

2007

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



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Freestanding Ambulatory
Surgery Center Utilization
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released by
Utah Health Data Committee
The Office of Health Care Statistics
Utah Department of Health

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

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Utah Department of Health

David N. Sundwall, M.D.	Executive Director
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Mark Gaskill	Project Manager, All Payer Database
Mike Martin	Research Consultant III
Carol Masheter*	Epidemiologist II
John Morgan*	Business Analyst Supervisor
Jamie Martell	Support Services Coordinator
Sam Vanous	HMO Health Program Manager

System Technical Advisory Committee for this report

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Gary Dittmore	MountainStar Health Care
John McFarland	MountainStar Health Care
Kevin Nechodom	University Health Care
Greg Poulsen	HDC Hospital Representative
Lynette Seebohm	University Health Care

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

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We appreciate your feedback. Please return your comments to:

Utah Department of Health:

Fax: (801) 538-9916

Email: healthcarestat@utah.gov

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AMB ST1-6. Ambulatory Surgery Patient Visits by Patient Profile.....

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

Hospitals

111	Allen Memorial Hospital - CAH
118	Alta View Hospital
136	American Fork Hospital
134	Ashley Regional Medical Center
104	Bear River Valley Hospital
101	Beaver Valley Hospital
103	Brigham City Community Hospital
145	Cache Valley Specialty Hospital
106	Castleview Hospital
113	Central Valley Medical Center - CAH
119	Cottonwood Hospital Medical Center
108	Davis Hospital and Medical Center
116	Delta Community Medical Center - CAH
140	Dixie Regional Medical Center
115	Fillmore Community Medical Center - CAH
110	Garfield Memorial Hospital
129	Gunnison Valley Hospital - CAH
139	Heber Valley Medical Center - CAH
146	Intermountain Medical Center
117	Jordan Valley Medical Center
114	Kane County Hospital
107	Lakeview Hospital
121	LDS Hospital
105	Logan Regional Hospital
141	McKay-Dee Hospital Center
102	Milford Valley Memorial Hospital**
137	Mountain View Hospital
133	Mountain West Medical Center (formerly Tooele)
142	Ogden Regional Medical Center
135	Orem Community Hospital
126	Pioneer Valley Hospital
122	Primary Children's Medical Center
120	Salt Lake Regional Medical Center
128	San Juan Hospital - CAH
130	Sanpete Valley Hospital - CAH

132	Sevier Valley Medical Center
124	St. Mark's Hospital
307	The Orthopedic Specialty Hospital
144	Timpanogos Regional Hospital
109	Uintah Basin Medical Center*
125	UHC/University Hospital and Clinics
310	University of Utah Huntsman Cancer Hospital
309	University of Utah Orthopaedic Center
138	Utah Valley Regional Medical Center
112	Valley View Medical Center - CAH

Freestanding Amulatory Surgical Centers

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

* Uintah Basin Medical Center did not submit CPT4 codes.

** Coral Desert Surgical Center, Milford Valley Memorial Hospital and Salt Lake Endoscopy Center did not submit ambulatory surgery data in 2007.

*** Provo Surgical Center and Park City Surgery Center closed in 2006.

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

+Facilities that reported a few CPT-4 reportable procedure codes. These facilities may be included in AMB ST1-4 and AMB ST1-5, but their APG classifications may be under reported.

2007 Utah Hospital and Freestanding Ambulatory Surgery Center Utilization and Charge Profile of Outpatient Surgery

Executive Summary

The 2007 Utah ambulatory surgery database contains data on reportable procedures from 62 ambulatory surgery facilities throughout the state, which includes 44 acute care hospital based surgery centers and 18 freestanding ambulatory surgery centers that submitted ambulatory data for 2007. Reportable procedures are listed in the Introduction on page 1. 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, 2007 and December 31, 2007. 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 296,596 patient visits with 383,841 reportable ambulatory ICD-9 procedures and 408,440 reportable CPT4 procedures for 65 facilities reported in 2007. Approximately 74% of outpatient visits and 83% of ambulatory procedures occurred in hospitals. FASCs accounted for the remaining 26% of outpatient visits and 17% of ambulatory procedures.
- The statewide total charges reported for all reportable ambulatory procedures for all facilities were \$1,108,979,259 in 2007. The average charge for all reported ambulatory procedures was \$3,739 with the average hospital and FASCs charges being \$4,127 and \$2,645 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=59,729), followed by Arthroscopy (APG 025, N=35,892). For hospitals it was also Lower Gastrointestinal Endoscopy (APG 117, N=43,551), followed by Arthroscopy (APG 025, N=25,547). For FASCs the most commonly reported procedures were Lower Gastrointestinal Endoscopy (APG 117, N=16,178) followed by Arthroscopy (APG 025, N=10,345) and Cataract Procedures (APG 214, N=10,330).
- The highest average charge was Cochlear Device Implantation (APG 231, \$46,617 for hospitals, FASCs did not report this procedure). Second highest was Neurostimulator and

Ventricular Shunt Implantation (APG 197, \$26,856 for hospitals, \$3,586 for FASCs). Third was Angioplasty and Transcatheter Procedures (APG 077, \$23,688 for hospitals and \$1,804 for FASCs), closely followed by Pacemaker Insertion and Replacement (APG 078, \$22,941 for hospitals, FASCs did not report this procedure). For some procedures the average charges were comparable for hospitals and FASCs. For example, Eye and Ocular Adnexa (APG Category 11) procedures were \$3,373 and \$2,351 respectively. Only records with a single APG are included in the calculation of average total charges.

- During the past nine years (1999 through 2007), the number of Lower Gastrointestinal Endoscopies (APG 117) performed at FASCs has more than tripled (from 4,924 to 16,178 procedures per year). At hospitals the number has nearly tripled (from 14,567 to 43,551 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 27% in 2007, see Figure 1). During this same period, the number of Cataract Procedures (APG 214) performed at FASCs nearly doubled (6,177 to 10,330), while hospitals showed a slight increase (4,270 to 4,389 or about a 3% increase). The annual percentage of Cataract Procedures performed at FASCs has risen (from 59% to 70%), with a complementary drop in the annual percentage at hospitals (from 41% to 30%, see Figure 2).
- During the past eight years, the average charge for Lower Gastrointestinal Endoscopies (APG 117) performed at hospitals has increased (\$691 to \$1,168, or a 69% increase since 1999). The FASC trend first decreased then increased, showing a 95% increase in average charges since 1999, (see Figure 3). In 2007 the average facility charge for this procedure was comparable at FASCs (\$1,269) and hospitals (\$1,168). The average charge for Cataract Procedures (APG 214) at hospitals has increased (\$2,239 to \$3,301, or 47%, from 1999 through 2007). The average charge at FASCs for Cataract Procedures (APG 214) has increased less (\$2,211 to \$2,574, or 16%, from 1999 through 2007).

The average charges are based on single-procedure discharges only (47% of ICD-9-CM procedures and 53% of CPT4 procedures) and may not apply to multiple-procedure discharges. □□

Introduction

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

The Health Data Committee

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

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

The Ambulatory Surgery Database

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

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

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

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

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

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 62 Utah ambulatory surgery facilities in 2007. Of these 62 facilities, 44 are acute care hospitals, while the remaining 18 are FASCs. Milford Valley Memorial Hospital, Coral Desert Surgery Center and Salt Lake Endoscopy Center submitted no ambulatory surgery data in 2007. Healthsouth Park City Surgical Center closed in the spring of 2006 and Healthsouth Provo Surgical Center closed at the end of 2006, so this report includes no 2007 data from these Centers.

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 2007, 62 facilities reported ambulatory surgery data. Among these 62 facilities, 44 were hospitals and the remaining 18 were FASCs. Among the 44 hospitals, 42 reported both ICD-9 and CPT-4 codes, one reported only ICD-9 codes, and one reported CPT-4 codes exclusively. Among the 18 FASCs, eight reported CPT-4 codes exclusively, 10 reported both ICD-9 and CPT-4 codes and none reported ICD-9 codes exclusively.

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

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

APGs (Ambulatory Patient Groups)

The APG patient classification system, a CPT-based grouper software product, was developed by 3M Health Information Systems. It was designed to explain the type and amount of resources used in an ambulatory visit, serving a similar function for outpatient visits as DRGs (Diagnostic Related Groups) do for inpatient care. Where DRGs use ICD-9 primary diagnoses as the initial classification variable to develop mutually exclusive DRG categories, APGs use CPT-4 procedures. For example, APG-214 is a cataract procedure, which includes CPT-4 codes 66840, 66850, 66852, 66920, 66930, 66940, 66983, 66984, 66985, and 66986¹.

As procedures are grouped into mutually exclusive APGs, procedure APGs are grouped into mutually exclusive procedure APG categories. In an analogous manner, DRGs are grouped into mutually exclusive MDCs (Major Diagnostic Categories). As stated in the *Ambulatory Patient Groups Definitions Manual, Version 2.1*, 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 2007, the total number of reported ambulatory surgery visits was 296,596, but the total number of reportable procedures performed was 383,841 under the ICD-9 coding system and 408,440 under the CPT-4 coding system (See Table 2). Among all facilities that report ICD-9-CM codes, 53% of all visits include multiple procedures. For all facilities that report CPT-4 codes, this percentage is lower at 47%. 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. Fifty three percent of all visits that include CPT-4 procedures have single reportable CPT-4 entries and 47% 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 2007.

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 (383,841) does not match the total number of CPT-4 procedures (408,440). 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=13) and procedure APG (N=99). 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 one 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—2007.

Figure 2: Number of Lower Cataract Procedures by Facility Type and Year, Utah, Hospitals and FASCs, 1999—2007.

Figure 3: Average Facility Charge for Lower Gastrointestinal Endoscopies by Facility Type and Year, Utah, Hospitals and FASCs, 1999—2007.

Figure 4: Average Facility Charge for Cataract Procedures by Facility Type and Year, Utah, Hospitals and FASCs, 1999—2007.

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 2007 was \$22,941. 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 2007 eight facilities reported ICD-9 codes 37.22 or 37.23 as one of more than one procedure performed on a patient (never as a single procedure), whereas 16 facilities reported the corresponding CPT-4 codes as one of more than one procedure performed on a patient (never 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: 2007

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
11	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
146	Intermountain Medical Center	N	Intermountain Healthcare	Salt Lake	Murray	U	Y	440	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: 2007

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	Y	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

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: 2007

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 Avenues 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	MountainStar Healthcare	Salt Lake	Sandy	U	N	4	Y	Y
408	St. George Surgical Center	I	Freestanding	Washington	St. George	R	N	4	Y	N
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

**Coral Desert Surgical Center, Milford Valley Memorial Hospital and Salt Lake Endoscopy Center did not submit ambulatory surgery data in 2007.

***Provo Surgical Center and Park City Surgery Center closed 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, 2007
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)	383,841	100.0	319,880	100.0	63,961	100.0
Mastectomy (85.0-85.99)	10,158	2.6	7,512	2.3	2,646	4.1
Musculoskeletal (76.0-84.99)	84,480	22.0	71,153	22.2	13,327	20.8
Respiratory (30.0-34.99)	3,678	1.0	3,550	1.1	128	0.2
Cardiovascular (35.0-39.99)	16,527	4.3	16,128	1.1	399	0.6
Lymphatic/Hemetic (40.0-41.99)	3,343	0.9	3,232	1.0	111	0.2
Digestive System (42.0-54.99)	118,762	30.9	102,504	32.0	16,258	25.4
Urinary (55.0-59.99)	10,475	2.7	10,216	3.2	259	0.4
Male Genital (60.0-64.99)	3,826	1.0	3,613	1.1	213	0.3
Female Genital (65.0-71.99)	17,270	4.5	15,763	4.9	1,507	2.4
Endocrine/Nervous (01.0-07.99)	27,310	7.1	22,558	7.1	4,752	7.4
Eye (08.0-16.99)	30,605	8.0	19,364	6.1	11,241	17.6
Ear (18.0-20.99)	16,828	4.4	13,797	4.3	3,031	4.7
Nose,Mouth,Pharynx (21.0-29.99)	40,579	10.6	30,490	9.5	10,089	15.8
Reporting Category(CPT-4 CODES)	408,440	100.0	301,918	100.0	106,522	100.0
Mastectomy (19120-19220)	2,573	0.6	2,118	0.7	455	0.4
Musculoskeletal (20000-29909)	92,487	22.6	67,981	22.5	24,506	23.0
Respiratory (30000-32999 & 39501-39599)	23,194	5.7	14,263	4.7	8,931	8.4
Cardiovascular (33010-37799 & 93501-93660)	38,255	9.4	38,047	12.6	208	0.2
Lymphatic/Hemetic (38100-38999)	2,967	0.7	2,819	0.9	148	0.1
Digestive System (40490-49999)	144,860	35.5	109,019	36.1	35,841	33.6
Urinary (50010-53899)	11,110	2.7	9,215	3.1	1,895	1.8
Male Genital (54000-55899)	3,616	0.9	3,144	1.0	472	0.4
Female Genital (56405-58999)	14,071	3.4	11,863	3.9	2,208	2.1
Endocrine/Nervous (60000-64999)	35,125	8.6	24,805	8.2	10,320	9.7
Eye (65091-68899)	28,432	7.0	11,076	3.7	17,356	16.3
Ear (69000-69979)	11,750	2.9	7,568	2.5	4,182	3.9

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, 2007
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	383,841	100.0	319,880	100.0	63,961	100.0
4523	COLONOSCOPY	25,612	6.7	21,941	6.9	3,671	5.7
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	20,438	5.3	17,344	5.4	3,094	4.8
4542	ENDO POLYPECTOMY LG INTESTINE	13,549	3.5	12,076	3.8	1,473	2.3
2001	MYRINGOTOMY W/INSRT TUBE	13,002	3.4	10,650	3.3	2,352	3.7
4525	CLO [ENDO] BX LG INTESTINE	11,423	3.0	7,418	2.3	4,005	6.3
1371	IOL PROSTH-CATARACT EXTRACT-1-STAGE	8,920	2.3	4,401	1.4	4,519	7.1
806	EXC SEMILUNAR CARTILAGE-KNEE	7,739	2.0	6,194	1.9	1,545	2.4
0392	INJ OTH AGENT SPINAL CANAL	7,630	2.0	6,234	1.9	1,396	2.2
5123	LAP CHOLEY	7,075	1.8	6,904	2.2	171	0.3
1341	PHACOEMULSIFICATION-ASPIR CATARACT	6,954	1.8	4,418	1.4	2,536	4.0
283	TONSILLECTOMY W/ADENOIDECTOMY	6,689	1.7	5,445	1.7	1,244	1.9
4513	OTH ENDO SM INTESTINE	6,349	1.7	5,563	1.7	786	1.2
4292	DILAT ESOPH	5,610	1.5	4,641	1.5	969	1.5
0391	INJ ANES SPINAL CANAL-ANALGESIA	5,055	1.3	4,495	1.4	560	0.9
8026	ARTHSCPY-KNEE	4,326	1.1	3,459	1.1	867	1.4
0443	RELEASE CARPAL TUNNEL	4,253	1.1	3,418	1.1	835	1.3
2169	OTH TURBINECTOMY	4,076	1.1	2,485	0.8	1,591	2.5
8183	OTH REPR SHLDR	3,513	0.9	2,501	0.8	1,012	1.6
3722	LT HEART CARD CATH	3,467	0.9	3,467	1.1	.	.
4836	[ENDO] POLYPECTOMY RECTUM	3,286	0.9	3,283	1.0	3	0.0

CPT-4 CODE	CPT-4 DESCRIPTION	ALL FACILITIES		HOSPITALS		FASCs	
		#	%	#	%	#	%
All Reportable*	CPT-4 Procedures	408,440	100.0	301,918	100.0	106,522	100.0
45378	COLONOSCOPY FLEX; DX-SEP PROC	27,003	6.6	20,114	6.7	6,889	6.5
43239	UGI ENDO; W/BX 1/MX	23,260	5.7	16,507	5.5	6,753	6.3
45380	COLONOSCOPY FLEX; W/BX 1/MX	22,816	5.6	15,962	5.3	6,854	6.4
66984	EXTRACAPSULAR CATARACT REMV IOL	13,979	3.4	4,085	1.4	9,894	9.3
69436	TYMPANOSTOMY GENERAL ANESTHESIA	8,859	2.2	5,408	1.8	3,451	3.2
29881	SCOPE KNEE SURG;W/MENISCECT MED/	7,004	1.7	4,941	1.6	2,063	1.9
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	6,675	1.6	4,811	1.6	1,864	1.7
42820	T&A; UNDER AGE 12	5,574	1.4	4,131	1.4	1,443	1.4
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	4,954	1.2	3,351	1.1	1,603	1.5
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	4,918	1.2	3,473	1.2	1,445	1.4
29826	SCOPE SHOULDER; DECOMP SUBACROM	4,897	1.2	3,316	1.1	1,581	1.5
41899	UNLIST PROC DENTOALVEOL STRUCTUR	4,787	1.2	2,829	0.9	1,958	1.8
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	4,728	1.2	2,918	1.0	1,810	1.7
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	4,627	1.1	4,351	1.4	276	0.3
30140	SUBMUCOS RES TURBINATE PART/CMPL	4,466	1.1	2,070	0.7	2,396	2.2
64483	INJ ANES EPIDURL; LUMB/SAC 1 LEV	4,126	1.0	2,500	0.8	1,626	1.5
93545	INJ PROC-CATH; SELECT CORONRY AN	4,042	1.0	4,042	1.3	.	.
29877	SCOPE KNEE SURG; DEBRID/SHAVE CA	3,977	1.0	2,989	1.0	988	0.9
30520	SEPTOPLASTY/SUBMUCOS RES W/GFT	3,872	0.9	2,312	0.8	1,560	1.5
93556	IMAG SUPERVS I&R-CATH; PULM ANGI	3,820	0.9	3,820	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 CPT4 blood draw codes in previous reports.

**TABLE 4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGES PROFILE OF OUTPATIENT SURGERY, 2007
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	10,168	8,527	1,641
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	2,387	2,371	16
	003 COMPLEX INCISION AND DRAINAGE	111	88	23
	004 SIMPLE INCISION AND DRAINAGE	37	28	9
	006 SIMPLE DEBRIDEMENT AND DESTRUCTION	211	187	24
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	1,541	1,121	420
	008 SIMPLE EXCISION AND BIOPSY	1,737	1,220	517
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRANGE	1,567	1,390	177
	010 SIMPLE SKIN REPAIR	4	4	0
	011 SIMPLE INCISION AND EXCISION OF BREAST	2,571	2,116	455
	012 BREAST RECONSTRUCTION AND MASTECTOMY	2	2	0
02	MUSCULOSKELETAL SYSTEM	83,705	61,192	22,513
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	8,936	6,662	2,274
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	3,021	2,481	540
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	3,164	2,359	805
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	17,434	12,550	4,884
	025 ARTHROSCOPY	35,892	25,547	10,345
	026 REPLACEMENT OF CAST	66	65	1
	027 SPLINT, STRAPPING AND CAST REMOVAL	556	555	1
	028 CLOSED TREATMENT FX & DISLOCATION OF FINGER, TOE & TRUNK	72	54	18
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	797	693	104
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	6,241	4,851	1,390
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	673	465	208
	032 BUNION PROCEDURES	2,665	1,752	913
	033 ARTHROPLASTY	818	581	237
	034 HAND AND FOOT TENOTOMY	397	323	74
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	2,973	2,254	719
03	RESPIRATORY SYSTEM	11,845	8,139	3,706
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	652	652	0
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	9,058	5,383	3,675
	054 SIMPLE ENDOSCOPY OF THE UPPER AIRWAY	280	252	28
	055 ENDOSCOPY OF THE LOWER AIRWAY	1,855	1,852	3
04	CARDIOVASCULAR SYSTEM	30,704	30,572	132
	074 CARDIAC ELECTROPHYSIOLOGIC TESTS	4,174	4,174	0
	075 PLACEMENT OF TRANSVENOUS CATHETERS	42	42	0
	076 DIAGNOSTIC CARDIAC CATHETERIZATION	21,581	21,581	0
	077 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	1,928	1,914	14
	078 PACEMAKER INSERTION AND REPLACEMENT	690	690	0
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	1,022	989	33
	080 MINOR VASCULAR REPAIR AND FISTULA CONSTRUCTION	746	736	10
	081 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	134	123	11
	082 VASCULAR LIGATION	372	308	64
	083 RESUSCITATION AND CARIOVERSION	15	15	0
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	3,667	3,488	179
	092 CHEMOTHERAPY EXCEPT BY EXTENDED INFUSION	43	43	0
	094 BLOOD AND BLOOD PRODUCT EXCHANGE	87	85	2

TABLE 4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGES PROFILE OF OUTPATIENT SURGERY, 2007
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	2,239	2,063	176
	097 TRANSFUSION	1,298	1,297	1
06	DIGESTIVE SYSTEM	129,483	98,518	30,965
	111 ALIMENTARY TESTS AND SIMPLE TUBE PLACEMENT	136	136	0
	112 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	1,870	1,254	616
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	717	650	67
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	458	342	116
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	28,452	20,229	8,223
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	7,786	5,566	2,220
	117 LOWER GASTROINTESTINAL ENDOSCOPY	59,729	43,551	16,178
	118 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	1,503	1,497	6
	119 HERNIA AND HYDROCELE PROCEDURES	8,065	6,814	1,251
	120 COMPLEX ANAL AND RECTAL PROCEDURES	1,248	1,064	184
	121 SIMPLE ANAL AND RECTAL PROCEDURES	626	552	74
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	593	580	13
	123 COMPLEX LAPAROSCOPIC PROCEDURES	18,067	16,057	2,010
	124 SIMPLE LAPAROSCOPIC PROCEDURES	233	226	7
07	URINARY SYSTEM	9,792	7,929	1,863
	131 RENAL EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	1,470	871	599
	132 SIMPLE URINARY STUDIES AND PROCEDURES	2	1	1
	133 URINARY CATHETERIZATION AND DILATATION	509	479	30
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	4,656	3,971	685
	135 MODERATE CYSTOURETHROSCOPY	2,128	1,733	395
	136 SIMPLE CYSTOURETHROSCOPY	688	570	118
	137 COMPLEX URETHRAL PROCEDURES	146	132	14
	138 SIMPLE URETHRAL PROCEDURES	193	172	21
08	MALE GENITAL SYSTEM	3,190	2,775	415
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	1,568	1,260	308
	152 INSERTION OF PENILE PROSTHESIS	85	85	0
	153 COMPLEX PENILE PROCEDURES	522	495	27
	154 SIMPLE PENILE PROCEDURES	890	823	67
	155 PROSTATE NEEDLE AND PUNCH BIOPSY	125	112	13
09	FEMALE GENITAL SYSTEM	8,293	7,034	1,259
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	2,102	1,974	128
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	1,721	1,390	331
	178 DILATION AND CURETTAGE	839	733	106
	179 HYSTEROSCOPY	3,222	2,553	669
	180 COLPOSCOPY	409	384	25
10	NERVOUS SYSTEM	30,931	20,995	9,936
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	22,353	14,792	7,561
	196 REVISION AND REMOVAL OF NEUROLOGICAL DEVICE	252	235	17
	197 NEUROSTIMULATOR AND VENTRICULAR SHUNT IMPLANTATION	1,019	944	75
	198 NERVE REPAIR AND DESTRUCTION	6,794	4,511	2,283
	199 SPINAL TAP	513	513	0
11	EYE AND OCULAR ADNEXA	28,118	10,843	17,275
	211 MINOR OPHTHALMOLOGICAL TESTS AND PROCEDURES	76	32	44

TABLE 4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGES PROFILE OF OUTPATIENT SURGERY, 2007
PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

STATEWIDE TOTALS

Procedure APG category	ALL FACILITIES	HOSPITALS	FASCs
Procedure APG	#	#	#
213 LASER EYE PROCEDURES	2,387	617	1,770
214 CATARACT PROCEDURES	14,719	4,389	10,330
215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	1,518	400	1,118
216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	880	277	603
217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	850	306	544
218 COMPLEX POSTERIOR SEGMENT EYE PROCEDURES	480	376	104
219 SIMPLE POSTERIOR SEGMENT EYE PROCEDURES	565	419	146
220 STRABISMUS AND MUSCLE EYE PROCEDURES	1,118	809	309
221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	2,508	886	1,622
222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	914	510	404
223 VITRECTOMY	2,103	1,822	281
12 FACIAL, EAR, NOSE, MOUTH AND THROAT	42,985	27,519	15,466
231 COCHLEAR DEVICE IMPLANTATION	95	95	0
233 NASAL CAUTERIZATION AND PACKING	437	328	109
234 COMPLEX FACIAL AND ENT PROCEDURES	8,640	5,752	2,888
235 SIMPLE FACIAL AND ENT PROCEDURES	22,077	13,044	9,033
236 TONSIL AND ADENOID PROCEDURES	11,736	8,300	3,436
13 THERAPEUTIC AND OTHER RADIOLOGICAL PROCEDURES	3,250	3,024	226
252 RADIATION THERAPY AND HYPERTHERMIA	7	7	0
253 VASCULAR RADIOLOGY EXCEPT FOR VENOGRAPHY OF EXTREMITY	1,146	1,146	0
254 MYELOGRAPHY	527	304	223
255 MISCELLANEOUS RADIOLOGICAL PROCEDURES WITH CONTRAST	1,570	1,567	3
14 PHYSICAL MEDICINE AND REHABILITATION	6	6	0
272 PHYSICAL THERAPY	6	6	0

SOURCE: Utah Ambulatory Surgery Database
 Utah Health Data Committee/Office of Health Care Statistics
 Reportable* excludes codes in the former "Other" category 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, 2007
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	\$2,946	\$3,184	\$1,519
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	\$2,658	\$2,632	\$7,037
	003 COMPLEX INCISION AND DRAINAGE	\$3,543	\$4,092	\$1,896
	004 SIMPLE INCISION AND DRAINAGE	\$2,255	\$2,544	\$1,458
	006 SIMPLE DEBRIDEMENT AND DESTRUCTION	\$2,619	\$2,883	\$769
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	\$2,842	\$3,383	\$1,625
	008 SIMPLE EXCISION AND BIOPSY	\$2,457	\$2,793	\$1,512
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRANGE	\$4,498	\$4,546	\$3,444
	010 SIMPLE SKIN REPAIR	\$4,169	\$4,169	.
	011 SIMPLE INCISION AND EXCISION OF BREAST	\$2,712	\$3,085	\$1,058
02	MUSCULOSKELETAL SYSTEM	\$4,012	\$4,441	\$2,860
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	\$6,182	\$7,003	\$3,292
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	\$3,612	\$3,967	\$2,490
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	\$4,435	\$5,446	\$2,500
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	\$2,744	\$3,054	\$1,936
	025 ARTHROSCOPY	\$4,378	\$4,796	\$3,492
	026 REPLACEMENT OF CAST	\$7,272	\$7,272	.
	027 SPLINT, STRAPPING AND CAST REMOVAL	\$1,950	\$1,950	.
	028 CLOSED TREATMENT FX & DISLOCATION OF FINGER, TOE & TRUNK	\$1,564	\$1,440	\$2,090
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	\$3,123	\$3,328	\$1,671
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	\$5,162	\$5,920	\$2,717
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	\$2,455	\$2,812	\$1,757
	032 BUNION PROCEDURES	\$3,568	\$4,352	\$2,317
	033 ARTHROPLASTY	\$5,482	\$7,331	\$2,976
	034 HAND AND FOOT TENOTOMY	\$2,507	\$2,254	\$3,221
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	\$1,017	\$1,001	\$1,264
03	RESPIRATORY SYSTEM	\$2,299	\$2,352	\$1,766
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	\$1,520	\$1,520	.
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	\$3,190	\$3,777	\$1,711
	054 SIMPLE ENDOSCOPY OF THE UPPER AIRWAY	\$2,352	\$2,332	\$2,446
	055 ENDOSCOPY OF THE LOWER AIRWAY	\$2,231	\$2,232	\$1,053
04	CARDIOVASCULAR SYSTEM	\$13,231	\$13,494	\$1,775
	074 CARDIAC ELECTROPHYSIOLOGIC TESTS	\$20,642	\$20,642	.
	075 PLACEMENT OF TRANSVENOUS CATHETERS	\$8,168	\$8,168	.
	076 DIAGNOSTIC CARDIAC CATHETERIZATION	\$6,799	\$6,799	.
	077 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	\$23,481	\$23,688	\$1,804
	078 PACEMAKER INSERTION AND REPLACEMENT	\$22,941	\$22,941	.
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	\$3,260	\$3,439	\$1,764
	080 MINOR VASCULAR REPAIR AND FISTULA CONSTRUCTION	\$5,428	\$5,464	\$1,794
	081 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	\$4,295	\$4,524	\$1,489
	082 VASCULAR LIGATION	\$5,679	\$5,963	\$1,945
	083 RESUSCITATION AND CARDIOVERSION	\$7,609	\$7,609	.
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	\$3,936	\$4,053	\$1,971
	092 CHEMOTHERAPY EXCEPT BY EXTENDED INFUSION	\$1,273	\$1,273	.
	094 BLOOD AND BLOOD PRODUCT EXCHANGE	\$5,538	\$5,538	.
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	\$5,054	\$5,409	\$1,982
	097 TRANSFUSION	\$2,572	\$2,574	\$420

TABLE 5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2007
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	\$2,225	\$2,473	\$1,449
	111 ALIMENTARY TESTS AND SIMPLE TUBE PLACEMENT	\$1,025	\$1,025	.
	112 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	\$1,349	\$1,577	\$1,168
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	\$1,257	\$1,292	\$906
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	\$1,181	\$1,324	\$815
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	\$1,286	\$1,331	\$1,184
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	\$1,727	\$1,876	\$1,125
	117 LOWER GASTROINTESTINAL ENDOSCOPY	\$1,196	\$1,168	\$1,269
	118 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	\$4,198	\$4,111	\$11,667
	119 HERNIA AND HYDROCELE PROCEDURES	\$3,632	\$3,847	\$2,511
	120 COMPLEX ANAL AND RECTAL PROCEDURES	\$2,823	\$3,183	\$1,101
	121 SIMPLE ANAL AND RECTAL PROCEDURES	\$2,184	\$2,411	\$817
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	\$6,248	\$6,329	\$1,471
	123 COMPLEX LAPAROSCOPIC PROCEDURES	\$6,704	\$7,043	\$3,820
	124 SIMPLE LAPAROSCOPIC PROCEDURES	\$8,601	\$8,601	.
07	URINARY SYSTEM	\$4,796	\$5,134	\$3,664
	131 RENAL EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	\$7,384	\$8,723	\$5,747
	133 URINARY CATHETERIZATION AND DILATATION	\$4,252	\$4,450	\$1,779
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	\$4,841	\$5,301	\$2,236
	135 MODERATE CYSTOURETHROSCOPY	\$3,313	\$3,734	\$1,656
	136 SIMPLE CYSTOURETHROSCOPY	\$2,406	\$2,619	\$1,521
	137 COMPLEX URETHRAL PROCEDURES	\$6,058	\$6,589	\$2,050
	138 SIMPLE URETHRAL PROCEDURES	\$1,708	\$1,729	\$1,461
08	MALE GENITAL SYSTEM	\$3,284	\$3,453	\$1,983
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	\$2,669	\$2,812	\$2,074
	152 INSERTION OF PENILE PROSTHESIS	\$18,747	\$18,747	.
	153 COMPLEX PENILE PROCEDURES	\$3,550	\$3,629	\$2,212
	154 SIMPLE PENILE PROCEDURES	\$1,950	\$1,981	\$1,606
	155 PROSTATE NEEDLE AND PUNCH BIOPSY	\$5,214	\$5,214	.
09	FEMALE GENITAL SYSTEM	\$4,097	\$4,463	\$2,143
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	\$5,436	\$5,626	\$2,337
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	\$3,050	\$3,471	\$1,438
	178 DILATION AND CURETTAGE	\$2,406	\$2,542	\$1,142
	179 HYSTEROSCOPY	\$4,310	\$4,798	\$2,572
	180 COLPOSCOPY	\$3,717	\$3,826	\$1,610
10	NERVOUS SYSTEM	\$1,872	\$2,183	\$1,205
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	\$1,071	\$1,108	\$997
	196 REVISION AND REMOVAL OF NEUROLOGICAL DEVICE	\$9,533	\$9,628	.
	197 NEUROSTIMULATOR AND VENTRICULAR SHUNT IMPLANTATION	\$25,833	\$26,856	\$3,586
	198 NERVE REPAIR AND DESTRUCTION	\$2,285	\$2,625	\$1,708
	199 SPINAL TAP	\$2,151	\$2,151	.
11	EYE AND OCULAR ADNEXA	\$2,687	\$3,373	\$2,351
	211 MINOR OPHTHALMOLOGICAL TESTS AND PROCEDURES	\$2,291	\$1,775	\$2,592
	213 LASER EYE PROCEDURES	\$919	\$769	\$972
	214 CATARACT PROCEDURES	\$2,788	\$3,301	\$2,574
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	\$3,081	\$3,487	\$2,871
	216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	\$2,246	\$2,769	\$2,004

TABLE 5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2007
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	
	217	SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	\$2,491	\$3,367	\$2,282
	218	COMPLEX POSTERIOR SEGMENT EYE PROCEDURES	\$5,294	\$5,524	\$4,548
	219	SIMPLE POSTERIOR SEGMENT EYE PROCEDURES	\$2,057	\$3,744	\$1,672
	220	STRABISMUS AND MUSCLE EYE PROCEDURES	\$3,393	\$3,433	\$2,915
	221	COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	\$2,667	\$3,997	\$2,068
	222	SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	\$1,957	\$2,495	\$1,416
	223	VITRECTOMY	\$5,658	\$6,291	\$3,611
12		FACIAL, EAR, NOSE, MOUTH AND THROAT	\$2,542	\$2,838	\$1,759
	231	COCHLEAR DEVICE IMPLANTATION	\$46,617	\$46,617	.
	233	NASAL CAUTERIZATION AND PACKING	\$3,148	\$3,413	\$1,675
	234	COMPLEX FACIAL AND ENT PROCEDURES	\$4,842	\$5,571	\$2,451
	235	SIMPLE FACIAL AND ENT PROCEDURES	\$1,882	\$1,937	\$1,733
	236	TONSIL AND ADENOID PROCEDURES	\$2,172	\$2,399	\$1,628
13		THERAPEUTIC AND OTHER RADIOLOGICAL PROCEDURES	\$3,719	\$3,736	\$863
	252	RADIATION THERAPY AND HYPERTHERMIA	\$9,804	\$9,804	.
	253	VASCULAR RADIOLOGY EXCEPT FOR VENOGRAPHY OF EXTREMITY	\$13,369	\$13,369	.
	254	MYELOGRAPHY	\$3,117	\$3,202	\$943
	255	MISCELLANEOUS RADIOLOGICAL PROCEDURES WITH CONTRAST	\$2,656	\$2,658	\$150

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, 2007
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	161,384	54.4	118,694	54.2	42,690	55.0
Male	135,141	45.6	100,216	45.8	34,925	45.0
Unknown	18	0.0	2	0.0	16	0.0
Not Reported	53	0.0	1	0.0	52	0.1
AGE						
1-28 days	1,456	0.5	1,456	0.7	0	0.0
29-365 days	3,266	1.1	2,840	1.3	426	0.5
1-4 years	14,155	4.8	10,885	1.3	3,270	4.2
5-9	7,749	2.6	5,994	5.0	1,755	2.3
10-14	5,551	1.9	4,452	2.7	1,099	1.4
15-17	6,285	2.1	4,943	2.0	1,342	1.7
18-19	4,897	1.7	3,620	2.3	1,277	1.6
20-24	13,417	4.5	10,250	1.7	3,167	4.1
25-29	16,267	5.5	12,627	4.7	3,640	4.7
30-34	15,917	5.4	12,276	5.6	3,641	4.7
35-39	16,193	5.5	12,391	5.7	3,802	4.9
40-44	17,487	5.9	13,493	6.2	3,994	5.1
45-49	22,118	7.5	16,963	7.7	5,155	6.6
50-54	31,697	10.7	24,260	11.1	7,437	9.6
55-59	26,885	9.1	20,332	9.3	6,553	8.4
60-64	23,384	7.9	17,122	7.8	6,262	8.1
65-69	21,072	7.1	14,261	6.5	6,811	8.8
70-74	18,014	6.1	11,502	5.3	6,512	8.4
75-79	15,044	5.1	9,388	4.3	5,656	7.3
80-84	9,999	3.4	6,242	2.9	3,757	4.8
85-89	4,476	1.5	2,777	1.3	1,699	2.2
90 +	1,265	0.4	839	0.4	426	0.5
Not Reported	1,458	0.5	1,456	0.7	2	0.0
SOURCE OF ADMISSION						
Physician Referral	265,996	89.7	199,973	91.3	66,023	85.0
Clinic Referral	2,691	0.9	1,442	0.7	1,249	1.6
HMO Referral	3,329	1.1	3,326	1.5	3	0.0
Other Hospital	50	0.0	50	0.0	0	0.0
Skilled Nursing Facility	14	0.0	14	0.0	0	0.0
Other Health Care Facility	24	0.0	24	0.0	0	0.0
Emergency Room	4,867	1.6	4,867	2.2	0	0.0
Court/Law Enforcement	3	0.0	3	0.0	0	0.0
Unknown	2,155	0.7	16	0.0	0	2.8
Not Reported	17,467	5.9	9,198	4.2	8,269	10.6

(Continued)

TABLE 6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2007
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	290,026	97.8	218,338	99.7	71,688	92.3
Another Hospital	159	0.1	109	0.0	50	0.1
Skilled Nursing Facility	109	0.0	108	0.0	1	0.0
Intermediate Care	7	0.0	7	0.0	0	0.0
Another Type of Institution	52	0.0	50	0.0	2	0.0
Under Care of Home Service	223	0.1	223	0.1	0	0.0
Left Against Medical Advice	19	0.0	19	0.0	0	0.0
Under care of Home Provider	1	0.0	1	0.0	0	0.0
Expired	12	0.0	12	0.0	0	0.0
Unknown	5,988	2.0	46	0.0	5,942	7.6
Not Reported	0	0.0	0	0.0	0	0.0
PRIMARY PAYER						
Medicare	58,367	19.7	38,805	17.7	19,562	25.2
Medicaid	16,627	5.6	12,973	5.9	3,654	4.7
Other Government	5,877	2.0	3,498	1.6	2,379	3.1
Blue Cross/Blue Shield	46,651	15.7	30,611	14.0	16,040	20.6
Other Commercial	24,730	8.3	17,104	7.8	7,626	9.8
Managed Care(HMO, PPO)	128,499	43.3	106,265	48.5	22,234	28.6
Self Pay	4,567	1.5	2,895	1.3	1,672	2.2
Industrial & Worker Comp	6,053	2.0	3,787	1.7	2,266	2.9
Charity and Unclassified	1,982	0.7	1,868	0.9	114	0.1
Childrens Health Insurance	560	0.2	159	0.1	401	0.5
Unknown	923	0.3	855	0.4	68	0.1
Not Reported	1,760	0.6	93	0.0	1,667	2.1
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE						
Bear River	20,104	6.8	16,514	7.5	3,590	4.6
Central Utah	9,358	3.2	8,080	3.7	1,278	1.6
Davis County	35,402	11.9	22,286	10.2	13,116	16.9
Salt Lake County	99,209	33.4	72,683	33.2	26,526	34.1
Southeastern Utah	5,768	1.9	5,055	2.3	713	0.9
Southwest Utah	16,183	5.5	13,705	6.3	2,478	3.2
Summit County	3,602	1.2	2,788	1.3	814	1.0
Tooele County	5,580	1.9	4,504	2.1	1,076	1.4
Tri-County	6,032	2.0	5,649	2.6	383	0.5
Utah County	45,262	15.3	35,563	16.2	9,699	12.5
Wasatch County	2,047	0.7	1,636	0.7	411	0.5
Weber County	35,424	11.9	21,324	9.7	14,100	18.2
Unknown Utah	65	0.0	43	0.0	22	0.0
Outside Utah	12,452	4.2	8,990	4.1	3,462	4.5
Unknown, Not Reported	109	0.0	94	0.0	15	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), 1999-2007

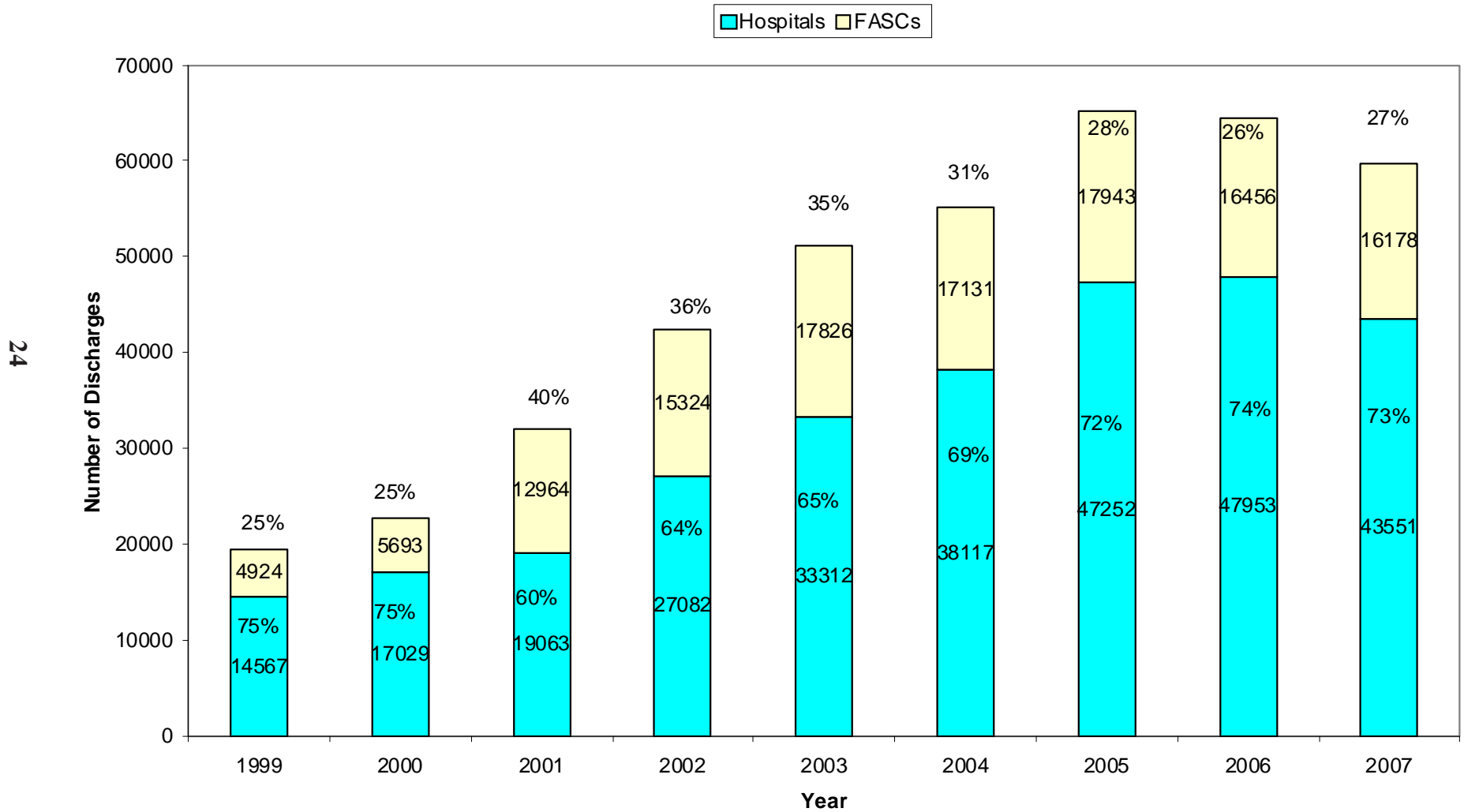


Figure 2. Number and Percentage of Cataract Procedures (APG 214) by Facility Type and Year, Utah, Hospitals and Freestanding Ambulatory Surgery Centers (FASCs), 1999-2007

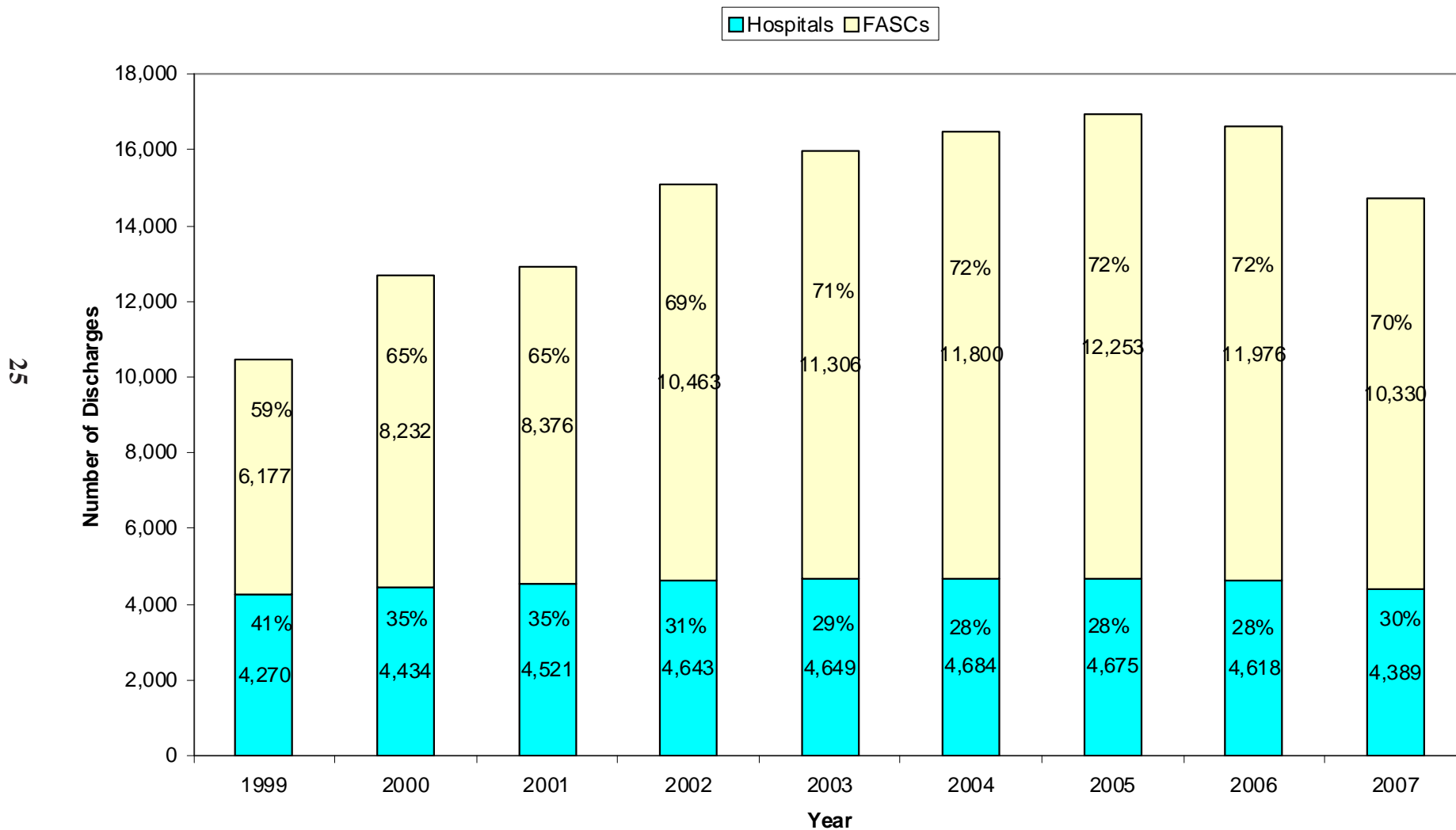


Figure 3. Average Charge for Lower Gastrointestinal Endoscopies (APG 117) by Facility Type and Year, Utah, Hospitals and Freestanding Ambulatory Surgery Centers (FASCs), 1999-2007

Hospitals FASCs

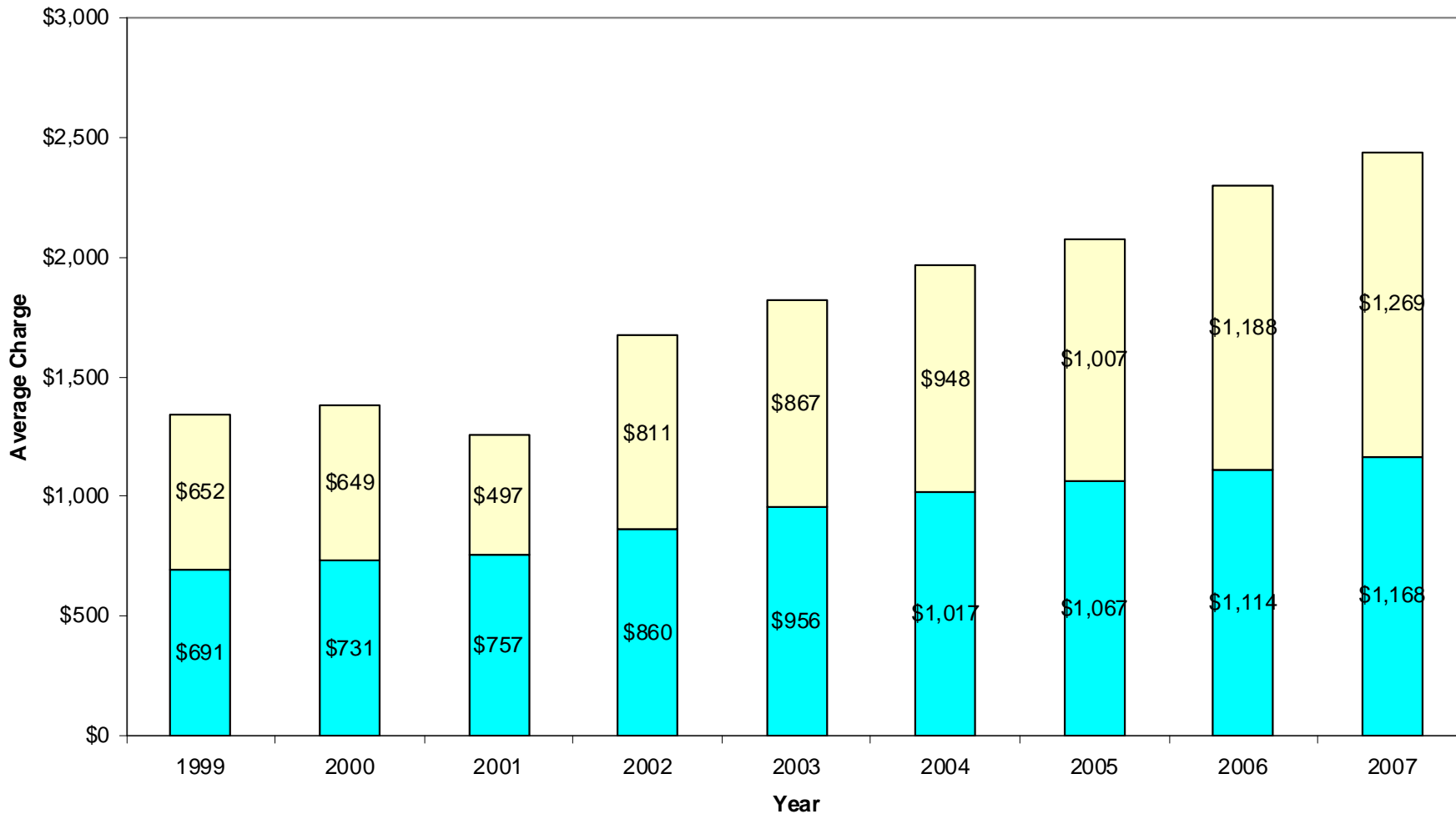
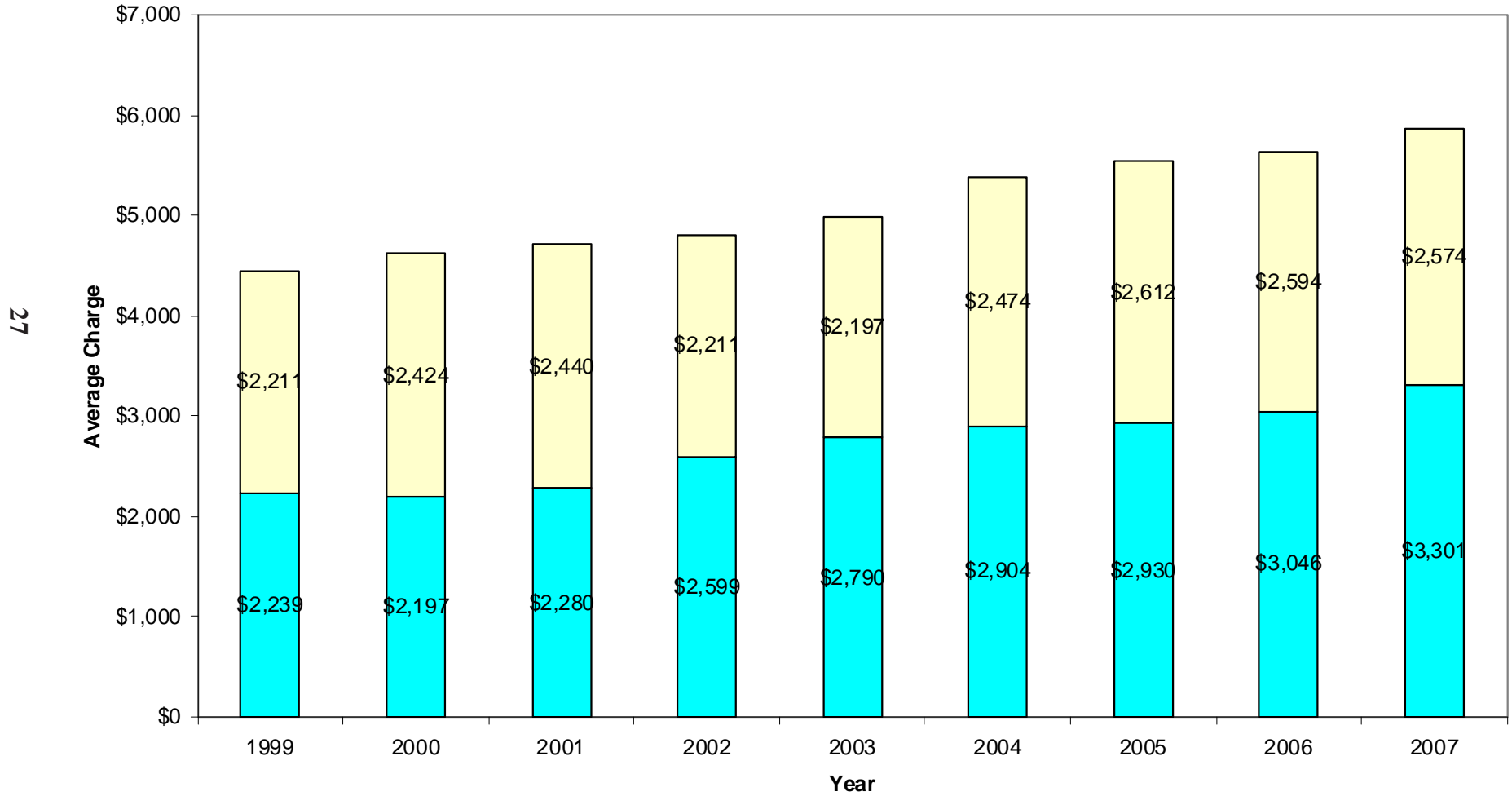


Figure 4. Average Charge for Cataract Procedures (APG 214) by Facility Type and Year, Utah, Hospitals and Freestanding Ambulatory Surgery Centers (FASCs), 1999-2007

Hospitals FASCs



AMB ST 1-1
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2007
NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

111 Allen Memorial Hospital - CAH

Reporting Category(ICD-9-CM CODES)	Procedures Performed		Procedures Performed-All Hospitals	
	(#)	(%)	(#)	(%)
Reporting Category(ICD-9-CM CODES)	.	.	319,880	100.0
Mastectomy (85.0-85.99)	.	.	7,512	2.3
Musculoskeletal (76.0-84.99)	.	.	71,153	22.2
Respiratory (30.0-34.99)	.	.	3,550	1.1
Cardiovascular (35.0-39.99)	.	.	16,128	5.0
Lymphatic/Hemetic (40.0-41.99)	.	.	3,232	1.0
Digestive System (42.0-54.99)	.	.	102,504	32.0
Urinary (55.0-59.99)	.	.	10,216	3.2
Male Genital (60.0-64.99)	.	.	3,613	1.1
Female Genital (65.0-71.99)	.	.	15,763	4.9
Endocrine/Nervous (01.0-07.99)	.	.	22,558	7.1
Eye (08.0-16.99)	.	.	19,364	6.1
Ear (18.0-20.99)	.	.	13,797	4.3
Nose, Mouth, Pharynx (21.0-29.99)	.	.	30,490	9.5
Reporting Category(CPT-4 CODES)	544	100.0	301,918	100.0
Mastectomy (19120-19220)	4	0.7	2,118	0.7
Musculoskeletal (20000-29909)	73	13.4	67,981	22.5
Respiratory (30000-32999 & 39501-39599)	1	0.2	14,263	4.7
Cardiovascular (33010-37799 & 93501-93660)	3	0.6	38,047	12.6
Lymphatic/Hemetic (38100-38999)	7	1.3	2,819	0.9
Digestive (40490-49999)	343	63.1	109,019	36.1
Urinary (50010-53899)	5	0.9	9,215	3.1
Male Genital (54000-55899)	0	0.0	3,144	1.0
Female Genital (56405-58999)	15	2.8	11,863	3.9
Endocrine/Nervous (60000-64999)	21	3.9	24,805	8.2
Eye (65091-68899)	72	13.2	11,076	3.7
Ear (69000-69979)	0	0.0	7,568	2.5

SOURCE: Utah Ambulatory Surgery Database
Utah 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, 2007
MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES

111 Allen Memorial Hospital - CAH

ICD-9 CODE	ICD-9 DESCRIPTION	#	%	% ALL Hospitals
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All ICD-9 Procedures

Does not report ICDs

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures				
45378	COLONOSCOPY FLEX; DX-SEP PROC	87	16.0	6.66
43239	UGI ENDO; W/BX 1/MX	65	11.9	5.47
45384	COLONOSCOPY FLEX; REMV LES-FORCE	57	10.5	0.27
66984	EXTRACAPSULAR CATARACT REMV IOL	48	8.8	1.35
66821	DISCISSION 2ND CATARACT; LASER S	22	4.0	0.18
49505	REPR INIT ING HERNIA 5YR/MORE; R	20	3.7	0.88
46936	DESTRUC HEMORRHOIDS METH; INTRL&	17	3.1	0.01
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	16	2.9	0.69
29881	SCOPE KNEE SURG;W/MENISCECT MED/	14	2.6	1.64
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	13	2.4	1.15
29880	SCOPE KNEE SURG;W/MENISCECT MED&	12	2.2	0.48
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	10	1.8	1.59
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	10	1.8	1.44
G0121	COLOREC CNCR SCR;COLNSCPY NO HI	9	1.7	0.26
45380	COLONOSCOPY FLEX; W/BX 1/MX	7	1.3	5.29
58120	DILATION & CURET DX &/ THERAPEUT	7	1.3	0.24
28285	CORRECTION HAMMERTO	6	1.1	0.59
25605	CLOS TX DIST RADIAL FX; REQ MANI	5	0.9	0.06
29876	SCOPE KNEE SURG; SYNOVECTOMY MAJ	5	0.9	0.12
19120	EXC BRST CYST TUMR/LES OPN M/F 1	4	0.7	0.44

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, 2007
 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 CHR	AVE TOT CHR(ALL Hospitals)
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ICD-9 Procedures

Does not report ICDS

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
CPT-4 Procedures		357	\$3,829	\$3,274
45378	COLONOSCOPY FLEX; DX-SEP PROC	56	\$2,111	\$984
66984	EXTRACAPSULAR CATARACT REMV IOL	47	\$2,523	\$3,292
45384	COLONOSCOPY FLEX; REMV LES-FORCE	34	\$3,302	\$1,605
43239	UGI ENDO; W/BX 1/MX	30	\$2,503	\$1,389
66821	DISCISSION 2ND CATARACT; LASER S	22	\$256	\$736
49505	REPR INIT ING HERNIA 5YR/MORE; R	19	\$4,741	\$4,010
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	16	\$4,580	\$2,296
29881	SCOPE KNEE SURG;W/MENISCECT MED/	10	\$11,276	\$4,170
29880	SCOPE KNEE SURG;W/MENISCECT MED&	9	\$12,277	\$4,454
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	9	\$11,085	\$7,072
G0121	COLOREC CNCR SCR;COLNSCPY NO HI	9	\$2,717	\$800
46936	DESTRUC HEMORRHOIDS METH; INTRL&	7	\$3,347	\$3,347
25605	CLOS TX DIST RADIAL FX; REQ MANI	5	\$2,644	\$2,572
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	5	\$3,707	\$1,536
58120	DILATION & CURET DX &/ THERAPEUT	5	\$4,016	\$2,542
19120	EXC BRST CYST TUMR/LES OPN M/F 1	4	\$4,124	\$2,769
43235	UGI ENDO; DX W/VO CLCT SPECMN-SP	4	\$2,098	\$1,081
20680	REMOVAL OF IMPLANT; DEEP	3	\$5,582	\$3,111
38510	BX/EXC LYMPH NODE; OPN DP CERV N	3	\$3,912	\$4,300
45330	SIGMOIDOSCOPY FLEX; DX-SEP PROC	3	\$1,385	\$735

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, 2007
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			
01	INTEGUMENTARY SYSTEM	13	8,527
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	1	2,371
	008 SIMPLE EXCISION AND BIOPSY	7	1,220
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRANGE	1	1,390
	011 SIMPLE INCISION AND EXCISION OF BREAST	4	2,116
02	MUSCULOSKELETAL SYSTEM	65	61,192
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	18	12,550
	025 ARTHROSCOPY	37	25,547
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	8	693
	032 BUNION PROCEDURES	2	1,752
03	RESPIRATORY SYSTEM	1	8,139
	055 ENDOSCOPY OF THE LOWER AIRWAY	1	1,852
04	CARDIOVASCULAR SYSTEM	2	30,572
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	2	989
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	7	3,488
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	7	2,063
06	DIGESTIVE SYSTEM	346	98,518
	112 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	1	1,254
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	6	650
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	4	342
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	80	20,229
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	7	5,566
	117 LOWER GASTROINTESTINAL ENDOSCOPY	173	43,551
	119 HERNIA AND HYDROCELE PROCEDURES	38	6,814
	120 COMPLEX ANAL AND RECTAL PROCEDURES	2	1,064
	121 SIMPLE ANAL AND RECTAL PROCEDURES	17	552
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	1	580
	123 COMPLEX LAPAROSCOPIC PROCEDURES	17	16,057
07	URINARY SYSTEM	4	7,929
	136 SIMPLE CYSTOURETHROSCOPY	4	570
09	FEMALE GENITAL SYSTEM	11	7,034
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	1	1,390
	178 DILATION AND CURETTAGE	7	733
	180 COLPOSCOPY	3	384
10	NERVOUS SYSTEM	21	20,995
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	5	14,792
	198 NERVE REPAIR AND DESTRUCTION	16	4,511
11	EYE AND OCULAR ADNEXA	72	10,843
	213 LASER EYE PROCEDURES	22	617
	214 CATARACT PROCEDURES	48	4,389
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	2	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 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2007
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	10	\$5,620	\$3,184
	008 SIMPLE EXCISION AND BIOPSY	5	\$6,284	\$2,793
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRAN	1	\$8,279	\$4,546
	011 SIMPLE INCISION AND EXCISION OF BREAST	4	\$4,124	\$3,085
02	MUSCULOSKELETAL SYSTEM	39	\$8,585	\$4,441
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	7	\$5,813	\$3,054
	025 ARTHROSCOPY	24	\$11,483	\$4,796
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	8	\$2,319	\$3,328
04	CARDIOVASCULAR SYSTEM	2	\$3,452	\$13,494
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	2	\$3,452	\$3,439
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	5	\$4,187	\$4,053
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	5	\$4,187	\$5,409
06	DIGESTIVE SYSTEM	205	\$3,503	\$2,473
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	6	\$2,398	\$1,292
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	4	\$4,023	\$1,324
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	34	\$2,455	\$1,331
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	1	\$7,880	\$1,876
	117 LOWER GASTROINTESTINAL ENDOSCOPY	109	\$2,620	\$1,168
	119 HERNIA AND HYDROCELE PROCEDURES	28	\$4,721	\$3,847
	120 COMPLEX ANAL AND RECTAL PROCEDURES	1	\$2,345	\$3,183
	121 SIMPLE ANAL AND RECTAL PROCEDURES	7	\$3,347	\$2,411
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	1	\$3,469	\$6,329
	123 COMPLEX LAPAROSCOPIC PROCEDURES	14	\$10,656	\$7,043
09	FEMALE GENITAL SYSTEM	8	\$2,757	\$4,463
	178 DILATION AND CURETTAGE	5	\$4,016	\$2,542
	180 COLPOSCOPY	3	\$657	\$3,826
10	NERVOUS SYSTEM	17	\$4,343	\$2,183
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	1	\$553	\$1,108
	198 NERVE REPAIR AND DESTRUCTION	16	\$4,580	\$2,625
11	EYE AND OCULAR ADNEXA	70	\$1,804	\$3,373
	213 LASER EYE PROCEDURES	22	\$256	\$769
	214 CATARACT PROCEDURES	47	\$2,523	\$3,301
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	1	\$2,065	\$3,367

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 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2007
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	260	58.0	118,694	54.2
Male	188	42.0	100,216	45.8
Unknown	0	0.0	2	0.0
Not Reported	0	0.0	1	0.0
AGE				
1-28 days	0	0.0	1,456	0.7
29-365 days	0	0.0	2,840	1.3
1-4 years	0	0.0	10,885	5.0
5-9	2	0.4	5,994	2.7
10-14	6	1.3	4,452	2.0
15-17	8	1.8	4,943	2.3
18-19	6	1.3	3,620	1.7
20-24	9	2.0	10,250	4.7
25-29	11	2.5	12,627	5.8
30-34	11	2.5	12,276	5.6
35-39	15	3.3	12,391	5.7
40-44	22	4.9	13,493	6.2
45-49	24	5.4	16,963	7.7
50-54	67	15.0	24,260	11.1
55-59	52	11.6	20,332	9.3
60-64	41	9.2	17,122	7.8
65-69	42	9.4	14,261	6.5
70-74	48	10.7	11,502	5.3
75-79	35	7.8	9,388	4.3
80-84	27	6.0	6,242	2.9
85-89	15	3.3	2,777	1.3
90 +	7	1.6	839	0.4
Not Reported	0	0.0	1,456	0.7
SOURCE OF ADMISSION				
Physician Referral	442	98.7	199,973	91.3
Clinic Referral	6	1.3	1,442	0.7
HMO Referral	0	0.0	3,326	1.5
Other Hospital	0	0.0	50	0.0
Skilled Nursing Facility	0	0.0	14	0.0
Other Health Care Facility	0	0.0	24	0.0
Emergency Room	0	0.0	4,867	2.2
Court/Law Enforcement	0	0.0	3	0.0
Unknown	0	0.0	16	0.0
Not Reported	0	0.0	9,198	4.2

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2007
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	448	100.0	218,338	99.7
Another Hospital	0	0.0	109	0.0
Skilled Nursing Facility	0	0.0	108	0.0
Intermediate Care Facility	0	0.0	7	0.0
Another Type of Institution	0	0.0	50	0.0
Under Care of Home Service	0	0.0	223	0.1
Left Against Medical Advice	0	0.0	19	0.0
Under Care of Home IV Provider	0	0.0	1	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	161	35.9	38,805	17.7
Medicaid	29	6.5	12,973	5.9
Other government	8	1.8	3,498	1.6
Blue Cross/Blue Shield	88	19.6	30,611	14.0
Other Commercial	55	12.3	17,104	7.8
Managed Care(HMO, PPO)	90	20.1	106,265	48.5
Self Pay	0	0.0	2,895	1.3
Industrial & Worker Comp	10	2.2	3,787	1.7
Charity and Unclassified	0	0.0	1,868	0.9
Childrens Health Insurance	4	0.9	159	0.1
Unknown	3	0.7	855	0.4
Not Reported	0	0.0	93	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	0	0.0	16,514	7.5
Central Utah	0	0.0	8,080	3.7
Davis County	0	0.0	22,286	10.2
Salt Lake County	0	0.0	72,683	33.2
Southeastern Utah	442	98.7	5,055	2.3
Southwest Utah	1	0.2	13,705	6.3
Summit County	0	0.0	2,788	1.3
Tooele County	0	0.0	4,504	2.1
Tri-County	0	0.0	5,649	2.6
Utah County	0	0.0	35,563	16.2
Wasatch County	0	0.0	1,636	0.7
Weber County	0	0.0	21,324	9.7
Unknown Utah	0	0.0	43	0.0
Outside Utah	5	1.1	8,990	4.1
Unknown, Not Reported	0	0.0	93	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, 2007
NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

118 Alta View Hospital

Reporting Category(ICD-9-CM CODES)	Procedures Performed		Procedures Performed-All Hospitals	
	(#)	(%)	(#)	(%)
Reporting Category(ICD-9-CM CODES)	19,108	100.0	319,880	100.0
Mastectomy (85.0-85.99)	409	2.1	7,512	2.3
Musculoskeletal (76.0-84.99)	4,229	22.1	71,153	22.2
Respiratory (30.0-34.99)	43	0.2	3,550	1.1
Cardiovascular (35.0-39.99)	10	0.1	16,128	5.0
Lymphatic/Hemetic (40.0-41.99)	43	0.2	3,232	1.0
Digestive System (42.0-54.99)	9,591	50.2	102,504	32.0
Urinary (55.0-59.99)	745	3.9	10,216	3.2
Male Genital (60.0-64.99)	212	1.1	3,613	1.1
Female Genital (65.0-71.99)	952	5.0	15,763	4.9
Endocrine/Nervous (01.0-07.99)	383	2.0	22,558	7.1
Eye (08.0-16.99)	606	3.2	19,364	6.1
Ear (18.0-20.99)	449	2.3	13,797	4.3
Nose, Mouth, Pharynx (21.0-29.99)	1,436	7.5	30,490	9.5
Reporting Category(CPT-4 CODES)	16,359	100.0	301,918	100.0
Mastectomy (19120-19220)	57	0.3	2,118	0.7
Musculoskeletal (20000-29909)	3,645	22.3	67,981	22.5
Respiratory (30000-32999 & 39501-39599)	397	2.4	14,263	4.7
Cardiovascular (33010-37799 & 93501-93660)	13	0.1	38,047	12.6
Lymphatic/Hemetic (38100-38999)	39	0.2	2,819	0.9
Digestive (40490-49999)	9,866	60.3	109,019	36.1
Urinary (50010-53899)	545	3.3	9,215	3.1
Male Genital (54000-55899)	171	1.0	3,144	1.0
Female Genital (56405-58999)	693	4.2	11,863	3.9
Endocrine/Nervous (60000-64999)	433	2.6	24,805	8.2
Eye (65091-68899)	279	1.7	11,076	3.7
Ear (69000-69979)	221	1.4	7,568	2.5

SOURCE: Utah Ambulatory Surgery Database
Utah 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, 2007
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	2,243	11.7	6.86
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	2,155	11.3	5.42
4542	ENDO POLYPECTOMY LG INTESTINE	1,744	9.1	3.78
4525	CLO [ENDO] BX LG INTESTINE	725	3.8	2.32
806	EXC SEMILUNAR CARTILAGE-KNEE	517	2.7	1.94
4836	[ENDO] POLYPECTOMY RECTUM	483	2.5	1.03
8147	OTH REPR KNEE	425	2.2	0.84
5123	LAP CHOLEY	415	2.2	2.16
4292	DILAT ESOPH	386	2.0	1.45
8026	ARTHSCPY-KNEE	386	2.0	1.08
2001	MYRINGOTOMY W/INSRT TUBE	364	1.9	3.33
5732	OTH CYSTOSCOPY	220	1.2	0.58
232	RESTORATION TOOTH-FILLING	218	1.1	0.61
4513	OTH ENDO SM INTESTINE	215	1.1	1.74
8363	ROTATOR CUFF REPR	196	1.0	0.74
1341	PHACOEMULSIFICATION-ASPIR CATARACT	191	1.0	1.38
1371	IOL PROSTH-CATARACT EXTRACT-1-STAGE	190	1.0	1.38
8081	OTH LOC EXC/DESTRUC JT LES-SHLDR	182	1.0	0.46
2341	APPLIC CROWN	166	0.9	0.49
598	URETERAL CATH	162	0.8	0.66

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures				
45380	COLONOSCOPY FLEX; W/BX 1/MX	2,436	14.9	5.29
43239	UGI ENDO; W/BX 1/MX	2,133	13.0	5.47
45378	COLONOSCOPY FLEX; DX-SEP PROC	2,026	12.4	6.66
29877	SCOPE KNEE SURG; DEBRID/SHAVE CA	376	2.3	0.99
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	364	2.2	1.59
29881	SCOPE KNEE SURG;W/MENISCECT MED/	329	2.0	1.64
47562	LAPAROSCOPY SURGICAL; CHOLECT	328	2.0	0.78
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	269	1.6	0.97
41899	UNLIST PROC DENTOALVEOL STRUCTUR	235	1.4	0.94
49505	REPR INIT ING HERNIA 5YR/MORE; R	199	1.2	0.88
29880	SCOPE KNEE SURG;W/MENISCECT MED&	190	1.2	0.48
69436	TYMPANOSTOMY GENERAL ANESTHESIA	185	1.1	1.79
66984	EXTRACAPSULAR CATARACT REMV IOL	170	1.0	1.35
43235	UGI ENDO; DX W/VO CLCT SPECMN-SP	158	1.0	1.15
29823	SCOPE SHOULDER SURGICAL; DEBRID	146	0.9	0.22
29826	SCOPE SHOULDER; DECOMP SUBACROM	145	0.9	1.10
23420	RECSTR Cmpl SHLDR CUFF AVUL CHR	128	0.8	0.10
23120	CLAVICULECTOMY; PARTIAL	127	0.8	0.14
58662	LAP SURG; W/FULG/EXCIS LES-OVARY	123	0.8	0.49
G0121	COLOREC CNCR SCR;COLNSCPY NO HI	120	0.7	0.26

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, 2007
 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 CHRG	AVE TOT CHRG(ALL Hospitals)
ICD-9	Procedures	7,943	\$2,056	\$3,565
4523	COLONOSCOPY	1,861	\$707	\$976
4542	ENDO POLYPECTOMY LG INTESTINE	1,191	\$976	\$1,383
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	1,058	\$906	\$1,391
5123	LAP CHOLEY	384	\$4,727	\$6,693
4525	CLO [ENDO] BX LG INTESTINE	371	\$1,014	\$1,424
4836	[ENDO] POLYPECTOMY RECTUM	193	\$907	\$1,285
283	TONSILLECTOMY W/ADENOIDECTOMY	133	\$1,832	\$2,361
4513	OTH ENDO SM INTESTINE	125	\$847	\$1,172
6902	D&C FOLLOWING DELIV/AB	109	\$1,945	\$2,635
282	TONSILLECTOMY WO ADENOIDECTOMY	103	\$1,789	\$2,499
5304	UNILAT REPR INDIRECT ING HERN-GFT	88	\$2,449	\$4,048
0443	RELEASE CARPAL TUNNEL	72	\$2,006	\$2,237
4701	LAP APPENDECTOMY	65	\$7,600	\$9,118
5341	REPR UMB HERN W/PROSTH	61	\$3,094	\$4,451
4495	4495	58	\$12,708	\$16,714
8051	EXC INTERVERTEBRAL DISC	54	\$5,949	\$8,678
5732	OTH CYSTOSCOPY	51	\$7,121	\$4,943
5303	UNILAT REPR DIRECT ING HERN-GFT	50	\$2,513	\$4,317
8201	EXPLOR TENDON SHEATH HAND	48	\$1,627	\$2,026
8521	LOC EXC LES BREAST	48	\$2,162	\$2,822

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
CPT-4	Procedures	8,611	\$1,973	\$3,274
45380	COLONOSCOPY FLEX; W/BX 1/MX	1,768	\$972	\$1,354
45378	COLONOSCOPY FLEX; DX-SEP PROC	1,673	\$707	\$984
43239	UGI ENDO; W/BX 1/MX	1,035	\$894	\$1,389
47562	LAPAROSCOPY SURGICAL; CHOLECT	305	\$4,578	\$6,110
41899	UNLIST PROC DENTOALVEOL STRUCTUR	231	\$2,006	\$2,605
66984	EXTRACAPSULAR CATARACT REMV IOL	169	\$3,574	\$3,292
49505	REPR INIT ING HERNIA 5YR/MORE; R	163	\$2,615	\$4,010
69436	TYMPANOSTOMY GENERAL ANESTHESIA	140	\$715	\$1,247
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	117	\$1,027	\$1,536
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	103	\$732	\$1,081
G0121	COLOREC CNCR SCR;COLNSCPY NO HI	103	\$696	\$800
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	97	\$1,794	\$2,569
42820	T&A; UNDER AGE 12	78	\$1,618	\$2,257
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	78	\$5,304	\$7,072
44970	LAPAROSCOPY SURGICAL APPENDECTOM	67	\$7,510	\$9,078
20680	REMOVAL OF IMPLANT; DEEP	65	\$2,142	\$3,111
29881	SCOPE KNEE SURG;W/MENISCECT MED/	65	\$3,472	\$4,170
G0105	COLOREC CANCR SCR; COLNSCPY HI R	65	\$701	\$738
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	61	\$1,942	\$2,296
29880	SCOPE KNEE SURG;W/MENISCECT MED&	58	\$3,733	\$4,454

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, 2007
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	174	8,527
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	8	2,371
	003 COMPLEX INCISION AND DRAINAGE	5	88
	004 SIMPLE INCISION AND DRAINAGE	3	28
	006 SIMPLE DEBRIDEMENT AND DESTRUCTION	9	187
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	57	1,121
	008 SIMPLE EXCISION AND BIOPSY	28	1,220
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRANGE	7	1,390
	011 SIMPLE INCISION AND EXCISION OF BREAST	57	2,116
02	MUSCULOSKELETAL SYSTEM	3,484	61,192
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	558	6,662
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	143	2,481
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	75	2,359
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	601	12,550
	025 ARTHROSCOPY	1,677	25,547
	026 REPLACEMENT OF CAST	1	65
	028 CLOSED TREATMENT FX & DISLOCATION OF FINGER, TOE & TRUNK	2	54
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	17	693
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	200	4,851
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	17	465
	032 BUNION PROCEDURES	130	1,752
	033 ARTHROPLASTY	19	581
	034 HAND AND FOOT TENOTOMY	7	323
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	37	2,254
03	RESPIRATORY SYSTEM	178	8,139
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	1	652
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	142	5,383
	054 SIMPLE ENDOSCOPY OF THE UPPER AIRWAY	3	252
	055 ENDOSCOPY OF THE LOWER AIRWAY	32	1,852
04	CARDIOVASCULAR SYSTEM	10	30,572
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	2	989
	080 MINOR VASCULAR REPAIR AND FISTULA CONSTRUCTION	4	736
	081 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	2	123
	082 VASCULAR LIGATION	1	308
	083 RESUSCITATION AND CARDIOVERSION	1	15
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	39	3,488
	092 CHEMOTHERAPY EXCEPT BY EXTENDED INFUSION	10	43
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	29	2,063
06	DIGESTIVE SYSTEM	9,560	98,518
	112 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	102	1,254
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	9	650
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	6	342
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	2,292	20,229
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	461	5,566
	117 LOWER GASTROINTESTINAL ENDOSCOPY	5,136	43,551
	118 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	89	1,497

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2007
PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

118 Alta View Hospital

procedure APG category		TOTAL #	TOTAL # (ALL Hospitals)
procedure APG			
119	HERNIA AND HYDROCELE PROCEDURES	415	6,814
120	COMPLEX ANAL AND RECTAL PROCEDURES	8	1,064
121	SIMPLE ANAL AND RECTAL PROCEDURES	6	552
122	MISCELLANEOUS ABDOMINAL PROCEDURES	43	580
123	COMPLEX LAPAROSCOPIC PROCEDURES	984	16,057
124	SIMPLE LAPAROSCOPIC PROCEDURES	9	226
07	URINARY SYSTEM	481	7,929
131	RENAL EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	18	871
133	URINARY CATHETERIZATION AND DILATATION	12	479
134	COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	309	3,971
135	MODERATE CYSTOURETHROSCOPY	109	1,733
136	SIMPLE CYSTOURETHROSCOPY	21	570
137	COMPLEX URETHRAL PROCEDURES	8	132
138	SIMPLE URETHRAL PROCEDURES	4	172
08	MALE GENITAL SYSTEM	157	2,775
151	TESTICULAR AND EPIDIDYMAL PROCEDURES	76	1,260
152	INSERTION OF PENILE PROSTHESIS	6	85
153	COMPLEX PENILE PROCEDURES	8	495
154	SIMPLE PENILE PROCEDURES	29	823
155	PROSTATE NEEDLE AND PUNCH BIOPSY	38	112
09	FEMALE GENITAL SYSTEM	388	7,034
176	COMPLEX FEMALE REPRODUCTIVE PROCEDURES	67	1,974
177	SIMPLE FEMALE REPRODUCTIVE PROCEDURES	71	1,390
178	DILATION AND CURETTAGE	83	733
179	HYSTEROSCOPY	73	2,553
180	COLPOSCOPY	94	384
10	NERVOUS SYSTEM	318	20,995
195	NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	70	14,792
196	REVISION AND REMOVAL OF NEUROLOGICAL DEVICE	37	235
197	NEUROSTIMULATOR AND VENTRICULAR SHUNT IMPLANTATION	75	944
198	NERVE REPAIR AND DESTRUCTION	136	4,511
11	EYE AND OCULAR ADNEXA	278	10,843
211	MINOR OPHTHALMOLOGICAL TESTS AND PROCEDURES	1	32
214	CATARACT PROCEDURES	192	4,389
215	COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	2	400
216	MODERATE ANTERIOR SEGMENT EYE PROCEDURES	13	277
217	SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	1	306
220	STRABISMUS AND MUSCLE EYE PROCEDURES	4	809
221	COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	49	886
222	SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	14	510
223	VITRECTOMY	2	1,822
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	1,065	27,519
233	NASAL CAUTERIZATION AND PACKING	9	328
234	COMPLEX FACIAL AND ENT PROCEDURES	156	5,752
235	SIMPLE FACIAL AND ENT PROCEDURES	596	13,044
236	TONSIL AND ADENOID PROCEDURES	304	8,300

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2007
PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

118 Alta View Hospital

procedure APG category	TOTAL #	TOTAL # (ALL Hospitals)
procedure APG		
13 THERAPEUTIC AND OTHER RADIOLOGICAL PROCEDURES	5	3,024
254 MYELOGRAPHY	3	304
255 MISCELLANEOUS RADIOLOGICAL PROCEDURES WITH CONTRAST	2	1,567

SOURCE: Utah Ambulatory Surgery Database
 Utah 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, 2007
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	112	\$2,446	\$3,184
	003 COMPLEX INCISION AND DRAINAGE	4	\$5,130	\$4,092
	004 SIMPLE INCISION AND DRAINAGE	2	\$1,605	\$2,544
	006 SIMPLE DEBRIDEMENT AND DESTRUCTION	6	\$2,103	\$2,883
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	30	\$2,052	\$3,383
	008 SIMPLE EXCISION AND BIOPSY	16	\$1,894	\$2,793
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRAN	1	\$25,232	\$4,546
	011 SIMPLE INCISION AND EXCISION OF BREAST	53	\$2,274	\$3,085
02	MUSCULOSKELETAL SYSTEM	889	\$3,434	\$4,441
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	94	\$4,926	\$7,003
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	19	\$2,931	\$3,967
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	23	\$2,998	\$5,446
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	258	\$2,178	\$3,054
	025 ARTHROSCOPY	252	\$4,063	\$4,796
	028 CLOSED TREATMENT FX & DISLOCATION OF FINGER, TOE & TRUNK	2	\$1,484	\$1,440
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	11	\$2,021	\$3,328
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	150	\$4,044	\$5,920
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	1	\$1,797	\$2,812
	032 BUNION PROCEDURES	69	\$2,749	\$4,352
	033 ARTHROPLASTY	9	\$6,060	\$7,331
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	1	\$1,511	\$1,001
03	RESPIRATORY SYSTEM	27	\$2,821	\$2,352
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	23	\$2,941	\$3,777
	055 ENDOSCOPY OF THE LOWER AIRWAY	4	\$2,128	\$2,232
04	CARDIOVASCULAR SYSTEM	1	\$2,037	\$13,494
	082 VASCULAR LIGATION	1	\$2,037	\$5,963
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	25	\$3,656	\$4,053
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	25	\$3,656	\$5,409
06	DIGESTIVE SYSTEM	6,001	\$1,504	\$2,473
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	9	\$577	\$1,292
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	5	\$705	\$1,324
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	1,139	\$879	\$1,331
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	82	\$1,407	\$1,876
	117 LOWER GASTROINTESTINAL ENDOSCOPY	3,761	\$844	\$1,168
	118 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	15	\$2,253	\$4,111
	119 HERNIA AND HYDROCELE PROCEDURES	275	\$2,732	\$3,847
	120 COMPLEX ANAL AND RECTAL PROCEDURES	8	\$1,625	\$3,183
	121 SIMPLE ANAL AND RECTAL PROCEDURES	6	\$1,898	\$2,411
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	36	\$9,056	\$6,329
	123 COMPLEX LAPAROSCOPIC PROCEDURES	662	\$5,381	\$7,043
	124 SIMPLE LAPAROSCOPIC PROCEDURES	3	\$10,471	\$8,601
07	URINARY SYSTEM	129	\$3,361	\$5,134
	131 RENAL EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	2	\$5,413	\$8,723
	133 URINARY CATHETERIZATION AND DILATATION	2	\$7,607	\$4,450
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	67	\$3,906	\$5,301

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2007
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)
	135 MODERATE CYSTOURETHROSCOPY	44	\$2,118	\$3,734
	136 SIMPLE CYSTOURETHROSCOPY	9	\$1,828	\$2,619
	137 COMPLEX URETHRAL PROCEDURES	4	\$7,993	\$6,589
	138 SIMPLE URETHRAL PROCEDURES	1	\$4,214	\$1,729
08	MALE GENITAL SYSTEM	110	\$3,973	\$3,453
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	38	\$2,441	\$2,812
	152 INSERTION OF PENILE PROSTHESIS	3	\$13,514	\$18,747
	153 COMPLEX PENILE PROCEDURES	8	\$2,666	\$3,629
	154 SIMPLE PENILE PROCEDURES	27	\$1,867	\$1,981
	155 PROSTATE NEEDLE AND PUNCH BIOPSY	34	\$6,822	\$5,214
09	FEMALE GENITAL SYSTEM	156	\$3,755	\$4,463
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	38	\$4,773	\$5,626
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	32	\$3,671	\$3,471
	178 DILATION AND CURETTAGE	24	\$2,017	\$2,542
	179 HYSTEROSCOPY	33	\$3,276	\$4,798
	180 COLPOSCOPY	29	\$4,498	\$3,826
10	NERVOUS SYSTEM	111	\$3,875	\$2,183
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	16	\$2,517	\$1,108
	196 REVISION AND REMOVAL OF NEUROLOGICAL DEVICE	18	\$11,691	\$9,628
	197 NEUROSTIMULATOR AND VENTRICULAR SHUNT IMPLANTATION	4	\$8,401	\$26,856
	198 NERVE REPAIR AND DESTRUCTION	73	\$1,997	\$2,625
11	EYE AND OCULAR ADNEXA	236	\$3,463	\$3,373
	214 CATARACT PROCEDURES	190	\$3,581	\$3,301
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	2	\$2,816	\$3,487
	216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	11	\$2,614	\$2,769
	220 STRABISMUS AND MUSCLE EYE PROCEDURES	1	\$2,037	\$3,433
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	29	\$3,171	\$3,997
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	3	\$2,847	\$2,495
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	724	\$1,731	\$2,838
	233 NASAL CAUTERIZATION AND PACKING	3	\$1,498	\$3,413
	234 COMPLEX FACIAL AND ENT PROCEDURES	52	\$3,031	\$5,571
	235 SIMPLE FACIAL AND ENT PROCEDURES	430	\$1,528	\$1,937
	236 TONSIL AND ADENOID PROCEDURES	239	\$1,815	\$2,399

SOURCE: Utah Ambulatory Surgery Database
Utah 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, 2007
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

118 Alta View Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
GENDER				
Female	6,909	55.6	118,694	54.2
Male	5,508	44.4	100,216	45.8
Unknown	0	0.0	2	0.0
Not Reported	0	0.0	1	0.0
AGE				
1-28 days	0	0.0	1,456	0.7
29-365 days	37	0.3	2,840	1.3
1-4 years	359	2.9	10,885	5.0
5-9	145	1.2	5,994	2.7
10-14	117	0.9	4,452	2.0
15-17	177	1.4	4,943	2.3
18-19	175	1.4	3,620	1.7
20-24	599	4.8	10,250	4.7
25-29	823	6.6	12,627	5.8
30-34	787	6.3	12,276	5.6
35-39	801	6.5	12,391	5.7
40-44	838	6.7	13,493	6.2
45-49	1,086	8.7	16,963	7.7
50-54	1,873	15.1	24,260	11.1
55-59	1,489	12.0	20,332	9.3
60-64	1,157	9.3	17,122	7.8
65-69	798	6.4	14,261	6.5
70-74	489	3.9	11,502	5.3
75-79	360	2.9	9,388	4.3
80-84	202	1.6	6,242	2.9
85-89	78	0.6	2,777	1.3
90 +	27	0.2	839	0.4
Not Reported	0	0.0	1,456	0.7
SOURCE OF ADMISSION				
Physician Referral	12,164	98.0	199,973	91.3
Clinic Referral	7	0.1	1,442	0.7
HMO Referral	3	0.0	3,326	1.5
Other Hospital	0	0.0	50	0.0
Skilled Nursing Facility	1	0.0	14	0.0
Other Health Care Facility	0	0.0	24	0.0
Emergency Room	240	1.9	4,867	2.2
Court/Law Enforcement	0	0.0	3	0.0
Unknown	1	0.0	16	0.0
Not Reported	1	0.0	9,198	4.2

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2007
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	12,401	99.9	218,338	99.7
Another Hospital	3	0.0	109	0.0
Skilled Nursing Facility	5	0.0	108	0.0
Intermediate Care Facility	0	0.0	7	0.0
Another Type of Institution	1	0.0	50	0.0
Under Care of Home Service	5	0.0	223	0.1
Left Against Medical Advice	2	0.0	19	0.0
Under Care of Home IV Provider	0	0.0	1	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	1,468	11.8	38,805	17.7
Medicaid	357	2.9	12,973	5.9
Other government	101	0.8	3,498	1.6
Blue Cross/Blue Shield	402	3.2	30,611	14.0
Other Commercial	898	7.2	17,104	7.8
Managed Care(HMO, PPO)	8,802	70.9	106,265	48.5
Self Pay	131	1.1	2,895	1.3
Industrial & Worker Comp	156	1.3	3,787	1.7
Charity and Unclassified	45	0.4	1,868	0.9
Childrens Health Insurance	12	0.1	159	0.1
Unknown	45	0.4	855	0.4
Not Reported	0	0.0	93	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	16	0.1	16,514	7.5
Central Utah	20	0.2	8,080	3.7
Davis County	161	1.3	22,286	10.2
Salt Lake County	11,270	90.8	72,683	33.2
Southeastern Utah	23	0.2	5,055	2.3
Southwest Utah	11	0.1	13,705	6.3
Summit County	109	0.9	2,788	1.3
Tooele County	129	1.0	4,504	2.1
Tri-County	36	0.3	5,649	2.6
Utah County	423	3.4	35,563	16.2
Wasatch County	32	0.3	1,636	0.7
Weber County	32	0.3	21,324	9.7
Unknown Utah	0	0.0	43	0.0
Outside Utah	149	1.2	8,990	4.1
Unknown, Not Reported	6	0.0	93	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, 2007
NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

136 American Fork Hospital

Reporting Category(ICD-9-CM CODES)	Procedures Performed		Procedures Performed-All Hospitals	
	(#)	(%)	(#)	(%)
Reporting Category(ICD-9-CM CODES)	11,930	100.0	319,880	100.0
Mastectomy (85.0-85.99)	182	1.5	7,512	2.3
Musculoskeletal (76.0-84.99)	2,497	20.9	71,153	22.2
Respiratory (30.0-34.99)	77	0.6	3,550	1.1
Cardiovascular (35.0-39.99)	95	0.8	16,128	5.0
Lymphatic/Hemetic (40.0-41.99)	68	0.6	3,232	1.0
Digestive System (42.0-54.99)	4,997	41.9	102,504	32.0
Urinary (55.0-59.99)	239	2.0	10,216	3.2
Male Genital (60.0-64.99)	122	1.0	3,613	1.1
Female Genital (65.0-71.99)	803	6.7	15,763	4.9
Endocrine/Nervous (01.0-07.99)	593	5.0	22,558	7.1
Eye (08.0-16.99)	519	4.4	19,364	6.1
Ear (18.0-20.99)	836	7.0	13,797	4.3
Nose, Mouth, Pharynx (21.0-29.99)	902	7.6	30,490	9.5
Reporting Category(CPT-4 CODES)	10,885	100.0	301,918	100.0
Mastectomy (19120-19220)	76	0.7	2,118	0.7
Musculoskeletal (20000-29909)	2,980	27.4	67,981	22.5
Respiratory (30000-32999 & 39501-39599)	320	2.9	14,263	4.7
Cardiovascular (33010-37799 & 93501-93660)	207	1.9	38,047	12.6
Lymphatic/Hemetic (38100-38999)	63	0.6	2,819	0.9
Digestive (40490-49999)	5,289	48.6	109,019	36.1
Urinary (50010-53899)	245	2.3	9,215	3.1
Male Genital (54000-55899)	71	0.7	3,144	1.0
Female Genital (56405-58999)	590	5.4	11,863	3.9
Endocrine/Nervous (60000-64999)	347	3.2	24,805	8.2
Eye (65091-68899)	252	2.3	11,076	3.7
Ear (69000-69979)	445	4.1	7,568	2.5

SOURCE: Utah Ambulatory Surgery Database
Utah 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, 2007
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	1,447	12.1	6.86
2001	MYRINGOTOMY W/INSRT TUBE	716	6.0	3.33
4513	OTH ENDO SM INTESTINE	654	5.5	1.74
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	545	4.6	5.42
4542	ENDO POLYPECTOMY LG INTESTINE	535	4.5	3.78
5123	LAP CHOLEY	356	3.0	2.16
283	TONSILLECTOMY W/ADENOIDECTOMY	284	2.4	1.70
4292	DILAT ESOPH	273	2.3	1.45
1371	IOL PROSTH-CATARACT EXTRACT-1-STAGE	230	1.9	1.38
1341	PHACOEMULSIFICATION-ASPIR CATARACT	228	1.9	1.38
0443	RELEASE CARPAL TUNNEL	191	1.6	1.07
4701	LAP APPENDECTOMY	172	1.4	0.58
0407	OTH EXC/AVUL CRANIAL & PERIPH NERV	153	1.3	0.24
4525	CLO [ENDO] BX LG INTESTINE	139	1.2	2.32
7751	BUNIONEC SOFT-OSTEOT 1ST METATARS	136	1.1	0.32
7756	REPR HAMMER TOE	133	1.1	0.38
6823	ENDOMETRIAL ABLATION	132	1.1	0.61
806	EXC SEMILUNAR CARTILAGE-KNEE	128	1.1	1.94
6952	ASPIR CURET FOLLOWING DELIV/AB	127	1.1	0.44
4836	[ENDO] POLYPECTOMY RECTUM	122	1.0	1.03

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures				
45378	COLONOSCOPY FLEX; DX-SEP PROC	1,335	12.3	6.66
43239	UGI ENDO; W/BX 1/MX	535	4.9	5.47
45380	COLONOSCOPY FLEX; W/BX 1/MX	527	4.8	5.29
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	419	3.8	1.15
69436	TYMPANOSTOMY GENERAL ANESTHESIA	366	3.4	1.79
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	332	3.1	1.44
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	258	2.4	0.97
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	252	2.3	1.59
66984	EXTRACAPSULAR CATARACT REMV IOL	232	2.1	1.35
28285	CORRECTION HAMMERTOE	219	2.0	0.59
42820	T&A; UNDER AGE 12	208	1.9	1.37
44970	LAPAROSCOPY SURGICAL APPENDECTOM	174	1.6	0.63
29826	SCOPE SHOULDER; DECOMP SUBACROM	146	1.3	1.10
28080	EXC INTERDIGITL NEUROMA SINGLE EA	136	1.2	0.20
29848	ENDO WRST SURG REL TRNS CARP LIG	116	1.1	0.32
28296	HALLUX VALGUS; W/METATARSAL OSTE	115	1.1	0.29
49505	REPR INIT ING HERNIA 5YR/MORE; R	110	1.0	0.88
26055	TENDON SHEATH INCISION	97	0.9	0.42
29827	SCOPE SHLDR SURG; W/ROTOR CUFF R	95	0.9	0.54
58353	ENDOMET ABLAT THERM W/O SCOPE GU	94	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, 2007
 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	5,835	\$2,425	\$3,565
4523	COLONOSCOPY	1,249	\$921	\$976
4542	ENDO POLYPECTOMY LG INTESTINE	427	\$1,214	\$1,383
4513	OTH ENDO SM INTESTINE	344	\$903	\$1,172
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	313	\$1,031	\$1,391
5123	LAP CHOLEY	281	\$5,318	\$6,693
283	TONSILLECTOMY W/ADENOIDECTOMY	257	\$2,014	\$2,361
4701	LAP APPENDECTOMY	148	\$9,012	\$9,118
6952	ASPIR CURET FOLLOWING DELIV/AB	125	\$1,818	\$2,643
0443	RELEASE CARPAL TUNNEL	108	\$1,962	\$2,237
4525	CLO [ENDO] BX LG INTESTINE	98	\$1,185	\$1,424
6823	ENDOMETRIAL ABLATION	89	\$4,227	\$5,399
5304	UNILAT REPR INDIRECT ING HERN-GFT	78	\$3,488	\$4,048
282	TONSILLECTOMY WO ADENOIDECTOMY	72	\$2,266	\$2,499
0407	OTH EXC/AVUL CRANIAL & PERIPH NERV	70	\$1,711	\$2,623
4836	[ENDO] POLYPECTOMY RECTUM	69	\$1,178	\$1,285
7751	BUNIONEC SOFT-OSTEOT 1ST METATARS	60	\$2,439	\$4,053
8201	EXPLOR TENDON SHEATH HAND	51	\$1,570	\$2,026
8521	LOC EXC LES BREAST	46	\$2,267	\$2,822
806	EXC SEMILUNAR CARTILAGE-KNEE	39	\$3,536	\$4,511
8339	EXC LES OTH SOFT TISS	38	\$1,987	\$3,115

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
CPT-4	Procedures	6,278	\$2,336	\$3,274
45378	COLONOSCOPY FLEX; DX-SEP PROC	1,150	\$921	\$984
45380	COLONOSCOPY FLEX; W/BX 1/MX	397	\$1,161	\$1,354
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	328	\$896	\$1,081
43239	UGI ENDO; W/BX 1/MX	313	\$1,041	\$1,389
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	273	\$5,344	\$7,072
69436	TYMPANOSTOMY GENERAL ANESTHESIA	273	\$1,121	\$1,247
66984	EXTRACAPSULAR CATARACT REMV IOL	229	\$2,644	\$3,292
42820	T&A; UNDER AGE 12	186	\$1,938	\$2,257
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	172	\$1,302	\$1,536
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	170	\$1,360	\$1,631
44970	LAPAROSCOPY SURGICAL APPENDECTOM	148	\$9,010	\$9,078
29848	ENDO WRST SURG REL TRNS CARP LIG	96	\$2,026	\$2,476
49505	REPR INIT ING HERNIA 5YR/MORE; R	88	\$3,029	\$4,010
G0121	COLOREC CNCR SCR;COLNSCPY NO HI	73	\$906	\$800
42821	T&A; AGE 12 OR OVER	72	\$2,216	\$2,767
58353	ENDOMET ABLAT THERM W/O SCOPE GU	63	\$4,119	\$4,537
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	62	\$2,314	\$2,569
28080	EXC INTERDIGTL NEUROMA SINGLE EA	59	\$1,676	\$2,406
19120	EXC BRST CYST TUMR/LES OPN M/F 1	54	\$2,284	\$2,769
28296	HALLUX VALGUS; W/METATARSAL OSTE	51	\$2,470	\$4,353

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, 2007
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	212	8,527
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	4	2,371
	003 COMPLEX INCISION AND DRAINAGE	3	88
	006 SIMPLE DEBRIDEMENT AND DESTRUCTION	2	187
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	63	1,121
	008 SIMPLE EXCISION AND BIOPSY	37	1,220
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRANGE	27	1,390
	011 SIMPLE INCISION AND EXCISION OF BREAST	76	2,116
02	MUSCULOSKELETAL SYSTEM	2,770	61,192
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	110	6,662
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	66	2,481
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	158	2,359
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	1,026	12,550
	025 ARTHROSCOPY	839	25,547
	027 SPLINT, STRAPPING AND CAST REMOVAL	2	555
	028 CLOSED TREATMENT FX & DISLOCATION OF FINGER, TOE & TRUNK	3	54
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	30	693
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	200	4,851
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	8	465
	032 BUNION PROCEDURES	252	1,752
	033 ARTHROPLASTY	25	581
	034 HAND AND FOOT TENOTOMY	10	323
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	41	2,254
03	RESPIRATORY SYSTEM	151	8,139
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	5	652
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	73	5,383
	054 SIMPLE ENDOSCOPY OF THE UPPER AIRWAY	6	252
	055 ENDOSCOPY OF THE LOWER AIRWAY	67	1,852
04	CARDIOVASCULAR SYSTEM	67	30,572
	075 PLACEMENT OF TRANSVENOUS CATHETERS	1	42
	077 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	26	1,914
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	7	989
	080 MINOR VASCULAR REPAIR AND FISTULA CONSTRUCTION	28	736
	081 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	4	123
	082 VASCULAR LIGATION	1	308
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	116	3,488
	094 BLOOD AND BLOOD PRODUCT EXCHANGE	61	85
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	55	2,063
06	DIGESTIVE SYSTEM	4,975	98,518
	112 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	2	1,254
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	43	650
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	15	342
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	955	20,229
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	329	5,566
	117 LOWER GASTROINTESTINAL ENDOSCOPY	2,250	43,551
	118 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	18	1,497

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2007
PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

136 American Fork Hospital

procedure APG category		TOTAL #	TOTAL # (ALL Hospitals)
procedure APG			
119	HERNIA AND HYDROCELE PROCEDURES	276	6,814
120	COMPLEX ANAL AND RECTAL PROCEDURES	16	1,064
121	SIMPLE ANAL AND RECTAL PROCEDURES	16	552
122	MISCELLANEOUS ABDOMINAL PROCEDURES	28	580
123	COMPLEX LAPAROSCOPIC PROCEDURES	1,015	16,057
124	SIMPLE LAPAROSCOPIC PROCEDURES	12	226
07	URINARY SYSTEM	234	7,929
131	RENAL EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	1	871
133	URINARY CATHETERIZATION AND DILATATION	26	479
134	COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	113	3,971
135	MODERATE CYSTOURETHROSCOPY	53	1,733
136	SIMPLE CYSTOURETHROSCOPY	37	570
137	COMPLEX URETHRAL PROCEDURES	4	132
08	MALE GENITAL SYSTEM	62	2,775
151	TESTICULAR AND EPIDIDYMAL PROCEDURES	36	1,260
152	INSERTION OF PENILE PROSTHESIS	3	85
153	COMPLEX PENILE PROCEDURES	6	495
154	SIMPLE PENILE PROCEDURES	17	823
09	FEMALE GENITAL SYSTEM	336	7,034
176	COMPLEX FEMALE REPRODUCTIVE PROCEDURES	161	1,974
177	SIMPLE FEMALE REPRODUCTIVE PROCEDURES	68	1,390
178	DILATION AND CURETTAGE	14	733
179	HYSTEROSCOPY	76	2,553
180	COLPOSCOPY	17	384
10	NERVOUS SYSTEM	258	20,995
195	NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	100	14,792
196	REVISION AND REMOVAL OF NEUROLOGICAL DEVICE	2	235
197	NEUROSTIMULATOR AND VENTRICULAR SHUNT IMPLANTATION	5	944
198	NERVE REPAIR AND DESTRUCTION	138	4,511
199	SPINAL TAP	13	513
11	EYE AND OCULAR ADNEXA	252	10,843
214	CATARACT PROCEDURES	235	4,389
215	COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	1	400
216	MODERATE ANTERIOR SEGMENT EYE PROCEDURES	1	277
217	SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	7	306
219	SIMPLE POSTERIOR SEGMENT EYE PROCEDURES	1	419
221	COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	2	886
222	SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	5	510
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	1,186	27,519
233	NASAL CAUTERIZATION AND PACKING	9	328
234	COMPLEX FACIAL AND ENT PROCEDURES	174	5,752
235	SIMPLE FACIAL AND ENT PROCEDURES	531	13,044
236	TONSIL AND ADENOID PROCEDURES	472	8,300
13	THERAPEUTIC AND OTHER RADIOLOGICAL PROCEDURES	32	3,024
253	VASCULAR RADIOLOGY EXCEPT FOR VENOGRAPHY OF EXTREMITY	28	1,146

SOURCE: Utah Ambulatory Surgery Database

Utah 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, 2007
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	139	\$2,405	\$3,184
	006 SIMPLE DEBRIDEMENT AND DESTRUCTION	1	\$1,815	\$2,883
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	40	\$2,039	\$3,383
	008 SIMPLE EXCISION AND BIOPSY	24	\$1,927	\$2,793
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRAN	14	\$4,541	\$4,546
	011 SIMPLE INCISION AND EXCISION OF BREAST	60	\$2,350	\$3,085
02	MUSCULOSKELETAL SYSTEM	933	\$2,888	\$4,441
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	43	\$4,597	\$7,003
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	24	\$2,073	\$3,967
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	60	\$3,806	\$5,446
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	333	\$2,287	\$3,054
	025 ARTHROSCOPY	181	\$3,013	\$4,796
	027 SPLINT, STRAPPING AND CAST REMOVAL	1	\$4,729	\$1,950
	028 CLOSED TREATMENT FX & DISLOCATION OF FINGER, TOE & TRUNK	2	\$1,825	\$1,440
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	25	\$1,901	\$3,328
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	145	\$3,677	\$5,920
	032 BUNION PROCEDURES	89	\$2,500	\$4,352
	033 ARTHROPLASTY	13	\$6,790	\$7,331
	034 HAND AND FOOT TENOTOMY	1	\$2,715	\$2,254
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	16	\$581	\$1,001
03	RESPIRATORY SYSTEM	46	\$2,169	\$2,352
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	3	\$3,424	\$1,520
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	5	\$2,117	\$3,777
	054 SIMPLE ENDOSCOPY OF THE UPPER AIRWAY	2	\$1,797	\$2,332
	055 ENDOSCOPY OF THE LOWER AIRWAY	36	\$2,093	\$2,232
04	CARDIOVASCULAR SYSTEM	6	\$4,289	\$13,494
	075 PLACEMENT OF TRANSVENOUS CATHETERS	1	\$3,802	\$8,168
	080 MINOR VASCULAR REPAIR AND FISTULA CONSTRUCTION	1	\$5,196	\$5,464
	081 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	3	\$4,588	\$4,524
	082 VASCULAR LIGATION	1	\$2,970	\$5,963
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	32	\$4,801	\$4,053
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	32	\$4,801	\$5,409
06	DIGESTIVE SYSTEM	3,571	\$2,076	\$2,473
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	33	\$813	\$1,292
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	14	\$1,193	\$1,324
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	641	\$967	\$1,331
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	216	\$1,376	\$1,876
	117 LOWER GASTROINTESTINAL ENDOSCOPY	1,826	\$1,011	\$1,168
	118 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	4	\$3,390	\$4,111
	119 HERNIA AND HYDROCELE PROCEDURES	164	\$2,969	\$3,847
	120 COMPLEX ANAL AND RECTAL PROCEDURES	10	\$2,641	\$3,183
	121 SIMPLE ANAL AND RECTAL PROCEDURES	12	\$2,867	\$2,411
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	13	\$2,961	\$6,329
	123 COMPLEX LAPAROSCOPIC PROCEDURES	635	\$6,273	\$7,043
	124 SIMPLE LAPAROSCOPIC PROCEDURES	3	\$7,397	\$8,601

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2007
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)
07	URINARY SYSTEM	108	\$3,528	\$5,134
	133 URINARY CATHETERIZATION AND DILATATION	13	\$3,598	\$4,450
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	56	\$4,383	\$5,301
	135 MODERATE CYSTOURETHROSCOPY	18	\$2,280	\$3,734
	136 SIMPLE CYSTOURETHROSCOPY	17	\$2,268	\$2,619
	137 COMPLEX URETHRAL PROCEDURES	4	\$2,307	\$6,589
08	MALE GENITAL SYSTEM	41	\$3,972	\$3,453
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	18	\$2,218	\$2,812
	152 INSERTION OF PENILE PROSTHESIS	3	\$20,454	\$18,747
	153 COMPLEX PENILE PROCEDURES	5	\$7,003	\$3,629
	154 SIMPLE PENILE PROCEDURES	15	\$1,770	\$1,981
09	FEMALE GENITAL SYSTEM	177	\$3,820	\$4,463
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	98	\$4,487	\$5,626
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	21	\$1,764	\$3,471
	178 DILATION AND CURETTAGE	10	\$3,070	\$2,542
	179 HYSTEROSCOPY	43	\$3,603	\$4,798
	180 COLPOSCOPY	5	\$2,764	\$3,826
10	NERVOUS SYSTEM	134	\$1,741	\$2,183
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	59	\$1,055	\$1,108
	197 NEUROSTIMULATOR AND VENTRICULAR SHUNT IMPLANTATION	2	\$9,254	\$26,856
	198 NERVE REPAIR AND DESTRUCTION	60	\$2,214	\$2,625
	199 SPINAL TAP	13	\$1,516	\$2,151
11	EYE AND OCULAR ADNEXA	240	\$2,606	\$3,373
	214 CATARACT PROCEDURES	229	\$2,644	\$3,301
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	1	\$756	\$3,487
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	6	\$1,827	\$3,367
	219 SIMPLE POSTERIOR SEGMENT EYE PROCEDURES	1	\$2,442	\$3,744
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	2	\$1,880	\$3,997
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	1	\$2,074	\$2,495
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	772	\$1,815	\$2,838
	233 NASAL CAUTERIZATION AND PACKING	1	\$7,735	\$3,413
	234 COMPLEX FACIAL AND ENT PROCEDURES	81	\$3,183	\$5,571
	235 SIMPLE FACIAL AND ENT PROCEDURES	333	\$1,230	\$1,937
	236 TONSIL AND ADENOID PROCEDURES	357	\$2,033	\$2,399
13	THERAPEUTIC AND OTHER RADIOLOGICAL PROCEDURES	2	\$3,961	\$3,736
	253 VASCULAR RADIOLOGY EXCEPT FOR VENOGRAPHY OF EXTREMITY	2	\$3,961	\$13,369

SOURCE: Utah Ambulatory Surgery Database
Utah 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, 2007
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

136 American Fork Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
GENDER				
Female	4,894	57.5	118,694	54.2
Male	3,614	42.5	100,216	45.8
Unknown	0	0.0	2	0.0
Not Reported	0	0.0	1	0.0
AGE				
1-28 days	0	0.0	1,456	0.7
29-365 days	101	1.2	2,840	1.3
1-4 years	349	4.1	10,885	5.0
5-9	257	3.0	5,994	2.7
10-14	198	2.3	4,452	2.0
15-17	187	2.2	4,943	2.3
18-19	173	2.0	3,620	1.7
20-24	417	4.9	10,250	4.7
25-29	600	7.1	12,627	5.8
30-34	587	6.9	12,276	5.6
35-39	538	6.3	12,391	5.7
40-44	536	6.3	13,493	6.2
45-49	648	7.6	16,963	7.7
50-54	883	10.4	24,260	11.1
55-59	767	9.0	20,332	9.3
60-64	652	7.7	17,122	7.8
65-69	538	6.3	14,261	6.5
70-74	451	5.3	11,502	5.3
75-79	320	3.8	9,388	4.3
80-84	217	2.6	6,242	2.9
85-89	66	0.8	2,777	1.3
90 +	23	0.3	839	0.4
Not Reported	0	0.0	1,456	0.7
SOURCE OF ADMISSION				
Physician Referral	8,192	96.3	199,973	91.3
Clinic Referral	53	0.6	1,442	0.7
HMO Referral	0	0.0	3,326	1.5
Other Hospital	0	0.0	50	0.0
Skilled Nursing Facility	0	0.0	14	0.0
Other Health Care Facility	0	0.0	24	0.0
Emergency Room	257	3.0	4,867	2.2
Court/Law Enforcement	0	0.0	3	0.0
Unknown	6	0.1	16	0.0
Not Reported	0	0.0	9,198	4.2

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2007
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	8,500	99.9	218,338	99.7
Another Hospital	1	0.0	109	0.0
Skilled Nursing Facility	2	0.0	108	0.0
Intermediate Care Facility	0	0.0	7	0.0
Another Type of Institution	0	0.0	50	0.0
Under Care of Home Service	5	0.1	223	0.1
Left Against Medical Advice	0	0.0	19	0.0
Under Care of Home IV Provider	0	0.0	1	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	1,309	15.4	38,805	17.7
Medicaid	284	3.3	12,973	5.9
Other government	134	1.6	3,498	1.6
Blue Cross/Blue Shield	341	4.0	30,611	14.0
Other Commercial	449	5.3	17,104	7.8
Managed Care(HMO, PPO)	5,705	67.1	106,265	48.5
Self Pay	57	0.7	2,895	1.3
Industrial & Worker Comp	90	1.1	3,787	1.7
Charity and Unclassified	99	1.2	1,868	0.9
Childrens Health Insurance	3	0.0	159	0.1
Unknown	37	0.4	855	0.4
Not Reported	0	0.0	93	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	6	0.1	16,514	7.5
Central Utah	121	1.4	8,080	3.7
Davis County	12	0.1	22,286	10.2
Salt Lake County	226	2.7	72,683	33.2
Southeastern Utah	38	0.4	5,055	2.3
Southwest Utah	22	0.3	13,705	6.3
Summit County	11	0.1	2,788	1.3
Tooele County	10	0.1	4,504	2.1
Tri-County	14	0.2	5,649	2.6
Utah County	7,939	93.3	35,563	16.2
Wasatch County	52	0.6	1,636	0.7
Weber County	3	0.0	21,324	9.7
Unknown Utah	1	0.0	43	0.0
Outside Utah	52	0.6	8,990	4.1
Unknown, Not Reported	1	0.0	93	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, 2007
NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

134 Ashley Regional Medical Center

Reporting Category(ICD-9-CM CODES)	Procedures Performed		Procedures Performed-All Hospitals	
	(#)	(%)	(#)	(%)
Reporting Category(ICD-9-CM CODES)	3,201	100.0	319,880	100.0
Mastectomy (85.0-85.99)	109	3.4	7,512	2.3
Musculoskeletal (76.0-84.99)	618	19.3	71,153	22.2
Respiratory (30.0-34.99)	12	0.4	3,550	1.1
Cardiovascular (35.0-39.99)	23	0.7	16,128	5.0
Lymphatic/Hemetic (40.0-41.99)	13	0.4	3,232	1.0
Digestive System (42.0-54.99)	977	30.5	102,504	32.0
Urinary (55.0-59.99)	40	1.2	10,216	3.2
Male Genital (60.0-64.99)	9	0.3	3,613	1.1
Female Genital (65.0-71.99)	104	3.2	15,763	4.9
Endocrine/Nervous (01.0-07.99)	460	14.4	22,558	7.1
Eye (08.0-16.99)	210	6.6	19,364	6.1
Ear (18.0-20.99)	275	8.6	13,797	4.3
Nose, Mouth, Pharynx (21.0-29.99)	351	11.0	30,490	9.5
Reporting Category(CPT-4 CODES)	3,040	100.0	301,918	100.0
Mastectomy (19120-19220)	19	0.6	2,118	0.7
Musculoskeletal (20000-29909)	655	21.5	67,981	22.5
Respiratory (30000-32999 & 39501-39599)	139	4.6	14,263	4.7
Cardiovascular (33010-37799 & 93501-93660)	292	9.6	38,047	12.6
Lymphatic/Hemetic (38100-38999)	11	0.4	2,819	0.9
Digestive (40490-49999)	1,170	38.5	109,019	36.1
Urinary (50010-53899)	27	0.9	9,215	3.1
Male Genital (54000-55899)	9	0.3	3,144	1.0
Female Genital (56405-58999)	80	2.6	11,863	3.9
Endocrine/Nervous (60000-64999)	387	12.7	24,805	8.2
Eye (65091-68899)	109	3.6	11,076	3.7
Ear (69000-69979)	142	4.7	7,568	2.5

SOURCE: Utah Ambulatory Surgery Database
Utah 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, 2007
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		3,201	100.0	100.0
0392	INJ OTH AGENT SPINAL CANAL	278	8.7	1.95
2001	MYRINGOTOMY W/INSRT TUBE	263	8.2	3.33
4523	COLONOSCOPY	237	7.4	6.86
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	200	6.2	5.42
283	TONSILLECTOMY W/ADENOIDECTOMY	129	4.0	1.70
4525	CLO [ENDO] BX LG INTESTINE	125	3.9	2.32
806	EXC SEMILUNAR CARTILAGE-KNEE	108	3.4	1.94
1341	PHACOEMULSIFICATION-ASPIR CATARACT	101	3.2	1.38
1371	IOL PROSTH-CATARACT EXTRACT-1-STAGE	101	3.2	1.38
0391	INJ ANES SPINAL CANAL-ANALGESIA	95	3.0	1.41
8511	CLO [PERCUT] [NEEDLE] BX BREAST	72	2.2	0.29
4542	ENDO POLYPECTOMY LG INTESTINE	67	2.1	3.78
0443	RELEASE CARPAL TUNNEL	53	1.7	1.07
4824	CLO [ENDO] BX RECTUM	51	1.6	0.47
5123	LAP CHOLEY	51	1.6	2.16
8192	INJ THERAP SUBSTANCE JT/LIGAMNT	49	1.5	0.42
2262	EXC LES MAXIL SINUS W/OTH APPRCH	38	1.2	0.27
4836	[ENDO] POLYPECTOMY RECTUM	38	1.2	1.03
2263	ETHMOIDECTOMY	37	1.2	0.55
282	TONSILLECTOMY WO ADENOIDECTOMY	34	1.1	0.60

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		3,040	100.0	100.0
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	271	8.9	1.11
45378	COLONOSCOPY FLEX; DX-SEP PROC	238	7.8	6.66
36416	COLLECTON CAPILLARY BLOOD SPECIM	225	7.4	0.81
45380	COLONOSCOPY FLEX; W/BX 1/MX	212	7.0	5.29
43239	UGI ENDO; W/BX 1/MX	205	6.7	5.47
69436	TYMPANOSTOMY GENERAL ANESTHESIA	132	4.3	1.79
66984	EXTRACAPSULAR CATARACT REMV IOL	100	3.3	1.35
29881	SCOPE KNEE SURG;W/MENISCECT MED/	72	2.4	1.64
42820	T&A; UNDER AGE 12	66	2.2	1.37
42821	T&A; AGE 12 OR OVER	63	2.1	0.39
23350	INJ SHLDR ARTHROGRPH/ENHNCD CT/M	53	1.7	0.17
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	53	1.7	0.69
20610	ARTHROCENTESIS ASPIR&/INJ; MAJ J	42	1.4	0.47
36430	TRANSFUSION BLOOD/BLOOD COMPONENT	42	1.4	0.43
31255	NASAL/SINUS ENDO; W/TOT ETHMOECT	37	1.2	0.38
31267	NASL/SINUS ENDO; W/TISS REMV MAX	37	1.2	0.26
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	36	1.2	1.59
29880	SCOPE KNEE SURG;W/MENISCECT MED&	33	1.1	0.48
44970	LAPAROSCOPY SURGICAL APPENDECTOM	33	1.1	0.63
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	31	1.0	1.44

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, 2007
 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 CHRG	AVE TOT CHRG(ALL Hospitals)
ICD-9 Procedures		1,560	\$3,425	\$3,565
4523	COLONOSCOPY	184	\$1,499	\$976
0392	INJ OTH AGENT SPINAL CANAL	181	\$594	\$792
283	TONSILLECTOMY W/ADENOIDECTOMY	110	\$3,848	\$2,361
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	104	\$1,853	\$1,391
4525	CLO [ENDO] BX LG INTESTINE	71	\$1,836	\$1,424
806	EXC SEMILUNAR CARTILAGE-KNEE	58	\$6,110	\$4,511
8511	CLO [PERCUT] [NEEDLE] BX BREAST	48	\$1,427	\$1,501
5123	LAP CHOLEY	44	\$9,277	\$6,693
0443	RELEASE CARPAL TUNNEL	43	\$3,356	\$2,237
8192	INJ THERAP SUBSTANCE JT/LIGAMNT	38	\$429	\$1,090
4542	ENDO POLYPECTOMY LG INTESTINE	30	\$1,941	\$1,383
4701	LAP APPENDECTOMY	24	\$14,027	\$9,118
282	TONSILLECTOMY WO ADENOIDECTOMY	22	\$3,882	\$2,499
3893	VENOUS CATH-NEC	21	\$4,510	\$3,827
4824	CLO [ENDO] BX RECTUM	21	\$1,733	\$1,297
4836	[ENDO] POLYPECTOMY RECTUM	20	\$1,891	\$1,285
8363	ROTATOR CUFF REPR	18	\$9,764	\$9,286
5732	OTH CYSTOSCOPY	17	\$1,825	\$4,943
7936	OP REDUC FX W/INT FIX-TIBIA & FIB	17	\$6,096	\$6,755
4513	OTH ENDO SM INTESTINE	16	\$1,917	\$1,172

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
CPT-4 Procedures		1,928	\$3,096	\$3,274
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	245	\$592	\$1,005
45378	COLONOSCOPY FLEX; DX-SEP PROC	178	\$1,491	\$984
45380	COLONOSCOPY FLEX; W/BX 1/MX	145	\$1,794	\$1,354
43239	UGI ENDO; W/BX 1/MX	103	\$1,829	\$1,389
66984	EXTRACAPSULAR CATARACT REMV IOL	98	\$3,648	\$3,292
69436	TYMPANOSTOMY GENERAL ANESTHESIA	94	\$2,059	\$1,247
36416	COLLECTON CAPILLARY BLOOD SPECIM	79	\$111	\$142
42821	T&A; AGE 12 OR OVER	57	\$3,994	\$2,767
23350	INJ SHLDR ARTHROGRPH/ENHNC D CT/M	53	\$1,503	\$2,970
42820	T&A; UNDER AGE 12	52	\$3,690	\$2,257
29881	SCOPE KNEE SURG;W/MENISCECT MED/	48	\$6,083	\$4,170
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	43	\$3,356	\$2,296
20610	ARTHROCENTESIS ASPIR&/INJ; MAJ J	30	\$371	\$1,001
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	29	\$9,234	\$7,072
29880	SCOPE KNEE SURG;W/MENISCECT MED&	22	\$6,295	\$4,454
44970	LAPAROSCOPY SURGICAL APPENDECTOM	21	\$13,764	\$9,078
49505	REPR INIT ING HERNIA 5YR/MORE; R	20	\$6,021	\$4,010
20680	REMOVAL OF IMPLANT; DEEP	17	\$4,757	\$3,111
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	17	\$3,926	\$2,569
36569	INSERT PICC W/O PORT/PUMP; 5 YR/	16	\$4,526	\$3,348

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, 2007
PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

134 Ashley Regional Medical Center

Procedure APG category	Procedure APG	TOTAL #	TOTAL # (ALL Hospitals)
01	INTEGUMENTARY SYSTEM	87	8,527
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	18	2,371
	003 COMPLEX INCISION AND DRAINAGE	1	88
	004 SIMPLE INCISION AND DRAINAGE	1	28
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	10	1,121
	008 SIMPLE EXCISION AND BIOPSY	17	1,220
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRANGE	21	1,390
	011 SIMPLE INCISION AND EXCISION OF BREAST	19	2,116
02	MUSCULOSKELETAL SYSTEM	552	61,192
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	47	6,662
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	19	2,481
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	9	2,359
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	101	12,550
	025 ARTHROSCOPY	208	25,547
	028 CLOSED TREATMENT FX & DISLOCATION OF FINGER, TOE & TRUNK	3	54
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	14	693
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	63	4,851
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	5	465
	032 BUNION PROCEDURES	24	1,752
	033 ARTHROPLASTY	3	581
	034 HAND AND FOOT TENOTOMY	1	323
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	55	2,254
03	RESPIRATORY SYSTEM	101	8,139
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	11	652
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	87	5,383
	054 SIMPLE ENDOSCOPY OF THE UPPER AIRWAY	2	252
	055 ENDOSCOPY OF THE LOWER AIRWAY	1	1,852
04	CARDIOVASCULAR SYSTEM	5	30,572
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	3	989
	080 MINOR VASCULAR REPAIR AND FISTULA CONSTRUCTION	1	736
	081 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	1	123
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	51	3,488
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	9	2,063
	097 TRANSFUSION	42	1,297
06	DIGESTIVE SYSTEM	983	98,518
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	223	20,229
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	33	5,566
	117 LOWER GASTROINTESTINAL ENDOSCOPY	492	43,551
	119 HERNIA AND HYDROCELE PROCEDURES	71	6,814
	120 COMPLEX ANAL AND RECTAL PROCEDURES	13	1,064
	121 SIMPLE ANAL AND RECTAL PROCEDURES	5	552
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	6	580
	123 COMPLEX LAPAROSCOPIC PROCEDURES	137	16,057
	124 SIMPLE LAPAROSCOPIC PROCEDURES	3	226
07	URINARY SYSTEM	25	7,929
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	3	3,971

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2007
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			
	135 MODERATE CYSTOURETHROSCOPY	3	1,733
	136 SIMPLE CYSTOURETHROSCOPY	19	570
08	MALE GENITAL SYSTEM	8	2,775
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	2	1,260
	154 SIMPLE PENILE PROCEDURES	5	823
	155 PROSTATE NEEDLE AND PUNCH BIOPSY	1	112
09	FEMALE GENITAL SYSTEM	48	7,034
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	23	1,974
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	8	1,390
	178 DILATION AND CURETTAGE	4	733
	179 HYSTEROSCOPY	9	2,553
	180 COLPOSCOPY	4	384
10	NERVOUS SYSTEM	362	20,995
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	293	14,792
	198 NERVE REPAIR AND DESTRUCTION	58	4,511
	199 SPINAL TAP	11	513
11	EYE AND OCULAR ADNEXA	109	10,843
	214 CATARACT PROCEDURES	103	4,389
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	4	400
	216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	1	277
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	1	306
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	401	27,519
	233 NASAL CAUTERIZATION AND PACKING	6	328
	234 COMPLEX FACIAL AND ENT PROCEDURES	25	5,752
	235 SIMPLE FACIAL AND ENT PROCEDURES	177	13,044
	236 TONSIL AND ADENOID PROCEDURES	193	8,300
13	THERAPEUTIC AND OTHER RADIOLOGICAL PROCEDURES	57	3,024
	254 MYELOGRAPHY	1	304
	255 MISCELLANEOUS RADIOLOGICAL PROCEDURES WITH CONTRAST	56	1,567

SOURCE: Utah Ambulatory Surgery Database
Utah 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, 2007
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	73	\$3,243	\$3,184
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	18	\$1,631	\$2,632
	003 COMPLEX INCISION AND DRAINAGE	1	\$4,182	\$4,092
	004 SIMPLE INCISION AND DRAINAGE	1	\$2,054	\$2,544
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	7	\$3,312	\$3,383
	008 SIMPLE EXCISION AND BIOPSY	11	\$3,120	\$2,793
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRAN	21	\$4,063	\$4,546
	011 SIMPLE INCISION AND EXCISION OF BREAST	14	\$4,164	\$3,085
02	MUSCULOSKELETAL SYSTEM	314	\$5,279	\$4,441
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	25	\$8,332	\$7,003
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	14	\$5,149	\$3,967
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	3	\$7,428	\$5,446
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	61	\$4,114	\$3,054
	025 ARTHROSCOPY	94	\$6,836	\$4,796
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	14	\$2,712	\$3,328
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	45	\$6,737	\$5,920
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	2	\$4,309	\$2,812
	032 BUNION PROCEDURES	18	\$5,280	\$4,352
	034 HAND AND FOOT TENOTOMY	1	\$3,077	\$2,254
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	37	\$368	\$1,001
03	RESPIRATORY SYSTEM	14	\$1,446	\$2,352
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	11	\$1,008	\$1,520
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	2	\$3,207	\$3,777
	054 SIMPLE ENDOSCOPY OF THE UPPER AIRWAY	1	\$2,746	\$2,332
04	CARDIOVASCULAR SYSTEM	3	\$3,765	\$13,494
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	3	\$3,765	\$3,439
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	23	\$3,878	\$4,053
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	9	\$3,954	\$5,409
	097 TRANSFUSION	14	\$3,829	\$2,574
06	DIGESTIVE SYSTEM	622	\$3,306	\$2,473
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	114	\$1,837	\$1,331
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	15	\$2,129	\$1,876
	117 LOWER GASTROINTESTINAL ENDOSCOPY	339	\$1,657	\$1,168
	119 HERNIA AND HYDROCELE PROCEDURES	41	\$5,660	\$3,847
	120 COMPLEX ANAL AND RECTAL PROCEDURES	10	\$4,746	\$3,183
	121 SIMPLE ANAL AND RECTAL PROCEDURES	2	\$3,428	\$2,411
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	2	\$3,437	\$6,329
	123 COMPLEX LAPAROSCOPIC PROCEDURES	98	\$9,712	\$7,043
	124 SIMPLE LAPAROSCOPIC PROCEDURES	1	\$7,988	\$8,601
07	URINARY SYSTEM	23	\$2,232	\$5,134
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	3	\$4,439	\$5,301
	135 MODERATE CYSTOURETHROSCOPY	3	\$2,444	\$3,734
	136 SIMPLE CYSTOURETHROSCOPY	17	\$1,805	\$2,619
08	MALE GENITAL SYSTEM	5	\$3,129	\$3,453
	154 SIMPLE PENILE PROCEDURES	4	\$3,721	\$1,981

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2007
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 CHRGR	AVE TOT CHRGR(ALL Hospitals)
	155 PROSTATE NEEDLE AND PUNCH BIOPSY	1	\$765	\$5,214
09	FEMALE GENITAL SYSTEM	19	\$4,720	\$4,463
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	4	\$5,507	\$5,626
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	3	\$5,405	\$3,471
	178 DILATION AND CURETTAGE	4	\$4,194	\$2,542
	179 HYSTEROSCOPY	8	\$4,332	\$4,798
10	NERVOUS SYSTEM	317	\$1,061	\$2,183
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	259	\$594	\$1,108
	198 NERVE REPAIR AND DESTRUCTION	47	\$3,542	\$2,625
	199 SPINAL TAP	11	\$1,457	\$2,151
11	EYE AND OCULAR ADNEXA	107	\$3,567	\$3,373
	214 CATARACT PROCEDURES	101	\$3,650	\$3,301
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	4	\$1,649	\$3,487
	216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	1	\$2,576	\$2,769
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	1	\$3,917	\$3,367
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	259	\$3,273	\$2,838
	233 NASAL CAUTERIZATION AND PACKING	4	\$3,988	\$3,413
	234 COMPLEX FACIAL AND ENT PROCEDURES	7	\$8,129	\$5,571
	235 SIMPLE FACIAL AND ENT PROCEDURES	110	\$2,236	\$1,937
	236 TONSIL AND ADENOID PROCEDURES	138	\$3,832	\$2,399
13	THERAPEUTIC AND OTHER RADIOLOGICAL PROCEDURES	57	\$1,467	\$3,736
	254 MYELOGRAPHY	1	\$2,072	\$3,202
	255 MISCELLANEOUS RADIOLOGICAL PROCEDURES WITH CONTRAST	56	\$1,457	\$2,658

SOURCE: Utah Ambulatory Surgery Database
Utah 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, 2007
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	1,315	51.9	118,694	54.2
Male	1,218	48.1	100,216	45.8
Unknown	0	0.0	2	0.0
Not Reported	0	0.0	1	0.0
AGE				
1-28 days	90	3.6	1,456	0.7
29-365 days	58	2.3	2,840	1.3
1-4 years	120	4.7	10,885	5.0
5-9	74	2.9	5,994	2.7
10-14	44	1.7	4,452	2.0
15-17	57	2.3	4,943	2.3
18-19	28	1.1	3,620	1.7
20-24	116	4.6	10,250	4.7
25-29	138	5.4	12,627	5.8
30-34	119	4.7	12,276	5.6
35-39	125	4.9	12,391	5.7
40-44	141	5.6	13,493	6.2
45-49	189	7.5	16,963	7.7
50-54	258	10.2	24,260	11.1
55-59	248	9.8	20,332	9.3
60-64	165	6.5	17,122	7.8
65-69	138	5.4	14,261	6.5
70-74	152	6.0	11,502	5.3
75-79	120	4.7	9,388	4.3
80-84	94	3.7	6,242	2.9
85-89	46	1.8	2,777	1.3
90 +	13	0.5	839	0.4
Not Reported	90	3.6	1,456	0.7
SOURCE OF ADMISSION				
Physician Referral	2,462	97.2	199,973	91.3
Clinic Referral	1	0.0	1,442	0.7
HMO Referral	0	0.0	3,326	1.5
Other Hospital	0	0.0	50	0.0
Skilled Nursing Facility	0	0.0	14	0.0
Other Health Care Facility	0	0.0	24	0.0
Emergency Room	70	2.8	4,867	2.2
Court/Law Enforcement	0	0.0	3	0.0
Unknown	0	0.0	16	0.0
Not Reported	0	0.0	9,198	4.2

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2007
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	2,531	99.9	218,338	99.7
Another Hospital	2	0.1	109	0.0
Skilled Nursing Facility	0	0.0	108	0.0
Intermediate Care Facility	0	0.0	7	0.0
Another Type of Institution	0	0.0	50	0.0
Under Care of Home Service	0	0.0	223	0.1
Left Against Medical Advice	0	0.0	19	0.0
Under Care of Home IV Provider	0	0.0	1	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	585	23.1	38,805	17.7
Medicaid	150	5.9	12,973	5.9
Other government	33	1.3	3,498	1.6
Blue Cross/Blue Shield	594	23.5	30,611	14.0
Other Commercial	265	10.5	17,104	7.8
Managed Care(HMO, PPO)	691	27.3	106,265	48.5
Self Pay	115	4.5	2,895	1.3
Industrial & Worker Comp	86	3.4	3,787	1.7
Charity and Unclassified	0	0.0	1,868	0.9
Childrens Health Insurance	0	0.0	159	0.1
Unknown	14	0.6	855	0.4
Not Reported	0	0.0	93	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	2	0.1	16,514	7.5
Central Utah	2	0.1	8,080	3.7
Davis County	0	0.0	22,286	10.2
Salt Lake County	5	0.2	72,683	33.2
Southeastern Utah	3	0.1	5,055	2.3
Southwest Utah	4	0.2	13,705	6.3
Summit County	0	0.0	2,788	1.3
Tooele County	1	0.0	4,504	2.1
Tri-County	2,444	96.5	5,649	2.6
Utah County	7	0.3	35,563	16.2
Wasatch County	0	0.0	1,636	0.7
Weber County	1	0.0	21,324	9.7
Unknown Utah	0	0.0	43	0.0
Outside Utah	64	2.5	8,990	4.1
Unknown, Not Reported	0	0.0	93	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, 2007
NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

104 Bear River Valley Hospital

Reporting Category(ICD-9-CM CODES)	Procedures Performed		Procedures Performed-All Hospitals	
	(#)	(%)	(#)	(%)
Reporting Category(ICD-9-CM CODES)	1,265	100.0	319,880	100.0
Mastectomy (85.0-85.99)	200	15.8	7,512	2.3
Musculoskeletal (76.0-84.99)	270	21.3	71,153	22.2
Respiratory (30.0-34.99)	1	0.1	3,550	1.1
Cardiovascular (35.0-39.99)	0	0.0	16,128	5.0
Lymphatic/Hemetic (40.0-41.99)	9	0.7	3,232	1.0
Digestive System (42.0-54.99)	609	48.1	102,504	32.0
Urinary (55.0-59.99)	0	0.0	10,216	3.2
Male Genital (60.0-64.99)	4	0.3	3,613	1.1
Female Genital (65.0-71.99)	68	5.4	15,763	4.9
Endocrine/Nervous (01.0-07.99)	21	1.7	22,558	7.1
Eye (08.0-16.99)	16	1.3	19,364	6.1
Ear (18.0-20.99)	37	2.9	13,797	4.3
Nose, Mouth, Pharynx (21.0-29.99)	30	2.4	30,490	9.5
Reporting Category(CPT-4 CODES)	931	100.0	301,918	100.0
Mastectomy (19120-19220)	7	0.8	2,118	0.7
Musculoskeletal (20000-29909)	252	27.1	67,981	22.5
Respiratory (30000-32999 & 39501-39599)	5	0.5	14,263	4.7
Cardiovascular (33010-37799 & 93501-93660)	0	0.0	38,047	12.6
Lymphatic/Hemetic (38100-38999)	9	1.0	2,819	0.9
Digestive (40490-49999)	589	63.3	109,019	36.1
Urinary (50010-53899)	0	0.0	9,215	3.1
Male Genital (54000-55899)	4	0.4	3,144	1.0
Female Genital (56405-58999)	36	3.9	11,863	3.9
Endocrine/Nervous (60000-64999)	5	0.5	24,805	8.2
Eye (65091-68899)	2	0.2	11,076	3.7
Ear (69000-69979)	22	2.4	7,568	2.5

SOURCE: Utah Ambulatory Surgery Database
Utah 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, 2007
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		1,265	100.0	100.0
4523	COLONOSCOPY	124	9.8	6.86
4542	ENDO POLYPECTOMY LG INTESTINE	110	8.7	3.78
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	107	8.5	5.42
8554	BILAT BREAST IMPLNT	101	8.0	0.10
5123	LAP CHOLEY	61	4.8	2.16
4836	[ENDO] POLYPECTOMY RECTUM	36	2.8	1.03
8594	REMOV IMPLNT BREAST	34	2.7	0.08
2001	MYRINGOTOMY W/INSRT TUBE	32	2.5	3.33
4525	CLO [ENDO] BX LG INTESTINE	32	2.5	2.32
806	EXC SEMILUNAR CARTILAGE-KNEE	31	2.5	1.94
856	MASTOPEXY	25	2.0	0.06
6823	ENDOMETRIAL ABLATION	23	1.8	0.61
4701	LAP APPENDECTOMY	20	1.6	0.58
4824	CLO [ENDO] BX RECTUM	20	1.6	0.47
8026	ARTHSCPY-KNEE	18	1.4	1.08
6812	HYSTEROSCOPY	17	1.3	0.35
0443	RELEASE CARPAL TUNNEL	16	1.3	1.07
4292	DILAT ESOPH	12	0.9	1.45
4513	OTH ENDO SM INTESTINE	12	0.9	1.74
7781	OTH PART OSTEC-SCAPULA-CLAV-THOR	10	0.8	0.53

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		931	100.0	100.0
45380	COLONOSCOPY FLEX; W/BX 1/MX	144	15.5	5.29
45378	COLONOSCOPY FLEX; DX-SEP PROC	124	13.3	6.66
43239	UGI ENDO; W/BX 1/MX	106	11.4	5.47
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	40	4.3	1.44
45385	COLONOSCOPY FLEX; W/REMOV LES-SNA	28	3.0	1.59
47562	LAPAROSCOPY SURGICAL; CHOLECT	22	2.4	0.78
44970	LAPAROSCOPY SURGICAL APPENDECTOM	21	2.3	0.63
58563	HYSTEROSC SURG; W/ENDOMETRIAL AB	21	2.3	0.45
69436	TYMPANOSTOMY GENERAL ANESTHESIA	20	2.1	1.79
29881	SCOPE KNEE SURG;W/MENISCECT MED/	19	2.0	1.64
29826	SCOPE SHOULDER; DECOMP SUBACROM	15	1.6	1.10
29848	ENDO WRST SURG REL TRNS CARP LIG	14	1.5	0.32
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	12	1.3	0.97
29880	SCOPE KNEE SURG;W/MENISCECT MED&	11	1.2	0.48
49505	REPR INIT ING HERNIA 5YR/MORE; R	10	1.1	0.88
29824	SCOPE SHLDR SURG;DIST CLAVICULEC	9	1.0	0.44
26608	PERCUT SKEL FIX MC FRACTURE EA B	8	0.9	0.05
29877	SCOPE KNEE SURG; DEBRID/SHAVE CA	8	0.9	0.99
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	8	0.9	1.15
19120	EXC BRST CYST TUMR/LES OPN M/F 1	7	0.8	0.44

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, 2007
 AVERAGE TOTAL CHARGES FOR MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES, SINGLE ICD-9 OR CPT-4 ONLY

104 Bear River Valley Hospital

ICD-9 CODE	ICD-9 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
ICD-9	Procedures	570	\$2,249	\$3,565
4523	COLONOSCOPY	100	\$683	\$976
8554	BILAT BREAST IMPLNT	76	\$989	\$3,081
4542	ENDO POLYPECTOMY LG INTESTINE	74	\$961	\$1,383
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	49	\$976	\$1,391
5123	LAP CHOLEY	44	\$6,074	\$6,693
4701	LAP APPENDECTOMY	18	\$5,796	\$9,118
4525	CLO [ENDO] BX LG INTESTINE	10	\$885	\$1,424
4836	[ENDO] POLYPECTOMY RECTUM	10	\$895	\$1,285
283	TONSILLECTOMY W/ADENOIDECTOMY	9	\$1,973	\$2,361
6952	ASPIR CURET FOLLOWING DELIV/AB	9	\$1,619	\$2,643
7936	OP REDUC FX W/INT FIX-TIBIA & FIB	8	\$7,254	\$6,755
6823	ENDOMETRIAL ABLATION	7	\$3,931	\$5,399
5304	UNILAT REPR INDIRECT ING HERN-GFT	6	\$2,913	\$4,048
5341	REPR UMB HERN W/PROSTH	5	\$3,539	\$4,451
7912	CLO REDUC W/INT FIX-RADIUS & ULNA	5	\$3,074	\$3,585
7913	CLO REDUC-/INT FIX-CARP-METACARP	5	\$2,700	\$2,885
806	EXC SEMILUNAR CARTILAGE-KNEE	5	\$3,535	\$4,511
8201	EXPLOR TENDON SHEATH HAND	5	\$1,737	\$2,026
4011	BX LYMPHATIC STRUCT	4	\$2,702	\$3,928
4513	OTH ENDO SM INTESTINE	4	\$645	\$1,172

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
CPT-4	Procedures	565	\$2,451	\$3,274
45380	COLONOSCOPY FLEX; W/BX 1/MX	105	\$1,001	\$1,354
45378	COLONOSCOPY FLEX; DX-SEP PROC	100	\$683	\$984
43239	UGI ENDO; W/BX 1/MX	47	\$967	\$1,389
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	28	\$6,324	\$7,072
58563	HYSTEROSC SURG; W/ENDOMETRIAL AB	20	\$4,055	\$5,666
44970	LAPAROSCOPY SURGICAL APPENDECTOM	18	\$5,796	\$9,078
47562	LAPAROSCOPY SURGICAL; CHOLECT	15	\$5,570	\$6,110
69436	TYMPANOSTOMY GENERAL ANESTHESIA	15	\$1,253	\$1,247
29881	SCOPE KNEE SURG;W/MENISCECT MED/	12	\$3,456	\$4,170
29848	ENDO WRST SURG REL TRNS CARP LIG	10	\$2,268	\$2,476
49505	REPR INIT ING HERNIA 5YR/MORE; R	8	\$2,903	\$4,010
19120	EXC BRST CYST TUMR/LES OPN M/F 1	7	\$1,980	\$2,769
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	7	\$970	\$1,536
26055	TENDON SHEATH INCISION	5	\$1,737	\$1,941
29880	SCOPE KNEE SURG;W/MENISCECT MED&	5	\$3,877	\$4,454
42820	T&A; UNDER AGE 12	5	\$1,701	\$2,257
49585	REPR UMBIL HERNIA 5YR/OVER; RDUC	5	\$3,358	\$3,805
26608	PERCUT SKEL FIX MC FRACTURE EA B	4	\$2,705	\$2,675
42821	T&A; AGE 12 OR OVER	4	\$2,314	\$2,767
43235	UGI ENDO; DX W/VO CLCT SPECMN-SP	4	\$645	\$1,081

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, 2007
PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

104 Bear River Valley Hospital

Procedure APG category	Procedure APG	TOTAL #	TOTAL # (ALL Hospitals)
01	INTEGUMENTARY SYSTEM	24	8,527
	006 SIMPLE DEBRIDEMENT AND DESTRUCTION	1	187
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	9	1,121
	008 SIMPLE EXCISION AND BIOPSY	6	1,220
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRANGE	1	1,390
	011 SIMPLE INCISION AND EXCISION OF BREAST	7	2,116
02	MUSCULOSKELETAL SYSTEM	217	61,192
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	20	6,662
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	6	2,481
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	7	2,359
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	34	12,550
	025 ARTHROSCOPY	96	25,547
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	10	693
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	38	4,851
	032 BUNION PROCEDURES	3	1,752
	033 ARTHROPLASTY	1	581
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	2	2,254
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	6	3,488
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	6	2,063
06	DIGESTIVE SYSTEM	579	98,518
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	3	650
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	114	20,229
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	19	5,566
	117 LOWER GASTROINTESTINAL ENDOSCOPY	298	43,551
	119 HERNIA AND HYDROCELE PROCEDURES	32	6,814
	120 COMPLEX ANAL AND RECTAL PROCEDURES	4	1,064
	121 SIMPLE ANAL AND RECTAL PROCEDURES	2	552
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	1	580
	123 COMPLEX LAPAROSCOPIC PROCEDURES	105	16,057
	124 SIMPLE LAPAROSCOPIC PROCEDURES	1	226
08	MALE GENITAL SYSTEM	4	2,775
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	2	1,260
	154 SIMPLE PENILE PROCEDURES	2	823
09	FEMALE GENITAL SYSTEM	29	7,034
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	3	1,974
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	3	1,390
	178 DILATION AND CURETTAGE	1	733
	179 HYSTEROSCOPY	22	2,553
10	NERVOUS SYSTEM	7	20,995
	198 NERVE REPAIR AND DESTRUCTION	7	4,511
11	EYE AND OCULAR ADNEXA	2	10,843
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	2	886
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	50	27,519
	234 COMPLEX FACIAL AND ENT PROCEDURES	10	5,752
	235 SIMPLE FACIAL AND ENT PROCEDURES	30	13,044

SOURCE: Utah Ambulatory Surgery Database

Utah 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, 2007
PROCEDURE APG CATEGORY, PROCEDURE APG, SINGLE APG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

104 Bear River Valley Hospital

Procedure APG category	Procedure APG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
01	INTEGUMENTARY SYSTEM	15	\$2,254	\$3,184
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	6	\$2,203	\$3,383
	008 SIMPLE EXCISION AND BIOPSY	2	\$3,369	\$2,793
	011 SIMPLE INCISION AND EXCISION OF BREAST	7	\$1,980	\$3,085
02	MUSCULOSKELETAL SYSTEM	100	\$3,747	\$4,441
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	8	\$3,360	\$7,003
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	4	\$3,625	\$5,446
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	17	\$2,148	\$3,054
	025 ARTHROSCOPY	36	\$3,216	\$4,796
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	6	\$3,600	\$3,328
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	27	\$5,614	\$5,920
	032 BUNION PROCEDURES	2	\$3,935	\$4,352
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	4	\$2,491	\$4,053
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	4	\$2,491	\$5,409
06	DIGESTIVE SYSTEM	371	\$2,006	\$2,473
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	3	\$2,238	\$1,292
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	51	\$942	\$1,331
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	3	\$720	\$1,876
	117 LOWER GASTROINTESTINAL ENDOSCOPY	214	\$851	\$1,168
	119 HERNIA AND HYDROCELE PROCEDURES	23	\$3,130	\$3,847
	120 COMPLEX ANAL AND RECTAL PROCEDURES	3	\$3,231	\$3,183
	121 SIMPLE ANAL AND RECTAL PROCEDURES	2	\$3,081	\$2,411
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	1	\$4,758	\$6,329
	123 COMPLEX LAPAROSCOPIC PROCEDURES	71	\$5,809	\$7,043
08	MALE GENITAL SYSTEM	1	\$1,388	\$3,453
	154 SIMPLE PENILE PROCEDURES	1	\$1,388	\$1,981
09	FEMALE GENITAL SYSTEM	26	\$3,743	\$4,463
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	2	\$3,782	\$5,626
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	2	\$1,715	\$3,471
	178 DILATION AND CURETTAGE	1	\$1,996	\$2,542
	179 HYSTEROSCOPY	21	\$4,016	\$4,798
10	NERVOUS SYSTEM	3	\$1,987	\$2,183
	198 NERVE REPAIR AND DESTRUCTION	3	\$1,987	\$2,625
11	EYE AND OCULAR ADNEXA	2	\$2,094	\$3,373
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	2	\$2,094	\$3,997
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	33	\$1,560	\$2,838
	234 COMPLEX FACIAL AND ENT PROCEDURES	6	\$1,465	\$5,571
	235 SIMPLE FACIAL AND ENT PROCEDURES	17	\$1,319	\$1,937
	236 TONSIL AND ADENOID PROCEDURES	10	\$2,027	\$2,399

SOURCE: Utah Ambulatory Surgery Database

Utah 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, 2007
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	510	59.2	118,694	54.2
Male	351	40.8	100,216	45.8
Unknown	0	0.0	2	0.0
Not Reported	0	0.0	1	0.0
AGE				
1-28 days	0	0.0	1,456	0.7
29-365 days	2	0.2	2,840	1.3
1-4 years	20	2.3	10,885	5.0
5-9	13	1.5	5,994	2.7
10-14	16	1.9	4,452	2.0
15-17	34	3.9	4,943	2.3
18-19	24	2.8	3,620	1.7
20-24	47	5.5	10,250	4.7
25-29	74	8.6	12,627	5.8
30-34	74	8.6	12,276	5.6
35-39	53	6.2	12,391	5.7
40-44	57	6.6	13,493	6.2
45-49	65	7.5	16,963	7.7
50-54	105	12.2	24,260	11.1
55-59	87	10.1	20,332	9.3
60-64	63	7.3	17,122	7.8
65-69	42	4.9	14,261	6.5
70-74	27	3.1	11,502	5.3
75-79	29	3.4	9,388	4.3
80-84	20	2.3	6,242	2.9
85-89	5	0.6	2,777	1.3
90 +	4	0.5	839	0.4
Not Reported	0	0.0	1,456	0.7
SOURCE OF ADMISSION				
Physician Referral	821	95.4	199,973	91.3
Clinic Referral	10	1.2	1,442	0.7
HMO Referral	1	0.1	3,326	1.5
Other Hospital	0	0.0	50	0.0
Skilled Nursing Facility	0	0.0	14	0.0
Other Health Care Facility	0	0.0	24	0.0
Emergency Room	29	3.4	4,867	2.2
Court/Law Enforcement	0	0.0	3	0.0
Unknown	0	0.0	16	0.0
Not Reported	0	0.0	9,198	4.2

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2007
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	858	99.7	218,338	99.7
Another Hospital	2	0.2	109	0.0
Skilled Nursing Facility	0	0.0	108	0.0
Intermediate Care Facility	1	0.1	7	0.0
Another Type of Institution	0	0.0	50	0.0
Under Care of Home Service	0	0.0	223	0.1
Left Against Medical Advice	0	0.0	19	0.0
Under Care of Home IV Provider	0	0.0	1	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	94	10.9	38,805	17.7
Medicaid	39	4.5	12,973	5.9
Other government	6	0.7	3,498	1.6
Blue Cross/Blue Shield	95	11.0	30,611	14.0
Other Commercial	63	7.3	17,104	7.8
Managed Care(HMO, PPO)	414	48.1	106,265	48.5
Self Pay	119	13.8	2,895	1.3
Industrial & Worker Comp	13	1.5	3,787	1.7
Charity and Unclassified	10	1.2	1,868	0.9
Childrens Health Insurance	2	0.2	159	0.1
Unknown	6	0.7	855	0.4
Not Reported	0	0.0	93	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	765	88.9	16,514	7.5
Central Utah	1	0.1	8,080	3.7
Davis County	7	0.8	22,286	10.2
Salt Lake County	1	0.1	72,683	33.2
Southeastern Utah	0	0.0	5,055	2.3
Southwest Utah	2	0.2	13,705	6.3
Summit County	0	0.0	2,788	1.3
Tooele County	0	0.0	4,504	2.1
Tri-County	0	0.0	5,649	2.6
Utah County	2	0.2	35,563	16.2
Wasatch County	0	0.0	1,636	0.7
Weber County	15	1.7	21,324	9.7
Unknown Utah	0	0.0	43	0.0
Outside Utah	67	7.8	8,990	4.1
Unknown, Not Reported	1	0.1	93	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, 2007
NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

101 Beaver Valley Hospital

Reporting Category(ICD-9-CM CODES)	Procedures Performed		Procedures Performed-All Hospitals	
	(#)	(%)	(#)	(%)
Reporting Category(ICD-9-CM CODES)	276	100.0	319,880	100.0
Mastectomy (85.0-85.99)	3	1.1	7,512	2.3
Musculoskeletal (76.0-84.99)	2	0.7	71,153	22.2
Respiratory (30.0-34.99)	1	0.4	3,550	1.1
Cardiovascular (35.0-39.99)	0	0.0	16,128	5.0
Lymphatic/Hemetic (40.0-41.99)	0	0.0	3,232	1.0
Digestive System (42.0-54.99)	143	51.8	102,504	32.0
Urinary (55.0-59.99)	0	0.0	10,216	3.2
Male Genital (60.0-64.99)	10	3.6	3,613	1.1
Female Genital (65.0-71.99)	45	16.3	15,763	4.9
Endocrine/Nervous (01.0-07.99)	9	3.3	22,558	7.1
Eye (08.0-16.99)	1	0.4	19,364	6.1
Ear (18.0-20.99)	30	10.9	13,797	4.3
Nose, Mouth, Pharynx (21.0-29.99)	32	11.6	30,490	9.5
Reporting Category(CPT-4 CODES)	315	100.0	301,918	100.0
Mastectomy (19120-19220)	0	0.0	2,118	0.7
Musculoskeletal (20000-29909)	1	0.3	67,981	22.5
Respiratory (30000-32999 & 39501-39599)	0	0.0	14,263	4.7
Cardiovascular (33010-37799 & 93501-93660)	0	0.0	38,047	12.6
Lymphatic/Hemetic (38100-38999)	0	0.0	2,819	0.9
Digestive (40490-49999)	244	77.5	109,019	36.1
Urinary (50010-53899)	1	0.3	9,215	3.1
Male Genital (54000-55899)	0	0.0	3,144	1.0
Female Genital (56405-58999)	33	10.5	11,863	3.9
Endocrine/Nervous (60000-64999)	7	2.2	24,805	8.2
Eye (65091-68899)	0	0.0	11,076	3.7
Ear (69000-69979)	29	9.2	7,568	2.5

SOURCE: Utah Ambulatory Surgery Database
Utah 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, 2007
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		276	100.0	100.0
4523	COLONOSCOPY	73	26.4	6.86
4525	CLO [ENDO] BX LG INTESTINE	39	14.1	2.32
2001	MYRINGOTOMY W/INSRT TUBE	28	10.1	3.33
283	TONSILLECTOMY W/ADENOIDECTOMY	27	9.8	1.70
6823	ENDOMETRIAL ABLATION	18	6.5	0.61
6909	OTH D&C UTERUS	11	4.0	0.46
0443	RELEASE CARPAL TUNNEL	9	3.3	1.07
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	7	2.5	5.42
5305	UNILAT REPR ING HERN-GFT-NOS	6	2.2	0.14
5300	UNILAT REPR ING HERN-NOS	5	1.8	0.13
5303	UNILAT REPR DIRECT ING HERN-GFT	5	1.8	0.32
6373	VASECTOMY	5	1.8	0.03
6902	D&C FOLLOWING DELIV/AB	4	1.4	0.24
640	CIRCUMCISION	3	1.1	0.21
6629	OTH BIL ENDO DESTRUC FALLOP TUBES	3	1.1	0.33
8512	OP BX BREAST	3	1.1	0.06
2131	LOC EXC/DESTRUC INTRANASAL LES	2	0.7	0.05
282	TONSILLECTOMY WO ADENOIDECTOMY	2	0.7	0.60
5359	REPR OTH HERN ANT ABD WALL	2	0.7	0.06
6639	OTH BILAT DEST/OCCLU FALLOP TUBES	2	0.7	0.01

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		315	100.0	100.0
45378	COLONOSCOPY FLEX; DX-SEP PROC	104	33.0	6.66
45380	COLONOSCOPY FLEX; W/BX 1/MX	66	21.0	5.29
69436	TYMPANOSTOMY GENERAL ANESTHESIA	28	8.9	1.79
58353	ENDOMET ABLAT THERM W/O SCOPE GU	17	5.4	0.12
G0121	COLOREC CNCR SCR;COLNSCPY NO HI	16	5.1	0.26
42820	T&A; UNDER AGE 12	15	4.8	1.37
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	14	4.4	1.15
49505	REPR INIT ING HERNIA 5YR/MORE; R	14	4.4	0.88
42821	T&A; AGE 12 OR OVER	12	3.8	0.39
58120	DILATION & CURET DX &/ THERAPEUT	9	2.9	0.24
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	7	2.2	0.69
58671	LAP SURG; W/OCCLUS OVIDUCTS-DEVI	4	1.3	0.17
26437	REALIGNMENT EXT TEND HND EA TEND	1	0.3	0.01
44960	APPY; RUPT W/ABSCESS/GEN PERITON	1	0.3	0.00
49320	LAP-ABD DX-W/WO SPECMN-SEP PROC	1	0.3	0.20
49560	REPR INIT INCS/VENT HERNIA; RDOC	1	0.3	0.15
51700	BLADDER IRRIG SMPL LAVAGE &/ INS	1	0.3	0.00
58180	SUPRACERVICAL ABD HYSTERECTOMY	1	0.3	0.00
58558	HYSTEROscopy SURG; W/BX &/ POLYPE	1	0.3	0.31
58805	DRN OVAR CYST UNI/BIL-SEP PROC;	1	0.3	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, 2007
 AVERAGE TOTAL CHARGES FOR MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES, SINGLE ICD-9 OR CPT-4 ONLY

101 Beaver Valley Hospital

ICD-9 CODE	ICD-9 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
ICD-9	Procedures	232	\$1,715	\$3,565
4523	COLONOSCOPY	71	\$941	\$976
4525	CLO [ENDO] BX LG INTESTINE	35	\$1,068	\$1,424
2001	MYRINGOTOMY W/INSRT TUBE	25	\$1,388	\$1,552
283	TONSILLECTOMY W/ADENOIDECTOMY	24	\$2,432	\$2,361
0443	RELEASE CARPAL TUNNEL	9	\$1,494	\$2,237
6823	ENDOMETRIAL ABLATION	9	\$3,770	\$5,399
6909	OTH D&C UTERUS	6	\$2,015	\$2,732
5300	UNILAT REPR ING HERN-NOS	5	\$3,087	\$2,610
5305	UNILAT REPR ING HERN-GFT-NOS	5	\$3,332	\$4,695
6373	VASECTOMY	5	\$723	\$2,631
5303	UNILAT REPR DIRECT ING HERN-GFT	4	\$3,298	\$4,317
6902	D&C FOLLOWING DELIV/AB	4	\$2,404	\$2,635
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	3	\$1,105	\$1,391
640	CIRCUMCISION	3	\$218	\$2,039
8512	OP BX BREAST	3	\$2,121	\$3,312
282	TONSILLECTOMY WO ADENOIDECTOMY	2	\$2,185	\$2,499
5359	REPR OTH HERN ANT ABD WALL	2	\$3,066	\$3,001
0820	REMOV LES EYELID-NOS	1	\$1,543	\$2,260
1802	INCS EXT AUDITORY CANAL	1	\$1,492	\$1,426
3404	INSRT INTERCOSTAL DRAIN CATH	1	\$0	\$2,690

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
CPT-4	Procedures	295	\$1,522	\$3,274
45378	COLONOSCOPY FLEX; DX-SEP PROC	102	\$921	\$984
45380	COLONOSCOPY FLEX; W/BX 1/MX	63	\$1,102	\$1,354
69436	TYMPANOSTOMY GENERAL ANESTHESIA	27	\$1,402	\$1,247
G0121	COLOREC CNCR SCR;COLNSCPY NO HI	15	\$810	\$800
42820	T&A; UNDER AGE 12	14	\$2,265	\$2,257
49505	REPR INIT ING HERNIA 5YR/MORE; R	14	\$3,347	\$4,010
58353	ENDOMET ABLAT THERM W/O SCOPE GU	14	\$3,741	\$4,537
42821	T&A; AGE 12 OR OVER	12	\$2,616	\$2,767
58120	DILATION & CURET DX &/ THERAPEUT	9	\$2,134	\$2,542
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	8	\$1,280	\$1,081
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	7	\$1,491	\$2,296
58671	LAP SURG; W/OCCLUS OVIDUCTS-DEVI	2	\$3,791	\$4,284
26437	REALIGNMENT EXT TEND HND EA TEND	1	\$1,777	\$2,218
44960	APPY; RUPT W/ABSCESS/GEN PERITON	1	\$5,301	\$7,881
49320	LAP-ABD DX-W/WO SPECMN-SEP PROC	1	\$5,047	\$4,290
49560	REPR INIT INCS/VENT HERNIA; RDOC	1	\$3,121	\$4,325
51700	BLADDER IRRIG SMPL LAVAGE &/ INS	1	\$315	\$4,214
58180	SUPRACERVICAL ABD HYSTERECTOMY	1	\$6,680	\$6,680
58558	HYSTEROSCPY SURG; W/BX &/ POLYPE	1	\$2,154	\$3,535
69205	REMOV FB-EXT AUDIT CANAL; W/ANES	1	\$1,492	\$2,442

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, 2007
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	1	8,527
007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	1	1,121
02 MUSCULOSKELETAL SYSTEM	1	61,192
024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	1	12,550
06 DIGESTIVE SYSTEM	220	98,518
115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	14	20,229
117 LOWER GASTROINTESTINAL ENDOSCOPY	186	43,551
119 HERNIA AND HYDROCELE PROCEDURES	15	6,814
123 COMPLEX LAPAROSCOPIC PROCEDURES	5	16,057
07 URINARY SYSTEM	1	7,929
133 URINARY CATHETERIZATION AND DILATATION	1	479
09 FEMALE GENITAL SYSTEM	27	7,034
176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	17	1,974
178 DILATION AND CURETTAGE	9	733
179 HYSTEROSCOPY	1	2,553
10 NERVOUS SYSTEM	7	20,995
198 NERVE REPAIR AND DESTRUCTION	7	4,511
12 FACIAL, EAR, NOSE, MOUTH AND THROAT	55	27,519
235 SIMPLE FACIAL AND ENT PROCEDURES	28	13,044
236 TONSIL AND ADENOID PROCEDURES	27	8,300

SOURCE: Utah Ambulatory Surgery Database
 Utah 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, 2007
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	\$1,492	\$3,184
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	1	\$1,492	\$3,383
02	MUSCULOSKELETAL SYSTEM	1	\$1,777	\$4,441
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	1	\$1,777	\$3,054
06	DIGESTIVE SYSTEM	206	\$1,205	\$2,473
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	8	\$1,280	\$1,331
	117 LOWER GASTROINTESTINAL ENDOSCOPY	180	\$975	\$1,168
	119 HERNIA AND HYDROCELE PROCEDURES	15	\$3,332	\$3,847
	123 COMPLEX LAPAROSCOPIC PROCEDURES	3	\$4,209	\$7,043
07	URINARY SYSTEM	1	\$315	\$5,134
	133 URINARY CATHETERIZATION AND DILATATION	1	\$315	\$4,450
09	FEMALE GENITAL SYSTEM	24	\$3,072	\$4,463
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	14	\$3,741	\$5,626
	178 DILATION AND CURETTAGE	9	\$2,134	\$2,542
	179 HYSTEROSCOPY	1	\$2,154	\$4,798
10	NERVOUS SYSTEM	7	\$1,491	\$2,183
	198 NERVE REPAIR AND DESTRUCTION	7	\$1,491	\$2,625
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	53	\$1,905	\$2,838
	235 SIMPLE FACIAL AND ENT PROCEDURES	27	\$1,402	\$1,937
	236 TONSIL AND ADENOID PROCEDURES	26	\$2,427	\$2,399

SOURCE: Utah Ambulatory Surgery Database
 Utah 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, 2007
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

101 Beaver Valley Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
GENDER				
Female	165	49.1	118,694	54.2
Male	170	50.6	100,216	45.8
Unknown	0	0.0	2	0.0
Not Reported	1	0.3	1	0.0
AGE				
1-28 days	2	0.6	1,456	0.7
29-365 days	11	3.3	2,840	1.3
1-4 years	22	6.5	10,885	5.0
5-9	8	2.4	5,994	2.7
10-14	7	2.1	4,452	2.0
15-17	9	2.7	4,943	2.3
18-19	3	0.9	3,620	1.7
20-24	9	2.7	10,250	4.7
25-29	8	2.4	12,627	5.8
30-34	19	5.7	12,276	5.6
35-39	18	5.4	12,391	5.7
40-44	15	4.5	13,493	6.2
45-49	18	5.4	16,963	7.7
50-54	40	11.9	24,260	11.1
55-59	37	11.0	20,332	9.3
60-64	33	9.8	17,122	7.8
65-69	27	8.0	14,261	6.5
70-74	21	6.3	11,502	5.3
75-79	19	5.7	9,388	4.3
80-84	10	3.0	6,242	2.9
85-89	0	0.0	2,777	1.3
90 +	0	0.0	839	0.4
Not Reported	2	0.6	1,456	0.7
SOURCE OF ADMISSION				
Physician Referral	332	98.8	199,973	91.3
Clinic Referral	0	0.0	1,442	0.7
HMO Referral	0	0.0	3,326	1.5
Other Hospital	0	0.0	50	0.0
Skilled Nursing Facility	0	0.0	14	0.0
Other Health Care Facility	0	0.0	24	0.0
Emergency Room	4	1.2	4,867	2.2
Court/Law Enforcement	0	0.0	3	0.0
Unknown	0	0.0	16	0.0
Not Reported	0	0.0	9,198	4.2

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2007
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	334	99.4	218,338	99.7
Another Hospital	2	0.6	109	0.0
Skilled Nursing Facility	0	0.0	108	0.0
Intermediate Care Facility	0	0.0	7	0.0
Another Type of Institution	0	0.0	50	0.0
Under Care of Home Service	0	0.0	223	0.1
Left Against Medical Advice	0	0.0	19	0.0
Under Care of Home IV Provider	0	0.0	1	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	83	24.7	38,805	17.7
Medicaid	22	6.5	12,973	5.9
Other government	3	0.9	3,498	1.6
Blue Cross/Blue Shield	51	15.2	30,611	14.0
Other Commercial	59	17.6	17,104	7.8
Managed Care(HMO, PPO)	101	30.1	106,265	48.5
Self Pay	10	3.0	2,895	1.3
Industrial & Worker Comp	5	1.5	3,787	1.7
Charity and Unclassified	0	0.0	1,868	0.9
Childrens Health Insurance	1	0.3	159	0.1
Unknown	1	0.3	855	0.4
Not Reported	0	0.0	93	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	0	0.0	16,514	7.5
Central Utah	2	0.6	8,080	3.7
Davis County	0	0.0	22,286	10.2
Salt Lake County	0	0.0	72,683	33.2
Southeastern Utah	0	0.0	5,055	2.3
Southwest Utah	323	96.1	13,705	6.3
Summit County	0	0.0	2,788	1.3
Tooele County	1	0.3	4,504	2.1
Tri-County	0	0.0	5,649	2.6
Utah County	0	0.0	35,563	16.2
Wasatch County	0	0.0	1,636	0.7
Weber County	0	0.0	21,324	9.7
Unknown Utah	0	0.0	43	0.0
Outside Utah	10	3.0	8,990	4.1
Unknown, Not Reported	0	0.0	93	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, 2007
NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

103 Brigham City Community Hospital

Reporting Category(ICD-9-CM CODES)	Procedures Performed		Procedures Performed-All Hospitals	
	(#)	(%)	(#)	(%)
Reporting Category(ICD-9-CM CODES)	3,885	100.0	319,880	100.0
Mastectomy (85.0-85.99)	81	2.1	7,512	2.3
Musculoskeletal (76.0-84.99)	887	22.8	71,153	22.2
Respiratory (30.0-34.99)	6	0.2	3,550	1.1
Cardiovascular (35.0-39.99)	4	0.1	16,128	5.0
Lymphatic/Hemetic (40.0-41.99)	25	0.6	3,232	1.0
Digestive System (42.0-54.99)	1,497	38.5	102,504	32.0
Urinary (55.0-59.99)	29	0.7	10,216	3.2
Male Genital (60.0-64.99)	39	1.0	3,613	1.1
Female Genital (65.0-71.99)	234	6.0	15,763	4.9
Endocrine/Nervous (01.0-07.99)	179	4.6	22,558	7.1
Eye (08.0-16.99)	489	12.6	19,364	6.1
Ear (18.0-20.99)	230	5.9	13,797	4.3
Nose, Mouth, Pharynx (21.0-29.99)	185	4.8	30,490	9.5
Reporting Category(CPT-4 CODES)	3,262	100.0	301,918	100.0
Mastectomy (19120-19220)	46	1.4	2,118	0.7
Musculoskeletal (20000-29909)	609	18.7	67,981	22.5
Respiratory (30000-32999 & 39501-39599)	70	2.1	14,263	4.7
Cardiovascular (33010-37799 & 93501-93660)	366	11.2	38,047	12.6
Lymphatic/Hemetic (38100-38999)	24	0.7	2,819	0.9
Digestive (40490-49999)	1,444	44.3	109,019	36.1
Urinary (50010-53899)	38	1.2	9,215	3.1
Male Genital (54000-55899)	32	1.0	3,144	1.0
Female Genital (56405-58999)	109	3.3	11,863	3.9
Endocrine/Nervous (60000-64999)	129	4.0	24,805	8.2
Eye (65091-68899)	279	8.6	11,076	3.7
Ear (69000-69979)	116	3.6	7,568	2.5

SOURCE: Utah Ambulatory Surgery Database
Utah 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, 2007
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		3,885	100.0	100.0
4523	COLONOSCOPY	331	8.5	6.86
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	280	7.2	5.42
1341	PHACOEMULSIFICATION-ASPIR CATARACT	194	5.0	1.38
1371	IOL PROSTH-CATARACT EXTRACT-1-STAGE	194	5.0	1.38
2001	MYRINGOTOMY W/INSRT TUBE	191	4.9	3.33
4542	ENDO POLYPECTOMY LG INTESTINE	145	3.7	3.78
5123	LAP CHOLEY	115	3.0	2.16
4525	CLO [ENDO] BX LG INTESTINE	114	2.9	2.32
0392	INJ OTH AGENT SPINAL CANAL	107	2.8	1.95
8026	ARTHSCPY-KNEE	107	2.8	1.08
806	EXC SEMILUNAR CARTILAGE-KNEE	83	2.1	1.94
4292	DILAT ESOPH	82	2.1	1.45
283	TONSILLECTOMY W/ADENOIDECTOMY	79	2.0	1.70
8021	ARTHSCPY-SHLDR	71	1.8	0.51
8521	LOC EXC LES BREAST	51	1.3	0.81
4824	CLO [ENDO] BX RECTUM	49	1.3	0.47
6812	HYSTEROSCOPY	49	1.3	0.35
8183	OTH REPR SHLDR	48	1.2	0.78
0443	RELEASE CARPAL TUNNEL	47	1.2	1.07
4836	[ENDO] POLYPECTOMY RECTUM	47	1.2	1.03

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		3,262	100.0	100.0
36416	COLLECTON CAPILLARY BLOOD SPECIM	290	8.9	0.81
43239	UGI ENDO; W/BX 1/MX	279	8.6	5.47
45378	COLONOSCOPY FLEX; DX-SEP PROC	268	8.2	6.66
45380	COLONOSCOPY FLEX; W/BX 1/MX	237	7.3	5.29
66984	EXTRACAPSULAR CATARACT REMV IOL	186	5.7	1.35
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	108	3.3	1.11
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	107	3.3	1.44
69436	TYMPANOSTOMY GENERAL ANESTHESIA	97	3.0	1.79
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	69	2.1	1.59
43248	UGI ENDO; W/INSRT GUIDE WIRE	67	2.1	0.10
29881	SCOPE KNEE SURG;W/MENISCECT MED/	66	2.0	1.64
29826	SCOPE SHOULDER; DECOMP SUBACROM	64	2.0	1.10
42820	T&A; UNDER AGE 12	57	1.7	1.37
36430	TRANSFUSION BLOOD/BLOOD COMPONENT	56	1.7	0.43
49505	REPR INIT ING HERNIA 5YR/MORE; R	56	1.7	0.88
66999	UNLISTED PROC ANTERIOR SEGMENT E	49	1.5	0.04
58563	HYSTEROSC SURG; W/ENDOMETRIAL AB	46	1.4	0.45
44970	LAPAROSCOPY SURGICAL APPENDECTOM	42	1.3	0.63
29824	SCOPE SHLDR SURG;DIST CLAVICULEC	32	1.0	0.44
29848	ENDO WRST SURG REL TRNS CARP LIG	31	1.0	0.32

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, 2007
 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	1,318	\$2,958	\$3,565
4523	COLONOSCOPY	299	\$1,944	\$976
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	155	\$1,767	\$1,391
0392	INJ OTH AGENT SPINAL CANAL	107	\$233	\$792
4542	ENDO POLYPECTOMY LG INTESTINE	100	\$2,307	\$1,383
5123	LAP CHOLEY	85	\$7,531	\$6,693
283	TONSILLECTOMY W/ADENOIDECTOMY	72	\$2,371	\$2,361
4525	CLO [ENDO] BX LG INTESTINE	51	\$2,398	\$1,424
8521	LOC EXC LES BREAST	21	\$3,108	\$2,822
4701	LAP APPENDECTOMY	19	\$9,602	\$9,118
5304	UNILAT REPR INDIRECT ING HERN-GFT	19	\$5,893	\$4,048
6952	ASPIR CURET FOLLOWING DELIV/AB	19	\$2,615	\$2,643
4836	[ENDO] POLYPECTOMY RECTUM	18	\$2,199	\$1,285
5303	UNILAT REPR DIRECT ING HERN-GFT	13	\$5,274	\$4,317
5305	UNILAT REPR ING HERN-GFT-NOS	13	\$5,555	\$4,695
8399	OTH OPER MUSC-TENDON-FASCIA-BURSA	13	\$3,191	\$3,191
4513	OTH ENDO SM INTESTINE	12	\$1,798	\$1,172
8201	EXPLOR TENDON SHEATH HAND	12	\$2,078	\$2,026
5349	OTH UMB HERNIORRHAPHY	11	\$2,966	\$2,824
8221	EXC LES TENDON SHEATH HAND	10	\$2,074	\$2,332
0443	RELEASE CARPAL TUNNEL	9	\$2,244	\$2,237

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
CPT-4	Procedures	2,082	\$2,777	\$3,274
36416	COLLECTON CAPILLARY BLOOD SPECIM	284	\$104	\$142
45378	COLONOSCOPY FLEX; DX-SEP PROC	240	\$1,959	\$984
45380	COLONOSCOPY FLEX; W/BX 1/MX	175	\$2,297	\$1,354
43239	UGI ENDO; W/BX 1/MX	155	\$1,770	\$1,389
66984	EXTRACAPSULAR CATARACT REMV IOL	137	\$4,071	\$3,292
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	108	\$233	\$1,005
69436	TYMPANOSTOMY GENERAL ANESTHESIA	86	\$2,025	\$1,247
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	78	\$7,462	\$7,072
42820	T&A; UNDER AGE 12	51	\$2,293	\$2,257
29881	SCOPE KNEE SURG;W/MENISCECT MED/	45	\$4,307	\$4,170
49505	REPR INIT ING HERNIA 5YR/MORE; R	43	\$5,690	\$4,010
58563	HYSTEROSC SURG; W/ENDOMETRIAL AB	40	\$5,143	\$5,666
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	38	\$2,466	\$1,536
36430	TRANSFUSION BLOOD/BLOOD COMPONENT	36	\$1,312	\$2,574
19120	EXC BRST CYST TUMR/LES OPN M/F 1	24	\$3,309	\$2,769
29848	ENDO WRST SURG REL TRNS CARP LIG	21	\$3,320	\$2,476
42821	T&A; AGE 12 OR OVER	21	\$2,560	\$2,767
44970	LAPAROSCOPY SURGICAL APPENDECTOM	20	\$9,602	\$9,078
19125	EXC BRST LES ID RAD MARKR OPN;1	16	\$3,607	\$3,708
29826	SCOPE SHOULDER; DECOMP SUBACROM	12	\$5,773	\$5,510

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, 2007
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	76	8,527
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	5	2,371
	003 COMPLEX INCISION AND DRAINAGE	1	88
	006 SIMPLE DEBRIDEMENT AND DESTRUCTION	2	187
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	4	1,121
	008 SIMPLE EXCISION AND BIOPSY	4	1,220
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRANGE	14	1,390
	011 SIMPLE INCISION AND EXCISION OF BREAST	46	2,116
02	MUSCULOSKELETAL SYSTEM	590	61,192
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	32	6,662
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	24	2,481
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	10	2,359
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	104	12,550
	025 ARTHROSCOPY	315	25,547
	028 CLOSED TREATMENT FX & DISLOCATION OF FINGER, TOE & TRUNK	1	54
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	23	693
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	51	4,851
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	2	465
	032 BUNION PROCEDURES	18	1,752
	033 ARTHROPLASTY	4	581
	034 HAND AND FOOT TENOTOMY	2	323
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	4	2,254
03	RESPIRATORY SYSTEM	26	8,139
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	14	652
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	10	5,383
	055 ENDOSCOPY OF THE LOWER AIRWAY	2	1,852
04	CARDIOVASCULAR SYSTEM	9	30,572
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	8	989
	083 RESUSCITATION AND CARDIOVERSION	1	15
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	69	3,488
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	13	2,063
	097 TRANSFUSION	56	1,297
06	DIGESTIVE SYSTEM	1,378	98,518
	112 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	2	1,254
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	10	650
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	292	20,229
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	118	5,566
	117 LOWER GASTROINTESTINAL ENDOSCOPY	580	43,551
	118 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	1	1,497
	119 HERNIA AND HYDROCELE PROCEDURES	111	6,814
	120 COMPLEX ANAL AND RECTAL PROCEDURES	33	1,064
	121 SIMPLE ANAL AND RECTAL PROCEDURES	2	552
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	7	580
	123 COMPLEX LAPAROSCOPIC PROCEDURES	215	16,057
	124 SIMPLE LAPAROSCOPIC PROCEDURES	7	226
07	URINARY SYSTEM	37	7,929

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2007
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			
	133 URINARY CATHETERIZATION AND DILATATION	6	479
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	16	3,971
	135 MODERATE CYSTOURETHROSCOPY	12	1,733
	138 SIMPLE URETHRAL PROCEDURES	3	172
08	MALE GENITAL SYSTEM	29	2,775
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	19	1,260
	154 SIMPLE PENILE PROCEDURES	10	823
09	FEMALE GENITAL SYSTEM	73	7,034
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	4	1,974
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	14	1,390
	178 DILATION AND CURETTAGE	3	733
	179 HYSTEROSCOPY	50	2,553
	180 COLPOSCOPY	2	384
10	NERVOUS SYSTEM	130	20,995
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	113	14,792
	196 REVISION AND REMOVAL OF NEUROLOGICAL DEVICE	1	235
	198 NERVE REPAIR AND DESTRUCTION	15	4,511
	199 SPINAL TAP	1	513
11	EYE AND OCULAR ADNEXA	278	10,843
	214 CATARACT PROCEDURES	194	4,389
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	11	400
	216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	4	277
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	49	306
	219 SIMPLE POSTERIOR SEGMENT EYE PROCEDURES	1	419
	220 STRABISMUS AND MUSCLE EYE PROCEDURES	3	809
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	10	886
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	6	510
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	259	27,519
	233 NASAL CAUTERIZATION AND PACKING	1	328
	234 COMPLEX FACIAL AND ENT PROCEDURES	38	5,752
	235 SIMPLE FACIAL AND ENT PROCEDURES	134	13,044
	236 TONSIL AND ADENOID PROCEDURES	86	8,300

SOURCE: Utah Ambulatory Surgery Database
Utah 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, 2007
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	64	\$3,300	\$3,184
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	5	\$326	\$2,632
	003 COMPLEX INCISION AND DRAINAGE	1	\$2,382	\$4,092
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	3	\$3,009	\$3,383
	008 SIMPLE EXCISION AND BIOPSY	2	\$2,850	\$2,793
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRAN	13	\$4,255	\$4,546
	011 SIMPLE INCISION AND EXCISION OF BREAST	40	\$3,428	\$3,085
02	MUSCULOSKELETAL SYSTEM	243	\$4,738	\$4,441
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	14	\$6,968	\$7,003
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	17	\$4,037	\$3,967
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	4	\$5,043	\$5,446
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	47	\$3,097	\$3,054
	025 ARTHROSCOPY	107	\$4,889	\$4,796
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	13	\$4,019	\$3,328
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	31	\$6,397	\$5,920
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	1	\$801	\$2,812
	032 BUNION PROCEDURES	8	\$5,593	\$4,352
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	1	\$119	\$1,001
03	RESPIRATORY SYSTEM	16	\$762	\$2,352
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	14	\$501	\$1,520
	055 ENDOSCOPY OF THE LOWER AIRWAY	2	\$2,587	\$2,232
04	CARDIOVASCULAR SYSTEM	5	\$3,145	\$13,494
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	4	\$2,988	\$3,439
	083 RESUSCITATION AND CARDIOVERSION	1	\$3,771	\$7,609
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	44	\$1,837	\$4,053
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	8	\$4,198	\$5,409
	097 TRANSFUSION	36	\$1,312	\$2,574
06	DIGESTIVE SYSTEM	861	\$3,152	\$2,473
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	6	\$3,991	\$1,292
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	164	\$1,755	\$1,331
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	22	\$2,728	\$1,876
	117 LOWER GASTROINTESTINAL ENDOSCOPY	458	\$2,140	\$1,168
	118 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	1	\$2,487	\$4,111
	119 HERNIA AND HYDROCELE PROCEDURES	75	\$5,082	\$3,847
	120 COMPLEX ANAL AND RECTAL PROCEDURES	14	\$4,024	\$3,183
	121 SIMPLE ANAL AND RECTAL PROCEDURES	2	\$2,700	\$2,411
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	1	\$1,406	\$6,329
	123 COMPLEX LAPAROSCOPIC PROCEDURES	117	\$7,775	\$7,043
	124 SIMPLE LAPAROSCOPIC PROCEDURES	1	\$5,239	\$8,601
07	URINARY SYSTEM	23	\$3,502	\$5,134
	133 URINARY CATHETERIZATION AND DILATATION	4	\$234	\$4,450
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	8	\$5,156	\$5,301
	135 MODERATE CYSTOURETHROSCOPY	10	\$3,641	\$3,734
	138 SIMPLE URETHRAL PROCEDURES	1	\$1,942	\$1,729
08	MALE GENITAL SYSTEM	10	\$2,953	\$3,453

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2007
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)
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	4	\$3,309	\$2,812
	154 SIMPLE PENILE PROCEDURES	6	\$2,717	\$1,981
09	FEMALE GENITAL SYSTEM	53	\$4,748	\$4,463
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	1	\$4,348	\$5,626
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	7	\$3,733	\$3,471
	178 DILATION AND CURETTAGE	2	\$2,565	\$2,542
	179 HYSTEROSCOPY	43	\$5,024	\$4,798
10	NERVOUS SYSTEM	124	\$487	\$2,183
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	111	\$237	\$1,108
	196 REVISION AND REMOVAL OF NEUROLOGICAL DEVICE	1	\$1,537	\$9,628
	198 NERVE REPAIR AND DESTRUCTION	12	\$2,719	\$2,625
11	EYE AND OCULAR ADNEXA	162	\$4,044	\$3,373
	214 CATARACT PROCEDURES	144	\$4,160	\$3,301
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	10	\$2,260	\$3,487
	216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	1	\$6,128	\$2,769
	220 STRABISMUS AND MUSCLE EYE PROCEDURES	1	\$3,795	\$3,433
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	4	\$3,759	\$3,997
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	2	\$4,276	\$2,495
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	183	\$2,286	\$2,838
	234 COMPLEX FACIAL AND ENT PROCEDURES	3	\$3,714	\$5,571
	235 SIMPLE FACIAL AND ENT PROCEDURES	104	\$2,181	\$1,937
	236 TONSIL AND ADENOID PROCEDURES	76	\$2,373	\$2,399

SOURCE: Utah Ambulatory Surgery Database
Utah 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, 2007
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	1,465	54.1	118,694	54.2
Male	1,245	45.9	100,216	45.8
Unknown	0	0.0	2	0.0
Not Reported	0	0.0	1	0.0
AGE				
1-28 days	249	9.2	1,456	0.7
29-365 days	72	2.7	2,840	1.3
1-4 years	102	3.8	10,885	5.0
5-9	51	1.9	5,994	2.7
10-14	38	1.4	4,452	2.0
15-17	50	1.8	4,943	2.3
18-19	36	1.3	3,620	1.7
20-24	84	3.1	10,250	4.7
25-29	109	4.0	12,627	5.8
30-34	119	4.4	12,276	5.6
35-39	106	3.9	12,391	5.7
40-44	165	6.1	13,493	6.2
45-49	171	6.3	16,963	7.7
50-54	260	9.6	24,260	11.1
55-59	159	5.9	20,332	9.3
60-64	163	6.0	17,122	7.8
65-69	155	5.7	14,261	6.5
70-74	206	7.6	11,502	5.3
75-79	202	7.5	9,388	4.3
80-84	113	4.2	6,242	2.9
85-89	87	3.2	2,777	1.3
90 +	13	0.5	839	0.4
Not Reported	249	9.2	1,456	0.7
SOURCE OF ADMISSION				
Physician Referral	2,619	96.6	199,973	91.3
Clinic Referral	14	0.5	1,442	0.7
HMO Referral	0	0.0	3,326	1.5
Other Hospital	0	0.0	50	0.0
Skilled Nursing Facility	0	0.0	14	0.0
Other Health Care Facility	1	0.0	24	0.0
Emergency Room	75	2.8	4,867	2.2
Court/Law Enforcement	0	0.0	3	0.0
Unknown	0	0.0	16	0.0
Not Reported	1	0.0	9,198	4.2

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2007
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	2,705	99.8	218,338	99.7
Another Hospital	2	0.1	109	0.0
Skilled Nursing Facility	2	0.1	108	0.0
Intermediate Care Facility	0	0.0	7	0.0
Another Type of Institution	0	0.0	50	0.0
Under Care of Home Service	0	0.0	223	0.1
Left Against Medical Advice	0	0.0	19	0.0
Under Care of Home IV Provider	0	0.0	1	0.0
Expired	1	0.0	12	0.0
Unknown	0	0.0	46	0.0
Not Reported	0	0.0	0	0.0
PRIMARY PAYER				
Medicare	698	25.8	38,805	17.7
Medicaid	280	10.3	12,973	5.9
Other government	21	0.8	3,498	1.6
Blue Cross/Blue Shield	378	13.9	30,611	14.0
Other Commercial	117	4.3	17,104	7.8
Managed Care(HMO, PPO)	1,104	40.7	106,265	48.5
Self Pay	54	2.0	2,895	1.3
Industrial & Worker Comp	41	1.5	3,787	1.7
Charity and Unclassified	13	0.5	1,868	0.9
Childrens Health Insurance	0	0.0	159	0.1
Unknown	4	0.1	855	0.4
Not Reported	0	0.0	93	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	2,491	91.9	16,514	7.5
Central Utah	0	0.0	8,080	3.7
Davis County	23	0.8	22,286	10.2
Salt Lake County	2	0.1	72,683	33.2
Southeastern Utah	0	0.0	5,055	2.3
Southwest Utah	1	0.0	13,705	6.3
Summit County	2	0.1	2,788	1.3
Tooele County	4	0.1	4,504	2.1
Tri-County	2	0.1	5,649	2.6
Utah County	5	0.2	35,563	16.2
Wasatch County	0	0.0	1,636	0.7
Weber County	133	4.9	21,324	9.7
Unknown Utah	0	0.0	43	0.0
Outside Utah	46	1.7	8,990	4.1
Unknown, Not Reported	1	0.0	93	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, 2007
NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

145 Cache Valley Specialty Hospital

Reporting Category(ICD-9-CM CODES)	Procedures Performed		Procedures Performed-All Hospitals	
	(#)	(%)	(#)	(%)
Reporting Category(ICD-9-CM CODES)	6,571	100.0	319,880	100.0
Mastectomy (85.0-85.99)	54	0.8	7,512	2.3
Musculoskeletal (76.0-84.99)	3,124	47.5	71,153	22.2
Respiratory (30.0-34.99)	27	0.4	3,550	1.1
Cardiovascular (35.0-39.99)	1	0.0	16,128	5.0
Lymphatic/Hemetic (40.0-41.99)	28	0.4	3,232	1.0
Digestive System (42.0-54.99)	321	4.9	102,504	32.0
Urinary (55.0-59.99)	284	4.3	10,216	3.2
Male Genital (60.0-64.99)	62	0.9	3,613	1.1
Female Genital (65.0-71.99)	335	5.1	15,763	4.9
Endocrine/Nervous (01.0-07.99)	243	3.7	22,558	7.1
Eye (08.0-16.99)	47	0.7	19,364	6.1
Ear (18.0-20.99)	637	9.7	13,797	4.3
Nose, Mouth, Pharynx (21.0-29.99)	1,408	21.4	30,490	9.5
Reporting Category(CPT-4 CODES)	5,163	100.0	301,918	100.0
Mastectomy (19120-19220)	41	0.8	2,118	0.7
Musculoskeletal (20000-29909)	2,409	46.7	67,981	22.5
Respiratory (30000-32999 & 39501-39599)	713	13.8	14,263	4.7
Cardiovascular (33010-37799 & 93501-93660)	32	0.6	38,047	12.6
Lymphatic/Hemetic (38100-38999)	27	0.5	2,819	0.9
Digestive (40490-49999)	861	16.7	109,019	36.1
Urinary (50010-53899)	233	4.5	9,215	3.1
Male Genital (54000-55899)	60	1.2	3,144	1.0
Female Genital (56405-58999)	214	4.1	11,863	3.9
Endocrine/Nervous (60000-64999)	175	3.4	24,805	8.2
Eye (65091-68899)	28	0.5	11,076	3.7
Ear (69000-69979)	370	7.2	7,568	2.5

SOURCE: Utah Ambulatory Surgery Database
Utah 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, 2007
MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES

145 Cache Valley Specialty Hospital

ICD-9 CODE	ICD-9 DESCRIPTION	#	%	% ALL Hospitals
All ICD-9 Procedures		6,571	100.0	100.0
2001	MYRINGOTOMY W/INSRT TUBE	539	8.2	3.33
8026	ARTHSCPY-KNEE	480	7.3	1.08
806	EXC SEMILUNAR CARTILAGE-KNEE	315	4.8	1.94
283	TONSILLECTOMY W/ADENOIDECTOMY	277	4.2	1.70
8086	OTH LOC EXC/DESTRUC JT LES-KNEE	214	3.3	0.82
8021	ARTHSCPY-SHLDR	211	3.2	0.51
8183	OTH REPR SHLDR	164	2.5	0.78
0443	RELEASE CARPAL TUNNEL	153	2.3	1.07
2169	OTH TURBINECTOMY	144	2.2	0.78
8081	OTH LOC EXC/DESTRUC JT LES-SHLDR	127	1.9	0.46
282	TONSILLECTOMY WO ADENOIDECTOMY	118	1.8	0.60
2219	OTH DX PROC NASAL SINUSES	111	1.7	0.17
7781	OTH PART OSTEC-SCAPULA-CLAV-THOR	111	1.7	0.53
2263	ETHMOIDECTOMY	110	1.7	0.55
222	INTRANASAL ANTROTOMY	86	1.3	0.34
215	SUBMUCOUS RESECT NASAL SEPTUM	85	1.3	0.26
6812	HYSTEROSCOPY	83	1.3	0.35
286	ADENOIDECTOMY WO TONSILLECTOMY	82	1.2	0.37
8023	ARTHSCPY-WRIST	82	1.2	0.15
598	URETERAL CATH	79	1.2	0.66

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		5,163	100.0	100.0
69436	TYMPANOSTOMY GENERAL ANESTHESIA	277	5.4	1.79
42820	T&A; UNDER AGE 12	234	4.5	1.37
29881	SCOPE KNEE SURG;W/MENISCECT MED/	228	4.4	1.64
29826	SCOPE SHOULDER; DECOMP SUBACROM	177	3.4	1.10
29877	SCOPE KNEE SURG; DEBRID/SHAVE CA	154	3.0	0.99
30140	SUBMUCOS RES TURBINATE PART/CMPL	137	2.7	0.69
30520	SEPTOPLASTY/SUBMUCOS RES W/GFT	137	2.7	0.77
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	110	2.1	0.50
20680	REMOVAL OF IMPLANT; DEEP	103	2.0	0.93
29824	SCOPE SHLDR SURG;DIST CLAVICULEC	94	1.8	0.44
29880	SCOPE KNEE SURG;W/MENISCECT MED&	87	1.7	0.48
31256	NASL/SINUS ENDO SURG W/MAX ANTRO	83	1.6	0.31
42830	ADENOIDECTOMY PRIMARY; UNDER AGE	77	1.5	0.35
31255	NASAL/SINUS ENDO; W/TOT ETHMOECT	74	1.4	0.38
41899	UNLIST PROC DENTOALVEOL STRUCTUR	74	1.4	0.94
29848	ENDO WRST SURG REL TRNS CARP LIG	70	1.4	0.32
50590	LITHOTRIPSY XTRACORP SHOCK WAVE	70	1.4	0.29
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	70	1.4	0.69
29822	SCOPE SHOULDER SURGICAL; DEBRID	66	1.3	0.25
58563	HYSTEROSC SURG; W/ENDOMETRIAL AB	65	1.3	0.45

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, 2007
 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	1,272	\$3,436	\$3,565
283	TONSILLECTOMY W/ADENOIDECTOMY	200	\$1,691	\$2,361
282	TONSILLECTOMY WO ADENOIDECTOMY	84	\$1,957	\$2,499
2349	OTH DENTAL RESTORATION	58	\$3,075	\$2,655
5123	LAP CHOLEY	52	\$6,184	\$6,693
0443	RELEASE CARPAL TUNNEL	44	\$1,874	\$2,237
8521	LOC EXC LES BREAST	34	\$2,365	\$2,822
5304	UNILAT REPR INDIRECT ING HERN-GFT	26	\$3,305	\$4,048
6902	D&C FOLLOWING DELIV/AB	24	\$1,569	\$2,635
7751	BUNIONEC SOFT-OSTEOT 1ST METATARS	23	\$3,316	\$4,053
7932	OP REDUC FX W/INT FIX-RADIUS & ULNA	23	\$6,462	\$8,023
2171	CLO REDUC NASAL FX	21	\$1,726	\$2,128
7867	REMOV IMPLNT DEVICE-TIBIA & FIB	21	\$2,514	\$2,962
8051	EXC INTERVERTEBRAL DISC	21	\$5,592	\$8,678
7936	OP REDUC FX W/INT FIX-TIBIA & FIB	20	\$5,687	\$6,755
8201	EXPLOR TENDON SHEATH HAND	19	\$1,676	\$2,026
194	MYRINGOPLASTY	17	\$3,021	\$3,648
7939	OP REDUC FX W/INT FIX-OTH BONE	16	\$6,589	\$7,967
4011	BX LYMPHATIC STRUCT	15	\$3,083	\$3,928
5303	UNILAT REPR DIRECT ING HERN-GFT	15	\$3,316	\$4,317
8221	EXC LES TENDON SHEATH HAND	15	\$2,125	\$2,332

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
CPT-4	Procedures	2,032	\$3,250	\$3,274
42820	T&A; UNDER AGE 12	161	\$1,645	\$2,257
69436	TYMPANOSTOMY GENERAL ANESTHESIA	141	\$1,233	\$1,247
29881	SCOPE KNEE SURG;W/MENISCECT MED/	91	\$3,216	\$4,170
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	79	\$1,990	\$2,569
29848	ENDO WRST SURG REL TRNS CARP LIG	61	\$2,163	\$2,476
41899	UNLIST PROC DENTOALVEOL STRUCTUR	61	\$3,088	\$2,605
50590	LITHOTRIPSY XTRACORP SHOCK WAVE	60	\$697	\$8,723
29877	SCOPE KNEE SURG; DEBRID/SHAVE CA	59	\$3,090	\$3,722
29880	SCOPE KNEE SURG;W/MENISCECT MED&	55	\$3,473	\$4,454
49505	REPR INIT ING HERNIA 5YR/MORE; R	51	\$3,339	\$4,010
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	43	\$1,899	\$2,296
47562	LAPAROSCOPY SURGICAL; CHOLECT	42	\$6,045	\$6,110
58563	HYSTEROSC SURG; W/ENDOMETRIAL AB	39	\$4,311	\$5,666
20680	REMOVAL OF IMPLANT; DEEP	38	\$2,615	\$3,111
19120	EXC BRST CYST TUMR/LES OPN M/F 1	31	\$2,271	\$2,769
27570	MANIP KNEE JNT UNDER GEN ANESTHE	31	\$1,485	\$2,740
29893	ENDOSCOPIC PLANTAR FASCIOTOMY	30	\$1,895	\$2,886
42821	T&A; AGE 12 OR OVER	27	\$1,951	\$2,767
28296	HALLUX VALGUS; W/METATARSAL OSTE	24	\$3,324	\$4,353
29873	SCOPE KNEE SURGICAL; W/LAT RELEA	24	\$3,527	\$4,369

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, 2007
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	128	8,527
	003 COMPLEX INCISION AND DRAINAGE	1	88
	004 SIMPLE INCISION AND DRAINAGE	1	28
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	27	1,121
	008 SIMPLE EXCISION AND BIOPSY	26	1,220
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRANGE	32	1,390
	011 SIMPLE INCISION AND EXCISION OF BREAST	41	2,116
02	MUSCULOSKELETAL SYSTEM	2,278	61,192
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	268	6,662
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	53	2,481
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	49	2,359
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	343	12,550
	025 ARTHROSCOPY	1,281	25,547
	026 REPLACEMENT OF CAST	1	65
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	8	693
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	155	4,851
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	38	465
	032 BUNION PROCEDURES	53	1,752
	033 ARTHROPLASTY	14	581
	034 HAND AND FOOT TENOTOMY	3	323
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	12	2,254
03	RESPIRATORY SYSTEM	327	8,139
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	1	652
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	320	5,383
	054 SIMPLE ENDOSCOPY OF THE UPPER AIRWAY	5	252
	055 ENDOSCOPY OF THE LOWER AIRWAY	1	1,852
04	CARDIOVASCULAR SYSTEM	11	30,572
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	10	989
	081 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	1	123
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	43	3,488
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	43	2,063
06	DIGESTIVE SYSTEM	337	98,518
	119 HERNIA AND HYDROCELE PROCEDURES	129	6,814
	120 COMPLEX ANAL AND RECTAL PROCEDURES	11	1,064
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	2	580
	123 COMPLEX LAPAROSCOPIC PROCEDURES	193	16,057
	124 SIMPLE LAPAROSCOPIC PROCEDURES	2	226
07	URINARY SYSTEM	230	7,929
	131 RENAL EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	70	871
	133 URINARY CATHETERIZATION AND DILATATION	1	479
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	128	3,971
	135 MODERATE CYSTOURETHROSCOPY	23	1,733
	136 SIMPLE CYSTOURETHROSCOPY	3	570
	137 COMPLEX URETHRAL PROCEDURES	4	132
	138 SIMPLE URETHRAL PROCEDURES	1	172
08	MALE GENITAL SYSTEM	54	2,775

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2007
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			
151	TESTICULAR AND EPIDIDYMAL PROCEDURES	29	1,260
152	INSERTION OF PENILE PROSTHESIS	3	85
153	COMPLEX PENILE PROCEDURES	8	495
154	SIMPLE PENILE PROCEDURES	14	823
09	FEMALE GENITAL SYSTEM	134	7,034
176	COMPLEX FEMALE REPRODUCTIVE PROCEDURES	12	1,974
177	SIMPLE FEMALE REPRODUCTIVE PROCEDURES	12	1,390
178	DILATION AND CURETTAGE	2	733
179	HYSTEROSCOPY	107	2,553
180	COLPOSCOPY	1	384
10	NERVOUS SYSTEM	126	20,995
195	NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	19	14,792
197	NEUROSTIMULATOR AND VENTRICULAR SHUNT IMPLANTATION	7	944
198	NERVE REPAIR AND DESTRUCTION	100	4,511
11	EYE AND OCULAR ADNEXA	28	10,843
211	MINOR OPHTHALMOLOGICAL TESTS AND PROCEDURES	1	32
214	CATARACT PROCEDURES	18	4,389
215	COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	5	400
216	MODERATE ANTERIOR SEGMENT EYE PROCEDURES	1	277
217	SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	2	306
222	SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	1	510
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	1,373	27,519
233	NASAL CAUTERIZATION AND PACKING	31	328
234	COMPLEX FACIAL AND ENT PROCEDURES	245	5,752
235	SIMPLE FACIAL AND ENT PROCEDURES	616	13,044
236	TONSIL AND ADENOID PROCEDURES	481	8,300
13	THERAPEUTIC AND OTHER RADIOLOGICAL PROCEDURES	1	3,024
255	MISCELLANEOUS RADIOLOGICAL PROCEDURES WITH CONTRAST	1	1,567

SOURCE: Utah Ambulatory Surgery Database
Utah 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, 2007
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	85	\$2,848	\$3,184
	003 COMPLEX INCISION AND DRAINAGE	1	\$3,334	\$4,092
	004 SIMPLE INCISION AND DRAINAGE	1	\$2,194	\$2,544
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	17	\$2,552	\$3,383
	008 SIMPLE EXCISION AND BIOPSY	10	\$2,182	\$2,793
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRAN	20	\$4,272	\$4,546
	011 SIMPLE INCISION AND EXCISION OF BREAST	36	\$2,387	\$3,085
02	MUSCULOSKELETAL SYSTEM	774	\$3,576	\$4,441
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	58	\$5,526	\$7,003
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	19	\$3,286	\$3,967
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	13	\$4,883	\$5,446
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	140	\$2,245	\$3,054
	025 ARTHROSCOPY	383	\$3,432	\$4,796
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	6	\$2,759	\$3,328
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	95	\$5,605	\$5,920
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	32	\$1,475	\$2,812
	032 BUNION PROCEDURES	27	\$3,448	\$4,352
	033 ARTHROPLASTY	1	\$3,175	\$7,331
03	RESPIRATORY SYSTEM	18	\$2,665	\$2,352
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	18	\$2,665	\$3,777
04	CARDIOVASCULAR SYSTEM	9	\$1,752	\$13,494
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	9	\$1,752	\$3,439
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	37	\$4,619	\$4,053
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	37	\$4,619	\$5,409
06	DIGESTIVE SYSTEM	189	\$4,539	\$2,473
	119 HERNIA AND HYDROCELE PROCEDURES	79	\$3,317	\$3,847
	120 COMPLEX ANAL AND RECTAL PROCEDURES	11	\$2,212	\$3,183
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	1	\$3,695	\$6,329
	123 COMPLEX LAPAROSCOPIC PROCEDURES	97	\$5,806	\$7,043
	124 SIMPLE LAPAROSCOPIC PROCEDURES	1	\$4,555	\$8,601
07	URINARY SYSTEM	125	\$2,055	\$5,134
	131 RENAL EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	60	\$697	\$8,723
	133 URINARY CATHETERIZATION AND DILATATION	1	\$1,927	\$4,450
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	43	\$3,158	\$5,301
	135 MODERATE CYSTOURETHROSCOPY	16	\$3,994	\$3,734
	136 SIMPLE CYSTOURETHROSCOPY	1	\$3,107	\$2,619
	137 COMPLEX URETHRAL PROCEDURES	3	\$2,917	\$6,589
	138 SIMPLE URETHRAL PROCEDURES	1	\$1,527	\$1,729
08	MALE GENITAL SYSTEM	37	\$4,569	\$3,453
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	17	\$3,396	\$2,812
	152 INSERTION OF PENILE PROSTHESIS	3	\$19,254	\$18,747
	153 COMPLEX PENILE PROCEDURES	6	\$4,475	\$3,629
	154 SIMPLE PENILE PROCEDURES	11	\$2,429	\$1,981
09	FEMALE GENITAL SYSTEM	60	\$3,976	\$4,463
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	6	\$5,501	\$5,626

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2007
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 CHRG	AVE TOT CHRG(ALL Hospitals)
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	6	\$2,182	\$3,471
	178 DILATION AND CURETTAGE	2	\$1,828	\$2,542
	179 HYSTEROSCOPY	46	\$4,104	\$4,798
10	NERVOUS SYSTEM	56	\$4,797	\$2,183
	197 NEUROSTIMULATOR AND VENTRICULAR SHUNT IMPLANTATION	7	\$24,500	\$26,856
	198 NERVE REPAIR AND DESTRUCTION	49	\$1,982	\$2,625
11	EYE AND OCULAR ADNEXA	28	\$3,519	\$3,373
	211 MINOR OPHTHALMOLOGICAL TESTS AND PROCEDURES	1	\$1,024	\$1,775
	214 CATARACT PROCEDURES	18	\$4,587	\$3,301
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	5	\$1,224	\$3,487
	216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	1	\$1,464	\$2,769
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	2	\$2,994	\$3,367
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	1	\$1,387	\$2,495
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	571	\$2,096	\$2,838
	233 NASAL CAUTERIZATION AND PACKING	1	\$2,023	\$3,413
	234 COMPLEX FACIAL AND ENT PROCEDURES	38	\$6,207	\$5,571
	235 SIMPLE FACIAL AND ENT PROCEDURES	251	\$1,836	\$1,937
	236 TONSIL AND ADENOID PROCEDURES	281	\$1,773	\$2,399

SOURCE: Utah Ambulatory Surgery Database
Utah 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, 2007
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	1,682	50.8	118,694	54.2
Male	1,631	49.2	100,216	45.8
Unknown	0	0.0	2	0.0
Not Reported	0	0.0	1	0.0
AGE				
1-28 days	0	0.0	1,456	0.7
29-365 days	56	1.7	2,840	1.3
1-4 years	355	10.7	10,885	5.0
5-9	191	5.8	5,994	2.7
10-14	97	2.9	4,452	2.0
15-17	142	4.3	4,943	2.3
18-19	87	2.6	3,620	1.7
20-24	214	6.5	10,250	4.7
25-29	245	7.4	12,627	5.8
30-34	200	6.0	12,276	5.6
35-39	179	5.4	12,391	5.7
40-44	219	6.6	13,493	6.2
45-49	275	8.3	16,963	7.7
50-54	273	8.2	24,260	11.1
55-59	187	5.6	20,332	9.3
60-64	151	4.6	17,122	7.8
65-69	172	5.2	14,261	6.5
70-74	127	3.8	11,502	5.3
75-79	81	2.4	9,388	4.3
80-84	36	1.1	6,242	2.9
85-89	19	0.6	2,777	1.3
90 +	7	0.2	839	0.4
Not Reported	0	0.0	1,456	0.7
SOURCE OF ADMISSION				
Physician Referral	23	0.7	199,973	91.3
Clinic Referral	2	0.1	1,442	0.7
HMO Referral	3,288	99.2	3,326	1.5
Other Hospital	0	0.0	50	0.0
Skilled Nursing Facility	0	0.0	14	0.0
Other Health Care Facility	0	0.0	24	0.0
Emergency Room	0	0.0	4,867	2.2
Court/Law Enforcement	0	0.0	3	0.0
Unknown	0	0.0	16	0.0
Not Reported	0	0.0	9,198	4.2

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2007
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	3,313	100.0	218,338	99.7
Another Hospital	0	0.0	109	0.0
Skilled Nursing Facility	0	0.0	108	0.0
Intermediate Care Facility	0	0.0	7	0.0
Another Type of Institution	0	0.0	50	0.0
Under Care of Home Service	0	0.0	223	0.1
Left Against Medical Advice	0	0.0	19	0.0
Under Care of Home IV Provider	0	0.0	1	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	346	10.4	38,805	17.7
Medicaid	320	9.7	12,973	5.9
Other government	47	1.4	3,498	1.6
Blue Cross/Blue Shield	1,222	36.9	30,611	14.0
Other Commercial	407	12.3	17,104	7.8
Managed Care(HMO, PPO)	755	22.8	106,265	48.5
Self Pay	0	0.0	2,895	1.3
Industrial & Worker Comp	117	3.5	3,787	1.7
Charity and Unclassified	1	0.0	1,868	0.9
Childrens Health Insurance	0	0.0	159	0.1
Unknown	5	0.2	855	0.4
Not Reported	93	2.8	93	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	2,622	79.1	16,514	7.5
Central Utah	4	0.1	8,080	3.7
Davis County	15	0.5	22,286	10.2
Salt Lake County	21	0.6	72,683	33.2
Southeastern Utah	3	0.1	5,055	2.3
Southwest Utah	6	0.2	13,705	6.3
Summit County	2	0.1	2,788	1.3
Tooele County	2	0.1	4,504	2.1
Tri-County	3	0.1	5,649	2.6
Utah County	8	0.2	35,563	16.2
Wasatch County	0	0.0	1,636	0.7
Weber County	27	0.8	21,324	9.7
Unknown Utah	1	0.0	43	0.0
Outside Utah	599	18.1	8,990	4.1
Unknown, Not Reported	0	0.0	93	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, 2007
NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

106 Castleview Hospital

Reporting Category(ICD-9-CM CODES)	Procedures Performed		Procedures Performed-All Hospitals	
	(#)	(%)	(#)	(%)
Reporting Category(ICD-9-CM CODES)	3,779	100.0	319,880	100.0
Mastectomy (85.0-85.99)	46	1.2	7,512	2.3
Musculoskeletal (76.0-84.99)	851	22.5	71,153	22.2
Respiratory (30.0-34.99)	12	0.3	3,550	1.1
Cardiovascular (35.0-39.99)	17	0.4	16,128	5.0
Lymphatic/Hemetic (40.0-41.99)	8	0.2	3,232	1.0
Digestive System (42.0-54.99)	1,544	40.9	102,504	32.0
Urinary (55.0-59.99)	88	2.3	10,216	3.2
Male Genital (60.0-64.99)	37	1.0	3,613	1.1
Female Genital (65.0-71.99)	95	2.5	15,763	4.9
Endocrine/Nervous (01.0-07.99)	360	9.5	22,558	7.1
Eye (08.0-16.99)	19	0.5	19,364	6.1
Ear (18.0-20.99)	193	5.1	13,797	4.3
Nose, Mouth, Pharynx (21.0-29.99)	509	13.5	30,490	9.5
Reporting Category(CPT-4 CODES)	3,964	100.0	301,918	100.0
Mastectomy (19120-19220)	11	0.3	2,118	0.7
Musculoskeletal (20000-29909)	916	23.1	67,981	22.5
Respiratory (30000-32999 & 39501-39599)	359	9.1	14,263	4.7
Cardiovascular (33010-37799 & 93501-93660)	467	11.8	38,047	12.6
Lymphatic/Hemetic (38100-38999)	7	0.2	2,819	0.9
Digestive (40490-49999)	1,500	37.8	109,019	36.1
Urinary (50010-53899)	184	4.6	9,215	3.1
Male Genital (54000-55899)	23	0.6	3,144	1.0
Female Genital (56405-58999)	72	1.8	11,863	3.9
Endocrine/Nervous (60000-64999)	314	7.9	24,805	8.2
Eye (65091-68899)	8	0.2	11,076	3.7
Ear (69000-69979)	103	2.6	7,568	2.5

SOURCE: Utah Ambulatory Surgery Database
Utah 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, 2007
MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES

106 Castleview Hospital

ICD-9 CODE	ICD-9 DESCRIPTION	#	%	% ALL Hospitals
All ICD-9 Procedures		3,779	100.0	100.0
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	311	8.2	5.42
4523	COLONOSCOPY	311	8.2	6.86
4542	ENDO POLYPECTOMY LG INTESTINE	204	5.4	3.78
4525	CLO [ENDO] BX LG INTESTINE	173	4.6	2.32
5123	LAP CHOLEY	151	4.0	2.16
0443	RELEASE CARPAL TUNNEL	145	3.8	1.07
2001	MYRINGOTOMY W/INSRT TUBE	123	3.3	3.33
8183	OTH REPR SHLDR	118	3.1	0.78
806	EXC SEMILUNAR CARTILAGE-KNEE	98	2.6	1.94
2169	OTH TURBINECTOMY	89	2.4	0.78
0392	INJ OTH AGENT SPINAL CANAL	88	2.3	1.95
2188	OTH SEPTOPLASTY	82	2.2	0.54
283	TONSILLECTOMY W/ADENOIDECTOMY	75	2.0	1.70
8086	OTH LOC EXC/DESTRUC JT LES-KNEE	71	1.9	0.82
7781	OTH PART OSTEC-SCAPULA-CLAV-THOR	62	1.6	0.53
2262	EXC LES MAXIL SINUS W/OTH APPRCH	56	1.5	0.27
8363	ROTATOR CUFF REPR	52	1.4	0.74
4513	OTH ENDO SM INTESTINE	51	1.3	1.74
0391	INJ ANES SPINAL CANAL-ANALGESIA	46	1.2	1.41
2162	FX TURBINATES	45	1.2	0.11

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		3,964	100.0	100.0
36416	COLLECTON CAPILLARY BLOOD SPECIM	370	9.3	0.81
43239	UGI ENDO; W/BX 1/MX	310	7.8	5.47
45380	COLONOSCOPY FLEX; W/BX 1/MX	266	6.7	5.29
45378	COLONOSCOPY FLEX; DX-SEP PROC	195	4.9	6.66
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	143	3.6	1.44
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	127	3.2	1.59
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	117	3.0	0.69
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	83	2.1	1.11
30520	SEPTOPLASTY/SUBMUCOS RES W/GFT	82	2.1	0.77
30140	SUBMUCOS RES TURBINATE PART/CMPL	78	2.0	0.69
36430	TRANSFUSION BLOOD/BLOOD COMPONENT	68	1.7	0.43
29877	SCOPE KNEE SURG; DEBRID/SHAVE CA	64	1.6	0.99
29881	SCOPE KNEE SURG;W/MENISCECT MED/	64	1.6	1.64
69436	TYMPANOSTOMY GENERAL ANESTHESIA	62	1.6	1.79
50590	LITHOTRIPSY XTRACORP SHOCK WAVE	59	1.5	0.29
49505	REPR INIT ING HERNIA 5YR/MORE; R	56	1.4	0.88
29826	SCOPE SHOULDER; DECOMP SUBACROM	55	1.4	1.10
31267	NASL/SINUS ENDO; W/TISS REMV MAX	55	1.4	0.26
23130	ACROMPLSTY/ACROMNECT PART W/WO R	50	1.3	0.04
42820	T&A; UNDER AGE 12	44	1.1	1.37

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, 2007
 AVERAGE TOTAL CHARGES FOR MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES, SINGLE ICD-9 OR CPT-4 ONLY

106 Castleview Hospital

ICD-9 CODE	ICD-9 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
ICD-9	Procedures	1,714	\$3,997	\$3,565
4523	COLONOSCOPY	263	\$1,361	\$976
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	186	\$1,958	\$1,391
4542	ENDO POLYPECTOMY LG INTESTINE	150	\$2,068	\$1,383
5123	LAP CHOLEY	129	\$9,301	\$6,693
4525	CLO [ENDO] BX LG INTESTINE	111	\$1,851	\$1,424
8183	OTH REPR SHLDR	46	\$10,449	\$7,799
0392	INJ OTH AGENT SPINAL CANAL	43	\$890	\$792
0443	RELEASE CARPAL TUNNEL	35	\$3,196	\$2,237
283	TONSILLECTOMY W/ADENOIDECTOMY	35	\$2,987	\$2,361
806	EXC SEMILUNAR CARTILAGE-KNEE	35	\$5,908	\$4,511
4701	LAP APPENDECTOMY	29	\$11,392	\$9,118
5303	UNILAT REPR DIRECT ING HERN-GFT	27	\$5,710	\$4,317
4513	OTH ENDO SM INTESTINE	20	\$2,611	\$1,172
8086	OTH LOC EXC/DESTRUC JT LES-KNEE	19	\$5,660	\$3,970
8192	INJ THERAP SUBSTANCE JT/LIGAMNT	19	\$1,165	\$1,090
5732	OTH CYSTOSCOPY	18	\$4,398	\$4,943
7902	CLO REDUC FX WO INT FIX-RADIUS-ULNA	18	\$3,669	\$2,440
5749	OTH TRANSURETH EXC/DEST LES BLADDER	16	\$3,521	\$4,056
8511	CLO [PERCUT] [NEEDLE] BX BREAST	16	\$1,355	\$1,501
7867	REMOV IMPLNT DEVICE-TIBIA & FIB	13	\$4,044	\$2,962

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
CPT-4	Procedures	2,343	\$3,378	\$3,274
36416	COLLECTON CAPILLARY BLOOD SPECIM	370	\$88	\$142
45380	COLONOSCOPY FLEX; W/BX 1/MX	207	\$1,871	\$1,354
43239	UGI ENDO; W/BX 1/MX	200	\$1,963	\$1,389
45378	COLONOSCOPY FLEX; DX-SEP PROC	162	\$1,376	\$984
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	123	\$9,249	\$7,072
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	93	\$2,216	\$1,536
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	81	\$1,022	\$1,005
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	59	\$3,671	\$2,296
36430	TRANSFUSION BLOOD/BLOOD COMPONENT	48	\$3,839	\$2,574
49505	REPR INIT ING HERNIA 5YR/MORE; R	48	\$5,619	\$4,010
50590	LITHOTRIPSY XTRACORP SHOCK WAVE	47	\$11,685	\$8,723
69436	TYMPANOSTOMY GENERAL ANESTHESIA	39	\$1,552	\$1,247
29881	SCOPE KNEE SURG;W/MENISCECT MED/	31	\$6,040	\$4,170
44970	LAPAROSCOPY SURGICAL APPENDECTOM	30	\$11,384	\$9,078
52005	CYSTOURETHROSCOPY W/URETERAL CAT	27	\$3,626	\$4,077
20680	REMOVAL OF IMPLANT; DEEP	24	\$4,262	\$3,111
29105	APPLICATION OF LONG ARM SPLINT	23	\$687	\$599
42820	T&A; UNDER AGE 12	22	\$3,121	\$2,257
23130	ACROMPLSTY/ACROMNECT PART W/WO R	21	\$10,160	\$9,436
29880	SCOPE KNEE SURG;W/MENISCECT MED&	21	\$5,985	\$4,454

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, 2007
PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

106 Castleview Hospital

Procedure APG category		TOTAL #	TOTAL # (ALL Hospitals)
Procedure APG			
01	INTEGUMENTARY SYSTEM	85	8,527
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	26	2,371
	003 COMPLEX INCISION AND DRAINAGE	1	88
	006 SIMPLE DEBRIDEMENT AND DESTRUCTION	1	187
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	12	1,121
	008 SIMPLE EXCISION AND BIOPSY	12	1,220
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRANGE	22	1,390
	011 SIMPLE INCISION AND EXCISION OF BREAST	11	2,116
02	MUSCULOSKELETAL SYSTEM	854	61,192
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	159	6,662
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	35	2,481
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	3	2,359
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	143	12,550
	025 ARTHROSCOPY	354	25,547
	027 SPLINT, STRAPPING AND CAST REMOVAL	37	555
	028 CLOSED TREATMENT FX & DISLOCATION OF FINGER, TOE & TRUNK	2	54
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	25	693
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	32	4,851
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	7	465
	032 BUNION PROCEDURES	22	1,752
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	35	2,254
03	RESPIRATORY SYSTEM	141	8,139
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	10	652
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	126	5,383
	054 SIMPLE ENDOSCOPY OF THE UPPER AIRWAY	4	252
	055 ENDOSCOPY OF THE LOWER AIRWAY	1	1,852
04	CARDIOVASCULAR SYSTEM	8	30,572
	078 PACEMAKER INSERTION AND REPLACEMENT	3	690
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	2	989
	080 MINOR VASCULAR REPAIR AND FISTULA CONSTRUCTION	1	736
	081 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	1	123
	082 VASCULAR LIGATION	1	308
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	72	3,488
	092 CHEMOTHERAPY EXCEPT BY EXTENDED INFUSION	1	43
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	3	2,063
	097 TRANSFUSION	68	1,297
06	DIGESTIVE SYSTEM	1,383	98,518
	111 ALIMENTARY TESTS AND SIMPLE TUBE PLACEMENT	2	136
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	3	650
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	1	342
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	328	20,229
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	74	5,566
	117 LOWER GASTROINTESTINAL ENDOSCOPY	606	43,551
	119 HERNIA AND HYDROCELE PROCEDURES	124	6,814
	120 COMPLEX ANAL AND RECTAL PROCEDURES	5	1,064
	121 SIMPLE ANAL AND RECTAL PROCEDURES	2	552

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2007
PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

106 Castleview Hospital

procedure APG category		TOTAL #	TOTAL # (ALL Hospitals)
procedure APG			
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	5	580
	123 COMPLEX LAPAROSCOPIC PROCEDURES	232	16,057
	124 SIMPLE LAPAROSCOPIC PROCEDURES	1	226
07	URINARY SYSTEM	164	7,929
	131 RENAL EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	59	871
	133 URINARY CATHETERIZATION AND DILATATION	9	479
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	30	3,971
	135 MODERATE CYSTOURETHROSCOPY	58	1,733
	136 SIMPLE CYSTOURETHROSCOPY	7	570
	138 SIMPLE URETHRAL PROCEDURES	1	172
08	MALE GENITAL SYSTEM	21	2,775
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	12	1,260
	153 COMPLEX PENILE PROCEDURES	1	495
	154 SIMPLE PENILE PROCEDURES	8	823
09	FEMALE GENITAL SYSTEM	35	7,034
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	10	1,974
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	6	1,390
	178 DILATION AND CURETTAGE	2	733
	179 HYSTEROSCOPY	17	2,553
10	NERVOUS SYSTEM	269	20,995
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	106	14,792
	198 NERVE REPAIR AND DESTRUCTION	153	4,511
	199 SPINAL TAP	10	513
11	EYE AND OCULAR ADNEXA	8	10,843
	214 CATARACT PROCEDURES	8	4,389
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	458	27,519
	233 NASAL CAUTERIZATION AND PACKING	6	328
	234 COMPLEX FACIAL AND ENT PROCEDURES	121	5,752
	235 SIMPLE FACIAL AND ENT PROCEDURES	234	13,044
	236 TONSIL AND ADENOID PROCEDURES	97	8,300
13	THERAPEUTIC AND OTHER RADIOLOGICAL PROCEDURES	44	3,024
	254 MYELOGRAPHY	3	304
	255 MISCELLANEOUS RADIOLOGICAL PROCEDURES WITH CONTRAST	41	1,567

SOURCE: Utah Ambulatory Surgery Database
Utah 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, 2007
PROCEDURE APG CATEGORY, PROCEDURE APG, SINGLE APG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

106 Castlevew Hospital

Procedure APG category	Procedure APG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
01	INTEGUMENTARY SYSTEM	62	\$3,617	\$3,184
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	20	\$2,077	\$2,632
	003 COMPLEX INCISION AND DRAINAGE	1	\$4,014	\$4,092
	006 SIMPLE DEBRIDEMENT AND DESTRUCTION	1	\$4,555	\$2,883
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	6	\$4,267	\$3,383
	008 SIMPLE EXCISION AND BIOPSY	6	\$4,393	\$2,793
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRAN	17	\$4,409	\$4,546
	011 SIMPLE INCISION AND EXCISION OF BREAST	11	\$4,296	\$3,085
02	MUSCULOSKELETAL SYSTEM	314	\$5,850	\$4,441
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	50	\$10,372	\$7,003
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	15	\$4,635	\$3,967
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	2	\$4,953	\$5,446
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	43	\$4,215	\$3,054
	025 ARTHROSCOPY	101	\$6,380	\$4,796
	027 SPLINT, STRAPPING AND CAST REMOVAL	28	\$843	\$1,950
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	19	\$3,714	\$3,328
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	23	\$11,018	\$5,920
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	1	\$2,501	\$2,812
	032 BUNION PROCEDURES	7	\$5,360	\$4,352
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	25	\$1,032	\$1,001
03	RESPIRATORY SYSTEM	13	\$3,090	\$2,352
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	9	\$1,401	\$1,520
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	3	\$8,556	\$3,777
	054 SIMPLE ENDOSCOPY OF THE UPPER AIRWAY	1	\$1,896	\$2,332
04	CARDIOVASCULAR SYSTEM	5	\$9,594	\$13,494
	078 PACEMAKER INSERTION AND REPLACEMENT	2	\$18,918	\$22,941
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	1	\$2,326	\$3,439
	080 MINOR VASCULAR REPAIR AND FISTULA CONSTRUCTION	1	\$2,837	\$5,464
	082 VASCULAR LIGATION	1	\$4,972	\$5,963
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	50	\$4,129	\$4,053
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	2	\$11,079	\$5,409
	097 TRANSFUSION	48	\$3,839	\$2,574
06	DIGESTIVE SYSTEM	994	\$3,588	\$2,473
	111 ALIMENTARY TESTS AND SIMPLE TUBE PLACEMENT	2	\$1,389	\$1,025
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	2	\$4,642	\$1,292
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	1	\$2,242	\$1,324
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	210	\$1,963	\$1,331
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	45	\$2,627	\$1,876
	117 LOWER GASTROINTESTINAL ENDOSCOPY	472	\$1,778	\$1,168
	119 HERNIA AND HYDROCELE PROCEDURES	78	\$5,580	\$3,847
	120 COMPLEX ANAL AND RECTAL PROCEDURES	2	\$6,311	\$3,183
	123 COMPLEX LAPAROSCOPIC PROCEDURES	182	\$9,529	\$7,043
07	URINARY SYSTEM	135	\$6,264	\$5,134
	131 RENAL EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	47	\$11,685	\$8,723
	133 URINARY CATHETERIZATION AND DILATATION	8	\$1,434	\$4,450

**AMB ST 1-5
 UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2007
 PROCEDURE APG CATEGORY, PROCEDURE APG, SINGLE APG ONLY
 BASED ON REPORTABLE* CPT-4 PROCEDURES**

106 Castlevew Hospital

procedure APG category Procedure APG	TOTAL #	AVE TOT CHRGR	AVE TOT CHRGR(ALL Hospitals)
134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	24	\$4,373	\$5,301
135 MODERATE CYSTOURETHROSCOPY	48	\$3,335	\$3,734
136 SIMPLE CYSTOURETHROSCOPY	7	\$2,422	\$2,619
138 SIMPLE URETHRAL PROCEDURES	1	\$2,946	\$1,729
08 MALE GENITAL SYSTEM	14	\$2,967	\$3,453
151 TESTICULAR AND EPIDIDYMAL PROCEDURES	5	\$3,719	\$2,812
153 COMPLEX PENILE PROCEDURES	1	\$5,443	\$3,629
154 SIMPLE PENILE PROCEDURES	8	\$2,187	\$1,981
09 FEMALE GENITAL SYSTEM	23	\$6,061	\$4,463
176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	7	\$6,644	\$5,626
177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	1	\$3,805	\$3,471
178 DILATION AND CURETTAGE	2	\$3,373	\$2,542
179 HYSTEROSCOPY	13	\$6,334	\$4,798
10 NERVOUS SYSTEM	180	\$2,085	\$2,183
195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	103	\$915	\$1,108
198 NERVE REPAIR AND DESTRUCTION	68	\$3,967	\$2,625
199 SPINAL TAP	9	\$1,264	\$2,151
11 EYE AND OCULAR ADNEXA	8	\$2,175	\$3,373
214 CATARACT PROCEDURES	8	\$2,175	\$3,301
12 FACIAL, EAR, NOSE, MOUTH AND THROAT	123	\$3,482	\$2,838
233 NASAL CAUTERIZATION AND PACKING	2	\$4,336	\$3,413
234 COMPLEX FACIAL AND ENT PROCEDURES	21	\$8,529	\$5,571
235 SIMPLE FACIAL AND ENT PROCEDURES	54	\$1,830	\$1,937
236 TONSIL AND ADENOID PROCEDURES	46	\$3,081	\$2,399
13 THERAPEUTIC AND OTHER RADIOLOGICAL PROCEDURES	44	\$1,416	\$3,736
254 MYELOGRAPHY	3	\$2,209	\$3,202
255 MISCELLANEOUS RADIOLOGICAL PROCEDURES WITH CONTRAST	41	\$1,358	\$2,658

SOURCE: Utah Ambulatory Surgery Database
 Utah 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, 2007
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

106 Castleview Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
GENDER				
Female	1,675	52.9	118,694	54.2
Male	1,493	47.1	100,216	45.8
Unknown	0	0.0	2	0.0
Not Reported	0	0.0	1	0.0
AGE				
1-28 days	282	8.9	1,456	0.7
29-365 days	71	2.2	2,840	1.3
1-4 years	104	3.3	10,885	5.0
5-9	61	1.9	5,994	2.7
10-14	51	1.6	4,452	2.0
15-17	74	2.3	4,943	2.3
18-19	29	0.9	3,620	1.7
20-24	106	3.3	10,250	4.7
25-29	152	4.8	12,627	5.8
30-34	153	4.8	12,276	5.6
35-39	138	4.4	12,391	5.7
40-44	141	4.5	13,493	6.2
45-49	210	6.6	16,963	7.7
50-54	305	9.6	24,260	11.1
55-59	303	9.6	20,332	9.3
60-64	252	8.0	17,122	7.8
65-69	222	7.0	14,261	6.5
70-74	161	5.1	11,502	5.3
75-79	173	5.5	9,388	4.3
80-84	97	3.1	6,242	2.9
85-89	69	2.2	2,777	1.3
90 +	14	0.4	839	0.4
Not Reported	282	8.9	1,456	0.7
SOURCE OF ADMISSION				
Physician Referral	3,062	96.7	199,973	91.3
Clinic Referral	7	0.2	1,442	0.7
HMO Referral	0	0.0	3,326	1.5
Other Hospital	0	0.0	50	0.0
Skilled Nursing Facility	0	0.0	14	0.0
Other Health Care Facility	0	0.0	24	0.0
Emergency Room	99	3.1	4,867	2.2
Court/Law Enforcement	0	0.0	3	0.0
Unknown	0	0.0	16	0.0
Not Reported	0	0.0	9,198	4.2

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2007
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	3,156	99.6	218,338	99.7
Another Hospital	2	0.1	109	0.0
Skilled Nursing Facility	0	0.0	108	0.0
Intermediate Care Facility	0	0.0	7	0.0
Another Type of Institution	3	0.1	50	0.0
Under Care of Home Service	7	0.2	223	0.1
Left Against Medical Advice	0	0.0	19	0.0
Under Care of Home IV Provider	0	0.0	1	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	771	24.3	38,805	17.7
Medicaid	356	11.2	12,973	5.9
Other government	13	0.4	3,498	1.6
Blue Cross/Blue Shield	653	20.6	30,611	14.0
Other Commercial	577	18.2	17,104	7.8
Managed Care(HMO, PPO)	688	21.7	106,265	48.5
Self Pay	38	1.2	2,895	1.3
Industrial & Worker Comp	60	1.9	3,787	1.7
Charity and Unclassified	0	0.0	1,868	0.9
Childrens Health Insurance	0	0.0	159	0.1
Unknown	12	0.4	855	0.4
Not Reported	0	0.0	93	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	0	0.0	16,514	7.5
Central Utah	26	0.8	8,080	3.7
Davis County	5	0.2	22,286	10.2
Salt Lake County	9	0.3	72,683	33.2
Southeastern Utah	3,011	95.0	5,055	2.3
Southwest Utah	6	0.2	13,705	6.3
Summit County	0	0.0	2,788	1.3
Tooele County	1	0.0	4,504	2.1
Tri-County	62	2.0	5,649	2.6
Utah County	8	0.3	35,563	16.2
Wasatch County	0	0.0	1,636	0.7
Weber County	3	0.1	21,324	9.7
Unknown Utah	0	0.0	43	0.0
Outside Utah	30	0.9	8,990	4.1
Unknown, Not Reported	7	0.2	93	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, 2007
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)	7	100.0	319,880	100.0
Mastectomy (85.0-85.99)	0	0.0	7,512	2.3
Musculoskeletal (76.0-84.99)	0	0.0	71,153	22.2
Respiratory (30.0-34.99)	0	0.0	3,550	1.1
Cardiovascular (35.0-39.99)	0	0.0	16,128	5.0
Lymphatic/Hemetic (40.0-41.99)	0	0.0	3,232	1.0
Digestive System (42.0-54.99)	5	71.4	102,504	32.0
Urinary (55.0-59.99)	0	0.0	10,216	3.2
Male Genital (60.0-64.99)	0	0.0	3,613	1.1
Female Genital (65.0-71.99)	1	14.3	15,763	4.9
Endocrine/Nervous (01.0-07.99)	0	0.0	22,558	7.1
Eye (08.0-16.99)	0	0.0	19,364	6.1
Ear (18.0-20.99)	0	0.0	13,797	4.3
Nose, Mouth, Pharynx (21.0-29.99)	1	14.3	30,490	9.5
Reporting Category(CPT-4 CODES)	836	100.0	301,918	100.0
Mastectomy (19120-19220)	7	0.8	2,118	0.7
Musculoskeletal (20000-29909)	113	13.5	67,981	22.5
Respiratory (30000-32999 & 39501-39599)	1	0.1	14,263	4.7
Cardiovascular (33010-37799 & 93501-93660)	5	0.6	38,047	12.6
Lymphatic/Hemetic (38100-38999)	1	0.1	2,819	0.9
Digestive (40490-49999)	572	68.4	109,019	36.1
Urinary (50010-53899)	22	2.6	9,215	3.1
Male Genital (54000-55899)	8	1.0	3,144	1.0
Female Genital (56405-58999)	70	8.4	11,863	3.9
Endocrine/Nervous (60000-64999)	7	0.8	24,805	8.2
Eye (65091-68899)	0	0.0	11,076	3.7
Ear (69000-69979)	30	3.6	7,568	2.5

SOURCE: Utah Ambulatory Surgery Database
Utah 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, 2007
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		7	100.0	100.0
5451	LAP LYSIS PERITONEAL ADHES	3	42.9	0.24
283	TONSILLECTOMY W/ADENOIDECTOMY	1	14.3	1.70
5123	LAP CHOLEY	1	14.3	2.16
5349	OTH UMB HERNIORRHAPHY	1	14.3	0.28
6541	LAP UNILAT SALPINGO-OOPHORECTOMY	1	14.3	0.09

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		836	100.0	100.0
45378	COLONOSCOPY FLEX; DX-SEP PROC	210	25.1	6.66
43235	UGI ENDO; DX W/VO CLCT SPECMN-SP	146	17.5	1.15
45380	COLONOSCOPY FLEX; W/BX 1/MX	45	5.4	5.29
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	35	4.2	1.44
69436	TYMPANOSTOMY GENERAL ANESTHESIA	29	3.5	1.79
44100	BX INTESTINE CAPSULE TUBE PERORA	26	3.1	0.01
42820	T&A; UNDER AGE 12	20	2.4	1.37
49505	REPR INIT ING HERNIA 5YR/MORE; R	20	2.4	0.88
58563	HYSTEROSC SURG; W/ENDOMETRIAL AB	20	2.4	0.45
28285	CORRECTION HAMMERTOE	16	1.9	0.59
28899	UNLISTED PROCEDURE FOOT OR TOES	14	1.7	0.12
29848	ENDO WRST SURG REL TRNS CARP LIG	10	1.2	0.32
49320	LAP-ABD DX-W/VO SPECMN-SEP PROC	9	1.1	0.20
58670	LAPARSCPY SURGICAL; W/FULG OVIDU	9	1.1	0.17
27612	ARTHROT POST CAPSULAR RELEASE ANK	8	1.0	0.01
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	8	1.0	0.50
42825	TONSILLECT PRIM/SEC; UNDER AGE 1	7	0.8	0.10
57460	COLPSCPY CERV W/UP/ADJ VAG ;LOOP	7	0.8	0.01
58558	HYSTEROSCPY SURG; W/BX &/ POLYPE	7	0.8	0.31
43239	UGI ENDO; W/BX 1/MX	6	0.7	5.47

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, 2007
 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		5	\$3,882	\$3,565
5451	LAP LYSIS PERITONEAL ADHES	2	\$4,783	\$5,514
283	TONSILLECTOMY W/ADENOIDECTOMY	1	\$2,478	\$2,361
5123	LAP CHOLEY	1	\$5,441	\$6,693
5349	OTH UMB HERNIORRHAPHY	1	\$1,926	\$2,824

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
CPT-4 Procedures		514	\$2,386	\$3,274
45378	COLONOSCOPY FLEX; DX-SEP PROC	152	\$1,192	\$984
43235	UGI ENDO; DX W/VO CLCT SPECMN-SP	94	\$1,149	\$1,081
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	33	\$6,600	\$7,072
45380	COLONOSCOPY FLEX; W/BX 1/MX	29	\$1,408	\$1,354
69436	TYMPANOSTOMY GENERAL ANESTHESIA	26	\$1,633	\$1,247
42820	T&A; UNDER AGE 12	16	\$2,735	\$2,257
49505	REPR INIT ING HERNIA 5YR/MORE; R	16	\$4,511	\$4,010
58563	HYSTERO SC SURG; W/ENDOMETRIAL AB	12	\$5,775	\$5,666
29848	ENDO WRST SURG REL TRNS CARP LIG	10	\$3,060	\$2,476
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	8	\$3,246	\$2,569
42825	TONSILLECT PRIM/SEC; UNDER AGE 1	7	\$2,627	\$2,151
49320	LAP-ABD DX-W/VO SPECMN-SEP PROC	6	\$4,470	\$4,290
57460	COLPSCPY CERV W/UP/ADJ VAG ;LOOP	6	\$1,936	\$2,155
28285	CORRECTION HAMMERTO	5	\$3,720	\$3,174
36561	INSRT TUNNL CNTRL CVAD PORT; 5 Y	5	\$3,384	\$5,447
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	5	\$1,349	\$2,296
19125	EXC BRST LES ID RAD MARKR OPN;1	4	\$3,133	\$3,708
58558	HYSTERO SC PY SURG; W/BX &/ POLYPE	4	\$5,303	\$3,535
58662	LAP SURG; W/FULG/EXCIS LES-OVARY	4	\$5,711	\$5,385
58670	LAPARSCPY SURGICAL; W/FULG OVIDU	4	\$4,881	\$4,022

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, 2007
PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

113 Central Valley Medical Center - CAH

Procedure APG category	Procedure APG	TOTAL #	TOTAL # (ALL Hospitals)
01	INTEGUMENTARY SYSTEM	18	8,527
	003 COMPLEX INCISION AND DRAINAGE	1	88
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	5	1,121
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRANGE	5	1,390
	011 SIMPLE INCISION AND EXCISION OF BREAST	7	2,116
02	MUSCULOSKELETAL SYSTEM	108	61,192
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	10	6,662
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	1	2,481
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	2	2,359
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	55	12,550
	025 ARTHROSCOPY	19	25,547
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	5	4,851
	032 BUNION PROCEDURES	10	1,752
	033 ARTHROPLASTY	4	581
	034 HAND AND FOOT TENOTOMY	2	323
03	RESPIRATORY SYSTEM	1	8,139
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	1	652
06	DIGESTIVE SYSTEM	557	98,518
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	1	650
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	178	20,229
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	4	5,566
	117 LOWER GASTROINTESTINAL ENDOSCOPY	261	43,551
	119 HERNIA AND HYDROCELE PROCEDURES	34	6,814
	123 COMPLEX LAPAROSCOPIC PROCEDURES	79	16,057
07	URINARY SYSTEM	18	7,929
	133 URINARY CATHETERIZATION AND DILATATION	2	479
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	1	3,971
	135 MODERATE CYSTOURETHROSCOPY	6	1,733
	136 SIMPLE CYSTOURETHROSCOPY	7	570
	137 COMPLEX URETHRAL PROCEDURES	2	132
08	MALE GENITAL SYSTEM	10	2,775
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	6	1,260
	154 SIMPLE PENILE PROCEDURES	1	823
	155 PROSTATE NEEDLE AND PUNCH BIOPSY	3	112
09	FEMALE GENITAL SYSTEM	45	7,034
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	3	1,974
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	5	1,390
	178 DILATION AND CURETTAGE	1	733
	179 HYSTEROSCOPY	29	2,553
	180 COLPOSCOPY	7	384
10	NERVOUS SYSTEM	7	20,995
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	1	14,792
	198 NERVE REPAIR AND DESTRUCTION	6	4,511
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	68	27,519
	235 SIMPLE FACIAL AND ENT PROCEDURES	31	13,044

SOURCE: Utah Ambulatory Surgery Database

Utah 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, 2007
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 CHR(ALL Hospitals)
01	INTEGUMENTARY SYSTEM	15	\$3,244	\$3,184
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	5	\$3,170	\$3,383
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRAN	5	\$3,384	\$4,546
	011 SIMPLE INCISION AND EXCISION OF BREAST	5	\$3,177	\$3,085
02	MUSCULOSKELETAL SYSTEM	36	\$3,659	\$4,441
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	1	\$3,839	\$7,003
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	17	\$3,115	\$3,054
	025 ARTHROSCOPY	12	\$3,417	\$4,796
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	2	\$10,330	\$5,920
	032 BUNION PROCEDURES	3	\$3,072	\$4,352
	033 ARTHROPLASTY	1	\$4,061	\$7,331
06	DIGESTIVE SYSTEM	354	\$2,097	\$2,473
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	1	\$879	\$1,292
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	97	\$1,151	\$1,331
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	1	\$2,193	\$1,876
	117 LOWER GASTROINTESTINAL ENDOSCOPY	182	\$1,227	\$1,168
	119 HERNIA AND HYDROCELE PROCEDURES	18	\$4,241	\$3,847
	123 COMPLEX LAPAROSCOPIC PROCEDURES	55	\$5,960	\$7,043
07	URINARY SYSTEM	12	\$2,197	\$5,134
	133 URINARY CATHETERIZATION AND DILATATION	1	\$2,313	\$4,450
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	1	\$1,880	\$5,301
	135 MODERATE CYSTOURETHROSCOPY	5	\$2,387	\$3,734
	136 SIMPLE CYSTOURETHROSCOPY	5	\$2,047	\$2,619
08	MALE GENITAL SYSTEM	4	\$2,788	\$3,453
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	3	\$2,922	\$2,812
	154 SIMPLE PENILE PROCEDURES	1	\$2,387	\$1,981
09	FEMALE GENITAL SYSTEM	26	\$4,513	\$4,463
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	2	\$5,470	\$5,626
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	1	\$1,308	\$3,471
	178 DILATION AND CURETTAGE	1	\$2,964	\$2,542
	179 HYSTEROSCOPY	16	\$5,657	\$4,798
	180 COLPOSCOPY	6	\$1,936	\$3,826
10	NERVOUS SYSTEM	7	\$1,305	\$2,183
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	1	\$40	\$1,108
	198 NERVE REPAIR AND DESTRUCTION	6	\$1,516	\$2,625
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	60	\$2,332	\$2,838
	235 SIMPLE FACIAL AND ENT PROCEDURES	27	\$1,697	\$1,937
	236 TONSIL AND ADENOID PROCEDURES	33	\$2,852	\$2,399

SOURCE: Utah Ambulatory Surgery Database
Utah 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, 2007
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	358	54.3	118,694	54.2
Male	300	45.5	100,216	45.8
Unknown	1	0.2	2	0.0
Not Reported	0	0.0	1	0.0
AGE				
1-28 days	0	0.0	1,456	0.7
29-365 days	9	1.4	2,840	1.3
1-4 years	31	4.7	10,885	5.0
5-9	16	2.4	5,994	2.7
10-14	17	2.6	4,452	2.0
15-17	14	2.1	4,943	2.3
18-19	11	1.7	3,620	1.7
20-24	27	4.1	10,250	4.7
25-29	28	4.2	12,627	5.8
30-34	26	3.9	12,276	5.6
35-39	41	6.2	12,391	5.7
40-44	44	6.7	13,493	6.2
45-49	31	4.7	16,963	7.7
50-54	68	10.3	24,260	11.1
55-59	69	10.5	20,332	9.3
60-64	44	6.7	17,122	7.8
65-69	62	9.4	14,261	6.5
70-74	46	7.0	11,502	5.3
75-79	34	5.2	9,388	4.3
80-84	26	3.9	6,242	2.9
85-89	12	1.8	2,777	1.3
90 +	3	0.5	839	0.4
Not Reported	0	0.0	1,456	0.7
SOURCE OF ADMISSION				
Physician Referral	659	100.0	199,973	91.3
Clinic Referral	0	0.0	1,442	0.7
HMO Referral	0	0.0	3,326	1.5
Other Hospital	0	0.0	50	0.0
Skilled Nursing Facility	0	0.0	14	0.0
Other Health Care Facility	0	0.0	24	0.0
Emergency Room	0	0.0	4,867	2.2
Court/Law Enforcement	0	0.0	3	0.0
Unknown	0	0.0	16	0.0
Not Reported	0	0.0	9,198	4.2

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2007
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	657	99.7	218,338	99.7
Another Hospital	1	0.2	109	0.0
Skilled Nursing Facility	0	0.0	108	0.0
Intermediate Care Facility	0	0.0	7	0.0
Another Type of Institution	0	0.0	50	0.0
Under Care of Home Service	1	0.2	223	0.1
Left Against Medical Advice	0	0.0	19	0.0
Under Care of Home IV Provider	0	0.0	1	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	178	27.0	38,805	17.7
Medicaid	64	9.7	12,973	5.9
Other government	2	0.3	3,498	1.6
Blue Cross/Blue Shield	107	16.2	30,611	14.0
Other Commercial	79	12.0	17,104	7.8
Managed Care(HMO, PPO)	223	33.8	106,265	48.5
Self Pay	0	0.0	2,895	1.3
Industrial & Worker Comp	4	0.6	3,787	1.7
Charity and Unclassified	0	0.0	1,868	0.9
Childrens Health Insurance	1	0.2	159	0.1
Unknown	1	0.2	855	0.4
Not Reported	0	0.0	93	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	0	0.0	16,514	7.5
Central Utah	603	91.5	8,080	3.7
Davis County	0	0.0	22,286	10.2
Salt Lake County	0	0.0	72,683	33.2
Southeastern Utah	1	0.2	5,055	2.3
Southwest Utah	1	0.2	13,705	6.3
Summit County	0	0.0	2,788	1.3
Tooele County	7	1.1	4,504	2.1
Tri-County	3	0.5	5,649	2.6
Utah County	39	5.9	35,563	16.2
Wasatch County	1	0.2	1,636	0.7
Weber County	1	0.2	21,324	9.7
Unknown Utah	1	0.2	43	0.0
Outside Utah	2	0.3	8,990	4.1
Unknown, Not Reported	0	0.0	93	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, 2007
NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

119 Cottonwood Hospital Medical Center

Reporting Category(ICD-9-CM CODES)	Procedures Performed		Procedures Performed-All Hospitals	
	(#)	(%)	(#)	(%)
Reporting Category(ICD-9-CM CODES)	21,235	100.0	319,880	100.0
Mastectomy (85.0-85.99)	549	2.6	7,512	2.3
Musculoskeletal (76.0-84.99)	2,311	10.9	71,153	22.2
Respiratory (30.0-34.99)	167	0.8	3,550	1.1
Cardiovascular (35.0-39.99)	457	2.2	16,128	5.0
Lymphatic/Hemetic (40.0-41.99)	292	1.4	3,232	1.0
Digestive System (42.0-54.99)	9,166	43.2	102,504	32.0
Urinary (55.0-59.99)	437	2.1	10,216	3.2
Male Genital (60.0-64.99)	162	0.8	3,613	1.1
Female Genital (65.0-71.99)	1,485	7.0	15,763	4.9
Endocrine/Nervous (01.0-07.99)	557	2.6	22,558	7.1
Eye (08.0-16.99)	2,895	13.6	19,364	6.1
Ear (18.0-20.99)	747	3.5	13,797	4.3
Nose, Mouth, Pharynx (21.0-29.99)	2,010	9.5	30,490	9.5
Reporting Category(CPT-4 CODES)	19,397	100.0	301,918	100.0
Mastectomy (19120-19220)	241	1.2	2,118	0.7
Musculoskeletal (20000-29909)	2,312	11.9	67,981	22.5
Respiratory (30000-32999 & 39501-39599)	1,297	6.7	14,263	4.7
Cardiovascular (33010-37799 & 93501-93660)	1,597	8.2	38,047	12.6
Lymphatic/Hemetic (38100-38999)	252	1.3	2,819	0.9
Digestive (40490-49999)	9,557	49.3	109,019	36.1
Urinary (50010-53899)	318	1.6	9,215	3.1
Male Genital (54000-55899)	137	0.7	3,144	1.0
Female Genital (56405-58999)	1,071	5.5	11,863	3.9
Endocrine/Nervous (60000-64999)	579	3.0	24,805	8.2
Eye (65091-68899)	1,622	8.4	11,076	3.7
Ear (69000-69979)	414	2.1	7,568	2.5

SOURCE: Utah Ambulatory Surgery Database
 Utah 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, 2007
MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES

119 Cottonwood Hospital Medical Center

ICD-9 CODE	ICD-9 DESCRIPTION	#	%	% ALL Hospitals
All ICD-9 Procedures				
4523	COLONOSCOPY	2,198	10.4	6.86
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	1,741	8.2	5.42
1341	PHACOEMULSIFICATION-ASPIR CATARACT	1,224	5.8	1.38
1371	IOL PROSTH-CATARACT EXTRACT-1-STAGE	1,222	5.8	1.38
4525	CLO [ENDO] BX LG INTESTINE	1,077	5.1	2.32
4542	ENDO POLYPECTOMY LG INTESTINE	917	4.3	3.78
2001	MYRINGOTOMY W/INSRT TUBE	576	2.7	3.33
5123	LAP CHOLEY	523	2.5	2.16
283	TONSILLECTOMY W/ADENOIDECTOMY	308	1.5	1.70
4292	DILAT ESOPH	307	1.4	1.45
2169	OTH TURBINECTOMY	294	1.4	0.78
8521	LOC EXC LES BREAST	270	1.3	0.81
4836	[ENDO] POLYPECTOMY RECTUM	257	1.2	1.03
6823	ENDOMETRIAL ABLATION	221	1.0	0.61
4824	CLO [ENDO] BX RECTUM	217	1.0	0.47
4513	OTH ENDO SM INTESTINE	203	1.0	1.74
3722	LT HEART CARD CATH	199	0.9	1.08
282	TONSILLECTOMY WO ADENOIDECTOMY	198	0.9	0.60
2188	OTH SEPTOPLASTY	161	0.8	0.54
6909	OTH D&C UTERUS	156	0.7	0.46

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures				
45378	COLONOSCOPY FLEX; DX-SEP PROC	2,051	10.6	6.66
45380	COLONOSCOPY FLEX; W/BX 1/MX	1,881	9.7	5.29
43239	UGI ENDO; W/BX 1/MX	1,730	8.9	5.47
66984	EXTRACAPSULAR CATARACT REMV IOL	1,186	6.1	1.35
47562	LAPAROSCOPY SURGICAL; CHOLECT	476	2.5	0.78
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	372	1.9	1.59
69436	TYMPANOSTOMY GENERAL ANESTHESIA	300	1.5	1.79
93545	INJ PROC-CATH; SELECT CORONRY AN	289	1.5	1.34
30140	SUBMUCOS RES TURBINATE PART/CMPL	280	1.4	0.69
93556	IMAG SUPERVS I&R-CATH; PULM ANGI	271	1.4	1.27
93555	IMAG SUPERVS I&R-CATH; VENT/ATRI	267	1.4	1.13
93543	INJ PROC-CATH; LT VENT/ATRIAL AN	265	1.4	1.22
30520	SEPTOPLASTY/SUBMUCOS RES W/GFT	255	1.3	0.77
42820	T&A; UNDER AGE 12	198	1.0	1.37
49505	REPR INIT ING HERNIA 5YR/MORE; R	198	1.0	0.88
93510	LT HRT CATH RETRO-BRACH/FEM; PER	195	1.0	1.03
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	191	1.0	0.97
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	188	1.0	0.50
58662	LAP SURG; W/FULG/EXCIS LES-OVARY	169	0.9	0.49
28285	CORRECTION HAMMERTOES	145	0.7	0.59

SOURCE: Utah Ambulatory Surgery Database
 Utah Health Data Committee/Office of Health Care Statistics
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AMB ST 1-3

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2007
 AVERAGE TOTAL CHARGES FOR MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES, SINGLE ICD-9 OR CPT-4 ONLY

119 Cottonwood Hospital Medical Center

ICD-9 CODE	ICD-9 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
ICD-9	Procedures	9,268	\$2,178	\$3,565
4523	COLONOSCOPY	1,918	\$703	\$976
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	963	\$1,011	\$1,391
4525	CLO [ENDO] BX LG INTESTINE	739	\$1,007	\$1,424
4542	ENDO POLYPECTOMY LG INTESTINE	713	\$1,013	\$1,383
5123	LAP CHOLEY	465	\$4,623	\$6,693
283	TONSILLECTOMY W/ADENOIDECTOMY	255	\$1,490	\$2,361
3722	LT HEART CARD CATH	185	\$5,098	\$6,932
8521	LOC EXC LES BREAST	182	\$2,119	\$2,822
282	TONSILLECTOMY WO ADENOIDECTOMY	150	\$1,525	\$2,499
4836	[ENDO] POLYPECTOMY RECTUM	146	\$940	\$1,285
4131	BX BONE MARROW	142	\$6,209	\$4,276
4701	LAP APPENDECTOMY	131	\$8,211	\$9,118
4513	OTH ENDO SM INTESTINE	120	\$990	\$1,172
6952	ASPIR CURET FOLLOWING DELIV/AB	115	\$1,930	\$2,643
5304	UNILAT REPR INDIRECT ING HERN-GFT	105	\$2,615	\$4,048
3723	COMBO RT & LT HEART CARD CATH	98	\$5,426	\$7,303
4824	CLO [ENDO] BX RECTUM	97	\$940	\$1,297
6823	ENDOMETRIAL ABLATION	92	\$4,560	\$5,399
5011	CLO [PERCUT] [NEEDLE] BX LIVER	87	\$2,178	\$2,303
6629	OTH BIL ENDO DESTRUC FALLOP TUBES	75	\$2,773	\$4,165

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
CPT-4	Procedures	10,475	\$2,185	\$3,274
45378	COLONOSCOPY FLEX; DX-SEP PROC	1,787	\$694	\$984
45380	COLONOSCOPY FLEX; W/BX 1/MX	1,522	\$984	\$1,354
66984	EXTRACAPSULAR CATARACT REMV IOL	1,100	\$3,008	\$3,292
43239	UGI ENDO; W/BX 1/MX	946	\$990	\$1,389
47562	LAPAROSCOPY SURGICAL; CHOLECT	429	\$4,509	\$6,110
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	277	\$1,165	\$1,536
69436	TYMPANOSTOMY GENERAL ANESTHESIA	197	\$826	\$1,247
42820	T&A; UNDER AGE 12	165	\$1,374	\$2,257
49505	REPR INIT ING HERNIA 5YR/MORE; R	154	\$2,494	\$4,010
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	143	\$1,531	\$2,569
44970	LAPAROSCOPY SURGICAL APPENDECTOM	131	\$8,211	\$9,078
38221	BONE MARROW; BIOPSY NEEDLE/TROCA	114	\$6,200	\$3,645
19120	EXC BRST CYST TUMR/LES OPN M/F 1	110	\$1,823	\$2,769
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	98	\$885	\$1,081
42821	T&A; AGE 12 OR OVER	88	\$1,714	\$2,767
47000	BIOPSY LIVER NEEDLE; PERCUTANEOU	80	\$2,087	\$2,227
G0121	COLOREC CNCR SCR;COLNSCPY NO HI	80	\$688	\$800
58563	HYSTEROSC SURG; W/ENDOMETRIAL AB	74	\$4,762	\$5,666
19125	EXC BRST LES ID RAD MARKR OPN;1	70	\$2,687	\$3,708
58662	LAP SURG; W/FULG/EXCIS LES-OVARY	62	\$3,816	\$5,385

SOURCE: Utah Ambulatory Surgery Database
 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, 2007
 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)
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5123	LAP CHOLEY	465	\$4,623	\$6,693
283	TONSILLECTOMY W/ADENOIDECTOMY	255	\$1,490	\$2,361
3722	LT HEART CARD CATH	185	\$5,098	\$6,932
8521	LOC EXC LES BREAST	182	\$2,119	\$2,822
282	TONSILLECTOMY WO ADENOIDECTOMY	150	\$1,525	\$2,499
4836	[ENDO] POLYPECTOMY RECTUM	146	\$940	\$1,285
4131	BX BONE MARROW	142	\$6,209	\$4,276
4701	LAP APPENDECTOMY	131	\$8,211	\$9,118
4513	OTH ENDO SM INTESTINE	120	\$990	\$1,172
6952	ASPIR CURET FOLLOWING DELIV/AB	115	\$1,930	\$2,643
5304	UNILAT REPR INDIRECT ING HERN-GFT	105	\$2,615	\$4,048
3723	COMBO RT & LT HEART CARD CATH	98	\$5,426	\$7,303
4824	CLO [ENDO] BX RECTUM	97	\$940	\$1,297
6823	ENDOMETRIAL ABLATION	92	\$4,560	\$5,399
5011	CLO [PERCUT] [NEEDLE] BX LIVER	87	\$2,178	\$2,303
6629	OTH BIL ENDO DESTRUC FALLOP TUBES	75	\$2,773	\$4,165

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
CPT-4	Procedures	10,475	\$2,185	\$3,274
45378	COLONOSCOPY FLEX; DX-SEP PROC	1,787	\$694	\$984
45380	COLONOSCOPY FLEX; W/BX 1/MX	1,522	\$984	\$1,354
66984	EXTRACAPSULAR CATARACT REMV IOL	1,100	\$3,008	\$3,292
43239	UGI ENDO; W/BX 1/MX	946	\$990	\$1,389
47562	LAPAROSCOPY SURGICAL; CHOLECT	429	\$4,509	\$6,110
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	277	\$1,165	\$1,536
69436	TYMPANOSTOMY GENERAL ANESTHESIA	197	\$826	\$1,247
42820	T&A; UNDER AGE 12	165	\$1,374	\$2,257
49505	REPR INIT ING HERNIA 5YR/MORE; R	154	\$2,494	\$4,010
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	143	\$1,531	\$2,569
44970	LAPAROSCOPY SURGICAL APPENDECTOM	131	\$8,211	\$9,078
38221	BONE MARROW; BIOPSY NEEDLE/TROCA	114	\$6,200	\$3,645
19120	EXC BRST CYST TUMR/LES OPN M/F 1	110	\$1,823	\$2,769
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	98	\$885	\$1,081
42821	T&A; AGE 12 OR OVER	88	\$1,714	\$2,767
47000	BIOPSY LIVER NEEDLE; PERCUTANEOU	80	\$2,087	\$2,227
G0121	COLOREC CNCR SCR;COLNSCPY NO HI	80	\$688	\$800
58563	HYSTEROSC SURG; W/ENDOMETRIAL AB	74	\$4,762	\$5,666
19125	EXC BRST LES ID RAD MARKR OPN;1	70	\$2,687	\$3,708
58662	LAP SURG; W/FULG/EXCIS LES-OVARY	62	\$3,816	\$5,385

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, 2007
PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

119 Cottonwood Hospital Medical Center

Procedure APG category	Procedure APG	TOTAL #	TOTAL # (ALL Hospitals)
01	INTEGUMENTARY SYSTEM	709	8,527
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	244	2,371
	003 COMPLEX INCISION AND DRAINAGE	1	88
	004 SIMPLE INCISION AND DRAINAGE	2	28
	006 SIMPLE DEBRIDEMENT AND DESTRUCTION	30	187
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	47	1,121
	008 SIMPLE EXCISION AND BIOPSY	106	1,220
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRANGE	38	1,390
	011 SIMPLE INCISION AND EXCISION OF BREAST	241	2,116
02	MUSCULOSKELETAL SYSTEM	1,906	61,192
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	187	6,662
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	76	2,481
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	82	2,359
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	690	12,550
	025 ARTHROSCOPY	513	25,547
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	9	693
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	129	4,851
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	8	465
	032 BUNION PROCEDURES	163	1,752
	033 ARTHROPLASTY	14	581
	034 HAND AND FOOT TENOTOMY	21	323
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	14	2,254
03	RESPIRATORY SYSTEM	618	8,139
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	12	652
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	501	5,383
	054 SIMPLE ENDOSCOPY OF THE UPPER AIRWAY	4	252
	055 ENDOSCOPY OF THE LOWER AIRWAY	101	1,852
04	CARDIOVASCULAR SYSTEM	1,572	30,572
	075 PLACEMENT OF TRANSVENOUS CATHETERS	1	42
	076 DIAGNOSTIC CARDIAC CATHETERIZATION	1,444	21,581
	077 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	9	1,914
	078 PACEMAKER INSERTION AND REPLACEMENT	61	690
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	34	989
	080 MINOR VASCULAR REPAIR AND FISTULA CONSTRUCTION	7	736
	081 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	4	123
	082 VASCULAR LIGATION	10	308
	083 RESUSCITATION AND CARDIOVERSION	2	15
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	158	3,488
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	155	2,063
	097 TRANSFUSION	3	1,297
06	DIGESTIVE SYSTEM	9,070	98,518
	112 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	75	1,254
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	71	650
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	28	342
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	1,877	20,229
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	361	5,566

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2007
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			
	117 LOWER GASTROINTESTINAL ENDOSCOPY	4,483	43,551
	118 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	111	1,497
	119 HERNIA AND HYDROCELE PROCEDURES	453	6,814
	120 COMPLEX ANAL AND RECTAL PROCEDURES	204	1,064
	121 SIMPLE ANAL AND RECTAL PROCEDURES	74	552
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	43	580
	123 COMPLEX LAPAROSCOPIC PROCEDURES	1,286	16,057
	124 SIMPLE LAPAROSCOPIC PROCEDURES	4	226
07	URINARY SYSTEM	286	7,929
	131 RENAL EXTRACORPOREAL SHOCK WAVE LITHOTRIpsy	8	871
	133 URINARY CATHETERIZATION AND DILATATION	16	479
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	139	3,971
	135 MODERATE CYSTOURETHROSCOPY	85	1,733
	136 SIMPLE CYSTOURETHROSCOPY	23	570
	137 COMPLEX URETHRAL PROCEDURES	13	132
	138 SIMPLE URETHRAL PROCEDURES	2	172
08	MALE GENITAL SYSTEM	140	2,775
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	86	1,260
	152 INSERTION OF PENILE PROsthESIS	28	85
	153 COMPLEX PENILE PROCEDURES	9	495
	154 SIMPLE PENILE PROCEDURES	16	823
	155 PROSTATE NEEDLE AND PUNCH BIOPSY	1	112
09	FEMALE GENITAL SYSTEM	647	7,034
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	93	1,974
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	125	1,390
	178 DILATION AND CURETTAGE	72	733
	179 HYSTEROSCOPY	263	2,553
	180 COLPOSCOPY	94	384
10	NERVOUS SYSTEM	442	20,995
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	217	14,792
	196 REVISION AND REMOVAL OF NEUROLOGICAL DEVICE	3	235
	197 NEUROSTIMULATOR AND VENTRICULAR SHUNT IMPLANTATION	10	944
	198 NERVE REPAIR AND DESTRUCTION	211	4,511
	199 SPINAL TAP	1	513
11	EYE AND OCULAR ADNEXA	1,620	10,843
	211 MINOR OPHTHALMOLOGICAL TESTS AND PROCEDURES	1	32
	213 LASER EYE PROCEDURES	4	617
	214 CATARACT PROCEDURES	1,241	4,389
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	62	400
	216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	38	277
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	98	306
	218 COMPLEX POSTERIOR SEGMENT EYE PROCEDURES	4	376
	219 SIMPLE POSTERIOR SEGMENT EYE PROCEDURES	3	419
	220 STRABISMUS AND MUSCLE EYE PROCEDURES	99	809
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	22	886
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	19	510

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2007
PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

119 Cottonwood Hospital Medical Center

procedure APG category	procedure APG	TOTAL #	TOTAL # (ALL Hospitals)
	223 VITRECTOMY	29	1,822
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	1,896	27,519
	233 NASAL CAUTERIZATION AND PACKING	20	328
	234 COMPLEX FACIAL AND ENT PROCEDURES	528	5,752
	235 SIMPLE FACIAL AND ENT PROCEDURES	759	13,044
	236 TONSIL AND ADENOID PROCEDURES	589	8,300
13	THERAPEUTIC AND OTHER RADIOLOGICAL PROCEDURES	15	3,024
	253 VASCULAR RADIOLOGY EXCEPT FOR VENOGRAPHY OF EXTREMITY	5	1,146
	254 MYELOGRAPHY	4	304
	255 MISCELLANEOUS RADIOLOGICAL PROCEDURES WITH CONTRAST	6	1,567
14	PHYSICAL MEDICINE AND REHABILITATION	2	6
	272 PHYSICAL THERAPY	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 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2007
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	516	\$3,074	\$3,184
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	229	\$4,258	\$2,632
	004 SIMPLE INCISION AND DRAINAGE	1	\$1,300	\$2,544
	006 SIMPLE DEBRIDEMENT AND DESTRUCTION	7	\$1,623	\$2,883
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	35	\$2,005	\$3,383
	008 SIMPLE EXCISION AND BIOPSY	63	\$2,049	\$2,793
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRAN	1	\$10,506	\$4,546
	011 SIMPLE INCISION AND EXCISION OF BREAST	180	\$2,159	\$3,085
02	MUSCULOSKELETAL SYSTEM	576	\$3,215	\$4,441
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	45	\$3,977	\$7,003
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	22	\$2,935	\$3,967
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	11	\$5,713	\$5,446
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	221	\$2,259	\$3,054
	025 ARTHROSCOPY	128	\$4,021	\$4,796
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	6	\$3,233	\$3,328
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	78	\$3,252	\$5,920
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	2	\$4,221	\$2,812
	032 BUNION PROCEDURES	55	\$4,026	\$4,352
	033 ARTHROPLASTY	5	\$4,744	\$7,331
	034 HAND AND FOOT TENOTOMY	3	\$1,588	\$2,254
03	RESPIRATORY SYSTEM	71	\$2,011	\$2,352
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	2	\$3,505	\$1,520
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	32	\$1,983	\$3,777
	054 SIMPLE ENDOSCOPY OF THE UPPER AIRWAY	2	\$1,843	\$2,332
	055 ENDOSCOPY OF THE LOWER AIRWAY	35	\$1,961	\$2,232
04	CARDIOVASCULAR SYSTEM	46	\$13,113	\$13,494
	076 DIAGNOSTIC CARDIAC CATHETERIZATION	6	\$6,700	\$6,799
	077 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	1	\$4,815	\$23,688
	078 PACEMAKER INSERTION AND REPLACEMENT	33	\$16,309	\$22,941
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	5	\$3,482	\$3,439
	082 VASCULAR LIGATION	1	\$2,588	\$5,963
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	96	\$4,448	\$4,053
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	94	\$4,413	\$5,409
	097 TRANSFUSION	2	\$6,116	\$2,574
06	DIGESTIVE SYSTEM	6,287	\$1,606	\$2,473
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	40	\$1,135	\$1,292
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	21	\$869	\$1,324
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	1,046	\$980	\$1,331
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	95	\$1,606	\$1,876
	117 LOWER GASTROINTESTINAL ENDOSCOPY	3,722	\$856	\$1,168
	118 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	26	\$3,034	\$4,111
	119 HERNIA AND HYDROCELE PROCEDURES	272	\$2,574	\$3,847
	120 COMPLEX ANAL AND RECTAL PROCEDURES	153	\$1,913	\$3,183
	121 SIMPLE ANAL AND RECTAL PROCEDURES	28	\$1,781	\$2,411
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	16	\$5,628	\$6,329

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2007
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)
	123 COMPLEX LAPAROSCOPIC PROCEDURES	868	\$5,130	\$7,043
07	URINARY SYSTEM	140	\$3,239	\$5,134
	133 URINARY CATHETERIZATION AND DILATATION	7	\$2,483	\$4,450
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	55	\$3,585	\$5,301
	135 MODERATE CYSTOURETHROSCOPY	57	\$2,720	\$3,734
	136 SIMPLE CYSTOURETHROSCOPY	11	\$1,934	\$2,619
	137 COMPLEX URETHRAL PROCEDURES	8	\$7,044	\$6,589
	138 SIMPLE URETHRAL PROCEDURES	2	\$3,144	\$1,729
08	MALE GENITAL SYSTEM	88	\$6,055	\$3,453
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	41	\$2,079	\$2,812
	152 INSERTION OF PENILE PROSTHESIS	23	\$14,776	\$18,747
	153 COMPLEX PENILE PROCEDURES	9	\$8,567	\$3,629
	154 SIMPLE PENILE PROCEDURES	14	\$2,012	\$1,981
	155 PROSTATE NEEDLE AND PUNCH BIOPSY	1	\$2,539	\$5,214
09	FEMALE GENITAL SYSTEM	347	\$3,402	\$4,463
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	50	\$4,224	\$5,626
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	61	\$1,836	\$3,471
	178 DILATION AND CURETTAGE	52	\$2,264	\$2,542
	179 HYSTEROSCOPY	122	\$3,920	\$4,798
	180 COLPOSCOPY	62	\$4,216	\$3,826
10	NERVOUS SYSTEM	140	\$1,555	\$2,183
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	82	\$1,248	\$1,108
	196 REVISION AND REMOVAL OF NEUROLOGICAL DEVICE	1	\$6,383	\$9,628
	197 NEUROSTIMULATOR AND VENTRICULAR SHUNT IMPLANTATION	2	\$8,819	\$26,856
	198 NERVE REPAIR AND DESTRUCTION	54	\$1,573	\$2,625
	199 SPINAL TAP	1	\$6,348	\$2,151
11	EYE AND OCULAR ADNEXA	1,267	\$3,143	\$3,373
	214 CATARACT PROCEDURES	1,139	\$3,011	\$3,301
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	48	\$7,475	\$3,487
	216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	30	\$2,091	\$2,769
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	4	\$3,321	\$3,367
	218 COMPLEX POSTERIOR SEGMENT EYE PROCEDURES	4	\$4,150	\$5,524
	220 STRABISMUS AND MUSCLE EYE PROCEDURES	12	\$1,919	\$3,433
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	14	\$2,492	\$3,997
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	12	\$1,916	\$2,495
	223 VITRECTOMY	4	\$5,099	\$6,291
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	823	\$1,605	\$2,838
	233 NASAL CAUTERIZATION AND PACKING	2	\$2,049	\$3,413
	234 COMPLEX FACIAL AND ENT PROCEDURES	132	\$3,108	\$5,571
	235 SIMPLE FACIAL AND ENT PROCEDURES	279	\$1,047	\$1,937
	236 TONSIL AND ADENOID PROCEDURES	410	\$1,498	\$2,399
13	THERAPEUTIC AND OTHER RADIOLOGICAL PROCEDURES	2	\$6,505	\$3,736
	253 VASCULAR RADIOLOGY EXCEPT FOR VENOGRAPHY OF EXTREMITY	1	\$10,767	\$13,369
	254 MYELOGRAPHY	1	\$2,243	\$3,202

SOURCE: Utah Ambulatory Surgery Database

Utah 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, 2007
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	8,337	58.2	118,694	54.2
Male	5,989	41.8	100,216	45.8
Unknown	0	0.0	2	0.0
Not Reported	0	0.0	1	0.0
AGE				
1-28 days	0	0.0	1,456	0.7
29-365 days	50	0.3	2,840	1.3
1-4 years	284	2.0	10,885	5.0
5-9	217	1.5	5,994	2.7
10-14	220	1.5	4,452	2.0
15-17	257	1.8	4,943	2.3
18-19	218	1.5	3,620	1.7
20-24	632	4.4	10,250	4.7
25-29	860	6.0	12,627	5.8
30-34	830	5.8	12,276	5.6
35-39	891	6.2	12,391	5.7
40-44	914	6.4	13,493	6.2
45-49	1,165	8.1	16,963	7.7
50-54	2,064	14.4	24,260	11.1
55-59	1,642	11.5	20,332	9.3
60-64	1,338	9.3	17,122	7.8
65-69	881	6.1	14,261	6.5
70-74	714	5.0	11,502	5.3
75-79	582	4.1	9,388	4.3
80-84	368	2.6	6,242	2.9
85-89	161	1.1	2,777	1.3
90 +	38	0.3	839	0.4
Not Reported	0	0.0	1,456	0.7
SOURCE OF ADMISSION				
Physician Referral	13,998	97.7	199,973	91.3
Clinic Referral	2	0.0	1,442	0.7
HMO Referral	3	0.0	3,326	1.5
Other Hospital	3	0.0	50	0.0
Skilled Nursing Facility	1	0.0	14	0.0
Other Health Care Facility	0	0.0	24	0.0
Emergency Room	319	2.2	4,867	2.2
Court/Law Enforcement	0	0.0	3	0.0
Unknown	0	0.0	16	0.0
Not Reported	0	0.0	9,198	4.2

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2007
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	14,292	99.8	218,338	99.7
Another Hospital	15	0.1	109	0.0
Skilled Nursing Facility	4	0.0	108	0.0
Intermediate Care Facility	0	0.0	7	0.0
Another Type of Institution	4	0.0	50	0.0
Under Care of Home Service	5	0.0	223	0.1
Left Against Medical Advice	4	0.0	19	0.0
Under Care of Home IV Provider	0	0.0	1	0.0
Expired	2	0.0	12	0.0
Unknown	0	0.0	46	0.0
Not Reported	0	0.0	0	0.0
PRIMARY PAYER				
Medicare	2,173	15.2	38,805	17.7
Medicaid	360	2.5	12,973	5.9
Other government	147	1.0	3,498	1.6
Blue Cross/Blue Shield	426	3.0	30,611	14.0
Other Commercial	906	6.3	17,104	7.8
Managed Care(HMO, PPO)	9,935	69.3	106,265	48.5
Self Pay	133	0.9	2,895	1.3
Industrial & Worker Comp	113	0.8	3,787	1.7
Charity and Unclassified	101	0.7	1,868	0.9
Childrens Health Insurance	10	0.1	159	0.1
Unknown	22	0.2	855	0.4
Not Reported	0	0.0	93	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	55	0.4	16,514	7.5
Central Utah	41	0.3	8,080	3.7
Davis County	326	2.3	22,286	10.2
Salt Lake County	12,582	87.8	72,683	33.2
Southeastern Utah	25	0.2	5,055	2.3
Southwest Utah	36	0.3	13,705	6.3
Summit County	228	1.6	2,788	1.3
Tooele County	261	1.8	4,504	2.1
Tri-County	31	0.2	5,649	2.6
Utah County	415	2.9	35,563	16.2
Wasatch County	67	0.5	1,636	0.7
Weber County	65	0.5	21,324	9.7
Unknown Utah	3	0.0	43	0.0
Outside Utah	187	1.3	8,990	4.1
Unknown, Not Reported	4	0.0	93	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, 2007
NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

108 Davis Hospital & Medical Center

Reporting Category(ICD-9-CM CODES)	Procedures Performed		Procedures Performed-All Hospitals	
	(#)	(%)	(#)	(%)
Reporting Category(ICD-9-CM CODES)	10,952	100.0	319,880	100.0
Mastectomy (85.0-85.99)	457	4.2	7,512	2.3
Musculoskeletal (76.0-84.99)	1,397	12.8	71,153	22.2
Respiratory (30.0-34.99)	58	0.5	3,550	1.1
Cardiovascular (35.0-39.99)	519	4.7	16,128	5.0
Lymphatic/Hemetic (40.0-41.99)	48	0.4	3,232	1.0
Digestive System (42.0-54.99)	5,459	49.8	102,504	32.0
Urinary (55.0-59.99)	356	3.3	10,216	3.2
Male Genital (60.0-64.99)	93	0.8	3,613	1.1
Female Genital (65.0-71.99)	833	7.6	15,763	4.9
Endocrine/Nervous (01.0-07.99)	515	4.7	22,558	7.1
Eye (08.0-16.99)	90	0.8	19,364	6.1
Ear (18.0-20.99)	277	2.5	13,797	4.3
Nose, Mouth, Pharynx (21.0-29.99)	850	7.8	30,490	9.5
Reporting Category(CPT-4 CODES)	11,940	100.0	301,918	100.0
Mastectomy (19120-19220)	66	0.6	2,118	0.7
Musculoskeletal (20000-29909)	1,516	12.7	67,981	22.5
Respiratory (30000-32999 & 39501-39599)	532	4.5	14,263	4.7
Cardiovascular (33010-37799 & 93501-93660)	2,172	18.2	38,047	12.6
Lymphatic/Hemetic (38100-38999)	49	0.4	2,819	0.9
Digestive (40490-49999)	5,667	47.5	109,019	36.1
Urinary (50010-53899)	427	3.6	9,215	3.1
Male Genital (54000-55899)	57	0.5	3,144	1.0
Female Genital (56405-58999)	686	5.7	11,863	3.9
Endocrine/Nervous (60000-64999)	573	4.8	24,805	8.2
Eye (65091-68899)	45	0.4	11,076	3.7
Ear (69000-69979)	150	1.3	7,568	2.5

SOURCE: Utah Ambulatory Surgery Database
Utah 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, 2007
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	ESOPHAGOGASTRODUODENOSCPY-CLO BX	1,193	10.9	5.42
4523	COLONOSCOPY	1,067	9.7	6.86
4542	ENDO POLYPECTOMY LG INTESTINE	862	7.9	3.78
4525	CLO [ENDO] BX LG INTESTINE	540	4.9	2.32
4292	DILAT ESOPH	298	2.7	1.45
3722	LT HEART CARD CATH	245	2.2	1.08
5123	LAP CHOLEY	244	2.2	2.16
4836	[ENDO] POLYPECTOMY RECTUM	235	2.1	1.03
2001	MYRINGOTOMY W/INSRT TUBE	214	2.0	3.33
4513	OTH ENDO SM INTESTINE	179	1.6	1.74
8511	CLO [PERCUT] [NEEDLE] BX BREAST	151	1.4	0.29
8519	OTH DX PROC BREAST	148	1.4	0.27
283	TONSILLECTOMY W/ADENOIDECTOMY	131	1.2	1.70
598	URETERAL CATH	129	1.2	0.66
2169	OTH TURBINECTOMY	113	1.0	0.78
4824	CLO [ENDO] BX RECTUM	99	0.9	0.47
0392	INJ OTH AGENT SPINAL CANAL	97	0.9	1.95
6909	OTH D&C UTERUS	94	0.9	0.46
282	TONSILLECTOMY WO ADENOIDECTOMY	90	0.8	0.60
806	EXC SEMILUNAR CARTILAGE-KNEE	88	0.8	1.94

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures				
43239	UGI ENDO; W/BX 1/MX	1,194	10.0	5.47
45380	COLONOSCOPY FLEX; W/BX 1/MX	1,192	10.0	5.29
45378	COLONOSCOPY FLEX; DX-SEP PROC	1,049	8.8	6.66
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	408	3.4	1.59
93545	INJ PROC-CATH; SELECT CORONRY AN	310	2.6	1.34
93543	INJ PROC-CATH; LT VENT/ATRIAL AN	288	2.4	1.22
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	287	2.4	0.97
93556	IMAG SUPERVS I&R-CATH; PULM ANGI	277	2.3	1.27
93555	IMAG SUPERVS I&R-CATH; VENT/ATRI	273	2.3	1.13
36416	COLLECTON CAPILLARY BLOOD SPECIM	261	2.2	0.81
93510	LT HRT CATH RETRO-BRACH/FEM; PER	251	2.1	1.03
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	183	1.5	1.44
58662	LAP SURG; W/FULG/EXCIS LES-OVARY	123	1.0	0.49
36430	TRANSFUSION BLOOD/BLOOD COMPONENT	114	1.0	0.43
69436	TYMPANOSTOMY GENERAL ANESTHESIA	113	0.9	1.79
30140	SUBMUCOS RES TURBINATE PART/CMPL	105	0.9	0.69
30520	SEPTOPLASTY/SUBMUCOS RES W/GFT	104	0.9	0.77
50590	LITHOTRIPSY XTRACORP SHOCK WAVE	104	0.9	0.29
42820	T&A; UNDER AGE 12	103	0.9	1.37
43235	UGI ENDO; DX W/WO CLCT SPECIMN-SP	95	0.8	1.15

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, 2007
 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		5,397	\$3,850	\$3,565
4523	COLONOSCOPY	966	\$1,543	\$976
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	808	\$2,108	\$1,391
4542	ENDO POLYPECTOMY LG INTESTINE	598	\$2,322	\$1,383
4525	CLO [ENDO] BX LG INTESTINE	362	\$2,176	\$1,424
5123	LAP CHOLEY	201	\$7,753	\$6,693
3722	LT HEART CARD CATH	166	\$10,484	\$6,932
283	TONSILLECTOMY W/ADENOIDECTOMY	105	\$3,221	\$2,361
4836	[ENDO] POLYPECTOMY RECTUM	87	\$2,188	\$1,285
282	TONSILLECTOMY WO ADENOIDECTOMY	73	\$3,230	\$2,499
0331	SPINAL TAP	69	\$2,356	\$2,123
4513	OTH ENDO SM INTESTINE	66	\$1,607	\$1,172
6902	D&C FOLLOWING DELIV/AB	61	\$3,195	\$2,635
3723	COMBO RT & LT HEART CARD CATH	60	\$11,012	\$7,303
5011	CLO [PERCUT] [NEEDLE] BX LIVER	55	\$2,471	\$2,303
8521	LOC EXC LES BREAST	50	\$3,610	\$2,822
4701	LAP APPENDECTOMY	49	\$7,431	\$9,118
5304	UNILAT REPR INDIRECT ING HERN-GFT	41	\$5,167	\$4,048
6831	LAPAROSCOPIC SUPRACERV HYSTERECTOMY	40	\$11,150	\$11,337
6952	ASPIR CURET FOLLOWING DELIV/AB	39	\$3,291	\$2,643
8051	EXC INTERVERTEBRAL DISC	38	\$9,399	\$8,678

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
CPT-4 Procedures		6,286	\$3,389	\$3,274
45378	COLONOSCOPY FLEX; DX-SEP PROC	962	\$1,541	\$984
45380	COLONOSCOPY FLEX; W/BX 1/MX	889	\$2,062	\$1,354
43239	UGI ENDO; W/BX 1/MX	808	\$2,109	\$1,389
36416	COLLECTON CAPILLARY BLOOD SPECIM	261	\$330	\$142
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	169	\$2,496	\$1,536
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	146	\$8,145	\$7,072
36430	TRANSFUSION BLOOD/BLOOD COMPONENT	107	\$2,839	\$2,574
50590	LITHOTRIPSY XTRACORP SHOCK WAVE	89	\$9,791	\$8,723
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	83	\$1,531	\$1,005
42820	T&A; UNDER AGE 12	81	\$3,151	\$2,257
62270	SPINAL PUNCTURE LUMBAR DIAGNOSTI	77	\$2,404	\$2,108
58340	CATH&INTRO SALINE/CONTRAST SIS/H	72	\$716	\$865
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	70	\$3,238	\$2,569
49505	REPR INIT ING HERNIA 5YR/MORE; R	68	\$5,024	\$4,010
69436	TYMPANOSTOMY GENERAL ANESTHESIA	67	\$2,205	\$1,247
62284	INJ PROC MYELGRPH &/CT SPINAL	61	\$3,177	\$3,109
23350	INJ SHLDR ARTHROGRPH/ENHNCD CT/M	60	\$3,892	\$2,970
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	59	\$1,524	\$1,081
47000	BIOPSY LIVER NEEDLE; PERCUTANEOU	57	\$2,474	\$2,227
44970	LAPAROSCOPY SURGICAL APPENDECTOM	55	\$7,408	\$9,078

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, 2007
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	347	8,527
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	94	2,371
	003 COMPLEX INCISION AND DRAINAGE	5	88
	006 SIMPLE DEBRIDEMENT AND DESTRUCTION	4	187
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	38	1,121
	008 SIMPLE EXCISION AND BIOPSY	35	1,220
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRANGE	105	1,390
	011 SIMPLE INCISION AND EXCISION OF BREAST	66	2,116
02	MUSCULOSKELETAL SYSTEM	1,236	61,192
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	212	6,662
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	53	2,481
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	29	2,359
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	302	12,550
	025 ARTHROSCOPY	356	25,547
	026 REPLACEMENT OF CAST	1	65
	027 SPLINT, STRAPPING AND CAST REMOVAL	81	555
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	8	693
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	92	4,851
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	13	465
	032 BUNION PROCEDURES	60	1,752
	033 ARTHROPLASTY	2	581
	034 HAND AND FOOT TENOTOMY	1	323
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	26	2,254
03	RESPIRATORY SYSTEM	282	8,139
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	34	652
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	213	5,383
	054 SIMPLE ENDOSCOPY OF THE UPPER AIRWAY	4	252
	055 ENDOSCOPY OF THE LOWER AIRWAY	31	1,852
04	CARDIOVASCULAR SYSTEM	1,628	30,572
	074 CARDIAC ELECTROPHYSIOLOGIC TESTS	3	4,174
	075 PLACEMENT OF TRANSVENOUS CATHETERS	1	42
	076 DIAGNOSTIC CARDIAC CATHETERIZATION	1,545	21,581
	077 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	33	1,914
	078 PACEMAKER INSERTION AND REPLACEMENT	17	690
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	25	989
	080 MINOR VASCULAR REPAIR AND FISTULA CONSTRUCTION	1	736
	082 VASCULAR LIGATION	1	308
	083 RESUSCITATION AND CARDIOVERSION	2	15
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	182	3,488
	092 CHEMOTHERAPY EXCEPT BY EXTENDED INFUSION	5	43
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	63	2,063
	097 TRANSFUSION	114	1,297
06	DIGESTIVE SYSTEM	5,518	98,518
	111 ALIMENTARY TESTS AND SIMPLE TUBE PLACEMENT	8	136
	112 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	7	1,254
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	15	650

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2007
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			
114	PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	7	342
115	DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	1,295	20,229
116	THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	377	5,566
117	LOWER GASTROINTESTINAL ENDOSCOPY	2,771	43,551
118	ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	103	1,497
119	HERNIA AND HYDROCELE PROCEDURES	190	6,814
120	COMPLEX ANAL AND RECTAL PROCEDURES	35	1,064
121	SIMPLE ANAL AND RECTAL PROCEDURES	3	552
122	MISCELLANEOUS ABDOMINAL PROCEDURES	13	580
123	COMPLEX LAPAROSCOPIC PROCEDURES	673	16,057
124	SIMPLE LAPAROSCOPIC PROCEDURES	21	226
07	URINARY SYSTEM	375	7,929
131	RENAL EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	104	871
133	URINARY CATHETERIZATION AND DILATATION	4	479
134	COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	212	3,971
135	MODERATE CYSTOURETHROSCOPY	42	1,733
136	SIMPLE CYSTOURETHROSCOPY	7	570
137	COMPLEX URETHRAL PROCEDURES	4	132
138	SIMPLE URETHRAL PROCEDURES	2	172
08	MALE GENITAL SYSTEM	54	2,775
151	TESTICULAR AND EPIDIDYMAL PROCEDURES	26	1,260
152	INSERTION OF PENILE PROSTHESIS	4	85
153	COMPLEX PENILE PROCEDURES	12	495
154	SIMPLE PENILE PROCEDURES	12	823
09	FEMALE GENITAL SYSTEM	326	7,034
176	COMPLEX FEMALE REPRODUCTIVE PROCEDURES	92	1,974
177	SIMPLE FEMALE REPRODUCTIVE PROCEDURES	69	1,390
178	DILATION AND CURETTAGE	20	733
179	HYSTEROSCOPY	143	2,553
180	COLPOSCOPY	2	384
10	NERVOUS SYSTEM	339	20,995
195	NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	145	14,792
197	NEUROSTIMULATOR AND VENTRICULAR SHUNT IMPLANTATION	6	944
198	NERVE REPAIR AND DESTRUCTION	109	4,511
199	SPINAL TAP	79	513
11	EYE AND OCULAR ADNEXA	44	10,843
211	MINOR OPHTHALMOLOGICAL TESTS AND PROCEDURES	1	32
214	CATARACT PROCEDURES	14	4,389
215	COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	2	400
216	MODERATE ANTERIOR SEGMENT EYE PROCEDURES	3	277
217	SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	5	306
220	STRABISMUS AND MUSCLE EYE PROCEDURES	3	809
221	COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	7	886
222	SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	9	510
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	769	27,519
233	NASAL CAUTERIZATION AND PACKING	6	328

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2007
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			
	234 COMPLEX FACIAL AND ENT PROCEDURES	207	5,752
	235 SIMPLE FACIAL AND ENT PROCEDURES	297	13,044
	236 TONSIL AND ADENOID PROCEDURES	259	8,300
13	THERAPEUTIC AND OTHER RADIOLOGICAL PROCEDURES	287	3,024
	253 VASCULAR RADIOLOGY EXCEPT FOR VENOGRAPHY OF EXTREMITY	38	1,146
	254 MYELOGRAPHY	62	304
	255 MISCELLANEOUS RADIOLOGICAL PROCEDURES WITH CONTRAST	187	1,567

SOURCE: Utah Ambulatory Surgery Database
 Utah 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, 2007
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	270	\$3,690	\$3,184
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	86	\$2,270	\$2,632
	003 COMPLEX INCISION AND DRAINAGE	4	\$3,439	\$4,092
	006 SIMPLE DEBRIDEMENT AND DESTRUCTION	2	\$4,637	\$2,883
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	20	\$4,190	\$3,383
	008 SIMPLE EXCISION AND BIOPSY	19	\$3,641	\$2,793
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRAN	89	\$4,948	\$4,546
	011 SIMPLE INCISION AND EXCISION OF BREAST	50	\$3,690	\$3,085
02	MUSCULOSKELETAL SYSTEM	483	\$5,294	\$4,441
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	64	\$8,715	\$7,003
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	22	\$5,256	\$3,967
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	10	\$7,420	\$5,446
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	108	\$4,323	\$3,054
	025 ARTHROSCOPY	86	\$6,128	\$4,796
	027 SPLINT, STRAPPING AND CAST REMOVAL	80	\$1,264	\$1,950
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	4	\$3,494	\$3,328
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	67	\$8,334	\$5,920
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	5	\$2,601	\$2,812
	032 BUNION PROCEDURES	15	\$6,484	\$4,352
	033 ARTHROPLASTY	1	\$12,373	\$7,331
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	21	\$922	\$1,001
03	RESPIRATORY SYSTEM	51	\$2,471	\$2,352
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	32	\$1,705	\$1,520
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	8	\$5,739	\$3,777
	054 SIMPLE ENDOSCOPY OF THE UPPER AIRWAY	1	\$3,026	\$2,332
	055 ENDOSCOPY OF THE LOWER AIRWAY	10	\$2,253	\$2,232
04	CARDIOVASCULAR SYSTEM	33	\$15,242	\$13,494
	075 PLACEMENT OF TRANSVENOUS CATHETERS	1	\$6,747	\$8,168
	076 DIAGNOSTIC CARDIAC CATHETERIZATION	3	\$25,865	\$6,799
	077 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	1	\$10,491	\$23,688
	078 PACEMAKER INSERTION AND REPLACEMENT	11	\$34,357	\$22,941
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	15	\$1,949	\$3,439
	083 RESUSCITATION AND CARADIOVERSION	2	\$487	\$7,609
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	147	\$4,316	\$4,053
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	40	\$8,268	\$5,409
	097 TRANSFUSION	107	\$2,839	\$2,574
06	DIGESTIVE SYSTEM	3,665	\$2,783	\$2,473
	111 ALIMENTARY TESTS AND SIMPLE TUBE PLACEMENT	8	\$1,310	\$1,025
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	8	\$1,699	\$1,292
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	7	\$2,803	\$1,324
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	867	\$2,069	\$1,331
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	87	\$2,452	\$1,876
	117 LOWER GASTROINTESTINAL ENDOSCOPY	2,063	\$1,857	\$1,168
	118 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	17	\$7,682	\$4,111
	119 HERNIA AND HYDROCELE PROCEDURES	123	\$4,649	\$3,847

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2007
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 CHRG(ALL Hospitals)
	120 COMPLEX ANAL AND RECTAL PROCEDURES	28	\$4,221	\$3,183
	121 SIMPLE ANAL AND RECTAL PROCEDURES	3	\$3,125	\$2,411
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	5	\$4,246	\$6,329
	123 COMPLEX LAPAROSCOPIC PROCEDURES	439	\$7,677	\$7,043
	124 SIMPLE LAPAROSCOPIC PROCEDURES	10	\$9,556	\$8,601
07	URINARY SYSTEM	219	\$7,136	\$5,134
	131 RENAL EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	89	\$9,791	\$8,723
	133 URINARY CATHETERIZATION AND DILATATION	1	\$4,389	\$4,450
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	101	\$5,867	\$5,301
	135 MODERATE CYSTOURETHROSCOPY	22	\$3,487	\$3,734
	136 SIMPLE CYSTOURETHROSCOPY	3	\$3,247	\$2,619
	137 COMPLEX URETHRAL PROCEDURES	1	\$2,761	\$6,589
	138 SIMPLE URETHRAL PROCEDURES	2	\$2,579	\$1,729
08	MALE GENITAL SYSTEM	33	\$6,455	\$3,453
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	12	\$4,145	\$2,812
	152 INSERTION OF PENILE PROSTHESIS	4	\$18,503	\$18,747
	153 COMPLEX PENILE PROCEDURES	8	\$6,552	\$3,629
	154 SIMPLE PENILE PROCEDURES	9	\$4,096	\$1,981
09	FEMALE GENITAL SYSTEM	144	\$5,286	\$4,463
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	31	\$6,705	\$5,626
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	33	\$3,611	\$3,471
	178 DILATION AND CURETTAGE	11	\$3,319	\$2,542
	179 HYSTEROSCOPY	69	\$5,763	\$4,798
10	NERVOUS SYSTEM	256	\$2,282	\$2,183
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	137	\$1,334	\$1,108
	197 NEUROSTIMULATOR AND VENTRICULAR SHUNT IMPLANTATION	3	\$27,109	\$26,856
	198 NERVE REPAIR AND DESTRUCTION	37	\$3,593	\$2,625
	199 SPINAL TAP	79	\$2,371	\$2,151
11	EYE AND OCULAR ADNEXA	27	\$6,210	\$3,373
	211 MINOR OPHTHALMOLOGICAL TESTS AND PROCEDURES	1	\$3,060	\$1,775
	214 CATARACT PROCEDURES	9	\$6,327	\$3,301
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	2	\$2,370	\$3,487
	216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	2	\$5,074	\$2,769
	220 STRABISMUS AND MUSCLE EYE PROCEDURES	3	\$7,787	\$3,433
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	6	\$7,769	\$3,997
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	4	\$5,700	\$2,495
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	346	\$4,037	\$2,838
	234 COMPLEX FACIAL AND ENT PROCEDURES	61	\$9,038	\$5,571
	235 SIMPLE FACIAL AND ENT PROCEDURES	104	\$2,530	\$1,937
	236 TONSIL AND ADENOID PROCEDURES	181	\$3,217	\$2,399
13	THERAPEUTIC AND OTHER RADIOLOGICAL PROCEDURES	244	\$2,443	\$3,736
	253 VASCULAR RADIOLOGY EXCEPT FOR VENOGRAPHY OF EXTREMITY	1	\$8,347	\$13,369
	254 MYELOGRAPHY	61	\$3,177	\$3,202
	255 MISCELLANEOUS RADIOLOGICAL PROCEDURES WITH CONTRAST	182	\$2,165	\$2,658

SOURCE: Utah Ambulatory Surgery Database

Utah 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, 2007
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	4,897	56.0	118,694	54.2
Male	3,840	44.0	100,216	45.8
Unknown	0	0.0	2	0.0
Not Reported	0	0.0	1	0.0
AGE				
1-28 days	209	2.4	1,456	0.7
29-365 days	53	0.6	2,840	1.3
1-4 years	130	1.5	10,885	5.0
5-9	118	1.4	5,994	2.7
10-14	111	1.3	4,452	2.0
15-17	177	2.0	4,943	2.3
18-19	149	1.7	3,620	1.7
20-24	382	4.4	10,250	4.7
25-29	546	6.2	12,627	5.8
30-34	577	6.6	12,276	5.6
35-39	553	6.3	12,391	5.7
40-44	620	7.1	13,493	6.2
45-49	756	8.7	16,963	7.7
50-54	1,182	13.5	24,260	11.1
55-59	849	9.7	20,332	9.3
60-64	730	8.4	17,122	7.8
65-69	552	6.3	14,261	6.5
70-74	427	4.9	11,502	5.3
75-79	299	3.4	9,388	4.3
80-84	214	2.4	6,242	2.9
85-89	86	1.0	2,777	1.3
90 +	17	0.2	839	0.4
Not Reported	209	2.4	1,456	0.7
SOURCE OF ADMISSION				
Physician Referral	8,709	99.7	199,973	91.3
Clinic Referral	8	0.1	1,442	0.7
HMO Referral	5	0.1	3,326	1.5
Other Hospital	0	0.0	50	0.0
Skilled Nursing Facility	0	0.0	14	0.0
Other Health Care Facility	0	0.0	24	0.0
Emergency Room	15	0.2	4,867	2.2
Court/Law Enforcement	0	0.0	3	0.0
Unknown	0	0.0	16	0.0
Not Reported	0	0.0	9,198	4.2

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2007
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	8,712	99.7	218,338	99.7
Another Hospital	4	0.0	109	0.0
Skilled Nursing Facility	6	0.1	108	0.0
Intermediate Care Facility	0	0.0	7	0.0
Another Type of Institution	1	0.0	50	0.0
Under Care of Home Service	11	0.1	223	0.1
Left Against Medical Advice	2	0.0	19	0.0
Under Care of Home IV Provider	0	0.0	1	0.0
Expired	1	0.0	12	0.0
Unknown	0	0.0	46	0.0
Not Reported	0	0.0	0	0.0
PRIMARY PAYER				
Medicare	1,351	15.5	38,805	17.7
Medicaid	348	4.0	12,973	5.9
Other government	513	5.9	3,498	1.6
Blue Cross/Blue Shield	1,399	16.0	30,611	14.0
Other Commercial	623	7.1	17,104	7.8
Managed Care(HMO, PPO)	4,388	50.2	106,265	48.5
Self Pay	65	0.7	2,895	1.3
Industrial & Worker Comp	27	0.3	3,787	1.7
Charity and Unclassified	0	0.0	1,868	0.9
Childrens Health Insurance	0	0.0	159	0.1
Unknown	23	0.3	855	0.4
Not Reported	0	0.0	93	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	125	1.4	16,514	7.5
Central Utah	2	0.0	8,080	3.7
Davis County	6,631	75.9	22,286	10.2
Salt Lake County	149	1.7	72,683	33.2
Southeastern Utah	3	0.0	5,055	2.3
Southwest Utah	5	0.1	13,705	6.3
Summit County	12	0.1	2,788	1.3
Tooele County	11	0.1	4,504	2.1
Tri-County	7	0.1	5,649	2.6
Utah County	19	0.2	35,563	16.2
Wasatch County	1	0.0	1,636	0.7
Weber County	1,672	19.1	21,324	9.7
Unknown Utah	1	0.0	43	0.0
Outside Utah	98	1.1	8,990	4.1
Unknown, Not Reported	1	0.0	93	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, 2007
NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

116 Delta Community Medical Center - CAH

Reporting Category(ICD-9-CM CODES)	Procedures Performed		Procedures Performed-All Hospitals	
	(#)	(%)	(#)	(%)
Reporting Category(ICD-9-CM CODES)	567	100.0	319,880	100.0
Mastectomy (85.0-85.99)	9	1.6	7,512	2.3
Musculoskeletal (76.0-84.99)	5	0.9	71,153	22.2
Respiratory (30.0-34.99)	0	0.0	3,550	1.1
Cardiovascular (35.0-39.99)	0	0.0	16,128	5.0
Lymphatic/Hemetic (40.0-41.99)	1	0.2	3,232	1.0
Digestive System (42.0-54.99)	258	45.5	102,504	32.0
Urinary (55.0-59.99)	0	0.0	10,216	3.2
Male Genital (60.0-64.99)	1	0.2	3,613	1.1
Female Genital (65.0-71.99)	39	6.9	15,763	4.9
Endocrine/Nervous (01.0-07.99)	0	0.0	22,558	7.1
Eye (08.0-16.99)	136	24.0	19,364	6.1
Ear (18.0-20.99)	66	11.6	13,797	4.3
Nose, Mouth, Pharynx (21.0-29.99)	52	9.2	30,490	9.5
Reporting Category(CPT-4 CODES)	463	100.0	301,918	100.0
Mastectomy (19120-19220)	5	1.1	2,118	0.7
Musculoskeletal (20000-29909)	5	1.1	67,981	22.5
Respiratory (30000-32999 & 39501-39599)	1	0.2	14,263	4.7
Cardiovascular (33010-37799 & 93501-93660)	0	0.0	38,047	12.6
Lymphatic/Hemetic (38100-38999)	0	0.0	2,819	0.9
Digestive (40490-49999)	311	67.2	109,019	36.1
Urinary (50010-53899)	0	0.0	9,215	3.1
Male Genital (54000-55899)	1	0.2	3,144	1.0
Female Genital (56405-58999)	24	5.2	11,863	3.9
Endocrine/Nervous (60000-64999)	0	0.0	24,805	8.2
Eye (65091-68899)	77	16.6	11,076	3.7
Ear (69000-69979)	39	8.4	7,568	2.5

SOURCE: Utah Ambulatory Surgery Database

Utah 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, 2007
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		567	100.0	100.0
4523	COLONOSCOPY	115	20.3	6.86
1341	PHACOEMULSIFICATION-ASPIR CATARACT	59	10.4	1.38
1371	IOL PROSTH-CATARACT EXTRACT-1-STAGE	59	10.4	1.38
2001	MYRINGOTOMY W/INSRT TUBE	59	10.4	3.33
283	TONSILLECTOMY W/ADENOIDECTOMY	42	7.4	1.70
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	33	5.8	5.42
4836	[ENDO] POLYPECTOMY RECTUM	30	5.3	1.03
4542	ENDO POLYPECTOMY LG INTESTINE	29	5.1	3.78
1364	DISCISSION SECNDRY MEMBRN	14	2.5	0.16
4525	CLO [ENDO] BX LG INTESTINE	12	2.1	2.32
6823	ENDOMETRIAL ABLATION	11	1.9	0.61
4824	CLO [ENDO] BX RECTUM	9	1.6	0.47
6812	HYSTEROSCOPY	8	1.4	0.35
4513	OTH ENDO SM INTESTINE	7	1.2	1.74
8521	LOC EXC LES BREAST	6	1.1	0.81
201	REMOV TYMPANOSTOMY TUBE	5	0.9	0.14
5341	REPR UMB HERN W/PROSTH	5	0.9	0.23
6902	D&C FOLLOWING DELIV/AB	5	0.9	0.24
6909	OTH D&C UTERUS	5	0.9	0.46
1359	OTH EXTRACAPSUL LENS EXTRACT	4	0.7	0.03

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		463	100.0	100.0
45378	COLONOSCOPY FLEX; DX-SEP PROC	108	23.3	6.66
66984	EXTRACAPSULAR CATARACT REMV IOL	59	12.7	1.35
45380	COLONOSCOPY FLEX; W/BX 1/MX	56	12.1	5.29
69436	TYMPANOSTOMY GENERAL ANESTHESIA	35	7.6	1.79
43239	UGI ENDO; W/BX 1/MX	31	6.7	5.47
42820	T&A; UNDER AGE 12	25	5.4	1.37
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	23	5.0	1.59
42821	T&A; AGE 12 OR OVER	17	3.7	0.39
66821	DISCISSION 2ND CATARACT; LASER S	14	3.0	0.18
58563	HYSTEROSC SURG; W/ENDOMETRIAL AB	10	2.2	0.45
43235	UGI ENDO; DX W/VO CLCT SPECMN-SP	8	1.7	1.15
19120	EXC BRST CYST TUMR/LES OPN M/F 1	5	1.1	0.44
58120	DILATION & CURET DX &/ THERAPEUT	5	1.1	0.24
42830	ADENOIDECTOMY PRIMARY; UNDER AGE	4	0.9	0.35
49505	REPR INIT ING HERNIA 5YR/MORE; R	4	0.9	0.88
49585	REPR UMBIL HERNIA 5YR/OVER; RDUC	4	0.9	0.32
49587	REPR UMBIL HERNIA 5YR/OVER; INCA	4	0.9	0.11
58670	LAPARSCPY SURGICAL; W/FULG OVIDU	4	0.9	0.17
66940	REMOVAL LENS MATERIAL; XTRACAPSL	4	0.9	0.01
49568	IMPLNT MESH/OTH-INCS/VENT HERN R	3	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, 2007
 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 CHRG	AVE TOT CHRG(ALL Hospitals)
ICD-9 Procedures		278	\$1,656	\$3,565
4523	COLONOSCOPY	99	\$959	\$976
283	TONSILLECTOMY W/ADENOIDECTOMY	36	\$2,436	\$2,361
4542	ENDO POLYPECTOMY LG INTESTINE	20	\$1,085	\$1,383
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	15	\$1,185	\$1,391
1364	DISCISSION SECNDRY MEMBRN	14	\$783	\$727
4836	[ENDO] POLYPECTOMY RECTUM	14	\$1,194	\$1,285
4525	CLO [ENDO] BX LG INTESTINE	8	\$2,226	\$1,424
4824	CLO [ENDO] BX RECTUM	6	\$1,021	\$1,297
5341	REPR UMB HERN W/PROSTH	5	\$4,189	\$4,451
6902	D&C FOLLOWING DELIV/AB	5	\$2,095	\$2,635
6909	OTH D&C UTERUS	5	\$2,058	\$2,732
1359	OTH EXTRACAPSUL LENS EXTRACT	4	\$754	\$1,394
4513	OTH ENDO SM INTESTINE	4	\$816	\$1,172
5349	OTH UMB HERNIORRHAPHY	4	\$3,070	\$2,824
8521	LOC EXC LES BREAST	4	\$2,783	\$2,822
2001	MYRINGOTOMY W/INSRT TUBE	3	\$1,286	\$1,552
5303	UNILAT REPR DIRECT ING HERN-GFT	3	\$4,155	\$4,317
286	ADENOIDECTOMY WO TONSILLECTOMY	2	\$2,480	\$1,980
5361	INCS HERN REPR W/PROSTH	2	\$6,069	\$7,223
6629	OTH BIL ENDO DESTRUC FALLOP TUBES	2	\$3,871	\$4,165

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
CPT-4 Procedures		344	\$1,936	\$3,274
45378	COLONOSCOPY FLEX; DX-SEP PROC	94	\$963	\$984
66984	EXTRACAPSULAR CATARACT REMV IOL	59	\$3,769	\$3,292
45380	COLONOSCOPY FLEX; W/BX 1/MX	39	\$1,384	\$1,354
69436	TYMPANOSTOMY GENERAL ANESTHESIA	22	\$1,082	\$1,247
42820	T&A; UNDER AGE 12	19	\$2,435	\$2,257
42821	T&A; AGE 12 OR OVER	17	\$2,437	\$2,767
43239	UGI ENDO; W/BX 1/MX	14	\$1,207	\$1,389
66821	DISCISSION 2ND CATARACT; LASER S	14	\$783	\$736
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	11	\$1,051	\$1,536
58563	HYSTEROSC SURG; W/ENDOMETRIAL AB	6	\$4,071	\$5,666
19120	EXC BRST CYST TUMR/LES OPN M/F 1	5	\$2,872	\$2,769
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	5	\$827	\$1,081
58120	DILATION & CURET DX &/ THERAPEUT	5	\$2,058	\$2,542
49585	REPR UMBIL HERNIA 5YR/OVER; RDUC	4	\$3,639	\$3,805
49587	REPR UMBIL HERNIA 5YR/OVER; INCA	4	\$3,861	\$3,906
66940	REMOVAL LENS MATERIAL; XTRACAPSL	4	\$754	\$1,173
G0105	COLOREC CANCR SCR; COLNSCPY HI R	3	\$870	\$738
42830	ADENOIDECTOMY PRIMARY; UNDER AGE	2	\$2,480	\$1,938
49505	REPR INIT ING HERNIA 5YR/MORE; R	2	\$4,102	\$4,010
49520	REPR RECUR ING HERN ANY AGE; RDU	2	\$4,194	\$4,228

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, 2007
PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

116 Delta Community Medical Center - CAH

Procedure APG category	Procedure APG	TOTAL #	TOTAL # (ALL Hospitals)
01	INTEGUMENTARY SYSTEM	7	8,527
	008 SIMPLE EXCISION AND BIOPSY	2	1,220
	011 SIMPLE INCISION AND EXCISION OF BREAST	5	2,116
02	MUSCULOSKELETAL SYSTEM	3	61,192
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	1	12,550
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	1	693
	032 BUNION PROCEDURES	1	1,752
04	CARDIOVASCULAR SYSTEM	1	30,572
	083 RESUSCITATION AND CARDIOVERSION	1	15
06	DIGESTIVE SYSTEM	264	98,518
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	1	650
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	39	20,229
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	2	5,566
	117 LOWER GASTROINTESTINAL ENDOSCOPY	191	43,551
	119 HERNIA AND HYDROCELE PROCEDURES	23	6,814
	123 COMPLEX LAPAROSCOPIC PROCEDURES	8	16,057
09	FEMALE GENITAL SYSTEM	17	7,034
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	2	1,974
	178 DILATION AND CURETTAGE	5	733
	179 HYSTEROSCOPY	10	2,553
11	EYE AND OCULAR ADNEXA	77	10,843
	213 LASER EYE PROCEDURES	14	617
	214 CATARACT PROCEDURES	63	4,389
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	90	27,519
	233 NASAL CAUTERIZATION AND PACKING	1	328
	235 SIMPLE FACIAL AND ENT PROCEDURES	42	13,044
	236 TONSIL AND ADENOID PROCEDURES	47	8,300

SOURCE: Utah Ambulatory Surgery Database
 Utah 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, 2007
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 CHRGR	AVE TOT CHRGR(ALL Hospitals)
01	INTEGUMENTARY SYSTEM	5	\$2,872	\$3,184
	011 SIMPLE INCISION AND EXCISION OF BREAST	5	\$2,872	\$3,085
02	MUSCULOSKELETAL SYSTEM	3	\$3,047	\$4,441
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	1	\$2,167	\$3,054
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	1	\$1,830	\$3,328
	032 BUNION PROCEDURES	1	\$5,143	\$4,352
06	DIGESTIVE SYSTEM	185	\$1,336	\$2,473
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	1	\$739	\$1,292
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	19	\$1,107	\$1,331
	117 LOWER GASTROINTESTINAL ENDOSCOPY	148	\$1,078	\$1,168
	119 HERNIA AND HYDROCELE PROCEDURES	14	\$3,914	\$3,847
	123 COMPLEX LAPAROSCOPIC PROCEDURES	3	\$3,700	\$7,043
09	FEMALE GENITAL SYSTEM	11	\$3,156	\$4,463
	178 DILATION AND CURETTAGE	5	\$2,058	\$2,542
	179 HYSTEROSCOPY	6	\$4,071	\$4,798
11	EYE AND OCULAR ADNEXA	77	\$3,070	\$3,373
	213 LASER EYE PROCEDURES	14	\$783	\$769
	214 CATARACT PROCEDURES	63	\$3,578	\$3,301
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	63	\$1,970	\$2,838
	233 NASAL CAUTERIZATION AND PACKING	1	\$3,008	\$3,413
	235 SIMPLE FACIAL AND ENT PROCEDURES	23	\$1,109	\$1,937
	236 TONSIL AND ADENOID PROCEDURES	39	\$2,452	\$2,399

SOURCE: Utah Ambulatory Surgery Database
Utah 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, 2007
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	230	55.4	118,694	54.2
Male	185	44.6	100,216	45.8
Unknown	0	0.0	2	0.0
Not Reported	0	0.0	1	0.0
AGE				
1-28 days	0	0.0	1,456	0.7
29-365 days	11	2.7	2,840	1.3
1-4 years	32	7.7	10,885	5.0
5-9	16	3.9	5,994	2.7
10-14	4	1.0	4,452	2.0
15-17	10	2.4	4,943	2.3
18-19	11	2.7	3,620	1.7
20-24	7	1.7	10,250	4.7
25-29	9	2.2	12,627	5.8
30-34	15	3.6	12,276	5.6
35-39	12	2.9	12,391	5.7
40-44	11	2.7	13,493	6.2
45-49	24	5.8	16,963	7.7
50-54	39	9.4	24,260	11.1
55-59	40	9.6	20,332	9.3
60-64	34	8.2	17,122	7.8
65-69	49	11.8	14,261	6.5
70-74	33	8.0	11,502	5.3
75-79	32	7.7	9,388	4.3
80-84	13	3.1	6,242	2.9
85-89	11	2.7	2,777	1.3
90 +	2	0.5	839	0.4
Not Reported	0	0.0	1,456	0.7
SOURCE OF ADMISSION				
Physician Referral	409	98.6	199,973	91.3
Clinic Referral	2	0.5	1,442	0.7
HMO Referral	0	0.0	3,326	1.5
Other Hospital	0	0.0	50	0.0
Skilled Nursing Facility	0	0.0	14	0.0
Other Health Care Facility	0	0.0	24	0.0
Emergency Room	4	1.0	4,867	2.2
Court/Law Enforcement	0	0.0	3	0.0
Unknown	0	0.0	16	0.0
Not Reported	0	0.0	9,198	4.2

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2007
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	412	99.3	218,338	99.7
Another Hospital	2	0.5	109	0.0
Skilled Nursing Facility	0	0.0	108	0.0
Intermediate Care Facility	0	0.0	7	0.0
Another Type of Institution	0	0.0	50	0.0
Under Care of Home Service	1	0.2	223	0.1
Left Against Medical Advice	0	0.0	19	0.0
Under Care of Home IV Provider	0	0.0	1	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	130	31.3	38,805	17.7
Medicaid	53	12.8	12,973	5.9
Other government	1	0.2	3,498	1.6
Blue Cross/Blue Shield	84	20.2	30,611	14.0
Other Commercial	24	5.8	17,104	7.8
Managed Care(HMO, PPO)	113	27.2	106,265	48.5
Self Pay	3	0.7	2,895	1.3
Industrial & Worker Comp	0	0.0	3,787	1.7
Charity and Unclassified	2	0.5	1,868	0.9
Childrens Health Insurance	0	0.0	159	0.1
Unknown	5	1.2	855	0.4
Not Reported	0	0.0	93	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	0	0.0	16,514	7.5
Central Utah	398	95.9	8,080	3.7
Davis County	1	0.2	22,286	10.2
Salt Lake County	4	1.0	72,683	33.2
Southeastern Utah	0	0.0	5,055	2.3
Southwest Utah	0	0.0	13,705	6.3
Summit County	0	0.0	2,788	1.3
Tooele County	4	1.0	4,504	2.1
Tri-County	0	0.0	5,649	2.6
Utah County	2	0.5	35,563	16.2
Wasatch County	0	0.0	1,636	0.7
Weber County	0	0.0	21,324	9.7
Unknown Utah	1	0.2	43	0.0
Outside Utah	5	1.2	8,990	4.1
Unknown, Not Reported	0	0.0	93	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, 2007
NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

140 Dixie Regional Medical Center

Reporting Category(ICD-9-CM CODES)	Procedures Performed		Procedures Performed-All Hospitals	
	(#)	(%)	(#)	(%)
Reporting Category(ICD-9-CM CODES)	15,326	100.0	319,880	100.0
Mastectomy (85.0-85.99)	298	1.9	7,512	2.3
Musculoskeletal (76.0-84.99)	3,578	23.3	71,153	22.2
Respiratory (30.0-34.99)	321	2.1	3,550	1.1
Cardiovascular (35.0-39.99)	1,343	8.8	16,128	5.0
Lymphatic/Hemetic (40.0-41.99)	169	1.1	3,232	1.0
Digestive System (42.0-54.99)	2,835	18.5	102,504	32.0
Urinary (55.0-59.99)	708	4.6	10,216	3.2
Male Genital (60.0-64.99)	171	1.1	3,613	1.1
Female Genital (65.0-71.99)	759	5.0	15,763	4.9
Endocrine/Nervous (01.0-07.99)	2,228	14.5	22,558	7.1
Eye (08.0-16.99)	33	0.2	19,364	6.1
Ear (18.0-20.99)	891	5.8	13,797	4.3
Nose, Mouth, Pharynx (21.0-29.99)	1,992	13.0	30,490	9.5
Reporting Category(CPT-4 CODES)	16,846	100.0	301,918	100.0
Mastectomy (19120-19220)	158	0.9	2,118	0.7
Musculoskeletal (20000-29909)	3,648	21.7	67,981	22.5
Respiratory (30000-32999 & 39501-39599)	1,344	8.0	14,263	4.7
Cardiovascular (33010-37799 & 93501-93660)	4,444	26.4	38,047	12.6
Lymphatic/Hemetic (38100-38999)	132	0.8	2,819	0.9
Digestive (40490-49999)	3,506	20.8	109,019	36.1
Urinary (50010-53899)	827	4.9	9,215	3.1
Male Genital (54000-55899)	116	0.7	3,144	1.0
Female Genital (56405-58999)	664	3.9	11,863	3.9
Endocrine/Nervous (60000-64999)	1,519	9.0	24,805	8.2
Eye (65091-68899)	11	0.1	11,076	3.7
Ear (69000-69979)	477	2.8	7,568	2.5

SOURCE: Utah Ambulatory Surgery Database
Utah 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, 2007
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		15,326	100.0	100.0
0392	INJ OTH AGENT SPINAL CANAL	913	6.0	1.95
2001	MYRINGOTOMY W/INSRT TUBE	713	4.7	3.33
3722	LT HEART CARD CATH	593	3.9	1.08
0390	INSRT SPINAL CANAL INFUS CATH	586	3.8	0.21
283	TONSILLECTOMY W/ADENOIDECTOMY	340	2.2	1.70
4523	COLONOSCOPY	331	2.2	6.86
5123	LAP CHOLEY	320	2.1	2.16
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	307	2.0	5.42
806	EXC SEMILUNAR CARTILAGE-KNEE	303	2.0	1.94
3723	COMBO RT & LT HEART CARD CATH	286	1.9	0.45
4513	OTH ENDO SM INTESTINE	241	1.6	1.74
8363	ROTATOR CUFF REPR	235	1.5	0.74
4542	ENDO POLYPECTOMY LG INTESTINE	223	1.5	3.78
0443	RELEASE CARPAL TUNNEL	216	1.4	1.07
2169	OTH TURBINECTOMY	212	1.4	0.78
2263	ETHMOIDECTOMY	179	1.2	0.55
8521	LOC EXC LES BREAST	174	1.1	0.81
0391	INJ ANES SPINAL CANAL-ANALGESIA	170	1.1	1.41
2349	OTH DENTAL RESTORATION	165	1.1	0.24
598	URETERAL CATH	160	1.0	0.66

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		16,846	100.0	100.0
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	739	4.4	1.11
93545	INJ PROC-CATH; SELECT CORONRY AN	727	4.3	1.34
93543	INJ PROC-CATH; LT VENT/ATRIAL AN	701	4.2	1.22
93555	IMAG SUPERVS I&R-CATH; VENT/ATRI	658	3.9	1.13
93556	IMAG SUPERVS I&R-CATH; PULM ANGI	654	3.9	1.27
93510	LT HRT CATH RETRO-BRACH/FEM; PER	530	3.1	1.03
69436	TYMPANOSTOMY GENERAL ANESTHESIA	367	2.2	1.79
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	310	1.8	1.44
29826	SCOPE SHOULDER; DECOMP SUBACROM	307	1.8	1.10
45378	COLONOSCOPY FLEX; DX-SEP PROC	305	1.8	6.66
43239	UGI ENDO; W/BX 1/MX	301	1.8	5.47
45380	COLONOSCOPY FLEX; W/BX 1/MX	290	1.7	5.29
93526	COMB RT HRT CATH&RETRO LT HRT CA	289	1.7	0.37
42820	T&A; UNDER AGE 12	235	1.4	1.37
29881	SCOPE KNEE SURG;W/MENISCECT MED/	221	1.3	1.64
30140	SUBMUCOS RES TURBINATE PART/CMPL	208	1.2	0.69
30520	SEPTOPLASTY/SUBMUCOS RES W/GFT	197	1.2	0.77
29827	SCOPE SHLDR SURG; W/ROTOR CUFF R	195	1.2	0.54
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	189	1.1	0.69
62310	INJ 1 NOT NEUROLYTIC-EPID;CERV/T	174	1.0	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, 2007
 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 CHRG	AVE TOT CHRG(ALL Hospitals)
ICD-9	Procedures	5,906	\$4,062	\$3,565
3722	LT HEART CARD CATH	591	\$5,711	\$6,932
3723	COMBO RT & LT HEART CARD CATH	281	\$6,228	\$7,303
5123	LAP CHOLEY	276	\$5,318	\$6,693
283	TONSILLECTOMY W/ADENOIDECTOMY	259	\$2,335	\$2,361
4523	COLONOSCOPY	246	\$849	\$976
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	184	\$1,616	\$1,391
0392	INJ OTH AGENT SPINAL CANAL	167	\$811	\$792
2349	OTH DENTAL RESTORATION	156	\$2,828	\$2,655
4542	ENDO POLYPECTOMY LG INTESTINE	135	\$1,210	\$1,383
8521	LOC EXC LES BREAST	102	\$2,745	\$2,822
0443	RELEASE CARPAL TUNNEL	98	\$2,017	\$2,237
4513	OTH ENDO SM INTESTINE	98	\$1,018	\$1,172
8363	ROTATOR CUFF REPR	82	\$7,800	\$9,286
5011	CLO [PERCUT] [NEEDLE] BX LIVER	76	\$2,431	\$2,303
4524	FLEX SIGMOIDOSCOPY	74	\$455	\$921
6902	D&C FOLLOWING DELIV/AB	74	\$2,220	\$2,635
5304	UNILAT REPR INDIRECT ING HERN-GFT	72	\$3,921	\$4,048
5972	INJ IMPLNT URETHRA-BLADDER NECK	66	\$4,134	\$4,913
598	URETERAL CATH	62	\$5,018	\$5,994
282	TONSILLECTOMY WO ADENOIDECTOMY	61	\$2,453	\$2,499

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
CPT-4	Procedures	5,797	\$2,887	\$3,274
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	724	\$810	\$1,005
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	272	\$5,323	\$7,072
69436	TYMPANOSTOMY GENERAL ANESTHESIA	244	\$1,036	\$1,247
45378	COLONOSCOPY FLEX; DX-SEP PROC	239	\$850	\$984
45380	COLONOSCOPY FLEX; W/BX 1/MX	189	\$1,146	\$1,354
42820	T&A; UNDER AGE 12	173	\$2,239	\$2,257
43239	UGI ENDO; W/BX 1/MX	171	\$1,607	\$1,389
62310	INJ 1 NOT NEUROLYTIC-EPID;CERV/T	170	\$812	\$1,130
41899	UNLIST PROC DENTOALVEOL STRUCTUR	164	\$2,829	\$2,605
49505	REPR INIT ING HERNIA 5YR/MORE; R	124	\$3,836	\$4,010
19120	EXC BRST CYST TUMR/LES OPN M/F 1	91	\$2,698	\$2,769
20680	REMOVAL OF IMPLANT; DEEP	85	\$2,872	\$3,111
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	84	\$1,837	\$2,296
42821	T&A; AGE 12 OR OVER	75	\$2,522	\$2,767
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	75	\$875	\$1,081
47000	BIOPSY LIVER NEEDLE; PERCUTANEOU	69	\$2,296	\$2,227
45330	SIGMOIDOSCOPY FLEX; DX-SEP PROC	67	\$383	\$735
51715	ENDO INJ IMPLNT MAT-URETH&/BLAD	66	\$4,134	\$5,202
29881	SCOPE KNEE SURG;W/MENISCECT MED/	63	\$4,041	\$4,170
32405	BX LUNG/MEDIASTINUM PERCUT NEEDL	54	\$2,282	\$2,730

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, 2007
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	580	8,527
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	213	2,371
	003 COMPLEX INCISION AND DRAINAGE	4	88
	004 SIMPLE INCISION AND DRAINAGE	1	28
	006 SIMPLE DEBRIDEMENT AND DESTRUCTION	3	187
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	71	1,121
	008 SIMPLE EXCISION AND BIOPSY	83	1,220
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRANGE	47	1,390
	011 SIMPLE INCISION AND EXCISION OF BREAST	158	2,116
02	MUSCULOSKELETAL SYSTEM	3,360	61,192
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	364	6,662
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	204	2,481
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	108	2,359
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	578	12,550
	025 ARTHROSCOPY	1,664	25,547
	028 CLOSED TREATMENT FX & DISLOCATION OF FINGER, TOE & TRUNK	1	54
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	27	693
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	228	4,851
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	12	465
	032 BUNION PROCEDURES	69	1,752
	033 ARTHROPLASTY	47	581
	034 HAND AND FOOT TENOTOMY	10	323
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	48	2,254
03	RESPIRATORY SYSTEM	804	8,139
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	40	652
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	574	5,383
	054 SIMPLE ENDOSCOPY OF THE UPPER AIRWAY	17	252
	055 ENDOSCOPY OF THE LOWER AIRWAY	173	1,852
04	CARDIOVASCULAR SYSTEM	4,205	30,572
	074 CARDIAC ELECTROPHYSIOLOGIC TESTS	194	4,174
	076 DIAGNOSTIC CARDIAC CATHETERIZATION	3,719	21,581
	077 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	81	1,914
	078 PACEMAKER INSERTION AND REPLACEMENT	55	690
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	74	989
	080 MINOR VASCULAR REPAIR AND FISTULA CONSTRUCTION	62	736
	081 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	10	123
	082 VASCULAR LIGATION	9	308
	083 RESUSCITATION AND CARDIOVERSION	1	15
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	124	3,488
	092 CHEMOTHERAPY EXCEPT BY EXTENDED INFUSION	2	43
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	111	2,063
	097 TRANSFUSION	11	1,297
06	DIGESTIVE SYSTEM	2,790	98,518
	112 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	48	1,254
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	78	650
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	58	342

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2007
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	467	20,229
116	THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	141	5,566
117	LOWER GASTROINTESTINAL ENDOSCOPY	702	43,551
118	ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	90	1,497
119	HERNIA AND HYDROCELE PROCEDURES	324	6,814
120	COMPLEX ANAL AND RECTAL PROCEDURES	15	1,064
121	SIMPLE ANAL AND RECTAL PROCEDURES	19	552
122	MISCELLANEOUS ABDOMINAL PROCEDURES	30	580
123	COMPLEX LAPAROSCOPIC PROCEDURES	804	16,057
124	SIMPLE LAPAROSCOPIC PROCEDURES	14	226
07	URINARY SYSTEM	708	7,929
131	RENAL EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	31	871
133	URINARY CATHETERIZATION AND DILATATION	127	479
134	COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	329	3,971
135	MODERATE CYSTOURETHROSCOPY	162	1,733
136	SIMPLE CYSTOURETHROSCOPY	41	570
137	COMPLEX URETHRAL PROCEDURES	7	132
138	SIMPLE URETHRAL PROCEDURES	11	172
08	MALE GENITAL SYSTEM	91	2,775
151	TESTICULAR AND EPIDIDYMAL PROCEDURES	39	1,260
152	INSERTION OF PENILE PROSTHESIS	11	85
153	COMPLEX PENILE PROCEDURES	6	495
154	SIMPLE PENILE PROCEDURES	34	823
155	PROSTATE NEEDLE AND PUNCH BIOPSY	1	112
09	FEMALE GENITAL SYSTEM	470	7,034
176	COMPLEX FEMALE REPRODUCTIVE PROCEDURES	225	1,974
177	SIMPLE FEMALE REPRODUCTIVE PROCEDURES	140	1,390
178	DILATION AND CURETTAGE	56	733
179	HYSTEROSCOPY	36	2,553
180	COLPOSCOPY	13	384
10	NERVOUS SYSTEM	1,401	20,995
195	NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	996	14,792
196	REVISION AND REMOVAL OF NEUROLOGICAL DEVICE	3	235
197	NEUROSTIMULATOR AND VENTRICULAR SHUNT IMPLANTATION	38	944
198	NERVE REPAIR AND DESTRUCTION	321	4,511
199	SPINAL TAP	43	513
11	EYE AND OCULAR ADNEXA	11	10,843
215	COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	5	400
216	MODERATE ANTERIOR SEGMENT EYE PROCEDURES	1	277
221	COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	3	886
222	SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	2	510
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	1,836	27,519
233	NASAL CAUTERIZATION AND PACKING	13	328
234	COMPLEX FACIAL AND ENT PROCEDURES	359	5,752
235	SIMPLE FACIAL AND ENT PROCEDURES	940	13,044
236	TONSIL AND ADENOID PROCEDURES	524	8,300

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2007
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			
13	THERAPEUTIC AND OTHER RADIOLOGICAL PROCEDURES	80	3,024
	253 VASCULAR RADIOLOGY EXCEPT FOR VENOGRAPHY OF EXTREMITY	62	1,146
	254 MYELOGRAPHY	1	304
	255 MISCELLANEOUS RADIOLOGICAL PROCEDURES WITH CONTRAST	17	1,567

SOURCE: Utah Ambulatory Surgery Database
 Utah 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, 2007
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	419	\$2,723	\$3,184
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	179	\$2,475	\$2,632
	003 COMPLEX INCISION AND DRAINAGE	3	\$2,727	\$4,092
	004 SIMPLE INCISION AND DRAINAGE	1	\$4,027	\$2,544
	006 SIMPLE DEBRIDEMENT AND DESTRUCTION	3	\$2,534	\$2,883
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	31	\$2,804	\$3,383
	008 SIMPLE EXCISION AND BIOPSY	48	\$2,597	\$2,793
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRAN	25	\$3,492	\$4,546
	011 SIMPLE INCISION AND EXCISION OF BREAST	129	\$2,939	\$3,085
02	MUSCULOSKELETAL SYSTEM	859	\$4,254	\$4,441
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	130	\$5,091	\$7,003
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	38	\$4,302	\$3,967
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	34	\$4,414	\$5,446
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	214	\$2,710	\$3,054
	025 ARTHROSCOPY	209	\$4,811	\$4,796
	028 CLOSED TREATMENT FX & DISLOCATION OF FINGER, TOE & TRUNK	1	\$3,692	\$1,440
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	17	\$3,010	\$3,328
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	161	\$5,554	\$5,920
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	3	\$3,090	\$2,812
	032 BUNION PROCEDURES	18	\$3,181	\$4,352
	033 ARTHROPLASTY	11	\$4,849	\$7,331
	034 HAND AND FOOT TENOTOMY	1	\$4,186	\$2,254
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	22	\$933	\$1,001
03	RESPIRATORY SYSTEM	55	\$2,564	\$2,352
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	19	\$1,155	\$1,520
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	20	\$3,337	\$3,777
	054 SIMPLE ENDOSCOPY OF THE UPPER AIRWAY	1	\$4,706	\$2,332
	055 ENDOSCOPY OF THE LOWER AIRWAY	15	\$3,177	\$2,232
04	CARDIOVASCULAR SYSTEM	85	\$6,389	\$13,494
	074 CARDIAC ELECTROPHYSIOLOGIC TESTS	3	\$9,244	\$20,642
	076 DIAGNOSTIC CARDIAC CATHETERIZATION	14	\$5,908	\$6,799
	077 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	2	\$3,750	\$23,688
	078 PACEMAKER INSERTION AND REPLACEMENT	6	\$14,974	\$22,941
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	9	\$10,235	\$3,439
	080 MINOR VASCULAR REPAIR AND FISTULA CONSTRUCTION	44	\$4,809	\$5,464
	081 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	5	\$4,914	\$4,524
	082 VASCULAR LIGATION	2	\$3,498	\$5,963
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	73	\$4,940	\$4,053
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	70	\$4,844	\$5,409
	097 TRANSFUSION	3	\$7,162	\$2,574
06	DIGESTIVE SYSTEM	1,682	\$2,839	\$2,473
	112 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	3	\$1,126	\$1,577
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	70	\$521	\$1,292
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	43	\$759	\$1,324
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	248	\$1,396	\$1,331

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2007
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)
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	63	\$1,411	\$1,876
	117 LOWER GASTROINTESTINAL ENDOSCOPY	486	\$1,013	\$1,168
	118 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	18	\$3,156	\$4,111
	119 HERNIA AND HYDROCELE PROCEDURES	221	\$3,669	\$3,847
	120 COMPLEX ANAL AND RECTAL PROCEDURES	14	\$3,438	\$3,183
	121 SIMPLE ANAL AND RECTAL PROCEDURES	13	\$1,906	\$2,411
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	11	\$8,440	\$6,329
	123 COMPLEX LAPAROSCOPIC PROCEDURES	490	\$5,581	\$7,043
	124 SIMPLE LAPAROSCOPIC PROCEDURES	2	\$3,710	\$8,601
07	URINARY SYSTEM	225	\$3,865	\$5,134
	131 RENAL EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	1	\$1,265	\$8,723
	133 URINARY CATHETERIZATION AND DILATATION	13	\$5,197	\$4,450
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	116	\$4,121	\$5,301
	135 MODERATE CYSTOURETHROSCOPY	63	\$3,761	\$3,734
	136 SIMPLE CYSTOURETHROSCOPY	20	\$2,606	\$2,619
	137 COMPLEX URETHRAL PROCEDURES	3	\$3,506	\$6,589
	138 SIMPLE URETHRAL PROCEDURES	9	\$2,568	\$1,729
08	MALE GENITAL SYSTEM	57	\$7,159	\$3,453
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	16	\$2,838	\$2,812
	152 INSERTION OF PENILE PROSTHESIS	11	\$21,498	\$18,747
	153 COMPLEX PENILE PROCEDURES	5	\$13,991	\$3,629
	154 SIMPLE PENILE PROCEDURES	25	\$2,248	\$1,981
09	FEMALE GENITAL SYSTEM	190	\$3,548	\$4,463
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	61	\$4,095	\$5,626
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	82	\$3,733	\$3,471
	178 DILATION AND CURETTAGE	25	\$1,833	\$2,542
	179 HYSTEROSCOPY	18	\$3,499	\$4,798
	180 COLPOSCOPY	4	\$2,340	\$3,826
10	NERVOUS SYSTEM	1,102	\$982	\$2,183
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	956	\$814	\$1,108
	196 REVISION AND REMOVAL OF NEUROLOGICAL DEVICE	1	\$4,594	\$9,628
	197 NEUROSTIMULATOR AND VENTRICULAR SHUNT IMPLANTATION	2	\$13,205	\$26,856
	198 NERVE REPAIR AND DESTRUCTION	100	\$2,070	\$2,625
	199 SPINAL TAP	43	\$1,547	\$2,151
11	EYE AND OCULAR ADNEXA	2	\$3,988	\$3,373
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	1	\$4,486	\$3,997
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	1	\$3,490	\$2,495
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	892	\$2,349	\$2,838
	233 NASAL CAUTERIZATION AND PACKING	7	\$1,794	\$3,413
	234 COMPLEX FACIAL AND ENT PROCEDURES	93	\$4,984	\$5,571
	235 SIMPLE FACIAL AND ENT PROCEDURES	473	\$1,849	\$1,937
	236 TONSIL AND ADENOID PROCEDURES	319	\$2,335	\$2,399
13	THERAPEUTIC AND OTHER RADIOLOGICAL PROCEDURES	10	\$5,961	\$3,736
	253 VASCULAR RADIOLOGY EXCEPT FOR VENOGRAPHY OF EXTREMITY	7	\$7,733	\$13,369
	254 MYELOGRAPHY	1	\$2,037	\$3,202

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2007
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 CHRG	AVE TOT CHRG(ALL Hospitals)
255 MISCELLANEOUS RADIOLOGICAL PROCEDURES WITH CONTRAST	2	\$1,723	\$2,658

SOURCE: Utah Ambulatory Surgery Database
 Utah 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, 2007
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	5,146	52.8	118,694	54.2
Male	4,601	47.2	100,216	45.8
Unknown	0	0.0	2	0.0
Not Reported	0	0.0	1	0.0
AGE				
1-28 days	1	0.0	1,456	0.7
29-365 days	102	1.0	2,840	1.3
1-4 years	572	5.9	10,885	5.0
5-9	315	3.2	5,994	2.7
10-14	213	2.2	4,452	2.0
15-17	253	2.6	4,943	2.3
18-19	131	1.3	3,620	1.7
20-24	397	4.1	10,250	4.7
25-29	451	4.6	12,627	5.8
30-34	398	4.1	12,276	5.6
35-39	433	4.4	12,391	5.7
40-44	455	4.7	13,493	6.2
45-49	575	5.9	16,963	7.7
50-54	736	7.6	24,260	11.1
55-59	743	7.6	20,332	9.3
60-64	851	8.7	17,122	7.8
65-69	936	9.6	14,261	6.5
70-74	831	8.5	11,502	5.3
75-79	715	7.3	9,388	4.3
80-84	415	4.3	6,242	2.9
85-89	181	1.9	2,777	1.3
90 +	43	0.4	839	0.4
Not Reported	1	0.0	1,456	0.7
SOURCE OF ADMISSION				
Physician Referral	9,410	96.5	199,973	91.3
Clinic Referral	1	0.0	1,442	0.7
HMO Referral	2	0.0	3,326	1.5
Other Hospital	3	0.0	50	0.0
Skilled Nursing Facility	0	0.0	14	0.0
Other Health Care Facility	1	0.0	24	0.0
Emergency Room	328	3.4	4,867	2.2
Court/Law Enforcement	0	0.0	3	0.0
Unknown	2	0.0	16	0.0
Not Reported	0	0.0	9,198	4.2

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2007
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	9,716	99.7	218,338	99.7
Another Hospital	1	0.0	109	0.0
Skilled Nursing Facility	11	0.1	108	0.0
Intermediate Care Facility	1	0.0	7	0.0
Another Type of Institution	0	0.0	50	0.0
Under Care of Home Service	16	0.2	223	0.1
Left Against Medical Advice	1	0.0	19	0.0
Under Care of Home IV Provider	0	0.0	1	0.0
Expired	1	0.0	12	0.0
Unknown	0	0.0	46	0.0
Not Reported	0	0.0	0	0.0
PRIMARY PAYER				
Medicare	2,752	28.2	38,805	17.7
Medicaid	737	7.6	12,973	5.9
Other government	102	1.0	3,498	1.6
Blue Cross/Blue Shield	1,115	11.4	30,611	14.0
Other Commercial	764	7.8	17,104	7.8
Managed Care(HMO, PPO)	3,618	37.1	106,265	48.5
Self Pay	102	1.0	2,895	1.3
Industrial & Worker Comp	262	2.7	3,787	1.7
Charity and Unclassified	203	2.1	1,868	0.9
Childrens Health Insurance	8	0.1	159	0.1
Unknown	84	0.9	855	0.4
Not Reported	0	0.0	93	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	5	0.1	16,514	7.5
Central Utah	80	0.8	8,080	3.7
Davis County	9	0.1	22,286	10.2
Salt Lake County	36	0.4	72,683	33.2
Southeastern Utah	11	0.1	5,055	2.3
Southwest Utah	8,527	87.5	13,705	6.3
Summit County	3	0.0	2,788	1.3
Tooele County	2	0.0	4,504	2.1
Tri-County	1	0.0	5,649	2.6
Utah County	30	0.3	35,563	16.2
Wasatch County	0	0.0	1,636	0.7
Weber County	8	0.1	21,324	9.7
Unknown Utah	1	0.0	43	0.0
Outside Utah	1,030	10.6	8,990	4.1
Unknown, Not Reported	4	0.0	93	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, 2007
NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

115 Fillmore Community Medical Center - CAH

Reporting Category(ICD-9-CM CODES)	Procedures Performed		Procedures Performed-All Hospitals	
	(#)	(%)	(#)	(%)
Reporting Category(ICD-9-CM CODES)	171	100.0	319,880	100.0
Mastectomy (85.0-85.99)	0	0.0	7,512	2.3
Musculoskeletal (76.0-84.99)	9	5.3	71,153	22.2
Respiratory (30.0-34.99)	1	0.6	3,550	1.1
Cardiovascular (35.0-39.99)	0	0.0	16,128	5.0
Lymphatic/Hemetic (40.0-41.99)	0	0.0	3,232	1.0
Digestive System (42.0-54.99)	148	86.5	102,504	32.0
Urinary (55.0-59.99)	0	0.0	10,216	3.2
Male Genital (60.0-64.99)	1	0.6	3,613	1.1
Female Genital (65.0-71.99)	5	2.9	15,763	4.9
Endocrine/Nervous (01.0-07.99)	0	0.0	22,558	7.1
Eye (08.0-16.99)	0	0.0	19,364	6.1
Ear (18.0-20.99)	4	2.3	13,797	4.3
Nose, Mouth, Pharynx (21.0-29.99)	3	1.8	30,490	9.5
Reporting Category(CPT-4 CODES)	171	100.0	301,918	100.0
Mastectomy (19120-19220)	0	0.0	2,118	0.7
Musculoskeletal (20000-29909)	13	7.6	67,981	22.5
Respiratory (30000-32999 & 39501-39599)	1	0.6	14,263	4.7
Cardiovascular (33010-37799 & 93501-93660)	1	0.6	38,047	12.6
Lymphatic/Hemetic (38100-38999)	0	0.0	2,819	0.9
Digestive (40490-49999)	151	88.3	109,019	36.1
Urinary (50010-53899)	0	0.0	9,215	3.1
Male Genital (54000-55899)	1	0.6	3,144	1.0
Female Genital (56405-58999)	2	1.2	11,863	3.9
Endocrine/Nervous (60000-64999)	0	0.0	24,805	8.2
Eye (65091-68899)	0	0.0	11,076	3.7
Ear (69000-69979)	2	1.2	7,568	2.5

SOURCE: Utah Ambulatory Surgery Database
Utah 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, 2007
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				
4523	COLONOSCOPY	56	32.7	6.86
4525	CLO [ENDO] BX LG INTESTINE	38	22.2	2.32
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	21	12.3	5.42
4824	CLO [ENDO] BX RECTUM	9	5.3	0.47
4542	ENDO POLYPECTOMY LG INTESTINE	5	2.9	3.78
5123	LAP CHOLEY	5	2.9	2.16
2001	MYRINGOTOMY W/INSRT TUBE	4	2.3	3.33
4543	ENDO DEST OTH LES/TISS LG INTEST	4	2.3	0.05
5304	UNILAT REPR INDIRECT ING HERN-GFT	3	1.8	0.46
283	TONSILLECTOMY W/ADENOIDECTOMY	2	1.2	1.70
6902	D&C FOLLOWING DELIV/AB	2	1.2	0.24
7759	OTH BUNIONEC	2	1.2	0.10
282	TONSILLECTOMY WO ADENOIDECTOMY	1	0.6	0.60
3491	THORACENTESIS	1	0.6	0.06
4292	DILAT ESOPH	1	0.6	1.45
4514	CLO [ENDO] BX SM INTESTINE	1	0.6	0.04
4524	FLEX SIGMOIDOSCOPY	1	0.6	0.17
4832	OTH ELEC-COAG RECTAL LES/TISS	1	0.6	0.02
4836	[ENDO] POLYPECTOMY RECTUM	1	0.6	1.03
5303	UNILAT REPR DIRECT ING HERN-GFT	1	0.6	0.32

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures				
45378	COLONOSCOPY FLEX; DX-SEP PROC	62	36.3	6.66
45380	COLONOSCOPY FLEX; W/BX 1/MX	40	23.4	5.29
43239	UGI ENDO; W/BX 1/MX	21	12.3	5.47
21555	EXC TUMR SFT TISSUE NCK/THOR; SU	6	3.5	0.04
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	5	2.9	1.59
45384	COLONOSCOPY FLEX; REMV LES-FORCE	4	2.3	0.27
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	4	2.3	1.44
49650	LAPARSCPY SURG; REPR INIT ING HE	4	2.3	0.19
28296	HALLUX VALGUS; W/METATARSAL OSTE	3	1.8	0.29
45383	COLONOSCOPY FLEX; W/ABLAT LES	2	1.2	0.11
69436	TYMPANOSTOMY GENERAL ANESTHESIA	2	1.2	1.79
20680	REMOVAL OF IMPLANT; DEEP	1	0.6	0.93
28232	TENOT OPN TENDON FLX; TOE 1 TEND	1	0.6	0.05
28238	RECON POST TIBL TEND W/EXC TARSL	1	0.6	0.04
28755	ARTHRSIS GREAT TOE; IP JOINT	1	0.6	0.01
32000	THORACENTESIS ASPIR NIT/SUBSQT	1	0.6	0.07
36430	TRANSFUSION BLOOD/BLOOD COMPONENT	1	0.6	0.43
42820	T&A; UNDER AGE 12	1	0.6	1.37
42821	T&A; AGE 12 OR OVER	1	0.6	0.39
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	1	0.6	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, 2007
 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 CHRG	AVE TOT CHRG(ALL Hospitals)
ICD-9 Procedures		119	\$1,760	\$3,565
4523	COLONOSCOPY	49	\$1,046	\$976
4525	CLO [ENDO] BX LG INTESTINE	29	\$1,380	\$1,424
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	11	\$1,412	\$1,391
5123	LAP CHOLEY	5	\$8,546	\$6,693
4824	CLO [ENDO] BX RECTUM	3	\$1,337	\$1,297
5304	UNILAT REPR INDIRECT ING HERN-GFT	3	\$4,777	\$4,048
283	TONSILLECTOMY W/ADENOIDECTOMY	2	\$3,094	\$2,361
4542	ENDO POLYPECTOMY LG INTESTINE	2	\$1,579	\$1,383
4543	ENDO DEST OTH LES/TISS LG INTEST	2	\$1,232	\$1,886
6902	D&C FOLLOWING DELIV/AB	2	\$2,478	\$2,635
282	TONSILLECTOMY WO ADENOIDECTOMY	1	\$2,586	\$2,499
3491	THORACENTESIS	1	\$749	\$1,577
4514	CLO [ENDO] BX SM INTESTINE	1	\$1,176	\$2,405
4524	FLEX SIGMOIDOSCOPY	1	\$718	\$921
5303	UNILAT REPR DIRECT ING HERN-GFT	1	\$4,356	\$4,317
5491	PERCUT ABD DRAIN	1	\$647	\$1,940
640	CIRCUMCISION	1	\$2,687	\$2,039
6639	OTH BILAT DEST/OCCLU FALLOP TUBES	1	\$3,979	\$4,727
6952	ASPIR CURET FOLLOWING DELIV/AB	1	\$3,173	\$2,643
6959	OTH ASPIR CURET UTERUS	1	\$2,312	\$2,467

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
CPT-4 Procedures		116	\$1,762	\$3,274
45378	COLONOSCOPY FLEX; DX-SEP PROC	45	\$1,037	\$984
45380	COLONOSCOPY FLEX; W/BX 1/MX	36	\$1,381	\$1,354
43239	UGI ENDO; W/BX 1/MX	10	\$1,241	\$1,389
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	4	\$9,033	\$7,072
49650	LAPARSCPY SURG; REPR INIT ING HE	4	\$4,671	\$5,578
45384	COLONOSCOPY FLEX; REMV LES-FORCE	2	\$1,579	\$1,605
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	2	\$1,232	\$1,536
69436	TYMPANOSTOMY GENERAL ANESTHESIA	2	\$2,162	\$1,247
28238	RECON POST TIBL TEND W/EXC TARSL	1	\$4,426	\$4,487
32000	THORACENTESIS ASPIR NIT/SUBSQT	1	\$749	\$1,656
42820	T&A; UNDER AGE 12	1	\$3,212	\$2,257
42821	T&A; AGE 12 OR OVER	1	\$2,977	\$2,767
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	1	\$2,586	\$2,569
45330	SIGMOIDOSCOPY FLEX; DX-SEP PROC	1	\$718	\$735
47562	LAPAROSCOPY SURGICAL; CHOLECT	1	\$6,600	\$6,110
49080	PERITONEOCENTESIS; INIT	1	\$647	\$1,458
54161	CIRC NO CLAMP/DORSL SLIT; NOT NB	1	\$2,687	\$2,124
58120	DILATION & CURET DX &/ THERAPEUT	1	\$2,312	\$2,542
58600	LIG FALLOPION TUBE ABD/VAG UNI/B	1	\$3,979	\$3,700

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, 2007
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			
01	INTEGUMENTARY SYSTEM	6	8,527
	008 SIMPLE EXCISION AND BIOPSY	6	1,220
02	MUSCULOSKELETAL SYSTEM	7	61,192
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	1	2,359
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	2	12,550
	032 BUNION PROCEDURES	3	1,752
	034 HAND AND FOOT TENOTOMY	1	323
03	RESPIRATORY SYSTEM	2	8,139
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	2	652
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	1	3,488
	097 TRANSFUSION	1	1,297
06	DIGESTIVE SYSTEM	147	98,518
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	1	650
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	23	20,229
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	1	5,566
	117 LOWER GASTROINTESTINAL ENDOSCOPY	113	43,551
	123 COMPLEX LAPAROSCOPIC PROCEDURES	9	16,057
08	MALE GENITAL SYSTEM	1	2,775
	154 SIMPLE PENILE PROCEDURES	1	823
09	FEMALE GENITAL SYSTEM	1	7,034
	178 DILATION AND CURETTAGE	1	733
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	5	27,519
	235 SIMPLE FACIAL AND ENT PROCEDURES	2	13,044
	236 TONSIL AND ADENOID PROCEDURES	3	8,300

SOURCE: Utah Ambulatory Surgery Database

Utah 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, 2007
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 CHR	AVE TOT CHR(ALL Hospitals)
02	MUSCULOSKELETAL SYSTEM	1	\$4,426	\$4,441
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	1	\$4,426	\$5,446
03	RESPIRATORY SYSTEM	2	\$698	\$2,352
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	2	\$698	\$1,520
06	DIGESTIVE SYSTEM	105	\$1,681	\$2,473
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	1	\$718	\$1,292
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	10	\$1,241	\$1,331
	117 LOWER GASTROINTESTINAL ENDOSCOPY	85	\$1,200	\$1,168
	123 COMPLEX LAPAROSCOPIC PROCEDURES	9	\$6,824	\$7,043
08	MALE GENITAL SYSTEM	1	\$2,687	\$3,453
	154 SIMPLE PENILE PROCEDURES	1	\$2,687	\$1,981
09	FEMALE GENITAL SYSTEM	1	\$2,312	\$4,463
	178 DILATION AND CURETTAGE	1	\$2,312	\$2,542
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	5	\$2,620	\$2,838
	235 SIMPLE FACIAL AND ENT PROCEDURES	2	\$2,162	\$1,937
	236 TONSIL AND ADENOID PROCEDURES	3	\$2,925	\$2,399

SOURCE: Utah Ambulatory Surgery Database
 Utah 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, 2007
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	65	45.5	118,694	54.2
Male	78	54.5	100,216	45.8
Unknown	0	0.0	2	0.0
Not Reported	0	0.0	1	0.0
AGE				
1-28 days	0	0.0	1,456	0.7
29-365 days	0	0.0	2,840	1.3
1-4 years	3	2.1	10,885	5.0
5-9	1	0.7	5,994	2.7
10-14	2	1.4	4,452	2.0
15-17	3	2.1	4,943	2.3
18-19	0	0.0	3,620	1.7
20-24	4	2.8	10,250	4.7
25-29	3	2.1	12,627	5.8
30-34	3	2.1	12,276	5.6
35-39	4	2.8	12,391	5.7
40-44	5	3.5	13,493	6.2
45-49	10	7.0	16,963	7.7
50-54	28	19.6	24,260	11.1
55-59	16	11.2	20,332	9.3
60-64	20	14.0	17,122	7.8
65-69	9	6.3	14,261	6.5
70-74	17	11.9	11,502	5.3
75-79	10	7.0	9,388	4.3
80-84	4	2.8	6,242	2.9
85-89	1	0.7	2,777	1.3
90 +	0	0.0	839	0.4
Not Reported	0	0.0	1,456	0.7
SOURCE OF ADMISSION				
Physician Referral	132	92.3	199,973	91.3
Clinic Referral	10	7.0	1,442	0.7
HMO Referral	0	0.0	3,326	1.5
Other Hospital	0	0.0	50	0.0
Skilled Nursing Facility	0	0.0	14	0.0
Other Health Care Facility	0	0.0	24	0.0
Emergency Room	1	0.7	4,867	2.2
Court/Law Enforcement	0	0.0	3	0.0
Unknown	0	0.0	16	0.0
Not Reported	0	0.0	9,198	4.2

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2007
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	143	100.0	218,338	99.7
Another Hospital	0	0.0	109	0.0
Skilled Nursing Facility	0	0.0	108	0.0
Intermediate Care Facility	0	0.0	7	0.0
Another Type of Institution	0	0.0	50	0.0
Under Care of Home Service	0	0.0	223	0.1
Left Against Medical Advice	0	0.0	19	0.0
Under Care of Home IV Provider	0	0.0	1	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	28	19.6	38,805	17.7
Medicaid	7	4.9	12,973	5.9
Other government	3	2.1	3,498	1.6
Blue Cross/Blue Shield	19	13.3	30,611	14.0
Other Commercial	12	8.4	17,104	7.8
Managed Care(HMO, PPO)	71	49.7	106,265	48.5
Self Pay	1	0.7	2,895	1.3
Industrial & Worker Comp	0	0.0	3,787	1.7
Charity and Unclassified	1	0.7	1,868	0.9
Childrens Health Insurance	0	0.0	159	0.1
Unknown	1	0.7	855	0.4
Not Reported	0	0.0	93	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	0	0.0	16,514	7.5
Central Utah	140	97.9	8,080	3.7
Davis County	0	0.0	22,286	10.2
Salt Lake County	0	0.0	72,683	33.2
Southeastern Utah	0	0.0	5,055	2.3
Southwest Utah	0	0.0	13,705	6.3
Summit County	0	0.0	2,788	1.3
Tooele County	0	0.0	4,504	2.1
Tri-County	0	0.0	5,649	2.6
Utah County	0	0.0	35,563	16.2
Wasatch County	0	0.0	1,636	0.7
Weber County	0	0.0	21,324	9.7
Unknown Utah	0	0.0	43	0.0
Outside Utah	3	2.1	8,990	4.1
Unknown, Not Reported	0	0.0	93	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, 2007
NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

110 Garfield Memorial Hospital

Reporting Category(ICD-9-CM CODES)	Procedures Performed		Procedures Performed-All Hospitals	
	(#)	(%)	(#)	(%)
Reporting Category(ICD-9-CM CODES)	212	100.0	319,880	100.0
Mastectomy (85.0-85.99)	0	0.0	7,512	2.3
Musculoskeletal (76.0-84.99)	0	0.0	71,153	22.2
Respiratory (30.0-34.99)	1	0.5	3,550	1.1
Cardiovascular (35.0-39.99)	0	0.0	16,128	5.0
Lymphatic/Hemetic (40.0-41.99)	0	0.0	3,232	1.0
Digestive System (42.0-54.99)	185	87.3	102,504	32.0
Urinary (55.0-59.99)	0	0.0	10,216	3.2
Male Genital (60.0-64.99)	1	0.5	3,613	1.1
Female Genital (65.0-71.99)	1	0.5	15,763	4.9
Endocrine/Nervous (01.0-07.99)	1	0.5	22,558	7.1
Eye (08.0-16.99)	0	0.0	19,364	6.1
Ear (18.0-20.99)	16	7.5	13,797	4.3
Nose, Mouth, Pharynx (21.0-29.99)	7	3.3	30,490	9.5
Reporting Category(CPT-4 CODES)	207	100.0	301,918	100.0
Mastectomy (19120-19220)	0	0.0	2,118	0.7
Musculoskeletal (20000-29909)	0	0.0	67,981	22.5
Respiratory (30000-32999 & 39501-39599)	2	1.0	14,263	4.7
Cardiovascular (33010-37799 & 93501-93660)	1	0.5	38,047	12.6
Lymphatic/Hemetic (38100-38999)	0	0.0	2,819	0.9
Digestive (40490-49999)	187	90.3	109,019	36.1
Urinary (50010-53899)	0	0.0	9,215	3.1
Male Genital (54000-55899)	1	0.5	3,144	1.0
Female Genital (56405-58999)	0	0.0	11,863	3.9
Endocrine/Nervous (60000-64999)	1	0.5	24,805	8.2
Eye (65091-68899)	0	0.0	11,076	3.7
Ear (69000-69979)	15	7.2	7,568	2.5

SOURCE: Utah Ambulatory Surgery Database
Utah 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, 2007
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		212	100.0	100.0
4523	COLONOSCOPY	54	25.5	6.86
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	42	19.8	5.42
4542	ENDO POLYPECTOMY LG INTESTINE	29	13.7	3.78
4525	CLO [ENDO] BX LG INTESTINE	23	10.8	2.32
2001	MYRINGOTOMY W/INSRT TUBE	16	7.5	3.33
4513	OTH ENDO SM INTESTINE	8	3.8	1.74
4341	ENDO EXC/DESTRUC LES/TISS STOMACH	7	3.3	0.16
283	TONSILLECTOMY W/ADENOIDECTOMY	6	2.8	1.70
4836	[ENDO] POLYPECTOMY RECTUM	5	2.4	1.03
4530	ENDO EXC/DESTRUC LES DUODENUM	4	1.9	0.02
5123	LAP CHOLEY	3	1.4	2.16
5304	UNILAT REPR INDIRECT ING HERN-GFT	3	1.4	0.46
4824	CLO [ENDO] BX RECTUM	2	0.9	0.47
5303	UNILAT REPR DIRECT ING HERN-GFT	2	0.9	0.32
0403	DIVIS/CRUSH OTH CRANIAL-PERIPH NERV	1	0.5	0.01
286	ADENOIDECTOMY WO TONSILLECTOMY	1	0.5	0.37
3142	LARYNGOSCOPY & OTH TRACHEOSCOPY	1	0.5	0.14
4946	EXC HEMORRHOIDS	1	0.5	0.16
5349	OTH UMB HERNIORRHAPHY	1	0.5	0.28
5411	EXPLOR LAPAROTOMY	1	0.5	0.01

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		207	100.0	100.0
45378	COLONOSCOPY FLEX; DX-SEP PROC	50	24.2	6.66
43239	UGI ENDO; W/BX 1/MX	41	19.8	5.47
45380	COLONOSCOPY FLEX; W/BX 1/MX	38	18.4	5.29
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	16	7.7	1.59
69436	TYMPANOSTOMY GENERAL ANESTHESIA	15	7.2	1.79
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	8	3.9	1.15
43251	UGI ENDO; W/REMV TUMOR/LES-SNARE	7	3.4	0.06
G0121	COLOREC CNCR SCR;COLNSCPY NO HI	5	2.4	0.26
42820	T&A; UNDER AGE 12	4	1.9	1.37
43258	UGI ENDO; W/ABLAT LES NOT SNARE	4	1.9	0.10
49505	REPR INIT ING HERNIA 5YR/MORE; R	4	1.9	0.88
47562	LAPAROSCOPY SURGICAL; CHOLECT	3	1.4	0.78
42821	T&A; AGE 12 OR OVER	2	1.0	0.39
31500	INTUBATION ENDOTRACHEAL EMERG PR	1	0.5	0.00
31525	LARYNGOSCOPY DIRECT; DX EX NEWOR	1	0.5	0.04
36430	TRANSFUSION BLOOD/BLOOD COMPONENT	1	0.5	0.43
42830	ADENOIDECTOMY PRIMARY; UNDER AGE	1	0.5	0.35
46260	HEMORRHOIDECT INTRL&EXT CMLPX/EX	1	0.5	0.03
49000	EXPLOR LAPAROT EXPLOR CELIOTOMY-	1	0.5	0.01
49520	REPR RECUR ING HERN ANY AGE; RDU	1	0.5	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, 2007
 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	112	\$1,500	\$3,565
4523	COLONOSCOPY	38	\$1,356	\$976
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	20	\$1,106	\$1,391
4542	ENDO POLYPECTOMY LG INTESTINE	19	\$1,684	\$1,383
4525	CLO [ENDO] BX LG INTESTINE	9	\$1,586	\$1,424
283	TONSILLECTOMY W/ADENOIDECTOMY	6	\$1,523	\$2,361
4513	OTH ENDO SM INTESTINE	4	\$1,014	\$1,172
5304	UNILAT REPR INDIRECT ING HERN-GFT	3	\$2,980	\$4,048
4341	ENDO EXC/DESTRUC LES/TISS STOMACH	2	\$1,390	\$1,550
4836	[ENDO] POLYPECTOMY RECTUM	2	\$1,548	\$1,285
5123	LAP CHOLEY	2	\$3,204	\$6,693
5303	UNILAT REPR DIRECT ING HERN-GFT	2	\$1,997	\$4,317
0403	DIVIS/CRUSH OTH CRANIAL-PERIPH NERV	1	\$983	\$2,545
4946	EXC HEMORRHOIDS	1	\$2,746	\$2,879
5411	EXPLOR LAPAROTOMY	1	\$2,125	\$7,397
6373	VASECTOMY	1	\$1,910	\$2,631
6902	D&C FOLLOWING DELIV/AB	1	\$1,861	\$2,635

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
CPT-4	Procedures	111	\$1,502	\$3,274
45378	COLONOSCOPY FLEX; DX-SEP PROC	31	\$1,371	\$984
45380	COLONOSCOPY FLEX; W/BX 1/MX	25	\$1,650	\$1,354
43239	UGI ENDO; W/BX 1/MX	19	\$1,106	\$1,389
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	9	\$1,589	\$1,536
42820	T&A; UNDER AGE 12	4	\$1,710	\$2,257
49505	REPR INIT ING HERNIA 5YR/MORE; R	4	\$2,035	\$4,010
G0121	COLOREC CNCR SCR;COLNSCPY NO HI	4	\$1,262	\$800
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	3	\$966	\$1,081
42821	T&A; AGE 12 OR OVER	2	\$1,150	\$2,767
43251	UGI ENDO; W/REMV TUMOR/LES-SNARE	2	\$1,390	\$2,050
47562	LAPAROSCOPY SURGICAL; CHOLECT	2	\$3,204	\$6,110
46260	HEMORRHOIDECT INTRL&EXT CMLPX/EX	1	\$2,746	\$2,979
49000	EXPLOR LAPAROT EXPLOR CELIOTOMY-	1	\$2,125	\$7,175
49520	REPR RECUR ING HERN ANY AGE; RDU	1	\$4,794	\$4,228
55250	VASECT UNI/BIL-SEP PROC-POSTOP S	1	\$1,910	\$2,801
64761	TRANSECTION/AVUL OF; PUDENDAL NE	1	\$983	\$983
69436	TYMPANOSTOMY GENERAL ANESTHESIA	1	\$709	\$1,247

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, 2007
PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

110 Garfield Memorial Hospital

Procedure APG category	TOTAL #	TOTAL # (ALL Hospitals)
Procedure APG		
03 RESPIRATORY SYSTEM	1	8,139
054 SIMPLE ENDOSCOPY OF THE UPPER AIRWAY	1	252
04 CARDIOVASCULAR SYSTEM	1	30,572
083 RESUSCITATION AND CARディオVERSION	1	15
05 HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	1	3,488
097 TRANSFUSION	1	1,297
06 DIGESTIVE SYSTEM	179	98,518
115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	49	20,229
116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	11	5,566
117 LOWER GASTROINTESTINAL ENDOSCOPY	109	43,551
119 HERNIA AND HYDROCELE PROCEDURES	6	6,814
120 COMPLEX ANAL AND RECTAL PROCEDURES	1	1,064
123 COMPLEX LAPAROSCOPIC PROCEDURES	3	16,057
08 MALE GENITAL SYSTEM	1	2,775
151 TESTICULAR AND EPIDIDYMAL PROCEDURES	1	1,260
10 NERVOUS SYSTEM	1	20,995
198 NERVE REPAIR AND DESTRUCTION	1	4,511
12 FACIAL, EAR, NOSE, MOUTH AND THROAT	22	27,519
235 SIMPLE FACIAL AND ENT PROCEDURES	15	13,044
236 TONSIL AND ADENOID PROCEDURES	7	8,300

SOURCE: Utah Ambulatory Surgery Database
Utah 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, 2007
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 CHR	AVE TOT CHR(ALL Hospitals)
06	DIGESTIVE SYSTEM	101	\$1,504	\$2,473
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	22	\$1,087	\$1,331
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	2	\$1,390	\$1,876
	117 LOWER GASTROINTESTINAL ENDOSCOPY	69	\$1,494	\$1,168
	119 HERNIA AND HYDROCELE PROCEDURES	5	\$2,587	\$3,847
	120 COMPLEX ANAL AND RECTAL PROCEDURES	1	\$2,746	\$3,183
	123 COMPLEX LAPAROSCOPIC PROCEDURES	2	\$3,204	\$7,043
08	MALE GENITAL SYSTEM	1	\$1,910	\$3,453
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	1	\$1,910	\$2,812
10	NERVOUS SYSTEM	1	\$983	\$2,183
	198 NERVE REPAIR AND DESTRUCTION	1	\$983	\$2,625
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	7	\$1,407	\$2,838
	235 SIMPLE FACIAL AND ENT PROCEDURES	1	\$709	\$1,937
	236 TONSIL AND ADENOID PROCEDURES	6	\$1,523	\$2,399

SOURCE: Utah Ambulatory Surgery Database
Utah 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, 2007
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

110 Garfield Memorial Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
GENDER				
Female	72	45.6	118,694	54.2
Male	86	54.4	100,216	45.8
Unknown	0	0.0	2	0.0
Not Reported	0	0.0	1	0.0
AGE				
1-28 days	0	0.0	1,456	0.7
29-365 days	3	1.9	2,840	1.3
1-4 years	9	5.7	10,885	5.0
5-9	0	0.0	5,994	2.7
10-14	2	1.3	4,452	2.0
15-17	0	0.0	4,943	2.3
18-19	1	0.6	3,620	1.7
20-24	1	0.6	10,250	4.7
25-29	4	2.5	12,627	5.8
30-34	4	2.5	12,276	5.6
35-39	10	6.3	12,391	5.7
40-44	6	3.8	13,493	6.2
45-49	6	3.8	16,963	7.7
50-54	16	10.1	24,260	11.1
55-59	16	10.1	20,332	9.3
60-64	16	10.1	17,122	7.8
65-69	16	10.1	14,261	6.5
70-74	22	13.9	11,502	5.3
75-79	15	9.5	9,388	4.3
80-84	9	5.7	6,242	2.9
85-89	1	0.6	2,777	1.3
90 +	1	0.6	839	0.4
Not Reported	0	0.0	1,456	0.7
SOURCE OF ADMISSION				
Physician Referral	22	13.9	199,973	91.3
Clinic Referral	136	86.1	1,442	0.7
HMO Referral	0	0.0	3,326	1.5
Other Hospital	0	0.0	50	0.0
Skilled Nursing Facility	0	0.0	14	0.0
Other Health Care Facility	0	0.0	24	0.0
Emergency Room	0	0.0	4,867	2.2
Court/Law Enforcement	0	0.0	3	0.0
Unknown	0	0.0	16	0.0
Not Reported	0	0.0	9,198	4.2

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2007
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	157	99.4	218,338	99.7
Another Hospital	0	0.0	109	0.0
Skilled Nursing Facility	0	0.0	108	0.0
Intermediate Care Facility	0	0.0	7	0.0
Another Type of Institution	1	0.6	50	0.0
Under Care of Home Service	0	0.0	223	0.1
Left Against Medical Advice	0	0.0	19	0.0
Under Care of Home IV Provider	0	0.0	1	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	58	36.7	38,805	17.7
Medicaid	9	5.7	12,973	5.9
Other government	1	0.6	3,498	1.6
Blue Cross/Blue Shield	16	10.1	30,611	14.0
Other Commercial	15	9.5	17,104	7.8
Managed Care(HMO, PPO)	50	31.6	106,265	48.5
Self Pay	5	3.2	2,895	1.3
Industrial & Worker Comp	0	0.0	3,787	1.7
Charity and Unclassified	2	1.3	1,868	0.9
Childrens Health Insurance	0	0.0	159	0.1
Unknown	2	1.3	855	0.4
Not Reported	0	0.0	93	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	0	0.0	16,514	7.5
Central Utah	21	13.3	8,080	3.7
Davis County	0	0.0	22,286	10.2
Salt Lake County	0	0.0	72,683	33.2
Southeastern Utah	0	0.0	5,055	2.3
Southwest Utah	134	84.8	13,705	6.3
Summit County	0	0.0	2,788	1.3
Tooele County	0	0.0	4,504	2.1
Tri-County	0	0.0	5,649	2.6
Utah County	0	0.0	35,563	16.2
Wasatch County	0	0.0	1,636	0.7
Weber County	0	0.0	21,324	9.7
Unknown Utah	0	0.0	43	0.0
Outside Utah	3	1.9	8,990	4.1
Unknown, Not Reported	0	0.0	93	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, 2007
NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

129 Gunnison Valley Hospital - CAH

Reporting Category(ICD-9-CM CODES)	Procedures Performed		Procedures Performed-All Hospitals	
	(#)	(%)	(#)	(%)
Reporting Category(ICD-9-CM CODES)	1,300	100.0	319,880	100.0
Mastectomy (85.0-85.99)	25	1.9	7,512	2.3
Musculoskeletal (76.0-84.99)	55	4.2	71,153	22.2
Respiratory (30.0-34.99)	1	0.1	3,550	1.1
Cardiovascular (35.0-39.99)	4	0.3	16,128	5.0
Lymphatic/Hemetic (40.0-41.99)	5	0.4	3,232	1.0
Digestive System (42.0-54.99)	844	64.9	102,504	32.0
Urinary (55.0-59.99)	12	0.9	10,216	3.2
Male Genital (60.0-64.99)	9	0.7	3,613	1.1
Female Genital (65.0-71.99)	83	6.4	15,763	4.9
Endocrine/Nervous (01.0-07.99)	33	2.5	22,558	7.1
Eye (08.0-16.99)	99	7.6	19,364	6.1
Ear (18.0-20.99)	54	4.2	13,797	4.3
Nose, Mouth, Pharynx (21.0-29.99)	76	5.8	30,490	9.5
Reporting Category(CPT-4 CODES)	1,459	100.0	301,918	100.0
Mastectomy (19120-19220)	19	1.3	2,118	0.7
Musculoskeletal (20000-29909)	79	5.4	67,981	22.5
Respiratory (30000-32999 & 39501-39599)	13	0.9	14,263	4.7
Cardiovascular (33010-37799 & 93501-93660)	444	30.4	38,047	12.6
Lymphatic/Hemetic (38100-38999)	3	0.2	2,819	0.9
Digestive (40490-49999)	731	50.1	109,019	36.1
Urinary (50010-53899)	9	0.6	9,215	3.1
Male Genital (54000-55899)	9	0.6	3,144	1.0
Female Genital (56405-58999)	25	1.7	11,863	3.9
Endocrine/Nervous (60000-64999)	2	0.1	24,805	8.2
Eye (65091-68899)	98	6.7	11,076	3.7
Ear (69000-69979)	27	1.9	7,568	2.5

SOURCE: Utah Ambulatory Surgery Database
 Utah 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, 2007
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		1,300	100.0	100.0
4523	COLONOSCOPY	238	18.3	6.86
4513	OTH ENDO SM INTESTINE	172	13.2	1.74
4525	CLO [END0] BX LG INTESTINE	77	5.9	2.32
4542	ENDO POLYPECTOMY LG INTESTINE	60	4.6	3.78
1341	PHACOEMULSIFICATION-ASPIR CATARACT	59	4.5	1.38
5123	LAP CHOLEY	59	4.5	2.16
5159	INCIS OTH BILE DUCT	56	4.3	0.02
2001	MYRINGOTOMY W/INSRT TUBE	52	4.0	3.33
1364	DISCISSION SECNDRY MEMBRN	39	3.0	0.16
5451	LAP LYSIS PERITONEAL ADHES	39	3.0	0.24
0443	RELEASE CARPAL TUNNEL	32	2.5	1.07
283	TONSILLECTOMY W/ADENOIDECTOMY	31	2.4	1.70
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	30	2.3	5.42
4292	DILAT ESOPH	23	1.8	1.45
8521	LOC EXC LES BREAST	23	1.8	0.81
282	TONSILLECTOMY WO ADENOIDECTOMY	20	1.5	0.60
6851	LAP ASSIST VAG HYST [LAVH]	20	1.5	0.04
8147	OTH REPR KNEE	20	1.5	0.84
806	EXC SEMILUNAR CARTILAGE-KNEE	15	1.2	1.94
4701	LAP APPENDECTOMY	13	1.0	0.58

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		1,459	100.0	100.0
36416	COLLECTON CAPILLARY BLOOD SPECIM	361	24.7	0.81
45378	COLONOSCOPY FLEX; DX-SEP PROC	227	15.6	6.66
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	159	10.9	1.15
45380	COLONOSCOPY FLEX; W/BX 1/MX	78	5.3	5.29
36430	TRANSFUSION BLOOD/BLOOD COMPONEN	76	5.2	0.43
66984	EXTRACAPSULAR CATARACT REMV IOL	59	4.0	1.35
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	51	3.5	1.59
66821	DISCISSION 2ND CATARACT; LASER S	38	2.6	0.18
29848	ENDO WRST SURG REL TRNS CARP LIG	31	2.1	0.32
49505	REPR INIT ING HERNIA 5YR/MORE; R	29	2.0	0.88
42820	T&A; UNDER AGE 12	28	1.9	1.37
43239	UGI ENDO; W/BX 1/MX	26	1.8	5.47
69436	TYMPANOSTOMY GENERAL ANESTHESIA	26	1.8	1.79
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	22	1.5	0.97
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	11	0.8	0.50
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	11	0.8	1.44
19120	EXC BRST CYST TUMR/LES OPN M/F 1	10	0.7	0.44
42825	TONSILLECT PRIM/SEC; UNDER AGE 1	10	0.7	0.10
29877	SCOPE KNEE SURG; DEBRID/SHAVE CA	9	0.6	0.99
19125	EXC BRST LES ID RAD MARKR OPN;1	8	0.5	0.24

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, 2007
 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	\$1,645	\$3,565
4523	COLONOSCOPY	182	\$878	\$976
4513	OTH ENDO SM INTESTINE	98	\$813	\$1,172
4525	CLO [END0] BX LG INTESTINE	60	\$1,075	\$1,424
1341	PHACOEMULSIFICATION-ASPIR CATARACT	59	\$2,272	\$2,310
4542	ENDO POLYPECTOMY LG INTESTINE	48	\$1,143	\$1,383
1364	DISCISSION SECNDRY MEMBRN	39	\$639	\$727
0443	RELEASE CARPAL TUNNEL	29	\$1,988	\$2,237
283	TONSILLECTOMY W/ADENOIDECTOMY	28	\$1,244	\$2,361
8521	LOC EXC LES BREAST	22	\$2,212	\$2,822
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	19	\$1,225	\$1,391
282	TONSILLECTOMY WO ADENOIDECTOMY	18	\$1,331	\$2,499
4292	DILAT ESOPH	17	\$1,430	\$2,005
6851	LAP ASSIST VAG HYST [LAVH]	13	\$6,890	\$9,444
4701	LAP APPENDECTOMY	12	\$7,469	\$9,118
6902	D&C FOLLOWING DELIV/AB	8	\$1,799	\$2,635
5304	UNILAT REPR INDIRECT ING HERN-GFT	6	\$2,843	\$4,048
5732	OTH CYSTOSCOPY	6	\$1,068	\$4,943
6525	OTH LAP LOC EXC/DESTRUC OVARY	6	\$4,044	\$6,157
6909	OTH D&C UTERUS	6	\$1,471	\$2,732
5421	LAPAROSCOPY	5	\$3,416	\$4,262

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
CPT-4	Procedures	1,206	\$1,029	\$3,274
36416	COLLECTON CAPILLARY BLOOD SPECIM	359	\$96	\$142
45378	COLONOSCOPY FLEX; DX-SEP PROC	171	\$866	\$984
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	94	\$791	\$1,081
36430	TRANSFUSION BLOOD/BLOOD COMPONENT	75	\$1,134	\$2,574
45380	COLONOSCOPY FLEX; W/BX 1/MX	62	\$1,051	\$1,354
66984	EXTRACAPSULAR CATARACT REMV IOL	59	\$2,272	\$3,292
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	43	\$1,126	\$1,536
66821	DISCISSION 2ND CATARACT; LASER S	38	\$639	\$736
29848	ENDO WRST SURG REL TRNS CARP LIG	30	\$1,995	\$2,476
42820	T&A; UNDER AGE 12	25	\$1,221	\$2,257
69436	TYMPANOSTOMY GENERAL ANESTHESIA	24	\$793	\$1,247
49505	REPR INIT ING HERNIA 5YR/MORE; R	18	\$2,729	\$4,010
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	16	\$1,297	\$1,631
43239	UGI ENDO; W/BX 1/MX	15	\$913	\$1,389
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	11	\$4,415	\$7,072
19120	EXC BRST CYST TUMR/LES OPN M/F 1	10	\$2,020	\$2,769
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	10	\$1,318	\$2,569
42825	TONSILLECT PRIM/SEC; UNDER AGE 1	9	\$1,338	\$2,151
43247	UGI ENDO; W/REMOVAL FB	8	\$995	\$1,727
19125	EXC BRST LES ID RAD MARKR OPN;1	7	\$2,542	\$3,708

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, 2007
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	25	8,527
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	1	1,121
	008 SIMPLE EXCISION AND BIOPSY	1	1,220
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRANGE	4	1,390
	011 SIMPLE INCISION AND EXCISION OF BREAST	19	2,116
02	MUSCULOSKELETAL SYSTEM	75	61,192
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	8	6,662
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	1	2,481
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	1	12,550
	025 ARTHROSCOPY	54	25,547
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	1	693
	033 ARTHROPLASTY	8	581
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	2	2,254
03	RESPIRATORY SYSTEM	4	8,139
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	1	652
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	3	5,383
04	CARDIOVASCULAR SYSTEM	3	30,572
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	3	989
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	80	3,488
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	4	2,063
	097 TRANSFUSION	76	1,297
06	DIGESTIVE SYSTEM	675	98,518
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	185	20,229
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	32	5,566
	117 LOWER GASTROINTESTINAL ENDOSCOPY	368	43,551
	119 HERNIA AND HYDROCELE PROCEDURES	56	6,814
	120 COMPLEX ANAL AND RECTAL PROCEDURES	1	1,064
	121 SIMPLE ANAL AND RECTAL PROCEDURES	2	552
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	1	580
	123 COMPLEX LAPAROSCOPIC PROCEDURES	29	16,057
	124 SIMPLE LAPAROSCOPIC PROCEDURES	1	226
07	URINARY SYSTEM	9	7,929
	135 MODERATE CYSTOURETHROSCOPY	2	1,733
	136 SIMPLE CYSTOURETHROSCOPY	7	570
08	MALE GENITAL SYSTEM	9	2,775
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	1	1,260
	154 SIMPLE PENILE PROCEDURES	7	823
	155 PROSTATE NEEDLE AND PUNCH BIOPSY	1	112
09	FEMALE GENITAL SYSTEM	16	7,034
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	1	1,974
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	1	1,390
	178 DILATION AND CURETTAGE	8	733
	179 HYSTEROSCOPY	6	2,553
10	NERVOUS SYSTEM	1	20,995
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	1	14,792
11	EYE AND OCULAR ADNEXA	98	10,843

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2007
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			
	213 LASER EYE PROCEDURES	38	617
	214 CATARACT PROCEDURES	59	4,389
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	1	510
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	95	27,519
	233 NASAL CAUTERIZATION AND PACKING	1	328
	234 COMPLEX FACIAL AND ENT PROCEDURES	9	5,752
	235 SIMPLE FACIAL AND ENT PROCEDURES	33	13,044
	236 TONSIL AND ADENOID PROCEDURES	52	8,300

SOURCE: Utah Ambulatory Surgery Database
 Utah 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, 2007
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	21	\$2,335	\$3,184
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	1	\$1,947	\$3,383
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRAN	3	\$3,033	\$4,546
	011 SIMPLE INCISION AND EXCISION OF BREAST	17	\$2,235	\$3,085
02	MUSCULOSKELETAL SYSTEM	46	\$1,964	\$4,441
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	5	\$1,913	\$7,003
	025 ARTHROSCOPY	39	\$1,995	\$4,796
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	1	\$1,099	\$3,328
	033 ARTHROPLASTY	1	\$1,902	\$7,331
03	RESPIRATORY SYSTEM	1	\$427	\$2,352
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	1	\$427	\$1,520
04	CARDIOVASCULAR SYSTEM	2	\$1,841	\$13,494
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	2	\$1,841	\$3,439
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	79	\$1,206	\$4,053
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	4	\$2,558	\$5,409
	097 TRANSFUSION	75	\$1,134	\$2,574
06	DIGESTIVE SYSTEM	489	\$1,342	\$2,473
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	109	\$808	\$1,331
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	25	\$1,184	\$1,876
	117 LOWER GASTROINTESTINAL ENDOSCOPY	287	\$946	\$1,168
	119 HERNIA AND HYDROCELE PROCEDURES	36	\$3,443	\$3,847
	120 COMPLEX ANAL AND RECTAL PROCEDURES	1	\$584	\$3,183
	121 SIMPLE ANAL AND RECTAL PROCEDURES	1	\$1,963	\$2,411
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	1	\$2,050	\$6,329
	123 COMPLEX LAPAROSCOPIC PROCEDURES	28	\$4,697	\$7,043
	124 SIMPLE LAPAROSCOPIC PROCEDURES	1	\$7,151	\$8,601
07	URINARY SYSTEM	8	\$1,045	\$5,134
	135 MODERATE CYSTOURETHROSCOPY	2	\$1,252	\$3,734
	136 SIMPLE CYSTOURETHROSCOPY	6	\$976	\$2,619
08	MALE GENITAL SYSTEM	8	\$797	\$3,453
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	1	\$1,970	\$2,812
	154 SIMPLE PENILE PROCEDURES	6	\$514	\$1,981
	155 PROSTATE NEEDLE AND PUNCH BIOPSY	1	\$1,317	\$5,214
09	FEMALE GENITAL SYSTEM	13	\$2,323	\$4,463
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	1	\$3,669	\$5,626
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	1	\$1,975	\$3,471
	178 DILATION AND CURETTAGE	6	\$1,439	\$2,542
	179 HYSTEROSCOPY	5	\$3,184	\$4,798
10	NERVOUS SYSTEM	1	\$340	\$2,183
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	1	\$340	\$1,108
11	EYE AND OCULAR ADNEXA	98	\$1,620	\$3,373
	213 LASER EYE PROCEDURES	38	\$639	\$769
	214 CATARACT PROCEDURES	59	\$2,272	\$3,301
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	1	\$432	\$2,495
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	76	\$1,166	\$2,838

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2007
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 CHRG	AVE TOT CHRG(ALL Hospitals)
234 COMPLEX FACIAL AND ENT PROCEDURES	4	\$2,317	\$5,571
235 SIMPLE FACIAL AND ENT PROCEDURES	26	\$792	\$1,937
236 TONSIL AND ADENOID PROCEDURES	46	\$1,277	\$2,399

SOURCE: Utah Ambulatory Surgery Database
 Utah 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, 2007
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	785	53.4	118,694	54.2
Male	686	46.6	100,216	45.8
Unknown	0	0.0	2	0.0
Not Reported	0	0.0	1	0.0
AGE				
1-28 days	149	10.1	1,456	0.7
29-365 days	61	4.1	2,840	1.3
1-4 years	162	11.0	10,885	5.0
5-9	40	2.7	5,994	2.7
10-14	14	1.0	4,452	2.0
15-17	26	1.8	4,943	2.3
18-19	9	0.6	3,620	1.7
20-24	33	2.2	10,250	4.7
25-29	48	3.3	12,627	5.8
30-34	58	3.9	12,276	5.6
35-39	53	3.6	12,391	5.7
40-44	50	3.4	13,493	6.2
45-49	66	4.5	16,963	7.7
50-54	112	7.6	24,260	11.1
55-59	83	5.6	20,332	9.3
60-64	79	5.4	17,122	7.8
65-69	100	6.8	14,261	6.5
70-74	109	7.4	11,502	5.3
75-79	97	6.6	9,388	4.3
80-84	89	6.1	6,242	2.9
85-89	28	1.9	2,777	1.3
90 +	5	0.3	839	0.4
Not Reported	149	10.1	1,456	0.7
SOURCE OF ADMISSION				
Physician Referral	1,425	96.9	199,973	91.3
Clinic Referral	0	0.0	1,442	0.7
HMO Referral	0	0.0	3,326	1.5
Other Hospital	0	0.0	50	0.0
Skilled Nursing Facility	0	0.0	14	0.0
Other Health Care Facility	0	0.0	24	0.0
Emergency Room	39	2.7	4,867	2.2
Court/Law Enforcement	0	0.0	3	0.0
Unknown	0	0.0	16	0.0
Not Reported	7	0.5	9,198	4.2

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2007
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	1,470	99.9	218,338	99.7
Another Hospital	1	0.1	109	0.0
Skilled Nursing Facility	0	0.0	108	0.0
Intermediate Care Facility	0	0.0	7	0.0
Another Type of Institution	0	0.0	50	0.0
Under Care of Home Service	0	0.0	223	0.1
Left Against Medical Advice	0	0.0	19	0.0
Under Care of Home IV Provider	0	0.0	1	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	357	24.3	38,805	17.7
Medicaid	205	13.9	12,973	5.9
Other government	18	1.2	3,498	1.6
Blue Cross/Blue Shield	104	7.1	30,611	14.0
Other Commercial	180	12.2	17,104	7.8
Managed Care(HMO, PPO)	519	35.3	106,265	48.5
Self Pay	76	5.2	2,895	1.3
Industrial & Worker Comp	5	0.3	3,787	1.7
Charity and Unclassified	0	0.0	1,868	0.9
Childrens Health Insurance	0	0.0	159	0.1
Unknown	7	0.5	855	0.4
Not Reported	0	0.0	93	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	0	0.0	16,514	7.5
Central Utah	1,415	96.2	8,080	3.7
Davis County	2	0.1	22,286	10.2
Salt Lake County	5	0.3	72,683	33.2
Southeastern Utah	17	1.2	5,055	2.3
Southwest Utah	7	0.5	13,705	6.3
Summit County	0	0.0	2,788	1.3
Tooele County	1	0.1	4,504	2.1
Tri-County	0	0.0	5,649	2.6
Utah County	18	1.2	35,563	16.2
Wasatch County	0	0.0	1,636	0.7
Weber County	0	0.0	21,324	9.7
Unknown Utah	3	0.2	43	0.0
Outside Utah	3	0.2	8,990	4.1
Unknown, Not Reported	0	0.0	93	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, 2007
NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

139 Heber Valley Medical Center - CAH

Reporting Category(ICD-9-CM CODES)	Procedures Performed		Procedures Performed-All Hospitals	
	(#)	(%)	(#)	(%)
Reporting Category(ICD-9-CM CODES)	3,374	100.0	319,880	100.0
Mastectomy (85.0-85.99)	2	0.1	7,512	2.3
Musculoskeletal (76.0-84.99)	2,104	62.4	71,153	22.2
Respiratory (30.0-34.99)	0	0.0	3,550	1.1
Cardiovascular (35.0-39.99)	1	0.0	16,128	5.0
Lymphatic/Hemetic (40.0-41.99)	0	0.0	3,232	1.0
Digestive System (42.0-54.99)	472	14.0	102,504	32.0
Urinary (55.0-59.99)	0	0.0	10,216	3.2
Male Genital (60.0-64.99)	0	0.0	3,613	1.1
Female Genital (65.0-71.99)	28	0.8	15,763	4.9
Endocrine/Nervous (01.0-07.99)	599	17.8	22,558	7.1
Eye (08.0-16.99)	148	4.4	19,364	6.1
Ear (18.0-20.99)	4	0.1	13,797	4.3
Nose, Mouth, Pharynx (21.0-29.99)	16	0.5	30,490	9.5
Reporting Category(CPT-4 CODES)	2,686	100.0	301,918	100.0
Mastectomy (19120-19220)	2	0.1	2,118	0.7
Musculoskeletal (20000-29909)	1,571	58.5	67,981	22.5
Respiratory (30000-32999 & 39501-39599)	3	0.1	14,263	4.7
Cardiovascular (33010-37799 & 93501-93660)	1	0.0	38,047	12.6
Lymphatic/Hemetic (38100-38999)	0	0.0	2,819	0.9
Digestive (40490-49999)	462	17.2	109,019	36.1
Urinary (50010-53899)	0	0.0	9,215	3.1
Male Genital (54000-55899)	0	0.0	3,144	1.0
Female Genital (56405-58999)	10	0.4	11,863	3.9
Endocrine/Nervous (60000-64999)	553	20.6	24,805	8.2
Eye (65091-68899)	82	3.1	11,076	3.7
Ear (69000-69979)	2	0.1	7,568	2.5

SOURCE: Utah Ambulatory Surgery Database
Utah 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, 2007
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		3,374	100.0	100.0
806	EXC SEMILUNAR CARTILAGE-KNEE	350	10.4	1.94
0392	INJ OTH AGENT SPINAL CANAL	262	7.8	1.95
0391	INJ ANES SPINAL CANAL-ANALGESIA	261	7.7	1.41
4523	COLONOSCOPY	232	6.9	6.86
7766	LOC EXC LES/TISS-PATELLA	201	6.0	0.13
7765	LOC EXC LES/TISS-FEM	171	5.1	0.13
8145	OTH REPR CRUCIATE LIGAMNT	167	4.9	0.58
8086	OTH LOC EXC/DESTRUC JT LES-KNEE	144	4.3	0.82
4525	CLO [ENDO] BX LG INTESTINE	113	3.3	2.32
8183	OTH REPR SHLDR	99	2.9	0.78
8076	SYNOVECT-KNEE	89	2.6	0.39
8081	OTH LOC EXC/DESTRUC JT LES-SHLDR	73	2.2	0.46
8147	OTH REPR KNEE	73	2.2	0.84
8046	DIVIS JT CAP-LIGAMNT/CART-KNEE	72	2.1	0.27
8363	ROTATOR CUFF REPR	68	2.0	0.74
7781	OTH PART OSTEC-SCAPULA-CLAV-THOR	63	1.9	0.53
1341	PHACOEMULSIFICATION-ASPIR CATARACT	62	1.8	1.38
1371	IOL PROSTH-CATARACT EXTRACT-1-STAGE	62	1.8	1.38
7767	LOC EXC LES/TISS-TIBIA & FIB	61	1.8	0.09
8388	OTH PLSTC OPER TENDON	47	1.4	0.21

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		2,686	100.0	100.0
29881	SCOPE KNEE SURG;W/MENISCECT MED/	293	10.9	1.64
45378	COLONOSCOPY FLEX; DX-SEP PROC	198	7.4	6.66
29888	ARTHSCPY AIDED ACL REPR/AUG/RECO	165	6.1	0.58
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	142	5.3	1.11
29826	SCOPE SHOULDER; DECOMP SUBACROM	127	4.7	1.10
29877	SCOPE KNEE SURG; DEBRID/SHAVE CA	125	4.7	0.99
45380	COLONOSCOPY FLEX; W/BX 1/MX	108	4.0	5.29
64483	INJ ANES EPIDURL; LUMB/SAC 1 LEV	69	2.6	0.83
29827	SCOPE SHLDR SURG; W/ROTOR CUFF R	68	2.5	0.54
29823	SCOPE SHOULDER SURGICAL; DEBRID	63	2.3	0.22
29824	SCOPE SHLDR SURG;DIST CLAVICULEC	62	2.3	0.44
29873	SCOPE KNEE SURGICAL; W/LAT RELEA	59	2.2	0.25
66984	EXTRACAPSULAR CATARACT REMV IOL	55	2.0	1.35
29880	SCOPE KNEE SURG;W/MENISCECT MED&	52	1.9	0.48
64472	INJ ANES FACET JT; CERV/THOR-EA	49	1.8	0.27
20680	REMOVAL OF IMPLANT; DEEP	48	1.8	0.93
64476	INJ ANES FACET JT; LUMB/SAC-EA A	48	1.8	0.35
29806	SCOPE SHOULDER SURGICAL; CPSLORR	47	1.7	0.20
23430	TENODESIS OF LONG TENDON OF BICE	40	1.5	0.09
29882	SCOPE KNEE; W/MENISCUS REPR MED/	38	1.4	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, 2007
 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 CHRG	AVE TOT CHRG(ALL Hospitals)
ICD-9	Procedures	915	\$3,551	\$3,565
4523	COLONOSCOPY	220	\$1,389	\$976
4525	CLO [ENDO] BX LG INTESTINE	99	\$1,630	\$1,424
8086	OTH LOC EXC/DESTRUC JT LES-KNEE	79	\$4,294	\$3,970
806	EXC SEMILUNAR CARTILAGE-KNEE	41	\$4,491	\$4,511
8145	OTH REPR CRUCIATE LIGAMNT	35	\$7,231	\$9,829
5123	LAP CHOLEY	31	\$7,030	\$6,693
8363	ROTATOR CUFF REPR	23	\$7,801	\$9,286
8192	INJ THERAP SUBSTANCE JT/LIGAMNT	21	\$2,107	\$1,090
0443	RELEASE CARPAL TUNNEL	19	\$2,552	\$2,237
8193	SUT CAPSULE/LIGAMNT UPPER EXTREM	17	\$5,756	\$6,676
7867	REMOV IMPLNT DEVICE-TIBIA & FIB	15	\$3,093	\$2,962
8076	SYNOVECT-KNEE	15	\$4,425	\$4,345
031	DIVIS INTRASPINAL NERV ROOT	14	\$2,652	\$7,523
4513	OTH ENDO SM INTESTINE	14	\$1,546	\$1,172
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	14	\$1,592	\$1,391
7936	OP REDUC FX W/INT FIX-TIBIA & FIB	14	\$6,564	\$6,755
8183	OTH REPR SHLDR	14	\$7,118	\$7,799
4701	LAP APPENDECTOMY	13	\$9,704	\$9,118
6902	D&C FOLLOWING DELIV/AB	12	\$2,852	\$2,635
0393	INSRT/REPLCMT SPINAL NEUROSTIM	9	\$13,694	\$39,073

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
CPT-4	Procedures	1,350	\$3,489	\$3,274
45378	COLONOSCOPY FLEX; DX-SEP PROC	188	\$1,388	\$984
29881	SCOPE KNEE SURG;W/MENISCECT MED/	182	\$4,324	\$4,170
45380	COLONOSCOPY FLEX; W/BX 1/MX	106	\$1,597	\$1,354
29877	SCOPE KNEE SURG; DEBRID/SHAVE CA	92	\$4,318	\$3,722
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	90	\$1,833	\$1,005
29888	ARTHSCPY AIDED ACL REPR/AUG/RECO	58	\$7,253	\$9,494
66984	EXTRACAPSULAR CATARACT REMV IOL	53	\$3,297	\$3,292
29873	SCOPE KNEE SURGICAL; W/LAT RELEA	36	\$5,096	\$4,369
64483	INJ ANES EPIDURL; LUMB/SAC 1 LEV	36	\$1,878	\$1,282
29880	SCOPE KNEE SURG;W/MENISCECT MED&	31	\$4,620	\$4,454
62310	INJ 1 NOT NEUROLYTIC-EPID;CERV/T	28	\$2,009	\$1,130
G0121	COLOREC CNCR SCR;COLNSCPY NO HI	27	\$1,375	\$800
29806	SCOPE SHOULDER SURGICAL; CPSLORR	25	\$6,431	\$7,779
20680	REMOVAL OF IMPLANT; DEEP	23	\$3,208	\$3,111
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	21	\$7,191	\$7,072
20610	ARTHROCENTESIS ASPIR&/INJ; MAJ J	20	\$2,092	\$1,001
29875	SCOPE KNEE; SYNOVECT LTD SEP PRO	17	\$4,482	\$3,810
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	16	\$2,355	\$2,296
66821	DISCISSION 2ND CATARACT; LASER S	15	\$2,247	\$736
43239	UGI ENDO; W/BX 1/MX	14	\$1,592	\$1,389

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, 2007
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	13	8,527
	003 COMPLEX INCISION AND DRAINAGE	2	88
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	5	1,121
	008 SIMPLE EXCISION AND BIOPSY	4	1,220
	011 SIMPLE INCISION AND EXCISION OF BREAST	2	2,116
02	MUSCULOSKELETAL SYSTEM	1,533	61,192
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	38	6,662
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	59	2,481
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	2	2,359
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	84	12,550
	025 ARTHROSCOPY	1,243	25,547
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	7	693
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	52	4,851
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	6	465
	033 ARTHROPLASTY	1	581
	034 HAND AND FOOT TENOTOMY	3	323
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	38	2,254
04	CARDIOVASCULAR SYSTEM	1	30,572
	080 MINOR VASCULAR REPAIR AND FISTULA CONSTRUCTION	1	736
06	DIGESTIVE SYSTEM	455	98,518
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	35	20,229
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	6	5,566
	117 LOWER GASTROINTESTINAL ENDOSCOPY	341	43,551
	119 HERNIA AND HYDROCELE PROCEDURES	19	6,814
	123 COMPLEX LAPAROSCOPIC PROCEDURES	54	16,057
09	FEMALE GENITAL SYSTEM	3	7,034
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	1	1,390
	178 DILATION AND CURETTAGE	2	733
10	NERVOUS SYSTEM	549	20,995
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	484	14,792
	197 NEUROSTIMULATOR AND VENTRICULAR SHUNT IMPLANTATION	30	944
	198 NERVE REPAIR AND DESTRUCTION	35	4,511
11	EYE AND OCULAR ADNEXA	82	10,843
	213 LASER EYE PROCEDURES	16	617
	214 CATARACT PROCEDURES	61	4,389
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	1	400
	216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	4	277
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	18	27,519
	234 COMPLEX FACIAL AND ENT PROCEDURES	2	5,752
	235 SIMPLE FACIAL AND ENT PROCEDURES	5	13,044
	236 TONSIL AND ADENOID PROCEDURES	11	8,300
13	THERAPEUTIC AND OTHER RADIOLOGICAL PROCEDURES	4	3,024
	254 MYELOGRAPHY	4	304

SOURCE: Utah Ambulatory Surgery Database

Utah 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, 2007
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	3	\$3,397	\$3,184
	003 COMPLEX INCISION AND DRAINAGE	1	\$4,188	\$4,092
	011 SIMPLE INCISION AND EXCISION OF BREAST	2	\$3,002	\$3,085
02	MUSCULOSKELETAL SYSTEM	628	\$4,764	\$4,441
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	16	\$3,312	\$7,003
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	3	\$4,243	\$3,967
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	44	\$3,091	\$3,054
	025 ARTHROSCOPY	497	\$5,010	\$4,796
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	6	\$2,519	\$3,328
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	41	\$5,863	\$5,920
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	21	\$2,110	\$1,001
06	DIGESTIVE SYSTEM	423	\$2,289	\$2,473
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	23	\$1,508	\$1,331
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	6	\$1,795	\$1,876
	117 LOWER GASTROINTESTINAL ENDOSCOPY	326	\$1,458	\$1,168
	119 HERNIA AND HYDROCELE PROCEDURES	15	\$3,089	\$3,847
	123 COMPLEX LAPAROSCOPIC PROCEDURES	53	\$7,567	\$7,043
09	FEMALE GENITAL SYSTEM	3	\$1,912	\$4,463
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	1	\$1,768	\$3,471
	178 DILATION AND CURETTAGE	2	\$1,984	\$2,542
10	NERVOUS SYSTEM	187	\$1,971	\$2,183
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	166	\$1,889	\$1,108
	197 NEUROSTIMULATOR AND VENTRICULAR SHUNT IMPLANTATION	1	\$6,168	\$26,856
	198 NERVE REPAIR AND DESTRUCTION	20	\$2,441	\$2,625
11	EYE AND OCULAR ADNEXA	78	\$3,020	\$3,373
	213 LASER EYE PROCEDURES	15	\$2,247	\$769
	214 CATARACT PROCEDURES	59	\$3,308	\$3,301
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	1	\$1,066	\$3,487
	216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	3	\$1,878	\$2,769
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	15	\$1,957	\$2,838
	235 SIMPLE FACIAL AND ENT PROCEDURES	4	\$1,347	\$1,937
	236 TONSIL AND ADENOID PROCEDURES	11	\$2,179	\$2,399

SOURCE: Utah Ambulatory Surgery Database
Utah 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, 2007
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	865	45.1	118,694	54.2
Male	1,052	54.9	100,216	45.8
Unknown	0	0.0	2	0.0
Not Reported	0	0.0	1	0.0
AGE				
1-28 days	0	0.0	1,456	0.7
29-365 days	0	0.0	2,840	1.3
1-4 years	3	0.2	10,885	5.0
5-9	5	0.3	5,994	2.7
10-14	24	1.3	4,452	2.0
15-17	114	5.9	4,943	2.3
18-19	58	3.0	3,620	1.7
20-24	101	5.3	10,250	4.7
25-29	98	5.1	12,627	5.8
30-34	122	6.4	12,276	5.6
35-39	130	6.8	12,391	5.7
40-44	156	8.1	13,493	6.2
45-49	194	10.1	16,963	7.7
50-54	291	15.2	24,260	11.1
55-59	203	10.6	20,332	9.3
60-64	142	7.4	17,122	7.8
65-69	104	5.4	14,261	6.5
70-74	60	3.1	11,502	5.3
75-79	71	3.7	9,388	4.3
80-84	24	1.3	6,242	2.9
85-89	13	0.7	2,777	1.3
90 +	4	0.2	839	0.4
Not Reported	0	0.0	1,456	0.7
SOURCE OF ADMISSION				
Physician Referral	1,873	97.7	199,973	91.3
Clinic Referral	0	0.0	1,442	0.7
HMO Referral	1	0.1	3,326	1.5
Other Hospital	0	0.0	50	0.0
Skilled Nursing Facility	0	0.0	14	0.0
Other Health Care Facility	0	0.0	24	0.0
Emergency Room	43	2.2	4,867	2.2
Court/Law Enforcement	0	0.0	3	0.0
Unknown	0	0.0	16	0.0
Not Reported	0	0.0	9,198	4.2

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2007
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	1,916	99.9	218,338	99.7
Another Hospital	0	0.0	109	0.0
Skilled Nursing Facility	0	0.0	108	0.0
Intermediate Care Facility	0	0.0	7	0.0
Another Type of Institution	0	0.0	50	0.0
Under Care of Home Service	0	0.0	223	0.1
Left Against Medical Advice	1	0.1	19	0.0
Under Care of Home IV Provider	0	0.0	1	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	222	11.6	38,805	17.7
Medicaid	23	1.2	12,973	5.9
Other government	16	0.8	3,498	1.6
Blue Cross/Blue Shield	332	17.3	30,611	14.0
Other Commercial	176	9.2	17,104	7.8
Managed Care(HMO, PPO)	1,018	53.1	106,265	48.5
Self Pay	20	1.0	2,895	1.3
Industrial & Worker Comp	85	4.4	3,787	1.7
Charity and Unclassified	20	1.0	1,868	0.9
Childrens Health Insurance	1	0.1	159	0.1
Unknown	4	0.2	855	0.4
Not Reported	0	0.0	93	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	3	0.2	16,514	7.5
Central Utah	10	0.5	8,080	3.7
Davis County	39	2.0	22,286	10.2
Salt Lake County	236	12.3	72,683	33.2
Southeastern Utah	4	0.2	5,055	2.3
Southwest Utah	2	0.1	13,705	6.3
Summit County	655	34.2	2,788	1.3
Tooele County	12	0.6	4,504	2.1
Tri-County	92	4.8	5,649	2.6
Utah County	43	2.2	35,563	16.2
Wasatch County	683	35.6	1,636	0.7
Weber County	13	0.7	21,324	9.7
Unknown Utah	0	0.0	43	0.0
Outside Utah	119	6.2	8,990	4.1
Unknown, Not Reported	6	0.3	93	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, 2007
NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

146 Intermountain Medical Center

Reporting Category(ICD-9-CM CODES)	Procedures Performed		Procedures Performed-All Hospitals	
	(#)	(%)	(#)	(%)
Reporting Category(ICD-9-CM CODES)	6,064	100.0	319,880	100.0
Mastectomy (85.0-85.99)	200	3.3	7,512	2.3
Musculoskeletal (76.0-84.99)	1,074	17.7	71,153	22.2
Respiratory (30.0-34.99)	47	0.8	3,550	1.1
Cardiovascular (35.0-39.99)	626	10.3	16,128	5.0
Lymphatic/Hemetic (40.0-41.99)	55	0.9	3,232	1.0
Digestive System (42.0-54.99)	2,208	36.4	102,504	32.0
Urinary (55.0-59.99)	238	3.9	10,216	3.2
Male Genital (60.0-64.99)	51	0.8	3,613	1.1
Female Genital (65.0-71.99)	284	4.7	15,763	4.9
Endocrine/Nervous (01.0-07.99)	155	2.6	22,558	7.1
Eye (08.0-16.99)	646	10.7	19,364	6.1
Ear (18.0-20.99)	79	1.3	13,797	4.3
Nose, Mouth, Pharynx (21.0-29.99)	401	6.6	30,490	9.5
Reporting Category(CPT-4 CODES)	1,551	100.0	301,918	100.0
Mastectomy (19120-19220)	0	0.0	2,118	0.7
Musculoskeletal (20000-29909)	124	8.0	67,981	22.5
Respiratory (30000-32999 & 39501-39599)	37	2.4	14,263	4.7
Cardiovascular (33010-37799 & 93501-93660)	829	53.4	38,047	12.6
Lymphatic/Hemetic (38100-38999)	9	0.6	2,819	0.9
Digestive (40490-49999)	380	24.5	109,019	36.1
Urinary (50010-53899)	35	2.3	9,215	3.1
Male Genital (54000-55899)	4	0.3	3,144	1.0
Female Genital (56405-58999)	1	0.1	11,863	3.9
Endocrine/Nervous (60000-64999)	10	0.6	24,805	8.2
Eye (65091-68899)	111	7.2	11,076	3.7
Ear (69000-69979)	11	0.7	7,568	2.5

SOURCE: Utah Ambulatory Surgery Database
Utah 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, 2007
MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES

146 Intermountain Medical Center

ICD-9 CODE	ICD-9 DESCRIPTION	#	%	% ALL Hospitals
All ICD-9 Procedures		6,064	100.0	100.0
4523	COLONOSCOPY	424	7.0	6.86
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	403	6.6	5.42
4525	CLO [ENDO] BX LG INTESTINE	318	5.2	2.32
1371	IOL PROSTH-CATARACT EXTRACT-1-STAGE	261	4.3	1.38
1341	PHACOEMULSIFICATION-ASPIR CATARACT	248	4.1	1.38
4542	ENDO POLYPECTOMY LG INTESTINE	147	2.4	3.78
5123	LAP CHOLEY	137	2.3	2.16
3722	LT HEART CARD CATH	111	1.8	1.08
3728	INTRACARDIAC ECHOCARDIOGRAPHY	95	1.6	0.24
4824	CLO [ENDO] BX RECTUM	92	1.5	0.47
3552	REPR ATRIAL SEPTL DEFEC-PROSTH-CLO	91	1.5	0.23
4513	OTH ENDO SM INTESTINE	88	1.5	1.74
8051	EXC INTERVERTEBRAL DISC	86	1.4	0.49
4292	DILAT ESOPH	77	1.3	1.45
8026	ARTHSCPY-KNEE	76	1.3	1.08
3721	RT HEART CARD CATH	66	1.1	0.14
5732	OTH CYSTOSCOPY	65	1.1	0.58
5421	LAPAROSCOPY	58	1.0	0.55
806	EXC SEMILUNAR CARTILAGE-KNEE	53	0.9	1.94
2169	OTH TURBINECTOMY	52	0.9	0.78

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		1,551	100.0	100.0
45378	COLONOSCOPY FLEX; DX-SEP PROC	212	13.7	6.66
93545	INJ PROC-CATH; SELECT CORONRY AN	106	6.8	1.34
93543	INJ PROC-CATH; LT VENT/ATRIAL AN	101	6.5	1.22
93555	IMAG SUPERVS I&R-CATH; VENT/ATRI	96	6.2	1.13
93510	LT HRT CATH RETRO-BRACH/FEM; PER	95	6.1	1.03
93556	IMAG SUPERVS I&R-CATH; PULM ANGI	85	5.5	1.27
93580	PERQ TRNSCATH CLO INTERATRIAL CM	80	5.2	0.24
66984	EXTRACAPSULAR CATARACT REMV IOL	76	4.9	1.35
93526	COMB RT HRT CATH&RETRO LT HRT CA	43	2.8	0.37
93501	RIGHT HEART CATHETERIZATION	34	2.2	0.11
47000	BIOPSY LIVER NEEDLE; PERCUTANEOU	24	1.5	0.30
93508	CATH PLC-COR ANGIO W/O LT HRT CA	20	1.3	0.07
93505	ENDOMYOCARDIAL BIOPSY	18	1.2	0.05
43235	UGI ENDO; DX W/VO CLCT SPECMN-SP	17	1.1	1.15
33233	REMOVAL PERMANENT PACEMKR PULSE	13	0.8	0.15
28285	CORRECTION HAMMERTO	12	0.8	0.59
51610	INJ PROC RETRO URETHROCSTOGRAPH	12	0.8	0.04
29881	SCOPE KNEE SURG;W/MENISCECT MED/	11	0.7	1.64
42820	T&A; UNDER AGE 12	11	0.7	1.37
93540	INJ PROC CARDIAC CATH; AORTOCORO	11	0.7	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, 2007
 AVERAGE TOTAL CHARGES FOR MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES, SINGLE ICD-9 OR CPT-4 ONLY

146 Intermountain Medical Center

ICD-9 CODE	ICD-9 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
ICD-9	Procedures	2,446	\$2,998	\$3,565
4523	COLONOSCOPY	372	\$700	\$976
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	249	\$975	\$1,391
4525	CLO [ENDO] BX LG INTESTINE	212	\$1,000	\$1,424
5123	LAP CHOLEY	124	\$5,106	\$6,693
3722	LT HEART CARD CATH	102	\$6,607	\$6,932
4542	ENDO POLYPECTOMY LG INTESTINE	101	\$1,202	\$1,383
4513	OTH ENDO SM INTESTINE	48	\$760	\$1,172
3723	COMBO RT & LT HEART CARD CATH	43	\$5,378	\$7,303
8521	LOC EXC LES BREAST	39	\$2,460	\$2,822
6952	ASPIR CURET FOLLOWING DELIV/AB	38	\$2,086	\$2,643
4824	CLO [ENDO] BX RECTUM	37	\$864	\$1,297
3721	RT HEART CARD CATH	34	\$3,667	\$5,748
283	TONSILLECTOMY W/ADENOIDECTOMY	30	\$1,415	\$2,361
8051	EXC INTERVERTEBRAL DISC	28	\$7,004	\$8,678
5011	CLO [PERCUT] [NEEDLE] BX LIVER	26	\$1,904	\$2,303
282	TONSILLECTOMY WO ADENOIDECTOMY	25	\$1,570	\$2,499
3927	ARTERIOVENOSTOMY-RENAL DIALYSIS	25	\$5,358	\$5,302
4836	[ENDO] POLYPECTOMY RECTUM	23	\$1,128	\$1,285
4701	LAP APPENDECTOMY	20	\$10,444	\$9,118
1164	OTH PENETRATING KERATOPLASTY	18	\$7,892	\$8,234

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
CPT-4	Procedures	647	\$4,692	\$3,274
45378	COLONOSCOPY FLEX; DX-SEP PROC	210	\$683	\$984
93580	PERQ TRNSCATH CLO INTERATRIAL CM	76	\$22,058	\$25,102
66984	EXTRACAPSULAR CATARACT REMV IOL	67	\$3,349	\$3,292
47000	BIOPSY LIVER NEEDLE; PERCUTANEOU	21	\$1,702	\$2,227
93501	RIGHT HEART CATHETERIZATION	19	\$2,839	\$4,563
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	13	\$534	\$1,081
51610	INJ PROC RETRO URETHROCYSTOGRAPH	12	\$5,472	\$13,943
G0121	COLOREC CNCR SCR;COLNSCPY NO HI	11	\$671	\$800
42820	T&A; UNDER AGE 12	9	\$1,185	\$2,257
32405	BX LUNG/MEDIASTINUM PERCUT NEEDL	8	\$3,102	\$2,730
38792	INJECTION PROC; ID SENTINEL NODE	8	\$8,400	\$8,261
93526	COMB RT HRT CATH&RETRO LT HRT CA	8	\$6,042	\$6,318
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	7	\$1,328	\$1,631
49505	REPR INIT ING HERNIA 5YR/MORE; R	7	\$3,258	\$4,010
G0105	COLOREC CANCR SCR; COLNSCPY HI R	7	\$659	\$738
50200	RENAL BX; PERQ TROCAR/NEEDLE	6	\$1,857	\$3,312
43750	PERCUTANEOUS PLACEMENT OF G-TUBE	5	\$2,261	\$3,383
49180	BX ABD/RETROPERITON MASS PERQ ND	5	\$3,746	\$2,847
64483	INJ ANES EPIDURL; LUMB/SAC 1 LEV	5	\$797	\$1,282
65730	KERATOPLSTY; PENETRAT NOT APHAKI	5	\$7,677	\$8,267

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, 2007
PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

146 Intermountain Medical Center

Procedure APG category		TOTAL #	TOTAL # (ALL Hospitals)
Procedure APG			
01	INTEGUMENTARY SYSTEM	56	8,527
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	45	2,371
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	2	1,121
	008 SIMPLE EXCISION AND BIOPSY	4	1,220
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRANGE	5	1,390
02	MUSCULOSKELETAL SYSTEM	114	61,192
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	10	6,662
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	5	2,359
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	30	12,550
	025 ARTHROSCOPY	45	25,547
	028 CLOSED TREATMENT FX & DISLOCATION OF FINGER, TOE & TRUNK	1	54
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	10	4,851
	032 BUNION PROCEDURES	12	1,752
	033 ARTHROPLASTY	1	581
03	RESPIRATORY SYSTEM	13	8,139
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	3	652
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	10	5,383
04	CARDIOVASCULAR SYSTEM	774	30,572
	075 PLACEMENT OF TRANSVENOUS CATHETERS	1	42
	076 DIAGNOSTIC CARDIAC CATHETERIZATION	598	21,581
	077 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	127	1,914
	078 PACEMAKER INSERTION AND REPLACEMENT	16	690
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	26	989
	081 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	1	123
	082 VASCULAR LIGATION	5	308
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	2	3,488
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	1	2,063
	097 TRANSFUSION	1	1,297
06	DIGESTIVE SYSTEM	311	98,518
	112 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	2	1,254
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	2	650
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	1	342
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	17	20,229
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	18	5,566
	117 LOWER GASTROINTESTINAL ENDOSCOPY	231	43,551
	118 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	4	1,497
	119 HERNIA AND HYDROCELE PROCEDURES	12	6,814
	120 COMPLEX ANAL AND RECTAL PROCEDURES	3	1,064
	121 SIMPLE ANAL AND RECTAL PROCEDURES	2	552
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	3	580
	123 COMPLEX LAPAROSCOPIC PROCEDURES	16	16,057
07	URINARY SYSTEM	9	7,929
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	8	3,971
	135 MODERATE CYSTOURETHROSCOPY	1	1,733
08	MALE GENITAL SYSTEM	4	2,775
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	2	1,260

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2007
PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

146 Intermountain Medical Center

procedure APG category		TOTAL #	TOTAL # (ALL Hospitals)
procedure APG			
	154 SIMPLE PENILE PROCEDURES	2	823
09	FEMALE GENITAL SYSTEM	2	7,034
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	1	1,974
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	1	1,390
10	NERVOUS SYSTEM	8	20,995
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	6	14,792
	196 REVISION AND REMOVAL OF NEUROLOGICAL DEVICE	1	235
	198 NERVE REPAIR AND DESTRUCTION	1	4,511
11	EYE AND OCULAR ADNEXA	110	10,843
	214 CATARACT PROCEDURES	80	4,389
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	6	400
	216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	1	277
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	16	306
	220 STRABISMUS AND MUSCLE EYE PROCEDURES	3	809
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	2	510
	223 VITRECTOMY	2	1,822
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	51	27,519
	234 COMPLEX FACIAL AND ENT PROCEDURES	13	5,752
	235 SIMPLE FACIAL AND ENT PROCEDURES	20	13,044
	236 TONSIL AND ADENOID PROCEDURES	18	8,300
13	THERAPEUTIC AND OTHER RADIOLOGICAL PROCEDURES	52	3,024
	253 VASCULAR RADIOLOGY EXCEPT FOR VENOGRAPHY OF EXTREMITY	37	1,146
	255 MISCELLANEOUS RADIOLOGICAL PROCEDURES WITH CONTRAST	15	1,567

SOURCE: Utah Ambulatory Surgery Database
Utah 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, 2007
PROCEDURE APG CATEGORY, PROCEDURE APG, SINGLE APG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

146 Intermountain Medical Center

Procedure APG category	Procedure APG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
01	INTEGUMENTARY SYSTEM	48	\$2,362	\$3,184
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	40	\$2,261	\$2,632
	008 SIMPLE EXCISION AND BIOPSY	3	\$2,466	\$2,793
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRAN	5	\$3,112	\$4,546
02	MUSCULOSKELETAL SYSTEM	31	\$3,418	\$4,441
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	3	\$5,839	\$7,003
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	2	\$2,458	\$5,446
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	8	\$2,096	\$3,054
	025 ARTHROSCOPY	8	\$3,975	\$4,796
	028 CLOSED TREATMENT FX & DISLOCATION OF FINGER, TOE & TRUNK	1	\$1,453	\$1,440
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	8	\$3,843	\$5,920
	032 BUNION PROCEDURES	1	\$2,765	\$4,352
03	RESPIRATORY SYSTEM	2	\$1,828	\$2,352
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	2	\$1,828	\$1,520
04	CARDIOVASCULAR SYSTEM	121	\$15,618	\$13,494
	076 DIAGNOSTIC CARDIAC CATHETERIZATION	36	\$3,774	\$6,799
	077 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	81	\$21,140	\$23,688
	078 PACEMAKER INSERTION AND REPLACEMENT	2	\$18,105	\$22,941
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	2	\$2,676	\$3,439
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	2	\$3,122	\$4,053
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	1	\$1,850	\$5,409
	097 TRANSFUSION	1	\$4,393	\$2,574
06	DIGESTIVE SYSTEM	286	\$986	\$2,473
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	1	\$2,355	\$1,292
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	1	\$503	\$1,324
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	13	\$534	\$1,331
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	18	\$1,454	\$1,876
	117 LOWER GASTROINTESTINAL ENDOSCOPY	229	\$682	\$1,168
	118 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	1	\$4,604	\$4,111
	119 HERNIA AND HYDROCELE PROCEDURES	10	\$3,069	\$3,847
	121 SIMPLE ANAL AND RECTAL PROCEDURES	2	\$1,067	\$2,411
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	3	\$1,866	\$6,329
	123 COMPLEX LAPAROSCOPIC PROCEDURES	8	\$5,862	\$7,043
07	URINARY SYSTEM	2	\$2,433	\$5,134
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	1	\$2,173	\$5,301
	135 MODERATE CYSTOURETHROSCOPY	1	\$2,693	\$3,734
08	MALE GENITAL SYSTEM	4	\$2,255	\$3,453
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	2	\$2,091	\$2,812
	154 SIMPLE PENILE PROCEDURES	2	\$2,419	\$1,981
09	FEMALE GENITAL SYSTEM	2	\$4,518	\$4,463
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	1	\$5,309	\$5,626
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	1	\$3,728	\$3,471
10	NERVOUS SYSTEM	8	\$3,077	\$2,183
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	6	\$745	\$1,108
	196 REVISION AND REMOVAL OF NEUROLOGICAL DEVICE	1	\$18,082	\$9,628

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2007
PROCEDURE APG CATEGORY, PROCEDURE APG, SINGLE APG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

146 Intermountain Medical Center

procedure APG category	Procedure APG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
	198 NERVE REPAIR AND DESTRUCTION	1	\$2,064	\$2,625
11	EYE AND OCULAR ADNEXA	79	\$3,601	\$3,373
	214 CATARACT PROCEDURES	68	\$3,349	\$3,301
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	5	\$7,677	\$3,487
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	3	\$3,931	\$3,367
	220 STRABISMUS AND MUSCLE EYE PROCEDURES	1	\$1,370	\$3,433
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	2	\$2,591	\$2,495
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	23	\$1,195	\$2,838
	235 SIMPLE FACIAL AND ENT PROCEDURES	8	\$807	\$1,937
	236 TONSIL AND ADENOID PROCEDURES	15	\$1,402	\$2,399
13	THERAPEUTIC AND OTHER RADIOLOGICAL PROCEDURES	15	\$9,960	\$3,736
	253 VASCULAR RADIOLOGY EXCEPT FOR VENOGRAPHY OF EXTREMITY	2	\$40,791	\$13,369
	255 MISCELLANEOUS RADIOLOGICAL PROCEDURES WITH CONTRAST	13	\$5,217	\$2,658

SOURCE: Utah Ambulatory Surgery Database
Utah 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, 2007
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

146 Intermountain Medical Center

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
GENDER				
Female	2,188	55.9	118,694	54.2
Male	1,727	44.1	100,216	45.8
Unknown	0	0.0	2	0.0
Not Reported	0	0.0	1	0.0
AGE				
1-28 days	0	0.0	1,456	0.7
29-365 days	4	0.1	2,840	1.3
1-4 years	25	0.6	10,885	5.0
5-9	38	1.0	5,994	2.7
10-14	41	1.0	4,452	2.0
15-17	61	1.6	4,943	2.3
18-19	69	1.8	3,620	1.7
20-24	150	3.8	10,250	4.7
25-29	240	6.1	12,627	5.8
30-34	246	6.3	12,276	5.6
35-39	283	7.2	12,391	5.7
40-44	291	7.4	13,493	6.2
45-49	354	9.0	16,963	7.7
50-54	559	14.3	24,260	11.1
55-59	459	11.7	20,332	9.3
60-64	406	10.4	17,122	7.8
65-69	244	6.2	14,261	6.5
70-74	153	3.9	11,502	5.3
75-79	134	3.4	9,388	4.3
80-84	111	2.8	6,242	2.9
85-89	37	0.9	2,777	1.3
90 +	10	0.3	839	0.4
Not Reported	0	0.0	1,456	0.7
SOURCE OF ADMISSION				
Physician Referral	3,825	97.7	199,973	91.3
Clinic Referral	7	0.2	1,442	0.7
HMO Referral	3	0.1	3,326	1.5
Other Hospital	5	0.1	50	0.0
Skilled Nursing Facility	0	0.0	14	0.0
Other Health Care Facility	3	0.1	24	0.0
Emergency Room	72	1.8	4,867	2.2
Court/Law Enforcement	0	0.0	3	0.0
Unknown	0	0.0	16	0.0
Not Reported	0	0.0	9,198	4.2

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2007
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

146 Intermountain Medical Center

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	3,910	99.9	218,338	99.7
Another Hospital	1	0.0	109	0.0
Skilled Nursing Facility	0	0.0	108	0.0
Intermediate Care Facility	1	0.0	7	0.0
Another Type of Institution	0	0.0	50	0.0
Under Care of Home Service	3	0.1	223	0.1
Left Against Medical Advice	0	0.0	19	0.0
Under Care of Home IV Provider	0	0.0	1	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	559	14.3	38,805	17.7
Medicaid	91	2.3	12,973	5.9
Other government	34	0.9	3,498	1.6
Blue Cross/Blue Shield	159	4.1	30,611	14.0
Other Commercial	274	7.0	17,104	7.8
Managed Care(HMO, PPO)	2,654	67.8	106,265	48.5
Self Pay	55	1.4	2,895	1.3
Industrial & Worker Comp	44	1.1	3,787	1.7
Charity and Unclassified	35	0.9	1,868	0.9
Childrens Health Insurance	4	0.1	159	0.1
Unknown	6	0.2	855	0.4
Not Reported	0	0.0	93	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	30	0.8	16,514	7.5
Central Utah	31	0.8	8,080	3.7
Davis County	280	7.2	22,286	10.2
Salt Lake County	3,006	76.8	72,683	33.2
Southeastern Utah	19	0.5	5,055	2.3
Southwest Utah	22	0.6	13,705	6.3
Summit County	82	2.1	2,788	1.3
Tooele County	71	1.8	4,504	2.1
Tri-County	26	0.7	5,649	2.6
Utah County	163	4.2	35,563	16.2
Wasatch County	26	0.7	1,636	0.7
Weber County	49	1.3	21,324	9.7
Unknown Utah	1	0.0	43	0.0
Outside Utah	109	2.8	8,990	4.1
Unknown, Not Reported	0	0.0	93	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, 2007
NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

117 Jordan Valley Medical Center

Reporting Category(ICD-9-CM CODES)	Procedures Performed		Procedures Performed-All Hospitals	
	(#)	(%)	(#)	(%)
Reporting Category(ICD-9-CM CODES)	6,528	100.0	319,880	100.0
Mastectomy (85.0-85.99)	217	3.3	7,512	2.3
Musculoskeletal (76.0-84.99)	1,842	28.2	71,153	22.2
Respiratory (30.0-34.99)	58	0.9	3,550	1.1
Cardiovascular (35.0-39.99)	201	3.1	16,128	5.0
Lymphatic/Hemetic (40.0-41.99)	35	0.5	3,232	1.0
Digestive System (42.0-54.99)	1,879	28.8	102,504	32.0
Urinary (55.0-59.99)	202	3.1	10,216	3.2
Male Genital (60.0-64.99)	77	1.2	3,613	1.1
Female Genital (65.0-71.99)	514	7.9	15,763	4.9
Endocrine/Nervous (01.0-07.99)	289	4.4	22,558	7.1
Eye (08.0-16.99)	158	2.4	19,364	6.1
Ear (18.0-20.99)	328	5.0	13,797	4.3
Nose, Mouth, Pharynx (21.0-29.99)	728	11.2	30,490	9.5
Reporting Category(CPT-4 CODES)	6,994	100.0	301,918	100.0
Mastectomy (19120-19220)	81	1.2	2,118	0.7
Musculoskeletal (20000-29909)	2,022	28.9	67,981	22.5
Respiratory (30000-32999 & 39501-39599)	476	6.8	14,263	4.7
Cardiovascular (33010-37799 & 93501-93660)	801	11.5	38,047	12.6
Lymphatic/Hemetic (38100-38999)	41	0.6	2,819	0.9
Digestive (40490-49999)	2,151	30.8	109,019	36.1
Urinary (50010-53899)	376	5.4	9,215	3.1
Male Genital (54000-55899)	66	0.9	3,144	1.0
Female Genital (56405-58999)	385	5.5	11,863	3.9
Endocrine/Nervous (60000-64999)	345	4.9	24,805	8.2
Eye (65091-68899)	75	1.1	11,076	3.7
Ear (69000-69979)	175	2.5	7,568	2.5

SOURCE: Utah Ambulatory Surgery Database

Utah 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, 2007
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		6,528	100.0	100.0
4523	COLONOSCOPY	479	7.3	6.86
806	EXC SEMILUNAR CARTILAGE-KNEE	262	4.0	1.94
2001	MYRINGOTOMY W/INSRT TUBE	251	3.8	3.33
5123	LAP CHOLEY	236	3.6	2.16
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	215	3.3	5.42
4542	ENDO POLYPECTOMY LG INTESTINE	206	3.2	3.78
8147	OTH REPR KNEE	157	2.4	0.84
4513	OTH ENDO SM INTESTINE	137	2.1	1.74
283	TONSILLECTOMY W/ADENOIDECTOMY	134	2.1	1.70
6952	ASPIR CURET FOLLOWING DELIV/AB	116	1.8	0.44
4525	CLO [ENDO] BX LG INTESTINE	100	1.5	2.32
2169	OTH TURBINECTOMY	89	1.4	0.78
4292	DILAT ESOPH	87	1.3	1.45
8521	LOC EXC LES BREAST	87	1.3	0.81
3722	LT HEART CARD CATH	83	1.3	1.08
7781	OTH PART OSTEC-SCAPULA-CLAV-THOR	82	1.3	0.53
8145	OTH REPR CRUCIATE LIGAMNT	79	1.2	0.58
8183	OTH REPR SHLDR	78	1.2	0.78
598	URETERAL CATH	77	1.2	0.66
0443	RELEASE CARPAL TUNNEL	76	1.2	1.07

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		6,994	100.0	100.0
45378	COLONOSCOPY FLEX; DX-SEP PROC	480	6.9	6.66
45380	COLONOSCOPY FLEX; W/BX 1/MX	240	3.4	5.29
43239	UGI ENDO; W/BX 1/MX	215	3.1	5.47
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	207	3.0	1.44
29881	SCOPE KNEE SURG;W/MENISCECT MED/	200	2.9	1.64
50590	LITHOTRIPSY XTRACORP SHOCK WAVE	135	1.9	0.29
69436	TYMPANOSTOMY GENERAL ANESTHESIA	129	1.8	1.79
29826	SCOPE SHOULDER; DECOMP SUBACROM	126	1.8	1.10
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	117	1.7	1.59
93545	INJ PROC-CATH; SELECT CORONRY AN	104	1.5	1.34
49505	REPR INIT ING HERNIA 5YR/MORE; R	98	1.4	0.88
93543	INJ PROC-CATH; LT VENT/ATRIAL AN	98	1.4	1.22
93556	IMAG SUPERVS I&R-CATH; PULM ANGI	98	1.4	1.27
42820	T&A; UNDER AGE 12	94	1.3	1.37
23350	INJ SHLDR ARTHROGRPH/ENHNCD CT/M	92	1.3	0.17
43235	UGI ENDO; DX W/VO CLCT SPECMN-SP	90	1.3	1.15
93555	IMAG SUPERVS I&R-CATH; VENT/ATRI	90	1.3	1.13
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	87	1.2	1.11
20680	REMOVAL OF IMPLANT; DEEP	84	1.2	0.93
30140	SUBMUCOS RES TURBINATE PART/CMPL	84	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, 2007
 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		3,065	\$6,497	\$3,565
4523	COLONOSCOPY	423	\$2,455	\$976
5123	LAP CHOLEY	222	\$12,548	\$6,693
4542	ENDO POLYPECTOMY LG INTESTINE	156	\$3,821	\$1,383
6952	ASPIR CURET FOLLOWING DELIV/AB	116	\$4,283	\$2,643
283	TONSILLECTOMY W/ADENOIDECTOMY	111	\$4,327	\$2,361
806	EXC SEMILUNAR CARTILAGE-KNEE	101	\$7,733	\$4,511
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	97	\$3,487	\$1,391
3722	LT HEART CARD CATH	77	\$9,947	\$6,932
4513	OTH ENDO SM INTESTINE	71	\$2,751	\$1,172
282	TONSILLECTOMY WO ADENOIDECTOMY	61	\$4,597	\$2,499
0443	RELEASE CARPAL TUNNEL	55	\$4,218	\$2,237
4525	CLO [ENDO] BX LG INTESTINE	52	\$3,499	\$1,424
6823	ENDOMETRIAL ABLATION	48	\$6,291	\$5,399
8521	LOC EXC LES BREAST	40	\$4,826	\$2,822
3324	CLO [ENDO] BX BRONCHUS	37	\$1,834	\$2,263
5304	UNILAT REPR INDIRECT ING HERN-GFT	37	\$8,618	\$4,048
5303	UNILAT REPR DIRECT ING HERN-GFT	33	\$8,728	\$4,317
598	URETERAL CATH	32	\$10,586	\$5,994
7936	OP REDUC FX W/INT FIX-TIBIA & FIB	29	\$12,274	\$6,755
7932	OP REDUC FX W/INT FIX-RADIUS & ULNA	27	\$14,245	\$8,023

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
CPT-4 Procedures		3,479	\$5,835	\$3,274
45378	COLONOSCOPY FLEX; DX-SEP PROC	424	\$2,448	\$984
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	195	\$12,762	\$7,072
45380	COLONOSCOPY FLEX; W/BX 1/MX	165	\$3,502	\$1,354
29881	SCOPE KNEE SURG;W/MENISCECT MED/	110	\$7,638	\$4,170
43239	UGI ENDO; W/BX 1/MX	97	\$3,487	\$1,389
50590	LITHOTRIPSY XTRACORP SHOCK WAVE	95	\$9,268	\$8,723
23350	INJ SHLDR ARTHROGRPH/ENHNCD CT/M	92	\$3,321	\$2,970
42820	T&A; UNDER AGE 12	82	\$4,056	\$2,257
49505	REPR INIT ING HERNIA 5YR/MORE; R	82	\$8,372	\$4,010
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	76	\$3,639	\$1,536
69436	TYMPANOSTOMY GENERAL ANESTHESIA	72	\$2,938	\$1,247
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	69	\$2,497	\$1,081
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	66	\$1,280	\$1,005
66984	EXTRACAPSULAR CATARACT REMV IOL	62	\$6,906	\$3,292
20680	REMOVAL OF IMPLANT; DEEP	55	\$4,927	\$3,111
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	55	\$4,665	\$2,569
19120	EXC BRST CYST TUMR/LES OPN M/F 1	40	\$5,038	\$2,769
58563	HYSTEROSC SURG; W/ENDOMETRIAL AB	39	\$6,450	\$5,666
36430	TRANSFUSION BLOOD/BLOOD COMPONEN	38	\$3,189	\$2,574
31624	BRNCHSCPY; W/BRONCH ALVEOL LAVAG	34	\$1,832	\$2,265

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, 2007
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	240	8,527
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	60	2,371
	003 COMPLEX INCISION AND DRAINAGE	2	88
	004 SIMPLE INCISION AND DRAINAGE	1	28
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	33	1,121
	008 SIMPLE EXCISION AND BIOPSY	20	1,220
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRANGE	43	1,390
	011 SIMPLE INCISION AND EXCISION OF BREAST	81	2,116
02	MUSCULOSKELETAL SYSTEM	1,828	61,192
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	152	6,662
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	38	2,481
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	38	2,359
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	327	12,550
	025 ARTHROSCOPY	979	25,547
	028 CLOSED TREATMENT FX & DISLOCATION OF FINGER, TOE & TRUNK	1	54
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	28	693
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	154	4,851
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	39	465
	032 BUNION PROCEDURES	39	1,752
	033 ARTHROPLASTY	9	581
	034 HAND AND FOOT TENOTOMY	1	323
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	23	2,254
03	RESPIRATORY SYSTEM	283	8,139
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	15	652
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	212	5,383
	054 SIMPLE ENDOSCOPY OF THE UPPER AIRWAY	1	252
	055 ENDOSCOPY OF THE LOWER AIRWAY	55	1,852
04	CARDIOVASCULAR SYSTEM	615	30,572
	076 DIAGNOSTIC CARDIAC CATHETERIZATION	525	21,581
	077 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	40	1,914
	078 PACEMAKER INSERTION AND REPLACEMENT	17	690
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	26	989
	080 MINOR VASCULAR REPAIR AND FISTULA CONSTRUCTION	3	736
	081 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	4	123
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	82	3,488
	092 CHEMOTHERAPY EXCEPT BY EXTENDED INFUSION	3	43
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	40	2,063
	097 TRANSFUSION	39	1,297
06	DIGESTIVE SYSTEM	1,966	98,518
	111 ALIMENTARY TESTS AND SIMPLE TUBE PLACEMENT	1	136
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	3	650
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	1	342
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	305	20,229
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	117	5,566
	117 LOWER GASTROINTESTINAL ENDOSCOPY	845	43,551
	118 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	53	1,497

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2007
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			
	119 HERNIA AND HYDROCELE PROCEDURES	202	6,814
	120 COMPLEX ANAL AND RECTAL PROCEDURES	10	1,064
	121 SIMPLE ANAL AND RECTAL PROCEDURES	2	552
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	4	580
	123 COMPLEX LAPAROSCOPIC PROCEDURES	421	16,057
	124 SIMPLE LAPAROSCOPIC PROCEDURES	2	226
07	URINARY SYSTEM	361	7,929
	131 RENAL EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	135	871
	133 URINARY CATHETERIZATION AND DILATATION	3	479
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	145	3,971
	135 MODERATE CYSTOURETHROSCOPY	67	1,733
	136 SIMPLE CYSTOURETHROSCOPY	8	570
	137 COMPLEX URETHRAL PROCEDURES	2	132
	138 SIMPLE URETHRAL PROCEDURES	1	172
08	MALE GENITAL SYSTEM	58	2,775
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	35	1,260
	153 COMPLEX PENILE PROCEDURES	3	495
	154 SIMPLE PENILE PROCEDURES	13	823
	155 PROSTATE NEEDLE AND PUNCH BIOPSY	7	112
09	FEMALE GENITAL SYSTEM	197	7,034
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	18	1,974
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	39	1,390
	178 DILATION AND CURETTAGE	17	733
	179 HYSTEROSCOPY	116	2,553
	180 COLPOSCOPY	7	384
10	NERVOUS SYSTEM	266	20,995
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	135	14,792
	197 NEUROSTIMULATOR AND VENTRICULAR SHUNT IMPLANTATION	3	944
	198 NERVE REPAIR AND DESTRUCTION	98	4,511
	199 SPINAL TAP	30	513
11	EYE AND OCULAR ADNEXA	75	10,843
	214 CATARACT PROCEDURES	68	4,389
	216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	1	277
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	1	306
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	2	886
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	2	510
	223 VITRECTOMY	1	1,822
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	668	27,519
	233 NASAL CAUTERIZATION AND PACKING	3	328
	234 COMPLEX FACIAL AND ENT PROCEDURES	124	5,752
	235 SIMPLE FACIAL AND ENT PROCEDURES	280	13,044
	236 TONSIL AND ADENOID PROCEDURES	261	8,300
13	THERAPEUTIC AND OTHER RADIOLOGICAL PROCEDURES	235	3,024
	253 VASCULAR RADIOLOGY EXCEPT FOR VENOGRAPHY OF EXTREMITY	92	1,146
	254 MYELOGRAPHY	4	304
	255 MISCELLANEOUS RADIOLOGICAL PROCEDURES WITH CONTRAST	139	1,567

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2007
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		
14 PHYSICAL MEDICINE AND REHABILITATION	1	6
272 PHYSICAL THERAPY	1	6

SOURCE: Utah Ambulatory Surgery Database
 Utah Health Data Committee/Office of Health Care Statistics
 Reportable* excludes codes in the former "Other" category 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, 2007
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	203	\$4,244	\$3,184
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	59	\$2,247	\$2,632
	003 COMPLEX INCISION AND DRAINAGE	2	\$5,839	\$4,092
	004 SIMPLE INCISION AND DRAINAGE	1	\$5,301	\$2,544
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	22	\$5,264	\$3,383
	008 SIMPLE EXCISION AND BIOPSY	13	\$4,246	\$2,793
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRAN	40	\$4,046	\$4,546
	011 SIMPLE INCISION AND EXCISION OF BREAST	66	\$5,745	\$3,085
02	MUSCULOSKELETAL SYSTEM	702	\$7,767	\$4,441
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	57	\$10,839	\$7,003
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	15	\$6,603	\$3,967
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	14	\$9,659	\$5,446
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	154	\$4,655	\$3,054
	025 ARTHROSCOPY	273	\$8,816	\$4,796
	028 CLOSED TREATMENT FX & DISLOCATION OF FINGER, TOE & TRUNK	1	\$2,913	\$1,440
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	24	\$3,633	\$3,328
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	111	\$10,120	\$5,920
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	21	\$3,343	\$2,812
	032 BUNION PROCEDURES	22	\$7,998	\$4,352
	033 ARTHROPLASTY	2	\$6,070	\$7,331
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	8	\$608	\$1,001
03	RESPIRATORY SYSTEM	70	\$2,893	\$2,352
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	14	\$1,294	\$1,520
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	14	\$7,658	\$3,777
	055 ENDOSCOPY OF THE LOWER AIRWAY	42	\$1,838	\$2,232
04	CARDIOVASCULAR SYSTEM	11	\$11,891	\$13,494
	078 PACEMAKER INSERTION AND REPLACEMENT	2	\$26,857	\$22,941
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	8	\$8,112	\$3,439
	080 MINOR VASCULAR REPAIR AND FISTULA CONSTRUCTION	1	\$12,196	\$5,464
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	67	\$5,551	\$4,053
	092 CHEMOTHERAPY EXCEPT BY EXTENDED INFUSION	2	\$1,273	\$1,273
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	27	\$9,194	\$5,409
	097 TRANSFUSION	38	\$3,189	\$2,574
06	DIGESTIVE SYSTEM	1,360	\$5,498	\$2,473
	111 ALIMENTARY TESTS AND SIMPLE TUBE PLACEMENT	1	\$328	\$1,025
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	3	\$2,074	\$1,292
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	1	\$1,752	\$1,324
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	166	\$3,076	\$1,331
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	40	\$3,833	\$1,876
	117 LOWER GASTROINTESTINAL ENDOSCOPY	668	\$2,850	\$1,168
	118 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	11	\$9,156	\$4,111
	119 HERNIA AND HYDROCELE PROCEDURES	140	\$8,328	\$3,847
	120 COMPLEX ANAL AND RECTAL PROCEDURES	10	\$5,736	\$3,183
	121 SIMPLE ANAL AND RECTAL PROCEDURES	2	\$4,667	\$2,411
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	3	\$5,333	\$6,329

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2007
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)
	123 COMPLEX LAPAROSCOPIC PROCEDURES	315	\$11,277	\$7,043
07	URINARY SYSTEM	161	\$8,375	\$5,134
	131 RENAL EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	95	\$9,268	\$8,723
	133 URINARY CATHETERIZATION AND DILATATION	1	\$125	\$4,450
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	32	\$8,091	\$5,301
	135 MODERATE CYSTOURETHROSCOPY	29	\$6,485	\$3,734
	136 SIMPLE CYSTOURETHROSCOPY	3	\$3,932	\$2,619
	137 COMPLEX URETHRAL PROCEDURES	1	\$9,014	\$6,589
08	MALE GENITAL SYSTEM	33	\$6,924	\$3,453
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	14	\$7,715	\$2,812
	153 COMPLEX PENILE PROCEDURES	2	\$9,200	\$3,629
	154 SIMPLE PENILE PROCEDURES	12	\$5,163	\$1,981
	155 PROSTATE NEEDLE AND PUNCH BIOPSY	5	\$8,028	\$5,214
09	FEMALE GENITAL SYSTEM	98	\$6,003	\$4,463
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	9	\$10,228	\$5,626
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	16	\$5,358	\$3,471
	178 DILATION AND CURETTAGE	12	\$4,412	\$2,542
	179 HYSTEROSCOPY	59	\$5,941	\$4,798
	180 COLPOSCOPY	2	\$3,515	\$3,826
10	NERVOUS SYSTEM	169	\$2,507	\$2,183
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	93	\$1,234	\$1,108
	197 NEUROSTIMULATOR AND VENTRICULAR SHUNT IMPLANTATION	1	\$52,795	\$26,856
	198 NERVE REPAIR AND DESTRUCTION	45	\$4,335	\$2,625
	199 SPINAL TAP	30	\$2,035	\$2,151
11	EYE AND OCULAR ADNEXA	73	\$6,910	\$3,373
	214 CATARACT PROCEDURES	67	\$6,976	\$3,301
	216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	1	\$5,741	\$2,769
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	1	\$7,368	\$3,367
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	2	\$7,157	\$3,997
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	2	\$4,805	\$2,495
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	309	\$4,864	\$2,838
	234 COMPLEX FACIAL AND ENT PROCEDURES	31	\$12,205	\$5,571
	235 SIMPLE FACIAL AND ENT PROCEDURES	100	\$3,396	\$1,937
	236 TONSIL AND ADENOID PROCEDURES	178	\$4,410	\$2,399
13	THERAPEUTIC AND OTHER RADIOLOGICAL PROCEDURES	174	\$3,432	\$3,736
	253 VASCULAR RADIOLOGY EXCEPT FOR VENOGRAPHY OF EXTREMITY	33	\$7,469	\$13,369
	254 MYELOGRAPHY	4	\$1,674	\$3,202
	255 MISCELLANEOUS RADIOLOGICAL PROCEDURES WITH CONTRAST	137	\$2,511	\$2,658

SOURCE: Utah Ambulatory Surgery Database
Utah 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, 2007
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	2,843	56.5	118,694	54.2
Male	2,187	43.5	100,216	45.8
Unknown	0	0.0	2	0.0
Not Reported	0	0.0	1	0.0
AGE				
1-28 days	0	0.0	1,456	0.7
29-365 days	25	0.5	2,840	1.3
1-4 years	111	2.2	10,885	5.0
5-9	103	2.0	5,994	2.7
10-14	100	2.0	4,452	2.0
15-17	117	2.3	4,943	2.3
18-19	101	2.0	3,620	1.7
20-24	294	5.8	10,250	4.7
25-29	416	8.3	12,627	5.8
30-34	432	8.6	12,276	5.6
35-39	390	7.8	12,391	5.7
40-44	385	7.7	13,493	6.2
45-49	444	8.8	16,963	7.7
50-54	549	10.9	24,260	11.1
55-59	422	8.4	20,332	9.3
60-64	301	6.0	17,122	7.8
65-69	291	5.8	14,261	6.5
70-74	198	3.9	11,502	5.3
75-79	177	3.5	9,388	4.3
80-84	110	2.2	6,242	2.9
85-89	53	1.1	2,777	1.3
90 +	11	0.2	839	0.4
Not Reported	0	0.0	1,456	0.7
SOURCE OF ADMISSION				
Physician Referral	5,014	99.7	199,973	91.3
Clinic Referral	1	0.0	1,442	0.7
HMO Referral	0	0.0	3,326	1.5
Other Hospital	0	0.0	50	0.0
Skilled Nursing Facility	1	0.0	14	0.0
Other Health Care Facility	0	0.0	24	0.0
Emergency Room	13	0.3	4,867	2.2
Court/Law Enforcement	0	0.0	3	0.0
Unknown	0	0.0	16	0.0
Not Reported	1	0.0	9,198	4.2

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2007
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	5,020	99.8	218,338	99.7
Another Hospital	4	0.1	109	0.0
Skilled Nursing Facility	4	0.1	108	0.0
Intermediate Care Facility	0	0.0	7	0.0
Another Type of Institution	0	0.0	50	0.0
Under Care of Home Service	1	0.0	223	0.1
Left Against Medical Advice	1	0.0	19	0.0
Under Care of Home IV Provider	0	0.0	1	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	707	14.1	38,805	17.7
Medicaid	190	3.8	12,973	5.9
Other government	94	1.9	3,498	1.6
Blue Cross/Blue Shield	1,547	30.8	30,611	14.0
Other Commercial	903	18.0	17,104	7.8
Managed Care(HMO, PPO)	1,452	28.9	106,265	48.5
Self Pay	56	1.1	2,895	1.3
Industrial & Worker Comp	70	1.4	3,787	1.7
Charity and Unclassified	4	0.1	1,868	0.9
Childrens Health Insurance	0	0.0	159	0.1
Unknown	7	0.1	855	0.4
Not Reported	0	0.0	93	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	10	0.2	16,514	7.5
Central Utah	19	0.4	8,080	3.7
Davis County	61	1.2	22,286	10.2
Salt Lake County	4,533	90.1	72,683	33.2
Southeastern Utah	29	0.6	5,055	2.3
Southwest Utah	14	0.3	13,705	6.3
Summit County	31	0.6	2,788	1.3
Tooele County	62	1.2	4,504	2.1
Tri-County	9	0.2	5,649	2.6
Utah County	147	2.9	35,563	16.2
Wasatch County	6	0.1	1,636	0.7
Weber County	17	0.3	21,324	9.7
Unknown Utah	0	0.0	43	0.0
Outside Utah	90	1.8	8,990	4.1
Unknown, Not Reported	2	0.0	93	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, 2007
NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

114 Kane County Hospital

Reporting Category(ICD-9-CM CODES)	Procedures Performed		Procedures Performed-All Hospitals	
	(#)	(%)	(#)	(%)
Reporting Category(ICD-9-CM CODES)	93	100.0	319,880	100.0
Mastectomy (85.0-85.99)	0	0.0	7,512	2.3
Musculoskeletal (76.0-84.99)	0	0.0	71,153	22.2
Respiratory (30.0-34.99)	0	0.0	3,550	1.1
Cardiovascular (35.0-39.99)	0	0.0	16,128	5.0
Lymphatic/Hemetic (40.0-41.99)	0	0.0	3,232	1.0
Digestive System (42.0-54.99)	33	35.5	102,504	32.0
Urinary (55.0-59.99)	0	0.0	10,216	3.2
Male Genital (60.0-64.99)	0	0.0	3,613	1.1
Female Genital (65.0-71.99)	0	0.0	15,763	4.9
Endocrine/Nervous (01.0-07.99)	2	2.2	22,558	7.1
Eye (08.0-16.99)	57	61.3	19,364	6.1
Ear (18.0-20.99)	0	0.0	13,797	4.3
Nose, Mouth, Pharynx (21.0-29.99)	1	1.1	30,490	9.5
Reporting Category(CPT-4 CODES)	349	100.0	301,918	100.0
Mastectomy (19120-19220)	0	0.0	2,118	0.7
Musculoskeletal (20000-29909)	4	1.1	67,981	22.5
Respiratory (30000-32999 & 39501-39599)	1	0.3	14,263	4.7
Cardiovascular (33010-37799 & 93501-93660)	4	1.1	38,047	12.6
Lymphatic/Hemetic (38100-38999)	0	0.0	2,819	0.9
Digestive (40490-49999)	267	76.5	109,019	36.1
Urinary (50010-53899)	1	0.3	9,215	3.1
Male Genital (54000-55899)	2	0.6	3,144	1.0
Female Genital (56405-58999)	4	1.1	11,863	3.9
Endocrine/Nervous (60000-64999)	16	4.6	24,805	8.2
Eye (65091-68899)	50	14.3	11,076	3.7
Ear (69000-69979)	0	0.0	7,568	2.5

SOURCE: Utah Ambulatory Surgery Database
 Utah 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, 2007
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		93	100.0	100.0
1341	PHACOEMULSIFICATION-ASPIR CATARACT	27	29.0	1.38
1371	IOL PROSTH-CATARACT EXTRACT-1-STAGE	27	29.0	1.38
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	13	14.0	5.42
4542	ENDO POLYPECTOMY LG INTESTINE	5	5.4	3.78
4523	COLONOSCOPY	4	4.3	6.86
1364	DISCISSION SECNDRY MEMBRN	3	3.2	0.16
4525	CLO [ENDO] BX LG INTESTINE	3	3.2	2.32
4824	CLO [ENDO] BX RECTUM	2	2.2	0.47
5491	PERCUT ABD DRAIN	2	2.2	0.10
0391	INJ ANES SPINAL CANAL-ANALGESIA	1	1.1	1.41
0443	RELEASE CARPAL TUNNEL	1	1.1	1.07
282	TONSILLECTOMY WO ADENOIDECTOMY	1	1.1	0.60
4513	OTH ENDO SM INTESTINE	1	1.1	1.74
4946	EXC HEMORRHOIDS	1	1.1	0.16
5304	UNILAT REPR INDIRECT ING HERN-GFT	1	1.1	0.46
5305	UNILAT REPR ING HERN-GFT-NOS	1	1.1	0.14

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		349	100.0	100.0
45380	COLONOSCOPY FLEX; W/BX 1/MX	79	22.6	5.29
45378	COLONOSCOPY FLEX; DX-SEP PROC	64	18.3	6.66
43239	UGI ENDO; W/BX 1/MX	58	16.6	5.47
66984	EXTRACAPSULAR CATARACT REMV IOL	45	12.9	1.35
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	39	11.2	1.59
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	10	2.9	1.11
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	9	2.6	1.15
66821	DISCISSION 2ND CATARACT; LASER S	5	1.4	0.18
36430	TRANSFUSION BLOOD/BLOOD COMPONEN	4	1.1	0.43
49080	PERITONEOCENTESIS; INIT	4	1.1	0.08
43258	UGI ENDO; W/ABLAT LES NOT SNARE	3	0.9	0.10
G0121	COLOREC CNCR SCR;COLNSCPY NO HI	3	0.9	0.26
42825	TONSILLECT PRIM/SEC; UNDER AGE 1	2	0.6	0.10
43248	UGI ENDO; W/INSRT GUIDE WIRE	2	0.6	0.10
49505	REPR INIT ING HERNIA 5YR/MORE; R	2	0.6	0.88
58120	DILATION & CURET DX &/ THERAPEUT	2	0.6	0.24
62272	SP PUNCT TX DRAIN CEREBROSP FL	2	0.6	0.01
25605	CLOS TX DIST RADIAL FX; REQ MANI	1	0.3	0.06
25999	UNLISTED PROCEDURE FOREARM OR WR	1	0.3	0.04
26055	TENDON SHEATH INCISION	1	0.3	0.42

SOURCE: Utah Ambulatory Surgery Database
 Utah Health Data Committee/Office of Health Care Statistics
 Reportable* excludes codes in the former "Other" category 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, 2007
 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	37	\$2,131	\$3,565
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	12	\$2,028	\$1,391
4542	ENDO POLYPECTOMY LG INTESTINE	5	\$2,759	\$1,383
1364	DISCISSION SECNDRY MEMBRN	3	\$403	\$727
4523	COLONOSCOPY	3	\$1,905	\$976
4525	CLO [ENDO] BX LG INTESTINE	3	\$2,327	\$1,424
4824	CLO [ENDO] BX RECTUM	2	\$2,928	\$1,297
5491	PERCUT ABD DRAIN	2	\$1,028	\$1,940
0391	INJ ANES SPINAL CANAL-ANALGESIA	1	\$756	\$3,789
0443	RELEASE CARPAL TUNNEL	1	\$2,322	\$2,237
282	TONSILLECTOMY WO ADENOIDECTOMY	1	\$3,086	\$2,499
4513	OTH ENDO SM INTESTINE	1	\$1,545	\$1,172
4946	EXC HEMORRHOIDS	1	\$2,813	\$2,879
5304	UNILAT REPR INDIRECT ING HERN-GFT	1	\$3,918	\$4,048
5305	UNILAT REPR ING HERN-GFT-NOS	1	\$4,448	\$4,695

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
CPT-4	Procedures	275	\$2,288	\$3,274
45380	COLONOSCOPY FLEX; W/BX 1/MX	64	\$2,552	\$1,354
45378	COLONOSCOPY FLEX; DX-SEP PROC	56	\$1,866	\$984
66984	EXTRACAPSULAR CATARACT REMV IOL	45	\$3,184	\$3,292
43239	UGI ENDO; W/BX 1/MX	32	\$1,991	\$1,389
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	32	\$2,694	\$1,536
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	6	\$1,552	\$1,081
66821	DISCISSION 2ND CATARACT; LASER S	5	\$403	\$736
36430	TRANSFUSION BLOOD/BLOOD COMPONENT	4	\$1,414	\$2,574
49080	PERITONEOCENTESIS; INIT	4	\$906	\$1,458
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	4	\$720	\$1,005
49505	REPR INIT ING HERNIA 5YR/MORE; R	2	\$4,183	\$4,010
58120	DILATION & CURET DX &/ THERAPEUT	2	\$2,796	\$2,542
62272	SP PUNCT TX DRAIN CEREBROSP FL	2	\$1,192	\$2,948
25605	CLOS TX DIST RADIAL FX; REQ MANI	1	\$4,473	\$2,572
25999	UNLISTED PROCEDURE FOREARM OR WR	1	\$221	\$5,190
26055	TENDON SHEATH INCISION	1	\$2,386	\$1,941
26160	EXC LES TEND SHETH/JNT CAP HND/F	1	\$2,294	\$2,187
31720	CATHETER ASPIR; NASOTRACH SEP PR	1	\$287	\$1,056
43248	UGI ENDO; W/INSRT GUIDE WIRE	1	\$1,843	\$1,413
43258	UGI ENDO; W/ABLAT LES NOT SNARE	1	\$1,984	\$1,801

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, 2007
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	1	8,527
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	1	2,371
02	MUSCULOSKELETAL SYSTEM	4	61,192
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	1	2,481
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	2	12,550
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	1	693
03	RESPIRATORY SYSTEM	5	8,139
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	5	652
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	4	3,488
	097 TRANSFUSION	4	1,297
06	DIGESTIVE SYSTEM	262	98,518
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	67	20,229
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	5	5,566
	117 LOWER GASTROINTESTINAL ENDOSCOPY	186	43,551
	119 HERNIA AND HYDROCELE PROCEDURES	2	6,814
	120 COMPLEX ANAL AND RECTAL PROCEDURES	1	1,064
	123 COMPLEX LAPAROSCOPIC PROCEDURES	1	16,057
07	URINARY SYSTEM	1	7,929
	133 URINARY CATHETERIZATION AND DILATATION	1	479
08	MALE GENITAL SYSTEM	1	2,775
	154 SIMPLE PENILE PROCEDURES	1	823
09	FEMALE GENITAL SYSTEM	2	7,034
	178 DILATION AND CURETTAGE	2	733
10	NERVOUS SYSTEM	16	20,995
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	12	14,792
	198 NERVE REPAIR AND DESTRUCTION	1	4,511
	199 SPINAL TAP	3	513
11	EYE AND OCULAR ADNEXA	50	10,843
	213 LASER EYE PROCEDURES	5	617
	214 CATARACT PROCEDURES	45	4,389
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	2	27,519
	236 TONSIL AND ADENOID PROCEDURES	2	8,300

SOURCE: Utah Ambulatory Surgery Database
 Utah 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, 2007
PROCEDURE APG CATEGORY, PROCEDURE APG, SINGLE APG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

114 Kane County Hospital

Procedure APG category	Procedure APG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
02	MUSCULOSKELETAL SYSTEM	4	\$2,344	\$4,441
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	1	\$221	\$3,967
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	2	\$2,340	\$3,054
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	1	\$4,473	\$3,328
03	RESPIRATORY SYSTEM	5	\$782	\$2,352
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	5	\$782	\$1,520
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	4	\$1,414	\$4,053
	097 TRANSFUSION	4	\$1,414	\$2,574
06	DIGESTIVE SYSTEM	197	\$2,272	\$2,473
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	38	\$1,922	\$1,331
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	2	\$1,914	\$1,876
	117 LOWER GASTROINTESTINAL ENDOSCOPY	153	\$2,327	\$1,168
	119 HERNIA AND HYDROCELE PROCEDURES	2	\$4,183	\$3,847
	120 COMPLEX ANAL AND RECTAL PROCEDURES	1	\$2,813	\$3,183
	123 COMPLEX LAPAROSCOPIC PROCEDURES	1	\$3,582	\$7,043
07	URINARY SYSTEM	1	\$128	\$5,134
	133 URINARY CATHETERIZATION AND DILATATION	1	\$128	\$4,450
08	MALE GENITAL SYSTEM	1	\$710	\$3,453
	154 SIMPLE PENILE PROCEDURES	1	\$710	\$1,981
09	FEMALE GENITAL SYSTEM	2	\$2,796	\$4,463
	178 DILATION AND CURETTAGE	2	\$2,796	\$2,542
10	NERVOUS SYSTEM	10	\$970	\$2,183
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	6	\$687	\$1,108
	198 NERVE REPAIR AND DESTRUCTION	1	\$2,322	\$2,625
	199 SPINAL TAP	3	\$1,087	\$2,151
11	EYE AND OCULAR ADNEXA	50	\$2,906	\$3,373
	213 LASER EYE PROCEDURES	5	\$403	\$769
	214 CATARACT PROCEDURES	45	\$3,184	\$3,301

SOURCE: Utah Ambulatory Surgery Database
 Utah 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, 2007
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

114 Kane County Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
GENDER				
Female	155	49.8	118,694	54.2
Male	156	50.2	100,216	45.8
Unknown	0	0.0	2	0.0
Not Reported	0	0.0	1	0.0
AGE				
1-28 days	0	0.0	1,456	0.7
29-365 days	1	0.3	2,840	1.3
1-4 years	2	0.6	10,885	5.0
5-9	1	0.3	5,994	2.7
10-14	0	0.0	4,452	2.0
15-17	1	0.3	4,943	2.3
18-19	0	0.0	3,620	1.7
20-24	8	2.6	10,250	4.7
25-29	5	1.6	12,627	5.8
30-34	7	2.3	12,276	5.6
35-39	9	2.9	12,391	5.7
40-44	11	3.5	13,493	6.2
45-49	11	3.5	16,963	7.7
50-54	33	10.6	24,260	11.1
55-59	43	13.8	20,332	9.3
60-64	52	16.7	17,122	7.8
65-69	47	15.1	14,261	6.5
70-74	30	9.6	11,502	5.3
75-79	32	10.3	9,388	4.3
80-84	11	3.5	6,242	2.9
85-89	6	1.9	2,777	1.3
90 +	1	0.3	839	0.4
Not Reported	0	0.0	1,456	0.7
SOURCE OF ADMISSION				
Physician Referral	309	99.4	199,973	91.3
Clinic Referral	0	0.0	1,442	0.7
HMO Referral	0	0.0	3,326	1.5
Other Hospital	0	0.0	50	0.0
Skilled Nursing Facility	0	0.0	14	0.0
Other Health Care Facility	0	0.0	24	0.0
Emergency Room	2	0.6	4,867	2.2
Court/Law Enforcement	0	0.0	3	0.0
Unknown	0	0.0	16	0.0
Not Reported	0	0.0	9,198	4.2

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2007
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	310	99.7	218,338	99.7
Another Hospital	0	0.0	109	0.0
Skilled Nursing Facility	0	0.0	108	0.0
Intermediate Care Facility	0	0.0	7	0.0
Another Type of Institution	0	0.0	50	0.0
Under Care of Home Service	0	0.0	223	0.1
Left Against Medical Advice	0	0.0	19	0.0
Under Care of Home IV Provider	0	0.0	1	0.0
Expired	0	0.0	12	0.0
Unknown	1	0.3	46	0.0
Not Reported	0	0.0	0	0.0
PRIMARY PAYER				
Medicare	110	35.4	38,805	17.7
Medicaid	15	4.8	12,973	5.9
Other government	3	1.0	3,498	1.6
Blue Cross/Blue Shield	30	9.6	30,611	14.0
Other Commercial	144	46.3	17,104	7.8
Managed Care(HMO, PPO)	0	0.0	106,265	48.5
Self Pay	7	2.3	2,895	1.3
Industrial & Worker Comp	2	0.6	3,787	1.7
Charity and Unclassified	0	0.0	1,868	0.9
Childrens Health Insurance	0	0.0	159	0.1
Unknown	0	0.0	855	0.4
Not Reported	0	0.0	93	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	0	0.0	16,514	7.5
Central Utah	1	0.3	8,080	3.7
Davis County	0	0.0	22,286	10.2
Salt Lake County	0	0.0	72,683	33.2
Southeastern Utah	0	0.0	5,055	2.3
Southwest Utah	243	78.1	13,705	6.3
Summit County	0	0.0	2,788	1.3
Tooele County	0	0.0	4,504	2.1
Tri-County	0	0.0	5,649	2.6
Utah County	1	0.3	35,563	16.2
Wasatch County	0	0.0	1,636	0.7
Weber County	0	0.0	21,324	9.7
Unknown Utah	0	0.0	43	0.0
Outside Utah	66	21.2	8,990	4.1
Unknown, Not Reported	0	0.0	93	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, 2007
NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

107 Lakeview Hospital

Reporting Category(ICD-9-CM CODES)	Procedures Performed		Procedures Performed-All Hospitals	
	(#)	(%)	(#)	(%)
Reporting Category(ICD-9-CM CODES)	4,320	100.0	319,880	100.0
Mastectomy (85.0-85.99)	257	5.9	7,512	2.3
Musculoskeletal (76.0-84.99)	1,709	39.6	71,153	22.2
Respiratory (30.0-34.99)	54	1.3	3,550	1.1
Cardiovascular (35.0-39.99)	203	4.7	16,128	5.0
Lymphatic/Hemetic (40.0-41.99)	31	0.7	3,232	1.0
Digestive System (42.0-54.99)	823	19.1	102,504	32.0
Urinary (55.0-59.99)	241	5.6	10,216	3.2
Male Genital (60.0-64.99)	73	1.7	3,613	1.1
Female Genital (65.0-71.99)	197	4.6	15,763	4.9
Endocrine/Nervous (01.0-07.99)	228	5.3	22,558	7.1
Eye (08.0-16.99)	183	4.2	19,364	6.1
Ear (18.0-20.99)	103	2.4	13,797	4.3
Nose, Mouth, Pharynx (21.0-29.99)	218	5.0	30,490	9.5
Reporting Category(CPT-4 CODES)	4,733	100.0	301,918	100.0
Mastectomy (19120-19220)	76	1.6	2,118	0.7
Musculoskeletal (20000-29909)	1,895	40.0	67,981	22.5
Respiratory (30000-32999 & 39501-39599)	159	3.4	14,263	4.7
Cardiovascular (33010-37799 & 93501-93660)	627	13.2	38,047	12.6
Lymphatic/Hemetic (38100-38999)	26	0.5	2,819	0.9
Digestive (40490-49999)	963	20.3	109,019	36.1
Urinary (50010-53899)	328	6.9	9,215	3.1
Male Genital (54000-55899)	42	0.9	3,144	1.0
Female Genital (56405-58999)	185	3.9	11,863	3.9
Endocrine/Nervous (60000-64999)	298	6.3	24,805	8.2
Eye (65091-68899)	86	1.8	11,076	3.7
Ear (69000-69979)	48	1.0	7,568	2.5

SOURCE: Utah Ambulatory Surgery Database
Utah 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, 2007
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		4,320	100.0	100.0
806	EXC SEMILUNAR CARTILAGE-KNEE	165	3.8	1.94
5123	LAP CHOLEY	142	3.3	2.16
8086	OTH LOC EXC/DESTRUC JT LES-KNEE	133	3.1	0.82
8521	LOC EXC LES BREAST	87	2.0	0.81
4701	LAP APPENDECTOMY	80	1.9	0.58
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	70	1.6	5.42
3722	LT HEART CARD CATH	69	1.6	1.08
598	URETERAL CATH	65	1.5	0.66
8192	INJ THERAP SUBSTANCE JT/LIGAMNT	64	1.5	0.42
7781	OTH PART OSTEC-SCAPULA-CLAV-THOR	61	1.4	0.53
8363	ROTATOR CUFF REPR	61	1.4	0.74
0443	RELEASE CARPAL TUNNEL	59	1.4	1.07
8051	EXC INTERVERTEBRAL DISC	56	1.3	0.49
2001	MYRINGOTOMY W/INSRT TUBE	53	1.2	3.33
8076	SYNOVECT-KNEE	52	1.2	0.39
8183	OTH REPR SHLDR	51	1.2	0.78
1341	PHACOEMULSIFICATION-ASPIR CATARACT	46	1.1	1.38
1371	IOL PROSTH-CATARACT EXTRACT-1-STAGE	46	1.1	1.38
0309	OTH EXPLOR & DECOMP SPINAL CANAL	45	1.0	0.12
4542	ENDO POLYPECTOMY LG INTESTINE	44	1.0	3.78

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		4,733	100.0	100.0
29580	STRAPPING; UNNA BOOT	168	3.5	0.09
29881	SCOPE KNEE SURG;W/MENISCECT MED/	137	2.9	1.64
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	137	2.9	1.44
36430	TRANSFUSION BLOOD/BLOOD COMPONENT	85	1.8	0.43
93545	INJ PROC-CATH; SELECT CORONRY AN	85	1.8	1.34
44970	LAPAROSCOPY SURGICAL APPENDECTOM	80	1.7	0.63
29826	SCOPE SHOULDER; DECOMP SUBACROM	78	1.6	1.10
93543	INJ PROC-CATH; LT VENT/ATRIAL AN	76	1.6	1.22
93556	IMAG SUPERVS I&R-CATH; PULM ANGI	76	1.6	1.27
20610	ARTHROCENTESIS ASPIR&/INJ; MAJ J	75	1.6	0.47
93555	IMAG SUPERVS I&R-CATH; VENT/ATRI	75	1.6	1.13
43239	UGI ENDO; W/BX 1/MX	70	1.5	5.47
93510	LT HRT CATH RETRO-BRACH/FEM; PER	68	1.4	1.03
28285	CORRECTION HAMMERTOES	64	1.4	0.59
45380	COLONOSCOPY FLEX; W/BX 1/MX	63	1.3	5.29
63030	LAMINOT W/ DECOMP; 1 INTERSPACE	62	1.3	0.29
62284	INJ PROC MYELGRPH &/CT SPINAL	58	1.2	0.07
49505	REPR INIT ING HERNIA 5YR/MORE; R	56	1.2	0.88
51610	INJ PROC RETRO URETHROCYSTOGRAPH	54	1.1	0.04
50590	LITHOTRIPSY XTRACORP SHOCK WAVE	52	1.1	0.29

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, 2007
 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		1,591	\$6,352	\$3,565
5123	LAP CHOLEY	121	\$8,138	\$6,693
4701	LAP APPENDECTOMY	71	\$10,145	\$9,118
8521	LOC EXC LES BREAST	48	\$4,666	\$2,822
8051	EXC INTERVERTEBRAL DISC	45	\$8,173	\$8,678
3722	LT HEART CARD CATH	41	\$11,029	\$6,932
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	36	\$3,296	\$1,391
806	EXC SEMILUNAR CARTILAGE-KNEE	36	\$6,056	\$4,511
6902	D&C FOLLOWING DELIV/AB	28	\$5,102	\$2,635
283	TONSILLECTOMY W/ADENOIDECTOMY	27	\$4,179	\$2,361
1364	DISCISSION SECNDRY MEMBRN	25	\$1,274	\$727
4523	COLONOSCOPY	25	\$2,160	\$976
7932	OP REDUC FX W/INT FIX-RADIUS & ULNA	25	\$10,515	\$8,023
8554	BILAT BREAST IMPLNT	24	\$6,360	\$3,081
282	TONSILLECTOMY WO ADENOIDECTOMY	22	\$4,468	\$2,499
7936	OP REDUC FX W/INT FIX-TIBIA & FIB	22	\$10,051	\$6,755
5303	UNILAT REPR DIRECT ING HERN-GFT	21	\$4,546	\$4,317
4542	ENDO POLYPECTOMY LG INTESTINE	19	\$2,563	\$1,383
5341	REPR UMB HERN W/PROSTH	19	\$6,145	\$4,451
594	SUPRAPUBIC SLING OPER	19	\$11,956	\$9,295
8086	OTH LOC EXC/DESTRUC JT LES-KNEE	19	\$5,916	\$3,970

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
CPT-4 Procedures		2,058	\$5,293	\$3,274
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	122	\$8,128	\$7,072
29580	STRAPPING; UNNA BOOT	116	\$719	\$3,122
29881	SCOPE KNEE SURG;W/MENISCECT MED/	92	\$5,987	\$4,170
36430	TRANSFUSION BLOOD/BLOOD COMPONENT	75	\$2,184	\$2,574
44970	LAPAROSCOPY SURGICAL APPENDECTOM	71	\$10,145	\$9,078
62284	INJ PROC MYELGRPH &/CT SPINAL	56	\$3,340	\$3,109
20610	ARTHROCENTESIS ASPIR&/INJ; MAJ J	50	\$735	\$1,001
63030	LAMINOT W/ DECOMP; 1 INTERSPACE	47	\$8,249	\$8,808
50590	LITHOTRIPSY XTRACORP SHOCK WAVE	43	\$9,578	\$8,723
66984	EXTRACAPSULAR CATARACT REMV IOL	42	\$4,737	\$3,292
49505	REPR INIT ING HERNIA 5YR/MORE; R	41	\$4,621	\$4,010
45380	COLONOSCOPY FLEX; W/BX 1/MX	34	\$2,674	\$1,354
43239	UGI ENDO; W/BX 1/MX	33	\$2,927	\$1,389
19125	EXC BRST LES ID RAD MARKR OPN;1	29	\$4,945	\$3,708
29880	SCOPE KNEE SURG;W/MENISCECT MED&	27	\$5,995	\$4,454
66821	DISCISSION 2ND CATARACT; LASER S	27	\$1,362	\$736
19120	EXC BRST CYST TUMR/LES OPN M/F 1	26	\$4,514	\$2,769
64483	INJ ANES EPIDURL; LUMB/SAC 1 LEV	25	\$707	\$1,282
42820	T&A; UNDER AGE 12	24	\$4,141	\$2,257
20680	REMOVAL OF IMPLANT; DEEP	23	\$4,275	\$3,111

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, 2007
PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

107 Lakeview Hospital

Procedure APG category	Procedure APG	TOTAL #	TOTAL # (ALL Hospitals)
01	INTEGUMENTARY SYSTEM	199	8,527
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	27	2,371
	003 COMPLEX INCISION AND DRAINAGE	3	88
	004 SIMPLE INCISION AND DRAINAGE	1	28
	006 SIMPLE DEBRIDEMENT AND DESTRUCTION	3	187
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	26	1,121
	008 SIMPLE EXCISION AND BIOPSY	20	1,220
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRANGE	43	1,390
	011 SIMPLE INCISION AND EXCISION OF BREAST	76	2,116
02	MUSCULOSKELETAL SYSTEM	1,834	61,192
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	236	6,662
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	51	2,481
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	67	2,359
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	311	12,550
	025 ARTHROSCOPY	598	25,547
	026 REPLACEMENT OF CAST	27	65
	027 SPLINT, STRAPPING AND CAST REMOVAL	178	555
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	14	693
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	99	4,851
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	35	465
	032 BUNION PROCEDURES	54	1,752
	033 ARTHROPLASTY	45	581
	034 HAND AND FOOT TENOTOMY	8	323
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	111	2,254
03	RESPIRATORY SYSTEM	109	8,139
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	32	652
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	29	5,383
	055 ENDOSCOPY OF THE LOWER AIRWAY	48	1,852
04	CARDIOVASCULAR SYSTEM	490	30,572
	076 DIAGNOSTIC CARDIAC CATHETERIZATION	411	21,581
	077 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	7	1,914
	078 PACEMAKER INSERTION AND REPLACEMENT	19	690
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	16	989
	081 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	13	123
	082 VASCULAR LIGATION	22	308
	083 RESUSCITATION AND CARADIOVERSION	2	15
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	122	3,488
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	37	2,063
	097 TRANSFUSION	85	1,297
06	DIGESTIVE SYSTEM	874	98,518
	111 ALIMENTARY TESTS AND SIMPLE TUBE PLACEMENT	25	136
	112 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	2	1,254
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	4	650
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	3	342
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	88	20,229
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	27	5,566

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2007
PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

107 Lakeview Hospital

procedure APG category		TOTAL #	TOTAL # (ALL Hospitals)
procedure APG			
	117 LOWER GASTROINTESTINAL ENDOSCOPY	135	43,551
	118 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	66	1,497
	119 HERNIA AND HYDROCELE PROCEDURES	162	6,814
	120 COMPLEX ANAL AND RECTAL PROCEDURES	12	1,064
	121 SIMPLE ANAL AND RECTAL PROCEDURES	4	552
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	8	580
	123 COMPLEX LAPAROSCOPIC PROCEDURES	338	16,057
07	URINARY SYSTEM	238	7,929
	131 RENAL EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	52	871
	133 URINARY CATHETERIZATION AND DILATATION	19	479
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	102	3,971
	135 MODERATE CYSTOURETHROSCOPY	47	1,733
	136 SIMPLE CYSTOURETHROSCOPY	12	570
	137 COMPLEX URETHRAL PROCEDURES	6	132
08	MALE GENITAL SYSTEM	46	2,775
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	29	1,260
	152 INSERTION OF PENILE PROSTHESIS	7	85
	154 SIMPLE PENILE PROCEDURES	9	823
	155 PROSTATE NEEDLE AND PUNCH BIOPSY	1	112
09	FEMALE GENITAL SYSTEM	128	7,034
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	70	1,974
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	25	1,390
	178 DILATION AND CURETTAGE	9	733
	179 HYSTEROSCOPY	22	2,553
	180 COLPOSCOPY	2	384
10	NERVOUS SYSTEM	117	20,995
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	34	14,792
	196 REVISION AND REMOVAL OF NEUROLOGICAL DEVICE	1	235
	197 NEUROSTIMULATOR AND VENTRICULAR SHUNT IMPLANTATION	12	944
	198 NERVE REPAIR AND DESTRUCTION	59	4,511
	199 SPINAL TAP	11	513
11	EYE AND OCULAR ADNEXA	85	10,843
	213 LASER EYE PROCEDURES	27	617
	214 CATARACT PROCEDURES	47	4,389
	216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	1	277
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	4	306
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	5	886
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	1	510
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	214	27,519
	233 NASAL CAUTERIZATION AND PACKING	3	328
	234 COMPLEX FACIAL AND ENT PROCEDURES	74	5,752
	235 SIMPLE FACIAL AND ENT PROCEDURES	80	13,044
	236 TONSIL AND ADENOID PROCEDURES	57	8,300
13	THERAPEUTIC AND OTHER RADIOLOGICAL PROCEDURES	160	3,024
	253 VASCULAR RADIOLOGY EXCEPT FOR VENOGRAPHY OF EXTREMITY	1	1,146
	254 MYELOGRAPHY	58	304

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2007
PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

107 Lakeview Hospital

procedure APG category procedure APG	TOTAL #	TOTAL # (ALL Hospitals)
255 MISCELLANEOUS RADIOLOGICAL PROCEDURES WITH CONTRAST	101	1,567

SOURCE: Utah Ambulatory Surgery Database
 Utah 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, 2007
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	134	\$4,212	\$3,184
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	18	\$2,504	\$2,632
	003 COMPLEX INCISION AND DRAINAGE	2	\$5,317	\$4,092
	004 SIMPLE INCISION AND DRAINAGE	1	\$635	\$2,544
	006 SIMPLE DEBRIDEMENT AND DESTRUCTION	2	\$4,204	\$2,883
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	10	\$4,274	\$3,383
	008 SIMPLE EXCISION AND BIOPSY	15	\$4,182	\$2,793
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRAN	31	\$4,306	\$4,546
	011 SIMPLE INCISION AND EXCISION OF BREAST	55	\$4,741	\$3,085
02	MUSCULOSKELETAL SYSTEM	676	\$5,038	\$4,441
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	67	\$7,966	\$7,003
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	15	\$4,847	\$3,967
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	10	\$5,617	\$5,446
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	90	\$4,496	\$3,054
	025 ARTHROSCOPY	212	\$6,440	\$4,796
	026 REPLACEMENT OF CAST	3	\$353	\$7,272
	027 SPLINT, STRAPPING AND CAST REMOVAL	119	\$743	\$1,950
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	7	\$8,501	\$3,328
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	63	\$8,479	\$5,920
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	16	\$3,971	\$2,812
	032 BUNION PROCEDURES	16	\$5,691	\$4,352
	033 ARTHROPLASTY	7	\$13,700	\$7,331
	034 HAND AND FOOT TENOTOMY	1	\$3,069	\$2,254
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	50	\$735	\$1,001
03	RESPIRATORY SYSTEM	40	\$2,668	\$2,352
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	24	\$1,616	\$1,520
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	4	\$6,640	\$3,777
	055 ENDOSCOPY OF THE LOWER AIRWAY	12	\$3,448	\$2,232
04	CARDIOVASCULAR SYSTEM	21	\$19,566	\$13,494
	076 DIAGNOSTIC CARDIAC CATHETERIZATION	1	\$618	\$6,799
	078 PACEMAKER INSERTION AND REPLACEMENT	12	\$30,977	\$22,941
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	3	\$3,997	\$3,439
	081 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	2	\$6,103	\$4,524
	082 VASCULAR LIGATION	2	\$6,932	\$5,963
	083 RESUSCITATION AND CARDIOVERSION	1	\$483	\$7,609
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	101	\$3,115	\$4,053
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	26	\$5,801	\$5,409
	097 TRANSFUSION	75	\$2,184	\$2,574
06	DIGESTIVE SYSTEM	509	\$5,950	\$2,473
	111 ALIMENTARY TESTS AND SIMPLE TUBE PLACEMENT	22	\$749	\$1,025
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	2	\$1,626	\$1,292
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	3	\$1,853	\$1,324
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	41	\$2,816	\$1,331
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	13	\$2,866	\$1,876
	117 LOWER GASTROINTESTINAL ENDOSCOPY	67	\$2,475	\$1,168

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2007
PROCEDURE APG CATEGORY, PROCEDURE APG, SINGLE APG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

107 Lakeview Hospital

procedure APG category	Procedure APG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
	118 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	14	\$5,253	\$4,111
	119 HERNIA AND HYDROCELE PROCEDURES	84	\$5,098	\$3,847
	120 COMPLEX ANAL AND RECTAL PROCEDURES	11	\$4,811	\$3,183
	121 SIMPLE ANAL AND RECTAL PROCEDURES	2	\$4,188	\$2,411
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	2	\$17,462	\$6,329
	123 COMPLEX LAPAROSCOPIC PROCEDURES	248	\$8,415	\$7,043
07	URINARY SYSTEM	104	\$7,560	\$5,134
	131 RENAL EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	43	\$9,578	\$8,723
	133 URINARY CATHETERIZATION AND DILATATION	9	\$4,325	\$4,450
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	24	\$7,454	\$5,301
	135 MODERATE CYSTOURETHROSCOPY	18	\$6,273	\$3,734
	136 SIMPLE CYSTOURETHROSCOPY	5	\$4,164	\$2,619
	137 COMPLEX URETHRAL PROCEDURES	5	\$4,559	\$6,589
08	MALE GENITAL SYSTEM	21	\$8,175	\$3,453
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	9	\$4,591	\$2,812
	152 INSERTION OF PENILE PROSTHESIS	7	\$16,491	\$18,747
	154 SIMPLE PENILE PROCEDURES	5	\$2,982	\$1,981
09	FEMALE GENITAL SYSTEM	61	\$6,057	\$4,463
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	24	\$6,907	\$5,626
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	21	\$5,945	\$3,471
	178 DILATION AND CURETTAGE	5	\$4,312	\$2,542
	179 HYSTEROSCOPY	10	\$5,337	\$4,798
	180 COLPOSCOPY	1	\$3,911	\$3,826
10	NERVOUS SYSTEM	67	\$4,798	\$2,183
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	31	\$892	\$1,108
	196 REVISION AND REMOVAL OF NEUROLOGICAL DEVICE	1	\$3,033	\$9,628
	197 NEUROSTIMULATOR AND VENTRICULAR SHUNT IMPLANTATION	7	\$28,364	\$26,856
	198 NERVE REPAIR AND DESTRUCTION	19	\$4,321	\$2,625
	199 SPINAL TAP	9	\$1,130	\$2,151
11	EYE AND OCULAR ADNEXA	77	\$3,566	\$3,373
	213 LASER EYE PROCEDURES	27	\$1,362	\$769
	214 CATARACT PROCEDURES	43	\$4,655	\$3,301
	216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	1	\$6,344	\$2,769
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	5	\$5,555	\$3,997
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	1	\$3,522	\$2,495
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	111	\$4,679	\$2,838
	233 NASAL CAUTERIZATION AND PACKING	1	\$6,561	\$3,413
	234 COMPLEX FACIAL AND ENT PROCEDURES	25	\$6,207	\$5,571
	235 SIMPLE FACIAL AND ENT PROCEDURES	37	\$4,073	\$1,937
	236 TONSIL AND ADENOID PROCEDURES	48	\$4,311	\$2,399
13	THERAPEUTIC AND OTHER RADIOLOGICAL PROCEDURES	99	\$2,443	\$3,736
	254 MYELOGRAPHY	56	\$3,340	\$3,202
	255 MISCELLANEOUS RADIOLOGICAL PROCEDURES WITH CONTRAST	43	\$1,275	\$2,658

SOURCE: Utah Ambulatory Surgery Database

Utah 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, 2007
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

107 Lakeview Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
GENDER				
Female	1,775	54.4	118,694	54.2
Male	1,487	45.6	100,216	45.8
Unknown	0	0.0	2	0.0
Not Reported	0	0.0	1	0.0
AGE				
1-28 days	1	0.0	1,456	0.7
29-365 days	12	0.4	2,840	1.3
1-4 years	26	0.8	10,885	5.0
5-9	34	1.0	5,994	2.7
10-14	48	1.5	4,452	2.0
15-17	80	2.5	4,943	2.3
18-19	64	2.0	3,620	1.7
20-24	162	5.0	10,250	4.7
25-29	189	5.8	12,627	5.8
30-34	174	5.3	12,276	5.6
35-39	182	5.6	12,391	5.7
40-44	195	6.0	13,493	6.2
45-49	280	8.6	16,963	7.7
50-54	274	8.4	24,260	11.1
55-59	259	7.9	20,332	9.3
60-64	330	10.1	17,122	7.8
65-69	234	7.2	14,261	6.5
70-74	250	7.7	11,502	5.3
75-79	193	5.9	9,388	4.3
80-84	169	5.2	6,242	2.9
85-89	66	2.0	2,777	1.3
90 +	40	1.2	839	0.4
Not Reported	1	0.0	1,456	0.7
SOURCE OF ADMISSION				
Physician Referral	2,994	91.8	199,973	91.3
Clinic Referral	62	1.9	1,442	0.7
HMO Referral	0	0.0	3,326	1.5
Other Hospital	0	0.0	50	0.0
Skilled Nursing Facility	0	0.0	14	0.0
Other Health Care Facility	0	0.0	24	0.0
Emergency Room	206	6.3	4,867	2.2
Court/Law Enforcement	0	0.0	3	0.0
Unknown	0	0.0	16	0.0
Not Reported	0	0.0	9,198	4.2

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2007
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	3,248	99.6	218,338	99.7
Another Hospital	2	0.1	109	0.0
Skilled Nursing Facility	1	0.0	108	0.0
Intermediate Care Facility	0	0.0	7	0.0
Another Type of Institution	4	0.1	50	0.0
Under Care of Home Service	6	0.2	223	0.1
Left Against Medical Advice	0	0.0	19	0.0
Under Care of Home IV Provider	0	0.0	1	0.0
Expired	1	0.0	12	0.0
Unknown	0	0.0	46	0.0
Not Reported	0	0.0	0	0.0
PRIMARY PAYER				
Medicare	815	25.0	38,805	17.7
Medicaid	129	4.0	12,973	5.9
Other government	76	2.3	3,498	1.6
Blue Cross/Blue Shield	623	19.1	30,611	14.0
Other Commercial	186	5.7	17,104	7.8
Managed Care(HMO, PPO)	1,262	38.7	106,265	48.5
Self Pay	111	3.4	2,895	1.3
Industrial & Worker Comp	56	1.7	3,787	1.7
Charity and Unclassified	3	0.1	1,868	0.9
Childrens Health Insurance	1	0.0	159	0.1
Unknown	0	0.0	855	0.4
Not Reported	0	0.0	93	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	30	0.9	16,514	7.5
Central Utah	5	0.2	8,080	3.7
Davis County	2,653	81.3	22,286	10.2
Salt Lake County	244	7.5	72,683	33.2
Southeastern Utah	12	0.4	5,055	2.3
Southwest Utah	10	0.3	13,705	6.3
Summit County	7	0.2	2,788	1.3
Tooele County	46	1.4	4,504	2.1
Tri-County	5	0.2	5,649	2.6
Utah County	22	0.7	35,563	16.2
Wasatch County	3	0.1	1,636	0.7
Weber County	150	4.6	21,324	9.7
Unknown Utah	0	0.0	43	0.0
Outside Utah	75	2.3	8,990	4.1
Unknown, Not Reported	0	0.0	93	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, 2007
NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

121 LDS Hospital

Reporting Category(ICD-9-CM CODES)	Procedures Performed		Procedures Performed-All Hospitals	
	(#)	(%)	(#)	(%)
Reporting Category(ICD-9-CM CODES)	29,710	100.0	319,880	100.0
Mastectomy (85.0-85.99)	685	2.3	7,512	2.3
Musculoskeletal (76.0-84.99)	5,101	17.2	71,153	22.2
Respiratory (30.0-34.99)	541	1.8	3,550	1.1
Cardiovascular (35.0-39.99)	3,789	12.8	16,128	5.0
Lymphatic/Hemetic (40.0-41.99)	709	2.4	3,232	1.0
Digestive System (42.0-54.99)	10,386	35.0	102,504	32.0
Urinary (55.0-59.99)	1,238	4.2	10,216	3.2
Male Genital (60.0-64.99)	141	0.5	3,613	1.1
Female Genital (65.0-71.99)	1,662	5.6	15,763	4.9
Endocrine/Nervous (01.0-07.99)	642	2.2	22,558	7.1
Eye (08.0-16.99)	2,493	8.4	19,364	6.1
Ear (18.0-20.99)	306	1.0	13,797	4.3
Nose, Mouth, Pharynx (21.0-29.99)	2,017	6.8	30,490	9.5
Reporting Category(CPT-4 CODES)	26,699	100.0	301,918	100.0
Mastectomy (19120-19220)	296	1.1	2,118	0.7
Musculoskeletal (20000-29909)	3,753	14.1	67,981	22.5
Respiratory (30000-32999 & 39501-39599)	1,390	5.2	14,263	4.7
Cardiovascular (33010-37799 & 93501-93660)	5,767	21.6	38,047	12.6
Lymphatic/Hemetic (38100-38999)	644	2.4	2,819	0.9
Digestive (40490-49999)	9,898	37.1	109,019	36.1
Urinary (50010-53899)	837	3.1	9,215	3.1
Male Genital (54000-55899)	90	0.3	3,144	1.0
Female Genital (56405-58999)	1,197	4.5	11,863	3.9
Endocrine/Nervous (60000-64999)	1,258	4.7	24,805	8.2
Eye (65091-68899)	1,386	5.2	11,076	3.7
Ear (69000-69979)	183	0.7	7,568	2.5

SOURCE: Utah Ambulatory Surgery Database
Utah 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, 2007
MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES

121 LDS Hospital

ICD-9 CODE	ICD-9 DESCRIPTION	#	%	% ALL Hospitals
<hr/>				
All ICD-9 Procedures		29,710	100.0	100.0
4523	COLONOSCOPY	2,031	6.8	6.86
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	1,807	6.1	5.42
4542	ENDO POLYPECTOMY LG INTESTINE	1,278	4.3	3.78
1474	OTH MECH VITRECTOMY	672	2.3	0.45
5123	LAP CHOLEY	613	2.1	2.16
4525	CLO [ENDO] BX LG INTESTINE	611	2.1	2.32
8051	EXC INTERVERTEBRAL DISC	609	2.0	0.49
8026	ARTHSCPY-KNEE	534	1.8	1.08
4513	OTH ENDO SM INTESTINE	500	1.7	1.74
149	OTH OPER RETINA-CHOROID-POST CHAMBR	465	1.6	0.31
5421	LAPAROSCOPY	458	1.5	0.55
1475	INJ VITREOUS SUBSTITUTE	455	1.5	0.25
3728	INTRACARDIAC ECHOCARDIOGRAPHY	441	1.5	0.24
3552	REPR ATRIAL SEPTL DEFEC-PROSTH-CLO	419	1.4	0.23
8521	LOC EXC LES BREAST	374	1.3	0.81
5732	OTH CYSTOSCOPY	365	1.2	0.58
2169	OTH TURBINECTOMY	362	1.2	0.78
4836	[ENDO] POLYPECTOMY RECTUM	362	1.2	1.03
3722	LT HEART CARD CATH	351	1.2	1.08
4292	DILAT ESOPH	350	1.2	1.45

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
<hr/>				
All CPT-4 Procedures		26,699	100.0	100.0
45378	COLONOSCOPY FLEX; DX-SEP PROC	1,945	7.3	6.66
43239	UGI ENDO; W/BX 1/MX	1,640	6.1	5.47
45380	COLONOSCOPY FLEX; W/BX 1/MX	1,570	5.9	5.29
93545	INJ PROC-CATH; SELECT CORONRY AN	588	2.2	1.34
93556	IMAG SUPERVS I&R-CATH; PULM ANGI	492	1.8	1.27
67038	VITRECTOMY MECH; W/MEMBRANE STRI	466	1.7	0.33
93580	PERQ TRNSCATH CLO INTERATRIAL CM	397	1.5	0.24
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	396	1.5	1.59
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	395	1.5	1.44
93543	INJ PROC-CATH; LT VENT/ATRIAL AN	391	1.5	1.22
93555	IMAG SUPERVS I&R-CATH; VENT/ATRI	373	1.4	1.13
93510	LT HRT CATH RETRO-BRACH/FEM; PER	340	1.3	1.03
93620	COMP EP EVAL;RT ATRIAL VENT HIS	278	1.0	0.37
47000	BIOPSY LIVER NEEDLE; PERCUTANEOU	266	1.0	0.30
93621	COMP EP EVAL;LT ATRIAL COR SINUS	262	1.0	0.26
29881	SCOPE KNEE SURG;W/MENISCECT MED/	257	1.0	1.64
43259	UGI ENDO; W/ENDO UNTRASOUND EXAM	255	1.0	0.10
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	252	0.9	0.97
38792	INJECTION PROC; ID SENTINEL NODE	230	0.9	0.21
93526	COMB RT HRT CATH&RETRO LT HRT CA	221	0.8	0.37

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, 2007
 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		10,440	\$3,306	\$3,565
4523	COLONOSCOPY	1,709	\$675	\$976
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	929	\$1,175	\$1,391
4542	ENDO POLYPECTOMY LG INTESTINE	818	\$1,011	\$1,383
5123	LAP CHOLEY	537	\$5,136	\$6,693
3722	LT HEART CARD CATH	332	\$5,269	\$6,932
4513	OTH ENDO SM INTESTINE	322	\$1,203	\$1,172
4525	CLO [ENDO] BX LG INTESTINE	286	\$1,028	\$1,424
5011	CLO [PERCUT] [NEEDLE] BX LIVER	281	\$2,161	\$2,303
8521	LOC EXC LES BREAST	224	\$2,469	\$2,822
8051	EXC INTERVERTEBRAL DISC	208	\$6,936	\$8,678
3723	COMBO RT & LT HEART CARD CATH	200	\$5,552	\$7,303
3721	RT HEART CARD CATH	138	\$5,529	\$5,748
6952	ASPIR CURET FOLLOWING DELIV/AB	135	\$2,371	\$2,643
4836	[ENDO] POLYPECTOMY RECTUM	134	\$957	\$1,285
4701	LAP APPENDECTOMY	124	\$9,220	\$9,118
5523	CLO [PERCUT] [NEEDLE] BX KIDNEY	118	\$3,014	\$3,295
3927	ARTERIOVENOSTOMY-RENAL DIALYSIS	115	\$5,691	\$5,302
1364	DISCISSION SECNDRY MEMBRN	101	\$552	\$727
282	TONSILLECTOMY WO ADENOIDECTOMY	100	\$2,209	\$2,499
0443	RELEASE CARPAL TUNNEL	98	\$1,683	\$2,237

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
CPT-4 Procedures		11,473	\$3,734	\$3,274
45378	COLONOSCOPY FLEX; DX-SEP PROC	1,650	\$681	\$984
45380	COLONOSCOPY FLEX; W/BX 1/MX	1,105	\$984	\$1,354
43239	UGI ENDO; W/BX 1/MX	772	\$954	\$1,389
93580	PERQ TRNSCATH CLO INTERATRIAL CM	389	\$21,329	\$25,102
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	355	\$5,277	\$7,072
47000	BIOPSY LIVER NEEDLE; PERCUTANEOU	256	\$2,134	\$2,227
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	198	\$1,113	\$1,536
63030	LAMINOT W/ DECOMP; 1 INTERSPACE	198	\$6,946	\$8,808
47562	LAPAROSCOPY SURGICAL; CHOLECT	185	\$4,874	\$6,110
49650	LAPARSCPY SURG; REPR INIT ING HE	178	\$4,462	\$5,578
43259	UGI ENDO; W/ENDO UNTRASOUND EXAM	168	\$1,544	\$1,606
67038	VITRECTOMY MECH; W/MEMBRANE STRI	152	\$4,803	\$6,289
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	147	\$844	\$1,081
19120	EXC BRST CYST TUMR/LES OPN M/F 1	136	\$2,159	\$2,769
44970	LAPAROSCOPY SURGICAL APPENDECTOM	129	\$9,221	\$9,078
29881	SCOPE KNEE SURG;W/MENISCECT MED/	125	\$2,853	\$4,170
20680	REMOVAL OF IMPLANT; DEEP	119	\$2,544	\$3,111
66821	DISCISSION 2ND CATARACT; LASER S	115	\$617	\$736
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	106	\$1,679	\$2,296
50200	RENAL BX; PERQ TROCAR/NEEDLE	101	\$2,965	\$3,312

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, 2007
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	1,052	8,527
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	461	2,371
	003 COMPLEX INCISION AND DRAINAGE	13	88
	004 SIMPLE INCISION AND DRAINAGE	1	28
	006 SIMPLE DEBRIDEMENT AND DESTRUCTION	25	187
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	118	1,121
	008 SIMPLE EXCISION AND BIOPSY	108	1,220
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRANGE	29	1,390
	010 SIMPLE SKIN REPAIR	1	4
	011 SIMPLE INCISION AND EXCISION OF BREAST	296	2,116
02	MUSCULOSKELETAL SYSTEM	2,868	61,192
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	448	6,662
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	154	2,481
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	89	2,359
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	436	12,550
	025 ARTHROSCOPY	1,258	25,547
	027 SPLINT, STRAPPING AND CAST REMOVAL	2	555
	028 CLOSED TREATMENT FX & DISLOCATION OF FINGER, TOE & TRUNK	1	54
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	42	693
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	346	4,851
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	18	465
	032 BUNION PROCEDURES	15	1,752
	033 ARTHROPLASTY	27	581
	034 HAND AND FOOT TENOTOMY	4	323
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	28	2,254
03	RESPIRATORY SYSTEM	822	8,139
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	22	652
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	499	5,383
	054 SIMPLE ENDOSCOPY OF THE UPPER AIRWAY	14	252
	055 ENDOSCOPY OF THE LOWER AIRWAY	287	1,852
04	CARDIOVASCULAR SYSTEM	5,190	30,572
	074 CARDIAC ELECTROPHYSIOLOGIC TESTS	1,128	4,174
	075 PLACEMENT OF TRANSVENOUS CATHETERS	10	42
	076 DIAGNOSTIC CARDIAC CATHETERIZATION	2,803	21,581
	077 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	711	1,914
	078 PACEMAKER INSERTION AND REPLACEMENT	97	690
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	119	989
	080 MINOR VASCULAR REPAIR AND FISTULA CONSTRUCTION	201	736
	081 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	21	123
	082 VASCULAR LIGATION	98	308
	083 RESUSCITATION AND CARDIOVERSION	2	15
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	459	3,488
	092 CHEMOTHERAPY EXCEPT BY EXTENDED INFUSION	6	43
	094 BLOOD AND BLOOD PRODUCT EXCHANGE	4	85
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	448	2,063
	097 TRANSFUSION	1	1,297

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2007
PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

121 LDS Hospital

procedure APG category		TOTAL #	TOTAL # (ALL Hospitals)
procedure APG			
06	DIGESTIVE SYSTEM	9,644	98,518
	112 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	19	1,254
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	121	650
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	55	342
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	1,868	20,229
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	880	5,566
	117 LOWER GASTROINTESTINAL ENDOSCOPY	4,253	43,551
	118 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	265	1,497
	119 HERNIA AND HYDROCELE PROCEDURES	292	6,814
	120 COMPLEX ANAL AND RECTAL PROCEDURES	80	1,064
	121 SIMPLE ANAL AND RECTAL PROCEDURES	55	552
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	60	580
	123 COMPLEX LAPAROSCOPIC PROCEDURES	1,662	16,057
	124 SIMPLE LAPAROSCOPIC PROCEDURES	34	226
07	URINARY SYSTEM	669	7,929
	131 RENAL EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	33	871
	133 URINARY CATHETERIZATION AND DILATATION	36	479
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	358	3,971
	135 MODERATE CYSTOURETHROSCOPY	177	1,733
	136 SIMPLE CYSTOURETHROSCOPY	56	570
	137 COMPLEX URETHRAL PROCEDURES	4	132
	138 SIMPLE URETHRAL PROCEDURES	5	172
08	MALE GENITAL SYSTEM	70	2,775
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	41	1,260
	152 INSERTION OF PENILE PROSTHESIS	4	85
	153 COMPLEX PENILE PROCEDURES	13	495
	154 SIMPLE PENILE PROCEDURES	6	823
	155 PROSTATE NEEDLE AND PUNCH BIOPSY	6	112
09	FEMALE GENITAL SYSTEM	785	7,034
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	222	1,974
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	125	1,390
	178 DILATION AND CURETTAGE	38	733
	179 HYSTEROSCOPY	381	2,553
	180 COLPOSCOPY	19	384
10	NERVOUS SYSTEM	379	20,995
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	32	14,792
	196 REVISION AND REMOVAL OF NEUROLOGICAL DEVICE	17	235
	197 NEUROSTIMULATOR AND VENTRICULAR SHUNT IMPLANTATION	69	944
	198 NERVE REPAIR AND DESTRUCTION	259	4,511
	199 SPINAL TAP	2	513
11	EYE AND OCULAR ADNEXA	1,266	10,843
	213 LASER EYE PROCEDURES	130	617
	214 CATARACT PROCEDURES	46	4,389
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	2	400
	216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	5	277
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	24	306

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2007
PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

121 LDS Hospital

procedure APG category		TOTAL #	TOTAL # (ALL Hospitals)
procedure APG			
218	COMPLEX POSTERIOR SEGMENT EYE PROCEDURES	196	376
219	SIMPLE POSTERIOR SEGMENT EYE PROCEDURES	39	419
220	STRABISMUS AND MUSCLE EYE PROCEDURES	9	809
221	COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	11	886
222	SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	6	510
223	VITRECTOMY	798	1,822
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	1,129	27,519
231	COCHLEAR DEVICE IMPLANTATION	17	95
233	NASAL CAUTERIZATION AND PACKING	42	328
234	COMPLEX FACIAL AND ENT PROCEDURES	532	5,752
235	SIMPLE FACIAL AND ENT PROCEDURES	350	13,044
236	TONSIL AND ADENOID PROCEDURES	188	8,300
13	THERAPEUTIC AND OTHER RADIOLOGICAL PROCEDURES	290	3,024
253	VASCULAR RADIOLOGY EXCEPT FOR VENOGRAPHY OF EXTREMITY	268	1,146
255	MISCELLANEOUS RADIOLOGICAL PROCEDURES WITH CONTRAST	22	1,567

SOURCE: Utah Ambulatory Surgery Database
Utah 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, 2007
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	805	\$2,552	\$3,184
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	421	\$2,466	\$2,632
	003 COMPLEX INCISION AND DRAINAGE	10	\$4,855	\$4,092
	006 SIMPLE DEBRIDEMENT AND DESTRUCTION	16	\$2,470	\$2,883
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	48	\$2,817	\$3,383
	008 SIMPLE EXCISION AND BIOPSY	74	\$2,491	\$2,793
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRAN	19	\$3,442	\$4,546
	010 SIMPLE SKIN REPAIR	1	\$5,419	\$4,169
	011 SIMPLE INCISION AND EXCISION OF BREAST	216	\$2,489	\$3,085
02	MUSCULOSKELETAL SYSTEM	1,315	\$4,745	\$4,441
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	292	\$6,676	\$7,003
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	64	\$3,478	\$3,967
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	32	\$5,174	\$5,446
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	227	\$2,520	\$3,054
	025 ARTHROSCOPY	429	\$4,181	\$4,796
	028 CLOSED TREATMENT FX & DISLOCATION OF FINGER, TOE & TRUNK	1	\$3,137	\$1,440
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	28	\$3,428	\$3,328
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	225	\$6,133	\$5,920
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	1	\$2,554	\$2,812
	032 BUNION PROCEDURES	10	\$3,134	\$4,352
	033 ARTHROPLASTY	4	\$3,282	\$7,331
	034 HAND AND FOOT TENOTOMY	1	\$1,514	\$2,254
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	1	\$9,145	\$1,001
03	RESPIRATORY SYSTEM	222	\$2,272	\$2,352
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	14	\$2,360	\$1,520
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	51	\$3,355	\$3,777
	054 SIMPLE ENDOSCOPY OF THE UPPER AIRWAY	3	\$2,579	\$2,332
	055 ENDOSCOPY OF THE LOWER AIRWAY	154	\$1,899	\$2,232
04	CARDIOVASCULAR SYSTEM	764	\$14,149	\$13,494
	074 CARDIAC ELECTROPHYSIOLOGIC TESTS	6	\$35,533	\$20,642
	075 PLACEMENT OF TRANSVENOUS CATHETERS	3	\$14,624	\$8,168
	076 DIAGNOSTIC CARDIAC CATHETERIZATION	140	\$4,785	\$6,799
	077 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	397	\$21,180	\$23,688
	078 PACEMAKER INSERTION AND REPLACEMENT	25	\$16,342	\$22,941
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	8	\$5,028	\$3,439
	080 MINOR VASCULAR REPAIR AND FISTULA CONSTRUCTION	141	\$5,654	\$5,464
	081 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	10	\$4,052	\$4,524
	082 VASCULAR LIGATION	34	\$5,528	\$5,963
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	173	\$5,119	\$4,053
	094 BLOOD AND BLOOD PRODUCT EXCHANGE	4	\$5,479	\$5,538
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	169	\$5,111	\$5,409
06	DIGESTIVE SYSTEM	6,151	\$2,005	\$2,473
	112 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	2	\$2,850	\$1,577
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	85	\$1,317	\$1,292
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	25	\$1,041	\$1,324

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2007
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)
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	931	\$948	\$1,331
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	401	\$1,887	\$1,876
	117 LOWER GASTROINTESTINAL ENDOSCOPY	3,153	\$831	\$1,168
	118 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	52	\$2,639	\$4,111
	119 HERNIA AND HYDROCELE PROCEDURES	177	\$3,102	\$3,847
	120 COMPLEX ANAL AND RECTAL PROCEDURES	72	\$2,609	\$3,183
	121 SIMPLE ANAL AND RECTAL PROCEDURES	21	\$1,928	\$2,411
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	38	\$4,647	\$6,329
	123 COMPLEX LAPAROSCOPIC PROCEDURES	1,187	\$5,727	\$7,043
	124 SIMPLE LAPAROSCOPIC PROCEDURES	7	\$5,981	\$8,601
07	URINARY SYSTEM	212	\$4,332	\$5,134
	131 RENAL EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	7	\$5,820	\$8,723
	133 URINARY CATHETERIZATION AND DILATATION	13	\$7,246	\$4,450
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	97	\$5,095	\$5,301
	135 MODERATE CYSTOURETHROSCOPY	62	\$3,008	\$3,734
	136 SIMPLE CYSTOURETHROSCOPY	29	\$3,004	\$2,619
	138 SIMPLE URETHRAL PROCEDURES	4	\$3,906	\$1,729
08	MALE GENITAL SYSTEM	46	\$5,161	\$3,453
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	25	\$2,558	\$2,812
	152 INSERTION OF PENILE PROSTHESIS	2	\$36,136	\$18,747
	153 COMPLEX PENILE PROCEDURES	11	\$7,444	\$3,629
	154 SIMPLE PENILE PROCEDURES	5	\$2,494	\$1,981
	155 PROSTATE NEEDLE AND PUNCH BIOPSY	3	\$2,269	\$5,214
09	FEMALE GENITAL SYSTEM	353	\$4,078	\$4,463
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	120	\$4,756	\$5,626
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	57	\$2,835	\$3,471
	178 DILATION AND CURETTAGE	27	\$1,853	\$2,542
	179 HYSTEROSCOPY	146	\$4,461	\$4,798
	180 COLPOSCOPY	3	\$2,019	\$3,826
10	NERVOUS SYSTEM	160	\$3,020	\$2,183
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	8	\$685	\$1,108
	196 REVISION AND REMOVAL OF NEUROLOGICAL DEVICE	5	\$5,794	\$9,628
	197 NEUROSTIMULATOR AND VENTRICULAR SHUNT IMPLANTATION	9	\$13,497	\$26,856
	198 NERVE REPAIR AND DESTRUCTION	138	\$2,372	\$2,625
11	EYE AND OCULAR ADNEXA	537	\$3,996	\$3,373
	213 LASER EYE PROCEDURES	119	\$666	\$769
	214 CATARACT PROCEDURES	20	\$4,558	\$3,301
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	1	\$3,739	\$3,487
	216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	1	\$2,526	\$2,769
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	10	\$7,317	\$3,367
	218 COMPLEX POSTERIOR SEGMENT EYE PROCEDURES	113	\$5,322	\$5,524
	219 SIMPLE POSTERIOR SEGMENT EYE PROCEDURES	16	\$3,739	\$3,744
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	9	\$3,931	\$3,997
	223 VITRECTOMY	248	\$4,836	\$6,291
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	454	\$4,562	\$2,838

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2007
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)
	231 COCHLEAR DEVICE IMPLANTATION	17	\$28,493	\$46,617
	233 NASAL CAUTERIZATION AND PACKING	12	\$2,590	\$3,413
	234 COMPLEX FACIAL AND ENT PROCEDURES	205	\$5,040	\$5,571
	235 SIMPLE FACIAL AND ENT PROCEDURES	83	\$2,674	\$1,937
	236 TONSIL AND ADENOID PROCEDURES	137	\$2,193	\$2,399
13	THERAPEUTIC AND OTHER RADIOLOGICAL PROCEDURES	32	\$31,234	\$3,736
	253 VASCULAR RADIOLOGY EXCEPT FOR VENOGRAPHY OF EXTREMITY	31	\$32,212	\$13,369
	255 MISCELLANEOUS RADIOLOGICAL PROCEDURES WITH CONTRAST	1	\$915	\$2,658

SOURCE: Utah Ambulatory Surgery Database
 Utah 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, 2007
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

121 LDS Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
GENDER				
Female	9,687	54.7	118,694	54.2
Male	8,011	45.3	100,216	45.8
Unknown	0	0.0	2	0.0
Not Reported	0	0.0	1	0.0
AGE				
1-28 days	0	0.0	1,456	0.7
29-365 days	2	0.0	2,840	1.3
1-4 years	9	0.1	10,885	5.0
5-9	33	0.2	5,994	2.7
10-14	118	0.7	4,452	2.0
15-17	220	1.2	4,943	2.3
18-19	261	1.5	3,620	1.7
20-24	865	4.9	10,250	4.7
25-29	1,065	6.0	12,627	5.8
30-34	1,063	6.0	12,276	5.6
35-39	1,077	6.1	12,391	5.7
40-44	1,232	7.0	13,493	6.2
45-49	1,563	8.8	16,963	7.7
50-54	2,288	12.9	24,260	11.1
55-59	2,014	11.4	20,332	9.3
60-64	1,650	9.3	17,122	7.8
65-69	1,353	7.6	14,261	6.5
70-74	1,111	6.3	11,502	5.3
75-79	877	5.0	9,388	4.3
80-84	573	3.2	6,242	2.9
85-89	255	1.4	2,777	1.3
90 +	69	0.4	839	0.4
Not Reported	0	0.0	1,456	0.7
SOURCE OF ADMISSION				
Physician Referral	17,395	98.3	199,973	91.3
Clinic Referral	2	0.0	1,442	0.7
HMO Referral	5	0.0	3,326	1.5
Other Hospital	8	0.0	50	0.0
Skilled Nursing Facility	0	0.0	14	0.0
Other Health Care Facility	14	0.1	24	0.0
Emergency Room	273	1.5	4,867	2.2
Court/Law Enforcement	0	0.0	3	0.0
Unknown	0	0.0	16	0.0
Not Reported	1	0.0	9,198	4.2

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2007
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	17,668	99.8	218,338	99.7
Another Hospital	2	0.0	109	0.0
Skilled Nursing Facility	8	0.0	108	0.0
Intermediate Care Facility	0	0.0	7	0.0
Another Type of Institution	4	0.0	50	0.0
Under Care of Home Service	12	0.1	223	0.1
Left Against Medical Advice	2	0.0	19	0.0
Under Care of Home IV Provider	0	0.0	1	0.0
Expired	1	0.0	12	0.0
Unknown	1	0.0	46	0.0
Not Reported	0	0.0	0	0.0
PRIMARY PAYER				
Medicare	3,607	20.4	38,805	17.7
Medicaid	636	3.6	12,973	5.9
Other government	178	1.0	3,498	1.6
Blue Cross/Blue Shield	913	5.2	30,611	14.0
Other Commercial	1,156	6.5	17,104	7.8
Managed Care(HMO, PPO)	10,373	58.6	106,265	48.5
Self Pay	251	1.4	2,895	1.3
Industrial & Worker Comp	263	1.5	3,787	1.7
Charity and Unclassified	276	1.6	1,868	0.9
Childrens Health Insurance	33	0.2	159	0.1
Unknown	12	0.1	855	0.4
Not Reported	0	0.0	93	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	334	1.9	16,514	7.5
Central Utah	158	0.9	8,080	3.7
Davis County	2,886	16.3	22,286	10.2
Salt Lake County	10,707	60.5	72,683	33.2
Southeastern Utah	78	0.4	5,055	2.3
Southwest Utah	249	1.4	13,705	6.3
Summit County	430	2.4	2,788	1.3
Tooele County	487	2.8	4,504	2.1
Tri-County	144	0.8	5,649	2.6
Utah County	734	4.1	35,563	16.2
Wasatch County	119	0.7	1,636	0.7
Weber County	407	2.3	21,324	9.7
Unknown Utah	2	0.0	43	0.0
Outside Utah	955	5.4	8,990	4.1
Unknown, Not Reported	8	0.0	93	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, 2007
NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

105 Logan Regional Hospital

Reporting Category(ICD-9-CM CODES)	Procedures Performed		Procedures Performed-All Hospitals	
	(#)	(%)	(#)	(%)
Reporting Category(ICD-9-CM CODES)	13,492	100.0	319,880	100.0
Mastectomy (85.0-85.99)	406	3.0	7,512	2.3
Musculoskeletal (76.0-84.99)	1,847	13.7	71,153	22.2
Respiratory (30.0-34.99)	70	0.5	3,550	1.1
Cardiovascular (35.0-39.99)	309	2.3	16,128	5.0
Lymphatic/Hemetic (40.0-41.99)	75	0.6	3,232	1.0
Digestive System (42.0-54.99)	4,856	36.0	102,504	32.0
Urinary (55.0-59.99)	420	3.1	10,216	3.2
Male Genital (60.0-64.99)	133	1.0	3,613	1.1
Female Genital (65.0-71.99)	628	4.7	15,763	4.9
Endocrine/Nervous (01.0-07.99)	1,191	8.8	22,558	7.1
Eye (08.0-16.99)	1,477	10.9	19,364	6.1
Ear (18.0-20.99)	528	3.9	13,797	4.3
Nose, Mouth, Pharynx (21.0-29.99)	1,552	11.5	30,490	9.5
Reporting Category(CPT-4 CODES)	12,242	100.0	301,918	100.0
Mastectomy (19120-19220)	91	0.7	2,118	0.7
Musculoskeletal (20000-29909)	2,082	17.0	67,981	22.5
Respiratory (30000-32999 & 39501-39599)	424	3.5	14,263	4.7
Cardiovascular (33010-37799 & 93501-93660)	1,046	8.5	38,047	12.6
Lymphatic/Hemetic (38100-38999)	60	0.5	2,819	0.9
Digestive (40490-49999)	5,451	44.5	109,019	36.1
Urinary (50010-53899)	416	3.4	9,215	3.1
Male Genital (54000-55899)	105	0.9	3,144	1.0
Female Genital (56405-58999)	434	3.5	11,863	3.9
Endocrine/Nervous (60000-64999)	1,002	8.2	24,805	8.2
Eye (65091-68899)	836	6.8	11,076	3.7
Ear (69000-69979)	295	2.4	7,568	2.5

SOURCE: Utah Ambulatory Surgery Database
 Utah 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, 2007
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				
4542	ENDO POLYPECTOMY LG INTESTINE	1,123	8.3	3.78
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	784	5.8	5.42
1371	IOL PROSTH-CATARACT EXTRACT-1-STAGE	588	4.4	1.38
1341	PHACOEMULSIFICATION-ASPIR CATARACT	587	4.4	1.38
4523	COLONOSCOPY	554	4.1	6.86
4292	DILAT ESOPH	487	3.6	1.45
0392	INJ OTH AGENT SPINAL CANAL	401	3.0	1.95
2001	MYRINGOTOMY W/INSRT TUBE	389	2.9	3.33
0391	INJ ANES SPINAL CANAL-ANALGESIA	366	2.7	1.41
4525	CLO [ENDO] BX LG INTESTINE	300	2.2	2.32
2341	APPLIC CROWN	263	1.9	0.49
4836	[ENDO] POLYPECTOMY RECTUM	246	1.8	1.03
8147	OTH REPR KNEE	237	1.8	0.84
232	RESTORATION TOOTH-FILLING	225	1.7	0.61
5123	LAP CHOLEY	222	1.6	2.16
283	TONSILLECTOMY W/ADENOIDECTOMY	193	1.4	1.70
2370	ROOT CANAL-NOS	183	1.4	0.38
3722	LT HEART CARD CATH	173	1.3	1.08
4701	LAP APPENDECTOMY	173	1.3	0.58
0611	CLO PERCUT NEEDLE BX THYROID GLAND	161	1.2	0.15

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures				
45380	COLONOSCOPY FLEX; W/BX 1/MX	1,168	9.5	5.29
43239	UGI ENDO; W/BX 1/MX	753	6.2	5.47
66984	EXTRACAPSULAR CATARACT REMV IOL	577	4.7	1.35
45378	COLONOSCOPY FLEX; DX-SEP PROC	537	4.4	6.66
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	532	4.3	1.59
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	323	2.6	0.97
64483	INJ ANES EPIDURL; LUMB/SAC 1 LEV	313	2.6	0.83
41899	UNLIST PROC DENTOALVEOL STRUCTUR	299	2.4	0.94
29881	SCOPE KNEE SURG;W/MENISCECT MED/	204	1.7	1.64
69436	TYMPANOSTOMY GENERAL ANESTHESIA	202	1.7	1.79
47562	LAPAROSCOPY SURGICAL; CHOLECT	197	1.6	0.78
93545	INJ PROC-CATH; SELECT CORONRY AN	183	1.5	1.34
93556	IMAG SUPERVS I&R-CATH; PULM ANGI	180	1.5	1.27
49505	REPR INIT ING HERNIA 5YR/MORE; R	179	1.5	0.88
44970	LAPAROSCOPY SURGICAL APPENDECTOM	178	1.5	0.63
64484	INJ ANES EPIDURL; LUMB/SAC-EA AD	173	1.4	0.58
29877	SCOPE KNEE SURG; DEBRID/SHAVE CA	164	1.3	0.99
42820	T&A; UNDER AGE 12	162	1.3	1.37
93543	INJ PROC-CATH; LT VENT/ATRIAL AN	160	1.3	1.22
93555	IMAG SUPERVS I&R-CATH; VENT/ATRI	160	1.3	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, 2007
 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	5,505	\$2,376	\$3,565
4542	ENDO POLYPECTOMY LG INTESTINE	763	\$1,008	\$1,383
4523	COLONOSCOPY	528	\$708	\$976
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	283	\$932	\$1,391
8147	OTH REPR KNEE	219	\$4,367	\$5,496
5123	LAP CHOLEY	197	\$4,486	\$6,693
3722	LT HEART CARD CATH	171	\$4,225	\$6,932
4525	CLO [ENDO] BX LG INTESTINE	162	\$1,017	\$1,424
283	TONSILLECTOMY W/ADENOIDECTOMY	146	\$1,342	\$2,361
4701	LAP APPENDECTOMY	145	\$6,745	\$9,118
1364	DISCISSION SECNDRY MEMBRN	143	\$550	\$727
0611	CLO PERCUT NEEDLE BX THYROID GLAND	114	\$549	\$848
8183	OTH REPR SHLDR	108	\$6,048	\$7,799
8511	CLO [PERCUT] [NEEDLE] BX BREAST	98	\$948	\$1,501
5304	UNILAT REPR INDIRECT ING HERN-GFT	97	\$2,393	\$4,048
282	TONSILLECTOMY WO ADENOIDECTOMY	78	\$1,541	\$2,499
0443	RELEASE CARPAL TUNNEL	73	\$1,472	\$2,237
6952	ASPIR CURET FOLLOWING DELIV/AB	68	\$1,826	\$2,643
8521	LOC EXC LES BREAST	55	\$2,301	\$2,822
4836	[ENDO] POLYPECTOMY RECTUM	53	\$935	\$1,285
5303	UNILAT REPR DIRECT ING HERN-GFT	49	\$2,689	\$4,317

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
CPT-4	Procedures	5,856	\$2,193	\$3,274
45380	COLONOSCOPY FLEX; W/BX 1/MX	741	\$973	\$1,354
66984	EXTRACAPSULAR CATARACT REMV IOL	575	\$2,405	\$3,292
45378	COLONOSCOPY FLEX; DX-SEP PROC	513	\$700	\$984
41899	UNLIST PROC DENTOALVEOL STRUCTUR	287	\$1,827	\$2,605
43239	UGI ENDO; W/BX 1/MX	284	\$942	\$1,389
47562	LAPAROSCOPY SURGICAL; CHOLECT	171	\$4,348	\$6,110
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	166	\$1,003	\$1,536
64483	INJ ANES EPIDURL; LUMB/SAC 1 LEV	159	\$1,028	\$1,282
49505	REPR INIT ING HERNIA 5YR/MORE; R	154	\$2,577	\$4,010
44970	LAPAROSCOPY SURGICAL APPENDECTOM	150	\$6,724	\$9,078
66821	DISCISSION 2ND CATARACT; LASER S	146	\$549	\$736
69436	TYMPANOSTOMY GENERAL ANESTHESIA	137	\$801	\$1,247
42820	T&A; UNDER AGE 12	116	\$1,291	\$2,257
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	73	\$1,502	\$2,296
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	69	\$1,565	\$2,569
20680	REMOVAL OF IMPLANT; DEEP	60	\$2,379	\$3,111
29881	SCOPE KNEE SURG;W/MENISCECT MED/	49	\$3,436	\$4,170
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	42	\$1,327	\$1,631
19120	EXC BRST CYST TUMR/LES OPN M/F 1	40	\$2,268	\$2,769
58563	HYSTEROSC SURG; W/ENDOMETRIAL AB	38	\$4,332	\$5,666

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, 2007
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	325	8,527
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	160	2,371
	003 COMPLEX INCISION AND DRAINAGE	3	88
	006 SIMPLE DEBRIDEMENT AND DESTRUCTION	4	187
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	23	1,121
	008 SIMPLE EXCISION AND BIOPSY	15	1,220
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRANGE	29	1,390
	011 SIMPLE INCISION AND EXCISION OF BREAST	91	2,116
02	MUSCULOSKELETAL SYSTEM	1,960	61,192
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	151	6,662
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	68	2,481
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	41	2,359
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	344	12,550
	025 ARTHROSCOPY	1,090	25,547
	028 CLOSED TREATMENT FX & DISLOCATION OF FINGER, TOE & TRUNK	1	54
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	9	693
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	130	4,851
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	5	465
	032 BUNION PROCEDURES	59	1,752
	033 ARTHROPLASTY	9	581
	034 HAND AND FOOT TENOTOMY	4	323
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	49	2,254
03	RESPIRATORY SYSTEM	223	8,139
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	45	652
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	147	5,383
	054 SIMPLE ENDOSCOPY OF THE UPPER AIRWAY	24	252
	055 ENDOSCOPY OF THE LOWER AIRWAY	7	1,852
04	CARDIOVASCULAR SYSTEM	986	30,572
	075 PLACEMENT OF TRANSVENOUS CATHETERS	15	42
	076 DIAGNOSTIC CARDIAC CATHETERIZATION	864	21,581
	077 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	30	1,914
	078 PACEMAKER INSERTION AND REPLACEMENT	31	690
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	22	989
	080 MINOR VASCULAR REPAIR AND FISTULA CONSTRUCTION	23	736
	082 VASCULAR LIGATION	1	308
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	62	3,488
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	60	2,063
	097 TRANSFUSION	2	1,297
06	DIGESTIVE SYSTEM	4,842	98,518
	111 ALIMENTARY TESTS AND SIMPLE TUBE PLACEMENT	1	136
	112 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	150	1,254
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	21	650
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	18	342
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	829	20,229
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	462	5,566
	117 LOWER GASTROINTESTINAL ENDOSCOPY	2,304	43,551

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2007
PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

105 Logan Regional Hospital

procedure APG category		TOTAL #	TOTAL # (ALL Hospitals)
procedure APG			
118	ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	36	1,497
119	HERNIA AND HYDROCELE PROCEDURES	359	6,814
120	COMPLEX ANAL AND RECTAL PROCEDURES	24	1,064
121	SIMPLE ANAL AND RECTAL PROCEDURES	7	552
122	MISCELLANEOUS ABDOMINAL PROCEDURES	23	580
123	COMPLEX LAPAROSCOPIC PROCEDURES	602	16,057
124	SIMPLE LAPAROSCOPIC PROCEDURES	6	226
07	URINARY SYSTEM	352	7,929
131	RENAL EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	6	871
133	URINARY CATHETERIZATION AND DILATATION	13	479
134	COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	264	3,971
135	MODERATE CYSTOURETHROSCOPY	59	1,733
136	SIMPLE CYSTOURETHROSCOPY	1	570
137	COMPLEX URETHRAL PROCEDURES	3	132
138	SIMPLE URETHRAL PROCEDURES	6	172
08	MALE GENITAL SYSTEM	82	2,775
151	TESTICULAR AND EPIDIDYMAL PROCEDURES	55	1,260
153	COMPLEX PENILE PROCEDURES	5	495
154	SIMPLE PENILE PROCEDURES	22	823
09	FEMALE GENITAL SYSTEM	280	7,034
176	COMPLEX FEMALE REPRODUCTIVE PROCEDURES	79	1,974
177	SIMPLE FEMALE REPRODUCTIVE PROCEDURES	68	1,390
178	DILATION AND CURETTAGE	30	733
179	HYSTEROSCOPY	89	2,553
180	COLPOSCOPY	14	384
10	NERVOUS SYSTEM	811	20,995
195	NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	657	14,792
196	REVISION AND REMOVAL OF NEUROLOGICAL DEVICE	2	235
197	NEUROSTIMULATOR AND VENTRICULAR SHUNT IMPLANTATION	3	944
198	NERVE REPAIR AND DESTRUCTION	132	4,511
199	SPINAL TAP	17	513
11	EYE AND OCULAR ADNEXA	832	10,843
211	MINOR OPHTHALMOLOGICAL TESTS AND PROCEDURES	3	32
213	LASER EYE PROCEDURES	164	617
214	CATARACT PROCEDURES	589	4,389
215	COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	16	400
216	MODERATE ANTERIOR SEGMENT EYE PROCEDURES	24	277
217	SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	19	306
219	SIMPLE POSTERIOR SEGMENT EYE PROCEDURES	1	419
220	STRABISMUS AND MUSCLE EYE PROCEDURES	6	809
221	COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	5	886
222	SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	5	510
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	1,240	27,519
233	NASAL CAUTERIZATION AND PACKING	13	328
234	COMPLEX FACIAL AND ENT PROCEDURES	190	5,752
235	SIMPLE FACIAL AND ENT PROCEDURES	700	13,044

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2007
PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

105 Logan Regional Hospital

procedure APG category	procedure APG	TOTAL #	TOTAL # (ALL Hospitals)
	236 TONSIL AND ADENOID PROCEDURES	337	8,300
13	THERAPEUTIC AND OTHER RADIOLOGICAL PROCEDURES	40	3,024
	253 VASCULAR RADIOLOGY EXCEPT FOR VENOGRAPHY OF EXTREMITY	7	1,146
	255 MISCELLANEOUS RADIOLOGICAL PROCEDURES WITH CONTRAST	33	1,567
14	PHYSICAL MEDICINE AND REHABILITATION	1	6
	272 PHYSICAL THERAPY	1	6

SOURCE: Utah Ambulatory Surgery Database
 Utah Health Data Committee/Office of Health Care Statistics
 Reportable* excludes codes in the former "Other" category 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, 2007
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	145	\$2,150	\$3,184
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	41	\$1,401	\$2,632
	003 COMPLEX INCISION AND DRAINAGE	1	\$1,935	\$4,092
	006 SIMPLE DEBRIDEMENT AND DESTRUCTION	1	\$817	\$2,883
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	12	\$2,183	\$3,383
	008 SIMPLE EXCISION AND BIOPSY	10	\$2,071	\$2,793
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRAN	22	\$2,995	\$4,546
	011 SIMPLE INCISION AND EXCISION OF BREAST	58	\$2,391	\$3,085
02	MUSCULOSKELETAL SYSTEM	662	\$3,389	\$4,441
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	61	\$4,607	\$7,003
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	29	\$2,496	\$3,967
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	15	\$2,818	\$5,446
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	199	\$2,122	\$3,054
	025 ARTHROSCOPY	193	\$4,328	\$4,796
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	6	\$2,910	\$3,328
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	92	\$4,741	\$5,920
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	1	\$2,248	\$2,812
	032 BUNION PROCEDURES	34	\$2,745	\$4,352
	033 ARTHROPLASTY	3	\$4,622	\$7,331
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	29	\$934	\$1,001
03	RESPIRATORY SYSTEM	70	\$1,049	\$2,352
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	42	\$894	\$1,520
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	5	\$3,670	\$3,777
	054 SIMPLE ENDOSCOPY OF THE UPPER AIRWAY	19	\$476	\$2,332
	055 ENDOSCOPY OF THE LOWER AIRWAY	4	\$2,112	\$2,232
04	CARDIOVASCULAR SYSTEM	35	\$6,908	\$13,494
	075 PLACEMENT OF TRANSVENOUS CATHETERS	2	\$1,245	\$8,168
	076 DIAGNOSTIC CARDIAC CATHETERIZATION	1	\$8,523	\$6,799
	077 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	2	\$3,255	\$23,688
	078 PACEMAKER INSERTION AND REPLACEMENT	8	\$18,251	\$22,941
	080 MINOR VASCULAR REPAIR AND FISTULA CONSTRUCTION	21	\$3,593	\$5,464
	082 VASCULAR LIGATION	1	\$2,781	\$5,963
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	45	\$4,439	\$4,053
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	43	\$4,454	\$5,409
	097 TRANSFUSION	2	\$4,134	\$2,574
06	DIGESTIVE SYSTEM	2,602	\$1,895	\$2,473
	112 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	7	\$1,020	\$1,577
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	18	\$689	\$1,292
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	14	\$725	\$1,324
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	321	\$946	\$1,331
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	76	\$1,527	\$1,876
	117 LOWER GASTROINTESTINAL ENDOSCOPY	1,443	\$880	\$1,168
	118 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	17	\$2,950	\$4,111
	119 HERNIA AND HYDROCELE PROCEDURES	240	\$2,568	\$3,847
	120 COMPLEX ANAL AND RECTAL PROCEDURES	19	\$2,449	\$3,183

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2007
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)
	121 SIMPLE ANAL AND RECTAL PROCEDURES	4	\$1,885	\$2,411
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	18	\$16,564	\$6,329
	123 COMPLEX LAPAROSCOPIC PROCEDURES	422	\$5,148	\$7,043
	124 SIMPLE LAPAROSCOPIC PROCEDURES	3	\$6,940	\$8,601
07	URINARY SYSTEM	120	\$4,055	\$5,134
	133 URINARY CATHETERIZATION AND DILATATION	8	\$4,264	\$4,450
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	78	\$4,682	\$5,301
	135 MODERATE CYSTOURETHROSCOPY	29	\$2,725	\$3,734
	137 COMPLEX URETHRAL PROCEDURES	2	\$2,412	\$6,589
	138 SIMPLE URETHRAL PROCEDURES	3	\$1,162	\$1,729
08	MALE GENITAL SYSTEM	50	\$2,100	\$3,453
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	29	\$2,286	\$2,812
	153 COMPLEX PENILE PROCEDURES	4	\$2,791	\$3,629
	154 SIMPLE PENILE PROCEDURES	17	\$1,620	\$1,981
09	FEMALE GENITAL SYSTEM	134	\$3,276	\$4,463
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	39	\$4,122	\$5,626
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	23	\$1,863	\$3,471
	178 DILATION AND CURETTAGE	19	\$1,946	\$2,542
	179 HYSTEROSCOPY	49	\$3,838	\$4,798
	180 COLPOSCOPY	4	\$2,582	\$3,826
10	NERVOUS SYSTEM	325	\$1,201	\$2,183
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	222	\$924	\$1,108
	197 NEUROSTIMULATOR AND VENTRICULAR SHUNT IMPLANTATION	2	\$11,009	\$26,856
	198 NERVE REPAIR AND DESTRUCTION	86	\$1,617	\$2,625
	199 SPINAL TAP	15	\$1,616	\$2,151
11	EYE AND OCULAR ADNEXA	813	\$1,982	\$3,373
	211 MINOR OPHTHALMOLOGICAL TESTS AND PROCEDURES	3	\$594	\$1,775
	213 LASER EYE PROCEDURES	164	\$528	\$769
	214 CATARACT PROCEDURES	586	\$2,411	\$3,301
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	13	\$688	\$3,487
	216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	18	\$2,045	\$2,769
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	14	\$1,286	\$3,367
	220 STRABISMUS AND MUSCLE EYE PROCEDURES	6	\$3,351	\$3,433
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	5	\$3,921	\$3,997
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	4	\$1,692	\$2,495
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	756	\$1,754	\$2,838
	233 NASAL CAUTERIZATION AND PACKING	1	\$1,206	\$3,413
	234 COMPLEX FACIAL AND ENT PROCEDURES	66	\$4,412	\$5,571
	235 SIMPLE FACIAL AND ENT PROCEDURES	470	\$1,512	\$1,937
	236 TONSIL AND ADENOID PROCEDURES	219	\$1,477	\$2,399
13	THERAPEUTIC AND OTHER RADIOLOGICAL PROCEDURES	4	\$1,060	\$3,736
	255 MISCELLANEOUS RADIOLOGICAL PROCEDURES WITH CONTRAST	4	\$1,060	\$2,658

SOURCE: Utah Ambulatory Surgery Database

Utah 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, 2007
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

105 Logan Regional Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
GENDER				
Female	4,977	55.3	118,694	54.2
Male	4,024	44.7	100,216	45.8
Unknown	0	0.0	2	0.0
Not Reported	0	0.0	1	0.0
AGE				
1-28 days	0	0.0	1,456	0.7
29-365 days	73	0.8	2,840	1.3
1-4 years	521	5.8	10,885	5.0
5-9	209	2.3	5,994	2.7
10-14	145	1.6	4,452	2.0
15-17	189	2.1	4,943	2.3
18-19	161	1.8	3,620	1.7
20-24	519	5.8	10,250	4.7
25-29	515	5.7	12,627	5.8
30-34	434	4.8	12,276	5.6
35-39	415	4.6	12,391	5.7
40-44	486	5.4	13,493	6.2
45-49	691	7.7	16,963	7.7
50-54	1,058	11.8	24,260	11.1
55-59	881	9.8	20,332	9.3
60-64	730	8.1	17,122	7.8
65-69	545	6.1	14,261	6.5
70-74	469	5.2	11,502	5.3
75-79	423	4.7	9,388	4.3
80-84	351	3.9	6,242	2.9
85-89	144	1.6	2,777	1.3
90 +	42	0.5	839	0.4
Not Reported	0	0.0	1,456	0.7
SOURCE OF ADMISSION				
Physician Referral	8,702	96.7	199,973	91.3
Clinic Referral	0	0.0	1,442	0.7
HMO Referral	0	0.0	3,326	1.5
Other Hospital	1	0.0	50	0.0
Skilled Nursing Facility	1	0.0	14	0.0
Other Health Care Facility	1	0.0	24	0.0
Emergency Room	293	3.3	4,867	2.2
Court/Law Enforcement	0	0.0	3	0.0
Unknown	3	0.0	16	0.0
Not Reported	0	0.0	9,198	4.2

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2007
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	8,961	99.6	218,338	99.7
Another Hospital	27	0.3	109	0.0
Skilled Nursing Facility	5	0.1	108	0.0
Intermediate Care Facility	0	0.0	7	0.0
Another Type of Institution	1	0.0	50	0.0
Under Care of Home Service	6	0.1	223	0.1
Left Against Medical Advice	1	0.0	19	0.0
Under Care of Home IV Provider	0	0.0	1	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	1,576	17.5	38,805	17.7
Medicaid	545	6.1	12,973	5.9
Other government	99	1.1	3,498	1.6
Blue Cross/Blue Shield	1,640	18.2	30,611	14.0
Other Commercial	667	7.4	17,104	7.8
Managed Care(HMO, PPO)	4,130	45.9	106,265	48.5
Self Pay	156	1.7	2,895	1.3
Industrial & Worker Comp	98	1.1	3,787	1.7
Charity and Unclassified	22	0.2	1,868	0.9
Childrens Health Insurance	13	0.1	159	0.1
Unknown	55	0.6	855	0.4
Not Reported	0	0.0	93	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	7,976	88.6	16,514	7.5
Central Utah	7	0.1	8,080	3.7
Davis County	18	0.2	22,286	10.2
Salt Lake County	31	0.3	72,683	33.2
Southeastern Utah	5	0.1	5,055	2.3
Southwest Utah	7	0.1	13,705	6.3
Summit County	1	0.0	2,788	1.3
Tooele County	1	0.0	4,504	2.1
Tri-County	1	0.0	5,649	2.6
Utah County	20	0.2	35,563	16.2
Wasatch County	2	0.0	1,636	0.7
Weber County	53	0.6	21,324	9.7
Unknown Utah	5	0.1	43	0.0
Outside Utah	872	9.7	8,990	4.1
Unknown, Not Reported	2	0.0	93	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, 2007
NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

141 McKay Dee Hospital Center

Reporting Category(ICD-9-CM CODES)	Procedures Performed		Procedures Performed-All Hospitals	
	(#)	(%)	(#)	(%)
Reporting Category(ICD-9-CM CODES)	22,606	100.0	319,880	100.0
Mastectomy (85.0-85.99)	406	1.8	7,512	2.3
Musculoskeletal (76.0-84.99)	4,150	18.4	71,153	22.2
Respiratory (30.0-34.99)	227	1.0	3,550	1.1
Cardiovascular (35.0-39.99)	1,208	5.3	16,128	5.0
Lymphatic/Hemetic (40.0-41.99)	175	0.8	3,232	1.0
Digestive System (42.0-54.99)	11,670	51.6	102,504	32.0
Urinary (55.0-59.99)	860	3.8	10,216	3.2
Male Genital (60.0-64.99)	175	0.8	3,613	1.1
Female Genital (65.0-71.99)	1,039	4.6	15,763	4.9
Endocrine/Nervous (01.0-07.99)	1,684	7.4	22,558	7.1
Eye (08.0-16.99)	323	1.4	19,364	6.1
Ear (18.0-20.99)	92	0.4	13,797	4.3
Nose, Mouth, Pharynx (21.0-29.99)	597	2.6	30,490	9.5
Reporting Category(CPT-4 CODES)	21,741	100.0	301,918	100.0
Mastectomy (19120-19220)	145	0.7	2,118	0.7
Musculoskeletal (20000-29909)	3,675	16.9	67,981	22.5
Respiratory (30000-32999 & 39501-39599)	408	1.9	14,263	4.7
Cardiovascular (33010-37799 & 93501-93660)	2,603	12.0	38,047	12.6
Lymphatic/Hemetic (38100-38999)	120	0.6	2,819	0.9
Digestive (40490-49999)	11,544	53.1	109,019	36.1
Urinary (50010-53899)	581	2.7	9,215	3.1
Male Genital (54000-55899)	141	0.6	3,144	1.0
Female Genital (56405-58999)	710	3.3	11,863	3.9
Endocrine/Nervous (60000-64999)	1,539	7.1	24,805	8.2
Eye (65091-68899)	224	1.0	11,076	3.7
Ear (69000-69979)	51	0.2	7,568	2.5

SOURCE: Utah Ambulatory Surgery Database
Utah 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, 2007
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	2,948	13.0	6.86
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	2,542	11.2	5.42
4525	CLO [ENDO] BX LG INTESTINE	1,015	4.5	2.32
4542	ENDO POLYPECTOMY LG INTESTINE	902	4.0	3.78
4292	DILAT ESOPH	851	3.8	1.45
5123	LAP CHOLEY	658	2.9	2.16
0392	INJ OTH AGENT SPINAL CANAL	635	2.8	1.95
0391	INJ ANES SPINAL CANAL-ANALGESIA	596	2.6	1.41
3722	LT HEART CARD CATH	476	2.1	1.08
4513	OTH ENDO SM INTESTINE	319	1.4	1.74
4836	[ENDO] POLYPECTOMY RECTUM	280	1.2	1.03
5732	OTH CYSTOSCOPY	263	1.2	0.58
8026	ARTHSCPY-KNEE	237	1.0	1.08
5421	LAPAROSCOPY	208	0.9	0.55
4701	LAP APPENDECTOMY	195	0.9	0.58
806	EXC SEMILUNAR CARTILAGE-KNEE	195	0.9	1.94
8521	LOC EXC LES BREAST	167	0.7	0.81
0443	RELEASE CARPAL TUNNEL	154	0.7	1.07
598	URETERAL CATH	134	0.6	0.66
5304	UNILAT REPR INDIRECT ING HERN-GFT	132	0.6	0.46

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures				
45378	COLONOSCOPY FLEX; DX-SEP PROC	2,707	12.5	6.66
43239	UGI ENDO; W/BX 1/MX	2,524	11.6	5.47
45380	COLONOSCOPY FLEX; W/BX 1/MX	1,380	6.3	5.29
43450	DILAT ESOPH-SOUND/BOUGIE-1/MX PA	644	3.0	0.40
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	521	2.4	1.44
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	426	2.0	1.59
93545	INJ PROC-CATH; SELECT CORONRY AN	395	1.8	1.34
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	387	1.8	1.11
93543	INJ PROC-CATH; LT VENT/ATRIAL AN	376	1.7	1.22
93510	LT HRT CATH RETRO-BRACH/FEM; PER	369	1.7	1.03
93556	IMAG SUPERVS I&R-CATH; PULM ANGI	364	1.7	1.27
64475	INJ ANES FACET JT; LUMB/SAC-1LEV	345	1.6	0.35
45384	COLONOSCOPY FLEX; REMV LES-FORCE	317	1.5	0.27
49505	REPR INIT ING HERNIA 5YR/MORE; R	299	1.4	0.88
93555	IMAG SUPERVS I&R-CATH; VENT/ATRI	291	1.3	1.13
20680	REMOVAL OF IMPLANT; DEEP	230	1.1	0.93
44970	LAPAROSCOPY SURGICAL APPENDECTOM	199	0.9	0.63
G0121	COLOREC CNCR SCR;COLNSCPY NO HI	195	0.9	0.26
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	191	0.9	0.97
43235	UGI ENDO; DX W/VO CLCT SPECMN-SP	180	0.8	1.15

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, 2007
 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	10,703	\$2,761	\$3,565
4523	COLONOSCOPY	2,649	\$723	\$976
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	1,311	\$986	\$1,391
4542	ENDO POLYPECTOMY LG INTESTINE	646	\$1,081	\$1,383
4525	CLO [ENDO] BX LG INTESTINE	634	\$1,118	\$1,424
5123	LAP CHOLEY	599	\$6,105	\$6,693
3722	LT HEART CARD CATH	450	\$5,924	\$6,932
4513	OTH ENDO SM INTESTINE	198	\$1,004	\$1,172
4701	LAP APPENDECTOMY	181	\$8,415	\$9,118
4836	[ENDO] POLYPECTOMY RECTUM	134	\$982	\$1,285
5304	UNILAT REPR INDIRECT ING HERN-GFT	120	\$3,199	\$4,048
5303	UNILAT REPR DIRECT ING HERN-GFT	112	\$3,151	\$4,317
6952	ASPIR CURET FOLLOWING DELIV/AB	111	\$2,147	\$2,643
8521	LOC EXC LES BREAST	111	\$2,364	\$2,822
0443	RELEASE CARPAL TUNNEL	77	\$1,933	\$2,237
3927	ARTERIOVENOSTOMY-RENAL DIALYSIS	70	\$4,646	\$5,302
7932	OP REDUC FX W/INT FIX-RADIUS & ULNA	68	\$7,784	\$8,023
7936	OP REDUC FX W/INT FIX-TIBIA & FIB	65	\$7,044	\$6,755
3723	COMBO RT & LT HEART CARD CATH	60	\$6,146	\$7,303
8339	EXC LES OTH SOFT TISS	55	\$2,293	\$3,115
062	UNILAT THYROID LOBEC	54	\$6,274	\$6,461

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
CPT-4	Procedures	10,894	\$2,612	\$3,274
45378	COLONOSCOPY FLEX; DX-SEP PROC	2,421	\$726	\$984
43239	UGI ENDO; W/BX 1/MX	1,292	\$974	\$1,389
45380	COLONOSCOPY FLEX; W/BX 1/MX	985	\$1,104	\$1,354
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	475	\$6,111	\$7,072
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	276	\$1,081	\$1,536
49505	REPR INIT ING HERNIA 5YR/MORE; R	274	\$3,200	\$4,010
45384	COLONOSCOPY FLEX; REMV LES-FORCE	229	\$1,080	\$1,605
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	212	\$1,234	\$1,005
44970	LAPAROSCOPY SURGICAL APPENDECTOM	182	\$8,387	\$9,078
G0121	COLOREC CNCR SCR;COLNSCPY NO HI	182	\$709	\$800
20680	REMOVAL OF IMPLANT; DEEP	150	\$2,817	\$3,111
47562	LAPAROSCOPY SURGICAL; CHOLECT	126	\$6,145	\$6,110
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	113	\$876	\$1,081
19120	EXC BRST CYST TUMR/LES OPN M/F 1	84	\$2,102	\$2,769
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	79	\$1,961	\$2,296
29881	SCOPE KNEE SURG;W/MENISCECT MED/	77	\$4,069	\$4,170
49585	REPR UMBIL HERNIA 5YR/OVER; RDOC	77	\$2,865	\$3,805
43247	UGI ENDO; W/REMOVAL FB	73	\$1,058	\$1,727
63030	LAMINOT W/ DECOMP; 1 INTERSPACE	54	\$9,781	\$8,808
60220	TOT THYRD LOBECT UNI;W/WO ISTHMS	51	\$6,320	\$6,379

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, 2007
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	395	8,527
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	49	2,371
	003 COMPLEX INCISION AND DRAINAGE	5	88
	004 SIMPLE INCISION AND DRAINAGE	1	28
	006 SIMPLE DEBRIDEMENT AND DESTRUCTION	8	187
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	66	1,121
	008 SIMPLE EXCISION AND BIOPSY	69	1,220
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRANGE	52	1,390
	011 SIMPLE INCISION AND EXCISION OF BREAST	145	2,116
02	MUSCULOSKELETAL SYSTEM	3,307	61,192
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	561	6,662
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	200	2,481
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	263	2,359
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	871	12,550
	025 ARTHROSCOPY	688	25,547
	027 SPLINT, STRAPPING AND CAST REMOVAL	1	555
	028 CLOSED TREATMENT FX & DISLOCATION OF FINGER, TOE & TRUNK	5	54
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	58	693
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	397	4,851
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	8	465
	032 BUNION PROCEDURES	111	1,752
	033 ARTHROPLASTY	59	581
	034 HAND AND FOOT TENOTOMY	30	323
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	55	2,254
03	RESPIRATORY SYSTEM	291	8,139
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	28	652
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	113	5,383
	054 SIMPLE ENDOSCOPY OF THE UPPER AIRWAY	3	252
	055 ENDOSCOPY OF THE LOWER AIRWAY	147	1,852
04	CARDIOVASCULAR SYSTEM	2,386	30,572
	074 CARDIAC ELECTROPHYSIOLOGIC TESTS	256	4,174
	076 DIAGNOSTIC CARDIAC CATHETERIZATION	1,867	21,581
	077 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	78	1,914
	078 PACEMAKER INSERTION AND REPLACEMENT	37	690
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	37	989
	080 MINOR VASCULAR REPAIR AND FISTULA CONSTRUCTION	93	736
	081 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	10	123
	082 VASCULAR LIGATION	8	308
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	143	3,488
	092 CHEMOTHERAPY EXCEPT BY EXTENDED INFUSION	2	43
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	141	2,063
06	DIGESTIVE SYSTEM	11,513	98,518
	111 ALIMENTARY TESTS AND SIMPLE TUBE PLACEMENT	1	136
	112 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	647	1,254
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	47	650
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	28	342

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2007
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			
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	2,710	20,229
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	357	5,566
	117 LOWER GASTROINTESTINAL ENDOSCOPY	5,118	43,551
	118 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	221	1,497
	119 HERNIA AND HYDROCELE PROCEDURES	658	6,814
	120 COMPLEX ANAL AND RECTAL PROCEDURES	187	1,064
	121 SIMPLE ANAL AND RECTAL PROCEDURES	128	552
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	63	580
	123 COMPLEX LAPAROSCOPIC PROCEDURES	1,331	16,057
	124 SIMPLE LAPAROSCOPIC PROCEDURES	17	226
07	URINARY SYSTEM	500	7,929
	131 RENAL EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	15	871
	133 URINARY CATHETERIZATION AND DILATATION	23	479
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	245	3,971
	135 MODERATE CYSTOURETHROSCOPY	130	1,733
	136 SIMPLE CYSTOURETHROSCOPY	68	570
	137 COMPLEX URETHRAL PROCEDURES	11	132
	138 SIMPLE URETHRAL PROCEDURES	8	172
08	MALE GENITAL SYSTEM	105	2,775
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	62	1,260
	152 INSERTION OF PENILE PROSTHESIS	3	85
	153 COMPLEX PENILE PROCEDURES	13	495
	154 SIMPLE PENILE PROCEDURES	20	823
	155 PROSTATE NEEDLE AND PUNCH BIOPSY	7	112
09	FEMALE GENITAL SYSTEM	377	7,034
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	119	1,974
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	92	1,390
	178 DILATION AND CURETTAGE	23	733
	179 HYSTEROSCOPY	137	2,553
	180 COLPOSCOPY	6	384
10	NERVOUS SYSTEM	1,322	20,995
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	1,044	14,792
	196 REVISION AND REMOVAL OF NEUROLOGICAL DEVICE	1	235
	197 NEUROSTIMULATOR AND VENTRICULAR SHUNT IMPLANTATION	22	944
	198 NERVE REPAIR AND DESTRUCTION	250	4,511
	199 SPINAL TAP	5	513
11	EYE AND OCULAR ADNEXA	202	10,843
	213 LASER EYE PROCEDURES	2	617
	214 CATARACT PROCEDURES	5	4,389
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	2	400
	216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	1	277
	218 COMPLEX POSTERIOR SEGMENT EYE PROCEDURES	47	376
	219 SIMPLE POSTERIOR SEGMENT EYE PROCEDURES	33	419
	220 STRABISMUS AND MUSCLE EYE PROCEDURES	1	809
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	2	510
	223 VITRECTOMY	109	1,822

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2007
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			
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	518	27,519
	233 NASAL CAUTERIZATION AND PACKING	10	328
	234 COMPLEX FACIAL AND ENT PROCEDURES	218	5,752
	235 SIMPLE FACIAL AND ENT PROCEDURES	201	13,044
	236 TONSIL AND ADENOID PROCEDURES	89	8,300
13	THERAPEUTIC AND OTHER RADIOLOGICAL PROCEDURES	28	3,024
	253 VASCULAR RADIOLOGY EXCEPT FOR VENOGRAPHY OF EXTREMITY	14	1,146
	255 MISCELLANEOUS RADIOLOGICAL PROCEDURES WITH CONTRAST	14	1,567

SOURCE: Utah Ambulatory Surgery Database
 Utah 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 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2007
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			
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	518	27,519
	233 NASAL CAUTERIZATION AND PACKING	10	328
	234 COMPLEX FACIAL AND ENT PROCEDURES	218	5,752
	235 SIMPLE FACIAL AND ENT PROCEDURES	201	13,044
	236 TONSIL AND ADENOID PROCEDURES	89	8,300
13	THERAPEUTIC AND OTHER RADIOLOGICAL PROCEDURES	28	3,024
	253 VASCULAR RADIOLOGY EXCEPT FOR VENOGRAPHY OF EXTREMITY	14	1,146
	255 MISCELLANEOUS RADIOLOGICAL PROCEDURES WITH CONTRAST	14	1,567

SOURCE: Utah Ambulatory Surgery Database
 Utah 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, 2007
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	323	\$2,911	\$3,184
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	35	\$2,589	\$2,632
	003 COMPLEX INCISION AND DRAINAGE	4	\$3,716	\$4,092
	004 SIMPLE INCISION AND DRAINAGE	1	\$1,987	\$2,544
	006 SIMPLE DEBRIDEMENT AND DESTRUCTION	6	\$2,056	\$2,883
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	51	\$2,619	\$3,383
	008 SIMPLE EXCISION AND BIOPSY	58	\$2,339	\$2,793
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRAN	34	\$6,614	\$4,546
	011 SIMPLE INCISION AND EXCISION OF BREAST	134	\$2,436	\$3,085
02	MUSCULOSKELETAL SYSTEM	1,210	\$4,925	\$4,441
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	165	\$6,809	\$7,003
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	82	\$3,963	\$3,967
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	49	\$8,639	\$5,446
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	351	\$3,165	\$3,054
	025 ARTHROSCOPY	206	\$4,517	\$4,796
	028 CLOSED TREATMENT FX & DISLOCATION OF FINGER, TOE & TRUNK	3	\$2,460	\$1,440
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	31	\$4,679	\$3,328
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	257	\$6,298	\$5,920
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	2	\$3,529	\$2,812
	032 BUNION PROCEDURES	48	\$4,320	\$4,352
	033 ARTHROPLASTY	6	\$8,576	\$7,331
	034 HAND AND FOOT TENOTOMY	1	\$1,249	\$2,254
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	9	\$900	\$1,001
03	RESPIRATORY SYSTEM	84	\$1,316	\$2,352
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	21	\$809	\$1,520
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	5	\$4,052	\$3,777
	054 SIMPLE ENDOSCOPY OF THE UPPER AIRWAY	2	\$730	\$2,332
	055 ENDOSCOPY OF THE LOWER AIRWAY	56	\$1,283	\$2,232
04	CARDIOVASCULAR SYSTEM	129	\$6,459	\$13,494
	074 CARDIAC ELECTROPHYSIOLOGIC TESTS	5	\$14,426	\$20,642
	076 DIAGNOSTIC CARDIAC CATHETERIZATION	20	\$6,312	\$6,799
	077 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	3	\$9,480	\$23,688
	078 PACEMAKER INSERTION AND REPLACEMENT	12	\$16,316	\$22,941
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	5	\$4,199	\$3,439
	080 MINOR VASCULAR REPAIR AND FISTULA CONSTRUCTION	72	\$4,557	\$5,464
	081 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	6	\$4,541	\$4,524
	082 VASCULAR LIGATION	6	\$5,711	\$5,963
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	113	\$5,845	\$4,053
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	113	\$5,845	\$5,409
06	DIGESTIVE SYSTEM	7,579	\$1,880	\$2,473
	111 ALIMENTARY TESTS AND SIMPLE TUBE PLACEMENT	1	\$788	\$1,025
	112 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	2	\$881	\$1,577
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	28	\$909	\$1,292
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	22	\$1,556	\$1,324
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	1,407	\$966	\$1,331

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2007
PROCEDURE APG CATEGORY, PROCEDURE APG, SINGLE APG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

141 McKay Dee Hospital Center

procedure APG category	Procedure APG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	156	\$1,355	\$1,876
	117 LOWER GASTROINTESTINAL ENDOSCOPY	4,158	\$861	\$1,168
	118 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	58	\$2,953	\$4,111
	119 HERNIA AND HYDROCELE PROCEDURES	476	\$3,212	\$3,847
	120 COMPLEX ANAL AND RECTAL PROCEDURES	114	\$2,424	\$3,183
	121 SIMPLE ANAL AND RECTAL PROCEDURES	77	\$1,581	\$2,411
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	37	\$5,804	\$6,329
	123 COMPLEX LAPAROSCOPIC PROCEDURES	1,037	\$6,449	\$7,043
	124 SIMPLE LAPAROSCOPIC PROCEDURES	6	\$6,211	\$8,601
07	URINARY SYSTEM	209	\$4,062	\$5,134
	133 URINARY CATHETERIZATION AND DILATATION	9	\$4,298	\$4,450
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	97	\$4,422	\$5,301
	135 MODERATE CYSTOURETHROSCOPY	71	\$3,138	\$3,734
	136 SIMPLE CYSTOURETHROSCOPY	17	\$2,827	\$2,619
	137 COMPLEX URETHRAL PROCEDURES	8	\$11,886	\$6,589
	138 SIMPLE URETHRAL PROCEDURES	7	\$2,199	\$1,729
08	MALE GENITAL SYSTEM	72	\$3,400	\$3,453
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	40	\$2,402	\$2,812
	152 INSERTION OF PENILE PROSTHESIS	3	\$17,007	\$18,747
	153 COMPLEX PENILE PROCEDURES	12	\$4,899	\$3,629
	154 SIMPLE PENILE PROCEDURES	16	\$2,203	\$1,981
	155 PROSTATE NEEDLE AND PUNCH BIOPSY	1	\$3,641	\$5,214
09	FEMALE GENITAL SYSTEM	226	\$3,901	\$4,463
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	58	\$5,027	\$5,626
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	61	\$2,872	\$3,471
	178 DILATION AND CURETTAGE	16	\$2,634	\$2,542
	179 HYSTEROSCOPY	90	\$4,119	\$4,798
	180 COLPOSCOPY	1	\$2,051	\$3,826
10	NERVOUS SYSTEM	398	\$1,501	\$2,183
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	296	\$1,193	\$1,108
	196 REVISION AND REMOVAL OF NEUROLOGICAL DEVICE	1	\$13,947	\$9,628
	198 NERVE REPAIR AND DESTRUCTION	98	\$2,321	\$2,625
	199 SPINAL TAP	3	\$983	\$2,151
11	EYE AND OCULAR ADNEXA	59	\$6,616	\$3,373
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	1	\$3,493	\$3,487
	218 COMPLEX POSTERIOR SEGMENT EYE PROCEDURES	29	\$6,477	\$5,524
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	2	\$4,352	\$2,495
	223 VITRECTOMY	27	\$7,050	\$6,291
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	197	\$4,090	\$2,838
	233 NASAL CAUTERIZATION AND PACKING	6	\$2,613	\$3,413
	234 COMPLEX FACIAL AND ENT PROCEDURES	78	\$5,930	\$5,571
	235 SIMPLE FACIAL AND ENT PROCEDURES	63	\$3,070	\$1,937
	236 TONSIL AND ADENOID PROCEDURES	50	\$2,680	\$2,399
13	THERAPEUTIC AND OTHER RADIOLOGICAL PROCEDURES	5	\$6,925	\$3,736
	253 VASCULAR RADIOLOGY EXCEPT FOR VENOGRAPHY OF EXTREMITY	2	\$5,947	\$13,369

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2007
PROCEDURE APG CATEGORY, PROCEDURE APG, SINGLE APG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

141 McKay Dee Hospital Center

procedure APG category Procedure APG	TOTAL #	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
255 MISCELLANEOUS RADIOLOGICAL PROCEDURES WITH CONTRAST	3	\$7,578	\$2,658

SOURCE: Utah Ambulatory Surgery Database
 Utah 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, 2007
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	8,663	55.3	118,694	54.2
Male	7,012	44.7	100,216	45.8
Unknown	0	0.0	2	0.0
Not Reported	0	0.0	1	0.0
AGE				
1-28 days	0	0.0	1,456	0.7
29-365 days	9	0.1	2,840	1.3
1-4 years	137	0.9	10,885	5.0
5-9	79	0.5	5,994	2.7
10-14	194	1.2	4,452	2.0
15-17	271	1.7	4,943	2.3
18-19	246	1.6	3,620	1.7
20-24	753	4.8	10,250	4.7
25-29	882	5.6	12,627	5.8
30-34	952	6.1	12,276	5.6
35-39	924	5.9	12,391	5.7
40-44	1,081	6.9	13,493	6.2
45-49	1,375	8.8	16,963	7.7
50-54	2,220	14.2	24,260	11.1
55-59	1,589	10.1	20,332	9.3
60-64	1,359	8.7	17,122	7.8
65-69	1,168	7.5	14,261	6.5
70-74	978	6.2	11,502	5.3
75-79	731	4.7	9,388	4.3
80-84	473	3.0	6,242	2.9
85-89	208	1.3	2,777	1.3
90 +	46	0.3	839	0.4
Not Reported	0	0.0	1,456	0.7
SOURCE OF ADMISSION				
Physician Referral	14,420	92.0	199,973	91.3
Clinic Referral	703	4.5	1,442	0.7
HMO Referral	2	0.0	3,326	1.5
Other Hospital	3	0.0	50	0.0
Skilled Nursing Facility	2	0.0	14	0.0
Other Health Care Facility	0	0.0	24	0.0
Emergency Room	537	3.4	4,867	2.2
Court/Law Enforcement	0	0.0	3	0.0
Unknown	3	0.0	16	0.0
Not Reported	5	0.0	9,198	4.2

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2007
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	15,616	99.6	218,338	99.7
Another Hospital	1	0.0	109	0.0
Skilled Nursing Facility	15	0.1	108	0.0
Intermediate Care Facility	0	0.0	7	0.0
Another Type of Institution	6	0.0	50	0.0
Under Care of Home Service	33	0.2	223	0.1
Left Against Medical Advice	1	0.0	19	0.0
Under Care of Home IV Provider	0	0.0	1	0.0
Expired	1	0.0	12	0.0
Unknown	2	0.0	46	0.0
Not Reported	0	0.0	0	0.0
PRIMARY PAYER				
Medicare	3,242	20.7	38,805	17.7
Medicaid	726	4.6	12,973	5.9
Other government	371	2.4	3,498	1.6
Blue Cross/Blue Shield	1,459	9.3	30,611	14.0
Other Commercial	706	4.5	17,104	7.8
Managed Care(HMO, PPO)	8,417	53.7	106,265	48.5
Self Pay	133	0.8	2,895	1.3
Industrial & Worker Comp	172	1.1	3,787	1.7
Charity and Unclassified	402	2.6	1,868	0.9
Childrens Health Insurance	22	0.1	159	0.1
Unknown	25	0.2	855	0.4
Not Reported	0	0.0	93	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	798	5.1	16,514	7.5
Central Utah	7	0.0	8,080	3.7
Davis County	3,689	23.5	22,286	10.2
Salt Lake County	109	0.7	72,683	33.2
Southeastern Utah	7	0.0	5,055	2.3
Southwest Utah	9	0.1	13,705	6.3
Summit County	68	0.4	2,788	1.3
Tooele County	8	0.1	4,504	2.1
Tri-County	18	0.1	5,649	2.6
Utah County	22	0.1	35,563	16.2
Wasatch County	7	0.0	1,636	0.7
Weber County	10,619	67.7	21,324	9.7
Unknown Utah	0	0.0	43	0.0
Outside Utah	308	2.0	8,990	4.1
Unknown, Not Reported	6	0.0	93	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, 2007
NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

137 Mountain View Hospital

Reporting Category(ICD-9-CM CODES)	Procedures Performed		Procedures Performed-All Hospitals	
	(#)	(%)	(#)	(%)
Reporting Category(ICD-9-CM CODES)	4,934	100.0	319,880	100.0
Mastectomy (85.0-85.99)	80	1.6	7,512	2.3
Musculoskeletal (76.0-84.99)	901	18.3	71,153	22.2
Respiratory (30.0-34.99)	56	1.1	3,550	1.1
Cardiovascular (35.0-39.99)	303	6.1	16,128	5.0
Lymphatic/Hemetic (40.0-41.99)	10	0.2	3,232	1.0
Digestive System (42.0-54.99)	2,026	41.1	102,504	32.0
Urinary (55.0-59.99)	201	4.1	10,216	3.2
Male Genital (60.0-64.99)	43	0.9	3,613	1.1
Female Genital (65.0-71.99)	219	4.4	15,763	4.9
Endocrine/Nervous (01.0-07.99)	330	6.7	22,558	7.1
Eye (08.0-16.99)	129	2.6	19,364	6.1
Ear (18.0-20.99)	246	5.0	13,797	4.3
Nose, Mouth, Pharynx (21.0-29.99)	390	7.9	30,490	9.5
Reporting Category(CPT-4 CODES)	5,240	100.0	301,918	100.0
Mastectomy (19120-19220)	19	0.4	2,118	0.7
Musculoskeletal (20000-29909)	936	17.9	67,981	22.5
Respiratory (30000-32999 & 39501-39599)	194	3.7	14,263	4.7
Cardiovascular (33010-37799 & 93501-93660)	1,017	19.4	38,047	12.6
Lymphatic/Hemetic (38100-38999)	5	0.1	2,819	0.9
Digestive (40490-49999)	2,066	39.4	109,019	36.1
Urinary (50010-53899)	239	4.6	9,215	3.1
Male Genital (54000-55899)	25	0.5	3,144	1.0
Female Genital (56405-58999)	199	3.8	11,863	3.9
Endocrine/Nervous (60000-64999)	331	6.3	24,805	8.2
Eye (65091-68899)	62	1.2	11,076	3.7
Ear (69000-69979)	147	2.8	7,568	2.5

SOURCE: Utah Ambulatory Surgery Database
Utah 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, 2007
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		4,934	100.0	100.0
4523	COLONOSCOPY	406	8.2	6.86
4542	ENDO POLYPECTOMY LG INTESTINE	345	7.0	3.78
4513	OTH ENDO SM INTESTINE	238	4.8	1.74
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	209	4.2	5.42
2001	MYRINGOTOMY W/INSRT TUBE	201	4.1	3.33
5123	LAP CHOLEY	168	3.4	2.16
0392	INJ OTH AGENT SPINAL CANAL	165	3.3	1.95
283	TONSILLECTOMY W/ADENOIDECTOMY	146	3.0	1.70
806	EXC SEMILUNAR CARTILAGE-KNEE	140	2.8	1.94
3722	LT HEART CARD CATH	123	2.5	1.08
4292	DILAT ESOPH	108	2.2	1.45
4836	[ENDO] POLYPECTOMY RECTUM	94	1.9	1.03
8147	OTH REPR KNEE	71	1.4	0.84
8363	ROTATOR CUFF REPR	68	1.4	0.74
1341	PHACOEMULSIFICATION-ASPIR CATARACT	62	1.3	1.38
1371	IOL PROSTH-CATARACT EXTRACT-1-STAGE	62	1.3	1.38
598	URETERAL CATH	57	1.2	0.66
4525	CLO [ENDO] BX LG INTESTINE	56	1.1	2.32
5305	UNILAT REPR ING HERN-GFT-NOS	56	1.1	0.14
6823	ENDOMETRIAL ABLATION	54	1.1	0.61

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		5,240	100.0	100.0
45378	COLONOSCOPY FLEX; DX-SEP PROC	361	6.9	6.66
45380	COLONOSCOPY FLEX; W/BX 1/MX	252	4.8	5.29
43239	UGI ENDO; W/BX 1/MX	209	4.0	5.47
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	205	3.9	1.59
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	168	3.2	1.44
93545	INJ PROC-CATH; SELECT CORONRY AN	154	2.9	1.34
93543	INJ PROC-CATH; LT VENT/ATRIAL AN	152	2.9	1.22
43235	UGI ENDO; DX W/VO CLCT SPECMN-SP	148	2.8	1.15
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	146	2.8	1.11
93555	IMAG SUPERVS I&R-CATH; VENT/ATRI	142	2.7	1.13
93556	IMAG SUPERVS I&R-CATH; PULM ANGI	136	2.6	1.27
93510	LT HRT CATH RETRO-BRACH/FEM; PER	122	2.3	1.03
29881	SCOPE KNEE SURG;W/MENISCECT MED/	120	2.3	1.64
42820	T&A; UNDER AGE 12	115	2.2	1.37
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	106	2.0	0.97
69436	TYMPANOSTOMY GENERAL ANESTHESIA	102	1.9	1.79
29826	SCOPE SHOULDER; DECOMP SUBACROM	95	1.8	1.10
36430	TRANSFUSION BLOOD/BLOOD COMPONEN	87	1.7	0.43
29827	SCOPE SHLDR SURG; W/ROTOR CUFF R	65	1.2	0.54
66984	EXTRACAPSULAR CATARACT REMV IOL	62	1.2	1.35

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, 2007
 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 CHRG	AVE TOT CHRG(ALL Hospitals)
ICD-9 Procedures		2,601	\$3,424	\$3,565
4523	COLONOSCOPY	361	\$1,118	\$976
4542	ENDO POLYPECTOMY LG INTESTINE	252	\$1,650	\$1,383
5123	LAP CHOLEY	150	\$6,699	\$6,693
0392	INJ OTH AGENT SPINAL CANAL	147	\$796	\$792
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	134	\$1,336	\$1,391
4513	OTH ENDO SM INTESTINE	115	\$1,153	\$1,172
283	TONSILLECTOMY W/ADENOIDECTOMY	109	\$2,763	\$2,361
3722	LT HEART CARD CATH	70	\$9,289	\$6,932
5305	UNILAT REPR ING HERN-GFT-NOS	50	\$4,377	\$4,695
806	EXC SEMILUNAR CARTILAGE-KNEE	47	\$3,715	\$4,511
8363	ROTATOR CUFF REPR	39	\$10,316	\$9,286
4836	[ENDO] POLYPECTOMY RECTUM	36	\$1,485	\$1,285
8147	OTH REPR KNEE	34	\$3,806	\$5,496
4525	CLO [ENDO] BX LG INTESTINE	33	\$1,525	\$1,424
6823	ENDOMETRIAL ABLATION	32	\$4,943	\$5,399
6952	ASPIR CURET FOLLOWING DELIV/AB	32	\$2,783	\$2,643
8192	INJ THERAP SUBSTANCE JT/LIGAMNT	31	\$1,157	\$1,090
8511	CLO [PERCUT] [NEEDLE] BX BREAST	31	\$1,517	\$1,501
4519	OTH DX PROC SM INTESTINE	29	\$2,293	\$2,293
4701	LAP APPENDECTOMY	28	\$9,522	\$9,118

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
CPT-4 Procedures		2,769	\$3,036	\$3,274
45378	COLONOSCOPY FLEX; DX-SEP PROC	324	\$1,120	\$984
45380	COLONOSCOPY FLEX; W/BX 1/MX	193	\$1,540	\$1,354
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	159	\$1,847	\$1,536
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	149	\$6,676	\$7,072
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	142	\$792	\$1,005
43239	UGI ENDO; W/BX 1/MX	135	\$1,333	\$1,389
43235	UGI ENDO; DX W/VO CLCT SPECMN-SP	110	\$1,126	\$1,081
29881	SCOPE KNEE SURG;W/MENISCECT MED/	78	\$3,745	\$4,170
42820	T&A; UNDER AGE 12	78	\$2,694	\$2,257
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	67	\$1,589	\$1,631
69436	TYMPANOSTOMY GENERAL ANESTHESIA	67	\$1,748	\$1,247
66984	EXTRACAPSULAR CATARACT REMV IOL	61	\$2,263	\$3,292
36430	TRANSFUSION BLOOD/BLOOD COMPONENT	41	\$2,613	\$2,574
20610	ARTHROCENTESIS ASPIR&/INJ; MAJ J	30	\$1,138	\$1,001
44970	LAPAROSCOPY SURGICAL APPENDECTOM	30	\$9,264	\$9,078
51600	INJ PROC-CYSTOGRAPHY	30	\$899	\$1,167
49505	REPR INIT ING HERNIA 5YR/MORE; R	28	\$4,637	\$4,010
29880	SCOPE KNEE SURG;W/MENISCECT MED&	27	\$3,853	\$4,454
58340	CATH&INTRO SALINE/CONTRAST SIS/H	25	\$740	\$865
58353	ENDOMET ABLAT THERM W/O SCOPE GU	25	\$4,946	\$4,537

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, 2007
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	104	8,527
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	13	2,371
	003 COMPLEX INCISION AND DRAINAGE	8	88
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	14	1,121
	008 SIMPLE EXCISION AND BIOPSY	15	1,220
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRANGE	35	1,390
	011 SIMPLE INCISION AND EXCISION OF BREAST	19	2,116
02	MUSCULOSKELETAL SYSTEM	838	61,192
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	50	6,662
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	52	2,481
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	12	2,359
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	69	12,550
	025 ARTHROSCOPY	528	25,547
	027 SPLINT, STRAPPING AND CAST REMOVAL	1	555
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	16	693
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	34	4,851
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	27	465
	032 BUNION PROCEDURES	12	1,752
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	37	2,254
03	RESPIRATORY SYSTEM	96	8,139
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	12	652
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	45	5,383
	054 SIMPLE ENDOSCOPY OF THE UPPER AIRWAY	1	252
	055 ENDOSCOPY OF THE LOWER AIRWAY	38	1,852
04	CARDIOVASCULAR SYSTEM	869	30,572
	075 PLACEMENT OF TRANSVENOUS CATHETERS	4	42
	076 DIAGNOSTIC CARDIAC CATHETERIZATION	812	21,581
	077 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	7	1,914
	078 PACEMAKER INSERTION AND REPLACEMENT	32	690
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	14	989
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	103	3,488
	092 CHEMOTHERAPY EXCEPT BY EXTENDED INFUSION	1	43
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	15	2,063
	097 TRANSFUSION	87	1,297
06	DIGESTIVE SYSTEM	1,865	98,518
	111 ALIMENTARY TESTS AND SIMPLE TUBE PLACEMENT	1	136
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	10	650
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	2	342
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	359	20,229
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	160	5,566
	117 LOWER GASTROINTESTINAL ENDOSCOPY	829	43,551
	118 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	17	1,497
	119 HERNIA AND HYDROCELE PROCEDURES	137	6,814
	120 COMPLEX ANAL AND RECTAL PROCEDURES	19	1,064
	121 SIMPLE ANAL AND RECTAL PROCEDURES	5	552
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	9	580

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2007
PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

137 Mountain View Hospital

procedure APG category		TOTAL #	TOTAL # (ALL Hospitals)
procedure APG			
	123 COMPLEX LAPAROSCOPIC PROCEDURES	315	16,057
	124 SIMPLE LAPAROSCOPIC PROCEDURES	2	226
07	URINARY SYSTEM	174	7,929
	131 RENAL EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	2	871
	133 URINARY CATHETERIZATION AND DILATATION	14	479
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	102	3,971
	135 MODERATE CYSTOURETHROSCOPY	38	1,733
	136 SIMPLE CYSTOURETHROSCOPY	15	570
	137 COMPLEX URETHRAL PROCEDURES	2	132
	138 SIMPLE URETHRAL PROCEDURES	1	172
08	MALE GENITAL SYSTEM	28	2,775
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	13	1,260
	153 COMPLEX PENILE PROCEDURES	1	495
	154 SIMPLE PENILE PROCEDURES	7	823
	155 PROSTATE NEEDLE AND PUNCH BIOPSY	7	112
09	FEMALE GENITAL SYSTEM	125	7,034
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	44	1,974
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	22	1,390
	178 DILATION AND CURETTAGE	20	733
	179 HYSTEROSCOPY	34	2,553
	180 COLPOSCOPY	5	384
10	NERVOUS SYSTEM	277	20,995
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	212	14,792
	196 REVISION AND REMOVAL OF NEUROLOGICAL DEVICE	1	235
	197 NEUROSTIMULATOR AND VENTRICULAR SHUNT IMPLANTATION	3	944
	198 NERVE REPAIR AND DESTRUCTION	37	4,511
	199 SPINAL TAP	24	513
11	EYE AND OCULAR ADNEXA	62	10,843
	214 CATARACT PROCEDURES	62	4,389
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	475	27,519
	233 NASAL CAUTERIZATION AND PACKING	8	328
	234 COMPLEX FACIAL AND ENT PROCEDURES	78	5,752
	235 SIMPLE FACIAL AND ENT PROCEDURES	202	13,044
	236 TONSIL AND ADENOID PROCEDURES	187	8,300
13	THERAPEUTIC AND OTHER RADIOLOGICAL PROCEDURES	116	3,024
	253 VASCULAR RADIOLOGY EXCEPT FOR VENOGRAPHY OF EXTREMITY	17	1,146
	254 MYELOGRAPHY	4	304
	255 MISCELLANEOUS RADIOLOGICAL PROCEDURES WITH CONTRAST	95	1,567

SOURCE: Utah Ambulatory Surgery Database
Utah 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, 2007
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	82	\$3,134	\$3,184
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	9	\$1,548	\$2,632
	003 COMPLEX INCISION AND DRAINAGE	5	\$3,377	\$4,092
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	8	\$3,569	\$3,383
	008 SIMPLE EXCISION AND BIOPSY	11	\$2,872	\$2,793
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRAN	31	\$3,451	\$4,546
	011 SIMPLE INCISION AND EXCISION OF BREAST	18	\$3,281	\$3,085
02	MUSCULOSKELETAL SYSTEM	357	\$4,330	\$4,441
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	13	\$8,008	\$7,003
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	19	\$5,562	\$3,967
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	4	\$4,760	\$5,446
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	23	\$3,709	\$3,054
	025 ARTHROSCOPY	200	\$4,516	\$4,796
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	12	\$2,863	\$3,328
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	25	\$7,055	\$5,920
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	22	\$2,401	\$2,812
	032 BUNION PROCEDURES	6	\$4,711	\$4,352
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	33	\$1,113	\$1,001
03	RESPIRATORY SYSTEM	21	\$2,890	\$2,352
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	12	\$1,716	\$1,520
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	5	\$6,416	\$3,777
	054 SIMPLE ENDOSCOPY OF THE UPPER AIRWAY	1	\$1,988	\$2,332
	055 ENDOSCOPY OF THE LOWER AIRWAY	3	\$2,012	\$2,232
04	CARDIOVASCULAR SYSTEM	36	\$16,273	\$13,494
	077 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	6	\$7,618	\$23,688
	078 PACEMAKER INSERTION AND REPLACEMENT	25	\$20,553	\$22,941
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	5	\$5,259	\$3,439
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	51	\$3,137	\$4,053
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	10	\$5,283	\$5,409
	097 TRANSFUSION	41	\$2,613	\$2,574
06	DIGESTIVE SYSTEM	1,410	\$2,540	\$2,473
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	8	\$807	\$1,292
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	2	\$2,439	\$1,324
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	247	\$1,240	\$1,331
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	112	\$1,781	\$1,876
	117 LOWER GASTROINTESTINAL ENDOSCOPY	684	\$1,417	\$1,168
	118 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	4	\$3,405	\$4,111
	119 HERNIA AND HYDROCELE PROCEDURES	75	\$4,423	\$3,847
	120 COMPLEX ANAL AND RECTAL PROCEDURES	19	\$3,179	\$3,183
	121 SIMPLE ANAL AND RECTAL PROCEDURES	4	\$3,140	\$2,411
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	6	\$4,104	\$6,329
	123 COMPLEX LAPAROSCOPIC PROCEDURES	249	\$6,637	\$7,043
07	URINARY SYSTEM	75	\$4,145	\$5,134
	133 URINARY CATHETERIZATION AND DILATATION	8	\$3,760	\$4,450
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	25	\$5,554	\$5,301

**AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2007
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)
135 MODERATE CYSTOURETHROSCOPY	27	\$3,359	\$3,734
136 SIMPLE CYSTOURETHROSCOPY	12	\$3,087	\$2,619
137 COMPLEX URETHRAL PROCEDURES	2	\$3,639	\$6,589
138 SIMPLE URETHRAL PROCEDURES	1	\$6,927	\$1,729
08 MALE GENITAL SYSTEM	14	\$4,924	\$3,453
151 TESTICULAR AND EPIDIDYMAL PROCEDURES	5	\$4,561	\$2,812
153 COMPLEX PENILE PROCEDURES	1	\$5,763	\$3,629
154 SIMPLE PENILE PROCEDURES	5	\$2,839	\$1,981
155 PROSTATE NEEDLE AND PUNCH BIOPSY	3	\$8,723	\$5,214
09 FEMALE GENITAL SYSTEM	85	\$4,300	\$4,463
176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	35	\$5,415	\$5,626
177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	18	\$3,858	\$3,471
178 DILATION AND CURETTAGE	19	\$2,717	\$2,542
179 HYSTEROSCOPY	10	\$4,398	\$4,798
180 COLPOSCOPY	3	\$3,638	\$3,826
10 NERVOUS SYSTEM	197	\$1,295	\$2,183
195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	152	\$788	\$1,108
197 NEUROSTIMULATOR AND VENTRICULAR SHUNT IMPLANTATION	1	\$29,796	\$26,856
198 NERVE REPAIR AND DESTRUCTION	20	\$2,985	\$2,625
199 SPINAL TAP	24	\$1,913	\$2,151
11 EYE AND OCULAR ADNEXA	61	\$2,263	\$3,373
214 CATARACT PROCEDURES	61	\$2,263	\$3,301
12 FACIAL, EAR, NOSE, MOUTH AND THROAT	242	\$2,870	\$2,838
233 NASAL CAUTERIZATION AND PACKING	1	\$5,272	\$3,413
234 COMPLEX FACIAL AND ENT PROCEDURES	31	\$5,596	\$5,571
235 SIMPLE FACIAL AND ENT PROCEDURES	91	\$1,988	\$1,937
236 TONSIL AND ADENOID PROCEDURES	119	\$2,814	\$2,399
13 THERAPEUTIC AND OTHER RADIOLOGICAL PROCEDURES	92	\$1,248	\$3,736
253 VASCULAR RADIOLOGY EXCEPT FOR VENOGRAPHY OF EXTREMITY	1	\$5,344	\$13,369
254 MYELOGRAPHY	4	\$2,376	\$3,202
255 MISCELLANEOUS RADIOLOGICAL PROCEDURES WITH CONTRAST	87	\$1,149	\$2,658

SOURCE: Utah Ambulatory Surgery Database
Utah 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, 2007
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

137 Mountain View Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
GENDER				
Female	2,075	53.8	118,694	54.2
Male	1,780	46.2	100,216	45.8
Unknown	0	0.0	2	0.0
Not Reported	0	0.0	1	0.0
AGE				
1-28 days	0	0.0	1,456	0.7
29-365 days	31	0.8	2,840	1.3
1-4 years	131	3.4	10,885	5.0
5-9	103	2.7	5,994	2.7
10-14	61	1.6	4,452	2.0
15-17	71	1.8	4,943	2.3
18-19	68	1.8	3,620	1.7
20-24	154	4.0	10,250	4.7
25-29	185	4.8	12,627	5.8
30-34	208	5.4	12,276	5.6
35-39	207	5.4	12,391	5.7
40-44	182	4.7	13,493	6.2
45-49	238	6.2	16,963	7.7
50-54	353	9.2	24,260	11.1
55-59	343	8.9	20,332	9.3
60-64	287	7.4	17,122	7.8
65-69	383	9.9	14,261	6.5
70-74	328	8.5	11,502	5.3
75-79	261	6.8	9,388	4.3
80-84	154	4.0	6,242	2.9
85-89	92	2.4	2,777	1.3
90 +	15	0.4	839	0.4
Not Reported	0	0.0	1,456	0.7
SOURCE OF ADMISSION				
Physician Referral	3,743	97.1	199,973	91.3
Clinic Referral	5	0.1	1,442	0.7
HMO Referral	0	0.0	3,326	1.5
Other Hospital	1	0.0	50	0.0
Skilled Nursing Facility	0	0.0	14	0.0
Other Health Care Facility	0	0.0	24	0.0
Emergency Room	106	2.7	4,867	2.2
Court/Law Enforcement	0	0.0	3	0.0
Unknown	0	0.0	16	0.0
Not Reported	0	0.0	9,198	4.2

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2007
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	3,837	99.5	218,338	99.7
Another Hospital	3	0.1	109	0.0
Skilled Nursing Facility	1	0.0	108	0.0
Intermediate Care Facility	0	0.0	7	0.0
Another Type of Institution	2	0.1	50	0.0
Under Care of Home Service	11	0.3	223	0.1
Left Against Medical Advice	0	0.0	19	0.0
Under Care of Home IV Provider	0	0.0	1	0.0
Expired	1	0.0	12	0.0
Unknown	0	0.0	46	0.0
Not Reported	0	0.0	0	0.0
PRIMARY PAYER				
Medicare	1,053	27.3	38,805	17.7
Medicaid	259	6.7	12,973	5.9
Other government	49	1.3	3,498	1.6
Blue Cross/Blue Shield	744	19.3	30,611	14.0
Other Commercial	243	6.3	17,104	7.8
Managed Care(HMO, PPO)	1,363	35.4	106,265	48.5
Self Pay	83	2.2	2,895	1.3
Industrial & Worker Comp	54	1.4	3,787	1.7
Charity and Unclassified	2	0.1	1,868	0.9
Childrens Health Insurance	1	0.0	159	0.1
Unknown	4	0.1	855	0.4
Not Reported	0	0.0	93	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	2	0.1	16,514	7.5
Central Utah	484	12.6	8,080	3.7
Davis County	3	0.1	22,286	10.2
Salt Lake County	19	0.5	72,683	33.2
Southeastern Utah	98	2.5	5,055	2.3
Southwest Utah	5	0.1	13,705	6.3
Summit County	2	0.1	2,788	1.3
Tooele County	1	0.0	4,504	2.1
Tri-County	14	0.4	5,649	2.6
Utah County	3,196	82.9	35,563	16.2
Wasatch County	1	0.0	1,636	0.7
Weber County	1	0.0	21,324	9.7
Unknown Utah	1	0.0	43	0.0
Outside Utah	28	0.7	8,990	4.1
Unknown, Not Reported	0	0.0	93	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, 2007
NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

133 Mountain West Medical Center

Reporting Category(ICD-9-CM CODES)	Procedures Performed		Procedures Performed-All Hospitals	
	(#)	(%)	(#)	(%)
Reporting Category(ICD-9-CM CODES)	2,994	100.0	319,880	100.0
Mastectomy (85.0-85.99)	56	1.9	7,512	2.3
Musculoskeletal (76.0-84.99)	600	20.0	71,153	22.2
Respiratory (30.0-34.99)	20	0.7	3,550	1.1
Cardiovascular (35.0-39.99)	30	1.0	16,128	5.0
Lymphatic/Hemetic (40.0-41.99)	11	0.4	3,232	1.0
Digestive System (42.0-54.99)	719	24.0	102,504	32.0
Urinary (55.0-59.99)	47	1.6	10,216	3.2
Male Genital (60.0-64.99)	35	1.2	3,613	1.1
Female Genital (65.0-71.99)	73	2.4	15,763	4.9
Endocrine/Nervous (01.0-07.99)	109	3.6	22,558	7.1
Eye (08.0-16.99)	414	13.8	19,364	6.1
Ear (18.0-20.99)	167	5.6	13,797	4.3
Nose, Mouth, Pharynx (21.0-29.99)	713	23.8	30,490	9.5
Reporting Category(CPT-4 CODES)	2,894	100.0	301,918	100.0
Mastectomy (19120-19220)	25	0.9	2,118	0.7
Musculoskeletal (20000-29909)	756	26.1	67,981	22.5
Respiratory (30000-32999 & 39501-39599)	515	17.8	14,263	4.7
Cardiovascular (33010-37799 & 93501-93660)	55	1.9	38,047	12.6
Lymphatic/Hemetic (38100-38999)	8	0.3	2,819	0.9
Digestive (40490-49999)	996	34.4	109,019	36.1
Urinary (50010-53899)	53	1.8	9,215	3.1
Male Genital (54000-55899)	8	0.3	3,144	1.0
Female Genital (56405-58999)	74	2.6	11,863	3.9
Endocrine/Nervous (60000-64999)	82	2.8	24,805	8.2
Eye (65091-68899)	222	7.7	11,076	3.7
Ear (69000-69979)	100	3.5	7,568	2.5

SOURCE: Utah Ambulatory Surgery Database
Utah 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, 2007
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		2,994	100.0	100.0
4523	COLONOSCOPY	235	7.8	6.86
1371	IOL PROSTH-CATARACT EXTRACT-1-STAGE	165	5.5	1.38
1341	PHACOEMULSIFICATION-ASPIR CATARACT	163	5.4	1.38
283	TONSILLECTOMY W/ADENOIDECTOMY	142	4.7	1.70
2188	OTH SEPTOPLASTY	135	4.5	0.54
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	128	4.3	5.42
2001	MYRINGOTOMY W/INSRT TUBE	124	4.1	3.33
2169	OTH TURBINECTOMY	94	3.1	0.78
5123	LAP CHOLEY	86	2.9	2.16
8147	OTH REPR KNEE	71	2.4	0.84
2263	ETHMOIDECTOMY	66	2.2	0.55
2262	EXC LES MAXIL SINUS W/OTH APPRCH	54	1.8	0.27
2252	SPHENOIDOTOMY	50	1.7	0.15
4542	ENDO POLYPECTOMY LG INTESTINE	49	1.6	3.78
282	TONSILLECTOMY WO ADENOIDECTOMY	47	1.6	0.60
8183	OTH REPR SHLDR	44	1.5	0.78
8076	SYNOVECT-KNEE	40	1.3	0.39
0392	INJ OTH AGENT SPINAL CANAL	31	1.0	1.95
806	EXC SEMILUNAR CARTILAGE-KNEE	31	1.0	1.94
0391	INJ ANES SPINAL CANAL-ANALGESIA	30	1.0	1.41

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		2,894	100.0	100.0
45378	COLONOSCOPY FLEX; DX-SEP PROC	226	7.8	6.66
66984	EXTRACAPSULAR CATARACT REMV IOL	167	5.8	1.35
30520	SEPTOPLASTY/SUBMUCOS RES W/GFT	156	5.4	0.77
43239	UGI ENDO; W/BX 1/MX	133	4.6	5.47
42820	T&A; UNDER AGE 12	124	4.3	1.37
30140	SUBMUCOS RES TURBINATE PART/CMPL	97	3.4	0.69
47562	LAPAROSCOPY SURGICAL; CHOLECT	84	2.9	0.78
29876	SCOPE KNEE SURG; SYNOVECTOMY MAJ	81	2.8	0.12
69436	TYMPANOSTOMY GENERAL ANESTHESIA	81	2.8	1.79
31255	NASAL/SINUS ENDO; W/TOT ETHMOECT	76	2.6	0.38
29879	SCOPE KNEE SURG; ABRASION ARTHPL	66	2.3	0.26
29881	SCOPE KNEE SURG;W/MENISCECT MED/	66	2.3	1.64
31267	NASL/SINUS ENDO; W/TISS REMV MAX	63	2.2	0.26
31287	NASL/SINUS ENDO SURG W/SPHENOIDO	58	2.0	0.15
45380	COLONOSCOPY FLEX; W/BX 1/MX	55	1.9	5.29
49505	REPR INIT ING HERNIA 5YR/MORE; R	43	1.5	0.88
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	40	1.4	0.50
42821	T&A; AGE 12 OR OVER	38	1.3	0.39
29826	SCOPE SHOULDER; DECOMP SUBACROM	34	1.2	1.10
66821	DISCISSION 2ND CATARACT; LASER S	34	1.2	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, 2007
 AVERAGE TOTAL CHARGES FOR MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES, SINGLE ICD-9 OR CPT-4 ONLY

133 Mountain West Medical Center

ICD-9 CODE	ICD-9 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
ICD-9 Procedures		1,344	\$5,886	\$3,565
4523	COLONOSCOPY	206	\$1,510	\$976
283	TONSILLECTOMY W/ADENOIDECTOMY	124	\$4,503	\$2,361
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	96	\$1,723	\$1,391
5123	LAP CHOLEY	83	\$13,383	\$6,693
8147	OTH REPR KNEE	58	\$9,229	\$5,496
4542	ENDO POLYPECTOMY LG INTESTINE	41	\$2,385	\$1,383
8183	OTH REPR SHLDR	35	\$15,103	\$7,799
282	TONSILLECTOMY WO ADENOIDECTOMY	29	\$5,528	\$2,499
1364	DISCISSION SECNDRY MEMBRN	26	\$1,156	\$727
8511	CLO [PERCUT] [NEEDLE] BX BREAST	23	\$1,133	\$1,501
5303	UNILAT REPR DIRECT ING HERN-GFT	22	\$9,122	\$4,317
5304	UNILAT REPR INDIRECT ING HERN-GFT	19	\$9,097	\$4,048
5341	REPR UMB HERN W/PROSTH	19	\$8,648	\$4,451
4513	OTH ENDO SM INTESTINE	18	\$1,657	\$1,172
3893	VENOUS CATH-NEC	17	\$2,818	\$3,827
6823	ENDOMETRIAL ABLATION	17	\$8,012	\$5,399
8521	LOC EXC LES BREAST	17	\$4,988	\$2,822
7751	BUNIONEC SOFT-OSTEOT 1ST METATARS	16	\$9,735	\$4,053
4836	[ENDO] POLYPECTOMY RECTUM	15	\$1,960	\$1,285
6902	D&C FOLLOWING DELIV/AB	14	\$4,437	\$2,635

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
CPT-4 Procedures		1,588	\$5,236	\$3,274
45378	COLONOSCOPY FLEX; DX-SEP PROC	198	\$1,477	\$984
66984	EXTRACAPSULAR CATARACT REMV IOL	166	\$4,232	\$3,292
42820	T&A; UNDER AGE 12	109	\$4,413	\$2,257
43239	UGI ENDO; W/BX 1/MX	101	\$1,726	\$1,389
47562	LAPAROSCOPY SURGICAL; CHOLECT	82	\$13,269	\$6,110
69436	TYMPANOSTOMY GENERAL ANESTHESIA	51	\$2,876	\$1,247
45380	COLONOSCOPY FLEX; W/BX 1/MX	50	\$2,181	\$1,354
49505	REPR INIT ING HERNIA 5YR/MORE; R	42	\$9,287	\$4,010
42821	T&A; AGE 12 OR OVER	34	\$5,316	\$2,767
66821	DISCISSION 2ND CATARACT; LASER S	32	\$1,156	\$736
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	31	\$1,293	\$1,005
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	25	\$5,758	\$2,569
G0121	COLOREC CNCR SCR;COLNSCPY NO HI	21	\$1,414	\$800
58563	HYSTEROSC SURG; W/ENDOMETRIAL AB	20	\$8,047	\$5,666
28296	HALLUX VALGUS; W/METATARSAL OSTE	19	\$10,401	\$4,353
23350	INJ SHLDR ARTHROGRPH/ENHNCD CT/M	17	\$2,553	\$2,970
36569	INSERT PICC W/O PORT/PUMP; 5 YR/	16	\$3,015	\$3,348
49585	REPR UMBIL HERNIA 5YR/OVER; RDUC	16	\$8,192	\$3,805
19120	EXC BRST CYST TUMR/LES OPN M/F 1	15	\$4,506	\$2,769
20680	REMOVAL OF IMPLANT; DEEP	14	\$6,218	\$3,111

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, 2007
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	71	8,527
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	11	2,371
	003 COMPLEX INCISION AND DRAINAGE	1	88
	006 SIMPLE DEBRIDEMENT AND DESTRUCTION	1	187
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	6	1,121
	008 SIMPLE EXCISION AND BIOPSY	4	1,220
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRANGE	23	1,390
	011 SIMPLE INCISION AND EXCISION OF BREAST	23	2,116
	012 BREAST RECONSTRUCTION AND MASTECTOMY	2	2
02	MUSCULOSKELETAL SYSTEM	708	61,192
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	66	6,662
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	16	2,481
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	15	2,359
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	131	12,550
	025 ARTHROSCOPY	366	25,547
	027 SPLINT, STRAPPING AND CAST REMOVAL	1	555
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	5	693
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	38	4,851
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	16	465
	032 BUNION PROCEDURES	32	1,752
	034 HAND AND FOOT TENOTOMY	2	323
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	20	2,254
03	RESPIRATORY SYSTEM	254	8,139
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	17	652
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	232	5,383
	054 SIMPLE ENDOSCOPY OF THE UPPER AIRWAY	3	252
	055 ENDOSCOPY OF THE LOWER AIRWAY	2	1,852
04	CARDIOVASCULAR SYSTEM	31	30,572
	076 DIAGNOSTIC CARDIAC CATHETERIZATION	23	21,581
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	3	989
	082 VASCULAR LIGATION	4	308
	083 RESUSCITATION AND CARディオVERSION	1	15
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	11	3,488
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	10	2,063
	097 TRANSFUSION	1	1,297
06	DIGESTIVE SYSTEM	725	98,518
	111 ALIMENTARY TESTS AND SIMPLE TUBE PLACEMENT	2	136
	112 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	1	1,254
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	11	650
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	2	342
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	152	20,229
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	11	5,566
	117 LOWER GASTROINTESTINAL ENDOSCOPY	335	43,551
	119 HERNIA AND HYDROCELE PROCEDURES	100	6,814
	120 COMPLEX ANAL AND RECTAL PROCEDURES	4	1,064
	121 SIMPLE ANAL AND RECTAL PROCEDURES	2	552

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2007
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			
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	2	580
	123 COMPLEX LAPAROSCOPIC PROCEDURES	103	16,057
07	URINARY SYSTEM	48	7,929
	131 RENAL EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	3	871
	133 URINARY CATHETERIZATION AND DILATATION	5	479
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	25	3,971
	135 MODERATE CYSTOURETHROSCOPY	12	1,733
	136 SIMPLE CYSTOURETHROSCOPY	2	570
	137 COMPLEX URETHRAL PROCEDURES	1	132
08	MALE GENITAL SYSTEM	8	2,775
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	5	1,260
	154 SIMPLE PENILE PROCEDURES	2	823
	155 PROSTATE NEEDLE AND PUNCH BIOPSY	1	112
09	FEMALE GENITAL SYSTEM	55	7,034
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	21	1,974
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	8	1,390
	178 DILATION AND CURETTAGE	1	733
	179 HYSTEROSCOPY	23	2,553
	180 COLPOSCOPY	2	384
10	NERVOUS SYSTEM	61	20,995
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	35	14,792
	198 NERVE REPAIR AND DESTRUCTION	24	4,511
	199 SPINAL TAP	2	513
11	EYE AND OCULAR ADNEXA	222	10,843
	213 LASER EYE PROCEDURES	34	617
	214 CATARACT PROCEDURES	168	4,389
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	3	400
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	1	306
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	15	886
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	1	510
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	632	27,519
	233 NASAL CAUTERIZATION AND PACKING	4	328
	234 COMPLEX FACIAL AND ENT PROCEDURES	185	5,752
	235 SIMPLE FACIAL AND ENT PROCEDURES	208	13,044
	236 TONSIL AND ADENOID PROCEDURES	235	8,300
13	THERAPEUTIC AND OTHER RADIOLOGICAL PROCEDURES	40	3,024
	253 VASCULAR RADIOLOGY EXCEPT FOR VENOGRAPHY OF EXTREMITY	1	1,146
	254 MYELOGRAPHY	9	304
	255 MISCELLANEOUS RADIOLOGICAL PROCEDURES WITH CONTRAST	30	1,567

SOURCE: Utah Ambulatory Surgery Database

Utah 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, 2007
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	63	\$4,241	\$3,184
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	10	\$1,666	\$2,632
	003 COMPLEX INCISION AND DRAINAGE	1	\$4,881	\$4,092
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	5	\$6,317	\$3,383
	008 SIMPLE EXCISION AND BIOPSY	4	\$5,136	\$2,793
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRAN	20	\$3,755	\$4,546
	011 SIMPLE INCISION AND EXCISION OF BREAST	23	\$5,148	\$3,085
02	MUSCULOSKELETAL SYSTEM	214	\$9,224	\$4,441
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	24	\$11,166	\$7,003
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	7	\$7,836	\$3,967
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	6	\$10,614	\$5,446
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	78	\$6,583	\$3,054
	025 ARTHROSCOPY	31	\$10,874	\$4,796
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	5	\$6,196	\$3,328
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	34	\$12,930	\$5,920
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	4	\$5,411	\$2,812
	032 BUNION PROCEDURES	23	\$10,571	\$4,352
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	2	\$752	\$1,001
03	RESPIRATORY SYSTEM	20	\$3,120	\$2,352
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	17	\$2,605	\$1,520
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	3	\$6,037	\$3,777
04	CARDIOVASCULAR SYSTEM	3	\$4,781	\$13,494
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	1	\$71	\$3,439
	082 VASCULAR LIGATION	2	\$7,135	\$5,963
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	7	\$8,649	\$4,053
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	6	\$9,834	\$5,409
	097 TRANSFUSION	1	\$1,537	\$2,574
06	DIGESTIVE SYSTEM	611	\$4,470	\$2,473
	111 ALIMENTARY TESTS AND SIMPLE TUBE PLACEMENT	2	\$729	\$1,025
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	9	\$1,681	\$1,292
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	2	\$4,321	\$1,324
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	116	\$1,740	\$1,331
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	6	\$1,912	\$1,876
	117 LOWER GASTROINTESTINAL ENDOSCOPY	295	\$1,668	\$1,168
	119 HERNIA AND HYDROCELE PROCEDURES	75	\$8,987	\$3,847
	120 COMPLEX ANAL AND RECTAL PROCEDURES	4	\$5,564	\$3,183
	121 SIMPLE ANAL AND RECTAL PROCEDURES	2	\$5,452	\$2,411
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	2	\$3,014	\$6,329
	123 COMPLEX LAPAROSCOPIC PROCEDURES	98	\$13,137	\$7,043
07	URINARY SYSTEM	33	\$7,628	\$5,134
	131 RENAL EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	3	\$8,113	\$8,723
	133 URINARY CATHETERIZATION AND DILATATION	3	\$157	\$4,450
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	15	\$8,751	\$5,301
	135 MODERATE CYSTOURETHROSCOPY	10	\$8,439	\$3,734
	136 SIMPLE CYSTOURETHROSCOPY	1	\$4,382	\$2,619

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2007
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)
	137 COMPLEX URETHRAL PROCEDURES	1	\$6,892	\$6,589
08	MALE GENITAL SYSTEM	5	\$8,156	\$3,453
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	5	\$8,156	\$2,812
09	FEMALE GENITAL SYSTEM	46	\$8,890	\$4,463
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	16	\$12,363	\$5,626
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	6	\$4,812	\$3,471
	179 HYSTEROSCOPY	22	\$7,896	\$4,798
	180 COLPOSCOPY	2	\$4,279	\$3,826
10	NERVOUS SYSTEM	53	\$2,739	\$2,183
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	35	\$1,275	\$1,108
	198 NERVE REPAIR AND DESTRUCTION	16	\$6,001	\$2,625
	199 SPINAL TAP	2	\$2,257	\$2,151
11	EYE AND OCULAR ADNEXA	215	\$3,969	\$3,373
	213 LASER EYE PROCEDURES	32	\$1,156	\$769
	214 CATARACT PROCEDURES	167	\$4,214	\$3,301
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	3	\$2,438	\$3,487
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	1	\$3,308	\$3,367
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	11	\$8,940	\$3,997
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	1	\$3,611	\$2,495
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	260	\$4,529	\$2,838
	233 NASAL CAUTERIZATION AND PACKING	2	\$7,365	\$3,413
	234 COMPLEX FACIAL AND ENT PROCEDURES	9	\$9,900	\$5,571
	235 SIMPLE FACIAL AND ENT PROCEDURES	68	\$3,112	\$1,937
	236 TONSIL AND ADENOID PROCEDURES	181	\$4,763	\$2,399
13	THERAPEUTIC AND OTHER RADIOLOGICAL PROCEDURES	40	\$2,784	\$3,736
	253 VASCULAR RADIOLOGY EXCEPT FOR VENOGRAPHY OF EXTREMITY	1	\$3,605	\$13,369
	254 MYELOGRAPHY	9	\$4,331	\$3,202
	255 MISCELLANEOUS RADIOLOGICAL PROCEDURES WITH CONTRAST	30	\$2,292	\$2,658

SOURCE: Utah Ambulatory Surgery Database
Utah 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, 2007
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	1,256	55.5	118,694	54.2
Male	1,009	44.5	100,216	45.8
Unknown	0	0.0	2	0.0
Not Reported	0	0.0	1	0.0
AGE				
1-28 days	9	0.4	1,456	0.7
29-365 days	25	1.1	2,840	1.3
1-4 years	109	4.8	10,885	5.0
5-9	90	4.0	5,994	2.7
10-14	61	2.7	4,452	2.0
15-17	70	3.1	4,943	2.3
18-19	31	1.4	3,620	1.7
20-24	86	3.8	10,250	4.7
25-29	134	5.9	12,627	5.8
30-34	117	5.2	12,276	5.6
35-39	155	6.8	12,391	5.7
40-44	127	5.6	13,493	6.2
45-49	145	6.4	16,963	7.7
50-54	221	9.8	24,260	11.1
55-59	193	8.5	20,332	9.3
60-64	131	5.8	17,122	7.8
65-69	168	7.4	14,261	6.5
70-74	135	6.0	11,502	5.3
75-79	130	5.7	9,388	4.3
80-84	80	3.5	6,242	2.9
85-89	34	1.5	2,777	1.3
90 +	14	0.6	839	0.4
Not Reported	9	0.4	1,456	0.7
SOURCE OF ADMISSION				
Physician Referral	2,252	99.4	199,973	91.3
Clinic Referral	0	0.0	1,442	0.7
HMO Referral	1	0.0	3,326	1.5
Other Hospital	0	0.0	50	0.0
Skilled Nursing Facility	5	0.2	14	0.0
Other Health Care Facility	0	0.0	24	0.0
Emergency Room	7	0.3	4,867	2.2
Court/Law Enforcement	0	0.0	3	0.0
Unknown	0	0.0	16	0.0
Not Reported	0	0.0	9,198	4.2

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2007
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	2,260	99.8	218,338	99.7
Another Hospital	1	0.0	109	0.0
Skilled Nursing Facility	3	0.1	108	0.0
Intermediate Care Facility	0	0.0	7	0.0
Another Type of Institution	0	0.0	50	0.0
Under Care of Home Service	1	0.0	223	0.1
Left Against Medical Advice	0	0.0	19	0.0
Under Care of Home IV Provider	0	0.0	1	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	515	22.7	38,805	17.7
Medicaid	109	4.8	12,973	5.9
Other government	43	1.9	3,498	1.6
Blue Cross/Blue Shield	499	22.0	30,611	14.0
Other Commercial	190	8.4	17,104	7.8
Managed Care(HMO, PPO)	853	37.7	106,265	48.5
Self Pay	7	0.3	2,895	1.3
Industrial & Worker Comp	49	2.2	3,787	1.7
Charity and Unclassified	0	0.0	1,868	0.9
Childrens Health Insurance	0	0.0	159	0.1
Unknown	0	0.0	855	0.4
Not Reported	0	0.0	93	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	3	0.1	16,514	7.5
Central Utah	6	0.3	8,080	3.7
Davis County	6	0.3	22,286	10.2
Salt Lake County	22	1.0	72,683	33.2
Southeastern Utah	0	0.0	5,055	2.3
Southwest Utah	1	0.0	13,705	6.3
Summit County	0	0.0	2,788	1.3
Tooele County	2,189	96.6	4,504	2.1
Tri-County	0	0.0	5,649	2.6
Utah County	8	0.4	35,563	16.2
Wasatch County	1	0.0	1,636	0.7
Weber County	2	0.1	21,324	9.7
Unknown Utah	0	0.0	43	0.0
Outside Utah	27	1.2	8,990	4.1
Unknown, Not Reported	0	0.0	93	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, 2007
NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

142 Ogden Regional Medical Center

Reporting Category(ICD-9-CM CODES)	Procedures Performed		Procedures Performed-All Hospitals	
	(#)	(%)	(#)	(%)
Reporting Category(ICD-9-CM CODES)	12,812	100.0	319,880	100.0
Mastectomy (85.0-85.99)	189	1.5	7,512	2.3
Musculoskeletal (76.0-84.99)	2,468	19.3	71,153	22.2
Respiratory (30.0-34.99)	114	0.9	3,550	1.1
Cardiovascular (35.0-39.99)	634	4.9	16,128	5.0
Lymphatic/Hemetic (40.0-41.99)	87	0.7	3,232	1.0
Digestive System (42.0-54.99)	3,838	30.0	102,504	32.0
Urinary (55.0-59.99)	217	1.7	10,216	3.2
Male Genital (60.0-64.99)	64	0.5	3,613	1.1
Female Genital (65.0-71.99)	998	7.8	15,763	4.9
Endocrine/Nervous (01.0-07.99)	1,609	12.6	22,558	7.1
Eye (08.0-16.99)	764	6.0	19,364	6.1
Ear (18.0-20.99)	609	4.8	13,797	4.3
Nose, Mouth, Pharynx (21.0-29.99)	1,221	9.5	30,490	9.5
Reporting Category(CPT-4 CODES)	13,611	100.0	301,918	100.0
Mastectomy (19120-19220)	53	0.4	2,118	0.7
Musculoskeletal (20000-29909)	2,807	20.6	67,981	22.5
Respiratory (30000-32999 & 39501-39599)	831	6.1	14,263	4.7
Cardiovascular (33010-37799 & 93501-93660)	2,200	16.2	38,047	12.6
Lymphatic/Hemetic (38100-38999)	85	0.6	2,819	0.9
Digestive (40490-49999)	4,365	32.1	109,019	36.1
Urinary (50010-53899)	256	1.9	9,215	3.1
Male Genital (54000-55899)	60	0.4	3,144	1.0
Female Genital (56405-58999)	821	6.0	11,863	3.9
Endocrine/Nervous (60000-64999)	1,388	10.2	24,805	8.2
Eye (65091-68899)	403	3.0	11,076	3.7
Ear (69000-69979)	342	2.5	7,568	2.5

SOURCE: Utah Ambulatory Surgery Database
Utah 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, 2007
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		12,812	100.0	100.0
4523	COLONOSCOPY	908	7.1	6.86
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	848	6.6	5.42
0392	INJ OTH AGENT SPINAL CANAL	612	4.8	1.95
0391	INJ ANES SPINAL CANAL-ANALGESIA	607	4.7	1.41
2001	MYRINGOTOMY W/INSRT TUBE	489	3.8	3.33
4542	ENDO POLYPECTOMY LG INTESTINE	466	3.6	3.78
283	TONSILLECTOMY W/ADENOIDECTOMY	308	2.4	1.70
4525	CLO [ENDO] BX LG INTESTINE	281	2.2	2.32
1371	IOL PROSTH-CATARACT EXTRACT-1-STAGE	272	2.1	1.38
1341	PHACOEMULSIFICATION-ASPIR CATARACT	271	2.1	1.38
5123	LAP CHOLEY	251	2.0	2.16
3722	LT HEART CARD CATH	203	1.6	1.08
806	EXC SEMILUNAR CARTILAGE-KNEE	196	1.5	1.94
2188	OTH SEPTOPLASTY	157	1.2	0.54
4292	DILAT ESOPH	154	1.2	1.45
2169	OTH TURBINECTOMY	142	1.1	0.78
4836	[ENDO] POLYPECTOMY RECTUM	141	1.1	1.03
0443	RELEASE CARPAL TUNNEL	111	0.9	1.07
282	TONSILLECTOMY WO ADENOIDECTOMY	93	0.7	0.60
8147	OTH REPR KNEE	90	0.7	0.84

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		13,611	100.0	100.0
45378	COLONOSCOPY FLEX; DX-SEP PROC	905	6.6	6.66
43239	UGI ENDO; W/BX 1/MX	847	6.2	5.47
45380	COLONOSCOPY FLEX; W/BX 1/MX	547	4.0	5.29
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	496	3.6	1.11
66984	EXTRACAPSULAR CATARACT REMV IOL	271	2.0	1.35
69436	TYMPANOSTOMY GENERAL ANESTHESIA	255	1.9	1.79
93545	INJ PROC-CATH; SELECT CORONRY AN	228	1.7	1.34
93556	IMAG SUPERVS I&R-CATH; PULM ANGI	222	1.6	1.27
36430	TRANSFUSION BLOOD/BLOOD COMPONENT	218	1.6	0.43
42820	T&A; UNDER AGE 12	215	1.6	1.37
93543	INJ PROC-CATH; LT VENT/ATRIAL AN	205	1.5	1.22
93555	IMAG SUPERVS I&R-CATH; VENT/ATRI	203	1.5	1.13
93510	LT HRT CATH RETRO-BRACH/FEM; PER	194	1.4	1.03
45384	COLONOSCOPY FLEX; REMV LES-FORCE	183	1.3	0.27
30520	SEPTOPLASTY/SUBMUCOS RES W/GFT	153	1.1	0.77
58662	LAP SURG; W/FULG/EXCIS LES-OVARY	145	1.1	0.49
29881	SCOPE KNEE SURG;W/MENISCECT MED/	143	1.1	1.64
47562	LAPAROSCOPY SURGICAL; CHOLECT	134	1.0	0.78
62310	INJ 1 NOT NEUROLYTIC-EPID;CERV/T	133	1.0	0.22
30140	SUBMUCOS RES TURBINATE PART/CMPL	130	1.0	0.69

SOURCE: Utah Ambulatory Surgery Database
 Utah Health Data Committee/Office of Health Care Statistics
 Reportable* excludes codes in the former "Other" category 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, 2007
 AVERAGE TOTAL CHARGES FOR MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES, SINGLE ICD-9 OR CPT-4 ONLY

142 Ogden Regional Medical Center

ICD-9 CODE	ICD-9 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
ICD-9 Procedures		5,318	\$4,868	\$3,565
4523	COLONOSCOPY	837	\$1,228	\$976
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	609	\$1,792	\$1,391
4542	ENDO POLYPECTOMY LG INTESTINE	361	\$2,317	\$1,383
283	TONSILLECTOMY W/ADENOIDECTOMY	243	\$3,785	\$2,361
5123	LAP CHOLEY	231	\$9,446	\$6,693
4525	CLO [ENDO] BX LG INTESTINE	183	\$2,465	\$1,424
3722	LT HEART CARD CATH	159	\$10,740	\$6,932
6952	ASPIR CURET FOLLOWING DELIV/AB	89	\$3,613	\$2,643
806	EXC SEMILUNAR CARTILAGE-KNEE	87	\$5,574	\$4,511
4701	LAP APPENDECTOMY	73	\$14,572	\$9,118
3893	VENOUS CATH-NEC	70	\$6,413	\$3,827
282	TONSILLECTOMY WO ADENOIDECTOMY	63	\$4,121	\$2,499
6629	OTH BIL ENDO DESTRUC FALLOP TUBES	60	\$5,477	\$4,165
0443	RELEASE CARPAL TUNNEL	57	\$3,190	\$2,237
4836	[ENDO] POLYPECTOMY RECTUM	57	\$2,146	\$1,285
4513	OTH ENDO SM INTESTINE	47	\$1,668	\$1,172
8051	EXC INTERVERTEBRAL DISC	45	\$13,279	\$8,678
8521	LOC EXC LES BREAST	41	\$3,971	\$2,822
8201	EXPLOR TENDON SHEATH HAND	40	\$3,065	\$2,026
5303	UNILAT REPR DIRECT ING HERN-GFT	39	\$5,572	\$4,317

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
CPT-4 Procedures		6,924	\$4,028	\$3,274
45378	COLONOSCOPY FLEX; DX-SEP PROC	837	\$1,226	\$984
43239	UGI ENDO; W/BX 1/MX	605	\$1,781	\$1,389
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	451	\$897	\$1,005
45380	COLONOSCOPY FLEX; W/BX 1/MX	438	\$2,447	\$1,354
66984	EXTRACAPSULAR CATARACT REMV IOL	270	\$5,275	\$3,292
36430	TRANSFUSION BLOOD/BLOOD COMPONENT	190	\$2,129	\$2,574
69436	TYMPANOSTOMY GENERAL ANESTHESIA	187	\$2,665	\$1,247
42820	T&A; UNDER AGE 12	161	\$3,560	\$2,257
45384	COLONOSCOPY FLEX; REMV LES-FORCE	153	\$1,934	\$1,605
47562	LAPAROSCOPY SURGICAL; CHOLECT	129	\$9,323	\$6,110
62310	INJ 1 NOT NEUROLYTIC-EPID;CERV/T	110	\$1,050	\$1,130
47563	LAPAROSCOPY SURG; CHOLECT W/CHOLAN	105	\$9,575	\$7,072
49505	REPR INIT ING HERNIA 5YR/MORE; R	93	\$5,884	\$4,010
31720	CATHETER ASPIR; NASOTRACH SEP PR	73	\$1,052	\$1,056
42821	T&A; AGE 12 OR OVER	73	\$4,311	\$2,767
44970	LAPAROSCOPY SURGICAL APPENDECTOM	73	\$14,572	\$9,078
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	69	\$2,297	\$1,536
29881	SCOPE KNEE SURG;W/MENISCECT MED/	67	\$5,540	\$4,170
23350	INJ SHLDR ARTHROGRPH/ENHNC D CT/M	65	\$3,210	\$2,970
58662	LAP SURG; W/FULG/EXCIS LES-OVARY	65	\$5,845	\$5,385

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, 2007
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	391	8,527
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	119	2,371
	003 COMPLEX INCISION AND DRAINAGE	6	88
	006 SIMPLE DEBRIDEMENT AND DESTRUCTION	6	187
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	31	1,121
	008 SIMPLE EXCISION AND BIOPSY	53	1,220
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRANGE	122	1,390
	010 SIMPLE SKIN REPAIR	1	4
	011 SIMPLE INCISION AND EXCISION OF BREAST	53	2,116
02	MUSCULOSKELETAL SYSTEM	2,462	61,192
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	366	6,662
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	93	2,481
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	117	2,359
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	707	12,550
	025 ARTHROSCOPY	660	25,547
	027 SPLINT, STRAPPING AND CAST REMOVAL	5	555
	028 CLOSED TREATMENT FX & DISLOCATION OF FINGER, TOE & TRUNK	1	54
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	23	693
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	156	4,851
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	21	465
	032 BUNION PROCEDURES	132	1,752
	033 ARTHROPLASTY	28	581
	034 HAND AND FOOT TENOTOMY	8	323
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	145	2,254
03	RESPIRATORY SYSTEM	460	8,139
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	114	652
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	264	5,383
	054 SIMPLE ENDOSCOPY OF THE UPPER AIRWAY	3	252
	055 ENDOSCOPY OF THE LOWER AIRWAY	79	1,852
04	CARDIOVASCULAR SYSTEM	1,654	30,572
	074 CARDIAC ELECTROPHYSIOLOGIC TESTS	245	4,174
	076 DIAGNOSTIC CARDIAC CATHETERIZATION	1,206	21,581
	077 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	77	1,914
	078 PACEMAKER INSERTION AND REPLACEMENT	29	690
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	59	989
	080 MINOR VASCULAR REPAIR AND FISTULA CONSTRUCTION	17	736
	081 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	6	123
	082 VASCULAR LIGATION	15	308
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	284	3,488
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	66	2,063
	097 TRANSFUSION	218	1,297
06	DIGESTIVE SYSTEM	4,099	98,518
	111 ALIMENTARY TESTS AND SIMPLE TUBE PLACEMENT	9	136
	112 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	103	1,254
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	16	650
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	6	342

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2007
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			
115	DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	908	20,229
116	THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	93	5,566
117	LOWER GASTROINTESTINAL ENDOSCOPY	1,788	43,551
118	ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	18	1,497
119	HERNIA AND HYDROCELE PROCEDURES	244	6,814
120	COMPLEX ANAL AND RECTAL PROCEDURES	67	1,064
121	SIMPLE ANAL AND RECTAL PROCEDURES	28	552
122	MISCELLANEOUS ABDOMINAL PROCEDURES	12	580
123	COMPLEX LAPAROSCOPIC PROCEDURES	797	16,057
124	SIMPLE LAPAROSCOPIC PROCEDURES	10	226
07	URINARY SYSTEM	146	7,929
131	RENAL EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	32	871
133	URINARY CATHETERIZATION AND DILATATION	26	479
134	COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	36	3,971
135	MODERATE CYSTOURETHROSCOPY	27	1,733
136	SIMPLE CYSTOURETHROSCOPY	22	570
137	COMPLEX URETHRAL PROCEDURES	2	132
138	SIMPLE URETHRAL PROCEDURES	1	172
08	MALE GENITAL SYSTEM	46	2,775
151	TESTICULAR AND EPIDIDYMAL PROCEDURES	35	1,260
152	INSERTION OF PENILE PROSTHESIS	1	85
153	COMPLEX PENILE PROCEDURES	3	495
154	SIMPLE PENILE PROCEDURES	4	823
155	PROSTATE NEEDLE AND PUNCH BIOPSY	3	112
09	FEMALE GENITAL SYSTEM	380	7,034
176	COMPLEX FEMALE REPRODUCTIVE PROCEDURES	138	1,974
177	SIMPLE FEMALE REPRODUCTIVE PROCEDURES	72	1,390
178	DILATION AND CURETTAGE	13	733
179	HYSTEROSCOPY	139	2,553
180	COLPOSCOPY	18	384
10	NERVOUS SYSTEM	1,238	20,995
195	NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	972	14,792
197	NEUROSTIMULATOR AND VENTRICULAR SHUNT IMPLANTATION	28	944
198	NERVE REPAIR AND DESTRUCTION	194	4,511
199	SPINAL TAP	44	513
11	EYE AND OCULAR ADNEXA	402	10,843
213	LASER EYE PROCEDURES	27	617
214	CATARACT PROCEDURES	274	4,389
215	COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	13	400
216	MODERATE ANTERIOR SEGMENT EYE PROCEDURES	17	277
217	SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	6	306
218	COMPLEX POSTERIOR SEGMENT EYE PROCEDURES	3	376
219	SIMPLE POSTERIOR SEGMENT EYE PROCEDURES	2	419
220	STRABISMUS AND MUSCLE EYE PROCEDURES	10	809
221	COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	23	886
222	SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	19	510

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2007
PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

142 Ogden Regional Medical Center

procedure APG category	procedure APG	TOTAL #	TOTAL # (ALL Hospitals)
	223 VITRECTOMY	8	1,822
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	1,251	27,519
	233 NASAL CAUTERIZATION AND PACKING	29	328
	234 COMPLEX FACIAL AND ENT PROCEDURES	270	5,752
	235 SIMPLE FACIAL AND ENT PROCEDURES	521	13,044
	236 TONSIL AND ADENOID PROCEDURES	431	8,300
13	THERAPEUTIC AND OTHER RADIOLOGICAL PROCEDURES	357	3,024
	253 VASCULAR RADIOLOGY EXCEPT FOR VENOGRAPHY OF EXTREMITY	93	1,146
	254 MYELOGRAPHY	20	304
	255 MISCELLANEOUS RADIOLOGICAL PROCEDURES WITH CONTRAST	244	1,567

SOURCE: Utah Ambulatory Surgery Database
 Utah 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, 2007
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	287	\$3,966	\$3,184
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	94	\$2,355	\$2,632
	003 COMPLEX INCISION AND DRAINAGE	4	\$5,425	\$4,092
	006 SIMPLE DEBRIDEMENT AND DESTRUCTION	2	\$3,506	\$2,883
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	16	\$4,943	\$3,383
	008 SIMPLE EXCISION AND BIOPSY	31	\$3,433	\$2,793
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRAN	97	\$5,473	\$4,546
	010 SIMPLE SKIN REPAIR	1	\$2,919	\$4,169
	011 SIMPLE INCISION AND EXCISION OF BREAST	42	\$4,019	\$3,085
02	MUSCULOSKELETAL SYSTEM	775	\$6,217	\$4,441
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	108	\$9,777	\$7,003
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	25	\$4,668	\$3,967
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	30	\$8,876	\$5,446
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	193	\$4,466	\$3,054
	025 ARTHROSCOPY	190	\$6,737	\$4,796
	027 SPLINT, STRAPPING AND CAST REMOVAL	1	\$7,810	\$1,950
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	12	\$5,958	\$3,328
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	91	\$8,868	\$5,920
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	12	\$2,858	\$2,812
	032 BUNION PROCEDURES	36	\$5,362	\$4,352
	033 ARTHROPLASTY	9	\$9,580	\$7,331
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	68	\$545	\$1,001
03	RESPIRATORY SYSTEM	153	\$2,030	\$2,352
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	97	\$1,255	\$1,520
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	15	\$5,204	\$3,777
	054 SIMPLE ENDOSCOPY OF THE UPPER AIRWAY	1	\$5,672	\$2,332
	055 ENDOSCOPY OF THE LOWER AIRWAY	40	\$2,630	\$2,232
04	CARDIOVASCULAR SYSTEM	90	\$9,751	\$13,494
	074 CARDIAC ELECTROPHYSIOLOGIC TESTS	6	\$23,771	\$20,642
	076 DIAGNOSTIC CARDIAC CATHETERIZATION	11	\$5,904	\$6,799
	077 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	2	\$9,751	\$23,688
	078 PACEMAKER INSERTION AND REPLACEMENT	14	\$29,179	\$22,941
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	34	\$1,931	\$3,439
	080 MINOR VASCULAR REPAIR AND FISTULA CONSTRUCTION	15	\$7,728	\$5,464
	081 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	4	\$7,042	\$4,524
	082 VASCULAR LIGATION	4	\$8,070	\$5,963
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	224	\$2,812	\$4,053
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	34	\$6,629	\$5,409
	097 TRANSFUSION	190	\$2,129	\$2,574
06	DIGESTIVE SYSTEM	2,962	\$3,362	\$2,473
	111 ALIMENTARY TESTS AND SIMPLE TUBE PLACEMENT	8	\$1,254	\$1,025
	112 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	1	\$370	\$1,577
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	13	\$649	\$1,292
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	3	\$1,835	\$1,324
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	644	\$1,765	\$1,331

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2007
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	39	\$2,574	\$1,876
	117 LOWER GASTROINTESTINAL ENDOSCOPY	1,511	\$1,715	\$1,168
	118 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	5	\$5,012	\$4,111
	119 HERNIA AND HYDROCELE PROCEDURES	144	\$5,888	\$3,847
	120 COMPLEX ANAL AND RECTAL PROCEDURES	36	\$4,879	\$3,183
	121 SIMPLE ANAL AND RECTAL PROCEDURES	20	\$3,319	\$2,411
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	8	\$5,043	\$6,329
	123 COMPLEX LAPAROSCOPIC PROCEDURES	524	\$9,300	\$7,043
	124 SIMPLE LAPAROSCOPIC PROCEDURES	6	\$13,099	\$8,601
07	URINARY SYSTEM	88	\$7,506	\$5,134
	131 RENAL EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	23	\$11,091	\$8,723
	133 URINARY CATHETERIZATION AND DILATATION	16	\$6,989	\$4,450
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	17	\$8,051	\$5,301
	135 MODERATE CYSTOURETHROSCOPY	20	\$5,407	\$3,734
	136 SIMPLE CYSTOURETHROSCOPY	11	\$4,170	\$2,619
	138 SIMPLE URETHRAL PROCEDURES	1	\$2,753	\$1,729
08	MALE GENITAL SYSTEM	18	\$5,479	\$3,453
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	9	\$5,511	\$2,812
	152 INSERTION OF PENILE PROSTHESIS	1	\$19,315	\$18,747
	153 COMPLEX PENILE PROCEDURES	2	\$6,452	\$3,629
	154 SIMPLE PENILE PROCEDURES	3	\$2,313	\$1,981
	155 PROSTATE NEEDLE AND PUNCH BIOPSY	3	\$3,290	\$5,214
09	FEMALE GENITAL SYSTEM	195	\$6,832	\$4,463
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	61	\$9,271	\$5,626
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	32	\$4,593	\$3,471
	178 DILATION AND CURETTAGE	6	\$5,374	\$2,542
	179 HYSTEROSCOPY	93	\$6,176	\$4,798
	180 COLPOSCOPY	3	\$4,380	\$3,826
10	NERVOUS SYSTEM	773	\$1,416	\$2,183
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	649	\$944	\$1,108
	197 NEUROSTIMULATOR AND VENTRICULAR SHUNT IMPLANTATION	2	\$24,865	\$26,856
	198 NERVE REPAIR AND DESTRUCTION	82	\$3,634	\$2,625
	199 SPINAL TAP	40	\$3,359	\$2,151
11	EYE AND OCULAR ADNEXA	372	\$4,831	\$3,373
	213 LASER EYE PROCEDURES	26	\$741	\$769
	214 CATARACT PROCEDURES	272	\$5,299	\$3,301
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	9	\$3,846	\$3,487
	216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	15	\$4,113	\$2,769
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	2	\$3,678	\$3,367
	220 STRABISMUS AND MUSCLE EYE PROCEDURES	10	\$4,752	\$3,433
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	21	\$4,682	\$3,997
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	13	\$3,236	\$2,495
	223 VITRECTOMY	4	\$11,214	\$6,291
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	617	\$3,920	\$2,838
	233 NASAL CAUTERIZATION AND PACKING	18	\$4,319	\$3,413

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2007
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)
	234 COMPLEX FACIAL AND ENT PROCEDURES	49	\$8,860	\$5,571
	235 SIMPLE FACIAL AND ENT PROCEDURES	247	\$3,009	\$1,937
	236 TONSIL AND ADENOID PROCEDURES	303	\$3,840	\$2,399
13	THERAPEUTIC AND OTHER RADIOLOGICAL PROCEDURES	231	\$6,851	\$3,736
	253 VASCULAR RADIOLOGY EXCEPT FOR VENOGRAPHY OF EXTREMITY	19	\$14,341	\$13,369
	254 MYELOGRAPHY	19	\$2,775	\$3,202
	255 MISCELLANEOUS RADIOLOGICAL PROCEDURES WITH CONTRAST	193	\$6,515	\$2,658

SOURCE: Utah Ambulatory Surgery Database
 Utah 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, 2007
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	5,502	57.3	118,694	54.2
Male	4,102	42.7	100,216	45.8
Unknown	0	0.0	2	0.0
Not Reported	0	0.0	1	0.0
AGE				
1-28 days	4	0.0	1,456	0.7
29-365 days	82	0.9	2,840	1.3
1-4 years	332	3.5	10,885	5.0
5-9	176	1.8	5,994	2.7
10-14	136	1.4	4,452	2.0
15-17	187	1.9	4,943	2.3
18-19	139	1.4	3,620	1.7
20-24	465	4.8	10,250	4.7
25-29	607	6.3	12,627	5.8
30-34	585	6.1	12,276	5.6
35-39	590	6.1	12,391	5.7
40-44	636	6.6	13,493	6.2
45-49	995	10.4	16,963	7.7
50-54	1,240	12.9	24,260	11.1
55-59	997	10.4	20,332	9.3
60-64	771	8.0	17,122	7.8
65-69	453	4.7	14,261	6.5
70-74	384	4.0	11,502	5.3
75-79	380	4.0	9,388	4.3
80-84	282	2.9	6,242	2.9
85-89	118	1.2	2,777	1.3
90 +	45	0.5	839	0.4
Not Reported	4	0.0	1,456	0.7
SOURCE OF ADMISSION				
Physician Referral	9,274	96.6	199,973	91.3
Clinic Referral	43	0.4	1,442	0.7
HMO Referral	0	0.0	3,326	1.5
Other Hospital	2	0.0	50	0.0
Skilled Nursing Facility	0	0.0	14	0.0
Other Health Care Facility	0	0.0	24	0.0
Emergency Room	285	3.0	4,867	2.2
Court/Law Enforcement	0	0.0	3	0.0
Unknown	0	0.0	16	0.0
Not Reported	0	0.0	9,198	4.2

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2007
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	9,588	99.8	218,338	99.7
Another Hospital	1	0.0	109	0.0
Skilled Nursing Facility	5	0.1	108	0.0
Intermediate Care Facility	0	0.0	7	0.0
Another Type of Institution	0	0.0	50	0.0
Under Care of Home Service	8	0.1	223	0.1
Left Against Medical Advice	2	0.0	19	0.0
Under Care of Home IV Provider	0	0.0	1	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	1,418	14.8	38,805	17.7
Medicaid	430	4.5	12,973	5.9
Other government	218	2.3	3,498	1.6
Blue Cross/Blue Shield	2,040	21.2	30,611	14.0
Other Commercial	536	5.6	17,104	7.8
Managed Care(HMO, PPO)	4,745	49.4	106,265	48.5
Self Pay	77	0.8	2,895	1.3
Industrial & Worker Comp	123	1.3	3,787	1.7
Charity and Unclassified	10	0.1	1,868	0.9
Childrens Health Insurance	0	0.0	159	0.1
Unknown	7	0.1	855	0.4
Not Reported	0	0.0	93	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	539	5.6	16,514	7.5
Central Utah	9	0.1	8,080	3.7
Davis County	1,929	20.1	22,286	10.2
Salt Lake County	57	0.6	72,683	33.2
Southeastern Utah	4	0.0	5,055	2.3
Southwest Utah	4	0.0	13,705	6.3
Summit County	22	0.2	2,788	1.3
Tooele County	8	0.1	4,504	2.1
Tri-County	14	0.1	5,649	2.6
Utah County	7	0.1	35,563	16.2
Wasatch County	2	0.0	1,636	0.7
Weber County	6,786	70.7	21,324	9.7
Unknown Utah	2	0.0	43	0.0
Outside Utah	219	2.3	8,990	4.1
Unknown, Not Reported	2	0.0	93	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, 2007
NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

135 Orem Community Hospital

Reporting Category(ICD-9-CM CODES)	Procedures Performed		Procedures Performed-All Hospitals	
	(#)	(%)	(#)	(%)
Reporting Category(ICD-9-CM CODES)	5,751	100.0	319,880	100.0
Mastectomy (85.0-85.99)	90	1.6	7,512	2.3
Musculoskeletal (76.0-84.99)	1,772	30.8	71,153	22.2
Respiratory (30.0-34.99)	1	0.0	3,550	1.1
Cardiovascular (35.0-39.99)	2	0.0	16,128	5.0
Lymphatic/Hemetic (40.0-41.99)	4	0.1	3,232	1.0
Digestive System (42.0-54.99)	48	0.8	102,504	32.0
Urinary (55.0-59.99)	2	0.0	10,216	3.2
Male Genital (60.0-64.99)	3	0.1	3,613	1.1
Female Genital (65.0-71.99)	258	4.5	15,763	4.9
Endocrine/Nervous (01.0-07.99)	2,192	38.1	22,558	7.1
Eye (08.0-16.99)	260	4.5	19,364	6.1
Ear (18.0-20.99)	58	1.0	13,797	4.3
Nose, Mouth, Pharynx (21.0-29.99)	1,061	18.4	30,490	9.5
Reporting Category(CPT-4 CODES)	5,528	100.0	301,918	100.0
Mastectomy (19120-19220)	10	0.2	2,118	0.7
Musculoskeletal (20000-29909)	1,750	31.7	67,981	22.5
Respiratory (30000-32999 & 39501-39599)	7	0.1	14,263	4.7
Cardiovascular (33010-37799 & 93501-93660)	2	0.0	38,047	12.6
Lymphatic/Hemetic (38100-38999)	3	0.1	2,819	0.9
Digestive (40490-49999)	562	10.2	109,019	36.1
Urinary (50010-53899)	3	0.1	9,215	3.1
Male Genital (54000-55899)	2	0.0	3,144	1.0
Female Genital (56405-58999)	137	2.5	11,863	3.9
Endocrine/Nervous (60000-64999)	2,893	52.3	24,805	8.2
Eye (65091-68899)	132	2.4	11,076	3.7
Ear (69000-69979)	27	0.5	7,568	2.5

SOURCE: Utah Ambulatory Surgery Database
 Utah 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, 2007
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		5,751	100.0	100.0
0391	INJ ANES SPINAL CANAL-ANALGESIA	688	12.0	1.41
0392	INJ OTH AGENT SPINAL CANAL	601	10.5	1.95
232	RESTORATION TOOTH-FILLING	317	5.5	0.61
0481	INJ ANES PERIPH NERV-ANALGESIA	287	5.0	0.32
2341	APPLIC CROWN	233	4.1	0.49
0489	INJ NON-NEUROLYTIC PERIPH NERV	225	3.9	0.13
2370	ROOT CANAL-NOS	208	3.6	0.38
0443	RELEASE CARPAL TUNNEL	172	3.0	1.07
806	EXC SEMILUNAR CARTILAGE-KNEE	155	2.7	1.94
2349	OTH DENTAL RESTORATION	140	2.4	0.24
1371	IOL PROSTH-CATARACT EXTRACT-1-STAGE	120	2.1	1.38
1341	PHACOEMULSIFICATION-ASPIR CATARACT	119	2.1	1.38
042	DESTRUC CRANIAL & PERIPH NERV	97	1.7	0.13
8086	OTH LOC EXC/DESTRUC JT LES-KNEE	80	1.4	0.82
6952	ASPIR CURET FOLLOWING DELIV/AB	69	1.2	0.44
8192	INJ THERAP SUBSTANCE JT/LIGAMNT	67	1.2	0.42
8147	OTH REPR KNEE	63	1.1	0.84
2309	EXTRACT OTH TOOTH	57	1.0	0.17
7756	REPR HAMMER TOE	54	0.9	0.38
8183	OTH REPR SHLDR	54	0.9	0.78

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		5,528	100.0	100.0
64484	INJ ANES EPIDURL; LUMB/SAC-EA AD	703	12.7	0.58
64483	INJ ANES EPIDURL; LUMB/SAC 1 LEV	589	10.7	0.83
41899	UNLIST PROC DENTOALVEOL STRUCTUR	484	8.8	0.94
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	217	3.9	1.11
64472	INJ ANES FACET JT; CERV/THOR-EA	214	3.9	0.27
64476	INJ ANES FACET JT; LUMB/SAC-EA A	202	3.7	0.35
64623	DESTRUC FACET JT NRV; L/S-EA AD	152	2.7	0.31
66984	EXTRACAPSULAR CATARACT REMV IOL	117	2.1	1.35
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	116	2.1	0.69
64627	DESTRUC FACET NRV; CRV/THOR-EA A	110	2.0	0.14
29881	SCOPE KNEE SURG;W/MENISCECT MED/	107	1.9	1.64
64475	INJ ANES FACET JT; LUMB/SAC-1LEV	105	1.9	0.35
62310	INJ 1 NOT NEUROLYTIC-EPID;CERV/T	103	1.9	0.22
28285	CORRECTION HAMMERTOES	82	1.5	0.59
64470	INJ ANES FACET JT; CERV/THOR-1LE	76	1.4	0.12
29877	SCOPE KNEE SURG; DEBRID/SHAVE CA	66	1.2	0.99
64622	DESTRUC FACET JT NRV; L/S-1 LEVE	60	1.1	0.14
20680	REMOVAL OF IMPLANT; DEEP	55	1.0	0.93
29826	SCOPE SHOULDER; DECOMP SUBACROM	51	0.9	1.10
29880	SCOPE KNEE SURG;W/MENISCECT MED&	49	0.9	0.48

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, 2007
 AVERAGE TOTAL CHARGES FOR MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES, SINGLE ICD-9 OR CPT-4 ONLY

135 Orem Community Hospital

ICD-9 CODE	ICD-9 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
ICD-9 Procedures		1,407	\$3,394	\$3,565
042	DESTRUC CRANIAL & PERIPH NERV	96	\$2,229	\$3,102
0443	RELEASE CARPAL TUNNEL	82	\$1,967	\$2,237
0391	INJ ANES SPINAL CANAL-ANALGESIA	80	\$1,584	\$3,789
232	RESTORATION TOOTH-FILLING	72	\$1,827	\$2,238
2349	OTH DENTAL RESTORATION	71	\$1,827	\$2,655
6952	ASPIR CURET FOLLOWING DELIV/AB	69	\$2,092	\$2,643
0481	INJ ANES PERIPH NERV-ANALGESIA	63	\$1,809	\$1,636
8221	EXC LES TENDON SHEATH HAND	43	\$2,114	\$2,332
806	EXC SEMILUNAR CARTILAGE-KNEE	36	\$4,045	\$4,511
8201	EXPLOR TENDON SHEATH HAND	36	\$1,877	\$2,026
7933	OP REDUC W/INT FIX-CARP-METACARP	32	\$3,603	\$5,222
6902	D&C FOLLOWING DELIV/AB	31	\$2,111	\$2,635
8183	OTH REPR SHLDR	28	\$5,978	\$7,799
7932	OP REDUC FX W/INT FIX-RADIUS & ULNA	27	\$6,461	\$8,023
7914	CLO REDUC W/INT FIX-PHALANGES HAND	22	\$2,012	\$2,818
7751	BUNIONEC SOFT-OSTEOT 1ST METATARS	20	\$4,074	\$4,053
0393	INSRT/REPLCMT SPINAL NEUROSTIM	19	\$41,144	\$39,073
7756	REPR HAMMER TOE	17	\$3,029	\$3,625
8192	INJ THERAP SUBSTANCE JT/LIGAMNT	17	\$1,810	\$1,090
7913	CLO REDUC-/INT FIX-CARP-METACARP	16	\$2,276	\$2,885

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
CPT-4 Procedures		1,734	\$2,772	\$3,274
41899	UNLIST PROC DENTOALVEOL STRUCTUR	469	\$1,911	\$2,605
66984	EXTRACAPSULAR CATARACT REMV IOL	116	\$2,898	\$3,292
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	85	\$1,957	\$2,296
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	64	\$1,691	\$1,005
64483	INJ ANES EPIDURL; LUMB/SAC 1 LEV	55	\$1,567	\$1,282
29881	SCOPE KNEE SURG;W/MENISCECT MED/	53	\$4,002	\$4,170
62310	INJ 1 NOT NEUROLYTIC-EPID;CERV/T	45	\$1,510	\$1,130
20680	REMOVAL OF IMPLANT; DEEP	32	\$2,822	\$3,111
29880	SCOPE KNEE SURG;W/MENISCECT MED&	27	\$4,290	\$4,454
26615	OPEN TX MC FX 1 W/WO INTRL/EXT F	26	\$3,389	\$4,604
25111	EXCISION OF GANGLION WRIST; PRIM	25	\$2,137	\$2,456
29848	ENDO WRST SURG REL TRNS CARP LIG	25	\$2,582	\$2,476
69436	TYMPANOSTOMY GENERAL ANESTHESIA	22	\$991	\$1,247
26055	TENDON SHEATH INCISION	21	\$1,808	\$1,941
26160	EXC LES TEND SHETH/JNT CAP HND/F	20	\$2,098	\$2,187
28296	HALLUX VALGUS; W/METATARSAL OSTE	20	\$3,988	\$4,353
29826	SCOPE SHOULDER; DECOMP SUBACROM	19	\$4,698	\$5,510
29877	SCOPE KNEE SURG; DEBRID/SHAVE CA	19	\$3,981	\$3,722
26727	PERQ FIX PHALANGEAL FX W/MANIP E	16	\$2,113	\$2,717
64479	INJ ANES EPIDURL; CERV/THOR 1 LE	14	\$1,583	\$1,266

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, 2007
PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

135 Orem Community Hospital

Procedure APG category	Procedure APG	TOTAL #	TOTAL # (ALL Hospitals)
01	INTEGUMENTARY SYSTEM	59	8,527
	003 COMPLEX INCISION AND DRAINAGE	2	88
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	25	1,121
	008 SIMPLE EXCISION AND BIOPSY	20	1,220
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRANGE	2	1,390
	011 SIMPLE INCISION AND EXCISION OF BREAST	10	2,116
02	MUSCULOSKELETAL SYSTEM	1,663	61,192
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	126	6,662
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	44	2,481
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	110	2,359
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	465	12,550
	025 ARTHROSCOPY	549	25,547
	028 CLOSED TREATMENT FX & DISLOCATION OF FINGER, TOE & TRUNK	1	54
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	16	693
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	169	4,851
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	2	465
	032 BUNION PROCEDURES	74	1,752
	033 ARTHROPLASTY	22	581
	034 HAND AND FOOT TENOTOMY	4	323
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	81	2,254
03	RESPIRATORY SYSTEM	1	8,139
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	1	652
04	CARDIOVASCULAR SYSTEM	2	30,572
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	1	989
	081 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	1	123
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	3	3,488
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	3	2,063
06	DIGESTIVE SYSTEM	79	98,518
	119 HERNIA AND HYDROCELE PROCEDURES	5	6,814
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	2	580
	123 COMPLEX LAPAROSCOPIC PROCEDURES	72	16,057
07	URINARY SYSTEM	3	7,929
	136 SIMPLE CYSTOURETHROSCOPY	3	570
08	MALE GENITAL SYSTEM	2	2,775
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	2	1,260
09	FEMALE GENITAL SYSTEM	80	7,034
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	5	1,974
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	30	1,390
	178 DILATION AND CURETTAGE	11	733
	179 HYSTEROSCOPY	34	2,553
10	NERVOUS SYSTEM	2,885	20,995
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	2,529	14,792
	196 REVISION AND REMOVAL OF NEUROLOGICAL DEVICE	5	235
	197 NEUROSTIMULATOR AND VENTRICULAR SHUNT IMPLANTATION	18	944
	198 NERVE REPAIR AND DESTRUCTION	333	4,511
11	EYE AND OCULAR ADNEXA	129	10,843

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2007
PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

135 Orem Community Hospital

procedure APG category	procedure APG	TOTAL #	TOTAL # (ALL Hospitals)
	214 CATARACT PROCEDURES	121	4,389
	216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	3	277
	219 SIMPLE POSTERIOR SEGMENT EYE PROCEDURES	1	419
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	1	886
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	3	510
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	565	27,519
	233 NASAL CAUTERIZATION AND PACKING	1	328
	234 COMPLEX FACIAL AND ENT PROCEDURES	8	5,752
	235 SIMPLE FACIAL AND ENT PROCEDURES	530	13,044
	236 TONSIL AND ADENOID PROCEDURES	26	8,300
14	PHYSICAL MEDICINE AND REHABILITATION	1	6
	272 PHYSICAL THERAPY	1	6

SOURCE: Utah Ambulatory Surgery Database
 Utah Health Data Committee/Office of Health Care Statistics
 Reportable* excludes codes in the former "Other" category 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, 2007
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	34	\$2,459	\$3,184
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	13	\$2,261	\$3,383
	008 SIMPLE EXCISION AND BIOPSY	11	\$2,176	\$2,793
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRAN	1	\$1,772	\$4,546
	011 SIMPLE INCISION AND EXCISION OF BREAST	9	\$3,167	\$3,085
02	MUSCULOSKELETAL SYSTEM	695	\$3,732	\$4,441
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	38	\$4,294	\$7,003
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	13	\$2,947	\$3,967
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	29	\$4,271	\$5,446
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	209	\$2,572	\$3,054
	025 ARTHROSCOPY	228	\$4,633	\$4,796
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	14	\$1,950	\$3,328
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	117	\$4,127	\$5,920
	032 BUNION PROCEDURES	27	\$4,063	\$4,352
	033 ARTHROPLASTY	3	\$8,030	\$7,331
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	17	\$1,805	\$1,001
04	CARDIOVASCULAR SYSTEM	2	\$6,542	\$13,494
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	1	\$8,669	\$3,439
	081 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	1	\$4,416	\$4,524
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	3	\$3,916	\$4,053
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	3	\$3,916	\$5,409
06	DIGESTIVE SYSTEM	25	\$3,847	\$2,473
	119 HERNIA AND HYDROCELE PROCEDURES	4	\$2,716	\$3,847
	123 COMPLEX LAPAROSCOPIC PROCEDURES	21	\$4,063	\$7,043
09	FEMALE GENITAL SYSTEM	31	\$2,982	\$4,463
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	7	\$2,002	\$3,471
	178 DILATION AND CURETTAGE	11	\$2,041	\$2,542
	179 HYSTEROSCOPY	13	\$4,306	\$4,798
10	NERVOUS SYSTEM	290	\$1,771	\$2,183
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	193	\$1,638	\$1,108
	198 NERVE REPAIR AND DESTRUCTION	97	\$2,036	\$2,625
11	EYE AND OCULAR ADNEXA	121	\$2,911	\$3,373
	214 CATARACT PROCEDURES	120	\$2,921	\$3,301
	216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	1	\$1,688	\$2,769
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	518	\$1,880	\$2,838
	234 COMPLEX FACIAL AND ENT PROCEDURES	4	\$2,478	\$5,571
	235 SIMPLE FACIAL AND ENT PROCEDURES	492	\$1,870	\$1,937
	236 TONSIL AND ADENOID PROCEDURES	22	\$2,003	\$2,399

SOURCE: Utah Ambulatory Surgery Database
Utah 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, 2007
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

135 Orem Community Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
GENDER				
Female	1,809	54.6	118,694	54.2
Male	1,505	45.4	100,216	45.8
Unknown	0	0.0	2	0.0
Not Reported	0	0.0	1	0.0
AGE				
1-28 days	0	0.0	1,456	0.7
29-365 days	7	0.2	2,840	1.3
1-4 years	372	11.2	10,885	5.0
5-9	70	2.1	5,994	2.7
10-14	72	2.2	4,452	2.0
15-17	97	2.9	4,943	2.3
18-19	57	1.7	3,620	1.7
20-24	203	6.1	10,250	4.7
25-29	221	6.7	12,627	5.8
30-34	212	6.4	12,276	5.6
35-39	230	6.9	12,391	5.7
40-44	244	7.4	13,493	6.2
45-49	264	8.0	16,963	7.7
50-54	336	10.1	24,260	11.1
55-59	267	8.1	20,332	9.3
60-64	262	7.9	17,122	7.8
65-69	157	4.7	14,261	6.5
70-74	104	3.1	11,502	5.3
75-79	70	2.1	9,388	4.3
80-84	49	1.5	6,242	2.9
85-89	17	0.5	2,777	1.3
90 +	3	0.1	839	0.4
Not Reported	0	0.0	1,456	0.7
SOURCE OF ADMISSION				
Physician Referral	3,297	99.5	199,973	91.3
Clinic Referral	0	0.0	1,442	0.7
HMO Referral	1	0.0	3,326	1.5
Other Hospital	0	0.0	50	0.0
Skilled Nursing Facility	0	0.0	14	0.0
Other Health Care Facility	0	0.0	24	0.0
Emergency Room	16	0.5	4,867	2.2
Court/Law Enforcement	0	0.0	3	0.0
Unknown	0	0.0	16	0.0
Not Reported	0	0.0	9,198	4.2

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2007
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	3,308	99.8	218,338	99.7
Another Hospital	4	0.1	109	0.0
Skilled Nursing Facility	1	0.0	108	0.0
Intermediate Care Facility	0	0.0	7	0.0
Another Type of Institution	1	0.0	50	0.0
Under Care of Home Service	0	0.0	223	0.1
Left Against Medical Advice	0	0.0	19	0.0
Under Care of Home IV Provider	0	0.0	1	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	341	10.3	38,805	17.7
Medicaid	332	10.0	12,973	5.9
Other government	35	1.1	3,498	1.6
Blue Cross/Blue Shield	35	1.1	30,611	14.0
Other Commercial	218	6.6	17,104	7.8
Managed Care(HMO, PPO)	2,129	64.2	106,265	48.5
Self Pay	12	0.4	2,895	1.3
Industrial & Worker Comp	132	4.0	3,787	1.7
Charity and Unclassified	33	1.0	1,868	0.9
Childrens Health Insurance	1	0.0	159	0.1
Unknown	46	1.4	855	0.4
Not Reported	0	0.0	93	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	1	0.0	16,514	7.5
Central Utah	335	10.1	8,080	3.7
Davis County	11	0.3	22,286	10.2
Salt Lake County	90	2.7	72,683	33.2
Southeastern Utah	63	1.9	5,055	2.3
Southwest Utah	13	0.4	13,705	6.3
Summit County	10	0.3	2,788	1.3
Tooele County	2	0.1	4,504	2.1
Tri-County	27	0.8	5,649	2.6
Utah County	2,699	81.4	35,563	16.2
Wasatch County	31	0.9	1,636	0.7
Weber County	9	0.3	21,324	9.7
Unknown Utah	0	0.0	43	0.0
Outside Utah	22	0.7	8,990	4.1
Unknown, Not Reported	1	0.0	93	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, 2007
NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

126 Pioneer Valley Hospital

Reporting Category(ICD-9-CM CODES)	Procedures Performed		Procedures Performed-All Hospitals	
	(#)	(%)	(#)	(%)
Reporting Category(ICD-9-CM CODES)	3,822	100.0	319,880	100.0
Mastectomy (85.0-85.99)	91	2.4	7,512	2.3
Musculoskeletal (76.0-84.99)	982	25.7	71,153	22.2
Respiratory (30.0-34.99)	28	0.7	3,550	1.1
Cardiovascular (35.0-39.99)	132	3.5	16,128	5.0
Lymphatic/Hemetic (40.0-41.99)	24	0.6	3,232	1.0
Digestive System (42.0-54.99)	1,950	51.0	102,504	32.0
Urinary (55.0-59.99)	108	2.8	10,216	3.2
Male Genital (60.0-64.99)	35	0.9	3,613	1.1
Female Genital (65.0-71.99)	140	3.7	15,763	4.9
Endocrine/Nervous (01.0-07.99)	204	5.3	22,558	7.1
Eye (08.0-16.99)	6	0.2	19,364	6.1
Ear (18.0-20.99)	42	1.1	13,797	4.3
Nose, Mouth, Pharynx (21.0-29.99)	80	2.1	30,490	9.5
Reporting Category(CPT-4 CODES)	4,217	100.0	301,918	100.0
Mastectomy (19120-19220)	49	1.2	2,118	0.7
Musculoskeletal (20000-29909)	1,096	26.0	67,981	22.5
Respiratory (30000-32999 & 39501-39599)	72	1.7	14,263	4.7
Cardiovascular (33010-37799 & 93501-93660)	400	9.5	38,047	12.6
Lymphatic/Hemetic (38100-38999)	23	0.5	2,819	0.9
Digestive (40490-49999)	1,974	46.8	109,019	36.1
Urinary (50010-53899)	138	3.3	9,215	3.1
Male Genital (54000-55899)	21	0.5	3,144	1.0
Female Genital (56405-58999)	133	3.2	11,863	3.9
Endocrine/Nervous (60000-64999)	284	6.7	24,805	8.2
Eye (65091-68899)	4	0.1	11,076	3.7
Ear (69000-69979)	23	0.5	7,568	2.5

SOURCE: Utah Ambulatory Surgery Database
 Utah 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, 2007
MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES

126 Pioneer Valley Hospital

ICD-9 CODE	ICD-9 DESCRIPTION	#	%	% ALL Hospitals
All ICD-9 Procedures		3,822	100.0	100.0
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	523	13.7	5.42
4523	COLONOSCOPY	511	13.4	6.86
4525	CLO [ENDO] BX LG INTESTINE	307	8.0	2.32
806	EXC SEMILUNAR CARTILAGE-KNEE	109	2.9	1.94
5123	LAP CHOLEY	108	2.8	2.16
4542	ENDO POLYPECTOMY LG INTESTINE	84	2.2	3.78
0443	RELEASE CARPAL TUNNEL	79	2.1	1.07
4514	CLO [ENDO] BX SM INTESTINE	55	1.4	0.04
4513	OTH ENDO SM INTESTINE	50	1.3	1.74
8521	LOC EXC LES BREAST	49	1.3	0.81
5011	CLO [PERCUT] [NEEDLE] BX LIVER	43	1.1	0.29
6629	OTH BIL ENDO DESTRUC FALLOP TUBES	43	1.1	0.33
8363	ROTATOR CUFF REPR	43	1.1	0.74
4292	DILAT ESOPH	42	1.1	1.45
598	URETERAL CATH	35	0.9	0.66
8183	OTH REPR SHLDR	34	0.9	0.78
8201	EXPLOR TENDON SHEATH HAND	32	0.8	0.37
560	TRANSURETH REMOV OBST URETER-PELV	26	0.7	0.34
3722	LT HEART CARD CATH	25	0.7	1.08
3950	ANGIOPLSTY/ARTHERECT NON-CORNON	24	0.6	0.19

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		4,217	100.0	100.0
43239	UGI ENDO; W/BX 1/MX	521	12.4	5.47
45378	COLONOSCOPY FLEX; DX-SEP PROC	505	12.0	6.66
45380	COLONOSCOPY FLEX; W/BX 1/MX	321	7.6	5.29
47562	LAPAROSCOPY SURGICAL; CHOLECT	98	2.3	0.78
29881	SCOPE KNEE SURG;W/MENISCECT MED/	94	2.2	1.64
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	83	2.0	1.59
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	67	1.6	0.69
20680	REMOVAL OF IMPLANT; DEEP	62	1.5	0.93
64550	APPLICATION SURFACE NEUROSTIMULA	62	1.5	0.03
44361	SM INTEST ENDO NOT ILEUM; W/BX 1	50	1.2	0.02
47000	BIOPSY LIVER NEEDLE; PERCUTANEOU	44	1.0	0.30
58671	LAP SURG; W/OCCLUS OVIDUCTS-DEVI	38	0.9	0.17
93545	INJ PROC-CATH; SELECT CORONRY AN	38	0.9	1.34
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	37	0.9	0.97
93543	INJ PROC-CATH; LT VENT/ATRIAL AN	36	0.9	1.22
23350	INJ SHLDR ARTHROGRPH/ENHNCD CT/M	34	0.8	0.17
23420	RECSTR Cmpl SHLDR CUFF AVUL CHR	33	0.8	0.10
93556	IMAG SUPERVS I&R-CATH; PULM ANGI	33	0.8	1.27
36430	TRANSFUSION BLOOD/BLOOD COMPONENT	31	0.7	0.43
93555	IMAG SUPERVS I&R-CATH; VENT/ATRI	31	0.7	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, 2007
 AVERAGE TOTAL CHARGES FOR MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES, SINGLE ICD-9 OR CPT-4 ONLY

126 Pioneer Valley Hospital

ICD-9 CODE	ICD-9 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
ICD-9	Procedures	2,224	\$5,552	\$3,565
4523	COLONOSCOPY	392	\$1,948	\$976
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	297	\$2,768	\$1,391
4525	CLO [ENDO] BX LG INTESTINE	212	\$2,593	\$1,424
5123	LAP CHOLEY	99	\$10,236	\$6,693
806	EXC SEMILUNAR CARTILAGE-KNEE	75	\$6,595	\$4,511
4542	ENDO POLYPECTOMY LG INTESTINE	60	\$3,047	\$1,383
4514	CLO [ENDO] BX SM INTESTINE	44	\$2,619	\$2,405
5011	CLO [PERCUT] [NEEDLE] BX LIVER	42	\$2,583	\$2,303
6629	OTH BIL ENDO DESTRUC FALLOP TUBES	36	\$6,538	\$4,165
0443	RELEASE CARPAL TUNNEL	34	\$4,790	\$2,237
4513	OTH ENDO SM INTESTINE	28	\$2,124	\$1,172
8183	OTH REPR SHLDR	23	\$11,077	\$7,799
8363	ROTATOR CUFF REPR	20	\$12,660	\$9,286
283	TONSILLECTOMY W/ADENOIDECTOMY	19	\$4,855	\$2,361
8521	LOC EXC LES BREAST	19	\$5,291	\$2,822
3722	LT HEART CARD CATH	18	\$14,656	\$6,932
5304	UNILAT REPR INDIRECT ING HERN-GFT	17	\$8,555	\$4,048
7936	OP REDUC FX W/INT FIX-TIBIA & FIB	17	\$10,245	\$6,755
7867	REMOV IMPLNT DEVICE-TIBIA & FIB	15	\$5,138	\$2,962
8147	OTH REPR KNEE	15	\$6,805	\$5,496

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
CPT-4	Procedures	2,361	\$4,959	\$3,274
45378	COLONOSCOPY FLEX; DX-SEP PROC	387	\$1,946	\$984
43239	UGI ENDO; W/BX 1/MX	298	\$2,769	\$1,389
45380	COLONOSCOPY FLEX; W/BX 1/MX	232	\$2,573	\$1,354
47562	LAPAROSCOPY SURGICAL; CHOLECT	89	\$9,865	\$6,110
29881	SCOPE KNEE SURG;W/MENISCECT MED/	65	\$6,640	\$4,170
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	63	\$3,054	\$1,536
64550	APPLICATION SURFACE NEUROSTIMULA	62	\$1,028	\$917
47000	BIOPSY LIVER NEEDLE; PERCUTANEOU	43	\$2,658	\$2,227
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	43	\$5,060	\$2,296
20680	REMOVAL OF IMPLANT; DEEP	41	\$5,883	\$3,111
44361	SM INTEST ENDO NOT ILEUM; W/BX 1	41	\$2,647	\$2,584
23350	INJ SHLDR ARTHROGRPH/ENHNCD CT/M	34	\$3,596	\$2,970
58671	LAP SURG; W/OCCLUS OVIDUCTS-DEVI	29	\$6,609	\$4,284
36430	TRANSFUSION BLOOD/BLOOD COMPONEN	27	\$4,380	\$2,574
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	22	\$2,314	\$1,081
49505	REPR INIT ING HERNIA 5YR/MORE; R	22	\$8,351	\$4,010
50590	LITHOTRIPSY XTRACORP SHOCK WAVE	22	\$12,132	\$8,723
19120	EXC BRST CYST TUMR/LES OPN M/F 1	20	\$5,667	\$2,769
19125	EXC BRST LES ID RAD MARKR OPN;1	20	\$7,216	\$3,708
42821	T&A; AGE 12 OR OVER	14	\$5,086	\$2,767

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, 2007
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	161	8,527
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	58	2,371
	003 COMPLEX INCISION AND DRAINAGE	2	88
	004 SIMPLE INCISION AND DRAINAGE	2	28
	006 SIMPLE DEBRIDEMENT AND DESTRUCTION	5	187
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	12	1,121
	008 SIMPLE EXCISION AND BIOPSY	16	1,220
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRANGE	17	1,390
	011 SIMPLE INCISION AND EXCISION OF BREAST	49	2,116
02	MUSCULOSKELETAL SYSTEM	1,003	61,192
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	154	6,662
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	57	2,481
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	43	2,359
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	247	12,550
	025 ARTHROSCOPY	296	25,547
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	9	693
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	114	4,851
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	12	465
	032 BUNION PROCEDURES	31	1,752
	033 ARTHROPLASTY	14	581
	034 HAND AND FOOT TENOTOMY	3	323
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	23	2,254
03	RESPIRATORY SYSTEM	49	8,139
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	13	652
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	13	5,383
	055 ENDOSCOPY OF THE LOWER AIRWAY	23	1,852
04	CARDIOVASCULAR SYSTEM	262	30,572
	076 DIAGNOSTIC CARDIAC CATHETERIZATION	182	21,581
	077 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	40	1,914
	078 PACEMAKER INSERTION AND REPLACEMENT	14	690
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	17	989
	080 MINOR VASCULAR REPAIR AND FISTULA CONSTRUCTION	1	736
	081 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	1	123
	082 VASCULAR LIGATION	7	308
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	67	3,488
	092 CHEMOTHERAPY EXCEPT BY EXTENDED INFUSION	1	43
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	35	2,063
	097 TRANSFUSION	31	1,297
06	DIGESTIVE SYSTEM	1,938	98,518
	112 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	4	1,254
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	4	650
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	2	342
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	599	20,229
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	69	5,566
	117 LOWER GASTROINTESTINAL ENDOSCOPY	927	43,551
	118 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	39	1,497

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2007
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	85	6,814
120	COMPLEX ANAL AND RECTAL PROCEDURES	7	1,064
121	SIMPLE ANAL AND RECTAL PROCEDURES	8	552
122	MISCELLANEOUS ABDOMINAL PROCEDURES	2	580
123	COMPLEX LAPAROSCOPIC PROCEDURES	184	16,057
124	SIMPLE LAPAROSCOPIC PROCEDURES	8	226
07	URINARY SYSTEM	132	7,929
131	RENAL EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	30	871
133	URINARY CATHETERIZATION AND DILATATION	2	479
134	COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	65	3,971
135	MODERATE CYSTOURETHROSCOPY	31	1,733
136	SIMPLE CYSTOURETHROSCOPY	2	570
137	COMPLEX URETHRAL PROCEDURES	2	132
08	MALE GENITAL SYSTEM	19	2,775
151	TESTICULAR AND EPIDIDYMAL PROCEDURES	10	1,260
152	INSERTION OF PENILE PROSTHESIS	2	85
153	COMPLEX PENILE PROCEDURES	3	495
154	SIMPLE PENILE PROCEDURES	2	823
155	PROSTATE NEEDLE AND PUNCH BIOPSY	2	112
09	FEMALE GENITAL SYSTEM	57	7,034
176	COMPLEX FEMALE REPRODUCTIVE PROCEDURES	27	1,974
177	SIMPLE FEMALE REPRODUCTIVE PROCEDURES	5	1,390
178	DILATION AND CURETTAGE	2	733
179	HYSTEROSCOPY	23	2,553
10	NERVOUS SYSTEM	241	20,995
195	NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	112	14,792
197	NEUROSTIMULATOR AND VENTRICULAR SHUNT IMPLANTATION	13	944
198	NERVE REPAIR AND DESTRUCTION	106	4,511
199	SPINAL TAP	10	513
11	EYE AND OCULAR ADNEXA	4	10,843
214	CATARACT PROCEDURES	1	4,389
215	COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	1	400
216	MODERATE ANTERIOR SEGMENT EYE PROCEDURES	1	277
222	SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	1	510
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	94	27,519
233	NASAL CAUTERIZATION AND PACKING	1	328
234	COMPLEX FACIAL AND ENT PROCEDURES	24	5,752
235	SIMPLE FACIAL AND ENT PROCEDURES	38	13,044
236	TONSIL AND ADENOID PROCEDURES	31	8,300
13	THERAPEUTIC AND OTHER RADIOLOGICAL PROCEDURES	128	3,024
253	VASCULAR RADIOLOGY EXCEPT FOR VENOGRAPHY OF EXTREMITY	79	1,146
254	MYELOGRAPHY	3	304
255	MISCELLANEOUS RADIOLOGICAL PROCEDURES WITH CONTRAST	46	1,567

SOURCE: Utah Ambulatory Surgery Database

Utah 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, 2007
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	131	\$4,490	\$3,184
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	57	\$2,496	\$2,632
	004 SIMPLE INCISION AND DRAINAGE	2	\$5,280	\$2,544
	006 SIMPLE DEBRIDEMENT AND DESTRUCTION	3	\$3,852	\$2,883
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	6	\$7,123	\$3,383
	008 SIMPLE EXCISION AND BIOPSY	10	\$6,080	\$2,793
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRAN	13	\$4,820	\$4,546
	011 SIMPLE INCISION AND EXCISION OF BREAST	40	\$6,441	\$3,085
02	MUSCULOSKELETAL SYSTEM	427	\$8,349	\$4,441
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	55	\$10,674	\$7,003
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	14	\$6,865	\$3,967
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	13	\$12,663	\$5,446
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	96	\$6,284	\$3,054
	025 ARTHROSCOPY	140	\$7,690	\$4,796
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	9	\$3,870	\$3,328
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	71	\$11,892	\$5,920
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	8	\$3,460	\$2,812
	032 BUNION PROCEDURES	8	\$11,353	\$4,352
	033 ARTHROPLASTY	2	\$12,988	\$7,331
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	11	\$1,249	\$1,001
03	RESPIRATORY SYSTEM	36	\$2,567	\$2,352
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	12	\$1,962	\$1,520
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	2	\$6,586	\$3,777
	055 ENDOSCOPY OF THE LOWER AIRWAY	22	\$2,531	\$2,232
04	CARDIOVASCULAR SYSTEM	9	\$17,205	\$13,494
	076 DIAGNOSTIC CARDIAC CATHETERIZATION	3	\$7,221	\$6,799
	078 PACEMAKER INSERTION AND REPLACEMENT	3	\$30,448	\$22,941
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	2	\$7,002	\$3,439
	080 MINOR VASCULAR REPAIR AND FISTULA CONSTRUCTION	1	\$27,834	\$5,464
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	46	\$6,615	\$4,053
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	19	\$9,792	\$5,409
	097 TRANSFUSION	27	\$4,380	\$2,574
06	DIGESTIVE SYSTEM	1,306	\$3,531	\$2,473
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	2	\$2,585	\$1,292
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	363	\$2,722	\$1,331
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	35	\$3,126	\$1,876
	117 LOWER GASTROINTESTINAL ENDOSCOPY	687	\$2,266	\$1,168
	118 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	12	\$6,042	\$4,111
	119 HERNIA AND HYDROCELE PROCEDURES	43	\$8,277	\$3,847
	120 COMPLEX ANAL AND RECTAL PROCEDURES	5	\$5,631	\$3,183
	121 SIMPLE ANAL AND RECTAL PROCEDURES	2	\$5,209	\$2,411
	123 COMPLEX LAPAROSCOPIC PROCEDURES	153	\$9,357	\$7,043
	124 SIMPLE LAPAROSCOPIC PROCEDURES	4	\$13,164	\$8,601
07	URINARY SYSTEM	80	\$9,197	\$5,134
	131 RENAL EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	22	\$12,132	\$8,723

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2007
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)
	133 URINARY CATHETERIZATION AND DILATATION	2	\$6,287	\$4,450
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	36	\$9,348	\$5,301
	135 MODERATE CYSTOURETHROSCOPY	18	\$6,059	\$3,734
	137 COMPLEX URETHRAL PROCEDURES	2	\$5,350	\$6,589
08	MALE GENITAL SYSTEM	15	\$9,347	\$3,453
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	6	\$6,550	\$2,812
	152 INSERTION OF PENILE PROSTHESIS	2	\$29,625	\$18,747
	153 COMPLEX PENILE PROCEDURES	3	\$5,937	\$3,629
	154 SIMPLE PENILE PROCEDURES	2	\$5,112	\$1,981
	155 PROSTATE NEEDLE AND PUNCH BIOPSY	2	\$6,812	\$5,214
09	FEMALE GENITAL SYSTEM	31	\$6,833	\$4,463
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	10	\$8,807	\$5,626
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	5	\$5,130	\$3,471
	178 DILATION AND CURETTAGE	2	\$4,182	\$2,542
	179 HYSTEROSCOPY	14	\$6,410	\$4,798
10	NERVOUS SYSTEM	140	\$3,303	\$2,183
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	79	\$1,225	\$1,108
	197 NEUROSTIMULATOR AND VENTRICULAR SHUNT IMPLANTATION	3	\$27,462	\$26,856
	198 NERVE REPAIR AND DESTRUCTION	48	\$5,135	\$2,625
	199 SPINAL TAP	10	\$3,677	\$2,151
11	EYE AND OCULAR ADNEXA	4	\$3,782	\$3,373
	214 CATARACT PROCEDURES	1	\$5,353	\$3,301
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	1	\$1,914	\$3,487
	216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	1	\$5,229	\$2,769
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	1	\$2,630	\$2,495
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	48	\$5,664	\$2,838
	233 NASAL CAUTERIZATION AND PACKING	1	\$4,253	\$3,413
	234 COMPLEX FACIAL AND ENT PROCEDURES	7	\$15,256	\$5,571
	235 SIMPLE FACIAL AND ENT PROCEDURES	16	\$3,048	\$1,937
	236 TONSIL AND ADENOID PROCEDURES	24	\$4,669	\$2,399
13	THERAPEUTIC AND OTHER RADIOLOGICAL PROCEDURES	57	\$4,081	\$3,736
	253 VASCULAR RADIOLOGY EXCEPT FOR VENOGRAPHY OF EXTREMITY	8	\$10,192	\$13,369
	254 MYELOGRAPHY	3	\$3,124	\$3,202
	255 MISCELLANEOUS RADIOLOGICAL PROCEDURES WITH CONTRAST	46	\$3,080	\$2,658

SOURCE: Utah Ambulatory Surgery Database
Utah 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, 2007
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

126 Pioneer Valley Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
GENDER				
Female	1,758	55.4	118,694	54.2
Male	1,418	44.6	100,216	45.8
Unknown	0	0.0	2	0.0
Not Reported	0	0.0	1	0.0
AGE				
1-28 days	0	0.0	1,456	0.7
29-365 days	1	0.0	2,840	1.3
1-4 years	21	0.7	10,885	5.0
5-9	10	0.3	5,994	2.7
10-14	19	0.6	4,452	2.0
15-17	44	1.4	4,943	2.3
18-19	38	1.2	3,620	1.7
20-24	169	5.3	10,250	4.7
25-29	220	6.9	12,627	5.8
30-34	206	6.5	12,276	5.6
35-39	224	7.1	12,391	5.7
40-44	245	7.7	13,493	6.2
45-49	310	9.8	16,963	7.7
50-54	346	10.9	24,260	11.1
55-59	327	10.3	20,332	9.3
60-64	261	8.2	17,122	7.8
65-69	267	8.4	14,261	6.5
70-74	178	5.6	11,502	5.3
75-79	166	5.2	9,388	4.3
80-84	90	2.8	6,242	2.9
85-89	28	0.9	2,777	1.3
90 +	6	0.2	839	0.4
Not Reported	0	0.0	1,456	0.7
SOURCE OF ADMISSION				
Physician Referral	3,133	98.6	199,973	91.3
Clinic Referral	37	1.2	1,442	0.7
HMO Referral	0	0.0	3,326	1.5
Other Hospital	0	0.0	50	0.0
Skilled Nursing Facility	0	0.0	14	0.0
Other Health Care Facility	0	0.0	24	0.0
Emergency Room	6	0.2	4,867	2.2
Court/Law Enforcement	0	0.0	3	0.0
Unknown	0	0.0	16	0.0
Not Reported	0	0.0	9,198	4.2

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2007
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	3,172	99.9	218,338	99.7
Another Hospital	0	0.0	109	0.0
Skilled Nursing Facility	2	0.1	108	0.0
Intermediate Care Facility	0	0.0	7	0.0
Another Type of Institution	0	0.0	50	0.0
Under Care of Home Service	0	0.0	223	0.1
Left Against Medical Advice	0	0.0	19	0.0
Under Care of Home IV Provider	0	0.0	1	0.0
Expired	0	0.0	12	0.0
Unknown	2	0.1	46	0.0
Not Reported	0	0.0	0	0.0
PRIMARY PAYER				
Medicare	628	19.8	38,805	17.7
Medicaid	265	8.3	12,973	5.9
Other government	58	1.8	3,498	1.6
Blue Cross/Blue Shield	854	26.9	30,611	14.0
Other Commercial	449	14.1	17,104	7.8
Managed Care(HMO, PPO)	779	24.5	106,265	48.5
Self Pay	46	1.4	2,895	1.3
Industrial & Worker Comp	91	2.9	3,787	1.7
Charity and Unclassified	1	0.0	1,868	0.9
Childrens Health Insurance	0	0.0	159	0.1
Unknown	5	0.2	855	0.4
Not Reported	0	0.0	93	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	7	0.2	16,514	7.5
Central Utah	6	0.2	8,080	3.7
Davis County	68	2.1	22,286	10.2
Salt Lake County	2,888	90.9	72,683	33.2
Southeastern Utah	3	0.1	5,055	2.3
Southwest Utah	0	0.0	13,705	6.3
Summit County	9	0.3	2,788	1.3
Tooele County	106	3.3	4,504	2.1
Tri-County	5	0.2	5,649	2.6
Utah County	25	0.8	35,563	16.2
Wasatch County	1	0.0	1,636	0.7
Weber County	15	0.5	21,324	9.7
Unknown Utah	0	0.0	43	0.0
Outside Utah	42	1.3	8,990	4.1
Unknown, Not Reported	1	0.0	93	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, 2007
NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

122 Primary Childrens Medical Center

Reporting Category(ICD-9-CM CODES)	Procedures Performed		Procedures Performed-All Hospitals	
	(#)	(%)	(#)	(%)
Reporting Category(ICD-9-CM CODES)	19,613	100.0	319,880	100.0
Mastectomy (85.0-85.99)	12	0.1	7,512	2.3
Musculoskeletal (76.0-84.99)	1,998	10.2	71,153	22.2
Respiratory (30.0-34.99)	604	3.1	3,550	1.1
Cardiovascular (35.0-39.99)	806	4.1	16,128	5.0
Lymphatic/Hemetic (40.0-41.99)	236	1.2	3,232	1.0
Digestive System (42.0-54.99)	1,992	10.2	102,504	32.0
Urinary (55.0-59.99)	779	4.0	10,216	3.2
Male Genital (60.0-64.99)	1,172	6.0	3,613	1.1
Female Genital (65.0-71.99)	50	0.3	15,763	4.9
Endocrine/Nervous (01.0-07.99)	678	3.5	22,558	7.1
Eye (08.0-16.99)	1,333	6.8	19,364	6.1
Ear (18.0-20.99)	4,132	21.1	13,797	4.3
Nose, Mouth, Pharynx (21.0-29.99)	5,821	29.7	30,490	9.5
Reporting Category(CPT-4 CODES)	15,849	100.0	301,918	100.0
Mastectomy (19120-19220)	4	0.0	2,118	0.7
Musculoskeletal (20000-29909)	2,111	13.3	67,981	22.5
Respiratory (30000-32999 & 39501-39599)	963	6.1	14,263	4.7
Cardiovascular (33010-37799 & 93501-93660)	1,776	11.2	38,047	12.6
Lymphatic/Hemetic (38100-38999)	243	1.5	2,819	0.9
Digestive (40490-49999)	5,424	34.2	109,019	36.1
Urinary (50010-53899)	443	2.8	9,215	3.1
Male Genital (54000-55899)	1,370	8.6	3,144	1.0
Female Genital (56405-58999)	40	0.3	11,863	3.9
Endocrine/Nervous (60000-64999)	234	1.5	24,805	8.2
Eye (65091-68899)	1,032	6.5	11,076	3.7
Ear (69000-69979)	2,209	13.9	7,568	2.5

SOURCE: Utah Ambulatory Surgery Database
Utah 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, 2007
MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES

122 Primary Childrens Medical Center

ICD-9 CODE	ICD-9 DESCRIPTION	#	%	% ALL Hospitals
All ICD-9 Procedures				
2001	MYRINGOTOMY W/INSRT TUBE	3,585	18.3	3.33
283	TONSILLECTOMY W/ADENOIDECTOMY	1,479	7.5	1.70
232	RESTORATION TOOTH-FILLING	899	4.6	0.61
2341	APPLIC CROWN	781	4.0	0.49
2370	ROOT CANAL-NOS	612	3.1	0.38
0392	INJ OTH AGENT SPINAL CANAL	474	2.4	1.95
1511	RECESSION 1 EXTRAOCULAR MUSC	459	2.3	0.19
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	453	2.3	5.42
640	CIRCUMCISION	382	1.9	0.21
286	ADENOIDECTOMY WO TONSILLECTOMY	338	1.7	0.37
625	ORCHIOPEXY	302	1.5	0.13
5300	UNILAT REPR ING HERN-NOS	287	1.5	0.13
2309	EXTRACT OTH TOOTH	278	1.4	0.17
5845	REPR HYPOSPADIAS/EPISPADIAS	259	1.3	0.08
3723	COMBO RT & LT HEART CARD CATH	253	1.3	0.45
7911	CLO REDUC FX W/INT FIX-HUMERUS	235	1.2	0.12
3142	LARYNGOSCOPY & OTH TRACHEOSCOPY	232	1.2	0.14
2349	OTH DENTAL RESTORATION	219	1.1	0.24
0943	PROBE NASOLACRML DUCT	203	1.0	0.09
153	>=2 EXTRAOCC MUSC-TEMP DETCH-1/BOTH	191	1.0	0.08

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures				
69436	TYMPANOSTOMY GENERAL ANESTHESIA	1,826	11.5	1.79
42820	T&A; UNDER AGE 12	1,381	8.7	1.37
41899	UNLIST PROC DENTOALVEOL STRUCTUR	1,100	6.9	0.94
43239	UGI ENDO; W/BX 1/MX	449	2.8	5.47
54161	CIRC NO CLAMP/DORSL SLIT; NOT NB	365	2.3	0.20
42830	ADENOIDECTOMY PRIMARY; UNDER AGE	330	2.1	0.35
67311	STRABISMUS SURG; 1 HORIZONTAL MU	288	1.8	0.13
24538	PERQ FIX SPRCOND FX W/WO EXTENSI	264	1.7	0.12
20680	REMOVAL OF IMPLANT; DEEP	251	1.6	0.93
54640	ORCHIPXY ING APPRCH W/WO HERN RE	234	1.5	0.10
93556	IMAG SUPERVS I&R-CATH; PULM ANGI	229	1.4	1.27
31622	BRNCHSCPY;DX W/WO CELL WASH SP P	196	1.2	0.13
68811	PROBE NASOLACRIM DUCT; REQ GEN A	196	1.2	0.09
49500	REPR INIT ING HERNIA 6MO-<5YR; R	193	1.2	0.08
93531	RT & RETRO LT HRT CATH-CONGEN AN	182	1.1	0.06
49505	REPR INIT ING HERNIA 5YR/MORE; R	171	1.1	0.88
49320	LAP-ABD DX-W/WO SPECMN-SEP PROC	166	1.0	0.20
38221	BONE MARROW; BIOPSY NEEDLE/TROCA	162	1.0	0.14
54322	1 STAGE DSTL REPR; W/SMPLE MEATL	137	0.9	0.05
67312	STRABISMUS SURG; 2 HORIZONTAL MU	132	0.8	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, 2007
 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		6,618	\$2,830	\$3,565
283	TONSILLECTOMY W/ADENOIDECTOMY	1,137	\$2,058	\$2,361
0392	INJ OTH AGENT SPINAL CANAL	402	\$668	\$792
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	349	\$1,657	\$1,391
640	CIRCUMCISION	256	\$1,717	\$2,039
5845	REPR HYOSPADIAS/EPISPADIAS	226	\$2,812	\$2,890
7911	CLO REDUC FX W/INT FIX-HUMERUS	224	\$3,475	\$3,729
5300	UNILAT REPR ING HERN-NOS	132	\$2,003	\$2,610
625	ORCHIOPEXY	131	\$2,018	\$2,262
153	>=2 EXTRAOC MUSC-TEMP DETCH-1/BOTH	116	\$3,762	\$3,403
3723	COMBO RT & LT HEART CARD CATH	115	\$10,501	\$7,303
232	RESTORATION TOOTH-FILLING	113	\$2,667	\$2,238
0943	PROBE NASOLACRML DUCT	109	\$2,109	\$1,743
282	TONSILLECTOMY WO ADENOIDECTOMY	104	\$2,007	\$2,499
5349	OTH UMB HERNIORRHAPHY	100	\$1,921	\$2,824
4131	BX BONE MARROW	86	\$2,112	\$4,276
7865	REMOV IMPLNT DEVICE-FEM	80	\$2,626	\$3,843
5302	UNILAT REPR INDIRECT ING HERN	70	\$1,780	\$2,710
581	URETHRAL MEATOTOMY	68	\$468	\$844
631	EXC VARICOCELE-HYDROCELE SPERM CORD	68	\$1,974	\$2,638
286	ADENOIDECTOMY WO TONSILLECTOMY	64	\$1,595	\$1,980

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
CPT-4 Procedures		8,409	\$2,488	\$3,274
69436	TYMPANOSTOMY GENERAL ANESTHESIA	1,228	\$876	\$1,247
42820	T&A; UNDER AGE 12	1,017	\$2,046	\$2,257
41899	UNLIST PROC DENTOALVEOL STRUCTUR	1,014	\$3,112	\$2,605
43239	UGI ENDO; W/BX 1/MX	338	\$1,643	\$1,389
54161	CIRC NO CLAMP/DORSL SLIT; NOT NB	255	\$1,719	\$2,124
67311	STRABISMUS SURG; 1 HORIZONTAL MU	199	\$3,604	\$3,359
20680	REMOVAL OF IMPLANT; DEEP	174	\$2,433	\$3,111
24538	PERQ FIX SPRCOND FX W/WO EXTENSI	170	\$3,216	\$3,371
54640	ORCHIPXY ING APPRCH W/WO HERN RE	142	\$2,005	\$2,225
38221	BONE MARROW; BIOPSY NEEDLE/TROCA	136	\$1,594	\$3,645
54322	1 STAGE DSTL REPR; W/SMPL MEATL	121	\$2,694	\$2,725
67312	STRABISMUS SURG; 2 HORIZONTAL MU	111	\$3,810	\$3,669
49505	REPR INIT ING HERNIA 5YR/MORE; R	108	\$1,897	\$4,010
68811	PROBE NASOLACRIM DUCT; REQ GEN A	106	\$2,145	\$1,805
49500	REPR INIT ING HERNIA 6MO-<5YR; R	100	\$1,885	\$2,120
42821	T&A; AGE 12 OR OVER	96	\$2,115	\$2,767
49580	REPR UMBILIC HERNIA <5YR; REDUCI	75	\$1,935	\$2,051
53020	MEATOTOMY CUT MEATUS; EXCEPT INF	70	\$462	\$843
55500	EXC HYDROCEL SPERM CRD UNI-SEP P	66	\$1,941	\$2,231
42830	ADENOIDECTOMY PRIMARY; UNDER AGE	63	\$1,691	\$1,938

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, 2007
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	416	8,527
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	235	2,371
	004 SIMPLE INCISION AND DRAINAGE	5	28
	006 SIMPLE DEBRIDEMENT AND DESTRUCTION	12	187
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	45	1,121
	008 SIMPLE EXCISION AND BIOPSY	78	1,220
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRANGE	35	1,390
	010 SIMPLE SKIN REPAIR	2	4
	011 SIMPLE INCISION AND EXCISION OF BREAST	4	2,116
02	MUSCULOSKELETAL SYSTEM	1,601	61,192
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	190	6,662
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	102	2,481
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	120	2,359
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	471	12,550
	025 ARTHROSCOPY	29	25,547
	026 REPLACEMENT OF CAST	5	65
	027 SPLINT, STRAPPING AND CAST REMOVAL	1	555
	028 CLOSED TREATMENT FX & DISLOCATION OF FINGER, TOE & TRUNK	1	54
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	105	693
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	385	4,851
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	9	465
	032 BUNION PROCEDURES	4	1,752
	033 ARTHROPLASTY	2	581
	034 HAND AND FOOT TENOTOMY	45	323
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	132	2,254
03	RESPIRATORY SYSTEM	621	8,139
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	1	652
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	285	5,383
	054 SIMPLE ENDOSCOPY OF THE UPPER AIRWAY	79	252
	055 ENDOSCOPY OF THE LOWER AIRWAY	256	1,852
04	CARDIOVASCULAR SYSTEM	1,650	30,572
	074 CARDIAC ELECTROPHYSIOLOGIC TESTS	310	4,174
	076 DIAGNOSTIC CARDIAC CATHETERIZATION	1,159	21,581
	077 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	92	1,914
	078 PACEMAKER INSERTION AND REPLACEMENT	12	690
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	71	989
	080 MINOR VASCULAR REPAIR AND FISTULA CONSTRUCTION	3	736
	081 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	3	123
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	54	3,488
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	52	2,063
	097 TRANSFUSION	2	1,297
06	DIGESTIVE SYSTEM	1,969	98,518
	112 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	42	1,254
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	15	650
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	33	342
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	515	20,229

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2007
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			
116	THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	96	5,566
117	LOWER GASTROINTESTINAL ENDOSCOPY	131	43,551
118	ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	8	1,497
119	HERNIA AND HYDROCELE PROCEDURES	759	6,814
120	COMPLEX ANAL AND RECTAL PROCEDURES	31	1,064
121	SIMPLE ANAL AND RECTAL PROCEDURES	29	552
122	MISCELLANEOUS ABDOMINAL PROCEDURES	67	580
123	COMPLEX LAPAROSCOPIC PROCEDURES	241	16,057
124	SIMPLE LAPAROSCOPIC PROCEDURES	2	226
07	URINARY SYSTEM	323	7,929
131	RENAL EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	4	871
132	SIMPLE URINARY STUDIES AND PROCEDURES	1	1
133	URINARY CATHETERIZATION AND DILATATION	26	479
134	COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	38	3,971
135	MODERATE CYSTOURETHROSCOPY	99	1,733
136	SIMPLE CYSTOURETHROSCOPY	32	570
137	COMPLEX URETHRAL PROCEDURES	29	132
138	SIMPLE URETHRAL PROCEDURES	94	172
08	MALE GENITAL SYSTEM	1,256	2,775
151	TESTICULAR AND EPIDIDYMAL PROCEDURES	393	1,260
153	COMPLEX PENILE PROCEDURES	375	495
154	SIMPLE PENILE PROCEDURES	487	823
155	PROSTATE NEEDLE AND PUNCH BIOPSY	1	112
09	FEMALE GENITAL SYSTEM	61	7,034
176	COMPLEX FEMALE REPRODUCTIVE PROCEDURES	1	1,974
177	SIMPLE FEMALE REPRODUCTIVE PROCEDURES	48	1,390
180	COLPOSCOPY	12	384
10	NERVOUS SYSTEM	182	20,995
195	NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	12	14,792
196	REVISION AND REMOVAL OF NEUROLOGICAL DEVICE	16	235
197	NEUROSTIMULATOR AND VENTRICULAR SHUNT IMPLANTATION	31	944
198	NERVE REPAIR AND DESTRUCTION	54	4,511
199	SPINAL TAP	69	513
11	EYE AND OCULAR ADNEXA	1,023	10,843
211	MINOR OPHTHALMOLOGICAL TESTS AND PROCEDURES	18	32
213	LASER EYE PROCEDURES	7	617
214	CATARACT PROCEDURES	38	4,389
215	COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	202	400
216	MODERATE ANTERIOR SEGMENT EYE PROCEDURES	37	277
217	SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	27	306
219	SIMPLE POSTERIOR SEGMENT EYE PROCEDURES	1	419
220	STRABISMUS AND MUSCLE EYE PROCEDURES	561	809
221	COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	31	886
222	SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	71	510
223	VITRECTOMY	30	1,822
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	6,108	27,519

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2007
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			
231	COCHLEAR DEVICE IMPLANTATION	33	95
233	NASAL CAUTERIZATION AND PACKING	55	328
234	COMPLEX FACIAL AND ENT PROCEDURES	497	5,752
235	SIMPLE FACIAL AND ENT PROCEDURES	3,522	13,044
236	TONSIL AND ADENOID PROCEDURES	2,001	8,300
13	THERAPEUTIC AND OTHER RADIOLOGICAL PROCEDURES	30	3,024
252	RADIATION THERAPY AND HYPERTHERMIA	4	7
253	VASCULAR RADIOLOGY EXCEPT FOR VENOGRAPHY OF EXTREMITY	10	1,146
255	MISCELLANEOUS RADIOLOGICAL PROCEDURES WITH CONTRAST	16	1,567

SOURCE: Utah Ambulatory Surgery Database
Utah 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, 2007
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	283	\$1,943	\$3,184
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	169	\$1,684	\$2,632
	004 SIMPLE INCISION AND DRAINAGE	4	\$1,839	\$2,544
	006 SIMPLE DEBRIDEMENT AND DESTRUCTION	9	\$2,023	\$2,883
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	29	\$2,994	\$3,383
	008 SIMPLE EXCISION AND BIOPSY	64	\$2,101	\$2,793
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRAN	4	\$2,582	\$4,546
	011 SIMPLE INCISION AND EXCISION OF BREAST	4	\$2,037	\$3,085
02	MUSCULOSKELETAL SYSTEM	775	\$2,938	\$4,441
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	77	\$3,486	\$7,003
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	55	\$2,776	\$3,967
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	30	\$3,514	\$5,446
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	246	\$2,462	\$3,054
	025 ARTHROSCOPY	13	\$4,621	\$4,796
	026 REPLACEMENT OF CAST	1	\$2,028	\$7,272
	028 CLOSED TREATMENT FX & DISLOCATION OF FINGER, TOE & TRUNK	1	\$1,173	\$1,440
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	56	\$3,595	\$3,328
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	232	\$3,541	\$5,920
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	2	\$2,698	\$2,812
	032 BUNION PROCEDURES	1	\$3,346	\$4,352
	034 HAND AND FOOT TENOTOMY	5	\$2,328	\$2,254
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	56	\$679	\$1,001
03	RESPIRATORY SYSTEM	107	\$2,479	\$2,352
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	1	\$2,418	\$1,520
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	41	\$2,456	\$3,777
	054 SIMPLE ENDOSCOPY OF THE UPPER AIRWAY	11	\$3,275	\$2,332
	055 ENDOSCOPY OF THE LOWER AIRWAY	54	\$2,336	\$2,232
04	CARDIOVASCULAR SYSTEM	43	\$3,270	\$13,494
	076 DIAGNOSTIC CARDIAC CATHETERIZATION	10	\$9,399	\$6,799
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	30	\$1,341	\$3,439
	080 MINOR VASCULAR REPAIR AND FISTULA CONSTRUCTION	1	\$3,460	\$5,464
	081 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	2	\$1,475	\$4,524
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	47	\$3,627	\$4,053
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	45	\$3,630	\$5,409
	097 TRANSFUSION	2	\$3,544	\$2,574
06	DIGESTIVE SYSTEM	1,119	\$2,049	\$2,473
	112 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	15	\$2,258	\$1,577
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	10	\$1,487	\$1,292
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	9	\$1,798	\$1,324
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	346	\$1,656	\$1,331
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	74	\$2,144	\$1,876
	117 LOWER GASTROINTESTINAL ENDOSCOPY	61	\$1,725	\$1,168
	118 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	4	\$2,242	\$4,111
	119 HERNIA AND HYDROCELE PROCEDURES	432	\$1,987	\$3,847
	120 COMPLEX ANAL AND RECTAL PROCEDURES	23	\$1,418	\$3,183

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2007
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)
	121 SIMPLE ANAL AND RECTAL PROCEDURES	18	\$1,679	\$2,411
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	48	\$2,853	\$6,329
	123 COMPLEX LAPAROSCOPIC PROCEDURES	78	\$4,098	\$7,043
	124 SIMPLE LAPAROSCOPIC PROCEDURES	1	\$4,677	\$8,601
07	URINARY SYSTEM	170	\$2,452	\$5,134
	133 URINARY CATHETERIZATION AND DILATATION	10	\$2,507	\$4,450
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	7	\$4,297	\$5,301
	135 MODERATE CYSTOURETHROSCOPY	54	\$4,768	\$3,734
	136 SIMPLE CYSTOURETHROSCOPY	9	\$2,303	\$2,619
	137 COMPLEX URETHRAL PROCEDURES	19	\$2,533	\$6,589
	138 SIMPLE URETHRAL PROCEDURES	71	\$499	\$1,729
08	MALE GENITAL SYSTEM	861	\$2,089	\$3,453
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	239	\$2,013	\$2,812
	153 COMPLEX PENILE PROCEDURES	283	\$2,694	\$3,629
	154 SIMPLE PENILE PROCEDURES	338	\$1,637	\$1,981
	155 PROSTATE NEEDLE AND PUNCH BIOPSY	1	\$1,727	\$5,214
09	FEMALE GENITAL SYSTEM	33	\$5,145	\$4,463
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	1	\$5,949	\$5,626
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	31	\$5,221	\$3,471
	180 COLPOSCOPY	1	\$1,994	\$3,826
10	NERVOUS SYSTEM	75	\$2,760	\$2,183
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	5	\$3,349	\$1,108
	196 REVISION AND REMOVAL OF NEUROLOGICAL DEVICE	12	\$7,383	\$9,628
	197 NEUROSTIMULATOR AND VENTRICULAR SHUNT IMPLANTATION	2	\$2,471	\$26,856
	198 NERVE REPAIR AND DESTRUCTION	11	\$2,332	\$2,625
	199 SPINAL TAP	45	\$1,579	\$2,151
11	EYE AND OCULAR ADNEXA	594	\$3,315	\$3,373
	211 MINOR OPHTHALMOLOGICAL TESTS AND PROCEDURES	8	\$2,303	\$1,775
	213 LASER EYE PROCEDURES	5	\$3,794	\$769
	214 CATARACT PROCEDURES	22	\$5,415	\$3,301
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	112	\$2,368	\$3,487
	216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	27	\$3,500	\$2,769
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	10	\$4,100	\$3,367
	219 SIMPLE POSTERIOR SEGMENT EYE PROCEDURES	1	\$3,034	\$3,744
	220 STRABISMUS AND MUSCLE EYE PROCEDURES	340	\$3,674	\$3,433
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	21	\$2,682	\$3,997
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	42	\$1,821	\$2,495
	223 VITRECTOMY	6	\$4,543	\$6,291
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	4,006	\$2,340	\$2,838
	231 COCHLEAR DEVICE IMPLANTATION	32	\$36,126	\$46,617
	233 NASAL CAUTERIZATION AND PACKING	19	\$2,658	\$3,413
	234 COMPLEX FACIAL AND ENT PROCEDURES	215	\$3,845	\$5,571
	235 SIMPLE FACIAL AND ENT PROCEDURES	2,458	\$1,927	\$1,937
	236 TONSIL AND ADENOID PROCEDURES	1,282	\$2,031	\$2,399
13	THERAPEUTIC AND OTHER RADIOLOGICAL PROCEDURES	4	\$7,828	\$3,736

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2007
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)
252 RADIATION THERAPY AND HYPERTHERMIA	4	\$7,828	\$9,804

SOURCE: Utah Ambulatory Surgery Database
 Utah 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, 2007
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	4,725	39.7	118,694	54.2
Male	7,178	60.3	100,216	45.8
Unknown	0	0.0	2	0.0
Not Reported	0	0.0	1	0.0
AGE				
1-28 days	25	0.2	1,456	0.7
29-365 days	1,522	12.8	2,840	1.3
1-4 years	5,152	43.3	10,885	5.0
5-9	2,746	23.1	5,994	2.7
10-14	1,545	13.0	4,452	2.0
15-17	650	5.5	4,943	2.3
18-19	154	1.3	3,620	1.7
20-24	79	0.7	10,250	4.7
25-29	16	0.1	12,627	5.8
30-34	9	0.1	12,276	5.6
35-39	2	0.0	12,391	5.7
40-44	1	0.0	13,493	6.2
45-49	1	0.0	16,963	7.7
50-54	1	0.0	24,260	11.1
55-59	0	0.0	20,332	9.3
60-64	0	0.0	17,122	7.8
65-69	0	0.0	14,261	6.5
70-74	0	0.0	11,502	5.3
75-79	0	0.0	9,388	4.3
80-84	0	0.0	6,242	2.9
85-89	0	0.0	2,777	1.3
90 +	0	0.0	839	0.4
Not Reported	25	0.2	1,456	0.7
SOURCE OF ADMISSION				
Physician Referral	11,376	95.6	199,973	91.3
Clinic Referral	6	0.1	1,442	0.7
HMO Referral	0	0.0	3,326	1.5
Other Hospital	1	0.0	50	0.0
Skilled Nursing Facility	0	0.0	14	0.0
Other Health Care Facility	1	0.0	24	0.0
Emergency Room	517	4.3	4,867	2.2
Court/Law Enforcement	0	0.0	3	0.0
Unknown	1	0.0	16	0.0
Not Reported	1	0.0	9,198	4.2

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2007
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	11,891	99.9	218,338	99.7
Another Hospital	2	0.0	109	0.0
Skilled Nursing Facility	2	0.0	108	0.0
Intermediate Care Facility	1	0.0	7	0.0
Another Type of Institution	1	0.0	50	0.0
Under Care of Home Service	6	0.1	223	0.1
Left Against Medical Advice	0	0.0	19	0.0
Under Care of Home IV Provider	0	0.0	1	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	13	0.1	38,805	17.7
Medicaid	2,540	21.3	12,973	5.9
Other government	238	2.0	3,498	1.6
Blue Cross/Blue Shield	2,159	18.1	30,611	14.0
Other Commercial	869	7.3	17,104	7.8
Managed Care(HMO, PPO)	5,621	47.2	106,265	48.5
Self Pay	168	1.4	2,895	1.3
Industrial & Worker Comp	0	0.0	3,787	1.7
Charity and Unclassified	70	0.6	1,868	0.9
Childrens Health Insurance	4	0.0	159	0.1
Unknown	221	1.9	855	0.4
Not Reported	0	0.0	93	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	306	2.6	16,514	7.5
Central Utah	167	1.4	8,080	3.7
Davis County	1,447	12.2	22,286	10.2
Salt Lake County	5,934	49.9	72,683	33.2
Southeastern Utah	108	0.9	5,055	2.3
Southwest Utah	204	1.7	13,705	6.3
Summit County	200	1.7	2,788	1.3
Tooele County	288	2.4	4,504	2.1
Tri-County	129	1.1	5,649	2.6
Utah County	1,410	11.8	35,563	16.2
Wasatch County	119	1.0	1,636	0.7
Weber County	616	5.2	21,324	9.7
Unknown Utah	3	0.0	43	0.0
Outside Utah	965	8.1	8,990	4.1
Unknown, Not Reported	7	0.1	93	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, 2007
NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

120 Salt Lake Regional Medical Center

Reporting Category(ICD-9-CM CODES)	Procedures Performed		Procedures Performed-All Hospitals	
	(#)	(%)	(#)	(%)
Reporting Category(ICD-9-CM CODES)	7,113	100.0	319,880	100.0
Mastectomy (85.0-85.99)	301	4.2	7,512	2.3
Musculoskeletal (76.0-84.99)	1,202	16.9	71,153	22.2
Respiratory (30.0-34.99)	76	1.1	3,550	1.1
Cardiovascular (35.0-39.99)	1,439	20.2	16,128	5.0
Lymphatic/Hemetic (40.0-41.99)	77	1.1	3,232	1.0
Digestive System (42.0-54.99)	541	7.6	102,504	32.0
Urinary (55.0-59.99)	207	2.9	10,216	3.2
Male Genital (60.0-64.99)	53	0.7	3,613	1.1
Female Genital (65.0-71.99)	345	4.9	15,763	4.9
Endocrine/Nervous (01.0-07.99)	407	5.7	22,558	7.1
Eye (08.0-16.99)	1,290	18.1	19,364	6.1
Ear (18.0-20.99)	128	1.8	13,797	4.3
Nose, Mouth, Pharynx (21.0-29.99)	1,047	14.7	30,490	9.5
Reporting Category(CPT-4 CODES)	8,160	100.0	301,918	100.0
Mastectomy (19120-19220)	64	0.8	2,118	0.7
Musculoskeletal (20000-29909)	1,595	19.5	67,981	22.5
Respiratory (30000-32999 & 39501-39599)	862	10.6	14,263	4.7
Cardiovascular (33010-37799 & 93501-93660)	2,767	33.9	38,047	12.6
Lymphatic/Hemetic (38100-38999)	56	0.7	2,819	0.9
Digestive (40490-49999)	742	9.1	109,019	36.1
Urinary (50010-53899)	272	3.3	9,215	3.1
Male Genital (54000-55899)	38	0.5	3,144	1.0
Female Genital (56405-58999)	354	4.3	11,863	3.9
Endocrine/Nervous (60000-64999)	565	6.9	24,805	8.2
Eye (65091-68899)	748	9.2	11,076	3.7
Ear (69000-69979)	97	1.2	7,568	2.5

SOURCE: Utah Ambulatory Surgery Database
Utah 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, 2007
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		7,113	100.0	100.0
3722	LT HEART CARD CATH	246	3.5	1.08
0833	REPR BLEPHAROPT-RESECT/ADVANC LEVAT	219	3.1	0.09
2169	OTH TURBINECTOMY	202	2.8	0.78
3726	CARD ELECTROPHYSIO STIMUL-RECORD	191	2.7	0.38
3552	REPR ATRIAL SEPTL DEFEC-PROSTH-CLO	189	2.7	0.23
3728	INTRACARDIAC ECHOCARDIOGRAPHY	187	2.6	0.24
3734	EXC/DESTRUC OTH LES/TISS HRT OTH	186	2.6	0.37
3727	CARD MAPPING	183	2.6	0.34
0844	REPR ENTROPION/ECTROP-LID RECON	173	2.4	0.08
0887	UPPER EYELID RHYTIDECTOMY	147	2.1	0.15
2263	ETHMOIDECTOMY	141	2.0	0.55
2188	OTH SEPTOPLASTY	102	1.4	0.54
806	EXC SEMILUNAR CARTILAGE-KNEE	101	1.4	1.94
8511	CLO [PERCUT] [NEEDLE] BX BREAST	100	1.4	0.29
8192	INJ THERAP SUBSTANCE JT/LIGAMNT	98	1.4	0.42
6823	ENDOMETRIAL ABLATION	97	1.4	0.61
0859	OTH ADJUSTMENT LID POSIT	88	1.2	0.04
5123	LAP CHOLEY	87	1.2	2.16
215	SUBMUCOUS RESECT NASAL SEPTUM	84	1.2	0.26
0870	RECON EYELID-NOS	78	1.1	0.06

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		8,160	100.0	100.0
93545	INJ PROC-CATH; SELECT CORONRY AN	284	3.5	1.34
93556	IMAG SUPERVS I&R-CATH; PULM ANGI	250	3.1	1.27
93510	LT HRT CATH RETRO-BRACH/FEM; PER	247	3.0	1.03
93543	INJ PROC-CATH; LT VENT/ATRIAL AN	243	3.0	1.22
93555	IMAG SUPERVS I&R-CATH; VENT/ATRI	232	2.8	1.13
93580	PERQ TRNSCATH CLO INTERATRIAL CM	190	2.3	0.24
93620	COMP EP EVAL;RT ATRIAL VENT HIS	190	2.3	0.37
30140	SUBMUCOS RES TURBINATE PART/CMPL	182	2.2	0.69
93651	INTRACARD CATH ABLAT ARRHY; TX T	182	2.2	0.27
30520	SEPTOPLASTY/SUBMUCOS RES W/GFT	177	2.2	0.77
93621	COMP EP EVAL;LT ATRIAL COR SINUS	168	2.1	0.26
93623	PROGRAM STIM & PACE AFTER IV DRU	136	1.7	0.23
67904	REPR BLEPHAROPTOSIS; RESECT-EXT	133	1.6	0.05
93613	INTRACARD EP 3-D MAPPING	100	1.2	0.07
58563	HYSTEROSC SURG; W/ENDOMETRIAL AB	95	1.2	0.45
63650	PERQ IMPLANT ELECT ARRAY EPIDURA	90	1.1	0.10
20610	ARTHROCENTESIS ASPIR&/INJ; MAJ J	89	1.1	0.47
31255	NASAL/SINUS ENDO; W/TOT ETHMOECT	89	1.1	0.38
29881	SCOPE KNEE SURG;W/MENISCECT MED/	83	1.0	1.64
67917	REPAIR OF ECTROPION; EXTENSIVE	83	1.0	0.05

SOURCE: Utah Ambulatory Surgery Database
Utah Health Data Committee/Office of Health Care Statistics
Reportable* excludes codes in the former "Other" category 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, 2007
 AVERAGE TOTAL CHARGES FOR MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES, SINGLE ICD-9 OR CPT-4 ONLY

120 Salt Lake Regional Medical Center

ICD-9 CODE	ICD-9 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
ICD-9	Procedures	2,334	\$9,336	\$3,565
3722	LT HEART CARD CATH	193	\$9,361	\$6,932
3552	REPR ATRIAL SEPTL DEFEC-PROSTH-CLO	104	\$31,966	\$29,755
8192	INJ THERAP SUBSTANCE JT/LIGAMNT	92	\$701	\$1,090
6823	ENDOMETRIAL ABLATION	76	\$6,211	\$5,399
5123	LAP CHOLEY	73	\$9,390	\$6,693
4495	4495	62	\$18,878	\$16,714
0393	INSRT/REPLCMT SPINAL NEUROSTIM	48	\$37,400	\$39,073
8521	LOC EXC LES BREAST	45	\$3,810	\$2,822
8511	CLO [PERCUT] [NEEDLE] BX BREAST	37	\$2,506	\$1,501
282	TONSILLECTOMY WO ADENOIDECTOMY	36	\$3,373	\$2,499
6952	ASPIR CURET FOLLOWING DELIV/AB	36	\$3,005	\$2,643
806	EXC SEMILUNAR CARTILAGE-KNEE	34	\$7,015	\$4,511
0611	CLO PERCUT NEEDLE BX THYROID GLAND	33	\$1,570	\$848
3723	COMBO RT & LT HEART CARD CATH	33	\$10,260	\$7,303
5304	UNILAT REPR INDIRECT ING HERN-GFT	32	\$5,654	\$4,048
0443	RELEASE CARPAL TUNNEL	30	\$2,945	\$2,237
283	TONSILLECTOMY W/ADENOIDECTOMY	30	\$3,413	\$2,361
0390	INSRT SPINAL CANAL INFUS CATH	29	\$30,179	\$22,968
5303	UNILAT REPR DIRECT ING HERN-GFT	29	\$5,854	\$4,317
0492	IMPLNT/REPLCMT PERIPH NEUROSTIM	25	\$50,794	\$28,168

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
CPT-4	Procedures	2,695	\$8,409	\$3,274
93580	PERQ TRNSCATH CLO INTERATRIAL CM	187	\$34,635	\$25,102
20610	ARTHROCENTESIS ASPIR&/INJ; MAJ J	87	\$721	\$1,001
58563	HYSTEROSC SURG; W/ENDOMETRIAL AB	79	\$6,248	\$5,666
29580	STRAPPING; UNNA BOOT	69	\$7,645	\$3,122
49505	REPR INIT ING HERNIA 5YR/MORE; R	69	\$5,444	\$4,010
43770	43770	62	\$18,878	\$16,727
50590	LITHOTRIPSY XTRACORP SHOCK WAVE	50	\$7,319	\$8,723
23350	INJ SHLDR ARTHROGRPH/ENHNCD CT/M	48	\$3,866	\$2,970
36430	TRANSFUSION BLOOD/BLOOD COMPONENT	45	\$3,049	\$2,574
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	40	\$1,808	\$1,005
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	39	\$9,979	\$7,072
58340	CATH&INTRO SALINE/CONTRAST SIS/H	38	\$1,084	\$865
29125	APPLIC SHORT ARM SPLINT; STATIC	36	\$635	\$1,093
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	34	\$3,307	\$2,569
43760	CHANGE OF GASTROSTOMY TUBE	34	\$2,267	\$2,298
47562	LAPAROSCOPY SURGICAL; CHOLECT	34	\$8,714	\$6,110
20680	REMOVAL OF IMPLANT; DEEP	31	\$4,744	\$3,111
60100	BX THYROID PERCUTANEOUS CORE NEE	31	\$1,625	\$1,166
19120	EXC BRST CYST TUMR/LES OPN M/F 1	30	\$3,325	\$2,769
19125	EXC BRST LES ID RAD MARKR OPN;1	29	\$4,774	\$3,708

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, 2007
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	274	8,527
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	69	2,371
	003 COMPLEX INCISION AND DRAINAGE	2	88
	006 SIMPLE DEBRIDEMENT AND DESTRUCTION	10	187
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	43	1,121
	008 SIMPLE EXCISION AND BIOPSY	45	1,220
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRANGE	41	1,390
	011 SIMPLE INCISION AND EXCISION OF BREAST	64	2,116
02	MUSCULOSKELETAL SYSTEM	1,287	61,192
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	74	6,662
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	18	2,481
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	35	2,359
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	210	12,550
	025 ARTHROSCOPY	455	25,547
	026 REPLACEMENT OF CAST	24	65
	027 SPLINT, STRAPPING AND CAST REMOVAL	216	555
	028 CLOSED TREATMENT FX & DISLOCATION OF FINGER, TOE & TRUNK	15	54
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	9	693
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	81	4,851
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	5	465
	032 BUNION PROCEDURES	22	1,752
	033 ARTHROPLASTY	5	581
	034 HAND AND FOOT TENOTOMY	2	323
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	116	2,254
03	RESPIRATORY SYSTEM	416	8,139
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	23	652
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	368	5,383
	054 SIMPLE ENDOSCOPY OF THE UPPER AIRWAY	2	252
	055 ENDOSCOPY OF THE LOWER AIRWAY	23	1,852
04	CARDIOVASCULAR SYSTEM	2,523	30,572
	074 CARDIAC ELECTROPHYSIOLOGIC TESTS	774	4,174
	075 PLACEMENT OF TRANSVENOUS CATHETERS	5	42
	076 DIAGNOSTIC CARDIAC CATHETERIZATION	1,433	21,581
	077 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	203	1,914
	078 PACEMAKER INSERTION AND REPLACEMENT	36	690
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	63	989
	080 MINOR VASCULAR REPAIR AND FISTULA CONSTRUCTION	1	736
	082 VASCULAR LIGATION	8	308
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	87	3,488
	092 CHEMOTHERAPY EXCEPT BY EXTENDED INFUSION	1	43
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	41	2,063
	097 TRANSFUSION	45	1,297
06	DIGESTIVE SYSTEM	595	98,518
	111 ALIMENTARY TESTS AND SIMPLE TUBE PLACEMENT	8	136
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	1	650
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	16	20,229

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2007
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			
116	THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	30	5,566
117	LOWER GASTROINTESTINAL ENDOSCOPY	2	43,551
118	ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	12	1,497
119	HERNIA AND HYDROCELE PROCEDURES	165	6,814
120	COMPLEX ANAL AND RECTAL PROCEDURES	26	1,064
121	SIMPLE ANAL AND RECTAL PROCEDURES	4	552
122	MISCELLANEOUS ABDOMINAL PROCEDURES	18	580
123	COMPLEX LAPAROSCOPIC PROCEDURES	309	16,057
124	SIMPLE LAPAROSCOPIC PROCEDURES	4	226
07	URINARY SYSTEM	256	7,929
131	RENAL EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	61	871
133	URINARY CATHETERIZATION AND DILATATION	11	479
134	COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	118	3,971
135	MODERATE CYSTOURETHROSCOPY	43	1,733
136	SIMPLE CYSTOURETHROSCOPY	14	570
137	COMPLEX URETHRAL PROCEDURES	1	132
138	SIMPLE URETHRAL PROCEDURES	8	172
08	MALE GENITAL SYSTEM	24	2,775
151	TESTICULAR AND EPIDIDYMAL PROCEDURES	15	1,260
152	INSERTION OF PENILE PROSTHESIS	1	85
153	COMPLEX PENILE PROCEDURES	3	495
154	SIMPLE PENILE PROCEDURES	5	823
09	FEMALE GENITAL SYSTEM	204	7,034
176	COMPLEX FEMALE REPRODUCTIVE PROCEDURES	51	1,974
177	SIMPLE FEMALE REPRODUCTIVE PROCEDURES	23	1,390
178	DILATION AND CURETTAGE	9	733
179	HYSTEROSCOPY	119	2,553
180	COLPOSCOPY	2	384
10	NERVOUS SYSTEM	427	20,995
195	NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	80	14,792
196	REVISION AND REMOVAL OF NEUROLOGICAL DEVICE	49	235
197	NEUROSTIMULATOR AND VENTRICULAR SHUNT IMPLANTATION	187	944
198	NERVE REPAIR AND DESTRUCTION	99	4,511
199	SPINAL TAP	12	513
11	EYE AND OCULAR ADNEXA	724	10,843
215	COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	7	400
216	MODERATE ANTERIOR SEGMENT EYE PROCEDURES	31	277
217	SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	1	306
221	COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	473	886
222	SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	212	510
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	793	27,519
233	NASAL CAUTERIZATION AND PACKING	5	328
234	COMPLEX FACIAL AND ENT PROCEDURES	395	5,752
235	SIMPLE FACIAL AND ENT PROCEDURES	283	13,044
236	TONSIL AND ADENOID PROCEDURES	110	8,300
13	THERAPEUTIC AND OTHER RADIOLOGICAL PROCEDURES	155	3,024

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2007
PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

120 Salt Lake Regional Medical Center

procedure APG category			
procedure APG		TOTAL #	TOTAL # (ALL Hospitals)
253	VASCULAR RADIOLOGY EXCEPT FOR VENOGRAPHY OF EXTREMITY	9	1,146
254	MYELOGRAPHY	28	304
255	MISCELLANEOUS RADIOLOGICAL PROCEDURES WITH CONTRAST	118	1,567

SOURCE: Utah Ambulatory Surgery Database
Utah 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, 2007
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	208	\$4,263	\$3,184
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	61	\$2,291	\$2,632
	006 SIMPLE DEBRIDEMENT AND DESTRUCTION	8	\$3,423	\$2,883
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	29	\$5,887	\$3,383
	008 SIMPLE EXCISION AND BIOPSY	20	\$3,238	\$2,793
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRAN	31	\$7,935	\$4,546
	011 SIMPLE INCISION AND EXCISION OF BREAST	59	\$4,037	\$3,085
02	MUSCULOSKELETAL SYSTEM	633	\$5,047	\$4,441
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	35	\$11,168	\$7,003
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	7	\$5,013	\$3,967
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	15	\$9,076	\$5,446
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	95	\$5,164	\$3,054
	025 ARTHROSCOPY	83	\$9,314	\$4,796
	026 REPLACEMENT OF CAST	21	\$8,510	\$7,272
	027 SPLINT, STRAPPING AND CAST REMOVAL	199	\$3,116	\$1,950
	028 CLOSED TREATMENT FX & DISLOCATION OF FINGER, TOE & TRUNK	15	\$481	\$1,440
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	4	\$4,072	\$3,328
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	42	\$9,657	\$5,920
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	2	\$1,966	\$2,812
	032 BUNION PROCEDURES	4	\$8,068	\$4,352
	033 ARTHROPLASTY	2	\$9,551	\$7,331
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	109	\$788	\$1,001
03	RESPIRATORY SYSTEM	58	\$3,182	\$2,352
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	19	\$1,944	\$1,520
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	26	\$4,223	\$3,777
	055 ENDOSCOPY OF THE LOWER AIRWAY	13	\$2,911	\$2,232
04	CARDIOVASCULAR SYSTEM	245	\$30,664	\$13,494
	074 CARDIAC ELECTROPHYSIOLOGIC TESTS	3	\$44,187	\$20,642
	075 PLACEMENT OF TRANSVENOUS CATHETERS	5	\$8,413	\$8,168
	076 DIAGNOSTIC CARDIAC CATHETERIZATION	11	\$15,776	\$6,799
	077 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	190	\$34,469	\$23,688
	078 PACEMAKER INSERTION AND REPLACEMENT	14	\$34,368	\$22,941
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	14	\$4,195	\$3,439
	082 VASCULAR LIGATION	8	\$9,437	\$5,963
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	78	\$4,551	\$4,053
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	33	\$6,599	\$5,409
	097 TRANSFUSION	45	\$3,049	\$2,574
06	DIGESTIVE SYSTEM	443	\$8,408	\$2,473
	111 ALIMENTARY TESTS AND SIMPLE TUBE PLACEMENT	8	\$1,533	\$1,025
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	1	\$2,663	\$1,292
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	10	\$2,051	\$1,331
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	29	\$2,349	\$1,876
	117 LOWER GASTROINTESTINAL ENDOSCOPY	1	\$5,852	\$1,168
	118 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	9	\$4,863	\$4,111
	119 HERNIA AND HYDROCELE PROCEDURES	121	\$5,375	\$3,847

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2007
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)
	120 COMPLEX ANAL AND RECTAL PROCEDURES	26	\$3,955	\$3,183
	121 SIMPLE ANAL AND RECTAL PROCEDURES	3	\$2,357	\$2,411
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	16	\$12,179	\$6,329
	123 COMPLEX LAPAROSCOPIC PROCEDURES	217	\$11,919	\$7,043
	124 SIMPLE LAPAROSCOPIC PROCEDURES	2	\$15,031	\$8,601
07	URINARY SYSTEM	156	\$6,383	\$5,134
	131 RENAL EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	50	\$7,319	\$8,723
	133 URINARY CATHETERIZATION AND DILATATION	10	\$773	\$4,450
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	52	\$7,503	\$5,301
	135 MODERATE CYSTOURETHROSCOPY	27	\$5,092	\$3,734
	136 SIMPLE CYSTOURETHROSCOPY	9	\$4,288	\$2,619
	137 COMPLEX URETHRAL PROCEDURES	1	\$5,527	\$6,589
	138 SIMPLE URETHRAL PROCEDURES	7	\$7,182	\$1,729
08	MALE GENITAL SYSTEM	16	\$5,068	\$3,453
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	9	\$5,306	\$2,812
	153 COMPLEX PENILE PROCEDURES	3	\$6,073	\$3,629
	154 SIMPLE PENILE PROCEDURES	4	\$3,777	\$1,981
09	FEMALE GENITAL SYSTEM	145	\$5,930	\$4,463
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	28	\$7,935	\$5,626
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	9	\$4,059	\$3,471
	178 DILATION AND CURETTAGE	8	\$2,860	\$2,542
	179 HYSTEROSCOPY	98	\$5,841	\$4,798
	180 COLPOSCOPY	2	\$2,877	\$3,826
10	NERVOUS SYSTEM	159	\$9,930	\$2,183
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	51	\$2,140	\$1,108
	196 REVISION AND REMOVAL OF NEUROLOGICAL DEVICE	26	\$9,619	\$9,628
	197 NEUROSTIMULATOR AND VENTRICULAR SHUNT IMPLANTATION	29	\$35,522	\$26,856
	198 NERVE REPAIR AND DESTRUCTION	41	\$3,990	\$2,625
	199 SPINAL TAP	12	\$2,156	\$2,151
11	EYE AND OCULAR ADNEXA	82	\$5,011	\$3,373
	216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	1	\$5,508	\$2,769
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	73	\$4,859	\$3,997
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	8	\$6,337	\$2,495
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	160	\$5,170	\$2,838
	233 NASAL CAUTERIZATION AND PACKING	1	\$2,552	\$3,413
	234 COMPLEX FACIAL AND ENT PROCEDURES	62	\$7,865	\$5,571
	235 SIMPLE FACIAL AND ENT PROCEDURES	31	\$3,684	\$1,937
	236 TONSIL AND ADENOID PROCEDURES	66	\$3,375	\$2,399
13	THERAPEUTIC AND OTHER RADIOLOGICAL PROCEDURES	137	\$2,750	\$3,736
	253 VASCULAR RADIOLOGY EXCEPT FOR VENOGRAPHY OF EXTREMITY	2	\$5,157	\$13,369
	254 MYELOGRAPHY	19	\$3,948	\$3,202
	255 MISCELLANEOUS RADIOLOGICAL PROCEDURES WITH CONTRAST	116	\$2,512	\$2,658

SOURCE: Utah Ambulatory Surgery Database
 Utah 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, 2007
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	2,544	55.0	118,694	54.2
Male	2,081	45.0	100,216	45.8
Unknown	0	0.0	2	0.0
Not Reported	0	0.0	1	0.0
AGE				
1-28 days	15	0.3	1,456	0.7
29-365 days	3	0.1	2,840	1.3
1-4 years	37	0.8	10,885	5.0
5-9	34	0.7	5,994	2.7
10-14	47	1.0	4,452	2.0
15-17	66	1.4	4,943	2.3
18-19	57	1.2	3,620	1.7
20-24	220	4.8	10,250	4.7
25-29	288	6.2	12,627	5.8
30-34	292	6.3	12,276	5.6
35-39	330	7.1	12,391	5.7
40-44	359	7.8	13,493	6.2
45-49	395	8.5	16,963	7.7
50-54	478	10.3	24,260	11.1
55-59	408	8.8	20,332	9.3
60-64	366	7.9	17,122	7.8
65-69	312	6.7	14,261	6.5
70-74	301	6.5	11,502	5.3
75-79	232	5.0	9,388	4.3
80-84	221	4.8	6,242	2.9
85-89	108	2.3	2,777	1.3
90 +	56	1.2	839	0.4
Not Reported	15	0.3	1,456	0.7
SOURCE OF ADMISSION				
Physician Referral	4,613	99.7	199,973	91.3
Clinic Referral	3	0.1	1,442	0.7
HMO Referral	1	0.0	3,326	1.5
Other Hospital	0	0.0	50	0.0
Skilled Nursing Facility	0	0.0	14	0.0
Other Health Care Facility	0	0.0	24	0.0
Emergency Room	8	0.2	4,867	2.2
Court/Law Enforcement	0	0.0	3	0.0
Unknown	0	0.0	16	0.0
Not Reported	0	0.0	9,198	4.2

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2007
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	4,611	99.7	218,338	99.7
Another Hospital	5	0.1	109	0.0
Skilled Nursing Facility	4	0.1	108	0.0
Intermediate Care Facility	0	0.0	7	0.0
Another Type of Institution	1	0.0	50	0.0
Under Care of Home Service	0	0.0	223	0.1
Left Against Medical Advice	0	0.0	19	0.0
Under Care of Home IV Provider	0	0.0	1	0.0
Expired	1	0.0	12	0.0
Unknown	3	0.1	46	0.0
Not Reported	0	0.0	0	0.0
PRIMARY PAYER				
Medicare	1,124	24.3	38,805	17.7
Medicaid	186	4.0	12,973	5.9
Other government	86	1.9	3,498	1.6
Blue Cross/Blue Shield	1,377	29.8	30,611	14.0
Other Commercial	652	14.1	17,104	7.8
Managed Care(HMO, PPO)	1,105	23.9	106,265	48.5
Self Pay	24	0.5	2,895	1.3
Industrial & Worker Comp	67	1.4	3,787	1.7
Charity and Unclassified	3	0.1	1,868	0.9
Childrens Health Insurance	1	0.0	159	0.1
Unknown	0	0.0	855	0.4
Not Reported	0	0.0	93	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	41	0.9	16,514	7.5
Central Utah	15	0.3	8,080	3.7
Davis County	429	9.3	22,286	10.2
Salt Lake County	2,889	62.5	72,683	33.2
Southeastern Utah	25	0.5	5,055	2.3
Southwest Utah	10	0.2	13,705	6.3
Summit County	141	3.0	2,788	1.3
Tooele County	155	3.4	4,504	2.1
Tri-County	121	2.6	5,649	2.6
Utah County	98	2.1	35,563	16.2
Wasatch County	34	0.7	1,636	0.7
Weber County	94	2.0	21,324	9.7
Unknown Utah	2	0.0	43	0.0
Outside Utah	560	12.1	8,990	4.1
Unknown, Not Reported	11	0.2	93	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, 2007
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)	390	100.0	319,880	100.0
Mastectomy (85.0-85.99)	0	0.0	7,512	2.3
Musculoskeletal (76.0-84.99)	2	0.5	71,153	22.2
Respiratory (30.0-34.99)	0	0.0	3,550	1.1
Cardiovascular (35.0-39.99)	0	0.0	16,128	5.0
Lymphatic/Hemetic (40.0-41.99)	0	0.0	3,232	1.0
Digestive System (42.0-54.99)	228	58.5	102,504	32.0
Urinary (55.0-59.99)	0	0.0	10,216	3.2
Male Genital (60.0-64.99)	3	0.8	3,613	1.1
Female Genital (65.0-71.99)	16	4.1	15,763	4.9
Endocrine/Nervous (01.0-07.99)	8	2.1	22,558	7.1
Eye (08.0-16.99)	49	12.6	19,364	6.1
Ear (18.0-20.99)	58	14.9	13,797	4.3
Nose, Mouth, Pharynx (21.0-29.99)	26	6.7	30,490	9.5
Reporting Category(CPT-4 CODES)	269	100.0	301,918	100.0
Mastectomy (19120-19220)	0	0.0	2,118	0.7
Musculoskeletal (20000-29909)	1	0.4	67,981	22.5
Respiratory (30000-32999 & 39501-39599)	17	6.3	14,263	4.7
Cardiovascular (33010-37799 & 93501-93660)	0	0.0	38,047	12.6
Lymphatic/Hemetic (38100-38999)	0	0.0	2,819	0.9
Digestive (40490-49999)	210	78.1	109,019	36.1
Urinary (50010-53899)	0	0.0	9,215	3.1
Male Genital (54000-55899)	0	0.0	3,144	1.0
Female Genital (56405-58999)	15	5.6	11,863	3.9
Endocrine/Nervous (60000-64999)	5	1.9	24,805	8.2
Eye (65091-68899)	0	0.0	11,076	3.7
Ear (69000-69979)	21	7.8	7,568	2.5

SOURCE: Utah Ambulatory Surgery Database
Utah 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, 2007
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				
4542	ENDO POLYPECTOMY LG INTESTINE	66	16.9	3.78
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	64	16.4	5.42
2001	MYRINGOTOMY W/INSRT TUBE	53	13.6	3.33
4523	COLONOSCOPY	51	13.1	6.86
1341	PHACOEMULSIFICATION-ASPIR CATARACT	21	5.4	1.38
1371	IOL PROSTH-CATARACT EXTRACT-1-STAGE	21	5.4	1.38
4525	CLO [ENDO] BX LG INTESTINE	18	4.6	2.32
283	TONSILLECTOMY W/ADENOIDECTOMY	16	4.1	1.70
0443	RELEASE CARPAL TUNNEL	8	2.1	1.07
6902	D&C FOLLOWING DELIV/AB	8	2.1	0.24
282	TONSILLECTOMY WO ADENOIDECTOMY	5	1.3	0.60
4341	ENDO EXC/DESTRUC LES/TISS STOMACH	4	1.0	0.16
5123	LAP CHOLEY	4	1.0	2.16
5349	OTH UMB HERNIORRHAPHY	4	1.0	0.28
1364	DISCISSION SECNDRY MEMBRN	3	0.8	0.16
201	REMOV TYMPANOSTOMY TUBE	3	0.8	0.14
4241	PART ESOPHAGECTOMY	3	0.8	0.00
5304	UNILAT REPR INDIRECT ING HERN-GFT	3	0.8	0.46
6909	OTH D&C UTERUS	3	0.8	0.46
1132	EXC PTERYGIUM W/CORNEAL GFT	2	0.5	0.01

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures				
45380	COLONOSCOPY FLEX; W/BX 1/MX	125	46.5	5.29
43239	UGI ENDO; W/BX 1/MX	62	23.0	5.47
69436	TYMPANOSTOMY GENERAL ANESTHESIA	21	7.8	1.79
31526	LARYNGOSCOPY DIRECT; DX W/OP MIC	17	6.3	0.05
42820	T&A; UNDER AGE 12	17	6.3	1.37
58120	DILATION & CURET DX &/ THERAPEUT	10	3.7	0.24
58545	LAP MYOMCT;1-4 MYOM 250 GM/<&/SU	5	1.9	0.01
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	5	1.9	0.69
49500	REPR INIT ING HERNIA 6MO-<5YR; R	4	1.5	0.08
47600	CHOLECYSTECTOMY;	2	0.7	0.01
25650	CLOSED TX ULNAR STYLOID FRACTURE	1	0.4	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, 2007
 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	172	\$2,653	\$3,565
4542	ENDO POLYPECTOMY LG INTESTINE	40	\$2,243	\$1,383
4523	COLONOSCOPY	37	\$1,932	\$976
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	26	\$2,106	\$1,391
283	TONSILLECTOMY W/ADENOIDECTOMY	12	\$3,013	\$2,361
0443	RELEASE CARPAL TUNNEL	8	\$3,323	\$2,237
6902	D&C FOLLOWING DELIV/AB	8	\$3,381	\$2,635
282	TONSILLECTOMY WO ADENOIDECTOMY	5	\$4,248	\$2,499
4525	CLO [ENDO] BX LG INTESTINE	5	\$1,872	\$1,424
1364	DISCISSION SECNDRY MEMBRN	3	\$319	\$727
5123	LAP CHOLEY	3	\$9,693	\$6,693
5304	UNILAT REPR INDIRECT ING HERN-GFT	3	\$7,936	\$4,048
6909	OTH D&C UTERUS	3	\$2,325	\$2,732
1132	EXC PTERYGIUM W/CORNEAL GFT	2	\$2,032	\$2,504
2001	MYRINGOTOMY W/INSRT TUBE	2	\$4,275	\$1,552
5349	OTH UMB HERNIORRHAPHY	2	\$3,114	\$2,824
0870	RECON EYELID-NOS	1	\$2,718	\$4,973
1139	OTH EXC PTERYGIUM	1	\$2,772	\$2,209
1802	INCIS EXT AUDITORY CANAL	1	\$219	\$1,426
1829	EXC/DESTRUC OTH LES EXT EAR	1	\$3,585	\$2,213
2171	CLO REDUC NASAL FX	1	\$1,381	\$2,128

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
CPT-4	Procedures	158	\$2,449	\$3,274
45380	COLONOSCOPY FLEX; W/BX 1/MX	92	\$2,150	\$1,354
43239	UGI ENDO; W/BX 1/MX	29	\$2,092	\$1,389
42820	T&A; UNDER AGE 12	13	\$3,464	\$2,257
58120	DILATION & CURET DX &/ THERAPEUT	10	\$2,862	\$2,542
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	5	\$3,501	\$2,296
69436	TYMPANOSTOMY GENERAL ANESTHESIA	5	\$2,440	\$1,247
49500	REPR INIT ING HERNIA 6MO-<5YR; R	2	\$6,918	\$2,120
25650	CLOSED TX ULNAR STYLOID FRACTURE	1	\$1,502	\$1,502
58545	LAP MYOMCT;1-4 MYOM 250 GM/<&/SU	1	\$9,798	\$6,048

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, 2007
PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

128 San Juan Hospital - CAH

Procedure APG category	Procedure APG	TOTAL #	TOTAL # (ALL Hospitals)
02	MUSCULOSKELETAL SYSTEM	1	61,192
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	1	693
03	RESPIRATORY SYSTEM	17	8,139
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	17	5,383
06	DIGESTIVE SYSTEM	196	98,518
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	62	20,229
	117 LOWER GASTROINTESTINAL ENDOSCOPY	125	43,551
	119 HERNIA AND HYDROCELE PROCEDURES	4	6,814
	123 COMPLEX LAPAROSCOPIC PROCEDURES	5	16,057
09	FEMALE GENITAL SYSTEM	10	7,034
	178 DILATION AND CURETTAGE	10	733
10	NERVOUS SYSTEM	5	20,995
	198 NERVE REPAIR AND DESTRUCTION	5	4,511
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	38	27,519
	235 SIMPLE FACIAL AND ENT PROCEDURES	21	13,044
	236 TONSIL AND ADENOID PROCEDURES	17	8,300

SOURCE: Utah Ambulatory Surgery Database
 Utah 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, 2007
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 CHRGR	AVE TOT CHRGR(ALL Hospitals)
02	MUSCULOSKELETAL SYSTEM	1	\$1,502	\$4,441
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	1	\$1,502	\$3,328
06	DIGESTIVE SYSTEM	124	\$2,275	\$2,473
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	29	\$2,092	\$1,331
	117 LOWER GASTROINTESTINAL ENDOSCOPY	92	\$2,150	\$1,168
	119 HERNIA AND HYDROCELE PROCEDURES	2	\$6,918	\$3,847
	123 COMPLEX LAPAROSCOPIC PROCEDURES	1	\$9,798	\$7,043
09	FEMALE GENITAL SYSTEM	10	\$2,862	\$4,463
	178 DILATION AND CURETTAGE	10	\$2,862	\$2,542
10	NERVOUS SYSTEM	5	\$3,501	\$2,183
	198 NERVE REPAIR AND DESTRUCTION	5	\$3,501	\$2,625
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	18	\$3,180	\$2,838
	235 SIMPLE FACIAL AND ENT PROCEDURES	5	\$2,440	\$1,937
	236 TONSIL AND ADENOID PROCEDURES	13	\$3,464	\$2,399

SOURCE: Utah Ambulatory Surgery Database
Utah 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, 2007
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	136	49.8	118,694	54.2
Male	137	50.2	100,216	45.8
Unknown	0	0.0	2	0.0
Not Reported	0	0.0	1	0.0
AGE				
1-28 days	0	0.0	1,456	0.7
29-365 days	7	2.6	2,840	1.3
1-4 years	24	8.8	10,885	5.0
5-9	10	3.7	5,994	2.7
10-14	4	1.5	4,452	2.0
15-17	2	0.7	4,943	2.3
18-19	1	0.4	3,620	1.7
20-24	9	3.3	10,250	4.7
25-29	7	2.6	12,627	5.8
30-34	12	4.4	12,276	5.6
35-39	7	2.6	12,391	5.7
40-44	5	1.8	13,493	6.2
45-49	12	4.4	16,963	7.7
50-54	29	10.6	24,260	11.1
55-59	31	11.4	20,332	9.3
60-64	20	7.3	17,122	7.8
65-69	34	12.5	14,261	6.5
70-74	29	10.6	11,502	5.3
75-79	15	5.5	9,388	4.3
80-84	9	3.3	6,242	2.9
85-89	3	1.1	2,777	1.3
90 +	3	1.1	839	0.4
Not Reported	0	0.0	1,456	0.7
SOURCE OF ADMISSION				
Physician Referral	267	97.8	199,973	91.3
Clinic Referral	0	0.0	1,442	0.7
HMO Referral	0	0.0	3,326	1.5
Other Hospital	0	0.0	50	0.0
Skilled Nursing Facility	0	0.0	14	0.0
Other Health Care Facility	0	0.0	24	0.0
Emergency Room	2	0.7	4,867	2.2
Court/Law Enforcement	0	0.0	3	0.0
Unknown	0	0.0	16	0.0
Not Reported	4	1.5	9,198	4.2

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2007
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	235	86.1	218,338	99.7
Another Hospital	0	0.0	109	0.0
Skilled Nursing Facility	1	0.4	108	0.0
Intermediate Care Facility	0	0.0	7	0.0
Another Type of Institution	0	0.0	50	0.0
Under Care of Home Service	0	0.0	223	0.1
Left Against Medical Advice	0	0.0	19	0.0
Under Care of Home IV Provider	0	0.0	1	0.0
Expired	0	0.0	12	0.0
Unknown	37	13.6	46	0.0
Not Reported	0	0.0	0	0.0
PRIMARY PAYER				
Medicare	77	28.2	38,805	17.7
Medicaid	39	14.3	12,973	5.9
Other government	1	0.4	3,498	1.6
Blue Cross/Blue Shield	53	19.4	30,611	14.0
Other Commercial	23	8.4	17,104	7.8
Managed Care(HMO, PPO)	58	21.2	106,265	48.5
Self Pay	20	7.3	2,895	1.3
Industrial & Worker Comp	2	0.7	3,787	1.7
Charity and Unclassified	0	0.0	1,868	0.9
Childrens Health Insurance	0	0.0	159	0.1
Unknown	0	0.0	855	0.4
Not Reported	0	0.0	93	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	0	0.0	16,514	7.5
Central Utah	0	0.0	8,080	3.7
Davis County	0	0.0	22,286	10.2
Salt Lake County	0	0.0	72,683	33.2
Southeastern Utah	262	96.0	5,055	2.3
Southwest Utah	5	1.8	13,705	6.3
Summit County	0	0.0	2,788	1.3
Tooele County	0	0.0	4,504	2.1
Tri-County	0	0.0	5,649	2.6
Utah County	0	0.0	35,563	16.2
Wasatch County	0	0.0	1,636	0.7
Weber County	0	0.0	21,324	9.7
Unknown Utah	0	0.0	43	0.0
Outside Utah	6	2.2	8,990	4.1
Unknown, Not Reported	0	0.0	93	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, 2007
NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

130 Sanpete Valley Hospital - CAH

Reporting Category(ICD-9-CM CODES)	Procedures Performed		Procedures Performed-All Hospitals	
	(#)	(%)	(#)	(%)
Reporting Category(ICD-9-CM CODES)	1,075	100.0	319,880	100.0
Mastectomy (85.0-85.99)	19	1.8	7,512	2.3
Musculoskeletal (76.0-84.99)	75	7.0	71,153	22.2
Respiratory (30.0-34.99)	3	0.3	3,550	1.1
Cardiovascular (35.0-39.99)	3	0.3	16,128	5.0
Lymphatic/Hemetic (40.0-41.99)	1	0.1	3,232	1.0
Digestive System (42.0-54.99)	663	61.7	102,504	32.0
Urinary (55.0-59.99)	3	0.3	10,216	3.2
Male Genital (60.0-64.99)	14	1.3	3,613	1.1
Female Genital (65.0-71.99)	37	3.4	15,763	4.9
Endocrine/Nervous (01.0-07.99)	50	4.7	22,558	7.1
Eye (08.0-16.99)	144	13.4	19,364	6.1
Ear (18.0-20.99)	31	2.9	13,797	4.3
Nose, Mouth, Pharynx (21.0-29.99)	32	3.0	30,490	9.5
Reporting Category(CPT-4 CODES)	907	100.0	301,918	100.0
Mastectomy (19120-19220)	1	0.1	2,118	0.7
Musculoskeletal (20000-29909)	90	9.9	67,981	22.5
Respiratory (30000-32999 & 39501-39599)	4	0.4	14,263	4.7
Cardiovascular (33010-37799 & 93501-93660)	4	0.4	38,047	12.6
Lymphatic/Hemetic (38100-38999)	1	0.1	2,819	0.9
Digestive (40490-49999)	658	72.5	109,019	36.1
Urinary (50010-53899)	2	0.2	9,215	3.1
Male Genital (54000-55899)	14	1.5	3,144	1.0
Female Genital (56405-58999)	22	2.4	11,863	3.9
Endocrine/Nervous (60000-64999)	5	0.6	24,805	8.2
Eye (65091-68899)	90	9.9	11,076	3.7
Ear (69000-69979)	16	1.8	7,568	2.5

SOURCE: Utah Ambulatory Surgery Database
Utah 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, 2007
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		1,075	100.0	100.0
4523	COLONOSCOPY	120	11.2	6.86
5123	LAP CHOLEY	91	8.5	2.16
4542	ENDO POLYPECTOMY LG INTESTINE	88	8.2	3.78
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	81	7.5	5.42
4513	OTH ENDO SM INTESTINE	67	6.2	1.74
1371	IOL PROSTH-CATARACT EXTRACT-1-STAGE	54	5.0	1.38
1341	PHACOEMULSIFICATION-ASPIR CATARACT	53	4.9	1.38
0443	RELEASE CARPAL TUNNEL	44	4.1	1.07
4525	CLO [ENDO] BX LG INTESTINE	44	4.1	2.32
2001	MYRINGOTOMY W/INSRT TUBE	31	2.9	3.33
4292	DILAT ESOPH	30	2.8	1.45
1359	OTH EXTRACAPSUL LENS EXTRACT	28	2.6	0.03
8023	ARTHSCPY-WRIST	18	1.7	0.15
4836	[ENDO] POLYPECTOMY RECTUM	17	1.6	1.03
283	TONSILLECTOMY W/ADENOIDECTOMY	16	1.5	1.70
4701	LAP APPENDECTOMY	16	1.5	0.58
8511	CLO [PERCUT] [NEEDLE] BX BREAST	14	1.3	0.29
5451	LAP LYSIS PERITONEAL ADHES	13	1.2	0.24
5421	LAPAROSCOPY	12	1.1	0.55
282	TONSILLECTOMY WO ADENOIDECTOMY	11	1.0	0.60

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		907	100.0	100.0
45378	COLONOSCOPY FLEX; DX-SEP PROC	120	13.2	6.66
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	94	10.4	1.44
45383	COLONOSCOPY FLEX; W/ABLAT LES	86	9.5	0.11
43239	UGI ENDO; W/BX 1/MX	79	8.7	5.47
66984	EXTRACAPSULAR CATARACT REMV IOL	52	5.7	1.35
45380	COLONOSCOPY FLEX; W/BX 1/MX	46	5.1	5.29
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	45	5.0	1.15
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	28	3.1	0.97
66940	REMOVAL LENS MATERIAL; XTRACAPSL	27	3.0	0.01
29848	ENDO WRST SURG REL TRNS CARP LIG	26	2.9	0.32
49650	LAPARSCPY SURG; REPR INIT ING HE	21	2.3	0.19
49659	UNLISTED LAP PROC-HERNIOPLSTY/OT	21	2.3	0.16
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	20	2.2	1.59
44970	LAPAROSCOPY SURGICAL APPENDECTOM	18	2.0	0.63
69436	TYMPANOSTOMY GENERAL ANESTHESIA	16	1.8	1.79
28285	CORRECTION HAMMERTOE	12	1.3	0.59
49329	UNLIST LAP PROC ABD PERTN&OMNTUM	11	1.2	0.14
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	9	1.0	0.50
26055	TENDON SHEATH INCISION	8	0.9	0.42
42820	T&A; UNDER AGE 12	8	0.9	1.37

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, 2007
 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 CHRG	AVE TOT CHRG(ALL Hospitals)
ICD-9	Procedures	518	\$2,749	\$3,565
4523	COLONOSCOPY	88	\$839	\$976
5123	LAP CHOLEY	80	\$6,021	\$6,693
4542	ENDO POLYPECTOMY LG INTESTINE	58	\$1,267	\$1,383
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	31	\$859	\$1,391
1359	OTH EXTRACAPSUL LENS EXTRACT	27	\$1,158	\$1,394
4513	OTH ENDO SM INTESTINE	21	\$876	\$1,172
4525	CLO [ENDO] BX LG INTESTINE	17	\$1,419	\$1,424
283	TONSILLECTOMY W/ADENOIDECTOMY	16	\$2,148	\$2,361
8511	CLO [PERCUT] [NEEDLE] BX BREAST	13	\$3,636	\$1,501
4701	LAP APPENDECTOMY	12	\$7,543	\$9,118
282	TONSILLECTOMY WO ADENOIDECTOMY	10	\$2,382	\$2,499
4836	[ENDO] POLYPECTOMY RECTUM	10	\$1,261	\$1,285
1369	OTH CATARACT EXTRACT	8	\$935	\$833
6952	ASPIR CURET FOLLOWING DELIV/AB	6	\$3,080	\$2,643
5451	LAP LYSIS PERITONEAL ADHES	5	\$4,900	\$5,514
8221	EXC LES TENDON SHEATH HAND	5	\$3,205	\$2,332
5305	UNILAT REPR ING HERN-GFT-NOS	4	\$5,952	\$4,695
5361	INCIS HERN REPR W/PROSTH	4	\$6,621	\$7,223
6732	DESTRUC LES CERV-CAUT	4	\$2,485	\$2,645
6959	OTH ASPIR CURET UTERUS	4	\$1,799	\$2,467

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
CPT-4	Procedures	604	\$2,706	\$3,274
45378	COLONOSCOPY FLEX; DX-SEP PROC	88	\$839	\$984
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	84	\$6,052	\$7,072
45383	COLONOSCOPY FLEX; W/ABLAT LES	57	\$1,236	\$1,289
66984	EXTRACAPSULAR CATARACT REMV IOL	52	\$2,814	\$3,292
43239	UGI ENDO; W/BX 1/MX	31	\$853	\$1,389
66940	REMOVAL LENS MATERIAL; XTRACAPSL	27	\$1,158	\$1,173
29848	ENDO WRST SURG REL TRNS CARP LIG	22	\$3,678	\$2,476
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	21	\$876	\$1,081
45380	COLONOSCOPY FLEX; W/BX 1/MX	17	\$1,419	\$1,354
49650	LAPARSCPY SURG; REPR INIT ING HE	17	\$5,372	\$5,578
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	14	\$979	\$1,631
49659	UNLISTED LAP PROC-HERNIOPLSTY/OT	14	\$5,107	\$8,273
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	13	\$1,408	\$1,536
69436	TYMPANOSTOMY GENERAL ANESTHESIA	13	\$1,378	\$1,247
44970	LAPAROSCOPY SURGICAL APPENDECTOM	12	\$7,543	\$9,078
42820	T&A; UNDER AGE 12	8	\$2,085	\$2,257
42821	T&A; AGE 12 OR OVER	8	\$2,211	\$2,767
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	8	\$2,434	\$2,569
66821	DISCISSION 2ND CATARACT; LASER S	8	\$935	\$736
25111	EXCISION OF GANGLION WRIST; PRIM	4	\$3,290	\$2,456

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, 2007
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	6	8,527
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	1	1,121
	008 SIMPLE EXCISION AND BIOPSY	2	1,220
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRANGE	2	1,390
	011 SIMPLE INCISION AND EXCISION OF BREAST	1	2,116
02	MUSCULOSKELETAL SYSTEM	86	61,192
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	1	6,662
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	3	2,481
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	3	2,359
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	42	12,550
	025 ARTHROSCOPY	26	25,547
	028 CLOSED TREATMENT FX & DISLOCATION OF FINGER, TOE & TRUNK	1	54
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	2	4,851
	032 BUNION PROCEDURES	5	1,752
	033 ARTHROPLASTY	2	581
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	1	2,254
03	RESPIRATORY SYSTEM	3	8,139
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	2	652
	054 SIMPLE ENDOSCOPY OF THE UPPER AIRWAY	1	252
04	CARDIOVASCULAR SYSTEM	1	30,572
	081 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	1	123
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	2	3,488
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	1	2,063
	097 TRANSFUSION	1	1,297
06	DIGESTIVE SYSTEM	630	98,518
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	4	650
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	125	20,229
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	36	5,566
	117 LOWER GASTROINTESTINAL ENDOSCOPY	272	43,551
	119 HERNIA AND HYDROCELE PROCEDURES	2	6,814
	120 COMPLEX ANAL AND RECTAL PROCEDURES	4	1,064
	121 SIMPLE ANAL AND RECTAL PROCEDURES	3	552
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	4	580
	123 COMPLEX LAPAROSCOPIC PROCEDURES	178	16,057
	124 SIMPLE LAPAROSCOPIC PROCEDURES	2	226
07	URINARY SYSTEM	2	7,929
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	1	3,971
	135 MODERATE CYSTOURETHROSCOPY	1	1,733
08	MALE GENITAL SYSTEM	11	2,775
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	8	1,260
	154 SIMPLE PENILE PROCEDURES	3	823
09	FEMALE GENITAL SYSTEM	18	7,034
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	3	1,974
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	3	1,390
	178 DILATION AND CURETTAGE	5	733
	179 HYSTEROSCOPY	5	2,553

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2007
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			
	180 COLPOSCOPY	2	384
10	NERVOUS SYSTEM	2	20,995
	198 NERVE REPAIR AND DESTRUCTION	2	4,511
11	EYE AND OCULAR ADNEXA	90	10,843
	213 LASER EYE PROCEDURES	8	617
	214 CATARACT PROCEDURES	81	4,389
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	1	400
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	50	27,519
	234 COMPLEX FACIAL AND ENT PROCEDURES	2	5,752
	235 SIMPLE FACIAL AND ENT PROCEDURES	19	13,044
	236 TONSIL AND ADENOID PROCEDURES	29	8,300

SOURCE: Utah Ambulatory Surgery Database
 Utah 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, 2007
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	6	\$4,176	\$3,184
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	1	\$5,916	\$3,383
	008 SIMPLE EXCISION AND BIOPSY	2	\$2,689	\$2,793
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRAN	2	\$5,042	\$4,546
	011 SIMPLE INCISION AND EXCISION OF BREAST	1	\$3,679	\$3,085
02	MUSCULOSKELETAL SYSTEM	52	\$3,355	\$4,441
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	1	\$4,507	\$7,003
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	1	\$4,995	\$3,967
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	3	\$5,161	\$5,446
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	17	\$2,642	\$3,054
	025 ARTHROSCOPY	22	\$3,678	\$4,796
	028 CLOSED TREATMENT FX & DISLOCATION OF FINGER, TOE & TRUNK	1	\$629	\$1,440
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	1	\$6,429	\$5,920
	032 BUNION PROCEDURES	4	\$2,775	\$4,352
	033 ARTHROPLASTY	2	\$2,744	\$7,331
03	RESPIRATORY SYSTEM	3	\$500	\$2,352
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	2	\$349	\$1,520
	054 SIMPLE ENDOSCOPY OF THE UPPER AIRWAY	1	\$801	\$2,332
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	1	\$3,932	\$4,053
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	1	\$3,932	\$5,409
06	DIGESTIVE SYSTEM	384	\$2,777	\$2,473
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	52	\$863	\$1,331
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	17	\$1,007	\$1,876
	117 LOWER GASTROINTESTINAL ENDOSCOPY	175	\$1,067	\$1,168
	119 HERNIA AND HYDROCELE PROCEDURES	1	\$1,851	\$3,847
	120 COMPLEX ANAL AND RECTAL PROCEDURES	2	\$2,915	\$3,183
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	1	\$3,248	\$6,329
	123 COMPLEX LAPAROSCOPIC PROCEDURES	136	\$5,932	\$7,043
07	URINARY SYSTEM	2	\$2,538	\$5,134
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	1	\$3,111	\$5,301
	135 MODERATE CYSTOURETHROSCOPY	1	\$1,965	\$3,734
08	MALE GENITAL SYSTEM	5	\$2,604	\$3,453
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	2	\$2,952	\$2,812
	154 SIMPLE PENILE PROCEDURES	3	\$2,372	\$1,981
09	FEMALE GENITAL SYSTEM	15	\$2,508	\$4,463
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	3	\$2,909	\$5,626
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	3	\$2,262	\$3,471
	178 DILATION AND CURETTAGE	4	\$1,697	\$2,542
	179 HYSTEROSCOPY	3	\$3,408	\$4,798
	180 COLPOSCOPY	2	\$2,548	\$3,826
11	EYE AND OCULAR ADNEXA	90	\$2,138	\$3,373
	213 LASER EYE PROCEDURES	8	\$935	\$769
	214 CATARACT PROCEDURES	81	\$2,269	\$3,301
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	1	\$1,130	\$3,487
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	43	\$2,274	\$2,838

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2007
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 CHRG	AVE TOT CHRG(ALL Hospitals)
234 COMPLEX FACIAL AND ENT PROCEDURES	2	\$7,862	\$5,571
235 SIMPLE FACIAL AND ENT PROCEDURES	15	\$1,590	\$1,937
236 TONSIL AND ADENOID PROCEDURES	26	\$2,238	\$2,399

SOURCE: Utah Ambulatory Surgery Database
 Utah 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, 2007
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	416	54.2	118,694	54.2
Male	352	45.8	100,216	45.8
Unknown	0	0.0	2	0.0
Not Reported	0	0.0	1	0.0
AGE				
1-28 days	0	0.0	1,456	0.7
29-365 days	3	0.4	2,840	1.3
1-4 years	19	2.5	10,885	5.0
5-9	14	1.8	5,994	2.7
10-14	18	2.3	4,452	2.0
15-17	28	3.6	4,943	2.3
18-19	20	2.6	3,620	1.7
20-24	37	4.8	10,250	4.7
25-29	46	6.0	12,627	5.8
30-34	29	3.8	12,276	5.6
35-39	22	2.9	12,391	5.7
40-44	36	4.7	13,493	6.2
45-49	47	6.1	16,963	7.7
50-54	77	10.0	24,260	11.1
55-59	73	9.5	20,332	9.3
60-64	66	8.6	17,122	7.8
65-69	67	8.7	14,261	6.5
70-74	64	8.3	11,502	5.3
75-79	41	5.3	9,388	4.3
80-84	29	3.8	6,242	2.9
85-89	17	2.2	2,777	1.3
90 +	15	2.0	839	0.4
Not Reported	0	0.0	1,456	0.7
SOURCE OF ADMISSION				
Physician Referral	736	95.8	199,973	91.3
Clinic Referral	13	1.7	1,442	0.7
HMO Referral	0	0.0	3,326	1.5
Other Hospital	0	0.0	50	0.0
Skilled Nursing Facility	0	0.0	14	0.0
Other Health Care Facility	0	0.0	24	0.0
Emergency Room	19	2.5	4,867	2.2
Court/Law Enforcement	0	0.0	3	0.0
Unknown	0	0.0	16	0.0
Not Reported	0	0.0	9,198	4.2

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2007
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	768	100.0	218,338	99.7
Another Hospital	0	0.0	109	0.0
Skilled Nursing Facility	0	0.0	108	0.0
Intermediate Care Facility	0	0.0	7	0.0
Another Type of Institution	0	0.0	50	0.0
Under Care of Home Service	0	0.0	223	0.1
Left Against Medical Advice	0	0.0	19	0.0
Under Care of Home IV Provider	0	0.0	1	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	224	29.2	38,805	17.7
Medicaid	98	12.8	12,973	5.9
Other government	6	0.8	3,498	1.6
Blue Cross/Blue Shield	54	7.0	30,611	14.0
Other Commercial	65	8.5	17,104	7.8
Managed Care(HMO, PPO)	283	36.8	106,265	48.5
Self Pay	14	1.8	2,895	1.3
Industrial & Worker Comp	10	1.3	3,787	1.7
Charity and Unclassified	7	0.9	1,868	0.9
Childrens Health Insurance	0	0.0	159	0.1
Unknown	7	0.9	855	0.4
Not Reported	0	0.0	93	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	0	0.0	16,514	7.5
Central Utah	736	95.8	8,080	3.7
Davis County	0	0.0	22,286	10.2
Salt Lake County	7	0.9	72,683	33.2
Southeastern Utah	3	0.4	5,055	2.3
Southwest Utah	5	0.7	13,705	6.3
Summit County	0	0.0	2,788	1.3
Tooele County	0	0.0	4,504	2.1
Tri-County	0	0.0	5,649	2.6
Utah County	11	1.4	35,563	16.2
Wasatch County	0	0.0	1,636	0.7
Weber County	1	0.1	21,324	9.7
Unknown Utah	0	0.0	43	0.0
Outside Utah	5	0.7	8,990	4.1
Unknown, Not Reported	0	0.0	93	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, 2007
NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

132 Sevier Valley Medical Center

Reporting Category(ICD-9-CM CODES)	Procedures Performed		Procedures Performed-All Hospitals	
	(#)	(%)	(#)	(%)
Reporting Category(ICD-9-CM CODES)	2,049	100.0	319,880	100.0
Mastectomy (85.0-85.99)	16	0.8	7,512	2.3
Musculoskeletal (76.0-84.99)	259	12.6	71,153	22.2
Respiratory (30.0-34.99)	1	0.0	3,550	1.1
Cardiovascular (35.0-39.99)	7	0.3	16,128	5.0
Lymphatic/Hemetic (40.0-41.99)	2	0.1	3,232	1.0
Digestive System (42.0-54.99)	934	45.6	102,504	32.0
Urinary (55.0-59.99)	24	1.2	10,216	3.2
Male Genital (60.0-64.99)	13	0.6	3,613	1.1
Female Genital (65.0-71.99)	34	1.7	15,763	4.9
Endocrine/Nervous (01.0-07.99)	23	1.1	22,558	7.1
Eye (08.0-16.99)	392	19.1	19,364	6.1
Ear (18.0-20.99)	104	5.1	13,797	4.3
Nose, Mouth, Pharynx (21.0-29.99)	240	11.7	30,490	9.5
Reporting Category(CPT-4 CODES)	1,700	100.0	301,918	100.0
Mastectomy (19120-19220)	9	0.5	2,118	0.7
Musculoskeletal (20000-29909)	253	14.9	67,981	22.5
Respiratory (30000-32999 & 39501-39599)	9	0.5	14,263	4.7
Cardiovascular (33010-37799 & 93501-93660)	7	0.4	38,047	12.6
Lymphatic/Hemetic (38100-38999)	2	0.1	2,819	0.9
Digestive (40490-49999)	1,059	62.3	109,019	36.1
Urinary (50010-53899)	24	1.4	9,215	3.1
Male Genital (54000-55899)	13	0.8	3,144	1.0
Female Genital (56405-58999)	21	1.2	11,863	3.9
Endocrine/Nervous (60000-64999)	22	1.3	24,805	8.2
Eye (65091-68899)	229	13.5	11,076	3.7
Ear (69000-69979)	52	3.1	7,568	2.5

SOURCE: Utah Ambulatory Surgery Database
 Utah 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, 2007
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		2,049	100.0	100.0
4523	COLONOSCOPY	299	14.6	6.86
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	166	8.1	5.42
1341	PHACOEMULSIFICATION-ASPIR CATARACT	162	7.9	1.38
1371	IOL PROSTH-CATARACT EXTRACT-1-STAGE	161	7.9	1.38
4542	ENDO POLYPECTOMY LG INTESTINE	113	5.5	3.78
2001	MYRINGOTOMY W/INSRT TUBE	103	5.0	3.33
232	RESTORATION TOOTH-FILLING	66	3.2	0.61
283	TONSILLECTOMY W/ADENOIDECTOMY	64	3.1	1.70
4292	DILAT ESOPH	59	2.9	1.45
4513	OTH ENDO SM INTESTINE	58	2.8	1.74
1364	DISCISSION SECNDRY MEMBRN	57	2.8	0.16
4525	CLO [ENDO] BX LG INTESTINE	49	2.4	2.32
5123	LAP CHOLEY	45	2.2	2.16
7756	REPR HAMMER TOE	44	2.1	0.38
2370	ROOT CANAL-NOS	41	2.0	0.38
806	EXC SEMILUNAR CARTILAGE-KNEE	29	1.4	1.94
4836	[ENDO] POLYPECTOMY RECTUM	28	1.4	1.03
7751	BUNIONEC SOFT-OSTEOT 1ST METATARS	28	1.4	0.32
2309	EXTRACT OTH TOOTH	24	1.2	0.17
282	TONSILLECTOMY WO ADENOIDECTOMY	24	1.2	0.60

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		1,700	100.0	100.0
45378	COLONOSCOPY FLEX; DX-SEP PROC	295	17.4	6.66
45380	COLONOSCOPY FLEX; W/BX 1/MX	173	10.2	5.29
43239	UGI ENDO; W/BX 1/MX	166	9.8	5.47
66984	EXTRACAPSULAR CATARACT REMV IOL	161	9.5	1.35
41899	UNLIST PROC DENTOALVEOL STRUCTUR	68	4.0	0.94
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	58	3.4	0.97
66821	DISCISSION 2ND CATARACT; LASER S	58	3.4	0.18
42820	T&A; UNDER AGE 12	57	3.4	1.37
69436	TYMPANOSTOMY GENERAL ANESTHESIA	52	3.1	1.79
28285	CORRECTION HAMMERTOE	44	2.6	0.59
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	43	2.5	1.44
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	33	1.9	1.15
28296	HALLUX VALGUS; W/METATARSAL OSTE	28	1.6	0.29
49505	REPR INIT ING HERNIA 5YR/MORE; R	28	1.6	0.88
29877	SCOPE KNEE SURG; DEBRID/SHAVE CA	26	1.5	0.99
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	22	1.3	0.69
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	20	1.2	0.50
52000	CYSTOURETHROSCOPY-SEP PROC	20	1.2	0.13
29881	SCOPE KNEE SURG;W/MENISCECT MED/	15	0.9	1.64
29880	SCOPE KNEE SURG;W/MENISCECT MED&	14	0.8	0.48

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, 2007
 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	949	\$2,190	\$3,565
4523	COLONOSCOPY	239	\$1,177	\$976
4542	ENDO POLYPECTOMY LG INTESTINE	77	\$1,441	\$1,383
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	74	\$1,277	\$1,391
1364	DISCISSION SECNDRY MEMBRN	56	\$946	\$727
283	TONSILLECTOMY W/ADENOIDECTOMY	56	\$2,312	\$2,361
5123	LAP CHOLEY	38	\$7,452	\$6,693
4525	CLO [ENDO] BX LG INTESTINE	28	\$1,338	\$1,424
282	TONSILLECTOMY WO ADENOIDECTOMY	24	\$2,318	\$2,499
0443	RELEASE CARPAL TUNNEL	20	\$1,839	\$2,237
5732	OTH CYSTOSCOPY	20	\$943	\$4,943
7751	BUNIONEC SOFT-OSTEOT 1ST METATARS	19	\$3,135	\$4,053
232	RESTORATION TOOTH-FILLING	17	\$2,811	\$2,238
4513	OTH ENDO SM INTESTINE	16	\$1,189	\$1,172
5304	UNILAT REPR INDIRECT ING HERN-GFT	14	\$3,560	\$4,048
6909	OTH D&C UTERUS	13	\$1,996	\$2,732
5303	UNILAT REPR DIRECT ING HERN-GFT	11	\$3,604	\$4,317
4836	[ENDO] POLYPECTOMY RECTUM	10	\$1,342	\$1,285
6902	D&C FOLLOWING DELIV/AB	10	\$2,222	\$2,635
806	EXC SEMILUNAR CARTILAGE-KNEE	9	\$4,147	\$4,511
8521	LOC EXC LES BREAST	9	\$2,945	\$2,822

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
CPT-4	Procedures	1,205	\$2,211	\$3,274
45378	COLONOSCOPY FLEX; DX-SEP PROC	236	\$1,176	\$984
66984	EXTRACAPSULAR CATARACT REMV IOL	159	\$2,654	\$3,292
45380	COLONOSCOPY FLEX; W/BX 1/MX	136	\$1,425	\$1,354
43239	UGI ENDO; W/BX 1/MX	73	\$1,272	\$1,389
41899	UNLIST PROC DENTOALVEOL STRUCTUR	67	\$2,686	\$2,605
66821	DISCISSION 2ND CATARACT; LASER S	57	\$945	\$736
42820	T&A; UNDER AGE 12	49	\$2,245	\$2,257
69436	TYMPANOSTOMY GENERAL ANESTHESIA	40	\$1,011	\$1,247
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	39	\$7,447	\$7,072
49505	REPR INIT ING HERNIA 5YR/MORE; R	26	\$3,722	\$4,010
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	20	\$2,296	\$2,569
52000	CYSTOURETHROSCOPY-SEP PROC	20	\$943	\$2,399
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	20	\$1,839	\$2,296
28296	HALLUX VALGUS; W/METATARSAL OSTE	19	\$3,135	\$4,353
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	15	\$1,134	\$1,081
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	13	\$1,537	\$1,631
58120	DILATION & CURET DX &/ THERAPEUT	13	\$2,005	\$2,542
28285	CORRECTION HAMMERTOES	8	\$2,553	\$3,174
19120	EXC BRST CYST TUMR/LES OPN M/F 1	7	\$3,018	\$2,769
29877	SCOPE KNEE SURG; DEBRID/SHAVE CA	7	\$3,044	\$3,722

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, 2007
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	8,527
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	1	2,371
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	2	1,121
	008 SIMPLE EXCISION AND BIOPSY	6	1,220
	011 SIMPLE INCISION AND EXCISION OF BREAST	9	2,116
02	MUSCULOSKELETAL SYSTEM	244	61,192
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	3	6,662
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	4	2,481
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	1	2,359
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	107	12,550
	025 ARTHROSCOPY	61	25,547
	028 CLOSED TREATMENT FX & DISLOCATION OF FINGER, TOE & TRUNK	1	54
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	6	693
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	19	4,851
	032 BUNION PROCEDURES	34	1,752
	034 HAND AND FOOT TENOTOMY	8	323
03	RESPIRATORY SYSTEM	6	8,139
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	6	652
04	CARDIOVASCULAR SYSTEM	6	30,572
	078 PACEMAKER INSERTION AND REPLACEMENT	2	690
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	3	989
	081 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	1	123
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	2	3,488
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	2	2,063
06	DIGESTIVE SYSTEM	893	98,518
	112 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	1	1,254
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	4	650
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	199	20,229
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	84	5,566
	117 LOWER GASTROINTESTINAL ENDOSCOPY	476	43,551
	118 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	1	1,497
	119 HERNIA AND HYDROCELE PROCEDURES	50	6,814
	120 COMPLEX ANAL AND RECTAL PROCEDURES	3	1,064
	121 SIMPLE ANAL AND RECTAL PROCEDURES	2	552
	123 COMPLEX LAPAROSCOPIC PROCEDURES	73	16,057
07	URINARY SYSTEM	24	7,929
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	2	3,971
	135 MODERATE CYSTOURETHROSCOPY	1	1,733
	136 SIMPLE CYSTOURETHROSCOPY	21	570
08	MALE GENITAL SYSTEM	12	2,775
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	3	1,260
	154 SIMPLE PENILE PROCEDURES	9	823
09	FEMALE GENITAL SYSTEM	13	7,034
	178 DILATION AND CURETTAGE	13	733
10	NERVOUS SYSTEM	22	20,995
	198 NERVE REPAIR AND DESTRUCTION	22	4,511

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2007
PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

132 Sevier Valley Medical Center

procedure APG category	procedure APG	TOTAL #	TOTAL # (ALL Hospitals)
11	EYE AND OCULAR ADNEXA	229	10,843
	213 LASER EYE PROCEDURES	58	617
	214 CATARACT PROCEDURES	163	4,389
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	5	400
	216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	1	277
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	2	306
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	226	27,519
	233 NASAL CAUTERIZATION AND PACKING	1	328
	234 COMPLEX FACIAL AND ENT PROCEDURES	7	5,752
	235 SIMPLE FACIAL AND ENT PROCEDURES	126	13,044
	236 TONSIL AND ADENOID PROCEDURES	92	8,300

SOURCE: Utah Ambulatory Surgery Database
 Utah 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, 2007
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	14	\$2,688	\$3,184
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	2	\$2,116	\$3,383
	008 SIMPLE EXCISION AND BIOPSY	4	\$2,290	\$2,793
	011 SIMPLE INCISION AND EXCISION OF BREAST	8	\$3,030	\$3,085
02	MUSCULOSKELETAL SYSTEM	115	\$3,000	\$4,441
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	2	\$1,506	\$3,967
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	1	\$2,709	\$5,446
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	51	\$2,593	\$3,054
	025 ARTHROSCOPY	22	\$3,764	\$4,796
	028 CLOSED TREATMENT FX & DISLOCATION OF FINGER, TOE & TRUNK	1	\$1,961	\$1,440
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	6	\$2,437	\$3,328
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	9	\$4,023	\$5,920
	032 BUNION PROCEDURES	22	\$3,183	\$4,352
	034 HAND AND FOOT TENOTOMY	1	\$1,407	\$2,254
03	RESPIRATORY SYSTEM	4	\$525	\$2,352
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	4	\$525	\$1,520
04	CARDIOVASCULAR SYSTEM	2	\$8,692	\$13,494
	078 PACEMAKER INSERTION AND REPLACEMENT	1	\$14,156	\$22,941
	081 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	1	\$3,228	\$4,524
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	1	\$3,115	\$4,053
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	1	\$3,115	\$5,409
06	DIGESTIVE SYSTEM	586	\$2,106	\$2,473
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	2	\$2,980	\$1,292
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	88	\$1,248	\$1,331
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	16	\$1,559	\$1,876
	117 LOWER GASTROINTESTINAL ENDOSCOPY	379	\$1,269	\$1,168
	119 HERNIA AND HYDROCELE PROCEDURES	39	\$3,693	\$3,847
	120 COMPLEX ANAL AND RECTAL PROCEDURES	1	\$3,420	\$3,183
	121 SIMPLE ANAL AND RECTAL PROCEDURES	1	\$2,621	\$2,411
	123 COMPLEX LAPAROSCOPIC PROCEDURES	60	\$7,706	\$7,043
07	URINARY SYSTEM	22	\$1,017	\$5,134
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	1	\$1,829	\$5,301
	136 SIMPLE CYSTOURETHROSCOPY	21	\$979	\$2,619
08	MALE GENITAL SYSTEM	8	\$576	\$3,453
	154 SIMPLE PENILE PROCEDURES	8	\$576	\$1,981
09	FEMALE GENITAL SYSTEM	13	\$2,005	\$4,463
	178 DILATION AND CURETTAGE	13	\$2,005	\$2,542
10	NERVOUS SYSTEM	20	\$1,839	\$2,183
	198 NERVE REPAIR AND DESTRUCTION	20	\$1,839	\$2,625
11	EYE AND OCULAR ADNEXA	225	\$2,164	\$3,373
	213 LASER EYE PROCEDURES	57	\$945	\$769
	214 CATARACT PROCEDURES	161	\$2,649	\$3,301
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	5	\$839	\$3,487
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	2	\$1,219	\$3,367
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	191	\$2,177	\$2,838
	233 NASAL CAUTERIZATION AND PACKING	1	\$2,648	\$3,413

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2007
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)
234 COMPLEX FACIAL AND ENT PROCEDURES	2	\$3,163	\$5,571
235 SIMPLE FACIAL AND ENT PROCEDURES	108	\$2,054	\$1,937
236 TONSIL AND ADENOID PROCEDURES	80	\$2,314	\$2,399

SOURCE: Utah Ambulatory Surgery Database
 Utah 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, 2007
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	788	54.0	118,694	54.2
Male	671	46.0	100,216	45.8
Unknown	0	0.0	2	0.0
Not Reported	0	0.0	1	0.0
AGE				
1-28 days	5	0.3	1,456	0.7
29-365 days	20	1.4	2,840	1.3
1-4 years	111	7.6	10,885	5.0
5-9	39	2.7	5,994	2.7
10-14	28	1.9	4,452	2.0
15-17	29	2.0	4,943	2.3
18-19	17	1.2	3,620	1.7
20-24	35	2.4	10,250	4.7
25-29	46	3.2	12,627	5.8
30-34	48	3.3	12,276	5.6
35-39	39	2.7	12,391	5.7
40-44	56	3.8	13,493	6.2
45-49	74	5.1	16,963	7.7
50-54	104	7.1	24,260	11.1
55-59	142	9.7	20,332	9.3
60-64	154	10.6	17,122	7.8
65-69	145	9.9	14,261	6.5
70-74	137	9.4	11,502	5.3
75-79	114	7.8	9,388	4.3
80-84	70	4.8	6,242	2.9
85-89	32	2.2	2,777	1.3
90 +	14	1.0	839	0.4
Not Reported	5	0.3	1,456	0.7
SOURCE OF ADMISSION				
Physician Referral	1,406	96.4	199,973	91.3
Clinic Referral	29	2.0	1,442	0.7
HMO Referral	2	0.1	3,326	1.5
Other Hospital	0	0.0	50	0.0
Skilled Nursing Facility	0	0.0	14	0.0
Other Health Care Facility	0	0.0	24	0.0
Emergency Room	19	1.3	4,867	2.2
Court/Law Enforcement	3	0.2	3	0.0
Unknown	0	0.0	16	0.0
Not Reported	0	0.0	9,198	4.2

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2007
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	1,458	99.9	218,338	99.7
Another Hospital	0	0.0	109	0.0
Skilled Nursing Facility	0	0.0	108	0.0
Intermediate Care Facility	0	0.0	7	0.0
Another Type of Institution	0	0.0	50	0.0
Under Care of Home Service	1	0.1	223	0.1
Left Against Medical Advice	0	0.0	19	0.0
Under Care of Home IV Provider	0	0.0	1	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	454	31.1	38,805	17.7
Medicaid	172	11.8	12,973	5.9
Other government	13	0.9	3,498	1.6
Blue Cross/Blue Shield	132	9.0	30,611	14.0
Other Commercial	112	7.7	17,104	7.8
Managed Care(HMO, PPO)	518	35.5	106,265	48.5
Self Pay	22	1.5	2,895	1.3
Industrial & Worker Comp	16	1.1	3,787	1.7
Charity and Unclassified	5	0.3	1,868	0.9
Childrens Health Insurance	0	0.0	159	0.1
Unknown	15	1.0	855	0.4
Not Reported	0	0.0	93	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	0	0.0	16,514	7.5
Central Utah	1,393	95.5	8,080	3.7
Davis County	0	0.0	22,286	10.2
Salt Lake County	2	0.1	72,683	33.2
Southeastern Utah	8	0.5	5,055	2.3
Southwest Utah	42	2.9	13,705	6.3
Summit County	0	0.0	2,788	1.3
Tooele County	1	0.1	4,504	2.1
Tri-County	0	0.0	5,649	2.6
Utah County	2	0.1	35,563	16.2
Wasatch County	0	0.0	1,636	0.7
Weber County	0	0.0	21,324	9.7
Unknown Utah	2	0.1	43	0.0
Outside Utah	9	0.6	8,990	4.1
Unknown, Not Reported	0	0.0	93	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, 2007
NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

124 St. Marks Hospital

Reporting Category(ICD-9-CM CODES)	Procedures Performed		Procedures Performed-All Hospitals	
	(#)	(%)	(#)	(%)
Reporting Category(ICD-9-CM CODES)	13,612	100.0	319,880	100.0
Mastectomy (85.0-85.99)	996	7.3	7,512	2.3
Musculoskeletal (76.0-84.99)	2,455	18.0	71,153	22.2
Respiratory (30.0-34.99)	317	2.3	3,550	1.1
Cardiovascular (35.0-39.99)	630	4.6	16,128	5.0
Lymphatic/Hemetic (40.0-41.99)	347	2.5	3,232	1.0
Digestive System (42.0-54.99)	3,281	24.1	102,504	32.0
Urinary (55.0-59.99)	1,000	7.3	10,216	3.2
Male Genital (60.0-64.99)	151	1.1	3,613	1.1
Female Genital (65.0-71.99)	1,012	7.4	15,763	4.9
Endocrine/Nervous (01.0-07.99)	1,893	13.9	22,558	7.1
Eye (08.0-16.99)	1,450	10.7	19,364	6.1
Ear (18.0-20.99)	11	0.1	13,797	4.3
Nose, Mouth, Pharynx (21.0-29.99)	69	0.5	30,490	9.5
Reporting Category(CPT-4 CODES)	14,795	100.0	301,918	100.0
Mastectomy (19120-19220)	70	0.5	2,118	0.7
Musculoskeletal (20000-29909)	2,138	14.5	67,981	22.5
Respiratory (30000-32999 & 39501-39599)	326	2.2	14,263	4.7
Cardiovascular (33010-37799 & 93501-93660)	2,749	18.6	38,047	12.6
Lymphatic/Hemetic (38100-38999)	311	2.1	2,819	0.9
Digestive (40490-49999)	3,233	21.9	109,019	36.1
Urinary (50010-53899)	767	5.2	9,215	3.1
Male Genital (54000-55899)	60	0.4	3,144	1.0
Female Genital (56405-58999)	894	6.0	11,863	3.9
Endocrine/Nervous (60000-64999)	3,062	20.7	24,805	8.2
Eye (65091-68899)	1,028	6.9	11,076	3.7
Ear (69000-69979)	157	1.1	7,568	2.5

SOURCE: Utah Ambulatory Surgery Database
Utah 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, 2007
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		13,612	100.0	100.0
5123	LAP CHOLEY	502	3.7	2.16
1474	OTH MECH VITRECTOMY	473	3.5	0.45
0391	INJ ANES SPINAL CANAL-ANALGESIA	388	2.9	1.41
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	381	2.8	5.42
0392	INJ OTH AGENT SPINAL CANAL	374	2.7	1.95
8519	OTH DX PROC BREAST	338	2.5	0.27
149	OTH OPER RETINA-CHOROID-POST CHAMBR	331	2.4	0.31
8192	INJ THERAP SUBSTANCE JT/LIGAMNT	304	2.2	0.42
8511	CLO [PERCUT] [NEEDLE] BX BREAST	303	2.2	0.29
5732	OTH CYSTOSCOPY	278	2.0	0.58
1424	DEST CHORIORETIN LES-LASER PHOTO	249	1.8	0.20
1475	INJ VITREOUS SUBSTITUTE	248	1.8	0.25
042	DESTRUC CRANIAL & PERIPH NERV	245	1.8	0.13
8051	EXC INTERVERTEBRAL DISC	212	1.6	0.49
4542	ENDO POLYPECTOMY LG INTESTINE	194	1.4	3.78
0611	CLO PERCUT NEEDLE BX THYROID GLAND	171	1.3	0.15
3893	VENOUS CATH-NEC	167	1.2	0.24
6812	HYSTEROSCOPY	167	1.2	0.35
4523	COLONOSCOPY	155	1.1	6.86
598	URETERAL CATH	155	1.1	0.66

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		14,795	100.0	100.0
36416	COLLECTON CAPILLARY BLOOD SPECIM	902	6.1	0.81
64623	DESTRUC FACET JT NRV; L/S-EA AD	468	3.2	0.31
64476	INJ ANES FACET JT; LUMB/SAC-EA A	408	2.8	0.35
36430	TRANSFUSION BLOOD/BLOOD COMPONENT	365	2.5	0.43
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	361	2.4	1.44
43239	UGI ENDO; W/BX 1/MX	348	2.4	5.47
64472	INJ ANES FACET JT; CERV/THOR-EA	337	2.3	0.27
67038	VITRECTOMY MECH; W/MEMBRANE STRI	332	2.2	0.33
45380	COLONOSCOPY FLEX; W/BX 1/MX	302	2.0	5.29
67025	INJ VITREOUS SUBSTITUTE-SEP PROC	246	1.7	0.10
64627	DESTRUC FACET NRV; CRV/THOR-EA A	226	1.5	0.14
64475	INJ ANES FACET JT; LUMB/SAC-1LEV	217	1.5	0.35
64622	DESTRUC FACET JT NRV; L/S-1 LEVE	187	1.3	0.14
67039	VITRECTOMY MECH; W/FOCAL ENDOLAS	182	1.2	0.12
63030	LAMINOT W/ DECOMP; 1 INTERSPACE	168	1.1	0.29
20610	ARTHROCENTESIS ASPIR&/INJ; MAJ J	159	1.1	0.47
45378	COLONOSCOPY FLEX; DX-SEP PROC	159	1.1	6.66
36569	INSERT PICC W/O PORT/PUMP; 5 YR/	157	1.1	0.16
69210	REMOVAL IMPACT CERUMEN 1/BOTH EA	156	1.1	0.11
47562	LAPAROSCOPY SURGICAL; CHOLECT	136	0.9	0.78

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, 2007
 AVERAGE TOTAL CHARGES FOR MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES, SINGLE ICD-9 OR CPT-4 ONLY

124 St. Marks Hospital

ICD-9 CODE	ICD-9 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
ICD-9 Procedures		5,136	\$5,945	\$3,565
5123	LAP CHOLEY	437	\$8,143	\$6,693
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	234	\$2,726	\$1,391
8192	INJ THERAP SUBSTANCE JT/LIGAMNT	174	\$1,011	\$1,090
0611	CLO PERCUT NEEDLE BX THYROID GLAND	170	\$755	\$848
8051	EXC INTERVERTEBRAL DISC	157	\$11,485	\$8,678
3893	VENOUS CATH-NEC	148	\$2,917	\$3,827
8511	CLO [PERCUT] [NEEDLE] BX BREAST	134	\$1,045	\$1,501
8519	OTH DX PROC BREAST	123	\$1,083	\$1,114
5011	CLO [PERCUT] [NEEDLE] BX LIVER	121	\$2,452	\$2,303
4523	COLONOSCOPY	111	\$2,249	\$976
4542	ENDO POLYPECTOMY LG INTESTINE	102	\$2,865	\$1,383
4513	OTH ENDO SM INTESTINE	94	\$2,777	\$1,172
6952	ASPIR CURET FOLLOWING DELIV/AB	92	\$3,605	\$2,643
4131	BX BONE MARROW	90	\$3,661	\$4,276
3722	LT HEART CARD CATH	85	\$12,389	\$6,932
042	DESTRUC CRANIAL & PERIPH NERV	80	\$3,916	\$3,102
4701	LAP APPENDECTOMY	77	\$14,484	\$9,118
5491	PERCUT ABD DRAIN	74	\$1,821	\$1,940
3491	THORACENTESIS	73	\$1,762	\$1,577
5979	OTH REPR URIN STRESS INCONT	66	\$7,474	\$6,714

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
CPT-4 Procedures		6,204	\$5,114	\$3,274
36416	COLLECTON CAPILLARY BLOOD SPECIM	340	\$101	\$142
36430	TRANSFUSION BLOOD/BLOOD COMPONENT	337	\$2,800	\$2,574
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	312	\$8,243	\$7,072
43239	UGI ENDO; W/BX 1/MX	199	\$2,436	\$1,389
45380	COLONOSCOPY FLEX; W/BX 1/MX	189	\$2,521	\$1,354
69210	REMOVAL IMPACT CERUMEN 1/BOTH EA	156	\$320	\$388
63030	LAMINOT W/ DECOMP; 1 INTERSPACE	152	\$11,498	\$8,808
20610	ARTHROCENTESIS ASPIR&/INJ; MAJ J	150	\$1,065	\$1,001
36569	INSERT PICC W/O PORT/PUMP; 5 YR/	138	\$2,704	\$3,348
47562	LAPAROSCOPY SURGICAL; CHOLECT	126	\$7,867	\$6,110
47000	BIOPSY LIVER NEEDLE; PERCUTANEOU	116	\$2,147	\$2,227
45378	COLONOSCOPY FLEX; DX-SEP PROC	110	\$2,068	\$984
58340	CATH&INTRO SALINE/CONTRAST SIS/H	100	\$725	\$865
67038	VITRECTOMY MECH; W/MEMBRANE STRI	93	\$8,606	\$6,289
38221	BONE MARROW; BIOPSY NEEDLE/TROCA	89	\$3,611	\$3,645
44970	LAPAROSCOPY SURGICAL APPENDECTOM	79	\$14,398	\$9,078
32000	THORACENTESIS ASPIR NIT/SUBSQ	73	\$1,762	\$1,656
44500	INTRODUCTION LONG GI TUBE-SEP PR	68	\$1,058	\$1,025
57288	SLING OPERATION STRESS INCONTINE	67	\$7,339	\$6,877
43770	43770	65	\$19,672	\$16,727

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, 2007
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	797	8,527
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	347	2,371
	003 COMPLEX INCISION AND DRAINAGE	1	88
	004 SIMPLE INCISION AND DRAINAGE	1	28
	006 SIMPLE DEBRIDEMENT AND DESTRUCTION	20	187
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	48	1,121
	008 SIMPLE EXCISION AND BIOPSY	52	1,220
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRANGE	258	1,390
	011 SIMPLE INCISION AND EXCISION OF BREAST	70	2,116
02	MUSCULOSKELETAL SYSTEM	1,842	61,192
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	359	6,662
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	76	2,481
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	103	2,359
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	414	12,550
	025 ARTHROSCOPY	305	25,547
	027 SPLINT, STRAPPING AND CAST REMOVAL	24	555
	028 CLOSED TREATMENT FX & DISLOCATION OF FINGER, TOE & TRUNK	2	54
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	5	693
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	110	4,851
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	19	465
	032 BUNION PROCEDURES	89	1,752
	033 ARTHROPLASTY	12	581
	034 HAND AND FOOT TENOTOMY	29	323
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	295	2,254
03	RESPIRATORY SYSTEM	364	8,139
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	161	652
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	10	5,383
	054 SIMPLE ENDOSCOPY OF THE UPPER AIRWAY	3	252
	055 ENDOSCOPY OF THE LOWER AIRWAY	190	1,852
04	CARDIOVASCULAR SYSTEM	1,056	30,572
	074 CARDIAC ELECTROPHYSIOLOGIC TESTS	11	4,174
	075 PLACEMENT OF TRANSVENOUS CATHETERS	1	42
	076 DIAGNOSTIC CARDIAC CATHETERIZATION	674	21,581
	077 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	81	1,914
	078 PACEMAKER INSERTION AND REPLACEMENT	89	690
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	140	989
	080 MINOR VASCULAR REPAIR AND FISTULA CONSTRUCTION	42	736
	081 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	6	123
	082 VASCULAR LIGATION	11	308
	083 RESUSCITATION AND CARディオVERSION	1	15
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	528	3,488
	092 CHEMOTHERAPY EXCEPT BY EXTENDED INFUSION	2	43
	094 BLOOD AND BLOOD PRODUCT EXCHANGE	13	85
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	148	2,063
	097 TRANSFUSION	365	1,297
06	DIGESTIVE SYSTEM	3,117	98,518

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2007
PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

124 St. Marks Hospital

procedure APG category		TOTAL #	TOTAL # (ALL Hospitals)
procedure APG			
111	ALIMENTARY TESTS AND SIMPLE TUBE PLACEMENT	68	136
113	ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	62	650
114	PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	30	342
115	DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	429	20,229
116	THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	254	5,566
117	LOWER GASTROINTESTINAL ENDOSCOPY	533	43,551
118	ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	99	1,497
119	HERNIA AND HYDROCELE PROCEDURES	287	6,814
120	COMPLEX ANAL AND RECTAL PROCEDURES	143	1,064
121	SIMPLE ANAL AND RECTAL PROCEDURES	77	552
122	MISCELLANEOUS ABDOMINAL PROCEDURES	25	580
123	COMPLEX LAPAROSCOPIC PROCEDURES	1,095	16,057
124	SIMPLE LAPAROSCOPIC PROCEDURES	15	226
07	URINARY SYSTEM	667	7,929
131	RENAL EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	68	871
133	URINARY CATHETERIZATION AND DILATATION	63	479
134	COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	390	3,971
135	MODERATE CYSTOURETHROSCOPY	110	1,733
136	SIMPLE CYSTOURETHROSCOPY	20	570
137	COMPLEX URETHRAL PROCEDURES	9	132
138	SIMPLE URETHRAL PROCEDURES	7	172
08	MALE GENITAL SYSTEM	58	2,775
151	TESTICULAR AND EPIDIDYMAL PROCEDURES	34	1,260
152	INSERTION OF PENILE PROSTHESIS	12	85
153	COMPLEX PENILE PROCEDURES	5	495
154	SIMPLE PENILE PROCEDURES	6	823
155	PROSTATE NEEDLE AND PUNCH BIOPSY	1	112
09	FEMALE GENITAL SYSTEM	509	7,034
176	COMPLEX FEMALE REPRODUCTIVE PROCEDURES	139	1,974
177	SIMPLE FEMALE REPRODUCTIVE PROCEDURES	62	1,390
178	DILATION AND CURETTAGE	118	733
179	HYSTEROSCOPY	182	2,553
180	COLPOSCOPY	8	384
10	NERVOUS SYSTEM	2,629	20,995
195	NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	2,075	14,792
196	REVISION AND REMOVAL OF NEUROLOGICAL DEVICE	8	235
197	NEUROSTIMULATOR AND VENTRICULAR SHUNT IMPLANTATION	51	944
198	NERVE REPAIR AND DESTRUCTION	444	4,511
199	SPINAL TAP	51	513
11	EYE AND OCULAR ADNEXA	1,026	10,843
213	LASER EYE PROCEDURES	3	617
214	CATARACT PROCEDURES	21	4,389
215	COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	3	400
216	MODERATE ANTERIOR SEGMENT EYE PROCEDURES	1	277
217	SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	8	306
218	COMPLEX POSTERIOR SEGMENT EYE PROCEDURES	56	376

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2007
PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

124 St. Marks Hospital

procedure APG category		TOTAL #	TOTAL # (ALL Hospitals)
procedure APG			
219	SIMPLE POSTERIOR SEGMENT EYE PROCEDURES	278	419
221	COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	1	886
222	SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	2	510
223	VITRECTOMY	653	1,822
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	107	27,519
233	NASAL CAUTERIZATION AND PACKING	1	328
234	COMPLEX FACIAL AND ENT PROCEDURES	86	5,752
235	SIMPLE FACIAL AND ENT PROCEDURES	15	13,044
236	TONSIL AND ADENOID PROCEDURES	5	8,300
13	THERAPEUTIC AND OTHER RADIOLOGICAL PROCEDURES	233	3,024
253	VASCULAR RADIOLOGY EXCEPT FOR VENOGRAPHY OF EXTREMITY	96	1,146
254	MYELOGRAPHY	27	304
255	MISCELLANEOUS RADIOLOGICAL PROCEDURES WITH CONTRAST	110	1,567

SOURCE: Utah Ambulatory Surgery Database
Utah 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, 2007
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	654	\$3,966	\$3,184
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	291	\$3,029	\$2,632
	004 SIMPLE INCISION AND DRAINAGE	1	\$5,210	\$2,544
	006 SIMPLE DEBRIDEMENT AND DESTRUCTION	12	\$3,360	\$2,883
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	36	\$4,857	\$3,383
	008 SIMPLE EXCISION AND BIOPSY	44	\$4,230	\$2,793
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRAN	230	\$4,928	\$4,546
	011 SIMPLE INCISION AND EXCISION OF BREAST	40	\$4,308	\$3,085
02	MUSCULOSKELETAL SYSTEM	748	\$5,882	\$4,441
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	187	\$10,740	\$7,003
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	22	\$7,939	\$3,967
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	8	\$4,987	\$5,446
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	101	\$4,652	\$3,054
	025 ARTHROSCOPY	96	\$7,400	\$4,796
	027 SPLINT, STRAPPING AND CAST REMOVAL	17	\$1,064	\$1,950
	028 CLOSED TREATMENT FX & DISLOCATION OF FINGER, TOE & TRUNK	1	\$4,722	\$1,440
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	1	\$7,384	\$3,328
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	66	\$7,724	\$5,920
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	11	\$3,387	\$2,812
	032 BUNION PROCEDURES	23	\$6,450	\$4,352
	033 ARTHROPLASTY	5	\$9,667	\$7,331
	034 HAND AND FOOT TENOTOMY	1	\$2,629	\$2,254
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	209	\$1,052	\$1,001
03	RESPIRATORY SYSTEM	207	\$2,281	\$2,352
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	149	\$1,748	\$1,520
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	3	\$7,110	\$3,777
	054 SIMPLE ENDOSCOPY OF THE UPPER AIRWAY	2	\$4,059	\$2,332
	055 ENDOSCOPY OF THE LOWER AIRWAY	53	\$3,438	\$2,232
04	CARDIOVASCULAR SYSTEM	156	\$11,339	\$13,494
	074 CARDIAC ELECTROPHYSIOLOGIC TESTS	2	\$3,306	\$20,642
	076 DIAGNOSTIC CARDIAC CATHETERIZATION	3	\$12,964	\$6,799
	077 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	25	\$12,573	\$23,688
	078 PACEMAKER INSERTION AND REPLACEMENT	26	\$34,601	\$22,941
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	63	\$3,285	\$3,439
	080 MINOR VASCULAR REPAIR AND FISTULA CONSTRUCTION	29	\$8,128	\$5,464
	081 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	3	\$3,604	\$4,524
	082 VASCULAR LIGATION	4	\$5,806	\$5,963
	083 RESUSCITATION AND CARディオVERSION	1	\$32,815	\$7,609
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	399	\$3,301	\$4,053
	094 BLOOD AND BLOOD PRODUCT EXCHANGE	11	\$5,191	\$5,538
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	51	\$6,200	\$5,409
	097 TRANSFUSION	337	\$2,800	\$2,574
06	DIGESTIVE SYSTEM	1,963	\$5,880	\$2,473
	111 ALIMENTARY TESTS AND SIMPLE TUBE PLACEMENT	68	\$1,058	\$1,025
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	47	\$2,480	\$1,292

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2007
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)
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	17	\$2,085	\$1,324
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	253	\$2,389	\$1,331
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	160	\$3,374	\$1,876
	117 LOWER GASTROINTESTINAL ENDOSCOPY	323	\$2,521	\$1,168
	118 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	23	\$8,642	\$4,111
	119 HERNIA AND HYDROCELE PROCEDURES	109	\$5,467	\$3,847
	120 COMPLEX ANAL AND RECTAL PROCEDURES	101	\$4,594	\$3,183
	121 SIMPLE ANAL AND RECTAL PROCEDURES	44	\$3,569	\$2,411
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	17	\$7,179	\$6,329
	123 COMPLEX LAPAROSCOPIC PROCEDURES	796	\$9,748	\$7,043
	124 SIMPLE LAPAROSCOPIC PROCEDURES	5	\$12,530	\$8,601
07	URINARY SYSTEM	327	\$7,391	\$5,134
	131 RENAL EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	60	\$10,446	\$8,723
	133 URINARY CATHETERIZATION AND DILATATION	40	\$6,139	\$4,450
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	156	\$7,671	\$5,301
	135 MODERATE CYSTOURETHROSCOPY	57	\$4,620	\$3,734
	136 SIMPLE CYSTOURETHROSCOPY	6	\$4,055	\$2,619
	137 COMPLEX URETHRAL PROCEDURES	6	\$8,129	\$6,589
	138 SIMPLE URETHRAL PROCEDURES	2	\$5,684	\$1,729
08	MALE GENITAL SYSTEM	41	\$9,638	\$3,453
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	19	\$4,232	\$2,812
	152 INSERTION OF PENILE PROSTHESIS	11	\$21,930	\$18,747
	153 COMPLEX PENILE PROCEDURES	5	\$10,378	\$3,629
	154 SIMPLE PENILE PROCEDURES	5	\$4,040	\$1,981
	155 PROSTATE NEEDLE AND PUNCH BIOPSY	1	\$1,434	\$5,214
09	FEMALE GENITAL SYSTEM	214	\$5,557	\$4,463
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	80	\$6,971	\$5,626
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	37	\$4,517	\$3,471
	178 DILATION AND CURETTAGE	27	\$3,394	\$2,542
	179 HYSTEROSCOPY	67	\$5,350	\$4,798
	180 COLPOSCOPY	3	\$4,737	\$3,826
10	NERVOUS SYSTEM	354	\$3,236	\$2,183
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	254	\$1,556	\$1,108
	196 REVISION AND REMOVAL OF NEUROLOGICAL DEVICE	4	\$3,472	\$9,628
	197 NEUROSTIMULATOR AND VENTRICULAR SHUNT IMPLANTATION	21	\$24,936	\$26,856
	198 NERVE REPAIR AND DESTRUCTION	25	\$3,562	\$2,625
	199 SPINAL TAP	50	\$2,477	\$2,151
11	EYE AND OCULAR ADNEXA	171	\$8,303	\$3,373
	214 CATARACT PROCEDURES	1	\$5,842	\$3,301
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	2	\$11,997	\$3,487
	218 COMPLEX POSTERIOR SEGMENT EYE PROCEDURES	20	\$5,433	\$5,524
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	1	\$4,758	\$3,997
	223 VITRECTOMY	147	\$8,684	\$6,291
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	61	\$6,951	\$2,838
	233 NASAL CAUTERIZATION AND PACKING	1	\$5,574	\$3,413

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2007
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)
	234 COMPLEX FACIAL AND ENT PROCEDURES	50	\$7,498	\$5,571
	235 SIMPLE FACIAL AND ENT PROCEDURES	7	\$4,241	\$1,937
	236 TONSIL AND ADENOID PROCEDURES	3	\$4,613	\$2,399
13	THERAPEUTIC AND OTHER RADIOLOGICAL PROCEDURES	148	\$2,009	\$3,736
	253 VASCULAR RADIOLOGY EXCEPT FOR VENOGRAPHY OF EXTREMITY	24	\$6,130	\$13,369
	254 MYELOGRAPHY	21	\$3,041	\$3,202
	255 MISCELLANEOUS RADIOLOGICAL PROCEDURES WITH CONTRAST	103	\$838	\$2,658

SOURCE: Utah Ambulatory Surgery Database
 Utah 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, 2007
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

124 St. Marks Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
GENDER				
Female	6,435	63.5	118,694	54.2
Male	3,702	36.5	100,216	45.8
Unknown	0	0.0	2	0.0
Not Reported	0	0.0	1	0.0
AGE				
1-28 days	414	4.1	1,456	0.7
29-365 days	128	1.3	2,840	1.3
1-4 years	1	0.0	10,885	5.0
5-9	0	0.0	5,994	2.7
10-14	10	0.1	4,452	2.0
15-17	75	0.7	4,943	2.3
18-19	84	0.8	3,620	1.7
20-24	351	3.5	10,250	4.7
25-29	567	5.6	12,627	5.8
30-34	581	5.7	12,276	5.6
35-39	633	6.2	12,391	5.7
40-44	721	7.1	13,493	6.2
45-49	880	8.7	16,963	7.7
50-54	952	9.4	24,260	11.1
55-59	977	9.6	20,332	9.3
60-64	843	8.3	17,122	7.8
65-69	800	7.9	14,261	6.5
70-74	656	6.5	11,502	5.3
75-79	596	5.9	9,388	4.3
80-84	485	4.8	6,242	2.9
85-89	274	2.7	2,777	1.3
90 +	109	1.1	839	0.4
Not Reported	414	4.1	1,456	0.7
SOURCE OF ADMISSION				
Physician Referral	9,780	96.5	199,973	91.3
Clinic Referral	115	1.1	1,442	0.7
HMO Referral	0	0.0	3,326	1.5
Other Hospital	1	0.0	50	0.0
Skilled Nursing Facility	0	0.0	14	0.0
Other Health Care Facility	0	0.0	24	0.0
Emergency Room	241	2.4	4,867	2.2
Court/Law Enforcement	0	0.0	3	0.0
Unknown	0	0.0	16	0.0
Not Reported	0	0.0	9,198	4.2

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2007
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	10,092	99.6	218,338	99.7
Another Hospital	1	0.0	109	0.0
Skilled Nursing Facility	12	0.1	108	0.0
Intermediate Care Facility	0	0.0	7	0.0
Another Type of Institution	4	0.0	50	0.0
Under Care of Home Service	26	0.3	223	0.1
Left Against Medical Advice	0	0.0	19	0.0
Under Care of Home IV Provider	0	0.0	1	0.0
Expired	2	0.0	12	0.0
Unknown	0	0.0	46	0.0
Not Reported	0	0.0	0	0.0
PRIMARY PAYER				
Medicare	2,692	26.6	38,805	17.7
Medicaid	362	3.6	12,973	5.9
Other government	77	0.8	3,498	1.6
Blue Cross/Blue Shield	2,915	28.8	30,611	14.0
Other Commercial	736	7.3	17,104	7.8
Managed Care(HMO, PPO)	2,948	29.1	106,265	48.5
Self Pay	211	2.1	2,895	1.3
Industrial & Worker Comp	175	1.7	3,787	1.7
Charity and Unclassified	16	0.2	1,868	0.9
Childrens Health Insurance	3	0.0	159	0.1
Unknown	2	0.0	855	0.4
Not Reported	0	0.0	93	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	74	0.7	16,514	7.5
Central Utah	48	0.5	8,080	3.7
Davis County	411	4.1	22,286	10.2
Salt Lake County	7,991	78.8	72,683	33.2
Southeastern Utah	49	0.5	5,055	2.3
Southwest Utah	70	0.7	13,705	6.3
Summit County	193	1.9	2,788	1.3
Tooele County	291	2.9	4,504	2.1
Tri-County	86	0.8	5,649	2.6
Utah County	241	2.4	35,563	16.2
Wasatch County	49	0.5	1,636	0.7
Weber County	111	1.1	21,324	9.7
Unknown Utah	8	0.1	43	0.0
Outside Utah	513	5.1	8,990	4.1
Unknown, Not Reported	2	0.0	93	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, 2007
NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

307 The Orthopedic Specialty Hospital

Reporting Category(ICD-9-CM CODES)	Procedures Performed		Procedures Performed-All Hospitals	
	(#)	(%)	(#)	(%)
Reporting Category(ICD-9-CM CODES)	11,001	100.0	319,880	100.0
Mastectomy (85.0-85.99)	0	0.0	7,512	2.3
Musculoskeletal (76.0-84.99)	10,361	94.2	71,153	22.2
Respiratory (30.0-34.99)	0	0.0	3,550	1.1
Cardiovascular (35.0-39.99)	2	0.0	16,128	5.0
Lymphatic/Hemetic (40.0-41.99)	6	0.1	3,232	1.0
Digestive System (42.0-54.99)	0	0.0	102,504	32.0
Urinary (55.0-59.99)	0	0.0	10,216	3.2
Male Genital (60.0-64.99)	0	0.0	3,613	1.1
Female Genital (65.0-71.99)	0	0.0	15,763	4.9
Endocrine/Nervous (01.0-07.99)	631	5.7	22,558	7.1
Eye (08.0-16.99)	0	0.0	19,364	6.1
Ear (18.0-20.99)	1	0.0	13,797	4.3
Nose, Mouth, Pharynx (21.0-29.99)	0	0.0	30,490	9.5
Reporting Category(CPT-4 CODES)	9,195	100.0	301,918	100.0
Mastectomy (19120-19220)	0	0.0	2,118	0.7
Musculoskeletal (20000-29909)	8,982	97.7	67,981	22.5
Respiratory (30000-32999 & 39501-39599)	0	0.0	14,263	4.7
Cardiovascular (33010-37799 & 93501-93660)	2	0.0	38,047	12.6
Lymphatic/Hemetic (38100-38999)	2	0.0	2,819	0.9
Digestive (40490-49999)	0	0.0	109,019	36.1
Urinary (50010-53899)	0	0.0	9,215	3.1
Male Genital (54000-55899)	0	0.0	3,144	1.0
Female Genital (56405-58999)	0	0.0	11,863	3.9
Endocrine/Nervous (60000-64999)	209	2.3	24,805	8.2
Eye (65091-68899)	0	0.0	11,076	3.7
Ear (69000-69979)	0	0.0	7,568	2.5

SOURCE: Utah Ambulatory Surgery Database
Utah 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, 2007
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				
8026	ARTHSCPY-KNEE	1,115	10.1	1.08
806	EXC SEMILUNAR CARTILAGE-KNEE	1,093	9.9	1.94
8086	OTH LOC EXC/DESTRUC JT LES-KNEE	771	7.0	0.82
8021	ARTHSCPY-SHLDR	503	4.6	0.51
0443	RELEASE CARPAL TUNNEL	485	4.4	1.07
8145	OTH REPR CRUCIATE LIGAMNT	478	4.3	0.58
8147	OTH REPR KNEE	404	3.7	0.84
8183	OTH REPR SHLDR	377	3.4	0.78
8363	ROTATOR CUFF REPR	348	3.2	0.74
7781	OTH PART OSTEC-SCAPULA-CLAV-THOR	289	2.6	0.53
8081	OTH LOC EXC/DESTRUC JT LES-SHLDR	237	2.2	0.46
8023	ARTHSCPY-WRIST	216	2.0	0.15
7867	REMOV IMPLNT DEVICE-TIBIA & FIB	173	1.6	0.33
8046	DIVIS JT CAP-LIGAMNT/CART-KNEE	164	1.5	0.27
8076	SYNOVECT-KNEE	150	1.4	0.39
8388	OTH PLSTC OPER TENDON	141	1.3	0.21
8201	EXPLOR TENDON SHEATH HAND	129	1.2	0.37
7868	REMOV IMPLNT DEVICE-TARS-METATARS	111	1.0	0.15
7936	OP REDUC FX W/INT FIX-TIBIA & FIB	107	1.0	0.31
7777	EXC BONE GFT-TIBIA & FIB	92	0.8	0.05

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures				
29881	SCOPE KNEE SURG;W/MENISCECT MED/	942	10.2	1.64
29877	SCOPE KNEE SURG; DEBRID/SHAVE CA	876	9.5	0.99
29826	SCOPE SHOULDER; DECOMP SUBACROM	635	6.9	1.10
29888	ARTHSCPY AIDED ACL REPR/AUG/RECO	471	5.1	0.58
20680	REMOVAL OF IMPLANT; DEEP	366	4.0	0.93
29827	SCOPE SHLDR SURG; W/ROTOR CUFF R	336	3.7	0.54
29848	ENDO WRST SURG REL TRNS CARP LIG	308	3.3	0.32
29824	SCOPE SHLDR SURG;DIST CLAVICULEC	280	3.0	0.44
20900	BONE GRAFT ANY DONOR AREA; MINOR	176	1.9	0.10
29880	SCOPE KNEE SURG;W/MENISCECT MED&	144	1.6	0.48
26055	TENDON SHEATH INCISION	141	1.5	0.42
29806	SCOPE SHOULDER SURGICAL; CPSLORR	135	1.5	0.20
29873	SCOPE KNEE SURGICAL; W/LAT RELEA	132	1.4	0.25
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	126	1.4	0.69
28285	CORRECTION HAMMERTO	121	1.3	0.59
29822	SCOPE SHOULDER SURGICAL; DEBRID	113	1.2	0.25
29823	SCOPE SHOULDER SURGICAL; DEBRID	113	1.2	0.22
23430	TENODESIS OF LONG TENDON OF BICE	95	1.0	0.09
28899	UNLISTED PROCEDURE FOOT OR TOES	95	1.0	0.12
29875	SCOPE KNEE; SYNOVECT LTD SEP PRO	92	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, 2007
 AVERAGE TOTAL CHARGES FOR MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES, SINGLE ICD-9 OR CPT-4 ONLY

307 The Orthopedic Specialty Hospital

ICD-9 CODE	ICD-9 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
ICD-9 Procedures		1,810	\$3,710	\$3,565
0443	RELEASE CARPAL TUNNEL	161	\$2,144	\$2,237
806	EXC SEMILUNAR CARTILAGE-KNEE	159	\$3,002	\$4,511
8086	OTH LOC EXC/DESTRUC JT LES-KNEE	104	\$3,061	\$3,970
8145	OTH REPR CRUCIATE LIGAMNT	92	\$8,670	\$9,829
7867	REMOV IMPLNT DEVICE-TIBIA & FIB	71	\$1,998	\$2,962
8363	ROTATOR CUFF REPR	71	\$6,945	\$9,286
8201	EXPLOR TENDON SHEATH HAND	58	\$1,809	\$2,026
7936	OP REDUC FX W/INT FIX-TIBIA & FIB	57	\$4,060	\$6,755
8221	EXC LES TENDON SHEATH HAND	48	\$1,981	\$2,332
7868	REMOV IMPLNT DEVICE-TARS-METATARS	43	\$1,810	\$2,547
8364	OTH SUT TENDON	42	\$3,401	\$4,424
8183	OTH REPR SHLDR	39	\$4,565	\$7,799
7932	OP REDUC FX W/INT FIX-RADIUS & ULNA	37	\$6,086	\$8,023
7933	OP REDUC W/INT FIX-CARP-METACARP	30	\$3,566	\$5,222
7937	OP REDUC W/INT FIX-TARS-METATARS	30	\$4,156	\$6,044
8182	REPR RECUR DISLOC SHLDR	30	\$6,802	\$8,946
0407	OTH EXC/AVUL CRANIAL & PERIPH NERV	29	\$2,289	\$2,623
8026	ARTHSCPY-KNEE	29	\$2,911	\$3,347
8147	OTH REPR KNEE	28	\$4,976	\$5,496
8076	SYNOVECT-KNEE	27	\$3,167	\$4,345

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
CPT-4 Procedures		2,654	\$3,697	\$3,274
29881	SCOPE KNEE SURG;W/MENISCECT MED/	369	\$2,998	\$4,170
29877	SCOPE KNEE SURG; DEBRID/SHAVE CA	282	\$3,038	\$3,722
29848	ENDO WRST SURG REL TRNS CARP LIG	210	\$2,215	\$2,476
29888	ARTHSCPY AIDED ACL REPR/AUG/RECO	177	\$8,413	\$9,494
20680	REMOVAL OF IMPLANT; DEEP	133	\$2,071	\$3,111
29806	SCOPE SHOULDER SURGICAL; CPSLORR	106	\$6,130	\$7,779
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	85	\$2,004	\$2,296
29826	SCOPE SHOULDER; DECOMP SUBACROM	60	\$4,180	\$5,510
29880	SCOPE KNEE SURG;W/MENISCECT MED&	54	\$2,892	\$4,454
29875	SCOPE KNEE; SYNOVECT LTD SEP PRO	46	\$2,933	\$3,810
26055	TENDON SHEATH INCISION	39	\$1,756	\$1,941
25111	EXCISION OF GANGLION WRIST; PRIM	34	\$1,995	\$2,456
27650	REPR PRIM OPN/PERQ RUP ACHILLES	31	\$2,979	\$4,052
29862	SCOPE HIP SURG; DEBRID/SHAV CART	30	\$3,991	\$4,519
29870	SCOPE KNEE DX W/VO SYN BX SEP PR	28	\$2,917	\$3,754
29873	SCOPE KNEE SURGICAL; W/LAT RELEA	28	\$3,363	\$4,369
23515	OPEN TX CLAV FX W/VO INTRL/EXT F	24	\$6,394	\$8,039
28080	EXC INTERDIGTL NEUROMA SINGLE EA	23	\$2,184	\$2,406
29876	SCOPE KNEE SURG; SYNOVECTOMY MAJ	23	\$3,481	\$4,451
29823	SCOPE SHOULDER SURGICAL; DEBRID	21	\$4,263	\$5,496

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, 2007
PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

307 The Orthopedic Specialty Hospital

Procedure APG category		TOTAL #	TOTAL # (ALL Hospitals)
Procedure APG			
01	INTEGUMENTARY SYSTEM	111	8,527
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	2	2,371
	003 COMPLEX INCISION AND DRAINAGE	4	88
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	44	1,121
	008 SIMPLE EXCISION AND BIOPSY	58	1,220
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRANGE	3	1,390
02	MUSCULOSKELETAL SYSTEM	8,776	61,192
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	739	6,662
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	327	2,481
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	340	2,359
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	1,403	12,550
	025 ARTHROSCOPY	5,154	25,547
	027 SPLINT, STRAPPING AND CAST REMOVAL	1	555
	028 CLOSED TREATMENT FX & DISLOCATION OF FINGER, TOE & TRUNK	3	54
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	41	693
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	451	4,851
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	20	465
	032 BUNION PROCEDURES	82	1,752
	033 ARTHROPLASTY	74	581
	034 HAND AND FOOT TENOTOMY	78	323
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	63	2,254
04	CARDIOVASCULAR SYSTEM	2	30,572
	080 MINOR VASCULAR REPAIR AND FISTULA CONSTRUCTION	1	736
	081 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	1	123
10	NERVOUS SYSTEM	216	20,995
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	10	14,792
	198 NERVE REPAIR AND DESTRUCTION	206	4,511

SOURCE: Utah Ambulatory Surgery Database

Utah 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, 2007
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	37	\$2,533	\$3,184
	003 COMPLEX INCISION AND DRAINAGE	2	\$2,237	\$4,092
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	17	\$3,018	\$3,383
	008 SIMPLE EXCISION AND BIOPSY	18	\$2,109	\$2,793
02	MUSCULOSKELETAL SYSTEM	2,459	\$3,730	\$4,441
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	133	\$4,393	\$7,003
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	57	\$3,470	\$3,967
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	59	\$3,755	\$5,446
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	345	\$2,221	\$3,054
	025 ARTHROSCOPY	1,603	\$3,922	\$4,796
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	12	\$1,525	\$3,328
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	200	\$4,244	\$5,920
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	1	\$1,357	\$2,812
	032 BUNION PROCEDURES	25	\$2,635	\$4,352
	033 ARTHROPLASTY	20	\$8,582	\$7,331
	034 HAND AND FOOT TENOTOMY	1	\$2,075	\$2,254
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	3	\$2,309	\$1,001
04	CARDIOVASCULAR SYSTEM	1	\$1,780	\$13,494
	081 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	1	\$1,780	\$4,524
10	NERVOUS SYSTEM	113	\$2,261	\$2,183
	198 NERVE REPAIR AND DESTRUCTION	113	\$2,261	\$2,625

SOURCE: Utah Ambulatory Surgery Database
Utah 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, 2007
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	2,513	47.6	118,694	54.2
Male	2,768	52.4	100,216	45.8
Unknown	0	0.0	2	0.0
Not Reported	0	0.0	1	0.0
AGE				
1-28 days	0	0.0	1,456	0.7
29-365 days	0	0.0	2,840	1.3
1-4 years	0	0.0	10,885	5.0
5-9	4	0.1	5,994	2.7
10-14	86	1.6	4,452	2.0
15-17	265	5.0	4,943	2.3
18-19	153	2.9	3,620	1.7
20-24	368	7.0	10,250	4.7
25-29	373	7.1	12,627	5.8
30-34	412	7.8	12,276	5.6
35-39	431	8.2	12,391	5.7
40-44	483	9.1	13,493	6.2
45-49	530	10.0	16,963	7.7
50-54	659	12.5	24,260	11.1
55-59	552	10.5	20,332	9.3
60-64	368	7.0	17,122	7.8
65-69	262	5.0	14,261	6.5
70-74	174	3.3	11,502	5.3
75-79	82	1.6	9,388	4.3
80-84	59	1.1	6,242	2.9
85-89	14	0.3	2,777	1.3
90 +	6	0.1	839	0.4
Not Reported	0	0.0	1,456	0.7
SOURCE OF ADMISSION				
Physician Referral	5,277	99.9	199,973	91.3
Clinic Referral	1	0.0	1,442	0.7
HMO Referral	1	0.0	3,326	1.5
Other Hospital	1	0.0	50	0.0
Skilled Nursing Facility	0	0.0	14	0.0
Other Health Care Facility	0	0.0	24	0.0
Emergency Room	1	0.0	4,867	2.2
Court/Law Enforcement	0	0.0	3	0.0
Unknown	0	0.0	16	0.0
Not Reported	0	0.0	9,198	4.2

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2007
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	5,249	99.4	218,338	99.7
Another Hospital	8	0.2	109	0.0
Skilled Nursing Facility	5	0.1	108	0.0
Intermediate Care Facility	0	0.0	7	0.0
Another Type of Institution	1	0.0	50	0.0
Under Care of Home Service	17	0.3	223	0.1
Left Against Medical Advice	1	0.0	19	0.0
Under Care of Home IV Provider	0	0.0	1	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	471	8.9	38,805	17.7
Medicaid	70	1.3	12,973	5.9
Other government	68	1.3	3,498	1.6
Blue Cross/Blue Shield	777	14.7	30,611	14.0
Other Commercial	339	6.4	17,104	7.8
Managed Care(HMO, PPO)	2,944	55.7	106,265	48.5
Self Pay	33	0.6	2,895	1.3
Industrial & Worker Comp	519	9.8	3,787	1.7
Charity and Unclassified	43	0.8	1,868	0.9
Childrens Health Insurance	10	0.2	159	0.1
Unknown	7	0.1	855	0.4
Not Reported	0	0.0	93	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	39	0.7	16,514	7.5
Central Utah	35	0.7	8,080	3.7
Davis County	292	5.5	22,286	10.2
Salt Lake County	3,933	74.5	72,683	33.2
Southeastern Utah	27	0.5	5,055	2.3
Southwest Utah	40	0.8	13,705	6.3
Summit County	249	4.7	2,788	1.3
Tooele County	70	1.3	4,504	2.1
Tri-County	26	0.5	5,649	2.6
Utah County	275	5.2	35,563	16.2
Wasatch County	37	0.7	1,636	0.7
Weber County	74	1.4	21,324	9.7
Unknown Utah	0	0.0	43	0.0
Outside Utah	178	3.4	8,990	4.1
Unknown, Not Reported	6	0.1	93	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, 2007
NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

144 Timpanogos Regional Hospital

Reporting Category(ICD-9-CM CODES)	Procedures Performed		Procedures Performed-All Hospitals	
	(#)	(%)	(#)	(%)
Reporting Category(ICD-9-CM CODES)	5,887	100.0	319,880	100.0
Mastectomy (85.0-85.99)	154	2.6	7,512	2.3
Musculoskeletal (76.0-84.99)	817	13.9	71,153	22.2
Respiratory (30.0-34.99)	44	0.7	3,550	1.1
Cardiovascular (35.0-39.99)	181	3.1	16,128	5.0
Lymphatic/Hemetic (40.0-41.99)	40	0.7	3,232	1.0
Digestive System (42.0-54.99)	2,193	37.3	102,504	32.0
Urinary (55.0-59.99)	66	1.1	10,216	3.2
Male Genital (60.0-64.99)	34	0.6	3,613	1.1
Female Genital (65.0-71.99)	317	5.4	15,763	4.9
Endocrine/Nervous (01.0-07.99)	1,731	29.4	22,558	7.1
Eye (08.0-16.99)	95	1.6	19,364	6.1
Ear (18.0-20.99)	105	1.8	13,797	4.3
Nose, Mouth, Pharynx (21.0-29.99)	110	1.9	30,490	9.5
Reporting Category(CPT-4 CODES)	6,345	100.0	301,918	100.0
Mastectomy (19120-19220)	25	0.4	2,118	0.7
Musculoskeletal (20000-29909)	921	14.5	67,981	22.5
Respiratory (30000-32999 & 39501-39599)	55	0.9	14,263	4.7
Cardiovascular (33010-37799 & 93501-93660)	510	8.0	38,047	12.6
Lymphatic/Hemetic (38100-38999)	34	0.5	2,819	0.9
Digestive (40490-49999)	2,153	33.9	109,019	36.1
Urinary (50010-53899)	186	2.9	9,215	3.1
Male Genital (54000-55899)	35	0.6	3,144	1.0
Female Genital (56405-58999)	248	3.9	11,863	3.9
Endocrine/Nervous (60000-64999)	2,085	32.9	24,805	8.2
Eye (65091-68899)	47	0.7	11,076	3.7
Ear (69000-69979)	46	0.7	7,568	2.5

SOURCE: Utah Ambulatory Surgery Database
Utah 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, 2007
MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES

144 Timpanogos Regional Hospital

ICD-9 CODE	ICD-9 DESCRIPTION	#	%	% ALL Hospitals
All ICD-9 Procedures		5,887	100.0	100.0
0391	INJ ANES SPINAL CANAL-ANALGESIA	733	12.5	1.41
0392	INJ OTH AGENT SPINAL CANAL	678	11.5	1.95
4523	COLONOSCOPY	623	10.6	6.86
4542	ENDO POLYPECTOMY LG INTESTINE	306	5.2	3.78
4513	OTH ENDO SM INTESTINE	289	4.9	1.74
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	246	4.2	5.42
5123	LAP CHOLEY	143	2.4	2.16
4292	DILAT ESOPH	104	1.8	1.45
2001	MYRINGOTOMY W/INSRT TUBE	87	1.5	3.33
4836	[ENDO] POLYPECTOMY RECTUM	82	1.4	1.03
4525	CLO [ENDO] BX LG INTESTINE	78	1.3	2.32
8192	INJ THERAP SUBSTANCE JT/LIGAMNT	63	1.1	0.42
031	DIVIS INTRASPINAL NERV ROOT	57	1.0	0.08
806	EXC SEMILUNAR CARTILAGE-KNEE	56	1.0	1.94
0443	RELEASE CARPAL TUNNEL	55	0.9	1.07
4701	LAP APPENDECTOMY	55	0.9	0.58
8051	EXC INTERVERTEBRAL DISC	54	0.9	0.49
8363	ROTATOR CUFF REPR	42	0.7	0.74
6902	D&C FOLLOWING DELIV/AB	40	0.7	0.24
3893	VENOUS CATH-NEC	35	0.6	0.24

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		6,345	100.0	100.0
45378	COLONOSCOPY FLEX; DX-SEP PROC	593	9.3	6.66
64484	INJ ANES EPIDURL; LUMB/SAC-EA AD	491	7.7	0.58
64483	INJ ANES EPIDURL; LUMB/SAC 1 LEV	483	7.6	0.83
45380	COLONOSCOPY FLEX; W/BX 1/MX	330	5.2	5.29
43239	UGI ENDO; W/BX 1/MX	246	3.9	5.47
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	208	3.3	1.15
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	142	2.2	1.44
64476	INJ ANES FACET JT; LUMB/SAC-EA A	133	2.1	0.35
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	124	2.0	1.59
64472	INJ ANES FACET JT; CERV/THOR-EA	113	1.8	0.27
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	106	1.7	1.11
64623	DESTRUC FACET JT NRV; L/S-EA AD	105	1.7	0.31
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	101	1.6	0.97
64475	INJ ANES FACET JT; LUMB/SAC-1LEV	77	1.2	0.35
50590	LITHOTRIPSY XTRACORP SHOCK WAVE	76	1.2	0.29
20610	ARTHROCENTESIS ASPIR&/INJ; MAJ J	64	1.0	0.47
93556	IMAG SUPERVS I&R-CATH; PULM ANGI	60	0.9	1.27
44970	LAPAROSCOPY SURGICAL APPENDECTOM	57	0.9	0.63
64627	DESTRUC FACET NRV; CRV/THOR-EA A	56	0.9	0.14
58662	LAP SURG; W/FULG/EXCIS LES-OVARY	53	0.8	0.49

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, 2007
 AVERAGE TOTAL CHARGES FOR MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES, SINGLE ICD-9 OR CPT-4 ONLY

144 Timpanogos Regional Hospital

ICD-9 CODE	ICD-9 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
ICD-9 Procedures		2,818	\$5,630	\$3,565
4523	COLONOSCOPY	548	\$1,726	\$976
4542	ENDO POLYPECTOMY LG INTESTINE	242	\$2,301	\$1,383
4513	OTH ENDO SM INTESTINE	167	\$1,785	\$1,172
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	145	\$2,042	\$1,391
5123	LAP CHOLEY	118	\$9,134	\$6,693
0391	INJ ANES SPINAL CANAL-ANALGESIA	74	\$8,171	\$3,789
031	DIVIS INTRASPINAL NERV ROOT	57	\$14,301	\$7,523
4525	CLO [ENDO] BX LG INTESTINE	55	\$2,086	\$1,424
4701	LAP APPENDECTOMY	51	\$12,518	\$9,118
8192	INJ THERAP SUBSTANCE JT/LIGAMNT	45	\$1,452	\$1,090
4836	[ENDO] POLYPECTOMY RECTUM	40	\$1,944	\$1,285
6902	D&C FOLLOWING DELIV/AB	40	\$3,405	\$2,635
3893	VENOUS CATH-NEC	35	\$3,771	\$3,827
8051	EXC INTERVERTEBRAL DISC	34	\$9,487	\$8,678
8511	CLO [PERCUT] [NEEDLE] BX BREAST	30	\$3,549	\$1,501
0331	SPINAL TAP	29	\$3,113	\$2,123
0443	RELEASE CARPAL TUNNEL	29	\$3,227	\$2,237
806	EXC SEMILUNAR CARTILAGE-KNEE	28	\$5,836	\$4,511
8363	ROTATOR CUFF REPR	28	\$13,406	\$9,286
0393	INSRT/REPLCMT SPINAL NEUROSTIM	27	\$80,084	\$39,073

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
CPT-4 Procedures		3,083	\$4,100	\$3,274
45378	COLONOSCOPY FLEX; DX-SEP PROC	520	\$1,728	\$984
45380	COLONOSCOPY FLEX; W/BX 1/MX	255	\$2,054	\$1,354
43235	UGI ENDO; DX W/VO CLCT SPECMN-SP	162	\$1,777	\$1,081
43239	UGI ENDO; W/BX 1/MX	144	\$2,026	\$1,389
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	116	\$9,121	\$7,072
64483	INJ ANES EPIDURL; LUMB/SAC 1 LEV	116	\$2,247	\$1,282
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	82	\$2,267	\$1,536
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	65	\$2,602	\$1,631
50590	LITHOTRIPSY XTRACORP SHOCK WAVE	62	\$10,245	\$8,723
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	61	\$1,649	\$1,005
44970	LAPAROSCOPY SURGICAL APPENDECTOM	51	\$12,518	\$9,078
20610	ARTHROCENTESIS ASPIR&/INJ; MAJ J	44	\$1,263	\$1,001
36430	TRANSFUSION BLOOD/BLOOD COMPONENT	41	\$1,514	\$2,574
58340	CATH&INTRO SALINE/CONTRAST SIS/H	41	\$1,572	\$865
51600	INJ PROC-CYSTOGRAPHY	34	\$1,242	\$1,167
63030	LAMINOT W/ DECOMP; 1 INTERSPACE	34	\$9,474	\$8,808
64479	INJ ANES EPIDURL; CERV/THOR 1 LE	33	\$1,886	\$1,266
69436	TYMPANOSTOMY GENERAL ANESTHESIA	32	\$2,549	\$1,247
23350	INJ SHLDR ARTHROGRPH/ENHNC D CT/M	29	\$2,609	\$2,970
62270	SPINAL PUNCTURE LUMBAR DIAGNOSTI	29	\$3,113	\$2,108

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, 2007
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	128	8,527
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	31	2,371
	003 COMPLEX INCISION AND DRAINAGE	2	88
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	14	1,121
	008 SIMPLE EXCISION AND BIOPSY	15	1,220
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRANGE	41	1,390
	011 SIMPLE INCISION AND EXCISION OF BREAST	25	2,116
02	MUSCULOSKELETAL SYSTEM	767	61,192
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	72	6,662
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	22	2,481
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	43	2,359
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	186	12,550
	025 ARTHROSCOPY	251	25,547
	027 SPLINT, STRAPPING AND CAST REMOVAL	2	555
	028 CLOSED TREATMENT FX & DISLOCATION OF FINGER, TOE & TRUNK	1	54
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	13	693
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	60	4,851
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	14	465
	032 BUNION PROCEDURES	29	1,752
	033 ARTHROPLASTY	2	581
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	72	2,254
03	RESPIRATORY SYSTEM	36	8,139
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	7	652
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	1	5,383
	055 ENDOSCOPY OF THE LOWER AIRWAY	28	1,852
04	CARDIOVASCULAR SYSTEM	291	30,572
	075 PLACEMENT OF TRANSVENOUS CATHETERS	3	42
	076 DIAGNOSTIC CARDIAC CATHETERIZATION	193	21,581
	077 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	56	1,914
	078 PACEMAKER INSERTION AND REPLACEMENT	9	690
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	20	989
	080 MINOR VASCULAR REPAIR AND FISTULA CONSTRUCTION	8	736
	082 VASCULAR LIGATION	2	308
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	72	3,488
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	31	2,063
	097 TRANSFUSION	41	1,297
06	DIGESTIVE SYSTEM	2,172	98,518
	111 ALIMENTARY TESTS AND SIMPLE TUBE PLACEMENT	7	136
	112 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	1	1,254
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	11	650
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	6	342
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	456	20,229
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	126	5,566
	117 LOWER GASTROINTESTINAL ENDOSCOPY	1,058	43,551
	118 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	38	1,497
	119 HERNIA AND HYDROCELE PROCEDURES	79	6,814

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2007
PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

144 Timpanogos Regional Hospital

procedure APG category		TOTAL #	TOTAL # (ALL Hospitals)
procedure APG			
	120 COMPLEX ANAL AND RECTAL PROCEDURES	6	1,064
	121 SIMPLE ANAL AND RECTAL PROCEDURES	4	552
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	16	580
	123 COMPLEX LAPAROSCOPIC PROCEDURES	361	16,057
	124 SIMPLE LAPAROSCOPIC PROCEDURES	3	226
07	URINARY SYSTEM	148	7,929
	131 RENAL EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	76	871
	133 URINARY CATHETERIZATION AND DILATATION	2	479
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	49	3,971
	135 MODERATE CYSTOURETHROSCOPY	11	1,733
	136 SIMPLE CYSTOURETHROSCOPY	3	570
	137 COMPLEX URETHRAL PROCEDURES	4	132
	138 SIMPLE URETHRAL PROCEDURES	3	172
08	MALE GENITAL SYSTEM	22	2,775
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	12	1,260
	153 COMPLEX PENILE PROCEDURES	2	495
	154 SIMPLE PENILE PROCEDURES	8	823
09	FEMALE GENITAL SYSTEM	96	7,034
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	24	1,974
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	24	1,390
	178 DILATION AND CURETTAGE	11	733
	179 HYSTEROSCOPY	33	2,553
	180 COLPOSCOPY	4	384
10	NERVOUS SYSTEM	1,890	20,995
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	1,695	14,792
	196 REVISION AND REMOVAL OF NEUROLOGICAL DEVICE	15	235
	197 NEUROSTIMULATOR AND VENTRICULAR SHUNT IMPLANTATION	27	944
	198 NERVE REPAIR AND DESTRUCTION	123	4,511
	199 SPINAL TAP	30	513
11	EYE AND OCULAR ADNEXA	44	10,843
	214 CATARACT PROCEDURES	28	4,389
	216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	2	277
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	2	306
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	8	886
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	4	510
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	150	27,519
	233 NASAL CAUTERIZATION AND PACKING	4	328
	234 COMPLEX FACIAL AND ENT PROCEDURES	40	5,752
	235 SIMPLE FACIAL AND ENT PROCEDURES	60	13,044
	236 TONSIL AND ADENOID PROCEDURES	46	8,300
13	THERAPEUTIC AND OTHER RADIOLOGICAL PROCEDURES	300	3,024
	253 VASCULAR RADIOLOGY EXCEPT FOR VENOGRAPHY OF EXTREMITY	121	1,146
	254 MYELOGRAPHY	63	304
	255 MISCELLANEOUS RADIOLOGICAL PROCEDURES WITH CONTRAST	116	1,567

SOURCE: Utah Ambulatory Surgery Database

Utah 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, 2007
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	97	\$3,762	\$3,184
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	28	\$2,719	\$2,632
	003 COMPLEX INCISION AND DRAINAGE	2	\$5,996	\$4,092
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	9	\$4,391	\$3,383
	008 SIMPLE EXCISION AND BIOPSY	6	\$4,135	\$2,793
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRAN	36	\$3,591	\$4,546
	011 SIMPLE INCISION AND EXCISION OF BREAST	16	\$5,198	\$3,085
02	MUSCULOSKELETAL SYSTEM	390	\$5,583	\$4,441
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	52	\$9,000	\$7,003
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	10	\$3,718	\$3,967
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	11	\$6,138	\$5,446
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	79	\$4,078	\$3,054
	025 ARTHROSCOPY	115	\$6,783	\$4,796
	027 SPLINT, STRAPPING AND CAST REMOVAL	1	\$2,327	\$1,950
	028 CLOSED TREATMENT FX & DISLOCATION OF FINGER, TOE & TRUNK	1	\$4,080	\$1,440
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	8	\$3,809	\$3,328
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	41	\$6,029	\$5,920
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	10	\$3,053	\$2,812
	032 BUNION PROCEDURES	16	\$7,631	\$4,352
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	46	\$1,429	\$1,001
03	RESPIRATORY SYSTEM	23	\$2,835	\$2,352
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	6	\$1,652	\$1,520
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	1	\$5,000	\$3,777
	055 ENDOSCOPY OF THE LOWER AIRWAY	16	\$3,143	\$2,232
04	CARDIOVASCULAR SYSTEM	39	\$16,972	\$13,494
	075 PLACEMENT OF TRANSVENOUS CATHETERS	1	\$7,210	\$8,168
	076 DIAGNOSTIC CARDIAC CATHETERIZATION	21	\$23,154	\$6,799
	078 PACEMAKER INSERTION AND REPLACEMENT	5	\$23,105	\$22,941
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	9	\$4,144	\$3,439
	080 MINOR VASCULAR REPAIR AND FISTULA CONSTRUCTION	3	\$5,216	\$5,464
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	58	\$3,416	\$4,053
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	17	\$8,005	\$5,409
	097 TRANSFUSION	41	\$1,514	\$2,574
06	DIGESTIVE SYSTEM	1,608	\$3,334	\$2,473
	111 ALIMENTARY TESTS AND SIMPLE TUBE PLACEMENT	7	\$583	\$1,025
	112 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	1	\$3,735	\$1,577
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	9	\$996	\$1,292
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	6	\$1,399	\$1,324
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	307	\$1,893	\$1,331
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	83	\$2,527	\$1,876
	117 LOWER GASTROINTESTINAL ENDOSCOPY	861	\$1,881	\$1,168
	118 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	13	\$5,759	\$4,111
	119 HERNIA AND HYDROCELE PROCEDURES	43	\$5,636	\$3,847
	120 COMPLEX ANAL AND RECTAL PROCEDURES	5	\$4,207	\$3,183
	121 SIMPLE ANAL AND RECTAL PROCEDURES	4	\$4,494	\$2,411

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2007
PROCEDURE APG CATEGORY, PROCEDURE APG, SINGLE APG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

144 Timpanogos Regional Hospital

procedure APG category	Procedure APG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	13	\$10,232	\$6,329
	123 COMPLEX LAPAROSCOPIC PROCEDURES	255	\$9,510	\$7,043
	124 SIMPLE LAPAROSCOPIC PROCEDURES	1	\$11,988	\$8,601
07	URINARY SYSTEM	91	\$9,608	\$5,134
	131 RENAL EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	62	\$10,245	\$8,723
	133 URINARY CATHETERIZATION AND DILATATION	2	\$6,643	\$4,450
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	13	\$7,809	\$5,301
	135 MODERATE CYSTOURETHROSCOPY	4	\$4,330	\$3,734
	136 SIMPLE CYSTOURETHROSCOPY	3	\$3,219	\$2,619
	137 COMPLEX URETHRAL PROCEDURES	4	\$21,251	\$6,589
	138 SIMPLE URETHRAL PROCEDURES	3	\$4,107	\$1,729
08	MALE GENITAL SYSTEM	16	\$4,117	\$3,453
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	7	\$4,377	\$2,812
	153 COMPLEX PENILE PROCEDURES	2	\$4,994	\$3,629
	154 SIMPLE PENILE PROCEDURES	7	\$3,606	\$1,981
09	FEMALE GENITAL SYSTEM	64	\$5,810	\$4,463
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	19	\$7,164	\$5,626
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	9	\$3,387	\$3,471
	178 DILATION AND CURETTAGE	8	\$3,410	\$2,542
	179 HYSTEROSCOPY	28	\$6,355	\$4,798
10	NERVOUS SYSTEM	329	\$2,890	\$2,183
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	271	\$1,973	\$1,108
	196 REVISION AND REMOVAL OF NEUROLOGICAL DEVICE	2	\$42,678	\$9,628
	197 NEUROSTIMULATOR AND VENTRICULAR SHUNT IMPLANTATION	3	\$52,113	\$26,856
	198 NERVE REPAIR AND DESTRUCTION	23	\$3,615	\$2,625
	199 SPINAL TAP	30	\$3,044	\$2,151
11	EYE AND OCULAR ADNEXA	36	\$4,553	\$3,373
	214 CATARACT PROCEDURES	28	\$4,626	\$3,301
	216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	1	\$3,375	\$2,769
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	2	\$2,345	\$3,367
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	5	\$5,260	\$3,997
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	103	\$4,227	\$2,838
	233 NASAL CAUTERIZATION AND PACKING	2	\$3,582	\$3,413
	234 COMPLEX FACIAL AND ENT PROCEDURES	26	\$7,646	\$5,571
	235 SIMPLE FACIAL AND ENT PROCEDURES	40	\$2,709	\$1,937
	236 TONSIL AND ADENOID PROCEDURES	35	\$3,458	\$2,399
13	THERAPEUTIC AND OTHER RADIOLOGICAL PROCEDURES	159	\$2,571	\$3,736
	253 VASCULAR RADIOLOGY EXCEPT FOR VENOGRAPHY OF EXTREMITY	14	\$7,245	\$13,369
	254 MYELOGRAPHY	29	\$3,154	\$3,202
	255 MISCELLANEOUS RADIOLOGICAL PROCEDURES WITH CONTRAST	116	\$1,862	\$2,658

SOURCE: Utah Ambulatory Surgery Database
Utah 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, 2007
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

144 Timpanogos Regional Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
GENDER				
Female	2,594	56.4	118,694	54.2
Male	2,005	43.6	100,216	45.8
Unknown	0	0.0	2	0.0
Not Reported	0	0.0	1	0.0
AGE				
1-28 days	1	0.0	1,456	0.7
29-365 days	20	0.4	2,840	1.3
1-4 years	59	1.3	10,885	5.0
5-9	39	0.8	5,994	2.7
10-14	51	1.1	4,452	2.0
15-17	83	1.8	4,943	2.3
18-19	90	2.0	3,620	1.7
20-24	236	5.1	10,250	4.7
25-29	299	6.5	12,627	5.8
30-34	308	6.7	12,276	5.6
35-39	313	6.8	12,391	5.7
40-44	317	6.9	13,493	6.2
45-49	383	8.3	16,963	7.7
50-54	542	11.8	24,260	11.1
55-59	384	8.3	20,332	9.3
60-64	364	7.9	17,122	7.8
65-69	365	7.9	14,261	6.5
70-74	280	6.1	11,502	5.3
75-79	238	5.2	9,388	4.3
80-84	144	3.1	6,242	2.9
85-89	67	1.5	2,777	1.3
90 +	16	0.3	839	0.4
Not Reported	1	0.0	1,456	0.7
SOURCE OF ADMISSION				
Physician Referral	4,482	97.5	199,973	91.3
Clinic Referral	4	0.1	1,442	0.7
HMO Referral	0	0.0	3,326	1.5
Other Hospital	0	0.0	50	0.0
Skilled Nursing Facility	0	0.0	14	0.0
Other Health Care Facility	2	0.0	24	0.0
Emergency Room	111	2.4	4,867	2.2
Court/Law Enforcement	0	0.0	3	0.0
Unknown	0	0.0	16	0.0
Not Reported	0	0.0	9,198	4.2

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2007
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	4,592	99.8	218,338	99.7
Another Hospital	3	0.1	109	0.0
Skilled Nursing Facility	0	0.0	108	0.0
Intermediate Care Facility	0	0.0	7	0.0
Another Type of Institution	1	0.0	50	0.0
Under Care of Home Service	3	0.1	223	0.1
Left Against Medical Advice	0	0.0	19	0.0
Under Care of Home IV Provider	0	0.0	1	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	924	20.1	38,805	17.7
Medicaid	114	2.5	12,973	5.9
Other government	29	0.6	3,498	1.6
Blue Cross/Blue Shield	1,362	29.6	30,611	14.0
Other Commercial	340	7.4	17,104	7.8
Managed Care(HMO, PPO)	1,656	36.0	106,265	48.5
Self Pay	59	1.3	2,895	1.3
Industrial & Worker Comp	113	2.5	3,787	1.7
Charity and Unclassified	2	0.0	1,868	0.9
Childrens Health Insurance	0	0.0	159	0.1
Unknown	0	0.0	855	0.4
Not Reported	0	0.0	93	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	7	0.2	16,514	7.5
Central Utah	258	5.6	8,080	3.7
Davis County	8	0.2	22,286	10.2
Salt Lake County	95	2.1	72,683	33.2
Southeastern Utah	142	3.1	5,055	2.3
Southwest Utah	12	0.3	13,705	6.3
Summit County	3	0.1	2,788	1.3
Tooele County	11	0.2	4,504	2.1
Tri-County	30	0.7	5,649	2.6
Utah County	3,904	84.9	35,563	16.2
Wasatch County	65	1.4	1,636	0.7
Weber County	8	0.2	21,324	9.7
Unknown Utah	0	0.0	43	0.0
Outside Utah	56	1.2	8,990	4.1
Unknown, Not Reported	0	0.0	93	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, 2007
NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

109 Uintah Basin Medical Center

Reporting Category(ICD-9-CM CODES)	Procedures Performed		Procedures Performed-All Hospitals	
	(#)	(%)	(#)	(%)
Reporting Category(ICD-9-CM CODES)	2,796	100.0	319,880	100.0
Mastectomy (85.0-85.99)	31	1.1	7,512	2.3
Musculoskeletal (76.0-84.99)	353	12.6	71,153	22.2
Respiratory (30.0-34.99)	9	0.3	3,550	1.1
Cardiovascular (35.0-39.99)	4	0.1	16,128	5.0
Lymphatic/Hemetic (40.0-41.99)	12	0.4	3,232	1.0
Digestive System (42.0-54.99)	1,386	49.6	102,504	32.0
Urinary (55.0-59.99)	11	0.4	10,216	3.2
Male Genital (60.0-64.99)	4	0.1	3,613	1.1
Female Genital (65.0-71.99)	120	4.3	15,763	4.9
Endocrine/Nervous (01.0-07.99)	62	2.2	22,558	7.1
Eye (08.0-16.99)	276	9.9	19,364	6.1
Ear (18.0-20.99)	234	8.4	13,797	4.3
Nose, Mouth, Pharynx (21.0-29.99)	294	10.5	30,490	9.5
Reporting Category(CPT-4 CODES)	1	100.0	301,918	100.0
Mastectomy (19120-19220)	0	0.0	2,118	0.7
Musculoskeletal (20000-29909)	0	0.0	67,981	22.5
Respiratory (30000-32999 & 39501-39599)	0	0.0	14,263	4.7
Cardiovascular (33010-37799 & 93501-93660)	1	100.0	38,047	12.6
Lymphatic/Hemetic (38100-38999)	0	0.0	2,819	0.9
Digestive (40490-49999)	0	0.0	109,019	36.1
Urinary (50010-53899)	0	0.0	9,215	3.1
Male Genital (54000-55899)	0	0.0	3,144	1.0
Female Genital (56405-58999)	0	0.0	11,863	3.9
Endocrine/Nervous (60000-64999)	0	0.0	24,805	8.2
Eye (65091-68899)	0	0.0	11,076	3.7
Ear (69000-69979)	0	0.0	7,568	2.5

SOURCE: Utah Ambulatory Surgery Database

Utah 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, 2007
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		2,796	100.0	100.0
4523	COLONOSCOPY	503	18.0	6.86
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	224	8.0	5.42
2001	MYRINGOTOMY W/INSRT TUBE	220	7.9	3.33
4513	OTH ENDO SM INTESTINE	206	7.4	1.74
283	TONSILLECTOMY W/ADENOIDECTOMY	147	5.3	1.70
1341	PHACOEMULSIFICATION-ASPIR CATARACT	129	4.6	1.38
1371	IOL PROSTH-CATARACT EXTRACT-1-STAGE	127	4.5	1.38
4525	CLO [ENDO] BX LG INTESTINE	105	3.8	2.32
4542	ENDO POLYPECTOMY LG INTESTINE	92	3.3	3.78
806	EXC SEMILUNAR CARTILAGE-KNEE	54	1.9	1.94
0443	RELEASE CARPAL TUNNEL	49	1.8	1.07
4543	ENDO DEST OTH LES/TISS LG INTEST	40	1.4	0.05
8183	OTH REPR SHLDR	33	1.2	0.78
286	ADENOIDECTOMY WO TONSILLECTOMY	32	1.1	0.37
4836	[ENDO] POLYPECTOMY RECTUM	32	1.1	1.03
282	TONSILLECTOMY WO ADENOIDECTOMY	30	1.1	0.60
8363	ROTATOR CUFF REPR	25	0.9	0.74
4824	CLO [ENDO] BX RECTUM	22	0.8	0.47
4292	DILAT ESOPH	21	0.8	1.45
6902	D&C FOLLOWING DELIV/AB	21	0.8	0.24

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		1	100.0	100.0
36569	INSERT PICC W/O PORT/PUMP; 5 YR/	1	100.0	0.16

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, 2007
 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		1,388	\$2,113	\$3,565
4523	COLONOSCOPY	366	\$1,090	\$976
283	TONSILLECTOMY W/ADENOIDECTOMY	121	\$2,673	\$2,361
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	115	\$1,453	\$1,391
4513	OTH ENDO SM INTESTINE	110	\$1,396	\$1,172
4542	ENDO POLYPECTOMY LG INTESTINE	63	\$1,422	\$1,383
4525	CLO [ENDO] BX LG INTESTINE	58	\$1,496	\$1,424
0443	RELEASE CARPAL TUNNEL	32	\$1,683	\$2,237
806	EXC SEMILUNAR CARTILAGE-KNEE	26	\$3,058	\$4,511
282	TONSILLECTOMY WO ADENOIDECTOMY	23	\$2,621	\$2,499
4543	ENDO DEST OTH LES/TISS LG INTEST	23	\$1,355	\$1,886
6902	D&C FOLLOWING DELIV/AB	21	\$2,302	\$2,635
5304	UNILAT REPR INDIRECT ING HERN-GFT	18	\$5,443	\$4,048
6732	DESTRUC LES CERV-CAUT	17	\$2,217	\$2,645
4836	[ENDO] POLYPECTOMY RECTUM	16	\$1,398	\$1,285
5123	LAP CHOLEY	16	\$6,628	\$6,693
4824	CLO [ENDO] BX RECTUM	14	\$1,570	\$1,297
6629	OTH BIL ENDO DESTRUC FALLOP TUBES	13	\$4,151	\$4,165
7032	EXC/DESTRUC LES CUL-DE-SAC	11	\$3,944	\$4,727
8183	OTH REPR SHLDR	10	\$3,811	\$7,799
8201	EXPLOR TENDON SHEATH HAND	10	\$1,672	\$2,026

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
CPT-4 Procedures		1	\$855	\$3,274
36569	INSERT PICC W/O PORT/PUMP; 5 YR/	1	\$855	\$3,348

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, 2007
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	1	8,527
009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRANGE	1	1,390

SOURCE: Utah Ambulatory Surgery Database
 Utah 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, 2007
PROCEDURE APG CATEGORY, PROCEDURE APG, SINGLE APG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

109 Uintah Basin Medical Center

Procedure APG category	Procedure APG	TOTAL #	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
01	INTEGUMENTARY SYSTEM	1	\$855	\$3,184
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRAN	1	\$855	\$4,546

SOURCE: Utah Ambulatory Surgery Database
 Utah 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, 2007
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	1,112	54.6	118,694	54.2
Male	926	45.4	100,216	45.8
Unknown	0	0.0	2	0.0
Not Reported	0	0.0	1	0.0
AGE				
1-28 days	0	0.0	1,456	0.7
29-365 days	23	1.1	2,840	1.3
1-4 years	114	5.6	10,885	5.0
5-9	77	3.8	5,994	2.7
10-14	35	1.7	4,452	2.0
15-17	47	2.3	4,943	2.3
18-19	35	1.7	3,620	1.7
20-24	96	4.7	10,250	4.7
25-29	131	6.4	12,627	5.8
30-34	106	5.2	12,276	5.6
35-39	82	4.0	12,391	5.7
40-44	118	5.8	13,493	6.2
45-49	170	8.3	16,963	7.7
50-54	199	9.8	24,260	11.1
55-59	168	8.2	20,332	9.3
60-64	165	8.1	17,122	7.8
65-69	160	7.9	14,261	6.5
70-74	140	6.9	11,502	5.3
75-79	93	4.6	9,388	4.3
80-84	48	2.4	6,242	2.9
85-89	25	1.2	2,777	1.3
90 +	6	0.3	839	0.4
Not Reported	0	0.0	1,456	0.7
SOURCE OF ADMISSION				
Physician Referral	2,034	99.8	199,973	91.3
Clinic Referral	0	0.0	1,442	0.7
HMO Referral	0	0.0	3,326	1.5
Other Hospital	0	0.0	50	0.0
Skilled Nursing Facility	0	0.0	14	0.0
Other Health Care Facility	0	0.0	24	0.0
Emergency Room	4	0.2	4,867	2.2
Court/Law Enforcement	0	0.0	3	0.0
Unknown	0	0.0	16	0.0
Not Reported	0	0.0	9,198	4.2

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2007
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	2,036	99.9	218,338	99.7
Another Hospital	2	0.1	109	0.0
Skilled Nursing Facility	0	0.0	108	0.0
Intermediate Care Facility	0	0.0	7	0.0
Another Type of Institution	0	0.0	50	0.0
Under Care of Home Service	0	0.0	223	0.1
Left Against Medical Advice	0	0.0	19	0.0
Under Care of Home IV Provider	0	0.0	1	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	423	20.8	38,805	17.7
Medicaid	168	8.2	12,973	5.9
Other government	46	2.3	3,498	1.6
Blue Cross/Blue Shield	327	16.0	30,611	14.0
Other Commercial	242	11.9	17,104	7.8
Managed Care(HMO, PPO)	710	34.8	106,265	48.5
Self Pay	79	3.9	2,895	1.3
Industrial & Worker Comp	29	1.4	3,787	1.7
Charity and Unclassified	0	0.0	1,868	0.9
Childrens Health Insurance	0	0.0	159	0.1
Unknown	14	0.7	855	0.4
Not Reported	0	0.0	93	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	2	0.1	16,514	7.5
Central Utah	0	0.0	8,080	3.7
Davis County	0	0.0	22,286	10.2
Salt Lake County	4	0.2	72,683	33.2
Southeastern Utah	5	0.2	5,055	2.3
Southwest Utah	1	0.0	13,705	6.3
Summit County	0	0.0	2,788	1.3
Tooele County	1	0.0	4,504	2.1
Tri-County	1,994	97.8	5,649	2.6
Utah County	10	0.5	35,563	16.2
Wasatch County	0	0.0	1,636	0.7
Weber County	0	0.0	21,324	9.7
Unknown Utah	0	0.0	43	0.0
Outside Utah	20	1.0	8,990	4.1
Unknown, Not Reported	1	0.0	93	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, 2007
NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

125 UHC/University Hospitals & Clinics

Reporting Category(ICD-9-CM CODES)	Procedures Performed		Procedures Performed-All Hospitals	
	(#)	(%)	(#)	(%)
Reporting Category(ICD-9-CM CODES)	4,767	100.0	319,880	100.0
Mastectomy (85.0-85.99)	239	5.0	7,512	2.3
Musculoskeletal (76.0-84.99)	662	13.9	71,153	22.2
Respiratory (30.0-34.99)	250	5.2	3,550	1.1
Cardiovascular (35.0-39.99)	293	6.1	16,128	5.0
Lymphatic/Hemetic (40.0-41.99)	83	1.7	3,232	1.0
Digestive System (42.0-54.99)	710	14.9	102,504	32.0
Urinary (55.0-59.99)	420	8.8	10,216	3.2
Male Genital (60.0-64.99)	89	1.9	3,613	1.1
Female Genital (65.0-71.99)	440	9.2	15,763	4.9
Endocrine/Nervous (01.0-07.99)	229	4.8	22,558	7.1
Eye (08.0-16.99)	94	2.0	19,364	6.1
Ear (18.0-20.99)	512	10.7	13,797	4.3
Nose, Mouth, Pharynx (21.0-29.99)	746	15.6	30,490	9.5
Reporting Category(CPT-4 CODES)	4,554	100.0	301,918	100.0
Mastectomy (19120-19220)	38	0.8	2,118	0.7
Musculoskeletal (20000-29909)	804	17.7	67,981	22.5
Respiratory (30000-32999 & 39501-39599)	644	14.1	14,263	4.7
Cardiovascular (33010-37799 & 93501-93660)	393	8.6	38,047	12.6
Lymphatic/Hemetic (38100-38999)	61	1.3	2,819	0.9
Digestive (40490-49999)	880	19.3	109,019	36.1
Urinary (50010-53899)	388	8.5	9,215	3.1
Male Genital (54000-55899)	82	1.8	3,144	1.0
Female Genital (56405-58999)	440	9.7	11,863	3.9
Endocrine/Nervous (60000-64999)	446	9.8	24,805	8.2
Eye (65091-68899)	53	1.2	11,076	3.7
Ear (69000-69979)	325	7.1	7,568	2.5

SOURCE: Utah Ambulatory Surgery Database

Utah 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, 2007
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		4,767	100.0	100.0
5123	LAP CHOLEY	155	3.3	2.16
3927	ARTERIOVENOSTOMY-RENAL DIALYSIS	108	2.3	0.16
598	URETERAL CATH	104	2.2	0.66
2049	OTH MASTOIDECTOMY	81	1.7	0.06
5304	UNILAT REPR INDIRECT ING HERN-GFT	81	1.7	0.46
194	MYRINGOPLASTY	80	1.7	0.25
2309	EXTRACT OTH TOOTH	69	1.4	0.17
2189	OTH REPR & PLSTC OPER NOSE	67	1.4	0.15
2263	ETHMOIDECTOMY	65	1.4	0.55
3859	LIG-STRIP VARICOSE VEINS-LOWER LIMB	64	1.3	0.09
5979	OTH REPR URIN STRESS INCONT	58	1.2	0.24
193	OTH OPER OSSICULAR CHAIN	56	1.2	0.03
6909	OTH D&C UTERUS	55	1.2	0.46
1879	OTH PLSTC REPR EXT EAR	53	1.1	0.08
8521	LOC EXC LES BREAST	52	1.1	0.81
222	INTRANASAL ANTROTOMY	51	1.1	0.34
4011	BX LYMPHATIC STRUCT	50	1.0	0.22
560	TRANSURETH REMOV OBST URETER-PELV	50	1.0	0.34
2188	OTH SEPTOPLASTY	48	1.0	0.54
232	RESTORATION TOOTH-FILLING	44	0.9	0.61

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		4,554	100.0	100.0
49505	REPR INIT ING HERNIA 5YR/MORE; R	136	3.0	0.88
41899	UNLIST PROC DENTOALVEOL STRUCTUR	83	1.8	0.94
52332	CYSTOURETHROSCOPY W/INSRT STENT	83	1.8	0.47
47562	LAPAROSCOPY SURGICAL; CHOLECT	82	1.8	0.78
36821	AV ANASTOM OPN; DIR ANY SITE-SP	74	1.6	0.09
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	74	1.6	1.44
57288	SLING OPERATION STRESS INCONTINE	62	1.4	0.28
21235	GRAFT; EAR CART AUTOGEN NOSE/EAR	60	1.3	0.04
36561	INSRT TUNNL CNTRL CVAD PORT; 5 Y	57	1.3	0.15
49585	REPR UMBIL HERNIA 5YR/OVER; RDUC	54	1.2	0.32
31256	NASL/SINUS ENDO SURG W/MAX ANTRO	50	1.1	0.31
58558	HYSTEROSCPY SURG; W/BX &/ POLYPE	50	1.1	0.31
30520	SEPTOPLASTY/SUBMUCOS RES W/GFT	45	1.0	0.77
31255	NASAL/SINUS ENDO; W/TOT ETHMOECT	45	1.0	0.38
69930	COCHLEAR DEVICE IMPL W/VO MASTOI	45	1.0	0.03
61885	INSRT/REPL CRAN NEUROSTIM; 1 ARR	44	1.0	0.03
49659	UNLISTED LAP PROC-HERNIOPLSTY/OT	42	0.9	0.16
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	40	0.9	0.50
58671	LAP SURG; W/OCLUS OVIDUCTS-DEVI	40	0.9	0.17
69660	STAPEDECTOMY/STAPEDOTOMY	40	0.9	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, 2007
 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 CHRG	AVE TOT CHRG(ALL Hospitals)
ICD-9	Procedures	2,108	\$6,928	\$3,565
5123	LAP CHOLEY	135	\$5,855	\$6,693
3927	ARTERIOVENOSTOMY-RENAL DIALYSIS	92	\$5,452	\$5,302
5304	UNILAT REPR INDIRECT ING HERN-GFT	73	\$4,307	\$4,048
282	TONSILLECTOMY WO ADENOIDECTOMY	38	\$3,718	\$2,499
5341	REPR UMB HERN W/PROSTH	37	\$6,098	\$4,451
5979	OTH REPR URIN STRESS INCONT	37	\$6,504	\$6,714
8051	EXC INTERVERTEBRAL DISC	37	\$9,512	\$8,678
3942	REVIS AV SHUNT-RENAL DIALYSIS	35	\$5,581	\$5,631
1919	OTH STAPEDECTOMY	34	\$4,422	\$5,106
5303	UNILAT REPR DIRECT ING HERN-GFT	34	\$4,092	\$4,317
8521	LOC EXC LES BREAST	34	\$2,711	\$2,822
2098	IMPLNT/REPLCMT COCH PROSTH-MX CHNNL	32	\$60,801	\$47,478
8321	BX SOFT TISS	32	\$3,313	\$2,960
2131	LOC EXC/DESTRUC INTRANASAL LES	31	\$5,074	\$4,609
5749	OTH TRANSURETH EXC/DEST LES BLADDER	30	\$3,777	\$4,056
598	URETERAL CATH	29	\$4,298	\$5,994
6629	OTH BIL ENDO DESTRUC FALLOP TUBES	29	\$4,233	\$4,165
4011	BX LYMPHATIC STRUCT	27	\$3,594	\$3,928
8339	EXC LES OTH SOFT TISS	26	\$3,477	\$3,115
194	MYRINGOPLASTY	25	\$6,680	\$3,648

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
CPT-4	Procedures	2,322	\$7,186	\$3,274
49505	REPR INIT ING HERNIA 5YR/MORE; R	123	\$4,394	\$4,010
41899	UNLIST PROC DENTOALVEOL STRUCTUR	80	\$5,169	\$2,605
47562	LAPAROSCOPY SURGICAL; CHOLECT	73	\$5,587	\$6,110
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	67	\$6,229	\$7,072
36821	AV ANASTOM OPN; DIR ANY SITE-SP	65	\$5,332	\$4,938
36561	INSRT TUNNL CNTRL CVAD PORT; 5 Y	51	\$3,093	\$5,447
49585	REPR UMBIL HERNIA 5YR/OVER; RDUC	45	\$4,635	\$3,805
69930	COCHLEAR DEVICE IMPL W/WO MASTOI	45	\$60,923	\$46,617
57288	SLING OPERATION STRESS INCONTINE	40	\$6,481	\$6,877
69660	STAPEDECTOMY/STAPEDOTOMY	39	\$4,635	\$4,983
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	37	\$3,729	\$2,569
58558	HYSTEROSCPY SURG; W/BX &/ POLYPE	33	\$3,099	\$3,535
30117	EXC INTRANASL LES; INTRL APPRCH	32	\$5,282	\$4,996
63030	LAMINOT W/ DECOMP; 1 INTERSPACE	31	\$9,033	\$8,808
49659	UNLISTED LAP PROC-HERNIOPLSTY/OT	30	\$8,555	\$8,273
20205	BIOPSY MUSCLE; DEEP	29	\$3,312	\$3,167
50590	LITHOTRIPSY XTRACORP SHOCK WAVE	29	\$6,585	\$8,723
52332	CYSTOURETHROSCOPY W/INSRT STENT	26	\$3,870	\$4,631
69631	TYMP NO MASTOIDEA; NO OSSICUL CH	25	\$6,365	\$4,338
58671	LAP SURG; W/OCLUS OVIDUCTS-DEVI	24	\$4,177	\$4,284

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, 2007
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	310	8,527
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	7	2,371
	003 COMPLEX INCISION AND DRAINAGE	4	88
	004 SIMPLE INCISION AND DRAINAGE	3	28
	006 SIMPLE DEBRIDEMENT AND DESTRUCTION	34	187
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	35	1,121
	008 SIMPLE EXCISION AND BIOPSY	86	1,220
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRANGE	103	1,390
	011 SIMPLE INCISION AND EXCISION OF BREAST	38	2,116
02	MUSCULOSKELETAL SYSTEM	521	61,192
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	73	6,662
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	55	2,481
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	45	2,359
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	146	12,550
	025 ARTHROSCOPY	32	25,547
	026 REPLACEMENT OF CAST	2	65
	028 CLOSED TREATMENT FX & DISLOCATION OF FINGER, TOE & TRUNK	1	54
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	11	693
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	127	4,851
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	12	465
	032 BUNION PROCEDURES	4	1,752
	033 ARTHROPLASTY	8	581
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	5	2,254
03	RESPIRATORY SYSTEM	412	8,139
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	278	5,383
	054 SIMPLE ENDOSCOPY OF THE UPPER AIRWAY	34	252
	055 ENDOSCOPY OF THE LOWER AIRWAY	100	1,852
04	CARDIOVASCULAR SYSTEM	285	30,572
	074 CARDIAC ELECTROPHYSIOLOGIC TESTS	2	4,174
	076 DIAGNOSTIC CARDIAC CATHETERIZATION	1	21,581
	077 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	18	1,914
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	12	989
	080 MINOR VASCULAR REPAIR AND FISTULA CONSTRUCTION	142	736
	081 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	19	123
	082 VASCULAR LIGATION	91	308
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	54	3,488
	092 CHEMOTHERAPY EXCEPT BY EXTENDED INFUSION	1	43
	094 BLOOD AND BLOOD PRODUCT EXCHANGE	4	85
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	49	2,063
06	DIGESTIVE SYSTEM	797	98,518
	112 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	1	1,254
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	11	650
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	7	20,229
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	2	5,566
	117 LOWER GASTROINTESTINAL ENDOSCOPY	1	43,551
	118 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	3	1,497

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2007
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			
	119 HERNIA AND HYDROCELE PROCEDURES	268	6,814
	120 COMPLEX ANAL AND RECTAL PROCEDURES	31	1,064
	121 SIMPLE ANAL AND RECTAL PROCEDURES	13	552
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	16	580
	123 COMPLEX LAPAROSCOPIC PROCEDURES	426	16,057
	124 SIMPLE LAPAROSCOPIC PROCEDURES	18	226
07	URINARY SYSTEM	373	7,929
	131 RENAL EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	33	871
	133 URINARY CATHETERIZATION AND DILATATION	14	479
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	186	3,971
	135 MODERATE CYSTOURETHROSCOPY	100	1,733
	136 SIMPLE CYSTOURETHROSCOPY	35	570
	137 COMPLEX URETHRAL PROCEDURES	3	132
	138 SIMPLE URETHRAL PROCEDURES	2	172
08	MALE GENITAL SYSTEM	66	2,775
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	48	1,260
	153 COMPLEX PENILE PROCEDURES	3	495
	154 SIMPLE PENILE PROCEDURES	14	823
	155 PROSTATE NEEDLE AND PUNCH BIOPSY	1	112
09	FEMALE GENITAL SYSTEM	306	7,034
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	118	1,974
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	65	1,390
	178 DILATION AND CURETTAGE	16	733
	179 HYSTEROSCOPY	100	2,553
	180 COLPOSCOPY	7	384
10	NERVOUS SYSTEM	308	20,995
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	76	14,792
	196 REVISION AND REMOVAL OF NEUROLOGICAL DEVICE	44	235
	197 NEUROSTIMULATOR AND VENTRICULAR SHUNT IMPLANTATION	125	944
	198 NERVE REPAIR AND DESTRUCTION	63	4,511
11	EYE AND OCULAR ADNEXA	51	10,843
	214 CATARACT PROCEDURES	19	4,389
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	2	400
	216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	3	277
	218 COMPLEX POSTERIOR SEGMENT EYE PROCEDURES	1	376
	219 SIMPLE POSTERIOR SEGMENT EYE PROCEDURES	1	419
	220 STRABISMUS AND MUSCLE EYE PROCEDURES	1	809
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	10	886
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	8	510
	223 VITRECTOMY	6	1,822
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	817	27,519
	231 COCHLEAR DEVICE IMPLANTATION	45	95
	233 NASAL CAUTERIZATION AND PACKING	9	328
	234 COMPLEX FACIAL AND ENT PROCEDURES	495	5,752
	235 SIMPLE FACIAL AND ENT PROCEDURES	219	13,044
	236 TONSIL AND ADENOID PROCEDURES	49	8,300

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2007
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			
13	THERAPEUTIC AND OTHER RADIOLOGICAL PROCEDURES	17	3,024
	253 VASCULAR RADIOLOGY EXCEPT FOR VENOGRAPHY OF EXTREMITY	3	1,146
	254 MYELOGRAPHY	9	304
	255 MISCELLANEOUS RADIOLOGICAL PROCEDURES WITH CONTRAST	5	1,567
14	PHYSICAL MEDICINE AND REHABILITATION	1	6
	272 PHYSICAL THERAPY	1	6

SOURCE: Utah Ambulatory Surgery Database
 Utah Health Data Committee/Office of Health Care Statistics
 Reportable* excludes codes in the former "Other" category 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, 2007
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	203	\$3,248	\$3,184
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	3	\$1,461	\$2,632
	003 COMPLEX INCISION AND DRAINAGE	4	\$3,371	\$4,092
	004 SIMPLE INCISION AND DRAINAGE	1	\$3,984	\$2,544
	006 SIMPLE DEBRIDEMENT AND DESTRUCTION	22	\$3,481	\$2,883
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	25	\$3,988	\$3,383
	008 SIMPLE EXCISION AND BIOPSY	51	\$3,064	\$2,793
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRAN	67	\$3,340	\$4,546
	011 SIMPLE INCISION AND EXCISION OF BREAST	30	\$2,705	\$3,085
02	MUSCULOSKELETAL SYSTEM	194	\$6,528	\$4,441
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	47	\$8,825	\$7,003
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	8	\$7,081	\$3,967
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	5	\$4,989	\$5,446
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	52	\$3,772	\$3,054
	025 ARTHROSCOPY	15	\$7,586	\$4,796
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	1	\$15,129	\$3,328
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	48	\$7,797	\$5,920
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	11	\$3,758	\$2,812
	032 BUNION PROCEDURES	3	\$4,948	\$4,352
	033 ARTHROPLASTY	1	\$9,560	\$7,331
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	3	\$1,644	\$1,001
03	RESPIRATORY SYSTEM	77	\$4,379	\$2,352
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	43	\$4,710	\$3,777
	054 SIMPLE ENDOSCOPY OF THE UPPER AIRWAY	7	\$5,401	\$2,332
	055 ENDOSCOPY OF THE LOWER AIRWAY	27	\$3,588	\$2,232
04	CARDIOVASCULAR SYSTEM	140	\$5,629	\$13,494
	076 DIAGNOSTIC CARDIAC CATHETERIZATION	1	\$3,210	\$6,799
	077 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	2	\$9,307	\$23,688
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	2	\$2,251	\$3,439
	080 MINOR VASCULAR REPAIR AND FISTULA CONSTRUCTION	118	\$5,640	\$5,464
	081 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	2	\$4,259	\$4,524
	082 VASCULAR LIGATION	15	\$5,840	\$5,963
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	37	\$4,287	\$4,053
	094 BLOOD AND BLOOD PRODUCT EXCHANGE	3	\$6,887	\$5,538
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	34	\$4,057	\$5,409
06	DIGESTIVE SYSTEM	559	\$5,390	\$2,473
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	7	\$3,819	\$1,292
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	1	\$4,332	\$1,876
	117 LOWER GASTROINTESTINAL ENDOSCOPY	1	\$3,414	\$1,168
	118 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	1	\$5,657	\$4,111
	119 HERNIA AND HYDROCELE PROCEDURES	215	\$4,550	\$3,847
	120 COMPLEX ANAL AND RECTAL PROCEDURES	17	\$4,544	\$3,183
	121 SIMPLE ANAL AND RECTAL PROCEDURES	7	\$2,901	\$2,411
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	12	\$3,614	\$6,329
	123 COMPLEX LAPAROSCOPIC PROCEDURES	284	\$6,215	\$7,043

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2007
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)
	124 SIMPLE LAPAROSCOPIC PROCEDURES	14	\$6,345	\$8,601
07	URINARY SYSTEM	176	\$4,500	\$5,134
	131 RENAL EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	29	\$6,585	\$8,723
	133 URINARY CATHETERIZATION AND DILATATION	3	\$6,369	\$4,450
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	64	\$4,444	\$5,301
	135 MODERATE CYSTOURETHROSCOPY	64	\$3,703	\$3,734
	136 SIMPLE CYSTOURETHROSCOPY	13	\$3,820	\$2,619
	137 COMPLEX URETHRAL PROCEDURES	2	\$3,646	\$6,589
	138 SIMPLE URETHRAL PROCEDURES	1	\$3,568	\$1,729
08	MALE GENITAL SYSTEM	49	\$4,128	\$3,453
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	33	\$4,342	\$2,812
	153 COMPLEX PENILE PROCEDURES	3	\$4,369	\$3,629
	154 SIMPLE PENILE PROCEDURES	12	\$3,360	\$1,981
	155 PROSTATE NEEDLE AND PUNCH BIOPSY	1	\$5,544	\$5,214
09	FEMALE GENITAL SYSTEM	152	\$4,471	\$4,463
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	70	\$5,195	\$5,626
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	17	\$4,506	\$3,471
	178 DILATION AND CURETTAGE	9	\$3,217	\$2,542
	179 HYSTEROSCOPY	54	\$3,757	\$4,798
	180 COLPOSCOPY	2	\$3,765	\$3,826
10	NERVOUS SYSTEM	129	\$13,748	\$2,183
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	45	\$1,828	\$1,108
	196 REVISION AND REMOVAL OF NEUROLOGICAL DEVICE	17	\$11,707	\$9,628
	197 NEUROSTIMULATOR AND VENTRICULAR SHUNT IMPLANTATION	43	\$32,465	\$26,856
	198 NERVE REPAIR AND DESTRUCTION	24	\$4,007	\$2,625
11	EYE AND OCULAR ADNEXA	34	\$3,800	\$3,373
	214 CATARACT PROCEDURES	18	\$3,635	\$3,301
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	1	\$3,659	\$3,487
	218 COMPLEX POSTERIOR SEGMENT EYE PROCEDURES	1	\$5,910	\$5,524
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	5	\$4,127	\$3,997
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	4	\$2,209	\$2,495
	223 VITRECTOMY	5	\$4,947	\$6,291
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	480	\$11,235	\$2,838
	231 COCHLEAR DEVICE IMPLANTATION	45	\$60,923	\$46,617
	233 NASAL CAUTERIZATION AND PACKING	7	\$6,473	\$3,413
	234 COMPLEX FACIAL AND ENT PROCEDURES	239	\$7,330	\$5,571
	235 SIMPLE FACIAL AND ENT PROCEDURES	143	\$4,798	\$1,937
	236 TONSIL AND ADENOID PROCEDURES	46	\$3,655	\$2,399
13	THERAPEUTIC AND OTHER RADIOLOGICAL PROCEDURES	2	\$1,529	\$3,736
	254 MYELOGRAPHY	1	\$1,351	\$3,202
	255 MISCELLANEOUS RADIOLOGICAL PROCEDURES WITH CONTRAST	1	\$1,708	\$2,658

SOURCE: Utah Ambulatory Surgery Database
Utah 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, 2007
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	1,833	52.3	118,694	54.2
Male	1,669	47.6	100,216	45.8
Unknown	1	0.0	2	0.0
Not Reported	0	0.0	1	0.0
AGE				
1-28 days	0	0.0	1,456	0.7
29-365 days	3	0.1	2,840	1.3
1-4 years	8	0.2	10,885	5.0
5-9	35	1.0	5,994	2.7
10-14	47	1.3	4,452	2.0
15-17	71	2.0	4,943	2.3
18-19	76	2.2	3,620	1.7
20-24	236	6.7	10,250	4.7
25-29	323	9.2	12,627	5.8
30-34	310	8.8	12,276	5.6
35-39	307	8.8	12,391	5.7
40-44	303	8.6	13,493	6.2
45-49	311	8.9	16,963	7.7
50-54	311	8.9	24,260	11.1
55-59	293	8.4	20,332	9.3
60-64	246	7.0	17,122	7.8
65-69	213	6.1	14,261	6.5
70-74	172	4.9	11,502	5.3
75-79	144	4.1	9,388	4.3
80-84	72	2.1	6,242	2.9
85-89	17	0.5	2,777	1.3
90 +	5	0.1	839	0.4
Not Reported	0	0.0	1,456	0.7
SOURCE OF ADMISSION				
Physician Referral	0	0.0	199,973	91.3
Clinic Referral	0	0.0	1,442	0.7
HMO Referral	0	0.0	3,326	1.5
Other Hospital	0	0.0	50	0.0
Skilled Nursing Facility	0	0.0	14	0.0
Other Health Care Facility	0	0.0	24	0.0
Emergency Room	0	0.0	4,867	2.2
Court/Law Enforcement	0	0.0	3	0.0
Unknown	0	0.0	16	0.0
Not Reported	3,503	100.0	9,198	4.2

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2007
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	3,500	99.9	218,338	99.7
Another Hospital	0	0.0	109	0.0
Skilled Nursing Facility	1	0.0	108	0.0
Intermediate Care Facility	1	0.0	7	0.0
Another Type of Institution	0	0.0	50	0.0
Under Care of Home Service	1	0.0	223	0.1
Left Against Medical Advice	0	0.0	19	0.0
Under Care of Home IV Provider	0	0.0	1	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	700	20.0	38,805	17.7
Medicaid	356	10.2	12,973	5.9
Other government	146	4.2	3,498	1.6
Blue Cross/Blue Shield	853	24.4	30,611	14.0
Other Commercial	376	10.7	17,104	7.8
Managed Care(HMO, PPO)	878	25.1	106,265	48.5
Self Pay	114	3.3	2,895	1.3
Industrial & Worker Comp	66	1.9	3,787	1.7
Charity and Unclassified	9	0.3	1,868	0.9
Childrens Health Insurance	2	0.1	159	0.1
Unknown	3	0.1	855	0.4
Not Reported	0	0.0	93	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	71	2.0	16,514	7.5
Central Utah	41	1.2	8,080	3.7
Davis County	316	9.0	22,286	10.2
Salt Lake County	1,907	54.4	72,683	33.2
Southeastern Utah	53	1.5	5,055	2.3
Southwest Utah	44	1.3	13,705	6.3
Summit County	94	2.7	2,788	1.3
Tooele County	101	2.9	4,504	2.1
Tri-County	63	1.8	5,649	2.6
Utah County	185	5.3	35,563	16.2
Wasatch County	22	0.6	1,636	0.7
Weber County	133	3.8	21,324	9.7
Unknown Utah	0	0.0	43	0.0
Outside Utah	472	13.5	8,990	4.1
Unknown, Not Reported	1	0.0	93	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, 2007
NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

310 University of Utah Huntsman Cancer Hospital

Reporting Category(ICD-9-CM CODES)	Procedures Performed		Procedures Performed-All Hospitals	
	(#)	(%)	(#)	(%)
Reporting Category(ICD-9-CM CODES)	1,584	100.0	319,880	100.0
Mastectomy (85.0-85.99)	329	20.8	7,512	2.3
Musculoskeletal (76.0-84.99)	157	9.9	71,153	22.2
Respiratory (30.0-34.99)	47	3.0	3,550	1.1
Cardiovascular (35.0-39.99)	8	0.5	16,128	5.0
Lymphatic/Hemetic (40.0-41.99)	320	20.2	3,232	1.0
Digestive System (42.0-54.99)	171	10.8	102,504	32.0
Urinary (55.0-59.99)	125	7.9	10,216	3.2
Male Genital (60.0-64.99)	27	1.7	3,613	1.1
Female Genital (65.0-71.99)	193	12.2	15,763	4.9
Endocrine/Nervous (01.0-07.99)	34	2.1	22,558	7.1
Eye (08.0-16.99)	22	1.4	19,364	6.1
Ear (18.0-20.99)	30	1.9	13,797	4.3
Nose, Mouth, Pharynx (21.0-29.99)	121	7.6	30,490	9.5
Reporting Category(CPT-4 CODES)	1,434	100.0	301,918	100.0
Mastectomy (19120-19220)	162	11.3	2,118	0.7
Musculoskeletal (20000-29909)	175	12.2	67,981	22.5
Respiratory (30000-32999 & 39501-39599)	74	5.2	14,263	4.7
Cardiovascular (33010-37799 & 93501-93660)	111	7.7	38,047	12.6
Lymphatic/Hemetic (38100-38999)	311	21.7	2,819	0.9
Digestive (40490-49999)	180	12.6	109,019	36.1
Urinary (50010-53899)	147	10.3	9,215	3.1
Male Genital (54000-55899)	45	3.1	3,144	1.0
Female Genital (56405-58999)	165	11.5	11,863	3.9
Endocrine/Nervous (60000-64999)	39	2.7	24,805	8.2
Eye (65091-68899)	22	1.5	11,076	3.7
Ear (69000-69979)	3	0.2	7,568	2.5

SOURCE: Utah Ambulatory Surgery Database
Utah 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, 2007
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		1,584	100.0	100.0
8521	LOC EXC LES BREAST	220	13.9	0.81
4023	EXC AX LYMPH NODE	108	6.8	0.22
4019	OTH DX PROC LYMPHATIC STRUCT	67	4.2	0.19
5749	OTH TRANSURETH EXC/DEST LES BLADDER	67	4.2	0.24
8339	EXC LES OTH SOFT TISS	51	3.2	0.34
2189	OTH REPR & PLSTC OPER NOSE	43	2.7	0.15
4029	SIMPL EXC OTH LYMPHATIC STRUCT	36	2.3	0.03
4011	BX LYMPHATIC STRUCT	34	2.1	0.22
4223	OTH ESOPHAGOSCOPY	26	1.6	0.06
6909	OTH D&C UTERUS	25	1.6	0.46
598	URETERAL CATH	24	1.5	0.66
672	CONIZATION CERV	21	1.3	0.05
4021	EXC DEEP CERV LYMPH NODE	20	1.3	0.05
4024	EXC ING LYMPH NODE	18	1.1	0.03
6739	OTH EXC/DESTRUC LES/TISS CERV	17	1.1	0.05
7033	EXC/DESTRUC LES VAG	16	1.0	0.04
713	OTH LOC EXC/DEST VULVA-PERINEUM	16	1.0	0.05
7161	UNILAT VULVECTOMY	16	1.0	0.03
1829	EXC/DESTRUC OTH LES EXT EAR	15	0.9	0.10
8596	REMOV BREAST TISS EXPANDER(S)	15	0.9	0.04

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		1,434	100.0	100.0
38525	BX/EXC LYMPH NODE; OPN DP AX NOD	115	8.0	0.26
36561	INSRT TUNNL CNTRL CVAD PORT; 5 Y	90	6.3	0.15
19120	EXC BRST CYST TUMR/LES OPN M/F 1	81	5.6	0.44
19125	EXC BRST LES ID RAD MARKR OPN;1	70	4.9	0.24
38792	INJECTION PROC; ID SENTINEL NODE	65	4.5	0.21
38500	BX/EXCISION LYMPH NODE; OPEN SUP	35	2.4	0.08
38510	BX/EXC LYMPH NODE; OPN DP CERV N	31	2.2	0.10
58661	LAP SURG; W/REMV ADNEXAL STRUCT	25	1.7	0.18
57520	CONIZATION CERV W/WO D&C; KNIF/L	23	1.6	0.05
52005	CYSTOURETHROSCOPY W/URETERAL CAT	21	1.5	0.15
55875	55875	21	1.5	0.04
43200	ESOPHAGOSCOPY; DX-SEP PROC	20	1.4	0.04
52214	CYSTOURETHROSCOPY W/FULG TRIGONE	19	1.3	0.06
52240	CYSTOURETHROSCOPY W/FULG; LG TUM	19	1.3	0.04
56620	VULVECTOMY SIMPLE; PARTIAL	17	1.2	0.04
38745	AXILLARY LYMPHADENECTOMY; COMPLE	15	1.0	0.01
58120	DILATION & CURET DX &/ THERAPEUT	15	1.0	0.24
21235	GRAFT; EAR CART AUTOGEN NOSE/EAR	13	0.9	0.04
31535	LARYNGOSCOPY DIRECT OPERATIVE W/	13	0.9	0.03
38999	UNLIST PROC HEMIC/LYMPHATIC SYST	13	0.9	0.02

SOURCE: Utah Ambulatory Surgery Database
 Utah Health Data Committee/Office of Health Care Statistics
 Reportable* excludes codes in the former "Other" category 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, 2007
 AVERAGE TOTAL CHARGES FOR MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES, SINGLE ICD-9 OR CPT-4 ONLY

310 University of Utah Huntsman Cancer Hospital

ICD-9 CODE	ICD-9 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
ICD-9	Procedures	679	\$4,218	\$3,565
8521	LOC EXC LES BREAST	139	\$2,347	\$2,822
5749	OTH TRANSURETH EXC/DEST LES BLADDER	55	\$4,360	\$4,056
4023	EXC AX LYMPH NODE	27	\$5,566	\$5,069
4011	BX LYMPHATIC STRUCT	25	\$4,562	\$3,928
8339	EXC LES OTH SOFT TISS	18	\$5,235	\$3,115
2189	OTH REPR & PLSTC OPER NOSE	14	\$4,459	\$4,471
4051	RAD EXC AX LYMPH NODES	14	\$6,284	\$6,285
7161	UNILAT VULVECTOMY	13	\$3,193	\$2,810
4513	OTH ENDO SM INTESTINE	11	\$2,312	\$1,172
062	UNILAT THYROID LOBEC	10	\$6,268	\$6,461
4024	EXC ING LYMPH NODE	10	\$4,805	\$4,162
4029	SIMPL EXC OTH LYMPHATIC STRUCT	10	\$5,835	\$4,409
672	CONIZATION CERV	10	\$4,004	\$2,836
6909	OTH D&C UTERUS	10	\$3,295	\$2,732
8321	BX SOFT TISS	10	\$4,474	\$2,960
598	URETERAL CATH	8	\$4,786	\$5,994
623	UNILAT ORCHIECTOMY	8	\$3,748	\$3,441
6823	ENDOMETRIAL ABLATION	8	\$3,770	\$5,399
3893	VENOUS CATH-NEC	7	\$2,980	\$3,827
4021	EXC DEEP CERV LYMPH NODE	7	\$4,745	\$4,683

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
CPT-4	Procedures	790	\$4,402	\$3,274
36561	INSRT TUNNLD CNTRL CVAD PORT; 5 Y	88	\$3,747	\$5,447
19120	EXC BRST CYST TUMR/LES OPN M/F 1	67	\$2,245	\$2,769
19125	EXC BRST LES ID RAD MARKR OPN;1	52	\$2,401	\$3,708
38525	BX/EXC LYMPH NODE; OPN DP AX NOD	46	\$5,559	\$5,917
55875	55875	21	\$5,997	\$12,636
57520	CONIZATION CERV W/NO D&C; KNIF/L	20	\$3,776	\$2,960
38510	BX/EXC LYMPH NODE; OPN DP CERV N	19	\$4,314	\$4,300
58661	LAP SURG; W/REMV ADNEXAL STRUCT	19	\$7,617	\$7,602
38500	BX/EXCISION LYMPH NODE; OPEN SUP	16	\$5,237	\$3,999
52240	CYSTOURETHROSCOPY W/FULG; LG TUM	16	\$4,440	\$5,016
38745	AXILLARY LYMPHADENECTOMY; COMPLE	15	\$6,239	\$5,676
56620	VULVECTOMY SIMPLE; PARTIAL	15	\$3,181	\$2,879
58120	DILATION & CURET DX &/ THERAPEUT	12	\$2,672	\$2,542
52214	CYSTOURETHROSCOPY W/FULG TRIGONE	10	\$4,625	\$4,203
60220	TOT THYRD LOBECT UNI;W/NO ISTHMS	10	\$6,189	\$6,379
36590	REMV TUNNLD CVAD W/SUBQ PORT/PUM	8	\$2,474	\$2,668
38999	UNLIST PROC HEMIC/LYMPHATIC SYST	8	\$4,757	\$4,914
52005	CYSTOURETHROSCOPY W/URETERAL CAT	8	\$6,241	\$4,077
52235	CYSTOURETHROSCOPY W/FULG; MED TU	8	\$4,585	\$4,614
54530	ORCHECT RADICAL TUMOR; ING APPRC	8	\$3,768	\$3,760

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, 2007
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	364	8,527
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	13	2,371
	004 SIMPLE INCISION AND DRAINAGE	1	28
	006 SIMPLE DEBRIDEMENT AND DESTRUCTION	2	187
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	71	1,121
	008 SIMPLE EXCISION AND BIOPSY	19	1,220
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRANGE	96	1,390
	011 SIMPLE INCISION AND EXCISION OF BREAST	162	2,116
02	MUSCULOSKELETAL SYSTEM	51	61,192
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	15	6,662
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	6	2,481
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	4	2,359
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	19	12,550
	025 ARTHROSCOPY	5	25,547
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	1	693
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	1	465
03	RESPIRATORY SYSTEM	51	8,139
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	2	652
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	31	5,383
	054 SIMPLE ENDOSCOPY OF THE UPPER AIRWAY	17	252
	055 ENDOSCOPY OF THE LOWER AIRWAY	1	1,852
04	CARDIOVASCULAR SYSTEM	10	30,572
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	10	989
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	245	3,488
	092 CHEMOTHERAPY EXCEPT BY EXTENDED INFUSION	8	43
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	237	2,063
06	DIGESTIVE SYSTEM	206	98,518
	112 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	6	1,254
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	5	650
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	3	342
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	29	20,229
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	24	5,566
	117 LOWER GASTROINTESTINAL ENDOSCOPY	3	43,551
	118 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	27	1,497
	119 HERNIA AND HYDROCELE PROCEDURES	13	6,814
	120 COMPLEX ANAL AND RECTAL PROCEDURES	8	1,064
	121 SIMPLE ANAL AND RECTAL PROCEDURES	3	552
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	28	580
	123 COMPLEX LAPAROSCOPIC PROCEDURES	54	16,057
	124 SIMPLE LAPAROSCOPIC PROCEDURES	3	226
07	URINARY SYSTEM	138	7,929
	133 URINARY CATHETERIZATION AND DILATATION	2	479
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	57	3,971
	135 MODERATE CYSTOURETHROSCOPY	67	1,733
	136 SIMPLE CYSTOURETHROSCOPY	9	570
	137 COMPLEX URETHRAL PROCEDURES	3	132

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2007
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			
08	MALE GENITAL SYSTEM	20	2,775
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	7	1,260
	153 COMPLEX PENILE PROCEDURES	8	495
	154 SIMPLE PENILE PROCEDURES	2	823
	155 PROSTATE NEEDLE AND PUNCH BIOPSY	3	112
09	FEMALE GENITAL SYSTEM	130	7,034
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	21	1,974
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	73	1,390
	178 DILATION AND CURETTAGE	15	733
	179 HYSTEROSCOPY	17	2,553
	180 COLPOSCOPY	4	384
10	NERVOUS SYSTEM	14	20,995
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	4	14,792
	196 REVISION AND REMOVAL OF NEUROLOGICAL DEVICE	1	235
	198 NERVE REPAIR AND DESTRUCTION	9	4,511
11	EYE AND OCULAR ADNEXA	22	10,843
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	5	400
	220 STRABISMUS AND MUSCLE EYE PROCEDURES	3	809
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	10	886
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	4	510
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	76	27,519
	234 COMPLEX FACIAL AND ENT PROCEDURES	47	5,752
	235 SIMPLE FACIAL AND ENT PROCEDURES	29	13,044
13	THERAPEUTIC AND OTHER RADIOLOGICAL PROCEDURES	4	3,024
	252 RADIATION THERAPY AND HYPERTHERMIA	3	7
	253 VASCULAR RADIOLOGY EXCEPT FOR VENOGRAPHY OF EXTREMITY	1	1,146

SOURCE: Utah Ambulatory Surgery Database
Utah 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, 2007
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	260	\$3,165	\$3,184
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	5	\$2,603	\$2,632
	004 SIMPLE INCISION AND DRAINAGE	1	\$4,477	\$2,544
	006 SIMPLE DEBRIDEMENT AND DESTRUCTION	1	\$4,107	\$2,883
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	28	\$4,993	\$3,383
	008 SIMPLE EXCISION AND BIOPSY	15	\$3,165	\$2,793
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRAN	91	\$3,723	\$4,546
	011 SIMPLE INCISION AND EXCISION OF BREAST	119	\$2,313	\$3,085
02	MUSCULOSKELETAL SYSTEM	17	\$6,205	\$4,441
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	5	\$7,951	\$7,003
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	3	\$7,063	\$3,967
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	1	\$6,798	\$5,446
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	6	\$3,909	\$3,054
	025 ARTHROSCOPY	1	\$5,963	\$4,796
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	1	\$8,318	\$3,328
03	RESPIRATORY SYSTEM	17	\$3,609	\$2,352
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	1	\$4,366	\$1,520
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	13	\$3,741	\$3,777
	054 SIMPLE ENDOSCOPY OF THE UPPER AIRWAY	3	\$2,786	\$2,332
04	CARDIOVASCULAR SYSTEM	8	\$2,474	\$13,494
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	8	\$2,474	\$3,439
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	121	\$5,394	\$4,053
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	121	\$5,394	\$5,409
06	DIGESTIVE SYSTEM	113	\$5,668	\$2,473
	112 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	1	\$2,484	\$1,577
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	3	\$5,401	\$1,292
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	2	\$4,624	\$1,324
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	6	\$2,604	\$1,331
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	16	\$2,470	\$1,876
	117 LOWER GASTROINTESTINAL ENDOSCOPY	3	\$3,921	\$1,168
	118 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	3	\$4,017	\$4,111
	119 HERNIA AND HYDROCELE PROCEDURES	8	\$4,562	\$3,847
	120 COMPLEX ANAL AND RECTAL PROCEDURES	6	\$6,595	\$3,183
	121 SIMPLE ANAL AND RECTAL PROCEDURES	1	\$3,295	\$2,411
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	25	\$5,649	\$6,329
	123 COMPLEX LAPAROSCOPIC PROCEDURES	37	\$8,006	\$7,043
	124 SIMPLE LAPAROSCOPIC PROCEDURES	2	\$8,389	\$8,601
07	URINARY SYSTEM	78	\$4,465	\$5,134
	133 URINARY CATHETERIZATION AND DILATATION	1	\$4,408	\$4,450
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	41	\$4,456	\$5,301
	135 MODERATE CYSTOURETHROSCOPY	32	\$4,563	\$3,734
	136 SIMPLE CYSTOURETHROSCOPY	2	\$3,283	\$2,619
	137 COMPLEX URETHRAL PROCEDURES	2	\$4,301	\$6,589
08	MALE GENITAL SYSTEM	13	\$3,594	\$3,453
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	4	\$3,478	\$2,812

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2007
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)
	153 COMPLEX PENILE PROCEDURES	8	\$3,768	\$3,629
	155 PROSTATE NEEDLE AND PUNCH BIOPSY	1	\$2,668	\$5,214
09	FEMALE GENITAL SYSTEM	85	\$3,699	\$4,463
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	18	\$3,754	\$5,626
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	42	\$3,896	\$3,471
	178 DILATION AND CURETTAGE	12	\$2,672	\$2,542
	179 HYSTEROSCOPY	9	\$4,168	\$4,798
	180 COLPOSCOPY	4	\$3,418	\$3,826
10	NERVOUS SYSTEM	3	\$12,365	\$2,183
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	2	\$16,931	\$1,108
	196 REVISION AND REMOVAL OF NEUROLOGICAL DEVICE	1	\$3,234	\$9,628
11	EYE AND OCULAR ADNEXA	4	\$3,521	\$3,373
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	2	\$5,156	\$3,997
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	2	\$1,886	\$2,495
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	45	\$5,302	\$2,838
	234 COMPLEX FACIAL AND ENT PROCEDURES	23	\$6,797	\$5,571
	235 SIMPLE FACIAL AND ENT PROCEDURES	22	\$3,738	\$1,937
13	THERAPEUTIC AND OTHER RADIOLOGICAL PROCEDURES	2	\$15,516	\$3,736
	252 RADIATION THERAPY AND HYPERTHERMIA	1	\$17,709	\$9,804
	253 VASCULAR RADIOLOGY EXCEPT FOR VENOGRAPHY OF EXTREMITY	1	\$13,323	\$13,369

SOURCE: Utah Ambulatory Surgery Database
 Utah 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, 2007
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	751	63.0	118,694	54.2
Male	441	37.0	100,216	45.8
Unknown	0	0.0	2	0.0
Not Reported	0	0.0	1	0.0
AGE				
1-28 days	0	0.0	1,456	0.7
29-365 days	0	0.0	2,840	1.3
1-4 years	0	0.0	10,885	5.0
5-9	0	0.0	5,994	2.7
10-14	4	0.3	4,452	2.0
15-17	15	1.3	4,943	2.3
18-19	15	1.3	3,620	1.7
20-24	50	4.2	10,250	4.7
25-29	69	5.8	12,627	5.8
30-34	58	4.9	12,276	5.6
35-39	77	6.5	12,391	5.7
40-44	100	8.4	13,493	6.2
45-49	127	10.7	16,963	7.7
50-54	148	12.4	24,260	11.1
55-59	132	11.1	20,332	9.3
60-64	100	8.4	17,122	7.8
65-69	103	8.6	14,261	6.5
70-74	80	6.7	11,502	5.3
75-79	59	4.9	9,388	4.3
80-84	35	2.9	6,242	2.9
85-89	16	1.3	2,777	1.3
90 +	4	0.3	839	0.4
Not Reported	0	0.0	1,456	0.7
SOURCE OF ADMISSION				
Physician Referral	0	0.0	199,973	91.3
Clinic Referral	0	0.0	1,442	0.7
HMO Referral	0	0.0	3,326	1.5
Other Hospital	0	0.0	50	0.0
Skilled Nursing Facility	0	0.0	14	0.0
Other Health Care Facility	0	0.0	24	0.0
Emergency Room	0	0.0	4,867	2.2
Court/Law Enforcement	0	0.0	3	0.0
Unknown	0	0.0	16	0.0
Not Reported	1,192	100.0	9,198	4.2

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2007
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	1,191	99.9	218,338	99.7
Another Hospital	0	0.0	109	0.0
Skilled Nursing Facility	0	0.0	108	0.0
Intermediate Care Facility	0	0.0	7	0.0
Another Type of Institution	0	0.0	50	0.0
Under Care of Home Service	1	0.1	223	0.1
Left Against Medical Advice	0	0.0	19	0.0
Under Care of Home IV Provider	0	0.0	1	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	244	20.5	38,805	17.7
Medicaid	62	5.2	12,973	5.9
Other government	32	2.7	3,498	1.6
Blue Cross/Blue Shield	301	25.3	30,611	14.0
Other Commercial	146	12.2	17,104	7.8
Managed Care(HMO, PPO)	377	31.6	106,265	48.5
Self Pay	24	2.0	2,895	1.3
Industrial & Worker Comp	3	0.3	3,787	1.7
Charity and Unclassified	0	0.0	1,868	0.9
Childrens Health Insurance	0	0.0	159	0.1
Unknown	3	0.3	855	0.4
Not Reported	0	0.0	93	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	55	4.6	16,514	7.5
Central Utah	18	1.5	8,080	3.7
Davis County	110	9.2	22,286	10.2
Salt Lake County	546	45.8	72,683	33.2
Southeastern Utah	17	1.4	5,055	2.3
Southwest Utah	26	2.2	13,705	6.3
Summit County	34	2.9	2,788	1.3
Tooele County	34	2.9	4,504	2.1
Tri-County	17	1.4	5,649	2.6
Utah County	73	6.1	35,563	16.2
Wasatch County	6	0.5	1,636	0.7
Weber County	63	5.3	21,324	9.7
Unknown Utah	0	0.0	43	0.0
Outside Utah	193	16.2	8,990	4.1
Unknown, Not Reported	0	0.0	93	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, 2007
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)	4,308	100.0	319,880	100.0
Mastectomy (85.0-85.99)	0	0.0	7,512	2.3
Musculoskeletal (76.0-84.99)	3,290	76.4	71,153	22.2
Respiratory (30.0-34.99)	0	0.0	3,550	1.1
Cardiovascular (35.0-39.99)	4	0.1	16,128	5.0
Lymphatic/Hemetic (40.0-41.99)	10	0.2	3,232	1.0
Digestive System (42.0-54.99)	0	0.0	102,504	32.0
Urinary (55.0-59.99)	0	0.0	10,216	3.2
Male Genital (60.0-64.99)	0	0.0	3,613	1.1
Female Genital (65.0-71.99)	0	0.0	15,763	4.9
Endocrine/Nervous (01.0-07.99)	1,004	23.3	22,558	7.1
Eye (08.0-16.99)	0	0.0	19,364	6.1
Ear (18.0-20.99)	0	0.0	13,797	4.3
Nose, Mouth, Pharynx (21.0-29.99)	0	0.0	30,490	9.5
Reporting Category(CPT-4 CODES)	7,143	100.0	301,918	100.0
Mastectomy (19120-19220)	0	0.0	2,118	0.7
Musculoskeletal (20000-29909)	4,308	60.3	67,981	22.5
Respiratory (30000-32999 & 39501-39599)	0	0.0	14,263	4.7
Cardiovascular (33010-37799 & 93501-93660)	3	0.0	38,047	12.6
Lymphatic/Hemetic (38100-38999)	9	0.1	2,819	0.9
Digestive (40490-49999)	0	0.0	109,019	36.1
Urinary (50010-53899)	0	0.0	9,215	3.1
Male Genital (54000-55899)	0	0.0	3,144	1.0
Female Genital (56405-58999)	0	0.0	11,863	3.9
Endocrine/Nervous (60000-64999)	2,823	39.5	24,805	8.2
Eye (65091-68899)	0	0.0	11,076	3.7
Ear (69000-69979)	0	0.0	7,568	2.5

SOURCE: Utah Ambulatory Surgery Database

Utah 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, 2007
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		4,308	100.0	100.0
0481	INJ ANES PERIPH NERV-ANALGESIA	441	10.2	0.32
0443	RELEASE CARPAL TUNNEL	307	7.1	1.07
806	EXC SEMILUNAR CARTILAGE-KNEE	228	5.3	1.94
8201	EXPLOR TENDON SHEATH HAND	150	3.5	0.37
8145	OTH REPR CRUCIATE LIGAMNT	147	3.4	0.58
0449	OTH PERIPH NERV/GANGL DECOMP/LYSIS	123	2.9	0.22
7932	OP REDUC FX W/INT FIX-RADIUS & ULNA	103	2.4	0.30
8175	ARTHRLSTY CARPOCARPAL JT WO IMPLNT	97	2.3	0.12
8183	OTH REPR SHLDR	96	2.2	0.78
8363	ROTATOR CUFF REPR	93	2.2	0.74
8086	OTH LOC EXC/DESTRUC JT LES-KNEE	79	1.8	0.82
7867	REMOV IMPLNT DEVICE-TIBIA & FIB	78	1.8	0.33
8221	EXC LES TENDON SHEATH HAND	78	1.8	0.28
8257	OTH HAND TENDON TRANSPOSITION	57	1.3	0.07
8147	OTH REPR KNEE	53	1.2	0.84
7863	REMOV IMPLNT DEVICE-RADIUS & ULNA	50	1.2	0.10
8083	OTH LOC EXC/DESTRUC JT LES-WRIST	45	1.0	0.05
8087	OTH LOC EXC/DESTRUC JT LES-ANK	45	1.0	0.10
7869	REMOV IMPLNT DEVICE-OTH BONE	42	1.0	0.15
8182	REPR RECUR DISLOC SHLDR	42	1.0	0.15

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		7,143	100.0	100.0
64483	INJ ANES EPIDURL; LUMB/SAC 1 LEV	738	10.3	0.83
20610	ARTHROCENTESIS ASPIR&/INJ; MAJ J	420	5.9	0.47
64484	INJ ANES EPIDURL; LUMB/SAC-EA AD	301	4.2	0.58
20680	REMOVAL OF IMPLANT; DEEP	237	3.3	0.93
64415	INJ ANESAGT; BRACH PLEXUS SINGLE	223	3.1	0.08
29881	SCOPE KNEE SURG;W/MENISCECT MED/	203	2.8	1.64
26055	TENDON SHEATH INCISION	202	2.8	0.42
62319	INJ NOT NEUROLYTIC-EPID; LUMB/SA	188	2.6	0.07
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	174	2.4	0.69
29888	ARTHSCPY AIDED ACL REPR/AUG/RECO	138	1.9	0.58
64475	INJ ANES FACET JT; LUMB/SAC-1LEV	111	1.6	0.35
29848	ENDO WRST SURG REL TRNS CARP LIG	110	1.5	0.32
20605	ARTHROCN ASPIR &/INJ;INTRMD JNT/	108	1.5	0.09
29826	SCOPE SHOULDER; DECOMP SUBACROM	102	1.4	1.10
64417	INJECTION ANESTHETIC AGT; AX NER	102	1.4	0.03
64718	NEUROPLASTY; ULNAR NERV AT ELBOW	102	1.4	0.15
64447	INJ ANES AGT; FEMORAL NERVE SING	101	1.4	0.04
64479	INJ ANES EPIDURL; CERV/THOR 1 LE	92	1.3	0.08
29827	SCOPE SHLDR SURG; W/ROTOR CUFF R	88	1.2	0.54
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	82	1.1	1.11

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, 2007
 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		1,269	\$4,292	\$3,565
0443	RELEASE CARPAL TUNNEL	135	\$1,604	\$2,237
806	EXC SEMILUNAR CARTILAGE-KNEE	133	\$3,219	\$4,511
8201	EXPLOR TENDON SHEATH HAND	91	\$1,354	\$2,026
8221	EXC LES TENDON SHEATH HAND	56	\$1,761	\$2,332
7867	REMOV IMPLNT DEVICE-TIBIA & FIB	53	\$2,680	\$2,962
7932	OP REDUC FX W/INT FIX-RADIUS & ULNA	45	\$7,901	\$8,023
8145	OTH REPR CRUCIATE LIGAMNT	43	\$7,966	\$9,829
0393	INSRT/REPLCMT SPINAL NEUROSTIM	40	\$25,157	\$39,073
0449	OTH PERIPH NERV/GANGL DECOMP/LYSIS	31	\$2,860	\$3,699
8086	OTH LOC EXC/DESTRUC JT LES-KNEE	29	\$3,100	\$3,970
0481	INJ ANES PERIPH NERV-ANALGESIA	25	\$1,101	\$1,636
7869	REMOV IMPLNT DEVICE-OTH BONE	24	\$1,824	\$3,474
8083	OTH LOC EXC/DESTRUC JT LES-WRIST	22	\$3,863	\$3,659
8363	ROTATOR CUFF REPR	20	\$10,181	\$9,286
7868	REMOV IMPLNT DEVICE-TARS-METATARS	18	\$2,551	\$2,547
7863	REMOV IMPLNT DEVICE-RADIUS & ULNA	17	\$2,187	\$3,022
7933	OP REDUC W/INT FIX-CARP-METACARP	17	\$5,313	\$5,222
8147	OTH REPR KNEE	15	\$4,035	\$5,496
8182	REPR RECUR DISLOC SHLDR	15	\$10,151	\$8,946
8183	OTH REPR SHLDR	15	\$9,757	\$7,799

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
CPT-4 Procedures		2,746	\$2,274	\$3,274
20610	ARTHROCENTESIS ASPIR&/INJ; MAJ J	410	\$1,086	\$1,001
64483	INJ ANES EPIDURL; LUMB/SAC 1 LEV	401	\$962	\$1,282
62319	INJ NOT NEUROLYTIC-EPID; LUMB/SA	184	\$962	\$1,050
29881	SCOPE KNEE SURG;W/MENISCECT MED/	131	\$3,228	\$4,170
20605	ARTHROCN ASPIR &/INJ;INTRMD JNT/	94	\$1,058	\$1,108
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	93	\$1,464	\$2,296
64479	INJ ANES EPIDURL; CERV/THOR 1 LE	89	\$1,073	\$1,266
20680	REMOVAL OF IMPLANT; DEEP	87	\$2,667	\$3,111
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	77	\$1,347	\$1,005
23350	INJ SHLDR ARTHROGRPH/ENHNCD CT/M	69	\$2,230	\$2,970
64475	INJ ANES FACET JT; LUMB/SAC-1LEV	59	\$1,155	\$1,370
29848	ENDO WRST SURG REL TRNS CARP LIG	58	\$1,956	\$2,476
26055	TENDON SHEATH INCISION	48	\$1,208	\$1,941
29877	SCOPE KNEE SURG; DEBRID/SHAVE CA	41	\$3,156	\$3,722
29888	ARTHSCPY AIDED ACL REPR/AUG/RECO	38	\$7,728	\$9,494
62318	INJ NOT NEUROLYTIC-EPID; CERV/TH	33	\$1,884	\$1,784
27095	INJ PROC HIP ARTHROGRAPHY; W/ANE	31	\$2,316	\$2,111
64718	NEUROPLASTY; ULNAR NERV AT ELBOW	31	\$2,945	\$4,000
20600	ARTHROCEN ASPIR &/INJ; SM JNT/BU	30	\$1,007	\$999
25111	EXCISION OF GANGLION WRIST; PRIM	29	\$1,977	\$2,456

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, 2007
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	106	8,527
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	9	2,371
	003 COMPLEX INCISION AND DRAINAGE	2	88
	004 SIMPLE INCISION AND DRAINAGE	3	28
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	42	1,121
	008 SIMPLE EXCISION AND BIOPSY	45	1,220
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRANGE	5	1,390
02	MUSCULOSKELETAL SYSTEM	4,035	61,192
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	427	6,662
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	211	2,481
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	246	2,359
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	915	12,550
	025 ARTHROSCOPY	1,128	25,547
	026 REPLACEMENT OF CAST	3	65
	027 SPLINT, STRAPPING AND CAST REMOVAL	2	555
	028 CLOSED TREATMENT FX & DISLOCATION OF FINGER, TOE & TRUNK	2	54
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	12	693
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	282	4,851
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	47	465
	032 BUNION PROCEDURES	42	1,752
	033 ARTHROPLASTY	98	581
	034 HAND AND FOOT TENOTOMY	27	323
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	593	2,254
04	CARDIOVASCULAR SYSTEM	3	30,572
	080 MINOR VASCULAR REPAIR AND FISTULA CONSTRUCTION	3	736
10	NERVOUS SYSTEM	2,810	20,995
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	2,289	14,792
	196 REVISION AND REMOVAL OF NEUROLOGICAL DEVICE	11	235
	197 NEUROSTIMULATOR AND VENTRICULAR SHUNT IMPLANTATION	112	944
	198 NERVE REPAIR AND DESTRUCTION	398	4,511
13	THERAPEUTIC AND OTHER RADIOLOGICAL PROCEDURES	128	3,024
	255 MISCELLANEOUS RADIOLOGICAL PROCEDURES WITH CONTRAST	128	1,567

SOURCE: Utah Ambulatory Surgery Database
Utah 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, 2007
PROCEDURE APG CATEGORY, PROCEDURE APG, SINGLE APG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

309 University of Utah Orthopaedic Center

Procedure APG category	Procedure APG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
01	INTEGUMENTARY SYSTEM	51	\$1,980	\$3,184
	003 COMPLEX INCISION AND DRAINAGE	2	\$3,964	\$4,092
	004 SIMPLE INCISION AND DRAINAGE	3	\$580	\$2,544
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	20	\$2,198	\$3,383
	008 SIMPLE EXCISION AND BIOPSY	26	\$1,820	\$2,793
02	MUSCULOSKELETAL SYSTEM	1,471	\$2,789	\$4,441
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	80	\$5,145	\$7,003
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	44	\$2,326	\$3,967
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	26	\$3,916	\$5,446
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	250	\$2,168	\$3,054
	025 ARTHROSCOPY	397	\$4,256	\$4,796
	027 SPLINT, STRAPPING AND CAST REMOVAL	2	\$3,715	\$1,950
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	4	\$7,079	\$3,328
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	98	\$5,814	\$5,920
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	13	\$1,943	\$2,812
	032 BUNION PROCEDURES	3	\$4,936	\$4,352
	033 ARTHROPLASTY	4	\$5,073	\$7,331
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	550	\$1,073	\$1,001
10	NERVOUS SYSTEM	1,086	\$1,562	\$2,183
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	925	\$1,020	\$1,108
	196 REVISION AND REMOVAL OF NEUROLOGICAL DEVICE	6	\$4,144	\$9,628
	197 NEUROSTIMULATOR AND VENTRICULAR SHUNT IMPLANTATION	14	\$32,505	\$26,856
	198 NERVE REPAIR AND DESTRUCTION	141	\$1,933	\$2,625
13	THERAPEUTIC AND OTHER RADIOLOGICAL PROCEDURES	128	\$2,165	\$3,736
	255 MISCELLANEOUS RADIOLOGICAL PROCEDURES WITH CONTRAST	128	\$2,165	\$2,658

SOURCE: Utah Ambulatory Surgery Database
Utah 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, 2007
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	2,148	47.9	118,694	54.2
Male	2,332	52.1	100,216	45.8
Unknown	0	0.0	2	0.0
Not Reported	0	0.0	1	0.0
AGE				
1-28 days	0	0.0	1,456	0.7
29-365 days	0	0.0	2,840	1.3
1-4 years	8	0.2	10,885	5.0
5-9	11	0.2	5,994	2.7
10-14	39	0.9	4,452	2.0
15-17	126	2.8	4,943	2.3
18-19	86	1.9	3,620	1.7
20-24	316	7.1	10,250	4.7
25-29	325	7.3	12,627	5.8
30-34	301	6.7	12,276	5.6
35-39	316	7.1	12,391	5.7
40-44	368	8.2	13,493	6.2
45-49	476	10.6	16,963	7.7
50-54	512	11.4	24,260	11.1
55-59	412	9.2	20,332	9.3
60-64	317	7.1	17,122	7.8
65-69	284	6.3	14,261	6.5
70-74	204	4.6	11,502	5.3
75-79	183	4.1	9,388	4.3
80-84	131	2.9	6,242	2.9
85-89	47	1.0	2,777	1.3
90 +	18	0.4	839	0.4
Not Reported	0	0.0	1,456	0.7
SOURCE OF ADMISSION				
Physician Referral	0	0.0	199,973	91.3
Clinic Referral	0	0.0	1,442	0.7
HMO Referral	0	0.0	3,326	1.5
Other Hospital	0	0.0	50	0.0
Skilled Nursing Facility	0	0.0	14	0.0
Other Health Care Facility	0	0.0	24	0.0
Emergency Room	0	0.0	4,867	2.2
Court/Law Enforcement	0	0.0	3	0.0
Unknown	0	0.0	16	0.0
Not Reported	4,480	100.0	9,198	4.2

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2007
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	4,477	99.9	218,338	99.7
Another Hospital	1	0.0	109	0.0
Skilled Nursing Facility	0	0.0	108	0.0
Intermediate Care Facility	1	0.0	7	0.0
Another Type of Institution	0	0.0	50	0.0
Under Care of Home Service	0	0.0	223	0.1
Left Against Medical Advice	0	0.0	19	0.0
Under Care of Home IV Provider	1	0.0	1	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	825	18.4	38,805	17.7
Medicaid	203	4.5	12,973	5.9
Other government	134	3.0	3,498	1.6
Blue Cross/Blue Shield	1,313	29.3	30,611	14.0
Other Commercial	510	11.4	17,104	7.8
Managed Care(HMO, PPO)	1,130	25.2	106,265	48.5
Self Pay	73	1.6	2,895	1.3
Industrial & Worker Comp	287	6.4	3,787	1.7
Charity and Unclassified	5	0.1	1,868	0.9
Childrens Health Insurance	0	0.0	159	0.1
Unknown	0	0.0	855	0.4
Not Reported	0	0.0	93	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	76	1.7	16,514	7.5
Central Utah	25	0.6	8,080	3.7
Davis County	404	9.0	22,286	10.2
Salt Lake County	2,851	63.6	72,683	33.2
Southeastern Utah	79	1.8	5,055	2.3
Southwest Utah	40	0.9	13,705	6.3
Summit County	167	3.7	2,788	1.3
Tooele County	108	2.4	4,504	2.1
Tri-County	38	0.8	5,649	2.6
Utah County	159	3.5	35,563	16.2
Wasatch County	32	0.7	1,636	0.7
Weber County	123	2.7	21,324	9.7
Unknown Utah	0	0.0	43	0.0
Outside Utah	377	8.4	8,990	4.1
Unknown, Not Reported	1	0.0	93	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, 2007
NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

138 Utah Valley Regional Medical Center

Reporting Category(ICD-9-CM CODES)	Procedures Performed		Procedures Performed-All Hospitals	
	(#)	(%)	(#)	(%)
Reporting Category(ICD-9-CM CODES)	24,182	100.0	319,880	100.0
Mastectomy (85.0-85.99)	262	1.1	7,512	2.3
Musculoskeletal (76.0-84.99)	4,111	17.0	71,153	22.2
Respiratory (30.0-34.99)	248	1.0	3,550	1.1
Cardiovascular (35.0-39.99)	2,832	11.7	16,128	5.0
Lymphatic/Hemetic (40.0-41.99)	132	0.5	3,232	1.0
Digestive System (42.0-54.99)	8,466	35.0	102,504	32.0
Urinary (55.0-59.99)	674	2.8	10,216	3.2
Male Genital (60.0-64.99)	179	0.7	3,613	1.1
Female Genital (65.0-71.99)	1,011	4.2	15,763	4.9
Endocrine/Nervous (01.0-07.99)	851	3.5	22,558	7.1
Eye (08.0-16.99)	1,992	8.2	19,364	6.1
Ear (18.0-20.99)	934	3.9	13,797	4.3
Nose, Mouth, Pharynx (21.0-29.99)	2,490	10.3	30,490	9.5
Reporting Category(CPT-4 CODES)	22,612	100.0	301,918	100.0
Mastectomy (19120-19220)	115	0.5	2,118	0.7
Musculoskeletal (20000-29909)	3,779	16.7	67,981	22.5
Respiratory (30000-32999 & 39501-39599)	1,409	6.2	14,263	4.7
Cardiovascular (33010-37799 & 93501-93660)	4,318	19.1	38,047	12.6
Lymphatic/Hemetic (38100-38999)	106	0.5	2,819	0.9
Digestive (40490-49999)	8,890	39.3	109,019	36.1
Urinary (50010-53899)	624	2.8	9,215	3.1
Male Genital (54000-55899)	152	0.7	3,144	1.0
Female Genital (56405-58999)	752	3.3	11,863	3.9
Endocrine/Nervous (60000-64999)	681	3.0	24,805	8.2
Eye (65091-68899)	1,268	5.6	11,076	3.7
Ear (69000-69979)	518	2.3	7,568	2.5

SOURCE: Utah Ambulatory Surgery Database
Utah 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, 2007
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	2,033	8.4	6.86
4542	ENDO POLYPECTOMY LG INTESTINE	1,205	5.0	3.78
4513	OTH ENDO SM INTESTINE	1,173	4.9	1.74
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	894	3.7	5.42
2001	MYRINGOTOMY W/INSRT TUBE	702	2.9	3.33
5123	LAP CHOLEY	584	2.4	2.16
806	EXC SEMILUNAR CARTILAGE-KNEE	545	2.3	1.94
283	TONSILLECTOMY W/ADENOIDECTOMY	532	2.2	1.70
4292	DILAT ESOPH	516	2.1	1.45
3726	CARD ELECTROPHYSIO STIMUL-RECORD	447	1.8	0.38
3722	LT HEART CARD CATH	442	1.8	1.08
3734	EXC/DESTRUC OTH LES/TISS HRT OTH	425	1.8	0.37
3727	CARD MAPPING	420	1.7	0.34
4525	CLO [ENDO] BX LG INTESTINE	324	1.3	2.32
8086	OTH LOC EXC/DESTRUC JT LES-KNEE	294	1.2	0.82
4836	[ENDO] POLYPECTOMY RECTUM	283	1.2	1.03
1371	IOL PROSTH-CATARACT EXTRACT-1-STAGE	265	1.1	1.38
1341	PHACOEMULSIFICATION-ASPIR CATARACT	260	1.1	1.38
6823	ENDOMETRIAL ABLATION	222	0.9	0.61
8183	OTH REPR SHLDR	220	0.9	0.78

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures				
45378	COLONOSCOPY FLEX; DX-SEP PROC	1,849	8.2	6.66
45380	COLONOSCOPY FLEX; W/BX 1/MX	1,099	4.9	5.29
43239	UGI ENDO; W/BX 1/MX	889	3.9	5.47
43235	UGI ENDO; DX W/NO CLCT SPECMN-SP	775	3.4	1.15
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	681	3.0	1.59
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	573	2.5	1.44
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	493	2.2	0.97
29881	SCOPE KNEE SURG;W/MENISCECT MED/	434	1.9	1.64
93620	COMP EP EVAL;RT ATRIAL VENT HLS	407	1.8	0.37
42820	T&A; UNDER AGE 12	376	1.7	1.37
93543	INJ PROC-CATH; LT VENT/ATRIAL AN	372	1.6	1.22
69436	TYMPANOSTOMY GENERAL ANESTHESIA	361	1.6	1.79
93545	INJ PROC-CATH; SELECT CORONRY AN	326	1.4	1.34
29877	SCOPE KNEE SURG; DEBRID/SHAVE CA	298	1.3	0.99
93651	INTRACARD CATH ABLAT ARRHY; TX T	290	1.3	0.27
93510	LT HRT CATH RETRO-BRACH/FEM; PER	285	1.3	1.03
29826	SCOPE SHOULDER; DECOMP SUBACROM	276	1.2	1.10
93555	IMAG SUPERVS I&R-CATH; VENT/ATRI	275	1.2	1.13
93556	IMAG SUPERVS I&R-CATH; PULM ANGI	270	1.2	1.27
66984	EXTRACAPSULAR CATARACT REMV IOL	254	1.1	1.35

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, 2007
 AVERAGE TOTAL CHARGES FOR MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES, SINGLE ICD-9 OR CPT-4 ONLY

138 Utah Valley Regional Medical Center

ICD-9 CODE	ICD-9 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
ICD-9	Procedures	10,222	\$3,069	\$3,565
4523	COLONOSCOPY	1,800	\$698	\$976
4542	ENDO POLYPECTOMY LG INTESTINE	906	\$1,002	\$1,383
4513	OTH ENDO SM INTESTINE	645	\$705	\$1,172
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	506	\$927	\$1,391
5123	LAP CHOLEY	496	\$6,495	\$6,693
283	TONSILLECTOMY W/ADENOIDECTOMY	435	\$1,861	\$2,361
3722	LT HEART CARD CATH	369	\$6,021	\$6,932
4525	CLO [ENDO] BX LG INTESTINE	202	\$1,003	\$1,424
3723	COMBO RT & LT HEART CARD CATH	166	\$6,068	\$7,303
4701	LAP APPENDECTOMY	165	\$8,040	\$9,118
806	EXC SEMILUNAR CARTILAGE-KNEE	146	\$3,180	\$4,511
4836	[ENDO] POLYPECTOMY RECTUM	120	\$927	\$1,285
6823	ENDOMETRIAL ABLATION	117	\$5,081	\$5,399
3787	REPLCE PACEMAKER W/2 CHAMBR DEVICE	92	\$14,932	\$19,580
6952	ASPIR CURET FOLLOWING DELIV/AB	85	\$2,418	\$2,643
8183	OTH REPR SHLDR	74	\$5,086	\$7,799
8521	LOC EXC LES BREAST	69	\$2,696	\$2,822
3999	OTH OPER VESSELS	68	\$5,048	\$5,380
3927	ARTERIOVENOSTOMY-RENAL DIALYSIS	67	\$4,782	\$5,302
0443	RELEASE CARPAL TUNNEL	63	\$1,819	\$2,237

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
CPT-4	Procedures	10,777	\$2,747	\$3,274
45378	COLONOSCOPY FLEX; DX-SEP PROC	1,636	\$697	\$984
45380	COLONOSCOPY FLEX; W/BX 1/MX	801	\$961	\$1,354
43235	UGI ENDO; DX W/VO CLCT SPECMN-SP	625	\$844	\$1,081
43239	UGI ENDO; W/BX 1/MX	519	\$1,205	\$1,389
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	492	\$6,504	\$7,072
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	468	\$1,039	\$1,536
42820	T&A; UNDER AGE 12	296	\$1,749	\$2,257
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	295	\$1,301	\$1,631
69436	TYMPANOSTOMY GENERAL ANESTHESIA	239	\$978	\$1,247
66984	EXTRACAPSULAR CATARACT REMV IOL	237	\$3,305	\$3,292
29881	SCOPE KNEE SURG;W/MENISCECT MED/	216	\$3,146	\$4,170
44970	LAPAROSCOPY SURGICAL APPENDECTOM	165	\$7,991	\$9,078
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	143	\$1,131	\$1,005
42821	T&A; AGE 12 OR OVER	133	\$2,104	\$2,767
29877	SCOPE KNEE SURG; DEBRID/SHAVE CA	120	\$3,054	\$3,722
58563	HYSTERO SC SURG; W/ENDOMETRIAL AB	114	\$5,034	\$5,666
G0121	COLOREC CNCR SCR;COLNSCPY NO HI	102	\$674	\$800
20680	REMOVAL OF IMPLANT; DEEP	99	\$2,923	\$3,111
49505	REPR INIT ING HERNIA 5YR/MORE; R	94	\$3,720	\$4,010
41899	UNLIST PROC DENTOALVEOL STRUCTUR	82	\$2,105	\$2,605

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, 2007
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	345	8,527
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	37	2,371
	003 COMPLEX INCISION AND DRAINAGE	3	88
	004 SIMPLE INCISION AND DRAINAGE	1	28
	006 SIMPLE DEBRIDEMENT AND DESTRUCTION	5	187
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	49	1,121
	008 SIMPLE EXCISION AND BIOPSY	58	1,220
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRANGE	77	1,390
	011 SIMPLE INCISION AND EXCISION OF BREAST	115	2,116
02	MUSCULOSKELETAL SYSTEM	3,320	61,192
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	281	6,662
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	105	2,481
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	64	2,359
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	346	12,550
	025 ARTHROSCOPY	2,009	25,547
	026 REPLACEMENT OF CAST	1	65
	027 SPLINT, STRAPPING AND CAST REMOVAL	1	555
	028 CLOSED TREATMENT FX & DISLOCATION OF FINGER, TOE & TRUNK	2	54
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	47	693
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	292	4,851
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	34	465
	032 BUNION PROCEDURES	24	1,752
	033 ARTHROPLASTY	15	581
	034 HAND AND FOOT TENOTOMY	8	323
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	91	2,254
03	RESPIRATORY SYSTEM	878	8,139
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	9	652
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	690	5,383
	054 SIMPLE ENDOSCOPY OF THE UPPER AIRWAY	21	252
	055 ENDOSCOPY OF THE LOWER AIRWAY	158	1,852
04	CARDIOVASCULAR SYSTEM	3,956	30,572
	074 CARDIAC ELECTROPHYSIOLOGIC TESTS	1,251	4,174
	076 DIAGNOSTIC CARDIAC CATHETERIZATION	2,122	21,581
	077 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	198	1,914
	078 PACEMAKER INSERTION AND REPLACEMENT	114	690
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	159	989
	080 MINOR VASCULAR REPAIR AND FISTULA CONSTRUCTION	93	736
	081 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	9	123
	082 VASCULAR LIGATION	10	308
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	125	3,488
	094 BLOOD AND BLOOD PRODUCT EXCHANGE	3	85
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	120	2,063
	097 TRANSFUSION	2	1,297
06	DIGESTIVE SYSTEM	8,094	98,518
	111 ALIMENTARY TESTS AND SIMPLE TUBE PLACEMENT	3	136
	112 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	10	1,254

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2007
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	49	650
114	PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	21	342
115	DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	1,674	20,229
116	THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	644	5,566
117	LOWER GASTROINTESTINAL ENDOSCOPY	3,831	43,551
118	ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	158	1,497
119	HERNIA AND HYDROCELE PROCEDURES	433	6,814
120	COMPLEX ANAL AND RECTAL PROCEDURES	36	1,064
121	SIMPLE ANAL AND RECTAL PROCEDURES	13	552
122	MISCELLANEOUS ABDOMINAL PROCEDURES	27	580
123	COMPLEX LAPAROSCOPIC PROCEDURES	1,173	16,057
124	SIMPLE LAPAROSCOPIC PROCEDURES	22	226
07	URINARY SYSTEM	584	7,929
131	RENAL EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	27	871
133	URINARY CATHETERIZATION AND DILATATION	13	479
134	COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	383	3,971
135	MODERATE CYSTOURETHROSCOPY	98	1,733
136	SIMPLE CYSTOURETHROSCOPY	48	570
137	COMPLEX URETHRAL PROCEDURES	7	132
138	SIMPLE URETHRAL PROCEDURES	8	172
08	MALE GENITAL SYSTEM	133	2,775
151	TESTICULAR AND EPIDIDYMAL PROCEDURES	92	1,260
153	COMPLEX PENILE PROCEDURES	8	495
154	SIMPLE PENILE PROCEDURES	31	823
155	PROSTATE NEEDLE AND PUNCH BIOPSY	2	112
09	FEMALE GENITAL SYSTEM	513	7,034
176	COMPLEX FEMALE REPRODUCTIVE PROCEDURES	115	1,974
177	SIMPLE FEMALE REPRODUCTIVE PROCEDURES	64	1,390
178	DILATION AND CURETTAGE	61	733
179	HYSTEROSCOPY	244	2,553
180	COLPOSCOPY	29	384
10	NERVOUS SYSTEM	518	20,995
195	NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	221	14,792
196	REVISION AND REMOVAL OF NEUROLOGICAL DEVICE	13	235
197	NEUROSTIMULATOR AND VENTRICULAR SHUNT IMPLANTATION	65	944
198	NERVE REPAIR AND DESTRUCTION	174	4,511
199	SPINAL TAP	45	513
11	EYE AND OCULAR ADNEXA	1,232	10,843
211	MINOR OPHTHALMOLOGICAL TESTS AND PROCEDURES	7	32
213	LASER EYE PROCEDURES	58	617
214	CATARACT PROCEDURES	297	4,389
215	COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	39	400
216	MODERATE ANTERIOR SEGMENT EYE PROCEDURES	82	277
217	SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	30	306
218	COMPLEX POSTERIOR SEGMENT EYE PROCEDURES	69	376
219	SIMPLE POSTERIOR SEGMENT EYE PROCEDURES	58	419

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2007
PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

138 Utah Valley Regional Medical Center

procedure APG category	procedure APG	TOTAL #	TOTAL # (ALL Hospitals)
	220 STRABISMUS AND MUSCLE EYE PROCEDURES	104	809
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	195	886
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	109	510
	223 VITRECTOMY	184	1,822
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	2,130	27,519
	233 NASAL CAUTERIZATION AND PACKING	33	328
	234 COMPLEX FACIAL AND ENT PROCEDURES	498	5,752
	235 SIMPLE FACIAL AND ENT PROCEDURES	900	13,044
	236 TONSIL AND ADENOID PROCEDURES	699	8,300
13	THERAPEUTIC AND OTHER RADIOLOGICAL PROCEDURES	186	3,024
	253 VASCULAR RADIOLOGY EXCEPT FOR VENOGRAPHY OF EXTREMITY	164	1,146
	254 MYELOGRAPHY	1	304
	255 MISCELLANEOUS RADIOLOGICAL PROCEDURES WITH CONTRAST	21	1,567

SOURCE: Utah Ambulatory Surgery Database
Utah 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, 2007
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	185	\$2,947	\$3,184
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	16	\$3,289	\$2,632
	003 COMPLEX INCISION AND DRAINAGE	2	\$1,843	\$4,092
	004 SIMPLE INCISION AND DRAINAGE	1	\$1,945	\$2,544
	006 SIMPLE DEBRIDEMENT AND DESTRUCTION	3	\$3,098	\$2,883
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	26	\$3,364	\$3,383
	008 SIMPLE EXCISION AND BIOPSY	38	\$2,596	\$2,793
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRAN	19	\$3,433	\$4,546
	011 SIMPLE INCISION AND EXCISION OF BREAST	80	\$2,829	\$3,085
02	MUSCULOSKELETAL SYSTEM	1,382	\$4,197	\$4,441
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	100	\$5,302	\$7,003
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	35	\$4,311	\$3,967
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	19	\$4,589	\$5,446
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	162	\$3,054	\$3,054
	025 ARTHROSCOPY	753	\$4,132	\$4,796
	028 CLOSED TREATMENT FX & DISLOCATION OF FINGER, TOE & TRUNK	1	\$1,441	\$1,440
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	43	\$2,679	\$3,328
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	211	\$5,653	\$5,920
	032 BUNION PROCEDURES	7	\$3,734	\$4,352
	033 ARTHROPLASTY	8	\$6,132	\$7,331
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	43	\$962	\$1,001
03	RESPIRATORY SYSTEM	107	\$2,092	\$2,352
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	6	\$2,828	\$1,520
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	23	\$3,403	\$3,777
	054 SIMPLE ENDOSCOPY OF THE UPPER AIRWAY	3	\$1,855	\$2,332
	055 ENDOSCOPY OF THE LOWER AIRWAY	75	\$1,640	\$2,232
04	CARDIOVASCULAR SYSTEM	296	\$10,370	\$13,494
	074 CARDIAC ELECTROPHYSIOLOGIC TESTS	83	\$19,692	\$20,642
	076 DIAGNOSTIC CARDIAC CATHETERIZATION	72	\$5,219	\$6,799
	077 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	21	\$11,288	\$23,688
	078 PACEMAKER INSERTION AND REPLACEMENT	22	\$15,266	\$22,941
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	14	\$5,309	\$3,439
	080 MINOR VASCULAR REPAIR AND FISTULA CONSTRUCTION	69	\$4,753	\$5,464
	081 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	7	\$5,173	\$4,524
	082 VASCULAR LIGATION	8	\$5,990	\$5,963
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	78	\$5,089	\$4,053
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	76	\$5,018	\$5,409
	097 TRANSFUSION	2	\$7,779	\$2,574
06	DIGESTIVE SYSTEM	5,871	\$1,882	\$2,473
	111 ALIMENTARY TESTS AND SIMPLE TUBE PLACEMENT	1	\$610	\$1,025
	112 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	2	\$834	\$1,577
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	32	\$804	\$1,292
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	16	\$1,088	\$1,324
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	1,145	\$1,008	\$1,331
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	405	\$1,322	\$1,876

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2007
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 CHRGR	AVE TOT CHRGR(ALL Hospitals)
117 LOWER GASTROINTESTINAL ENDOSCOPY	3,062	\$820	\$1,168
118 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	34	\$2,907	\$4,111
119 HERNIA AND HYDROCELE PROCEDURES	262	\$3,315	\$3,847
120 COMPLEX ANAL AND RECTAL PROCEDURES	24	\$3,516	\$3,183
121 SIMPLE ANAL AND RECTAL PROCEDURES	12	\$2,234	\$2,411
122 MISCELLANEOUS ABDOMINAL PROCEDURES	16	\$3,579	\$6,329
123 COMPLEX LAPAROSCOPIC PROCEDURES	856	\$6,580	\$7,043
124 SIMPLE LAPAROSCOPIC PROCEDURES	4	\$8,654	\$8,601
07 URINARY SYSTEM	167	\$3,721	\$5,134
133 URINARY CATHETERIZATION AND DILATATION	10	\$3,667	\$4,450
134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	77	\$4,128	\$5,301
135 MODERATE CYSTOURETHROSCOPY	53	\$2,810	\$3,734
136 SIMPLE CYSTOURETHROSCOPY	16	\$2,509	\$2,619
137 COMPLEX URETHRAL PROCEDURES	5	\$13,473	\$6,589
138 SIMPLE URETHRAL PROCEDURES	6	\$1,735	\$1,729
08 MALE GENITAL SYSTEM	81	\$2,369	\$3,453
151 TESTICULAR AND EPIDIDYMAL PROCEDURES	51	\$2,366	\$2,812
153 COMPLEX PENILE PROCEDURES	7	\$3,931	\$3,629
154 SIMPLE PENILE PROCEDURES	21	\$1,906	\$1,981
155 PROSTATE NEEDLE AND PUNCH BIOPSY	2	\$1,828	\$5,214
09 FEMALE GENITAL SYSTEM	287	\$4,043	\$4,463
176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	55	\$4,996	\$5,626
177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	30	\$2,445	\$3,471
178 DILATION AND CURETTAGE	41	\$2,245	\$2,542
179 HYSTEROSCOPY	148	\$4,500	\$4,798
180 COLPOSCOPY	13	\$4,167	\$3,826
10 NERVOUS SYSTEM	362	\$2,088	\$2,183
195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	191	\$1,120	\$1,108
196 REVISION AND REMOVAL OF NEUROLOGICAL DEVICE	3	\$3,593	\$9,628
197 NEUROSTIMULATOR AND VENTRICULAR SHUNT IMPLANTATION	16	\$12,180	\$26,856
198 NERVE REPAIR AND DESTRUCTION	107	\$2,426	\$2,625
199 SPINAL TAP	45	\$1,708	\$2,151
11 EYE AND OCULAR ADNEXA	619	\$2,991	\$3,373
211 MINOR OPHTHALMOLOGICAL TESTS AND PROCEDURES	1	\$560	\$1,775
213 LASER EYE PROCEDURES	53	\$644	\$769
214 CATARACT PROCEDURES	252	\$3,338	\$3,301
215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	28	\$3,085	\$3,487
216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	38	\$2,251	\$2,769
217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	9	\$2,626	\$3,367
218 COMPLEX POSTERIOR SEGMENT EYE PROCEDURES	28	\$5,597	\$5,524
219 SIMPLE POSTERIOR SEGMENT EYE PROCEDURES	3	\$4,441	\$3,744
220 STRABISMUS AND MUSCLE EYE PROCEDURES	62	\$2,078	\$3,433
221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	80	\$2,803	\$3,997
222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	31	\$1,680	\$2,495
223 VITRECTOMY	34	\$6,022	\$6,291

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2007
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)
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	1,113	\$2,082	\$2,838
	233 NASAL CAUTERIZATION AND PACKING	5	\$2,224	\$3,413
	234 COMPLEX FACIAL AND ENT PROCEDURES	171	\$4,452	\$5,571
	235 SIMPLE FACIAL AND ENT PROCEDURES	443	\$1,412	\$1,937
	236 TONSIL AND ADENOID PROCEDURES	494	\$1,861	\$2,399
13	THERAPEUTIC AND OTHER RADIOLOGICAL PROCEDURES	12	\$2,881	\$3,736
	253 VASCULAR RADIOLOGY EXCEPT FOR VENOGRAPHY OF EXTREMITY	7	\$4,396	\$13,369
	255 MISCELLANEOUS RADIOLOGICAL PROCEDURES WITH CONTRAST	5	\$760	\$2,658

SOURCE: Utah Ambulatory Surgery Database
Utah 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, 2007
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	8,352	52.8	118,694	54.2
Male	7,481	47.2	100,216	45.8
Unknown	0	0.0	2	0.0
Not Reported	0	0.0	1	0.0
AGE				
1-28 days	0	0.0	1,456	0.7
29-365 days	112	0.7	2,840	1.3
1-4 years	678	4.3	10,885	5.0
5-9	406	2.6	5,994	2.7
10-14	281	1.8	4,452	2.0
15-17	383	2.4	4,943	2.3
18-19	363	2.3	3,620	1.7
20-24	969	6.1	10,250	4.7
25-29	1,020	6.4	12,627	5.8
30-34	905	5.7	12,276	5.6
35-39	884	5.6	12,391	5.7
40-44	927	5.9	13,493	6.2
45-49	1,140	7.2	16,963	7.7
50-54	1,800	11.4	24,260	11.1
55-59	1,597	10.1	20,332	9.3
60-64	1,316	8.3	17,122	7.8
65-69	996	6.3	14,261	6.5
70-74	771	4.9	11,502	5.3
75-79	646	4.1	9,388	4.3
80-84	408	2.6	6,242	2.9
85-89	182	1.1	2,777	1.3
90 +	49	0.3	839	0.4
Not Reported	0	0.0	1,456	0.7
SOURCE OF ADMISSION				
Physician Referral	15,336	96.9	199,973	91.3
Clinic Referral	7	0.0	1,442	0.7
HMO Referral	5	0.0	3,326	1.5
Other Hospital	21	0.1	50	0.0
Skilled Nursing Facility	3	0.0	14	0.0
Other Health Care Facility	0	0.0	24	0.0
Emergency Room	459	2.9	4,867	2.2
Court/Law Enforcement	0	0.0	3	0.0
Unknown	0	0.0	16	0.0
Not Reported	2	0.0	9,198	4.2

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2007
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	15,775	99.6	218,338	99.7
Another Hospital	3	0.0	109	0.0
Skilled Nursing Facility	7	0.0	108	0.0
Intermediate Care Facility	1	0.0	7	0.0
Another Type of Institution	14	0.1	50	0.0
Under Care of Home Service	33	0.2	223	0.1
Left Against Medical Advice	0	0.0	19	0.0
Under Care of Home IV Provider	0	0.0	1	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	2,481	15.7	38,805	17.7
Medicaid	885	5.6	12,973	5.9
Other government	135	0.9	3,498	1.6
Blue Cross/Blue Shield	455	2.9	30,611	14.0
Other Commercial	1,001	6.3	17,104	7.8
Managed Care(HMO, PPO)	10,160	64.2	106,265	48.5
Self Pay	77	0.5	2,895	1.3
Industrial & Worker Comp	195	1.2	3,787	1.7
Charity and Unclassified	328	2.1	1,868	0.9
Childrens Health Insurance	13	0.1	159	0.1
Unknown	103	0.7	855	0.4
Not Reported	0	0.0	93	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	22	0.1	16,514	7.5
Central Utah	1,187	7.5	8,080	3.7
Davis County	29	0.2	22,286	10.2
Salt Lake County	262	1.7	72,683	33.2
Southeastern Utah	375	2.4	5,055	2.3
Southwest Utah	55	0.3	13,705	6.3
Summit County	23	0.1	2,788	1.3
Tooele County	15	0.1	4,504	2.1
Tri-County	185	1.2	5,649	2.6
Utah County	13,187	83.3	35,563	16.2
Wasatch County	237	1.5	1,636	0.7
Weber County	20	0.1	21,324	9.7
Unknown Utah	5	0.0	43	0.0
Outside Utah	222	1.4	8,990	4.1
Unknown, Not Reported	9	0.1	93	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, 2007
NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

112 Valley View Medical Center

Reporting Category(ICD-9-CM CODES)	Procedures Performed		Procedures Performed-All Hospitals	
	(#)	(%)	(#)	(%)
Reporting Category(ICD-9-CM CODES)	5,218	100.0	319,880	100.0
Mastectomy (85.0-85.99)	52	1.0	7,512	2.3
Musculoskeletal (76.0-84.99)	1,028	19.7	71,153	22.2
Respiratory (30.0-34.99)	7	0.1	3,550	1.1
Cardiovascular (35.0-39.99)	8	0.2	16,128	5.0
Lymphatic/Hemetic (40.0-41.99)	41	0.8	3,232	1.0
Digestive System (42.0-54.99)	2,452	47.0	102,504	32.0
Urinary (55.0-59.99)	195	3.7	10,216	3.2
Male Genital (60.0-64.99)	111	2.1	3,613	1.1
Female Genital (65.0-71.99)	306	5.9	15,763	4.9
Endocrine/Nervous (01.0-07.99)	141	2.7	22,558	7.1
Eye (08.0-16.99)	9	0.2	19,364	6.1
Ear (18.0-20.99)	213	4.1	13,797	4.3
Nose, Mouth, Pharynx (21.0-29.99)	655	12.6	30,490	9.5
Reporting Category(CPT-4 CODES)	4,687	100.0	301,918	100.0
Mastectomy (19120-19220)	26	0.6	2,118	0.7
Musculoskeletal (20000-29909)	1,127	24.0	67,981	22.5
Respiratory (30000-32999 & 39501-39599)	188	4.0	14,263	4.7
Cardiovascular (33010-37799 & 93501-93660)	10	0.2	38,047	12.6
Lymphatic/Hemetic (38100-38999)	35	0.7	2,819	0.9
Digestive (40490-49999)	2,523	53.8	109,019	36.1
Urinary (50010-53899)	218	4.7	9,215	3.1
Male Genital (54000-55899)	69	1.5	3,144	1.0
Female Genital (56405-58999)	238	5.1	11,863	3.9
Endocrine/Nervous (60000-64999)	131	2.8	24,805	8.2
Eye (65091-68899)	4	0.1	11,076	3.7
Ear (69000-69979)	118	2.5	7,568	2.5

SOURCE: Utah Ambulatory Surgery Database

Utah 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, 2007
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		5,218	100.0	100.0
4523	COLONOSCOPY	557	10.7	6.86
4542	ENDO POLYPECTOMY LG INTESTINE	419	8.0	3.78
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	293	5.6	5.42
5123	LAP CHOLEY	224	4.3	2.16
2001	MYRINGOTOMY W/INSRT TUBE	190	3.6	3.33
4525	CLO [ENDO] BX LG INTESTINE	144	2.8	2.32
4836	[ENDO] POLYPECTOMY RECTUM	135	2.6	1.03
4513	OTH ENDO SM INTESTINE	120	2.3	1.74
283	TONSILLECTOMY W/ADENOIDECTOMY	95	1.8	1.70
0443	RELEASE CARPAL TUNNEL	92	1.8	1.07
232	RESTORATION TOOTH-FILLING	90	1.7	0.61
806	EXC SEMILUNAR CARTILAGE-KNEE	86	1.6	1.94
282	TONSILLECTOMY WO ADENOIDECTOMY	85	1.6	0.60
4292	DILAT ESOPH	83	1.6	1.45
4701	LAP APPENDECTOMY	78	1.5	0.58
8147	OTH REPR KNEE	70	1.3	0.84
6952	ASPIR CURET FOLLOWING DELIV/AB	60	1.1	0.44
2188	OTH SEPTOPLASTY	59	1.1	0.54
2370	ROOT CANAL-NOS	57	1.1	0.38
2341	APPLIC CROWN	53	1.0	0.49

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		4,687	100.0	100.0
45378	COLONOSCOPY FLEX; DX-SEP PROC	479	10.2	6.66
45380	COLONOSCOPY FLEX; W/BX 1/MX	475	10.1	5.29
43239	UGI ENDO; W/BX 1/MX	287	6.1	5.47
47562	LAPAROSCOPY SURGICAL; CHOLECT	161	3.4	0.78
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	136	2.9	1.59
69436	TYMPANOSTOMY GENERAL ANESTHESIA	99	2.1	1.79
29881	SCOPE KNEE SURG;W/MENISCECT MED/	94	2.0	1.64
41899	UNLIST PROC DENTOALVEOL STRUCTUR	93	2.0	0.94
42820	T&A; UNDER AGE 12	90	1.9	1.37
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	90	1.9	0.69
44970	LAPAROSCOPY SURGICAL APPENDECTOM	79	1.7	0.63
49505	REPR INIT ING HERNIA 5YR/MORE; R	79	1.7	0.88
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	78	1.7	1.15
20680	REMOVAL OF IMPLANT; DEEP	66	1.4	0.93
30520	SEPTOPLASTY/SUBMUCOS RES W/GFT	61	1.3	0.77
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	60	1.3	0.50
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	58	1.2	1.44
29826	SCOPE SHOULDER; DECOMP SUBACROM	55	1.2	1.10
28285	CORRECTION HAMMERTO	41	0.9	0.59
29888	ARTHSCPY AIDED ACL REPR/AUG/RECO	40	0.9	0.58

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, 2007
 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 CHRG	AVE TOT CHRG(ALL Hospitals)
ICD-9 Procedures		2,797	\$2,403	\$3,565
4523	COLONOSCOPY	500	\$705	\$976
4542	ENDO POLYPECTOMY LG INTESTINE	287	\$997	\$1,383
5123	LAP CHOLEY	180	\$5,214	\$6,693
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	150	\$878	\$1,391
283	TONSILLECTOMY W/ADENOIDECTOMY	87	\$1,717	\$2,361
282	TONSILLECTOMY WO ADENOIDECTOMY	75	\$1,803	\$2,499
4525	CLO [ENDO] BX LG INTESTINE	74	\$1,027	\$1,424
0443	RELEASE CARPAL TUNNEL	71	\$1,385	\$2,237
4701	LAP APPENDECTOMY	61	\$6,584	\$9,118
4513	OTH ENDO SM INTESTINE	60	\$631	\$1,172
4836	[ENDO] POLYPECTOMY RECTUM	57	\$947	\$1,285
6952	ASPIR CURET FOLLOWING DELIV/AB	57	\$1,786	\$2,643
8147	OTH REPR KNEE	53	\$4,194	\$5,496
806	EXC SEMILUNAR CARTILAGE-KNEE	49	\$3,598	\$4,511
5304	UNILAT REPR INDIRECT ING HERN-GFT	39	\$3,470	\$4,048
5749	OTH TRANSURETH EXC/DEST LES BLADDER	35	\$2,279	\$4,056
6029	OTH TRANSURETHRAL PROSTATECTOMY	30	\$4,456	\$5,943
7936	OP REDUC FX W/INT FIX-TIBIA & FIB	29	\$4,651	\$6,755
7902	CLO REDUC FX WO INT FIX-RADIUS-ULNA	27	\$1,512	\$2,440
8183	OTH REPR SHLDR	24	\$5,160	\$7,799

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
CPT-4 Procedures		2,890	\$2,337	\$3,274
45378	COLONOSCOPY FLEX; DX-SEP PROC	426	\$707	\$984
45380	COLONOSCOPY FLEX; W/BX 1/MX	394	\$996	\$1,354
43239	UGI ENDO; W/BX 1/MX	152	\$884	\$1,389
47562	LAPAROSCOPY SURGICAL; CHOLECT	127	\$4,989	\$6,110
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	104	\$1,143	\$1,536
41899	UNLIST PROC DENTOALVEOL STRUCTUR	90	\$1,898	\$2,605
42820	T&A; UNDER AGE 12	83	\$1,712	\$2,257
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	73	\$1,393	\$2,296
69436	TYMPANOSTOMY GENERAL ANESTHESIA	72	\$700	\$1,247
29881	SCOPE KNEE SURG;W/MENISCECT MED/	64	\$3,644	\$4,170
44970	LAPAROSCOPY SURGICAL APPENDECTOM	61	\$6,596	\$9,078
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	58	\$607	\$1,081
49505	REPR INIT ING HERNIA 5YR/MORE; R	58	\$3,635	\$4,010
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	54	\$5,741	\$7,072
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	51	\$1,855	\$2,569
20680	REMOVAL OF IMPLANT; DEEP	32	\$2,132	\$3,111
52601	TURP INCL CONTRL POSTOP BLEED CM	25	\$4,619	\$6,633
29880	SCOPE KNEE SURG;W/MENISCECT MED&	22	\$3,691	\$4,454
42825	TONSILLECT PRIM/SEC; UNDER AGE 1	22	\$1,680	\$2,151
25605	CLOS TX DIST RADIAL FX; REQ MANI	20	\$1,525	\$2,572

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, 2007
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	92	8,527
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	3	2,371
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	21	1,121
	008 SIMPLE EXCISION AND BIOPSY	38	1,220
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRANGE	4	1,390
	011 SIMPLE INCISION AND EXCISION OF BREAST	26	2,116
02	MUSCULOSKELETAL SYSTEM	1,033	61,192
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	95	6,662
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	38	2,481
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	20	2,359
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	267	12,550
	025 ARTHROSCOPY	379	25,547
	028 CLOSED TREATMENT FX & DISLOCATION OF FINGER, TOE & TRUNK	2	54
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	33	693
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	150	4,851
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	5	465
	032 BUNION PROCEDURES	36	1,752
	033 ARTHROPLASTY	7	581
	034 HAND AND FOOT TENOTOMY	1	323
03	RESPIRATORY SYSTEM	92	8,139
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	2	652
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	90	5,383
04	CARDIOVASCULAR SYSTEM	7	30,572
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	1	989
	081 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	3	123
	082 VASCULAR LIGATION	3	308
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	28	3,488
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	28	2,063
06	DIGESTIVE SYSTEM	2,315	98,518
	112 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	28	1,254
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	8	650
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	12	342
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	369	20,229
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	95	5,566
	117 LOWER GASTROINTESTINAL ENDOSCOPY	1,108	43,551
	118 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	20	1,497
	119 HERNIA AND HYDROCELE PROCEDURES	180	6,814
	120 COMPLEX ANAL AND RECTAL PROCEDURES	14	1,064
	121 SIMPLE ANAL AND RECTAL PROCEDURES	15	552
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	11	580
	123 COMPLEX LAPAROSCOPIC PROCEDURES	452	16,057
	124 SIMPLE LAPAROSCOPIC PROCEDURES	3	226
07	URINARY SYSTEM	209	7,929
	131 RENAL EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	3	871
	133 URINARY CATHETERIZATION AND DILATATION	2	479
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	117	3,971

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2007
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			
	135 MODERATE CYSTOURETHROSCOPY	59	1,733
	136 SIMPLE CYSTOURETHROSCOPY	23	570
	137 COMPLEX URETHRAL PROCEDURES	1	132
	138 SIMPLE URETHRAL PROCEDURES	4	172
08	MALE GENITAL SYSTEM	63	2,775
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	24	1,260
	154 SIMPLE PENILE PROCEDURES	14	823
	155 PROSTATE NEEDLE AND PUNCH BIOPSY	25	112
09	FEMALE GENITAL SYSTEM	100	7,034
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	45	1,974
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	17	1,390
	178 DILATION AND CURETTAGE	19	733
	179 HYSTEROSCOPY	13	2,553
	180 COLPOSCOPY	6	384
10	NERVOUS SYSTEM	113	20,995
	196 REVISION AND REMOVAL OF NEUROLOGICAL DEVICE	4	235
	197 NEUROSTIMULATOR AND VENTRICULAR SHUNT IMPLANTATION	4	944
	198 NERVE REPAIR AND DESTRUCTION	105	4,511
11	EYE AND OCULAR ADNEXA	4	10,843
	220 STRABISMUS AND MUSCLE EYE PROCEDURES	2	809
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	1	886
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	1	510
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	539	27,519
	233 NASAL CAUTERIZATION AND PACKING	3	328
	234 COMPLEX FACIAL AND ENT PROCEDURES	95	5,752
	235 SIMPLE FACIAL AND ENT PROCEDURES	250	13,044
	236 TONSIL AND ADENOID PROCEDURES	191	8,300

SOURCE: Utah Ambulatory Surgery Database
 Utah 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, 2007
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	52	\$2,912	\$3,184
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	2	\$2,154	\$2,632
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	12	\$2,856	\$3,383
	008 SIMPLE EXCISION AND BIOPSY	15	\$2,944	\$2,793
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRAN	1	\$4,487	\$4,546
	011 SIMPLE INCISION AND EXCISION OF BREAST	22	\$2,919	\$3,085
02	MUSCULOSKELETAL SYSTEM	479	\$3,553	\$4,441
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	26	\$5,371	\$7,003
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	19	\$3,207	\$3,967
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	6	\$2,991	\$5,446
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	107	\$2,242	\$3,054
	025 ARTHROSCOPY	154	\$4,391	\$4,796
	028 CLOSED TREATMENT FX & DISLOCATION OF FINGER, TOE & TRUNK	2	\$1,277	\$1,440
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	30	\$1,739	\$3,328
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	113	\$3,954	\$5,920
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	2	\$2,155	\$2,812
	032 BUNION PROCEDURES	18	\$3,047	\$4,352
	033 ARTHROPLASTY	2	\$3,355	\$7,331
03	RESPIRATORY SYSTEM	8	\$2,924	\$2,352
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	8	\$2,924	\$3,777
04	CARDIOVASCULAR SYSTEM	4	\$4,170	\$13,494
	081 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	2	\$3,642	\$4,524
	082 VASCULAR LIGATION	2	\$4,698	\$5,963
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	15	\$3,929	\$4,053
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	15	\$3,929	\$5,409
06	DIGESTIVE SYSTEM	1,628	\$1,953	\$2,473
	112 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	9	\$855	\$1,577
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	5	\$435	\$1,292
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	8	\$767	\$1,324
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	212	\$816	\$1,331
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	36	\$1,185	\$1,876
	117 LOWER GASTROINTESTINAL ENDOSCOPY	935	\$882	\$1,168
	118 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	1	\$2,284	\$4,111
	119 HERNIA AND HYDROCELE PROCEDURES	109	\$3,453	\$3,847
	120 COMPLEX ANAL AND RECTAL PROCEDURES	9	\$2,948	\$3,183
	121 SIMPLE ANAL AND RECTAL PROCEDURES	5	\$2,297	\$2,411
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	2	\$3,467	\$6,329
	123 COMPLEX LAPAROSCOPIC PROCEDURES	297	\$5,724	\$7,043
07	URINARY SYSTEM	112	\$2,946	\$5,134
	133 URINARY CATHETERIZATION AND DILATATION	2	\$2,202	\$4,450
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	69	\$3,571	\$5,301
	135 MODERATE CYSTOURETHROSCOPY	29	\$2,033	\$3,734
	136 SIMPLE CYSTOURETHROSCOPY	8	\$1,664	\$2,619
	138 SIMPLE URETHRAL PROCEDURES	4	\$1,711	\$1,729
08	MALE GENITAL SYSTEM	47	\$2,719	\$3,453

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2007
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)
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	14	\$2,514	\$2,812
	154 SIMPLE PENILE PROCEDURES	12	\$1,840	\$1,981
	155 PROSTATE NEEDLE AND PUNCH BIOPSY	21	\$3,358	\$5,214
09	FEMALE GENITAL SYSTEM	46	\$3,149	\$4,463
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	17	\$4,316	\$5,626
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	5	\$1,811	\$3,471
	178 DILATION AND CURETTAGE	15	\$1,786	\$2,542
	179 HYSTEROSCOPY	9	\$3,960	\$4,798
10	NERVOUS SYSTEM	81	\$1,507	\$2,183
	198 NERVE REPAIR AND DESTRUCTION	81	\$1,507	\$2,625
11	EYE AND OCULAR ADNEXA	3	\$2,535	\$3,373
	220 STRABISMUS AND MUSCLE EYE PROCEDURES	2	\$2,195	\$3,433
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	1	\$3,214	\$3,997
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	377	\$1,777	\$2,838
	233 NASAL CAUTERIZATION AND PACKING	1	\$1,369	\$3,413
	234 COMPLEX FACIAL AND ENT PROCEDURES	34	\$3,641	\$5,571
	235 SIMPLE FACIAL AND ENT PROCEDURES	181	\$1,447	\$1,937
	236 TONSIL AND ADENOID PROCEDURES	161	\$1,756	\$2,399

SOURCE: Utah Ambulatory Surgery Database
 Utah 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, 2007
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	2,029	52.7	118,694	54.2
Male	1,820	47.3	100,216	45.8
Unknown	0	0.0	2	0.0
Not Reported	0	0.0	1	0.0
AGE				
1-28 days	0	0.0	1,456	0.7
29-365 days	30	0.8	2,840	1.3
1-4 years	221	5.7	10,885	5.0
5-9	103	2.7	5,994	2.7
10-14	81	2.1	4,452	2.0
15-17	103	2.7	4,943	2.3
18-19	85	2.2	3,620	1.7
20-24	235	6.1	10,250	4.7
25-29	231	6.0	12,627	5.8
30-34	167	4.3	12,276	5.6
35-39	162	4.2	12,391	5.7
40-44	189	4.9	13,493	6.2
45-49	234	6.1	16,963	7.7
50-54	371	9.6	24,260	11.1
55-59	379	9.8	20,332	9.3
60-64	326	8.5	17,122	7.8
65-69	367	9.5	14,261	6.5
70-74	235	6.1	11,502	5.3
75-79	177	4.6	9,388	4.3
80-84	100	2.6	6,242	2.9
85-89	38	1.0	2,777	1.3
90 +	15	0.4	839	0.4
Not Reported	0	0.0	1,456	0.7
SOURCE OF ADMISSION				
Physician Referral	3,554	92.3	199,973	91.3
Clinic Referral	145	3.8	1,442	0.7
HMO Referral	2	0.1	3,326	1.5
Other Hospital	0	0.0	50	0.0
Skilled Nursing Facility	0	0.0	14	0.0
Other Health Care Facility	1	0.0	24	0.0
Emergency Room	147	3.8	4,867	2.2
Court/Law Enforcement	0	0.0	3	0.0
Unknown	0	0.0	16	0.0
Not Reported	0	0.0	9,198	4.2

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2007
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	3,844	99.9	218,338	99.7
Another Hospital	0	0.0	109	0.0
Skilled Nursing Facility	1	0.0	108	0.0
Intermediate Care Facility	0	0.0	7	0.0
Another Type of Institution	0	0.0	50	0.0
Under Care of Home Service	3	0.1	223	0.1
Left Against Medical Advice	1	0.0	19	0.0
Under Care of Home IV Provider	0	0.0	1	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	818	21.3	38,805	17.7
Medicaid	348	9.0	12,973	5.9
Other government	60	1.6	3,498	1.6
Blue Cross/Blue Shield	564	14.7	30,611	14.0
Other Commercial	352	9.1	17,104	7.8
Managed Care(HMO, PPO)	1,435	37.3	106,265	48.5
Self Pay	54	1.4	2,895	1.3
Industrial & Worker Comp	77	2.0	3,787	1.7
Charity and Unclassified	95	2.5	1,868	0.9
Childrens Health Insurance	9	0.2	159	0.1
Unknown	37	1.0	855	0.4
Not Reported	0	0.0	93	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	1	0.0	16,514	7.5
Central Utah	203	5.3	8,080	3.7
Davis County	5	0.1	22,286	10.2
Salt Lake County	10	0.3	72,683	33.2
Southeastern Utah	3	0.1	5,055	2.3
Southwest Utah	3,486	90.6	13,705	6.3
Summit County	0	0.0	2,788	1.3
Tooele County	2	0.1	4,504	2.1
Tri-County	2	0.1	5,649	2.6
Utah County	6	0.2	35,563	16.2
Wasatch County	0	0.0	1,636	0.7
Weber County	0	0.0	21,324	9.7
Unknown Utah	0	0.0	43	0.0
Outside Utah	129	3.4	8,990	4.1
Unknown, Not Reported	2	0.1	93	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, 2007
NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

401 Central Utah Surgical Center

Reporting Category(ICD-9-CM CODES)	Procedures Performed		Procedures Performed-All FASCs	
	(#)	(%)	(#)	(%)
Mastectomy (85.0-85.99)	.	.	63,961	100.0
Musculoskeletal (76.0-84.99)	.	.	2,646	4.1
Respiratory (30.0-34.99)	.	.	13,327	20.8
Cardiovascular (35.0-39.99)	.	.	128	0.2
Lymphatic/Hemetic (40.0-41.99)	.	.	399	0.6
Digestive System (42.0-54.99)	.	.	111	0.2
Urinary (55.0-59.99)	.	.	16,258	25.4
Male Genital (60.0-64.99)	.	.	259	0.4
Female Genital (65.0-71.99)	.	.	213	0.3
Endocrine/Nervous (01.0-07.99)	.	.	1,507	2.4
Eye (08.0-16.99)	.	.	4,752	7.4
Ear (18.0-20.99)	.	.	11,241	17.6
Nose, Mouth, Pharynx (21.0-29.99)	.	.	3,031	4.7
	.	.	10,089	15.8
Reporting Category(CPT-4 CODES)	15,954	100.0	106,522	100.0
Mastectomy (19120-19220)	0	0.0	455	0.4
Musculoskeletal (20000-29909)	5,776	36.2	24,506	23.0
Respiratory (30000-32999 & 39501-39599)	862	5.4	8,931	8.4
Cardiovascular (33010-37799 & 93501-93660)	31	0.2	208	0.2
Lymphatic/Hemetic (38100-38999)	20	0.1	148	0.1
Digestive (40490-49999)	4,471	28.0	35,841	33.6
Urinary (50010-53899)	644	4.0	1,895	1.8
Male Genital (54000-55899)	106	0.7	472	0.4
Female Genital (56405-58999)	104	0.7	2,208	2.1
Endocrine/Nervous (60000-64999)	1,498	9.4	10,320	9.7
Eye (65091-68899)	1,953	12.2	17,356	16.3
Ear (69000-69979)	489	3.1	4,182	3.9

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 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2007
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
All CPT-4 Procedures				
66984	EXTRACAPSULAR CATARACT REMV IOL	15,954	100.0	100.0
43239	UGI ENDO; W/BX 1/MX	1,024	6.4	9.29
45380	COLONOSCOPY FLEX; W/BX 1/MX	744	4.7	6.34
64483	INJ ANES EPIDURL; LUMB/SAC 1 LEV	717	4.5	6.43
45378	COLONOSCOPY FLEX; DX-SEP PROC	584	3.7	1.53
29881	SCOPE KNEE SURG;W/MENISCECT MED/	565	3.5	6.47
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	555	3.5	1.94
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	512	3.2	1.36
29826	SCOPE SHOULDER; DECOMP SUBACROM	453	2.8	1.70
69436	TYMPANOSTOMY GENERAL ANESTHESIA	392	2.5	1.48
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	392	2.5	3.24
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	344	2.2	1.75
20680	REMOVAL OF IMPLANT; DEEP	301	1.9	1.34
64484	INJ ANES EPIDURL; LUMB/SAC-EA AD	282	1.8	0.78
29877	SCOPE KNEE SURG; DEBRID/SHAVE CA	263	1.6	0.63
66821	DISCISSION 2ND CATARACT; LASER S	254	1.6	0.93
50590	LITHOTRIPSY XTRACORP SHOCK WAVE	251	1.6	1.60
28285	CORRECTION HAMMERTO	218	1.4	0.56
29888	ARTHSCPY AIDED ACL REPR/AUG/RECO	196	1.2	0.77
29827	SCOPE SHLDR SURG; W/ROTOR CUFF R	189	1.2	0.53
		188	1.2	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, 2007
 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)
CPT-4 Procedures				
66984	EXTRACAPSULAR CATARACT REMV IOL	7,735	\$2,323	\$1,952
45380	COLONOSCOPY FLEX; W/BX 1/MX	1,002	\$3,161	\$2,548
43239	UGI ENDO; W/BX 1/MX	481	\$883	\$1,220
45378	COLONOSCOPY FLEX; DX-SEP PROC	430	\$865	\$1,293
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	404	\$872	\$1,298
29881	SCOPE KNEE SURG;W/MENISCECT MED/	391	\$836	\$771
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	350	\$3,582	\$2,942
66821	DISCISSION 2ND CATARACT; LASER S	288	\$854	\$1,112
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	239	\$906	\$959
50590	LITHOTRIPSY XTRACORP SHOCK WAVE	194	\$949	\$1,235
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	185	\$6,188	\$5,747
29877	SCOPE KNEE SURG; DEBRID/SHAVE CA	183	\$847	\$819
42820	T&A; UNDER AGE 12	162	\$3,397	\$3,342
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	161	\$1,427	\$1,631
41899	UNLIST PROC DENTOALVEOL STRUCTUR	147	\$1,638	\$1,599
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	126	\$1,719	\$1,654
64483	INJ ANES EPIDURL; LUMB/SAC 1 LEV	122	\$5,584	\$5,258
42821	T&A; AGE 12 OR OVER	111	\$632	\$953
29880	SCOPE KNEE SURG;W/MENISCECT MED&	106	\$1,468	\$1,625
29826	SCOPE SHOULDER; DECOMP SUBACROM	98	\$3,670	\$3,161
		85	\$4,129	\$3,811

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, 2007
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	188	1,641
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	2	16
	003 COMPLEX INCISION AND DRAINAGE	8	23
	004 SIMPLE INCISION AND DRAINAGE	3	9
	006 SIMPLE DEBRIDEMENT AND DESTRUCTION	3	24
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	76	420
	008 SIMPLE EXCISION AND BIOPSY	57	517
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRANGE	39	177
02	MUSCULOSKELETAL SYSTEM	5,454	22,513
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	513	2,274
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	94	540
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	179	805
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	1,111	4,884
	025 ARTHROSCOPY	2,632	10,345
	028 CLOSED TREATMENT FX & DISLOCATION OF FINGER, TOE & TRUNK	12	18
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	46	104
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	401	1,390
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	71	208
	032 BUNION PROCEDURES	144	913
	033 ARTHROPLASTY	42	237
	034 HAND AND FOOT TENOTOMY	23	74
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	186	719
03	RESPIRATORY SYSTEM	359	3,706
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	352	3,675
	054 SIMPLE ENDOSCOPY OF THE UPPER AIRWAY	5	28
	055 ENDOSCOPY OF THE LOWER AIRWAY	2	3
04	CARDIOVASCULAR SYSTEM	16	132
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	16	33
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	25	179
	094 BLOOD AND BLOOD PRODUCT EXCHANGE	2	2
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	23	176
06	DIGESTIVE SYSTEM	3,908	30,965
	112 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	2	616
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	13	67
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	14	116
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	1,269	8,223
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	489	2,220
	117 LOWER GASTROINTESTINAL ENDOSCOPY	1,644	16,178
	118 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	1	6
	119 HERNIA AND HYDROCELE PROCEDURES	180	1,251
	120 COMPLEX ANAL AND RECTAL PROCEDURES	15	184
	121 SIMPLE ANAL AND RECTAL PROCEDURES	10	74
	123 COMPLEX LAPAROSCOPIC PROCEDURES	271	2,010
07	URINARY SYSTEM	630	1,863
	131 RENAL EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	218	599
	133 URINARY CATHETERIZATION AND DILATATION	5	30

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2007
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			
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	266	685
	135 MODERATE CYSTOURETHROSCOPY	100	395
	136 SIMPLE CYSTOURETHROSCOPY	29	118
	137 COMPLEX URETHRAL PROCEDURES	4	14
	138 SIMPLE URETHRAL PROCEDURES	8	21
08	MALE GENITAL SYSTEM	96	415
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	57	308
	153 COMPLEX PENILE PROCEDURES	11	27
	154 SIMPLE PENILE PROCEDURES	24	67
	155 PROSTATE NEEDLE AND PUNCH BIOPSY	4	13
09	FEMALE GENITAL SYSTEM	76	1,259
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	27	128
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	18	331
	178 DILATION AND CURETTAGE	2	106
	179 HYSTEROSCOPY	27	669
	180 COLPOSCOPY	2	25
10	NERVOUS SYSTEM	1,456	9,936
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	1,051	7,561
	197 NEUROSTIMULATOR AND VENTRICULAR SHUNT IMPLANTATION	1	75
	198 NERVE REPAIR AND DESTRUCTION	404	2,283
11	EYE AND OCULAR ADNEXA	1,938	17,275
	211 MINOR OPHTHALMOLOGICAL TESTS AND PROCEDURES	7	44
	213 LASER EYE PROCEDURES	256	1,770
	214 CATARACT PROCEDURES	1,092	10,330
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	37	1,118
	216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	84	603
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	23	544
	219 SIMPLE POSTERIOR SEGMENT EYE PROCEDURES	5	146
	220 STRABISMUS AND MUSCLE EYE PROCEDURES	32	309
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	285	1,622
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	110	404
	223 VITRECTOMY	7	281
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	1,645	15,466
	233 NASAL CAUTERIZATION AND PACKING	24	109
	234 COMPLEX FACIAL AND ENT PROCEDURES	347	2,888
	235 SIMPLE FACIAL AND ENT PROCEDURES	855	9,033
	236 TONSIL AND ADENOID PROCEDURES	419	3,436
13	THERAPEUTIC AND OTHER RADIOLOGICAL PROCEDURES	23	226
	254 MYELOGRAPHY	22	223
	255 MISCELLANEOUS RADIOLOGICAL PROCEDURES WITH CONTRAST	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, 2007
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	85	\$2,278	\$1,519
	003 COMPLEX INCISION AND DRAINAGE	5	\$2,083	\$1,896
	004 SIMPLE INCISION AND DRAINAGE	3	\$1,474	\$1,458
	006 SIMPLE DEBRIDEMENT AND DESTRUCTION	1	\$1,018	\$769
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	40	\$2,036	\$1,625
	008 SIMPLE EXCISION AND BIOPSY	26	\$1,912	\$1,512
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRAN	10	\$4,666	\$3,444
02	MUSCULOSKELETAL SYSTEM	2,032	\$3,355	\$2,860
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	114	\$3,583	\$3,292
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	40	\$2,610	\$2,490
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	64	\$3,097	\$2,500
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	301	\$2,494	\$1,936
	025 ARTHROSCOPY	1,078	\$3,821	\$3,492
	028 CLOSED TREATMENT FX & DISLOCATION OF FINGER, TOE & TRUNK	5	\$2,403	\$2,090
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	33	\$1,750	\$1,671
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	265	\$3,306	\$2,717
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	29	\$1,393	\$1,757
	032 BUNION PROCEDURES	63	\$2,704	\$2,317
	033 ARTHROPLASTY	12	\$3,696	\$2,976
	034 HAND AND FOOT TENOTOMY	1	\$3,387	\$3,221
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	27	\$1,167	\$1,264
03	RESPIRATORY SYSTEM	19	\$1,969	\$1,766
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	18	\$2,020	\$1,711
	055 ENDOSCOPY OF THE LOWER AIRWAY	1	\$1,053	\$1,053
04	CARDIOVASCULAR SYSTEM	16	\$1,220	\$1,775
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	16	\$1,220	\$1,764
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	18	\$2,397	\$1,971
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	18	\$2,397	\$1,982
06	DIGESTIVE SYSTEM	2,544	\$1,271	\$1,449
	112 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	2	\$840	\$1,168
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	5	\$688	\$906
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	11	\$717	\$815
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	829	\$855	\$1,184
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	305	\$855	\$1,125
	117 LOWER GASTROINTESTINAL ENDOSCOPY	1,081	\$891	\$1,269
	118 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	1	\$996	\$11,667
	119 HERNIA AND HYDROCELE PROCEDURES	116	\$3,061	\$2,511
	120 COMPLEX ANAL AND RECTAL PROCEDURES	13	\$2,059	\$1,101
	121 SIMPLE ANAL AND RECTAL PROCEDURES	3	\$1,153	\$817
	123 COMPLEX LAPAROSCOPIC PROCEDURES	178	\$5,068	\$3,820
07	URINARY SYSTEM	328	\$4,585	\$3,664
	131 RENAL EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	185	\$6,188	\$5,747
	133 URINARY CATHETERIZATION AND DILATATION	2	\$1,917	\$1,779
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	72	\$2,876	\$2,236
	135 MODERATE CYSTOURETHROSCOPY	48	\$2,254	\$1,656

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2007
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)
	136 SIMPLE CYSTOURETHROSCOPY	13	\$1,771	\$1,521
	137 COMPLEX URETHRAL PROCEDURES	4	\$3,073	\$2,050
	138 SIMPLE URETHRAL PROCEDURES	4	\$1,196	\$1,461
08	MALE GENITAL SYSTEM	56	\$2,147	\$1,983
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	29	\$2,070	\$2,074
	153 COMPLEX PENILE PROCEDURES	10	\$2,767	\$2,212
	154 SIMPLE PENILE PROCEDURES	17	\$1,914	\$1,606
09	FEMALE GENITAL SYSTEM	45	\$3,031	\$2,143
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	10	\$3,473	\$2,337
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	13	\$1,701	\$1,438
	178 DILATION AND CURETTAGE	1	\$1,320	\$1,142
	179 HYSTEROSCOPY	21	\$3,726	\$2,572
10	NERVOUS SYSTEM	498	\$1,147	\$1,205
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	314	\$758	\$997
	198 NERVE REPAIR AND DESTRUCTION	184	\$1,811	\$1,708
11	EYE AND OCULAR ADNEXA	1,425	\$2,804	\$2,351
	213 LASER EYE PROCEDURES	242	\$912	\$972
	214 CATARACT PROCEDURES	1,059	\$3,163	\$2,574
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	25	\$6,184	\$2,871
	216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	26	\$2,524	\$2,004
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	10	\$2,253	\$2,282
	219 SIMPLE POSTERIOR SEGMENT EYE PROCEDURES	1	\$1,961	\$1,672
	220 STRABISMUS AND MUSCLE EYE PROCEDURES	4	\$3,096	\$2,915
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	44	\$3,102	\$2,068
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	14	\$2,322	\$1,416
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	612	\$1,677	\$1,759
	234 COMPLEX FACIAL AND ENT PROCEDURES	79	\$2,741	\$2,451
	235 SIMPLE FACIAL AND ENT PROCEDURES	196	\$1,698	\$1,733
	236 TONSIL AND ADENOID PROCEDURES	337	\$1,416	\$1,628

SOURCE: Utah Ambulatory Surgery Database
Utah 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, 2007
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	5,642	50.4	42,690	55.0
Male	5,550	49.6	34,925	45.0
Unknown	7	0.1	16	0.0
Not Reported	0	0.0	52	0.1
AGE				
1-28 days	0	0.0	0	0.0
29-365 days	30	0.3	426	0.5
1-4 years	337	3.0	3,270	4.2
5-9	196	1.8	1,755	2.3
10-14	163	1.5	1,099	1.4
15-17	286	2.6	1,342	1.7
18-19	303	2.7	1,277	1.6
20-24	776	6.9	3,167	4.1
25-29	631	5.6	3,640	4.7
30-34	518	4.6	3,641	4.7
35-39	525	4.7	3,802	4.9
40-44	561	5.0	3,994	5.1
45-49	687	6.1	5,155	6.6
50-54	844	7.5	7,437	9.6
55-59	797	7.1	6,553	8.4
60-64	845	7.5	6,262	8.1
65-69	996	8.9	6,811	8.8
70-74	1,003	9.0	6,512	8.4
75-79	850	7.6	5,656	7.3
80-84	524	4.7	3,757	4.8
85-89	259	2.3	1,699	2.2
90 +	68	0.6	426	0.5
Not Reported	0	0.0	2	0.0
SOURCE OF ADMISSION				
Physician Referral	11,199	100.0	66,023	85.0
Clinic Referral	0	0.0	1,249	1.6
HMO Referral	0	0.0	3	0.0
Other Hospital	0	0.0	0	0.0
Skilled Nursing Facility	0	0.0	0	0.0
Other Health Care Facility	0	0.0	0	0.0
Emergency Room	0	0.0	0	0.0
Court/Law Enforcement	0	0.0	0	0.0
Unknown	0	0.0	2,139	2.8
Not Reported	0	0.0	8,269	10.6

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2007
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	11,199	100.0	71,688	92.3
Another Hospital	0	0.0	50	0.1
Skilled Nursing Facility	0	0.0	1	0.0
Intermediate Care Facility	0	0.0	0	0.0
Another Type of Institution	0	0.0	2	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	5,942	7.6
Not Reported	0	0.0	0	0.0
PRIMARY PAYER				
Medicare	2,827	25.2	19,562	25.2
Medicaid	338	3.0	3,654	4.7
Other government	197	1.8	2,379	3.1
Blue Cross/Blue Shield	1,990	17.8	16,040	20.6
Other Commercial	1,380	12.3	7,626	9.8
Managed Care(HMO, PPO)	3,668	32.8	22,234	28.6
Self Pay	349	3.1	1,672	2.2
Industrial & Worker Comp	434	3.9	2,266	2.9
Charity and Unclassified	16	0.1	114	0.1
Childrens Health Insurance	0	0.0	401	0.5
Unknown	0	0.0	68	0.1
Not Reported	0	0.0	1,667	2.1
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	19	0.2	3,590	4.6
Central Utah	1,055	9.4	1,278	1.6
Davis County	27	0.2	13,116	16.9
Salt Lake County	208	1.9	26,526	34.1
Southeastern Utah	543	4.8	713	0.9
Southwest Utah	54	0.5	2,478	3.2
Summit County	38	0.3	814	1.0
Tooele County	11	0.1	1,076	1.4
Tri-County	93	0.8	383	0.5
Utah County	8,617	76.9	9,699	12.5
Wasatch County	182	1.6	411	0.5
Weber County	12	0.1	14,100	18.2
Unknown Utah	8	0.1	22	0.0
Outside Utah	332	3.0	3,462	4.5
Unknown, Not Reported	0	0.0	15	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, 2007
NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

415 Davis Surgical Center

Reporting Category(ICD-9-CM CODES)	Procedures Performed		Procedures Performed-All FASCs	
	(#)	(%)	(#)	(%)
Mastectomy (85.0-85.99)	.	.	63,961	100.0
Musculoskeletal (76.0-84.99)	.	.	2,646	4.1
Respiratory (30.0-34.99)	.	.	13,327	20.8
Cardiovascular (35.0-39.99)	.	.	128	0.2
Lymphatic/Hemetic (40.0-41.99)	.	.	399	0.6
Digestive System (42.0-54.99)	.	.	111	0.2
Urinary (55.0-59.99)	.	.	16,258	25.4
Male Genital (60.0-64.99)	.	.	259	0.4
Female Genital (65.0-71.99)	.	.	213	0.3
Endocrine/Nervous (01.0-07.99)	.	.	1,507	2.4
Eye (08.0-16.99)	.	.	4,752	7.4
Ear (18.0-20.99)	.	.	11,241	17.6
Nose, Mouth, Pharynx (21.0-29.99)	.	.	3,031	4.7
			10,089	15.8
Reporting Category(CPT-4 CODES)	7,264	100.0	106,522	100.0
Mastectomy (19120-19220)	0	0.0	455	0.4
Musculoskeletal (20000-29909)	2,057	28.3	24,506	23.0
Respiratory (30000-32999 & 39501-39599)	640	8.8	8,931	8.4
Cardiovascular (33010-37799 & 93501-93660)	3	0.0	208	0.2
Lymphatic/Hemetic (38100-38999)	14	0.2	148	0.1
Digestive (40490-49999)	1,770	24.4	35,841	33.6
Urinary (50010-53899)	9	0.1	1,895	1.8
Male Genital (54000-55899)	11	0.2	472	0.4
Female Genital (56405-58999)	772	10.6	2,208	2.1
Endocrine/Nervous (60000-64999)	413	5.7	10,320	9.7
Eye (65091-68899)	959	13.2	17,356	16.3
Ear (69000-69979)	616	8.5	4,182	3.9

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 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2007
MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES

415 Davis Surgical Center

ICD-9 CODE	ICD-9 DESCRIPTION	#	%	% ALL FASCs
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All ICD-9 Procedures

Does not report ICDs

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL FASCs
All CPT-4 Procedures		7,264	100.0	100.0
66984	EXTRACAPSULAR CATARACT REMV IOL	621	8.5	9.29
69436	TYMPANOSTOMY GENERAL ANESTHESIA	512	7.0	3.24
45378	COLONOSCOPY FLEX; DX-SEP PROC	408	5.6	6.47
58662	LAP SURG; W/FULG/EXCIS LES-OVARY	285	3.9	0.50
66821	DISCISSION 2ND CATARACT; LASER S	209	2.9	1.60
42820	T&A; UNDER AGE 12	207	2.8	1.35
43239	UGI ENDO; W/BX 1/MX	207	2.8	6.34
30140	SUBMUCOS RES TURBINATE PART/CMPL	181	2.5	2.25
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	178	2.5	1.34
29881	SCOPE KNEE SURG;W/MENISCECT MED/	168	2.3	1.94
58558	HYSTEROscopy SURG; W/BX &/ POLYPE	149	2.1	0.32
29826	SCOPE SHOULDER; DECOMP SUBACROM	124	1.7	1.48
45380	COLONOSCOPY FLEX; W/BX 1/MX	121	1.7	6.43
30520	SEPTOPLASTY/SUBMUCOS RES W/GFT	116	1.6	1.46
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	103	1.4	0.67
26055	TENDON SHEATH INCISION	94	1.3	0.59
31256	NASL/SINUS ENDO SURG W/MAX ANTRO	89	1.2	0.51
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	89	1.2	1.75
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	85	1.2	0.26
20680	REMOVAL OF IMPLANT; DEEP	83	1.1	0.78

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, 2007
 AVERAGE TOTAL CHARGES FOR MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES, SINGLE ICD-9 OR CPT-4 ONLY

415 Davis Surgical Center

ICD-9 CODE	ICD-9 DESCRIPTION	#	AVE TOT CHR	AVE TOT CHR(ALL FASCs)
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ICD-9 Procedures

Does not report ICDS

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHR	AVE TOT CHR(ALL FASCs)
CPT-4 Procedures		3,756	\$2,138	\$1,952
66984	EXTRACAPSULAR CATARACT REMV IOL	619	\$2,494	\$2,548
45378	COLONOSCOPY FLEX; DX-SEP PROC	357	\$1,300	\$1,298
66821	DISCISSION 2ND CATARACT; LASER S	209	\$753	\$959
42820	T&A; UNDER AGE 12	162	\$1,941	\$1,631
43239	UGI ENDO; W/BX 1/MX	137	\$1,300	\$1,293
58662	LAP SURG; W/FULG/EXCIS LES-OVARY	126	\$2,859	\$2,759
29881	SCOPE KNEE SURG;W/MENISCECT MED/	120	\$3,235	\$2,942
45380	COLONOSCOPY FLEX; W/BX 1/MX	109	\$1,300	\$1,220
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	90	\$1,746	\$1,634
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	87	\$2,016	\$1,599
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	79	\$4,686	\$5,258
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	72	\$1,461	\$1,235
29877	SCOPE KNEE SURG; DEBRID/SHAVE CA	62	\$3,402	\$3,342
69436	TYMPANOSTOMY GENERAL ANESTHESIA	52	\$2,172	\$1,949
45384	COLONOSCPY FLEX; REMV LES-FORCE	50	\$1,440	\$1,866
47562	LAPAROSCOPY SURGICAL; CHOLECT	49	\$4,686	\$4,439
29880	SCOPE KNEE SURG;W/MENISCECT MED&	43	\$3,246	\$3,161
58558	HYSTEROSCPY SURG; W/BX &/ POLYPE	36	\$2,158	\$1,556
26055	TENDON SHEATH INCISION	34	\$1,770	\$1,715
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	34	\$1,283	\$771

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, 2007
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	101	1,641
	003 COMPLEX INCISION AND DRAINAGE	3	23
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	39	420
	008 SIMPLE EXCISION AND BIOPSY	53	517
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRANGE	6	177
02	MUSCULOSKELETAL SYSTEM	1,917	22,513
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	165	2,274
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	31	540
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	90	805
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	505	4,884
	025 ARTHROSCOPY	806	10,345
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	13	104
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	108	1,390
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	20	208
	032 BUNION PROCEDURES	116	913
	033 ARTHROPLASTY	20	237
	034 HAND AND FOOT TENOTOMY	3	74
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	40	719
03	RESPIRATORY SYSTEM	294	3,706
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	289	3,675
	054 SIMPLE ENDOSCOPY OF THE UPPER AIRWAY	4	28
	055 ENDOSCOPY OF THE LOWER AIRWAY	1	3
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	22	179
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	22	176
06	DIGESTIVE SYSTEM	1,662	30,965
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	261	8,223
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	53	2,220
	117 LOWER GASTROINTESTINAL ENDOSCOPY	685	16,178
	119 HERNIA AND HYDROCELE PROCEDURES	98	1,251
	120 COMPLEX ANAL AND RECTAL PROCEDURES	10	184
	121 SIMPLE ANAL AND RECTAL PROCEDURES	5	74
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	1	13
	123 COMPLEX LAPAROSCOPIC PROCEDURES	549	2,010
07	URINARY SYSTEM	8	1,863
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	6	685
	136 SIMPLE CYSTOURETHROSCOPY	2	118
08	MALE GENITAL SYSTEM	11	415
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	3	308
	153 COMPLEX PENILE PROCEDURES	2	27
	154 SIMPLE PENILE PROCEDURES	6	67
09	FEMALE GENITAL SYSTEM	396	1,259
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	32	128
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	133	331
	178 DILATION AND CURETTAGE	6	106
	179 HYSTEROSCOPY	210	669
	180 COLPOSCOPY	15	25

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2007
PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

415 Davis Surgical Center

procedure APG category		TOTAL #	TOTAL # (ALL FASCs)
procedure APG			
10	NERVOUS SYSTEM	387	9,936
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	93	7,561
	198 NERVE REPAIR AND DESTRUCTION	294	2,283
11	EYE AND OCULAR ADNEXA	958	17,275
	211 MINOR OPHTHALMOLOGICAL TESTS AND PROCEDURES	5	44
	213 LASER EYE PROCEDURES	209	1,770
	214 CATARACT PROCEDURES	632	10,330
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	20	1,118
	216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	25	603
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	9	544
	219 SIMPLE POSTERIOR SEGMENT EYE PROCEDURES	1	146
	220 STRABISMUS AND MUSCLE EYE PROCEDURES	8	309
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	34	1,622
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	6	404
	223 VITRECTOMY	9	281
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	1,457	15,466
	233 NASAL CAUTERIZATION AND PACKING	7	109
	234 COMPLEX FACIAL AND ENT PROCEDURES	243	2,888
	235 SIMPLE FACIAL AND ENT PROCEDURES	794	9,033
	236 TONSIL AND ADENOID PROCEDURES	413	3,436
13	THERAPEUTIC AND OTHER RADIOLOGICAL PROCEDURES	24	226
	254 MYELOGRAPHY	23	223
	255 MISCELLANEOUS RADIOLOGICAL PROCEDURES WITH CONTRAST	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, 2007
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	56	\$1,414	\$1,519
	003 COMPLEX INCISION AND DRAINAGE	3	\$1,413	\$1,896
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	24	\$1,452	\$1,625
	008 SIMPLE EXCISION AND BIOPSY	29	\$1,382	\$1,512
02	MUSCULOSKELETAL SYSTEM	865	\$2,622	\$2,860
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	61	\$2,414	\$3,292
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	12	\$1,846	\$2,490
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	33	\$2,383	\$2,500
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	227	\$1,840	\$1,936
	025 ARTHROSCOPY	366	\$3,396	\$3,492
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	8	\$1,240	\$1,671
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	78	\$2,325	\$2,717
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	11	\$1,102	\$1,757
	032 BUNION PROCEDURES	61	\$2,231	\$2,317
	033 ARTHROPLASTY	7	\$2,694	\$2,976
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	1	\$1,200	\$1,264
03	RESPIRATORY SYSTEM	19	\$1,888	\$1,766
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	19	\$1,888	\$1,711
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	19	\$2,353	\$1,971
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	19	\$2,353	\$1,982
06	DIGESTIVE SYSTEM	1,160	\$1,994	\$1,449
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	171	\$1,297	\$1,184
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	16	\$1,362	\$1,125
	117 LOWER GASTROINTESTINAL ENDOSCOPY	589	\$1,332	\$1,269
	119 HERNIA AND HYDROCELE PROCEDURES	59	\$2,737	\$2,511
	120 COMPLEX ANAL AND RECTAL PROCEDURES	10	\$1,633	\$1,101
	121 SIMPLE ANAL AND RECTAL PROCEDURES	5	\$1,244	\$817
	123 COMPLEX LAPAROSCOPIC PROCEDURES	310	\$3,552	\$3,820
07	URINARY SYSTEM	5	\$1,724	\$3,664
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	5	\$1,724	\$2,236
08	MALE GENITAL SYSTEM	11	\$1,549	\$1,983
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	3	\$2,081	\$2,074
	153 COMPLEX PENILE PROCEDURES	2	\$2,090	\$2,212
	154 SIMPLE PENILE PROCEDURES	6	\$1,102	\$1,606
09	FEMALE GENITAL SYSTEM	134	\$2,219	\$2,143
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	11	\$2,509	\$2,337
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	54	\$1,489	\$1,438
	178 DILATION AND CURETTAGE	1	\$1,931	\$1,142
	179 HYSTEROSCOPY	63	\$2,831	\$2,572
	180 COLPOSCOPY	5	\$1,805	\$1,610
10	NERVOUS SYSTEM	139	\$1,795	\$1,205
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	27	\$847	\$997
	198 NERVE REPAIR AND DESTRUCTION	112	\$2,024	\$1,708
11	EYE AND OCULAR ADNEXA	907	\$2,044	\$2,351
	211 MINOR OPHTHALMOLOGICAL TESTS AND PROCEDURES	1	\$1,240	\$2,592

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2007
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)
	213 LASER EYE PROCEDURES	209	\$753	\$972
	214 CATARACT PROCEDURES	629	\$2,500	\$2,574
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	12	\$1,810	\$2,871
	216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	18	\$1,677	\$2,004
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	8	\$1,615	\$2,282
	220 STRABISMUS AND MUSCLE EYE PROCEDURES	2	\$4,182	\$2,915
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	17	\$1,864	\$2,068
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	2	\$1,141	\$1,416
	223 VITRECTOMY	9	\$1,762	\$3,611
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	432	\$1,954	\$1,759
	233 NASAL CAUTERIZATION AND PACKING	2	\$790	\$1,675
	234 COMPLEX FACIAL AND ENT PROCEDURES	56	\$2,428	\$2,451
	235 SIMPLE FACIAL AND ENT PROCEDURES	95	\$1,953	\$1,733
	236 TONSIL AND ADENOID PROCEDURES	279	\$1,868	\$1,628

SOURCE: Utah Ambulatory Surgery Database
Utah 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, 2007
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

415 Davis Surgical Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
GENDER				
Female	2,988	57.3	42,690	55.0
Male	2,218	42.6	34,925	45.0
Unknown	5	0.1	16	0.0
Not Reported	0	0.0	52	0.1
AGE				
1-28 days	0	0.0	0	0.0
29-365 days	63	1.2	426	0.5
1-4 years	304	5.8	3,270	4.2
5-9	181	3.5	1,755	2.3
10-14	116	2.2	1,099	1.4
15-17	137	2.6	1,342	1.7
18-19	131	2.5	1,277	1.6
20-24	278	5.3	3,167	4.1
25-29	315	6.0	3,640	4.7
30-34	301	5.8	3,641	4.7
35-39	270	5.2	3,802	4.9
40-44	301	5.8	3,994	5.1
45-49	332	6.4	5,155	6.6
50-54	502	9.6	7,437	9.6
55-59	420	8.1	6,553	8.4
60-64	351	6.7	6,262	8.1
65-69	327	6.3	6,811	8.8
70-74	297	5.7	6,512	8.4
75-79	299	5.7	5,656	7.3
80-84	185	3.6	3,757	4.8
85-89	86	1.7	1,699	2.2
90 +	15	0.3	426	0.5
Not Reported	0	0.0	2	0.0
SOURCE OF ADMISSION				
Physician Referral	5,211	100.0	66,023	85.0
Clinic Referral	0	0.0	1,249	1.6
HMO Referral	0	0.0	3	0.0
Other Hospital	0	0.0	0	0.0
Skilled Nursing Facility	0	0.0	0	0.0
Other Health Care Facility	0	0.0	0	0.0
Emergency Room	0	0.0	0	0.0
Court/Law Enforcement	0	0.0	0	0.0
Unknown	0	0.0	2,139	2.8
Not Reported	0	0.0	8,269	10.6

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2007
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

415 Davis Surgical Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	5,137	98.6	71,688	92.3
Another Hospital	2	0.0	50	0.1
Skilled Nursing Facility	1	0.0	1	0.0
Intermediate Care Facility	0	0.0	0	0.0
Another Type of Institution	0	0.0	2	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	71	1.4	5,942	7.6
Not Reported	0	0.0	0	0.0
PRIMARY PAYER				
Medicare	976	18.7	19,562	25.2
Medicaid	252	4.8	3,654	4.7
Other government	320	6.1	2,379	3.1
Blue Cross/Blue Shield	1,135	21.8	16,040	20.6
Other Commercial	206	4.0	7,626	9.8
Managed Care(HMO, PPO)	1,797	34.5	22,234	28.6
Self Pay	63	1.2	1,672	2.2
Industrial & Worker Comp	113	2.2	2,266	2.9
Charity and Unclassified	0	0.0	114	0.1
Childrens Health Insurance	348	6.7	401	0.5
Unknown	0	0.0	68	0.1
Not Reported	1	0.0	1,667	2.1
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	61	1.2	3,590	4.6
Central Utah	1	0.0	1,278	1.6
Davis County	3,998	76.7	13,116	16.9
Salt Lake County	48	0.9	26,526	34.1
Southeastern Utah	1	0.0	713	0.9
Southwest Utah	3	0.1	2,478	3.2
Summit County	4	0.1	814	1.0
Tooele County	20	0.4	1,076	1.4
Tri-County	5	0.1	383	0.5
Utah County	7	0.1	9,699	12.5
Wasatch County	1	0.0	411	0.5
Weber County	993	19.1	14,100	18.2
Unknown Utah	1	0.0	22	0.0
Outside Utah	67	1.3	3,462	4.5
Unknown, Not Reported	1	0.0	15	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, 2007
NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

403 Intermountain Surgical Center

Reporting Category(ICD-9-CM CODES)	Procedures Performed		Procedures Performed-All FASCs	
	(#)	(%)	(#)	(%)
Reporting Category(ICD-9-CM CODES)	10,443	100.0	63,961	100.0
Mastectomy (85.0-85.99)	754	7.2	2,646	4.1
Musculoskeletal (76.0-84.99)	2,076	19.9	13,327	20.8
Respiratory (30.0-34.99)	15	0.1	128	0.2
Cardiovascular (35.0-39.99)	86	0.8	399	0.6
Lymphatic/Hemetic (40.0-41.99)	20	0.2	111	0.2
Digestive System (42.0-54.99)	179	1.7	16,258	25.4
Urinary (55.0-59.99)	150	1.4	259	0.4
Male Genital (60.0-64.99)	82	0.8	213	0.3
Female Genital (65.0-71.99)	14	0.1	1,507	2.4
Endocrine/Nervous (01.0-07.99)	317	3.0	4,752	7.4
Eye (08.0-16.99)	2,834	27.1	11,241	17.6
Ear (18.0-20.99)	396	3.8	3,031	4.7
Nose, Mouth, Pharynx (21.0-29.99)	3,520	33.7	10,089	15.8
Reporting Category(CPT-4 CODES)	7,136	100.0	106,522	100.0
Mastectomy (19120-19220)	62	0.9	455	0.4
Musculoskeletal (20000-29909)	1,851	25.9	24,506	23.0
Respiratory (30000-32999 & 39501-39599)	2,519	35.3	8,931	8.4
Cardiovascular (33010-37799 & 93501-93660)	91	1.3	208	0.2
Lymphatic/Hemetic (38100-38999)	18	0.3	148	0.1
Digestive (40490-49999)	507	7.1	35,841	33.6
Urinary (50010-53899)	136	1.9	1,895	1.8
Male Genital (54000-55899)	47	0.7	472	0.4
Female Genital (56405-58999)	13	0.2	2,208	2.1
Endocrine/Nervous (60000-64999)	232	3.3	10,320	9.7
Eye (65091-68899)	1,451	20.3	17,356	16.3
Ear (69000-69979)	209	2.9	4,182	3.9

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 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2007
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		10,443	100.0	100.0
1341	PHACOEMULSIFICATION-ASPIR CATARACT	738	7.1	3.96
1371	IOL PROSTH-CATARACT EXTRACT-1-STAGE	738	7.1	7.07
2263	ETHMOIDECTOMY	735	7.0	1.65
2262	EXC LES MAXIL SINUS W/OTH APPRCH	494	4.7	1.21
2188	OTH SEPTOPLASTY	440	4.2	1.19
2169	OTH TURBINECTOMY	385	3.7	2.49
2131	LOC EXC/DESTRUC INTRANASAL LES	373	3.6	0.65
2219	OTH DX PROC NASAL SINUSES	369	3.5	0.84
0887	UPPER EYELID RHYTIDECTOMY	270	2.6	0.77
2001	MYRINGOTOMY W/INSRT TUBE	215	2.1	3.68
0443	RELEASE CARPAL TUNNEL	205	2.0	1.31
8026	ARTHSCPY-KNEE	187	1.8	1.36
8554	BILAT BREAST IMPLNT	186	1.8	0.99
0833	REPR BLEPHAROPT-RESECT/ADVANC LEVAT	178	1.7	0.43
283	TONSILLECTOMY W/ADENOIDECTOMY	162	1.6	1.94
8594	REMOV IMPLNT BREAST	152	1.5	0.41
0886	LOWER EYELID RHYTIDECTOMY	126	1.2	0.33
8201	EXPLOR TENDON SHEATH HAND	123	1.2	0.27
222	INTRANASAL ANTROTOMY	122	1.2	0.39
856	MASTOPEXY	116	1.1	0.52

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL FASCs
All CPT-4 Procedures		7,136	100.0	100.0
66984	EXTRACAPSULAR CATARACT REMV IOL	737	10.3	9.29
30140	SUBMUCOS RES TURBINATE PART/CMPL	580	8.1	2.25
30520	SEPTOPLASTY/SUBMUCOS RES W/GFT	448	6.3	1.46
31255	NASAL/SINUS ENDO; W/TOT ETHMOECT	358	5.0	0.87
31267	NASL/SINUS ENDO; W/TISS REMV MAX	337	4.7	0.69
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	136	1.9	1.34
31237	NASL/SINUS ENDO SURG; W/BX SEP P	124	1.7	0.14
30115	EXCISION NASAL POLYP EXTENSIVE	122	1.7	0.13
31276	NASL/SINUS ENDO W/FRNTL SINUS EX	122	1.7	0.31
69436	TYMPANOSTOMY GENERAL ANESTHESIA	115	1.6	3.24
26055	TENDON SHEATH INCISION	107	1.5	0.59
67904	REPR BLEPHAROPTOSIS; RESECT-EXT	95	1.3	0.45
31240	NASL/SINUS ENDO; CONCHA BULLOSA	94	1.3	0.19
29881	SCOPE KNEE SURG;W/MENISCECT MED/	90	1.3	1.94
42821	T&A; AGE 12 OR OVER	83	1.2	0.63
31256	NASL/SINUS ENDO SURG W/MAX ANTRO	80	1.1	0.51
42820	T&A; UNDER AGE 12	79	1.1	1.35
42831	ADENOIDECTOMY PRIMARY; AGE 12/OV	78	1.1	0.09
20680	REMOVAL OF IMPLANT; DEEP	69	1.0	0.78
31288	NASAL ENDO W/SPHENOIDOT; REMV TI	66	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, 2007
 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 CHRG	AVE TOT CHRG(ALL FASCs)
ICD-9 Procedures		1,356	\$1,405	\$1,673
0443	RELEASE CARPAL TUNNEL	102	\$996	\$1,738
8554	BILAT BREAST IMPLNT	90	\$722	\$861
283	TONSILLECTOMY W/ADENOIDECTOMY	80	\$809	\$1,624
8532	BILAT REDUC MAMMO	72	\$2,166	\$2,477
8201	EXPLOR TENDON SHEATH HAND	54	\$962	\$1,236
8221	EXC LES TENDON SHEATH HAND	41	\$909	\$1,510
8521	LOC EXC LES BREAST	38	\$1,151	\$1,027
5304	UNILAT REPR INDIRECT ING HERN-GFT	34	\$1,584	\$2,320
7932	OP REDUC FX W/INT FIX-RADIUS & ULNA	34	\$2,495	\$2,823
7933	OP REDUC W/INT FIX-CARP-METACARP	33	\$2,060	\$2,236
7751	BUNIONEC SOFT-OSTEOT 1ST METATARS	28	\$1,639	\$1,867
7934	OP REDUC W/INT FIX-PHALANGES HAND	27	\$1,854	\$2,010
282	TONSILLECTOMY WO ADENOIDECTOMY	23	\$752	\$1,696
1164	OTH PENETRATING KERATOPLASTY	21	\$2,412	\$6,309
7913	CLO REDUC-/INT FIX-CARP-METACARP	19	\$1,881	\$1,510
7863	REMOV IMPLNT DEVICE-RADIUS & ULNA	18	\$1,130	\$1,393
0407	OTH EXC/AVUL CRANIAL & PERIPH NERV	14	\$1,068	\$1,808
0449	OTH PERIPH NERV/GANGL DECOMP/LYSIS	12	\$1,033	\$2,465
0833	REPR BLEPHAROPT-RESECT/ADVANC LEVAT	12	\$955	\$2,044
194	MYRINGOPLASTY	12	\$1,966	\$2,629

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL FASCs)
CPT-4 Procedures		2,271	\$1,438	\$1,952
66984	EXTRACAPSULAR CATARACT REMV IOL	682	\$1,344	\$2,548
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	102	\$992	\$1,599
29881	SCOPE KNEE SURG;W/MENISCECT MED/	59	\$1,749	\$2,942
67904	REPR BLEPHAROPTOSIS; RESECT-EXT	59	\$1,950	\$2,078
19120	EXC BRST CYST TUMR/LES OPN M/F 1	50	\$1,468	\$1,153
49505	REPR INIT ING HERNIA 5YR/MORE; R	50	\$1,650	\$2,132
42821	T&A; AGE 12 OR OVER	45	\$876	\$1,625
29848	ENDO WRST SURG REL TRNS CARP LIG	40	\$1,822	\$2,358
20680	REMOVAL OF IMPLANT; DEEP	39	\$1,133	\$1,574
26055	TENDON SHEATH INCISION	37	\$873	\$1,715
69436	TYMPANOSTOMY GENERAL ANESTHESIA	36	\$879	\$1,949
42820	T&A; UNDER AGE 12	35	\$701	\$1,631
25111	EXCISION OF GANGLION WRIST; PRIM	25	\$935	\$1,832
28296	HALLUX VALGUS; W/METATARSAL OSTE	25	\$1,817	\$2,091
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	22	\$761	\$1,634
26615	OPEN TX MC FX 1 W/WO INTRL/EXT F	21	\$1,895	\$2,346
64718	NEUROPLASTY; ULNAR NERV AT ELBOW	20	\$973	\$2,375
26160	EXC LES TEND SHETH/JNT CAP HND/F	18	\$883	\$1,658
65730	KERATOPLSTY; PENETRAT NOT APHAKI	18	\$2,423	\$4,543
67999	UNLISTED PROCEDURE EYELIDS	17	\$1,787	\$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, 2007
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	131	1,641
	004 SIMPLE INCISION AND DRAINAGE	1	9
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	34	420
	008 SIMPLE EXCISION AND BIOPSY	22	517
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRANGE	12	177
	011 SIMPLE INCISION AND EXCISION OF BREAST	62	455
02	MUSCULOSKELETAL SYSTEM	1,673	22,513
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	133	2,274
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	64	540
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	111	805
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	500	4,884
	025 ARTHROSCOPY	455	10,345
	028 CLOSED TREATMENT FX & DISLOCATION OF FINGER, TOE & TRUNK	1	18
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	7	104
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	199	1,390
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	9	208
	032 BUNION PROCEDURES	86	913
	033 ARTHROPLASTY	37	237
	034 HAND AND FOOT TENOTOMY	11	74
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	60	719
03	RESPIRATORY SYSTEM	1,241	3,706
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	1,241	3,675
04	CARDIOVASCULAR SYSTEM	86	132
	077 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	12	14
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	3	33
	080 MINOR VASCULAR REPAIR AND FISTULA CONSTRUCTION	5	10
	081 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	9	11
	082 VASCULAR LIGATION	57	64
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	16	179
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	16	176
06	DIGESTIVE SYSTEM	167	30,965
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	6	67
	119 HERNIA AND HYDROCELE PROCEDURES	119	1,251
	120 COMPLEX ANAL AND RECTAL PROCEDURES	12	184
	121 SIMPLE ANAL AND RECTAL PROCEDURES	6	74
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	2	13
	123 COMPLEX LAPAROSCOPIC PROCEDURES	22	2,010
07	URINARY SYSTEM	135	1,863
	131 RENAL EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	14	599
	132 SIMPLE URINARY STUDIES AND PROCEDURES	1	1
	133 URINARY CATHETERIZATION AND DILATATION	6	30
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	54	685
	135 MODERATE CYSTOURETHROSCOPY	33	395
	136 SIMPLE CYSTOURETHROSCOPY	25	118
	137 COMPLEX URETHRAL PROCEDURES	2	14
08	MALE GENITAL SYSTEM	39	415

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2007
PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

403 Intermountain Surgical Center

procedure APG category		TOTAL #	TOTAL # (ALL FASCs)
procedure APG			
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	28	308
	153 COMPLEX PENILE PROCEDURES	4	27
	154 SIMPLE PENILE PROCEDURES	6	67
	155 PROSTATE NEEDLE AND PUNCH BIOPSY	1	13
09	FEMALE GENITAL SYSTEM	11	1,259
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	2	128
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	3	331
	179 HYSTEROSCOPY	1	669
	180 COLPOSCOPY	5	25
10	NERVOUS SYSTEM	220	9,936
	198 NERVE REPAIR AND DESTRUCTION	220	2,283
11	EYE AND OCULAR ADNEXA	1,428	17,275
	211 MINOR OPHTHALMOLOGICAL TESTS AND PROCEDURES	5	44
	213 LASER EYE PROCEDURES	1	1,770
	214 CATARACT PROCEDURES	748	10,330
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	30	1,118
	216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	91	603
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	85	544
	220 STRABISMUS AND MUSCLE EYE PROCEDURES	17	309
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	329	1,622
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	118	404
	223 VITRECTOMY	4	281
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	1,933	15,466
	233 NASAL CAUTERIZATION AND PACKING	28	109
	234 COMPLEX FACIAL AND ENT PROCEDURES	677	2,888
	235 SIMPLE FACIAL AND ENT PROCEDURES	907	9,033
	236 TONSIL AND ADENOID PROCEDURES	321	3,436

SOURCE: Utah Ambulatory Surgery Database
Utah 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, 2007
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	90	\$1,391	\$1,519
	004 SIMPLE INCISION AND DRAINAGE	1	\$900	\$1,458
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	22	\$1,435	\$1,625
	008 SIMPLE EXCISION AND BIOPSY	15	\$1,047	\$1,512
	011 SIMPLE INCISION AND EXCISION OF BREAST	52	\$1,481	\$1,058
02	MUSCULOSKELETAL SYSTEM	699	\$1,612	\$2,860
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	37	\$1,986	\$3,292
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	37	\$1,180	\$2,490
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	33	\$1,503	\$2,500
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	226	\$1,075	\$1,936
	025 ARTHROSCOPY	183	\$1,919	\$3,492
	028 CLOSED TREATMENT FX & DISLOCATION OF FINGER, TOE & TRUNK	1	\$407	\$2,090
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	3	\$1,879	\$1,671
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	133	\$2,062	\$2,717
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	1	\$2,364	\$1,757
	032 BUNION PROCEDURES	35	\$1,773	\$2,317
	033 ARTHROPLASTY	9	\$2,253	\$2,976
	034 HAND AND FOOT TENOTOMY	1	\$1,101	\$3,221
03	RESPIRATORY SYSTEM	7	\$1,103	\$1,766
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	7	\$1,103	\$1,711
04	CARDIOVASCULAR SYSTEM	20	\$1,836	\$1,775
	077 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	5	\$2,034	\$1,804
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	2	\$1,018	\$1,764
	080 MINOR VASCULAR REPAIR AND FISTULA CONSTRUCTION	4	\$2,005	\$1,794
	081 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	3	\$1,682	\$1,489
	082 VASCULAR LIGATION	6	\$1,908	\$1,945
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	9	\$1,662	\$1,971
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	9	\$1,662	\$1,982
06	DIGESTIVE SYSTEM	121	\$1,824	\$1,449
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	4	\$465	\$906
	119 HERNIA AND HYDROCELE PROCEDURES	90	\$1,720	\$2,511
	120 COMPLEX ANAL AND RECTAL PROCEDURES	9	\$1,282	\$1,101
	121 SIMPLE ANAL AND RECTAL PROCEDURES	1	\$400	\$817
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	1	\$4,474	\$1,471
	123 COMPLEX LAPAROSCOPIC PROCEDURES	16	\$2,979	\$3,820
07	URINARY SYSTEM	62	\$1,141	\$3,664
	133 URINARY CATHETERIZATION AND DILATATION	2	\$725	\$1,779
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	27	\$1,301	\$2,236
	135 MODERATE CYSTOURETHROSCOPY	17	\$1,193	\$1,656
	136 SIMPLE CYSTOURETHROSCOPY	16	\$868	\$1,521
08	MALE GENITAL SYSTEM	25	\$919	\$1,983
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	21	\$888	\$2,074
	153 COMPLEX PENILE PROCEDURES	2	\$881	\$2,212
	154 SIMPLE PENILE PROCEDURES	2	\$1,279	\$1,606
09	FEMALE GENITAL SYSTEM	3	\$1,140	\$2,143
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	1	\$1,064	\$1,438

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2007
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)
	180 COLPOSCOPY	2	\$1,179	\$1,610
10	NERVOUS SYSTEM	135	\$1,021	\$1,205
	198 NERVE REPAIR AND DESTRUCTION	135	\$1,021	\$1,708
11	EYE AND OCULAR ADNEXA	867	\$1,428	\$2,351
	214 CATARACT PROCEDURES	686	\$1,344	\$2,574
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	21	\$2,412	\$2,871
	216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	22	\$1,179	\$2,004
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	8	\$773	\$2,282
	220 STRABISMUS AND MUSCLE EYE PROCEDURES	5	\$2,007	\$2,915
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	104	\$1,815	\$2,068
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	20	\$1,621	\$1,416
	223 VITRECTOMY	1	\$1,972	\$3,611
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	219	\$1,083	\$1,759
	233 NASAL CAUTERIZATION AND PACKING	1	\$879	\$1,675
	234 COMPLEX FACIAL AND ENT PROCEDURES	60	\$1,674	\$2,451
	235 SIMPLE FACIAL AND ENT PROCEDURES	55	\$991	\$1,733
	236 TONSIL AND ADENOID PROCEDURES	103	\$789	\$1,628

SOURCE: Utah Ambulatory Surgery Database
Utah 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, 2007
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

403 Intermountain Surgical Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
GENDER				
Female	2,315	55.2	42,690	55.0
Male	1,882	44.8	34,925	45.0
Unknown	0	0.0	16	0.0
Not Reported	0	0.0	52	0.1
AGE				
1-28 days	0	0.0	0	0.0
29-365 days	17	0.4	426	0.5
1-4 years	98	2.3	3,270	4.2
5-9	99	2.4	1,755	2.3
10-14	94	2.2	1,099	1.4
15-17	102	2.4	1,342	1.7
18-19	97	2.3	1,277	1.6
20-24	245	5.8	3,167	4.1
25-29	239	5.7	3,640	4.7
30-34	291	6.9	3,641	4.7
35-39	267	6.4	3,802	4.9
40-44	277	6.6	3,994	5.1
45-49	349	8.3	5,155	6.6
50-54	389	9.3	7,437	9.6
55-59	362	8.6	6,553	8.4
60-64	360	8.6	6,262	8.1
65-69	296	7.1	6,811	8.8
70-74	201	4.8	6,512	8.4
75-79	193	4.6	5,656	7.3
80-84	151	3.6	3,757	4.8
85-89	64	1.5	1,699	2.2
90 +	6	0.1	426	0.5
Not Reported	0	0.0	2	0.0
SOURCE OF ADMISSION				
Physician Referral	4,192	99.9	66,023	85.0
Clinic Referral	2	0.0	1,249	1.6
HMO Referral	3	0.1	3	0.0
Other Hospital	0	0.0	0	0.0
Skilled Nursing Facility	0	0.0	0	0.0
Other Health Care Facility	0	0.0	0	0.0
Emergency Room	0	0.0	0	0.0
Court/Law Enforcement	0	0.0	0	0.0
Unknown	0	0.0	2,139	2.8
Not Reported	0	0.0	8,269	10.6

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2007
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	4,196	100.0	71,688	92.3
Another Hospital	1	0.0	50	0.1
Skilled Nursing Facility	0	0.0	1	0.0
Intermediate Care Facility	0	0.0	0	0.0
Another Type of Institution	0	0.0	2	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	5,942	7.6
Not Reported	0	0.0	0	0.0
PRIMARY PAYER				
Medicare	669	15.9	19,562	25.2
Medicaid	137	3.3	3,654	4.7
Other government	50	1.2	2,379	3.1
Blue Cross/Blue Shield	161	3.8	16,040	20.6
Other Commercial	560	13.3	7,626	9.8
Managed Care(HMO, PPO)	2,413	57.5	22,234	28.6
Self Pay	58	1.4	1,672	2.2
Industrial & Worker Comp	104	2.5	2,266	2.9
Charity and Unclassified	29	0.7	114	0.1
Childrens Health Insurance	5	0.1	401	0.5
Unknown	11	0.3	68	0.1
Not Reported	0	0.0	1,667	2.1
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	50	1.2	3,590	4.6
Central Utah	23	0.5	1,278	1.6
Davis County	608	14.5	13,116	16.9
Salt Lake County	2,792	66.5	26,526	34.1
Southeastern Utah	9	0.2	713	0.9
Southwest Utah	24	0.6	2,478	3.2
Summit County	129	3.1	814	1.0
Tooele County	78	1.9	1,076	1.4
Tri-County	19	0.5	383	0.5
Utah County	145	3.5	9,699	12.5
Wasatch County	26	0.6	411	0.5
Weber County	105	2.5	14,100	18.2
Unknown Utah	2	0.0	22	0.0
Outside Utah	183	4.4	3,462	4.5
Unknown, Not Reported	4	0.1	15	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, 2007
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)	598	100.0	63,961	100.0
Mastectomy (85.0-85.99)	234	39.1	2,646	4.1
Musculoskeletal (76.0-84.99)	185	30.9	13,327	20.8
Respiratory (30.0-34.99)	0	0.0	128	0.2
Cardiovascular (35.0-39.99)	1	0.2	399	0.6
Lymphatic/Hemetic (40.0-41.99)	1	0.2	111	0.2
Digestive System (42.0-54.99)	10	1.7	16,258	25.4
Urinary (55.0-59.99)	1	0.2	259	0.4
Male Genital (60.0-64.99)	0	0.0	213	0.3
Female Genital (65.0-71.99)	34	5.7	1,507	2.4
Endocrine/Nervous (01.0-07.99)	47	7.9	4,752	7.4
Eye (08.0-16.99)	29	4.8	11,241	17.6
Ear (18.0-20.99)	18	3.0	3,031	4.7
Nose, Mouth, Pharynx (21.0-29.99)	38	6.4	10,089	15.8
Reporting Category(CPT-4 CODES)	343	100.0	106,522	100.0
Mastectomy (19120-19220)	3	0.9	455	0.4
Musculoskeletal (20000-29909)	214	62.4	24,506	23.0
Respiratory (30000-32999 & 39501-39599)	18	5.2	8,931	8.4
Cardiovascular (33010-37799 & 93501-93660)	4	1.2	208	0.2
Lymphatic/Hemetic (38100-38999)	0	0.0	148	0.1
Digestive (40490-49999)	14	4.1	35,841	33.6
Urinary (50010-53899)	0	0.0	1,895	1.8
Male Genital (54000-55899)	0	0.0	472	0.4
Female Genital (56405-58999)	28	8.2	2,208	2.1
Endocrine/Nervous (60000-64999)	48	14.0	10,320	9.7
Eye (65091-68899)	7	2.0	17,356	16.3
Ear (69000-69979)	7	2.0	4,182	3.9

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 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2007
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		598	100.0	100.0
8554	BILAT BREAST IMPLNT	53	8.9	0.99
8594	REMOV IMPLNT BREAST	29	4.8	0.41
8553	UNILAT BREAST IMPLNT	22	3.7	0.70
856	MASTOPEXY	22	3.7	0.52
8596	REMOV BREAST TISS EXPANDER(S)	19	3.2	0.05
850	MASTOTOMYS	17	2.8	0.11
8589	OTH MAMMO	15	2.5	0.07
8532	BILAT REDUC MAMMO	14	2.3	0.17
0443	RELEASE CARPAL TUNNEL	13	2.2	1.31
6679	OTH REPR FALLOPIAN TUBE	13	2.2	0.03
0449	OTH PERIPH NERV/GANGL DECOMP/LYSIS	12	2.0	0.34
8521	LOC EXC LES BREAST	11	1.8	0.80
8339	EXC LES OTH SOFT TISS	10	1.7	0.19
5421	LAPAROSCOPY	9	1.5	0.32
043	SUT CRANIAL & PERIPH NERV	8	1.3	0.08
0407	OTH EXC/AVUL CRANIAL & PERIPH NERV	7	1.2	0.35
7756	REPR HAMMER TOE	7	1.2	0.61
8244	OTH SUT FLEX TENDON HAND	7	1.2	0.07
215	SUBMUCOUS RESECT NASAL SEPTUM	6	1.0	0.76
2184	REVIS RHINOPLASTY	6	1.0	0.12

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL FASCs
All CPT-4 Procedures		343	100.0	100.0
58750	TUBOTUBAL ANASTOMOSIS	14	4.1	0.03
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	13	3.8	1.34
26356	REP FLX TEND ZONE 2 DIGTL; W/O G	12	3.5	0.04
26418	REPR EXT TEND FNGR PRIM/SEC;W/O	11	3.2	0.05
49320	LAP-ABD DX-W/WO SPECMN-SEP PROC	10	2.9	0.09
28285	CORRECTION HAMMERTOES	8	2.3	0.77
64831	SUT DIGTL NERVE HAND/FOOT; 1 NER	8	2.3	0.05
20680	REMOVAL OF IMPLANT; DEEP	7	2.0	0.78
26340	MANIP FNGR JNT UNDER ANES-EA JNT	7	2.0	0.02
26440	TENOLYS FLX TEND; PALM/FNGR EA T	7	2.0	0.03
26615	OPEN TX MC FX 1 W/WO INTRL/EXT F	7	2.0	0.15
28296	HALLUX VALGUS; W/METATARSAL OSTE	7	2.0	0.39
30420	RHINO PRIM; INCL MAJ SEPTAL REPA	6	1.7	0.10
30520	SEPTOPLASTY/SUBMUCOS RES W/GFT	5	1.5	1.46
58350	CHROMOTUBATION OVIDUCT INCL MATL	5	1.5	0.06
64718	NEUROPLASTY; ULNAR NERV AT ELBOW	5	1.5	0.27
20670	REMOVAL OF IMPLANT; SUP SEP PROC	4	1.2	0.07
20912	CARTILAGE GRAFT; NASAL SEPTUM	4	1.2	0.09
21029	REMOVAL CONTOUR BEN TUMOR FCE BO	4	1.2	0.01
21930	EXC TUMR SOFT TISSUE BACK/FLANK	4	1.2	0.08

SOURCE: Utah Ambulatory Surgery Database
 Utah Health Data Committee/Office of Health Care Statistics
 Reportable* excludes codes in the former "Other" category 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, 2007
 AVERAGE TOTAL CHARGES FOR MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES, SINGLE ICD-9 OR CPT-4 ONLY

412 Madsen Surgery Center

ICD-9 CODE	ICD-9 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL FASCs)
ICD-9 Procedures		178	\$2,148	\$1,673
8554	BILAT BREAST IMPLNT	32	\$1,171	\$861
8532	BILAT REDUC MAMMO	10	\$4,393	\$2,477
8339	EXC LES OTH SOFT TISS	8	\$2,051	\$1,935
0443	RELEASE CARPAL TUNNEL	7	\$1,230	\$1,738
8401	AMPUT & DISART FINGR	6	\$2,221	\$2,054
6679	OTH REPR FALLOPIAN TUBE	4	\$1,455	\$2,918
7933	OP REDUC W/INT FIX-CARP-METACARP	4	\$2,999	\$2,236
8245	OTH SUT OTH TENDON HAND	4	\$2,046	\$1,578
0407	OTH EXC/AVUL CRANIAL & PERIPH NERV	3	\$2,400	\$1,808
0449	OTH PERIPH NERV/GANGL DECOMP/LYSIS	3	\$2,658	\$2,465
0889	OTH EYELID REPR	3	\$1,102	\$1,102
7756	REPR HAMMER TOE	3	\$2,600	\$2,578
7869	REMOV IMPLNT DEVICE-OTH BONE	3	\$1,691	\$1,211
7914	CLO REDUC W/INT FIX-PHALANGES HAND	3	\$2,125	\$1,682
8128	INTERPHALANGEAL FUSION	3	\$4,172	\$2,455
8521	LOC EXC LES BREAST	3	\$3,634	\$1,027
043	SUT CRANIAL & PERIPH NERV	2	\$2,097	\$1,908
1829	EXC/DESTRUC OTH LES EXT EAR	2	\$1,429	\$1,805
1879	OTH PLSTC REPR EXT EAR	2	\$2,277	\$1,083
2184	REVIS RHINOPLASTY	2	\$774	\$1,643

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL FASCs)
CPT-4 Procedures		123	\$2,144	\$1,952
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	7	\$1,230	\$1,599
58750	TUBOTUBAL ANASTOMOSIS	5	\$1,454	\$2,627
26418	REPR EXT TEND FNGR PRIM/SEC;W/O	4	\$1,928	\$1,529
69300	OTPLSTY PROTRUDING EAR W/WO SZ R	4	\$634	\$994
19120	EXC BRST CYST TUMR/LES OPN M/F 1	3	\$2,440	\$1,153
21930	EXC TUMR SOFT TISSUE BACK/FLANK	3	\$1,632	\$1,326
26055	TENDON SHEATH INCISION	3	\$2,551	\$1,715
26615	OPEN TX MC FX 1 W/WO INTRL/EXT F	3	\$3,059	\$2,346
26951	AMP FNGR/THUMB ANY JNT; W/DIR CL	3	\$1,912	\$2,215
26952	AMP FNGR/THUMB ANY JNT; W/ADV FL	3	\$1,689	\$2,246
40525	EXC LIP; FULL THICK RECON W/FLAP	3	\$3,116	\$2,912
21029	REMOVAL CONTOUR BEN TUMOR FCE BO	2	\$1,195	\$1,152
26160	EXC LES TEND SHETH/JNT CAP HND/F	2	\$942	\$1,658
26356	REP FLX TEND ZONE 2 DIGTL; W/O G	2	\$3,087	\$2,979
26727	PERQ FIX PHALANGEAL FX W/MANIP E	2	\$2,156	\$2,364
27618	EXC TUMR LEG/ANK AREA;SUBQTISSUE	2	\$2,022	\$1,522
28008	FASCIOTOMY FOOT AND/OR TOE	2	\$2,198	\$1,829
28080	EXC INTERDIGTL NEUROMA SINGLE EA	2	\$2,327	\$1,866
30410	RHINO PRIM; CMLPT EXTERNAL PARTS	2	\$590	\$2,628
30420	RHINO PRIM; INCL MAJ SEPTAL REPA	2	\$626	\$3,235

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, 2007
PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

412 Madsen Surgery Center

Procedure APG category Procedure APG	TOTAL #	TOTAL # (ALL FASCs)
01 INTEGUMENTARY SYSTEM	30	1,641
007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	9	420
008 SIMPLE EXCISION AND BIOPSY	13	517
009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRANGE	5	177
011 SIMPLE INCISION AND EXCISION OF BREAST	3	455
02 MUSCULOSKELETAL SYSTEM	175	22,513
021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	2	2,274
022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	7	540
023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	31	805
024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	86	4,884
029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	2	104
030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	32	1,390
032 BUNION PROCEDURES	11	913
033 ARTHROPLASTY	1	237
034 HAND AND FOOT TENOTOMY	3	74
04 CARDIOVASCULAR SYSTEM	4	132
079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	3	33
080 MINOR VASCULAR REPAIR AND FISTULA CONSTRUCTION	1	10
06 DIGESTIVE SYSTEM	11	30,965
122 MISCELLANEOUS ABDOMINAL PROCEDURES	1	13
123 COMPLEX LAPAROSCOPIC PROCEDURES	10	2,010
09 FEMALE GENITAL SYSTEM	13	1,259
176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	2	128
177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	5	331
179 HYSTEROSCOPY	5	669
180 COLPOSCOPY	1	25
10 NERVOUS SYSTEM	48	9,936
195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	2	7,561
198 NERVE REPAIR AND DESTRUCTION	46	2,283
11 EYE AND OCULAR ADNEXA	7	17,275
216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	1	603
221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	2	1,622
222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	4	404
12 FACIAL, EAR, NOSE, MOUTH AND THROAT	37	15,466
234 COMPLEX FACIAL AND ENT PROCEDURES	30	2,888
235 SIMPLE FACIAL AND ENT PROCEDURES	7	9,033

SOURCE: Utah Ambulatory Surgery Database
Utah 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, 2007
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	20	\$2,064	\$1,519
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	8	\$1,876	\$1,625
	008 SIMPLE EXCISION AND BIOPSY	8	\$1,859	\$1,512
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRAN	1	\$4,090	\$3,444
	011 SIMPLE INCISION AND EXCISION OF BREAST	3	\$2,440	\$1,058
02	MUSCULOSKELETAL SYSTEM	51	\$2,331	\$2,860
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	1	\$981	\$2,490
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	7	\$2,411	\$2,500
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	31	\$2,158	\$1,936
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	1	\$2,062	\$1,671
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	9	\$2,924	\$2,717
	032 BUNION PROCEDURES	2	\$2,891	\$2,317
04	CARDIOVASCULAR SYSTEM	4	\$6,212	\$1,775
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	3	\$7,966	\$1,764
	080 MINOR VASCULAR REPAIR AND FISTULA CONSTRUCTION	1	\$948	\$1,794
06	DIGESTIVE SYSTEM	2	\$1,229	\$1,449
	123 COMPLEX LAPAROSCOPIC PROCEDURES	2	\$1,229	\$3,820
09	FEMALE GENITAL SYSTEM	4	\$2,244	\$2,143
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	2	\$3,371	\$2,337
	179 HYSTEROSCOPY	1	\$736	\$2,572
	180 COLPOSCOPY	1	\$1,499	\$1,610
10	NERVOUS SYSTEM	14	\$1,806	\$1,205
	198 NERVE REPAIR AND DESTRUCTION	14	\$1,806	\$1,708
11	EYE AND OCULAR ADNEXA	3	\$1,622	\$2,351
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	1	\$1,326	\$2,068
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	2	\$1,771	\$1,416
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	19	\$1,441	\$1,759
	234 COMPLEX FACIAL AND ENT PROCEDURES	16	\$1,454	\$2,451
	235 SIMPLE FACIAL AND ENT PROCEDURES	3	\$1,372	\$1,733

SOURCE: Utah Ambulatory Surgery Database
 Utah 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, 2007
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

412 Madsen Surgery Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
GENDER				
Female	241	70.5	42,690	55.0
Male	101	29.5	34,925	45.0
Unknown	0	0.0	16	0.0
Not Reported	0	0.0	52	0.1
AGE				
1-28 days	0	0.0	0	0.0
29-365 days	0	0.0	426	0.5
1-4 years	1	0.3	3,270	4.2
5-9	5	1.5	1,755	2.3
10-14	6	1.8	1,099	1.4
15-17	4	1.2	1,342	1.7
18-19	9	2.6	1,277	1.6
20-24	28	8.2	3,167	4.1
25-29	38	11.1	3,640	4.7
30-34	41	12.0	3,641	4.7
35-39	41	12.0	3,802	4.9
40-44	35	10.2	3,994	5.1
45-49	35	10.2	5,155	6.6
50-54	29	8.5	7,437	9.6
55-59	29	8.5	6,553	8.4
60-64	18	5.3	6,262	8.1
65-69	11	3.2	6,811	8.8
70-74	7	2.0	6,512	8.4
75-79	4	1.2	5,656	7.3
80-84	1	0.3	3,757	4.8
85-89	0	0.0	1,699	2.2
90 +	0	0.0	426	0.5
Not Reported	0	0.0	2	0.0
SOURCE OF ADMISSION				
Physician Referral	0	0.0	66,023	85.0
Clinic Referral	0	0.0	1,249	1.6
HMO Referral	0	0.0	3	0.0
Other Hospital	0	0.0	0	0.0
Skilled Nursing Facility	0	0.0	0	0.0
Other Health Care Facility	0	0.0	0	0.0
Emergency Room	0	0.0	0	0.0
Court/Law Enforcement	0	0.0	0	0.0
Unknown	0	0.0	2,139	2.8
Not Reported	342	100.0	8,269	10.6

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2007
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	342	100.0	71,688	92.3
Another Hospital	0	0.0	50	0.1
Skilled Nursing Facility	0	0.0	1	0.0
Intermediate Care Facility	0	0.0	0	0.0
Another Type of Institution	0	0.0	2	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	5,942	7.6
Not Reported	0	0.0	0	0.0
PRIMARY PAYER				
Medicare	19	5.6	19,562	25.2
Medicaid	26	7.6	3,654	4.7
Other government	12	3.5	2,379	3.1
Blue Cross/Blue Shield	74	21.6	16,040	20.6
Other Commercial	33	9.6	7,626	9.8
Managed Care(HMO, PPO)	62	18.1	22,234	28.6
Self Pay	101	29.5	1,672	2.2
Industrial & Worker Comp	15	4.4	2,266	2.9
Charity and Unclassified	0	0.0	114	0.1
Childrens Health Insurance	0	0.0	401	0.5
Unknown	0	0.0	68	0.1
Not Reported	0	0.0	1,667	2.1
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	4	1.2	3,590	4.6
Central Utah	1	0.3	1,278	1.6
Davis County	37	10.8	13,116	16.9
Salt Lake County	202	59.1	26,526	34.1
Southeastern Utah	6	1.8	713	0.9
Southwest Utah	5	1.5	2,478	3.2
Summit County	5	1.5	814	1.0
Tooele County	10	2.9	1,076	1.4
Tri-County	3	0.9	383	0.5
Utah County	15	4.4	9,699	12.5
Wasatch County	2	0.6	411	0.5
Weber County	11	3.2	14,100	18.2
Unknown Utah	0	0.0	22	0.0
Outside Utah	41	12.0	3,462	4.5
Unknown, Not Reported	0	0.0	15	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, 2007
NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

404 McKay-Dee Surgical Center

Reporting Category(ICD-9-CM CODES)	Procedures Performed		Procedures Performed-All FASCs	
	(#)	(%)	(#)	(%)
Reporting Category(ICD-9-CM CODES)	12,388	100.0	63,961	100.0
Mastectomy (85.0-85.99)	2	0.0	2,646	4.1
Musculoskeletal (76.0-84.99)	3,367	27.2	13,327	20.8
Respiratory (30.0-34.99)	59	0.5	128	0.2
Cardiovascular (35.0-39.99)	1	0.0	399	0.6
Lymphatic/Hemetic (40.0-41.99)	32	0.3	111	0.2
Digestive System (42.0-54.99)	260	2.1	16,258	25.4
Urinary (55.0-59.99)	23	0.2	259	0.4
Male Genital (60.0-64.99)	1	0.0	213	0.3
Female Genital (65.0-71.99)	944	7.6	1,507	2.4
Endocrine/Nervous (01.0-07.99)	1,087	8.8	4,752	7.4
Eye (08.0-16.99)	2,388	19.3	11,241	17.6
Ear (18.0-20.99)	1,697	13.7	3,031	4.7
Nose, Mouth, Pharynx (21.0-29.99)	2,527	20.4	10,089	15.8
Reporting Category(CPT-4 CODES)	9,200	100.0	106,522	100.0
Mastectomy (19120-19220)	2	0.0	455	0.4
Musculoskeletal (20000-29909)	2,040	22.2	24,506	23.0
Respiratory (30000-32999 & 39501-39599)	1,566	17.0	8,931	8.4
Cardiovascular (33010-37799 & 93501-93660)	1	0.0	208	0.2
Lymphatic/Hemetic (38100-38999)	25	0.3	148	0.1
Digestive (40490-49999)	1,177	12.8	35,841	33.6
Urinary (50010-53899)	20	0.2	1,895	1.8
Male Genital (54000-55899)	1	0.0	472	0.4
Female Genital (56405-58999)	508	5.5	2,208	2.1
Endocrine/Nervous (60000-64999)	1,053	11.4	10,320	9.7
Eye (65091-68899)	1,298	14.1	17,356	16.3
Ear (69000-69979)	1,509	16.4	4,182	3.9

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 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2007
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		12,388	100.0	100.0
2001	MYRINGOTOMY W/INSRT TUBE	1,346	10.9	3.68
1371	IOL PROSTH-CATARACT EXTRACT-1-STAGE	925	7.5	7.07
1341	PHACOEMULSIFICATION-ASPIR CATARACT	915	7.4	3.96
283	TONSILLECTOMY W/ADENOIDECTOMY	681	5.5	1.94
8026	ARTHSCOPY-KNEE	605	4.9	1.36
0392	INJ OTH AGENT SPINAL CANAL	454	3.7	2.18
0391	INJ ANES SPINAL CANAL-ANALGESIA	451	3.6	0.88
806	EXC SEMILUNAR CARTILAGE-KNEE	417	3.4	2.42
2169	OTH TURBINECTOMY	411	3.3	2.49
8021	ARTHSCOPY-SHLDR	320	2.6	0.88
2188	OTH SEPTOPLASTY	313	2.5	1.19
8183	OTH REPR SHLDR	244	2.0	1.58
282	TONSILLECTOMY WO ADENOIDECTOMY	204	1.6	0.81
8363	ROTATOR CUFF REPR	198	1.6	0.78
201	REMOV TYMPANOSTOMY TUBE	191	1.5	0.40
6812	HYSTEROSCOPY	184	1.5	0.29
7781	OTH PART OSTEC-SCAPULA-CLAV-THOR	174	1.4	0.74
2219	OTH DX PROC NASAL SINUSES	166	1.3	0.84
5421	LAPAROSCOPY	160	1.3	0.32
1364	DISCISSION SECNDRY MEMBRN	133	1.1	0.71

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL FASCs
All CPT-4 Procedures		9,200	100.0	100.0
69436	TYMPANOSTOMY GENERAL ANESTHESIA	1,321	14.4	3.24
66984	EXTRACAPSULAR CATARACT REMV IOL	923	10.0	9.29
30140	SUBMUCOS RES TURBINATE PART/CMPL	568	6.2	2.25
42820	T&A; UNDER AGE 12	447	4.9	1.35
64476	INJ ANES FACET JT; LUMB/SAC-EA A	315	3.4	0.95
30520	SEPTOPLASTY/SUBMUCOS RES W/GFT	294	3.2	1.46
29881	SCOPE KNEE SURG;W/MENISCECT MED/	287	3.1	1.94
42821	T&A; AGE 12 OR OVER	213	2.3	0.63
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	172	1.9	0.67
64483	INJ ANES EPIDURL; LUMB/SAC 1 LEV	156	1.7	1.53
31256	NASL/SINUS ENDO SURG W/MAX ANTRO	148	1.6	0.51
66821	DISCISSION 2ND CATARACT; LASER S	133	1.4	1.60
64475	INJ ANES FACET JT; LUMB/SAC-1LEV	129	1.4	0.63
29826	SCOPE SHOULDER; DECOMP SUBACROM	124	1.3	1.48
31254	NASAL/SINUS ENDO; W/PART ETHMOEC	110	1.2	0.38
42830	ADENOIDECTOMY PRIMARY; UNDER AGE	110	1.2	0.37
30130	EXC TURBINATE PART/CMPL ANY METH	97	1.1	0.15
58662	LAP SURG; W/FULG/EXCIS LES-OVARY	97	1.1	0.50
58563	HYSTEROSC SURG; W/ENDOMETRIAL AB	92	1.0	0.29
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	91	1.0	1.50

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, 2007
 AVERAGE TOTAL CHARGES FOR MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES, SINGLE ICD-9 OR CPT-4 ONLY

404 McKay-Dee Surgical Center

ICD-9 CODE	ICD-9 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL FASCs)
ICD-9 Procedures		1,853	\$1,979	\$1,673
283	TONSILLECTOMY W/ADENOIDECTOMY	571	\$2,016	\$1,624
282	TONSILLECTOMY WO ADENOIDECTOMY	154	\$2,017	\$1,696
1364	DISCISSION SECNDRY MEMBRN	133	\$1,238	\$1,495
6952	ASPIR CURET FOLLOWING DELIV/AB	56	\$1,845	\$1,845
6629	OTH BIL ENDO DESTRUC FALLOP TUBES	46	\$2,351	\$1,810
7751	BUNIONEC SOFT-OSTEOT 1ST METATARS	40	\$2,375	\$1,867
2171	CLO REDUC NASAL FX	32	\$1,640	\$1,898
0443	RELEASE CARPAL TUNNEL	21	\$1,655	\$1,738
194	MYRINGOPLASTY	21	\$2,604	\$2,629
4021	EXC DEEP CERV LYMPH NODE	20	\$1,968	\$2,013
0943	PROBE NASOLACRML DUCT	19	\$448	\$578
1264	TRABECULECTOMY AB EXT	19	\$2,014	\$3,104
1829	EXC/DESTRUC OTH LES EXT EAR	19	\$1,749	\$1,805
031	DIVIS INTRASPINAL NERV ROOT	18	\$4,163	\$3,780
2001	MYRINGOTOMY W/INSRT TUBE	18	\$720	\$2,927
7756	REPR HAMMER TOE	18	\$3,466	\$2,578
5451	LAP LYSIS PERITONEAL ADHES	17	\$2,475	\$2,046
8192	INJ THERAP SUBSTANCE JT/LIGAMNT	17	\$829	\$1,077
8339	EXC LES OTH SOFT TISS	17	\$1,932	\$1,935
2169	OTH TURBINECTOMY	16	\$2,488	\$5,703

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL FASCs)
CPT-4 Procedures		4,046	\$2,713	\$1,952
66984	EXTRACAPSULAR CATARACT REMV IOL	913	\$3,422	\$2,548
42820	T&A; UNDER AGE 12	382	\$2,017	\$1,631
29881	SCOPE KNEE SURG;W/MENISCECT MED/	211	\$2,595	\$2,942
42821	T&A; AGE 12 OR OVER	182	\$2,005	\$1,625
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	135	\$2,018	\$1,634
66821	DISCISSION 2ND CATARACT; LASER S	133	\$1,238	\$959
64483	INJ ANES EPIDURL; LUMB/SAC 1 LEV	128	\$853	\$953
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	91	\$793	\$819
29880	SCOPE KNEE SURG;W/MENISCECT MED&	83	\$3,326	\$3,161
58662	LAP SURG; W/FULG/EXCIS LES-OVARY	68	\$3,443	\$2,759
29877	SCOPE KNEE SURG; DEBRID/SHAVE CA	56	\$2,682	\$3,342
58558	HYSTEROSCPY SURG; W/BX &/ POLYPE	52	\$1,456	\$1,556
58563	HYSTEROSC SURG; W/ENDOMETRIAL AB	45	\$4,054	\$3,523
64418	INJECTION ANES AGT; SUPRASCAP NE	44	\$8,612	\$8,612
28296	HALLUX VALGUS; W/METATARSAL OSTE	39	\$2,565	\$2,091
29823	SCOPE SHOULDER SURGICAL; DEBRID	39	\$5,473	\$5,215
20680	REMOVAL OF IMPLANT; DEEP	38	\$1,708	\$1,574
21320	CLOS TX NASL BONE FRACTURE; W/ST	32	\$1,864	\$1,796
69436	TYMPANOSTOMY GENERAL ANESTHESIA	31	\$732	\$1,949
62310	INJ 1 NOT NEUROLYTIC-EPID;CERV/T	30	\$818	\$746

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, 2007
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	80	1,641
	003 COMPLEX INCISION AND DRAINAGE	3	23
	004 SIMPLE INCISION AND DRAINAGE	1	9
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	26	420
	008 SIMPLE EXCISION AND BIOPSY	40	517
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRANGE	8	177
	011 SIMPLE INCISION AND EXCISION OF BREAST	2	455
02	MUSCULOSKELETAL SYSTEM	1,859	22,513
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	310	2,274
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	63	540
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	28	805
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	322	4,884
	025 ARTHROSCOPY	985	10,345
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	3	104
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	37	1,390
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	6	208
	032 BUNION PROCEDURES	86	913
	034 HAND AND FOOT TENOTOMY	9	74
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	10	719
03	RESPIRATORY SYSTEM	529	3,706
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	518	3,675
	054 SIMPLE ENDOSCOPY OF THE UPPER AIRWAY	11	28
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	38	179
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	38	176
06	DIGESTIVE SYSTEM	307	30,965
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	4	8,223
	119 HERNIA AND HYDROCELE PROCEDURES	1	1,251
	120 COMPLEX ANAL AND RECTAL PROCEDURES	2	184
	123 COMPLEX LAPAROSCOPIC PROCEDURES	300	2,010
07	URINARY SYSTEM	14	1,863
	133 URINARY CATHETERIZATION AND DILATATION	3	30
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	1	685
	136 SIMPLE CYSTOURETHROSCOPY	10	118
08	MALE GENITAL SYSTEM	1	415
	154 SIMPLE PENILE PROCEDURES	1	67
09	FEMALE GENITAL SYSTEM	289	1,259
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	17	128
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	45	331
	178 DILATION AND CURETTAGE	53	106
	179 HYSTEROSCOPY	174	669
10	NERVOUS SYSTEM	1,045	9,936
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	999	7,561
	198 NERVE REPAIR AND DESTRUCTION	46	2,283
11	EYE AND OCULAR ADNEXA	1,296	17,275
	213 LASER EYE PROCEDURES	140	1,770
	214 CATARACT PROCEDURES	935	10,330

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2007
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			
215	COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	29	1,118
216	MODERATE ANTERIOR SEGMENT EYE PROCEDURES	63	603
217	SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	6	544
219	SIMPLE POSTERIOR SEGMENT EYE PROCEDURES	1	146
220	STRABISMUS AND MUSCLE EYE PROCEDURES	49	309
221	COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	55	1,622
222	SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	16	404
223	VITRECTOMY	2	281
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	3,668	15,466
233	NASAL CAUTERIZATION AND PACKING	15	109
234	COMPLEX FACIAL AND ENT PROCEDURES	424	2,888
235	SIMPLE FACIAL AND ENT PROCEDURES	2,248	9,033
236	TONSIL AND ADENOID PROCEDURES	981	3,436

SOURCE: Utah Ambulatory Surgery Database
Utah 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, 2007
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	57	\$2,601	\$1,519
	003 COMPLEX INCISION AND DRAINAGE	3	\$2,973	\$1,896
	004 SIMPLE INCISION AND DRAINAGE	1	\$834	\$1,458
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	19	\$2,641	\$1,625
	008 SIMPLE EXCISION AND BIOPSY	26	\$1,858	\$1,512
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRAN	6	\$6,113	\$3,444
	011 SIMPLE INCISION AND EXCISION OF BREAST	2	\$1,678	\$1,058
02	MUSCULOSKELETAL SYSTEM	971	\$3,351	\$2,860
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	74	\$3,071	\$3,292
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	44	\$4,720	\$2,490
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	11	\$2,515	\$2,500
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	143	\$2,322	\$1,936
	025 ARTHROSCOPY	595	\$3,634	\$3,492
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	3	\$2,037	\$1,671
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	29	\$2,748	\$2,717
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	5	\$5,230	\$1,757
	032 BUNION PROCEDURES	57	\$2,773	\$2,317
	034 HAND AND FOOT TENOTOMY	3	\$4,026	\$3,221
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	7	\$2,067	\$1,264
03	RESPIRATORY SYSTEM	46	\$1,995	\$1,766
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	37	\$1,793	\$1,711
	054 SIMPLE ENDOSCOPY OF THE UPPER AIRWAY	9	\$2,822	\$2,446
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	34	\$2,068	\$1,971
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	34	\$2,068	\$1,982
06	DIGESTIVE SYSTEM	201	\$3,173	\$1,449
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	3	\$1,304	\$1,184
	119 HERNIA AND HYDROCELE PROCEDURES	1	\$2,368	\$2,511
	120 COMPLEX ANAL AND RECTAL PROCEDURES	1	\$1,922	\$1,101
	123 COMPLEX LAPAROSCOPIC PROCEDURES	196	\$3,212	\$3,820
07	URINARY SYSTEM	2	\$3,940	\$3,664
	133 URINARY CATHETERIZATION AND DILATATION	1	\$3,683	\$1,779
	136 SIMPLE CYSTOURETHROSCOPY	1	\$4,198	\$1,521
08	MALE GENITAL SYSTEM	1	\$2,849	\$1,983
	154 SIMPLE PENILE PROCEDURES	1	\$2,849	\$1,606
09	FEMALE GENITAL SYSTEM	154	\$2,332	\$2,143
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	8	\$1,463	\$2,337
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	32	\$1,675	\$1,438
	178 DILATION AND CURETTAGE	9	\$1,694	\$1,142
	179 HYSTEROSCOPY	105	\$2,653	\$2,572
10	NERVOUS SYSTEM	338	\$1,928	\$1,205
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	311	\$1,937	\$997
	198 NERVE REPAIR AND DESTRUCTION	27	\$1,818	\$1,708
11	EYE AND OCULAR ADNEXA	1,220	\$2,986	\$2,351
	213 LASER EYE PROCEDURES	140	\$1,238	\$972
	214 CATARACT PROCEDURES	923	\$3,410	\$2,574

**AMB ST 1-5
 UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2007
 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 CHRGR	AVE TOT CHRGR(ALL FASCs)
215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	27	\$1,853	\$2,871
216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	53	\$2,004	\$2,004
217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	5	\$2,173	\$2,282
220 STRABISMUS AND MUSCLE EYE PROCEDURES	5	\$2,513	\$2,915
221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	49	\$2,378	\$2,068
222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	16	\$1,306	\$1,416
223 VITRECTOMY	2	\$2,275	\$3,611
12 FACIAL, EAR, NOSE, MOUTH AND THROAT	972	\$2,035	\$1,759
233 NASAL CAUTERIZATION AND PACKING	11	\$2,018	\$1,675
234 COMPLEX FACIAL AND ENT PROCEDURES	71	\$3,015	\$2,451
235 SIMPLE FACIAL AND ENT PROCEDURES	156	\$1,723	\$1,733
236 TONSIL AND ADENOID PROCEDURES	734	\$2,006	\$1,628

SOURCE: Utah Ambulatory Surgery Database
 Utah 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, 2007
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	3,377	55.4	42,690	55.0
Male	2,722	44.6	34,925	45.0
Unknown	0	0.0	16	0.0
Not Reported	0	0.0	52	0.1
AGE				
1-28 days	0	0.0	0	0.0
29-365 days	161	2.6	426	0.5
1-4 years	621	10.2	3,270	4.2
5-9	409	6.7	1,755	2.3
10-14	212	3.5	1,099	1.4
15-17	192	3.1	1,342	1.7
18-19	158	2.6	1,277	1.6
20-24	318	5.2	3,167	4.1
25-29	347	5.7	3,640	4.7
30-34	361	5.9	3,641	4.7
35-39	323	5.3	3,802	4.9
40-44	314	5.1	3,994	5.1
45-49	424	7.0	5,155	6.6
50-54	420	6.9	7,437	9.6
55-59	390	6.4	6,553	8.4
60-64	327	5.4	6,262	8.1
65-69	280	4.6	6,811	8.8
70-74	302	5.0	6,512	8.4
75-79	251	4.1	5,656	7.3
80-84	181	3.0	3,757	4.8
85-89	85	1.4	1,699	2.2
90 +	23	0.4	426	0.5
Not Reported	0	0.0	2	0.0
SOURCE OF ADMISSION				
Physician Referral	6,094	99.9	66,023	85.0
Clinic Referral	4	0.1	1,249	1.6
HMO Referral	0	0.0	3	0.0
Other Hospital	0	0.0	0	0.0
Skilled Nursing Facility	0	0.0	0	0.0
Other Health Care Facility	0	0.0	0	0.0
Emergency Room	0	0.0	0	0.0
Court/Law Enforcement	0	0.0	0	0.0
Unknown	0	0.0	2,139	2.8
Not Reported	1	0.0	8,269	10.6

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2007
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	6,081	99.7	71,688	92.3
Another Hospital	18	0.3	50	0.1
Skilled Nursing Facility	0	0.0	1	0.0
Intermediate Care Facility	0	0.0	0	0.0
Another Type of Institution	0	0.0	2	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	5,942	7.6
Not Reported	0	0.0	0	0.0
PRIMARY PAYER				
Medicare	992	16.3	19,562	25.2
Medicaid	379	6.2	3,654	4.7
Other government	251	4.1	2,379	3.1
Blue Cross/Blue Shield	449	7.4	16,040	20.6
Other Commercial	264	4.3	7,626	9.8
Managed Care(HMO, PPO)	3,470	56.9	22,234	28.6
Self Pay	92	1.5	1,672	2.2
Industrial & Worker Comp	119	2.0	2,266	2.9
Charity and Unclassified	26	0.4	114	0.1
Childrens Health Insurance	2	0.0	401	0.5
Unknown	55	0.9	68	0.1
Not Reported	0	0.0	1,667	2.1
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	318	5.2	3,590	4.6
Central Utah	1	0.0	1,278	1.6
Davis County	1,457	23.9	13,116	16.9
Salt Lake County	47	0.8	26,526	34.1
Southeastern Utah	1	0.0	713	0.9
Southwest Utah	2	0.0	2,478	3.2
Summit County	23	0.4	814	1.0
Tooele County	2	0.0	1,076	1.4
Tri-County	3	0.0	383	0.5
Utah County	9	0.1	9,699	12.5
Wasatch County	6	0.1	411	0.5
Weber County	4,098	67.2	14,100	18.2
Unknown Utah	0	0.0	22	0.0
Outside Utah	132	2.2	3,462	4.5
Unknown, Not Reported	0	0.0	15	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, 2007
NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

424 Mountain West Surgical Center

Reporting Category(ICD-9-CM CODES)	Procedures Performed		Procedures Performed-All FASCs	
	(#)	(%)	(#)	(%)
Reporting Category(ICD-9-CM CODES)	4,185	100.0	63,961	100.0
Mastectomy (85.0-85.99)	68	1.6	2,646	4.1
Musculoskeletal (76.0-84.99)	2,104	50.3	13,327	20.8
Respiratory (30.0-34.99)	6	0.1	128	0.2
Cardiovascular (35.0-39.99)	1	0.0	399	0.6
Lymphatic/Hemetic (40.0-41.99)	9	0.2	111	0.2
Digestive System (42.0-54.99)	80	1.9	16,258	25.4
Urinary (55.0-59.99)	24	0.6	259	0.4
Male Genital (60.0-64.99)	45	1.1	213	0.3
Female Genital (65.0-71.99)	0	0.0	1,507	2.4
Endocrine/Nervous (01.0-07.99)	302	7.2	4,752	7.4
Eye (08.0-16.99)	938	22.4	11,241	17.6
Ear (18.0-20.99)	129	3.1	3,031	4.7
Nose, Mouth, Pharynx (21.0-29.99)	479	11.4	10,089	15.8
Reporting Category(CPT-4 CODES)	5,566	100.0	106,522	100.0
Mastectomy (19120-19220)	6	0.1	455	0.4
Musculoskeletal (20000-29909)	2,562	46.0	24,506	23.0
Respiratory (30000-32999 & 39501-39599)	480	8.6	8,931	8.4
Cardiovascular (33010-37799 & 93501-93660)	1	0.0	208	0.2
Lymphatic/Hemetic (38100-38999)	10	0.2	148	0.1
Digestive (40490-49999)	447	8.0	35,841	33.6
Urinary (50010-53899)	70	1.3	1,895	1.8
Male Genital (54000-55899)	48	0.9	472	0.4
Female Genital (56405-58999)	3	0.1	2,208	2.1
Endocrine/Nervous (60000-64999)	837	15.0	10,320	9.7
Eye (65091-68899)	955	17.2	17,356	16.3
Ear (69000-69979)	147	2.6	4,182	3.9

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 1-1
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2007
NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

414 Mount Ogden Surgical Center

Reporting Category(ICD-9-CM CODES)	Procedures Performed		Procedures Performed-All FASCs	
	(#)	(%)	(#)	(%)
Mastectomy (85.0-85.99)	.	.	63,961	100.0
Musculoskeletal (76.0-84.99)	.	.	2,646	4.1
Respiratory (30.0-34.99)	.	.	13,327	20.8
Cardiovascular (35.0-39.99)	.	.	128	0.2
Lymphatic/Hemetic (40.0-41.99)	.	.	399	0.6
Digestive System (42.0-54.99)	.	.	111	0.2
Urinary (55.0-59.99)	.	.	16,258	25.4
Male Genital (60.0-64.99)	.	.	259	0.4
Female Genital (65.0-71.99)	.	.	213	0.3
Endocrine/Nervous (01.0-07.99)	.	.	1,507	2.4
Eye (08.0-16.99)	.	.	4,752	7.4
Ear (18.0-20.99)	.	.	11,241	17.6
Nose, Mouth, Pharynx (21.0-29.99)	.	.	3,031	4.7
	.	.	10,089	15.8
Reporting Category(CPT-4 CODES)	7,462	100.0	106,522	100.0
Mastectomy (19120-19220)	0	0.0	455	0.4
Musculoskeletal (20000-29909)	2,563	34.3	24,506	23.0
Respiratory (30000-32999 & 39501-39599)	279	3.7	8,931	8.4
Cardiovascular (33010-37799 & 93501-93660)	3	0.0	208	0.2
Lymphatic/Hemetic (38100-38999)	5	0.1	148	0.1
Digestive (40490-49999)	1,159	15.5	35,841	33.6
Urinary (50010-53899)	511	6.8	1,895	1.8
Male Genital (54000-55899)	78	1.0	472	0.4
Female Genital (56405-58999)	161	2.2	2,208	2.1
Endocrine/Nervous (60000-64999)	410	5.5	10,320	9.7
Eye (65091-68899)	2,049	27.5	17,356	16.3
Ear (69000-69979)	244	3.3	4,182	3.9

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 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2007
MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES

414 Mount Ogden Surgical Center

ICD-9 CODE	ICD-9 DESCRIPTION	#	%	% ALL FASCs
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All ICD-9 Procedures

Does not report ICDs

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL FASCs
All CPT-4 Procedures				
66984	EXTRACAPSULAR CATARACT REMV IOL	7,462	100.0	100.0
41899	UNLIST PROC DENTOALVEOL STRUCTUR	1,485	19.9	9.29
66821	DISCISSION 2ND CATARACT; LASER S	396	5.3	1.84
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	321	4.3	1.60
29826	SCOPE SHOULDER; DECOMP SUBACROM	237	3.2	1.34
69436	TYMPANOSTOMY GENERAL ANESTHESIA	232	3.1	1.48
29881	SCOPE KNEE SURG;W/MENISCECT MED/	201	2.7	3.24
50590	LITHOTRIPSY XTRACORP SHOCK WAVE	199	2.7	1.94
45378	COLONOSCOPY FLEX; DX-SEP PROC	182	2.4	0.56
42820	T&A; UNDER AGE 12	137	1.8	6.47
29877	SCOPE KNEE SURG; DEBRID/SHAVE CA	132	1.8	1.35
43239	UGI ENDO; W/BX 1/MX	124	1.7	0.93
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	118	1.6	6.34
29824	SCOPE SHLDR SURG;DIST CLAVICULEC	118	1.6	1.50
45380	COLONOSCOPY FLEX; W/BX 1/MX	115	1.5	0.58
29827	SCOPE SHLDR SURG; W/ROTOR CUFF R	100	1.3	6.43
20680	REMOVAL OF IMPLANT; DEEP	97	1.3	0.60
29806	SCOPE SHOULDER SURGICAL; CPSLORR	86	1.2	0.78
29822	SCOPE SHOULDER SURGICAL; DEBRID	83	1.1	0.23
29880	SCOPE KNEE SURG;W/MENISCECT MED&	82	1.1	0.29
		76	1.0	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, 2007
 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)
CPT-4 Procedures				
66984	EXTRACAPSULAR CATARACT REMV IOL	4,716	\$2,418	\$1,952
41899	UNLIST PROC DENTOALVEOL STRUCTUR	1,458	\$2,122	\$2,548
66821	DISCISSION 2ND CATARACT; LASER S	392	\$1,973	\$1,654
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	316	\$840	\$959
50590	LITHOTRIPSY XTRACORP SHOCK WAVE	198	\$1,471	\$1,599
69436	TYMPANOSTOMY GENERAL ANESTHESIA	161	\$7,825	\$5,747
45378	COLONOSCOPY FLEX; DX-SEP PROC	140	\$2,072	\$1,949
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	121	\$937	\$1,298
42820	T&A; UNDER AGE 12	118	\$1,013	\$819
45380	COLONOSCOPY FLEX; W/BX 1/MX	101	\$1,506	\$1,631
43239	UGI ENDO; W/BX 1/MX	84	\$1,009	\$1,220
29881	SCOPE KNEE SURG;W/MENISCECT MED/	80	\$1,351	\$1,293
42821	T&A; AGE 12 OR OVER	69	\$3,619	\$2,942
58563	HYSTERO SC SURG; W/ENDOMETRIAL AB	48	\$1,503	\$1,625
29806	SCOPE SHOULDER SURGICAL; CPSLORR	42	\$4,479	\$3,523
20680	REMOVAL OF IMPLANT; DEEP	38	\$5,770	\$4,683
65426	EXC/TRANSPOSITION PTERYGIUM; W/G	36	\$1,474	\$1,574
29880	SCOPE KNEE SURG;W/MENISCECT MED&	26	\$2,386	\$1,987
52260	CYSTOURETHROSCPY W/DILAT; GEN AN	25	\$5,489	\$3,161
67038	VITRECTOMY MECH; W/MEMBRANE STRI	25	\$1,348	\$1,596
		24	\$3,177	\$3,548

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, 2007
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	80	1,641
	003 COMPLEX INCISION AND DRAINAGE	1	23
	004 SIMPLE INCISION AND DRAINAGE	1	9
	006 SIMPLE DEBRIDEMENT AND DESTRUCTION	2	24
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	26	420
	008 SIMPLE EXCISION AND BIOPSY	50	517
02	MUSCULOSKELETAL SYSTEM	2,433	22,513
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	267	2,274
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	45	540
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	81	805
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	397	4,884
	025 ARTHROSCOPY	1,387	10,345
	028 CLOSED TREATMENT FX & DISLOCATION OF FINGER, TOE & TRUNK	1	18
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	5	104
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	146	1,390
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	8	208
	032 BUNION PROCEDURES	44	913
	033 ARTHROPLASTY	36	237
	034 HAND AND FOOT TENOTOMY	1	74
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	15	719
03	RESPIRATORY SYSTEM	109	3,706
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	107	3,675
	054 SIMPLE ENDOSCOPY OF THE UPPER AIRWAY	2	28
04	CARDIOVASCULAR SYSTEM	3	132
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	1	33
	080 MINOR VASCULAR REPAIR AND FISTULA CONSTRUCTION	2	10
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	7	179
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	7	176
06	DIGESTIVE SYSTEM	531	30,965
	112 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	20	616
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	1	67
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	2	116
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	147	8,223
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	18	2,220
	117 LOWER GASTROINTESTINAL ENDOSCOPY	260	16,178
	119 HERNIA AND HYDROCELE PROCEDURES	18	1,251
	123 COMPLEX LAPAROSCOPIC PROCEDURES	65	2,010
07	URINARY SYSTEM	508	1,863
	131 RENAL EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	182	599
	133 URINARY CATHETERIZATION AND DILATATION	4	30
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	200	685
	135 MODERATE CYSTOURETHROSCOPY	88	395
	136 SIMPLE CYSTOURETHROSCOPY	26	118
	137 COMPLEX URETHRAL PROCEDURES	1	14
	138 SIMPLE URETHRAL PROCEDURES	7	21
08	MALE GENITAL SYSTEM	69	415

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2007
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			
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	49	308
	153 COMPLEX PENILE PROCEDURES	5	27
	154 SIMPLE PENILE PROCEDURES	12	67
	155 PROSTATE NEEDLE AND PUNCH BIOPSY	3	13
09	FEMALE GENITAL SYSTEM	114	1,259
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	10	128
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	34	331
	178 DILATION AND CURETTAGE	3	106
	179 HYSTEROSCOPY	67	669
10	NERVOUS SYSTEM	410	9,936
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	128	7,561
	198 NERVE REPAIR AND DESTRUCTION	282	2,283
11	EYE AND OCULAR ADNEXA	2,046	17,275
	213 LASER EYE PROCEDURES	321	1,770
	214 CATARACT PROCEDURES	1,496	10,330
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	8	1,118
	216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	41	603
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	22	544
	218 COMPLEX POSTERIOR SEGMENT EYE PROCEDURES	17	104
	219 SIMPLE POSTERIOR SEGMENT EYE PROCEDURES	1	146
	220 STRABISMUS AND MUSCLE EYE PROCEDURES	16	309
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	83	1,622
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	8	404
	223 VITRECTOMY	33	281
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	1,118	15,466
	233 NASAL CAUTERIZATION AND PACKING	7	109
	234 COMPLEX FACIAL AND ENT PROCEDURES	95	2,888
	235 SIMPLE FACIAL AND ENT PROCEDURES	757	9,033
	236 TONSIL AND ADENOID PROCEDURES	259	3,436

SOURCE: Utah Ambulatory Surgery Database
Utah 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, 2007
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	48	\$2,130	\$1,519
	003 COMPLEX INCISION AND DRAINAGE	1	\$1,997	\$1,896
	006 SIMPLE DEBRIDEMENT AND DESTRUCTION	1	\$1,515	\$769
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	19	\$2,315	\$1,625
	008 SIMPLE EXCISION AND BIOPSY	27	\$2,028	\$1,512
02	MUSCULOSKELETAL SYSTEM	734	\$3,933	\$2,860
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	90	\$3,527	\$3,292
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	21	\$2,760	\$2,490
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	26	\$4,447	\$2,500
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	169	\$2,467	\$1,936
	025 ARTHROSCOPY	268	\$5,138	\$3,492
	028 CLOSED TREATMENT FX & DISLOCATION OF FINGER, TOE & TRUNK	1	\$2,788	\$2,090
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	4	\$2,449	\$1,671
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	104	\$4,201	\$2,717
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	7	\$2,265	\$1,757
	032 BUNION PROCEDURES	29	\$2,835	\$2,317
	033 ARTHROPLASTY	13	\$3,915	\$2,976
	034 HAND AND FOOT TENOTOMY	1	\$2,759	\$3,221
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	1	\$419	\$1,264
03	RESPIRATORY SYSTEM	8	\$2,976	\$1,766
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	6	\$3,334	\$1,711
	054 SIMPLE ENDOSCOPY OF THE UPPER AIRWAY	2	\$1,904	\$2,446
04	CARDIOVASCULAR SYSTEM	1	\$2,279	\$1,775
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	1	\$2,279	\$1,764
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	5	\$2,391	\$1,971
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	5	\$2,391	\$1,982
06	DIGESTIVE SYSTEM	383	\$1,287	\$1,449
	112 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	2	\$1,009	\$1,168
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	2	\$654	\$815
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	99	\$1,244	\$1,184
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	10	\$1,035	\$1,125
	117 LOWER GASTROINTESTINAL ENDOSCOPY	216	\$978	\$1,269
	119 HERNIA AND HYDROCELE PROCEDURES	12	\$2,666	\$2,511
	123 COMPLEX LAPAROSCOPIC PROCEDURES	42	\$2,687	\$3,820
07	URINARY SYSTEM	339	\$4,711	\$3,664
	131 RENAL EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	161	\$7,825	\$5,747
	133 URINARY CATHETERIZATION AND DILATATION	4	\$2,024	\$1,779
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	77	\$2,333	\$2,236
	135 MODERATE CYSTOURETHROSCOPY	69	\$1,539	\$1,656
	136 SIMPLE CYSTOURETHROSCOPY	21	\$1,445	\$1,521
	137 COMPLEX URETHRAL PROCEDURES	1	\$2,125	\$2,050
	138 SIMPLE URETHRAL PROCEDURES	6	\$1,798	\$1,461
08	MALE GENITAL SYSTEM	47	\$2,353	\$1,983
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	32	\$2,659	\$2,074
	153 COMPLEX PENILE PROCEDURES	5	\$2,275	\$2,212

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2007
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)
	154 SIMPLE PENILE PROCEDURES	10	\$1,411	\$1,606
09	FEMALE GENITAL SYSTEM	83	\$3,499	\$2,143
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	6	\$4,657	\$2,337
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	24	\$1,933	\$1,438
	178 DILATION AND CURETTAGE	3	\$1,739	\$1,142
	179 HYSTEROSCOPY	50	\$4,218	\$2,572
10	NERVOUS SYSTEM	341	\$1,355	\$1,205
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	127	\$995	\$997
	198 NERVE REPAIR AND DESTRUCTION	214	\$1,569	\$1,708
11	EYE AND OCULAR ADNEXA	1,934	\$2,010	\$2,351
	213 LASER EYE PROCEDURES	316	\$840	\$972
	214 CATARACT PROCEDURES	1,468	\$2,134	\$2,574
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	8	\$3,971	\$2,871
	216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	30	\$2,498	\$2,004
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	14	\$1,880	\$2,282
	218 COMPLEX POSTERIOR SEGMENT EYE PROCEDURES	13	\$3,254	\$4,548
	220 STRABISMUS AND MUSCLE EYE PROCEDURES	8	\$4,420	\$2,915
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	41	\$4,277	\$2,068
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	6	\$1,387	\$1,416
	223 VITRECTOMY	30	\$3,172	\$3,611
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	781	\$1,911	\$1,759
	233 NASAL CAUTERIZATION AND PACKING	4	\$1,373	\$1,675
	234 COMPLEX FACIAL AND ENT PROCEDURES	12	\$2,800	\$2,451
	235 SIMPLE FACIAL AND ENT PROCEDURES	581	\$2,015	\$1,733
	236 TONSIL AND ADENOID PROCEDURES	184	\$1,535	\$1,628

SOURCE: Utah Ambulatory Surgery Database
 Utah 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, 2007
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

414 Mount Ogden Surgical Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
GENDER				
Female	2,998	51.1	42,690	55.0
Male	2,872	48.9	34,925	45.0
Unknown	1	0.0	16	0.0
Not Reported	0	0.0	52	0.1
AGE				
1-28 days	0	0.0	0	0.0
29-365 days	47	0.8	426	0.5
1-4 years	435	7.4	3,270	4.2
5-9	184	3.1	1,755	2.3
10-14	115	2.0	1,099	1.4
15-17	118	2.0	1,342	1.7
18-19	80	1.4	1,277	1.6
20-24	156	2.7	3,167	4.1
25-29	237	4.0	3,640	4.7
30-34	245	4.2	3,641	4.7
35-39	216	3.7	3,802	4.9
40-44	290	4.9	3,994	5.1
45-49	325	5.5	5,155	6.6
50-54	401	6.8	7,437	9.6
55-59	366	6.2	6,553	8.4
60-64	394	6.7	6,262	8.1
65-69	575	9.8	6,811	8.8
70-74	584	9.9	6,512	8.4
75-79	476	8.1	5,656	7.3
80-84	411	7.0	3,757	4.8
85-89	177	3.0	1,699	2.2
90 +	39	0.7	426	0.5
Not Reported	0	0.0	2	0.0
SOURCE OF ADMISSION				
Physician Referral	0	0.0	66,023	85.0
Clinic Referral	0	0.0	1,249	1.6
HMO Referral	0	0.0	3	0.0
Other Hospital	0	0.0	0	0.0
Skilled Nursing Facility	0	0.0	0	0.0
Other Health Care Facility	0	0.0	0	0.0
Emergency Room	0	0.0	0	0.0
Court/Law Enforcement	0	0.0	0	0.0
Unknown	0	0.0	2,139	2.8
Not Reported	5,871	100.0	8,269	10.6

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2007
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	0	0.0	71,688	92.3
Another Hospital	0	0.0	50	0.1
Skilled Nursing Facility	0	0.0	1	0.0
Intermediate Care Facility	0	0.0	0	0.0
Another Type of Institution	0	0.0	2	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	5,871	100.0	5,942	7.6
Not Reported	0	0.0	0	0.0
PRIMARY PAYER				
Medicare	1,736	29.6	19,562	25.2
Medicaid	445	7.6	3,654	4.7
Other government	148	2.5	2,379	3.1
Blue Cross/Blue Shield	1,517	25.8	16,040	20.6
Other Commercial	1,137	19.4	7,626	9.8
Managed Care(HMO, PPO)	618	10.5	22,234	28.6
Self Pay	79	1.3	1,672	2.2
Industrial & Worker Comp	191	3.3	2,266	2.9
Charity and Unclassified	0	0.0	114	0.1
Childrens Health Insurance	0	0.0	401	0.5
Unknown	0	0.0	68	0.1
Not Reported	0	0.0	1,667	2.1
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	307	5.2	3,590	4.6
Central Utah	0	0.0	1,278	1.6
Davis County	1,260	21.5	13,116	16.9
Salt Lake County	44	0.7	26,526	34.1
Southeastern Utah	3	0.1	713	0.9
Southwest Utah	5	0.1	2,478	3.2
Summit County	21	0.4	814	1.0
Tooele County	1	0.0	1,076	1.4
Tri-County	9	0.2	383	0.5
Utah County	8	0.1	9,699	12.5
Wasatch County	2	0.0	411	0.5
Weber County	3,984	67.9	14,100	18.2
Unknown Utah	6	0.1	22	0.0
Outside Utah	219	3.7	3,462	4.5
Unknown, Not Reported	2	0.0	15	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, 2007
NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

424 Mountain West Surgical Center

Reporting Category(ICD-9-CM CODES)	Procedures Performed		Procedures Performed-All FASCs	
	(#)	(%)	(#)	(%)
Reporting Category(ICD-9-CM CODES)	4,185	100.0	63,961	100.0
Mastectomy (85.0-85.99)	68	1.6	2,646	4.1
Musculoskeletal (76.0-84.99)	2,104	50.3	13,327	20.8
Respiratory (30.0-34.99)	6	0.1	128	0.2
Cardiovascular (35.0-39.99)	1	0.0	399	0.6
Lymphatic/Hemetic (40.0-41.99)	9	0.2	111	0.2
Digestive System (42.0-54.99)	80	1.9	16,258	25.4
Urinary (55.0-59.99)	24	0.6	259	0.4
Male Genital (60.0-64.99)	45	1.1	213	0.3
Female Genital (65.0-71.99)	0	0.0	1,507	2.4
Endocrine/Nervous (01.0-07.99)	302	7.2	4,752	7.4
Eye (08.0-16.99)	938	22.4	11,241	17.6
Ear (18.0-20.99)	129	3.1	3,031	4.7
Nose, Mouth, Pharynx (21.0-29.99)	479	11.4	10,089	15.8
Reporting Category(CPT-4 CODES)	5,566	100.0	106,522	100.0
Mastectomy (19120-19220)	6	0.1	455	0.4
Musculoskeletal (20000-29909)	2,562	46.0	24,506	23.0
Respiratory (30000-32999 & 39501-39599)	480	8.6	8,931	8.4
Cardiovascular (33010-37799 & 93501-93660)	1	0.0	208	0.2
Lymphatic/Hemetic (38100-38999)	10	0.2	148	0.1
Digestive (40490-49999)	447	8.0	35,841	33.6
Urinary (50010-53899)	70	1.3	1,895	1.8
Male Genital (54000-55899)	48	0.9	472	0.4
Female Genital (56405-58999)	3	0.1	2,208	2.1
Endocrine/Nervous (60000-64999)	837	15.0	10,320	9.7
Eye (65091-68899)	955	17.2	17,356	16.3
Ear (69000-69979)	147	2.6	4,182	3.9

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 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2007
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		4,185	100.0	100.0
1371	IOL PROSTH-CATARACT EXTRACT-1-STAGE	684	16.3	7.07
806	EXC SEMILUNAR CARTILAGE-KNEE	310	7.4	2.42
8086	OTH LOC EXC/DESTRUC JT LES-KNEE	279	6.7	0.99
1364	DISCISSION SECNDRY MEMBRN	221	5.3	0.71
8183	OTH REPR SHLDR	212	5.1	1.58
2169	OTH TURBINECTOMY	162	3.9	2.49
7781	OTH PART OSTEC-SCAPULA-CLAV-THOR	128	3.1	0.74
8076	SYNOVECT-KNEE	118	2.8	0.59
8363	ROTATOR CUFF REPR	116	2.8	0.78
0443	RELEASE CARPAL TUNNEL	111	2.7	1.31
215	SUBMUCOUS RESECT NASAL SEPTUM	108	2.6	0.76
2001	MYRINGOTOMY W/INSRT TUBE	105	2.5	3.68
8081	OTH LOC EXC/DESTRUC JT LES-SHLDR	97	2.3	0.48
282	TONSILLECTOMY WO ADENOIDECTOMY	85	2.0	0.81
7756	REPR HAMMER TOE	71	1.7	0.61
5300	UNILAT REPR ING HERN-NOS	68	1.6	0.64
0449	OTH PERIPH NERV/GANGL DECOMP/LYSIS	57	1.4	0.34
8211	TENOT HAND	56	1.3	0.29
8145	OTH REPR CRUCIATE LIGAMNT	52	1.2	0.49
7860	REMOV IMPLNT DEVICE-UNS SITE	51	1.2	0.30

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL FASCs
All CPT-4 Procedures		5,566	100.0	100.0
66984	EXTRACAPSULAR CATARACT REMV IOL	684	12.3	9.29
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	278	5.0	1.50
29877	SCOPE KNEE SURG; DEBRID/SHAVE CA	250	4.5	0.93
29881	SCOPE KNEE SURG;W/MENISCECT MED/	235	4.2	1.94
66821	DISCISSION 2ND CATARACT; LASER S	221	4.0	1.60
29826	SCOPE SHOULDER; DECOMP SUBACROM	198	3.6	1.48
30140	SUBMUCOS RES TURBINATE PART/CMPL	136	2.4	2.25
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	111	2.0	1.34
30520	SEPTOPLASTY/SUBMUCOS RES W/GFT	108	1.9	1.46
29824	SCOPE SHLDR SURG;DIST CLAVICULEC	107	1.9	0.58
69436	TYMPANOSTOMY GENERAL ANESTHESIA	105	1.9	3.24
29875	SCOPE KNEE; SYNOVECT LTD SEP PRO	101	1.8	0.39
20550	INJECTION; 1 TENDON SHEATH/LIGAM	94	1.7	0.17
41899	UNLIST PROC DENTOALVEOL STRUCTUR	94	1.7	1.84
64476	INJ ANES FACET JT; LUMB/SAC-EA A	90	1.6	0.95
29827	SCOPE SHLDR SURG; W/ROTOR CUFF R	86	1.5	0.60
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	85	1.5	0.67
29880	SCOPE KNEE SURG;W/MENISCECT MED&	75	1.3	0.60
42820	T&A; UNDER AGE 12	75	1.3	1.35
28285	CORRECTION HAMMERTOES	71	1.3	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, 2007
 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 CHRG	AVE TOT CHRG(ALL FASCs)
ICD-9 Procedures		2,000	\$4,141	\$1,673
1371	IOL PROSTH-CATARACT EXTRACT-1-STAGE	664	\$4,073	\$3,217
1364	DISCISSION SECNDRY MEMBRN	185	\$1,604	\$1,495
2001	MYRINGOTOMY W/INSRT TUBE	73	\$4,271	\$2,927
282	TONSILLECTOMY WO ADENOIDECTOMY	72	\$2,222	\$1,696
806	EXC SEMILUNAR CARTILAGE-KNEE	69	\$5,105	\$2,419
0443	RELEASE CARPAL TUNNEL	64	\$3,770	\$1,738
5300	UNILAT REPR ING HERN-NOS	49	\$6,012	\$1,954
8086	OTH LOC EXC/DESTRUC JT LES-KNEE	46	\$5,848	\$3,437
038	INJ DESTRUCT AGENT SPINAL CANAL	39	\$1,521	\$1,521
8076	SYNOVECT-KNEE	36	\$5,714	\$3,257
8182	REPR RECUR DISLOC SHLDR	25	\$5,885	\$4,852
8183	OTH REPR SHLDR	25	\$5,802	\$3,022
2169	OTH TURBINECTOMY	23	\$8,298	\$5,703
2171	CLO REDUC NASAL FX	22	\$2,989	\$1,898
283	TONSILLECTOMY W/ADENOIDECTOMY	22	\$2,026	\$1,624
0449	OTH PERIPH NERV/GANGL DECOMP/LYSIS	18	\$4,292	\$2,465
8221	EXC LES TENDON SHEATH HAND	18	\$4,158	\$1,510
0531	INJ ANES SYMPATHETIC NERV-ANALGES	17	\$1,219	\$1,156
8145	OTH REPR CRUCIATE LIGAMNT	17	\$6,131	\$4,123
8175	ARTHRLSTY CARPOCARPAL JT WO IMPLNT	17	\$5,083	\$2,955

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL FASCs)
CPT-4 Procedures		2,472	\$3,417	\$1,952
66984	EXTRACAPSULAR CATARACT REMV IOL	662	\$4,068	\$2,548
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	271	\$971	\$819
66821	DISCISSION 2ND CATARACT; LASER S	185	\$1,604	\$959
41899	UNLIST PROC DENTOALVEOL STRUCTUR	94	\$2,800	\$1,654
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	71	\$2,001	\$1,634
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	56	\$3,539	\$1,599
42820	T&A; UNDER AGE 12	54	\$1,967	\$1,631
69436	TYMPANOSTOMY GENERAL ANESTHESIA	50	\$3,721	\$1,949
29881	SCOPE KNEE SURG;W/MENISCECT MED/	49	\$5,073	\$2,942
62282	INJ NEUROLY W/WO OTH SUBST;EPID	39	\$1,521	\$1,521
49505	REPR INIT ING HERNIA 5YR/MORE; R	38	\$5,317	\$2,132
50590	LITHOTRIPSY XTRACORP SHOCK WAVE	38	\$6,877	\$5,747
29877	SCOPE KNEE SURG; DEBRID/SHAVE CA	37	\$5,414	\$3,342
29875	SCOPE KNEE; SYNOVECT LTD SEP PRO	29	\$5,667	\$3,673
29826	SCOPE SHOULDER; DECOMP SUBACROM	25	\$5,802	\$3,811
29806	SCOPE SHOULDER SURGICAL; CPSLORR	23	\$5,806	\$4,683
64483	INJ ANES EPIDURL; LUMB/SAC 1 LEV	23	\$1,583	\$953
42821	T&A; AGE 12 OR OVER	22	\$2,026	\$1,625
29880	SCOPE KNEE SURG;W/MENISCECT MED&	19	\$5,136	\$3,161
21320	CLOS TX NASL BONE FRACTURE; W/ST	18	\$2,145	\$1,796

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, 2007
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	72	1,641
	003 COMPLEX INCISION AND DRAINAGE	2	23
	004 SIMPLE INCISION AND DRAINAGE	2	9
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	18	420
	008 SIMPLE EXCISION AND BIOPSY	40	517
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRANGE	4	177
	011 SIMPLE INCISION AND EXCISION OF BREAST	6	455
02	MUSCULOSKELETAL SYSTEM	2,448	22,513
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	157	2,274
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	38	540
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	56	805
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	350	4,884
	025 ARTHROSCOPY	1,429	10,345
	026 REPLACEMENT OF CAST	1	1
	028 CLOSED TREATMENT FX & DISLOCATION OF FINGER, TOE & TRUNK	2	18
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	11	104
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	104	1,390
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	38	208
	032 BUNION PROCEDURES	39	913
	033 ARTHROPLASTY	31	237
	034 HAND AND FOOT TENOTOMY	15	74
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	177	719
03	RESPIRATORY SYSTEM	139	3,706
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	138	3,675
	054 SIMPLE ENDOSCOPY OF THE UPPER AIRWAY	1	28
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	9	179
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	9	176
06	DIGESTIVE SYSTEM	118	30,965
	119 HERNIA AND HYDROCELE PROCEDURES	103	1,251
	120 COMPLEX ANAL AND RECTAL PROCEDURES	5	184
	121 SIMPLE ANAL AND RECTAL PROCEDURES	2	74
	123 COMPLEX LAPAROSCOPIC PROCEDURES	8	2,010
07	URINARY SYSTEM	70	1,863
	131 RENAL EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	40	599
	133 URINARY CATHETERIZATION AND DILATATION	4	30
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	14	685
	135 MODERATE CYSTOURETHROSCOPY	6	395
	136 SIMPLE CYSTOURETHROSCOPY	6	118
08	MALE GENITAL SYSTEM	42	415
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	36	308
	153 COMPLEX PENILE PROCEDURES	1	27
	154 SIMPLE PENILE PROCEDURES	2	67
	155 PROSTATE NEEDLE AND PUNCH BIOPSY	3	13
09	FEMALE GENITAL SYSTEM	3	1,259
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	3	331
10	NERVOUS SYSTEM	831	9,936

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2007
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			
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	641	7,561
	198 NERVE REPAIR AND DESTRUCTION	190	2,283
11	EYE AND OCULAR ADNEXA	954	17,275
	213 LASER EYE PROCEDURES	223	1,770
	214 CATARACT PROCEDURES	693	10,330
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	3	1,118
	216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	10	603
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	16	544
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	7	1,622
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	2	404
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	852	15,466
	233 NASAL CAUTERIZATION AND PACKING	19	109
	234 COMPLEX FACIAL AND ENT PROCEDURES	190	2,888
	235 SIMPLE FACIAL AND ENT PROCEDURES	425	9,033
	236 TONSIL AND ADENOID PROCEDURES	218	3,436
13	THERAPEUTIC AND OTHER RADIOLOGICAL PROCEDURES	11	226
	254 MYELOGRAPHY	11	223

SOURCE: Utah Ambulatory Surgery Database
 Utah 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, 2007
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	35	\$3,363	\$1,519
	003 COMPLEX INCISION AND DRAINAGE	2	\$2,689	\$1,896
	004 SIMPLE INCISION AND DRAINAGE	2	\$2,277	\$1,458
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	13	\$3,325	\$1,625
	008 SIMPLE EXCISION AND BIOPSY	11	\$3,881	\$1,512
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRAN	2	\$2,023	\$3,444
	011 SIMPLE INCISION AND EXCISION OF BREAST	5	\$3,561	\$1,058
02	MUSCULOSKELETAL SYSTEM	562	\$4,719	\$2,860
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	43	\$5,097	\$3,292
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	12	\$3,709	\$2,490
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	23	\$4,472	\$2,500
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	101	\$3,781	\$1,936
	025 ARTHROSCOPY	256	\$5,514	\$3,492
	028 CLOSED TREATMENT FX & DISLOCATION OF FINGER, TOE & TRUNK	1	\$1,509	\$2,090
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	2	\$2,443	\$1,671
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	65	\$4,289	\$2,717
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	16	\$2,919	\$1,757
	032 BUNION PROCEDURES	11	\$5,275	\$2,317
	033 ARTHROPLASTY	15	\$4,690	\$2,976
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	17	\$1,871	\$1,264
03	RESPIRATORY SYSTEM	8	\$2,988	\$1,766
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	8	\$2,988	\$1,711
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	7	\$2,858	\$1,971
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	7	\$2,858	\$1,982
06	DIGESTIVE SYSTEM	74	\$5,566	\$1,449
	119 HERNIA AND HYDROCELE PROCEDURES	64	\$5,711	\$2,511
	120 COMPLEX ANAL AND RECTAL PROCEDURES	1	\$2,567	\$1,101
	121 SIMPLE ANAL AND RECTAL PROCEDURES	2	\$1,467	\$817
	123 COMPLEX LAPAROSCOPIC PROCEDURES	7	\$5,843	\$3,820
07	URINARY SYSTEM	52	\$6,254	\$3,664
	131 RENAL EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	38	\$6,877	\$5,747
	133 URINARY CATHETERIZATION AND DILATATION	4	\$2,189	\$1,779
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	3	\$6,284	\$2,236
	135 MODERATE CYSTOURETHROSCOPY	4	\$5,633	\$1,656
	136 SIMPLE CYSTOURETHROSCOPY	3	\$4,576	\$1,521
08	MALE GENITAL SYSTEM	18	\$3,185	\$1,983
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	15	\$3,202	\$2,074
	153 COMPLEX PENILE PROCEDURES	1	\$4,131	\$2,212
	154 SIMPLE PENILE PROCEDURES	2	\$2,582	\$1,606
09	FEMALE GENITAL SYSTEM	2	\$1,943	\$2,143
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	2	\$1,943	\$1,438
10	NERVOUS SYSTEM	455	\$1,536	\$1,205
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	380	\$1,128	\$997
	198 NERVE REPAIR AND DESTRUCTION	75	\$3,601	\$1,708
11	EYE AND OCULAR ADNEXA	875	\$3,538	\$2,351

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2007
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)
	213 LASER EYE PROCEDURES	186	\$1,604	\$972
	214 CATARACT PROCEDURES	670	\$4,063	\$2,574
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	3	\$4,903	\$2,871
	216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	8	\$2,990	\$2,004
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	7	\$4,826	\$2,068
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	1	\$2,942	\$1,416
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	378	\$2,683	\$1,759
	234 COMPLEX FACIAL AND ENT PROCEDURES	36	\$3,174	\$2,451
	235 SIMPLE FACIAL AND ENT PROCEDURES	192	\$3,131	\$1,733
	236 TONSIL AND ADENOID PROCEDURES	150	\$1,993	\$1,628

SOURCE: Utah Ambulatory Surgery Database
 Utah 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, 2007
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	1,937	51.9	42,690	55.0
Male	1,783	47.8	34,925	45.0
Unknown	0	0.0	16	0.0
Not Reported	9	0.2	52	0.1
AGE				
1-28 days	0	0.0	0	0.0
29-365 days	12	0.3	426	0.5
1-4 years	140	3.8	3,270	4.2
5-9	82	2.2	1,755	2.3
10-14	65	1.7	1,099	1.4
15-17	78	2.1	1,342	1.7
18-19	74	2.0	1,277	1.6
20-24	140	3.8	3,167	4.1
25-29	147	3.9	3,640	4.7
30-34	149	4.0	3,641	4.7
35-39	165	4.4	3,802	4.9
40-44	195	5.2	3,994	5.1
45-49	230	6.2	5,155	6.6
50-54	274	7.3	7,437	9.6
55-59	258	6.9	6,553	8.4
60-64	214	5.7	6,262	8.1
65-69	331	8.9	6,811	8.8
70-74	398	10.7	6,512	8.4
75-79	379	10.2	5,656	7.3
80-84	259	6.9	3,757	4.8
85-89	106	2.8	1,699	2.2
90 +	33	0.9	426	0.5
Not Reported	0	0.0	2	0.0
SOURCE OF ADMISSION				
Physician Referral	3,729	100.0	66,023	85.0
Clinic Referral	0	0.0	1,249	1.6
HMO Referral	0	0.0	3	0.0
Other Hospital	0	0.0	0	0.0
Skilled Nursing Facility	0	0.0	0	0.0
Other Health Care Facility	0	0.0	0	0.0
Emergency Room	0	0.0	0	0.0
Court/Law Enforcement	0	0.0	0	0.0
Unknown	0	0.0	2,139	2.8
Not Reported	0	0.0	8,269	10.6

(Continued)

**AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2007
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	3,729	100.0	71,688	92.3
Another Hospital	0	0.0	50	0.1
Skilled Nursing Facility	0	0.0	1	0.0
Intermediate Care Facility	0	0.0	0	0.0
Another Type of Institution	0	0.0	2	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	5,942	7.6
Not Reported	0	0.0	0	0.0
PRIMARY PAYER				
Medicare	1,047	28.1	19,562	25.2
Medicaid	90	2.4	3,654	4.7
Other government	182	4.9	2,379	3.1
Blue Cross/Blue Shield	699	18.7	16,040	20.6
Other Commercial	553	14.8	7,626	9.8
Managed Care(HMO, PPO)	805	21.6	22,234	28.6
Self Pay	0	0.0	1,672	2.2
Industrial & Worker Comp	211	5.7	2,266	2.9
Charity and Unclassified	0	0.0	114	0.1
Childrens Health Insurance	0	0.0	401	0.5
Unknown	0	0.0	68	0.1
Not Reported	142	3.8	1,667	2.1
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	42	1.1	3,590	4.6
Central Utah	1	0.0	1,278	1.6
Davis County	2,770	74.3	13,116	16.9
Salt Lake County	384	10.3	26,526	34.1
Southeastern Utah	6	0.2	713	0.9
Southwest Utah	6	0.2	2,478	3.2
Summit County	8	0.2	814	1.0
Tooele County	115	3.1	1,076	1.4
Tri-County	6	0.2	383	0.5
Utah County	28	0.8	9,699	12.5
Wasatch County	4	0.1	411	0.5
Weber County	272	7.3	14,100	18.2
Unknown Utah	0	0.0	22	0.0
Outside Utah	86	2.3	3,462	4.5
Unknown, Not Reported	1	0.0	15	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, 2007
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)	3,273	100.0	63,961	100.0
Mastectomy (85.0-85.99)	0	0.0	2,646	4.1
Musculoskeletal (76.0-84.99)	49	1.5	13,327	20.8
Respiratory (30.0-34.99)	1	0.0	128	0.2
Cardiovascular (35.0-39.99)	6	0.2	399	0.6
Lymphatic/Hemetic (40.0-41.99)	2	0.1	111	0.2
Digestive System (42.0-54.99)	0	0.0	16,258	25.4
Urinary (55.0-59.99)	1	0.0	259	0.4
Male Genital (60.0-64.99)	0	0.0	213	0.3
Female Genital (65.0-71.99)	0	0.0	1,507	2.4
Endocrine/Nervous (01.0-07.99)	1	0.0	4,752	7.4
Eye (08.0-16.99)	3,198	97.7	11,241	17.6
Ear (18.0-20.99)	0	0.0	3,031	4.7
Nose, Mouth, Pharynx (21.0-29.99)	15	0.5	10,089	15.8
Reporting Category(CPT-4 CODES)	2,532	100.0	106,522	100.0
Mastectomy (19120-19220)	0	0.0	455	0.4
Musculoskeletal (20000-29909)	43	1.7	24,506	23.0
Respiratory (30000-32999 & 39501-39599)	12	0.5	8,931	8.4
Cardiovascular (33010-37799 & 93501-93660)	9	0.4	208	0.2
Lymphatic/Hemetic (38100-38999)	0	0.0	148	0.1
Digestive (40490-49999)	0	0.0	35,841	33.6
Urinary (50010-53899)	1	0.0	1,895	1.8
Male Genital (54000-55899)	0	0.0	472	0.4
Female Genital (56405-58999)	0	0.0	2,208	2.1
Endocrine/Nervous (60000-64999)	0	0.0	10,320	9.7
Eye (65091-68899)	2,467	97.4	17,356	16.3
Ear (69000-69979)	0	0.0	4,182	3.9

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 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2007
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		3,273	100.0	100.0
1371	IOL PROSTH-CATARACT EXTRACT-1-STAGE	887	27.1	7.07
1341	PHACOEMULSIFICATION-ASPIR CATARACT	867	26.5	3.96
1474	OTH MECH VITRECTOMY	150	4.6	0.23
1171	KERATOMILEUSIS	141	4.3	0.22
149	OTH OPER RETINA-CHOROID-POST CHAMBR	95	2.9	0.15
1159	OTH CORNEAL REPR	89	2.7	0.21
0833	REPR BLEPHAROPT-RESECT/ADVANC LEVAT	63	1.9	0.43
1264	TRABECULECTOMY AB EXT	60	1.8	0.14
1164	OTH PENETRATING KERATOPLASTY	51	1.6	0.13
0844	REPR ENTROPION/ECTROP-LID RECON	37	1.1	0.17
1424	DEST CHORIORETIN LES-LASER PHOTO	37	1.1	0.06
1372	SECNDRY INSRT IOL PROSTH	31	0.9	0.11
1343	MECH PHACOFRAG-OTH ASPIR CATARACT	28	0.9	0.06
1454	REPR RETINAL DETACH-LASER	26	0.8	0.04
1479	OTH OPER VITREOUS	26	0.8	0.04
1269	OTH SCLERAL FISTULIZING PROC	25	0.8	0.04
1370	INSRT PSEUDOPHAKOS-NOS	22	0.7	0.03
7692	INSRT SYNTHETIC IMPLNT FACIAL BONE	22	0.7	0.08
0899	OTH OPER EYELIDS	20	0.6	0.09
1139	OTH EXC PTERYGIUM	19	0.6	0.12

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL FASCs
All CPT-4 Procedures		2,532	100.0	100.0
66984	EXTRACAPSULAR CATARACT REMV IOL	955	37.7	9.29
65760	KERATOMILEUSIS	178	7.0	0.75
66999	UNLISTED PROC ANTERIOR SEGMENT E	145	5.7	0.31
67038	VITRECTOMY MECH; W/MEMBRANE STRI	111	4.4	0.15
67904	REPR BLEPHAROPTOSIS; RESECT-EXT	66	2.6	0.45
67108	REPR RETINAL DETACH; W/VITRECTOM	59	2.3	0.08
66982	EXTRACAP CATARACT REMV W/IOL-CMP	52	2.1	0.29
66172	FISTULIZAT SCLERA; TRABECULECT	42	1.7	0.06
67028	INTRAVITREAL INJ PHARMACOLOGIC A	36	1.4	0.12
65730	KERATOPLSTY; PENETRAT NOT APHAKI	34	1.3	0.11
67917	REPAIR OF ECTROPION; EXTENSIVE	31	1.2	0.22
66170	FISTULIZ SCLER; TRABECULECT AB E	29	1.1	0.09
66180	AQUEOUS SHUNT EXTRAOCULAR RESERV	27	1.1	0.03
67040	VITRECTOMY MECH; W/PANRETINAL PH	27	1.1	0.03
67335	PLCMT ADJUSTABLE SUTURE-STRABISM	26	1.0	0.05
65426	EXC/TRANSPOSITION PTERYGIUM; W/G	25	1.0	0.20
65755	KERTOPLSTY; PENETRAT PSEUDOPHAKI	24	0.9	0.05
67875	TEMPORARY CLOSURE OF EYELIDS SUT	24	0.9	0.09
67911	CORRECTION OF LID RETRACTION	23	0.9	0.07
68815	PROBE NASOLAC DUCT; W/INSERT TUB	21	0.8	0.15

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, 2007
 AVERAGE TOTAL CHARGES FOR MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES, SINGLE ICD-9 OR CPT-4 ONLY

416 Moran Eye Center

ICD-9 CODE	ICD-9 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL FASCs)
ICD-9 Procedures		545	\$3,294	\$1,673
1171	KERATOMILEUSIS	140	\$1,855	\$1,855
1159	OTH CORNEAL REPR	70	\$1,901	\$1,901
1264	TRABECULECTOMY AB EXT	42	\$3,574	\$3,104
1164	OTH PENETRATING KERATOPLASTY	36	\$8,495	\$6,309
0833	REPR BLEPHAROPT-RESECT/ADVANC LEVAT	26	\$2,859	\$2,044
1370	INSRT PSEUDOPHAKOS-NOS	20	\$3,842	\$3,842
1269	OTH SCLERAL FISTULIZING PROC	19	\$5,607	\$5,607
1273	CYCLOPHOTOCOAGULATION	13	\$1,878	\$1,878
1511	RECESSION 1 EXTRAOCULAR MUSC	13	\$3,373	\$3,108
1149	OTH REMOV/DESTRUC CORNEAL LES	12	\$1,519	\$1,348
1429	OTH DESTRUC CHORIORETINAL LES	9	\$5,072	\$5,072
0844	REPR ENTROPION/ECTROP-LID RECON	8	\$2,771	\$2,290
1390	1390	8	\$2,492	\$2,323
156	REVIS EXTRAOCULAR MUSC SURG	8	\$5,095	\$5,095
1692	EXC LES ORBIT	8	\$2,751	\$1,961
153	>=2 EXTRAOC MUSC-TEMP DETCH-1/BOTH	7	\$3,329	\$2,821
1173	KERATOPROSTHESIS	6	\$6,104	\$6,104
1266	POSTOP REVIS SCLERL FISTULIZAT PROC	6	\$3,515	\$3,515
1449	OTH SCLERAL BUCLKING	6	\$6,617	\$6,617
3821	BX BLD VESSEL	6	\$1,412	\$994

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL FASCs)
CPT-4 Procedures		1,712	\$3,425	\$1,952
66984	EXTRACAPSULAR CATARACT REMV IOL	887	\$3,323	\$2,548
65760	KERATOMILEUSIS	174	\$1,824	\$1,432
66999	UNLISTED PROC ANTERIOR SEGMENT E	137	\$2,459	\$2,333
67904	REPR BLEPHAROPTOSIS; RESECT-EXT	45	\$3,849	\$2,078
66982	EXTRACAP CATARACT REMV W/IOL-CMP	41	\$5,123	\$3,429
67038	VITRECTOMY MECH; W/MEMBRANE STRI	41	\$4,666	\$3,548
66172	FISTULIZAT SCLERA; TRABECULECT	32	\$3,806	\$3,364
67108	REPR RETINAL DETACH; W/VITRECTOM	29	\$5,946	\$4,835
65730	KERATOPLSTY; PENETRAT NOT APHAKI	27	\$8,645	\$4,543
66180	AQUEOUS SHUNT EXTRAOCULAR RESERV	20	\$5,605	\$5,605
65426	EXC/TRANSPOSITION PTERYGIUM; W/G	19	\$2,561	\$1,987
66170	FISTULIZ SCLER; TRABECULECT AB E	17	\$3,258	\$2,352
65755	KERTOPLSTY; PENETRAT PSEUDOPHAKI	16	\$8,144	\$6,682
66710	CILIARY DESTRC; CYCLO-PC TRNSSCL	14	\$1,870	\$1,870
66986	EXCHANGE OF INTRAOCULAR LENS	14	\$4,057	\$2,703
67040	VITRECTOMY MECH; W/PANRETINAL PH	13	\$3,897	\$3,391
67221	DESTRUC LES CHOROID; PHOTODYNAMC	11	\$5,038	\$5,038
65400	EXCISION LESION CORNEA NO PTERYOG	10	\$1,452	\$1,400
66185	REV AQUEOUS SHUNT XTRAOCULR RESR	10	\$3,615	\$3,496
67412	ORBITOT W/O BN FLP; W/REMOVAL LE	10	\$2,844	\$2,262

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, 2007
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	19	1,641
	008 SIMPLE EXCISION AND BIOPSY	16	517
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRANGE	3	177
02	MUSCULOSKELETAL SYSTEM	1	22,513
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	1	4,884
03	RESPIRATORY SYSTEM	1	3,706
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	1	3,675
07	URINARY SYSTEM	1	1,863
	135 MODERATE CYSTOURETHROSCOPY	1	395
11	EYE AND OCULAR ADNEXA	2,444	17,275
	211 MINOR OPHTHALMOLOGICAL TESTS AND PROCEDURES	13	44
	213 LASER EYE PROCEDURES	19	1,770
	214 CATARACT PROCEDURES	1,056	10,330
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	287	1,118
	216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	140	603
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	243	544
	218 COMPLEX POSTERIOR SEGMENT EYE PROCEDURES	76	104
	219 SIMPLE POSTERIOR SEGMENT EYE PROCEDURES	48	146
	220 STRABISMUS AND MUSCLE EYE PROCEDURES	95	309
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	247	1,622
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	44	404
	223 VITRECTOMY	176	281
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	35	15,466
	234 COMPLEX FACIAL AND ENT PROCEDURES	26	2,888
	235 SIMPLE FACIAL AND ENT PROCEDURES	9	9,033

SOURCE: Utah Ambulatory Surgery Database
Utah 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, 2007
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	10	\$1,454	\$1,519
	008 SIMPLE EXCISION AND BIOPSY	10	\$1,454	\$1,512
03	RESPIRATORY SYSTEM	1	\$2,650	\$1,766
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	1	\$2,650	\$1,711
07	URINARY SYSTEM	1	\$3,959	\$3,664
	135 MODERATE CYSTOURETHROSCOPY	1	\$3,959	\$1,656
11	EYE AND OCULAR ADNEXA	1,687	\$3,432	\$2,351
	211 MINOR OPHTHALMOLOGICAL TESTS AND PROCEDURES	12	\$4,790	\$2,592
	213 LASER EYE PROCEDURES	2	\$3,561	\$972
	214 CATARACT PROCEDURES	951	\$3,419	\$2,574
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	243	\$3,503	\$2,871
	216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	68	\$2,801	\$2,004
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	201	\$2,635	\$2,282
	218 COMPLEX POSTERIOR SEGMENT EYE PROCEDURES	38	\$5,415	\$4,548
	219 SIMPLE POSTERIOR SEGMENT EYE PROCEDURES	4	\$2,070	\$1,672
	220 STRABISMUS AND MUSCLE EYE PROCEDURES	8	\$2,825	\$2,915
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	91	\$3,603	\$2,068
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	6	\$2,563	\$1,416
	223 VITRECTOMY	63	\$5,100	\$3,611
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	3	\$3,581	\$1,759
	234 COMPLEX FACIAL AND ENT PROCEDURES	3	\$3,581	\$2,451

SOURCE: Utah Ambulatory Surgery Database
Utah 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, 2007
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

416 Moran Eye Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
GENDER				
Female	1,127	54.8	42,690	55.0
Male	926	45.1	34,925	45.0
Unknown	2	0.1	16	0.0
Not Reported	0	0.0	52	0.1
AGE				
1-28 days	0	0.0	0	0.0
29-365 days	3	0.1	426	0.5
1-4 years	27	1.3	3,270	4.2
5-9	19	0.9	1,755	2.3
10-14	12	0.6	1,099	1.4
15-17	20	1.0	1,342	1.7
18-19	4	0.2	1,277	1.6
20-24	41	2.0	3,167	4.1
25-29	87	4.2	3,640	4.7
30-34	89	4.3	3,641	4.7
35-39	84	4.1	3,802	4.9
40-44	81	3.9	3,994	5.1
45-49	110	5.4	5,155	6.6
50-54	142	6.9	7,437	9.6
55-59	155	7.5	6,553	8.4
60-64	189	9.2	6,262	8.1
65-69	228	11.1	6,811	8.8
70-74	226	11.0	6,512	8.4
75-79	241	11.7	5,656	7.3
80-84	177	8.6	3,757	4.8
85-89	97	4.7	1,699	2.2
90 +	23	1.1	426	0.5
Not Reported	0	0.0	2	0.0
SOURCE OF ADMISSION				
Physician Referral	0	0.0	66,023	85.0
Clinic Referral	0	0.0	1,249	1.6
HMO Referral	0	0.0	3	0.0
Other Hospital	0	0.0	0	0.0
Skilled Nursing Facility	0	0.0	0	0.0
Other Health Care Facility	0	0.0	0	0.0
Emergency Room	0	0.0	0	0.0
Court/Law Enforcement	0	0.0	0	0.0
Unknown	0	0.0	2,139	2.8
Not Reported	2,055	100.0	8,269	10.6

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2007
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	2,054	100.0	71,688	92.3
Another Hospital	1	0.0	50	0.1
Skilled Nursing Facility	0	0.0	1	0.0
Intermediate Care Facility	0	0.0	0	0.0
Another Type of Institution	0	0.0	2	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	5,942	7.6
Not Reported	0	0.0	0	0.0
PRIMARY PAYER				
Medicare	845	41.1	19,562	25.2
Medicaid	76	3.7	3,654	4.7
Other government	37	1.8	2,379	3.1
Blue Cross/Blue Shield	230	11.2	16,040	20.6
Other Commercial	115	5.6	7,626	9.8
Managed Care(HMO, PPO)	373	18.2	22,234	28.6
Self Pay	365	17.8	1,672	2.2
Industrial & Worker Comp	12	0.6	2,266	2.9
Charity and Unclassified	0	0.0	114	0.1
Childrens Health Insurance	0	0.0	401	0.5
Unknown	2	0.1	68	0.1
Not Reported	0	0.0	1,667	2.1
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	69	3.4	3,590	4.6
Central Utah	15	0.7	1,278	1.6
Davis County	183	8.9	13,116	16.9
Salt Lake County	1,225	59.6	26,526	34.1
Southeastern Utah	22	1.1	713	0.9
Southwest Utah	38	1.8	2,478	3.2
Summit County	51	2.5	814	1.0
Tooele County	38	1.8	1,076	1.4
Tri-County	18	0.9	383	0.5
Utah County	101	4.9	9,699	12.5
Wasatch County	17	0.8	411	0.5
Weber County	50	2.4	14,100	18.2
Unknown Utah	0	0.0	22	0.0
Outside Utah	225	10.9	3,462	4.5
Unknown, Not Reported	3	0.1	15	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, 2007
NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

419 Northern Utah Endoscopy Center

Reporting Category(ICD-9-CM CODES)	Procedures Performed		Procedures Performed-All FASCs	
	(#)	(%)	(#)	(%)
Reporting Category(ICD-9-CM CODES)	3,466	100.0	63,961	100.0
Mastectomy (85.0-85.99)	0	0.0	2,646	4.1
Musculoskeletal (76.0-84.99)	0	0.0	13,327	20.8
Respiratory (30.0-34.99)	0	0.0	128	0.2
Cardiovascular (35.0-39.99)	0	0.0	399	0.6
Lymphatic/Hemetic (40.0-41.99)	0	0.0	111	0.2
Digestive System (42.0-54.99)	3,466	100.0	16,258	25.4
Urinary (55.0-59.99)	0	0.0	259	0.4
Male Genital (60.0-64.99)	0	0.0	213	0.3
Female Genital (65.0-71.99)	0	0.0	1,507	2.4
Endocrine/Nervous (01.0-07.99)	0	0.0	4,752	7.4
Eye (08.0-16.99)	0	0.0	11,241	17.6
Ear (18.0-20.99)	0	0.0	3,031	4.7
Nose, Mouth, Pharynx (21.0-29.99)	0	0.0	10,089	15.8
Reporting Category(CPT-4 CODES)	3,471	100.0	106,522	100.0
Mastectomy (19120-19220)	0	0.0	455	0.4
Musculoskeletal (20000-29909)	0	0.0	24,506	23.0
Respiratory (30000-32999 & 39501-39599)	0	0.0	8,931	8.4
Cardiovascular (33010-37799 & 93501-93660)	0	0.0	208	0.2
Lymphatic/Hemetic (38100-38999)	0	0.0	148	0.1
Digestive (40490-49999)	3,471	100.0	35,841	33.6
Urinary (50010-53899)	0	0.0	1,895	1.8
Male Genital (54000-55899)	0	0.0	472	0.4
Female Genital (56405-58999)	0	0.0	2,208	2.1
Endocrine/Nervous (60000-64999)	0	0.0	10,320	9.7
Eye (65091-68899)	0	0.0	17,356	16.3
Ear (69000-69979)	0	0.0	4,182	3.9

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 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2007
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		3,466	100.0	100.0
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	811	23.4	4.84
4523	COLONOSCOPY	729	21.0	5.74
4525	CLO [ENDO] BX LG INTESTINE	650	18.8	6.26
4292	DILAT ESOPH	622	17.9	1.51
4542	ENDO POLYPECTOMY LG INTESTINE	370	10.7	2.30
4513	OTH ENDO SM INTESTINE	141	4.1	1.23
4341	ENDO EXC/DESTRUC LES/TISS STOMACH	83	2.4	0.18
4225	OP BX ESOPH	20	0.6	0.03
4422	ENDO DILAT PYLORUS	17	0.5	0.06
4696	LOC PERFUSION LG INTESTINE	9	0.3	0.02
4543	ENDO DEST OTH LES/TISS LG INTEST	8	0.2	0.13
4685	DILAT INTESTINE	4	0.1	0.02
4443	ENDO CNTRL GASTRIC/DUODENAL HEMORR	1	0.0	0.00
4512	ENDO SM INTEST THRU ARTIFICL STOMA	1	0.0	0.00

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL FASCs
All CPT-4 Procedures		3,471	100.0	100.0
45380	COLONOSCOPY FLEX; W/BX 1/MX	812	23.4	6.43
43239	UGI ENDO; W/BX 1/MX	811	23.4	6.34
45378	COLONOSCOPY FLEX; DX-SEP PROC	729	21.0	6.47
43450	DILAT ESOPH-SOUND/BOUGIE-1/MX PA	508	14.6	0.58
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	169	4.9	1.75
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	141	4.1	1.36
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	101	2.9	1.70
43251	UGI ENDO; W/REMV TUMOR/LES-SNARE	83	2.4	0.13
45331	SIGMOIDOSCOPY FLXIBLE; W/BX 1/MX	21	0.6	0.08
45330	SIGMOIDOSCOPY FLEX; DX-SEP PROC	20	0.6	0.05
43245	UP GI ENDO;W/DILAT GASTR OUTLT O	17	0.5	0.07
43248	UGI ENDO; W/INSRT GUIDE WIRE	12	0.3	0.11
45384	COLONOSOCPY FLEX; REMV LES-FORCE	10	0.3	0.29
45381	COLNSCP PROX SPLENC FLXR;SUBMUC	9	0.3	0.11
45338	SIGMOIDOSCOPY FLEX; REMV LES-SNA	7	0.2	0.01
43247	UGI ENDO; W/REMOVAL FB	5	0.1	0.02
45383	COLONOSCOPY FLEX; W/ABLAT LES	4	0.1	0.08
45339	SIGMOIDOS FLEX; ABLAT LES-NOT AM	2	0.1	0.00
45340	SIGMOIDSCPY FLX; DILAT BALLN 1/>	2	0.1	0.00
45382	COLNSCPY FLEX SPLENIC; CNTRL BLE	2	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, 2007
 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 CHRG	AVE TOT CHRG(ALL FASCs)
ICD-9 Procedures		2,123	\$1,756	\$1,673
4523	COLONOSCOPY	723	\$1,793	\$957
4525	CLO [ENDO] BX LG INTESTINE	589	\$1,780	\$880
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	344	\$1,800	\$931
4542	ENDO POLYPECTOMY LG INTESTINE	281	\$1,783	\$1,243
4292	DILAT ESOPH	94	\$1,526	\$1,107
4513	OTH ENDO SM INTESTINE	49	\$1,200	\$585
4225	OP BX ESOPH	19	\$1,100	\$1,100
4341	ENDO EXC/DESTRUC LES/TISS STOMACH	9	\$1,800	\$1,507
4422	ENDO DILAT PYLORUS	6	\$1,800	\$1,055
4543	ENDO DEST OTH LES/TISS LG INTEST	4	\$1,500	\$643
4685	DILAT INTESTINE	3	\$1,200	\$913
4443	ENDO CNTRL GASTRIC/DUODENAL HEMORR	1	\$1,800	\$1,122
4512	ENDO SM INTEST THRU ARTIFICL STOMA	1	\$1,200	\$825

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL FASCs)
CPT-4 Procedures		2,123	\$1,754	\$1,952
45380	COLONOSCOPY FLEX; W/BX 1/MX	732	\$1,799	\$1,220
45378	COLONOSCOPY FLEX; DX-SEP PROC	723	\$1,793	\$1,298
43239	UGI ENDO; W/BX 1/MX	344	\$1,800	\$1,293
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	107	\$1,800	\$1,235
43235	UGI ENDO; DX W/NO CLCT SPECMN-SP	49	\$1,200	\$771
43450	DILAT ESOPH-SOUND/BOUGIE-1/MX PA	48	\$1,200	\$1,168
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	36	\$1,800	\$1,112
45331	SIGMOIDOSCOPY FLXIBLE; W/BX 1/MX	20	\$1,200	\$776
45330	SIGMOIDOSCOPY FLEX; DX-SEP PROC	19	\$1,100	\$977
43251	UGI ENDO; W/REMV TUMOR/LES-SNARE	9	\$1,800	\$1,473
43248	UGI ENDO; W/INSRT GUIDE WIRE	7	\$1,800	\$860
43245	UP GI ENDO;W/DILAT GASTR OUTLT O	6	\$1,800	\$1,199
45338	SIGMOIDOSCOPY FLEX; REMV LES-SNA	5	\$1,200	\$920
45384	COLONOSCOPY FLEX; REMV LES-FORCE	5	\$1,800	\$1,866
43247	UGI ENDO; W/REMOVAL FB	2	\$1,800	\$1,419
45339	SIGMOIDOS FLEX; ABLAT LES-NOT AM	2	\$1,200	\$1,200
45340	SIGMOIDSCPY FLX; DILAT BALLN 1/>	2	\$1,200	\$995
43226	ESOPHAGOSCOPY; W/INSRT GUIDE WIR	1	\$1,200	\$1,200
43255	UGI ENDO; W/CONTRL BLEED ANY MET	1	\$1,800	\$1,393
44380	ILEOSCPY-STOMA; DX-SEP PROC	1	\$1,200	\$863

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, 2007
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	3,471	30,965
	112 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	508	616
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	20	67
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	33	116
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	952	8,223
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	220	2,220
	117 LOWER GASTROINTESTINAL ENDOSCOPY	1,738	16,178

SOURCE: Utah Ambulatory Surgery Database
 Utah 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, 2007
PROCEDURE APG CATEGORY, PROCEDURE APG, SINGLE APG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

419 Northern Utah Endoscopy Center

Procedure APG category	Procedure APG	TOTAL #	AVE TOT CHRG	AVE TOT CHRG(ALL FASCs)
06	DIGESTIVE SYSTEM	2,123	\$1,754	\$1,449
	112 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	48	\$1,200	\$1,168
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	19	\$1,100	\$906
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	30	\$1,200	\$815
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	393	\$1,725	\$1,184
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	62	\$1,790	\$1,125
	117 LOWER GASTROINTESTINAL ENDOSCOPY	1,571	\$1,795	\$1,269

SOURCE: Utah Ambulatory Surgery Database
 Utah 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, 2007
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	1,472	53.2	42,690	55.0
Male	1,288	46.5	34,925	45.0
Unknown	0	0.0	16	0.0
Not Reported	7	0.3	52	0.1
AGE				
1-28 days	0	0.0	0	0.0
29-365 days	0	0.0	426	0.5
1-4 years	0	0.0	3,270	4.2
5-9	0	0.0	1,755	2.3
10-14	0	0.0	1,099	1.4
15-17	12	0.4	1,342	1.7
18-19	34	1.2	1,277	1.6
20-24	68	2.5	3,167	4.1
25-29	68	2.5	3,640	4.7
30-34	83	3.0	3,641	4.7
35-39	82	3.0	3,802	4.9
40-44	135	4.9	3,994	5.1
45-49	195	7.0	5,155	6.6
50-54	334	12.1	7,437	9.6
55-59	299	10.8	6,553	8.4
60-64	279	10.1	6,262	8.1
65-69	348	12.6	6,811	8.8
70-74	330	11.9	6,512	8.4
75-79	256	9.3	5,656	7.3
80-84	137	5.0	3,757	4.8
85-89	84	3.0	1,699	2.2
90 +	23	0.8	426	0.5
Not Reported	0	0.0	2	0.0
SOURCE OF ADMISSION				
Physician Referral	2,767	100.0	66,023	85.0
Clinic Referral	0	0.0	1,249	1.6
HMO Referral	0	0.0	3	0.0
Other Hospital	0	0.0	0	0.0
Skilled Nursing Facility	0	0.0	0	0.0
Other Health Care Facility	0	0.0	0	0.0
Emergency Room	0	0.0	0	0.0
Court/Law Enforcement	0	0.0	0	0.0
Unknown	0	0.0	2,139	2.8
Not Reported	0	0.0	8,269	10.6

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2007
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	2,766	100.0	71,688	92.3
Another Hospital	1	0.0	50	0.1
Skilled Nursing Facility	0	0.0	1	0.0
Intermediate Care Facility	0	0.0	0	0.0
Another Type of Institution	0	0.0	2	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	5,942	7.6
Not Reported	0	0.0	0	0.0
PRIMARY PAYER				
Medicare	832	30.1	19,562	25.2
Medicaid	95	3.4	3,654	4.7
Other government	64	2.3	2,379	3.1
Blue Cross/Blue Shield	558	20.2	16,040	20.6
Other Commercial	388	14.0	7,626	9.8
Managed Care(HMO, PPO)	737	26.6	22,234	28.6
Self Pay	0	0.0	1,672	2.2
Industrial & Worker Comp	2	0.1	2,266	2.9
Charity and Unclassified	6	0.2	114	0.1
Childrens Health Insurance	0	0.0	401	0.5
Unknown	0	0.0	68	0.1
Not Reported	85	3.1	1,667	2.1
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	2,333	84.3	3,590	4.6
Central Utah	2	0.1	1,278	1.6
Davis County	7	0.3	13,116	16.9
Salt Lake County	5	0.2	26,526	34.1
Southeastern Utah	1	0.0	713	0.9
Southwest Utah	3	0.1	2,478	3.2
Summit County	1	0.0	814	1.0
Tooele County	0	0.0	1,076	1.4
Tri-County	0	0.0	383	0.5
Utah County	3	0.1	9,699	12.5
Wasatch County	0	0.0	411	0.5
Weber County	10	0.4	14,100	18.2
Unknown Utah	0	0.0	22	0.0
Outside Utah	402	14.5	3,462	4.5
Unknown, Not Reported	0	0.0	15	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, 2007
NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

420 Ridgeline Endoscopy Center

Reporting Category(ICD-9-CM CODES)	Procedures Performed		Procedures Performed-All FASCs	
	(#)	(%)	(#)	(%)
Reporting Category(ICD-9-CM CODES)	.	.	63,961	100.0
Mastectomy (85.0-85.99)	.	.	2,646	4.1
Musculoskeletal (76.0-84.99)	.	.	13,327	20.8
Respiratory (30.0-34.99)	.	.	128	0.2
Cardiovascular (35.0-39.99)	.	.	399	0.6
Lymphatic/Hemetic (40.0-41.99)	.	.	111	0.2
Digestive System (42.0-54.99)	.	.	16,258	25.4
Urinary (55.0-59.99)	.	.	259	0.4
Male Genital (60.0-64.99)	.	.	213	0.3
Female Genital (65.0-71.99)	.	.	1,507	2.4
Endocrine/Nervous (01.0-07.99)	.	.	4,752	7.4
Eye (08.0-16.99)	.	.	11,241	17.6
Ear (18.0-20.99)	.	.	3,031	4.7
Nose, Mouth, Pharynx (21.0-29.99)	.	.	10,089	15.8
Reporting Category(CPT-4 CODES)	8,174	100.0	106,522	100.0
Mastectomy (19120-19220)	0	0.0	455	0.4
Musculoskeletal (20000-29909)	0	0.0	24,506	23.0
Respiratory (30000-32999 & 39501-39599)	0	0.0	8,931	8.4
Cardiovascular (33010-37799 & 93501-93660)	0	0.0	208	0.2
Lymphatic/Hemetic (38100-38999)	0	0.0	148	0.1
Digestive (40490-49999)	8,174	100.0	35,841	33.6
Urinary (50010-53899)	0	0.0	1,895	1.8
Male Genital (54000-55899)	0	0.0	472	0.4
Female Genital (56405-58999)	0	0.0	2,208	2.1
Endocrine/Nervous (60000-64999)	0	0.0	10,320	9.7
Eye (65091-68899)	0	0.0	17,356	16.3
Ear (69000-69979)	0	0.0	4,182	3.9

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 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2007
MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES

420 Ridgeline Endoscopy Center

ICD-9 CODE	ICD-9 DESCRIPTION	#	%	% ALL FASCs
All ICD-9 Procedures				

Does not report ICDs

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL FASCs
All CPT-4 Procedures				
43239	UGI ENDO; W/BX 1/MX	8,174	100.0	100.0
45378	COLONOSCOPY FLEX; DX-SEP PROC	2,588	31.7	6.34
45380	COLONOSCOPY FLEX; W/BX 1/MX	2,159	26.4	6.47
45380	COLONOSCOPY FLEX; W/BX 1/MX	1,572	19.2	6.43
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	994	12.2	1.70
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	358	4.4	1.75
45384	COLONOSCOPY FLEX; REMV LES-FORCE	221	2.7	0.29
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	63	0.8	1.36
43450	DILAT ESOPH-SOUND/BOUGIE-1/MX PA	54	0.7	0.58
45381	COLNSCP PROX SPLENC FLXR;SUBMUC	35	0.4	0.11
43245	UP GI ENDO;W/DILAT GASTR OUTLT O	17	0.2	0.07
43251	UGI ENDO; W/REMV TUMOR/LES-SNARE	14	0.2	0.13
43255	UGI ENDO; W/CONTRL BLEED ANY MET	13	0.2	0.02
47000	BIOPSY LIVER NEEDLE; PERCUTANEOU	11	0.1	0.01
43246	UGI ENDO; W/PLCMT GASTROSTOMY TU	7	0.1	0.01
43247	UGI ENDO; W/REMOVAL FB	7	0.1	0.02
45330	SIGMOIDOSCOPY FLEX; DX-SEP PROC	7	0.1	0.05
45382	COLNSCPY FLEX SPLENIC; CNTRL BLE	7	0.1	0.02
45331	SIGMOIDOSCOPY FLXIBLE; W/BX 1/MX	6	0.1	0.08
43244	UGI ENDO; W/BAND LIG VARICES	5	0.1	0.01
45383	COLONOSCOPY FLEX; W/ABLAT LES	5	0.1	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, 2007
 AVERAGE TOTAL CHARGES FOR MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES, SINGLE ICD-9 OR CPT-4 ONLY

420 Ridgeline Endoscopy Center

ICD-9 CODE	ICD-9 DESCRIPTION	#	AVE TOT CHR	AVE TOT CHR(ALL FASCs)
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ICD-9 Procedures

Does not report ICDS

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHR	AVE TOT CHR(ALL FASCs)
CPT-4 Procedures		5,600	\$1,938	\$1,952
45378	COLONOSCOPY FLEX; DX-SEP PROC	2,143	\$1,926	\$1,298
43239	UGI ENDO; W/BX 1/MX	1,566	\$1,812	\$1,293
45380	COLONOSCOPY FLEX; W/BX 1/MX	1,357	\$2,007	\$1,220
45384	COLONOSCOPY FLEX; REMV LES-FORCE	176	\$2,056	\$1,866
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	157	\$2,124	\$1,235
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	81	\$1,988	\$1,112
43235	UGI ENDO; DX W/VO CLCT SPECMN-SP	57	\$1,823	\$771
47000	BIOPSY LIVER NEEDLE; PERCUTANEOU	11	\$7,037	\$7,037
43245	UP GI ENDO;W/DILAT GASTR OUTLT O	8	\$1,886	\$1,199
45330	SIGMOIDOSCOPY FLEX; DX-SEP PROC	6	\$1,695	\$977
45382	COLNSCPY FLEX SPLENIC; CNTRL BLE	6	\$1,950	\$1,875
43246	UGI ENDO; W/PLCMT GASTROSTOMY TU	3	\$2,100	\$2,100
45331	SIGMOIDOSCOPY FLXIBLE; W/BX 1/MX	3	\$2,000	\$776
43244	UGI ENDO; W/BAND LIG VARICES	2	\$1,800	\$1,292
43247	UGI ENDO; W/REMOVAL FB	2	\$1,300	\$1,419
43251	UGI ENDO; W/REMV TUMOR/LES-SNARE	2	\$1,975	\$1,473
43255	UGI ENDO; W/CONTRL BLEED ANY MET	2	\$2,000	\$1,393
43271	ERCP; BALLN DILAT AMPULA BILI&P	2	\$15,085	\$15,085
43760	CHANGE OF GASTROSTOMY TUBE	2	\$1,800	\$1,536
44380	ILEOSCPY-STOMA; DX-SEP PROC	2	\$900	\$863

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, 2007
PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

420 Ridgeline Endoscopy Center

Procedure APG category	Procedure APG	TOTAL #	TOTAL # (ALL FASCs)
01	INTEGUMENTARY SYSTEM	11	1,641
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	11	16
06	DIGESTIVE SYSTEM	8,160	30,965
	112 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	55	616
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	7	67
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	12	116
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	2,652	8,223
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	1,063	2,220
	117 LOWER GASTROINTESTINAL ENDOSCOPY	4,366	16,178
	118 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	5	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 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2007
PROCEDURE APG CATEGORY, PROCEDURE APG, SINGLE APG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

420 Ridgeline Endoscopy Center

Procedure APG category	Procedure APG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL FASCs)
01	INTEGUMENTARY SYSTEM	11	\$7,037	\$1,519
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	11	\$7,037	\$7,037
06	DIGESTIVE SYSTEM	5,587	\$1,928	\$1,449
	112 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	1	\$1,300	\$1,168
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	6	\$1,695	\$906
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	6	\$1,500	\$815
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	1,623	\$1,812	\$1,184
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	103	\$1,954	\$1,125
	117 LOWER GASTROINTESTINAL ENDOSCOPY	3,845	\$1,968	\$1,269
	118 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	3	\$15,223	\$11,667

SOURCE: Utah Ambulatory Surgery Database
 Utah 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, 2007
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

420 Ridgeline Endoscopy Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
GENDER				
Female	3,772	55.0	42,690	55.0
Male	3,086	45.0	34,925	45.0
Unknown	0	0.0	16	0.0
Not Reported	0	0.0	52	0.1
AGE				
1-28 days	0	0.0	0	0.0
29-365 days	0	0.0	426	0.5
1-4 years	0	0.0	3,270	4.2
5-9	2	0.0	1,755	2.3
10-14	11	0.2	1,099	1.4
15-17	46	0.7	1,342	1.7
18-19	48	0.7	1,277	1.6
20-24	125	1.8	3,167	4.1
25-29	154	2.2	3,640	4.7
30-34	182	2.7	3,641	4.7
35-39	223	3.3	3,802	4.9
40-44	241	3.5	3,994	5.1
45-49	417	6.1	5,155	6.6
50-54	822	12.0	7,437	9.6
55-59	756	11.0	6,553	8.4
60-64	767	11.2	6,262	8.1
65-69	860	12.5	6,811	8.8
70-74	823	12.0	6,512	8.4
75-79	645	9.4	5,656	7.3
80-84	492	7.2	3,757	4.8
85-89	183	2.7	1,699	2.2
90 +	61	0.9	426	0.5
Not Reported	0	0.0	2	0.0
SOURCE OF ADMISSION				
Physician Referral	6,858	100.0	66,023	85.0
Clinic Referral	0	0.0	1,249	1.6
HMO Referral	0	0.0	3	0.0
Other Hospital	0	0.0	0	0.0
Skilled Nursing Facility	0	0.0	0	0.0
Other Health Care Facility	0	0.0	0	0.0
Emergency Room	0	0.0	0	0.0
Court/Law Enforcement	0	0.0	0	0.0
Unknown	0	0.0	2,139	2.8
Not Reported	0	0.0	8,269	10.6

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2007
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	6,858	100.0	71,688	92.3
Another Hospital	0	0.0	50	0.1
Skilled Nursing Facility	0	0.0	1	0.0
Intermediate Care Facility	0	0.0	0	0.0
Another Type of Institution	0	0.0	2	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	5,942	7.6
Not Reported	0	0.0	0	0.0
PRIMARY PAYER				
Medicare	2,860	41.7	19,562	25.2
Medicaid	112	1.6	3,654	4.7
Other government	818	11.9	2,379	3.1
Blue Cross/Blue Shield	1,241	18.1	16,040	20.6
Other Commercial	787	11.5	7,626	9.8
Managed Care(HMO, PPO)	1,008	14.7	22,234	28.6
Self Pay	29	0.4	1,672	2.2
Industrial & Worker Comp	1	0.0	2,266	2.9
Charity and Unclassified	2	0.0	114	0.1
Childrens Health Insurance	0	0.0	401	0.5
Unknown	0	0.0	68	0.1
Not Reported	0	0.0	1,667	2.1
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	278	4.1	3,590	4.6
Central Utah	2	0.0	1,278	1.6
Davis County	1,900	27.7	13,116	16.9
Salt Lake County	24	0.3	26,526	34.1
Southeastern Utah	0	0.0	713	0.9
Southwest Utah	9	0.1	2,478	3.2
Summit County	21	0.3	814	1.0
Tooele County	2	0.0	1,076	1.4
Tri-County	6	0.1	383	0.5
Utah County	12	0.2	9,699	12.5
Wasatch County	0	0.0	411	0.5
Weber County	4,376	63.8	14,100	18.2
Unknown Utah	0	0.0	22	0.0
Outside Utah	228	3.3	3,462	4.5
Unknown, Not Reported	0	0.0	15	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, 2007
NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

407 Salt Lake Surgical Center

Reporting Category(ICD-9-CM CODES)	Procedures Performed		Procedures Performed-All FASCs	
	(#)	(%)	(#)	(%)
Mastectomy (85.0-85.99)	.	.	63,961	100.0
Musculoskeletal (76.0-84.99)	.	.	2,646	4.1
Respiratory (30.0-34.99)	.	.	13,327	20.8
Cardiovascular (35.0-39.99)	.	.	128	0.2
Lymphatic/Hemetic (40.0-41.99)	.	.	399	0.6
Digestive System (42.0-54.99)	.	.	111	0.2
Urinary (55.0-59.99)	.	.	16,258	25.4
Male Genital (60.0-64.99)	.	.	259	0.4
Female Genital (65.0-71.99)	.	.	213	0.3
Endocrine/Nervous (01.0-07.99)	.	.	1,507	2.4
Eye (08.0-16.99)	.	.	4,752	7.4
Ear (18.0-20.99)	.	.	11,241	17.6
Nose, Mouth, Pharynx (21.0-29.99)	.	.	3,031	4.7
	.	.	10,089	15.8
Reporting Category(CPT-4 CODES)	4,345	100.0	106,522	100.0
Mastectomy (19120-19220)	0	0.0	455	0.4
Musculoskeletal (20000-29909)	723	16.6	24,506	23.0
Respiratory (30000-32999 & 39501-39599)	375	8.6	8,931	8.4
Cardiovascular (33010-37799 & 93501-93660)	0	0.0	208	0.2
Lymphatic/Hemetic (38100-38999)	3	0.1	148	0.1
Digestive (40490-49999)	718	16.5	35,841	33.6
Urinary (50010-53899)	224	5.2	1,895	1.8
Male Genital (54000-55899)	87	2.0	472	0.4
Female Genital (56405-58999)	47	1.1	2,208	2.1
Endocrine/Nervous (60000-64999)	1,499	34.5	10,320	9.7
Eye (65091-68899)	519	11.9	17,356	16.3
Ear (69000-69979)	150	3.5	4,182	3.9

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 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2007
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
All CPT-4 Procedures				
41899	UNLIST PROC DENTOALVEOL STRUCTUR	4,345	100.0	100.0
64483	INJ ANES EPIDURL; LUMB/SAC 1 LEV	503	11.6	1.84
66984	EXTRACAPSULAR CATARACT REMV IOL	329	7.6	1.53
64484	INJ ANES EPIDURL; LUMB/SAC-EA AD	275	6.3	9.29
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	208	4.8	0.63
62310	INJ 1 NOT NEUROLYTIC-EPID;CERV/T	196	4.5	1.50
64476	INJ ANES FACET JT; LUMB/SAC-EA A	141	3.2	0.38
69436	TYMPANOSTOMY GENERAL ANESTHESIA	136	3.1	0.95
64475	INJ ANES FACET JT; LUMB/SAC-1LEV	119	2.7	3.24
30140	SUBMUCOS RES TURBINATE PART/CMPL	101	2.3	0.63
64623	DESTRUC FACET JT NRV; L/S-EA AD	97	2.2	2.25
28285	CORRECTION HAMMERTOES	84	1.9	0.43
28080	EXC INTERDIGITL NEUROMA SINGLE EA	77	1.8	0.77
42820	T&A; UNDER AGE 12	68	1.6	0.33
30520	SEPTOPLASTY/SUBMUCOS RES W/GFT	65	1.5	1.35
52332	CYSTOURETHROSCOPY W/INSRT STENT	64	1.5	1.46
67904	REPR BLEPHAROPTOSIS; RESECT-EXT	56	1.3	0.26
31255	NASAL/SINUS ENDO; W/TOT ETHMOECT	52	1.2	0.45
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	50	1.2	0.87
64622	DESTRUC FACET JT NRV; L/S-1 LEVE	50	1.2	0.67
		49	1.1	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, 2007
 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)
CPT-4 Procedures		1,757	\$1,795	\$1,952
41899	UNLIST PROC DENTOALVEOL STRUCTUR	499	\$2,241	\$1,654
66984	EXTRACAPSULAR CATARACT REMV IOL	245	\$1,717	\$2,548
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	135	\$834	\$819
62310	INJ 1 NOT NEUROLYTIC-EPID;CERV/T	64	\$842	\$746
64483	INJ ANES EPIDURL; LUMB/SAC 1 LEV	59	\$894	\$953
42820	T&A; UNDER AGE 12	48	\$1,523	\$1,631
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	41	\$1,633	\$1,634
28296	HALLUX VALGUS; W/METATARSAL OSTE	27	\$1,810	\$2,091
28080	EXC INTERDIGTL NEUROMA SINGLE EA	24	\$1,935	\$1,866
52260	CYSTOURETHROSCOPY W/DILAT; GEN AN	21	\$1,811	\$1,596
42821	T&A; AGE 12 OR OVER	20	\$2,028	\$1,625
52332	CYSTOURETHROSCOPY W/INSRT STENT	19	\$2,281	\$2,217
52276	CYSTURETHRSCOPY W/DIR INTRL URETH	18	\$1,246	\$1,497
30410	RHINO PRIM; CMLPT EXTERNAL PARTS	15	\$860	\$2,628
66982	EXTRACAP CATARACT REMV W/IOL-CMP	14	\$1,684	\$3,429
55400	VASOVASOSTOMY VASOVASORRHAPHY	13	\$2,310	\$2,266
64520	INJECTION ANES AGT; LUMBAR/THOR	13	\$1,017	\$1,143
65730	KERATOPLSTY; PENETRAT NOT APHAKI	12	\$7,204	\$4,543
67900	REPAIR OF BROW PTOSIS	12	\$1,209	\$2,439
55040	EXCISION OF HYDROCELE; UNILATERA	11	\$1,928	\$2,184

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, 2007
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	54	1,641
	003 COMPLEX INCISION AND DRAINAGE	1	23
	006 SIMPLE DEBRIDEMENT AND DESTRUCTION	5	24
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	10	420
	008 SIMPLE EXCISION AND BIOPSY	25	517
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRANGE	13	177
02	MUSCULOSKELETAL SYSTEM	630	22,513
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	53	2,274
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	3	540
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	16	805
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	337	4,884
	025 ARTHROSCOPY	51	10,345
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	20	1,390
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	5	208
	032 BUNION PROCEDURES	103	913
	034 HAND AND FOOT TENOTOMY	1	74
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	41	719
03	RESPIRATORY SYSTEM	144	3,706
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	142	3,675
	054 SIMPLE ENDOSCOPY OF THE UPPER AIRWAY	2	28
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	4	179
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	4	176
06	DIGESTIVE SYSTEM	75	30,965
	119 HERNIA AND HYDROCELE PROCEDURES	25	1,251
	120 COMPLEX ANAL AND RECTAL PROCEDURES	1	184
	121 SIMPLE ANAL AND RECTAL PROCEDURES	1	74
	123 COMPLEX LAPAROSCOPIC PROCEDURES	48	2,010
07	URINARY SYSTEM	220	1,863
	131 RENAL EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	3	599
	133 URINARY CATHETERIZATION AND DILATATION	4	30
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	104	685
	135 MODERATE CYSTOURETHROSCOPY	85	395
	136 SIMPLE CYSTOURETHROSCOPY	14	118
	137 COMPLEX URETHRAL PROCEDURES	6	14
	138 SIMPLE URETHRAL PROCEDURES	4	21
08	MALE GENITAL SYSTEM	69	415
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	57	308
	153 COMPLEX PENILE PROCEDURES	1	27
	154 SIMPLE PENILE PROCEDURES	10	67
	155 PROSTATE NEEDLE AND PUNCH BIOPSY	1	13
09	FEMALE GENITAL SYSTEM	27	1,259
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	8	331
	178 DILATION AND CURETTAGE	3	106
	179 HYSTEROSCOPY	15	669
	180 COLPOSCOPY	1	25
10	NERVOUS SYSTEM	1,494	9,936

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2007
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			
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	1,373	7,561
	196 REVISION AND REMOVAL OF NEUROLOGICAL DEVICE	14	17
	197 NEUROSTIMULATOR AND VENTRICULAR SHUNT IMPLANTATION	19	75
	198 NERVE REPAIR AND DESTRUCTION	88	2,283
11	EYE AND OCULAR ADNEXA	518	17,275
	214 CATARACT PROCEDURES	293	10,330
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	18	1,118
	216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	13	603
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	30	544
	220 STRABISMUS AND MUSCLE EYE PROCEDURES	19	309
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	126	1,622
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	17	404
	223 VITRECTOMY	2	281
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	1,081	15,466
	233 NASAL CAUTERIZATION AND PACKING	2	109
	234 COMPLEX FACIAL AND ENT PROCEDURES	161	2,888
	235 SIMPLE FACIAL AND ENT PROCEDURES	764	9,033
	236 TONSIL AND ADENOID PROCEDURES	154	3,436
13	THERAPEUTIC AND OTHER RADIOLOGICAL PROCEDURES	9	226
	254 MYELOGRAPHY	9	223

SOURCE: Utah Ambulatory Surgery Database
Utah 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, 2007
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	28	\$1,686	\$1,519
	003 COMPLEX INCISION AND DRAINAGE	1	\$1,770	\$1,896
	006 SIMPLE DEBRIDEMENT AND DESTRUCTION	4	\$806	\$769
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	9	\$1,799	\$1,625
	008 SIMPLE EXCISION AND BIOPSY	9	\$1,894	\$1,512
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRAN	5	\$1,796	\$3,444
02	MUSCULOSKELETAL SYSTEM	180	\$1,916	\$2,860
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	10	\$2,755	\$3,292
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	3	\$2,083	\$2,490
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	6	\$1,774	\$2,500
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	96	\$1,827	\$1,936
	025 ARTHROSCOPY	6	\$1,910	\$3,492
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	14	\$2,008	\$2,717
	032 BUNION PROCEDURES	44	\$1,913	\$2,317
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	1	\$1,251	\$1,264
03	RESPIRATORY SYSTEM	7	\$1,754	\$1,766
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	6	\$1,751	\$1,711
	054 SIMPLE ENDOSCOPY OF THE UPPER AIRWAY	1	\$1,770	\$2,446
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	4	\$1,916	\$1,971
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	4	\$1,916	\$1,982
06	DIGESTIVE SYSTEM	38	\$2,973	\$1,449
	119 HERNIA AND HYDROCELE PROCEDURES	16	\$2,436	\$2,511
	123 COMPLEX LAPAROSCOPIC PROCEDURES	22	\$3,363	\$3,820
07	URINARY SYSTEM	122	\$1,773	\$3,664
	131 RENAL EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	2	\$6,195	\$5,747
	133 URINARY CATHETERIZATION AND DILATATION	1	\$1,602	\$1,779
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	51	\$1,748	\$2,236
	135 MODERATE CYSTOURETHROSCOPY	56	\$1,716	\$1,656
	136 SIMPLE CYSTOURETHROSCOPY	6	\$1,495	\$1,521
	137 COMPLEX URETHRAL PROCEDURES	6	\$1,356	\$2,050
08	MALE GENITAL SYSTEM	46	\$1,885	\$1,983
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	36	\$2,052	\$2,074
	154 SIMPLE PENILE PROCEDURES	10	\$1,287	\$1,606
09	FEMALE GENITAL SYSTEM	13	\$1,925	\$2,143
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	1	\$1,944	\$1,438
	178 DILATION AND CURETTAGE	1	\$1,475	\$1,142
	179 HYSTEROSCOPY	11	\$1,964	\$2,572
10	NERVOUS SYSTEM	318	\$892	\$1,205
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	306	\$869	\$997
	198 NERVE REPAIR AND DESTRUCTION	12	\$1,482	\$1,708
11	EYE AND OCULAR ADNEXA	323	\$1,925	\$2,351
	214 CATARACT PROCEDURES	259	\$1,715	\$2,574
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	16	\$6,625	\$2,871
	216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	8	\$1,975	\$2,004
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	1	\$1,733	\$2,282

**AMB ST 1-5
 UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2007
 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)
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	32	\$1,382	\$2,068
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	7	\$1,432	\$1,416
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	674	\$2,058	\$1,759
	234 COMPLEX FACIAL AND ENT PROCEDURES	41	\$1,376	\$2,451
	235 SIMPLE FACIAL AND ENT PROCEDURES	521	\$2,199	\$1,733
	236 TONSIL AND ADENOID PROCEDURES	112	\$1,653	\$1,628
13	THERAPEUTIC AND OTHER RADIOLOGICAL PROCEDURES	1	\$727	\$863
	254 MYELOGRAPHY	1	\$727	\$943

SOURCE: Utah Ambulatory Surgery Database
 Utah 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, 2007
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	1,472	55.2	42,690	55.0
Male	1,193	44.7	34,925	45.0
Unknown	1	0.0	16	0.0
Not Reported	0	0.0	52	0.1
AGE				
1-28 days	0	0.0	0	0.0
29-365 days	12	0.5	426	0.5
1-4 years	338	12.7	3,270	4.2
5-9	160	6.0	1,755	2.3
10-14	54	2.0	1,099	1.4
15-17	49	1.8	1,342	1.7
18-19	33	1.2	1,277	1.6
20-24	94	3.5	3,167	4.1
25-29	121	4.5	3,640	4.7
30-34	121	4.5	3,641	4.7
35-39	160	6.0	3,802	4.9
40-44	141	5.3	3,994	5.1
45-49	148	5.6	5,155	6.6
50-54	172	6.5	7,437	9.6
55-59	168	6.3	6,553	8.4
60-64	170	6.4	6,262	8.1
65-69	186	7.0	6,811	8.8
70-74	167	6.3	6,512	8.4
75-79	172	6.5	5,656	7.3
80-84	102	3.8	3,757	4.8
85-89	79	3.0	1,699	2.2
90 +	19	0.7	426	0.5
Not Reported	0	0.0	2	0.0
SOURCE OF ADMISSION				
Physician Referral	2,666	100.0	66,023	85.0
Clinic Referral	0	0.0	1,249	1.6
HMO Referral	0	0.0	3	0.0
Other Hospital	0	0.0	0	0.0
Skilled Nursing Facility	0	0.0	0	0.0
Other Health Care Facility	0	0.0	0	0.0
Emergency Room	0	0.0	0	0.0
Court/Law Enforcement	0	0.0	0	0.0
Unknown	0	0.0	2,139	2.8
Not Reported	0	0.0	8,269	10.6

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2007
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	2,666	100.0	71,688	92.3
Another Hospital	0	0.0	50	0.1
Skilled Nursing Facility	0	0.0	1	0.0
Intermediate Care Facility	0	0.0	0	0.0
Another Type of Institution	0	0.0	2	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	5,942	7.6
Not Reported	0	0.0	0	0.0
PRIMARY PAYER				
Medicare	585	21.9	19,562	25.2
Medicaid	456	17.1	3,654	4.7
Other government	34	1.3	2,379	3.1
Blue Cross/Blue Shield	962	36.1	16,040	20.6
Other Commercial	127	4.8	7,626	9.8
Managed Care(HMO, PPO)	301	11.3	22,234	28.6
Self Pay	0	0.0	1,672	2.2
Industrial & Worker Comp	87	3.3	2,266	2.9
Charity and Unclassified	0	0.0	114	0.1
Childrens Health Insurance	0	0.0	401	0.5
Unknown	0	0.0	68	0.1
Not Reported	114	4.3	1,667	2.1
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	14	0.5	3,590	4.6
Central Utah	26	1.0	1,278	1.6
Davis County	119	4.5	13,116	16.9
Salt Lake County	1,974	74.0	26,526	34.1
Southeastern Utah	13	0.5	713	0.9
Southwest Utah	6	0.2	2,478	3.2
Summit County	102	3.8	814	1.0
Tooele County	85	3.2	1,076	1.4
Tri-County	56	2.1	383	0.5
Utah County	41	1.5	9,699	12.5
Wasatch County	29	1.1	411	0.5
Weber County	29	1.1	14,100	18.2
Unknown Utah	0	0.0	22	0.0
Outside Utah	172	6.5	3,462	4.5
Unknown, Not Reported	0	0.0	15	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, 2007
NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

417 South Towne Surgical Center

Reporting Category(ICD-9-CM CODES)	Procedures Performed		Procedures Performed-All FASCs	
	(#)	(%)	(#)	(%)
Reporting Category(ICD-9-CM CODES)	5,807	100.0	63,961	100.0
Mastectomy (85.0-85.99)	637	11.0	2,646	4.1
Musculoskeletal (76.0-84.99)	1,612	27.8	13,327	20.8
Respiratory (30.0-34.99)	0	0.0	128	0.2
Cardiovascular (35.0-39.99)	7	0.1	399	0.6
Lymphatic/Hemetic (40.0-41.99)	2	0.0	111	0.2
Digestive System (42.0-54.99)	1,302	22.4	16,258	25.4
Urinary (55.0-59.99)	45	0.8	259	0.4
Male Genital (60.0-64.99)	28	0.5	213	0.3
Female Genital (65.0-71.99)	49	0.8	1,507	2.4
Endocrine/Nervous (01.0-07.99)	848	14.6	4,752	7.4
Eye (08.0-16.99)	49	0.8	11,241	17.6
Ear (18.0-20.99)	200	3.4	3,031	4.7
Nose, Mouth, Pharynx (21.0-29.99)	1,028	17.7	10,089	15.8
Reporting Category(CPT-4 CODES)	5,295	100.0	106,522	100.0
Mastectomy (19120-19220)	8	0.2	455	0.4
Musculoskeletal (20000-29909)	1,730	32.7	24,506	23.0
Respiratory (30000-32999 & 39501-39599)	57	1.1	8,931	8.4
Cardiovascular (33010-37799 & 93501-93660)	10	0.2	208	0.2
Lymphatic/Hemetic (38100-38999)	2	0.0	148	0.1
Digestive (40490-49999)	2,298	43.4	35,841	33.6
Urinary (50010-53899)	103	1.9	1,895	1.8
Male Genital (54000-55899)	29	0.5	472	0.4
Female Genital (56405-58999)	49	0.9	2,208	2.1
Endocrine/Nervous (60000-64999)	802	15.1	10,320	9.7
Eye (65091-68899)	2	0.0	17,356	16.3
Ear (69000-69979)	205	3.9	4,182	3.9

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 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2007
MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES

417 South Towne Surgical Center

ICD-9 CODE	ICD-9 DESCRIPTION	#	%	% ALL FASCs
All ICD-9 Procedures		5,807	100.0	100.0
2499	OTH DENTAL OPER	804	13.8	1.26
8553	UNILAT BREAST IMPLNT	399	6.9	0.70
4523	COLONOSCOPY	331	5.7	5.74
806	EXC SEMILUNAR CARTILAGE-KNEE	226	3.9	2.42
042	DESTRUC CRANIAL & PERIPH NERV	222	3.8	0.68
4495	4495	221	3.8	0.35
2001	MYRINGOTOMY W/INSRT TUBE	183	3.2	3.68
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	171	2.9	4.84
4525	CLO [ENDO] BX LG INTESTINE	167	2.9	6.26
8076	SYNOVECT-KNEE	142	2.4	0.59
0339	OTH DX SPINAL CORD-CANAL STRUCT	134	2.3	0.21
0392	INJ OTH AGENT SPINAL CANAL	117	2.0	2.18
8183	OTH REPR SHLDR	113	1.9	1.58
0391	INJ ANES SPINAL CANAL-ANALGESIA	99	1.7	0.88
8086	OTH LOC EXC/DESTRUC JT LES-KNEE	97	1.7	0.99
4513	OTH ENDO SM INTESTINE	88	1.5	1.23
0309	OTH EXPLOR & DECOMP SPINAL CANAL	85	1.5	0.13
856	MASTOPEXY	85	1.5	0.52
8081	OTH LOC EXC/DESTRUC JT LES-SHLDR	77	1.3	0.48
4292	DILAT ESOPH	72	1.2	1.51

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL FASCs
All CPT-4 Procedures		5,295	100.0	100.0
41899	UNLIST PROC DENTOALVEOL STRUCTUR	804	15.2	1.84
45378	COLONOSCOPY FLEX; DX-SEP PROC	331	6.3	6.47
43770	43770	221	4.2	0.21
69436	TYMPANOSTOMY GENERAL ANESTHESIA	183	3.5	3.24
43239	UGI ENDO; W/BX 1/MX	171	3.2	6.34
45380	COLONOSCOPY FLEX; W/BX 1/MX	164	3.1	6.43
29881	SCOPE KNEE SURG;W/MENISCECT MED/	144	2.7	1.94
62290	INJ PROC DISKOGRAPHY EA LEVL; LU	134	2.5	0.21
64623	DESTRUC FACET JT NRV; L/S-EA AD	127	2.4	0.43
29876	SCOPE KNEE SURG; SYNOVECTOMY MAJ	124	2.3	0.23
29826	SCOPE SHOULDER; DECOMP SUBACROM	106	2.0	1.48
64622	DESTRUC FACET JT NRV; L/S-1 LEVE	95	1.8	0.28
43235	UGI ENDO; DX W/VO CLCT SPECMN-SP	89	1.7	1.36
29880	SCOPE KNEE SURG;W/MENISCECT MED&	79	1.5	0.60
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	71	1.3	1.70
29879	SCOPE KNEE SURG; ABRASION ARTHPL	68	1.3	0.29
23120	CLAVICULECTOMY; PARTIAL	65	1.2	0.24
29823	SCOPE SHOULDER SURGICAL; DEBRID	65	1.2	0.24
28285	CORRECTION HAMMERTO	63	1.2	0.77
63030	LAMINOT W/ DECOMP; 1 INTERSPACE	63	1.2	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, 2007
 AVERAGE TOTAL CHARGES FOR MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES, SINGLE ICD-9 OR CPT-4 ONLY

417 South Towne Surgical Center

ICD-9 CODE	ICD-9 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL FASCs)
ICD-9 Procedures		3,046	\$1,237	\$1,673
2499	OTH DENTAL OPER	804	\$1,014	\$1,015
8553	UNILAT BREAST IMPLNT	309	\$681	\$681
4523	COLONOSCOPY	286	\$647	\$957
4495	4495	219	\$5,495	\$5,496
4525	CLO [ENDO] BX LG INTESTINE	90	\$615	\$880
806	EXC SEMILUNAR CARTILAGE-KNEE	75	\$1,158	\$2,419
4513	OTH ENDO SM INTESTINE	73	\$466	\$585
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	73	\$624	\$931
0392	INJ OTH AGENT SPINAL CANAL	68	\$545	\$1,154
283	TONSILLECTOMY W/ADENOIDECTOMY	63	\$616	\$1,624
0309	OTH EXPLOR & DECOMP SPINAL CANAL	46	\$3,019	\$3,019
282	TONSILLECTOMY WO ADENOIDECTOMY	37	\$860	\$1,696
856	MASTOPEXY	37	\$1,300	\$1,287
0443	RELEASE CARPAL TUNNEL	34	\$882	\$1,738
5300	UNILAT REPR ING HERN-NOS	33	\$1,447	\$1,954
8076	SYNOVECT-KNEE	32	\$956	\$3,257
5123	LAP CHOLEY	30	\$1,738	\$4,557
4292	DILAT ESOPH	29	\$564	\$1,107
8086	OTH LOC EXC/DESTRUC JT LES-KNEE	27	\$1,023	\$3,437
7751	BUNIONEC SOFT-OSTEOT 1ST METATARS	25	\$1,007	\$1,867

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL FASCs)
CPT-4 Procedures		2,652	\$1,267	\$1,952
41899	UNLIST PROC DENTOALVEOL STRUCTUR	804	\$1,014	\$1,654
45378	COLONOSCOPY FLEX; DX-SEP PROC	286	\$647	\$1,298
43770	43770	186	\$5,732	\$5,732
45380	COLONOSCOPY FLEX; W/BX 1/MX	87	\$619	\$1,220
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	74	\$460	\$771
43239	UGI ENDO; W/BX 1/MX	73	\$624	\$1,293
62310	INJ 1 NOT NEUROLYTIC-EPID;CERV/T	51	\$560	\$746
29881	SCOPE KNEE SURG;W/MENISCECT MED/	48	\$1,290	\$2,942
42820	T&A; UNDER AGE 12	48	\$486	\$1,631
63030	LAMINOT W/ DECOMP; 1 INTERSPACE	46	\$3,019	\$4,388
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	33	\$902	\$1,634
47562	LAPAROSCOPY SURGICAL; CHOLECT	30	\$1,738	\$4,439
50590	LITHOTRIPSY XTRACORP SHOCK WAVE	30	\$1,832	\$5,747
29880	SCOPE KNEE SURG;W/MENISCECT MED&	28	\$970	\$3,161
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	28	\$569	\$1,112
49505	REPR INIT ING HERNIA 5YR/MORE; R	28	\$1,393	\$2,132
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	28	\$756	\$1,599
20680	REMOVAL OF IMPLANT; DEEP	24	\$894	\$1,574
29876	SCOPE KNEE SURG; SYNOVECTOMY MAJ	23	\$863	\$2,757
46080	SPHINCTEROT ANAL DIV SPHINCTER-S	22	\$719	\$938

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, 2007
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	34	1,641
	003 COMPLEX INCISION AND DRAINAGE	1	23
	004 SIMPLE INCISION AND DRAINAGE	1	9
	006 SIMPLE DEBRIDEMENT AND DESTRUCTION	6	24
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	10	420
	008 SIMPLE EXCISION AND BIOPSY	5	517
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRANGE	3	177
	011 SIMPLE INCISION AND EXCISION OF BREAST	8	455
02	MUSCULOSKELETAL SYSTEM	1,760	22,513
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	341	2,274
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	57	540
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	43	805
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	292	4,884
	025 ARTHROSCOPY	871	10,345
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	1	104
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	62	1,390
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	12	208
	032 BUNION PROCEDURES	72	913
	033 ARTHROPLASTY	3	237
	034 HAND AND FOOT TENOTOMY	1	74
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	5	719
03	RESPIRATORY SYSTEM	2	3,706
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	2	3,675
04	CARDIOVASCULAR SYSTEM	10	132
	077 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	2	14
	080 MINOR VASCULAR REPAIR AND FISTULA CONSTRUCTION	1	10
	081 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	2	11
	082 VASCULAR LIGATION	5	64
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	2	179
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	2	176
06	DIGESTIVE SYSTEM	1,349	30,965
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	5	67
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	3	116
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	260	8,223
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	75	2,220
	117 LOWER GASTROINTESTINAL ENDOSCOPY	541	16,178
	119 HERNIA AND HYDROCELE PROCEDURES	69	1,251
	120 COMPLEX ANAL AND RECTAL PROCEDURES	31	184
	121 SIMPLE ANAL AND RECTAL PROCEDURES	38	74
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	1	13
	123 COMPLEX LAPAROSCOPIC PROCEDURES	326	2,010
07	URINARY SYSTEM	103	1,863
	131 RENAL EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	37	599
	133 URINARY CATHETERIZATION AND DILATATION	4	30
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	20	685
	135 MODERATE CYSTOURETHROSCOPY	35	395

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2007
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			
	136 SIMPLE CYSTOURETHROSCOPY	6	118
	138 SIMPLE URETHRAL PROCEDURES	1	21
08	MALE GENITAL SYSTEM	27	415
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	22	308
	153 COMPLEX PENILE PROCEDURES	3	27
	154 SIMPLE PENILE PROCEDURES	2	67
09	FEMALE GENITAL SYSTEM	26	1,259
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	4	128
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	6	331
	178 DILATION AND CURETTAGE	9	106
	179 HYSTEROSCOPY	7	669
10	NERVOUS SYSTEM	592	9,936
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	447	7,561
	197 NEUROSTIMULATOR AND VENTRICULAR SHUNT IMPLANTATION	25	75
	198 NERVE REPAIR AND DESTRUCTION	120	2,283
11	EYE AND OCULAR ADNEXA	2	17,275
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	2	1,622
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	1,233	15,466
	233 NASAL CAUTERIZATION AND PACKING	3	109
	234 COMPLEX FACIAL AND ENT PROCEDURES	42	2,888
	235 SIMPLE FACIAL AND ENT PROCEDURES	1,029	9,033
	236 TONSIL AND ADENOID PROCEDURES	159	3,436
13	THERAPEUTIC AND OTHER RADIOLOGICAL PROCEDURES	134	226
	254 MYELOGRAPHY	134	223

SOURCE: Utah Ambulatory Surgery Database
Utah 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, 2007
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	20	\$815	\$1,519
	003 COMPLEX INCISION AND DRAINAGE	1	\$699	\$1,896
	004 SIMPLE INCISION AND DRAINAGE	1	\$957	\$1,458
	006 SIMPLE DEBRIDEMENT AND DESTRUCTION	6	\$538	\$769
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	3	\$598	\$1,625
	008 SIMPLE EXCISION AND BIOPSY	1	\$555	\$1,512
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRAN	2	\$1,186	\$3,444
	011 SIMPLE INCISION AND EXCISION OF BREAST	6	\$1,114	\$1,058
02	MUSCULOSKELETAL SYSTEM	478	\$1,158	\$2,860
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	67	\$2,391	\$3,292
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	12	\$876	\$2,490
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	22	\$757	\$2,500
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	113	\$817	\$1,936
	025 ARTHROSCOPY	178	\$1,112	\$3,492
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	44	\$805	\$2,717
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	5	\$580	\$1,757
	032 BUNION PROCEDURES	32	\$1,040	\$2,317
	033 ARTHROPLASTY	3	\$1,134	\$2,976
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	2	\$586	\$1,264
04	CARDIOVASCULAR SYSTEM	4	\$1,384	\$1,775
	077 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	2	\$1,228	\$1,804
	081 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	1	\$909	\$1,489
	082 VASCULAR LIGATION	1	\$2,172	\$1,945
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	2	\$222	\$1,971
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	2	\$222	\$1,982
06	DIGESTIVE SYSTEM	938	\$1,719	\$1,449
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	3	\$530	\$906
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	3	\$492	\$815
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	147	\$542	\$1,184
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	32	\$592	\$1,125
	117 LOWER GASTROINTESTINAL ENDOSCOPY	396	\$637	\$1,269
	119 HERNIA AND HYDROCELE PROCEDURES	54	\$1,297	\$2,511
	120 COMPLEX ANAL AND RECTAL PROCEDURES	24	\$732	\$1,101
	121 SIMPLE ANAL AND RECTAL PROCEDURES	31	\$628	\$817
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	1	\$500	\$1,471
	123 COMPLEX LAPAROSCOPIC PROCEDURES	247	\$4,661	\$3,820
07	URINARY SYSTEM	67	\$1,150	\$3,664
	131 RENAL EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	30	\$1,832	\$5,747
	133 URINARY CATHETERIZATION AND DILATATION	2	\$519	\$1,779
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	5	\$514	\$2,236
	135 MODERATE CYSTOURETHROSCOPY	27	\$624	\$1,656
	136 SIMPLE CYSTOURETHROSCOPY	3	\$561	\$1,521
08	MALE GENITAL SYSTEM	24	\$1,251	\$1,983
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	19	\$1,411	\$2,074
	153 COMPLEX PENILE PROCEDURES	3	\$587	\$2,212

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2007
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)
	154 SIMPLE PENILE PROCEDURES	2	\$730	\$1,606
09	FEMALE GENITAL SYSTEM	18	\$819	\$2,143
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	3	\$461	\$2,337
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	4	\$772	\$1,438
	178 DILATION AND CURETTAGE	6	\$681	\$1,142
	179 HYSTEROSCOPY	5	\$1,237	\$2,572
10	NERVOUS SYSTEM	144	\$762	\$1,205
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	94	\$666	\$997
	197 NEUROSTIMULATOR AND VENTRICULAR SHUNT IMPLANTATION	5	\$2,996	\$3,586
	198 NERVE REPAIR AND DESTRUCTION	45	\$715	\$1,708
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	947	\$979	\$1,759
	234 COMPLEX FACIAL AND ENT PROCEDURES	14	\$937	\$2,451
	235 SIMPLE FACIAL AND ENT PROCEDURES	832	\$1,012	\$1,733
	236 TONSIL AND ADENOID PROCEDURES	101	\$710	\$1,628
13	THERAPEUTIC AND OTHER RADIOLOGICAL PROCEDURES	6	\$751	\$863
	254 MYELOGRAPHY	6	\$751	\$943

SOURCE: Utah Ambulatory Surgery Database
Utah 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, 2007
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

417 South Towne Surgical Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
GENDER				
Female	2,495	59.4	42,690	55.0
Male	1,706	40.6	34,925	45.0
Unknown	0	0.0	16	0.0
Not Reported	1	0.0	52	0.1
AGE				
1-28 days	0	0.0	0	0.0
29-365 days	21	0.5	426	0.5
1-4 years	714	17.0	3,270	4.2
5-9	224	5.3	1,755	2.3
10-14	51	1.2	1,099	1.4
15-17	63	1.5	1,342	1.7
18-19	54	1.3	1,277	1.6
20-24	212	5.0	3,167	4.1
25-29	264	6.3	3,640	4.7
30-34	309	7.4	3,641	4.7
35-39	350	8.3	3,802	4.9
40-44	304	7.2	3,994	5.1
45-49	340	8.1	5,155	6.6
50-54	411	9.8	7,437	9.6
55-59	309	7.4	6,553	8.4
60-64	237	5.6	6,262	8.1
65-69	131	3.1	6,811	8.8
70-74	106	2.5	6,512	8.4
75-79	61	1.5	5,656	7.3
80-84	23	0.5	3,757	4.8
85-89	11	0.3	1,699	2.2
90 +	7	0.2	426	0.5
Not Reported	0	0.0	2	0.0
SOURCE OF ADMISSION				
Physician Referral	4,202	100.0	66,023	85.0
Clinic Referral	0	0.0	1,249	1.6
HMO Referral	0	0.0	3	0.0
Other Hospital	0	0.0	0	0.0
Skilled Nursing Facility	0	0.0	0	0.0
Other Health Care Facility	0	0.0	0	0.0
Emergency Room	0	0.0	0	0.0
Court/Law Enforcement	0	0.0	0	0.0
Unknown	0	0.0	2,139	2.8
Not Reported	0	0.0	8,269	10.6

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2007
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	4,200	100.0	71,688	92.3
Another Hospital	2	0.0	50	0.1
Skilled Nursing Facility	0	0.0	1	0.0
Intermediate Care Facility	0	0.0	0	0.0
Another Type of Institution	0	0.0	2	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	5,942	7.6
Not Reported	0	0.0	0	0.0
PRIMARY PAYER				
Medicare	233	5.5	19,562	25.2
Medicaid	704	16.8	3,654	4.7
Other government	121	2.9	2,379	3.1
Blue Cross/Blue Shield	1,129	26.9	16,040	20.6
Other Commercial	198	4.7	7,626	9.8
Managed Care(HMO, PPO)	785	18.7	22,234	28.6
Self Pay	0	0.0	1,672	2.2
Industrial & Worker Comp	129	3.1	2,266	2.9
Charity and Unclassified	35	0.8	114	0.1
Childrens Health Insurance	45	1.1	401	0.5
Unknown	0	0.0	68	0.1
Not Reported	823	19.6	1,667	2.1
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	37	0.9	3,590	4.6
Central Utah	30	0.7	1,278	1.6
Davis County	163	3.9	13,116	16.9
Salt Lake County	3,247	77.3	26,526	34.1
Southeastern Utah	14	0.3	713	0.9
Southwest Utah	14	0.3	2,478	3.2
Summit County	57	1.4	814	1.0
Tooele County	65	1.5	1,076	1.4
Tri-County	50	1.2	383	0.5
Utah County	287	6.8	9,699	12.5
Wasatch County	51	1.2	411	0.5
Weber County	37	0.9	14,100	18.2
Unknown Utah	0	0.0	22	0.0
Outside Utah	150	3.6	3,462	4.5
Unknown, Not Reported	0	0.0	15	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, 2007
NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

408 St. George Surgical Center

Reporting Category(ICD-9-CM CODES)	Procedures Performed		Procedures Performed-All FASCs	
	(#)	(%)	(#)	(%)
Reporting Category(ICD-9-CM CODES)	325	100.0	63,961	100.0
Mastectomy (85.0-85.99)	0	0.0	2,646	4.1
Musculoskeletal (76.0-84.99)	0	0.0	13,327	20.8
Respiratory (30.0-34.99)	0	0.0	128	0.2
Cardiovascular (35.0-39.99)	264	81.2	399	0.6
Lymphatic/Hemetic (40.0-41.99)	0	0.0	111	0.2
Digestive System (42.0-54.99)	29	8.9	16,258	25.4
Urinary (55.0-59.99)	14	4.3	259	0.4
Male Genital (60.0-64.99)	0	0.0	213	0.3
Female Genital (65.0-71.99)	18	5.5	1,507	2.4
Endocrine/Nervous (01.0-07.99)	0	0.0	4,752	7.4
Eye (08.0-16.99)	0	0.0	11,241	17.6
Ear (18.0-20.99)	0	0.0	3,031	4.7
Nose, Mouth, Pharynx (21.0-29.99)	0	0.0	10,089	15.8
Reporting Category(CPT-4 CODES)	2,269	100.0	106,522	100.0
Mastectomy (19120-19220)	11	0.5	455	0.4
Musculoskeletal (20000-29909)	113	5.0	24,506	23.0
Respiratory (30000-32999 & 39501-39599)	22	1.0	8,931	8.4
Cardiovascular (33010-37799 & 93501-93660)	4	0.2	208	0.2
Lymphatic/Hemetic (38100-38999)	1	0.0	148	0.1
Digestive (40490-49999)	89	3.9	35,841	33.6
Urinary (50010-53899)	175	7.7	1,895	1.8
Male Genital (54000-55899)	8	0.4	472	0.4
Female Genital (56405-58999)	136	6.0	2,208	2.1
Endocrine/Nervous (60000-64999)	1,391	61.3	10,320	9.7
Eye (65091-68899)	313	13.8	17,356	16.3
Ear (69000-69979)	6	0.3	4,182	3.9

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 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2007
MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES

408 St. George Surgical Center

ICD-9 CODE	ICD-9 DESCRIPTION	#	%	% ALL FASCs
All ICD-9 Procedures				
3669	3669	325	100.0	100.0
3665	3665	209	64.3	0.33
5210	5210	48	14.8	0.08
7018	7018	26	8.0	0.04
5934	5934	18	5.5	0.03
3540	3540	14	4.3	0.02
4564	4564	4	1.2	0.01
3542	CREATE HEART SEPTAL DEFEC	3	0.9	0.00
3556	3556	2	0.6	0.00
		1	0.3	0.00

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL FASCs
All CPT-4 Procedures				
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	2,269	100.0	100.0
66984	EXTRACAPSULAR CATARACT REMV IOL	399	17.6	1.50
64476	INJ ANES FACET JT; LUMB/SAC-EA A	209	9.2	9.29
64475	INJ ANES FACET JT; LUMB/SAC-1LEV	179	7.9	0.95
64483	INJ ANES EPIDURL; LUMB/SAC 1 LEV	178	7.8	0.63
50590	LITHOTRIPSY XTRACORP SHOCK WAVE	108	4.8	1.53
62310	INJ 1 NOT NEUROLYTIC-EPID;CERV/T	105	4.6	0.56
64623	DESTRUC FACET JT NRV; L/S-EA AD	100	4.4	0.38
64622	DESTRUC FACET JT NRV; L/S-1 LEVE	76	3.3	0.43
64484	INJ ANES EPIDURL; LUMB/SAC-EA AD	73	3.2	0.28
66821	DISCISSION 2ND CATARACT; LASER S	64	2.8	0.63
58662	LAP SURG; W/FULG/EXCIS LES-OVARY	48	2.1	1.60
64472	INJ ANES FACET JT; CERV/THOR-EA	46	2.0	0.50
64520	INJECTION ANES AGT; LUMBAR/THOR	42	1.9	0.22
64470	INJ ANES FACET JT; CERV/THOR-1LE	38	1.7	0.07
52005	CYSTOURETHROSCOPY W/URETERAL CAT	35	1.5	0.18
41899	UNLIST PROC DENTOALVEOL STRUCTUR	28	1.2	0.07
58670	LAPARSCPY SURGICAL; W/FULG OVIDU	26	1.1	1.84
28285	CORRECTION HAMMERTOE	22	1.0	0.11
27096	INJ SI JNT ARTHRGRPH &/ANES/STER	21	0.9	0.77
		18	0.8	0.13

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, 2007
 AVERAGE TOTAL CHARGES FOR MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES, SINGLE ICD-9 OR CPT-4 ONLY

408 St. George Surgical Center

ICD-9 CODE	ICD-9 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL FASCs)
ICD-9 Procedures		321	\$965	\$1,673
3669	3669	209	\$1,010	\$1,010
3665	3665	48	\$450	\$450
5210	5210	26	\$1,035	\$1,035
7018	7018	18	\$1,831	\$1,831
5934	5934	12	\$879	\$879
3540	3540	4	\$693	\$693
4564	4564	3	\$950	\$950
3556	3556	1	\$1,059	\$1,059

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL FASCs)
CPT-4 Procedures		1,166	\$715	\$1,952
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	386	\$369	\$819
66984	EXTRACAPSULAR CATARACT REMV IOL	209	\$1,010	\$2,548
62310	INJ 1 NOT NEUROLYTIC-EPID;CERV/T	94	\$406	\$746
50590	LITHOTRIPSY XTRACORP SHOCK WAVE	69	\$782	\$5,747
66821	DISCISSION 2ND CATARACT; LASER S	48	\$450	\$959
64483	INJ ANES EPIDURL; LUMB/SAC 1 LEV	40	\$392	\$953
58662	LAP SURG; W/FULG/EXCIS LES-OVARY	27	\$1,434	\$2,759
41899	UNLIST PROC DENTOALVEOL STRUCTUR	26	\$1,035	\$1,654
30400	RHINO PRIM; LAT&ALAR CART&/ELEV	18	\$1,562	\$1,614
58670	LAPARSCPY SURGICAL; W/FULG OVIDU	17	\$1,598	\$1,711
67900	REPAIR OF BROW PTOSIS	17	\$1,852	\$2,439
19120	EXC BRST CYST TUMR/LES OPN M/F 1	11	\$630	\$1,153
45378	COLONOSCOPY FLEX; DX-SEP PROC	11	\$519	\$1,298
45380	COLONOSCOPY FLEX; W/BX 1/MX	10	\$494	\$1,220
49505	REPR INIT ING HERNIA 5YR/MORE; R	8	\$1,554	\$2,132
58120	DILATION & CURET DX &/ THERAPEUT	7	\$692	\$1,142
49320	LAP-ABD DX-W/WO SPECMN-SEP PROC	6	\$1,813	\$2,073
69300	OTPLSTY PROTRUDING EAR W/WO SZ R	6	\$1,189	\$994
58558	HYSTEROSCPY SURG; W/BX &/ POLYPE	5	\$812	\$1,556
66825	REPSTN IO LENS REQ INCI-SEP PROC	5	\$895	\$1,857

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, 2007
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	26	1,641
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	1	16
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	2	420
	008 SIMPLE EXCISION AND BIOPSY	12	517
	011 SIMPLE INCISION AND EXCISION OF BREAST	11	455
02	MUSCULOSKELETAL SYSTEM	78	22,513
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	4	805
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	36	4,884
	025 ARTHROSCOPY	1	10,345
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	1	1,390
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	1	208
	032 BUNION PROCEDURES	7	913
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	28	719
04	CARDIOVASCULAR SYSTEM	3	132
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	1	33
	082 VASCULAR LIGATION	2	64
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	1	179
	097 TRANSFUSION	1	1
06	DIGESTIVE SYSTEM	141	30,965
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	1	116
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	3	8,223
	117 LOWER GASTROINTESTINAL ENDOSCOPY	28	16,178
	119 HERNIA AND HYDROCELE PROCEDURES	18	1,251
	123 COMPLEX LAPAROSCOPIC PROCEDURES	91	2,010
07	URINARY SYSTEM	174	1,863
	131 RENAL EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	105	599
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	20	685
	135 MODERATE CYSTOURETHROSCOPY	47	395
	137 COMPLEX URETHRAL PROCEDURES	1	14
	138 SIMPLE URETHRAL PROCEDURES	1	21
08	MALE GENITAL SYSTEM	8	415
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	4	308
	154 SIMPLE PENILE PROCEDURES	3	67
	155 PROSTATE NEEDLE AND PUNCH BIOPSY	1	13
09	FEMALE GENITAL SYSTEM	49	1,259
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	19	128
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	16	331
	178 DILATION AND CURETTAGE	9	106
	179 HYSTEROSCOPY	5	669
10	NERVOUS SYSTEM	1,382	9,936
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	1,315	7,561
	196 REVISION AND REMOVAL OF NEUROLOGICAL DEVICE	1	17
	197 NEUROSTIMULATOR AND VENTRICULAR SHUNT IMPLANTATION	24	75
	198 NERVE REPAIR AND DESTRUCTION	42	2,283
11	EYE AND OCULAR ADNEXA	312	17,275
	213 LASER EYE PROCEDURES	48	1,770

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2007
PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

408 St. George Surgical Center

procedure APG category	procedure APG	TOTAL #	TOTAL # (ALL FASCs)
	214 CATARACT PROCEDURES	224	10,330
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	2	1,118
	216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	2	603
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	9	544
	220 STRABISMUS AND MUSCLE EYE PROCEDURES	1	309
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	20	1,622
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	5	404
	223 VITRECTOMY	1	281
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	61	15,466
	234 COMPLEX FACIAL AND ENT PROCEDURES	33	2,888
	235 SIMPLE FACIAL AND ENT PROCEDURES	28	9,033
13	THERAPEUTIC AND OTHER RADIOLOGICAL PROCEDURES	10	226
	254 MYELOGRAPHY	9	223
	255 MISCELLANEOUS RADIOLOGICAL PROCEDURES WITH CONTRAST	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, 2007
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	21	\$691	\$1,519
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	2	\$610	\$1,625
	008 SIMPLE EXCISION AND BIOPSY	8	\$795	\$1,512
	011 SIMPLE INCISION AND EXCISION OF BREAST	11	\$630	\$1,058
02	MUSCULOSKELETAL SYSTEM	16	\$538	\$2,860
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	7	\$619	\$1,936
	025 ARTHROSCOPY	1	\$791	\$3,492
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	1	\$1,109	\$2,717
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	1	\$433	\$1,757
	032 BUNION PROCEDURES	1	\$492	\$2,317
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	5	\$290	\$1,264
04	CARDIOVASCULAR SYSTEM	1	\$321	\$1,775
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	1	\$321	\$1,764
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	1	\$420	\$1,971
	097 TRANSFUSION	1	\$420	\$420
06	DIGESTIVE SYSTEM	101	\$1,222	\$1,449
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	1	\$321	\$815
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	3	\$654	\$1,184
	117 LOWER GASTROINTESTINAL ENDOSCOPY	28	\$497	\$1,269
	119 HERNIA AND HYDROCELE PROCEDURES	12	\$1,578	\$2,511
	123 COMPLEX LAPAROSCOPIC PROCEDURES	57	\$1,548	\$3,820
07	URINARY SYSTEM	78	\$752	\$3,664
	131 RENAL EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	69	\$782	\$5,747
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	3	\$799	\$2,236
	135 MODERATE CYSTOURETHROSCOPY	5	\$369	\$1,656
	138 SIMPLE URETHRAL PROCEDURES	1	\$500	\$1,461
08	MALE GENITAL SYSTEM	6	\$890	\$1,983
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	4	\$1,092	\$2,074
	154 SIMPLE PENILE PROCEDURES	2	\$487	\$1,606
09	FEMALE GENITAL SYSTEM	25	\$1,088	\$2,143
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	7	\$1,925	\$2,337
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	6	\$803	\$1,438
	178 DILATION AND CURETTAGE	7	\$692	\$1,142
	179 HYSTEROSCOPY	5	\$812	\$2,572
10	NERVOUS SYSTEM	543	\$404	\$1,205
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	534	\$378	\$997
	196 REVISION AND REMOVAL OF NEUROLOGICAL DEVICE	1	\$0	\$0
	197 NEUROSTIMULATOR AND VENTRICULAR SHUNT IMPLANTATION	3	\$4,571	\$3,586
	198 NERVE REPAIR AND DESTRUCTION	5	\$759	\$1,708
11	EYE AND OCULAR ADNEXA	305	\$947	\$2,351
	213 LASER EYE PROCEDURES	48	\$450	\$972
	214 CATARACT PROCEDURES	224	\$1,002	\$2,574
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	2	\$686	\$2,871
	216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	2	\$815	\$2,004
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	8	\$776	\$2,282

**AMB ST 1-5
 UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2007
 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)
	220 STRABISMUS AND MUSCLE EYE PROCEDURES	1	\$608	\$2,915
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	17	\$1,852	\$2,068
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	3	\$511	\$1,416
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	60	\$1,246	\$1,759
	234 COMPLEX FACIAL AND ENT PROCEDURES	32	\$1,458	\$2,451
	235 SIMPLE FACIAL AND ENT PROCEDURES	28	\$1,005	\$1,733
13	THERAPEUTIC AND OTHER RADIOLOGICAL PROCEDURES	2	\$910	\$863
	254 MYELOGRAPHY	1	\$1,670	\$943
	255 MISCELLANEOUS RADIOLOGICAL PROCEDURES WITH CONTRAST	1	\$150	\$150

SOURCE: Utah Ambulatory Surgery Database
 Utah 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, 2007
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	940	60.2	42,690	55.0
Male	603	38.6	34,925	45.0
Unknown	0	0.0	16	0.0
Not Reported	18	1.2	52	0.1
AGE				
1-28 days	0	0.0	0	0.0
29-365 days	1	0.1	426	0.5
1-4 years	13	0.8	3,270	4.2
5-9	2	0.1	1,755	2.3
10-14	4	0.3	1,099	1.4
15-17	12	0.8	1,342	1.7
18-19	11	0.7	1,277	1.6
20-24	46	2.9	3,167	4.1
25-29	81	5.2	3,640	4.7
30-34	73	4.7	3,641	4.7
35-39	78	5.0	3,802	4.9
40-44	64	4.1	3,994	5.1
45-49	92	5.9	5,155	6.6
50-54	133	8.5	7,437	9.6
55-59	95	6.1	6,553	8.4
60-64	143	9.2	6,262	8.1
65-69	184	11.8	6,811	8.8
70-74	192	12.3	6,512	8.4
75-79	163	10.4	5,656	7.3
80-84	100	6.4	3,757	4.8
85-89	54	3.5	1,699	2.2
90 +	18	1.2	426	0.5
Not Reported	2	0.1	2	0.0
SOURCE OF ADMISSION				
Physician Referral	1,561	100.0	66,023	85.0
Clinic Referral	0	0.0	1,249	1.6
HMO Referral	0	0.0	3	0.0
Other Hospital	0	0.0	0	0.0
Skilled Nursing Facility	0	0.0	0	0.0
Other Health Care Facility	0	0.0	0	0.0
Emergency Room	0	0.0	0	0.0
Court/Law Enforcement	0	0.0	0	0.0
Unknown	0	0.0	2,139	2.8
Not Reported	0	0.0	8,269	10.6

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2007
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

408 St. George Surgical Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	1,561	100.0	71,688	92.3
Another Hospital	0	0.0	50	0.1
Skilled Nursing Facility	0	0.0	1	0.0
Intermediate Care Facility	0	0.0	0	0.0
Another Type of Institution	0	0.0	2	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	5,942	7.6
Not Reported	0	0.0	0	0.0
PRIMARY PAYER				
Medicare	693	44.4	19,562	25.2
Medicaid	48	3.1	3,654	4.7
Other government	23	1.5	2,379	3.1
Blue Cross/Blue Shield	203	13.0	16,040	20.6
Other Commercial	219	14.0	7,626	9.8
Managed Care(HMO, PPO)	229	14.7	22,234	28.6
Self Pay	98	6.3	1,672	2.2
Industrial & Worker Comp	47	3.0	2,266	2.9
Charity and Unclassified	0	0.0	114	0.1
Childrens Health Insurance	0	0.0	401	0.5
Unknown	0	0.0	68	0.1
Not Reported	1	0.1	1,667	2.1
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	0	0.0	3,590	4.6
Central Utah	20	1.3	1,278	1.6
Davis County	0	0.0	13,116	16.9
Salt Lake County	4	0.3	26,526	34.1
Southeastern Utah	1	0.1	713	0.9
Southwest Utah	1,321	84.6	2,478	3.2
Summit County	0	0.0	814	1.0
Tooele County	0	0.0	1,076	1.4
Tri-County	1	0.1	383	0.5
Utah County	6	0.4	9,699	12.5
Wasatch County	0	0.0	411	0.5
Weber County	1	0.1	14,100	18.2
Unknown Utah	0	0.0	22	0.0
Outside Utah	205	13.1	3,462	4.5
Unknown, Not Reported	2	0.1	15	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, 2007
NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

409 St. Marks Outpatient Surgical Center

Reporting Category(ICD-9-CM CODES)	Procedures Performed		Procedures Performed-All FASCs	
	(#)	(%)	(#)	(%)
Reporting Category(ICD-9-CM CODES)	7,018	100.0	63,961	100.0
Mastectomy (85.0-85.99)	357	5.1	2,646	4.1
Musculoskeletal (76.0-84.99)	2,259	32.2	13,327	20.8
Respiratory (30.0-34.99)	44	0.6	128	0.2
Cardiovascular (35.0-39.99)	30	0.4	399	0.6
Lymphatic/Hemetic (40.0-41.99)	36	0.5	111	0.2
Digestive System (42.0-54.99)	647	9.2	16,258	25.4
Urinary (55.0-59.99)	0	0.0	259	0.4
Male Genital (60.0-64.99)	2	0.0	213	0.3
Female Genital (65.0-71.99)	329	4.7	1,507	2.4
Endocrine/Nervous (01.0-07.99)	506	7.2	4,752	7.4
Eye (08.0-16.99)	1,044	14.9	11,241	17.6
Ear (18.0-20.99)	288	4.1	3,031	4.7
Nose, Mouth, Pharynx (21.0-29.99)	1,476	21.0	10,089	15.8
Reporting Category(CPT-4 CODES)	7,524	100.0	106,522	100.0
Mastectomy (19120-19220)	340	4.5	455	0.4
Musculoskeletal (20000-29909)	2,779	36.9	24,506	23.0
Respiratory (30000-32999 & 39501-39599)	1,203	16.0	8,931	8.4
Cardiovascular (33010-37799 & 93501-93660)	48	0.6	208	0.2
Lymphatic/Hemetic (38100-38999)	41	0.5	148	0.1
Digestive (40490-49999)	1,026	13.6	35,841	33.6
Urinary (50010-53899)	0	0.0	1,895	1.8
Male Genital (54000-55899)	2	0.0	472	0.4
Female Genital (56405-58999)	286	3.8	2,208	2.1
Endocrine/Nervous (60000-64999)	490	6.5	10,320	9.7
Eye (65091-68899)	1,020	13.6	17,356	16.3
Ear (69000-69979)	289	3.8	4,182	3.9

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 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2007
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		7,018	100.0	100.0
1371	IOL PROSTH-CATARACT EXTRACT-1-STAGE	773	11.0	7.07
2169	OTH TURBINECTOMY	457	6.5	2.49
8521	LOC EXC LES BREAST	340	4.8	0.80
806	EXC SEMILUNAR CARTILAGE-KNEE	326	4.6	2.42
5300	UNILAT REPR ING HERN-NOS	296	4.2	0.64
0443	RELEASE CARPAL TUNNEL	291	4.1	1.31
8183	OTH REPR SHLDR	251	3.6	1.58
2001	MYRINGOTOMY W/INSRT TUBE	244	3.5	3.68
215	SUBMUCOUS RESECT NASAL SEPTUM	207	2.9	0.76
2262	EXC LES MAXIL SINUS W/OTH APPRCH	164	2.3	1.21
283	TONSILLECTOMY W/ADENOIDECTOMY	164	2.3	1.94
8021	ARTHSCPY-SHLDR	131	1.9	0.88
282	TONSILLECTOMY WO ADENOIDECTOMY	107	1.5	0.81
7751	BUNIONEC SOFT-OSTEOT 1ST METATARS	105	1.5	0.51
8332	EXC LES MUSC	102	1.5	0.23
7756	REPR HAMMER TOE	97	1.4	0.61
2263	ETHMOIDECTOMY	93	1.3	1.65
8211	TENOT HAND	92	1.3	0.29
7860	REMOV IMPLNT DEVICE-UNS SITE	83	1.2	0.30
6816	CLO BX UTERUS	82	1.2	0.13

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL FASCs
All CPT-4 Procedures		7,524	100.0	100.0
66984	EXTRACAPSULAR CATARACT REMV IOL	773	10.3	9.29
30140	SUBMUCOS RES TURBINATE PART/CMPL	427	5.7	2.25
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	291	3.9	1.34
29826	SCOPE SHOULDER; DECOMP SUBACROM	250	3.3	1.48
29881	SCOPE KNEE SURG;W/MENISCECT MED/	250	3.3	1.94
49505	REPR INIT ING HERNIA 5YR/MORE; R	245	3.3	0.56
69436	TYMPANOSTOMY GENERAL ANESTHESIA	244	3.2	3.24
19120	EXC BRST CYST TUMR/LES OPN M/F 1	197	2.6	0.29
30520	SEPTOPLASTY/SUBMUCOS RES W/GFT	175	2.3	1.46
31267	NASL/SINUS ENDO; W/TISS REMV MAX	164	2.2	0.69
19125	EXC BRST LES ID RAD MARKR OPN;1	133	1.8	0.13
29827	SCOPE SHLDR SURG; W/ROTOR CUFF R	133	1.8	0.60
31254	NASAL/SINUS ENDO; W/PART ETHMOEC	117	1.6	0.38
42820	T&A; UNDER AGE 12	115	1.5	1.35
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	102	1.4	0.67
28285	CORRECTION HAMMERTOES	97	1.3	0.77
31255	NASAL/SINUS ENDO; W/TOT ETHMOECT	93	1.2	0.87
26055	TENDON SHEATH INCISION	92	1.2	0.59
28296	HALLUX VALGUS; W/METATARSAL OSTE	92	1.2	0.39
29824	SCOPE SHLDR SURG;DIST CLAVICULEC	86	1.1	0.58

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, 2007
 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		3,752	\$1,385	\$1,673
1371	IOL PROSTH-CATARACT EXTRACT-1-STAGE	769	\$1,840	\$3,217
8521	LOC EXC LES BREAST	273	\$842	\$1,027
806	EXC SEMILUNAR CARTILAGE-KNEE	264	\$1,599	\$2,419
5300	UNILAT REPR ING HERN-NOS	213	\$1,075	\$1,954
283	TONSILLECTOMY W/ADENOIDECTOMY	144	\$984	\$1,624
0443	RELEASE CARPAL TUNNEL	143	\$817	\$1,738
8183	OTH REPR SHLDR	133	\$2,275	\$3,022
282	TONSILLECTOMY WO ADENOIDECTOMY	81	\$922	\$1,696
8332	EXC LES MUSC	74	\$1,013	\$1,457
6816	CLO BX UTERUS	70	\$1,208	\$1,208
6902	D&C FOLLOWING DELIV/AB	68	\$890	\$1,186
0392	INJ OTH AGENT SPINAL CANAL	59	\$905	\$1,154
8221	EXC LES TENDON SHEATH HAND	56	\$1,067	\$1,510
5349	OTH UMB HERNIORRHAPHY	52	\$1,766	\$2,985
7751	BUNIONEC SOFT-OSTEOT 1ST METATARS	52	\$1,408	\$1,867
7860	REMOV IMPLNT DEVICE-UNS SITE	50	\$978	\$1,338
4946	EXC HEMORRHOIDS	44	\$935	\$1,203
5123	LAP CHOLEY	44	\$5,105	\$4,557
1163	PENETRATING KERATOPLASTY W/AUTOGFT	40	\$1,399	\$2,004
6829	OTH EXC/DESTRUC LES UTERUS	35	\$2,138	\$2,107

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL FASCs)
CPT-4 Procedures		3,751	\$1,370	\$1,952
66984	EXTRACAPSULAR CATARACT REMV IOL	769	\$1,840	\$2,548
29881	SCOPE KNEE SURG;W/MENISCECT MED/	201	\$1,639	\$2,942
49505	REPR INIT ING HERNIA 5YR/MORE; R	173	\$995	\$2,132
19120	EXC BRST CYST TUMR/LES OPN M/F 1	159	\$838	\$1,153
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	141	\$812	\$1,599
19125	EXC BRST LES ID RAD MARKR OPN;1	114	\$831	\$848
42820	T&A; UNDER AGE 12	95	\$961	\$1,631
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	78	\$922	\$1,634
58558	HYSTEROSCPY SURG; W/BX &/ POLYPE	68	\$1,192	\$1,556
29880	SCOPE KNEE SURG;W/MENISCECT MED&	57	\$1,410	\$3,161
42821	T&A; AGE 12 OR OVER	47	\$1,019	\$1,625
29826	SCOPE SHOULDER; DECOMP SUBACROM	45	\$1,791	\$3,811
28296	HALLUX VALGUS; W/METATARSAL OSTE	43	\$1,430	\$2,091
20680	REMOVAL OF IMPLANT; DEEP	42	\$997	\$1,574
65730	KERATOPLSTY; PENETRAT NOT APHAKI	38	\$1,405	\$4,543
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	36	\$5,256	\$5,258
49587	REPR UMBIL HERNIA 5YR/OVER; INCA	35	\$2,069	\$3,706
58563	HYSTEROSC SURG; W/ENDOMETRIAL AB	34	\$2,158	\$3,523
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	34	\$820	\$819
25111	EXCISION OF GANGLION WRIST; PRIM	32	\$1,172	\$1,832

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, 2007
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	671	1,641
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	1	16
	003 COMPLEX INCISION AND DRAINAGE	4	23
	006 SIMPLE DEBRIDEMENT AND DESTRUCTION	7	24
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	136	420
	008 SIMPLE EXCISION AND BIOPSY	135	517
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRANGE	48	177
	011 SIMPLE INCISION AND EXCISION OF BREAST	340	455
02	MUSCULOSKELETAL SYSTEM	2,447	22,513
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	191	2,274
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	64	540
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	116	805
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	592	4,884
	025 ARTHROSCOPY	1,054	10,345
	027 SPLINT, STRAPPING AND CAST REMOVAL	1	1
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	7	104
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	172	1,390
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	22	208
	032 BUNION PROCEDURES	136	913
	033 ARTHROPLASTY	45	237
	034 HAND AND FOOT TENOTOMY	7	74
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	40	719
03	RESPIRATORY SYSTEM	542	3,706
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	540	3,675
	054 SIMPLE ENDOSCOPY OF THE UPPER AIRWAY	2	28
04	CARDIOVASCULAR SYSTEM	9	132
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	9	33
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	46	179
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	46	176
06	DIGESTIVE SYSTEM	722	30,965
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	4	67
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	1	8,223
	119 HERNIA AND HYDROCELE PROCEDURES	460	1,251
	120 COMPLEX ANAL AND RECTAL PROCEDURES	96	184
	121 SIMPLE ANAL AND RECTAL PROCEDURES	9	74
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	7	13
	123 COMPLEX LAPAROSCOPIC PROCEDURES	142	2,010
	124 SIMPLE LAPAROSCOPIC PROCEDURES	3	7
08	MALE GENITAL SYSTEM	1	415
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	1	308
09	FEMALE GENITAL SYSTEM	209	1,259
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	12	128
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	53	331
	178 DILATION AND CURETTAGE	18	106
	179 HYSTEROSCOPY	125	669
	180 COLPOSCOPY	1	25

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2007
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			
10	NERVOUS SYSTEM	441	9,936
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	69	7,561
	198 NERVE REPAIR AND DESTRUCTION	372	2,283
11	EYE AND OCULAR ADNEXA	1,015	17,275
	214 CATARACT PROCEDURES	793	10,330
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	54	1,118
	216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	45	603
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	5	544
	220 STRABISMUS AND MUSCLE EYE PROCEDURES	69	309
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	43	1,622
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	4	404
	223 VITRECTOMY	2	281
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	1,375	15,466
	233 NASAL CAUTERIZATION AND PACKING	4	109
	234 COMPLEX FACIAL AND ENT PROCEDURES	324	2,888
	235 SIMPLE FACIAL AND ENT PROCEDURES	745	9,033
	236 TONSIL AND ADENOID PROCEDURES	302	3,436

SOURCE: Utah Ambulatory Surgery Database
 Utah 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, 2007
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	460	\$844	\$1,519
	003 COMPLEX INCISION AND DRAINAGE	3	\$867	\$1,896
	006 SIMPLE DEBRIDEMENT AND DESTRUCTION	2	\$1,278	\$769
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	99	\$883	\$1,625
	008 SIMPLE EXCISION AND BIOPSY	73	\$772	\$1,512
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRAN	10	\$1,156	\$3,444
	011 SIMPLE INCISION AND EXCISION OF BREAST	273	\$835	\$1,058
02	MUSCULOSKELETAL SYSTEM	1,077	\$1,467	\$2,860
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	77	\$3,091	\$3,292
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	28	\$850	\$2,490
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	50	\$1,113	\$2,500
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	238	\$1,020	\$1,936
	025 ARTHROSCOPY	451	\$1,688	\$3,492
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	6	\$834	\$1,671
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	130	\$1,038	\$2,717
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	14	\$642	\$1,757
	032 BUNION PROCEDURES	57	\$1,382	\$2,317
	033 ARTHROPLASTY	22	\$1,235	\$2,976
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	4	\$923	\$1,264
03	RESPIRATORY SYSTEM	41	\$856	\$1,766
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	40	\$857	\$1,711
	054 SIMPLE ENDOSCOPY OF THE UPPER AIRWAY	1	\$817	\$2,446
04	CARDIOVASCULAR SYSTEM	8	\$828	\$1,775
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	8	\$828	\$1,764
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	31	\$1,056	\$1,971
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	31	\$1,056	\$1,982
06	DIGESTIVE SYSTEM	502	\$1,460	\$1,449
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	2	\$943	\$906
	119 HERNIA AND HYDROCELE PROCEDURES	302	\$1,225	\$2,511
	120 COMPLEX ANAL AND RECTAL PROCEDURES	91	\$859	\$1,101
	121 SIMPLE ANAL AND RECTAL PROCEDURES	7	\$750	\$817
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	4	\$963	\$1,471
	123 COMPLEX LAPAROSCOPIC PROCEDURES	96	\$2,849	\$3,820
09	FEMALE GENITAL SYSTEM	166	\$1,296	\$2,143
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	11	\$1,055	\$2,337
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	36	\$900	\$1,438
	178 DILATION AND CURETTAGE	15	\$946	\$1,142
	179 HYSTEROSCOPY	104	\$1,509	\$2,572
10	NERVOUS SYSTEM	239	\$886	\$1,205
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	59	\$905	\$997
	198 NERVE REPAIR AND DESTRUCTION	180	\$880	\$1,708
11	EYE AND OCULAR ADNEXA	884	\$1,773	\$2,351
	214 CATARACT PROCEDURES	786	\$1,835	\$2,574
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	47	\$1,393	\$2,871
	216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	27	\$1,220	\$2,004

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2007
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 CHRG	AVE TOT CHRG(ALL FASCs)
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	3	\$1,183	\$2,282
	220 STRABISMUS AND MUSCLE EYE PROCEDURES	1	\$1,005	\$2,915
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	18	\$1,093	\$2,068
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	2	\$1,242	\$1,416
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	328	\$1,046	\$1,759
	234 COMPLEX FACIAL AND ENT PROCEDURES	51	\$1,571	\$2,451
	235 SIMPLE FACIAL AND ENT PROCEDURES	53	\$905	\$1,733
	236 TONSIL AND ADENOID PROCEDURES	224	\$959	\$1,628

SOURCE: Utah Ambulatory Surgery Database
 Utah 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, 2007
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

409 St. Marks Outpatient Surgical Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
GENDER				
Female	2,977	56.9	42,690	55.0
Male	2,246	42.9	34,925	45.0
Unknown	0	0.0	16	0.0
Not Reported	10	0.2	52	0.1
AGE				
1-28 days	0	0.0	0	0.0
29-365 days	25	0.5	426	0.5
1-4 years	124	2.4	3,270	4.2
5-9	90	1.7	1,755	2.3
10-14	85	1.6	1,099	1.4
15-17	109	2.1	1,342	1.7
18-19	101	1.9	1,277	1.6
20-24	238	4.5	3,167	4.1
25-29	310	5.9	3,640	4.7
30-34	327	6.2	3,641	4.7
35-39	325	6.2	3,802	4.9
40-44	327	6.2	3,994	5.1
45-49	410	7.8	5,155	6.6
50-54	544	10.4	7,437	9.6
55-59	526	10.1	6,553	8.4
60-64	510	9.7	6,262	8.1
65-69	409	7.8	6,811	8.8
70-74	311	5.9	6,512	8.4
75-79	224	4.3	5,656	7.3
80-84	158	3.0	3,757	4.8
85-89	67	1.3	1,699	2.2
90 +	13	0.2	426	0.5
Not Reported	0	0.0	2	0.0
SOURCE OF ADMISSION				
Physician Referral	5,233	100.0	66,023	85.0
Clinic Referral	0	0.0	1,249	1.6
HMO Referral	0	0.0	3	0.0
Other Hospital	0	0.0	0	0.0
Skilled Nursing Facility	0	0.0	0	0.0
Other Health Care Facility	0	0.0	0	0.0
Emergency Room	0	0.0	0	0.0
Court/Law Enforcement	0	0.0	0	0.0
Unknown	0	0.0	2,139	2.8
Not Reported	0	0.0	8,269	10.6

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2007
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	5,227	99.9	71,688	92.3
Another Hospital	5	0.1	50	0.1
Skilled Nursing Facility	0	0.0	1	0.0
Intermediate Care Facility	0	0.0	0	0.0
Another Type of Institution	1	0.0	2	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	5,942	7.6
Not Reported	0	0.0	0	0.0
PRIMARY PAYER				
Medicare	799	15.3	19,562	25.2
Medicaid	108	2.1	3,654	4.7
Other government	21	0.4	2,379	3.1
Blue Cross/Blue Shield	1,702	32.5	16,040	20.6
Other Commercial	370	7.1	7,626	9.8
Managed Care(HMO, PPO)	1,924	36.8	22,234	28.6
Self Pay	0	0.0	1,672	2.2
Industrial & Worker Comp	251	4.8	2,266	2.9
Charity and Unclassified	0	0.0	114	0.1
Childrens Health Insurance	0	0.0	401	0.5
Unknown	0	0.0	68	0.1
Not Reported	58	1.1	1,667	2.1
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	15	0.3	3,590	4.6
Central Utah	21	0.4	1,278	1.6
Davis County	199	3.8	13,116	16.9
Salt Lake County	4,288	81.9	26,526	34.1
Southeastern Utah	15	0.3	713	0.9
Southwest Utah	9	0.2	2,478	3.2
Summit County	110	2.1	814	1.0
Tooele County	179	3.4	1,076	1.4
Tri-County	41	0.8	383	0.5
Utah County	112	2.1	9,699	12.5
Wasatch County	30	0.6	411	0.5
Weber County	30	0.6	14,100	18.2
Unknown Utah	0	0.0	22	0.0
Outside Utah	184	3.5	3,462	4.5
Unknown, Not Reported	0	0.0	15	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, 2007
NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

410 SurgiCare Center of Utah

Reporting Category(ICD-9-CM CODES)	Procedures Performed		Procedures Performed-All FASCs	
	(#)	(%)	(#)	(%)
Mastectomy (85.0-85.99)	.	.	63,961	100.0
Musculoskeletal (76.0-84.99)	.	.	2,646	4.1
Respiratory (30.0-34.99)	.	.	13,327	20.8
Cardiovascular (35.0-39.99)	.	.	128	0.2
Lymphatic/Hemetic (40.0-41.99)	.	.	399	0.6
Digestive System (42.0-54.99)	.	.	111	0.2
Urinary (55.0-59.99)	.	.	16,258	25.4
Male Genital (60.0-64.99)	.	.	259	0.4
Female Genital (65.0-71.99)	.	.	213	0.3
Endocrine/Nervous (01.0-07.99)	.	.	1,507	2.4
Eye (08.0-16.99)	.	.	4,752	7.4
Ear (18.0-20.99)	.	.	11,241	17.6
Nose, Mouth, Pharynx (21.0-29.99)	.	.	3,031	4.7
	.	.	10,089	15.8
Reporting Category(CPT-4 CODES)	2,930	100.0	106,522	100.0
Mastectomy (19120-19220)	0	0.0	455	0.4
Musculoskeletal (20000-29909)	248	8.5	24,506	23.0
Respiratory (30000-32999 & 39501-39599)	157	5.4	8,931	8.4
Cardiovascular (33010-37799 & 93501-93660)	0	0.0	208	0.2
Lymphatic/Hemetic (38100-38999)	0	0.0	148	0.1
Digestive (40490-49999)	0	0.0	35,841	33.6
Urinary (50010-53899)	2	0.1	1,895	1.8
Male Genital (54000-55899)	0	0.0	472	0.4
Female Genital (56405-58999)	0	0.0	2,208	2.1
Endocrine/Nervous (60000-64999)	37	1.3	10,320	9.7
Eye (65091-68899)	2,486	84.8	17,356	16.3
Ear (69000-69979)	0	0.0	4,182	3.9

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 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2007
MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES

410 SurgiCare Center of Utah

ICD-9 CODE	ICD-9 DESCRIPTION	#	%	% ALL FASCs
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All ICD-9 Procedures

Does not report ICDs

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL FASCs
All CPT-4 Procedures				
66984	EXTRACAPSULAR CATARACT REMV IOL	2,930	100.0	100.0
65760	KERATOMILEUSIS	1,143	39.0	9.29
2020F	2020F	617	21.1	0.75
66821	DISCISSION 2ND CATARACT; LASER S	158	5.4	0.15
3073F	3073F	153	5.2	1.60
67904	REPR BLEPHAROPTOSIS; RESECT-EXT	152	5.2	0.14
67028	INTRAVITREAL INJ PHARMACOLOGIC A	92	3.1	0.45
66999	UNLISTED PROC ANTERIOR SEGMENT E	90	3.1	0.12
2019F	2019F	68	2.3	0.31
64612	CHEMODENERV MUSC; INNERV FACIAL	62	2.1	0.06
67917	REPAIR OF ECTROPION; EXTENSIVE	37	1.3	0.04
67038	VITRECTOMY MECH; W/MEMBRANE STRI	32	1.1	0.22
66170	FISTULIZ SCLER; TRABECULECT AB E	28	1.0	0.15
2027F	2027F	27	0.9	0.09
65426	EXC/TRANSPOSITION PTERYGIUM; W/G	23	0.8	0.02
67800	EXCISION OF CHALAZION; SINGLE	22	0.8	0.20
67840	EXC LES LID NO CLOS/W SMPL DIR C	16	0.5	0.02
67228	DESTRCT RETINOPATHY; PHOTOCOAGUL	15	0.5	0.03
67924	REPAIR OF ENTROPION; EXTENSIVE	13	0.4	0.02
67036	VITRECTOMY MECH PARS PLANA APPRC	12	0.4	0.08
		11	0.4	0.04

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, 2007
 AVERAGE TOTAL CHARGES FOR MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES, SINGLE ICD-9 OR CPT-4 ONLY

410 SurgiCare Center of Utah

ICD-9 CODE	ICD-9 DESCRIPTION	#	AVE TOT CHR	AVE TOT CHR(ALL FASCs)
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ICD-9 Procedures

Does not report ICDS

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHR	AVE TOT CHR(ALL FASCs)
CPT-4 Procedures		1,547	\$1,619	\$1,952
66984	EXTRACAPSULAR CATARACT REMV IOL	928	\$1,969	\$2,548
66821	DISCISSION 2ND CATARACT; LASER S	117	\$844	\$959
67028	INTRAVITREAL INJ PHARMACOLOGIC A	87	\$1,651	\$1,647
65760	KERATOMILEUSIS	79	\$568	\$1,432
2019F	2019F	56	\$148	\$148
67038	VITRECTOMY MECH; W/MEMBRANE STRI	26	\$2,128	\$3,548
2027F	2027F	21	\$159	\$159
65426	EXC/TRANSPOSITION PTERYGIUM; W/G	21	\$1,713	\$1,987
66170	FISTULIZ SCLER; TRABECULECT AB E	14	\$1,403	\$2,352
67800	EXCISION OF CHALAZION; SINGLE	14	\$484	\$484
67228	DESTRCT RETINOPATHY; PHOTOCOAGUL	13	\$1,783	\$2,076
67840	EXC LES LID NO CLOS/W SMPL DIR C	12	\$757	\$1,217
67036	VITRECTOMY MECH PARS PLANA APPRC	10	\$2,743	\$2,821
67917	REPAIR OF ECTROPION; EXTENSIVE	10	\$1,580	\$1,680
2020F	2020F	9	\$112	\$112
66986	EXCHANGE OF INTRAOCULAR LENS	9	\$1,889	\$2,703
67904	REPR BLEPHAROPTOSIS; RESECT-EXT	9	\$2,103	\$2,078
67924	REPAIR OF ENTROPION; EXTENSIVE	8	\$1,139	\$2,080
67108	REPR RETINAL DETACH; W/VITRECTOM	7	\$3,171	\$4,835
67210	DESTRCT LES RETINA; PHOTOCOAGULA	6	\$1,358	\$1,358

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, 2007
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	3	1,641
	008 SIMPLE EXCISION AND BIOPSY	3	517
10	NERVOUS SYSTEM	37	9,936
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	37	7,561
11	EYE AND OCULAR ADNEXA	2,481	17,275
	211 MINOR OPHTHALMOLOGICAL TESTS AND PROCEDURES	13	44
	213 LASER EYE PROCEDURES	180	1,770
	214 CATARACT PROCEDURES	1,157	10,330
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	620	1,118
	216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	54	603
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	83	544
	218 COMPLEX POSTERIOR SEGMENT EYE PROCEDURES	11	104
	219 SIMPLE POSTERIOR SEGMENT EYE PROCEDURES	90	146
	220 STRABISMUS AND MUSCLE EYE PROCEDURES	2	309
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	180	1,622
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	47	404
	223 VITRECTOMY	44	281
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	6	15,466
	234 COMPLEX FACIAL AND ENT PROCEDURES	6	2,888

SOURCE: Utah Ambulatory Surgery Database
Utah 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, 2007
PROCEDURE APG CATEGORY, PROCEDURE APG, SINGLE APG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

410 SurgiCare Center of Utah

Procedure APG category	Procedure APG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL FASCs)
01	INTEGUMENTARY SYSTEM	2	\$800	\$1,519
	008 SIMPLE EXCISION AND BIOPSY	2	\$800	\$1,512
10	NERVOUS SYSTEM	1	\$557	\$1,205
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	1	\$557	\$997
11	EYE AND OCULAR ADNEXA	1,450	\$1,716	\$2,351
	211 MINOR OPHTHALMOLOGICAL TESTS AND PROCEDURES	10	\$299	\$2,592
	213 LASER EYE PROCEDURES	142	\$959	\$972
	214 CATARACT PROCEDURES	942	\$1,968	\$2,574
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	82	\$662	\$2,871
	216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	38	\$1,522	\$2,004
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	16	\$1,005	\$2,282
	218 COMPLEX POSTERIOR SEGMENT EYE PROCEDURES	9	\$2,756	\$4,548
	219 SIMPLE POSTERIOR SEGMENT EYE PROCEDURES	87	\$1,651	\$1,672
	220 STRABISMUS AND MUSCLE EYE PROCEDURES	1	\$900	\$2,915
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	46	\$1,876	\$2,068
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	36	\$581	\$1,416
	223 VITRECTOMY	41	\$2,218	\$3,611

SOURCE: Utah Ambulatory Surgery Database
Utah 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, 2007
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

410 SurgiCare Center of Utah

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
GENDER				
Female	1,246	58.3	42,690	55.0
Male	893	41.7	34,925	45.0
Unknown	0	0.0	16	0.0
Not Reported	0	0.0	52	0.1
AGE				
1-28 days	0	0.0	0	0.0
29-365 days	0	0.0	426	0.5
1-4 years	0	0.0	3,270	4.2
5-9	0	0.0	1,755	2.3
10-14	1	0.0	1,099	1.4
15-17	0	0.0	1,342	1.7
18-19	5	0.2	1,277	1.6
20-24	29	1.4	3,167	4.1
25-29	67	3.1	3,640	4.7
30-34	48	2.2	3,641	4.7
35-39	63	2.9	3,802	4.9
40-44	54	2.5	3,994	5.1
45-49	114	5.3	5,155	6.6
50-54	122	5.7	7,437	9.6
55-59	125	5.8	6,553	8.4
60-64	113	5.3	6,262	8.1
65-69	258	12.1	6,811	8.8
70-74	329	15.4	6,512	8.4
75-79	360	16.8	5,656	7.3
80-84	291	13.6	3,757	4.8
85-89	125	5.8	1,699	2.2
90 +	35	1.6	426	0.5
Not Reported	0	0.0	2	0.0
SOURCE OF ADMISSION				
Physician Referral	0	0.0	66,023	85.0
Clinic Referral	0	0.0	1,249	1.6
HMO Referral	0	0.0	3	0.0
Other Hospital	0	0.0	0	0.0
Skilled Nursing Facility	0	0.0	0	0.0
Other Health Care Facility	0	0.0	0	0.0
Emergency Room	0	0.0	0	0.0
Court/Law Enforcement	0	0.0	0	0.0
Unknown	2,139	100.0	2,139	2.8
Not Reported	0	0.0	8,269	10.6

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2007
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	2,139	100.0	71,688	92.3
Another Hospital	0	0.0	50	0.1
Skilled Nursing Facility	0	0.0	1	0.0
Intermediate Care Facility	0	0.0	0	0.0
Another Type of Institution	0	0.0	2	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	5,942	7.6
Not Reported	0	0.0	0	0.0
PRIMARY PAYER				
Medicare	1,102	51.5	19,562	25.2
Medicaid	7	0.3	3,654	4.7
Other government	15	0.7	2,379	3.1
Blue Cross/Blue Shield	297	13.9	16,040	20.6
Other Commercial	140	6.5	7,626	9.8
Managed Care(HMO, PPO)	188	8.8	22,234	28.6
Self Pay	0	0.0	1,672	2.2
Industrial & Worker Comp	0	0.0	2,266	2.9
Charity and Unclassified	0	0.0	114	0.1
Childrens Health Insurance	0	0.0	401	0.5
Unknown	0	0.0	68	0.1
Not Reported	390	18.2	1,667	2.1
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	20	0.9	3,590	4.6
Central Utah	23	1.1	1,278	1.6
Davis County	116	5.4	13,116	16.9
Salt Lake County	1,316	61.5	26,526	34.1
Southeastern Utah	31	1.4	713	0.9
Southwest Utah	14	0.7	2,478	3.2
Summit County	22	1.0	814	1.0
Tooele County	122	5.7	1,076	1.4
Tri-County	19	0.9	383	0.5
Utah County	91	4.3	9,699	12.5
Wasatch County	9	0.4	411	0.5
Weber County	24	1.1	14,100	18.2
Unknown Utah	0	0.0	22	0.0
Outside Utah	332	15.5	3,462	4.5
Unknown, Not Reported	0	0.0	15	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, 2007
NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

422 Utah Surgical Center

Reporting Category(ICD-9-CM CODES)	Procedures Performed		Procedures Performed-All FASCs	
	(#)	(%)	(#)	(%)
Reporting Category(ICD-9-CM CODES)	7,433	100.0	63,961	100.0
Mastectomy (85.0-85.99)	594	8.0	2,646	4.1
Musculoskeletal (76.0-84.99)	1,675	22.5	13,327	20.8
Respiratory (30.0-34.99)	3	0.0	128	0.2
Cardiovascular (35.0-39.99)	3	0.0	399	0.6
Lymphatic/Hemetic (40.0-41.99)	9	0.1	111	0.2
Digestive System (42.0-54.99)	1,260	17.0	16,258	25.4
Urinary (55.0-59.99)	1	0.0	259	0.4
Male Genital (60.0-64.99)	55	0.7	213	0.3
Female Genital (65.0-71.99)	119	1.6	1,507	2.4
Endocrine/Nervous (01.0-07.99)	1,644	22.1	4,752	7.4
Eye (08.0-16.99)	761	10.2	11,241	17.6
Ear (18.0-20.99)	303	4.1	3,031	4.7
Nose, Mouth, Pharynx (21.0-29.99)	1,006	13.5	10,089	15.8
Reporting Category(CPT-4 CODES)	6,774	100.0	106,522	100.0
Mastectomy (19120-19220)	23	0.3	455	0.4
Musculoskeletal (20000-29909)	1,806	26.7	24,506	23.0
Respiratory (30000-32999 & 39501-39599)	724	10.7	8,931	8.4
Cardiovascular (33010-37799 & 93501-93660)	3	0.0	208	0.2
Lymphatic/Hemetic (38100-38999)	9	0.1	148	0.1
Digestive (40490-49999)	1,480	21.8	35,841	33.6
Urinary (50010-53899)	0	0.0	1,895	1.8
Male Genital (54000-55899)	55	0.8	472	0.4
Female Genital (56405-58999)	101	1.5	2,208	2.1
Endocrine/Nervous (60000-64999)	1,610	23.8	10,320	9.7
Eye (65091-68899)	652	9.6	17,356	16.3
Ear (69000-69979)	311	4.6	4,182	3.9

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 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2007
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		7,433	100.0	100.0
0392	INJ OTH AGENT SPINAL CANAL	766	10.3	2.18
1371	IOL PROSTH-CATARACT EXTRACT-1-STAGE	512	6.9	7.07
0481	INJ ANES PERIPH NERV-ANALGESIA	455	6.1	0.82
8554	BILAT BREAST IMPLNT	392	5.3	0.99
4542	ENDO POLYPECTOMY LG INTESTINE	324	4.4	2.30
4523	COLONOSCOPY	310	4.2	5.74
2001	MYRINGOTOMY W/INSRT TUBE	259	3.5	3.68
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	214	2.9	4.84
042	DESTRUC CRANIAL & PERIPH NERV	181	2.4	0.68
8183	OTH REPR SHLDR	161	2.2	1.58
2169	OTH TURBINECTOMY	153	2.1	2.49
806	EXC SEMILUNAR CARTILAGE-KNEE	153	2.1	2.42
283	TONSILLECTOMY W/ADENOIDECTOMY	141	1.9	1.94
0443	RELEASE CARPAL TUNNEL	126	1.7	1.31
2263	ETHMOIDECTOMY	120	1.6	1.65
215	SUBMUCOUS RESECT NASAL SEPTUM	116	1.6	0.76
856	MASTOPEXY	108	1.5	0.52
8192	INJ THERAP SUBSTANCE JT/LIGAMNT	100	1.3	0.26
1364	DISCISSION SECNDRY MEMBRN	99	1.3	0.71
5123	LAP CHOLEY	95	1.3	0.27

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL FASCs
All CPT-4 Procedures		6,774	100.0	100.0
66984	EXTRACAPSULAR CATARACT REMV IOL	423	6.2	9.29
64483	INJ ANES EPIDURL; LUMB/SAC 1 LEV	350	5.2	1.53
45378	COLONOSCOPY FLEX; DX-SEP PROC	310	4.6	6.47
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	273	4.0	1.50
69436	TYMPANOSTOMY GENERAL ANESTHESIA	259	3.8	3.24
64476	INJ ANES FACET JT; LUMB/SAC-EA A	222	3.3	0.95
45380	COLONOSCOPY FLEX; W/BX 1/MX	216	3.2	6.43
43239	UGI ENDO; W/BX 1/MX	214	3.2	6.34
30140	SUBMUCOS RES TURBINATE PART/CMPL	142	2.1	2.25
64475	INJ ANES FACET JT; LUMB/SAC-1LEV	131	1.9	0.63
29881	SCOPE KNEE SURG;W/MENISCECT MED/	121	1.8	1.94
30520	SEPTOPLASTY/SUBMUCOS RES W/GFT	116	1.7	1.46
64623	DESTRUC FACET JT NRV; L/S-EA AD	115	1.7	0.43
29826	SCOPE SHOULDER; DECOMP SUBACROM	111	1.6	1.48
31255	NASAL/SINUS ENDO; W/TOT ETHMOECT	110	1.6	0.87
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	102	1.5	1.75
66821	DISCISSION 2ND CATARACT; LASER S	99	1.5	1.60
47562	LAPAROSCOPY SURGICAL; CHOLECT	94	1.4	0.17
66982	EXTRACAP CATARACT REMV W/IOL-CMP	89	1.3	0.29
64484	INJ ANES EPIDURL; LUMB/SAC-EA AD	88	1.3	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, 2007
 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 CHRG	AVE TOT CHRG(ALL FASCs)
ICD-9 Procedures		3,000	\$2,624	\$1,673
1371	IOL PROSTH-CATARACT EXTRACT-1-STAGE	511	\$4,177	\$3,217
0392	INJ OTH AGENT SPINAL CANAL	487	\$1,269	\$1,154
4523	COLONOSCOPY	259	\$1,243	\$957
4542	ENDO POLYPECTOMY LG INTESTINE	221	\$1,301	\$1,243
283	TONSILLECTOMY W/ADENOIDECTOMY	125	\$1,531	\$1,624
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	107	\$1,301	\$931
1364	DISCISSION SECNDRY MEMBRN	93	\$1,646	\$1,495
5123	LAP CHOLEY	88	\$5,244	\$4,557
0443	RELEASE CARPAL TUNNEL	69	\$3,354	\$1,738
806	EXC SEMILUNAR CARTILAGE-KNEE	59	\$4,565	\$2,419
2187	OTH RHINOPLASTY	42	\$3,812	\$3,064
282	TONSILLECTOMY WO ADENOIDECTOMY	37	\$2,458	\$1,696
5303	UNILAT REPR DIRECT ING HERN-GFT	37	\$3,923	\$3,319
6902	D&C FOLLOWING DELIV/AB	36	\$1,838	\$1,186
5349	OTH UMB HERNIORRHAPHY	34	\$5,261	\$2,985
8192	INJ THERAP SUBSTANCE JT/LIGAMNT	32	\$1,262	\$1,077
8301	EXPLOR TENDON SHEATH	30	\$1,521	\$1,521
8521	LOC EXC LES BREAST	24	\$2,241	\$1,027
8083	OTH LOC EXC/DESTRUC JT LES-WRIST	23	\$3,141	\$3,287
8183	OTH REPR SHLDR	23	\$5,119	\$3,022

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL FASCs)
CPT-4 Procedures		2,955	\$2,661	\$1,952
66984	EXTRACAPSULAR CATARACT REMV IOL	421	\$4,095	\$2,548
45378	COLONOSCOPY FLEX; DX-SEP PROC	259	\$1,243	\$1,298
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	246	\$1,252	\$819
64483	INJ ANES EPIDURL; LUMB/SAC 1 LEV	180	\$1,305	\$953
45380	COLONOSCOPY FLEX; W/BX 1/MX	154	\$1,301	\$1,220
43239	UGI ENDO; W/BX 1/MX	107	\$1,301	\$1,293
66821	DISCISSION 2ND CATARACT; LASER S	93	\$1,646	\$959
66982	EXTRACAP CATARACT REMV W/IOL-CMP	89	\$4,525	\$3,429
47562	LAPAROSCOPY SURGICAL; CHOLECT	87	\$5,236	\$4,439
42820	T&A; UNDER AGE 12	74	\$1,437	\$1,631
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	63	\$1,301	\$1,235
42821	T&A; AGE 12 OR OVER	49	\$1,638	\$1,625
29881	SCOPE KNEE SURG;W/MENISCECT MED/	45	\$4,630	\$2,942
62310	INJ 1 NOT NEUROLYTIC-EPID;CERV/T	42	\$1,191	\$746
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	38	\$3,690	\$1,599
49505	REPR INIT ING HERNIA 5YR/MORE; R	37	\$3,923	\$2,132
30410	RHINO PRIM; CMPLT EXTERNAL PARTS	34	\$3,650	\$2,628
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	34	\$2,520	\$1,634
29848	ENDO WRST SURG REL TRNS CARP LIG	29	\$2,772	\$2,358
49587	REPR UMBIL HERNIA 5YR/OVER; INCA	24	\$5,443	\$3,706

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, 2007
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	141	1,641
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	1	16
	006 SIMPLE DEBRIDEMENT AND DESTRUCTION	1	24
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	34	420
	008 SIMPLE EXCISION AND BIOPSY	46	517
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRANGE	36	177
	011 SIMPLE INCISION AND EXCISION OF BREAST	23	455
02	MUSCULOSKELETAL SYSTEM	1,638	22,513
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	142	2,274
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	74	540
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	50	805
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	355	4,884
	025 ARTHROSCOPY	674	10,345
	028 CLOSED TREATMENT FX & DISLOCATION OF FINGER, TOE & TRUNK	2	18
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	9	104
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	108	1,390
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	16	208
	032 BUNION PROCEDURES	69	913
	033 ARTHROPLASTY	22	237
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	117	719
03	RESPIRATORY SYSTEM	346	3,706
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	345	3,675
	054 SIMPLE ENDOSCOPY OF THE UPPER AIRWAY	1	28
04	CARDIOVASCULAR SYSTEM	1	132
	080 MINOR VASCULAR REPAIR AND FISTULA CONSTRUCTION	1	10
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	9	179
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	9	176
06	DIGESTIVE SYSTEM	1,303	30,965
	112 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	18	616
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	240	8,223
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	41	2,220
	117 LOWER GASTROINTESTINAL ENDOSCOPY	648	16,178
	119 HERNIA AND HYDROCELE PROCEDURES	160	1,251
	120 COMPLEX ANAL AND RECTAL PROCEDURES	12	184
	121 SIMPLE ANAL AND RECTAL PROCEDURES	2	74
	123 COMPLEX LAPAROSCOPIC PROCEDURES	178	2,010
	124 SIMPLE LAPAROSCOPIC PROCEDURES	4	7
08	MALE GENITAL SYSTEM	52	415
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	51	308
	154 SIMPLE PENILE PROCEDURES	1	67
09	FEMALE GENITAL SYSTEM	46	1,259
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	3	128
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	7	331
	178 DILATION AND CURETTAGE	3	106
	179 HYSTEROSCOPY	33	669
10	NERVOUS SYSTEM	1,593	9,936

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2007
PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

422 Utah Surgical Center

procedure APG category		TOTAL #	TOTAL # (ALL FASCs)
procedure APG			
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	1,406	7,561
	196 REVISION AND REMOVAL OF NEUROLOGICAL DEVICE	2	17
	197 NEUROSTIMULATOR AND VENTRICULAR SHUNT IMPLANTATION	6	75
	198 NERVE REPAIR AND DESTRUCTION	179	2,283
11	EYE AND OCULAR ADNEXA	651	17,275
	213 LASER EYE PROCEDURES	99	1,770
	214 CATARACT PROCEDURES	514	10,330
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	6	1,118
	216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	4	603
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	4	544
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	17	1,622
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	7	404
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	947	15,466
	234 COMPLEX FACIAL AND ENT PROCEDURES	274	2,888
	235 SIMPLE FACIAL AND ENT PROCEDURES	463	9,033
	236 TONSIL AND ADENOID PROCEDURES	210	3,436
13	THERAPEUTIC AND OTHER RADIOLOGICAL PROCEDURES	15	226
	254 MYELOGRAPHY	15	223

SOURCE: Utah Ambulatory Surgery Database
Utah 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, 2007
PROCEDURE APG CATEGORY, PROCEDURE APG, SINGLE APG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

422 Utah Surgical Center

Procedure APG category	Procedure APG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL FASCs)
01	INTEGUMENTARY SYSTEM	74	\$2,401	\$1,519
	006 SIMPLE DEBRIDEMENT AND DESTRUCTION	1	\$0	\$769
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	21	\$2,213	\$1,625
	008 SIMPLE EXCISION AND BIOPSY	21	\$1,881	\$1,512
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRAN	10	\$4,403	\$3,444
	011 SIMPLE INCISION AND EXCISION OF BREAST	21	\$2,270	\$1,058
02	MUSCULOSKELETAL SYSTEM	526	\$3,452	\$2,860
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	46	\$4,760	\$3,292
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	24	\$2,532	\$2,490
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	14	\$3,572	\$2,500
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	135	\$2,489	\$1,936
	025 ARTHROSCOPY	175	\$4,489	\$3,492
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	4	\$1,446	\$1,671
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	64	\$2,978	\$2,717
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	6	\$1,828	\$1,757
	032 BUNION PROCEDURES	27	\$3,765	\$2,317
	033 ARTHROPLASTY	9	\$3,616	\$2,976
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	22	\$1,044	\$1,264
03	RESPIRATORY SYSTEM	6	\$2,594	\$1,766
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	6	\$2,594	\$1,711
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	7	\$3,380	\$1,971
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	7	\$3,380	\$1,982
06	DIGESTIVE SYSTEM	849	\$2,182	\$1,449
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	124	\$1,272	\$1,184
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	3	\$1,193	\$1,125
	117 LOWER GASTROINTESTINAL ENDOSCOPY	482	\$1,269	\$1,269
	119 HERNIA AND HYDROCELE PROCEDURES	97	\$5,123	\$2,511
	120 COMPLEX ANAL AND RECTAL PROCEDURES	10	\$2,016	\$1,101
	121 SIMPLE ANAL AND RECTAL PROCEDURES	2	\$1,951	\$817
	123 COMPLEX LAPAROSCOPIC PROCEDURES	131	\$4,262	\$3,820
08	MALE GENITAL SYSTEM	4	\$4,712	\$1,983
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	3	\$4,285	\$2,074
	154 SIMPLE PENILE PROCEDURES	1	\$5,991	\$1,606
09	FEMALE GENITAL SYSTEM	28	\$2,321	\$2,143
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	2	\$2,540	\$2,337
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	5	\$1,269	\$1,438
	178 DILATION AND CURETTAGE	3	\$1,406	\$1,142
	179 HYSTEROSCOPY	18	\$2,741	\$2,572
10	NERVOUS SYSTEM	553	\$1,551	\$1,205
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	496	\$1,285	\$997
	198 NERVE REPAIR AND DESTRUCTION	57	\$3,861	\$1,708
11	EYE AND OCULAR ADNEXA	624	\$3,755	\$2,351
	213 LASER EYE PROCEDURES	93	\$1,646	\$972
	214 CATARACT PROCEDURES	512	\$4,167	\$2,574
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	2	\$2,086	\$2,871

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2007
PROCEDURE APG CATEGORY, PROCEDURE APG, SINGLE APG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

422 Utah Surgical Center

procedure APG category	Procedure APG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL FASCs)
	216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	4	\$2,717	\$2,004
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	2	\$2,057	\$2,282
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	5	\$3,610	\$2,068
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	6	\$3,274	\$1,416
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	274	\$2,458	\$1,759
	234 COMPLEX FACIAL AND ENT PROCEDURES	70	\$4,343	\$2,451
	235 SIMPLE FACIAL AND ENT PROCEDURES	41	\$2,168	\$1,733
	236 TONSIL AND ADENOID PROCEDURES	163	\$1,722	\$1,628
13	THERAPEUTIC AND OTHER RADIOLOGICAL PROCEDURES	1	\$1,583	\$863
	254 MYELOGRAPHY	1	\$1,583	\$943

SOURCE: Utah Ambulatory Surgery Database
Utah 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, 2007
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

422 Utah Surgical Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
GENDER				
Female	2,672	57.2	42,690	55.0
Male	2,003	42.8	34,925	45.0
Unknown	0	0.0	16	0.0
Not Reported	0	0.0	52	0.1
AGE				
1-28 days	0	0.0	0	0.0
29-365 days	32	0.7	426	0.5
1-4 years	109	2.3	3,270	4.2
5-9	76	1.6	1,755	2.3
10-14	63	1.3	1,099	1.4
15-17	73	1.6	1,342	1.7
18-19	69	1.5	1,277	1.6
20-24	210	4.5	3,167	4.1
25-29	308	6.6	3,640	4.7
30-34	308	6.6	3,641	4.7
35-39	363	7.8	3,802	4.9
40-44	332	7.1	3,994	5.1
45-49	380	8.1	5,155	6.6
50-54	448	9.6	7,437	9.6
55-59	386	8.3	6,553	8.4
60-64	323	6.9	6,262	8.1
65-69	372	8.0	6,811	8.8
70-74	319	6.8	6,512	8.4
75-79	290	6.2	5,656	7.3
80-84	144	3.1	3,757	4.8
85-89	64	1.4	1,699	2.2
90 +	6	0.1	426	0.5
Not Reported	0	0.0	2	0.0
SOURCE OF ADMISSION				
Physician Referral	4,675	100.0	66,023	85.0
Clinic Referral	0	0.0	1,249	1.6
HMO Referral	0	0.0	3	0.0
Other Hospital	0	0.0	0	0.0
Skilled Nursing Facility	0	0.0	0	0.0
Other Health Care Facility	0	0.0	0	0.0
Emergency Room	0	0.0	0	0.0
Court/Law Enforcement	0	0.0	0	0.0
Unknown	0	0.0	2,139	2.8
Not Reported	0	0.0	8,269	10.6

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2007
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	4,663	99.7	71,688	92.3
Another Hospital	12	0.3	50	0.1
Skilled Nursing Facility	0	0.0	1	0.0
Intermediate Care Facility	0	0.0	0	0.0
Another Type of Institution	0	0.0	2	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	5,942	7.6
Not Reported	0	0.0	0	0.0
PRIMARY PAYER				
Medicare	913	19.5	19,562	25.2
Medicaid	204	4.4	3,654	4.7
Other government	47	1.0	2,379	3.1
Blue Cross/Blue Shield	827	17.7	16,040	20.6
Other Commercial	518	11.1	7,626	9.8
Managed Care(HMO, PPO)	1,209	25.9	22,234	28.6
Self Pay	407	8.7	1,672	2.2
Industrial & Worker Comp	549	11.7	2,266	2.9
Charity and Unclassified	0	0.0	114	0.1
Childrens Health Insurance	1	0.0	401	0.5
Unknown	0	0.0	68	0.1
Not Reported	0	0.0	1,667	2.1
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	8	0.2	3,590	4.6
Central Utah	9	0.2	1,278	1.6
Davis County	120	2.6	13,116	16.9
Salt Lake County	4,066	87.0	26,526	34.1
Southeastern Utah	4	0.1	713	0.9
Southwest Utah	6	0.1	2,478	3.2
Summit County	34	0.7	814	1.0
Tooele County	185	4.0	1,076	1.4
Tri-County	21	0.4	383	0.5
Utah County	79	1.7	9,699	12.5
Wasatch County	9	0.2	411	0.5
Weber County	32	0.7	14,100	18.2
Unknown Utah	0	0.0	22	0.0
Outside Utah	102	2.2	3,462	4.5
Unknown, Not Reported	0	0.0	15	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, 2007
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)	9,025	100.0	63,961	100.0
Mastectomy (85.0-85.99)	0	0.0	2,646	4.1
Musculoskeletal (76.0-84.99)	0	0.0	13,327	20.8
Respiratory (30.0-34.99)	0	0.0	128	0.2
Cardiovascular (35.0-39.99)	0	0.0	399	0.6
Lymphatic/Hemetic (40.0-41.99)	0	0.0	111	0.2
Digestive System (42.0-54.99)	9,025	100.0	16,258	25.4
Urinary (55.0-59.99)	0	0.0	259	0.4
Male Genital (60.0-64.99)	0	0.0	213	0.3
Female Genital (65.0-71.99)	0	0.0	1,507	2.4
Endocrine/Nervous (01.0-07.99)	0	0.0	4,752	7.4
Eye (08.0-16.99)	0	0.0	11,241	17.6
Ear (18.0-20.99)	0	0.0	3,031	4.7
Nose, Mouth, Pharynx (21.0-29.99)	0	0.0	10,089	15.8
Reporting Category(CPT-4 CODES)	9,040	100.0	106,522	100.0
Mastectomy (19120-19220)	0	0.0	455	0.4
Musculoskeletal (20000-29909)	0	0.0	24,506	23.0
Respiratory (30000-32999 & 39501-39599)	0	0.0	8,931	8.4
Cardiovascular (33010-37799 & 93501-93660)	0	0.0	208	0.2
Lymphatic/Hemetic (38100-38999)	0	0.0	148	0.1
Digestive (40490-49999)	9,040	100.0	35,841	33.6
Urinary (50010-53899)	0	0.0	1,895	1.8
Male Genital (54000-55899)	0	0.0	472	0.4
Female Genital (56405-58999)	0	0.0	2,208	2.1
Endocrine/Nervous (60000-64999)	0	0.0	10,320	9.7
Eye (65091-68899)	0	0.0	17,356	16.3
Ear (69000-69979)	0	0.0	4,182	3.9

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 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2007
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	CLO [ENDO] BX LG INTESTINE	3,188	35.3	6.26
4523	COLONOSCOPY	2,301	25.5	5.74
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	1,898	21.0	4.84
4542	ENDO POLYPECTOMY LG INTESTINE	748	8.3	2.30
4513	OTH ENDO SM INTESTINE	531	5.9	1.23
4292	DILAT ESOPH	232	2.6	1.51
4543	ENDO DEST OTH LES/TISS LG INTEST	53	0.6	0.13
4422	ENDO DILAT PYLORUS	19	0.2	0.06
4524	FLEX SIGMOIDOSCOPY	11	0.1	0.02
4341	ENDO EXC/DESTRUC LES/TISS STOMACH	9	0.1	0.18
4233	ENDO EXC/DESTRUC LES/TISS ESOPH	7	0.1	0.01
4522	ENDO LG INTEST THRU ARTIFICL STOMA	7	0.1	0.01
4685	DILAT INTESTINE	6	0.1	0.02
4514	CLO [ENDO] BX SM INTESTINE	4	0.0	0.01
4836	[ENDO] POLYPECTOMY RECTUM	3	0.0	0.00
4443	ENDO CNTRL GASTRIC/DUODENAL HEMORR	2	0.0	0.00
4512	ENDO SM INTEST THRU ARTIFICL STOMA	2	0.0	0.00
4223	OTH ESOPHAGOSCOPY	1	0.0	0.01
4224	CLO [ENDO] BX ESOPH	1	0.0	0.00
4699	OTH OPER INTESTINE	1	0.0	0.00

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL FASCs
All CPT-4 Procedures				
45380	COLONOSCOPY FLEX; W/BX 1/MX	3,142	34.8	6.43
45378	COLONOSCOPY FLEX; DX-SEP PROC	2,239	24.8	6.47
43239	UGI ENDO; W/BX 1/MX	1,898	21.0	6.34
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	747	8.3	1.75
43235	UGI ENDO; DX W/VO CLCT SPECMN-SP	531	5.9	1.36
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	116	1.3	1.70
43248	UGI ENDO; W/INSRT GUIDE WIRE	101	1.1	0.11
45381	COLNSCP PROX SPLENC FLXR;SUBMUC	61	0.7	0.11
45383	COLONOSCOPY FLEX; W/ABLAT LES	50	0.6	0.08
45331	SIGMOIDOSCOPY FLXIBLE; W/BX 1/MX	42	0.5	0.08
43245	UP GI ENDO;W/DILAT GASTR OUTLT O	19	0.2	0.07
43450	DILAT ESOPH-SOUND/BOUGIE-1/MX PA	13	0.1	0.58
45330	SIGMOIDOSCOPY FLEX; DX-SEP PROC	11	0.1	0.05
43251	UGI ENDO; W/REMV TUMOR/LES-SNARE	9	0.1	0.13
44388	COLONOSCOPY-STOMA; DX-SEP PROC	7	0.1	0.01
45335	SIGMOIDSCPY FLX; DIR SUBMUCOS IN	5	0.1	0.01
45386	COLNSCP PROX SPLENC FLXR; DILAT	5	0.1	0.01
43258	UGI ENDO; W/ABLAT LES NOT SNARE	4	0.0	0.00
44386	ENDO EVAL SM INTST POUCH; W/BX 1	4	0.0	0.00
44389	COLONSCPY THRU STOMA; W/BX 1/MX	4	0.0	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, 2007
 AVERAGE TOTAL CHARGES FOR MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES, SINGLE ICD-9 OR CPT-4 ONLY

411 Wasatch Endoscopy Center

ICD-9 CODE	ICD-9 DESCRIPTION	#	AVE TOT CHR	AVE TOT CHR(ALL FASCs)
ICD-9	Procedures	6,365	\$653	\$1,673
4525	CLO [ENDO] BX LG INTESTINE	2,346	\$664	\$880
4523	COLONOSCOPY	2,023	\$666	\$957
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	1,221	\$671	\$931
4513	OTH ENDO SM INTESTINE	408	\$511	\$585
4542	ENDO POLYPECTOMY LG INTESTINE	248	\$620	\$1,243
4292	DILAT ESOPH	51	\$642	\$1,107
4543	ENDO DEST OTH LES/TISS LG INTEST	29	\$557	\$643
4422	ENDO DILAT PYLORUS	11	\$695	\$1,055
4524	FLEX SIGMOIDOSCOPY	8	\$342	\$391
4522	ENDO LG INTEST THRU ARTIFICL STOMA	6	\$468	\$563
4514	CLO [ENDO] BX SM INTESTINE	3	\$730	\$730
4685	DILAT INTESTINE	3	\$626	\$913
4836	[ENDO] POLYPECTOMY RECTUM	3	\$544	\$544
4223	OTH ESOPHAGOSCOPY	1	\$523	\$523
4233	ENDO EXC/DESTRUC LES/TISS ESOPH	1	\$676	\$676
4341	ENDO EXC/DESTRUC LES/TISS STOMACH	1	\$611	\$1,507
4443	ENDO CNTRL GASTRIC/DUODENAL HEMORR	1	\$445	\$1,122
4512	ENDO SM INTEST THRU ARTIFICL STOMA	1	\$450	\$825

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHR	AVE TOT CHR(ALL FASCs)
CPT-4	Procedures	6,364	\$653	\$1,952
45380	COLONOSCOPY FLEX; W/BX 1/MX	2,309	\$668	\$1,220
45378	COLONOSCOPY FLEX; DX-SEP PROC	2,023	\$666	\$1,298
43239	UGI ENDO; W/BX 1/MX	1,220	\$671	\$1,293
43235	UGI ENDO; DX W/VO CLCT SPECMN-SP	408	\$511	\$771
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	246	\$614	\$1,235
45331	SIGMOIDOSCOPY FLXIBLE; W/BX 1/MX	30	\$450	\$776
45383	COLONOSCOPY FLEX; W/ABLAT LES	28	\$561	\$609
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	27	\$769	\$1,112
43248	UGI ENDO; W/INSRT GUIDE WIRE	22	\$506	\$860
43245	UP GI ENDO;W/DILAT GASTR OUTLT O	11	\$695	\$1,199
45330	SIGMOIDOSCOPY FLEX; DX-SEP PROC	8	\$342	\$977
44388	COLONOSCOPY-STOMA; DX-SEP PROC	6	\$468	\$619
44386	ENDO EVAL SM INTST POUCH; W/BX 1	4	\$496	\$496
44389	COLONOSCPY THRU STOMA; W/BX 1/MX	3	\$495	\$495
45338	SIGMOIDOSCOPY FLEX; REMV LES-SNA	3	\$544	\$920
45386	COLNSCP PROX SPLENC FLXR; DILAT	2	\$616	\$865
43200	ESOPHAGOSCOPY; DX-SEP PROC	1	\$523	\$772
43220	ESOPHAGOSCOPY; W/BALLOON DILAT	1	\$332	\$892
43244	UGI ENDO; W/BAND LIG VARICES	1	\$676	\$1,292
43251	UGI ENDO; W/REMV TUMOR/LES-SNARE	1	\$611	\$1,473

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, 2007
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	9,040	30,965
	112 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	13	616
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	11	67
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	51	116
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	2,434	8,223
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	261	2,220
	117 LOWER GASTROINTESTINAL ENDOSCOPY	6,268	16,178
	121 SIMPLE ANAL AND RECTAL PROCEDURES	1	74
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	1	13

SOURCE: Utah Ambulatory Surgery Database
 Utah Health Data Committee/Office of Health Care Statistics
 Reportable* excludes codes in the former "Other" category 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, 2007
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	6,364	\$653	\$1,449
	112 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	1	\$487	\$1,168
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	8	\$342	\$906
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	35	\$450	\$815
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	1,631	\$631	\$1,184
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	64	\$650	\$1,125
	117 LOWER GASTROINTESTINAL ENDOSCOPY	4,625	\$663	\$1,269

SOURCE: Utah Ambulatory Surgery Database
 Utah 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, 2007
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

411 Wasatch Endoscopy Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
GENDER				
Female	4,387	57.5	42,690	55.0
Male	3,242	42.5	34,925	45.0
Unknown	0	0.0	16	0.0
Not Reported	7	0.1	52	0.1
AGE				
1-28 days	0	0.0	0	0.0
29-365 days	0	0.0	426	0.5
1-4 years	4	0.1	3,270	4.2
5-9	26	0.3	1,755	2.3
10-14	46	0.6	1,099	1.4
15-17	39	0.5	1,342	1.7
18-19	63	0.8	1,277	1.6
20-24	160	2.1	3,167	4.1
25-29	224	2.9	3,640	4.7
30-34	190	2.5	3,641	4.7
35-39	262	3.4	3,802	4.9
40-44	335	4.4	3,994	5.1
45-49	541	7.1	5,155	6.6
50-54	1,405	18.4	7,437	9.6
55-59	1,063	13.9	6,553	8.4
60-64	902	11.8	6,262	8.1
65-69	797	10.4	6,811	8.8
70-74	681	8.9	6,512	8.4
75-79	527	6.9	5,656	7.3
80-84	265	3.5	3,757	4.8
85-89	88	1.2	1,699	2.2
90 +	18	0.2	426	0.5
Not Reported	0	0.0	2	0.0
SOURCE OF ADMISSION				
Physician Referral	7,636	100.0	66,023	85.0
Clinic Referral	0	0.0	1,249	1.6
HMO Referral	0	0.0	3	0.0
Other Hospital	0	0.0	0	0.0
Skilled Nursing Facility	0	0.0	0	0.0
Other Health Care Facility	0	0.0	0	0.0
Emergency Room	0	0.0	0	0.0
Court/Law Enforcement	0	0.0	0	0.0
Unknown	0	0.0	2,139	2.8
Not Reported	0	0.0	8,269	10.6

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2007
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	7,627	99.9	71,688	92.3
Another Hospital	8	0.1	50	0.1
Skilled Nursing Facility	0	0.0	1	0.0
Intermediate Care Facility	0	0.0	0	0.0
Another Type of Institution	1	0.0	2	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	5,942	7.6
Not Reported	0	0.0	0	0.0
PRIMARY PAYER				
Medicare	1,665	21.8	19,562	25.2
Medicaid	169	2.2	3,654	4.7
Other government	24	0.3	2,379	3.1
Blue Cross/Blue Shield	2,765	36.2	16,040	20.6
Other Commercial	556	7.3	7,626	9.8
Managed Care(HMO, PPO)	2,403	31.5	22,234	28.6
Self Pay	0	0.0	1,672	2.2
Industrial & Worker Comp	1	0.0	2,266	2.9
Charity and Unclassified	0	0.0	114	0.1
Childrens Health Insurance	0	0.0	401	0.5
Unknown	0	0.0	68	0.1
Not Reported	53	0.7	1,667	2.1
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	15	0.2	3,590	4.6
Central Utah	31	0.4	1,278	1.6
Davis County	151	2.0	13,116	16.9
Salt Lake County	6,652	87.1	26,526	34.1
Southeastern Utah	43	0.6	713	0.9
Southwest Utah	8	0.1	2,478	3.2
Summit County	186	2.4	814	1.0
Tooele County	163	2.1	1,076	1.4
Tri-County	33	0.4	383	0.5
Utah County	134	1.8	9,699	12.5
Wasatch County	43	0.6	411	0.5
Weber County	36	0.5	14,100	18.2
Unknown Utah	5	0.1	22	0.0
Outside Utah	136	1.8	3,462	4.5
Unknown, Not Reported	0	0.0	15	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, 2007
NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

421 Zion Eye Institute

Reporting Category(ICD-9-CM CODES)	Procedures Performed		Procedures Performed-All FASCs	
	(#)	(%)	(#)	(%)
Reporting Category(ICD-9-CM CODES)	.	.	63,961	100.0
Mastectomy (85.0-85.99)	.	.	2,646	4.1
Musculoskeletal (76.0-84.99)	.	.	13,327	20.8
Respiratory (30.0-34.99)	.	.	128	0.2
Cardiovascular (35.0-39.99)	.	.	399	0.6
Lymphatic/Hemetic (40.0-41.99)	.	.	111	0.2
Digestive System (42.0-54.99)	.	.	16,258	25.4
Urinary (55.0-59.99)	.	.	259	0.4
Male Genital (60.0-64.99)	.	.	213	0.3
Female Genital (65.0-71.99)	.	.	1,507	2.4
Endocrine/Nervous (01.0-07.99)	.	.	4,752	7.4
Eye (08.0-16.99)	.	.	11,241	17.6
Ear (18.0-20.99)	.	.	3,031	4.7
Nose, Mouth, Pharynx (21.0-29.99)	.	.	10,089	15.8
Reporting Category(CPT-4 CODES)	1,243	100.0	106,522	100.0
Mastectomy (19120-19220)	0	0.0	455	0.4
Musculoskeletal (20000-29909)	1	0.1	24,506	23.0
Respiratory (30000-32999 & 39501-39599)	17	1.4	8,931	8.4
Cardiovascular (33010-37799 & 93501-93660)	0	0.0	208	0.2
Lymphatic/Hemetic (38100-38999)	0	0.0	148	0.1
Digestive (40490-49999)	0	0.0	35,841	33.6
Urinary (50010-53899)	0	0.0	1,895	1.8
Male Genital (54000-55899)	0	0.0	472	0.4
Female Genital (56405-58999)	0	0.0	2,208	2.1
Endocrine/Nervous (60000-64999)	0	0.0	10,320	9.7
Eye (65091-68899)	1,225	98.6	17,356	16.3
Ear (69000-69979)	0	0.0	4,182	3.9

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 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2007
MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES

421 Zion Eye Institute

ICD-9 CODE	ICD-9 DESCRIPTION	#	%	% ALL FASCs
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All ICD-9 Procedures

Does not report ICDs

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL FASCs
All CPT-4 Procedures				
66984	EXTRACAPSULAR CATARACT REMV IOL	1,243	100.0	100.0
66821	DISCISSION 2ND CATARACT; LASER S	642	51.6	9.29
67904	REPR BLEPHAROPTOSIS; RESECT-EXT	273	22.0	1.60
66982	EXTRACAP CATARACT REMV W/IOL-CMP	83	6.7	0.45
67917	REPAIR OF ECTROPION; EXTENSIVE	49	3.9	0.29
68815	PROBE NASOLAC DUCT; W/INSERT TUB	48	3.9	0.22
31200	ETHMOIDECTOMY; INTRANASAL ANTERI	16	1.3	0.15
67999	UNLISTED PROCEDURE EYELIDS	15	1.2	0.04
68720	DACRYOCYSTORHINOSTOMY	13	1.0	0.05
67924	REPAIR OF ENTROPION; EXTENSIVE	13	1.0	0.12
65426	EXC/TRANSPOSITION PTERYGIUM; W/G	12	1.0	0.08
67911	CORRECTION OF LID RETRACTION	9	0.7	0.20
68320	CONJUNCTIVOPLASTY; W/CONJUNC GFT	7	0.6	0.07
65420	EXC/TRANSPSTN PTERYGIUM; W/O GFT	7	0.6	0.05
66825	REPSTN IO LENS REQ INCI-SEP PROC	5	0.4	0.02
67971	RECON LID; UP TO 2/3 LID 1 STAGE	4	0.3	0.03
66985	INSERT IOL PROSTH SECONDARY IMPL	4	0.3	0.01
67900	REPAIR OF BROW PTOSIS	3	0.2	0.03
67950	CANTHOPLASTY	3	0.2	0.11
67966	EXC & REPR EYELID > 1/4 LID MARG	3	0.2	0.05
		3	0.2	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, 2007
 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)
CPT-4 Procedures		1,243	\$1,186	\$1,952
66984	EXTRACAPSULAR CATARACT REMV IOL	642	\$1,500	\$2,548
66821	DISCISSION 2ND CATARACT; LASER S	273	\$631	\$959
67904	REPR BLEPHAROPTOSIS; RESECT-EXT	83	\$616	\$2,078
66982	EXTRACAP CATARACT REMV W/IOL-CMP	49	\$1,538	\$3,429
67917	REPAIR OF ECTROPION; EXTENSIVE	48	\$977	\$1,680
68815	PROBE NASOLAC DUCT; W/INSERT TUB	16	\$1,000	\$1,240
31200	ETHMOIDECTOMY; INTRANASAL ANTERI	15	\$1,000	\$1,000
67999	UNLISTED PROCEDURE EYELIDS	13	\$1,372	\$1,920
68720	DACRYOCYSTORHINOSTOMY	13	\$1,100	\$1,947
67924	REPAIR OF ENTROPION; EXTENSIVE	12	\$1,058	\$2,080
65426	EXC/TRANSPOSITION PTERYGIUM; W/G	9	\$1,256	\$1,987
67911	CORRECTION OF LID RETRACTION	7	\$1,000	\$1,800
68320	CONJUNCTIVOPLASTY; W/CONJUNC GFT	7	\$1,071	\$1,959
65420	EXC/TRANSPSTN PTERYGIUM; W/O GFT	5	\$1,000	\$1,208
66825	REPSTN IO LENS REQ INCI-SEP PROC	4	\$1,250	\$1,857
67971	RECON LID; UP TO 2/3 LID 1 STAGE	4	\$1,063	\$1,379
66985	INSERT IOL PROSTH SECONDARY IMPL	3	\$1,300	\$2,246
67900	REPAIR OF BROW PTOSIS	3	\$583	\$2,439
67950	CANTHOPLASTY	3	\$1,083	\$2,647
67966	EXC & REPR EYELID > 1/4 LID MARG	3	\$1,000	\$1,749

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, 2007
PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE* CPT-4 PROCEDURES

421 Zion Eye Institute

Procedure APG category	Procedure APG	TOTAL #	TOTAL # (ALL FASCs)
11	EYE AND OCULAR ADNEXA	1,225	17,275
	211 MINOR OPHTHALMOLOGICAL TESTS AND PROCEDURES	1	44
	213 LASER EYE PROCEDURES	274	1,770
	214 CATARACT PROCEDURES	697	10,330
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	4	1,118
	216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	30	603
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	9	544
	220 STRABISMUS AND MUSCLE EYE PROCEDURES	1	309
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	192	1,622
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	16	404
	223 VITRECTOMY	1	281
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	18	15,466
	234 COMPLEX FACIAL AND ENT PROCEDURES	16	2,888
	235 SIMPLE FACIAL AND ENT PROCEDURES	2	9,033

SOURCE: Utah Ambulatory Surgery Database
 Utah 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, 2007
PROCEDURE APG CATEGORY, PROCEDURE APG, SINGLE APG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

421 Zion Eye Institute

Procedure APG category	Procedure APG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL FASCs)
11	EYE AND OCULAR ADNEXA	1,225	\$1,188	\$2,351
	211 MINOR OPHTHALMOLOGICAL TESTS AND PROCEDURES	1	\$500	\$2,592
	213 LASER EYE PROCEDURES	274	\$632	\$972
	214 CATARACT PROCEDURES	697	\$1,503	\$2,574
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	4	\$1,600	\$2,871
	216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	30	\$1,102	\$2,004
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	9	\$1,111	\$2,282
	220 STRABISMUS AND MUSCLE EYE PROCEDURES	1	\$1,100	\$2,915
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	192	\$840	\$2,068
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	16	\$1,318	\$1,416
	223 VITRECTOMY	1	\$1,100	\$3,611
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	18	\$1,067	\$1,759
	234 COMPLEX FACIAL AND ENT PROCEDURES	16	\$1,013	\$2,451
	235 SIMPLE FACIAL AND ENT PROCEDURES	2	\$1,500	\$1,733

SOURCE: Utah Ambulatory Surgery Database
Utah 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, 2007
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

421 Zion Eye Institute

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
GENDER				
Female	632	50.8	42,690	55.0
Male	611	49.2	34,925	45.0
Unknown	0	0.0	16	0.0
Not Reported	0	0.0	52	0.1
AGE				
1-28 days	0	0.0	0	0.0
29-365 days	2	0.2	426	0.5
1-4 years	5	0.4	3,270	4.2
5-9	0	0.0	1,755	2.3
10-14	1	0.1	1,099	1.4
15-17	2	0.2	1,342	1.7
18-19	3	0.2	1,277	1.6
20-24	3	0.2	3,167	4.1
25-29	2	0.2	3,640	4.7
30-34	5	0.4	3,641	4.7
35-39	5	0.4	3,802	4.9
40-44	7	0.6	3,994	5.1
45-49	26	2.1	5,155	6.6
50-54	45	3.6	7,437	9.6
55-59	49	3.9	6,553	8.4
60-64	120	9.7	6,262	8.1
65-69	222	17.9	6,811	8.8
70-74	236	19.0	6,512	8.4
75-79	265	21.3	5,656	7.3
80-84	156	12.6	3,757	4.8
85-89	70	5.6	1,699	2.2
90 +	19	1.5	426	0.5
Not Reported	0	0.0	2	0.0
SOURCE OF ADMISSION				
Physician Referral	0	0.0	66,023	85.0
Clinic Referral	1,243	100.0	1,249	1.6
HMO Referral	0	0.0	3	0.0
Other Hospital	0	0.0	0	0.0
Skilled Nursing Facility	0	0.0	0	0.0
Other Health Care Facility	0	0.0	0	0.0
Emergency Room	0	0.0	0	0.0
Court/Law Enforcement	0	0.0	0	0.0
Unknown	0	0.0	2,139	2.8
Not Reported	0	0.0	8,269	10.6

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2007
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	1,243	100.0	71,688	92.3
Another Hospital	0	0.0	50	0.1
Skilled Nursing Facility	0	0.0	1	0.0
Intermediate Care Facility	0	0.0	0	0.0
Another Type of Institution	0	0.0	2	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	5,942	7.6
Not Reported	0	0.0	0	0.0
PRIMARY PAYER				
Medicare	769	61.9	19,562	25.2
Medicaid	8	0.6	3,654	4.7
Other government	15	1.2	2,379	3.1
Blue Cross/Blue Shield	101	8.1	16,040	20.6
Other Commercial	75	6.0	7,626	9.8
Managed Care(HMO, PPO)	244	19.6	22,234	28.6
Self Pay	31	2.5	1,672	2.2
Industrial & Worker Comp	0	0.0	2,266	2.9
Charity and Unclassified	0	0.0	114	0.1
Childrens Health Insurance	0	0.0	401	0.5
Unknown	0	0.0	68	0.1
Not Reported	0	0.0	1,667	2.1
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	0	0.0	3,590	4.6
Central Utah	17	1.4	1,278	1.6
Davis County	1	0.1	13,116	16.9
Salt Lake County	0	0.0	26,526	34.1
Southeastern Utah	0	0.0	713	0.9
Southwest Utah	951	76.5	2,478	3.2
Summit County	2	0.2	814	1.0
Tooele County	0	0.0	1,076	1.4
Tri-County	0	0.0	383	0.5
Utah County	4	0.3	9,699	12.5
Wasatch County	0	0.0	411	0.5
Weber County	0	0.0	14,100	18.2
Unknown Utah	0	0.0	22	0.0
Outside Utah	266	21.4	3,462	4.5
Unknown, Not Reported	2	0.2	15	0.0

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