTRACORP SHOCK WAVE	125	\$7,452	\$5,451
69436	TYMPANOSTOMY GENERAL ANESTHESIA	123	\$1,501	\$1,480
42820	T&A; UNDER AGE 12	87	\$1,481	\$1,584
43239	UGI ENDO; W/BX 1/MX	82	\$835	\$1,199
29881	SCOPE KNEE SURG;W/MENISCECT MED/	78	\$3,772	\$2,661
45380	COLONOSCOPY FLEX; W/BX 1/MX	65	\$961	\$1,178
42821	T&A; AGE 12 OR OVER	56	\$1,447	\$1,520
20680	REMOVAL OF IMPLANT; DEEP	41	\$1,404	\$1,588
52260	CYSTOURETHROSCOPY W/DILAT; GEN AN	40	\$1,290	\$1,445
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	33	\$1,477	\$1,435
26055	TENDON SHEATH INCISION	31	\$2,693	\$1,704
58563	HYSTEROSC SURG; W/ENDOMETRIAL AB	29	\$4,012	\$3,299
66982	EXTRACAP CATARACT REMV W/IOL-CMP	25	\$4,119	\$3,811
29880	SCOPE KNEE SURG;W/MENISCECT MED&	24	\$5,562	\$3,253

SOURCE: Utah Ambulatory Surgery Database

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

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

414 Mount Ogden Surgical Center

Procedure APG category		TOTAL #	TOTAL # (ALL FASCs)
Procedure APG			
01	INTEGUMENTARY SYSTEM	54	1,798
	004 SIMPLE INCISION AND DRAINAGE	3	16
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	19	359
	008 SIMPLE EXCISION AND BIOPSY	25	566
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRANGE	7	130
02	MUSCULOSKELETAL SYSTEM	2,117	21,921
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	214	1,987
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	62	585
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	79	880
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	439	4,924
	025 ARTHROSCOPY	1,094	9,799
	028 CLOSED TREATMENT FX & DISLOCATION OF FINGER, TOE & TRUNK	1	13
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	10	103
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	103	1,341
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	4	181
	032 BUNION PROCEDURES	48	927
	033 ARTHROPLASTY	42	262
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	21	819
03	RESPIRATORY SYSTEM	127	4,159
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	126	4,113
	054 SIMPLE ENDOSCOPY OF THE UPPER AIRWAY	1	40
04	CARDIOVASCULAR SYSTEM	2	259
	080 MINOR VASCULAR REPAIR AND FISTULA CONSTRUCTION	2	5
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	12	176
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	12	176
06	DIGESTIVE SYSTEM	567	30,846
	112 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	27	618
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	158	7,822
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	21	2,304
	117 LOWER GASTROINTESTINAL ENDOSCOPY	289	16,456
	119 HERNIA AND HYDROCELE PROCEDURES	14	1,323
	123 COMPLEX LAPAROSCOPIC PROCEDURES	57	1,860
	124 SIMPLE LAPAROSCOPIC PROCEDURES	1	8
07	URINARY SYSTEM	413	1,774
	131 RENAL EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	133	543
	133 URINARY CATHETERIZATION AND DILATATION	5	15
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	128	574
	135 MODERATE CYSTOURETHROSCOPY	123	492
	136 SIMPLE CYSTOURETHROSCOPY	16	104
	137 COMPLEX URETHRAL PROCEDURES	2	19
	138 SIMPLE URETHRAL PROCEDURES	6	27
08	MALE GENITAL SYSTEM	63	425
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	41	299
	153 COMPLEX PENILE PROCEDURES	3	19
	154 SIMPLE PENILE PROCEDURES	17	91
	155 PROSTATE NEEDLE AND PUNCH BIOPSY	2	16

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

414 Mount Ogden Surgical Center

procedure APG category		TOTAL #	TOTAL # (ALL FASCs)
procedure APG			
09	FEMALE GENITAL SYSTEM	87	1,260
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	5	123
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	34	325
	179 HYSTEROSCOPY	48	642
10	NERVOUS SYSTEM	445	9,585
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	157	7,131
	198 NERVE REPAIR AND DESTRUCTION	288	2,377
11	EYE AND OCULAR ADNEXA	2,038	19,770
	213 LASER EYE PROCEDURES	407	1,733
	214 CATARACT PROCEDURES	1,405	11,976
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	6	863
	216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	31	775
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	23	765
	218 COMPLEX POSTERIOR SEGMENT EYE PROCEDURES	24	222
	220 STRABISMUS AND MUSCLE EYE PROCEDURES	13	472
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	74	1,803
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	7	451
	223 VITRECTOMY	48	542
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	1,110	15,186
	233 NASAL CAUTERIZATION AND PACKING	4	86
	234 COMPLEX FACIAL AND ENT PROCEDURES	103	2,830
	235 SIMPLE FACIAL AND ENT PROCEDURES	753	9,118
	236 TONSIL AND ADENOID PROCEDURES	250	3,152

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

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

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
PROCEDURE APG CATEGORY, PROCEDURE APG, SINGLE APG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

414 Mount Ogden Surgical Center

Procedure APG category	Procedure APG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL FASCs)
01	INTEGUMENTARY SYSTEM	22	\$2,010	\$1,406
	004 SIMPLE INCISION AND DRAINAGE	2	\$1,688	\$1,275
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	8	\$2,138	\$1,481
	008 SIMPLE EXCISION AND BIOPSY	12	\$1,979	\$1,383
02	MUSCULOSKELETAL SYSTEM	759	\$3,630	\$2,684
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	70	\$3,539	\$3,523
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	29	\$2,938	\$2,335
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	43	\$3,802	\$2,403
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	208	\$2,323	\$1,842
	025 ARTHROSCOPY	272	\$4,852	\$3,355
	028 CLOSED TREATMENT FX & DISLOCATION OF FINGER, TOE & TRUNK	1	\$2,590	\$1,346
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	7	\$2,206	\$1,389
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	77	\$3,594	\$2,480
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	1	\$1,902	\$1,591
	032 BUNION PROCEDURES	27	\$2,888	\$2,102
	033 ARTHROPLASTY	23	\$3,512	\$3,391
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	1	\$716	\$948
03	RESPIRATORY SYSTEM	3	\$2,277	\$1,659
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	3	\$2,277	\$1,665
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	10	\$2,396	\$1,945
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	10	\$2,396	\$1,945
06	DIGESTIVE SYSTEM	383	\$1,135	\$1,374
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	96	\$823	\$1,088
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	17	\$1,007	\$994
	117 LOWER GASTROINTESTINAL ENDOSCOPY	221	\$942	\$1,188
	119 HERNIA AND HYDROCELE PROCEDURES	7	\$2,523	\$2,291
	123 COMPLEX LAPAROSCOPIC PROCEDURES	42	\$2,685	\$3,967
07	URINARY SYSTEM	277	\$4,267	\$3,192
	131 RENAL EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	125	\$7,452	\$5,451
	133 URINARY CATHETERIZATION AND DILATATION	5	\$1,792	\$1,786
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	43	\$1,876	\$1,869
	135 MODERATE CYSTOURETHROSCOPY	86	\$1,555	\$1,572
	136 SIMPLE CYSTOURETHROSCOPY	13	\$1,287	\$1,370
	137 COMPLEX URETHRAL PROCEDURES	2	\$2,656	\$1,696
	138 SIMPLE URETHRAL PROCEDURES	3	\$1,749	\$1,428
08	MALE GENITAL SYSTEM	43	\$3,503	\$1,975
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	30	\$4,245	\$2,237
	153 COMPLEX PENILE PROCEDURES	1	\$4,142	\$2,076
	154 SIMPLE PENILE PROCEDURES	12	\$1,595	\$1,357
09	FEMALE GENITAL SYSTEM	62	\$3,311	\$2,156
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	3	\$5,887	\$2,541
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	20	\$1,980	\$1,482
	179 HYSTEROSCOPY	39	\$3,796	\$2,587
10	NERVOUS SYSTEM	380	\$1,411	\$1,104
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	154	\$636	\$756

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
PROCEDURE APG CATEGORY, PROCEDURE APG, SINGLE APG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

414 Mount Ogden Surgical Center

procedure APG category		TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL FASCs)
Procedure APG				
	198 NERVE REPAIR AND DESTRUCTION	226	\$1,939	\$1,859
11	EYE AND OCULAR ADNEXA	1,902	\$1,892	\$2,446
	213 LASER EYE PROCEDURES	399	\$686	\$842
	214 CATARACT PROCEDURES	1,385	\$2,118	\$2,594
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	6	\$6,390	\$3,310
	216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	21	\$2,419	\$2,221
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	18	\$1,434	\$2,505
	218 COMPLEX POSTERIOR SEGMENT EYE PROCEDURES	19	\$3,107	\$5,407
	220 STRABISMUS AND MUSCLE EYE PROCEDURES	5	\$5,001	\$2,730
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	17	\$5,668	\$2,208
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	2	\$3,099	\$1,467
	223 VITRECTOMY	30	\$3,022	\$3,722
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	802	\$1,971	\$1,825
	233 NASAL CAUTERIZATION AND PACKING	2	\$1,424	\$1,295
	234 COMPLEX FACIAL AND ENT PROCEDURES	17	\$2,522	\$2,361
	235 SIMPLE FACIAL AND ENT PROCEDURES	598	\$2,109	\$1,938
	236 TONSIL AND ADENOID PROCEDURES	185	\$1,481	\$1,528

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

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

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

414 Mount Ogden Surgical Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
GENDER				
Female	3,006	53.1	44,181	55.2
Male	2,654	46.9	35,842	44.8
Unknown	1	0.0	24	0.0
Not Reported	0	0.0	36	0.0
AGE				
1-28 days	0	0.0	1	0.0
29-365 days	27	0.5	488	0.6
1-4 years	457	8.1	3,538	4.4
5-9	184	3.3	2,024	2.5
10-14	75	1.3	1,065	1.3
15-17	118	2.1	1,445	1.8
18-19	68	1.2	1,166	1.5
20-24	166	2.9	3,240	4.0
25-29	214	3.8	3,566	4.5
30-34	165	2.9	3,445	4.3
35-39	221	3.9	3,684	4.6
40-44	236	4.2	4,254	5.3
45-49	330	5.8	5,271	6.6
50-54	373	6.6	7,286	9.1
55-59	325	5.7	6,931	8.7
60-64	343	6.1	6,093	7.6
65-69	562	9.9	6,852	8.6
70-74	577	10.2	7,021	8.8
75-79	588	10.4	6,205	7.7
80-84	385	6.8	4,151	5.2
85-89	190	3.4	1,852	2.3
90 +	57	1.0	503	0.6
Not Reported	0	0.0	3	0.0
SOURCE OF ADMISSION				
Physician Referral	0	0.0	66,582	83.1
Clinic Referral	0	0.0	1,125	1.4
HMO Referral	0	0.0	1	0.0
Other Hospital	0	0.0	0	0.0
Skilled Nursing Facility	0	0.0	0	0.0
Other Health Care Facility	0	0.0	1	0.0
Emergency Room	0	0.0	0	0.0
Court/Law Enforcement	0	0.0	0	0.0
Unknown	0	0.0	1,491	1.9
Not Reported	5,661	100.0	10,883	13.6

(Continued)

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

414 Mount Ogden Surgical Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	13	0.2	74,062	92.5
Another Hospital	0	0.0	70	0.1
Skilled Nursing Facility	0	0.0	0	0.0
Intermediate Care Facility	0	0.0	0	0.0
Another Type of Institution	0	0.0	6	0.0
Under Care of Home Service	0	0.0	0	0.0
Left Against Medical Advice	0	0.0	0	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	0	0.0	0	0.0
Unknown	5,648	99.8	5,945	7.4
Not Reported	0	0.0	0	0.0
PRIMARY PAYER				
Medicare	2,001	35.3	23,413	29.2
Medicaid	491	8.7	4,648	5.8
Other government	168	3.0	2,399	3.0
Blue Cross/Blue Shield	1,345	23.8	15,904	19.9
Other Commercial	953	16.8	7,364	9.2
Managed Care(HMO, PPO)	481	8.5	21,802	27.2
Self Pay	72	1.3	1,220	1.5
Industrial & Worker Comp	146	2.6	2,135	2.7
Charity and Unclassified	0	0.0	154	0.2
Childrens Health Insurance	0	0.0	264	0.3
Unknown	4	0.1	106	0.1
Not Reported	0	0.0	674	0.8
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	316	5.6	3,483	4.3
Central Utah	3	0.1	1,303	1.6
Davis County	1,089	19.2	13,093	16.3
Salt Lake County	39	0.7	27,138	33.9
Southeastern Utah	1	0.0	735	0.9
Southwest Utah	2	0.0	2,839	3.5
Summit County	17	0.3	861	1.1
Tooele County	3	0.1	1,082	1.4
Tri-County	6	0.1	373	0.5
Utah County	8	0.1	10,188	12.7
Wasatch County	0	0.0	365	0.5
Weber County	3,948	69.7	14,996	18.7
Unknown Utah	6	0.1	31	0.0
Outside Utah	220	3.9	3,579	4.5
Unknown, Not Reported	3	0.1	17	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, 2006
NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

424 Mountain West Surgical Center

	Procedures Performed		Procedures Performed-All FASCs	
	(#)	(%)	(#)	(%)
Reporting Category(ICD-9-CM CODES)	3,803	100.0	65,542	100.0
Mastectomy (85.0-85.99)	66	1.7	1,897	2.9
Musculoskeletal (76.0-84.99)	1,916	50.4	11,654	17.8
Respiratory (30.0-34.99)	4	0.1	136	0.2
Cardiovascular (35.0-39.99)	0	0.0	283	0.4
Lymphatic/Hemetic (40.0-41.99)	7	0.2	102	0.2
Digestive System (42.0-54.99)	52	1.4	14,143	21.6
Urinary (55.0-59.99)	17	0.4	238	0.4
Male Genital (60.0-64.99)	25	0.7	168	0.3
Female Genital (65.0-71.99)	0	0.0	1,640	2.5
Endocrine/Nervous (01.0-07.99)	318	8.4	4,080	6.2
Eye (08.0-16.99)	874	23.0	17,881	27.3
Ear (18.0-20.99)	145	3.8	3,287	5.0
Nose, Mouth, Pharynx (21.0-29.99)	379	10.0	10,033	15.3
Reporting Category(CPT-4 CODES)	5,341	100.0	107,843	100.0
Mastectomy (19120-19220)	15	0.3	642	0.6
Musculoskeletal (20000-29909)	2,222	41.6	23,577	21.9
Respiratory (30000-32999 & 39501-39599)	433	8.1	8,972	8.3
Cardiovascular (33010-37799 & 93501-93660)	1	0.0	311	0.3
Lymphatic/Hemetic (38100-38999)	7	0.1	149	0.1
Digestive (40490-49999)	393	7.4	35,989	33.4
Urinary (50010-53899)	31	0.6	1,796	1.7
Male Genital (54000-55899)	28	0.5	492	0.5
Female Genital (56405-58999)	0	0.0	2,208	2.0
Endocrine/Nervous (60000-64999)	1,174	22.0	9,930	9.2
Eye (65091-68899)	886	16.6	19,862	18.4
Ear (69000-69979)	151	2.8	3,915	3.6

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics.

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

AMB ST 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES

424 Mountain West Surgical Center

ICD-9 CODE	ICD-9 DESCRIPTION	#	%	% ALL FASCs
All ICD-9 Procedures		3,803	100.0	100.0
1371	INSRT IOL-CATARACT EXTRACT-1 STAGE	685	18.0	10.19
806	EXCISION SEMILUNAR CARTILAGE KNEE	313	8.2	2.02
8086	OTH LOCAL EXC/DESTRUC LES KNEE JNT	229	6.0	0.82
8183	OTHER REPAIR OF SHOULDER	224	5.9	1.34
1364	DISCISSION OF SECONDARY MEMBRANE	139	3.7	0.63
2169	OTHER TURBINECTOMY	136	3.6	2.40
8363	ROTATOR CUFF REPAIR	133	3.5	0.61
0443	RELEASE OF CARPAL TUNNEL	124	3.3	1.23
2001	MYRINGOTOMY WITH INSERTION OF TUBE	119	3.1	3.84
7781	OTH PART OSTEC SCAPULA CLAV&THORAX	109	2.9	0.55
215	SUBMUCOUS RESECTION OF NASAL SEPTUM	102	2.7	0.62
042	DESTRUC CRANIAL&PERIPHERAL NERVES	95	2.5	0.31
8076	SYNOVECTOMY OF KNEE	87	2.3	0.35
8081	OTH LOCAL EXC/DESTRUC LES SHLDR JNT	60	1.6	0.35
282	TONSILLECTOMY WITHOUT ADENOIDECTOMY	59	1.6	0.87
7756	REPAIR OF HAMMER TOE	47	1.2	0.47
7860	REMOVAL IMPL DEVICE UNSPEC SITE	46	1.2	0.24
0449	OTH PERIPH NERV/GANGL DECOMP/LYSIS	44	1.2	0.26
8175	ARTHROPLASTY CARPOCARPAL JT W/O IMPLN	38	1.0	0.19
8211	TENOTOMY OF HAND	38	1.0	0.27

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL FASCs
All CPT-4 Procedures		5,341	100.0	100.0
66984	EXTRACAPSULAR CATARACT REMV IOL	685	12.8	10.60
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	310	5.8	1.52
29881	SCOPE KNEE SURG;W/MENISCECT MED/	259	4.8	1.86
29877	SCOPE KNEE SURG; DEBRID/SHAVE CA	203	3.8	1.22
29826	SCOPE SHOULDER; DECOMP SUBACROM	195	3.7	1.23
64476	INJ ANES FACET JT; LUMB/SAC-EA A	163	3.1	0.79
66821	DISCISSION 2ND CATARACT; LASER S	139	2.6	1.55
30140	SUBMUCOS RES TURBINATE PART/CMPL	125	2.3	2.08
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	124	2.3	1.36
69436	TYMPANOSTOMY GENERAL ANESTHESIA	119	2.2	2.97
41899	UNLIST PROC DENTOALVEOL STRUCTUR	118	2.2	2.24
64475	INJ ANES FACET JT; LUMB/SAC-1LEV	113	2.1	0.56
30520	SEPTOPLASTY/SUBMUCOS RES W/GFT	102	1.9	1.43
29827	SCOPE SHLDR SURG; W/ROTOR CUFF R	98	1.8	0.51
29824	SCOPE SHLDR SURG;DIST CLAVICULEC	95	1.8	0.46
29875	SCOPE KNEE; SYNOVECT LTD SEP PRO	68	1.3	0.33
64623	DESTRUC FACET JT NRV; L/S-EA AD	65	1.2	0.45
42820	T&A; UNDER AGE 12	63	1.2	1.25
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	59	1.1	0.66
31256	NASL/SINUS ENDO SURG W/MAX ANTRO	58	1.1	0.63

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

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

AMB ST 1-3

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

424 Mountain West Surgical Center

ICD-9 CODE	ICD-9 DESCRIPTION	#	AVE TOT CHR	AVE TOT CHR(ALL FASCs)
ICD-9 Procedures		1,762	\$3,767	\$1,710
1371	INSRT IOL-CATARACT EXTRACT-1 STAGE	669	\$4,023	\$2,921
1364	DISCISSION OF SECONDARY MEMBRANE	123	\$1,586	\$1,395
806	EXCISION SEMILUNAR CARTILAGE KNEE	115	\$3,979	\$2,570
8086	OTH LOCAL EXC/DESTRUC LES KNEE JNT	57	\$4,432	\$3,567
0443	RELEASE OF CARPAL TUNNEL	56	\$3,341	\$1,769
2001	MYRINGOTOMY WITH INSERTION OF TUBE	54	\$2,981	\$2,109
282	TONSILLECTOMY WITHOUT ADENOIDECTOMY	51	\$1,826	\$1,436
038	INJ DESTRUC AGT IN SPINAL CANAL	29	\$1,066	\$1,066
5300	UNILATERAL REPAIR ING HERNIA NOS	29	\$4,574	\$1,530
7860	REMOVAL IMPL DEVICE UNSPEC SITE	29	\$3,810	\$1,808
8221	EXCISION LESION TENDON SHEATH HAND	23	\$3,576	\$1,564
7932	OPEN RDUC FX RADUS&ULNA W/INTRL FIX	19	\$3,809	\$2,442
8183	OTHER REPAIR OF SHOULDER	19	\$5,013	\$2,778
2171	CLOSED REDUCTION OF NASAL FRACTURE	17	\$2,218	\$1,683
8076	SYNOVECTOMY OF KNEE	17	\$6,042	\$3,921
8175	ARTHPLSTY CARPOCARPAL JT W/O IMPLN	15	\$4,672	\$3,107
0449	OTH PERIPH NERV/GANGL DECOMP/LYSIS	14	\$3,807	\$2,502
1132	EXCISION PTERYGIUM W/CORNEAL GRAFT	14	\$2,791	\$1,902
2169	OTHER TURBINECTOMY	14	\$8,852	\$4,583
8211	TENOTOMY OF HAND	14	\$3,892	\$1,764

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHR	AVE TOT CHR(ALL FASCs)
CPT-4 Procedures		2,304	\$3,068	\$1,932
66984	EXTRACAPSULAR CATARACT REMV IOL	663	\$4,013	\$2,558
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	286	\$791	\$727
66821	DISCISSION 2ND CATARACT; LASER S	123	\$1,586	\$844
41899	UNLIST PROC DENTOALVEOL STRUCTUR	118	\$2,800	\$2,063
29881	SCOPE KNEE SURG;W/MENISCECT MED/	92	\$3,690	\$2,661
42820	T&A; UNDER AGE 12	52	\$1,955	\$1,584
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	51	\$1,826	\$1,435
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	47	\$3,144	\$1,734
29877	SCOPE KNEE SURG; DEBRID/SHAVE CA	45	\$4,358	\$2,792
69436	TYMPANOSTOMY GENERAL ANESTHESIA	40	\$2,174	\$1,480
64483	INJ ANES EPIDURL; LUMB/SAC 1 LEV	32	\$960	\$784
62282	INJ NEUROLY W/VO OTH SUBST;EPID	29	\$1,066	\$1,066
62310	INJ 1 NOT NEUROLYTIC-EPID;CERV/T	27	\$800	\$727
49505	REPR INIT ING HERNIA 5YR/MORE; R	23	\$4,380	\$2,089
29880	SCOPE KNEE SURG;W/MENISCECT MED&	22	\$4,903	\$3,253
20680	REMOVAL OF IMPLANT; DEEP	21	\$3,238	\$1,588
21320	CLOS TX NASL BONE FRACTURE; W/ST	17	\$2,218	\$1,635
29875	SCOPE KNEE; SYNOVECT LTD SEP PRO	17	\$6,042	\$3,258
25447	ARTHPLSTY INTERPSTN INTERCARPAL/	15	\$4,672	\$3,394
29826	SCOPE SHOULDER; DECOMP SUBACROM	15	\$5,603	\$3,409

SOURCE: Utah Ambulatory Surgery Database

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

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

424 Mountain West Surgical Center

Procedure APG category		TOTAL #	TOTAL # (ALL FASCs)
Procedure APG			
01	INTEGUMENTARY SYSTEM	88	1,798
	003 COMPLEX INCISION AND DRAINAGE	1	25
	004 SIMPLE INCISION AND DRAINAGE	1	16
	006 SIMPLE DEBRIDEMENT AND DESTRUCTION	2	27
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	29	359
	008 SIMPLE EXCISION AND BIOPSY	32	566
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRANGE	8	130
	011 SIMPLE INCISION AND EXCISION OF BREAST	14	582
	012 BREAST RECONSTRUCTION AND MASTECTOMY	1	60
02	MUSCULOSKELETAL SYSTEM	2,117	21,921
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	161	1,987
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	35	585
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	51	880
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	256	4,924
	025 ARTHROSCOPY	1,309	9,799
	028 CLOSED TREATMENT FX & DISLOCATION OF FINGER, TOE & TRUNK	1	13
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	10	103
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	74	1,341
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	36	181
	032 BUNION PROCEDURES	28	927
	033 ARTHROPLASTY	36	262
	034 HAND AND FOOT TENOTOMY	3	95
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	117	819
03	RESPIRATORY SYSTEM	171	4,159
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	169	4,113
	054 SIMPLE ENDOSCOPY OF THE UPPER AIRWAY	2	40
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	9	176
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	9	176
06	DIGESTIVE SYSTEM	88	30,846
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	1	7,822
	119 HERNIA AND HYDROCELE PROCEDURES	61	1,323
	120 COMPLEX ANAL AND RECTAL PROCEDURES	8	206
	121 SIMPLE ANAL AND RECTAL PROCEDURES	1	33
	123 COMPLEX LAPAROSCOPIC PROCEDURES	17	1,860
07	URINARY SYSTEM	31	1,774
	131 RENAL EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	8	543
	133 URINARY CATHETERIZATION AND DILATATION	1	15
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	10	574
	135 MODERATE CYSTOURETHROSCOPY	4	492
	136 SIMPLE CYSTOURETHROSCOPY	6	104
	138 SIMPLE URETHRAL PROCEDURES	2	27
08	MALE GENITAL SYSTEM	23	425
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	16	299
	153 COMPLEX PENILE PROCEDURES	1	19
	154 SIMPLE PENILE PROCEDURES	3	91
	155 PROSTATE NEEDLE AND PUNCH BIOPSY	3	16

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

424 Mountain West Surgical Center

procedure APG category		TOTAL #	TOTAL # (ALL FASCs)
procedure APG			
10	NERVOUS SYSTEM	1,137	9,585
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	945	7,131
	198 NERVE REPAIR AND DESTRUCTION	192	2,377
11	EYE AND OCULAR ADNEXA	885	19,770
	213 LASER EYE PROCEDURES	140	1,733
	214 CATARACT PROCEDURES	692	11,976
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	1	863
	216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	21	775
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	14	765
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	9	1,803
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	8	451
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	742	15,186
	233 NASAL CAUTERIZATION AND PACKING	6	86
	234 COMPLEX FACIAL AND ENT PROCEDURES	149	2,830
	235 SIMPLE FACIAL AND ENT PROCEDURES	424	9,118
	236 TONSIL AND ADENOID PROCEDURES	163	3,152
13	THERAPEUTIC AND OTHER RADIOLOGICAL PROCEDURES	35	190
	254 MYELOGRAPHY	35	186

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

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

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
PROCEDURE APG CATEGORY, PROCEDURE APG, SINGLE APG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

424 Mountain West Surgical Center

Procedure APG category	Procedure APG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL FASCs)
01	INTEGUMENTARY SYSTEM	33	\$3,029	\$1,406
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	9	\$3,185	\$1,481
	008 SIMPLE EXCISION AND BIOPSY	11	\$2,234	\$1,383
	011 SIMPLE INCISION AND EXCISION OF BREAST	12	\$3,785	\$1,010
	012 BREAST RECONSTRUCTION AND MASTECTOMY	1	\$1,300	\$1,408
02	MUSCULOSKELETAL SYSTEM	532	\$3,962	\$2,684
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	47	\$4,450	\$3,523
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	14	\$3,026	\$2,335
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	20	\$3,625	\$2,403
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	93	\$3,437	\$1,842
	025 ARTHROSCOPY	250	\$4,490	\$3,355
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	3	\$1,869	\$1,389
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	51	\$3,627	\$2,480
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	16	\$2,691	\$1,591
	032 BUNION PROCEDURES	7	\$3,684	\$2,102
	033 ARTHROPLASTY	15	\$4,672	\$3,391
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	16	\$768	\$948
03	RESPIRATORY SYSTEM	8	\$3,053	\$1,659
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	7	\$3,490	\$1,665
	054 SIMPLE ENDOSCOPY OF THE UPPER AIRWAY	1	\$0	\$1,525
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	9	\$3,561	\$1,945
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	9	\$3,561	\$1,945
06	DIGESTIVE SYSTEM	59	\$4,828	\$1,374
	119 HERNIA AND HYDROCELE PROCEDURES	36	\$4,918	\$2,291
	120 COMPLEX ANAL AND RECTAL PROCEDURES	6	\$2,139	\$1,270
	121 SIMPLE ANAL AND RECTAL PROCEDURES	1	\$2,567	\$1,665
	123 COMPLEX LAPAROSCOPIC PROCEDURES	16	\$5,776	\$3,967
07	URINARY SYSTEM	23	\$5,835	\$3,192
	131 RENAL EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	8	\$6,733	\$5,451
	133 URINARY CATHETERIZATION AND DILATATION	1	\$2,693	\$1,786
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	7	\$6,578	\$1,869
	135 MODERATE CYSTOURETHROSCOPY	3	\$5,715	\$1,572
	136 SIMPLE CYSTOURETHROSCOPY	4	\$3,613	\$1,370
08	MALE GENITAL SYSTEM	11	\$3,286	\$1,975
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	8	\$3,228	\$2,237
	153 COMPLEX PENILE PROCEDURES	1	\$5,164	\$2,076
	154 SIMPLE PENILE PROCEDURES	2	\$2,582	\$1,357
10	NERVOUS SYSTEM	461	\$1,159	\$1,104
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	399	\$826	\$756
	198 NERVE REPAIR AND DESTRUCTION	62	\$3,299	\$1,859
11	EYE AND OCULAR ADNEXA	822	\$3,611	\$2,446
	213 LASER EYE PROCEDURES	124	\$1,573	\$842
	214 CATARACT PROCEDURES	668	\$4,014	\$2,594
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	1	\$2,942	\$3,310
	216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	15	\$2,844	\$2,221

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
PROCEDURE APG CATEGORY, PROCEDURE APG, SINGLE APG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

424 Mountain West Surgical Center

procedure APG category	Procedure APG	TOTAL #	AVE TOT CHRG	AVE TOT CHRG(ALL FASCs)
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	3	\$1,250	\$2,505
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	7	\$4,607	\$2,208
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	4	\$2,574	\$1,467
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	339	\$2,376	\$1,825
	234 COMPLEX FACIAL AND ENT PROCEDURES	25	\$3,138	\$2,361
	235 SIMPLE FACIAL AND ENT PROCEDURES	196	\$2,581	\$1,938
	236 TONSIL AND ADENOID PROCEDURES	118	\$1,873	\$1,528
13	THERAPEUTIC AND OTHER RADIOLOGICAL PROCEDURES	1	\$1,444	\$2,696
	254 MYELOGRAPHY	1	\$1,444	\$2,861

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

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

424 Mountain West Surgical Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
GENDER				
Female	1,838	52.4	44,181	55.2
Male	1,659	47.3	35,842	44.8
Unknown	0	0.0	24	0.0
Not Reported	11	0.3	36	0.0
AGE				
1-28 days	0	0.0	1	0.0
29-365 days	17	0.5	488	0.6
1-4 years	142	4.0	3,538	4.4
5-9	95	2.7	2,024	2.5
10-14	54	1.5	1,065	1.3
15-17	91	2.6	1,445	1.8
18-19	61	1.7	1,166	1.5
20-24	125	3.6	3,240	4.0
25-29	153	4.4	3,566	4.5
30-34	146	4.2	3,445	4.3
35-39	158	4.5	3,684	4.6
40-44	189	5.4	4,254	5.3
45-49	227	6.5	5,271	6.6
50-54	232	6.6	7,286	9.1
55-59	216	6.2	6,931	8.7
60-64	219	6.2	6,093	7.6
65-69	334	9.5	6,852	8.6
70-74	360	10.3	7,021	8.8
75-79	319	9.1	6,205	7.7
80-84	227	6.5	4,151	5.2
85-89	111	3.2	1,852	2.3
90 +	32	0.9	503	0.6
Not Reported	0	0.0	3	0.0
SOURCE OF ADMISSION				
Physician Referral	3,508	100.0	66,582	83.1
Clinic Referral	0	0.0	1,125	1.4
HMO Referral	0	0.0	1	0.0
Other Hospital	0	0.0	0	0.0
Skilled Nursing Facility	0	0.0	0	0.0
Other Health Care Facility	0	0.0	1	0.0
Emergency Room	0	0.0	0	0.0
Court/Law Enforcement	0	0.0	0	0.0
Unknown	0	0.0	1,491	1.9
Not Reported	0	0.0	10,883	13.6

(Continued)

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

424 Mountain West Surgical Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	3,507	100.0	74,062	92.5
Another Hospital	1	0.0	70	0.1
Skilled Nursing Facility	0	0.0	0	0.0
Intermediate Care Facility	0	0.0	0	0.0
Another Type of Institution	0	0.0	6	0.0
Under Care of Home Service	0	0.0	0	0.0
Left Against Medical Advice	0	0.0	0	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	0	0.0	0	0.0
Unknown	0	0.0	5,945	7.4
Not Reported	0	0.0	0	0.0
PRIMARY PAYER				
Medicare	1,167	33.3	23,413	29.2
Medicaid	119	3.4	4,648	5.8
Other government	228	6.5	2,399	3.0
Blue Cross/Blue Shield	651	18.6	15,904	19.9
Other Commercial	444	12.7	7,364	9.2
Managed Care(HMO, PPO)	611	17.4	21,802	27.2
Self Pay	0	0.0	1,220	1.5
Industrial & Worker Comp	206	5.9	2,135	2.7
Charity and Unclassified	0	0.0	154	0.2
Childrens Health Insurance	0	0.0	264	0.3
Unknown	0	0.0	106	0.1
Not Reported	82	2.3	674	0.8
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	51	1.5	3,483	4.3
Central Utah	2	0.1	1,303	1.6
Davis County	2,490	71.0	13,093	16.3
Salt Lake County	379	10.8	27,138	33.9
Southeastern Utah	4	0.1	735	0.9
Southwest Utah	9	0.3	2,839	3.5
Summit County	8	0.2	861	1.1
Tooele County	118	3.4	1,082	1.4
Tri-County	2	0.1	373	0.5
Utah County	23	0.7	10,188	12.7
Wasatch County	2	0.1	365	0.5
Weber County	335	9.5	14,996	18.7
Unknown Utah	0	0.0	31	0.0
Outside Utah	83	2.4	3,579	4.5
Unknown, Not Reported	2	0.1	17	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, 2006
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)	9,136	100.0	65,542	100.0
Mastectomy (85.0-85.99)	0	0.0	1,897	2.9
Musculoskeletal (76.0-84.99)	45	0.5	11,654	17.8
Respiratory (30.0-34.99)	0	0.0	136	0.2
Cardiovascular (35.0-39.99)	15	0.2	283	0.4
Lymphatic/Hemetic (40.0-41.99)	3	0.0	102	0.2
Digestive System (42.0-54.99)	0	0.0	14,143	21.6
Urinary (55.0-59.99)	0	0.0	238	0.4
Male Genital (60.0-64.99)	0	0.0	168	0.3
Female Genital (65.0-71.99)	0	0.0	1,640	2.5
Endocrine/Nervous (01.0-07.99)	8	0.1	4,080	6.2
Eye (08.0-16.99)	9,021	98.7	17,881	27.3
Ear (18.0-20.99)	1	0.0	3,287	5.0
Nose, Mouth, Pharynx (21.0-29.99)	43	0.5	10,033	15.3
Reporting Category(CPT-4 CODES)	5,948	100.0	107,843	100.0
Mastectomy (19120-19220)	0	0.0	642	0.6
Musculoskeletal (20000-29909)	43	0.7	23,577	21.9
Respiratory (30000-32999 & 39501-39599)	34	0.6	8,972	8.3
Cardiovascular (33010-37799 & 93501-93660)	15	0.3	311	0.3
Lymphatic/Hemetic (38100-38999)	0	0.0	149	0.1
Digestive (40490-49999)	1	0.0	35,989	33.4
Urinary (50010-53899)	0	0.0	1,796	1.7
Male Genital (54000-55899)	0	0.0	492	0.5
Female Genital (56405-58999)	0	0.0	2,208	2.0
Endocrine/Nervous (60000-64999)	0	0.0	9,930	9.2
Eye (65091-68899)	5,855	98.4	19,862	18.4
Ear (69000-69979)	0	0.0	3,915	3.6

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

AMB ST 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES

416 Moran Eye Center

ICD-9 CODE	ICD-9 DESCRIPTION	#	%	% ALL FASCs
All ICD-9 Procedures				
1341	PHACOEMULSIFICATION&ASPIR CATARACT	2,578	28.2	6.87
1371	INSRT IOL-CATARACT EXTRACT-1 STAGE	2,574	28.2	10.19
1474	OTHER MECHANICAL VITRECTOMY	419	4.6	0.64
1171	KERATOMILEUSIS	371	4.1	0.57
149	OTH OP RETINA CHOROID&POST CHAMB	235	2.6	0.36
0833	REPR BLEPHAROPT-RESECT/ADVANC LEVAT	177	1.9	0.65
1264	TRABECULECTOMY AB EXTERNO	150	1.6	0.27
1164	OTHER PENETRATING KERATOPLASTY	132	1.4	0.29
1159	OTHER REPAIR OF CORNEA	114	1.2	0.24
0844	REPR ENTROPION/ECTROP W/LID RECON	105	1.1	0.26
1372	SEC INSRTION INTRAOCULR LENS PROSTH	105	1.1	0.22
0887	UPPER EYELID RHYTIDECTOMY	95	1.0	0.91
1424	DEST CHORIORETIN LES-LASER PHOTO	95	1.0	0.14
1199	OTHER OPERATIONS ON CORNEA	80	0.9	0.12
1459	OTHER REPAIR OF RETINAL DETACHMENT	70	0.8	0.11
1479	OTHER OPERATIONS ON VITREOUS	69	0.8	0.11
138	REMOVAL OF IMPLANTED LENS	68	0.7	0.12
1269	OTHER SCLERAL FISTULIZING PROCEDURE	65	0.7	0.10
1139	OTHER EXCISION OF PTERYGIUM	63	0.7	0.20
1370	INSERTION OF PSEUDOPHAKOS NOS	63	0.7	0.10

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL FASCs
All CPT-4 Procedures				
66984	EXTRACAPSULAR CATARACT REMV IOL	2,459	41.3	10.60
65760	KERATOMILEUSIS	372	6.3	0.35
67038	VITRECTOMY MECH; W/MEMBRANE STRI	237	4.0	0.27
66999	UNLISTED PROC ANTERIOR SEGMENT E	202	3.4	0.40
67108	REPR RETINAL DETACH; W/VITRECTOM	153	2.6	0.17
66982	EXTRACAP CATARACT REMV W/IOL-CMP	145	2.4	0.29
67904	REPR BLEPHAROPTOSIS; RESECT-EXT	129	2.2	0.47
65730	KERATOPLSTY; PENETRAT NOT APHAKI	84	1.4	0.17
66170	FISTULIZ SCLER; TRABECULECT AB E	78	1.3	0.13
67335	PLCMT ADJUSTABLE SUTURE-STRABISM	76	1.3	0.09
66172	FISTULIZAT SCLERA; TRABECULECT	75	1.3	0.09
67040	VITRECTOMY MECH; W/PANRETINAL PH	72	1.2	0.08
66180	AQUEOUS SHUNT EXTRAOCULAR RESERV	66	1.1	0.06
67036	VITRECTOMY MECH PARS PLANA APPRC	65	1.1	0.07
65426	EXC/TRANSPOSITION PTERYGIUM; W/G	61	1.0	0.21
66986	EXCHANGE OF INTRAOCULAR LENS	61	1.0	0.10
67314	STRAB SURG R/R PROC; 1 VERTICL M	59	1.0	0.07
67917	REPAIR OF ECTROPION; EXTENSIVE	59	1.0	0.24
67028	INTRAVITREAL INJ PHARMACOLOGIC A	54	0.9	0.05
67311	STRABISMUS SURG; 1 HORIZONTAL MU	51	0.9	0.12

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

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

AMB ST 1-3

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

416 Moran Eye Center

ICD-9 CODE	ICD-9 DESCRIPTION	#	AVE TOT CHR	AVE TOT CHR(ALL FASCs)
ICD-9 Procedures		1,317	\$3,264	\$1,710
1171	KERATOMILEUSIS	367	\$1,577	\$1,577
1164	OTHER PENETRATING KERATOPLASTY	97	\$8,988	\$7,183
1264	TRABECULECTOMY AB EXTERNO	95	\$3,488	\$3,250
1199	OTHER OPERATIONS ON CORNEA	65	\$2,524	\$2,524
1370	INSERTION OF PSEUDOPHAKOS NOS	61	\$3,588	\$3,588
1159	OTHER REPAIR OF CORNEA	54	\$1,805	\$1,805
1269	OTHER SCLERAL FISTULIZING PROCEDURE	48	\$5,505	\$5,505
0833	REPR BLEPHAROPT-RESECT/ADVANC LEVAT	33	\$2,707	\$2,022
1429	OTH DESTRUC CHORIORETINAL LESION	29	\$3,104	\$3,104
1474	OTHER MECHANICAL VITRECTOMY	27	\$4,790	\$4,653
153	OP>=2 XTROCLR MUSC-TEMP DTCH-1/BOTH	27	\$4,362	\$3,934
156	REVISION EXTRAOCULAR MUSCLE SURGERY	27	\$4,702	\$4,702
1372	SEC INSRTION INTRAOCULAR LENS PROSTH	26	\$3,795	\$3,176
1149	OTH REMOVAL/DESTRUC CORNEAL LESION	25	\$1,427	\$1,402
1273	CYCLOPHOTOCOAGULATION	21	\$2,850	\$2,850
1692	EXCISION OF LESION OF ORBIT	21	\$2,691	\$2,163
1511	RECESSION OF ONE EXTRAOCULAR MUSCLE	19	\$3,497	\$3,497
1283	REV OPERATIVE WOUND ANT SEGMENT NEC	18	\$2,560	\$2,439
1449	OTHER SCLERAL BUCKLING	18	\$6,191	\$6,191
0844	REPR ENTROPION/ECTROP W/LID RECON	17	\$2,590	\$2,517

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHR	AVE TOT CHR(ALL FASCs)
CPT-4 Procedures		4,058	\$3,463	\$1,932
66984	EXTRACAPSULAR CATARACT REMV IOL	2,318	\$3,301	\$2,558
65760	KERATOMILEUSIS	369	\$1,580	\$1,580
66999	UNLISTED PROC ANTERIOR SEGMENT E	196	\$2,663	\$2,526
66982	EXTRACAP CATARACT REMV W/IOL-CMP	115	\$5,272	\$3,811
67904	REPR BLEPHAROPTOSIS; RESECT-EXT	92	\$4,433	\$2,375
67108	REPR RETINAL DETACH; W/VITRECTOM	83	\$6,423	\$5,548
65730	KERATOPLSTY; PENETRAT NOT APHAKI	70	\$9,002	\$5,707
67038	VITRECTOMY MECH; W/MEMBRANE STRI	68	\$4,881	\$3,712
65426	EXC/TRANSPOSITION PTERYGIUM; W/G	56	\$2,842	\$2,095
66172	FISTULIZAT SCLERA; TRABECULECT	53	\$3,540	\$3,070
66180	AQUEOUS SHUNT EXTRAOCULAR RESERV	47	\$5,491	\$5,403
66170	FISTULIZ SCLER; TRABECULECT AB E	43	\$3,462	\$2,827
66986	EXCHANGE OF INTRAOCULAR LENS	41	\$3,524	\$3,029
67221	DESTRUC LES CHOROID; PHOTODYNAMC	34	\$3,200	\$3,200
66985	INSERT IOL PROSTH SECONDARY IMPL	27	\$4,127	\$3,424
66825	REPSTN IO LENS REQ INCI-SEP PROC	26	\$3,070	\$2,470
67036	VITRECTOMY MECH PARS PLANA APPRC	26	\$4,766	\$4,126
67040	VITRECTOMY MECH; W/PANRETINAL PH	26	\$4,117	\$3,514
65755	KERTOPLSTY; PENETRAT PSEUDOPHAKI	25	\$8,975	\$6,026
65400	EXCISION LESION CORNEA NO PTERYG	23	\$1,401	\$1,367

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

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

416 Moran Eye Center

Procedure APG category		TOTAL #	TOTAL # (ALL FASCs)
Procedure APG			
01	INTEGUMENTARY SYSTEM	41	1,798
	008 SIMPLE EXCISION AND BIOPSY	36	566
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRANGE	5	130
03	RESPIRATORY SYSTEM	3	4,159
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	2	4,113
	054 SIMPLE ENDOSCOPY OF THE UPPER AIRWAY	1	40
11	EYE AND OCULAR ADNEXA	5,807	19,770
	211 MINOR OPHTHALMOLOGICAL TESTS AND PROCEDURES	52	80
	213 LASER EYE PROCEDURES	24	1,733
	214 CATARACT PROCEDURES	2,729	11,976
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	623	863
	216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	338	775
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	391	765
	218 COMPLEX POSTERIOR SEGMENT EYE PROCEDURES	185	222
	219 SIMPLE POSTERIOR SEGMENT EYE PROCEDURES	80	88
	220 STRABISMUS AND MUSCLE EYE PROCEDURES	294	472
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	559	1,803
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	102	451
	223 VITRECTOMY	430	542
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	55	15,186
	233 NASAL CAUTERIZATION AND PACKING	3	86
	234 COMPLEX FACIAL AND ENT PROCEDURES	45	2,830
	235 SIMPLE FACIAL AND ENT PROCEDURES	7	9,118

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

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

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
PROCEDURE APG CATEGORY, PROCEDURE APG, SINGLE APG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

416 Moran Eye Center

Procedure APG category	Procedure APG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL FASCs)
01	INTEGUMENTARY SYSTEM	26	\$1,518	\$1,406
	008 SIMPLE EXCISION AND BIOPSY	26	\$1,518	\$1,383
03	RESPIRATORY SYSTEM	1	\$2,774	\$1,659
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	1	\$2,774	\$1,665
11	EYE AND OCULAR ADNEXA	4,013	\$3,469	\$2,446
	211 MINOR OPHTHALMOLOGICAL TESTS AND PROCEDURES	34	\$3,200	\$2,964
	213 LASER EYE PROCEDURES	5	\$1,598	\$842
	214 CATARACT PROCEDURES	2,506	\$3,403	\$2,594
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	529	\$3,494	\$3,310
	216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	174	\$2,857	\$2,221
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	308	\$2,834	\$2,505
	218 COMPLEX POSTERIOR SEGMENT EYE PROCEDURES	98	\$6,279	\$5,407
	219 SIMPLE POSTERIOR SEGMENT EYE PROCEDURES	8	\$3,826	\$3,148
	220 STRABISMUS AND MUSCLE EYE PROCEDURES	22	\$2,889	\$2,730
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	195	\$3,770	\$2,208
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	7	\$2,529	\$1,467
	223 VITRECTOMY	127	\$4,669	\$3,722
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	3	\$4,952	\$1,825
	234 COMPLEX FACIAL AND ENT PROCEDURES	3	\$4,952	\$2,361

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

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

416 Moran Eye Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
GENDER				
Female	2,599	53.5	44,181	55.2
Male	2,260	46.5	35,842	44.8
Unknown	0	0.0	24	0.0
Not Reported	0	0.0	36	0.0
AGE				
1-28 days	1	0.0	1	0.0
29-365 days	6	0.1	488	0.6
1-4 years	52	1.1	3,538	4.4
5-9	52	1.1	2,024	2.5
10-14	32	0.7	1,065	1.3
15-17	25	0.5	1,445	1.8
18-19	18	0.4	1,166	1.5
20-24	91	1.9	3,240	4.0
25-29	155	3.2	3,566	4.5
30-34	176	3.6	3,445	4.3
35-39	190	3.9	3,684	4.6
40-44	192	4.0	4,254	5.3
45-49	249	5.1	5,271	6.6
50-54	317	6.5	7,286	9.1
55-59	402	8.3	6,931	8.7
60-64	387	8.0	6,093	7.6
65-69	499	10.3	6,852	8.6
70-74	645	13.3	7,021	8.8
75-79	616	12.7	6,205	7.7
80-84	501	10.3	4,151	5.2
85-89	206	4.2	1,852	2.3
90 +	47	1.0	503	0.6
Not Reported	1	0.0	3	0.0
SOURCE OF ADMISSION				
Physician Referral	0	0.0	66,582	83.1
Clinic Referral	0	0.0	1,125	1.4
HMO Referral	0	0.0	1	0.0
Other Hospital	0	0.0	0	0.0
Skilled Nursing Facility	0	0.0	0	0.0
Other Health Care Facility	0	0.0	1	0.0
Emergency Room	0	0.0	0	0.0
Court/Law Enforcement	0	0.0	0	0.0
Unknown	0	0.0	1,491	1.9
Not Reported	4,859	100.0	10,883	13.6

(Continued)

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

416 Moran Eye Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	4,859	100.0	74,062	92.5
Another Hospital	0	0.0	70	0.1
Skilled Nursing Facility	0	0.0	0	0.0
Intermediate Care Facility	0	0.0	0	0.0
Another Type of Institution	0	0.0	6	0.0
Under Care of Home Service	0	0.0	0	0.0
Left Against Medical Advice	0	0.0	0	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	0	0.0	0	0.0
Unknown	0	0.0	5,945	7.4
Not Reported	0	0.0	0	0.0
PRIMARY PAYER				
Medicare	2,238	46.1	23,413	29.2
Medicaid	213	4.4	4,648	5.8
Other government	109	2.2	2,399	3.0
Blue Cross/Blue Shield	519	10.7	15,904	19.9
Other Commercial	779	16.0	7,364	9.2
Managed Care(HMO, PPO)	808	16.6	21,802	27.2
Self Pay	160	3.3	1,220	1.5
Industrial & Worker Comp	31	0.6	2,135	2.7
Charity and Unclassified	0	0.0	154	0.2
Childrens Health Insurance	0	0.0	264	0.3
Unknown	2	0.0	106	0.1
Not Reported	0	0.0	674	0.8
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	114	2.3	3,483	4.3
Central Utah	31	0.6	1,303	1.6
Davis County	398	8.2	13,093	16.3
Salt Lake County	3,004	61.8	27,138	33.9
Southeastern Utah	36	0.7	735	0.9
Southwest Utah	72	1.5	2,839	3.5
Summit County	164	3.4	861	1.1
Tooele County	99	2.0	1,082	1.4
Tri-County	41	0.8	373	0.5
Utah County	181	3.7	10,188	12.7
Wasatch County	22	0.5	365	0.5
Weber County	156	3.2	14,996	18.7
Unknown Utah	0	0.0	31	0.0
Outside Utah	541	11.1	3,579	4.5
Unknown, Not Reported	0	0.0	17	0.0

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

AMB ST 1-1
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

419 Northern Utah Endoscopy Center

	Procedures Performed		Procedures Performed-All FASCs	
	(#)	(%)	(#)	(%)
Reporting Category(ICD-9-CM CODES)	3,132	100.0	65,542	100.0
Mastectomy (85.0-85.99)	0	0.0	1,897	2.9
Musculoskeletal (76.0-84.99)	0	0.0	11,654	17.8
Respiratory (30.0-34.99)	0	0.0	136	0.2
Cardiovascular (35.0-39.99)	0	0.0	283	0.4
Lymphatic/Hemetic (40.0-41.99)	0	0.0	102	0.2
Digestive System (42.0-54.99)	3,132	100.0	14,143	21.6
Urinary (55.0-59.99)	0	0.0	238	0.4
Male Genital (60.0-64.99)	0	0.0	168	0.3
Female Genital (65.0-71.99)	0	0.0	1,640	2.5
Endocrine/Nervous (01.0-07.99)	0	0.0	4,080	6.2
Eye (08.0-16.99)	0	0.0	17,881	27.3
Ear (18.0-20.99)	0	0.0	3,287	5.0
Nose, Mouth, Pharynx (21.0-29.99)	0	0.0	10,033	15.3
Reporting Category(CPT-4 CODES)	3,147	100.0	107,843	100.0
Mastectomy (19120-19220)	0	0.0	642	0.6
Musculoskeletal (20000-29909)	0	0.0	23,577	21.9
Respiratory (30000-32999 & 39501-39599)	0	0.0	8,972	8.3
Cardiovascular (33010-37799 & 93501-93660)	0	0.0	311	0.3
Lymphatic/Hemetic (38100-38999)	0	0.0	149	0.1
Digestive (40490-49999)	3,147	100.0	35,989	33.4
Urinary (50010-53899)	0	0.0	1,796	1.7
Male Genital (54000-55899)	0	0.0	492	0.5
Female Genital (56405-58999)	0	0.0	2,208	2.0
Endocrine/Nervous (60000-64999)	0	0.0	9,930	9.2
Eye (65091-68899)	0	0.0	19,862	18.4
Ear (69000-69979)	0	0.0	3,915	3.6

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics.

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

AMB ST 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES

419 Northern Utah Endoscopy Center

ICD-9 CODE	ICD-9 DESCRIPTION	#	%	% ALL FASCs
All ICD-9 Procedures		3,132	100.0	100.0
4525	CLOS [ENDO] BX LARGE INTESTINE	788	25.2	5.56
4516	EGD W/CLOS BX	703	22.4	3.74
4523	COLONOSCOPY	617	19.7	5.02
4292	DILATION OF ESOPHAGUS	611	19.5	1.35
4542	ENDO POLYPECTOMY LARGE INTESTINE	167	5.3	1.52
4513	OTHER ENDOSCOPY OF SMALL INTESTINE	145	4.6	1.25
4341	ENDO EXC/DESTRUC LES/TISSUE STOMACH	63	2.0	0.13
4422	ENDOSCOPIC DILATION OF PYLORUS	11	0.4	0.06
4225	OPEN BIOPSY OF ESOPHAGUS	9	0.3	0.01
4543	ENDO DESTRUC OTH LES/TISS LG INTEST	8	0.3	0.23
4696	LOCAL PERFUSION OF LARGE INTESTINE	5	0.2	0.01
4685	DILATION OF INTESTINE	2	0.1	0.02
4224	CLOSED BIOPSY OF ESOPHAGUS	1	0.0	0.00
4512	ENDO SM INTEST THRU ARTIFICL STOMA	1	0.0	0.01
4514	CLOS [ENDO] BX SMALL INTESTINE	1	0.0	0.01

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL FASCs
All CPT-4 Procedures		3,147	100.0	100.0
45380	COLONOSCOPY FLEX; W/BX 1/MX	762	24.2	5.89
43239	UGI ENDO; W/BX 1/MX	703	22.3	5.84
45378	COLONOSCOPY FLEX; DX-SEP PROC	616	19.6	6.93
43450	DILAT ESOPH-SOUND/BOUGIE-1/MX PA	516	16.4	0.57
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	145	4.6	1.39
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	138	4.4	1.76
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	79	2.5	1.67
43251	UGI ENDO; W/REMV TUMOR/LES-SNARE	63	2.0	0.11
45331	SIGMOIDOSCOPY FLXIBLE; W/BX 1/MX	25	0.8	0.07
45384	COLONOSCOPY FLEX; REMV LES-FORCE	22	0.7	0.29
43248	UGI ENDO; W/INSRT GUIDE WIRE	16	0.5	0.13
43245	UP GI ENDO;W/DILAT GASTR OUTLT O	11	0.3	0.10
43247	UGI ENDO; W/REMOVAL FB	11	0.3	0.03
45330	SIGMOIDOSCOPY FLEX; DX-SEP PROC	9	0.3	0.07
45338	SIGMOIDOSCOPY FLEX; REMV LES-SNA	6	0.2	0.01
45383	COLONOSCOPY FLEX; W/ABLAT LES	6	0.2	0.19
45381	COLNSCP PROX SPLENC FLXR;SUBMUC	5	0.2	0.10
43250	UGI ENDO; W/REMV TUMOR/POLYP/LES	2	0.1	0.00
43760	CHANGE OF GASTROSTOMY TUBE	2	0.1	0.01
45382	COLNSCPY FLEX SPLENIC; CNTRL BLE	2	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 and CPT4 blood draw codes in previous reports.

AMB ST 1-3

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

419 Northern Utah Endoscopy Center

ICD-9 CODE	ICD-9 DESCRIPTION	#	AVE TOT CHR	AVE TOT CHR(ALL FASCs)
ICD-9 Procedures		1,846	\$1,740	\$1,710
4525	CLOS [ENDO] BX LARGE INTESTINE	718	\$1,778	\$894
4523	COLONOSCOPY	615	\$1,732	\$875
4516	EGD W/CLOS BX	258	\$1,828	\$873
4542	ENDO POLYPECTOMY LARGE INTESTINE	100	\$1,764	\$999
4292	DILATION OF ESOPHAGUS	80	\$1,580	\$1,051
4513	OTHER ENDOSCOPY OF SMALL INTESTINE	50	\$1,196	\$547
4225	OPEN BIOPSY OF ESOPHAGUS	9	\$1,100	\$1,100
4422	ENDOSCOPIC DILATION OF PYLORUS	7	\$1,800	\$881
4543	ENDO DESTRUC OTH LES/TISS LG INTEST	4	\$1,800	\$617
4224	CLOSED BIOPSY OF ESOPHAGUS	1	\$1,200	\$1,000
4341	ENDO EXC/DESTRUC LES/TISSUE STOMACH	1	\$1,800	\$1,307
4512	ENDO SM INTEST THRU ARTIFICL STOMA	1	\$1,200	\$1,200
4514	CLOS [ENDO] BX SMALL INTESTINE	1	\$1,200	\$602
4696	LOCAL PERFUSION OF LARGE INTESTINE	1	\$1,800	\$1,800

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHR	AVE TOT CHR(ALL FASCs)
CPT-4 Procedures		1,842	\$1,733	\$1,932
45380	COLONOSCOPY FLEX; W/BX 1/MX	694	\$1,800	\$1,178
45378	COLONOSCOPY FLEX; DX-SEP PROC	614	\$1,733	\$1,177
43239	UGI ENDO; W/BX 1/MX	254	\$1,800	\$1,199
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	82	\$1,800	\$1,227
43235	UGI ENDO; DX W/NO CLCT SPECMN-SP	50	\$1,196	\$719
43450	DILAT ESOPH-SOUND/BOUGIE-1/MX PA	38	\$1,195	\$1,318
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	26	\$1,800	\$1,021
45331	SIGMOIDOSCOPY FLXIBLE; W/BX 1/MX	23	\$1,148	\$707
43248	UGI ENDO; W/INSRT GUIDE WIRE	12	\$1,800	\$850
45384	COLONOSCOPY FLEX; REMV LES-FORCE	12	\$1,800	\$1,766
45330	SIGMOIDOSCOPY FLEX; DX-SEP PROC	9	\$1,100	\$859
43245	UP GI ENDO;W/DILAT GASTR OUTLT O	7	\$1,800	\$973
45338	SIGMOIDOSCOPY FLEX; REMV LES-SNA	5	\$1,200	\$1,200
45383	COLONOSCOPY FLEX; W/ABLAT LES	4	\$1,800	\$783
43250	UGI ENDO; W/REMV TUMOR/POLYP/LES	2	\$1,800	\$1,800
43760	CHANGE OF GASTROSTOMY TUBE	2	\$1,200	\$1,080
43202	ESOPHGSCPY RIGD/FLXIBLE; W/BX 1/	1	\$1,200	\$804
43251	UGI ENDO; W/REMV TUMOR/LES-SNARE	1	\$1,800	\$1,021
44380	ILEOSCPY-STOMA; DX-SEP PROC	1	\$1,200	\$1,200
44382	ILEOSCPY THRU STOMA; W/BX SINGLE/	1	\$1,200	\$1,200

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

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

419 Northern Utah Endoscopy Center

Procedure APG category		TOTAL #	TOTAL # (ALL FASCs)
Procedure APG			
06 DIGESTIVE SYSTEM		3,145	30,846
112 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY		516	618
113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY		9	78
114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY		33	109
115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION		849	7,822
116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION		182	2,304
117 LOWER GASTROINTESTINAL ENDOSCOPY		1,556	16,456

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

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
PROCEDURE APG CATEGORY, PROCEDURE APG, SINGLE APG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

419 Northern Utah Endoscopy Center

Procedure APG category				
Procedure APG		TOTAL #	AVE TOT CHRG	AVE TOT CHRG(ALL FASCs)
06 DIGESTIVE SYSTEM		1,840	\$1,733	\$1,374
112 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY		38	\$1,195	\$1,318
113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY		9	\$1,100	\$859
114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY		29	\$1,159	\$716
115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION		305	\$1,699	\$1,088
116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION		48	\$1,800	\$994
117 LOWER GASTROINTESTINAL ENDOSCOPY		1,411	\$1,769	\$1,188

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

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

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

419 Northern Utah Endoscopy Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
GENDER				
Female	1,295	52.4	44,181	55.2
Male	1,172	47.4	35,842	44.8
Unknown	0	0.0	24	0.0
Not Reported	3	0.1	36	0.0
AGE				
1-28 days	0	0.0	1	0.0
29-365 days	0	0.0	488	0.6
1-4 years	0	0.0	3,538	4.4
5-9	0	0.0	2,024	2.5
10-14	2	0.1	1,065	1.3
15-17	15	0.6	1,445	1.8
18-19	13	0.5	1,166	1.5
20-24	63	2.6	3,240	4.0
25-29	75	3.0	3,566	4.5
30-34	66	2.7	3,445	4.3
35-39	82	3.3	3,684	4.6
40-44	100	4.0	4,254	5.3
45-49	175	7.1	5,271	6.6
50-54	309	12.5	7,286	9.1
55-59	308	12.5	6,931	8.7
60-64	226	9.1	6,093	7.6
65-69	344	13.9	6,852	8.6
70-74	263	10.6	7,021	8.8
75-79	213	8.6	6,205	7.7
80-84	132	5.3	4,151	5.2
85-89	74	3.0	1,852	2.3
90 +	10	0.4	503	0.6
Not Reported	0	0.0	3	0.0
SOURCE OF ADMISSION				
Physician Referral	2,470	100.0	66,582	83.1
Clinic Referral	0	0.0	1,125	1.4
HMO Referral	0	0.0	1	0.0
Other Hospital	0	0.0	0	0.0
Skilled Nursing Facility	0	0.0	0	0.0
Other Health Care Facility	0	0.0	1	0.0
Emergency Room	0	0.0	0	0.0
Court/Law Enforcement	0	0.0	0	0.0
Unknown	0	0.0	1,491	1.9
Not Reported	0	0.0	10,883	13.6

(Continued)

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

419 Northern Utah Endoscopy Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	2,470	100.0	74,062	92.5
Another Hospital	0	0.0	70	0.1
Skilled Nursing Facility	0	0.0	0	0.0
Intermediate Care Facility	0	0.0	0	0.0
Another Type of Institution	0	0.0	6	0.0
Under Care of Home Service	0	0.0	0	0.0
Left Against Medical Advice	0	0.0	0	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	0	0.0	0	0.0
Unknown	0	0.0	5,945	7.4
Not Reported	0	0.0	0	0.0
PRIMARY PAYER				
Medicare	833	33.7	23,413	29.2
Medicaid	67	2.7	4,648	5.8
Other government	35	1.4	2,399	3.0
Blue Cross/Blue Shield	607	24.6	15,904	19.9
Other Commercial	219	8.9	7,364	9.2
Managed Care(HMO, PPO)	642	26.0	21,802	27.2
Self Pay	0	0.0	1,220	1.5
Industrial & Worker Comp	0	0.0	2,135	2.7
Charity and Unclassified	1	0.0	154	0.2
Childrens Health Insurance	0	0.0	264	0.3
Unknown	0	0.0	106	0.1
Not Reported	66	2.7	674	0.8
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	2,052	83.1	3,483	4.3
Central Utah	2	0.1	1,303	1.6
Davis County	8	0.3	13,093	16.3
Salt Lake County	5	0.2	27,138	33.9
Southeastern Utah	0	0.0	735	0.9
Southwest Utah	3	0.1	2,839	3.5
Summit County	1	0.0	861	1.1
Tooele County	1	0.0	1,082	1.4
Tri-County	1	0.0	373	0.5
Utah County	4	0.2	10,188	12.7
Wasatch County	0	0.0	365	0.5
Weber County	7	0.3	14,996	18.7
Unknown Utah	0	0.0	31	0.0
Outside Utah	386	15.6	3,579	4.5
Unknown, Not Reported	0	0.0	17	0.0

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

AMB ST 1-1
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

418 Park City Surgical Center

	Procedures Performed		Procedures Performed-All FASCs	
	(#)	(%)	(#)	(%)
Reporting Category(ICD-9-CM CODES)	.	.	65,542	100.0
Mastectomy (85.0-85.99)	.	.	1,897	2.9
Musculoskeletal (76.0-84.99)	.	.	11,654	17.8
Respiratory (30.0-34.99)	.	.	136	0.2
Cardiovascular (35.0-39.99)	.	.	283	0.4
Lymphatic/Hemetic (40.0-41.99)	.	.	102	0.2
Digestive System (42.0-54.99)	.	.	14,143	21.6
Urinary (55.0-59.99)	.	.	238	0.4
Male Genital (60.0-64.99)	.	.	168	0.3
Female Genital (65.0-71.99)	.	.	1,640	2.5
Endocrine/Nervous (01.0-07.99)	.	.	4,080	6.2
Eye (08.0-16.99)	.	.	17,881	27.3
Ear (18.0-20.99)	.	.	3,287	5.0
Nose, Mouth, Pharynx (21.0-29.99)	.	.	10,033	15.3
Reporting Category(CPT-4 CODES)	98	100.0	107,843	100.0
Mastectomy (19120-19220)	0	0.0	642	0.6
Musculoskeletal (20000-29909)	36	36.7	23,577	21.9
Respiratory (30000-32999 & 39501-39599)	1	1.0	8,972	8.3
Cardiovascular (33010-37799 & 93501-93660)	0	0.0	311	0.3
Lymphatic/Hemetic (38100-38999)	0	0.0	149	0.1
Digestive (40490-49999)	29	29.6	35,989	33.4
Urinary (50010-53899)	0	0.0	1,796	1.7
Male Genital (54000-55899)	0	0.0	492	0.5
Female Genital (56405-58999)	7	7.1	2,208	2.0
Endocrine/Nervous (60000-64999)	24	24.5	9,930	9.2
Eye (65091-68899)	0	0.0	19,862	18.4
Ear (69000-69979)	1	1.0	3,915	3.6

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics.

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

AMB ST 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES

418 Park City Surgical Center

ICD-9 CODE	ICD-9 DESCRIPTION	#	%	% ALL FASCs
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All ICD-9 Procedures

Does not report ICDs

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL FASCs
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All CPT-4 Procedures		98	100.0	100.0
41899	UNLIST PROC DENTOALVEOL STRUCTUR	13	13.3	2.24
45380	COLONOSCOPY FLEX; W/BX 1/MX	8	8.2	5.89
29848	ENDO WRST SURG REL TRNS CARP LIG	7	7.1	0.10
45378	COLONOSCOPY FLEX; DX-SEP PROC	4	4.1	6.93
64483	INJ ANES EPIDURL; LUMB/SAC 1 LEV	4	4.1	1.13
64484	INJ ANES EPIDURL; LUMB/SAC-EA AD	4	4.1	0.52
25620	OPEN TX DIST RADIAL FX W/NO FIX	3	3.1	0.14
26125	FASCECT PART PALMAR W/REL; EA AD	3	3.1	0.02
45383	COLONOSCOPY FLEX; W/ABLAT LES	3	3.1	0.19
26055	TENDON SHEATH INCISION	2	2.0	0.61
58356	ENDOMET CRYOABLAT W/ENDOMETRL CU	2	2.0	0.00
58563	HYSTEROSC SURG; W/ENDOMETRIAL AB	2	2.0	0.29
64472	INJ ANES FACET JT; CERV/THOR-EA	2	2.0	0.44
64627	DESTRUC FACET NRV; CRV/THOR-EA A	2	2.0	0.12
20600	ARTHROSCEN ASPIR &/INJ; SM JNT/BU	1	1.0	0.06
21320	CLOS TX NASL BONE FRACTURE; W/ST	1	1.0	0.13
22900	EXCISION ABD WALL TUMOR SUBFASCI	1	1.0	0.01
24075	EXC TUMR SFT TISS UP ARM/ELB; SU	1	1.0	0.04
25111	EXCISION OF GANGLION WRIST; PRIM	1	1.0	0.21
25635	CLOS TX CARPAL BONE FX; W/MANIP	1	1.0	0.00

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

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

AMB ST 1-3

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

418 Park City Surgical Center

ICD-9 CODE	ICD-9 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL FASCs)
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ICD-9 Procedures

Does not report ICDS

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL FASCs)
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CPT-4 Procedures		62	\$2,736	\$1,932
41899	UNLIST PROC DENTOALVEOL STRUCTUR	13	\$3,084	\$2,063
45380	COLONOSCOPY FLEX; W/BX 1/MX	8	\$1,340	\$1,178
29848	ENDO WRST SURG REL TRNS CARP LIG	5	\$2,266	\$1,997
45378	COLONOSCOPY FLEX; DX-SEP PROC	4	\$1,340	\$1,177
45383	COLONOSCOPY FLEX; W/ABLAT LES	3	\$1,674	\$783
25620	OPEN TX DIST RADIAL FX W/NO FIX	2	\$5,677	\$2,810
58563	HYSTERO SC SURG; W/ENDOMETRIAL AB	2	\$3,851	\$3,299
21320	CLOS TX NASL BONE FRACTURE; W/ST	1	\$3,125	\$1,635
25111	EXCISION OF GANGLION WRIST; PRIM	1	\$1,953	\$2,006
26055	TENDON SHEATH INCISION	1	\$1,148	\$1,704
26160	EXC LES TEND SHETH/JNT CAP HND/F	1	\$2,735	\$1,582
26418	REPR EXT TEND FNGR PRIM/SEC;W/O	1	\$1,701	\$1,586
26608	PERCUT SKEL FIX MC FRACTURE EA B	1	\$1,079	\$1,425
26615	OPEN TX MC FX 1 W/NO INTRL/EXT F	1	\$4,603	\$2,525
28060	FASCIECTOMY PLANTAR FASCIA; PART	1	\$1,924	\$2,067
28080	EXC INTERDIGTL NEUROMA SINGLE EA	1	\$2,735	\$1,781
28735	ARTHRSIS MIDTARSAL MX; W/OSTEOT	1	\$4,617	\$4,617
28899	UNLISTED PROCEDURE FOOT OR TOES	1	\$6,955	\$3,010
29873	SCOPE KNEE SURGICAL; W/LAT RELEA	1	\$5,859	\$3,161
29881	SCOPE KNEE SURG;W/MENISCECT MED/	1	\$3,906	\$2,661

SOURCE: Utah Ambulatory Surgery Database

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

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

418 Park City Surgical Center

Procedure APG category		TOTAL #	TOTAL # (ALL FASCs)
Procedure APG			
01	INTEGUMENTARY SYSTEM	2	1,798
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	1	359
	008 SIMPLE EXCISION AND BIOPSY	1	566
02	MUSCULOSKELETAL SYSTEM	33	21,921
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	1	585
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	6	880
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	8	4,924
	025 ARTHROSCOPY	10	9,799
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	2	103
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	5	1,341
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	1	819
06	DIGESTIVE SYSTEM	16	30,846
	117 LOWER GASTROINTESTINAL ENDOSCOPY	15	16,456
	119 HERNIA AND HYDROCELE PROCEDURES	1	1,323
09	FEMALE GENITAL SYSTEM	7	1,260
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	2	123
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	2	325
	179 HYSTEROSCOPY	3	642
10	NERVOUS SYSTEM	24	9,585
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	17	7,131
	197 NEUROSTIMULATOR AND VENTRICULAR SHUNT IMPLANTATION	3	53
	198 NERVE REPAIR AND DESTRUCTION	4	2,377
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	16	15,186
	234 COMPLEX FACIAL AND ENT PROCEDURES	2	2,830
	235 SIMPLE FACIAL AND ENT PROCEDURES	14	9,118

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

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

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
PROCEDURE APG CATEGORY, PROCEDURE APG, SINGLE APG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

418 Park City Surgical Center

Procedure APG category	Procedure APG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL FASCs)
02	MUSCULOSKELETAL SYSTEM	20	\$3,290	\$2,684
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	2	\$3,271	\$2,403
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	6	\$2,871	\$1,842
	025 ARTHROSCOPY	8	\$3,125	\$3,355
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	4	\$4,259	\$2,480
06	DIGESTIVE SYSTEM	16	\$1,897	\$1,374
	117 LOWER GASTROINTESTINAL ENDOSCOPY	15	\$1,407	\$1,188
	119 HERNIA AND HYDROCELE PROCEDURES	1	\$9,254	\$2,291
09	FEMALE GENITAL SYSTEM	5	\$3,054	\$2,156
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	1	\$3,851	\$2,541
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	2	\$1,858	\$1,482
	179 HYSTEROSCOPY	2	\$3,851	\$2,587
10	NERVOUS SYSTEM	5	\$2,362	\$1,104
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	4	\$1,867	\$756
	197 NEUROSTIMULATOR AND VENTRICULAR SHUNT IMPLANTATION	1	\$4,344	\$4,462
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	16	\$2,900	\$1,825
	234 COMPLEX FACIAL AND ENT PROCEDURES	2	\$1,589	\$2,361
	235 SIMPLE FACIAL AND ENT PROCEDURES	14	\$3,087	\$1,938

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

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

418 Park City Surgical Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
GENDER				
Female	39	50.6	44,181	55.2
Male	37	48.1	35,842	44.8
Unknown	1	1.3	24	0.0
Not Reported	0	0.0	36	0.0
AGE				
1-28 days	0	0.0	1	0.0
29-365 days	0	0.0	488	0.6
1-4 years	8	10.4	3,538	4.4
5-9	5	6.5	2,024	2.5
10-14	1	1.3	1,065	1.3
15-17	2	2.6	1,445	1.8
18-19	2	2.6	1,166	1.5
20-24	3	3.9	3,240	4.0
25-29	2	2.6	3,566	4.5
30-34	5	6.5	3,445	4.3
35-39	3	3.9	3,684	4.6
40-44	10	13.0	4,254	5.3
45-49	9	11.7	5,271	6.6
50-54	5	6.5	7,286	9.1
55-59	7	9.1	6,931	8.7
60-64	6	7.8	6,093	7.6
65-69	3	3.9	6,852	8.6
70-74	1	1.3	7,021	8.8
75-79	4	5.2	6,205	7.7
80-84	1	1.3	4,151	5.2
85-89	0	0.0	1,852	2.3
90 +	0	0.0	503	0.6
Not Reported	0	0.0	3	0.0
SOURCE OF ADMISSION				
Physician Referral	77	100.0	66,582	83.1
Clinic Referral	0	0.0	1,125	1.4
HMO Referral	0	0.0	1	0.0
Other Hospital	0	0.0	0	0.0
Skilled Nursing Facility	0	0.0	0	0.0
Other Health Care Facility	0	0.0	1	0.0
Emergency Room	0	0.0	0	0.0
Court/Law Enforcement	0	0.0	0	0.0
Unknown	0	0.0	1,491	1.9
Not Reported	0	0.0	10,883	13.6

(Continued)

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

418 Park City Surgical Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	77	100.0	74,062	92.5
Another Hospital	0	0.0	70	0.1
Skilled Nursing Facility	0	0.0	0	0.0
Intermediate Care Facility	0	0.0	0	0.0
Another Type of Institution	0	0.0	6	0.0
Under Care of Home Service	0	0.0	0	0.0
Left Against Medical Advice	0	0.0	0	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	0	0.0	0	0.0
Unknown	0	0.0	5,945	7.4
Not Reported	0	0.0	0	0.0
PRIMARY PAYER				
Medicare	9	11.7	23,413	29.2
Medicaid	13	16.9	4,648	5.8
Other government	0	0.0	2,399	3.0
Blue Cross/Blue Shield	16	20.8	15,904	19.9
Other Commercial	12	15.6	7,364	9.2
Managed Care(HMO, PPO)	19	24.7	21,802	27.2
Self Pay	1	1.3	1,220	1.5
Industrial & Worker Comp	6	7.8	2,135	2.7
Charity and Unclassified	1	1.3	154	0.2
Childrens Health Insurance	0	0.0	264	0.3
Unknown	0	0.0	106	0.1
Not Reported	0	0.0	674	0.8
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	0	0.0	3,483	4.3
Central Utah	0	0.0	1,303	1.6
Davis County	1	1.3	13,093	16.3
Salt Lake County	12	15.6	27,138	33.9
Southeastern Utah	0	0.0	735	0.9
Southwest Utah	0	0.0	2,839	3.5
Summit County	43	55.8	861	1.1
Tooele County	0	0.0	1,082	1.4
Tri-County	3	3.9	373	0.5
Utah County	0	0.0	10,188	12.7
Wasatch County	12	15.6	365	0.5
Weber County	0	0.0	14,996	18.7
Unknown Utah	0	0.0	31	0.0
Outside Utah	5	6.5	3,579	4.5
Unknown, Not Reported	1	1.3	17	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, 2006
NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

405 Provo Surgical Center

	Procedures Performed		Procedures Performed-All FASCs	
	(#)	(%)	(#)	(%)
Reporting Category(ICD-9-CM CODES)	.	.	65,542	100.0
Mastectomy (85.0-85.99)	.	.	1,897	2.9
Musculoskeletal (76.0-84.99)	.	.	11,654	17.8
Respiratory (30.0-34.99)	.	.	136	0.2
Cardiovascular (35.0-39.99)	.	.	283	0.4
Lymphatic/Hemetic (40.0-41.99)	.	.	102	0.2
Digestive System (42.0-54.99)	.	.	14,143	21.6
Urinary (55.0-59.99)	.	.	238	0.4
Male Genital (60.0-64.99)	.	.	168	0.3
Female Genital (65.0-71.99)	.	.	1,640	2.5
Endocrine/Nervous (01.0-07.99)	.	.	4,080	6.2
Eye (08.0-16.99)	.	.	17,881	27.3
Ear (18.0-20.99)	.	.	3,287	5.0
Nose, Mouth, Pharynx (21.0-29.99)	.	.	10,033	15.3
Reporting Category(CPT-4 CODES)	1,172	100.0	107,843	100.0
Mastectomy (19120-19220)	0	0.0	642	0.6
Musculoskeletal (20000-29909)	312	26.6	23,577	21.9
Respiratory (30000-32999 & 39501-39599)	59	5.0	8,972	8.3
Cardiovascular (33010-37799 & 93501-93660)	6	0.5	311	0.3
Lymphatic/Hemetic (38100-38999)	1	0.1	149	0.1
Digestive (40490-49999)	672	57.3	35,989	33.4
Urinary (50010-53899)	4	0.3	1,796	1.7
Male Genital (54000-55899)	1	0.1	492	0.5
Female Genital (56405-58999)	31	2.6	2,208	2.0
Endocrine/Nervous (60000-64999)	60	5.1	9,930	9.2
Eye (65091-68899)	3	0.3	19,862	18.4
Ear (69000-69979)	23	2.0	3,915	3.6

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics.

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

AMB ST 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES

405 Provo Surgical Center

ICD-9 CODE	ICD-9 DESCRIPTION	#	%	% ALL FASCs
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All ICD-9 Procedures

Does not report ICDs

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL FASCs
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All CPT-4 Procedures		1,172	100.0	100.0
41899	UNLIST PROC DENTOALVEOL STRUCTUR	533	45.5	2.24
28285	CORRECTION HAMMERTOES	63	5.4	0.86
43770	43770	49	4.2	0.19
42820	T&A; UNDER AGE 12	17	1.5	1.25
69436	TYMPANOSTOMY GENERAL ANESTHESIA	17	1.5	2.97
40819	EXCISION OF FRENUM LABIAL OR BUC	16	1.4	0.02
42821	T&A; AGE 12 OR OVER	16	1.4	0.49
28035	RELEASE TARSAL TUNNEL	15	1.3	0.04
28080	EXC INTERDIGITL NEUROMA SINGLE EA	15	1.3	0.30
30520	SEPTOPLASTY/SUBMUCOS RES W/GFT	15	1.3	1.43
28108	EXC BONE CYST/TUMR PHALANGES FOO	14	1.2	0.06
64704	NEUROPLASTY; NERVE OF HAND OR FO	14	1.2	0.05
30140	SUBMUCOS RES TURBINATE PART/CMPL	13	1.1	2.08
30410	RHINO PRIM; CMPLT EXTERNAL PARTS	13	1.1	0.07
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	13	1.1	1.36
58353	ENDOMET ABLAT THERM W/O SCOPE GU	11	0.9	0.02
64708	NEUROPLSTY PERIPHRL NERV; NOT SP	11	0.9	0.05
24075	EXC TUMR SFT TISS UP ARM/ELB; SU	8	0.7	0.04
28119	OSTEC CALCAN; SPUR W/WO PLANTAR	8	0.7	0.11
28110	OSTEC PARTIAL EXCISION 1/5 MT HE	7	0.6	0.09

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

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

AMB ST 1-3

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

405 Provo Surgical Center

ICD-9 CODE	ICD-9 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL FASCs)
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ICD-9 Procedures

Does not report ICDS

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL FASCs)
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CPT-4 Procedures		768	\$2,275	\$1,932
41899	UNLIST PROC DENTOALVEOL STRUCTUR	511	\$2,082	\$2,063
43770	43770	43	\$7,426	\$6,587
42821	T&A; AGE 12 OR OVER	16	\$1,508	\$1,520
42820	T&A; UNDER AGE 12	14	\$1,352	\$1,584
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	13	\$1,508	\$1,734
69436	TYMPANOSTOMY GENERAL ANESTHESIA	12	\$1,378	\$1,480
30410	RHINO PRIM; CMPLT EXTERNAL PARTS	11	\$1,314	\$1,834
58353	ENDOMET ABLAT THERM W/O SCOPE GU	9	\$3,133	\$2,532
28080	EXC INTERDIGTTL NEUROMA SINGLE EA	6	\$1,664	\$1,781
28285	CORRECTION HAMMERTO	6	\$1,362	\$1,983
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	5	\$1,404	\$1,435
28485	OPEN TX MT FX W/VO INTRL/EXT FIX	4	\$2,245	\$2,167
58662	LAP SURG; W/FULG/EXCIS LES-OVARY	4	\$1,904	\$2,574
26160	EXC LES TEND SHETH/JNT CAP HND/F	3	\$1,560	\$1,582
26727	PERQ FIX PHALANGEAL FX W/MANIP E	3	\$1,560	\$2,129
26952	AMP FNGR/THUMB ANY JNT; W/ADV FL	3	\$1,628	\$2,077
28043	EXCISION TUMOR FOOT; SUBCUT TISS	3	\$1,716	\$1,654
28119	OSTEC CALCAN; SPUR W/VO PLANTAR	3	\$1,664	\$1,943
28299	CORR HALLUX VALGUS; DBL OSTEOT	3	\$1,857	\$2,272
29848	ENDO WRST SURG REL TRNS CARP LIG	3	\$2,013	\$1,997

SOURCE: Utah Ambulatory Surgery Database

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

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

405 Provo Surgical Center

Procedure APG category		TOTAL #	TOTAL # (ALL FASCs)
Procedure APG			
01	INTEGUMENTARY SYSTEM	30	1,798
	003 COMPLEX INCISION AND DRAINAGE	2	25
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	6	359
	008 SIMPLE EXCISION AND BIOPSY	21	566
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRANGE	1	130
02	MUSCULOSKELETAL SYSTEM	261	21,921
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	7	1,987
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	3	585
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	15	880
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	180	4,924
	025 ARTHROSCOPY	4	9,799
	026 REPLACEMENT OF CAST	1	4
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	18	1,341
	032 BUNION PROCEDURES	30	927
	034 HAND AND FOOT TENOTOMY	3	95
03	RESPIRATORY SYSTEM	10	4,159
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	10	4,113
04	CARDIOVASCULAR SYSTEM	6	259
	077 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	1	19
	081 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	1	20
	082 VASCULAR LIGATION	4	184
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	2	176
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	2	176
06	DIGESTIVE SYSTEM	78	30,846
	119 HERNIA AND HYDROCELE PROCEDURES	2	1,323
	123 COMPLEX LAPAROSCOPIC PROCEDURES	74	1,860
	124 SIMPLE LAPAROSCOPIC PROCEDURES	2	8
07	URINARY SYSTEM	4	1,774
	135 MODERATE CYSTOURETHROSCOPY	3	492
	136 SIMPLE CYSTOURETHROSCOPY	1	104
08	MALE GENITAL SYSTEM	1	425
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	1	299
09	FEMALE GENITAL SYSTEM	22	1,260
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	13	123
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	7	325
	179 HYSTEROSCOPY	2	642
10	NERVOUS SYSTEM	74	9,585
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	1	7,131
	198 NERVE REPAIR AND DESTRUCTION	73	2,377
11	EYE AND OCULAR ADNEXA	3	19,770
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	3	1,803
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	679	15,186
	234 COMPLEX FACIAL AND ENT PROCEDURES	43	2,830
	235 SIMPLE FACIAL AND ENT PROCEDURES	597	9,118
	236 TONSIL AND ADENOID PROCEDURES	39	3,152

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

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

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
PROCEDURE APG CATEGORY, PROCEDURE APG, SINGLE APG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

405 Provo Surgical Center

Procedure APG category	Procedure APG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL FASCs)
01	INTEGUMENTARY SYSTEM	11	\$1,343	\$1,406
	003 COMPLEX INCISION AND DRAINAGE	2	\$676	\$1,543
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	5	\$1,447	\$1,481
	008 SIMPLE EXCISION AND BIOPSY	4	\$1,547	\$1,383
02	MUSCULOSKELETAL SYSTEM	71	\$1,853	\$2,684
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	2	\$1,833	\$3,523
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	1	\$1,560	\$2,335
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	4	\$2,029	\$2,403
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	40	\$1,598	\$1,842
	025 ARTHROSCOPY	3	\$2,013	\$3,355
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	14	\$2,093	\$2,480
	032 BUNION PROCEDURES	7	\$2,711	\$2,102
04	CARDIOVASCULAR SYSTEM	2	\$1,300	\$1,368
	082 VASCULAR LIGATION	2	\$1,300	\$1,518
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	2	\$1,736	\$1,945
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	2	\$1,736	\$1,945
06	DIGESTIVE SYSTEM	57	\$6,211	\$1,374
	119 HERNIA AND HYDROCELE PROCEDURES	2	\$5,258	\$2,291
	123 COMPLEX LAPAROSCOPIC PROCEDURES	54	\$6,339	\$3,967
	124 SIMPLE LAPAROSCOPIC PROCEDURES	1	\$1,185	\$2,613
07	URINARY SYSTEM	3	\$1,235	\$3,192
	135 MODERATE CYSTOURETHROSCOPY	2	\$1,352	\$1,572
	136 SIMPLE CYSTOURETHROSCOPY	1	\$1,001	\$1,370
08	MALE GENITAL SYSTEM	1	\$2,142	\$1,975
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	1	\$2,142	\$2,237
09	FEMALE GENITAL SYSTEM	13	\$2,936	\$2,156
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	10	\$3,119	\$2,541
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	1	\$1,472	\$1,482
	179 HYSTEROSCOPY	2	\$2,750	\$2,587
10	NERVOUS SYSTEM	17	\$1,574	\$1,104
	198 NERVE REPAIR AND DESTRUCTION	17	\$1,574	\$1,859
11	EYE AND OCULAR ADNEXA	2	\$1,650	\$2,446
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	2	\$1,650	\$2,208
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	587	\$1,979	\$1,825
	234 COMPLEX FACIAL AND ENT PROCEDURES	21	\$1,156	\$2,361
	235 SIMPLE FACIAL AND ENT PROCEDURES	530	\$2,049	\$1,938
	236 TONSIL AND ADENOID PROCEDURES	36	\$1,424	\$1,528

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

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

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

405 Provo Surgical Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
GENDER				
Female	491	52.8	44,181	55.2
Male	428	46.0	35,842	44.8
Unknown	10	1.1	24	0.0
Not Reported	1	0.1	36	0.0
AGE				
1-28 days	0	0.0	1	0.0
29-365 days	5	0.5	488	0.6
1-4 years	355	38.2	3,538	4.4
5-9	152	16.3	2,024	2.5
10-14	25	2.7	1,065	1.3
15-17	16	1.7	1,445	1.8
18-19	19	2.0	1,166	1.5
20-24	41	4.4	3,240	4.0
25-29	44	4.7	3,566	4.5
30-34	34	3.7	3,445	4.3
35-39	30	3.2	3,684	4.6
40-44	23	2.5	4,254	5.3
45-49	40	4.3	5,271	6.6
50-54	28	3.0	7,286	9.1
55-59	24	2.6	6,931	8.7
60-64	21	2.3	6,093	7.6
65-69	22	2.4	6,852	8.6
70-74	28	3.0	7,021	8.8
75-79	9	1.0	6,205	7.7
80-84	10	1.1	4,151	5.2
85-89	0	0.0	1,852	2.3
90 +	3	0.3	503	0.6
Not Reported	1	0.1	3	0.0
SOURCE OF ADMISSION				
Physician Referral	929	99.9	66,582	83.1
Clinic Referral	0	0.0	1,125	1.4
HMO Referral	0	0.0	1	0.0
Other Hospital	0	0.0	0	0.0
Skilled Nursing Facility	0	0.0	0	0.0
Other Health Care Facility	0	0.0	1	0.0
Emergency Room	0	0.0	0	0.0
Court/Law Enforcement	0	0.0	0	0.0
Unknown	0	0.0	1,491	1.9
Not Reported	1	0.1	10,883	13.6

(Continued)

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

405 Provo Surgical Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	929	99.9	74,062	92.5
Another Hospital	0	0.0	70	0.1
Skilled Nursing Facility	0	0.0	0	0.0
Intermediate Care Facility	0	0.0	0	0.0
Another Type of Institution	0	0.0	6	0.0
Under Care of Home Service	0	0.0	0	0.0
Left Against Medical Advice	0	0.0	0	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	0	0.0	0	0.0
Unknown	1	0.1	5,945	7.4
Not Reported	0	0.0	0	0.0
PRIMARY PAYER				
Medicare	73	7.8	23,413	29.2
Medicaid	401	43.1	4,648	5.8
Other government	7	0.8	2,399	3.0
Blue Cross/Blue Shield	129	13.9	15,904	19.9
Other Commercial	57	6.1	7,364	9.2
Managed Care(HMO, PPO)	148	15.9	21,802	27.2
Self Pay	0	0.0	1,220	1.5
Industrial & Worker Comp	20	2.2	2,135	2.7
Charity and Unclassified	48	5.2	154	0.2
Childrens Health Insurance	0	0.0	264	0.3
Unknown	15	1.6	106	0.1
Not Reported	32	3.4	674	0.8
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	2	0.2	3,483	4.3
Central Utah	93	10.0	1,303	1.6
Davis County	3	0.3	13,093	16.3
Salt Lake County	48	5.2	27,138	33.9
Southeastern Utah	51	5.5	735	0.9
Southwest Utah	14	1.5	2,839	3.5
Summit County	6	0.6	861	1.1
Tooele County	2	0.2	1,082	1.4
Tri-County	21	2.3	373	0.5
Utah County	644	69.2	10,188	12.7
Wasatch County	9	1.0	365	0.5
Weber County	0	0.0	14,996	18.7
Unknown Utah	3	0.3	31	0.0
Outside Utah	31	3.3	3,579	4.5
Unknown, Not Reported	3	0.3	17	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, 2006
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)	.	.	65,542	100.0
Mastectomy (85.0-85.99)	.	.	1,897	2.9
Musculoskeletal (76.0-84.99)	.	.	11,654	17.8
Respiratory (30.0-34.99)	.	.	136	0.2
Cardiovascular (35.0-39.99)	.	.	283	0.4
Lymphatic/Hemetic (40.0-41.99)	.	.	102	0.2
Digestive System (42.0-54.99)	.	.	14,143	21.6
Urinary (55.0-59.99)	.	.	238	0.4
Male Genital (60.0-64.99)	.	.	168	0.3
Female Genital (65.0-71.99)	.	.	1,640	2.5
Endocrine/Nervous (01.0-07.99)	.	.	4,080	6.2
Eye (08.0-16.99)	.	.	17,881	27.3
Ear (18.0-20.99)	.	.	3,287	5.0
Nose, Mouth, Pharynx (21.0-29.99)	.	.	10,033	15.3
Reporting Category(CPT-4 CODES)	8,982	100.0	107,843	100.0
Mastectomy (19120-19220)	0	0.0	642	0.6
Musculoskeletal (20000-29909)	0	0.0	23,577	21.9
Respiratory (30000-32999 & 39501-39599)	0	0.0	8,972	8.3
Cardiovascular (33010-37799 & 93501-93660)	0	0.0	311	0.3
Lymphatic/Hemetic (38100-38999)	0	0.0	149	0.1
Digestive (40490-49999)	8,982	100.0	35,989	33.4
Urinary (50010-53899)	0	0.0	1,796	1.7
Male Genital (54000-55899)	0	0.0	492	0.5
Female Genital (56405-58999)	0	0.0	2,208	2.0
Endocrine/Nervous (60000-64999)	0	0.0	9,930	9.2
Eye (65091-68899)	0	0.0	19,862	18.4
Ear (69000-69979)	0	0.0	3,915	3.6

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics.

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

AMB ST 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES

420 Ridgeline Endoscopy Center

ICD-9 CODE	ICD-9 DESCRIPTION	#	%	% ALL FASCs
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All ICD-9 Procedures

Does not report ICDs

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL FASCs
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All CPT-4 Procedures		8,982	100.0	100.0
43239	UGI ENDO; W/BX 1/MX	2,709	30.2	5.84
45378	COLONOSCOPY FLEX; DX-SEP PROC	2,516	28.0	6.93
45380	COLONOSCOPY FLEX; W/BX 1/MX	1,698	18.9	5.89
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	1,072	11.9	1.67
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	443	4.9	1.76
45384	COLONOSCOPY FLEX; REMV LES-FORCE	220	2.4	0.29
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	57	0.6	1.39
43450	DILAT ESOPH-SOUND/BOUGIE-1/MX PA	56	0.6	0.57
43245	UP GI ENDO;W/DILAT GASTR OUTLT O	28	0.3	0.10
45381	COLNSCP PROX SPLENC FLXR;SUBMUC	28	0.3	0.10
47000	BIOPSY LIVER NEEDLE; PERCUTANEOU	26	0.3	0.03
45383	COLONOSCOPY FLEX; W/ABLAT LES	24	0.3	0.19
43244	UGI ENDO; W/BAND LIG VARICES	18	0.2	0.03
45330	SIGMOIDOSCOPY FLEX; DX-SEP PROC	11	0.1	0.07
43251	UGI ENDO; W/REMV TUMOR/LES-SNARE	10	0.1	0.11
45382	COLNSCPY FLEX SPLENIC; CNTRL BLE	10	0.1	0.01
43255	UGI ENDO; W/CONTRL BLEED ANY MET	8	0.1	0.02
43246	UGI ENDO; W/PLCMT GASTROSTOMY TU	6	0.1	0.01
43247	UGI ENDO; W/REMOVAL FB	6	0.1	0.03
45386	COLNSCP PROX SPLENC FLXR; DILAT	6	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 and CPT4 blood draw codes in previous reports.

AMB ST 1-3

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

420 Ridgeline Endoscopy Center

ICD-9 CODE	ICD-9 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL FASCs)
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ICD-9 Procedures

Does not report ICDS

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL FASCs)
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CPT-4 Procedures		6,151	\$1,713	\$1,932
45378	COLONOSCOPY FLEX; DX-SEP PROC	2,477	\$1,658	\$1,177
43239	UGI ENDO; W/BX 1/MX	1,582	\$1,582	\$1,199
45380	COLONOSCOPY FLEX; W/BX 1/MX	1,459	\$1,813	\$1,178
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	222	\$1,875	\$1,227
45384	COLONOSCOPY FLEX; REMV LES-FORCE	179	\$1,873	\$1,766
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	73	\$1,639	\$1,021
43235	UGI ENDO; DX W/VO CLCT SPECMN-SP	48	\$1,679	\$719
47000	BIOPSY LIVER NEEDLE; PERCUTANEOU	26	\$6,555	\$6,555
43245	UP GI ENDO;W/DILAT GASTR OUTLT O	16	\$1,328	\$973
45383	COLONOSCOPY FLEX; W/ABLAT LES	13	\$1,945	\$783
45330	SIGMOIDOSCOPY FLEX; DX-SEP PROC	11	\$1,491	\$859
43244	UGI ENDO; W/BAND LIG VARICES	9	\$1,333	\$1,114
45382	COLNSCPY FLEX SPLENIC; CNTRL BLE	6	\$1,700	\$1,700
43246	UGI ENDO; W/PLCMT GASTROSTOMY TU	5	\$1,300	\$1,300
43260	ERCP; DX W/VO CLCT SPEC SEP PROC	3	\$10,000	\$10,000
43760	CHANGE OF GASTROSTOMY TUBE	3	\$1,000	\$1,080
43255	UGI ENDO; W/CONTRL BLEED ANY MET	2	\$1,400	\$923
43256	UGI ENDO; W/TRSENDO STNT PLCMT	2	\$1,550	\$1,550
43258	UGI ENDO; W/ABLAT LES NOT SNARE	2	\$1,400	\$1,400
44388	COLONOSCOPY-STOMA; DX-SEP PROC	2	\$1,000	\$706

SOURCE: Utah Ambulatory Surgery Database

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

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

420 Ridgeline Endoscopy Center

Procedure APG category		TOTAL #	TOTAL # (ALL FASCs)
Procedure APG			
01	INTEGUMENTARY SYSTEM	26	1,798
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	26	32
06	DIGESTIVE SYSTEM	8,952	30,846
	112 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	56	618
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	11	78
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	5	109
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	2,767	7,822
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	1,155	2,304
	117 LOWER GASTROINTESTINAL ENDOSCOPY	4,949	16,456
	118 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	9	9

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

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

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
PROCEDURE APG CATEGORY, PROCEDURE APG, SINGLE APG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

420 Ridgeline Endoscopy Center

Procedure APG category		TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL FASCs)
Procedure APG				
01	INTEGUMENTARY SYSTEM	26	\$6,555	\$1,406
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	26	\$6,555	\$6,555
06	DIGESTIVE SYSTEM	6,122	\$1,693	\$1,374
	112 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	1	\$1,300	\$1,318
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	11	\$1,491	\$859
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	4	\$950	\$716
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	1,630	\$1,585	\$1,088
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	111	\$1,538	\$994
	117 LOWER GASTROINTESTINAL ENDOSCOPY	4,360	\$1,730	\$1,188
	118 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	5	\$9,400	\$9,400

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

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

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

420 Ridgeline Endoscopy Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
GENDER				
Female	4,163	55.2	44,181	55.2
Male	3,377	44.8	35,842	44.8
Unknown	1	0.0	24	0.0
Not Reported	0	0.0	36	0.0
AGE				
1-28 days	0	0.0	1	0.0
29-365 days	0	0.0	488	0.6
1-4 years	0	0.0	3,538	4.4
5-9	0	0.0	2,024	2.5
10-14	15	0.2	1,065	1.3
15-17	43	0.6	1,445	1.8
18-19	41	0.5	1,166	1.5
20-24	140	1.9	3,240	4.0
25-29	177	2.3	3,566	4.5
30-34	156	2.1	3,445	4.3
35-39	235	3.1	3,684	4.6
40-44	330	4.4	4,254	5.3
45-49	427	5.7	5,271	6.6
50-54	915	12.1	7,286	9.1
55-59	875	11.6	6,931	8.7
60-64	736	9.8	6,093	7.6
65-69	977	13.0	6,852	8.6
70-74	961	12.7	7,021	8.8
75-79	763	10.1	6,205	7.7
80-84	462	6.1	4,151	5.2
85-89	242	3.2	1,852	2.3
90 +	46	0.6	503	0.6
Not Reported	0	0.0	3	0.0
SOURCE OF ADMISSION				
Physician Referral	7,541	100.0	66,582	83.1
Clinic Referral	0	0.0	1,125	1.4
HMO Referral	0	0.0	1	0.0
Other Hospital	0	0.0	0	0.0
Skilled Nursing Facility	0	0.0	0	0.0
Other Health Care Facility	0	0.0	1	0.0
Emergency Room	0	0.0	0	0.0
Court/Law Enforcement	0	0.0	0	0.0
Unknown	0	0.0	1,491	1.9
Not Reported	0	0.0	10,883	13.6

(Continued)

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

420 Ridgeline Endoscopy Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	7,541	100.0	74,062	92.5
Another Hospital	0	0.0	70	0.1
Skilled Nursing Facility	0	0.0	0	0.0
Intermediate Care Facility	0	0.0	0	0.0
Another Type of Institution	0	0.0	6	0.0
Under Care of Home Service	0	0.0	0	0.0
Left Against Medical Advice	0	0.0	0	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	0	0.0	0	0.0
Unknown	0	0.0	5,945	7.4
Not Reported	0	0.0	0	0.0
PRIMARY PAYER				
Medicare	3,376	44.8	23,413	29.2
Medicaid	150	2.0	4,648	5.8
Other government	869	11.5	2,399	3.0
Blue Cross/Blue Shield	1,593	21.1	15,904	19.9
Other Commercial	813	10.8	7,364	9.2
Managed Care(HMO, PPO)	723	9.6	21,802	27.2
Self Pay	17	0.2	1,220	1.5
Industrial & Worker Comp	0	0.0	2,135	2.7
Charity and Unclassified	0	0.0	154	0.2
Childrens Health Insurance	0	0.0	264	0.3
Unknown	0	0.0	106	0.1
Not Reported	0	0.0	674	0.8
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	280	3.7	3,483	4.3
Central Utah	0	0.0	1,303	1.6
Davis County	2,116	28.1	13,093	16.3
Salt Lake County	36	0.5	27,138	33.9
Southeastern Utah	7	0.1	735	0.9
Southwest Utah	2	0.0	2,839	3.5
Summit County	46	0.6	861	1.1
Tooele County	3	0.0	1,082	1.4
Tri-County	7	0.1	373	0.5
Utah County	8	0.1	10,188	12.7
Wasatch County	1	0.0	365	0.5
Weber County	4,823	64.0	14,996	18.7
Unknown Utah	3	0.0	31	0.0
Outside Utah	209	2.8	3,579	4.5
Unknown, Not Reported	0	0.0	17	0.0

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

AMB ST 1-1
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

407 Salt Lake Surgical Center

	Procedures Performed		Procedures Performed-All FASCs	
	(#)	(%)	(#)	(%)
Reporting Category(ICD-9-CM CODES)	.	.	65,542	100.0
Mastectomy (85.0-85.99)	.	.	1,897	2.9
Musculoskeletal (76.0-84.99)	.	.	11,654	17.8
Respiratory (30.0-34.99)	.	.	136	0.2
Cardiovascular (35.0-39.99)	.	.	283	0.4
Lymphatic/Hemetic (40.0-41.99)	.	.	102	0.2
Digestive System (42.0-54.99)	.	.	14,143	21.6
Urinary (55.0-59.99)	.	.	238	0.4
Male Genital (60.0-64.99)	.	.	168	0.3
Female Genital (65.0-71.99)	.	.	1,640	2.5
Endocrine/Nervous (01.0-07.99)	.	.	4,080	6.2
Eye (08.0-16.99)	.	.	17,881	27.3
Ear (18.0-20.99)	.	.	3,287	5.0
Nose, Mouth, Pharynx (21.0-29.99)	.	.	10,033	15.3
Reporting Category(CPT-4 CODES)	5,055	100.0	107,843	100.0
Mastectomy (19120-19220)	0	0.0	642	0.6
Musculoskeletal (20000-29909)	938	18.6	23,577	21.9
Respiratory (30000-32999 & 39501-39599)	511	10.1	8,972	8.3
Cardiovascular (33010-37799 & 93501-93660)	0	0.0	311	0.3
Lymphatic/Hemetic (38100-38999)	5	0.1	149	0.1
Digestive (40490-49999)	821	16.2	35,989	33.4
Urinary (50010-53899)	256	5.1	1,796	1.7
Male Genital (54000-55899)	88	1.7	492	0.5
Female Genital (56405-58999)	12	0.2	2,208	2.0
Endocrine/Nervous (60000-64999)	1,529	30.2	9,930	9.2
Eye (65091-68899)	729	14.4	19,862	18.4
Ear (69000-69979)	166	3.3	3,915	3.6

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics.

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

AMB ST 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES

407 Salt Lake Surgical Center

ICD-9 CODE	ICD-9 DESCRIPTION	#	%	% ALL FASCs
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All ICD-9 Procedures

Does not report ICDs

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL FASCs
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All CPT-4 Procedures		5,055	100.0	100.0
41899	UNLIST PROC DENTOALVEOL STRUCTUR	596	11.8	2.24
66984	EXTRACAPSULAR CATARACT REMV IOL	453	9.0	10.60
64483	INJ ANES EPIDURL; LUMB/SAC 1 LEV	257	5.1	1.13
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	201	4.0	1.52
64472	INJ ANES FACET JT; CERV/THOR-EA	158	3.1	0.44
64484	INJ ANES EPIDURL; LUMB/SAC-EA AD	147	2.9	0.52
62310	INJ 1 NOT NEUROLYTIC-EPID;CERV/T	134	2.7	0.42
30140	SUBMUCOS RES TURBINATE PART/CMPL	121	2.4	2.08
69436	TYMPANOSTOMY GENERAL ANESTHESIA	121	2.4	2.97
28285	CORRECTION HAMMERTOE	118	2.3	0.86
28296	HALLUX VALGUS; W/METATARSAL OSTE	116	2.3	0.42
64623	DESTRUC FACET JT NRV; L/S-EA AD	103	2.0	0.45
30520	SEPTOPLASTY/SUBMUCOS RES W/GFT	90	1.8	1.43
64476	INJ ANES FACET JT; LUMB/SAC-EA A	72	1.4	0.79
42820	T&A; UNDER AGE 12	65	1.3	1.25
64470	INJ ANES FACET JT; CERV/THOR-1LE	64	1.3	0.24
31255	NASAL/SINUS ENDO; W/TOT ETHMOECT	62	1.2	0.94
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	58	1.1	0.66
52332	CYSTOURETHROSCOPY W/INSRT STENT	56	1.1	0.22
64475	INJ ANES FACET JT; LUMB/SAC-1LEV	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 and CPT4 blood draw codes in previous reports.

AMB ST 1-3

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

407 Salt Lake Surgical Center

ICD-9 CODE	ICD-9 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL FASCs)
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ICD-9 Procedures

Does not report ICDS

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL FASCs)
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CPT-4 Procedures		2,207	\$1,719	\$1,932
41899	UNLIST PROC DENTOALVEOL STRUCTUR	588	\$2,131	\$2,063
66984	EXTRACAPSULAR CATARACT REMV IOL	429	\$1,349	\$2,558
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	125	\$951	\$727
28296	HALLUX VALGUS; W/METATARSAL OSTE	91	\$1,630	\$1,968
64483	INJ ANES EPIDURL; LUMB/SAC 1 LEV	57	\$959	\$784
62310	INJ 1 NOT NEUROLYTIC-EPID;CERV/T	55	\$925	\$727
42820	T&A; UNDER AGE 12	52	\$1,454	\$1,584
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	51	\$1,544	\$1,435
52005	CYSTOURETHROSCOPY W/URETERAL CAT	28	\$2,487	\$2,472
52332	CYSTOURETHROSCOPY W/INSRT STENT	25	\$2,244	\$2,303
69436	TYMPANOSTOMY GENERAL ANESTHESIA	20	\$1,262	\$1,480
42821	T&A; AGE 12 OR OVER	18	\$1,932	\$1,520
52235	CYSTOURETHROSCOPY W/FULG; MED TU	18	\$1,276	\$1,272
66982	EXTRACAP CATARACT REMV W/IOL-CMP	18	\$1,570	\$3,811
28080	EXC INTERDIGITL NEUROMA SINGLE EA	17	\$1,843	\$1,781
28299	CORR HALLUX VALGUS; DBL OSTEOT	17	\$1,583	\$2,272
64510	INJECTION ANES AGT; STELLATE GAN	17	\$971	\$973
65730	KERATOPLSTY; PENETRAT NOT APHAKI	16	\$6,650	\$5,707
28119	OSTEC CALCAN; SPUR W/NO PLANTAR	15	\$2,436	\$1,943
52260	CYSTOURETHROSCPY W/DILAT; GEN AN	14	\$1,725	\$1,445

SOURCE: Utah Ambulatory Surgery Database

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

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

407 Salt Lake Surgical Center

Procedure APG category		TOTAL #	TOTAL # (ALL FASCs)
Procedure APG			
01	INTEGUMENTARY SYSTEM	58	1,798
	003 COMPLEX INCISION AND DRAINAGE	1	25
	006 SIMPLE DEBRIDEMENT AND DESTRUCTION	3	27
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	8	359
	008 SIMPLE EXCISION AND BIOPSY	19	566
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRANGE	27	130
02	MUSCULOSKELETAL SYSTEM	866	21,921
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	48	1,987
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	7	585
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	27	880
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	388	4,924
	025 ARTHROSCOPY	83	9,799
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	1	103
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	24	1,341
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	6	181
	032 BUNION PROCEDURES	199	927
	034 HAND AND FOOT TENOTOMY	3	95
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	80	819
03	RESPIRATORY SYSTEM	219	4,159
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	209	4,113
	054 SIMPLE ENDOSCOPY OF THE UPPER AIRWAY	10	40
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	7	176
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	7	176
06	DIGESTIVE SYSTEM	50	30,846
	119 HERNIA AND HYDROCELE PROCEDURES	27	1,323
	123 COMPLEX LAPAROSCOPIC PROCEDURES	23	1,860
07	URINARY SYSTEM	256	1,774
	131 RENAL EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	3	543
	133 URINARY CATHETERIZATION AND DILATATION	3	15
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	119	574
	135 MODERATE CYSTOURETHROSCOPY	102	492
	136 SIMPLE CYSTOURETHROSCOPY	15	104
	137 COMPLEX URETHRAL PROCEDURES	8	19
	138 SIMPLE URETHRAL PROCEDURES	6	27
08	MALE GENITAL SYSTEM	63	425
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	39	299
	153 COMPLEX PENILE PROCEDURES	2	19
	154 SIMPLE PENILE PROCEDURES	19	91
	155 PROSTATE NEEDLE AND PUNCH BIOPSY	3	16
09	FEMALE GENITAL SYSTEM	3	1,260
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	2	325
	178 DILATION AND CURETTAGE	1	144
10	NERVOUS SYSTEM	1,473	9,585
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	1,341	7,131
	196 REVISION AND REMOVAL OF NEUROLOGICAL DEVICE	12	24
	197 NEUROSTIMULATOR AND VENTRICULAR SHUNT IMPLANTATION	21	53

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

407 Salt Lake Surgical Center

procedure APG category		TOTAL #	TOTAL # (ALL FASCs)
procedure APG			
	198 NERVE REPAIR AND DESTRUCTION	99	2,377
11	EYE AND OCULAR ADNEXA	728	19,770
	214 CATARACT PROCEDURES	495	11,976
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	27	863
	216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	23	775
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	36	765
	220 STRABISMUS AND MUSCLE EYE PROCEDURES	43	472
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	85	1,803
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	13	451
	223 VITRECTOMY	6	542
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	1,270	15,186
	233 NASAL CAUTERIZATION AND PACKING	4	86
	234 COMPLEX FACIAL AND ENT PROCEDURES	190	2,830
	235 SIMPLE FACIAL AND ENT PROCEDURES	901	9,118
	236 TONSIL AND ADENOID PROCEDURES	175	3,152
13	THERAPEUTIC AND OTHER RADIOLOGICAL PROCEDURES	52	190
	254 MYELOGRAPHY	52	186

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

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

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
PROCEDURE APG CATEGORY, PROCEDURE APG, SINGLE APG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

407 Salt Lake Surgical Center

Procedure APG category	Procedure APG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL FASCs)
01	INTEGUMENTARY SYSTEM	26	\$1,665	\$1,406
	006 SIMPLE DEBRIDEMENT AND DESTRUCTION	1	\$1,907	\$1,167
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	6	\$1,332	\$1,481
	008 SIMPLE EXCISION AND BIOPSY	9	\$1,742	\$1,383
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRAN	10	\$1,772	\$2,411
02	MUSCULOSKELETAL SYSTEM	282	\$1,830	\$2,684
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	6	\$2,966	\$3,523
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	5	\$1,766	\$2,335
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	8	\$2,679	\$2,403
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	102	\$1,742	\$1,842
	025 ARTHROSCOPY	15	\$3,266	\$3,355
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	1	\$1,323	\$1,389
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	20	\$1,872	\$2,480
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	1	\$720	\$1,591
	032 BUNION PROCEDURES	119	\$1,644	\$2,102
	034 HAND AND FOOT TENOTOMY	1	\$1,622	\$1,647
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	4	\$1,174	\$948
03	RESPIRATORY SYSTEM	10	\$1,614	\$1,659
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	7	\$1,679	\$1,665
	054 SIMPLE ENDOSCOPY OF THE UPPER AIRWAY	3	\$1,460	\$1,525
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	6	\$1,873	\$1,945
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	6	\$1,873	\$1,945
06	DIGESTIVE SYSTEM	31	\$2,403	\$1,374
	119 HERNIA AND HYDROCELE PROCEDURES	19	\$1,914	\$2,291
	123 COMPLEX LAPAROSCOPIC PROCEDURES	12	\$3,177	\$3,967
07	URINARY SYSTEM	171	\$1,785	\$3,192
	131 RENAL EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	3	\$5,900	\$5,451
	133 URINARY CATHETERIZATION AND DILATATION	1	\$1,526	\$1,786
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	71	\$1,670	\$1,869
	135 MODERATE CYSTOURETHROSCOPY	77	\$1,801	\$1,572
	136 SIMPLE CYSTOURETHROSCOPY	11	\$1,585	\$1,370
	137 COMPLEX URETHRAL PROCEDURES	4	\$1,292	\$1,696
	138 SIMPLE URETHRAL PROCEDURES	4	\$1,551	\$1,428
08	MALE GENITAL SYSTEM	50	\$1,762	\$1,975
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	30	\$2,047	\$2,237
	153 COMPLEX PENILE PROCEDURES	2	\$2,168	\$2,076
	154 SIMPLE PENILE PROCEDURES	17	\$1,234	\$1,357
	155 PROSTATE NEEDLE AND PUNCH BIOPSY	1	\$1,409	\$2,198
09	FEMALE GENITAL SYSTEM	2	\$1,664	\$2,156
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	1	\$1,852	\$1,482
	178 DILATION AND CURETTAGE	1	\$1,475	\$1,373
10	NERVOUS SYSTEM	294	\$1,031	\$1,104
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	278	\$969	\$756
	196 REVISION AND REMOVAL OF NEUROLOGICAL DEVICE	3	\$2,867	\$1,849
	198 NERVE REPAIR AND DESTRUCTION	13	\$1,920	\$1,859

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
PROCEDURE APG CATEGORY, PROCEDURE APG, SINGLE APG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

407 Salt Lake Surgical Center

procedure APG category	Procedure APG	TOTAL #	AVE TOT CHRG	AVE TOT CHRG(ALL FASCs)
11	EYE AND OCULAR ADNEXA	522	\$1,596	\$2,446
	214 CATARACT PROCEDURES	450	\$1,356	\$2,594
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	21	\$6,448	\$3,310
	216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	15	\$1,876	\$2,221
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	6	\$1,582	\$2,505
	220 STRABISMUS AND MUSCLE EYE PROCEDURES	3	\$2,062	\$2,730
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	24	\$1,754	\$2,208
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	2	\$450	\$1,467
	223 VITRECTOMY	1	\$735	\$3,722
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	811	\$1,968	\$1,825
	234 COMPLEX FACIAL AND ENT PROCEDURES	51	\$1,733	\$2,361
	235 SIMPLE FACIAL AND ENT PROCEDURES	634	\$2,069	\$1,938
	236 TONSIL AND ADENOID PROCEDURES	126	\$1,556	\$1,528

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

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

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

407 Salt Lake Surgical Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
GENDER				
Female	1,814	56.7	44,181	55.2
Male	1,383	43.3	35,842	44.8
Unknown	0	0.0	24	0.0
Not Reported	0	0.0	36	0.0
AGE				
1-28 days	0	0.0	1	0.0
29-365 days	23	0.7	488	0.6
1-4 years	402	12.6	3,538	4.4
5-9	198	6.2	2,024	2.5
10-14	41	1.3	1,065	1.3
15-17	58	1.8	1,445	1.8
18-19	41	1.3	1,166	1.5
20-24	114	3.6	3,240	4.0
25-29	138	4.3	3,566	4.5
30-34	114	3.6	3,445	4.3
35-39	163	5.1	3,684	4.6
40-44	171	5.3	4,254	5.3
45-49	208	6.5	5,271	6.6
50-54	210	6.6	7,286	9.1
55-59	214	6.7	6,931	8.7
60-64	201	6.3	6,093	7.6
65-69	220	6.9	6,852	8.6
70-74	206	6.4	7,021	8.8
75-79	235	7.4	6,205	7.7
80-84	148	4.6	4,151	5.2
85-89	74	2.3	1,852	2.3
90 +	18	0.6	503	0.6
Not Reported	0	0.0	3	0.0
SOURCE OF ADMISSION				
Physician Referral	3,197	100.0	66,582	83.1
Clinic Referral	0	0.0	1,125	1.4
HMO Referral	0	0.0	1	0.0
Other Hospital	0	0.0	0	0.0
Skilled Nursing Facility	0	0.0	0	0.0
Other Health Care Facility	0	0.0	1	0.0
Emergency Room	0	0.0	0	0.0
Court/Law Enforcement	0	0.0	0	0.0
Unknown	0	0.0	1,491	1.9
Not Reported	0	0.0	10,883	13.6

(Continued)

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

407 Salt Lake Surgical Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	3,197	100.0	74,062	92.5
Another Hospital	0	0.0	70	0.1
Skilled Nursing Facility	0	0.0	0	0.0
Intermediate Care Facility	0	0.0	0	0.0
Another Type of Institution	0	0.0	6	0.0
Under Care of Home Service	0	0.0	0	0.0
Left Against Medical Advice	0	0.0	0	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	0	0.0	0	0.0
Unknown	0	0.0	5,945	7.4
Not Reported	0	0.0	0	0.0
PRIMARY PAYER				
Medicare	799	25.0	23,413	29.2
Medicaid	606	19.0	4,648	5.8
Other government	27	0.8	2,399	3.0
Blue Cross/Blue Shield	942	29.5	15,904	19.9
Other Commercial	261	8.2	7,364	9.2
Managed Care(HMO, PPO)	379	11.9	21,802	27.2
Self Pay	0	0.0	1,220	1.5
Industrial & Worker Comp	90	2.8	2,135	2.7
Charity and Unclassified	0	0.0	154	0.2
Childrens Health Insurance	0	0.0	264	0.3
Unknown	0	0.0	106	0.1
Not Reported	93	2.9	674	0.8
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	16	0.5	3,483	4.3
Central Utah	16	0.5	1,303	1.6
Davis County	186	5.8	13,093	16.3
Salt Lake County	2,401	75.1	27,138	33.9
Southeastern Utah	15	0.5	735	0.9
Southwest Utah	13	0.4	2,839	3.5
Summit County	77	2.4	861	1.1
Tooele County	99	3.1	1,082	1.4
Tri-County	77	2.4	373	0.5
Utah County	67	2.1	10,188	12.7
Wasatch County	30	0.9	365	0.5
Weber County	38	1.2	14,996	18.7
Unknown Utah	2	0.1	31	0.0
Outside Utah	160	5.0	3,579	4.5
Unknown, Not Reported	0	0.0	17	0.0

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

AMB ST 1-1
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

417 South Towne Surgical Center

	Procedures Performed		Procedures Performed-All FASCs	
	(#)	(%)	(#)	(%)
Reporting Category(ICD-9-CM CODES)	.	.	65,542	100.0
Mastectomy (85.0-85.99)	.	.	1,897	2.9
Musculoskeletal (76.0-84.99)	.	.	11,654	17.8
Respiratory (30.0-34.99)	.	.	136	0.2
Cardiovascular (35.0-39.99)	.	.	283	0.4
Lymphatic/Hemetic (40.0-41.99)	.	.	102	0.2
Digestive System (42.0-54.99)	.	.	14,143	21.6
Urinary (55.0-59.99)	.	.	238	0.4
Male Genital (60.0-64.99)	.	.	168	0.3
Female Genital (65.0-71.99)	.	.	1,640	2.5
Endocrine/Nervous (01.0-07.99)	.	.	4,080	6.2
Eye (08.0-16.99)	.	.	17,881	27.3
Ear (18.0-20.99)	.	.	3,287	5.0
Nose, Mouth, Pharynx (21.0-29.99)	.	.	10,033	15.3
Reporting Category(CPT-4 CODES)	4,254	100.0	107,843	100.0
Mastectomy (19120-19220)	0	0.0	642	0.6
Musculoskeletal (20000-29909)	1,410	33.1	23,577	21.9
Respiratory (30000-32999 & 39501-39599)	41	1.0	8,972	8.3
Cardiovascular (33010-37799 & 93501-93660)	14	0.3	311	0.3
Lymphatic/Hemetic (38100-38999)	1	0.0	149	0.1
Digestive (40490-49999)	1,628	38.3	35,989	33.4
Urinary (50010-53899)	144	3.4	1,796	1.7
Male Genital (54000-55899)	45	1.1	492	0.5
Female Genital (56405-58999)	60	1.4	2,208	2.0
Endocrine/Nervous (60000-64999)	759	17.8	9,930	9.2
Eye (65091-68899)	22	0.5	19,862	18.4
Ear (69000-69979)	130	3.1	3,915	3.6

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics.

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

AMB ST 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES

417 South Towne Surgical Center

ICD-9 CODE	ICD-9 DESCRIPTION	#	%	% ALL FASCs
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All ICD-9 Procedures

Does not report ICDs

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL FASCs
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All CPT-4 Procedures		4,254	100.0	100.0
41899	UNLIST PROC DENTOALVEOL STRUCTUR	548	12.9	2.24
45378	COLONOSCOPY FLEX; DX-SEP PROC	280	6.6	6.93
43770	43770	154	3.6	0.19
45380	COLONOSCOPY FLEX; W/BX 1/MX	139	3.3	5.89
43239	UGI ENDO; W/BX 1/MX	125	2.9	5.84
69436	TYMPANOSTOMY GENERAL ANESTHESIA	118	2.8	2.97
29876	SCOPE KNEE SURG; SYNOVECTOMY MAJ	105	2.5	0.22
62310	INJ 1 NOT NEUROLYTIC-EPID;CERV/T	102	2.4	0.42
29881	SCOPE KNEE SURG;W/MENISCECT MED/	101	2.4	1.86
64623	DESTRUC FACET JT NRV; L/S-EA AD	99	2.3	0.45
29877	SCOPE KNEE SURG; DEBRID/SHAVE CA	89	2.1	1.22
64622	DESTRUC FACET JT NRV; L/S-1 LEVE	82	1.9	0.28
29826	SCOPE SHOULDER; DECOMP SUBACROM	80	1.9	1.23
20680	REMOVAL OF IMPLANT; DEEP	69	1.6	0.69
43235	UGI ENDO; DX W/VO CLCT SPECMN-SP	66	1.6	1.39
29880	SCOPE KNEE SURG;W/MENISCECT MED&	61	1.4	0.59
63030	LAMINOT W/ DECOMP; 1 INTERSPACE	61	1.4	0.10
29823	SCOPE SHOULDER SURGICAL; DEBRID	51	1.2	0.31
64472	INJ ANES FACET JT; CERV/THOR-EA	50	1.2	0.44
64483	INJ ANES EPIDURL; LUMB/SAC 1 LEV	50	1.2	1.13

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

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

AMB ST 1-3

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

417 South Towne Surgical Center

ICD-9 CODE	ICD-9 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL FASCs)
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ICD-9 Procedures

Does not report ICDS

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL FASCs)
CPT-4 Procedures		2,214	\$2,221	\$1,932
41899	UNLIST PROC DENTOALVEOL STRUCTUR	548	\$1,862	\$2,063
45378	COLONOSCOPY FLEX; DX-SEP PROC	234	\$816	\$1,177
43770	43770	154	\$6,353	\$6,587
45380	COLONOSCOPY FLEX; W/BX 1/MX	106	\$1,010	\$1,178
62310	INJ 1 NOT NEUROLYTIC-EPID;CERV/T	97	\$686	\$727
43239	UGI ENDO; W/BX 1/MX	56	\$850	\$1,199
43235	UGI ENDO; DX W/VO CLCT SPECMN-SP	48	\$711	\$719
63030	LAMINOT W/ DECOMP; 1 INTERSPACE	42	\$5,549	\$5,934
42820	T&A; UNDER AGE 12	33	\$1,838	\$1,584
50590	LITHOTRIPSY XTRACORP SHOCK WAVE	33	\$5,293	\$5,451
20680	REMOVAL OF IMPLANT; DEEP	28	\$1,830	\$1,588
52260	CYSTOURETHROSCOPY W/DILAT; GEN AN	27	\$1,065	\$1,445
29876	SCOPE KNEE SURG; SYNOVECTOMY MAJ	23	\$4,084	\$3,346
29888	ARTHSCPY AIDED ACL REPR/AUG/RECO	21	\$4,867	\$5,716
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	21	\$2,366	\$1,734
29880	SCOPE KNEE SURG;W/MENISCECT MED&	19	\$4,162	\$3,253
66984	EXTRACAPSULAR CATARACT REMV IOL	19	\$2,791	\$2,558
47562	LAPAROSCOPY SURGICAL; CHOLECT	18	\$2,084	\$5,237
49505	REPR INIT ING HERNIA 5YR/MORE; R	18	\$2,137	\$2,089
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	17	\$930	\$1,021

SOURCE: Utah Ambulatory Surgery Database

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

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

417 South Towne Surgical Center

Procedure APG category		TOTAL #	TOTAL # (ALL FASCs)
Procedure APG			
01	INTEGUMENTARY SYSTEM	18	1,798
	003 COMPLEX INCISION AND DRAINAGE	3	25
	004 SIMPLE INCISION AND DRAINAGE	1	16
	006 SIMPLE DEBRIDEMENT AND DESTRUCTION	3	27
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	7	359
	008 SIMPLE EXCISION AND BIOPSY	4	566
02	MUSCULOSKELETAL SYSTEM	1,430	21,921
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	250	1,987
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	32	585
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	43	880
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	265	4,924
	025 ARTHROSCOPY	692	9,799
	028 CLOSED TREATMENT FX & DISLOCATION OF FINGER, TOE & TRUNK	1	13
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	2	103
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	63	1,341
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	11	181
	032 BUNION PROCEDURES	52	927
	033 ARTHROPLASTY	2	262
	034 HAND AND FOOT TENOTOMY	6	95
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	11	819
03	RESPIRATORY SYSTEM	1	4,159
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	1	4,113
04	CARDIOVASCULAR SYSTEM	14	259
	077 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	3	19
	082 VASCULAR LIGATION	11	184
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	1	176
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	1	176
06	DIGESTIVE SYSTEM	1,010	30,846
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	2	78
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	2	109
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	191	7,822
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	42	2,304
	117 LOWER GASTROINTESTINAL ENDOSCOPY	446	16,456
	119 HERNIA AND HYDROCELE PROCEDURES	69	1,323
	120 COMPLEX ANAL AND RECTAL PROCEDURES	27	206
	121 SIMPLE ANAL AND RECTAL PROCEDURES	18	33
	123 COMPLEX LAPAROSCOPIC PROCEDURES	212	1,860
	124 SIMPLE LAPAROSCOPIC PROCEDURES	1	8
07	URINARY SYSTEM	141	1,774
	131 RENAL EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	38	543
	133 URINARY CATHETERIZATION AND DILATATION	1	15
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	33	574
	135 MODERATE CYSTOURETHROSCOPY	60	492
	136 SIMPLE CYSTOURETHROSCOPY	5	104
	137 COMPLEX URETHRAL PROCEDURES	1	19
	138 SIMPLE URETHRAL PROCEDURES	3	27

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

417 South Towne Surgical Center

procedure APG category procedure APG	TOTAL #	TOTAL # (ALL FASCs)
08 MALE GENITAL SYSTEM	42	425
151 TESTICULAR AND EPIDIDYMAL PROCEDURES	21	299
153 COMPLEX PENILE PROCEDURES	3	19
154 SIMPLE PENILE PROCEDURES	15	91
155 PROSTATE NEEDLE AND PUNCH BIOPSY	3	16
09 FEMALE GENITAL SYSTEM	35	1,260
176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	3	123
177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	6	325
178 DILATION AND CURETTAGE	14	144
179 HYSTEROSCOPY	11	642
180 COLPOSCOPY	1	26
10 NERVOUS SYSTEM	666	9,585
195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	524	7,131
196 REVISION AND REMOVAL OF NEUROLOGICAL DEVICE	5	24
197 NEUROSTIMULATOR AND VENTRICULAR SHUNT IMPLANTATION	14	53
198 NERVE REPAIR AND DESTRUCTION	123	2,377
11 EYE AND OCULAR ADNEXA	22	19,770
213 LASER EYE PROCEDURES	2	1,733
214 CATARACT PROCEDURES	20	11,976
12 FACIAL, EAR, NOSE, MOUTH AND THROAT	818	15,186
234 COMPLEX FACIAL AND ENT PROCEDURES	34	2,830
235 SIMPLE FACIAL AND ENT PROCEDURES	702	9,118
236 TONSIL AND ADENOID PROCEDURES	82	3,152
13 THERAPEUTIC AND OTHER RADIOLOGICAL PROCEDURES	30	190
254 MYELOGRAPHY	30	186

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

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
PROCEDURE APG CATEGORY, PROCEDURE APG, SINGLE APG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

417 South Towne Surgical Center

Procedure APG category	Procedure APG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL FASCs)
01	INTEGUMENTARY SYSTEM	11	\$1,575	\$1,406
	003 COMPLEX INCISION AND DRAINAGE	1	\$1,671	\$1,543
	004 SIMPLE INCISION AND DRAINAGE	1	\$800	\$1,275
	006 SIMPLE DEBRIDEMENT AND DESTRUCTION	1	\$1,163	\$1,167
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	5	\$1,937	\$1,481
	008 SIMPLE EXCISION AND BIOPSY	3	\$1,336	\$1,383
02	MUSCULOSKELETAL SYSTEM	408	\$3,275	\$2,684
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	76	\$4,306	\$3,523
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	13	\$2,010	\$2,335
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	12	\$2,559	\$2,403
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	96	\$2,030	\$1,842
	025 ARTHROSCOPY	140	\$4,047	\$3,355
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	1	\$1,671	\$1,389
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	44	\$2,865	\$2,480
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	3	\$1,671	\$1,591
	032 BUNION PROCEDURES	23	\$2,515	\$2,102
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	1	\$1,453	\$1,945
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	1	\$1,453	\$1,945
06	DIGESTIVE SYSTEM	757	\$2,167	\$1,374
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	2	\$823	\$859
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	2	\$594	\$716
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	104	\$786	\$1,088
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	19	\$925	\$994
	117 LOWER GASTROINTESTINAL ENDOSCOPY	357	\$883	\$1,188
	119 HERNIA AND HYDROCELE PROCEDURES	32	\$2,141	\$2,291
	120 COMPLEX ANAL AND RECTAL PROCEDURES	25	\$2,042	\$1,270
	121 SIMPLE ANAL AND RECTAL PROCEDURES	15	\$1,873	\$1,665
	123 COMPLEX LAPAROSCOPIC PROCEDURES	200	\$5,362	\$3,967
	124 SIMPLE LAPAROSCOPIC PROCEDURES	1	\$2,855	\$2,613
07	URINARY SYSTEM	109	\$2,537	\$3,192
	131 RENAL EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	33	\$5,293	\$5,451
	133 URINARY CATHETERIZATION AND DILATATION	1	\$1,608	\$1,786
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	22	\$1,680	\$1,869
	135 MODERATE CYSTOURETHROSCOPY	46	\$1,159	\$1,572
	136 SIMPLE CYSTOURETHROSCOPY	3	\$1,078	\$1,370
	137 COMPLEX URETHRAL PROCEDURES	1	\$1,699	\$1,696
	138 SIMPLE URETHRAL PROCEDURES	3	\$1,665	\$1,428
08	MALE GENITAL SYSTEM	35	\$1,957	\$1,975
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	16	\$1,830	\$2,237
	153 COMPLEX PENILE PROCEDURES	2	\$4,225	\$2,076
	154 SIMPLE PENILE PROCEDURES	15	\$1,316	\$1,357
	155 PROSTATE NEEDLE AND PUNCH BIOPSY	2	\$5,522	\$2,198
09	FEMALE GENITAL SYSTEM	20	\$2,852	\$2,156
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	2	\$3,384	\$2,541
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	3	\$1,541	\$1,482

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
PROCEDURE APG CATEGORY, PROCEDURE APG, SINGLE APG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

417 South Towne Surgical Center

procedure APG category		TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL FASCs)
Procedure APG				
178 DILATION AND CURETTAGE		8	\$1,453	\$1,373
179 HYSTEROSCOPY		7	\$4,861	\$2,587
10 NERVOUS SYSTEM		169	\$1,096	\$1,104
195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP		129	\$733	\$756
197 NEUROSTIMULATOR AND VENTRICULAR SHUNT IMPLANTATION		3	\$700	\$4,462
198 NERVE REPAIR AND DESTRUCTION		37	\$2,393	\$1,859
11 EYE AND OCULAR ADNEXA		22	\$2,730	\$2,446
213 LASER EYE PROCEDURES		2	\$1,709	\$842
214 CATARACT PROCEDURES		20	\$2,832	\$2,594
12 FACIAL, EAR, NOSE, MOUTH AND THROAT		651	\$1,834	\$1,825
234 COMPLEX FACIAL AND ENT PROCEDURES		19	\$1,340	\$2,361
235 SIMPLE FACIAL AND ENT PROCEDURES		576	\$1,852	\$1,938
236 TONSIL AND ADENOID PROCEDURES		56	\$1,819	\$1,528
13 THERAPEUTIC AND OTHER RADIOLOGICAL PROCEDURES		18	\$2,940	\$2,696
254 MYELOGRAPHY		18	\$2,940	\$2,861

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

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

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

417 South Towne Surgical Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
GENDER				
Female	1,616	53.4	44,181	55.2
Male	1,407	46.5	35,842	44.8
Unknown	4	0.1	24	0.0
Not Reported	0	0.0	36	0.0
AGE				
1-28 days	0	0.0	1	0.0
29-365 days	10	0.3	488	0.6
1-4 years	471	15.6	3,538	4.4
5-9	181	6.0	2,024	2.5
10-14	34	1.1	1,065	1.3
15-17	42	1.4	1,445	1.8
18-19	49	1.6	1,166	1.5
20-24	136	4.5	3,240	4.0
25-29	165	5.5	3,566	4.5
30-34	181	6.0	3,445	4.3
35-39	197	6.5	3,684	4.6
40-44	203	6.7	4,254	5.3
45-49	301	9.9	5,271	6.6
50-54	320	10.6	7,286	9.1
55-59	246	8.1	6,931	8.7
60-64	170	5.6	6,093	7.6
65-69	118	3.9	6,852	8.6
70-74	78	2.6	7,021	8.8
75-79	61	2.0	6,205	7.7
80-84	39	1.3	4,151	5.2
85-89	17	0.6	1,852	2.3
90 +	7	0.2	503	0.6
Not Reported	1	0.0	3	0.0
SOURCE OF ADMISSION				
Physician Referral	3,027	100.0	66,582	83.1
Clinic Referral	0	0.0	1,125	1.4
HMO Referral	0	0.0	1	0.0
Other Hospital	0	0.0	0	0.0
Skilled Nursing Facility	0	0.0	0	0.0
Other Health Care Facility	0	0.0	1	0.0
Emergency Room	0	0.0	0	0.0
Court/Law Enforcement	0	0.0	0	0.0
Unknown	0	0.0	1,491	1.9
Not Reported	0	0.0	10,883	13.6

(Continued)

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

417 South Towne Surgical Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	2,874	94.9	74,062	92.5
Another Hospital	0	0.0	70	0.1
Skilled Nursing Facility	0	0.0	0	0.0
Intermediate Care Facility	0	0.0	0	0.0
Another Type of Institution	0	0.0	6	0.0
Under Care of Home Service	0	0.0	0	0.0
Left Against Medical Advice	0	0.0	0	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	0	0.0	0	0.0
Unknown	153	5.1	5,945	7.4
Not Reported	0	0.0	0	0.0
PRIMARY PAYER				
Medicare	280	9.3	23,413	29.2
Medicaid	566	18.7	4,648	5.8
Other government	99	3.3	2,399	3.0
Blue Cross/Blue Shield	921	30.4	15,904	19.9
Other Commercial	216	7.1	7,364	9.2
Managed Care(HMO, PPO)	631	20.8	21,802	27.2
Self Pay	0	0.0	1,220	1.5
Industrial & Worker Comp	65	2.1	2,135	2.7
Charity and Unclassified	0	0.0	154	0.2
Childrens Health Insurance	0	0.0	264	0.3
Unknown	0	0.0	106	0.1
Not Reported	249	8.2	674	0.8
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	25	0.8	3,483	4.3
Central Utah	24	0.8	1,303	1.6
Davis County	100	3.3	13,093	16.3
Salt Lake County	2,450	80.9	27,138	33.9
Southeastern Utah	13	0.4	735	0.9
Southwest Utah	7	0.2	2,839	3.5
Summit County	28	0.9	861	1.1
Tooele County	48	1.6	1,082	1.4
Tri-County	15	0.5	373	0.5
Utah County	183	6.0	10,188	12.7
Wasatch County	9	0.3	365	0.5
Weber County	36	1.2	14,996	18.7
Unknown Utah	4	0.1	31	0.0
Outside Utah	85	2.8	3,579	4.5
Unknown, Not Reported	0	0.0	17	0.0

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

AMB ST 1-1
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

408 St. George Surgical Center

	Procedures Performed		Procedures Performed-All FASCs	
	(#)	(%)	(#)	(%)
Reporting Category(ICD-9-CM CODES)	119	100.0	65,542	100.0
Mastectomy (85.0-85.99)	0	0.0	1,897	2.9
Musculoskeletal (76.0-84.99)	0	0.0	11,654	17.8
Respiratory (30.0-34.99)	1	0.8	136	0.2
Cardiovascular (35.0-39.99)	51	42.9	283	0.4
Lymphatic/Hemetic (40.0-41.99)	0	0.0	102	0.2
Digestive System (42.0-54.99)	33	27.7	14,143	21.6
Urinary (55.0-59.99)	20	16.8	238	0.4
Male Genital (60.0-64.99)	3	2.5	168	0.3
Female Genital (65.0-71.99)	11	9.2	1,640	2.5
Endocrine/Nervous (01.0-07.99)	0	0.0	4,080	6.2
Eye (08.0-16.99)	0	0.0	17,881	27.3
Ear (18.0-20.99)	0	0.0	3,287	5.0
Nose, Mouth, Pharynx (21.0-29.99)	0	0.0	10,033	15.3
Reporting Category(CPT-4 CODES)	1,684	100.0	107,843	100.0
Mastectomy (19120-19220)	10	0.6	642	0.6
Musculoskeletal (20000-29909)	124	7.4	23,577	21.9
Respiratory (30000-32999 & 39501-39599)	15	0.9	8,972	8.3
Cardiovascular (33010-37799 & 93501-93660)	5	0.3	311	0.3
Lymphatic/Hemetic (38100-38999)	0	0.0	149	0.1
Digestive (40490-49999)	68	4.0	35,989	33.4
Urinary (50010-53899)	160	9.5	1,796	1.7
Male Genital (54000-55899)	13	0.8	492	0.5
Female Genital (56405-58999)	168	10.0	2,208	2.0
Endocrine/Nervous (60000-64999)	1,044	62.0	9,930	9.2
Eye (65091-68899)	69	4.1	19,862	18.4
Ear (69000-69979)	8	0.5	3,915	3.6

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics.

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

AMB ST 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES

408 St. George Surgical Center

ICD-9 CODE	ICD-9 DESCRIPTION	#	%	% ALL FASCs
<hr/>				
All ICD-9 Procedures		119	100.0	100.0
3669	3669	33	27.7	0.05
5210	5210	32	26.9	0.05
5509	5509	15	12.6	0.02
3665	3665	11	9.2	0.02
7018	7018	11	9.2	0.02
5934	5934	5	4.2	0.01
3743	3743	3	2.5	0.00
3540	3540	2	1.7	0.00
3556	3556	2	1.7	0.00
3379	3379	1	0.8	0.00
4564	4564	1	0.8	0.00
6049	6049	1	0.8	0.00
6111	BIOPSY SCROTUM OR TUNICA VAGINALIS	1	0.8	0.00
6180	6180	1	0.8	0.00

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL FASCs
<hr/>				
All CPT-4 Procedures		1,684	100.0	100.0
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	253	15.0	1.52
64475	INJ ANES FACET JT; LUMB/SAC-1LEV	139	8.3	0.56
64476	INJ ANES FACET JT; LUMB/SAC-EA A	139	8.3	0.79
50590	LITHOTRIPSY XTRACORP SHOCK WAVE	101	6.0	0.50
64483	INJ ANES EPIDURL; LUMB/SAC 1 LEV	93	5.5	1.13
64623	DESTRUC FACET JT NRV; L/S-EA AD	81	4.8	0.45
64622	DESTRUC FACET JT NRV; L/S-1 LEVE	77	4.6	0.28
62310	INJ 1 NOT NEUROLYTIC-EPID;CERV/T	58	3.4	0.42
64484	INJ ANES EPIDURL; LUMB/SAC-EA AD	49	2.9	0.52
58670	LAPARSCPY SURGICAL; W/FULG OVIDU	45	2.7	0.13
58662	LAP SURG; W/FULG/EXCIS LES-OVARY	38	2.3	0.45
66984	EXTRACAPSULAR CATARACT REMV IOL	33	2.0	10.60
41899	UNLIST PROC DENTOALVEOL STRUCTUR	32	1.9	2.24
64472	INJ ANES FACET JT; CERV/THOR-EA	24	1.4	0.44
62290	INJ PROC DISKOGRAPHY EA LEVL; LU	23	1.4	0.17
64470	INJ ANES FACET JT; CERV/THOR-1LE	23	1.4	0.24
64627	DESTRUC FACET NRV; CRV/THOR-EA A	23	1.4	0.12
27096	INJ SI JNT ARTHRGRPH &/ANES/STER	20	1.2	0.20
20552	INJ; SINGLE/MX TRIG POINT 1/2 MU	18	1.1	0.04
64626	DESTRUC FACET NRV; CERV/THOR 1 L	17	1.0	0.07

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

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

AMB ST 1-3

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

408 St. George Surgical Center

ICD-9 CODE	ICD-9 DESCRIPTION	#	AVE TOT CHR	AVE TOT CHR(ALL FASCs)
ICD-9 Procedures		117	\$1,042	\$1,710
3669	3669	33	\$995	\$995
5210	5210	32	\$904	\$904
5509	5509	15	\$1,303	\$1,303
3665	3665	11	\$465	\$465
7018	7018	11	\$1,508	\$1,508
5934	5934	5	\$948	\$948
3540	3540	2	\$2,302	\$2,302
3556	3556	2	\$674	\$674
3379	3379	1	\$321	\$321
3743	3743	1	\$608	\$608
4564	4564	1	\$851	\$851
6049	6049	1	\$1,186	\$1,186
6111	BIOPSY SCROTUM OR TUNICA VAGINALIS	1	\$608	\$608
6180	6180	1	\$4,671	\$4,671

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHR	AVE TOT CHR(ALL FASCs)
CPT-4 Procedures		758	\$779	\$1,932
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	231	\$378	\$727
50590	LITHOTRIPSY XTRACORP SHOCK WAVE	72	\$641	\$5,451
62310	INJ 1 NOT NEUROLYTIC-EPID;CERV/T	54	\$355	\$727
58670	LAPARSCPY SURGICAL; W/FULG OVIDU	41	\$1,760	\$1,613
64483	INJ ANES EPIDURL; LUMB/SAC 1 LEV	36	\$382	\$784
66984	EXTRACAPSULAR CATARACT REMV IOL	33	\$995	\$2,558
41899	UNLIST PROC DENTOALVEOL STRUCTUR	32	\$904	\$2,063
58662	LAP SURG; W/FULG/EXCIS LES-OVARY	26	\$1,485	\$2,574
49505	REPR INIT ING HERNIA 5YR/MORE; R	14	\$1,238	\$2,089
30400	RHINO PRIM; LAT&ALAR CART&/ELEV	12	\$947	\$1,532
66821	DISCISSION 2ND CATARACT; LASER S	11	\$465	\$844
67900	REPAIR OF BROW PTOSIS	10	\$1,300	\$2,152
69300	OTPLSTY PROTRUDING EAR W/WO SZ R	8	\$961	\$1,107
19120	EXC BRST CYST TUMR/LES OPN M/F 1	6	\$650	\$1,079
27096	INJ SI JNT ARTHRGRPH &/ANES/STER	6	\$294	\$735
58661	LAP SURG; W/REMV ADNEXAL STRUCT	6	\$2,037	\$3,156
52234	CYSTOURETHROSCOPY W/FULG; SM TUM	5	\$530	\$1,246
54161	CIRC NO CLAMP/DORSL SLIT; NOT NB	5	\$634	\$1,358
20551	INJECTION; 1 TENDON ORIGIN/INSER	4	\$436	\$436
49585	REPR UMBIL HERNIA 5YR/OVER; RDOC	4	\$1,875	\$2,643

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

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

408 St. George Surgical Center

Procedure APG category		TOTAL #	TOTAL # (ALL FASCs)
Procedure APG			
01	INTEGUMENTARY SYSTEM	22	1,798
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	2	359
	008 SIMPLE EXCISION AND BIOPSY	10	566
	011 SIMPLE INCISION AND EXCISION OF BREAST	9	582
	012 BREAST RECONSTRUCTION AND MASTECTOMY	1	60
02	MUSCULOSKELETAL SYSTEM	102	21,921
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	2	1,987
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	3	585
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	4	880
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	20	4,924
	025 ARTHROSCOPY	1	9,799
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	1	1,341
	032 BUNION PROCEDURES	7	927
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	64	819
04	CARDIOVASCULAR SYSTEM	4	259
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	2	31
	082 VASCULAR LIGATION	2	184
06	DIGESTIVE SYSTEM	145	30,846
	117 LOWER GASTROINTESTINAL ENDOSCOPY	4	16,456
	119 HERNIA AND HYDROCELE PROCEDURES	22	1,323
	120 COMPLEX ANAL AND RECTAL PROCEDURES	2	206
	123 COMPLEX LAPAROSCOPIC PROCEDURES	113	1,860
	124 SIMPLE LAPAROSCOPIC PROCEDURES	4	8
07	URINARY SYSTEM	159	1,774
	131 RENAL EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	101	543
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	27	574
	135 MODERATE CYSTOURETHROSCOPY	29	492
	136 SIMPLE CYSTOURETHROSCOPY	2	104
08	MALE GENITAL SYSTEM	12	425
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	7	299
	154 SIMPLE PENILE PROCEDURES	5	91
09	FEMALE GENITAL SYSTEM	56	1,260
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	16	123
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	22	325
	178 DILATION AND CURETTAGE	10	144
	179 HYSTEROSCOPY	7	642
	180 COLPOSCOPY	1	26
10	NERVOUS SYSTEM	1,020	9,585
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	966	7,131
	196 REVISION AND REMOVAL OF NEUROLOGICAL DEVICE	1	24
	197 NEUROSTIMULATOR AND VENTRICULAR SHUNT IMPLANTATION	8	53
	198 NERVE REPAIR AND DESTRUCTION	45	2,377
11	EYE AND OCULAR ADNEXA	69	19,770
	213 LASER EYE PROCEDURES	12	1,733
	214 CATARACT PROCEDURES	34	11,976
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	2	863

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

408 St. George Surgical Center

procedure APG category		TOTAL #	TOTAL # (ALL FASCs)
procedure APG			
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	16	1,803
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	4	451
	223 VITRECTOMY	1	542
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	65	15,186
	234 COMPLEX FACIAL AND ENT PROCEDURES	27	2,830
	235 SIMPLE FACIAL AND ENT PROCEDURES	36	9,118
	236 TONSIL AND ADENOID PROCEDURES	2	3,152
13	THERAPEUTIC AND OTHER RADIOLOGICAL PROCEDURES	23	190
	254 MYELOGRAPHY	23	186

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

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

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
PROCEDURE APG CATEGORY, PROCEDURE APG, SINGLE APG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

408 St. George Surgical Center

Procedure APG category	Procedure APG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL FASCs)
01	INTEGUMENTARY SYSTEM	13	\$696	\$1,406
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	2	\$805	\$1,481
	008 SIMPLE EXCISION AND BIOPSY	4	\$733	\$1,383
	011 SIMPLE INCISION AND EXCISION OF BREAST	6	\$650	\$1,010
	012 BREAST RECONSTRUCTION AND MASTECTOMY	1	\$608	\$1,408
02	MUSCULOSKELETAL SYSTEM	35	\$680	\$2,684
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	2	\$1,812	\$3,523
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	3	\$776	\$2,335
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	2	\$557	\$2,403
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	11	\$747	\$1,842
	025 ARTHROSCOPY	1	\$1,749	\$3,355
	032 BUNION PROCEDURES	3	\$885	\$2,102
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	13	\$316	\$948
04	CARDIOVASCULAR SYSTEM	2	\$458	\$1,368
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	2	\$458	\$1,078
06	DIGESTIVE SYSTEM	113	\$1,704	\$1,374
	117 LOWER GASTROINTESTINAL ENDOSCOPY	4	\$607	\$1,188
	119 HERNIA AND HYDROCELE PROCEDURES	20	\$1,421	\$2,291
	120 COMPLEX ANAL AND RECTAL PROCEDURES	1	\$492	\$1,270
	123 COMPLEX LAPAROSCOPIC PROCEDURES	85	\$1,790	\$3,967
	124 SIMPLE LAPAROSCOPIC PROCEDURES	3	\$3,008	\$2,613
07	URINARY SYSTEM	91	\$650	\$3,192
	131 RENAL EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	72	\$641	\$5,451
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	12	\$713	\$1,869
	135 MODERATE CYSTOURETHROSCOPY	7	\$634	\$1,572
08	MALE GENITAL SYSTEM	9	\$741	\$1,975
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	4	\$876	\$2,237
	154 SIMPLE PENILE PROCEDURES	5	\$634	\$1,357
09	FEMALE GENITAL SYSTEM	24	\$1,117	\$2,156
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	6	\$1,658	\$2,541
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	11	\$1,059	\$1,482
	178 DILATION AND CURETTAGE	4	\$722	\$1,373
	179 HYSTEROSCOPY	3	\$778	\$2,587
10	NERVOUS SYSTEM	343	\$434	\$1,104
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	333	\$375	\$756
	196 REVISION AND REMOVAL OF NEUROLOGICAL DEVICE	1	\$0	\$1,849
	197 NEUROSTIMULATOR AND VENTRICULAR SHUNT IMPLANTATION	4	\$3,455	\$4,462
	198 NERVE REPAIR AND DESTRUCTION	5	\$2,019	\$1,859
11	EYE AND OCULAR ADNEXA	60	\$907	\$2,446
	213 LASER EYE PROCEDURES	12	\$478	\$842
	214 CATARACT PROCEDURES	33	\$995	\$2,594
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	2	\$681	\$3,310
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	11	\$1,237	\$2,208
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	2	\$430	\$1,467
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	62	\$963	\$1,825

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
PROCEDURE APG CATEGORY, PROCEDURE APG, SINGLE APG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

408 St. George Surgical Center

procedure APG category Procedure APG	TOTAL #	AVE TOT CHRG	AVE TOT CHRG(ALL FASCs)
234 COMPLEX FACIAL AND ENT PROCEDURES	26	\$987	\$2,361
235 SIMPLE FACIAL AND ENT PROCEDURES	34	\$951	\$1,938
236 TONSIL AND ADENOID PROCEDURES	2	\$849	\$1,528

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

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

408 St. George Surgical Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
GENDER				
Female	650	58.9	44,181	55.2
Male	441	39.9	35,842	44.8
Unknown	0	0.0	24	0.0
Not Reported	13	1.2	36	0.0
AGE				
1-28 days	0	0.0	1	0.0
29-365 days	1	0.1	488	0.6
1-4 years	7	0.6	3,538	4.4
5-9	9	0.8	2,024	2.5
10-14	4	0.4	1,065	1.3
15-17	10	0.9	1,445	1.8
18-19	12	1.1	1,166	1.5
20-24	44	4.0	3,240	4.0
25-29	77	7.0	3,566	4.5
30-34	64	5.8	3,445	4.3
35-39	66	6.0	3,684	4.6
40-44	78	7.1	4,254	5.3
45-49	71	6.4	5,271	6.6
50-54	79	7.2	7,286	9.1
55-59	74	6.7	6,931	8.7
60-64	102	9.2	6,093	7.6
65-69	107	9.7	6,852	8.6
70-74	110	10.0	7,021	8.8
75-79	98	8.9	6,205	7.7
80-84	64	5.8	4,151	5.2
85-89	17	1.5	1,852	2.3
90 +	10	0.9	503	0.6
Not Reported	0	0.0	3	0.0
SOURCE OF ADMISSION				
Physician Referral	1,104	100.0	66,582	83.1
Clinic Referral	0	0.0	1,125	1.4
HMO Referral	0	0.0	1	0.0
Other Hospital	0	0.0	0	0.0
Skilled Nursing Facility	0	0.0	0	0.0
Other Health Care Facility	0	0.0	1	0.0
Emergency Room	0	0.0	0	0.0
Court/Law Enforcement	0	0.0	0	0.0
Unknown	0	0.0	1,491	1.9
Not Reported	0	0.0	10,883	13.6

(Continued)

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

408 St. George Surgical Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	1,104	100.0	74,062	92.5
Another Hospital	0	0.0	70	0.1
Skilled Nursing Facility	0	0.0	0	0.0
Intermediate Care Facility	0	0.0	0	0.0
Another Type of Institution	0	0.0	6	0.0
Under Care of Home Service	0	0.0	0	0.0
Left Against Medical Advice	0	0.0	0	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	0	0.0	0	0.0
Unknown	0	0.0	5,945	7.4
Not Reported	0	0.0	0	0.0
PRIMARY PAYER				
Medicare	405	36.7	23,413	29.2
Medicaid	70	6.3	4,648	5.8
Other government	19	1.7	2,399	3.0
Blue Cross/Blue Shield	163	14.8	15,904	19.9
Other Commercial	164	14.9	7,364	9.2
Managed Care(HMO, PPO)	186	16.8	21,802	27.2
Self Pay	66	6.0	1,220	1.5
Industrial & Worker Comp	30	2.7	2,135	2.7
Charity and Unclassified	0	0.0	154	0.2
Childrens Health Insurance	0	0.0	264	0.3
Unknown	0	0.0	106	0.1
Not Reported	1	0.1	674	0.8
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	0	0.0	3,483	4.3
Central Utah	10	0.9	1,303	1.6
Davis County	2	0.2	13,093	16.3
Salt Lake County	5	0.5	27,138	33.9
Southeastern Utah	4	0.4	735	0.9
Southwest Utah	910	82.4	2,839	3.5
Summit County	0	0.0	861	1.1
Tooele County	0	0.0	1,082	1.4
Tri-County	0	0.0	373	0.5
Utah County	5	0.5	10,188	12.7
Wasatch County	0	0.0	365	0.5
Weber County	2	0.2	14,996	18.7
Unknown Utah	1	0.1	31	0.0
Outside Utah	163	14.8	3,579	4.5
Unknown, Not Reported	2	0.2	17	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, 2006
NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

409 St. Marks Outpatient Surgical Center

	Procedures Performed		Procedures Performed-All FASCs	
	(#)	(%)	(#)	(%)
Reporting Category(ICD-9-CM CODES)	7,236	100.0	65,542	100.0
Mastectomy (85.0-85.99)	530	7.3	1,897	2.9
Musculoskeletal (76.0-84.99)	2,242	31.0	11,654	17.8
Respiratory (30.0-34.99)	26	0.4	136	0.2
Cardiovascular (35.0-39.99)	15	0.2	283	0.4
Lymphatic/Hemetic (40.0-41.99)	32	0.4	102	0.2
Digestive System (42.0-54.99)	640	8.8	14,143	21.6
Urinary (55.0-59.99)	5	0.1	238	0.4
Male Genital (60.0-64.99)	9	0.1	168	0.3
Female Genital (65.0-71.99)	298	4.1	1,640	2.5
Endocrine/Nervous (01.0-07.99)	489	6.8	4,080	6.2
Eye (08.0-16.99)	1,069	14.8	17,881	27.3
Ear (18.0-20.99)	305	4.2	3,287	5.0
Nose, Mouth, Pharynx (21.0-29.99)	1,576	21.8	10,033	15.3
Reporting Category(CPT-4 CODES)	7,709	100.0	107,843	100.0
Mastectomy (19120-19220)	487	6.3	642	0.6
Musculoskeletal (20000-29909)	2,697	35.0	23,577	21.9
Respiratory (30000-32999 & 39501-39599)	1,294	16.8	8,972	8.3
Cardiovascular (33010-37799 & 93501-93660)	28	0.4	311	0.3
Lymphatic/Hemetic (38100-38999)	39	0.5	149	0.1
Digestive (40490-49999)	1,013	13.1	35,989	33.4
Urinary (50010-53899)	5	0.1	1,796	1.7
Male Genital (54000-55899)	9	0.1	492	0.5
Female Genital (56405-58999)	262	3.4	2,208	2.0
Endocrine/Nervous (60000-64999)	501	6.5	9,930	9.2
Eye (65091-68899)	1,063	13.8	19,862	18.4
Ear (69000-69979)	311	4.0	3,915	3.6

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics.

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

AMB ST 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES

409 St. Marks Outpatient Surgical Center

ICD-9 CODE	ICD-9 DESCRIPTION	#	%	% ALL FASCs
All ICD-9 Procedures		7,236	100.0	100.0
1371	INSRT IOL-CATARACT EXTRACT-1 STAGE	903	12.5	10.19
2169	OTHER TURBINECTOMY	461	6.4	2.40
8521	LOCAL EXCISION OF LESION OF BREAST	450	6.2	0.93
806	EXCISION SEMILUNAR CARTILAGE KNEE	350	4.8	2.02
5300	UNILATERAL REPAIR ING HERNIA NOS	300	4.1	0.51
0443	RELEASE OF CARPAL TUNNEL	271	3.7	1.23
2001	MYRINGOTOMY WITH INSERTION OF TUBE	246	3.4	3.84
8183	OTHER REPAIR OF SHOULDER	215	3.0	1.34
2262	EXC LESION MAX SINUS W/OTH APPRCH	189	2.6	1.25
215	SUBMUCOUS RESECTION OF NASAL SEPTUM	170	2.3	0.62
2263	ETHMOIDECTOMY	136	1.9	1.89
282	TONSILLECTOMY WITHOUT ADENOIDECTOMY	126	1.7	0.87
8211	TENOTOMY OF HAND	124	1.7	0.27
283	TONSILLECTOMY WITH ADENOIDECTOMY	119	1.6	1.88
7860	REMOVAL IMPL DEVICE UNSPEC SITE	104	1.4	0.24
7751	BUNIONEC SOFT-OSTEOT 1ST METATARS	96	1.3	0.38
7756	REPAIR OF HAMMER TOE	94	1.3	0.47
8332	EXCISION OF LESION OF MUSCLE	82	1.1	0.19
5349	OTHER UMBILICAL HERNIORRHAPHY	80	1.1	0.24
8221	EXCISION LESION TENDON SHEATH HAND	76	1.1	0.31

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL FASCs
All CPT-4 Procedures		7,709	100.0	100.0
66984	EXTRACAPSULAR CATARACT REMV IOL	903	11.7	10.60
30140	SUBMUCOS RES TURBINATE PART/CMPL	408	5.3	2.08
19120	EXC BRST CYST TUMR/LES OPN M/F 1	284	3.7	0.38
29881	SCOPE KNEE SURG;W/MENISCECT MED/	269	3.5	1.86
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	268	3.5	1.36
49505	REPR INIT ING HERNIA 5YR/MORE; R	251	3.3	0.64
69436	TYMPANOSTOMY GENERAL ANESTHESIA	246	3.2	2.97
29826	SCOPE SHOULDER; DECOMP SUBACROM	215	2.8	1.23
31267	NASL/SINUS ENDO; W/TISS REMV MAX	189	2.5	0.78
30520	SEPTOPLASTY/SUBMUCOS RES W/GFT	165	2.1	1.43
19125	EXC BRST LES ID RAD MARKR OPN;1	150	1.9	0.15
31255	NASAL/SINUS ENDO; W/TOT ETHMOECT	136	1.8	0.94
26055	TENDON SHEATH INCISION	124	1.6	0.61
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	119	1.5	0.66
29827	SCOPE SHLDR SURG; W/ROTOR CUFF R	113	1.5	0.51
31254	NASAL/SINUS ENDO; W/PART ETHMOEC	109	1.4	0.44
42820	T&A; UNDER AGE 12	97	1.3	1.25
28285	CORRECTION HAMMERTOES	94	1.2	0.86
20680	REMOVAL OF IMPLANT; DEEP	92	1.2	0.69
28296	HALLUX VALGUS; W/METATARSAL OSTE	86	1.1	0.42

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

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

AMB ST 1-3

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

409 St. Marks Outpatient Surgical Center

ICD-9 CODE	ICD-9 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL FASCs)
ICD-9 Procedures		3,932	\$1,245	\$1,710
1371	INSRT IOL-CATARACT EXTRACT-1 STAGE	903	\$1,575	\$2,921
8521	LOCAL EXCISION OF LESION OF BREAST	330	\$811	\$1,003
806	EXCISION SEMILUNAR CARTILAGE KNEE	279	\$1,262	\$2,570
5300	UNILATERAL REPAIR ING HERNIA NOS	185	\$1,028	\$1,530
0443	RELEASE OF CARPAL TUNNEL	157	\$761	\$1,769
8183	OTHER REPAIR OF SHOULDER	136	\$1,909	\$2,778
282	TONSILLECTOMY WITHOUT ADENOIDECTOMY	102	\$854	\$1,436
283	TONSILLECTOMY WITH ADENOIDECTOMY	100	\$968	\$1,633
0392	INJECTION OTH AGT INTO SPINAL CANAL	68	\$820	\$800
7860	REMOVAL IMPL DEVICE UNSPEC SITE	58	\$869	\$1,808
8221	EXCISION LESION TENDON SHEATH HAND	58	\$944	\$1,564
8332	EXCISION OF LESION OF MUSCLE	58	\$1,041	\$1,449
5349	OTHER UMBILICAL HERNIORRHAPHY	56	\$1,759	\$3,156
6902	DILATION&CURET FOLLOWING DELIV/AB	53	\$883	\$1,174
7751	BUNIONEC SOFT-OSTEOT 1ST METATARS	47	\$1,265	\$1,948
8211	TENOTOMY OF HAND	45	\$738	\$1,764
4946	EXCISION OF HEMORRHOIDS	44	\$907	\$1,182
6816	CLOSED BIOPSY OF UTERUS	40	\$1,385	\$1,385
7932	OPEN RDUC FX RADUS&ULNA W/INTRL FIX	40	\$1,131	\$2,442
1163	PKP WITH AUTOGRAFT	38	\$1,255	\$1,506

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL FASCs)
CPT-4 Procedures		3,879	\$1,236	\$1,932
66984	EXTRACAPSULAR CATARACT REMV IOL	903	\$1,575	\$2,558
19120	EXC BRST CYST TUMR/LES OPN M/F 1	218	\$797	\$1,079
29881	SCOPE KNEE SURG;W/MENISCECT MED/	215	\$1,286	\$2,661
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	155	\$750	\$1,734
49505	REPR INIT ING HERNIA 5YR/MORE; R	149	\$961	\$2,089
19125	EXC BRST LES ID RAD MARKR OPN;1	107	\$793	\$821
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	95	\$847	\$1,435
42820	T&A; UNDER AGE 12	76	\$944	\$1,584
29880	SCOPE KNEE SURG;W/MENISCECT MED&	54	\$1,154	\$3,253
29826	SCOPE SHOULDER; DECOMP SUBACROM	51	\$1,473	\$3,409
20680	REMOVAL OF IMPLANT; DEEP	49	\$933	\$1,588
26055	TENDON SHEATH INCISION	45	\$738	\$1,704
28296	HALLUX VALGUS; W/METATARSAL OSTE	42	\$1,252	\$1,968
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	41	\$834	\$727
58558	HYSTEROscopy SURG; W/BX &/ POLYPE	40	\$1,385	\$1,694
49587	REPR UMBIL HERNIA 5YR/OVER; INCA	39	\$2,085	\$3,190
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	34	\$4,979	\$5,133
58563	HYSTEROsc SURG; W/ENDOMETRIAL AB	34	\$1,907	\$3,299
65730	KERATOPLSTY; PENETRAT NOT APHAKI	31	\$1,243	\$5,707
26160	EXC LES TEND SHETH/JNT CAP HND/F	30	\$747	\$1,582

SOURCE: Utah Ambulatory Surgery Database

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

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

409 St. Marks Outpatient Surgical Center

Procedure APG category		TOTAL #	TOTAL # (ALL FASCs)
Procedure APG			
01	INTEGUMENTARY SYSTEM	775	1,798
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	2	32
	003 COMPLEX INCISION AND DRAINAGE	2	25
	004 SIMPLE INCISION AND DRAINAGE	2	16
	006 SIMPLE DEBRIDEMENT AND DESTRUCTION	3	27
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	115	359
	008 SIMPLE EXCISION AND BIOPSY	141	566
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRANGE	23	130
	011 SIMPLE INCISION AND EXCISION OF BREAST	449	582
	012 BREAST RECONSTRUCTION AND MASTECTOMY	38	60
02	MUSCULOSKELETAL SYSTEM	2,374	21,921
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	185	1,987
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	89	585
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	150	880
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	573	4,924
	025 ARTHROSCOPY	963	9,799
	026 REPLACEMENT OF CAST	1	4
	028 CLOSED TREATMENT FX & DISLOCATION OF FINGER, TOE & TRUNK	2	13
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	13	103
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	181	1,341
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	28	181
	032 BUNION PROCEDURES	119	927
	033 ARTHROPLASTY	26	262
	034 HAND AND FOOT TENOTOMY	8	95
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	36	819
03	RESPIRATORY SYSTEM	642	4,159
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	638	4,113
	054 SIMPLE ENDOSCOPY OF THE UPPER AIRWAY	4	40
04	CARDIOVASCULAR SYSTEM	12	259
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	10	31
	081 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	2	20
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	42	176
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	42	176
06	DIGESTIVE SYSTEM	731	30,846
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	2	7,822
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	2	2,304
	119 HERNIA AND HYDROCELE PROCEDURES	459	1,323
	120 COMPLEX ANAL AND RECTAL PROCEDURES	119	206
	121 SIMPLE ANAL AND RECTAL PROCEDURES	3	33
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	5	20
	123 COMPLEX LAPAROSCOPIC PROCEDURES	141	1,860
07	URINARY SYSTEM	5	1,774
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	4	574
	138 SIMPLE URETHRAL PROCEDURES	1	27
08	MALE GENITAL SYSTEM	8	425
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	7	299

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

409 St. Marks Outpatient Surgical Center

procedure APG category		TOTAL #	TOTAL # (ALL FASCs)
procedure APG			
	154 SIMPLE PENILE PROCEDURES	1	91
09	FEMALE GENITAL SYSTEM	171	1,260
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	6	123
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	47	325
	178 DILATION AND CURETTAGE	16	144
	179 HYSTEROSCOPY	97	642
	180 COLPOSCOPY	5	26
10	NERVOUS SYSTEM	436	9,585
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	78	7,131
	196 REVISION AND REMOVAL OF NEUROLOGICAL DEVICE	3	24
	198 NERVE REPAIR AND DESTRUCTION	355	2,377
11	EYE AND OCULAR ADNEXA	1,060	19,770
	214 CATARACT PROCEDURES	917	11,976
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	48	863
	216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	26	775
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	10	765
	220 STRABISMUS AND MUSCLE EYE PROCEDURES	29	472
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	15	1,803
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	13	451
	223 VITRECTOMY	2	542
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	1,391	15,186
	233 NASAL CAUTERIZATION AND PACKING	5	86
	234 COMPLEX FACIAL AND ENT PROCEDURES	342	2,830
	235 SIMPLE FACIAL AND ENT PROCEDURES	762	9,118
	236 TONSIL AND ADENOID PROCEDURES	282	3,152

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

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

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
PROCEDURE APG CATEGORY, PROCEDURE APG, SINGLE APG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

409 St. Marks Outpatient Surgical Center

Procedure APG category	Procedure APG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL FASCs)
01	INTEGUMENTARY SYSTEM	512	\$824	\$1,406
	003 COMPLEX INCISION AND DRAINAGE	2	\$692	\$1,543
	004 SIMPLE INCISION AND DRAINAGE	2	\$627	\$1,275
	006 SIMPLE DEBRIDEMENT AND DESTRUCTION	3	\$757	\$1,167
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	73	\$907	\$1,481
	008 SIMPLE EXCISION AND BIOPSY	73	\$683	\$1,383
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRAN	3	\$1,311	\$2,411
	011 SIMPLE INCISION AND EXCISION OF BREAST	325	\$796	\$1,010
	012 BREAST RECONSTRUCTION AND MASTECTOMY	31	\$1,238	\$1,408
02	MUSCULOSKELETAL SYSTEM	1,097	\$1,261	\$2,684
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	83	\$2,597	\$3,523
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	48	\$758	\$2,335
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	52	\$1,026	\$2,403
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	235	\$891	\$1,842
	025 ARTHROSCOPY	460	\$1,390	\$3,355
	028 CLOSED TREATMENT FX & DISLOCATION OF FINGER, TOE & TRUNK	2	\$1,031	\$1,346
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	10	\$796	\$1,389
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	125	\$1,032	\$2,480
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	15	\$573	\$1,591
	032 BUNION PROCEDURES	54	\$1,244	\$2,102
	033 ARTHROPLASTY	11	\$1,112	\$3,391
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	2	\$1,164	\$948
03	RESPIRATORY SYSTEM	20	\$896	\$1,659
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	20	\$896	\$1,665
04	CARDIOVASCULAR SYSTEM	9	\$734	\$1,368
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	9	\$734	\$1,078
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	28	\$1,057	\$1,945
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	28	\$1,057	\$1,945
06	DIGESTIVE SYSTEM	501	\$1,390	\$1,374
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	2	\$879	\$994
	119 HERNIA AND HYDROCELE PROCEDURES	273	\$1,202	\$2,291
	120 COMPLEX ANAL AND RECTAL PROCEDURES	119	\$907	\$1,270
	121 SIMPLE ANAL AND RECTAL PROCEDURES	3	\$843	\$1,665
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	2	\$399	\$1,067
	123 COMPLEX LAPAROSCOPIC PROCEDURES	102	\$2,505	\$3,967
07	URINARY SYSTEM	5	\$628	\$3,192
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	4	\$593	\$1,869
	138 SIMPLE URETHRAL PROCEDURES	1	\$768	\$1,428
08	MALE GENITAL SYSTEM	2	\$922	\$1,975
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	1	\$973	\$2,237
	154 SIMPLE PENILE PROCEDURES	1	\$870	\$1,357
09	FEMALE GENITAL SYSTEM	131	\$1,311	\$2,156
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	6	\$918	\$2,541
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	33	\$880	\$1,482
	178 DILATION AND CURETTAGE	14	\$1,021	\$1,373

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
PROCEDURE APG CATEGORY, PROCEDURE APG, SINGLE APG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

409 St. Marks Outpatient Surgical Center

procedure APG category		TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL FASCs)
Procedure APG				
	179 HYSTEROSCOPY	76	\$1,596	\$2,587
	180 COLPOSCOPY	2	\$815	\$1,685
10	NERVOUS SYSTEM	255	\$804	\$1,104
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	70	\$817	\$756
	196 REVISION AND REMOVAL OF NEUROLOGICAL DEVICE	3	\$1,479	\$1,849
	198 NERVE REPAIR AND DESTRUCTION	182	\$788	\$1,859
11	EYE AND OCULAR ADNEXA	989	\$1,545	\$2,446
	214 CATARACT PROCEDURES	914	\$1,577	\$2,594
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	44	\$1,237	\$3,310
	216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	15	\$1,074	\$2,221
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	6	\$1,062	\$2,505
	220 STRABISMUS AND MUSCLE EYE PROCEDURES	2	\$1,112	\$2,730
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	3	\$1,119	\$2,208
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	5	\$890	\$1,467
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	310	\$971	\$1,825
	233 NASAL CAUTERIZATION AND PACKING	1	\$702	\$1,295
	234 COMPLEX FACIAL AND ENT PROCEDURES	36	\$1,473	\$2,361
	235 SIMPLE FACIAL AND ENT PROCEDURES	72	\$917	\$1,938
	236 TONSIL AND ADENOID PROCEDURES	201	\$901	\$1,528

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

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

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

409 St. Marks Outpatient Surgical Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
GENDER				
Female	3,058	57.3	44,181	55.2
Male	2,274	42.6	35,842	44.8
Unknown	0	0.0	24	0.0
Not Reported	7	0.1	36	0.0
AGE				
1-28 days	0	0.0	1	0.0
29-365 days	25	0.5	488	0.6
1-4 years	111	2.1	3,538	4.4
5-9	90	1.7	2,024	2.5
10-14	79	1.5	1,065	1.3
15-17	117	2.2	1,445	1.8
18-19	107	2.0	1,166	1.5
20-24	244	4.6	3,240	4.0
25-29	304	5.7	3,566	4.5
30-34	311	5.8	3,445	4.3
35-39	342	6.4	3,684	4.6
40-44	398	7.5	4,254	5.3
45-49	432	8.1	5,271	6.6
50-54	493	9.2	7,286	9.1
55-59	544	10.2	6,931	8.7
60-64	484	9.1	6,093	7.6
65-69	376	7.0	6,852	8.6
70-74	341	6.4	7,021	8.8
75-79	259	4.9	6,205	7.7
80-84	185	3.5	4,151	5.2
85-89	73	1.4	1,852	2.3
90 +	24	0.4	503	0.6
Not Reported	0	0.0	3	0.0
SOURCE OF ADMISSION				
Physician Referral	5,339	100.0	66,582	83.1
Clinic Referral	0	0.0	1,125	1.4
HMO Referral	0	0.0	1	0.0
Other Hospital	0	0.0	0	0.0
Skilled Nursing Facility	0	0.0	0	0.0
Other Health Care Facility	0	0.0	1	0.0
Emergency Room	0	0.0	0	0.0
Court/Law Enforcement	0	0.0	0	0.0
Unknown	0	0.0	1,491	1.9
Not Reported	0	0.0	10,883	13.6

(Continued)

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

409 St. Marks Outpatient Surgical Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	5,327	99.8	74,062	92.5
Another Hospital	11	0.2	70	0.1
Skilled Nursing Facility	0	0.0	0	0.0
Intermediate Care Facility	0	0.0	0	0.0
Another Type of Institution	1	0.0	6	0.0
Under Care of Home Service	0	0.0	0	0.0
Left Against Medical Advice	0	0.0	0	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	0	0.0	0	0.0
Unknown	0	0.0	5,945	7.4
Not Reported	0	0.0	0	0.0
PRIMARY PAYER				
Medicare	957	17.9	23,413	29.2
Medicaid	176	3.3	4,648	5.8
Other government	17	0.3	2,399	3.0
Blue Cross/Blue Shield	1,717	32.2	15,904	19.9
Other Commercial	290	5.4	7,364	9.2
Managed Care(HMO, PPO)	1,880	35.2	21,802	27.2
Self Pay	0	0.0	1,220	1.5
Industrial & Worker Comp	245	4.6	2,135	2.7
Charity and Unclassified	0	0.0	154	0.2
Childrens Health Insurance	0	0.0	264	0.3
Unknown	0	0.0	106	0.1
Not Reported	57	1.1	674	0.8
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	20	0.4	3,483	4.3
Central Utah	19	0.4	1,303	1.6
Davis County	188	3.5	13,093	16.3
Salt Lake County	4,416	82.7	27,138	33.9
Southeastern Utah	16	0.3	735	0.9
Southwest Utah	9	0.2	2,839	3.5
Summit County	102	1.9	861	1.1
Tooele County	191	3.6	1,082	1.4
Tri-County	23	0.4	373	0.5
Utah County	118	2.2	10,188	12.7
Wasatch County	19	0.4	365	0.5
Weber County	44	0.8	14,996	18.7
Unknown Utah	0	0.0	31	0.0
Outside Utah	174	3.3	3,579	4.5
Unknown, Not Reported	0	0.0	17	0.0

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

AMB ST 1-1
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

410 SurgiCare Center of Utah

	Procedures Performed		Procedures Performed-All FASCs	
	(#)	(%)	(#)	(%)
Reporting Category(ICD-9-CM CODES)	.	.	65,542	100.0
Mastectomy (85.0-85.99)	.	.	1,897	2.9
Musculoskeletal (76.0-84.99)	.	.	11,654	17.8
Respiratory (30.0-34.99)	.	.	136	0.2
Cardiovascular (35.0-39.99)	.	.	283	0.4
Lymphatic/Hemetic (40.0-41.99)	.	.	102	0.2
Digestive System (42.0-54.99)	.	.	14,143	21.6
Urinary (55.0-59.99)	.	.	238	0.4
Male Genital (60.0-64.99)	.	.	168	0.3
Female Genital (65.0-71.99)	.	.	1,640	2.5
Endocrine/Nervous (01.0-07.99)	.	.	4,080	6.2
Eye (08.0-16.99)	.	.	17,881	27.3
Ear (18.0-20.99)	.	.	3,287	5.0
Nose, Mouth, Pharynx (21.0-29.99)	.	.	10,033	15.3
Reporting Category(CPT-4 CODES)	1,602	100.0	107,843	100.0
Mastectomy (19120-19220)	0	0.0	642	0.6
Musculoskeletal (20000-29909)	0	0.0	23,577	21.9
Respiratory (30000-32999 & 39501-39599)	9	0.6	8,972	8.3
Cardiovascular (33010-37799 & 93501-93660)	1	0.1	311	0.3
Lymphatic/Hemetic (38100-38999)	0	0.0	149	0.1
Digestive (40490-49999)	0	0.0	35,989	33.4
Urinary (50010-53899)	0	0.0	1,796	1.7
Male Genital (54000-55899)	0	0.0	492	0.5
Female Genital (56405-58999)	0	0.0	2,208	2.0
Endocrine/Nervous (60000-64999)	0	0.0	9,930	9.2
Eye (65091-68899)	1,592	99.4	19,862	18.4
Ear (69000-69979)	0	0.0	3,915	3.6

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics.

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

AMB ST 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES

410 SurgiCare Center of Utah

ICD-9 CODE	ICD-9 DESCRIPTION	#	%	% ALL FASCs
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All ICD-9 Procedures

Does not report ICDs

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL FASCs
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All CPT-4 Procedures		1,602	100.0	100.0
66984	EXTRACAPSULAR CATARACT REMV IOL	1,065	66.5	10.60
66821	DISCISSION 2ND CATARACT; LASER S	156	9.7	1.55
67904	REPR BLEPHAROPTOSIS; RESECT-EXT	69	4.3	0.47
66170	FISTULIZ SCLER; TRABECULECT AB E	28	1.7	0.13
67038	VITRECTOMY MECH; W/MEMBRANE STRI	27	1.7	0.27
65426	EXC/TRANSPOSITION PTERYGIUM; W/G	26	1.6	0.21
67917	REPAIR OF ECTROPION; EXTENSIVE	25	1.6	0.24
67840	EXC LES LID NO CLOS/W SMPL DIR C	18	1.1	0.04
67924	REPAIR OF ENTROPION; EXTENSIVE	17	1.1	0.08
67800	EXCISION OF CHALAZION; SINGLE	15	0.9	0.02
68720	DACRYOCYSTORHINOSTOMY	10	0.6	0.13
31200	ETHMOIDECTOMY; INTRANASAL ANTERI	9	0.6	0.04
67040	VITRECTOMY MECH; W/PANRETINAL PH	8	0.5	0.08
67228	DESTRCT RETINOPATHY; PHOTOCOAGUL	8	0.5	0.01
67911	CORRECTION OF LID RETRACTION	8	0.5	0.09
67950	CANTHOPLASTY	8	0.5	0.08
66986	EXCHANGE OF INTRAOCULAR LENS	7	0.4	0.10
67108	REPR RETINAL DETACH; W/VITRECTOM	7	0.4	0.17
67900	REPAIR OF BROW PTOSIS	6	0.4	0.10
67961	EXC & REPR LID; TO 1/4 LID MARGI	6	0.4	0.08

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

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

AMB ST 1-3

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

410 SurgiCare Center of Utah

ICD-9 CODE	ICD-9 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL FASCs)
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ICD-9 Procedures

Does not report ICDS

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL FASCs)
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CPT-4 Procedures		1,387	\$1,610	\$1,932
66984	EXTRACAPSULAR CATARACT REMV IOL	1,042	\$1,797	\$2,558
66821	DISCISSION 2ND CATARACT; LASER S	140	\$800	\$844
67038	VITRECTOMY MECH; W/MEMBRANE STRI	27	\$1,300	\$3,712
65426	EXC/TRANSPOSITION PTERYGIUM; W/G	23	\$1,300	\$2,095
67840	EXC LES LID NO CLOS/W SMPL DIR C	17	\$731	\$757
67800	EXCISION OF CHALAZION; SINGLE	15	\$625	\$774
67924	REPAIR OF ENTROPION; EXTENSIVE	12	\$1,100	\$1,931
67904	REPR BLEPHAROPTOSIS; RESECT-EXT	11	\$1,400	\$2,375
67917	REPAIR OF ECTROPION; EXTENSIVE	10	\$1,660	\$1,869
66170	FISTULIZ SCLER; TRABECULECT AB E	9	\$1,100	\$2,827
67040	VITRECTOMY MECH; W/PANRETINAL PH	8	\$1,800	\$3,514
67228	DESTRCT RETINOPATHY; PHOTOCOAGUL	8	\$275	\$438
67108	REPR RETINAL DETACH; W/VITRECTOM	7	\$1,800	\$5,548
65755	KERTOPLSTY; PENETRAT PSEUDOPHAKI	5	\$3,560	\$6,026
67950	CANTHOPLASTY	5	\$1,960	\$2,310
67961	EXC & REPR LID; TO 1/4 LID MARGI	5	\$900	\$2,422
66986	EXCHANGE OF INTRAOCULAR LENS	4	\$1,550	\$3,029
67036	VITRECTOMY MECH PARS PLANA APPRC	4	\$1,100	\$4,126
67101	REPR RETINAL DETACH; CRYOTHERAPY	4	\$1,300	\$1,300
67210	DESTRCT LES RETINA; PHOTOCOAGULA	4	\$275	\$548

SOURCE: Utah Ambulatory Surgery Database

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

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

410 SurgiCare Center of Utah

Procedure APG category	Procedure APG	TOTAL #	TOTAL # (ALL FASCs)
01	INTEGUMENTARY SYSTEM	2	1,798
	008 SIMPLE EXCISION AND BIOPSY	2	566
11	EYE AND OCULAR ADNEXA	1,591	19,770
	213 LASER EYE PROCEDURES	171	1,733
	214 CATARACT PROCEDURES	1,075	11,976
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	10	863
	216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	57	775
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	6	765
	218 COMPLEX POSTERIOR SEGMENT EYE PROCEDURES	13	222
	219 SIMPLE POSTERIOR SEGMENT EYE PROCEDURES	2	88
	220 STRABISMUS AND MUSCLE EYE PROCEDURES	4	472
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	167	1,803
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	45	451
	223 VITRECTOMY	41	542
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	9	15,186
	234 COMPLEX FACIAL AND ENT PROCEDURES	9	2,830

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

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

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
PROCEDURE APG CATEGORY, PROCEDURE APG, SINGLE APG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

410 SurgiCare Center of Utah

Procedure APG category		TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL FASCs)
Procedure APG				
01	INTEGUMENTARY SYSTEM	1	\$800	\$1,406
	008 SIMPLE EXCISION AND BIOPSY	1	\$800	\$1,383
11	EYE AND OCULAR ADNEXA	1,386	\$1,611	\$2,446
	213 LASER EYE PROCEDURES	155	\$749	\$842
	214 CATARACT PROCEDURES	1,047	\$1,796	\$2,594
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	6	\$3,267	\$3,310
	216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	33	\$1,230	\$2,221
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	4	\$950	\$2,505
	218 COMPLEX POSTERIOR SEGMENT EYE PROCEDURES	11	\$1,618	\$5,407
	219 SIMPLE POSTERIOR SEGMENT EYE PROCEDURES	2	\$1,300	\$3,148
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	51	\$1,386	\$2,208
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	37	\$686	\$1,467
	223 VITRECTOMY	40	\$1,380	\$3,722

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

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

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

410 SurgiCare Center of Utah

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
GENDER				
Female	905	60.7	44,181	55.2
Male	586	39.3	35,842	44.8
Unknown	0	0.0	24	0.0
Not Reported	0	0.0	36	0.0
AGE				
1-28 days	0	0.0	1	0.0
29-365 days	0	0.0	488	0.6
1-4 years	0	0.0	3,538	4.4
5-9	2	0.1	2,024	2.5
10-14	2	0.1	1,065	1.3
15-17	1	0.1	1,445	1.8
18-19	0	0.0	1,166	1.5
20-24	5	0.3	3,240	4.0
25-29	6	0.4	3,566	4.5
30-34	7	0.5	3,445	4.3
35-39	12	0.8	3,684	4.6
40-44	16	1.1	4,254	5.3
45-49	23	1.5	5,271	6.6
50-54	65	4.4	7,286	9.1
55-59	81	5.4	6,931	8.7
60-64	74	5.0	6,093	7.6
65-69	168	11.3	6,852	8.6
70-74	281	18.8	7,021	8.8
75-79	355	23.8	6,205	7.7
80-84	264	17.7	4,151	5.2
85-89	96	6.4	1,852	2.3
90 +	33	2.2	503	0.6
Not Reported	0	0.0	3	0.0
SOURCE OF ADMISSION				
Physician Referral	0	0.0	66,582	83.1
Clinic Referral	0	0.0	1,125	1.4
HMO Referral	0	0.0	1	0.0
Other Hospital	0	0.0	0	0.0
Skilled Nursing Facility	0	0.0	0	0.0
Other Health Care Facility	0	0.0	1	0.0
Emergency Room	0	0.0	0	0.0
Court/Law Enforcement	0	0.0	0	0.0
Unknown	1,491	100.0	1,491	1.9
Not Reported	0	0.0	10,883	13.6

(Continued)

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

410 SurgiCare Center of Utah

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	1,491	100.0	74,062	92.5
Another Hospital	0	0.0	70	0.1
Skilled Nursing Facility	0	0.0	0	0.0
Intermediate Care Facility	0	0.0	0	0.0
Another Type of Institution	0	0.0	6	0.0
Under Care of Home Service	0	0.0	0	0.0
Left Against Medical Advice	0	0.0	0	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	0	0.0	0	0.0
Unknown	0	0.0	5,945	7.4
Not Reported	0	0.0	0	0.0
PRIMARY PAYER				
Medicare	877	58.8	23,413	29.2
Medicaid	24	1.6	4,648	5.8
Other government	17	1.1	2,399	3.0
Blue Cross/Blue Shield	298	20.0	15,904	19.9
Other Commercial	122	8.2	7,364	9.2
Managed Care(HMO, PPO)	153	10.3	21,802	27.2
Self Pay	0	0.0	1,220	1.5
Industrial & Worker Comp	0	0.0	2,135	2.7
Charity and Unclassified	0	0.0	154	0.2
Childrens Health Insurance	0	0.0	264	0.3
Unknown	0	0.0	106	0.1
Not Reported	0	0.0	674	0.8
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	4	0.3	3,483	4.3
Central Utah	10	0.7	1,303	1.6
Davis County	83	5.6	13,093	16.3
Salt Lake County	1,031	69.1	27,138	33.9
Southeastern Utah	15	1.0	735	0.9
Southwest Utah	6	0.4	2,839	3.5
Summit County	6	0.4	861	1.1
Tooele County	56	3.8	1,082	1.4
Tri-County	10	0.7	373	0.5
Utah County	34	2.3	10,188	12.7
Wasatch County	3	0.2	365	0.5
Weber County	8	0.5	14,996	18.7
Unknown Utah	0	0.0	31	0.0
Outside Utah	225	15.1	3,579	4.5
Unknown, Not Reported	0	0.0	17	0.0

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

AMB ST 1-1
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

422 Utah Surgical Center

	Procedures Performed		Procedures Performed-All FASCs	
	(#)	(%)	(#)	(%)
Reporting Category(ICD-9-CM CODES)	6,460	100.0	65,542	100.0
Mastectomy (85.0-85.99)	478	7.4	1,897	2.9
Musculoskeletal (76.0-84.99)	1,673	25.9	11,654	17.8
Respiratory (30.0-34.99)	3	0.0	136	0.2
Cardiovascular (35.0-39.99)	4	0.1	283	0.4
Lymphatic/Hemetic (40.0-41.99)	11	0.2	102	0.2
Digestive System (42.0-54.99)	1,051	16.3	14,143	21.6
Urinary (55.0-59.99)	2	0.0	238	0.4
Male Genital (60.0-64.99)	41	0.6	168	0.3
Female Genital (65.0-71.99)	120	1.9	1,640	2.5
Endocrine/Nervous (01.0-07.99)	1,109	17.2	4,080	6.2
Eye (08.0-16.99)	646	10.0	17,881	27.3
Ear (18.0-20.99)	350	5.4	3,287	5.0
Nose, Mouth, Pharynx (21.0-29.99)	972	15.0	10,033	15.3
Reporting Category(CPT-4 CODES)	5,957	100.0	107,843	100.0
Mastectomy (19120-19220)	35	0.6	642	0.6
Musculoskeletal (20000-29909)	1,737	29.2	23,577	21.9
Respiratory (30000-32999 & 39501-39599)	694	11.7	8,972	8.3
Cardiovascular (33010-37799 & 93501-93660)	6	0.1	311	0.3
Lymphatic/Hemetic (38100-38999)	11	0.2	149	0.1
Digestive (40490-49999)	1,281	21.5	35,989	33.4
Urinary (50010-53899)	0	0.0	1,796	1.7
Male Genital (54000-55899)	41	0.7	492	0.5
Female Genital (56405-58999)	109	1.8	2,208	2.0
Endocrine/Nervous (60000-64999)	1,112	18.7	9,930	9.2
Eye (65091-68899)	566	9.5	19,862	18.4
Ear (69000-69979)	365	6.1	3,915	3.6

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics.

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

AMB ST 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES

422 Utah Surgical Center

ICD-9 CODE	ICD-9 DESCRIPTION	#	%	% ALL FASCs
All ICD-9 Procedures		6,460	100.0	100.0
0392	INJECTION OTH AGT INTO SPINAL CANAL	445	6.9	2.01
1371	INSRT IOL-CATARACT EXTRACT-1 STAGE	440	6.8	10.19
8554	BILATERAL BREAST IMPLANT	323	5.0	0.79
2001	MYRINGOTOMY WITH INSERTION OF TUBE	318	4.9	3.84
0481	INJECTION ANESIN PERIPH NERVE ANALG	316	4.9	0.49
4523	COLONOSCOPY	264	4.1	5.02
806	EXCISION SEMILUNAR CARTILAGE KNEE	180	2.8	2.02
8183	OTHER REPAIR OF SHOULDER	175	2.7	1.34
8192	INJ THERAPEUTIC SBSTNC IN JNT/LIG	154	2.4	0.46
4516	EGD W/CLOS BX	152	2.4	3.74
4542	ENDO POLYPECTOMY LARGE INTESTINE	147	2.3	1.52
283	TONSILLECTOMY WITH ADENOIDECTOMY	145	2.2	1.88
2263	ETHMOIDECTOMY	136	2.1	1.89
0443	RELEASE OF CARPAL TUNNEL	133	2.1	1.23
2169	OTHER TURBINECTOMY	124	1.9	2.40
042	DESTRUC CRANIAL&PERIPHERAL NERVES	108	1.7	0.31
215	SUBMUCOUS RESECTION OF NASAL SEPTUM	107	1.7	0.62
8086	OTH LOCAL EXC/DESTRUC LES KNEE JNT	104	1.6	0.82
2241	FRONTAL SINUSOTOMY	90	1.4	0.26
1364	DISCISSION OF SECONDARY MEMBRANE	89	1.4	0.63

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL FASCs
All CPT-4 Procedures		5,957	100.0	100.0
66984	EXTRACAPSULAR CATARACT REMV IOL	430	7.2	10.60
69436	TYMPANOSTOMY GENERAL ANESTHESIA	318	5.3	2.97
45378	COLONOSCOPY FLEX; DX-SEP PROC	264	4.4	6.93
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	243	4.1	1.52
43239	UGI ENDO; W/BX 1/MX	152	2.6	5.84
29881	SCOPE KNEE SURG;W/MENISCECT MED/	148	2.5	1.86
45380	COLONOSCOPY FLEX; W/BX 1/MX	145	2.4	5.89
64483	INJ ANES EPIDURL; LUMB/SAC 1 LEV	143	2.4	1.13
64472	INJ ANES FACET JT; CERV/THOR-EA	140	2.4	0.44
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	121	2.0	1.36
30140	SUBMUCOS RES TURBINATE PART/CMPL	117	2.0	2.08
31255	NASAL/SINUS ENDO; W/TOT ETHMOECT	112	1.9	0.94
30520	SEPTOPLASTY/SUBMUCOS RES W/GFT	107	1.8	1.43
29877	SCOPE KNEE SURG; DEBRID/SHAVE CA	102	1.7	1.22
29826	SCOPE SHOULDER; DECOMP SUBACROM	96	1.6	1.23
27096	INJ SI JNT ARTHRGRPH &/ANES/STER	90	1.5	0.20
31276	NASL/SINUS ENDO W/FRNTL SINUS EX	90	1.5	0.39
42820	T&A; UNDER AGE 12	90	1.5	1.25
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	89	1.5	1.76
49505	REPR INIT ING HERNIA 5YR/MORE; R	89	1.5	0.64

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

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

AMB ST 1-3

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

422 Utah Surgical Center

ICD-9 CODE	ICD-9 DESCRIPTION	#	AVE TOT CHR	AVE TOT CHR(ALL FASCs)
ICD-9 Procedures		2,736	\$2,627	\$1,710
1371	INSRT IOL-CATARACT EXTRACT-1 STAGE	440	\$4,123	\$2,921
0392	INJECTION OTH AGT INTO SPINAL CANAL	346	\$786	\$800
4523	COLONOSCOPY	223	\$1,266	\$875
283	TONSILLECTOMY WITH ADENOIDECTOMY	128	\$1,488	\$1,633
4542	ENDO POLYPECTOMY LARGE INTESTINE	98	\$1,301	\$999
1364	DISCISSION OF SECONDARY MEMBRANE	83	\$1,606	\$1,395
0443	RELEASE OF CARPAL TUNNEL	81	\$3,375	\$1,769
5123	LAPAROSCOPIC CHOLECYSTECTOMY	79	\$6,122	\$5,716
4516	EGD W/CLOS BX	77	\$1,301	\$873
806	EXCISION SEMILUNAR CARTILAGE KNEE	72	\$4,356	\$2,570
5303	UNILAT REPR DIRECT ING HERN-GFT	52	\$3,724	\$3,006
282	TONSILLECTOMY WITHOUT ADENOIDECTOMY	36	\$1,696	\$1,436
5349	OTHER UMBILICAL HERNIORRHAPHY	35	\$4,980	\$3,156
8183	OTHER REPAIR OF SHOULDER	34	\$4,793	\$2,778
5304	UNILAT REPR INDIRECT ING HERN-GFT	31	\$3,952	\$2,985
6629	OTH BIL ENDO DESTRUC FALLOP TUBES	30	\$1,369	\$1,559
6902	DILATION&CURET FOLLOWING DELIV/AB	26	\$1,724	\$1,174
4525	CLOS [ENDO] BX LARGE INTESTINE	23	\$1,301	\$894
8521	LOCAL EXCISION OF LESION OF BREAST	23	\$2,094	\$1,003
8083	OTH LOCAL EXC/DESTRUC LES WRST JNT	22	\$3,291	\$3,278

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHR	AVE TOT CHR(ALL FASCs)
CPT-4 Procedures		2,731	\$2,689	\$1,932
66984	EXTRACAPSULAR CATARACT REMV IOL	430	\$4,114	\$2,558
45378	COLONOSCOPY FLEX; DX-SEP PROC	223	\$1,266	\$1,177
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	215	\$776	\$727
45380	COLONOSCOPY FLEX; W/BX 1/MX	104	\$1,301	\$1,178
64483	INJ ANES EPIDURL; LUMB/SAC 1 LEV	94	\$804	\$784
66821	DISCISSION 2ND CATARACT; LASER S	83	\$1,606	\$844
42820	T&A; UNDER AGE 12	78	\$1,419	\$1,584
43239	UGI ENDO; W/BX 1/MX	77	\$1,301	\$1,199
47562	LAPAROSCOPY SURGICAL; CHOLECT	77	\$6,126	\$5,237
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	74	\$3,432	\$1,734
49505	REPR INIT ING HERNIA 5YR/MORE; R	68	\$3,668	\$2,089
29881	SCOPE KNEE SURG;W/MENISCECT MED/	64	\$4,356	\$2,661
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	55	\$1,301	\$1,227
42821	T&A; AGE 12 OR OVER	47	\$1,545	\$1,520
62310	INJ 1 NOT NEUROLYTIC-EPID;CERV/T	33	\$783	\$727
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	32	\$1,728	\$1,435
20680	REMOVAL OF IMPLANT; DEEP	30	\$1,400	\$1,588
49587	REPR UMBIL HERNIA 5YR/OVER; INCA	26	\$5,530	\$3,190
26055	TENDON SHEATH INCISION	25	\$1,200	\$1,704
19120	EXC BRST CYST TUMR/LES OPN M/F 1	22	\$2,044	\$1,079

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

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

422 Utah Surgical Center

Procedure APG category		TOTAL #	TOTAL # (ALL FASCs)
Procedure APG			
01	INTEGUMENTARY SYSTEM	134	1,798
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	2	32
	003 COMPLEX INCISION AND DRAINAGE	1	25
	004 SIMPLE INCISION AND DRAINAGE	4	16
	006 SIMPLE DEBRIDEMENT AND DESTRUCTION	1	27
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	34	359
	008 SIMPLE EXCISION AND BIOPSY	49	566
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRANGE	7	130
	010 SIMPLE SKIN REPAIR	1	1
	011 SIMPLE INCISION AND EXCISION OF BREAST	31	582
	012 BREAST RECONSTRUCTION AND MASTECTOMY	4	60
02	MUSCULOSKELETAL SYSTEM	1,583	21,921
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	153	1,987
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	81	585
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	24	880
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	312	4,924
	025 ARTHROSCOPY	676	9,799
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	8	103
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	113	1,341
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	8	181
	032 BUNION PROCEDURES	31	927
	033 ARTHROPLASTY	14	262
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	163	819
03	RESPIRATORY SYSTEM	403	4,159
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	1	1
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	401	4,113
	054 SIMPLE ENDOSCOPY OF THE UPPER AIRWAY	1	40
04	CARDIOVASCULAR SYSTEM	1	259
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	1	31
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	11	176
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	11	176
06	DIGESTIVE SYSTEM	1,094	30,846
	112 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	6	618
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	1	78
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	1	109
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	177	7,822
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	29	2,304
	117 LOWER GASTROINTESTINAL ENDOSCOPY	513	16,456
	119 HERNIA AND HYDROCELE PROCEDURES	176	1,323
	120 COMPLEX ANAL AND RECTAL PROCEDURES	16	206
	121 SIMPLE ANAL AND RECTAL PROCEDURES	2	33
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	1	20
	123 COMPLEX LAPAROSCOPIC PROCEDURES	172	1,860
08	MALE GENITAL SYSTEM	40	425
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	40	299
09	FEMALE GENITAL SYSTEM	48	1,260

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

422 Utah Surgical Center

procedure APG category		TOTAL #	TOTAL # (ALL FASCs)
procedure APG			
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	8	123
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	12	325
	178 DILATION AND CURETTAGE	2	144
	179 HYSTEROSCOPY	26	642
10	NERVOUS SYSTEM	1,080	9,585
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	878	7,131
	197 NEUROSTIMULATOR AND VENTRICULAR SHUNT IMPLANTATION	3	53
	198 NERVE REPAIR AND DESTRUCTION	199	2,377
11	EYE AND OCULAR ADNEXA	564	19,770
	213 LASER EYE PROCEDURES	89	1,733
	214 CATARACT PROCEDURES	444	11,976
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	4	863
	216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	5	775
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	6	765
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	11	1,803
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	5	451
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	931	15,186
	233 NASAL CAUTERIZATION AND PACKING	1	86
	234 COMPLEX FACIAL AND ENT PROCEDURES	204	2,830
	235 SIMPLE FACIAL AND ENT PROCEDURES	515	9,118
	236 TONSIL AND ADENOID PROCEDURES	211	3,152
13	THERAPEUTIC AND OTHER RADIOLOGICAL PROCEDURES	26	190
	254 MYELOGRAPHY	26	186

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

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

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
PROCEDURE APG CATEGORY, PROCEDURE APG, SINGLE APG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

422 Utah Surgical Center

Procedure APG category		TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL FASCs)
Procedure APG				
01	INTEGUMENTARY SYSTEM	75	\$2,049	\$1,406
	003 COMPLEX INCISION AND DRAINAGE	1	\$2,973	\$1,543
	004 SIMPLE INCISION AND DRAINAGE	3	\$1,656	\$1,275
	006 SIMPLE DEBRIDEMENT AND DESTRUCTION	1	\$1,301	\$1,167
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	23	\$2,017	\$1,481
	008 SIMPLE EXCISION AND BIOPSY	19	\$2,099	\$1,383
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRAN	4	\$1,737	\$2,411
	011 SIMPLE INCISION AND EXCISION OF BREAST	22	\$2,044	\$1,010
	012 BREAST RECONSTRUCTION AND MASTECTOMY	2	\$3,104	\$1,408
02	MUSCULOSKELETAL SYSTEM	551	\$3,525	\$2,684
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	48	\$5,263	\$3,523
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	22	\$4,221	\$2,335
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	10	\$3,133	\$2,403
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	148	\$2,419	\$1,842
	025 ARTHROSCOPY	189	\$4,476	\$3,355
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	5	\$1,223	\$1,389
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	93	\$2,861	\$2,480
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	1	\$1,848	\$1,591
	032 BUNION PROCEDURES	16	\$3,770	\$2,102
	033 ARTHROPLASTY	5	\$3,616	\$3,391
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	14	\$663	\$948
03	RESPIRATORY SYSTEM	4	\$2,895	\$1,659
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	4	\$2,895	\$1,665
04	CARDIOVASCULAR SYSTEM	1	\$666	\$1,368
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	1	\$666	\$1,078
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	10	\$3,628	\$1,945
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	10	\$3,628	\$1,945
06	DIGESTIVE SYSTEM	756	\$2,364	\$1,374
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	93	\$1,251	\$1,088
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	2	\$1,301	\$994
	117 LOWER GASTROINTESTINAL ENDOSCOPY	385	\$1,281	\$1,188
	119 HERNIA AND HYDROCELE PROCEDURES	126	\$4,382	\$2,291
	120 COMPLEX ANAL AND RECTAL PROCEDURES	14	\$2,090	\$1,270
	121 SIMPLE ANAL AND RECTAL PROCEDURES	1	\$1,951	\$1,665
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	1	\$3,668	\$1,067
	123 COMPLEX LAPAROSCOPIC PROCEDURES	134	\$4,387	\$3,967
08	MALE GENITAL SYSTEM	4	\$3,094	\$1,975
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	4	\$3,094	\$2,237
09	FEMALE GENITAL SYSTEM	33	\$2,455	\$2,156
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	5	\$3,009	\$2,541
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	6	\$1,588	\$1,482
	178 DILATION AND CURETTAGE	2	\$1,406	\$1,373
	179 HYSTEROSCOPY	20	\$2,682	\$2,587
10	NERVOUS SYSTEM	457	\$1,405	\$1,104
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	360	\$796	\$756

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
PROCEDURE APG CATEGORY, PROCEDURE APG, SINGLE APG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

422 Utah Surgical Center

procedure APG category		TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL FASCs)
Procedure APG				
	197 NEUROSTIMULATOR AND VENTRICULAR SHUNT IMPLANTATION	1	\$2,910	\$4,462
	198 NERVE REPAIR AND DESTRUCTION	96	\$3,675	\$1,859
11	EYE AND OCULAR ADNEXA	543	\$3,721	\$2,446
	213 LASER EYE PROCEDURES	83	\$1,606	\$842
	214 CATARACT PROCEDURES	444	\$4,122	\$2,594
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	2	\$1,275	\$3,310
	216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	5	\$2,962	\$2,221
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	4	\$2,263	\$2,505
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	3	\$4,275	\$2,208
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	2	\$8,750	\$1,467
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	280	\$2,126	\$1,825
	233 NASAL CAUTERIZATION AND PACKING	1	\$298	\$1,295
	234 COMPLEX FACIAL AND ENT PROCEDURES	57	\$4,231	\$2,361
	235 SIMPLE FACIAL AND ENT PROCEDURES	54	\$1,856	\$1,938
	236 TONSIL AND ADENOID PROCEDURES	168	\$1,510	\$1,528

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

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

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

422 Utah Surgical Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
GENDER				
Female	2,297	55.5	44,181	55.2
Male	1,843	44.5	35,842	44.8
Unknown	0	0.0	24	0.0
Not Reported	0	0.0	36	0.0
AGE				
1-28 days	0	0.0	1	0.0
29-365 days	45	1.1	488	0.6
1-4 years	123	3.0	3,538	4.4
5-9	92	2.2	2,024	2.5
10-14	60	1.4	1,065	1.3
15-17	84	2.0	1,445	1.8
18-19	58	1.4	1,166	1.5
20-24	233	5.6	3,240	4.0
25-29	289	7.0	3,566	4.5
30-34	284	6.9	3,445	4.3
35-39	330	8.0	3,684	4.6
40-44	335	8.1	4,254	5.3
45-49	311	7.5	5,271	6.6
50-54	383	9.3	7,286	9.1
55-59	352	8.5	6,931	8.7
60-64	255	6.2	6,093	7.6
65-69	241	5.8	6,852	8.6
70-74	239	5.8	7,021	8.8
75-79	230	5.6	6,205	7.7
80-84	132	3.2	4,151	5.2
85-89	52	1.3	1,852	2.3
90 +	12	0.3	503	0.6
Not Reported	0	0.0	3	0.0
SOURCE OF ADMISSION				
Physician Referral	4,140	100.0	66,582	83.1
Clinic Referral	0	0.0	1,125	1.4
HMO Referral	0	0.0	1	0.0
Other Hospital	0	0.0	0	0.0
Skilled Nursing Facility	0	0.0	0	0.0
Other Health Care Facility	0	0.0	1	0.0
Emergency Room	0	0.0	0	0.0
Court/Law Enforcement	0	0.0	0	0.0
Unknown	0	0.0	1,491	1.9
Not Reported	0	0.0	10,883	13.6

(Continued)

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

422 Utah Surgical Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	4,133	99.8	74,062	92.5
Another Hospital	7	0.2	70	0.1
Skilled Nursing Facility	0	0.0	0	0.0
Intermediate Care Facility	0	0.0	0	0.0
Another Type of Institution	0	0.0	6	0.0
Under Care of Home Service	0	0.0	0	0.0
Left Against Medical Advice	0	0.0	0	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	0	0.0	0	0.0
Unknown	0	0.0	5,945	7.4
Not Reported	0	0.0	0	0.0
PRIMARY PAYER				
Medicare	791	19.1	23,413	29.2
Medicaid	280	6.8	4,648	5.8
Other government	41	1.0	2,399	3.0
Blue Cross/Blue Shield	704	17.0	15,904	19.9
Other Commercial	382	9.2	7,364	9.2
Managed Care(HMO, PPO)	1,120	27.1	21,802	27.2
Self Pay	307	7.4	1,220	1.5
Industrial & Worker Comp	515	12.4	2,135	2.7
Charity and Unclassified	0	0.0	154	0.2
Childrens Health Insurance	0	0.0	264	0.3
Unknown	0	0.0	106	0.1
Not Reported	0	0.0	674	0.8
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	11	0.3	3,483	4.3
Central Utah	6	0.1	1,303	1.6
Davis County	93	2.2	13,093	16.3
Salt Lake County	3,618	87.4	27,138	33.9
Southeastern Utah	12	0.3	735	0.9
Southwest Utah	8	0.2	2,839	3.5
Summit County	29	0.7	861	1.1
Tooele County	153	3.7	1,082	1.4
Tri-County	7	0.2	373	0.5
Utah County	78	1.9	10,188	12.7
Wasatch County	6	0.1	365	0.5
Weber County	38	0.9	14,996	18.7
Unknown Utah	0	0.0	31	0.0
Outside Utah	81	2.0	3,579	4.5
Unknown, Not Reported	0	0.0	17	0.0

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

AMB ST 1-1
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

411 Wasatch Endoscopy Center

Reporting Category(ICD-9-CM CODES)	Procedures Performed		Procedures Performed-All FASCs	
	(#)	(%)	(#)	(%)
Reporting Category(ICD-9-CM CODES)	8,413	100.0	65,542	100.0
Mastectomy (85.0-85.99)	0	0.0	1,897	2.9
Musculoskeletal (76.0-84.99)	0	0.0	11,654	17.8
Respiratory (30.0-34.99)	0	0.0	136	0.2
Cardiovascular (35.0-39.99)	0	0.0	283	0.4
Lymphatic/Hemetic (40.0-41.99)	0	0.0	102	0.2
Digestive System (42.0-54.99)	8,413	100.0	14,143	21.6
Urinary (55.0-59.99)	0	0.0	238	0.4
Male Genital (60.0-64.99)	0	0.0	168	0.3
Female Genital (65.0-71.99)	0	0.0	1,640	2.5
Endocrine/Nervous (01.0-07.99)	0	0.0	4,080	6.2
Eye (08.0-16.99)	0	0.0	17,881	27.3
Ear (18.0-20.99)	0	0.0	3,287	5.0
Nose, Mouth, Pharynx (21.0-29.99)	0	0.0	10,033	15.3
Reporting Category(CPT-4 CODES)	8,441	100.0	107,843	100.0
Mastectomy (19120-19220)	0	0.0	642	0.6
Musculoskeletal (20000-29909)	0	0.0	23,577	21.9
Respiratory (30000-32999 & 39501-39599)	0	0.0	8,972	8.3
Cardiovascular (33010-37799 & 93501-93660)	0	0.0	311	0.3
Lymphatic/Hemetic (38100-38999)	0	0.0	149	0.1
Digestive (40490-49999)	8,441	100.0	35,989	33.4
Urinary (50010-53899)	0	0.0	1,796	1.7
Male Genital (54000-55899)	0	0.0	492	0.5
Female Genital (56405-58999)	0	0.0	2,208	2.0
Endocrine/Nervous (60000-64999)	0	0.0	9,930	9.2
Eye (65091-68899)	0	0.0	19,862	18.4
Ear (69000-69979)	0	0.0	3,915	3.6

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics.

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

AMB ST 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES

411 Wasatch Endoscopy Center

ICD-9 CODE	ICD-9 DESCRIPTION	#	%	% ALL FASCs
All ICD-9 Procedures				
4525	CLOS [ENDO] BX LARGE INTESTINE	2,747	32.7	5.56
4523	COLONOSCOPY	2,323	27.6	5.02
4516	EGD W/CLOS BX	1,570	18.7	3.74
4542	ENDO POLYPECTOMY LARGE INTESTINE	664	7.9	1.52
4513	OTHER ENDOSCOPY OF SMALL INTESTINE	615	7.3	1.25
4292	DILATION OF ESOPHAGUS	243	2.9	1.35
4543	ENDO DESTRUC OTH LES/TISS LG INTEST	137	1.6	0.23
4524	FLEXIBLE SIGMOIDOSCOPY	35	0.4	0.05
4422	ENDOSCOPIC DILATION OF PYLORUS	26	0.3	0.06
4522	ENDO LG INTEST THRU ARTFICL STOMA	12	0.1	0.02
4233	ENDO EXC/DESTRUC LES/TISSUE ESOPH	7	0.1	0.01
4685	DILATION OF INTESTINE	7	0.1	0.02
4341	ENDO EXC/DESTRUC LES/TISSUE STOMACH	5	0.1	0.13
4443	ENDO CONTROL GASTRIC/DUODEN BLEED	5	0.1	0.01
4699	OTHER OPERATIONS ON INTESTINES	5	0.1	0.01
4514	CLOS [ENDO] BX SMALL INTESTINE	4	0.0	0.01
4512	ENDO SM INTEST THRU ARTFICL STOMA	3	0.0	0.01
4836	[ENDOSCOPIC] POLYPECTOMY OF RECTUM	2	0.0	0.05
4224	CLOSED BIOPSY OF ESOPHAGUS	1	0.0	0.00
4923	BIOPSY OF ANUS	1	0.0	0.00

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL FASCs
All CPT-4 Procedures				
45380	COLONOSCOPY FLEX; W/BX 1/MX	2,706	32.1	5.89
45378	COLONOSCOPY FLEX; DX-SEP PROC	2,271	26.9	6.93
43239	UGI ENDO; W/BX 1/MX	1,570	18.6	5.84
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	661	7.8	1.76
43235	UGI ENDO; DX W/NO CLCT SPECMN-SP	615	7.3	1.39
45383	COLONOSCOPY FLEX; W/ABLAT LES	133	1.6	0.19
43248	UGI ENDO; W/INSRT GUIDE WIRE	125	1.5	0.13
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	106	1.3	1.67
45381	COLNSCP PROX SPLENC FLXR;SUBMUC	52	0.6	0.10
45331	SIGMOIDOSCOPY FLXIBLE; W/BX 1/MX	39	0.5	0.07
45330	SIGMOIDOSCOPY FLEX; DX-SEP PROC	35	0.4	0.07
43245	UP GI ENDO;W/DILAT GASTR OUTLT O	26	0.3	0.10
43247	UGI ENDO; W/REMOVAL FB	12	0.1	0.03
44388	COLONOSCOPY-STOMA; DX-SEP PROC	12	0.1	0.02
45335	SIGMOIDSCPY FLX; DIR SUBMUCOS IN	10	0.1	0.01
43450	DILAT ESOPH-SOUND/BOUGIE-1/MX PA	7	0.1	0.57
43251	UGI ENDO; W/REMV TUMOR/LES-SNARE	5	0.1	0.11
43255	UGI ENDO; W/CONTRL BLEED ANY MET	5	0.1	0.02
44799	UNLISTED PROCEDURE INTESTINE	5	0.1	0.01
43236	UP GI ENDO ESOPH STOMCH;SUBMCOS	4	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 and CPT4 blood draw codes in previous reports.

AMB ST 1-3

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

411 Wasatch Endoscopy Center

ICD-9 CODE	ICD-9 DESCRIPTION	#	AVE TOT CHRGR	AVE TOT CHRGR(ALL FASCs)
ICD-9 Procedures		5,966	\$553	\$1,710
4523	COLONOSCOPY	2,040	\$562	\$875
4525	CLOS [ENDO] BX LARGE INTESTINE	2,014	\$564	\$894
4516	EGD W/CLOS BX	959	\$570	\$873
4513	OTHER ENDOSCOPY OF SMALL INTESTINE	439	\$424	\$547
4542	ENDO POLYPECTOMY LARGE INTESTINE	245	\$557	\$999
4543	ENDO DESTRUC OTH LES/TISS LG INTEST	110	\$561	\$617
4292	DILATION OF ESOPHAGUS	80	\$501	\$1,051
4524	FLEXIBLE SIGMOIDOSCOPY	33	\$578	\$578
4422	ENDOSCOPIC DILATION OF PYLORUS	19	\$543	\$881
4522	ENDO LG INTEST THRU ARTIFICL STOMA	9	\$485	\$664
4514	CLOS [ENDO] BX SMALL INTESTINE	4	\$453	\$602
4685	DILATION OF INTESTINE	4	\$515	\$672
4233	ENDO EXC/DESTRUC LES/TISSUE ESOPH	2	\$555	\$512
4443	ENDO CONTROL GASTRIC/DUODEN BLEED	2	\$546	\$546
4699	OTHER OPERATIONS ON INTESTINES	2	\$383	\$383
4224	CLOSED BIOPSY OF ESOPHAGUS	1	\$800	\$1,000
4341	ENDO EXC/DESTRUC LES/TISSUE STOMACH	1	\$647	\$1,307
4836	[ENDOSCOPIC] POLYPECTOMY OF RECTUM	1	\$884	\$1,280
4979	OTHER REPAIR OF ANAL SPHINCTER	1	\$689	\$545

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRGR	AVE TOT CHRGR(ALL FASCs)
CPT-4 Procedures		5,978	\$553	\$1,932
45378	COLONOSCOPY FLEX; DX-SEP PROC	2,040	\$562	\$1,177
45380	COLONOSCOPY FLEX; W/BX 1/MX	1,980	\$567	\$1,178
43239	UGI ENDO; W/BX 1/MX	957	\$570	\$1,199
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	439	\$424	\$719
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	242	\$558	\$1,227
45383	COLONOSCOPY FLEX; W/ABLAT LES	108	\$559	\$783
43248	UGI ENDO; W/INSRT GUIDE WIRE	39	\$499	\$850
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	36	\$523	\$1,021
45330	SIGMOIDOSCOPY FLEX; DX-SEP PROC	32	\$569	\$859
45331	SIGMOIDOSCOPY FLXIBLE; W/BX 1/MX	32	\$414	\$707
43245	UP GI ENDO;W/DILAT GASTR OUTLT O	18	\$531	\$973
43247	UGI ENDO; W/REMOVAL FB	9	\$487	\$626
44388	COLONOSCOPY-STOMA; DX-SEP PROC	9	\$485	\$706
45335	SIGMOIDSCPY FLX; DIR SUBMUCOS IN	6	\$523	\$523
43226	ESOPHAGOSCOPY; W/INSRT GUIDE WIR	3	\$332	\$551
43244	UGI ENDO; W/BAND LIG VARICES	2	\$555	\$1,114
43255	UGI ENDO; W/CONTRL BLEED ANY MET	2	\$546	\$923
44361	SM INTEST ENDO NOT ILEUM; W/BX 1	2	\$588	\$588
44389	COLONSCPY THRU STOMA; W/BX 1/MX	2	\$332	\$820
44799	UNLISTED PROCEDURE INTESTINE	2	\$383	\$383

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

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

411 Wasatch Endoscopy Center

Procedure APG category		TOTAL #	TOTAL # (ALL FASCs)
Procedure APG			
06 DIGESTIVE SYSTEM		8,441	30,846
112 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY		7	618
113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY		36	78
114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY		58	109
115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION		2,190	7,822
116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION		296	2,304
117 LOWER GASTROINTESTINAL ENDOSCOPY		5,848	16,456
120 COMPLEX ANAL AND RECTAL PROCEDURES		1	206
122 MISCELLANEOUS ABDOMINAL PROCEDURES		5	20

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

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

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
PROCEDURE APG CATEGORY, PROCEDURE APG, SINGLE APG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

411 Wasatch Endoscopy Center

Procedure APG category	Procedure APG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL FASCs)
06	DIGESTIVE SYSTEM	5,978	\$553	\$1,374
	112 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	1	\$483	\$1,318
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	32	\$569	\$859
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	43	\$437	\$716
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	1,400	\$524	\$1,088
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	113	\$505	\$994
	117 LOWER GASTROINTESTINAL ENDOSCOPY	4,386	\$564	\$1,188
	120 COMPLEX ANAL AND RECTAL PROCEDURES	1	\$689	\$1,270
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	2	\$383	\$1,067

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

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

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

411 Wasatch Endoscopy Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
GENDER				
Female	4,118	57.6	44,181	55.2
Male	3,032	42.4	35,842	44.8
Unknown	0	0.0	24	0.0
Not Reported	1	0.0	36	0.0
AGE				
1-28 days	0	0.0	1	0.0
29-365 days	0	0.0	488	0.6
1-4 years	16	0.2	3,538	4.4
5-9	28	0.4	2,024	2.5
10-14	40	0.6	1,065	1.3
15-17	56	0.8	1,445	1.8
18-19	49	0.7	1,166	1.5
20-24	133	1.9	3,240	4.0
25-29	159	2.2	3,566	4.5
30-34	208	2.9	3,445	4.3
35-39	247	3.5	3,684	4.6
40-44	354	5.0	4,254	5.3
45-49	526	7.4	5,271	6.6
50-54	1,256	17.6	7,286	9.1
55-59	1,006	14.1	6,931	8.7
60-64	797	11.1	6,093	7.6
65-69	745	10.4	6,852	8.6
70-74	617	8.6	7,021	8.8
75-79	478	6.7	6,205	7.7
80-84	296	4.1	4,151	5.2
85-89	106	1.5	1,852	2.3
90 +	34	0.5	503	0.6
Not Reported	0	0.0	3	0.0
SOURCE OF ADMISSION				
Physician Referral	7,151	100.0	66,582	83.1
Clinic Referral	0	0.0	1,125	1.4
HMO Referral	0	0.0	1	0.0
Other Hospital	0	0.0	0	0.0
Skilled Nursing Facility	0	0.0	0	0.0
Other Health Care Facility	0	0.0	1	0.0
Emergency Room	0	0.0	0	0.0
Court/Law Enforcement	0	0.0	0	0.0
Unknown	0	0.0	1,491	1.9
Not Reported	0	0.0	10,883	13.6

(Continued)

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

411 Wasatch Endoscopy Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	7,131	99.7	74,062	92.5
Another Hospital	15	0.2	70	0.1
Skilled Nursing Facility	0	0.0	0	0.0
Intermediate Care Facility	0	0.0	0	0.0
Another Type of Institution	5	0.1	6	0.0
Under Care of Home Service	0	0.0	0	0.0
Left Against Medical Advice	0	0.0	0	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	0	0.0	0	0.0
Unknown	0	0.0	5,945	7.4
Not Reported	0	0.0	0	0.0
PRIMARY PAYER				
Medicare	1,845	25.8	23,413	29.2
Medicaid	179	2.5	4,648	5.8
Other government	15	0.2	2,399	3.0
Blue Cross/Blue Shield	2,449	34.2	15,904	19.9
Other Commercial	396	5.5	7,364	9.2
Managed Care(HMO, PPO)	2,215	31.0	21,802	27.2
Self Pay	0	0.0	1,220	1.5
Industrial & Worker Comp	0	0.0	2,135	2.7
Charity and Unclassified	0	0.0	154	0.2
Childrens Health Insurance	0	0.0	264	0.3
Unknown	0	0.0	106	0.1
Not Reported	52	0.7	674	0.8
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	13	0.2	3,483	4.3
Central Utah	25	0.3	1,303	1.6
Davis County	199	2.8	13,093	16.3
Salt Lake County	6,176	86.4	27,138	33.9
Southeastern Utah	44	0.6	735	0.9
Southwest Utah	12	0.2	2,839	3.5
Summit County	161	2.3	861	1.1
Tooele County	162	2.3	1,082	1.4
Tri-County	27	0.4	373	0.5
Utah County	121	1.7	10,188	12.7
Wasatch County	33	0.5	365	0.5
Weber County	26	0.4	14,996	18.7
Unknown Utah	1	0.0	31	0.0
Outside Utah	151	2.1	3,579	4.5
Unknown, Not Reported	0	0.0	17	0.0

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

AMB ST 1-1
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

421 Zion Eye Institute

	Procedures Performed		Procedures Performed-All FASCs	
	(#)	(%)	(#)	(%)
Reporting Category(ICD-9-CM CODES)	.	.	65,542	100.0
Mastectomy (85.0-85.99)	.	.	1,897	2.9
Musculoskeletal (76.0-84.99)	.	.	11,654	17.8
Respiratory (30.0-34.99)	.	.	136	0.2
Cardiovascular (35.0-39.99)	.	.	283	0.4
Lymphatic/Hemetic (40.0-41.99)	.	.	102	0.2
Digestive System (42.0-54.99)	.	.	14,143	21.6
Urinary (55.0-59.99)	.	.	238	0.4
Male Genital (60.0-64.99)	.	.	168	0.3
Female Genital (65.0-71.99)	.	.	1,640	2.5
Endocrine/Nervous (01.0-07.99)	.	.	4,080	6.2
Eye (08.0-16.99)	.	.	17,881	27.3
Ear (18.0-20.99)	.	.	3,287	5.0
Nose, Mouth, Pharynx (21.0-29.99)	.	.	10,033	15.3
Reporting Category(CPT-4 CODES)	1,123	100.0	107,843	100.0
Mastectomy (19120-19220)	0	0.0	642	0.6
Musculoskeletal (20000-29909)	3	0.3	23,577	21.9
Respiratory (30000-32999 & 39501-39599)	11	1.0	8,972	8.3
Cardiovascular (33010-37799 & 93501-93660)	0	0.0	311	0.3
Lymphatic/Hemetic (38100-38999)	0	0.0	149	0.1
Digestive (40490-49999)	0	0.0	35,989	33.4
Urinary (50010-53899)	0	0.0	1,796	1.7
Male Genital (54000-55899)	0	0.0	492	0.5
Female Genital (56405-58999)	0	0.0	2,208	2.0
Endocrine/Nervous (60000-64999)	0	0.0	9,930	9.2
Eye (65091-68899)	1,109	98.8	19,862	18.4
Ear (69000-69979)	0	0.0	3,915	3.6

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics.

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

AMB ST 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES

421 Zion Eye Institute

ICD-9 CODE	ICD-9 DESCRIPTION	#	%	% ALL FASCs
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All ICD-9 Procedures

Does not report ICDs

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL FASCs
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All CPT-4 Procedures		1,123	100.0	100.0
66984	EXTRACAPSULAR CATARACT REMV IOL	570	50.8	10.60
66821	DISCISSION 2ND CATARACT; LASER S	252	22.4	1.55
67904	REPR BLEPHAROPTOSIS; RESECT-EXT	93	8.3	0.47
66982	EXTRACAP CATARACT REMV W/IOL-CMP	38	3.4	0.29
67917	REPAIR OF ECTROPION; EXTENSIVE	33	2.9	0.24
68815	PROBE NASOLAC DUCT; W/INSERT TUB	13	1.2	0.17
31200	ETHMOIDECTOMY; INTRANASAL ANTERI	11	1.0	0.04
68720	DACRYOCYSTORHINOSTOMY	10	0.9	0.13
67999	UNLISTED PROCEDURE EYELIDS	9	0.8	0.06
67911	CORRECTION OF LID RETRACTION	7	0.6	0.09
67924	REPAIR OF ENTROPION; EXTENSIVE	7	0.6	0.08
67900	REPAIR OF BROW PTOSIS	6	0.5	0.10
65426	EXC/TRANSPOSITION PTERYGIUM; W/G	5	0.4	0.21
67412	ORBITOT W/O BN FLP; W/REMOVAL LE	5	0.4	0.04
68320	CONJUNCTIVOPLASTY; W/CONJUNC GFT	5	0.4	0.03
65400	EXCISION LESION CORNEA NO PTERYG	4	0.4	0.05
65755	KERTOPLSTY; PENETRAT PSEUDOPHAKI	4	0.4	0.08
67971	RECON LID; UP TO 2/3 LID 1 STAGE	4	0.4	0.02
65730	KERATOPLSTY; PENETRAT NOT APHAKI	3	0.3	0.17
66825	REPSTN IO LENS REQ INCI-SEP PROC	3	0.3	0.06

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

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

AMB ST 1-3

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

421 Zion Eye Institute

ICD-9 CODE	ICD-9 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL FASCs)
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ICD-9 Procedures

Does not report ICDS

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL FASCs)
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CPT-4 Procedures		1,123	\$1,111	\$1,932
66984	EXTRACAPSULAR CATARACT REMV IOL	570	\$1,409	\$2,558
66821	DISCISSION 2ND CATARACT; LASER S	252	\$623	\$844
67904	REPR BLEPHAROPTOSIS; RESECT-EXT	93	\$601	\$2,375
66982	EXTRACAP CATARACT REMV W/IOL-CMP	38	\$1,425	\$3,811
67917	REPAIR OF ECTROPION; EXTENSIVE	33	\$841	\$1,869
68815	PROBE NASOLAC DUCT; W/INSERT TUB	13	\$1,000	\$1,457
31200	ETHMOIDECTOMY; INTRANASAL ANTERI	11	\$1,000	\$1,000
68720	DACRYOCYSTORHINOSTOMY	10	\$1,100	\$1,895
67999	UNLISTED PROCEDURE EYELIDS	9	\$1,462	\$2,343
67911	CORRECTION OF LID RETRACTION	7	\$1,000	\$1,255
67924	REPAIR OF ENTROPION; EXTENSIVE	7	\$943	\$1,931
67900	REPAIR OF BROW PTOSIS	6	\$775	\$2,152
65426	EXC/TRANSPOSITION PTERYGIUM; W/G	5	\$1,086	\$2,095
67412	ORBITOT W/O BN FLP; W/REMOVAL LE	5	\$1,098	\$2,024
68320	CONJUNCTIVOPLASTY; W/CONJUNC GFT	5	\$949	\$1,190
65400	EXCISION LESION CORNEA NO PTERYG	4	\$1,000	\$1,367
65755	KERTOPLSTY; PENETRAT PSEUDOPHAKI	4	\$2,000	\$6,026
67971	RECON LID; UP TO 2/3 LID 1 STAGE	4	\$1,000	\$2,110
65730	KERATOPLSTY; PENETRAT NOT APHAKI	3	\$2,000	\$5,707
66825	REPSTN IO LENS REQ INCI-SEP PROC	3	\$1,100	\$2,470

SOURCE: Utah Ambulatory Surgery Database

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

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

421 Zion Eye Institute

Procedure APG category		TOTAL #	TOTAL # (ALL FASCs)
Procedure APG			
11	EYE AND OCULAR ADNEXA	1,108	19,770
	213 LASER EYE PROCEDURES	252	1,733
	214 CATARACT PROCEDURES	610	11,976
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	8	863
	216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	24	775
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	9	765
	220 STRABISMUS AND MUSCLE EYE PROCEDURES	6	472
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	184	1,803
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	14	451
	223 VITRECTOMY	1	542
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	14	15,186
	234 COMPLEX FACIAL AND ENT PROCEDURES	14	2,830

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

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

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2006
PROCEDURE APG CATEGORY, PROCEDURE APG, SINGLE APG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

421 Zion Eye Institute

Procedure APG category		TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL FASCs)
Procedure APG				
11	EYE AND OCULAR ADNEXA	1,108	\$1,112	\$2,446
	213 LASER EYE PROCEDURES	252	\$623	\$842
	214 CATARACT PROCEDURES	610	\$1,410	\$2,594
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	8	\$1,888	\$3,310
	216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	24	\$1,035	\$2,221
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	9	\$1,054	\$2,505
	220 STRABISMUS AND MUSCLE EYE PROCEDURES	6	\$1,019	\$2,730
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	184	\$770	\$2,208
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	14	\$1,187	\$1,467
	223 VITRECTOMY	1	\$1,100	\$3,722
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	14	\$1,032	\$1,825
	234 COMPLEX FACIAL AND ENT PROCEDURES	14	\$1,032	\$2,361

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

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

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

421 Zion Eye Institute

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
GENDER				
Female	621	55.3	44,181	55.2
Male	502	44.7	35,842	44.8
Unknown	0	0.0	24	0.0
Not Reported	0	0.0	36	0.0
AGE				
1-28 days	0	0.0	1	0.0
29-365 days	0	0.0	488	0.6
1-4 years	5	0.4	3,538	4.4
5-9	0	0.0	2,024	2.5
10-14	4	0.4	1,065	1.3
15-17	2	0.2	1,445	1.8
18-19	4	0.4	1,166	1.5
20-24	2	0.2	3,240	4.0
25-29	5	0.4	3,566	4.5
30-34	8	0.7	3,445	4.3
35-39	9	0.8	3,684	4.6
40-44	13	1.2	4,254	5.3
45-49	23	2.0	5,271	6.6
50-54	40	3.6	7,286	9.1
55-59	56	5.0	6,931	8.7
60-64	87	7.7	6,093	7.6
65-69	149	13.3	6,852	8.6
70-74	227	20.2	7,021	8.8
75-79	219	19.5	6,205	7.7
80-84	158	14.1	4,151	5.2
85-89	87	7.7	1,852	2.3
90 +	25	2.2	503	0.6
Not Reported	0	0.0	3	0.0
SOURCE OF ADMISSION				
Physician Referral	0	0.0	66,582	83.1
Clinic Referral	1,123	100.0	1,125	1.4
HMO Referral	0	0.0	1	0.0
Other Hospital	0	0.0	0	0.0
Skilled Nursing Facility	0	0.0	0	0.0
Other Health Care Facility	0	0.0	1	0.0
Emergency Room	0	0.0	0	0.0
Court/Law Enforcement	0	0.0	0	0.0
Unknown	0	0.0	1,491	1.9
Not Reported	0	0.0	10,883	13.6

(Continued)

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

421 Zion Eye Institute

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	1,123	100.0	74,062	92.5
Another Hospital	0	0.0	70	0.1
Skilled Nursing Facility	0	0.0	0	0.0
Intermediate Care Facility	0	0.0	0	0.0
Another Type of Institution	0	0.0	6	0.0
Under Care of Home Service	0	0.0	0	0.0
Left Against Medical Advice	0	0.0	0	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	0	0.0	0	0.0
Unknown	0	0.0	5,945	7.4
Not Reported	0	0.0	0	0.0
PRIMARY PAYER				
Medicare	764	68.0	23,413	29.2
Medicaid	20	1.8	4,648	5.8
Other government	5	0.4	2,399	3.0
Blue Cross/Blue Shield	59	5.3	15,904	19.9
Other Commercial	46	4.1	7,364	9.2
Managed Care(HMO, PPO)	205	18.3	21,802	27.2
Self Pay	21	1.9	1,220	1.5
Industrial & Worker Comp	0	0.0	2,135	2.7
Charity and Unclassified	0	0.0	154	0.2
Childrens Health Insurance	0	0.0	264	0.3
Unknown	1	0.1	106	0.1
Not Reported	2	0.2	674	0.8
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	2	0.2	3,483	4.3
Central Utah	10	0.9	1,303	1.6
Davis County	0	0.0	13,093	16.3
Salt Lake County	3	0.3	27,138	33.9
Southeastern Utah	4	0.4	735	0.9
Southwest Utah	887	79.0	2,839	3.5
Summit County	0	0.0	861	1.1
Tooele County	0	0.0	1,082	1.4
Tri-County	0	0.0	373	0.5
Utah County	1	0.1	10,188	12.7
Wasatch County	0	0.0	365	0.5
Weber County	2	0.2	14,996	18.7
Unknown Utah	0	0.0	31	0.0
Outside Utah	214	19.1	3,579	4.5
Unknown, Not Reported	0	0.0	17	0.0

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