

**2 0 0 8**

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





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released by  
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Utah Department of Health

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

**Hospitals**

111	Allen Memorial Hospital - 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
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
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
425	Intermountain Park City Surgical Center
412	Madsen Surgery Center (UHC)
404	McKay-Dee Surgical Center
416	Moran Eye Center (UHC)****
424	Mountain West Surgical Center
414	Mount Ogden Surgical Center
419	Northern Utah Endoscopy Center
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 submitted only a few CPT4 codes.

\*\* Coral Desert Surgical Center, Moran Eye Center, Milford Valley Memorial Hospital and Salt Lake Endoscopy Center did not submit ambulatory surgery data in 2008.

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

\*\*\* Cottonwood Hospital Medical Center closed in 2007.

\*\*\*\* Moran Eye Center (UHC) now included in UHC Univesity Hospital

\*\*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.

Reportable procedure codes exclude codes in the “Other” category and CPT4 blood draw codes reported in previous years. Codes in Table 1-2 that have no descriptive labels are no longer current.



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# 2008 Utah Hospital and Freestanding Ambulatory Surgery Center Utilization and Charge Profile of Outpatient Surgery

## Executive Summary

The 2008 Utah ambulatory surgery database contains data on reportable procedures from 62 ambulatory surgery facilities throughout the state, which includes 43 acute care hospital based surgery centers and 19 freestanding ambulatory surgery centers that submitted ambulatory data for 2008. 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, 2008 and December 31, 2008. 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 299,957 patient visits with 383,841 reportable ambulatory ICD-9 procedures and 417,535 reportable CPT4 procedures for 62 facilities reported in 2008. Approximately 74% of outpatient visits FASCs accounted for the remaining 26% of outpatient visits. 84% of ICD9 code procedures occurred in hospitals, while the remaining 16% occurred in FASCs. 75% of CPT4 code procedures occurred in hospitals, while the remaining 25% occurred in FASCs.
- The statewide total charges reported for all reportable ambulatory procedures for all facilities were \$1,277,711,734 in 2008. The average charge for all reported ambulatory procedures was \$4,260 with the average hospital and FASCs charges being \$4,742 and \$2,849 respectively. The total charge is not the actual payment or reimbursement. 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.

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- The most commonly reported reportable procedure APG (Ambulatory Patient Groups) for all facilities was Lower Gastrointestinal Endoscopy (APG 117, N=57,105), followed by Arthroscopy (APG 025, N=38,923). For hospitals it was also Lower Gastrointestinal Endoscopy (APG 117, N=40,097), followed by Arthroscopy (APG 025, N=27,527). For FASCs the most commonly reported procedures were Lower Gastrointestinal Endoscopy (APG 117, N=17,008) followed by Arthroscopy (APG 025, N=11,396) and Cataract Procedures (APG 214, N=9,302).
  - In general, hospitals performed substantially more procedures than FASCs, with a few exceptions, such as APG Category 11 Eye and Ocular Adnexa including Laser Eye Procedures, APG 213. Variation in number of procedures across APGs was considerable. Hospitals performed about 2.7 as many APG Nervous System procedures (APG Category 10, N=21,149 at hospitals) and N=7,901 at FASCs), whereas hospitals performed fewer APG Eye and Ocular Adnexa procedures (APG Category 11, 12,065 at hospitals and 15,120 at FASCs. Hospitals reported over 500 times as many Cardiovascular System procedures (APG Category 04, N=34,518) as FASCs (N=67).
  - The highest average charge was Cochlear Device Implantation (APG 231, \$47,807 for hospitals, FASCs did not report this procedure). Second highest Neurostimulator and Ventricular Shunt Implantation (APG 197, \$26,856 for hospitals, \$31,310 for FASCs, \$6,684). Third was Angioplasty and Transcatheter Procedures (APG 077, \$25,439 for hospitals and \$1,431 for FASCs), closely followed by Pacemaker Insertion and Replacement (APG 078, \$23,655 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 \$3,560 for hospitals and \$2,477 for FASCs. Respiratory System (APG 03) procedures were \$2,445 for hospitals and \$2,002 for FASCs. Only records with a single APG are included in the calculation of average total charges.
  - During the past ten years (1999 through 2008), the number of Lower Gastrointestinal Endoscopies (APG 117) performed at FASCs has more than tripled (from 4,924 to 17,008 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 30% in 2008, see Figure 1). During this same period, the number of Cataract Procedures (APG 214) performed at FASCs has increased (6,177 to 9,302), while hospitals showed a slight increase (4,270 to 4,992 or about a 17% increase). The annual percentage of Cataract Procedures performed at FASCs has risen (from 59% to 65%), with a complementary drop in the annual percentage at hospitals (from 41% to 35%, see Figure 2).

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- During the past ten years, the average charge for Lower Gastrointestinal Endoscopies (APG 117) performed at hospitals has increased (\$691 to \$1,219, or a 76% increase since 1999). The FASC trend first decreased then increased, showing a 124% increase in average charges since 1999, (see Figure 3). In 2008 the average facility charge for this procedure was comparable at FASCs (\$1,463) and hospitals (\$1,219). The average charge for Cataract Procedures (APG 214) at hospitals has increased (\$2,239 to \$3,611, or 61%, from 1999 through 2008). The average charge at FASCs for Cataract Procedures (APG 214) has increased less (\$2,211 to \$2,806, or 27%, from 1999 through 2008).
  - The average charges are based on single-procedure discharges only (42% of ICD-9-CM procedures and 50% of CPT4 procedures) and may not apply to multiple-procedure discharges.

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# 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

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<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 &amp; 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 2008. Of these 62 facilities, 43 are acute care hospitals, while the remaining 19 are FASCs. Milford Valley Memorial Hospital, Coral Desert Surgery Center, Moran Eye Center and Salt Lake Endoscopy Center submitted no ambulatory surgery data in 2008. Healthsouth Park City Surgical Center closed in the spring of 2006, Healthsouth Provo Surgical Center closed at the end of 2006, and Cottonwood Hospital Medical Center closed in 2007, 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.

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## **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 2008, 62 facilities reported ambulatory surgery data. Among these 62 facilities, 43 were hospitals and the remaining 19 were FASCs. Among the 43 hospitals, 41 reported both ICD-9 and CPT-4 codes, and two reported only ICD-9 codes. Among the 19 FASCs, seven reported CPT-4 codes exclusively, 12 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 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.

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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”<sup>1</sup>. 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 2008, 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.

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### ***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 2008.

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—2008.

Figure 2: Number of Lower Cataract Procedures by Facility Type and Year, Utah, Hospitals and FASCs, 1999—2008.



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Figure 3: Average Facility Charge for Lower Gastrointestinal Endoscopies by Facility Type and Year, Utah, Hospitals and FASCs, 1999—2008.

Figure 4: Average Facility Charge for Cataract Procedures by Facility Type and Year, Utah, Hospitals and FASCs, 1999—2008.

### ***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.

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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

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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 2008 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 2008 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.

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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: 2008**

ID1	Hospital Name	Own2	Affiliation	County	City	U/R3	Teach4	Beds	Report CPT-45	Report ICD-96
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	16	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	N
108	Davis Hospital and Medical Center	I	IASIS Health Care	Davis	Layton	U	N	191	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	172	Y	Y
114	Kane County Hospital	G	Freestanding	Kane	Kanab	R	N	25	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	350	Y	Y

<sup>1</sup>Facility ID Number

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

<sup>3</sup>Urban or Rural location of facility

<sup>4</sup>Teaching facility (Yes/No)

<sup>5</sup>Facility reports CPT-4 Codes

<sup>6</sup>Facility reports ICD-9-CM Codes

**Table 1 (continued)**  
**Hospital and Freestanding Ambulatory Surgery Center (FASC) Characteristics: 2008**

ID1	Hospital Name	Own2	Affiliation	County	City	U/R3	Teach4	Beds	Report CPT-45	Report ICD-96
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	304	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	24	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	259	Y	Y
120	Salt Lake Regional Medical Center	I	IASIS Health Care	Salt Lake	Salt Lake City	U	Y	158	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	36	Y	Y
144	Timpanogos Regional Hospital	I	MountainStar Healthcare	Utah	Orem	U	N	105	Y	Y
109	Uintah Basin Medical Center *	G	Freestanding	Duchesne	Roosevelt	R	N	49	Y	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 & Clinics	G	University Healthcare	Salt Lake	Salt Lake City	U	Y	480	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	48	Y	Y

\*Uintah Basin Medical Center submitted only a few CPT4 codes.

\*\* Moran Eye Center is included in UHC University Hospital starting in 2008.

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

\*\*\* Cottonwood Hospital Medical Center closed in 2007.

<sup>1</sup>Facility ID Number

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

<sup>3</sup>Urban or Rural location of facility

<sup>4</sup>Teaching facility (Yes/No)

<sup>5</sup>Facility reports CPT-4 codes

<sup>6</sup>Facility reports ICD-9-CM codes

**Table 1 (continued)**  
**Hospital and Freestanding Ambulatory Surgery Center (FASC) Characteristics: 2008**

ID1	Hospital Name	Own2	Affiliation	County	City	U/R3	Teach4	Beds	Report CPT-45	Report ICD-96
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	N	N
415	Davis Surgical Center	I	Freestanding	Davis	Layton	U	N	4	Y	N
403	Intermountain Avenues Surgical Center	N	Intermountain Healthcare	Salt Lake	Salt Lake City	U	N	4	Y	Y
425	Intermountain Park City Surgical Center	I	Intermountain Healthcare	Summit	Park City	R	N	2	Y	N
426	Lakeview Endoscopy	I	MountainStar Healthcare	Davis	Bountiful	U	N	2	Y	Y
404	McKay-Dee Surgical Center	N	Intermountain Healthcare	Weber	Ogden	U	Y	6	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
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	48	Y	Y

\*\*Coral Desert Surgical Center, Milford Valley Memorial Hospital and Salt Lake Endoscopy Center did not submit ambulatory surgery data in 2008.

CAH is Critical Access Hospital.

<sup>1</sup>Facility ID Number

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

<sup>3</sup>Urban or Rural location of facility

<sup>4</sup>Teaching facility (Yes/No)

<sup>5</sup>Facility reports CPT-4 codes

<sup>6</sup>Facility 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, 2008  
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)	381,589	100.0	321,431	100.0	60,158	100.0
Mastectomy (85.0-85.99)	9,845	2.6	7,806	2.4	2,039	3.4
Musculoskeletal (76.0-84.99)	87,688	23.0	73,868	23.0	13,820	23.0
Respiratory (30.0-34.99)	3,560	0.9	3,427	1.1	133	0.2
Cardiovascular (35.0-39.99)	18,821	4.9	18,764	1.1	57	0.1
Lymphatic/Hemetic (40.0-41.99)	2,886	0.8	2,774	0.9	112	0.2
Digestive System (42.0-54.99)	117,822	30.9	98,766	30.7	19,056	31.7
Urinary (55.0-59.99)	11,073	2.9	10,839	3.4	234	0.4
Male Genital (60.0-64.99)	4,157	1.1	3,918	1.2	239	0.4
Female Genital (65.0-71.99)	16,165	4.2	14,989	4.7	1,176	2.0
Endocrine/Nervous (01.0-07.99)	24,875	6.5	21,267	6.6	3,608	6.0
Eye (08.0-16.99)	28,217	7.4	21,107	6.6	7,110	11.8
Ear (18.0-20.99)	16,790	4.4	13,757	4.3	3,033	5.0
Nose,Mouth,Pharynx (21.0-29.99)	39,690	10.4	30,149	9.4	9,541	15.9
Reporting Category(CPT-4 CODES)	417,535	100.0	312,478	100.0	105,057	100.0
Mastectomy (19120-19220)	2,588	0.6	2,126	0.7	462	0.4
Musculoskeletal (20000-29909)	98,659	23.6	73,391	23.5	25,268	24.1
Respiratory (30000-32999 & 39501-39599)	23,034	5.5	14,650	4.7	8,384	8.0
Cardiovascular (33010-37799 & 93501-93660)	42,555	10.2	42,433	13.6	122	0.1
Lymphatic/Hemetic (38100-38999)	2,963	0.7	2,801	0.9	162	0.2
Digestive System (40490-49999)	145,400	34.8	107,011	34.2	38,389	36.5
Urinary (50010-53899)	12,052	2.9	10,127	3.2	1,925	1.8
Male Genital (54000-55899)	3,829	0.9	3,288	1.1	541	0.5
Female Genital (56405-58999)	13,809	3.3	11,773	3.8	2,036	1.9
Endocrine/Nervous (60000-64999)	33,246	8.0	24,966	8.0	8,280	7.9
Eye (65091-68899)	27,453	6.6	12,267	3.9	15,186	14.5
Ear (69000-69979)	11,947	2.9	7,645	2.4	4,302	4.1

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, 2008  
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	381,589	100.0	321,431	100.0	60,158	100.0
4523	COLONOSCOPY	23,277	6.1	19,491	6.1	3,786	6.3
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	21,639	5.7	17,338	5.4	4,301	7.1
2001	MYRINGOTOMY W/INSRT TUBE	13,534	3.5	11,126	3.5	2,408	4.0
4542	ENDO POLYPECTOMY LG INTESTINE	13,094	3.4	10,912	3.4	2,182	3.6
4525	CLO [ENDO] BX LG INTESTINE	11,680	3.1	7,505	2.3	4,175	6.9
1371	IOL PROSTH-CATARACT EXTRACT-1-STAGE	8,398	2.2	4,914	1.5	3,484	5.8
806	EXC SEMILUNAR CARTILAGE-KNEE	7,628	2.0	5,987	1.9	1,641	2.7
5123	LAP CHOLEY	7,415	1.9	7,082	2.2	333	0.6
283	TONSILLECTOMY W/ADENOIDECTOMY	7,216	1.9	5,924	1.8	1,292	2.1
0392	INJ OTH AGENT SPINAL CANAL	7,051	1.8	6,070	1.9	981	1.6
1341	PHACOEMULSIFICATION-ASPIR CATARACT	6,391	1.7	4,965	1.5	1,426	2.4
4513	OTH ENDO SM INTESTINE	6,250	1.6	5,570	1.7	680	1.1
4292	DILAT ESOPH	5,498	1.4	4,292	1.3	1,206	2.0
8026	ARTHSCPY-KNEE	5,325	1.4	4,395	1.4	930	1.5
0391	INJ ANES SPINAL CANAL-ANALGESIA	4,875	1.3	4,622	1.4	253	0.4
3722	LT HEART CARD CATH	4,422	1.2	4,422	1.4	.	.
0443	RELEASE CARPAL TUNNEL	4,420	1.2	3,507	1.1	913	1.5
2169	OTH TURBINECTOMY	4,210	1.1	2,636	0.8	1,574	2.6
8183	OTH REPR SHLDR	3,762	1.0	2,764	0.9	998	1.7
8363	ROTATOR CUFF REPR	3,178	0.8	2,596	0.8	582	1.0

CPT-4 CODE	CPT-4 DESCRIPTION	#		%		#		%	
		#	%	#	%	#	%	#	%
All Reportable*	CPT-4 Procedures	417,535	100.0	312,478	100.0	105,057	100.0		
45378	COLONOSCOPY FLEX; DX-SEP PROC	24,852	6.0	17,846	5.7	7,006	6.7		
43239	UGI ENDO; W/BX 1/MX	24,604	5.9	16,695	5.3	7,909	7.5		
45380	COLONOSCOPY FLEX; W/BX 1/MX	23,180	5.6	15,688	5.0	7,492	7.1		
66984	EXTRACAPSULAR CATARACT REMV IOL	13,569	3.2	4,686	1.5	8,883	8.5		
69436	TYMPANOSTOMY GENERAL ANESTHESIA	9,119	2.2	5,579	1.8	3,540	3.4		
29881	SCOPE KNEE SURG;W/MENISCECT MED/	7,350	1.8	5,023	1.6	2,327	2.2		
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	6,251	1.5	4,458	1.4	1,793	1.7		
42820	T&A; UNDER AGE 12	6,096	1.5	4,641	1.5	1,455	1.4		
29826	SCOPE SHOULDER; DECOMP SUBACROM	5,522	1.3	3,828	1.2	1,694	1.6		
43235	UGI ENDO; DX W/VO CLCT SPECMN-SP	5,088	1.2	3,688	1.2	1,400	1.3		
93545	INJ PROC-CATH; SELECT CORONRY AN	4,994	1.2	4,994	1.6	.	.		
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	4,936	1.2	4,475	1.4	461	0.4		
30140	SUBMUCOS RES TURBINATE PART/CMP	4,588	1.1	2,304	0.7	2,284	2.2		
41899	UNLIST PROC DENTOALVEOL STRUCTUR	4,583	1.1	2,792	0.9	1,791	1.7		
93556	IMAG SUPERVS I&R-CATH; PULM ANGI	4,561	1.1	4,561	1.5	.	.		
64483	INJ ANES EPIDURL; LUMB/SAC 1 LEV	4,483	1.1	3,285	1.1	1,198	1.1		
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	4,462	1.1	2,658	0.9	1,804	1.7		
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	4,320	1.0	2,852	0.9	1,468	1.4		
93543	INJ PROC-CATH; LT VENT/ATRIAL AN	4,210	1.0	4,210	1.3	.	.		
29877	SCOPE KNEE SURG; DEBRID/SHAVE CA	4,016	1.0	2,970	1.0	1,046	1.0		

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 4  
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGES PROFILE OF OUTPATIENT SURGERY, 2008  
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	10,318	8,727	1,591
002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	2,303	2,271	32
003 COMPLEX INCISION AND DRAINAGE	122	100	22
004 SIMPLE INCISION AND DRAINAGE	37	24	13
006 SIMPLE DEBRIDEMENT AND DESTRUCTION	239	184	55
007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	1,539	1,175	364
008 SIMPLE EXCISION AND BIOPSY	1,779	1,279	500
009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRANGE	1,693	1,550	143
010 SIMPLE SKIN REPAIR	18	18	0
011 SIMPLE INCISION AND EXCISION OF BREAST	2,588	2,126	462
02 MUSCULOSKELETAL SYSTEM	89,178	65,893	23,285
021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	9,264	7,092	2,172
022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	3,455	2,745	710
023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	3,554	2,708	846
024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	18,080	13,313	4,767
025 ARTHROSCOPY	38,923	27,527	11,396
026 REPLACEMENT OF CAST	83	83	0
027 SPLINT, STRAPPING AND CAST REMOVAL	771	770	1
028 CLOSED TREATMENT FX & DISLOCATION OF FINGER, TOE & TRUNK	89	71	18
029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	792	703	89
030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	6,500	5,280	1,220
031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	626	409	217
032 BUNION PROCEDURES	2,699	1,813	886
033 ARTHROPLASTY	798	597	201
034 HAND AND FOOT TENOTOMY	484	356	128
035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	3,060	2,426	634
03 RESPIRATORY SYSTEM	11,783	8,172	3,611
052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	656	654	2
053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	8,915	5,352	3,563
054 SIMPLE ENDOSCOPY OF THE UPPER AIRWAY	338	297	41
055 ENDOSCOPY OF THE LOWER AIRWAY	1,874	1,869	5
04 CARDIOVASCULAR SYSTEM	34,585	34,518	67
074 CARDIAC ELECTROPHYSIOLOGIC TESTS	3,255	3,255	0
075 PLACEMENT OF TRANSVENOUS CATHETERS	62	62	0
076 DIAGNOSTIC CARDIAC CATHETERIZATION	25,900	25,900	0
077 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	2,283	2,275	8
078 PACEMAKER INSERTION AND REPLACEMENT	841	841	0
079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	1,057	1,034	23
080 MINOR VASCULAR REPAIR AND FISTULA CONSTRUCTION	774	767	7
081 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	131	126	5
082 VASCULAR LIGATION	277	253	24
083 RESUSCITATION AND CARDIOVERSION	5	5	0
05 HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	3,644	3,460	184
092 CHEMOTHERAPY EXCEPT BY EXTENDED INFUSION	46	45	1
094 BLOOD AND BLOOD PRODUCT EXCHANGE	84	83	1
095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	2,177	1,999	178

**TABLE 4**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGES PROFILE OF OUTPATIENT SURGERY, 2008**  
**PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE\* CPT-4 PROCEDURES**

STATEWIDE TOTALS

Procedure APG category		ALL FACILITIES	HOSPITALS	FASCs
Procedure APG		#	#	#
097	TRANSFUSION	1,337	1,333	4
06	DIGESTIVE SYSTEM	129,854	96,396	33,458
111	ALIMENTARY TESTS AND SIMPLE TUBE PLACEMENT	170	170	0
112	ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	1,906	1,281	625
113	ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	638	577	61
114	PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	434	308	126
115	DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	29,972	20,625	9,347
116	THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	7,677	5,309	2,368
117	LOWER GASTROINTESTINAL ENDOSCOPY	57,105	40,097	17,008
118	ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	1,625	1,612	13
119	HERNIA AND HYDROCELE PROCEDURES	8,060	6,648	1,412
120	COMPLEX ANAL AND RECTAL PROCEDURES	1,468	1,153	315
121	SIMPLE ANAL AND RECTAL PROCEDURES	691	539	152
122	MISCELLANEOUS ABDOMINAL PROCEDURES	584	563	21
123	COMPLEX LAPAROSCOPIC PROCEDURES	19,241	17,238	2,003
124	SIMPLE LAPAROSCOPIC PROCEDURES	283	276	7
07	URINARY SYSTEM	10,657	8,765	1,892
131	RENAL EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	1,504	729	775
132	SIMPLE URINARY STUDIES AND PROCEDURES	3	3	0
133	URINARY CATHETERIZATION AND DILATATION	486	472	14
134	COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	5,445	4,811	634
135	MODERATE CYSTOURETHROSCOPY	2,123	1,789	334
136	SIMPLE CYSTOURETHROSCOPY	691	590	101
137	COMPLEX URETHRAL PROCEDURES	205	191	14
138	SIMPLE URETHRAL PROCEDURES	200	180	20
08	MALE GENITAL SYSTEM	3,296	2,820	476
151	TESTICULAR AND EPIDIDYMAL PROCEDURES	1,632	1,286	346
152	INSERTION OF PENILE PROSTHESIS	88	88	0
153	COMPLEX PENILE PROCEDURES	511	498	13
154	SIMPLE PENILE PROCEDURES	938	837	101
155	PROSTATE NEEDLE AND PUNCH BIOPSY	127	111	16
09	FEMALE GENITAL SYSTEM	7,903	6,757	1,146
176	COMPLEX FEMALE REPRODUCTIVE PROCEDURES	2,200	2,044	156
177	SIMPLE FEMALE REPRODUCTIVE PROCEDURES	1,655	1,379	276
178	DILATION AND CURETTAGE	707	611	96
179	HYSTEROSCOPY	3,011	2,433	578
180	COLPOSCOPY	330	290	40
10	NERVOUS SYSTEM	29,050	21,149	7,901
195	NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	20,590	14,879	5,711
196	REVISION AND REMOVAL OF NEUROLOGICAL DEVICE	285	251	34
197	NEUROSTIMULATOR AND VENTRICULAR SHUNT IMPLANTATION	1,144	1,092	52
198	NERVE REPAIR AND DESTRUCTION	6,385	4,284	2,101
199	SPINAL TAP	646	643	3
11	EYE AND OCULAR ADNEXA	27,185	12,065	15,120
211	MINOR OPHTHALMOLOGICAL TESTS AND PROCEDURES	174	58	116
213	LASER EYE PROCEDURES	2,161	555	1,606

**TABLE 4**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGES PROFILE OF OUTPATIENT SURGERY, 2008**  
**PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE\* CPT-4 PROCEDURES**

STATEWIDE TOTALS

Procedure APG category	ALL FACILITIES	HOSPITALS	FASCs
Procedure APG	#	#	#
214 CATARACT PROCEDURES	14,294	4,992	9,302
215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	1,141	323	818
216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	758	332	426
217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	783	346	437
218 COMPLEX POSTERIOR SEGMENT EYE PROCEDURES	485	438	47
219 SIMPLE POSTERIOR SEGMENT EYE PROCEDURES	819	446	373
220 STRABISMUS AND MUSCLE EYE PROCEDURES	1,176	966	210
221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	2,446	1,215	1,231
222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	1,047	655	392
223 VITRECTOMY	1,901	1,739	162
12 FACIAL, EAR, NOSE, MOUTH AND THROAT	43,652	28,538	15,114
231 COCHLEAR DEVICE IMPLANTATION	93	93	0
233 NASAL CAUTERIZATION AND PACKING	373	291	82
234 COMPLEX FACIAL AND ENT PROCEDURES	8,587	5,886	2,701
235 SIMPLE FACIAL AND ENT PROCEDURES	22,365	13,559	8,806
236 TONSIL AND ADENOID PROCEDURES	12,234	8,709	3,525
13 THERAPEUTIC AND OTHER RADIOLOGICAL PROCEDURES	3,576	3,406	170
252 RADIATION THERAPY AND HYPERTHERMIA	8	8	0
253 VASCULAR RADIOLOGY EXCEPT FOR VENOGRAPHY OF EXTREMITY	1,173	1,173	0
254 MYELOGRAPHY	464	296	168
255 MISCELLANEOUS RADIOLOGICAL PROCEDURES WITH CONTRAST	1,931	1,929	2
14 PHYSICAL MEDICINE AND REHABILITATION	8	8	0
272 PHYSICAL THERAPY	8	8	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, 2008**  
**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	\$3,192	\$3,433	\$1,705
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	\$2,756	\$2,695	\$7,746
	003 COMPLEX INCISION AND DRAINAGE	\$3,996	\$4,471	\$1,907
	004 SIMPLE INCISION AND DRAINAGE	\$2,217	\$2,787	\$913
	006 SIMPLE DEBRIDEMENT AND DESTRUCTION	\$2,831	\$3,383	\$1,043
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	\$3,222	\$3,748	\$1,675
	008 SIMPLE EXCISION AND BIOPSY	\$2,754	\$3,190	\$1,494
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRANGE	\$4,775	\$4,802	\$4,294
	010 SIMPLE SKIN REPAIR	\$4,077	\$4,077	.
	011 SIMPLE INCISION AND EXCISION OF BREAST	\$2,907	\$3,305	\$1,130
02	MUSCULOSKELETAL SYSTEM	\$4,273	\$4,654	\$3,210
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	\$6,599	\$7,553	\$3,442
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	\$3,771	\$4,034	\$3,132
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	\$4,691	\$5,600	\$2,766
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	\$2,993	\$3,312	\$2,154
	025 ARTHROSCOPY	\$4,612	\$4,892	\$4,005
	026 REPLACEMENT OF CAST	\$4,770	\$4,770	.
	027 SPLINT, STRAPPING AND CAST REMOVAL	\$1,401	\$1,401	.
	028 CLOSED TREATMENT FX & DISLOCATION OF FINGER, TOE & TRUNK	\$2,487	\$2,571	\$2,175
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	\$3,043	\$3,247	\$1,651
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	\$5,798	\$6,529	\$2,955
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	\$2,792	\$3,340	\$1,860
	032 BUNION PROCEDURES	\$3,899	\$4,813	\$2,335
	033 ARTHROPLASTY	\$7,005	\$8,553	\$2,866
	034 HAND AND FOOT TENOTOMY	\$2,522	\$2,668	\$2,084
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	\$1,113	\$1,117	\$1,011
03	RESPIRATORY SYSTEM	\$2,409	\$2,445	\$2,002
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	\$1,542	\$1,535	\$3,457
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	\$3,409	\$3,900	\$1,967
	054 SIMPLE ENDOSCOPY OF THE UPPER AIRWAY	\$2,285	\$2,300	\$2,217
	055 ENDOSCOPY OF THE LOWER AIRWAY	\$2,374	\$2,377	\$769
04	CARDIOVASCULAR SYSTEM	\$13,893	\$14,018	\$2,380
	074 CARDIAC ELECTROPHYSIOLOGIC TESTS	\$16,098	\$16,098	.
	075 PLACEMENT OF TRANSVENOUS CATHETERS	\$10,874	\$10,874	.
	076 DIAGNOSTIC CARDIAC CATHETERIZATION	\$5,533	\$5,533	.
	077 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	\$25,439	\$25,520	\$1,431
	078 PACEMAKER INSERTION AND REPLACEMENT	\$23,655	\$23,655	.
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	\$4,235	\$4,381	\$2,728
	080 MINOR VASCULAR REPAIR AND FISTULA CONSTRUCTION	\$6,447	\$6,447	.
	081 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	\$5,266	\$5,330	\$1,790
	082 VASCULAR LIGATION	\$6,390	\$6,747	\$1,538
	083 RESUSCITATION AND CARADIOVERSION	\$15,553	\$15,553	.
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	\$4,501	\$4,660	\$2,149
	094 BLOOD AND BLOOD PRODUCT EXCHANGE	\$5,068	\$5,068	.
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	\$5,731	\$6,198	\$2,127
	097 TRANSFUSION	\$3,057	\$3,057	\$2,933
06	DIGESTIVE SYSTEM	\$2,470	\$2,773	\$1,598

**TABLE 5**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2008**  
**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
	111 ALIMENTARY TESTS AND SIMPLE TUBE PLACEMENT	\$1,415	\$1,415	.
	112 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	\$1,351	\$1,929	\$1,006
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	\$1,120	\$1,163	\$767
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	\$1,308	\$1,532	\$796
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	\$1,414	\$1,425	\$1,391
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	\$1,906	\$2,089	\$1,248
	117 LOWER GASTROINTESTINAL ENDOSCOPY	\$1,292	\$1,219	\$1,463
	118 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	\$4,358	\$4,271	\$10,829
	119 HERNIA AND HYDROCELE PROCEDURES	\$3,953	\$4,277	\$2,494
	120 COMPLEX ANAL AND RECTAL PROCEDURES	\$2,866	\$3,419	\$1,120
	121 SIMPLE ANAL AND RECTAL PROCEDURES	\$2,671	\$3,237	\$1,145
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	\$5,891	\$6,011	\$1,475
	123 COMPLEX LAPAROSCOPIC PROCEDURES	\$7,107	\$7,473	\$3,620
	124 SIMPLE LAPAROSCOPIC PROCEDURES	\$8,484	\$8,589	\$4,102
07	URINARY SYSTEM	\$5,240	\$5,467	\$4,528
	131 RENAL EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	\$7,303	\$8,805	\$6,312
	132 SIMPLE URINARY STUDIES AND PROCEDURES	\$2,693	\$2,693	.
	133 URINARY CATHETERIZATION AND DILATATION	\$4,995	\$5,073	\$1,104
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	\$5,441	\$5,910	\$2,741
	135 MODERATE CYSTOURETHROSCOPY	\$3,571	\$3,852	\$2,169
	136 SIMPLE CYSTOURETHROSCOPY	\$2,755	\$2,909	\$1,984
	137 COMPLEX URETHRAL PROCEDURES	\$10,534	\$11,146	\$3,315
	138 SIMPLE URETHRAL PROCEDURES	\$1,502	\$1,414	\$2,604
08	MALE GENITAL SYSTEM	\$3,701	\$3,901	\$2,220
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	\$3,022	\$3,127	\$2,536
	152 INSERTION OF PENILE PROSTHESIS	\$22,767	\$22,767	.
	153 COMPLEX PENILE PROCEDURES	\$3,935	\$3,976	\$2,750
	154 SIMPLE PENILE PROCEDURES	\$2,054	\$2,116	\$1,585
	155 PROSTATE NEEDLE AND PUNCH BIOPSY	\$4,647	\$4,881	\$2,066
09	FEMALE GENITAL SYSTEM	\$4,399	\$4,786	\$2,126
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	\$5,805	\$6,095	\$2,489
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	\$3,186	\$3,503	\$1,490
	178 DILATION AND CURETTAGE	\$2,769	\$2,944	\$1,321
	179 HYSTEROSCOPY	\$4,615	\$5,125	\$2,480
	180 COLPOSCOPY	\$3,888	\$4,314	\$1,044
10	NERVOUS SYSTEM	\$2,167	\$2,546	\$1,172
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	\$1,160	\$1,269	\$894
	196 REVISION AND REMOVAL OF NEUROLOGICAL DEVICE	\$11,342	\$11,955	\$1,625
	197 NEUROSTIMULATOR AND VENTRICULAR SHUNT IMPLANTATION	\$30,295	\$31,310	\$6,684
	198 NERVE REPAIR AND DESTRUCTION	\$2,490	\$2,841	\$1,764
	199 SPINAL TAP	\$2,017	\$2,025	\$431
11	EYE AND OCULAR ADNEXA	\$2,887	\$3,560	\$2,477
	211 MINOR OPHTHALMOLOGICAL TESTS AND PROCEDURES	\$934	\$1,632	\$630
	213 LASER EYE PROCEDURES	\$947	\$739	\$1,021
	214 CATARACT PROCEDURES	\$3,083	\$3,611	\$2,806
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	\$3,787	\$5,024	\$2,322
	216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	\$2,425	\$2,809	\$2,215

**TABLE 5  
 UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2008  
 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	\$2,144	\$3,223	\$1,428
	218	COMPLEX POSTERIOR SEGMENT EYE PROCEDURES	\$5,868	\$6,059	\$4,597
	219	SIMPLE POSTERIOR SEGMENT EYE PROCEDURES	\$1,390	\$3,518	\$1,317
	220	STRABISMUS AND MUSCLE EYE PROCEDURES	\$2,664	\$2,675	\$2,391
	221	COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	\$2,823	\$3,921	\$2,034
	222	SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	\$1,968	\$2,501	\$1,280
	223	VITRECTOMY	\$5,282	\$5,496	\$4,414
12		FACIAL, EAR, NOSE, MOUTH AND THROAT	\$2,712	\$3,024	\$1,837
	231	COCHLEAR DEVICE IMPLANTATION	\$47,807	\$47,807	.
	233	NASAL CAUTERIZATION AND PACKING	\$2,792	\$3,338	\$1,330
	234	COMPLEX FACIAL AND ENT PROCEDURES	\$5,549	\$6,314	\$2,703
	235	SIMPLE FACIAL AND ENT PROCEDURES	\$1,977	\$1,997	\$1,919
	236	TONSIL AND ADENOID PROCEDURES	\$2,295	\$2,592	\$1,575
13		THERAPEUTIC AND OTHER RADIOLOGICAL PROCEDURES	\$3,701	\$3,705	\$1,453
	252	RADIATION THERAPY AND HYPERTHERMIA	\$7,771	\$7,771	.
	253	VASCULAR RADIOLOGY EXCEPT FOR VENOGRAPHY OF EXTREMITY	\$11,563	\$11,563	.
	254	MYELOGRAPHY	\$3,264	\$3,275	\$2,226
	255	MISCELLANEOUS RADIOLOGICAL PROCEDURES WITH CONTRAST	\$3,066	\$3,069	\$681

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, 2008**  
**NUMBER OF REPORTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

STATEWIDE TOTALS

Patient Profile	Patient Visits(All)		Patient Visits(HOSPITALS)		Patient Visits(FASCs)	
	(#)	(%)	(#)	(%)	(#)	(%)
<b>GENDER</b>						
Female	162,846	54.3	120,689	54.0	42,157	55.1
Male	137,047	45.7	102,774	46.0	34,273	44.8
Unknown	11	0.0	0	0.0	11	0.0
Not Reported	53	0.0	1	0.0	52	0.1
<b>AGE</b>						
1-28 days	1,290	0.4	1,290	0.6	0	0.0
29-365 days	3,432	1.1	3,012	1.3	420	0.5
1-4 years	14,439	4.8	11,257	1.3	3,182	4.2
5-9	8,012	2.7	6,380	5.0	1,632	2.1
10-14	5,884	2.0	4,795	2.9	1,089	1.4
15-17	6,476	2.2	5,109	2.1	1,367	1.8
18-19	4,839	1.6	3,667	2.3	1,172	1.5
20-24	13,445	4.5	10,397	1.6	3,048	4.0
25-29	16,287	5.4	12,788	4.7	3,499	4.6
30-34	16,787	5.6	13,212	5.9	3,575	4.7
35-39	16,429	5.5	12,888	5.8	3,541	4.6
40-44	17,091	5.7	13,216	5.9	3,875	5.1
45-49	21,763	7.3	16,707	7.5	5,056	6.6
50-54	31,339	10.4	24,036	10.8	7,303	9.5
55-59	26,957	9.0	20,476	9.2	6,481	8.5
60-64	23,809	7.9	17,623	7.9	6,186	8.1
65-69	22,043	7.3	14,920	6.7	7,123	9.3
70-74	18,521	6.2	12,104	5.4	6,417	8.4
75-79	15,143	5.0	9,552	4.3	5,591	7.3
80-84	10,102	3.4	6,230	2.8	3,872	5.1
85-89	4,525	1.5	2,923	1.3	1,602	2.1
90 +	1,339	0.4	881	0.4	458	0.6
Not Reported	1,296	0.4	1,292	0.6	4	0.0
<b>SOURCE OF ADMISSION</b>						
Physician Referral	266,987	89.0	200,515	89.7	66,472	86.9
Clinic Referral	5,384	1.8	4,085	1.8	1,299	1.7
HMO Referral	3,198	1.1	3,198	1.4	0	0.0
Other Hospital	219	0.1	219	0.1	0	0.0
Skilled Nursing Facility	26	0.0	26	0.0	0	0.0
Other Health Care Facility	41	0.0	41	0.0	0	0.0
Emergency Room	5,221	1.7	5,219	2.3	2	0.0
Court/Law Enforcement	3	0.0	3	0.0	0	0.0
Unknown	2,946	1.0	26	0.0	0	3.8
Not Reported	15,933	5.3	10,133	4.5	5,800	7.6

(Continued)



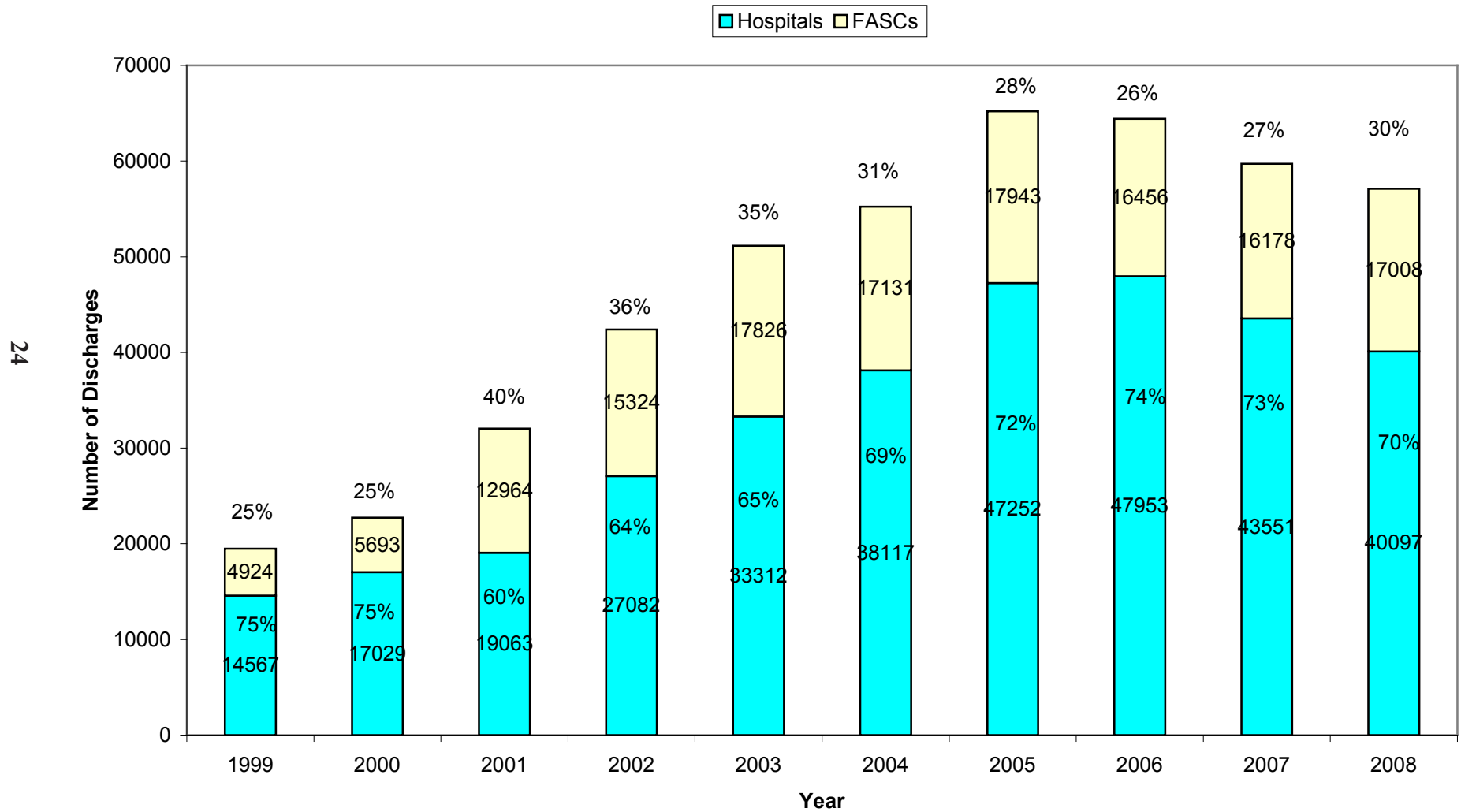
**TABLE 6**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2008**  
**NUMBER OF REPORTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

STATEWIDE TOTALS

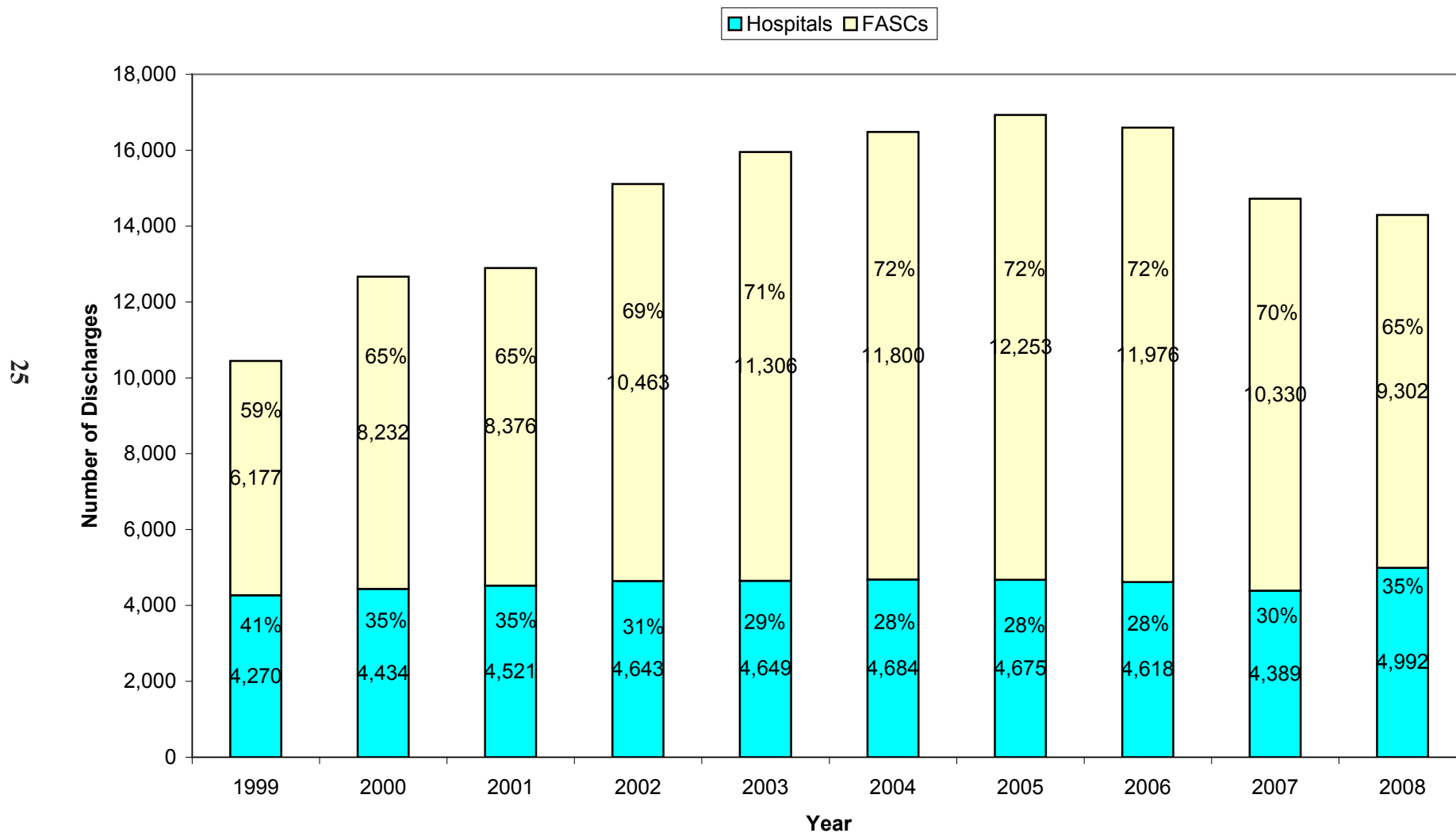
Patient Profile	Patient Visits(All)		Patient Visits(HOSPITALS)		Patient Visits(FASCs)	
	(#)	(%)	(#)	(%)	(#)	(%)
<b>DISCHARGE STATUS</b>						
Home Health Care	293,683	97.9	222,849	99.7	70,834	92.6
Another Hospital	170	0.1	103	0.0	67	0.1
Skilled Nursing Facility	107	0.0	107	0.0	0	0.0
Intermediate Care	14	0.0	14	0.0	0	0.0
Another Type of Institution	66	0.0	60	0.0	6	0.0
Under Care of Home Service	271	0.1	271	0.1	0	0.0
Left Against Medical Advice	13	0.0	13	0.0	0	0.0
Under care of Home Provider	0	0.0	0	0.0	0	0.0
Expired	8	0.0	8	0.0	0	0.0
Unknown	5,621	1.9	35	0.0	5,586	7.3
Not Reported	5	0.0	5	0.0	0	0.0
<b>PRIMARY PAYER</b>						
Medicare	57,192	19.1	38,441	17.2	18,751	24.5
Medicaid	17,521	5.8	13,916	6.2	3,605	4.7
Other Government	6,424	2.1	3,998	1.8	2,426	3.2
Blue Cross/Blue Shield	48,015	16.0	31,579	14.1	16,436	21.5
Other Commercial	25,260	8.4	17,861	8.0	7,399	9.7
Managed Care(HMO, PPO)	131,515	43.8	108,172	48.4	23,343	30.5
Self Pay	4,189	1.4	3,087	1.4	1,102	1.4
Industrial & Worker Comp	5,667	1.9	3,835	1.7	1,832	2.4
Charity and Unclassified	1,507	0.5	1,349	0.6	158	0.2
Childrens Health Insurance	254	0.1	121	0.1	133	0.2
Unknown	1,090	0.4	1,030	0.5	60	0.1
Not Reported	1,324	0.4	76	0.0	1,248	1.6
<b>LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE</b>						
Bear River	20,322	6.8	16,758	7.5	3,564	4.7
Central Utah	9,492	3.2	8,253	3.7	1,239	1.6
Davis County	37,626	12.5	22,506	10.1	15,120	19.8
Salt Lake County	99,960	33.3	75,789	33.9	24,171	31.6
Southeastern Utah	4,959	1.7	4,234	1.9	725	0.9
Southwest Utah	16,735	5.6	13,877	6.2	2,858	3.7
Summit County	3,441	1.1	2,803	1.3	638	0.8
Tooele County	6,037	2.0	4,857	2.2	1,180	1.5
Tri-County	6,314	2.1	5,940	2.7	374	0.5
Utah County	46,611	15.5	37,220	16.7	9,391	12.3
Wasatch County	2,017	0.7	1,668	0.7	349	0.5
Weber County	33,648	11.2	19,855	8.9	13,793	18.0
Unknown Utah	60	0.0	42	0.0	18	0.0
Outside Utah	12,605	4.2	9,563	4.3	3,042	4.0
Unknown, Not Reported	132	0.0	101	0.0	31	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), 1999-2008**

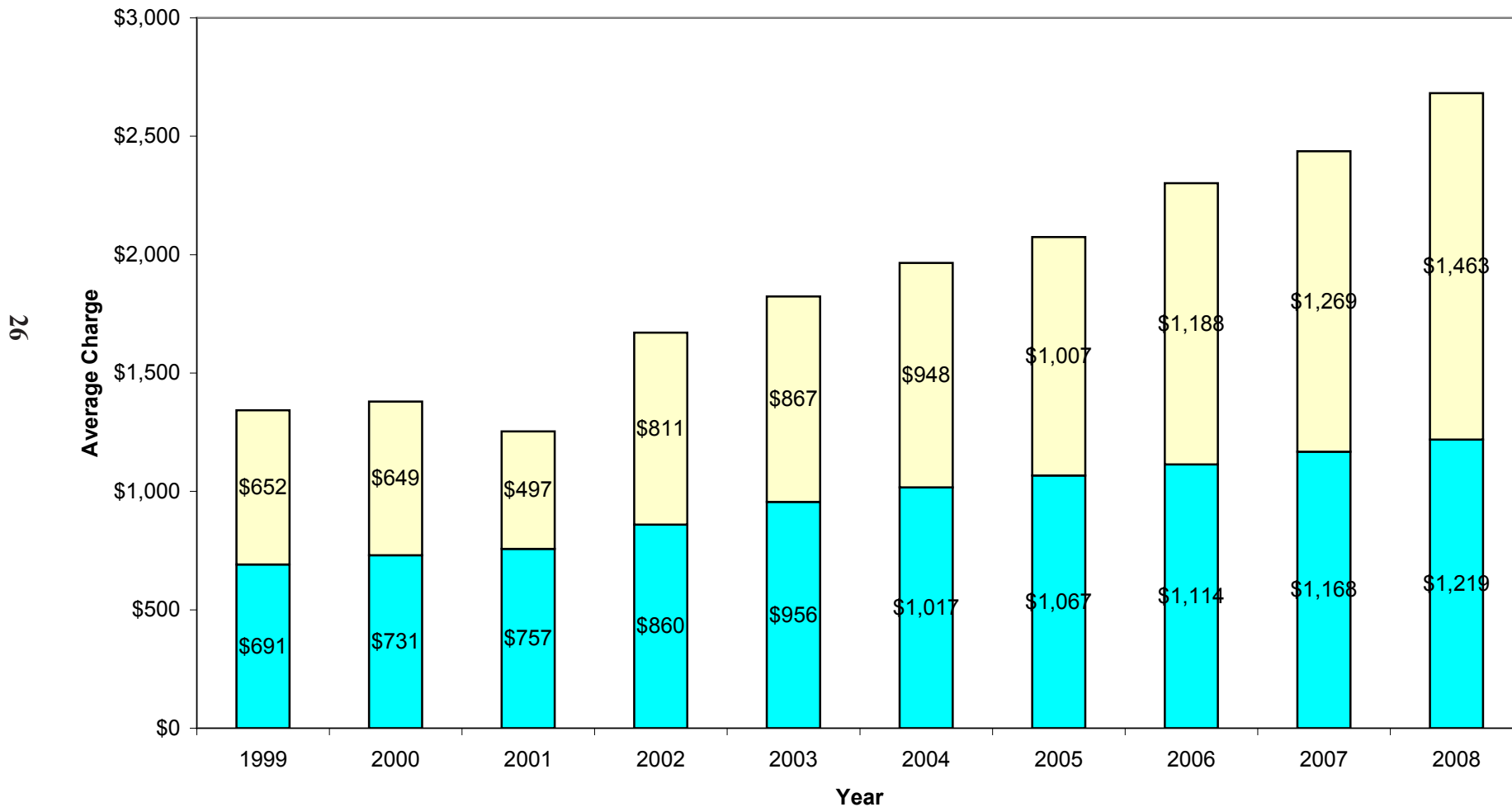


**Figure 2. Number and Percentage of Cataract Procedures (APG 214) by Facility Type and Year, Utah, Hospitals and Freestanding Ambulatory Surgery Centers (FASCs), 1999-2008**



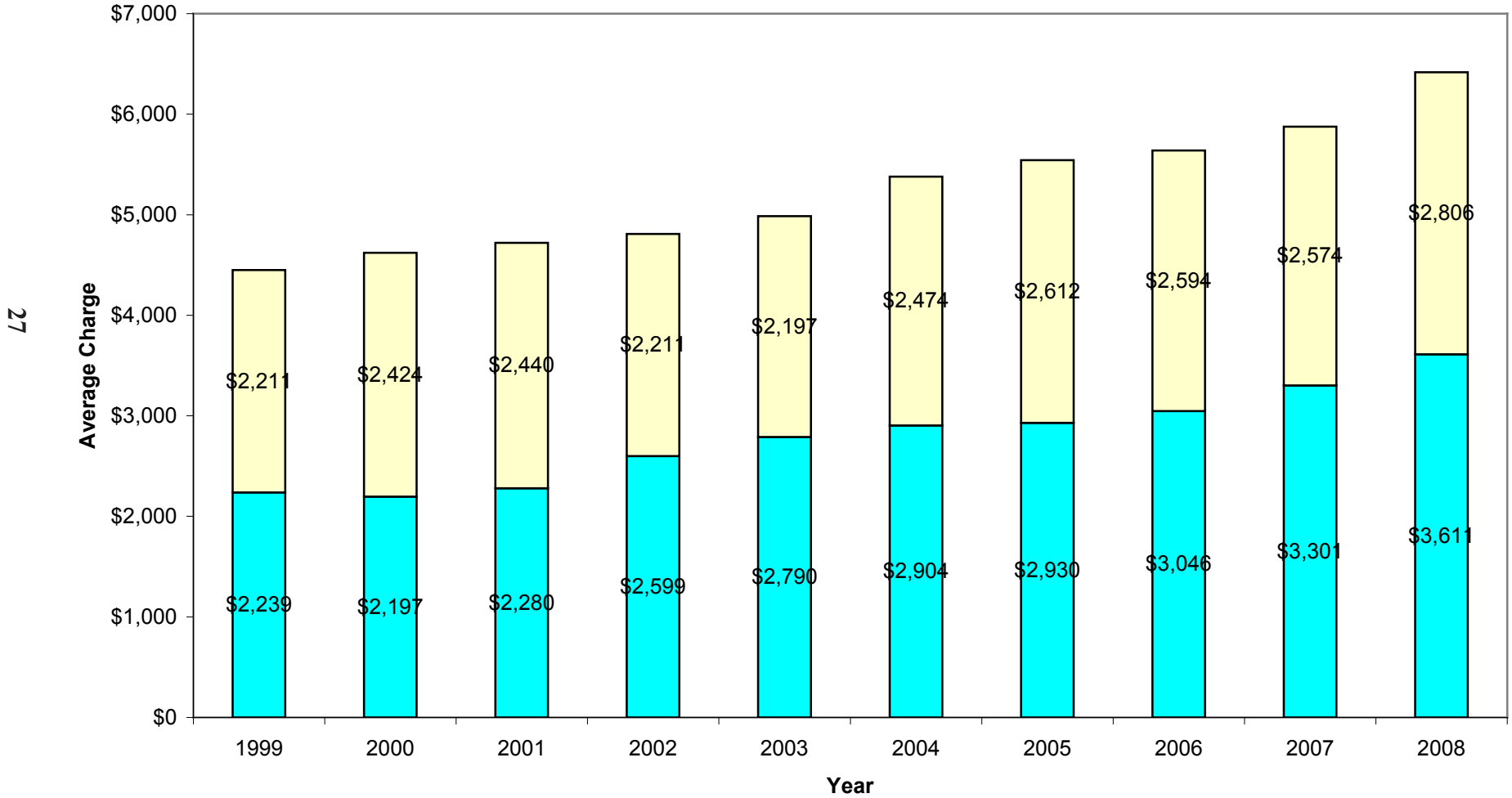
**Figure 3. Average Charge for Lower Gastrointestinal Endoscopies (APG 117) by Facility Type and Year, Utah, Hospitals and Freestanding Ambulatory Surgery Centers (FASCs), 1999-2008**

Hospitals FASCs



**Figure 4. Average Charge for Cataract Procedures (APG 214) by Facility Type and Year, Utah, Hospitals and Freestanding Ambulatory Surgery Centers (FASCs), 1999-2008**

Hospitals FASCs



**AMB ST 1-1**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2008**  
**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)	.	.	321,431	100.0
Mastectomy (85.0-85.99)	.	.	7,806	2.4
Musculoskeletal (76.0-84.99)	.	.	73,868	23.0
Respiratory (30.0-34.99)	.	.	3,427	1.1
Cardiovascular (35.0-39.99)	.	.	18,764	5.8
Lymphatic/Hemetic (40.0-41.99)	.	.	2,774	0.9
Digestive System (42.0-54.99)	.	.	98,766	30.7
Urinary (55.0-59.99)	.	.	10,839	3.4
Male Genital (60.0-64.99)	.	.	3,918	1.2
Female Genital (65.0-71.99)	.	.	14,989	4.7
Endocrine/Nervous (01.0-07.99)	.	.	21,267	6.6
Eye (08.0-16.99)	.	.	21,107	6.6
Ear (18.0-20.99)	.	.	13,757	4.3
Nose, Mouth, Pharynx (21.0-29.99)	.	.	30,149	9.4
Reporting Category(CPT-4 CODES)	38	100.0	312,478	100.0
Mastectomy (19120-19220)	0	0.0	2,126	0.7
Musculoskeletal (20000-29909)	4	10.5	73,391	23.5
Respiratory (30000-32999 & 39501-39599)	1	2.6	14,650	4.7
Cardiovascular (33010-37799 & 93501-93660)	0	0.0	42,433	13.6
Lymphatic/Hemetic (38100-38999)	0	0.0	2,801	0.9
Digestive (40490-49999)	0	0.0	107,011	34.2
Urinary (50010-53899)	0	0.0	10,127	3.2
Male Genital (54000-55899)	0	0.0	3,288	1.1
Female Genital (56405-58999)	0	0.0	11,773	3.8
Endocrine/Nervous (60000-64999)	15	39.5	24,966	8.0
Eye (65091-68899)	18	47.4	12,267	3.9
Ear (69000-69979)	0	0.0	7,645	2.4

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

**AMB ST 1-2**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2008**  
**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				
66821	DISCISSION 2ND CATARACT; LASER S	18	47.4	0.15
64475	INJ ANES FACET JT; LUMB/SAC-1LEV	5	13.2	0.31
64476	INJ ANES FACET JT; LUMB/SAC-EA A	4	10.5	0.30
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	2	5.3	0.91
64470	INJ ANES FACET JT; CERV/THOR-1LE	2	5.3	0.10
26605	CLOS TX MC FX SINGLE; W/MANIP EA	1	2.6	0.01
27200	CLOSED TREATMENT COCCYGEAL FRACT	1	2.6	0.00
28495	CLOS TX FX GT TOE PHALANX; W/MAN	1	2.6	0.00
29125	APPLIC SHORT ARM SPLINT; STATIC	1	2.6	0.01
32421	32421	1	2.6	0.07
62273	INJECTION EPIDURAL BLOOD/CLOT PA	1	2.6	0.05
64472	INJ ANES FACET JT; CERV/THOR-EA	1	2.6	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, 2008  
 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		26	\$557	\$3,633
66821	DISCISSION 2ND CATARACT; LASER S	18	\$271	\$723
26605	CLOS TX MC FX SINGLE; W/MANIP EA	1	\$1,467	\$2,207
28495	CLOS TX FX GT TOE PHALANX; W/MAN	1	\$603	\$1,447
29125	APPLIC SHORT ARM SPLINT; STATIC	1	\$489	\$1,068
32421	32421	1	\$483	\$1,632
62273	INJECTION EPIDURAL BLOOD/CLOT PA	1	\$1,006	\$823
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	1	\$3,910	\$1,141
64470	INJ ANES FACET JT; CERV/THOR-1LE	1	\$843	\$1,843
64475	INJ ANES FACET JT; LUMB/SAC-1LEV	1	\$812	\$1,494

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, 2008**  
**PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE\* CPT-4 PROCEDURES**

111 Allen Memorial Hospital - CAH

Procedure APG category	Procedure APG	TOTAL #	TOTAL # (ALL Hospitals)
02	MUSCULOSKELETAL SYSTEM	4	65,893
	027 SPLINT, STRAPPING AND CAST REMOVAL	1	770
	028 CLOSED TREATMENT FX & DISLOCATION OF FINGER, TOE & TRUNK	2	71
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	1	703
03	RESPIRATORY SYSTEM	1	8,172
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	1	654
10	NERVOUS SYSTEM	15	21,149
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	15	14,879
11	EYE AND OCULAR ADNEXA	18	12,065
	213 LASER EYE PROCEDURES	18	555

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

**AMB ST 1-5**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2008**  
**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 )
02	MUSCULOSKELETAL SYSTEM	3	\$853	\$4,654
	027 SPLINT, STRAPPING AND CAST REMOVAL	1	\$489	\$1,401
	028 CLOSED TREATMENT FX & DISLOCATION OF FINGER, TOE & TRUNK	1	\$603	\$2,571
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	1	\$1,467	\$3,247
03	RESPIRATORY SYSTEM	1	\$483	\$2,445
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	1	\$483	\$1,535
10	NERVOUS SYSTEM	4	\$1,643	\$2,546
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	4	\$1,643	\$1,269
11	EYE AND OCULAR ADNEXA	18	\$271	\$3,560
	213 LASER EYE PROCEDURES	18	\$271	\$739

SOURCE: Utah Ambulatory Surgery Database  
 Utah Health Data Committee/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, 2008**  
**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

111 Allen Memorial Hospital - CAH

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
<b>GENDER</b>				
Female	18	56.3	120,689	54.0
Male	14	43.8	102,774	46.0
Unknown	0	0.0	0	0.0
Not Reported	0	0.0	1	0.0
<b>AGE</b>				
1-28 days	0	0.0	1,290	0.6
29-365 days	0	0.0	3,012	1.3
1-4 years	0	0.0	11,257	5.0
5-9	0	0.0	6,380	2.9
10-14	0	0.0	4,795	2.1
15-17	1	3.1	5,109	2.3
18-19	0	0.0	3,667	1.6
20-24	1	3.1	10,397	4.7
25-29	0	0.0	12,788	5.7
30-34	1	3.1	13,212	5.9
35-39	0	0.0	12,888	5.8
40-44	1	3.1	13,216	5.9
45-49	2	6.3	16,707	7.5
50-54	2	6.3	24,036	10.8
55-59	2	6.3	20,476	9.2
60-64	1	3.1	17,623	7.9
65-69	2	6.3	14,920	6.7
70-74	2	6.3	12,104	5.4
75-79	6	18.8	9,552	4.3
80-84	6	18.8	6,230	2.8
85-89	4	12.5	2,923	1.3
90 +	1	3.1	881	0.4
Not Reported	0	0.0	1,292	0.6
<b>SOURCE OF ADMISSION</b>				
Physician Referral	31	96.9	200,515	89.7
Clinic Referral	0	0.0	4,085	1.8
HMO Referral	0	0.0	3,198	1.4
Other Hospital	0	0.0	219	0.1
Skilled Nursing Facility	0	0.0	26	0.0
Other Health Care Facility	0	0.0	41	0.0
Emergency Room	1	3.1	5,219	2.3
Court/Law Enforcement	0	0.0	3	0.0
Unknown	0	0.0	26	0.0
Not Reported	0	0.0	10,133	4.5

(Continued)

**AMB ST 1-6**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2008**  
**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

111 Allen Memorial Hospital - CAH

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
<b>DISCHARGE STATUS</b>				
Home or Self Care	32	100.0	222,849	99.7
Another Hospital	0	0.0	103	0.0
Skilled Nursing Facility	0	0.0	107	0.0
Intermediate Care Facility	0	0.0	14	0.0
Another Type of Institution	0	0.0	60	0.0
Under Care of Home Service	0	0.0	271	0.1
Left Against Medical Advice	0	0.0	13	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	0	0.0	8	0.0
Unknown	0	0.0	35	0.0
Not Reported	0	0.0	5	0.0
<b>PRIMARY PAYER</b>				
Medicare	19	59.4	38,441	17.2
Medicaid	3	9.4	13,916	6.2
Other government	0	0.0	3,998	1.8
Blue Cross/Blue Shield	5	15.6	31,579	14.1
Other Commercial	1	3.1	17,861	8.0
Managed Care(HMO, PPO)	4	12.5	108,172	48.4
Self Pay	0	0.0	3,087	1.4
Industrial & Worker Comp	0	0.0	3,835	1.7
Charity and Unclassified	0	0.0	1,349	0.6
Childrens Health Insurance	0	0.0	121	0.1
Unknown	0	0.0	1,030	0.5
Not Reported	0	0.0	76	0.0
<b>LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE</b>				
Bear River	0	0.0	16,758	7.5
Central Utah	0	0.0	8,253	3.7
Davis County	0	0.0	22,506	10.1
Salt Lake County	0	0.0	75,789	33.9
Southeastern Utah	31	96.9	4,234	1.9
Southwest Utah	0	0.0	13,877	6.2
Summit County	0	0.0	2,803	1.3
Tooele County	0	0.0	4,857	2.2
Tri-County	0	0.0	5,940	2.7
Utah County	0	0.0	37,220	16.7
Wasatch County	0	0.0	1,668	0.7
Weber County	0	0.0	19,855	8.9
Unknown Utah	0	0.0	42	0.0
Outside Utah	1	3.1	9,563	4.3
Unknown, Not Reported	0	0.0	100	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, 2008**  
**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)	22,934	100.0	321,431	100.0
Mastectomy (85.0-85.99)	592	2.6	7,806	2.4
Musculoskeletal (76.0-84.99)	5,105	22.3	73,868	23.0
Respiratory (30.0-34.99)	67	0.3	3,427	1.1
Cardiovascular (35.0-39.99)	15	0.1	18,764	5.8
Lymphatic/Hemetic (40.0-41.99)	33	0.1	2,774	0.9
Digestive System (42.0-54.99)	11,703	51.0	98,766	30.7
Urinary (55.0-59.99)	1,009	4.4	10,839	3.4
Male Genital (60.0-64.99)	269	1.2	3,918	1.2
Female Genital (65.0-71.99)	952	4.2	14,989	4.7
Endocrine/Nervous (01.0-07.99)	340	1.5	21,267	6.6
Eye (08.0-16.99)	1,011	4.4	21,107	6.6
Ear (18.0-20.99)	465	2.0	13,757	4.3
Nose, Mouth, Pharynx (21.0-29.99)	1,373	6.0	30,149	9.4
Reporting Category(CPT-4 CODES)	19,288	100.0	312,478	100.0
Mastectomy (19120-19220)	71	0.4	2,126	0.7
Musculoskeletal (20000-29909)	4,136	21.4	73,391	23.5
Respiratory (30000-32999 & 39501-39599)	568	2.9	14,650	4.7
Cardiovascular (33010-37799 & 93501-93660)	21	0.1	42,433	13.6
Lymphatic/Hemetic (38100-38999)	36	0.2	2,801	0.9
Digestive (40490-49999)	11,758	61.0	107,011	34.2
Urinary (50010-53899)	744	3.9	10,127	3.2
Male Genital (54000-55899)	207	1.1	3,288	1.1
Female Genital (56405-58999)	663	3.4	11,773	3.8
Endocrine/Nervous (60000-64999)	346	1.8	24,966	8.0
Eye (65091-68899)	491	2.5	12,267	3.9
Ear (69000-69979)	247	1.3	7,645	2.4

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

**AMB ST 1-2**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2008**  
**MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE\* PROCEDURES**

118 Alta View Hospital

ICD-9 CODE	ICD-9 DESCRIPTION	#	%	% ALL Hospitals
<b>All ICD-9 Procedures</b>				
4523	COLONOSCOPY	2,744	12.0	6.06
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	2,585	11.3	5.39
4542	ENDO POLYPECTOMY LG INTESTINE	2,021	8.8	3.39
4525	CLO [ENDO] BX LG INTESTINE	942	4.1	2.33
8026	ARTHSCPY-KNEE	598	2.6	1.37
4836	[ENDO] POLYPECTOMY RECTUM	567	2.5	0.96
806	EXC SEMILUNAR CARTILAGE-KNEE	492	2.1	1.86
5123	LAP CHOLEY	441	1.9	2.20
4292	DILAT ESOPH	414	1.8	1.34
5732	OTH CYSTOSCOPY	381	1.7	0.66
8147	OTH REPR KNEE	361	1.6	0.86
2001	MYRINGOTOMY W/INSRT TUBE	334	1.5	3.46
1341	PHACOEMULSIFICATION-ASPIR CATARACT	282	1.2	1.54
1371	IOL PROSTH-CATARACT EXTRACT-1-STAGE	278	1.2	1.53
8021	ARTHSCPY-SHLDR	277	1.2	0.74
5421	LAPAROSCOPY	243	1.1	0.60
4513	OTH ENDO SM INTESTINE	225	1.0	1.73
598	URETERAL CATH	215	0.9	0.69
8363	ROTATOR CUFF REPR	204	0.9	0.81
283	TONSILLECTOMY W/ADENOIDECTOMY	187	0.8	1.84

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
<b>All CPT-4 Procedures</b>				
45380	COLONOSCOPY FLEX; W/BX 1/MX	2,843	14.7	5.02
43239	UGI ENDO; W/BX 1/MX	2,595	13.5	5.34
45378	COLONOSCOPY FLEX; DX-SEP PROC	2,560	13.3	5.71
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	504	2.6	1.43
47562	LAPAROSCOPY SURGICAL; CHOLECT	377	2.0	0.79
29881	SCOPE KNEE SURG;W/MENISCECT MED/	360	1.9	1.61
29877	SCOPE KNEE SURG; DEBRID/SHAVE CA	345	1.8	0.95
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	270	1.4	0.85
66984	EXTRACAPSULAR CATARACT REMV IOL	242	1.3	1.50
49505	REPR INIT ING HERNIA 5YR/MORE; R	188	1.0	0.80
43235	UGI ENDO; DX W/VO CLCT SPECMN-SP	175	0.9	1.18
52332	CYSTOURETHROSCOPY W/INSRT STENT	172	0.9	0.56
69436	TYMPANOSTOMY GENERAL ANESTHESIA	170	0.9	1.79
28285	CORRECTION HAMMERTO	149	0.8	0.57
29823	SCOPE SHOULDER SURGICAL; DEBRID	143	0.7	0.23
29826	SCOPE SHOULDER; DECOMP SUBACROM	142	0.7	1.23
44970	LAPAROSCOPY SURGICAL APPENDECTOM	141	0.7	0.73
43450	DILAT ESOPH-SOUND/BOUGIE-1/MX PA	138	0.7	0.40
58662	LAP SURG; W/FULG/EXCIS LES-OVARY	138	0.7	0.51
30520	SEPTOPLASTY/SUBMUCOS RES W/GFT	135	0.7	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, 2008  
 AVERAGE TOTAL CHARGES FOR MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE\* PROCEDURES, SINGLE ICD-9 OR CPT-4 ONLY

118 Alta View Hospital

ICD-9 CODE	ICD-9 DESCRIPTION	#	AVE TOT CHR	AVE TOT CHR(ALL Hospitals )
ICD-9	Procedures	8,918	\$2,013	\$4,015
4523	COLONOSCOPY	2,276	\$740	\$1,021
4542	ENDO POLYPECTOMY LG INTESTINE	1,353	\$1,035	\$1,444
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	1,221	\$968	\$1,498
4525	CLO [ENDO] BX LG INTESTINE	437	\$1,005	\$1,506
5123	LAP CHOLEY	398	\$5,090	\$6,858
4836	[ENDO] POLYPECTOMY RECTUM	232	\$968	\$1,339
283	TONSILLECTOMY W/ADENOIDECTOMY	153	\$2,239	\$2,576
4513	OTH ENDO SM INTESTINE	134	\$886	\$1,248
6902	D&C FOLLOWING DELIV/AB	131	\$2,203	\$2,814
4701	LAP APPENDECTOMY	127	\$8,962	\$9,824
282	TONSILLECTOMY WO ADENOIDECTOMY	87	\$2,210	\$2,653
5732	OTH CYSTOSCOPY	83	\$6,216	\$4,824
0443	RELEASE CARPAL TUNNEL	79	\$2,203	\$2,420
5304	UNILAT REPR INDIRECT ING HERN-GFT	77	\$2,844	\$4,616
8201	EXPLOR TENDON SHEATH HAND	71	\$1,864	\$2,302
7932	OP REDUC FX W/INT FIX-RADIUS & ULNA	58	\$6,823	\$8,664
8221	EXC LES TENDON SHEATH HAND	58	\$2,015	\$2,617
8521	LOC EXC LES BREAST	56	\$2,527	\$3,164
8532	BILAT REDUC MAMMO	56	\$6,373	\$8,344
8554	BILAT BREAST IMPLNT	51	\$3,564	\$3,349

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHR	AVE TOT CHR(ALL Hospitals )
CPT-4	Procedures	9,899	\$2,112	\$3,633
45378	COLONOSCOPY FLEX; DX-SEP PROC	2,077	\$741	\$1,028
45380	COLONOSCOPY FLEX; W/BX 1/MX	1,994	\$1,012	\$1,400
43239	UGI ENDO; W/BX 1/MX	1,178	\$954	\$1,479
47562	LAPAROSCOPY SURGICAL; CHOLECT	348	\$4,912	\$6,273
66984	EXTRACAPSULAR CATARACT REMV IOL	241	\$3,963	\$3,597
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	226	\$1,069	\$1,613
49505	REPR INIT ING HERNIA 5YR/MORE; R	136	\$2,985	\$4,468
44970	LAPAROSCOPY SURGICAL APPENDECTOM	126	\$8,951	\$9,809
69436	TYMPANOSTOMY GENERAL ANESTHESIA	122	\$848	\$1,352
41899	UNLIST PROC DENTOALVEOL STRUCTUR	121	\$2,413	\$2,567
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	109	\$739	\$1,180
42820	T&A; UNDER AGE 12	103	\$2,105	\$2,484
G0105	COLOREC CANCR SCR; COLNSCPY HI R	100	\$729	\$759
29881	SCOPE KNEE SURG;W/MENISCECT MED/	86	\$3,424	\$4,187
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	82	\$2,213	\$2,462
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	80	\$2,197	\$2,730
20680	REMOVAL OF IMPLANT; DEEP	71	\$2,019	\$3,321
G0121	COLOREC CNCR SCR;COLNSCPY NO HI	65	\$734	\$812
19120	EXC BRST CYST TUMR/LES OPN M/F 1	62	\$2,750	\$2,993
58662	LAP SURG; W/FULG/EXCIS LES-OVARY	58	\$3,160	\$5,612

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, 2008**  
**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	239	8,727
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	11	2,271
	003 COMPLEX INCISION AND DRAINAGE	7	100
	004 SIMPLE INCISION AND DRAINAGE	2	24
	006 SIMPLE DEBRIDEMENT AND DESTRUCTION	12	184
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	93	1,175
	008 SIMPLE EXCISION AND BIOPSY	26	1,279
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRANGE	17	1,550
	011 SIMPLE INCISION AND EXCISION OF BREAST	71	2,126
02	MUSCULOSKELETAL SYSTEM	3,921	65,893
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	631	7,092
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	188	2,745
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	112	2,708
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	804	13,313
	025 ARTHROSCOPY	1,676	27,527
	028 CLOSED TREATMENT FX & DISLOCATION OF FINGER, TOE & TRUNK	3	71
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	23	703
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	280	5,280
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	16	409
	032 BUNION PROCEDURES	138	1,813
	033 ARTHROPLASTY	10	597
	034 HAND AND FOOT TENOTOMY	19	356
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	21	2,426
03	RESPIRATORY SYSTEM	216	8,172
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	1	654
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	155	5,352
	054 SIMPLE ENDOSCOPY OF THE UPPER AIRWAY	9	297
	055 ENDOSCOPY OF THE LOWER AIRWAY	51	1,869
04	CARDIOVASCULAR SYSTEM	13	34,518
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	5	1,034
	080 MINOR VASCULAR REPAIR AND FISTULA CONSTRUCTION	7	767
	081 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	1	126
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	32	3,460
	092 CHEMOTHERAPY EXCEPT BY EXTENDED INFUSION	10	45
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	22	1,999
06	DIGESTIVE SYSTEM	11,522	96,396
	112 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	139	1,281
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	25	577
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	13	308
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	2,775	20,625
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	517	5,309
	117 LOWER GASTROINTESTINAL ENDOSCOPY	6,196	40,097
	118 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	136	1,612
	119 HERNIA AND HYDROCELE PROCEDURES	399	6,648
	120 COMPLEX ANAL AND RECTAL PROCEDURES	126	1,153
	121 SIMPLE ANAL AND RECTAL PROCEDURES	41	539



**AMB ST 1-4**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2008**  
**PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE\* CPT-4 PROCEDURES**

118 Alta View Hospital

procedure APG category		TOTAL #	TOTAL # (ALL Hospitals)
procedure APG			
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	37	563
	123 COMPLEX LAPAROSCOPIC PROCEDURES	1,112	17,238
	124 SIMPLE LAPAROSCOPIC PROCEDURES	6	276
07	URINARY SYSTEM	691	8,765
	131 RENAL EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	62	729
	133 URINARY CATHETERIZATION AND DILATATION	11	472
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	437	4,811
	135 MODERATE CYSTOURETHROSCOPY	146	1,789
	136 SIMPLE CYSTOURETHROSCOPY	20	590
	137 COMPLEX URETHRAL PROCEDURES	13	191
	138 SIMPLE URETHRAL PROCEDURES	2	180
08	MALE GENITAL SYSTEM	190	2,820
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	112	1,286
	152 INSERTION OF PENILE PROSTHESIS	4	88
	153 COMPLEX PENILE PROCEDURES	10	498
	154 SIMPLE PENILE PROCEDURES	28	837
	155 PROSTATE NEEDLE AND PUNCH BIOPSY	36	111
09	FEMALE GENITAL SYSTEM	340	6,757
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	131	2,044
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	70	1,379
	178 DILATION AND CURETTAGE	36	611
	179 HYSTEROSCOPY	71	2,433
	180 COLPOSCOPY	32	290
10	NERVOUS SYSTEM	219	21,149
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	13	14,879
	196 REVISION AND REMOVAL OF NEUROLOGICAL DEVICE	8	251
	197 NEUROSTIMULATOR AND VENTRICULAR SHUNT IMPLANTATION	23	1,092
	198 NERVE REPAIR AND DESTRUCTION	175	4,284
11	EYE AND OCULAR ADNEXA	485	12,065
	211 MINOR OPHTHALMOLOGICAL TESTS AND PROCEDURES	5	58
	214 CATARACT PROCEDURES	284	4,992
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	3	323
	216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	30	332
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	1	346
	220 STRABISMUS AND MUSCLE EYE PROCEDURES	1	966
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	118	1,215
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	40	655
	223 VITRECTOMY	3	1,739
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	1,190	28,538
	233 NASAL CAUTERIZATION AND PACKING	18	291
	234 COMPLEX FACIAL AND ENT PROCEDURES	258	5,886
	235 SIMPLE FACIAL AND ENT PROCEDURES	576	13,559
	236 TONSIL AND ADENOID PROCEDURES	338	8,709
13	THERAPEUTIC AND OTHER RADIOLOGICAL PROCEDURES	1	3,406
	254 MYELOGRAPHY	1	296
14	PHYSICAL MEDICINE AND REHABILITATION	1	8
	272 PHYSICAL THERAPY	1	8

**AMB ST 1-5**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2008**  
**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	144	\$2,597	\$3,433
	003 COMPLEX INCISION AND DRAINAGE	6	\$4,389	\$4,471
	004 SIMPLE INCISION AND DRAINAGE	2	\$1,741	\$2,787
	006 SIMPLE DEBRIDEMENT AND DESTRUCTION	6	\$1,560	\$3,383
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	43	\$2,407	\$3,748
	008 SIMPLE EXCISION AND BIOPSY	20	\$2,226	\$3,190
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRAN	5	\$3,247	\$4,802
	011 SIMPLE INCISION AND EXCISION OF BREAST	62	\$2,750	\$3,305
02	MUSCULOSKELETAL SYSTEM	1,003	\$3,664	\$4,654
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	84	\$4,618	\$7,553
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	30	\$2,291	\$4,034
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	23	\$5,265	\$5,600
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	314	\$2,269	\$3,312
	025 ARTHROSCOPY	269	\$4,056	\$4,892
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	14	\$2,586	\$3,247
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	201	\$5,139	\$6,529
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	1	\$2,271	\$3,340
	032 BUNION PROCEDURES	65	\$3,273	\$4,813
	033 ARTHROPLASTY	1	\$7,358	\$8,553
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	1	\$2,216	\$1,117
03	RESPIRATORY SYSTEM	29	\$2,815	\$2,445
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	16	\$3,529	\$3,900
	055 ENDOSCOPY OF THE LOWER AIRWAY	13	\$1,935	\$2,377
04	CARDIOVASCULAR SYSTEM	4	\$7,677	\$14,018
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	4	\$7,677	\$4,381
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	20	\$4,196	\$4,660
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	20	\$4,196	\$6,198
06	DIGESTIVE SYSTEM	7,075	\$1,599	\$2,773
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	13	\$806	\$1,163
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	10	\$1,212	\$1,532
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	1,289	\$936	\$1,425
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	80	\$1,429	\$2,089
	117 LOWER GASTROINTESTINAL ENDOSCOPY	4,488	\$880	\$1,219
	118 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	25	\$1,787	\$4,271
	119 HERNIA AND HYDROCELE PROCEDURES	251	\$3,065	\$4,277
	120 COMPLEX ANAL AND RECTAL PROCEDURES	90	\$2,640	\$3,419
	121 SIMPLE ANAL AND RECTAL PROCEDURES	11	\$2,241	\$3,237
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	29	\$11,220	\$6,011
	123 COMPLEX LAPAROSCOPIC PROCEDURES	788	\$5,855	\$7,473
	124 SIMPLE LAPAROSCOPIC PROCEDURES	1	\$8,032	\$8,589
07	URINARY SYSTEM	168	\$3,722	\$5,467
	131 RENAL EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	2	\$4,097	\$8,805
	133 URINARY CATHETERIZATION AND DILATATION	1	\$1,789	\$5,073
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	84	\$4,380	\$5,910
	135 MODERATE CYSTOURETHROSCOPY	64	\$2,700	\$3,852

**AMB ST 1-5**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2008**  
**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 )
	136 SIMPLE CYSTOURETHROSCOPY	8	\$2,122	\$2,909
	137 COMPLEX URETHRAL PROCEDURES	7	\$7,736	\$11,146
	138 SIMPLE URETHRAL PROCEDURES	2	\$1,710	\$1,414
08	MALE GENITAL SYSTEM	108	\$4,016	\$3,901
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	46	\$2,183	\$3,127
	152 INSERTION OF PENILE PROSTHESIS	3	\$20,243	\$22,767
	153 COMPLEX PENILE PROCEDURES	8	\$3,530	\$3,976
	154 SIMPLE PENILE PROCEDURES	23	\$2,010	\$2,116
	155 PROSTATE NEEDLE AND PUNCH BIOPSY	28	\$7,077	\$4,881
09	FEMALE GENITAL SYSTEM	140	\$4,249	\$4,786
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	70	\$5,238	\$6,095
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	28	\$2,888	\$3,503
	178 DILATION AND CURETTAGE	9	\$1,852	\$2,944
	179 HYSTEROSCOPY	23	\$3,649	\$5,125
	180 COLPOSCOPY	10	\$4,667	\$4,314
10	NERVOUS SYSTEM	111	\$2,475	\$2,546
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	4	\$1,293	\$1,269
	196 REVISION AND REMOVAL OF NEUROLOGICAL DEVICE	2	\$2,412	\$11,955
	197 NEUROSTIMULATOR AND VENTRICULAR SHUNT IMPLANTATION	3	\$11,392	\$31,310
	198 NERVE REPAIR AND DESTRUCTION	102	\$2,260	\$2,841
11	EYE AND OCULAR ADNEXA	351	\$3,813	\$3,560
	214 CATARACT PROCEDURES	280	\$3,969	\$3,611
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	2	\$2,501	\$5,024
	216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	14	\$3,515	\$2,809
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	50	\$3,222	\$3,921
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	5	\$2,361	\$2,501
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	642	\$2,093	\$3,024
	233 NASAL CAUTERIZATION AND PACKING	3	\$1,293	\$3,338
	234 COMPLEX FACIAL AND ENT PROCEDURES	74	\$3,591	\$6,314
	235 SIMPLE FACIAL AND ENT PROCEDURES	321	\$1,659	\$1,997
	236 TONSIL AND ADENOID PROCEDURES	244	\$2,219	\$2,592

SOURCE: Utah Ambulatory Surgery Database  
Utah Health Data Committee/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, 2008**  
**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

118 Alta View Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
<b>GENDER</b>				
Female	7,986	55.5	120,689	54.0
Male	6,415	44.5	102,774	46.0
Unknown	0	0.0	0	0.0
Not Reported	0	0.0	1	0.0
<b>AGE</b>				
1-28 days	0	0.0	1,290	0.6
29-365 days	42	0.3	3,012	1.3
1-4 years	260	1.8	11,257	5.0
5-9	133	0.9	6,380	2.9
10-14	150	1.0	4,795	2.1
15-17	228	1.6	5,109	2.3
18-19	225	1.6	3,667	1.6
20-24	677	4.7	10,397	4.7
25-29	916	6.4	12,788	5.7
30-34	952	6.6	13,212	5.9
35-39	942	6.5	12,888	5.8
40-44	955	6.6	13,216	5.9
45-49	1,177	8.2	16,707	7.5
50-54	2,242	15.6	24,036	10.8
55-59	1,879	13.0	20,476	9.2
60-64	1,536	10.7	17,623	7.9
65-69	858	6.0	14,920	6.7
70-74	522	3.6	12,104	5.4
75-79	364	2.5	9,552	4.3
80-84	226	1.6	6,230	2.8
85-89	95	0.7	2,923	1.3
90 +	22	0.2	881	0.4
Not Reported	0	0.0	1,292	0.6
<b>SOURCE OF ADMISSION</b>				
Physician Referral	14,082	97.8	200,515	89.7
Clinic Referral	7	0.0	4,085	1.8
HMO Referral	1	0.0	3,198	1.4
Other Hospital	0	0.0	219	0.1
Skilled Nursing Facility	0	0.0	26	0.0
Other Health Care Facility	0	0.0	41	0.0
Emergency Room	311	2.2	5,219	2.3
Court/Law Enforcement	0	0.0	3	0.0
Unknown	0	0.0	26	0.0
Not Reported	0	0.0	10,133	4.5

(Continued)

**AMB ST 1-6**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2008**  
**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

118 Alta View Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
<b>DISCHARGE STATUS</b>				
Home or Self Care	14,376	99.8	222,849	99.7
Another Hospital	3	0.0	103	0.0
Skilled Nursing Facility	3	0.0	107	0.0
Intermediate Care Facility	2	0.0	14	0.0
Another Type of Institution	2	0.0	60	0.0
Under Care of Home Service	14	0.1	271	0.1
Left Against Medical Advice	1	0.0	13	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	0	0.0	8	0.0
Unknown	0	0.0	35	0.0
Not Reported	0	0.0	5	0.0
<b>PRIMARY PAYER</b>				
Medicare	1,473	10.2	38,441	17.2
Medicaid	337	2.3	13,916	6.2
Other government	130	0.9	3,998	1.8
Blue Cross/Blue Shield	330	2.3	31,579	14.1
Other Commercial	1,015	7.0	17,861	8.0
Managed Care(HMO, PPO)	10,719	74.4	108,172	48.4
Self Pay	146	1.0	3,087	1.4
Industrial & Worker Comp	140	1.0	3,835	1.7
Charity and Unclassified	70	0.5	1,349	0.6
Childrens Health Insurance	7	0.0	121	0.1
Unknown	34	0.2	1,030	0.5
Not Reported	0	0.0	76	0.0
<b>LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE</b>				
Bear River	29	0.2	16,758	7.5
Central Utah	40	0.3	8,253	3.7
Davis County	230	1.6	22,506	10.1
Salt Lake County	12,900	89.6	75,789	33.9
Southeastern Utah	27	0.2	4,234	1.9
Southwest Utah	21	0.1	13,877	6.2
Summit County	183	1.3	2,803	1.3
Tooele County	150	1.0	4,857	2.2
Tri-County	24	0.2	5,940	2.7
Utah County	574	4.0	37,220	16.7
Wasatch County	37	0.3	1,668	0.7
Weber County	37	0.3	19,855	8.9
Unknown Utah	1	0.0	42	0.0
Outside Utah	147	1.0	9,563	4.3
Unknown, Not Reported	1	0.0	100	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, 2008**  
**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)	12,565	100.0	321,431	100.0
Mastectomy (85.0-85.99)	259	2.1	7,806	2.4
Musculoskeletal (76.0-84.99)	2,595	20.7	73,868	23.0
Respiratory (30.0-34.99)	62	0.5	3,427	1.1
Cardiovascular (35.0-39.99)	89	0.7	18,764	5.8
Lymphatic/Hemetic (40.0-41.99)	115	0.9	2,774	0.9
Digestive System (42.0-54.99)	5,272	42.0	98,766	30.7
Urinary (55.0-59.99)	255	2.0	10,839	3.4
Male Genital (60.0-64.99)	130	1.0	3,918	1.2
Female Genital (65.0-71.99)	718	5.7	14,989	4.7
Endocrine/Nervous (01.0-07.99)	690	5.5	21,267	6.6
Eye (08.0-16.99)	418	3.3	21,107	6.6
Ear (18.0-20.99)	987	7.9	13,757	4.3
Nose, Mouth, Pharynx (21.0-29.99)	975	7.8	30,149	9.4
Reporting Category(CPT-4 CODES)	11,420	100.0	312,478	100.0
Mastectomy (19120-19220)	98	0.9	2,126	0.7
Musculoskeletal (20000-29909)	3,041	26.6	73,391	23.5
Respiratory (30000-32999 & 39501-39599)	333	2.9	14,650	4.7
Cardiovascular (33010-37799 & 93501-93660)	206	1.8	42,433	13.6
Lymphatic/Hemetic (38100-38999)	109	1.0	2,801	0.9
Digestive (40490-49999)	5,688	49.8	107,011	34.2
Urinary (50010-53899)	292	2.6	10,127	3.2
Male Genital (54000-55899)	81	0.7	3,288	1.1
Female Genital (56405-58999)	499	4.4	11,773	3.8
Endocrine/Nervous (60000-64999)	369	3.2	24,966	8.0
Eye (65091-68899)	200	1.8	12,267	3.9
Ear (69000-69979)	504	4.4	7,645	2.4

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

**AMB ST 1-2**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2008**  
**MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE\* PROCEDURES**

136 American Fork Hospital

ICD-9 CODE	ICD-9 DESCRIPTION	#	%	% ALL Hospitals
<b>All ICD-9 Procedures</b>				
4523	COLONOSCOPY	1,500	11.9	6.06
2001	MYRINGOTOMY W/INSRT TUBE	849	6.8	3.46
4513	OTH ENDO SM INTESTINE	618	4.9	1.73
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	616	4.9	5.39
4542	ENDO POLYPECTOMY LG INTESTINE	614	4.9	3.39
5123	LAP CHOLEY	461	3.7	2.20
283	TONSILLECTOMY W/ADENOIDECTOMY	327	2.6	1.84
4292	DILAT ESOPH	249	2.0	1.34
4701	LAP APPENDECTOMY	195	1.6	0.71
4525	CLO [ENDO] BX LG INTESTINE	192	1.5	2.33
1341	PHACOEMULSIFICATION-ASPIR CATARACT	184	1.5	1.54
0443	RELEASE CARPAL TUNNEL	183	1.5	1.09
1371	IOL PROSTH-CATARACT EXTRACT-1-STAGE	179	1.4	1.53
0407	OTH EXC/AVUL CRANIAL & PERIPH NERV	165	1.3	0.22
6952	ASPIR CURET FOLLOWING DELIV/AB	135	1.1	0.43
0392	INJ OTH AGENT SPINAL CANAL	129	1.0	1.89
8521	LOC EXC LES BREAST	127	1.0	0.75
7751	BUNIONEC SOFT-OSTEOT 1ST METATARS	126	1.0	0.31
806	EXC SEMILUNAR CARTILAGE-KNEE	126	1.0	1.86
4836	[ENDO] POLYPECTOMY RECTUM	113	0.9	0.96

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
<b>All CPT-4 Procedures</b>				
45378	COLONOSCOPY FLEX; DX-SEP PROC	1,435	12.6	5.71
45380	COLONOSCOPY FLEX; W/BX 1/MX	676	5.9	5.02
43239	UGI ENDO; W/BX 1/MX	610	5.3	5.34
43235	UGI ENDO; DX W/VO CLCT SPECMN-SP	443	3.9	1.18
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	440	3.9	1.43
69436	TYMPANOSTOMY GENERAL ANESTHESIA	428	3.7	1.79
42820	T&A; UNDER AGE 12	250	2.2	1.49
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	241	2.1	0.85
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	229	2.0	1.43
44970	LAPAROSCOPY SURGICAL APPENDECTOM	195	1.7	0.73
66984	EXTRACAPSULAR CATARACT REMV IOL	185	1.6	1.50
29826	SCOPE SHOULDER; DECOMP SUBACROM	157	1.4	1.23
28285	CORRECTION HAMMERTOE	154	1.3	0.57
29848	ENDO WRST SURG REL TRNS CARP LIG	142	1.2	0.38
28080	EXC INTERDIGTL NEUROMA SINGLE EA	133	1.2	0.19
49505	REPR INIT ING HERNIA 5YR/MORE; R	120	1.1	0.80
28296	HALLUX VALGUS; W/METATARSAL OSTE	114	1.0	0.28
42830	ADENOIDECTOMY PRIMARY; UNDER AGE	104	0.9	0.31
26055	TENDON SHEATH INCISION	99	0.9	0.45
29881	SCOPE KNEE SURG;W/MENISCECT MED/	93	0.8	1.61

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

AMB ST 1-3

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2008  
 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 CHRG	AVE TOT CHRG(ALL Hospitals )
ICD-9	Procedures	6,197	\$2,622	\$4,015
4523	COLONOSCOPY	1,309	\$1,007	\$1,021
4542	ENDO POLYPECTOMY LG INTESTINE	481	\$1,321	\$1,444
5123	LAP CHOLEY	381	\$5,043	\$6,858
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	370	\$1,163	\$1,498
4513	OTH ENDO SM INTESTINE	340	\$972	\$1,248
283	TONSILLECTOMY W/ADENOIDECTOMY	284	\$2,172	\$2,576
4701	LAP APPENDECTOMY	175	\$8,902	\$9,824
4525	CLO [ENDO] BX LG INTESTINE	136	\$1,380	\$1,506
6952	ASPIR CURET FOLLOWING DELIV/AB	132	\$2,089	\$2,819
0443	RELEASE CARPAL TUNNEL	107	\$1,944	\$2,420
5304	UNILAT REPR INDIRECT ING HERN-GFT	67	\$3,941	\$4,616
8201	EXPLOR TENDON SHEATH HAND	64	\$1,795	\$2,302
0407	OTH EXC/AVUL CRANIAL & PERIPH NERV	63	\$1,934	\$2,799
7751	BUNIONEC SOFT-OSTEOT 1ST METATARS	63	\$2,725	\$4,442
4836	[ENDO] POLYPECTOMY RECTUM	56	\$1,252	\$1,339
6823	ENDOMETRIAL ABLATION	53	\$4,711	\$5,865
8521	LOC EXC LES BREAST	50	\$2,736	\$3,164
282	TONSILLECTOMY WO ADENOIDECTOMY	48	\$2,263	\$2,653
0392	INJ OTH AGENT SPINAL CANAL	44	\$1,166	\$931
8221	EXC LES TENDON SHEATH HAND	43	\$2,100	\$2,617

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals )
CPT-4	Procedures	6,618	\$2,488	\$3,633
45378	COLONOSCOPY FLEX; DX-SEP PROC	1,251	\$1,007	\$1,028
45380	COLONOSCOPY FLEX; W/BX 1/MX	526	\$1,291	\$1,400
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	379	\$5,065	\$7,209
43239	UGI ENDO; W/BX 1/MX	372	\$1,163	\$1,479
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	328	\$968	\$1,180
69436	TYMPANOSTOMY GENERAL ANESTHESIA	308	\$1,146	\$1,352
42820	T&A; UNDER AGE 12	212	\$2,130	\$2,484
66984	EXTRACAPSULAR CATARACT REMV IOL	183	\$2,519	\$3,597
44970	LAPAROSCOPY SURGICAL APPENDECTOM	175	\$8,910	\$9,809
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	138	\$1,550	\$1,806
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	137	\$1,416	\$1,613
29848	ENDO WRST SURG REL TRNS CARP LIG	119	\$1,936	\$2,537
49505	REPR INIT ING HERNIA 5YR/MORE; R	98	\$3,619	\$4,468
42821	T&A; AGE 12 OR OVER	70	\$2,307	\$2,939
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	70	\$1,202	\$1,141
28296	HALLUX VALGUS; W/METATARSAL OSTE	61	\$2,851	\$4,621
19120	EXC BRST CYST TUMR/LES OPN M/F 1	58	\$2,950	\$2,993
20680	REMOVAL OF IMPLANT; DEEP	52	\$2,554	\$3,321
28080	EXC INTERDIGTIL NEUROMA SINGLE EA	47	\$1,867	\$2,623
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	45	\$2,277	\$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, 2008**  
**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	226	8,727
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	4	2,271
	003 COMPLEX INCISION AND DRAINAGE	3	100
	006 SIMPLE DEBRIDEMENT AND DESTRUCTION	2	184
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	39	1,175
	008 SIMPLE EXCISION AND BIOPSY	46	1,279
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRANGE	34	1,550
	011 SIMPLE INCISION AND EXCISION OF BREAST	98	2,126
02	MUSCULOSKELETAL SYSTEM	2,825	65,893
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	119	7,092
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	88	2,745
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	142	2,708
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	945	13,313
	025 ARTHROSCOPY	928	27,527
	027 SPLINT, STRAPPING AND CAST REMOVAL	1	770
	028 CLOSED TREATMENT FX & DISLOCATION OF FINGER, TOE & TRUNK	5	71
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	44	703
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	247	5,280
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	4	409
	032 BUNION PROCEDURES	211	1,813
	033 ARTHROPLASTY	15	597
	034 HAND AND FOOT TENOTOMY	15	356
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	61	2,426
03	RESPIRATORY SYSTEM	152	8,172
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	11	654
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	86	5,352
	054 SIMPLE ENDOSCOPY OF THE UPPER AIRWAY	5	297
	055 ENDOSCOPY OF THE LOWER AIRWAY	50	1,869
04	CARDIOVASCULAR SYSTEM	45	34,518
	077 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	20	2,275
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	12	1,034
	080 MINOR VASCULAR REPAIR AND FISTULA CONSTRUCTION	11	767
	081 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	2	126
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	153	3,460
	094 BLOOD AND BLOOD PRODUCT EXCHANGE	69	83
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	84	1,999
06	DIGESTIVE SYSTEM	5,275	96,396
	111 ALIMENTARY TESTS AND SIMPLE TUBE PLACEMENT	1	170
	112 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	4	1,281
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	24	577
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	12	308
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	1,055	20,625
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	300	5,309
	117 LOWER GASTROINTESTINAL ENDOSCOPY	2,424	40,097
	118 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	33	1,612
	119 HERNIA AND HYDROCELE PROCEDURES	288	6,648

**AMB ST 1-4**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2008**  
**PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE\* CPT-4 PROCEDURES**

136 American Fork Hospital

procedure APG category		TOTAL #	TOTAL # (ALL Hospitals)
procedure APG			
	120 COMPLEX ANAL AND RECTAL PROCEDURES	15	1,153
	121 SIMPLE ANAL AND RECTAL PROCEDURES	6	539
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	23	563
	123 COMPLEX LAPAROSCOPIC PROCEDURES	1,067	17,238
	124 SIMPLE LAPAROSCOPIC PROCEDURES	23	276
07	URINARY SYSTEM	283	8,765
	131 RENAL EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	6	729
	133 URINARY CATHETERIZATION AND DILATATION	20	472
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	150	4,811
	135 MODERATE CYSTOURETHROSCOPY	71	1,789
	136 SIMPLE CYSTOURETHROSCOPY	29	590
	137 COMPLEX URETHRAL PROCEDURES	4	191
	138 SIMPLE URETHRAL PROCEDURES	3	180
08	MALE GENITAL SYSTEM	72	2,820
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	51	1,286
	152 INSERTION OF PENILE PROSTHESIS	5	88
	153 COMPLEX PENILE PROCEDURES	6	498
	154 SIMPLE PENILE PROCEDURES	9	837
	155 PROSTATE NEEDLE AND PUNCH BIOPSY	1	111
09	FEMALE GENITAL SYSTEM	276	6,757
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	120	2,044
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	66	1,379
	178 DILATION AND CURETTAGE	19	611
	179 HYSTEROSCOPY	64	2,433
	180 COLPOSCOPY	7	290
10	NERVOUS SYSTEM	291	21,149
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	149	14,879
	196 REVISION AND REMOVAL OF NEUROLOGICAL DEVICE	2	251
	197 NEUROSTIMULATOR AND VENTRICULAR SHUNT IMPLANTATION	13	1,092
	198 NERVE REPAIR AND DESTRUCTION	94	4,284
	199 SPINAL TAP	33	643
11	EYE AND OCULAR ADNEXA	199	12,065
	214 CATARACT PROCEDURES	189	4,992
	216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	1	332
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	4	346
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	2	1,215
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	3	655
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	1,298	28,538
	233 NASAL CAUTERIZATION AND PACKING	11	291
	234 COMPLEX FACIAL AND ENT PROCEDURES	177	5,886
	235 SIMPLE FACIAL AND ENT PROCEDURES	601	13,559
	236 TONSIL AND ADENOID PROCEDURES	509	8,709
13	THERAPEUTIC AND OTHER RADIOLOGICAL PROCEDURES	32	3,406
	253 VASCULAR RADIOLOGY EXCEPT FOR VENOGRAPHY OF EXTREMITY	29	1,173
	255 MISCELLANEOUS RADIOLOGICAL PROCEDURES WITH CONTRAST	3	1,929

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/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, 2008**  
**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	140	\$2,884	\$3,433
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	2	\$1,931	\$2,695
	006 SIMPLE DEBRIDEMENT AND DESTRUCTION	1	\$1,831	\$3,383
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	28	\$2,416	\$3,748
	008 SIMPLE EXCISION AND BIOPSY	24	\$2,374	\$3,190
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRAN	16	\$4,167	\$4,802
	011 SIMPLE INCISION AND EXCISION OF BREAST	69	\$2,996	\$3,305
02	MUSCULOSKELETAL SYSTEM	1,039	\$3,183	\$4,654
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	50	\$4,930	\$7,553
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	41	\$3,230	\$4,034
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	58	\$5,003	\$5,600
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	352	\$2,524	\$3,312
	025 ARTHROSCOPY	204	\$3,080	\$4,892
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	30	\$2,019	\$3,247
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	166	\$4,207	\$6,529
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	1	\$5,015	\$3,340
	032 BUNION PROCEDURES	84	\$2,782	\$4,813
	033 ARTHROPLASTY	11	\$8,401	\$8,553
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	42	\$751	\$1,117
03	RESPIRATORY SYSTEM	37	\$2,023	\$2,445
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	9	\$692	\$1,535
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	7	\$2,594	\$3,900
	055 ENDOSCOPY OF THE LOWER AIRWAY	21	\$2,403	\$2,377
04	CARDIOVASCULAR SYSTEM	4	\$4,858	\$14,018
	077 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	1	\$10,047	\$25,520
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	1	\$4,200	\$4,381
	080 MINOR VASCULAR REPAIR AND FISTULA CONSTRUCTION	1	\$2,338	\$6,447
	081 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	1	\$2,846	\$5,330
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	36	\$5,108	\$4,660
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	36	\$5,108	\$6,198
06	DIGESTIVE SYSTEM	3,836	\$2,221	\$2,773
	111 ALIMENTARY TESTS AND SIMPLE TUBE PLACEMENT	1	\$769	\$1,415
	112 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	1	\$532	\$1,929
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	15	\$855	\$1,163
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	9	\$1,003	\$1,532
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	702	\$1,071	\$1,425
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	174	\$1,504	\$2,089
	117 LOWER GASTROINTESTINAL ENDOSCOPY	1,976	\$1,113	\$1,219
	118 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	10	\$3,307	\$4,271
	119 HERNIA AND HYDROCELE PROCEDURES	177	\$3,530	\$4,277
	120 COMPLEX ANAL AND RECTAL PROCEDURES	12	\$3,082	\$3,419
	121 SIMPLE ANAL AND RECTAL PROCEDURES	2	\$4,326	\$3,237
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	9	\$1,393	\$6,011
	123 COMPLEX LAPAROSCOPIC PROCEDURES	746	\$6,102	\$7,473
	124 SIMPLE LAPAROSCOPIC PROCEDURES	2	\$7,506	\$8,589

**AMB ST 1-5**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2008**  
**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 CHRGR	AVE TOT CHRGR(ALL Hospitals )
07	URINARY SYSTEM	106	\$3,664	\$5,467
	133 URINARY CATHETERIZATION AND DILATATION	13	\$5,303	\$5,073
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	47	\$4,405	\$5,910
	135 MODERATE CYSTOURETHROSCOPY	21	\$2,401	\$3,852
	136 SIMPLE CYSTOURETHROSCOPY	21	\$1,990	\$2,909
	137 COMPLEX URETHRAL PROCEDURES	1	\$14,665	\$11,146
	138 SIMPLE URETHRAL PROCEDURES	3	\$1,863	\$1,414
08	MALE GENITAL SYSTEM	43	\$4,364	\$3,901
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	24	\$2,569	\$3,127
	152 INSERTION OF PENILE PROSTHESIS	5	\$17,329	\$22,767
	153 COMPLEX PENILE PROCEDURES	5	\$4,249	\$3,976
	154 SIMPLE PENILE PROCEDURES	8	\$2,040	\$2,116
	155 PROSTATE NEEDLE AND PUNCH BIOPSY	1	\$1,777	\$4,881
09	FEMALE GENITAL SYSTEM	154	\$3,681	\$4,786
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	72	\$4,715	\$6,095
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	37	\$2,245	\$3,503
	178 DILATION AND CURETTAGE	9	\$1,966	\$2,944
	179 HYSTEROSCOPY	35	\$3,563	\$5,125
	180 COLPOSCOPY	1	\$1,946	\$4,314
10	NERVOUS SYSTEM	176	\$1,523	\$2,546
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	108	\$1,121	\$1,269
	198 NERVE REPAIR AND DESTRUCTION	35	\$2,261	\$2,841
	199 SPINAL TAP	33	\$2,056	\$2,025
11	EYE AND OCULAR ADNEXA	195	\$2,502	\$3,560
	214 CATARACT PROCEDURES	187	\$2,515	\$3,611
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	3	\$1,927	\$3,223
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	2	\$2,422	\$3,921
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	3	\$2,299	\$2,501
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	764	\$1,884	\$3,024
	233 NASAL CAUTERIZATION AND PACKING	2	\$1,410	\$3,338
	234 COMPLEX FACIAL AND ENT PROCEDURES	62	\$4,001	\$6,314
	235 SIMPLE FACIAL AND ENT PROCEDURES	354	\$1,247	\$1,997
	236 TONSIL AND ADENOID PROCEDURES	346	\$2,158	\$2,592
13	THERAPEUTIC AND OTHER RADIOLOGICAL PROCEDURES	3	\$9,739	\$3,705
	253 VASCULAR RADIOLOGY EXCEPT FOR VENOGRAPHY OF EXTREMITY	2	\$11,650	\$11,563
	255 MISCELLANEOUS RADIOLOGICAL PROCEDURES WITH CONTRAST	1	\$5,917	\$3,069

SOURCE: Utah Ambulatory Surgery Database  
Utah Health Data Committee/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, 2008**  
**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

136 American Fork Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
<b>GENDER</b>				
Female	5,099	56.5	120,689	54.0
Male	3,919	43.5	102,774	46.0
Unknown	0	0.0	0	0.0
Not Reported	0	0.0	1	0.0
<b>AGE</b>				
1-28 days	0	0.0	1,290	0.6
29-365 days	114	1.3	3,012	1.3
1-4 years	404	4.5	11,257	5.0
5-9	260	2.9	6,380	2.9
10-14	221	2.5	4,795	2.1
15-17	212	2.4	5,109	2.3
18-19	172	1.9	3,667	1.6
20-24	457	5.1	10,397	4.7
25-29	629	7.0	12,788	5.7
30-34	671	7.4	13,212	5.9
35-39	622	6.9	12,888	5.8
40-44	607	6.7	13,216	5.9
45-49	682	7.6	16,707	7.5
50-54	1,062	11.8	24,036	10.8
55-59	773	8.6	20,476	9.2
60-64	594	6.6	17,623	7.9
65-69	530	5.9	14,920	6.7
70-74	414	4.6	12,104	5.4
75-79	306	3.4	9,552	4.3
80-84	185	2.1	6,230	2.8
85-89	84	0.9	2,923	1.3
90 +	19	0.2	881	0.4
Not Reported	0	0.0	1,292	0.6
<b>SOURCE OF ADMISSION</b>				
Physician Referral	8,107	89.9	200,515	89.7
Clinic Referral	613	6.8	4,085	1.8
HMO Referral	0	0.0	3,198	1.4
Other Hospital	2	0.0	219	0.1
Skilled Nursing Facility	0	0.0	26	0.0
Other Health Care Facility	0	0.0	41	0.0
Emergency Room	286	3.2	5,219	2.3
Court/Law Enforcement	0	0.0	3	0.0
Unknown	10	0.1	26	0.0
Not Reported	0	0.0	10,133	4.5

(Continued)

**AMB ST 1-6**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2008**  
**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

136 American Fork Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
<b>DISCHARGE STATUS</b>				
Home or Self Care	9,010	99.9	222,849	99.7
Another Hospital	0	0.0	103	0.0
Skilled Nursing Facility	1	0.0	107	0.0
Intermediate Care Facility	1	0.0	14	0.0
Another Type of Institution	4	0.0	60	0.0
Under Care of Home Service	2	0.0	271	0.1
Left Against Medical Advice	0	0.0	13	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	0	0.0	8	0.0
Unknown	0	0.0	35	0.0
Not Reported	0	0.0	5	0.0
<b>PRIMARY PAYER</b>				
Medicare	1,215	13.5	38,441	17.2
Medicaid	367	4.1	13,916	6.2
Other government	147	1.6	3,998	1.8
Blue Cross/Blue Shield	326	3.6	31,579	14.1
Other Commercial	450	5.0	17,861	8.0
Managed Care(HMO, PPO)	6,226	69.0	108,172	48.4
Self Pay	55	0.6	3,087	1.4
Industrial & Worker Comp	86	1.0	3,835	1.7
Charity and Unclassified	90	1.0	1,349	0.6
Childrens Health Insurance	6	0.1	121	0.1
Unknown	50	0.6	1,030	0.5
Not Reported	0	0.0	76	0.0
<b>LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE</b>				
Bear River	6	0.1	16,758	7.5
Central Utah	144	1.6	8,253	3.7
Davis County	17	0.2	22,506	10.1
Salt Lake County	194	2.2	75,789	33.9
Southeastern Utah	40	0.4	4,234	1.9
Southwest Utah	9	0.1	13,877	6.2
Summit County	3	0.0	2,803	1.3
Tooele County	18	0.2	4,857	2.2
Tri-County	24	0.3	5,940	2.7
Utah County	8,459	93.8	37,220	16.7
Wasatch County	44	0.5	1,668	0.7
Weber County	7	0.1	19,855	8.9
Unknown Utah	2	0.0	42	0.0
Outside Utah	48	0.5	9,563	4.3
Unknown, Not Reported	3	0.0	100	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, 2008**  
**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)	3,284	100.0	321,431	100.0
Mastectomy (85.0-85.99)	89	2.7	7,806	2.4
Musculoskeletal (76.0-84.99)	696	21.2	73,868	23.0
Respiratory (30.0-34.99)	28	0.9	3,427	1.1
Cardiovascular (35.0-39.99)	14	0.4	18,764	5.8
Lymphatic/Hemetic (40.0-41.99)	8	0.2	2,774	0.9
Digestive System (42.0-54.99)	927	28.2	98,766	30.7
Urinary (55.0-59.99)	24	0.7	10,839	3.4
Male Genital (60.0-64.99)	6	0.2	3,918	1.2
Female Genital (65.0-71.99)	101	3.1	14,989	4.7
Endocrine/Nervous (01.0-07.99)	624	19.0	21,267	6.6
Eye (08.0-16.99)	213	6.5	21,107	6.6
Ear (18.0-20.99)	262	8.0	13,757	4.3
Nose, Mouth, Pharynx (21.0-29.99)	292	8.9	30,149	9.4
Reporting Category(CPT-4 CODES)	2,898	100.0	312,478	100.0
Mastectomy (19120-19220)	24	0.8	2,126	0.7
Musculoskeletal (20000-29909)	682	23.5	73,391	23.5
Respiratory (30000-32999 & 39501-39599)	132	4.6	14,650	4.7
Cardiovascular (33010-37799 & 93501-93660)	264	9.1	42,433	13.6
Lymphatic/Hemetic (38100-38999)	8	0.3	2,801	0.9
Digestive (40490-49999)	1,061	36.6	107,011	34.2
Urinary (50010-53899)	10	0.3	10,127	3.2
Male Genital (54000-55899)	6	0.2	3,288	1.1
Female Genital (56405-58999)	82	2.8	11,773	3.8
Endocrine/Nervous (60000-64999)	390	13.5	24,966	8.0
Eye (65091-68899)	108	3.7	12,267	3.9
Ear (69000-69979)	131	4.5	7,645	2.4

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

**AMB ST 1-2**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2008**  
**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		3,284	100.0	100.0
0392	INJ OTH AGENT SPINAL CANAL	279	8.5	1.89
0391	INJ ANES SPINAL CANAL-ANALGESIA	257	7.8	1.44
2001	MYRINGOTOMY W/INSRT TUBE	238	7.2	3.46
4523	COLONOSCOPY	206	6.3	6.06
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	183	5.6	5.39
4542	ENDO POLYPECTOMY LG INTESTINE	114	3.5	3.39
283	TONSILLECTOMY W/ADENOIDECTOMY	107	3.3	1.84
806	EXC SEMILUNAR CARTILAGE-KNEE	105	3.2	1.86
1341	PHACOEMULSIFICATION-ASPIR CATARACT	104	3.2	1.54
1371	IOL PROSTH-CATARACT EXTRACT-1-STAGE	104	3.2	1.53
4836	[ENDO] POLYPECTOMY RECTUM	78	2.4	0.96
4525	CLO [ENDO] BX LG INTESTINE	65	2.0	2.33
5123	LAP CHOLEY	62	1.9	2.20
0443	RELEASE CARPAL TUNNEL	56	1.7	1.09
8192	INJ THERAP SUBSTANCE JT/LIGAMNT	47	1.4	0.37
8511	CLO [PERCUT] [NEEDLE] BX BREAST	47	1.4	0.39
8363	ROTATOR CUFF REPR	45	1.4	0.81
4513	OTH ENDO SM INTESTINE	38	1.2	1.73
4824	CLO [ENDO] BX RECTUM	36	1.1	0.44
286	ADENOIDECTOMY WO TONSILLECTOMY	32	1.0	0.35

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		2,898	100.0	100.0
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	262	9.0	0.91
45380	COLONOSCOPY FLEX; W/BX 1/MX	232	8.0	5.02
45378	COLONOSCOPY FLEX; DX-SEP PROC	194	6.7	5.71
43239	UGI ENDO; W/BX 1/MX	183	6.3	5.34
36416	COLLECTON CAPILLARY BLOOD SPECIM	181	6.2	0.72
69436	TYMPANOSTOMY GENERAL ANESTHESIA	120	4.1	1.79
66984	EXTRACAPSULAR CATARACT REMV IOL	104	3.6	1.50
29881	SCOPE KNEE SURG;W/MENISCECT MED/	79	2.7	1.61
36430	TRANSFUSION BLOOD/BLOOD COMPONENT	68	2.3	0.43
42820	T&A; UNDER AGE 12	68	2.3	1.49
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	52	1.8	0.66
20680	REMOVAL OF IMPLANT; DEEP	45	1.6	1.01
20610	ARTHROCENTESIS ASPIR&/INJ; MAJ J	40	1.4	0.45
42821	T&A; AGE 12 OR OVER	40	1.4	0.37
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	40	1.4	1.43
43235	UGI ENDO; DX W/VO CLCT SPECMN-SP	35	1.2	1.18
42830	ADENOIDECTOMY PRIMARY; UNDER AGE	29	1.0	0.31
29880	SCOPE KNEE SURG;W/MENISCECT MED&	27	0.9	0.43
29826	SCOPE SHOULDER; DECOMP SUBACROM	25	0.9	1.23
30140	SUBMUCOS RES TURBINATE PART/CMPL	24	0.8	0.74

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



AMB ST 1-3

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2008  
 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		1,388	\$3,966	\$4,015
4523	COLONOSCOPY	164	\$1,482	\$1,021
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	106	\$1,839	\$1,498
283	TONSILLECTOMY W/ADENOIDECTOMY	99	\$3,941	\$2,576
4542	ENDO POLYPECTOMY LG INTESTINE	65	\$1,887	\$1,444
806	EXC SEMILUNAR CARTILAGE-KNEE	63	\$6,611	\$4,727
5123	LAP CHOLEY	57	\$9,901	\$6,858
8511	CLO [PERCUT] [NEEDLE] BX BREAST	40	\$1,679	\$1,658
4836	[ENDO] POLYPECTOMY RECTUM	38	\$1,839	\$1,339
4525	CLO [ENDO] BX LG INTESTINE	32	\$1,813	\$1,506
8192	INJ THERAP SUBSTANCE JT/LIGAMNT	30	\$624	\$1,244
7902	CLO REDUC FX WO INT FIX-RADIUS-ULNA	28	\$2,581	\$2,390
0443	RELEASE CARPAL TUNNEL	25	\$3,584	\$2,420
8521	LOC EXC LES BREAST	24	\$4,559	\$3,164
0392	INJ OTH AGENT SPINAL CANAL	23	\$782	\$931
4513	OTH ENDO SM INTESTINE	22	\$1,464	\$1,248
8363	ROTATOR CUFF REPR	22	\$10,909	\$9,744
7867	REMOV IMPLNT DEVICE-TIBIA & FIB	19	\$4,023	\$3,143
6952	ASPIR CURET FOLLOWING DELIV/AB	18	\$4,230	\$2,819
7936	OP REDUC FX W/INT FIX-TIBIA & FIB	17	\$8,748	\$7,201
3491	THORACENTESIS	15	\$1,020	\$1,650

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals )
CPT-4 Procedures		1,869	\$3,350	\$3,633
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	244	\$627	\$1,141
45380	COLONOSCOPY FLEX; W/BX 1/MX	168	\$1,837	\$1,400
45378	COLONOSCOPY FLEX; DX-SEP PROC	154	\$1,473	\$1,028
43239	UGI ENDO; W/BX 1/MX	108	\$1,852	\$1,479
66984	EXTRACAPSULAR CATARACT REMV IOL	104	\$4,205	\$3,597
69436	TYMPANOSTOMY GENERAL ANESTHESIA	85	\$2,007	\$1,352
36416	COLLECTON CAPILLARY BLOOD SPECIM	72	\$130	\$185
42820	T&A; UNDER AGE 12	60	\$3,913	\$2,484
29881	SCOPE KNEE SURG;W/MENISCECT MED/	52	\$6,503	\$4,187
42821	T&A; AGE 12 OR OVER	40	\$4,001	\$2,939
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	38	\$10,177	\$7,209
20680	REMOVAL OF IMPLANT; DEEP	37	\$4,103	\$3,321
20610	ARTHROCENTESIS ASPIR&/INJ; MAJ J	31	\$508	\$1,135
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	28	\$3,746	\$2,462
43235	UGI ENDO; DX W/VO CLCT SPECMN-SP	23	\$1,465	\$1,180
47562	LAPAROSCOPY SURGICAL; CHOLECT	21	\$9,369	\$6,273
29880	SCOPE KNEE SURG;W/MENISCECT MED&	20	\$7,112	\$4,471
49505	REPR INIT ING HERNIA 5YR/MORE; R	19	\$6,527	\$4,468
64483	INJ ANES EPIDURL; LUMB/SAC 1 LEV	18	\$565	\$1,342
36430	TRANSFUSION BLOOD/BLOOD COMPONEN	17	\$3,773	\$3,057

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, 2008**  
**PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE\* CPT-4 PROCEDURES**

134 Ashley Regional Medical Center

Procedure APG category		TOTAL #	TOTAL # (ALL Hospitals)
Procedure APG			
01	INTEGUMENTARY SYSTEM	84	8,727
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	12	2,271
	003 COMPLEX INCISION AND DRAINAGE	2	100
	004 SIMPLE INCISION AND DRAINAGE	1	24
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	10	1,175
	008 SIMPLE EXCISION AND BIOPSY	20	1,279
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRANGE	15	1,550
	011 SIMPLE INCISION AND EXCISION OF BREAST	24	2,126
02	MUSCULOSKELETAL SYSTEM	628	65,893
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	72	7,092
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	28	2,745
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	10	2,708
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	118	13,313
	025 ARTHROSCOPY	210	27,527
	026 REPLACEMENT OF CAST	3	83
	027 SPLINT, STRAPPING AND CAST REMOVAL	5	770
	028 CLOSED TREATMENT FX & DISLOCATION OF FINGER, TOE & TRUNK	2	71
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	40	703
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	64	5,280
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	5	409
	032 BUNION PROCEDURES	16	1,813
	033 ARTHROPLASTY	5	597
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	50	2,426
03	RESPIRATORY SYSTEM	79	8,172
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	23	654
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	53	5,352
	054 SIMPLE ENDOSCOPY OF THE UPPER AIRWAY	2	297
	055 ENDOSCOPY OF THE LOWER AIRWAY	1	1,869
04	CARDIOVASCULAR SYSTEM	1	34,518
	081 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	1	126
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	78	3,460
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	10	1,999
	097 TRANSFUSION	68	1,333
06	DIGESTIVE SYSTEM	900	96,396
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	1	577
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	218	20,625
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	17	5,309
	117 LOWER GASTROINTESTINAL ENDOSCOPY	452	40,097
	119 HERNIA AND HYDROCELE PROCEDURES	79	6,648
	120 COMPLEX ANAL AND RECTAL PROCEDURES	7	1,153
	121 SIMPLE ANAL AND RECTAL PROCEDURES	7	539
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	3	563
	123 COMPLEX LAPAROSCOPIC PROCEDURES	115	17,238
	124 SIMPLE LAPAROSCOPIC PROCEDURES	1	276
07	URINARY SYSTEM	4	8,765
	133 URINARY CATHETERIZATION AND DILATATION	2	472

**AMB ST 1-4**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2008**  
**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)
	136 SIMPLE CYSTOURETHROSCOPY	2	590
08	MALE GENITAL SYSTEM	5	2,820
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	3	1,286
	154 SIMPLE PENILE PROCEDURES	1	837
	155 PROSTATE NEEDLE AND PUNCH BIOPSY	1	111
09	FEMALE GENITAL SYSTEM	61	6,757
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	30	2,044
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	7	1,379
	178 DILATION AND CURETTAGE	2	611
	179 HYSTEROSCOPY	13	2,433
	180 COLPOSCOPY	9	290
10	NERVOUS SYSTEM	368	21,149
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	303	14,879
	198 NERVE REPAIR AND DESTRUCTION	60	4,284
	199 SPINAL TAP	5	643
11	EYE AND OCULAR ADNEXA	108	12,065
	214 CATARACT PROCEDURES	104	4,992
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	3	323
	216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	1	332
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	373	28,538
	233 NASAL CAUTERIZATION AND PACKING	4	291
	234 COMPLEX FACIAL AND ENT PROCEDURES	30	5,886
	235 SIMPLE FACIAL AND ENT PROCEDURES	181	13,559
	236 TONSIL AND ADENOID PROCEDURES	158	8,709
13	THERAPEUTIC AND OTHER RADIOLOGICAL PROCEDURES	3	3,406
	254 MYELOGRAPHY	2	296
	255 MISCELLANEOUS RADIOLOGICAL PROCEDURES WITH CONTRAST	1	1,929

SOURCE: Utah Ambulatory Surgery Database  
Utah Health Data Committee/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, 2008**  
**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	75	\$3,983	\$3,433
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	12	\$1,680	\$2,695
	003 COMPLEX INCISION AND DRAINAGE	2	\$4,642	\$4,471
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	8	\$3,764	\$3,748
	008 SIMPLE EXCISION AND BIOPSY	15	\$5,914	\$3,190
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRAN	14	\$2,932	\$4,802
	011 SIMPLE INCISION AND EXCISION OF BREAST	24	\$4,559	\$3,305
02	MUSCULOSKELETAL SYSTEM	349	\$5,526	\$4,654
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	29	\$10,447	\$7,553
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	16	\$4,154	\$4,034
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	3	\$7,482	\$5,600
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	79	\$4,137	\$3,312
	025 ARTHROSCOPY	92	\$7,216	\$4,892
	026 REPLACEMENT OF CAST	1	\$3,525	\$4,770
	027 SPLINT, STRAPPING AND CAST REMOVAL	1	\$2,320	\$1,401
	028 CLOSED TREATMENT FX & DISLOCATION OF FINGER, TOE & TRUNK	1	\$2,602	\$2,571
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	29	\$2,577	\$3,247
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	50	\$7,343	\$6,529
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	2	\$3,584	\$3,340
	032 BUNION PROCEDURES	10	\$5,705	\$4,813
	033 ARTHROPLASTY	2	\$6,055	\$8,553
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	34	\$562	\$1,117
03	RESPIRATORY SYSTEM	29	\$1,631	\$2,445
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	23	\$1,203	\$1,535
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	3	\$3,576	\$3,900
	054 SIMPLE ENDOSCOPY OF THE UPPER AIRWAY	2	\$2,717	\$2,300
	055 ENDOSCOPY OF THE LOWER AIRWAY	1	\$3,470	\$2,377
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	26	\$5,466	\$4,660
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	9	\$8,664	\$6,198
	097 TRANSFUSION	17	\$3,773	\$3,057
06	DIGESTIVE SYSTEM	629	\$3,453	\$2,773
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	1	\$6,056	\$1,163
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	131	\$1,784	\$1,425
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	12	\$2,381	\$2,089
	117 LOWER GASTROINTESTINAL ENDOSCOPY	326	\$1,668	\$1,219
	119 HERNIA AND HYDROCELE PROCEDURES	48	\$6,280	\$4,277
	120 COMPLEX ANAL AND RECTAL PROCEDURES	4	\$4,730	\$3,419
	121 SIMPLE ANAL AND RECTAL PROCEDURES	6	\$6,224	\$3,237
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	2	\$2,926	\$6,011
	123 COMPLEX LAPAROSCOPIC PROCEDURES	98	\$10,093	\$7,473
	124 SIMPLE LAPAROSCOPIC PROCEDURES	1	\$7,097	\$8,589
07	URINARY SYSTEM	3	\$3,554	\$5,467
	133 URINARY CATHETERIZATION AND DILATATION	2	\$4,520	\$5,073
	136 SIMPLE CYSTOURETHROSCOPY	1	\$1,623	\$2,909
08	MALE GENITAL SYSTEM	2	\$1,699	\$3,901
	154 SIMPLE PENILE PROCEDURES	1	\$2,483	\$2,116

**AMB ST 1-5**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2008**  
**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 )
	155 PROSTATE NEEDLE AND PUNCH BIOPSY	1	\$914	\$4,881
09	FEMALE GENITAL SYSTEM	24	\$5,400	\$4,786
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	5	\$7,688	\$6,095
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	2	\$3,549	\$3,503
	178 DILATION AND CURETTAGE	2	\$5,205	\$2,944
	179 HYSTEROSCOPY	10	\$5,059	\$5,125
	180 COLPOSCOPY	5	\$4,610	\$4,314
10	NERVOUS SYSTEM	306	\$937	\$2,546
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	272	\$633	\$1,269
	198 NERVE REPAIR AND DESTRUCTION	29	\$3,840	\$2,841
	199 SPINAL TAP	5	\$622	\$2,025
11	EYE AND OCULAR ADNEXA	108	\$4,122	\$3,560
	214 CATARACT PROCEDURES	104	\$4,205	\$3,611
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	3	\$1,670	\$5,024
	216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	1	\$2,894	\$2,809
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	231	\$3,086	\$3,024
	233 NASAL CAUTERIZATION AND PACKING	3	\$3,860	\$3,338
	234 COMPLEX FACIAL AND ENT PROCEDURES	6	\$5,339	\$6,314
	235 SIMPLE FACIAL AND ENT PROCEDURES	111	\$2,098	\$1,997
	236 TONSIL AND ADENOID PROCEDURES	111	\$3,932	\$2,592
13	THERAPEUTIC AND OTHER RADIOLOGICAL PROCEDURES	3	\$2,138	\$3,705
	254 MYELOGRAPHY	2	\$2,952	\$3,275
	255 MISCELLANEOUS RADIOLOGICAL PROCEDURES WITH CONTRAST	1	\$510	\$3,069

SOURCE: Utah Ambulatory Surgery Database  
Utah Health Data Committee/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, 2008**  
**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

134 Ashley Regional Medical Center

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
<b>GENDER</b>				
Female	1,277	52.3	120,689	54.0
Male	1,166	47.7	102,774	46.0
Unknown	0	0.0	0	0.0
Not Reported	0	0.0	1	0.0
<b>AGE</b>				
1-28 days	80	3.3	1,290	0.6
29-365 days	47	1.9	3,012	1.3
1-4 years	118	4.8	11,257	5.0
5-9	81	3.3	6,380	2.9
10-14	62	2.5	4,795	2.1
15-17	58	2.4	5,109	2.3
18-19	41	1.7	3,667	1.6
20-24	98	4.0	10,397	4.7
25-29	139	5.7	12,788	5.7
30-34	148	6.1	13,212	5.9
35-39	131	5.4	12,888	5.8
40-44	117	4.8	13,216	5.9
45-49	147	6.0	16,707	7.5
50-54	230	9.4	24,036	10.8
55-59	219	9.0	20,476	9.2
60-64	134	5.5	17,623	7.9
65-69	158	6.5	14,920	6.7
70-74	156	6.4	12,104	5.4
75-79	138	5.6	9,552	4.3
80-84	86	3.5	6,230	2.8
85-89	46	1.9	2,923	1.3
90 +	9	0.4	881	0.4
Not Reported	80	3.3	1,292	0.6
<b>SOURCE OF ADMISSION</b>				
Physician Referral	2,367	96.9	200,515	89.7
Clinic Referral	2	0.1	4,085	1.8
HMO Referral	0	0.0	3,198	1.4
Other Hospital	1	0.0	219	0.1
Skilled Nursing Facility	0	0.0	26	0.0
Other Health Care Facility	0	0.0	41	0.0
Emergency Room	72	2.9	5,219	2.3
Court/Law Enforcement	0	0.0	3	0.0
Unknown	1	0.0	26	0.0
Not Reported	0	0.0	10,133	4.5

(Continued)

**AMB ST 1-6**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2008**  
**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

134 Ashley Regional Medical Center

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
<b>DISCHARGE STATUS</b>				
Home or Self Care	2,442	100.0	222,849	99.7
Another Hospital	0	0.0	103	0.0
Skilled Nursing Facility	0	0.0	107	0.0
Intermediate Care Facility	0	0.0	14	0.0
Another Type of Institution	0	0.0	60	0.0
Under Care of Home Service	1	0.0	271	0.1
Left Against Medical Advice	0	0.0	13	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	0	0.0	8	0.0
Unknown	0	0.0	35	0.0
Not Reported	0	0.0	5	0.0
<b>PRIMARY PAYER</b>				
Medicare	528	21.6	38,441	17.2
Medicaid	131	5.4	13,916	6.2
Other government	36	1.5	3,998	1.8
Blue Cross/Blue Shield	619	25.3	31,579	14.1
Other Commercial	291	11.9	17,861	8.0
Managed Care(HMO, PPO)	622	25.5	108,172	48.4
Self Pay	112	4.6	3,087	1.4
Industrial & Worker Comp	97	4.0	3,835	1.7
Charity and Unclassified	0	0.0	1,349	0.6
Childrens Health Insurance	0	0.0	121	0.1
Unknown	7	0.3	1,030	0.5
Not Reported	0	0.0	76	0.0
<b>LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE</b>				
Bear River	0	0.0	16,758	7.5
Central Utah	1	0.0	8,253	3.7
Davis County	1	0.0	22,506	10.1
Salt Lake County	10	0.4	75,789	33.9
Southeastern Utah	4	0.2	4,234	1.9
Southwest Utah	7	0.3	13,877	6.2
Summit County	0	0.0	2,803	1.3
Tooele County	0	0.0	4,857	2.2
Tri-County	2,345	96.0	5,940	2.7
Utah County	7	0.3	37,220	16.7
Wasatch County	0	0.0	1,668	0.7
Weber County	0	0.0	19,855	8.9
Unknown Utah	0	0.0	42	0.0
Outside Utah	68	2.8	9,563	4.3
Unknown, Not Reported	0	0.0	100	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, 2008**  
**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)	1,104	100.0	321,431	100.0
Mastectomy (85.0-85.99)	155	14.0	7,806	2.4
Musculoskeletal (76.0-84.99)	216	19.6	73,868	23.0
Respiratory (30.0-34.99)	0	0.0	3,427	1.1
Cardiovascular (35.0-39.99)	2	0.2	18,764	5.8
Lymphatic/Hemetic (40.0-41.99)	1	0.1	2,774	0.9
Digestive System (42.0-54.99)	540	48.9	98,766	30.7
Urinary (55.0-59.99)	2	0.2	10,839	3.4
Male Genital (60.0-64.99)	6	0.5	3,918	1.2
Female Genital (65.0-71.99)	61	5.5	14,989	4.7
Endocrine/Nervous (01.0-07.99)	32	2.9	21,267	6.6
Eye (08.0-16.99)	11	1.0	21,107	6.6
Ear (18.0-20.99)	46	4.2	13,757	4.3
Nose, Mouth, Pharynx (21.0-29.99)	32	2.9	30,149	9.4
Reporting Category(CPT-4 CODES)	863	100.0	312,478	100.0
Mastectomy (19120-19220)	5	0.6	2,126	0.7
Musculoskeletal (20000-29909)	228	26.4	73,391	23.5
Respiratory (30000-32999 & 39501-39599)	4	0.5	14,650	4.7
Cardiovascular (33010-37799 & 93501-93660)	6	0.7	42,433	13.6
Lymphatic/Hemetic (38100-38999)	1	0.1	2,801	0.9
Digestive (40490-49999)	539	62.5	107,011	34.2
Urinary (50010-53899)	1	0.1	10,127	3.2
Male Genital (54000-55899)	5	0.6	3,288	1.1
Female Genital (56405-58999)	38	4.4	11,773	3.8
Endocrine/Nervous (60000-64999)	12	1.4	24,966	8.0
Eye (65091-68899)	1	0.1	12,267	3.9
Ear (69000-69979)	23	2.7	7,645	2.4

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



**AMB ST 1-2**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2008**  
**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		1,104	100.0	100.0
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	101	9.1	5.39
4523	COLONOSCOPY	89	8.1	6.06
5123	LAP CHOLEY	72	6.5	2.20
8554	BILAT BREAST IMPLNT	72	6.5	0.10
4542	ENDO POLYPECTOMY LG INTESTINE	69	6.3	3.39
2001	MYRINGOTOMY W/INSRT TUBE	40	3.6	3.46
4525	CLO [ENDO] BX LG INTESTINE	30	2.7	2.33
856	MASTOPEXY	30	2.7	0.08
4836	[ENDO] POLYPECTOMY RECTUM	28	2.5	0.96
8594	REMOV IMPLNT BREAST	26	2.4	0.09
6823	ENDOMETRIAL ABLATION	25	2.3	0.52
0443	RELEASE CARPAL TUNNEL	21	1.9	1.09
806	EXC SEMILUNAR CARTILAGE-KNEE	21	1.9	1.86
283	TONSILLECTOMY W/ADENOIDECTOMY	20	1.8	1.84
6812	HYSTEROSCOPY	20	1.8	0.34
4701	LAP APPENDECTOMY	18	1.6	0.71
4824	CLO [ENDO] BX RECTUM	18	1.6	0.44
5304	UNILAT REPR INDIRECT ING HERN-GFT	17	1.5	0.43
8183	OTH REPR SHLDR	15	1.4	0.86
8026	ARTHSCPY-KNEE	12	1.1	1.37

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		863	100.0	100.0
43239	UGI ENDO; W/BX 1/MX	101	11.7	5.34
45380	COLONOSCOPY FLEX; W/BX 1/MX	94	10.9	5.02
45378	COLONOSCOPY FLEX; DX-SEP PROC	87	10.1	5.71
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	68	7.9	1.43
58563	HYSTEROSC SURG; W/ENDOMETRIAL AB	25	2.9	0.37
49505	REPR INIT ING HERNIA 5YR/MORE; R	20	2.3	0.80
44970	LAPAROSCOPY SURGICAL APPENDECTOM	19	2.2	0.73
69436	TYMPANOSTOMY GENERAL ANESTHESIA	19	2.2	1.79
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	18	2.1	1.43
29826	SCOPE SHOULDER; DECOMP SUBACROM	17	2.0	1.23
49585	REPR UMBIL HERNIA 5YR/OVER; RDUC	17	2.0	0.33
29848	ENDO WRST SURG REL TRNS CARP LIG	16	1.9	0.38
42820	T&A; UNDER AGE 12	16	1.9	1.49
29881	SCOPE KNEE SURG;W/MENISCECT MED/	15	1.7	1.61
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	10	1.2	0.85
29880	SCOPE KNEE SURG;W/MENISCECT MED&	9	1.0	0.43
26055	TENDON SHEATH INCISION	8	0.9	0.45
29824	SCOPE SHLDR SURG;DIST CLAVICULEC	8	0.9	0.51
20680	REMOVAL OF IMPLANT; DEEP	7	0.8	1.01
29875	SCOPE KNEE; SYNOVECT LTD SEP PRO	7	0.8	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, 2008  
 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	496	\$2,702	\$4,015
4523	COLONOSCOPY	71	\$799	\$1,021
5123	LAP CHOLEY	51	\$6,178	\$6,858
8554	BILAT BREAST IMPLNT	51	\$1,159	\$3,349
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	49	\$1,033	\$1,498
4542	ENDO POLYPECTOMY LG INTESTINE	42	\$1,006	\$1,444
283	TONSILLECTOMY W/ADENOIDECTOMY	18	\$2,244	\$2,576
4701	LAP APPENDECTOMY	14	\$6,396	\$9,824
5304	UNILAT REPR INDIRECT ING HERN-GFT	13	\$3,677	\$4,616
0443	RELEASE CARPAL TUNNEL	12	\$2,381	\$2,420
4525	CLO [ENDO] BX LG INTESTINE	10	\$977	\$1,506
5341	REPR UMB HERN W/PROSTH	9	\$4,075	\$5,097
4836	[ENDO] POLYPECTOMY RECTUM	7	\$903	\$1,339
7932	OP REDUC FX W/INT FIX-RADIUS & ULNA	7	\$8,443	\$8,664
806	EXC SEMILUNAR CARTILAGE-KNEE	6	\$3,962	\$4,727
8147	OTH REPR KNEE	6	\$3,597	\$5,962
8221	EXC LES TENDON SHEATH HAND	6	\$2,323	\$2,617
8183	OTH REPR SHLDR	5	\$4,828	\$7,480
4513	OTH ENDO SM INTESTINE	4	\$1,129	\$1,248
5349	OTH UMB HERNIORRHAPHY	4	\$2,058	\$3,202
5361	INCIS HERN REPR W/PROSTH	4	\$7,232	\$8,308

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals )
CPT-4	Procedures	504	\$2,747	\$3,633
45378	COLONOSCOPY FLEX; DX-SEP PROC	71	\$799	\$1,028
45380	COLONOSCOPY FLEX; W/BX 1/MX	68	\$1,061	\$1,400
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	47	\$6,306	\$7,209
43239	UGI ENDO; W/BX 1/MX	46	\$917	\$1,479
58563	HYSTEROSC SURG; W/ENDOMETRIAL AB	23	\$3,759	\$6,190
49505	REPR INIT ING HERNIA 5YR/MORE; R	16	\$3,522	\$4,468
69436	TYMPANOSTOMY GENERAL ANESTHESIA	16	\$1,315	\$1,352
42820	T&A; UNDER AGE 12	14	\$2,262	\$2,484
44970	LAPAROSCOPY SURGICAL APPENDECTOM	14	\$6,396	\$9,809
29848	ENDO WRST SURG REL TRNS CARP LIG	13	\$1,908	\$2,537
29881	SCOPE KNEE SURG;W/MENISCECT MED/	11	\$3,989	\$4,187
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	10	\$976	\$1,613
49585	REPR UMBIL HERNIA 5YR/OVER; RDUC	10	\$3,335	\$4,276
47562	LAPAROSCOPY SURGICAL; CHOLECT	7	\$5,317	\$6,273
19120	EXC BRST CYST TUMR/LES OPN M/F 1	5	\$2,161	\$2,993
20680	REMOVAL OF IMPLANT; DEEP	5	\$2,100	\$3,321
29880	SCOPE KNEE SURG;W/MENISCECT MED&	5	\$3,428	\$4,471
42821	T&A; AGE 12 OR OVER	4	\$2,181	\$2,939
24358	24358	3	\$2,568	\$3,504
24538	PERQ FIX SPRCOND FX W/VO EXTENSI	3	\$4,824	\$3,605

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, 2008**  
**PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE\* CPT-4 PROCEDURES**

104 Bear River Valley Hospital

Procedure APG category	Procedure APG	TOTAL #	TOTAL # (ALL Hospitals)
01	INTEGUMENTARY SYSTEM	17	8,727
	003 COMPLEX INCISION AND DRAINAGE	1	100
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	4	1,175
	008 SIMPLE EXCISION AND BIOPSY	3	1,279
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRANGE	4	1,550
	011 SIMPLE INCISION AND EXCISION OF BREAST	5	2,126
02	MUSCULOSKELETAL SYSTEM	209	65,893
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	13	7,092
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	13	2,745
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	7	2,708
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	37	13,313
	025 ARTHROSCOPY	97	27,527
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	5	703
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	23	5,280
	032 BUNION PROCEDURES	1	1,813
	033 ARTHROPLASTY	5	597
	034 HAND AND FOOT TENOTOMY	5	356
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	3	2,426
03	RESPIRATORY SYSTEM	1	8,172
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	1	654
04	CARDIOVASCULAR SYSTEM	2	34,518
	080 MINOR VASCULAR REPAIR AND FISTULA CONSTRUCTION	2	767
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	1	3,460
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	1	1,999
06	DIGESTIVE SYSTEM	520	96,396
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	1	577
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	105	20,625
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	25	5,309
	117 LOWER GASTROINTESTINAL ENDOSCOPY	205	40,097
	119 HERNIA AND HYDROCELE PROCEDURES	57	6,648
	120 COMPLEX ANAL AND RECTAL PROCEDURES	12	1,153
	121 SIMPLE ANAL AND RECTAL PROCEDURES	4	539
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	1	563
	123 COMPLEX LAPAROSCOPIC PROCEDURES	110	17,238
07	URINARY SYSTEM	1	8,765
	135 MODERATE CYSTOURETHROSCOPY	1	1,789
08	MALE GENITAL SYSTEM	4	2,820
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	3	1,286
	154 SIMPLE PENILE PROCEDURES	1	837
09	FEMALE GENITAL SYSTEM	31	6,757
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	1	2,044
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	2	1,379
	179 HYSTEROSCOPY	27	2,433
	180 COLPOSCOPY	1	290
10	NERVOUS SYSTEM	12	21,149
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	3	14,879

**AMB ST 1-4**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2008**  
**PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE\* CPT-4 PROCEDURES**

104 Bear River Valley Hospital

procedure APG category		TOTAL #	TOTAL # (ALL Hospitals)
procedure APG			
	198 NERVE REPAIR AND DESTRUCTION	9	4,284
11	EYE AND OCULAR ADNEXA	1	12,065
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	1	1,215
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	56	28,538
	234 COMPLEX FACIAL AND ENT PROCEDURES	8	5,886
	235 SIMPLE FACIAL AND ENT PROCEDURES	26	13,559
	236 TONSIL AND ADENOID PROCEDURES	22	8,709

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

**AMB ST 1-5**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2008**  
**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	11	\$2,318	\$3,433
	003 COMPLEX INCISION AND DRAINAGE	1	\$2,542	\$4,471
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	2	\$1,878	\$3,748
	008 SIMPLE EXCISION AND BIOPSY	3	\$2,797	\$3,190
	011 SIMPLE INCISION AND EXCISION OF BREAST	5	\$2,161	\$3,305
02	MUSCULOSKELETAL SYSTEM	92	\$3,697	\$4,654
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	5	\$5,614	\$7,553
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	7	\$2,826	\$4,034
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	3	\$2,388	\$5,600
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	18	\$2,377	\$3,312
	025 ARTHROSCOPY	39	\$3,179	\$4,892
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	4	\$4,539	\$3,247
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	16	\$6,265	\$6,529
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	1	\$2,227	\$4,660
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	1	\$2,227	\$6,198
06	DIGESTIVE SYSTEM	319	\$2,467	\$2,773
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	47	\$916	\$1,425
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	8	\$1,006	\$2,089
	117 LOWER GASTROINTESTINAL ENDOSCOPY	152	\$933	\$1,219
	119 HERNIA AND HYDROCELE PROCEDURES	33	\$3,678	\$4,277
	120 COMPLEX ANAL AND RECTAL PROCEDURES	3	\$2,850	\$3,419
	121 SIMPLE ANAL AND RECTAL PROCEDURES	1	\$2,156	\$3,237
	123 COMPLEX LAPAROSCOPIC PROCEDURES	75	\$6,159	\$7,473
08	MALE GENITAL SYSTEM	1	\$1,972	\$3,901
	154 SIMPLE PENILE PROCEDURES	1	\$1,972	\$2,116
09	FEMALE GENITAL SYSTEM	27	\$3,602	\$4,786
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	2	\$2,527	\$3,503
	179 HYSTEROSCOPY	24	\$3,743	\$5,125
	180 COLPOSCOPY	1	\$2,370	\$4,314
10	NERVOUS SYSTEM	5	\$2,453	\$2,546
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	3	\$246	\$1,269
	198 NERVE REPAIR AND DESTRUCTION	2	\$5,764	\$2,841
11	EYE AND OCULAR ADNEXA	1	\$3,833	\$3,560
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	1	\$3,833	\$3,921
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	43	\$1,843	\$3,024
	234 COMPLEX FACIAL AND ENT PROCEDURES	5	\$2,032	\$6,314
	235 SIMPLE FACIAL AND ENT PROCEDURES	19	\$1,345	\$1,997
	236 TONSIL AND ADENOID PROCEDURES	19	\$2,291	\$2,592

SOURCE: Utah Ambulatory Surgery Database  
Utah Health Data Committee/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, 2008**  
**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

104 Bear River Valley Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
<b>GENDER</b>				
Female	435	57.8	120,689	54.0
Male	317	42.1	102,774	46.0
Unknown	0	0.0	0	0.0
Not Reported	0	0.0	1	0.0
<b>AGE</b>				
1-28 days	0	0.0	1,290	0.6
29-365 days	13	1.7	3,012	1.3
1-4 years	23	3.1	11,257	5.0
5-9	12	1.6	6,380	2.9
10-14	16	2.1	4,795	2.1
15-17	20	2.7	5,109	2.3
18-19	10	1.3	3,667	1.6
20-24	42	5.6	10,397	4.7
25-29	68	9.0	12,788	5.7
30-34	72	9.6	13,212	5.9
35-39	59	7.8	12,888	5.8
40-44	40	5.3	13,216	5.9
45-49	62	8.2	16,707	7.5
50-54	86	11.4	24,036	10.8
55-59	67	8.9	20,476	9.2
60-64	50	6.6	17,623	7.9
65-69	44	5.8	14,920	6.7
70-74	26	3.5	12,104	5.4
75-79	18	2.4	9,552	4.3
80-84	19	2.5	6,230	2.8
85-89	4	0.5	2,923	1.3
90 +	2	0.3	881	0.4
Not Reported	0	0.0	1,292	0.6
<b>SOURCE OF ADMISSION</b>				
Physician Referral	621	82.5	200,515	89.7
Clinic Referral	106	14.1	4,085	1.8
HMO Referral	0	0.0	3,198	1.4
Other Hospital	0	0.0	219	0.1
Skilled Nursing Facility	0	0.0	26	0.0
Other Health Care Facility	0	0.0	41	0.0
Emergency Room	26	3.5	5,219	2.3
Court/Law Enforcement	0	0.0	3	0.0
Unknown	0	0.0	26	0.0
Not Reported	0	0.0	10,133	4.5

(Continued)

**AMB ST 1-6**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2008**  
**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

104 Bear River Valley Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
<b>DISCHARGE STATUS</b>				
Home or Self Care	750	99.6	222,849	99.7
Another Hospital	2	0.3	103	0.0
Skilled Nursing Facility	0	0.0	107	0.0
Intermediate Care Facility	0	0.0	14	0.0
Another Type of Institution	0	0.0	60	0.0
Under Care of Home Service	1	0.1	271	0.1
Left Against Medical Advice	0	0.0	13	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	0	0.0	8	0.0
Unknown	0	0.0	35	0.0
Not Reported	0	0.0	5	0.0
<b>PRIMARY PAYER</b>				
Medicare	90	12.0	38,441	17.2
Medicaid	34	4.5	13,916	6.2
Other government	13	1.7	3,998	1.8
Blue Cross/Blue Shield	96	12.7	31,579	14.1
Other Commercial	58	7.7	17,861	8.0
Managed Care(HMO, PPO)	339	45.0	108,172	48.4
Self Pay	95	12.6	3,087	1.4
Industrial & Worker Comp	17	2.3	3,835	1.7
Charity and Unclassified	5	0.7	1,349	0.6
Childrens Health Insurance	0	0.0	121	0.1
Unknown	6	0.8	1,030	0.5
Not Reported	0	0.0	76	0.0
<b>LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE</b>				
Bear River	638	84.7	16,758	7.5
Central Utah	0	0.0	8,253	3.7
Davis County	11	1.5	22,506	10.1
Salt Lake County	5	0.7	75,789	33.9
Southeastern Utah	0	0.0	4,234	1.9
Southwest Utah	0	0.0	13,877	6.2
Summit County	0	0.0	2,803	1.3
Tooele County	1	0.1	4,857	2.2
Tri-County	0	0.0	5,940	2.7
Utah County	2	0.3	37,220	16.7
Wasatch County	1	0.1	1,668	0.7
Weber County	12	1.6	19,855	8.9
Unknown Utah	0	0.0	42	0.0
Outside Utah	82	10.9	9,563	4.3
Unknown, Not Reported	1	0.1	100	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, 2008**  
**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)	242	100.0	321,431	100.0
Mastectomy (85.0-85.99)	1	0.4	7,806	2.4
Musculoskeletal (76.0-84.99)	3	1.2	73,868	23.0
Respiratory (30.0-34.99)	2	0.8	3,427	1.1
Cardiovascular (35.0-39.99)	1	0.4	18,764	5.8
Lymphatic/Hemetic (40.0-41.99)	0	0.0	2,774	0.9
Digestive System (42.0-54.99)	119	49.2	98,766	30.7
Urinary (55.0-59.99)	1	0.4	10,839	3.4
Male Genital (60.0-64.99)	4	1.7	3,918	1.2
Female Genital (65.0-71.99)	33	13.6	14,989	4.7
Endocrine/Nervous (01.0-07.99)	9	3.7	21,267	6.6
Eye (08.0-16.99)	0	0.0	21,107	6.6
Ear (18.0-20.99)	41	16.9	13,757	4.3
Nose, Mouth, Pharynx (21.0-29.99)	28	11.6	30,149	9.4
Reporting Category(CPT-4 CODES)	179	100.0	312,478	100.0
Mastectomy (19120-19220)	0	0.0	2,126	0.7
Musculoskeletal (20000-29909)	2	1.1	73,391	23.5
Respiratory (30000-32999 & 39501-39599)	0	0.0	14,650	4.7
Cardiovascular (33010-37799 & 93501-93660)	0	0.0	42,433	13.6
Lymphatic/Hemetic (38100-38999)	0	0.0	2,801	0.9
Digestive (40490-49999)	109	60.9	107,011	34.2
Urinary (50010-53899)	0	0.0	10,127	3.2
Male Genital (54000-55899)	0	0.0	3,288	1.1
Female Genital (56405-58999)	24	13.4	11,773	3.8
Endocrine/Nervous (60000-64999)	4	2.2	24,966	8.0
Eye (65091-68899)	0	0.0	12,267	3.9
Ear (69000-69979)	40	22.3	7,645	2.4

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



**AMB ST 1-2**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2008**  
**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		242	100.0	100.0
4523	COLONOSCOPY	50	20.7	6.06
4525	CLO [ENDO] BX LG INTESTINE	43	17.8	2.33
2001	MYRINGOTOMY W/INSRT TUBE	39	16.1	3.46
283	TONSILLECTOMY W/ADENOIDECTOMY	26	10.7	1.84
6823	ENDOMETRIAL ABLATION	16	6.6	0.52
0443	RELEASE CARPAL TUNNEL	8	3.3	1.09
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	6	2.5	5.39
6909	OTH D&C UTERUS	6	2.5	0.41
6902	D&C FOLLOWING DELIV/AB	5	2.1	0.23
5305	UNILAT REPR ING HERN-GFT-NOS	4	1.7	0.11
6629	OTH BIL ENDO DESTRUC FALLOP TUBES	4	1.7	0.30
201	REMOV TYMPANOSTOMY TUBE	2	0.8	0.14
3491	THORACENTESIS	2	0.8	0.06
5123	LAP CHOLEY	2	0.8	2.20
5300	UNILAT REPR ING HERN-NOS	2	0.8	0.10
5302	UNILAT REPR INDIRECT ING HERN	2	0.8	0.12
6373	VASECTOMY	2	0.8	0.03
0391	INJ ANES SPINAL CANAL-ANALGESIA	1	0.4	1.44
2767	2767	1	0.4	0.00
286	ADENOIDECTOMY WO TONSILLECTOMY	1	0.4	0.35

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		179	100.0	100.0
45378	COLONOSCOPY FLEX; DX-SEP PROC	43	24.0	5.71
69436	TYMPANOSTOMY GENERAL ANESTHESIA	38	21.2	1.79
45380	COLONOSCOPY FLEX; W/BX 1/MX	28	15.6	5.02
42820	T&A; UNDER AGE 12	13	7.3	1.49
58353	ENDOMET ABLAT THERM W/O SCOPE GU	12	6.7	0.12
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	8	4.5	1.18
58120	DILATION & CURET DX &/ THERAPEUT	8	4.5	0.20
49505	REPR INIT ING HERNIA 5YR/MORE; R	7	3.9	0.80
42821	T&A; AGE 12 OR OVER	5	2.8	0.37
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	4	2.2	0.66
58671	LAP SURG; W/OCCLUS OVIDUCTS-DEVI	2	1.1	0.16
69205	REMOV FB-EXT AUDIT CANAL; W/ANES	2	1.1	0.01
G0121	COLOREC CNCR SCR;COLNSCPY NO HI	2	1.1	0.17
20680	REMOVAL OF IMPLANT; DEEP	1	0.6	1.01
23700	MANIP W/ANES SHLDR JNT INCL FIX	1	0.6	0.05
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	1	0.6	0.50
42830	ADENOIDECTOMY PRIMARY; UNDER AGE	1	0.6	0.31
45330	SIGMOIDOSCOPY FLEX; DX-SEP PROC	1	0.6	0.10
58301	REMOVAL OF INTRAUTERINE DEVICE	1	0.6	0.04
58662	LAP SURG; W/FULG/EXCIS LES-OVARY	1	0.6	0.51

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

AMB ST 1-3

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2008  
 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		219	\$1,203	\$4,015
4523	COLONOSCOPY	48	\$697	\$1,021
4525	CLO [ENDO] BX LG INTESTINE	43	\$684	\$1,506
2001	MYRINGOTOMY W/INSRT TUBE	37	\$1,350	\$1,452
283	TONSILLECTOMY W/ADENOIDECTOMY	25	\$1,941	\$2,576
6823	ENDOMETRIAL ABLATION	13	\$3,216	\$5,865
0443	RELEASE CARPAL TUNNEL	7	\$1,216	\$2,420
6909	OTH D&C UTERUS	5	\$1,517	\$3,090
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	4	\$694	\$1,498
5305	UNILAT REPR ING HERN-GFT-NOS	4	\$2,673	\$5,101
6902	D&C FOLLOWING DELIV/AB	4	\$1,636	\$2,814
3491	THORACENTESIS	2	\$356	\$1,650
5123	LAP CHOLEY	2	\$0	\$6,858
5300	UNILAT REPR ING HERN-NOS	2	\$2,496	\$2,735
5302	UNILAT REPR INDIRECT ING HERN	2	\$1,215	\$2,874
6373	VASECTOMY	2	\$227	\$3,137
6629	OTH BIL ENDO DESTRUC FALLOP TUBES	2	\$1,897	\$4,259
201	REMOV TYMPANOSTOMY TUBE	1	\$1,622	\$1,148
2767	2767	1	\$0	\$0
3893	VENOUS CATH-NEC	1	\$0	\$3,699
4224	CLO [ENDO] BX ESOPH	1	\$1,570	\$2,078

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals )
CPT-4 Procedures		169	\$1,551	\$3,633
45378	COLONOSCOPY FLEX; DX-SEP PROC	42	\$891	\$1,028
69436	TYMPANOSTOMY GENERAL ANESTHESIA	37	\$1,433	\$1,352
45380	COLONOSCOPY FLEX; W/BX 1/MX	28	\$1,052	\$1,400
42820	T&A; UNDER AGE 12	13	\$2,382	\$2,484
58353	ENDOMET ABLAT THERM W/O SCOPE GU	10	\$3,801	\$5,325
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	7	\$1,009	\$1,180
49505	REPR INIT ING HERNIA 5YR/MORE; R	7	\$2,587	\$4,468
58120	DILATION & CURET DX &/ THERAPEUT	7	\$2,034	\$2,944
42821	T&A; AGE 12 OR OVER	5	\$2,564	\$2,939
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	4	\$1,675	\$2,462
69205	REMOV FB-EXT AUDIT CANAL; W/ANES	2	\$1,505	\$1,827
G0121	COLOREC CNCR SCR;COLNSCPY NO HI	2	\$780	\$812
20680	REMOVAL OF IMPLANT; DEEP	1	\$1,733	\$3,321
23700	MANIP W/ANES SHLDR JNT INCL FIX	1	\$1,206	\$3,309
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	1	\$1,861	\$2,730
45330	SIGMOIDOSCOPY FLEX; DX-SEP PROC	1	\$625	\$737
58662	LAP SURG; W/FULG/EXCIS LES-OVARY	1	\$4,338	\$5,612

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, 2008**  
**PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE\* CPT-4 PROCEDURES**

101 Beaver Valley Hospital

Procedure APG category	Procedure APG	TOTAL #	TOTAL # (ALL Hospitals)
01	INTEGUMENTARY SYSTEM	2	8,727
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	2	1,175
02	MUSCULOSKELETAL SYSTEM	2	65,893
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	1	13,313
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	1	409
06	DIGESTIVE SYSTEM	92	96,396
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	1	577
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	8	20,625
	117 LOWER GASTROINTESTINAL ENDOSCOPY	73	40,097
	119 HERNIA AND HYDROCELE PROCEDURES	7	6,648
	123 COMPLEX LAPAROSCOPIC PROCEDURES	3	17,238
09	FEMALE GENITAL SYSTEM	20	6,757
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	12	2,044
	178 DILATION AND CURETTAGE	8	611
10	NERVOUS SYSTEM	4	21,149
	198 NERVE REPAIR AND DESTRUCTION	4	4,284
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	58	28,538
	235 SIMPLE FACIAL AND ENT PROCEDURES	38	13,559
	236 TONSIL AND ADENOID PROCEDURES	20	8,709

SOURCE: Utah Ambulatory Surgery Database  
 Utah Health Data Committee/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, 2008**  
**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	2	\$1,505	\$3,433
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	2	\$1,505	\$3,748
02	MUSCULOSKELETAL SYSTEM	2	\$1,469	\$4,654
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	1	\$1,733	\$3,312
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	1	\$1,206	\$3,340
06	DIGESTIVE SYSTEM	88	\$1,120	\$2,773
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	1	\$625	\$1,163
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	7	\$1,009	\$1,425
	117 LOWER GASTROINTESTINAL ENDOSCOPY	72	\$951	\$1,219
	119 HERNIA AND HYDROCELE PROCEDURES	7	\$2,587	\$4,277
	123 COMPLEX LAPAROSCOPIC PROCEDURES	1	\$4,338	\$7,473
09	FEMALE GENITAL SYSTEM	17	\$3,074	\$4,786
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	10	\$3,801	\$6,095
	178 DILATION AND CURETTAGE	7	\$2,034	\$2,944
10	NERVOUS SYSTEM	4	\$1,675	\$2,546
	198 NERVE REPAIR AND DESTRUCTION	4	\$1,675	\$2,841
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	56	\$1,762	\$3,024
	235 SIMPLE FACIAL AND ENT PROCEDURES	37	\$1,433	\$1,997
	236 TONSIL AND ADENOID PROCEDURES	19	\$2,403	\$2,592

SOURCE: Utah Ambulatory Surgery Database  
 Utah Health Data Committee/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, 2008**  
**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

101 Beaver Valley Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
<b>GENDER</b>				
Female	120	49.8	120,689	54.0
Male	120	49.8	102,774	46.0
Unknown	0	0.0	0	0.0
Not Reported	1	0.4	1	0.0
<b>AGE</b>				
1-28 days	0	0.0	1,290	0.6
29-365 days	14	5.8	3,012	1.3
1-4 years	35	14.5	11,257	5.0
5-9	13	5.4	6,380	2.9
10-14	4	1.7	4,795	2.1
15-17	4	1.7	5,109	2.3
18-19	4	1.7	3,667	1.6
20-24	6	2.5	10,397	4.7
25-29	3	1.2	12,788	5.7
30-34	11	4.6	13,212	5.9
35-39	9	3.7	12,888	5.8
40-44	15	6.2	13,216	5.9
45-49	12	5.0	16,707	7.5
50-54	24	10.0	24,036	10.8
55-59	14	5.8	20,476	9.2
60-64	27	11.2	17,623	7.9
65-69	16	6.6	14,920	6.7
70-74	8	3.3	12,104	5.4
75-79	11	4.6	9,552	4.3
80-84	7	2.9	6,230	2.8
85-89	3	1.2	2,923	1.3
90 +	1	0.4	881	0.4
Not Reported	0	0.0	1,292	0.6
<b>SOURCE OF ADMISSION</b>				
Physician Referral	233	96.7	200,515	89.7
Clinic Referral	0	0.0	4,085	1.8
HMO Referral	0	0.0	3,198	1.4
Other Hospital	0	0.0	219	0.1
Skilled Nursing Facility	0	0.0	26	0.0
Other Health Care Facility	0	0.0	41	0.0
Emergency Room	8	3.3	5,219	2.3
Court/Law Enforcement	0	0.0	3	0.0
Unknown	0	0.0	26	0.0
Not Reported	0	0.0	10,133	4.5

(Continued)

**AMB ST 1-6**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2008**  
**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

101 Beaver Valley Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
<b>DISCHARGE STATUS</b>				
Home or Self Care	239	99.2	222,849	99.7
Another Hospital	2	0.8	103	0.0
Skilled Nursing Facility	0	0.0	107	0.0
Intermediate Care Facility	0	0.0	14	0.0
Another Type of Institution	0	0.0	60	0.0
Under Care of Home Service	0	0.0	271	0.1
Left Against Medical Advice	0	0.0	13	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	0	0.0	8	0.0
Unknown	0	0.0	35	0.0
Not Reported	0	0.0	5	0.0
<b>PRIMARY PAYER</b>				
Medicare	49	20.3	38,441	17.2
Medicaid	32	13.3	13,916	6.2
Other government	4	1.7	3,998	1.8
Blue Cross/Blue Shield	40	16.6	31,579	14.1
Other Commercial	44	18.3	17,861	8.0
Managed Care(HMO, PPO)	64	26.6	108,172	48.4
Self Pay	6	2.5	3,087	1.4
Industrial & Worker Comp	0	0.0	3,835	1.7
Charity and Unclassified	0	0.0	1,349	0.6
Childrens Health Insurance	0	0.0	121	0.1
Unknown	2	0.8	1,030	0.5
Not Reported	0	0.0	76	0.0
<b>LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE</b>				
Bear River	0	0.0	16,758	7.5
Central Utah	2	0.8	8,253	3.7
Davis County	0	0.0	22,506	10.1
Salt Lake County	0	0.0	75,789	33.9
Southeastern Utah	0	0.0	4,234	1.9
Southwest Utah	229	95.0	13,877	6.2
Summit County	0	0.0	2,803	1.3
Tooele County	1	0.4	4,857	2.2
Tri-County	0	0.0	5,940	2.7
Utah County	0	0.0	37,220	16.7
Wasatch County	0	0.0	1,668	0.7
Weber County	0	0.0	19,855	8.9
Unknown Utah	0	0.0	42	0.0
Outside Utah	8	3.3	9,563	4.3
Unknown, Not Reported	1	0.4	100	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, 2008**  
**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)	3,947	100.0	321,431	100.0
Mastectomy (85.0-85.99)	74	1.9	7,806	2.4
Musculoskeletal (76.0-84.99)	892	22.6	73,868	23.0
Respiratory (30.0-34.99)	5	0.1	3,427	1.1
Cardiovascular (35.0-39.99)	9	0.2	18,764	5.8
Lymphatic/Hemetic (40.0-41.99)	17	0.4	2,774	0.9
Digestive System (42.0-54.99)	1,472	37.3	98,766	30.7
Urinary (55.0-59.99)	36	0.9	10,839	3.4
Male Genital (60.0-64.99)	37	0.9	3,918	1.2
Female Genital (65.0-71.99)	211	5.3	14,989	4.7
Endocrine/Nervous (01.0-07.99)	222	5.6	21,267	6.6
Eye (08.0-16.99)	596	15.1	21,107	6.6
Ear (18.0-20.99)	213	5.4	13,757	4.3
Nose, Mouth, Pharynx (21.0-29.99)	163	4.1	30,149	9.4
Reporting Category(CPT-4 CODES)	3,213	100.0	312,478	100.0
Mastectomy (19120-19220)	32	1.0	2,126	0.7
Musculoskeletal (20000-29909)	619	19.3	73,391	23.5
Respiratory (30000-32999 & 39501-39599)	61	1.9	14,650	4.7
Cardiovascular (33010-37799 & 93501-93660)	323	10.1	42,433	13.6
Lymphatic/Hemetic (38100-38999)	14	0.4	2,801	0.9
Digestive (40490-49999)	1,435	44.7	107,011	34.2
Urinary (50010-53899)	45	1.4	10,127	3.2
Male Genital (54000-55899)	27	0.8	3,288	1.1
Female Genital (56405-58999)	103	3.2	11,773	3.8
Endocrine/Nervous (60000-64999)	134	4.2	24,966	8.0
Eye (65091-68899)	318	9.9	12,267	3.9
Ear (69000-69979)	102	3.2	7,645	2.4

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

**AMB ST 1-2**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2008**  
**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		3,947	100.0	100.0
4523	COLONOSCOPY	310	7.9	6.06
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	257	6.5	5.39
1341	PHACOEMULSIFICATION-ASPIR CATARACT	241	6.1	1.54
1371	IOL PROSTH-CATARACT EXTRACT-1-STAGE	240	6.1	1.53
4542	ENDO POLYPECTOMY LG INTESTINE	181	4.6	3.39
2001	MYRINGOTOMY W/INSRT TUBE	180	4.6	3.46
5123	LAP CHOLEY	132	3.3	2.20
0392	INJ OTH AGENT SPINAL CANAL	101	2.6	1.89
8026	ARTHSCPY-KNEE	99	2.5	1.37
8021	ARTHSCPY-SHLDR	88	2.2	0.74
4525	CLO [ENDO] BX LG INTESTINE	87	2.2	2.33
806	EXC SEMILUNAR CARTILAGE-KNEE	78	2.0	1.86
4292	DILAT ESOPH	76	1.9	1.34
4836	[ENDO] POLYPECTOMY RECTUM	73	1.8	0.96
283	TONSILLECTOMY W/ADENOIDECTOMY	72	1.8	1.84
8183	OTH REPR SHLDR	62	1.6	0.86
6812	HYSTEROSCOPY	51	1.3	0.34
6823	ENDOMETRIAL ABLATION	49	1.2	0.52
8363	ROTATOR CUFF REPR	46	1.2	0.81
0443	RELEASE CARPAL TUNNEL	43	1.1	1.09

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		3,213	100.0	100.0
45378	COLONOSCOPY FLEX; DX-SEP PROC	272	8.5	5.71
43239	UGI ENDO; W/BX 1/MX	256	8.0	5.34
66984	EXTRACAPSULAR CATARACT REMV IOL	236	7.3	1.50
45380	COLONOSCOPY FLEX; W/BX 1/MX	235	7.3	5.02
36416	COLLECTON CAPILLARY BLOOD SPECIM	219	6.8	0.72
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	129	4.0	1.43
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	101	3.1	0.91
69436	TYMPANOSTOMY GENERAL ANESTHESIA	92	2.9	1.79
36430	TRANSFUSION BLOOD/BLOOD COMPONEN	79	2.5	0.43
43248	UGI ENDO; W/INSRT GUIDE WIRE	74	2.3	0.07
29826	SCOPE SHOULDER; DECOMP SUBACROM	71	2.2	1.23
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	69	2.1	1.43
29881	SCOPE KNEE SURG;W/MENISCECT MED/	55	1.7	1.61
42820	T&A; UNDER AGE 12	53	1.6	1.49
49505	REPR INIT ING HERNIA 5YR/MORE; R	49	1.5	0.80
58563	HYSTEROSC SURG; W/ENDOMETRIAL AB	49	1.5	0.37
66999	UNLISTED PROC ANTERIOR SEGMENT E	36	1.1	0.06
29824	SCOPE SHLDR SURG;DIST CLAVICULEC	35	1.1	0.51
49585	REPR UMBIL HERNIA 5YR/OVER; RDUC	33	1.0	0.33
44970	LAPAROSCOPY SURGICAL APPEENDECTOM	32	1.0	0.73

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, 2008  
 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	1,284	\$3,824	\$4,015
4523	COLONOSCOPY	265	\$2,287	\$1,021
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	123	\$2,025	\$1,498
4542	ENDO POLYPECTOMY LG INTESTINE	116	\$2,790	\$1,444
5123	LAP CHOLEY	109	\$8,461	\$6,858
0392	INJ OTH AGENT SPINAL CANAL	63	\$270	\$931
283	TONSILLECTOMY W/ADENOIDECTOMY	63	\$2,611	\$2,576
4525	CLO [ENDO] BX LG INTESTINE	37	\$2,705	\$1,506
4836	[ENDO] POLYPECTOMY RECTUM	25	\$2,934	\$1,339
4701	LAP APPENDECTOMY	21	\$11,304	\$9,824
5303	UNILAT REPR DIRECT ING HERN-GFT	20	\$6,477	\$4,788
6952	ASPIR CURET FOLLOWING DELIV/AB	19	\$3,203	\$2,819
8521	LOC EXC LES BREAST	17	\$3,001	\$3,164
5349	OTH UMB HERNIORRHAPHY	14	\$3,690	\$3,202
8399	OTH OPER MUSC-TENDON-FASCIA-BURSA	14	\$3,538	\$3,402
5304	UNILAT REPR INDIRECT ING HERN-GFT	13	\$6,598	\$4,616
5305	UNILAT REPR ING HERN-GFT-NOS	12	\$5,789	\$5,101
7932	OP REDUC FX W/INT FIX-RADIUS & ULNA	12	\$11,668	\$8,664
0943	PROBE NASOLACRML DUCT	11	\$2,190	\$1,966
4513	OTH ENDO SM INTESTINE	10	\$2,268	\$1,248
4824	CLO [ENDO] BX RECTUM	10	\$2,517	\$1,391

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals )
CPT-4	Procedures	2,101	\$3,511	\$3,633
45378	COLONOSCOPY FLEX; DX-SEP PROC	231	\$2,288	\$1,028
36416	COLLECTON CAPILLARY BLOOD SPECIM	217	\$116	\$185
66984	EXTRACAPSULAR CATARACT REMV IOL	200	\$4,398	\$3,597
45380	COLONOSCOPY FLEX; W/BX 1/MX	179	\$2,632	\$1,400
43239	UGI ENDO; W/BX 1/MX	124	\$2,033	\$1,479
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	107	\$8,461	\$7,209
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	100	\$280	\$1,141
69436	TYMPANOSTOMY GENERAL ANESTHESIA	85	\$2,197	\$1,352
36430	TRANSFUSION BLOOD/BLOOD COMPONEN	47	\$1,082	\$3,057
42820	T&A; UNDER AGE 12	45	\$2,516	\$2,484
49505	REPR INIT ING HERNIA 5YR/MORE; R	43	\$6,266	\$4,468
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	42	\$3,476	\$1,613
58563	HYSTEROSC SURG; W/ENDOMETRIAL AB	42	\$5,676	\$6,190
29881	SCOPE KNEE SURG;W/MENISCECT MED/	41	\$5,028	\$4,187
29848	ENDO WRST SURG REL TRNS CARP LIG	23	\$3,901	\$2,537
44970	LAPAROSCOPY SURGICAL APPENDECTOM	21	\$11,304	\$9,809
42821	T&A; AGE 12 OR OVER	18	\$2,848	\$2,939
19120	EXC BRST CYST TUMR/LES OPN M/F 1	17	\$3,302	\$2,993
29880	SCOPE KNEE SURG;W/MENISCECT MED&	17	\$5,209	\$4,471
29826	SCOPE SHOULDER; DECOMP SUBACROM	15	\$5,619	\$5,424

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, 2008**  
**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	75	8,727
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	9	2,271
	003 COMPLEX INCISION AND DRAINAGE	1	100
	006 SIMPLE DEBRIDEMENT AND DESTRUCTION	2	184
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	4	1,175
	008 SIMPLE EXCISION AND BIOPSY	9	1,279
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRANGE	18	1,550
	011 SIMPLE INCISION AND EXCISION OF BREAST	32	2,126
02	MUSCULOSKELETAL SYSTEM	597	65,893
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	46	7,092
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	17	2,745
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	14	2,708
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	99	13,313
	025 ARTHROSCOPY	304	27,527
	027 SPLINT, STRAPPING AND CAST REMOVAL	1	770
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	18	703
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	50	5,280
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	5	409
	032 BUNION PROCEDURES	27	1,813
	033 ARTHROPLASTY	9	597
	034 HAND AND FOOT TENOTOMY	2	356
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	5	2,426
03	RESPIRATORY SYSTEM	36	8,172
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	10	654
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	25	5,352
	055 ENDOSCOPY OF THE LOWER AIRWAY	1	1,869
04	CARDIOVASCULAR SYSTEM	5	34,518
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	4	1,034
	081 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	1	126
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	88	3,460
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	9	1,999
	097 TRANSFUSION	79	1,333
06	DIGESTIVE SYSTEM	1,359	96,396
	112 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	1	1,281
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	8	577
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	1	308
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	270	20,625
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	109	5,309
	117 LOWER GASTROINTESTINAL ENDOSCOPY	600	40,097
	119 HERNIA AND HYDROCELE PROCEDURES	129	6,648
	120 COMPLEX ANAL AND RECTAL PROCEDURES	18	1,153
	121 SIMPLE ANAL AND RECTAL PROCEDURES	6	539
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	6	563
	123 COMPLEX LAPAROSCOPIC PROCEDURES	206	17,238
	124 SIMPLE LAPAROSCOPIC PROCEDURES	5	276
07	URINARY SYSTEM	44	8,765

**AMB ST 1-4**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2008**  
**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	12	472
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	19	4,811
	135 MODERATE CYSTOURETHROSCOPY	8	1,789
	136 SIMPLE CYSTOURETHROSCOPY	1	590
	137 COMPLEX URETHRAL PROCEDURES	1	191
	138 SIMPLE URETHRAL PROCEDURES	3	180
08	MALE GENITAL SYSTEM	21	2,820
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	13	1,286
	152 INSERTION OF PENILE PROSTHESIS	1	88
	153 COMPLEX PENILE PROCEDURES	1	498
	154 SIMPLE PENILE PROCEDURES	6	837
09	FEMALE GENITAL SYSTEM	82	6,757
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	6	2,044
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	15	1,379
	178 DILATION AND CURETTAGE	5	611
	179 HYSTEROSCOPY	55	2,433
	180 COLPOSCOPY	1	290
10	NERVOUS SYSTEM	131	21,149
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	111	14,879
	197 NEUROSTIMULATOR AND VENTRICULAR SHUNT IMPLANTATION	2	1,092
	198 NERVE REPAIR AND DESTRUCTION	17	4,284
	199 SPINAL TAP	1	643
11	EYE AND OCULAR ADNEXA	316	12,065
	214 CATARACT PROCEDURES	243	4,992
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	11	323
	216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	6	332
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	39	346
	220 STRABISMUS AND MUSCLE EYE PROCEDURES	4	966
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	6	1,215
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	7	655
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	222	28,538
	234 COMPLEX FACIAL AND ENT PROCEDURES	22	5,886
	235 SIMPLE FACIAL AND ENT PROCEDURES	115	13,559
	236 TONSIL AND ADENOID PROCEDURES	85	8,709
13	THERAPEUTIC AND OTHER RADIOLOGICAL PROCEDURES	2	3,406
	255 MISCELLANEOUS RADIOLOGICAL PROCEDURES WITH CONTRAST	2	1,929

SOURCE: Utah Ambulatory Surgery Database  
Utah Health Data Committee/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, 2008**  
**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	62	\$3,299	\$3,433
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	8	\$428	\$2,695
	003 COMPLEX INCISION AND DRAINAGE	1	\$4,809	\$4,471
	006 SIMPLE DEBRIDEMENT AND DESTRUCTION	1	\$2,219	\$3,383
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	4	\$2,518	\$3,748
	008 SIMPLE EXCISION AND BIOPSY	8	\$2,884	\$3,190
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRAN	10	\$5,521	\$4,802
	011 SIMPLE INCISION AND EXCISION OF BREAST	30	\$3,526	\$3,305
02	MUSCULOSKELETAL SYSTEM	257	\$5,753	\$4,654
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	19	\$10,839	\$7,553
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	10	\$3,994	\$4,034
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	3	\$10,943	\$5,600
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	45	\$3,102	\$3,312
	025 ARTHROSCOPY	110	\$5,442	\$4,892
	027 SPLINT, STRAPPING AND CAST REMOVAL	1	\$595	\$1,401
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	13	\$3,475	\$3,247
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	32	\$7,648	\$6,529
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	1	\$775	\$3,340
	032 BUNION PROCEDURES	18	\$8,025	\$4,813
	033 ARTHROPLASTY	2	\$10,491	\$8,553
	034 HAND AND FOOT TENOTOMY	1	\$4,131	\$2,668
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	2	\$420	\$1,117
03	RESPIRATORY SYSTEM	8	\$820	\$2,445
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	7	\$473	\$1,535
	055 ENDOSCOPY OF THE LOWER AIRWAY	1	\$3,246	\$2,377
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	53	\$1,633	\$4,660
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	6	\$5,947	\$6,198
	097 TRANSFUSION	47	\$1,082	\$3,057
06	DIGESTIVE SYSTEM	876	\$3,865	\$2,773
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	3	\$3,302	\$1,163
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	1	\$3,896	\$1,532
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	133	\$2,065	\$1,425
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	26	\$2,601	\$2,089
	117 LOWER GASTROINTESTINAL ENDOSCOPY	468	\$2,548	\$1,219
	119 HERNIA AND HYDROCELE PROCEDURES	83	\$5,717	\$4,277
	120 COMPLEX ANAL AND RECTAL PROCEDURES	11	\$5,514	\$3,419
	121 SIMPLE ANAL AND RECTAL PROCEDURES	4	\$3,058	\$3,237
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	4	\$4,957	\$6,011
	123 COMPLEX LAPAROSCOPIC PROCEDURES	143	\$8,880	\$7,473
07	URINARY SYSTEM	21	\$4,074	\$5,467
	133 URINARY CATHETERIZATION AND DILATATION	7	\$614	\$5,073
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	11	\$6,579	\$5,910
	135 MODERATE CYSTOURETHROSCOPY	2	\$3,468	\$3,852
	138 SIMPLE URETHRAL PROCEDURES	1	\$1,949	\$1,414
08	MALE GENITAL SYSTEM	7	\$6,954	\$3,901

**AMB ST 1-5**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2008**  
**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 CHRGR	AVE TOT CHRGR(ALL Hospitals )
151 TESTICULAR AND EPIDIDYMAL PROCEDURES	3	\$5,044	\$3,127
152 INSERTION OF PENILE PROSTHESIS	1	\$23,716	\$22,767
153 COMPLEX PENILE PROCEDURES	1	\$5,498	\$3,976
154 SIMPLE PENILE PROCEDURES	2	\$2,166	\$2,116
09 FEMALE GENITAL SYSTEM	55	\$5,743	\$4,786
176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	4	\$8,769	\$6,095
177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	5	\$3,545	\$3,503
179 HYSTEROSCOPY	46	\$5,719	\$5,125
10 NERVOUS SYSTEM	122	\$1,057	\$2,546
195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	108	\$338	\$1,269
197 NEUROSTIMULATOR AND VENTRICULAR SHUNT IMPLANTATION	2	\$26,825	\$31,310
198 NERVE REPAIR AND DESTRUCTION	11	\$3,288	\$2,841
199 SPINAL TAP	1	\$2,656	\$2,025
11 EYE AND OCULAR ADNEXA	237	\$4,301	\$3,560
214 CATARACT PROCEDURES	206	\$4,424	\$3,611
215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	11	\$2,190	\$5,024
216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	6	\$5,699	\$2,809
217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	3	\$3,031	\$3,223
220 STRABISMUS AND MUSCLE EYE PROCEDURES	4	\$5,216	\$2,675
221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	3	\$3,344	\$3,921
222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	4	\$2,423	\$2,501
12 FACIAL, EAR, NOSE, MOUTH AND THROAT	174	\$2,668	\$3,024
234 COMPLEX FACIAL AND ENT PROCEDURES	6	\$8,598	\$6,314
235 SIMPLE FACIAL AND ENT PROCEDURES	94	\$2,267	\$1,997
236 TONSIL AND ADENOID PROCEDURES	74	\$2,697	\$2,592
13 THERAPEUTIC AND OTHER RADIOLOGICAL PROCEDURES	2	\$1,378	\$3,705
255 MISCELLANEOUS RADIOLOGICAL PROCEDURES WITH CONTRAST	2	\$1,378	\$3,069

SOURCE: Utah Ambulatory Surgery Database  
Utah Health Data Committee/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, 2008**  
**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

103 Brigham City Community Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
<b>GENDER</b>				
Female	1,465	54.2	120,689	54.0
Male	1,236	45.8	102,774	46.0
Unknown	0	0.0	0	0.0
Not Reported	0	0.0	1	0.0
<b>AGE</b>				
1-28 days	185	6.8	1,290	0.6
29-365 days	65	2.4	3,012	1.3
1-4 years	89	3.3	11,257	5.0
5-9	50	1.9	6,380	2.9
10-14	35	1.3	4,795	2.1
15-17	54	2.0	5,109	2.3
18-19	27	1.0	3,667	1.6
20-24	79	2.9	10,397	4.7
25-29	98	3.6	12,788	5.7
30-34	132	4.9	13,212	5.9
35-39	100	3.7	12,888	5.8
40-44	146	5.4	13,216	5.9
45-49	174	6.4	16,707	7.5
50-54	250	9.3	24,036	10.8
55-59	165	6.1	20,476	9.2
60-64	194	7.2	17,623	7.9
65-69	193	7.1	14,920	6.7
70-74	196	7.3	12,104	5.4
75-79	215	8.0	9,552	4.3
80-84	149	5.5	6,230	2.8
85-89	85	3.1	2,923	1.3
90 +	20	0.7	881	0.4
Not Reported	185	6.8	1,292	0.6
<b>SOURCE OF ADMISSION</b>				
Physician Referral	2,640	97.7	200,515	89.7
Clinic Referral	1	0.0	4,085	1.8
HMO Referral	0	0.0	3,198	1.4
Other Hospital	0	0.0	219	0.1
Skilled Nursing Facility	0	0.0	26	0.0
Other Health Care Facility	0	0.0	41	0.0
Emergency Room	60	2.2	5,219	2.3
Court/Law Enforcement	0	0.0	3	0.0
Unknown	0	0.0	26	0.0
Not Reported	0	0.0	10,133	4.5

(Continued)

**AMB ST 1-6**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2008**  
**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

103 Brigham City Community Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
<b>DISCHARGE STATUS</b>				
Home or Self Care	2,697	99.9	222,849	99.7
Another Hospital	3	0.1	103	0.0
Skilled Nursing Facility	1	0.0	107	0.0
Intermediate Care Facility	0	0.0	14	0.0
Another Type of Institution	0	0.0	60	0.0
Under Care of Home Service	0	0.0	271	0.1
Left Against Medical Advice	0	0.0	13	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	0	0.0	8	0.0
Unknown	0	0.0	35	0.0
Not Reported	0	0.0	5	0.0
<b>PRIMARY PAYER</b>				
Medicare	689	25.5	38,441	17.2
Medicaid	201	7.4	13,916	6.2
Other government	34	1.3	3,998	1.8
Blue Cross/Blue Shield	503	18.6	31,579	14.1
Other Commercial	147	5.4	17,861	8.0
Managed Care(HMO, PPO)	1,035	38.3	108,172	48.4
Self Pay	43	1.6	3,087	1.4
Industrial & Worker Comp	39	1.4	3,835	1.7
Charity and Unclassified	9	0.3	1,349	0.6
Childrens Health Insurance	1	0.0	121	0.1
Unknown	0	0.0	1,030	0.5
Not Reported	0	0.0	76	0.0
<b>LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE</b>				
Bear River	2,457	91.0	16,758	7.5
Central Utah	0	0.0	8,253	3.7
Davis County	27	1.0	22,506	10.1
Salt Lake County	9	0.3	75,789	33.9
Southeastern Utah	0	0.0	4,234	1.9
Southwest Utah	3	0.1	13,877	6.2
Summit County	0	0.0	2,803	1.3
Tooele County	2	0.1	4,857	2.2
Tri-County	0	0.0	5,940	2.7
Utah County	2	0.1	37,220	16.7
Wasatch County	1	0.0	1,668	0.7
Weber County	126	4.7	19,855	8.9
Unknown Utah	1	0.0	42	0.0
Outside Utah	70	2.6	9,563	4.3
Unknown, Not Reported	3	0.1	100	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, 2008**  
**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)	6,324	100.0	321,431	100.0
Mastectomy (85.0-85.99)	48	0.8	7,806	2.4
Musculoskeletal (76.0-84.99)	3,088	48.8	73,868	23.0
Respiratory (30.0-34.99)	26	0.4	3,427	1.1
Cardiovascular (35.0-39.99)	1	0.0	18,764	5.8
Lymphatic/Hemetic (40.0-41.99)	23	0.4	2,774	0.9
Digestive System (42.0-54.99)	314	5.0	98,766	30.7
Urinary (55.0-59.99)	266	4.2	10,839	3.4
Male Genital (60.0-64.99)	49	0.8	3,918	1.2
Female Genital (65.0-71.99)	275	4.3	14,989	4.7
Endocrine/Nervous (01.0-07.99)	247	3.9	21,267	6.6
Eye (08.0-16.99)	9	0.1	21,107	6.6
Ear (18.0-20.99)	628	9.9	13,757	4.3
Nose, Mouth, Pharynx (21.0-29.99)	1,350	21.3	30,149	9.4
Reporting Category(CPT-4 CODES)	4,943	100.0	312,478	100.0
Mastectomy (19120-19220)	36	0.7	2,126	0.7
Musculoskeletal (20000-29909)	2,414	48.8	73,391	23.5
Respiratory (30000-32999 & 39501-39599)	605	12.2	14,650	4.7
Cardiovascular (33010-37799 & 93501-93660)	31	0.6	42,433	13.6
Lymphatic/Hemetic (38100-38999)	26	0.5	2,801	0.9
Digestive (40490-49999)	926	18.7	107,011	34.2
Urinary (50010-53899)	199	4.0	10,127	3.2
Male Genital (54000-55899)	47	1.0	3,288	1.1
Female Genital (56405-58999)	178	3.6	11,773	3.8
Endocrine/Nervous (60000-64999)	120	2.4	24,966	8.0
Eye (65091-68899)	6	0.1	12,267	3.9
Ear (69000-69979)	355	7.2	7,645	2.4

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



**AMB ST 1-2**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2008**  
**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		6,324	100.0	100.0
2001	MYRINGOTOMY W/INSRT TUBE	532	8.4	3.46
8026	ARTHSCPY-KNEE	423	6.7	1.37
283	TONSILLECTOMY W/ADENOIDECTOMY	362	5.7	1.84
806	EXC SEMILUNAR CARTILAGE-KNEE	280	4.4	1.86
8021	ARTHSCPY-SHLDR	248	3.9	0.74
8183	OTH REPR SHLDR	218	3.4	0.86
7781	OTH PART OSTEC-SCAPULA-CLAV-THOR	169	2.7	0.60
0443	RELEASE CARPAL TUNNEL	157	2.5	1.09
2169	OTH TURBINECTOMY	111	1.8	0.82
8023	ARTHSCPY-WRIST	110	1.7	0.25
282	TONSILLECTOMY WO ADENOIDECTOMY	108	1.7	0.58
8147	OTH REPR KNEE	108	1.7	0.86
8081	OTH LOC EXC/DESTRUC JT LES-SHLDR	104	1.6	0.54
2219	OTH DX PROC NASAL SINUSES	102	1.6	0.17
2188	OTH SEPTOPLASTY	99	1.6	0.59
2263	ETHMOIDECTOMY	99	1.6	0.52
8086	OTH LOC EXC/DESTRUC JT LES-KNEE	99	1.6	0.69
8363	ROTATOR CUFF REPR	97	1.5	0.81
222	INTRANASAL ANTROTOMY	84	1.3	0.31
8046	DIVIS JT CAP-LIGAMNT/CART-KNEE	77	1.2	0.28

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		4,943	100.0	100.0
42820	T&A; UNDER AGE 12	302	6.1	1.49
69436	TYMPANOSTOMY GENERAL ANESTHESIA	274	5.5	1.79
29826	SCOPE SHOULDER; DECOMP SUBACROM	215	4.3	1.23
29881	SCOPE KNEE SURG;W/MENISCECT MED/	198	4.0	1.61
29824	SCOPE SHLDR SURG;DIST CLAVICULEC	143	2.9	0.51
30520	SEPTOPLASTY/SUBMUCOS RES W/GFT	124	2.5	0.77
30140	SUBMUCOS RES TURBINATE PART/CMPL	110	2.2	0.74
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	103	2.1	0.50
20680	REMOVAL OF IMPLANT; DEEP	99	2.0	1.01
29848	ENDO WRST SURG REL TRNS CARP LIG	99	2.0	0.38
29877	SCOPE KNEE SURG; DEBRID/SHAVE CA	85	1.7	0.95
29880	SCOPE KNEE SURG;W/MENISCECT MED&	83	1.7	0.43
31256	NASL/SINUS ENDO SURG W/MAX ANTRO	83	1.7	0.30
31255	NASAL/SINUS ENDO; W/TOT ETHMOECT	75	1.5	0.37
29873	SCOPE KNEE SURGICAL; W/LAT RELEA	74	1.5	0.26
41899	UNLIST PROC DENTOALVEOL STRUCTUR	70	1.4	0.89
29822	SCOPE SHOULDER SURGICAL; DEBRID	65	1.3	0.31
42821	T&A; AGE 12 OR OVER	60	1.2	0.37
29888	ARTHSCPY AIDED ACL REPR/AUG/RECO	58	1.2	0.58
42830	ADENOIDECTOMY PRIMARY; UNDER AGE	51	1.0	0.31

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, 2008  
 AVERAGE TOTAL CHARGES FOR MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE\* PROCEDURES, SINGLE ICD-9 OR CPT-4 ONLY

145 Cache Valley Specialty Hospital

ICD-9 CODE	ICD-9 DESCRIPTION	#	AVE TOT CHR	AVE TOT CHR(ALL Hospitals )
ICD-9 Procedures		1,349	\$3,588	\$4,015
283	TONSILLECTOMY W/ADENOIDECTOMY	281	\$1,858	\$2,576
282	TONSILLECTOMY WO ADENOIDECTOMY	80	\$2,121	\$2,653
2349	OTH DENTAL RESTORATION	64	\$3,223	\$2,725
5123	LAP CHOLEY	58	\$7,290	\$6,858
7936	OP REDUC FX W/INT FIX-TIBIA & FIB	28	\$7,698	\$7,201
7867	REMOV IMPLNT DEVICE-TIBIA & FIB	27	\$2,939	\$3,143
8521	LOC EXC LES BREAST	27	\$2,437	\$3,164
7751	BUNIONEC SOFT-OSTEOT 1ST METATARS	23	\$4,055	\$4,442
0443	RELEASE CARPAL TUNNEL	21	\$1,870	\$2,420
194	MYRINGOPLASTY	19	\$3,705	\$3,756
7932	OP REDUC FX W/INT FIX-RADIUS & ULNA	19	\$7,457	\$8,664
6902	D&C FOLLOWING DELIV/AB	18	\$1,579	\$2,814
2171	CLO REDUC NASAL FX	17	\$1,789	\$2,312
5304	UNILAT REPR INDIRECT ING HERN-GFT	17	\$3,619	\$4,616
4701	LAP APPENDECTOMY	16	\$5,244	\$9,824
0407	OTH EXC/AVUL CRANIAL & PERIPH NERV	15	\$2,442	\$2,799
7939	OP REDUC FX W/INT FIX-OTH BONE	15	\$7,722	\$9,053
8201	EXPLOR TENDON SHEATH HAND	14	\$1,937	\$2,302
5341	REPR UMB HERN W/PROSTH	13	\$3,999	\$5,097
4011	BX LYMPHATIC STRUCT	12	\$3,626	\$4,113

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHR	AVE TOT CHR(ALL Hospitals )
CPT-4 Procedures		2,029	\$3,421	\$3,633
42820	T&A; UNDER AGE 12	221	\$1,787	\$2,484
69436	TYMPANOSTOMY GENERAL ANESTHESIA	155	\$1,312	\$1,352
29881	SCOPE KNEE SURG;W/MENISCECT MED/	106	\$3,687	\$4,187
29848	ENDO WRST SURG REL TRNS CARP LIG	80	\$2,271	\$2,537
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	78	\$2,128	\$2,730
41899	UNLIST PROC DENTOALVEOL STRUCTUR	66	\$3,248	\$2,567
20680	REMOVAL OF IMPLANT; DEEP	54	\$3,162	\$3,321
29880	SCOPE KNEE SURG;W/MENISCECT MED&	53	\$3,807	\$4,471
42821	T&A; AGE 12 OR OVER	49	\$2,185	\$2,939
47562	LAPAROSCOPY SURGICAL; CHOLECT	47	\$7,357	\$6,273
29873	SCOPE KNEE SURGICAL; W/LAT RELEA	40	\$3,968	\$4,461
50590	LITHOTRIPSY XTRACORP SHOCK WAVE	39	\$919	\$8,821
49505	REPR INIT ING HERNIA 5YR/MORE; R	38	\$4,021	\$4,468
29877	SCOPE KNEE SURG; DEBRID/SHAVE CA	32	\$3,399	\$3,808
58563	HYSTEROSC SURG; W/ENDOMETRIAL AB	30	\$4,221	\$6,190
19120	EXC BRST CYST TUMR/LES OPN M/F 1	25	\$2,275	\$2,993
36561	INSRT TUNNL CNTRL CVAD PORT; 5 Y	25	\$4,170	\$5,905
28296	HALLUX VALGUS; W/METATARSAL OSTE	23	\$4,055	\$4,621
27570	MANIP KNEE JNT UNDER GEN ANESTHE	21	\$1,565	\$2,821
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	17	\$1,824	\$2,462

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, 2008**  
**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	108	8,727
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	1	2,271
	003 COMPLEX INCISION AND DRAINAGE	4	100
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	16	1,175
	008 SIMPLE EXCISION AND BIOPSY	19	1,279
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRANGE	32	1,550
	011 SIMPLE INCISION AND EXCISION OF BREAST	36	2,126
02	MUSCULOSKELETAL SYSTEM	2,297	65,893
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	298	7,092
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	46	2,745
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	54	2,708
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	343	13,313
	025 ARTHROSCOPY	1,261	27,527
	028 CLOSED TREATMENT FX & DISLOCATION OF FINGER, TOE & TRUNK	4	71
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	13	703
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	146	5,280
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	30	409
	032 BUNION PROCEDURES	61	1,813
	033 ARTHROPLASTY	13	597
	034 HAND AND FOOT TENOTOMY	2	356
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	26	2,426
03	RESPIRATORY SYSTEM	299	8,172
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	294	5,352
	054 SIMPLE ENDOSCOPY OF THE UPPER AIRWAY	3	297
	055 ENDOSCOPY OF THE LOWER AIRWAY	2	1,869
04	CARDIOVASCULAR SYSTEM	4	34,518
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	4	1,034
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	35	3,460
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	35	1,999
06	DIGESTIVE SYSTEM	336	96,396
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	4	577
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	1	20,625
	119 HERNIA AND HYDROCELE PROCEDURES	116	6,648
	120 COMPLEX ANAL AND RECTAL PROCEDURES	14	1,153
	121 SIMPLE ANAL AND RECTAL PROCEDURES	6	539
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	3	563
	123 COMPLEX LAPAROSCOPIC PROCEDURES	192	17,238
07	URINARY SYSTEM	195	8,765
	131 RENAL EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	48	729
	133 URINARY CATHETERIZATION AND DILATATION	3	472
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	112	4,811
	135 MODERATE CYSTOURETHROSCOPY	27	1,789
	136 SIMPLE CYSTOURETHROSCOPY	1	590
	137 COMPLEX URETHRAL PROCEDURES	2	191
	138 SIMPLE URETHRAL PROCEDURES	2	180
08	MALE GENITAL SYSTEM	41	2,820

**AMB ST 1-4**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2008**  
**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	24	1,286
	152 INSERTION OF PENILE PROSTHESIS	2	88
	153 COMPLEX PENILE PROCEDURES	5	498
	154 SIMPLE PENILE PROCEDURES	10	837
09	FEMALE GENITAL SYSTEM	112	6,757
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	12	2,044
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	2	1,379
	178 DILATION AND CURETTAGE	2	611
	179 HYSTEROSCOPY	96	2,433
10	NERVOUS SYSTEM	94	21,149
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	3	14,879
	198 NERVE REPAIR AND DESTRUCTION	91	4,284
11	EYE AND OCULAR ADNEXA	6	12,065
	214 CATARACT PROCEDURES	1	4,992
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	1	323
	216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	2	332
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	2	1,215
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	1,334	28,538
	233 NASAL CAUTERIZATION AND PACKING	14	291
	234 COMPLEX FACIAL AND ENT PROCEDURES	226	5,886
	235 SIMPLE FACIAL AND ENT PROCEDURES	564	13,559
	236 TONSIL AND ADENOID PROCEDURES	530	8,709
14	PHYSICAL MEDICINE AND REHABILITATION	1	8
	272 PHYSICAL THERAPY	1	8

SOURCE: Utah Ambulatory Surgery Database  
Utah Health Data Committee/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, 2008**  
**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	82	\$3,010	\$3,433
	003 COMPLEX INCISION AND DRAINAGE	3	\$3,312	\$4,471
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	13	\$2,731	\$3,748
	008 SIMPLE EXCISION AND BIOPSY	13	\$2,253	\$3,190
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRAN	25	\$4,170	\$4,802
	011 SIMPLE INCISION AND EXCISION OF BREAST	28	\$2,423	\$3,305
02	MUSCULOSKELETAL SYSTEM	788	\$4,018	\$4,654
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	52	\$6,303	\$7,553
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	21	\$2,723	\$4,034
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	22	\$4,254	\$5,600
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	151	\$2,889	\$3,312
	025 ARTHROSCOPY	382	\$3,655	\$4,892
	028 CLOSED TREATMENT FX & DISLOCATION OF FINGER, TOE & TRUNK	1	\$2,986	\$2,571
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	11	\$2,163	\$3,247
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	94	\$6,882	\$6,529
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	21	\$1,565	\$3,340
	032 BUNION PROCEDURES	30	\$4,316	\$4,813
	033 ARTHROPLASTY	3	\$6,345	\$8,553
03	RESPIRATORY SYSTEM	10	\$2,501	\$2,445
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	10	\$2,501	\$3,900
04	CARDIOVASCULAR SYSTEM	2	\$1,898	\$14,018
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	2	\$1,898	\$4,381
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	22	\$5,138	\$4,660
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	22	\$5,138	\$6,198
06	DIGESTIVE SYSTEM	200	\$5,093	\$2,773
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	1	\$3,642	\$1,163
	119 HERNIA AND HYDROCELE PROCEDURES	79	\$3,814	\$4,277
	120 COMPLEX ANAL AND RECTAL PROCEDURES	14	\$3,248	\$3,419
	121 SIMPLE ANAL AND RECTAL PROCEDURES	5	\$1,837	\$3,237
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	2	\$3,711	\$6,011
	123 COMPLEX LAPAROSCOPIC PROCEDURES	99	\$6,581	\$7,473
07	URINARY SYSTEM	84	\$2,442	\$5,467
	131 RENAL EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	39	\$919	\$8,805
	133 URINARY CATHETERIZATION AND DILATATION	2	\$2,278	\$5,073
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	28	\$3,916	\$5,910
	135 MODERATE CYSTOURETHROSCOPY	13	\$3,561	\$3,852
	136 SIMPLE CYSTOURETHROSCOPY	1	\$5,627	\$2,909
	138 SIMPLE URETHRAL PROCEDURES	1	\$3,186	\$1,414
08	MALE GENITAL SYSTEM	26	\$4,703	\$3,901
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	15	\$3,899	\$3,127
	152 INSERTION OF PENILE PROSTHESIS	1	\$28,722	\$22,767
	153 COMPLEX PENILE PROCEDURES	4	\$4,752	\$3,976
	154 SIMPLE PENILE PROCEDURES	6	\$2,678	\$2,116
09	FEMALE GENITAL SYSTEM	54	\$3,880	\$4,786
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	7	\$5,145	\$6,095

**AMB ST 1-5**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2008**  
**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 )
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	2	\$1,792	\$3,503
	178 DILATION AND CURETTAGE	2	\$1,667	\$2,944
	179 HYSTEROSCOPY	43	\$3,874	\$5,125
10	NERVOUS SYSTEM	32	\$2,375	\$2,546
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	1	\$886	\$1,269
	198 NERVE REPAIR AND DESTRUCTION	31	\$2,423	\$2,841
11	EYE AND OCULAR ADNEXA	6	\$2,780	\$3,560
	214 CATARACT PROCEDURES	1	\$4,726	\$3,611
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	1	\$1,310	\$5,024
	216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	2	\$1,343	\$2,809
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	2	\$3,979	\$3,921
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	692	\$2,239	\$3,024
	233 NASAL CAUTERIZATION AND PACKING	2	\$3,087	\$3,338
	234 COMPLEX FACIAL AND ENT PROCEDURES	72	\$4,982	\$6,314
	235 SIMPLE FACIAL AND ENT PROCEDURES	265	\$1,912	\$1,997
	236 TONSIL AND ADENOID PROCEDURES	353	\$1,919	\$2,592

SOURCE: Utah Ambulatory Surgery Database  
Utah Health Data Committee/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, 2008**  
**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

145 Cache Valley Specialty Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
<b>GENDER</b>				
Female	1,685	52.5	120,689	54.0
Male	1,522	47.5	102,774	46.0
Unknown	0	0.0	0	0.0
Not Reported	0	0.0	1	0.0
<b>AGE</b>				
1-28 days	0	0.0	1,290	0.6
29-365 days	62	1.9	3,012	1.3
1-4 years	345	10.8	11,257	5.0
5-9	226	7.0	6,380	2.9
10-14	121	3.8	4,795	2.1
15-17	125	3.9	5,109	2.3
18-19	96	3.0	3,667	1.6
20-24	207	6.5	10,397	4.7
25-29	194	6.0	12,788	5.7
30-34	196	6.1	13,212	5.9
35-39	175	5.5	12,888	5.8
40-44	163	5.1	13,216	5.9
45-49	236	7.4	16,707	7.5
50-54	269	8.4	24,036	10.8
55-59	195	6.1	20,476	9.2
60-64	139	4.3	17,623	7.9
65-69	176	5.5	14,920	6.7
70-74	136	4.2	12,104	5.4
75-79	83	2.6	9,552	4.3
80-84	36	1.1	6,230	2.8
85-89	20	0.6	2,923	1.3
90 +	7	0.2	881	0.4
Not Reported	0	0.0	1,292	0.6
<b>SOURCE OF ADMISSION</b>				
Physician Referral	19	0.6	200,515	89.7
Clinic Referral	3	0.1	4,085	1.8
HMO Referral	3,184	99.3	3,198	1.4
Other Hospital	0	0.0	219	0.1
Skilled Nursing Facility	0	0.0	26	0.0
Other Health Care Facility	0	0.0	41	0.0
Emergency Room	0	0.0	5,219	2.3
Court/Law Enforcement	0	0.0	3	0.0
Unknown	0	0.0	26	0.0
Not Reported	1	0.0	10,133	4.5

(Continued)

**AMB ST 1-6**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2008**  
**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

145 Cache Valley Specialty Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
<b>DISCHARGE STATUS</b>				
Home or Self Care	3,207	100.0	222,849	99.7
Another Hospital	0	0.0	103	0.0
Skilled Nursing Facility	0	0.0	107	0.0
Intermediate Care Facility	0	0.0	14	0.0
Another Type of Institution	0	0.0	60	0.0
Under Care of Home Service	0	0.0	271	0.1
Left Against Medical Advice	0	0.0	13	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	0	0.0	8	0.0
Unknown	0	0.0	35	0.0
Not Reported	0	0.0	5	0.0
<b>PRIMARY PAYER</b>				
Medicare	368	11.5	38,441	17.2
Medicaid	291	9.1	13,916	6.2
Other government	62	1.9	3,998	1.8
Blue Cross/Blue Shield	1,217	37.9	31,579	14.1
Other Commercial	394	12.3	17,861	8.0
Managed Care(HMO, PPO)	694	21.6	108,172	48.4
Self Pay	0	0.0	3,087	1.4
Industrial & Worker Comp	99	3.1	3,835	1.7
Charity and Unclassified	1	0.0	1,349	0.6
Childrens Health Insurance	0	0.0	121	0.1
Unknown	5	0.2	1,030	0.5
Not Reported	76	2.4	76	0.0
<b>LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE</b>				
Bear River	2,590	80.8	16,758	7.5
Central Utah	1	0.0	8,253	3.7
Davis County	13	0.4	22,506	10.1
Salt Lake County	8	0.2	75,789	33.9
Southeastern Utah	1	0.0	4,234	1.9
Southwest Utah	1	0.0	13,877	6.2
Summit County	2	0.1	2,803	1.3
Tooele County	1	0.0	4,857	2.2
Tri-County	4	0.1	5,940	2.7
Utah County	4	0.1	37,220	16.7
Wasatch County	0	0.0	1,668	0.7
Weber County	21	0.7	19,855	8.9
Unknown Utah	0	0.0	42	0.0
Outside Utah	560	17.5	9,563	4.3
Unknown, Not Reported	1	0.0	100	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, 2008**  
**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)	3,163	100.0	321,431	100.0
Mastectomy (85.0-85.99)	52	1.6	7,806	2.4
Musculoskeletal (76.0-84.99)	839	26.5	73,868	23.0
Respiratory (30.0-34.99)	19	0.6	3,427	1.1
Cardiovascular (35.0-39.99)	23	0.7	18,764	5.8
Lymphatic/Hemetic (40.0-41.99)	19	0.6	2,774	0.9
Digestive System (42.0-54.99)	1,037	32.8	98,766	30.7
Urinary (55.0-59.99)	96	3.0	10,839	3.4
Male Genital (60.0-64.99)	26	0.8	3,918	1.2
Female Genital (65.0-71.99)	30	0.9	14,989	4.7
Endocrine/Nervous (01.0-07.99)	312	9.9	21,267	6.6
Eye (08.0-16.99)	2	0.1	21,107	6.6
Ear (18.0-20.99)	271	8.6	13,757	4.3
Nose, Mouth, Pharynx (21.0-29.99)	437	13.8	30,149	9.4
Reporting Category(CPT-4 CODES)	3,322	100.0	312,478	100.0
Mastectomy (19120-19220)	20	0.6	2,126	0.7
Musculoskeletal (20000-29909)	924	27.8	73,391	23.5
Respiratory (30000-32999 & 39501-39599)	209	6.3	14,650	4.7
Cardiovascular (33010-37799 & 93501-93660)	345	10.4	42,433	13.6
Lymphatic/Hemetic (38100-38999)	18	0.5	2,801	0.9
Digestive (40490-49999)	1,169	35.2	107,011	34.2
Urinary (50010-53899)	171	5.1	10,127	3.2
Male Genital (54000-55899)	20	0.6	3,288	1.1
Female Genital (56405-58999)	38	1.1	11,773	3.8
Endocrine/Nervous (60000-64999)	271	8.2	24,966	8.0
Eye (65091-68899)	0	0.0	12,267	3.9
Ear (69000-69979)	137	4.1	7,645	2.4

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

**AMB ST 1-2**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2008**  
**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		3,163	100.0	100.0
2001	MYRINGOTOMY W/INSRT TUBE	218	6.9	3.46
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	217	6.9	5.39
4523	COLONOSCOPY	178	5.6	6.06
5123	LAP CHOLEY	140	4.4	2.20
0443	RELEASE CARPAL TUNNEL	119	3.8	1.09
4542	ENDO POLYPECTOMY LG INTESTINE	119	3.8	3.39
806	EXC SEMILUNAR CARTILAGE-KNEE	117	3.7	1.86
4525	CLO [ENDO] BX LG INTESTINE	107	3.4	2.33
283	TONSILLECTOMY W/ADENOIDECTOMY	101	3.2	1.84
8086	OTH LOC EXC/DESTRUC JT LES-KNEE	97	3.1	0.69
8183	OTH REPR SHLDR	85	2.7	0.86
0392	INJ OTH AGENT SPINAL CANAL	65	2.1	1.89
2188	OTH SEPTOPLASTY	57	1.8	0.59
2169	OTH TURBINECTOMY	56	1.8	0.82
8076	SYNOVECT-KNEE	53	1.7	0.39
7781	OTH PART OSTEC-SCAPULA-CLAV-THOR	50	1.6	0.60
282	TONSILLECTOMY WO ADENOIDECTOMY	43	1.4	0.58
8201	EXPLOR TENDON SHEATH HAND	42	1.3	0.40
0391	INJ ANES SPINAL CANAL-ANALGESIA	36	1.1	1.44
4701	LAP APPENDECTOMY	36	1.1	0.71

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		3,322	100.0	100.0
36416	COLLECTON CAPILLARY BLOOD SPECIM	242	7.3	0.72
43239	UGI ENDO; W/BX 1/MX	217	6.5	5.34
45380	COLONOSCOPY FLEX; W/BX 1/MX	176	5.3	5.02
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	135	4.1	1.43
45378	COLONOSCOPY FLEX; DX-SEP PROC	116	3.5	5.71
69436	TYMPANOSTOMY GENERAL ANESTHESIA	112	3.4	1.79
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	100	3.0	0.66
29877	SCOPE KNEE SURG; DEBRID/SHAVE CA	86	2.6	0.95
29881	SCOPE KNEE SURG;W/MENISCECT MED/	85	2.6	1.61
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	80	2.4	1.43
42820	T&A; UNDER AGE 12	79	2.4	1.49
36430	TRANSFUSION BLOOD/BLOOD COMPONEN	73	2.2	0.43
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	63	1.9	0.91
30520	SEPTOPLASTY/SUBMUCOS RES W/GFT	57	1.7	0.77
29826	SCOPE SHOULDER; DECOMP SUBACROM	50	1.5	1.23
29824	SCOPE SHLDR SURG;DIST CLAVICULEC	47	1.4	0.51
30140	SUBMUCOS RES TURBINATE PART/CMPL	44	1.3	0.74
23350	INJ SHLDR ARTHROGRPH/ENHNCD CT/M	43	1.3	0.21
26055	TENDON SHEATH INCISION	41	1.2	0.45
49505	REPR INIT ING HERNIA 5YR/MORE; R	41	1.2	0.80

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, 2008  
 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	1,498	\$4,506	\$4,015
4523	COLONOSCOPY	158	\$1,483	\$1,021
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	148	\$2,032	\$1,498
5123	LAP CHOLEY	108	\$10,113	\$6,858
4542	ENDO POLYPECTOMY LG INTESTINE	94	\$2,365	\$1,444
4525	CLO [ENDO] BX LG INTESTINE	83	\$2,221	\$1,506
283	TONSILLECTOMY W/ADENOIDECTOMY	75	\$2,680	\$2,576
806	EXC SEMILUNAR CARTILAGE-KNEE	38	\$6,393	\$4,727
282	TONSILLECTOMY WO ADENOIDECTOMY	30	\$2,638	\$2,653
4701	LAP APPENDECTOMY	30	\$12,468	\$9,824
8183	OTH REPR SHLDR	30	\$11,863	\$7,480
0392	INJ OTH AGENT SPINAL CANAL	29	\$951	\$931
0443	RELEASE CARPAL TUNNEL	29	\$3,454	\$2,420
8086	OTH LOC EXC/DESTRUC JT LES-KNEE	26	\$5,744	\$4,118
8201	EXPLOR TENDON SHEATH HAND	22	\$3,485	\$2,302
5749	OTH TRANSURETH EXC/DEST LES BLADDER	21	\$4,040	\$4,295
7902	CLO REDUC FX WO INT FIX-RADIUS-ULNA	21	\$3,482	\$2,390
4836	[ENDO] POLYPECTOMY RECTUM	20	\$2,159	\$1,339
5303	UNILAT REPR DIRECT ING HERN-GFT	20	\$6,269	\$4,788
5732	OTH CYSTOSCOPY	18	\$3,015	\$4,824
0331	SPINAL TAP	17	\$1,460	\$2,084

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals )
CPT-4	Procedures	2,048	\$3,782	\$3,633
36416	COLLECTON CAPILLARY BLOOD SPECIM	236	\$103	\$185
43239	UGI ENDO; W/BX 1/MX	153	\$2,056	\$1,479
45380	COLONOSCOPY FLEX; W/BX 1/MX	141	\$2,211	\$1,400
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	109	\$10,141	\$7,209
45378	COLONOSCOPY FLEX; DX-SEP PROC	100	\$1,464	\$1,028
69436	TYMPANOSTOMY GENERAL ANESTHESIA	84	\$1,524	\$1,352
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	64	\$2,474	\$1,613
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/ T&A; UNDER AGE 12	63	\$1,011	\$1,141
42820	T&A; UNDER AGE 12	58	\$2,739	\$2,484
36430	TRANSFUSION BLOOD/BLOOD COMPONEN	52	\$5,908	\$3,057
23350	INJ SHLDR ARTHROGRPH/ENHNCD CT/M	43	\$2,258	\$3,337
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	43	\$3,774	\$2,462
29881	SCOPE KNEE SURG;W/MENISCECT MED/ REPR INIT ING HERNIA 5YR/MORE; R	38	\$6,375	\$4,187
49505	REPR INIT ING HERNIA 5YR/MORE; R	32	\$6,271	\$4,468
44970	LAPAROSCOPY SURGICAL APPENDECTOM	31	\$12,375	\$9,809
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	28	\$2,607	\$2,730
29877	SCOPE KNEE SURG; DEBRID/SHAVE CA	25	\$5,731	\$3,808
50590	LITHOTRIPSY XTRACORP SHOCK WAVE	25	\$12,709	\$8,821
52005	CYSTOURETHROSCOPY W/URETERAL CAT	24	\$3,437	\$4,394
29880	SCOPE KNEE SURG;W/MENISCECT MED&	19	\$6,610	\$4,471

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, 2008**  
**PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE\* CPT-4 PROCEDURES**

106 Castleview Hospital

Procedure APG category	Procedure APG	TOTAL #	TOTAL # (ALL Hospitals)
01	INTEGUMENTARY SYSTEM	81	8,727
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	27	2,271
	006 SIMPLE DEBRIDEMENT AND DESTRUCTION	1	184
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	7	1,175
	008 SIMPLE EXCISION AND BIOPSY	6	1,279
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRANGE	20	1,550
	011 SIMPLE INCISION AND EXCISION OF BREAST	20	2,126
02	MUSCULOSKELETAL SYSTEM	832	65,893
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	95	7,092
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	32	2,745
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	2	2,708
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	129	13,313
	025 ARTHROSCOPY	441	27,527
	027 SPLINT, STRAPPING AND CAST REMOVAL	27	770
	028 CLOSED TREATMENT FX & DISLOCATION OF FINGER, TOE & TRUNK	1	71
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	30	703
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	36	5,280
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	6	409
	032 BUNION PROCEDURES	13	1,813
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	20	2,426
03	RESPIRATORY SYSTEM	95	8,172
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	25	654
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	69	5,352
	054 SIMPLE ENDOSCOPY OF THE UPPER AIRWAY	1	297
04	CARDIOVASCULAR SYSTEM	11	34,518
	078 PACEMAKER INSERTION AND REPLACEMENT	4	841
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	3	1,034
	081 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	2	126
	082 VASCULAR LIGATION	1	253
	083 RESUSCITATION AND CARADIOVERSION	1	5
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	86	3,460
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	13	1,999
	097 TRANSFUSION	73	1,333
06	DIGESTIVE SYSTEM	960	96,396
	111 ALIMENTARY TESTS AND SIMPLE TUBE PLACEMENT	1	170
	112 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	2	1,281
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	2	577
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	222	20,625
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	25	5,309
	117 LOWER GASTROINTESTINAL ENDOSCOPY	377	40,097
	118 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	1	1,612
	119 HERNIA AND HYDROCELE PROCEDURES	105	6,648
	120 COMPLEX ANAL AND RECTAL PROCEDURES	7	1,153
	121 SIMPLE ANAL AND RECTAL PROCEDURES	3	539
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	1	563
	123 COMPLEX LAPAROSCOPIC PROCEDURES	211	17,238

**AMB ST 1-4**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2008**  
**PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE\* CPT-4 PROCEDURES**

106 Castleview Hospital

procedure APG category		TOTAL #	TOTAL # (ALL Hospitals)
procedure APG			
	124 SIMPLE LAPAROSCOPIC PROCEDURES	3	276
07	URINARY SYSTEM	154	8,765
	131 RENAL EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	39	729
	133 URINARY CATHETERIZATION AND DILATATION	5	472
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	45	4,811
	135 MODERATE CYSTOURETHROSCOPY	46	1,789
	136 SIMPLE CYSTOURETHROSCOPY	15	590
	137 COMPLEX URETHRAL PROCEDURES	1	191
	138 SIMPLE URETHRAL PROCEDURES	3	180
08	MALE GENITAL SYSTEM	17	2,820
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	9	1,286
	154 SIMPLE PENILE PROCEDURES	8	837
09	FEMALE GENITAL SYSTEM	8	6,757
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	1	2,044
	178 DILATION AND CURETTAGE	1	611
	179 HYSTEROSCOPY	4	2,433
	180 COLPOSCOPY	2	290
10	NERVOUS SYSTEM	245	21,149
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	89	14,879
	198 NERVE REPAIR AND DESTRUCTION	136	4,284
	199 SPINAL TAP	20	643
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	468	28,538
	233 NASAL CAUTERIZATION AND PACKING	9	291
	234 COMPLEX FACIAL AND ENT PROCEDURES	83	5,886
	235 SIMPLE FACIAL AND ENT PROCEDURES	216	13,559
	236 TONSIL AND ADENOID PROCEDURES	160	8,709
13	THERAPEUTIC AND OTHER RADIOLOGICAL PROCEDURES	87	3,406
	254 MYELOGRAPHY	4	296
	255 MISCELLANEOUS RADIOLOGICAL PROCEDURES WITH CONTRAST	83	1,929

SOURCE: Utah Ambulatory Surgery Database  
Utah Health Data Committee/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, 2008**  
**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	68	\$3,690	\$3,433
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	24	\$1,934	\$2,695
	006 SIMPLE DEBRIDEMENT AND DESTRUCTION	1	\$6,773	\$3,383
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	3	\$3,548	\$3,748
	008 SIMPLE EXCISION AND BIOPSY	3	\$5,193	\$3,190
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRAN	18	\$3,487	\$4,802
	011 SIMPLE INCISION AND EXCISION OF BREAST	19	\$5,724	\$3,305
02	MUSCULOSKELETAL SYSTEM	317	\$6,336	\$4,654
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	25	\$11,020	\$7,553
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	11	\$5,868	\$4,034
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	1	\$4,593	\$5,600
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	58	\$4,249	\$3,312
	025 ARTHROSCOPY	133	\$7,733	\$4,892
	027 SPLINT, STRAPPING AND CAST REMOVAL	22	\$835	\$1,401
	028 CLOSED TREATMENT FX & DISLOCATION OF FINGER, TOE & TRUNK	1	\$3,603	\$2,571
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	26	\$4,248	\$3,247
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	18	\$11,222	\$6,529
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	1	\$10,167	\$3,340
	032 BUNION PROCEDURES	3	\$7,605	\$4,813
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	18	\$1,202	\$1,117
03	RESPIRATORY SYSTEM	31	\$2,184	\$2,445
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	22	\$1,379	\$1,535
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	9	\$4,153	\$3,900
04	CARDIOVASCULAR SYSTEM	1	\$21,539	\$14,018
	078 PACEMAKER INSERTION AND REPLACEMENT	1	\$21,539	\$23,655
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	63	\$6,386	\$4,660
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	11	\$8,642	\$6,198
	097 TRANSFUSION	52	\$5,908	\$3,057
06	DIGESTIVE SYSTEM	695	\$4,309	\$2,773
	111 ALIMENTARY TESTS AND SIMPLE TUBE PLACEMENT	1	\$1,645	\$1,415
	112 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	2	\$2,478	\$1,929
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	1	\$5,760	\$1,163
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	156	\$2,054	\$1,425
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	13	\$3,919	\$2,089
	117 LOWER GASTROINTESTINAL ENDOSCOPY	309	\$2,027	\$1,219
	119 HERNIA AND HYDROCELE PROCEDURES	54	\$6,161	\$4,277
	120 COMPLEX ANAL AND RECTAL PROCEDURES	6	\$6,463	\$3,419
	121 SIMPLE ANAL AND RECTAL PROCEDURES	3	\$3,434	\$3,237
	123 COMPLEX LAPAROSCOPIC PROCEDURES	150	\$10,687	\$7,473
07	URINARY SYSTEM	119	\$5,422	\$5,467
	131 RENAL EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	25	\$12,709	\$8,805
	133 URINARY CATHETERIZATION AND DILATATION	4	\$3,315	\$5,073
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	33	\$4,138	\$5,910
	135 MODERATE CYSTOURETHROSCOPY	40	\$3,281	\$3,852
	136 SIMPLE CYSTOURETHROSCOPY	14	\$2,614	\$2,909

**AMB ST 1-5**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2008**  
**PROCEDURE APG CATEGORY, PROCEDURE APG, SINGLE APG ONLY**  
**BASED ON REPORTABLE\* CPT-4 PROCEDURES**

106 Castleview Hospital

procedure APG category	Procedure APG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL Hospitals )
	137 COMPLEX URETHRAL PROCEDURES	1	\$4,970	\$11,146
	138 SIMPLE URETHRAL PROCEDURES	2	\$2,438	\$1,414
08	MALE GENITAL SYSTEM	13	\$3,333	\$3,901
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	5	\$4,684	\$3,127
	154 SIMPLE PENILE PROCEDURES	8	\$2,488	\$2,116
09	FEMALE GENITAL SYSTEM	6	\$6,677	\$4,786
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	1	\$8,843	\$6,095
	178 DILATION AND CURETTAGE	1	\$3,425	\$2,944
	179 HYSTEROSCOPY	4	\$6,949	\$5,125
10	NERVOUS SYSTEM	160	\$1,963	\$2,546
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	89	\$899	\$1,269
	198 NERVE REPAIR AND DESTRUCTION	51	\$4,058	\$2,841
	199 SPINAL TAP	20	\$1,358	\$2,025
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	237	\$2,695	\$3,024
	233 NASAL CAUTERIZATION AND PACKING	1	\$3,779	\$3,338
	234 COMPLEX FACIAL AND ENT PROCEDURES	21	\$7,014	\$6,314
	235 SIMPLE FACIAL AND ENT PROCEDURES	110	\$1,842	\$1,997
	236 TONSIL AND ADENOID PROCEDURES	105	\$2,714	\$2,592
13	THERAPEUTIC AND OTHER RADIOLOGICAL PROCEDURES	87	\$1,869	\$3,705
	254 MYELOGRAPHY	4	\$2,603	\$3,275
	255 MISCELLANEOUS RADIOLOGICAL PROCEDURES WITH CONTRAST	83	\$1,833	\$3,069

SOURCE: Utah Ambulatory Surgery Database  
Utah Health Data Committee/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, 2008**  
**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

106 Castleview Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
<b>GENDER</b>				
Female	1,419	52.6	120,689	54.0
Male	1,280	47.4	102,774	46.0
Unknown	0	0.0	0	0.0
Not Reported	0	0.0	1	0.0
<b>AGE</b>				
1-28 days	181	6.7	1,290	0.6
29-365 days	57	2.1	3,012	1.3
1-4 years	131	4.9	11,257	5.0
5-9	94	3.5	6,380	2.9
10-14	70	2.6	4,795	2.1
15-17	82	3.0	5,109	2.3
18-19	34	1.3	3,667	1.6
20-24	88	3.3	10,397	4.7
25-29	104	3.9	12,788	5.7
30-34	130	4.8	13,212	5.9
35-39	125	4.6	12,888	5.8
40-44	121	4.5	13,216	5.9
45-49	179	6.6	16,707	7.5
50-54	260	9.6	24,036	10.8
55-59	230	8.5	20,476	9.2
60-64	193	7.2	17,623	7.9
65-69	201	7.4	14,920	6.7
70-74	174	6.4	12,104	5.4
75-79	120	4.4	9,552	4.3
80-84	81	3.0	6,230	2.8
85-89	36	1.3	2,923	1.3
90 +	8	0.3	881	0.4
Not Reported	181	6.7	1,292	0.6
<b>SOURCE OF ADMISSION</b>				
Physician Referral	2,615	96.9	200,515	89.7
Clinic Referral	4	0.1	4,085	1.8
HMO Referral	0	0.0	3,198	1.4
Other Hospital	1	0.0	219	0.1
Skilled Nursing Facility	0	0.0	26	0.0
Other Health Care Facility	0	0.0	41	0.0
Emergency Room	78	2.9	5,219	2.3
Court/Law Enforcement	0	0.0	3	0.0
Unknown	1	0.0	26	0.0
Not Reported	0	0.0	10,133	4.5

(Continued)



**AMB ST 1-6**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2008**  
**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

106 Castleview Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
<b>DISCHARGE STATUS</b>				
Home or Self Care	2,687	99.6	222,849	99.7
Another Hospital	1	0.0	103	0.0
Skilled Nursing Facility	1	0.0	107	0.0
Intermediate Care Facility	2	0.1	14	0.0
Another Type of Institution	0	0.0	60	0.0
Under Care of Home Service	8	0.3	271	0.1
Left Against Medical Advice	0	0.0	13	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	0	0.0	8	0.0
Unknown	0	0.0	35	0.0
Not Reported	0	0.0	5	0.0
<b>PRIMARY PAYER</b>				
Medicare	583	21.6	38,441	17.2
Medicaid	317	11.7	13,916	6.2
Other government	10	0.4	3,998	1.8
Blue Cross/Blue Shield	552	20.5	31,579	14.1
Other Commercial	583	21.6	17,861	8.0
Managed Care(HMO, PPO)	548	20.3	108,172	48.4
Self Pay	18	0.7	3,087	1.4
Industrial & Worker Comp	63	2.3	3,835	1.7
Charity and Unclassified	0	0.0	1,349	0.6
Childrens Health Insurance	0	0.0	121	0.1
Unknown	25	0.9	1,030	0.5
Not Reported	0	0.0	76	0.0
<b>LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE</b>				
Bear River	0	0.0	16,758	7.5
Central Utah	18	0.7	8,253	3.7
Davis County	1	0.0	22,506	10.1
Salt Lake County	4	0.1	75,789	33.9
Southeastern Utah	2,603	96.4	4,234	1.9
Southwest Utah	9	0.3	13,877	6.2
Summit County	0	0.0	2,803	1.3
Tooele County	1	0.0	4,857	2.2
Tri-County	41	1.5	5,940	2.7
Utah County	5	0.2	37,220	16.7
Wasatch County	0	0.0	1,668	0.7
Weber County	0	0.0	19,855	8.9
Unknown Utah	0	0.0	42	0.0
Outside Utah	15	0.6	9,563	4.3
Unknown, Not Reported	2	0.1	100	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, 2008**  
**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)	.	.	321,431	100.0
Mastectomy (85.0-85.99)	.	.	7,806	2.4
Musculoskeletal (76.0-84.99)	.	.	73,868	23.0
Respiratory (30.0-34.99)	.	.	3,427	1.1
Cardiovascular (35.0-39.99)	.	.	18,764	5.8
Lymphatic/Hemetic (40.0-41.99)	.	.	2,774	0.9
Digestive System (42.0-54.99)	.	.	98,766	30.7
Urinary (55.0-59.99)	.	.	10,839	3.4
Male Genital (60.0-64.99)	.	.	3,918	1.2
Female Genital (65.0-71.99)	.	.	14,989	4.7
Endocrine/Nervous (01.0-07.99)	.	.	21,267	6.6
Eye (08.0-16.99)	.	.	21,107	6.6
Ear (18.0-20.99)	.	.	13,757	4.3
Nose, Mouth, Pharynx (21.0-29.99)	.	.	30,149	9.4
Reporting Category(CPT-4 CODES)	662	100.0	312,478	100.0
Mastectomy (19120-19220)	5	0.8	2,126	0.7
Musculoskeletal (20000-29909)	139	21.0	73,391	23.5
Respiratory (30000-32999 & 39501-39599)	1	0.2	14,650	4.7
Cardiovascular (33010-37799 & 93501-93660)	1	0.2	42,433	13.6
Lymphatic/Hemetic (38100-38999)	0	0.0	2,801	0.9
Digestive (40490-49999)	418	63.1	107,011	34.2
Urinary (50010-53899)	11	1.7	10,127	3.2
Male Genital (54000-55899)	7	1.1	3,288	1.1
Female Genital (56405-58999)	60	9.1	11,773	3.8
Endocrine/Nervous (60000-64999)	0	0.0	24,966	8.0
Eye (65091-68899)	0	0.0	12,267	3.9
Ear (69000-69979)	20	3.0	7,645	2.4

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

**AMB ST 1-2**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2008**  
**MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE\* PROCEDURES**

113 Central Valley Medical Center - 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
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All CPT-4 Procedures		662	100.0	100.0
45378	COLONOSCOPY FLEX; DX-SEP PROC	150	22.7	5.71
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	121	18.3	1.18
45380	COLONOSCOPY FLEX; W/BX 1/MX	42	6.3	5.02
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	21	3.2	1.43
49505	REPR INIT ING HERNIA 5YR/MORE; R	21	3.2	0.80
42820	T&A; UNDER AGE 12	18	2.7	1.49
58563	HYSTEROSC SURG; W/ENDOMETRIAL AB	18	2.7	0.37
69436	TYMPANOSTOMY GENERAL ANESTHESIA	18	2.7	1.79
28285	CORRECTION HAMMERTO	14	2.1	0.57
58661	LAP SURG; W/REMV ADNEXAL STRUCT	12	1.8	0.19
29848	ENDO WRST SURG REL TRNS CARP LIG	11	1.7	0.38
28725	ARTHRODESIS; SUBTALAR	8	1.2	0.07
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	8	1.2	0.50
20680	REMOVAL OF IMPLANT; DEEP	6	0.9	1.01
27612	ARTHROT POST CAPSULAR RELEASE ANK	6	0.9	0.01
28296	HALLUX VALGUS; W/METATARSAL OSTE	6	0.9	0.28
28308	OSTEOTOMY METATARSAL; NOT 1ST MT	6	0.9	0.08
42825	TONSILLECT PRIM/SEC; UNDER AGE 1	6	0.9	0.09
58558	HYSTEROSCPY SURG; W/BX &/ POLYPE	6	0.9	0.31
28298	HALLUX VALGUS; PHALANX OSTEOTOMY	5	0.8	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, 2008  
 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 )
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ICD-9 Procedures

Does not report ICDS

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals )
CPT-4 Procedures		445	\$2,656	\$3,633
45378	COLONOSCOPY FLEX; DX-SEP PROC	120	\$1,279	\$1,028
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	78	\$1,075	\$1,180
45380	COLONOSCOPY FLEX; W/BX 1/MX	31	\$1,487	\$1,400
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	21	\$6,736	\$7,209
49505	REPR INIT ING HERNIA 5YR/MORE; R	21	\$4,851	\$4,468
42820	T&A; UNDER AGE 12	17	\$3,165	\$2,484
69436	TYMPANOSTOMY GENERAL ANESTHESIA	16	\$1,801	\$1,352
29848	ENDO WRST SURG REL TRNS CARP LIG	11	\$3,268	\$2,537
58563	HYSTEROSC SURG; W/ENDOMETRIAL AB	10	\$6,085	\$6,190
58661	LAP SURG; W/REMV ADNEXAL STRUCT	9	\$6,588	\$8,164
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	8	\$3,443	\$2,730
42825	TONSILLECT PRIM/SEC; UNDER AGE 1	6	\$3,031	\$2,231
28296	HALLUX VALGUS; W/METATARSAL OSTE	5	\$3,429	\$4,621
42821	T&A; AGE 12 OR OVER	5	\$3,366	\$2,939
58558	HYSTEROSCPY SURG; W/BX &/ POLYPE	5	\$4,500	\$3,795
19125	EXC BRST LES ID RAD MARKR OPN;1	4	\$2,643	\$3,946
29877	SCOPE KNEE SURG; DEBRID/SHAVE CA	4	\$4,157	\$3,808
49650	LAPARSCPY SURG; REPR INIT ING HE	4	\$7,121	\$6,383
52000	CYSTOURETHROSCOPY-SEP PROC	4	\$2,488	\$2,725
28308	OSTEOTOMY METATARSAL; NOT 1ST MT	3	\$2,695	\$4,910

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, 2008**  
**PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE\* CPT-4 PROCEDURES**

113 Central Valley Medical Center - CAH

Procedure APG category		TOTAL #	TOTAL # (ALL Hospitals)
Procedure APG			
01	INTEGUMENTARY SYSTEM	8	8,727
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	2	1,175
	008 SIMPLE EXCISION AND BIOPSY	1	1,279
	011 SIMPLE INCISION AND EXCISION OF BREAST	5	2,126
02	MUSCULOSKELETAL SYSTEM	137	65,893
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	19	7,092
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	1	2,745
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	21	2,708
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	43	13,313
	025 ARTHROSCOPY	21	27,527
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	8	5,280
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	1	409
	032 BUNION PROCEDURES	17	1,813
	033 ARTHROPLASTY	4	597
	034 HAND AND FOOT TENOTOMY	2	356
03	RESPIRATORY SYSTEM	1	8,172
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	1	654
04	CARDIOVASCULAR SYSTEM	1	34,518
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	1	1,034
06	DIGESTIVE SYSTEM	401	96,396
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	125	20,625
	117 LOWER GASTROINTESTINAL ENDOSCOPY	194	40,097
	119 HERNIA AND HYDROCELE PROCEDURES	29	6,648
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	1	563
	123 COMPLEX LAPAROSCOPIC PROCEDURES	52	17,238
07	URINARY SYSTEM	9	8,765
	133 URINARY CATHETERIZATION AND DILATATION	1	472
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	1	4,811
	135 MODERATE CYSTOURETHROSCOPY	2	1,789
	136 SIMPLE CYSTOURETHROSCOPY	4	590
	138 SIMPLE URETHRAL PROCEDURES	1	180
08	MALE GENITAL SYSTEM	8	2,820
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	2	1,286
	154 SIMPLE PENILE PROCEDURES	3	837
	155 PROSTATE NEEDLE AND PUNCH BIOPSY	3	111
09	FEMALE GENITAL SYSTEM	40	6,757
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	1	2,044
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	6	1,379
	178 DILATION AND CURETTAGE	2	611
	179 HYSTEROSCOPY	26	2,433
	180 COLPOSCOPY	5	290
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	55	28,538
	235 SIMPLE FACIAL AND ENT PROCEDURES	18	13,559
	236 TONSIL AND ADENOID PROCEDURES	37	8,709
14	PHYSICAL MEDICINE AND REHABILITATION	1	8

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/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, 2008**  
**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	7	\$2,459	\$3,433
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	1	\$1,603	\$3,748
	008 SIMPLE EXCISION AND BIOPSY	1	\$2,968	\$3,190
	011 SIMPLE INCISION AND EXCISION OF BREAST	5	\$2,529	\$3,305
02	MUSCULOSKELETAL SYSTEM	50	\$3,470	\$4,654
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	2	\$6,715	\$7,553
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	5	\$2,879	\$5,600
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	13	\$2,957	\$3,312
	025 ARTHROSCOPY	18	\$3,658	\$4,892
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	3	\$3,328	\$6,529
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	1	\$1,965	\$3,340
	032 BUNION PROCEDURES	8	\$3,682	\$4,813
04	CARDIOVASCULAR SYSTEM	1	\$1,991	\$14,018
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	1	\$1,991	\$4,381
06	DIGESTIVE SYSTEM	299	\$2,341	\$2,773
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	79	\$1,120	\$1,425
	117 LOWER GASTROINTESTINAL ENDOSCOPY	151	\$1,322	\$1,219
	119 HERNIA AND HYDROCELE PROCEDURES	27	\$4,978	\$4,277
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	1	\$4,748	\$6,011
	123 COMPLEX LAPAROSCOPIC PROCEDURES	41	\$6,652	\$7,473
07	URINARY SYSTEM	7	\$2,511	\$5,467
	133 URINARY CATHETERIZATION AND DILATATION	1	\$2,784	\$5,073
	135 MODERATE CYSTOURETHROSCOPY	1	\$3,236	\$3,852
	136 SIMPLE CYSTOURETHROSCOPY	4	\$2,488	\$2,909
	138 SIMPLE URETHRAL PROCEDURES	1	\$1,605	\$1,414
08	MALE GENITAL SYSTEM	5	\$2,923	\$3,901
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	2	\$4,376	\$3,127
	154 SIMPLE PENILE PROCEDURES	3	\$1,954	\$2,116
09	FEMALE GENITAL SYSTEM	24	\$4,655	\$4,786
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	1	\$5,663	\$6,095
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	3	\$3,182	\$3,503
	178 DILATION AND CURETTAGE	2	\$2,969	\$2,944
	179 HYSTEROSCOPY	15	\$5,557	\$5,125
	180 COLPOSCOPY	3	\$2,407	\$4,314
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	52	\$2,792	\$3,024
	235 SIMPLE FACIAL AND ENT PROCEDURES	16	\$1,801	\$1,997
	236 TONSIL AND ADENOID PROCEDURES	36	\$3,232	\$2,592

SOURCE: Utah Ambulatory Surgery Database  
Utah Health Data Committee/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, 2008**  
**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

113 Central Valley Medical Center - CAH

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
<b>GENDER</b>				
Female	310	57.1	120,689	54.0
Male	233	42.9	102,774	46.0
Unknown	0	0.0	0	0.0
Not Reported	0	0.0	1	0.0
<b>AGE</b>				
1-28 days	0	0.0	1,290	0.6
29-365 days	9	1.7	3,012	1.3
1-4 years	19	3.5	11,257	5.0
5-9	15	2.8	6,380	2.9
10-14	22	4.1	4,795	2.1
15-17	23	4.2	5,109	2.3
18-19	10	1.8	3,667	1.6
20-24	21	3.9	10,397	4.7
25-29	28	5.2	12,788	5.7
30-34	20	3.7	13,212	5.9
35-39	33	6.1	12,888	5.8
40-44	31	5.7	13,216	5.9
45-49	40	7.4	16,707	7.5
50-54	45	8.3	24,036	10.8
55-59	59	10.9	20,476	9.2
60-64	44	8.1	17,623	7.9
65-69	38	7.0	14,920	6.7
70-74	46	8.5	12,104	5.4
75-79	17	3.1	9,552	4.3
80-84	15	2.8	6,230	2.8
85-89	6	1.1	2,923	1.3
90 +	2	0.4	881	0.4
Not Reported	0	0.0	1,292	0.6
<b>SOURCE OF ADMISSION</b>				
Physician Referral	542	99.8	200,515	89.7
Clinic Referral	0	0.0	4,085	1.8
HMO Referral	0	0.0	3,198	1.4
Other Hospital	0	0.0	219	0.1
Skilled Nursing Facility	0	0.0	26	0.0
Other Health Care Facility	0	0.0	41	0.0
Emergency Room	1	0.2	5,219	2.3
Court/Law Enforcement	0	0.0	3	0.0
Unknown	0	0.0	26	0.0
Not Reported	0	0.0	10,133	4.5

(Continued)

**AMB ST 1-6**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2008**  
**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

113 Central Valley Medical Center - CAH

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
<b>DISCHARGE STATUS</b>				
Home or Self Care	541	99.6	222,849	99.7
Another Hospital	0	0.0	103	0.0
Skilled Nursing Facility	1	0.2	107	0.0
Intermediate Care Facility	0	0.0	14	0.0
Another Type of Institution	0	0.0	60	0.0
Under Care of Home Service	1	0.2	271	0.1
Left Against Medical Advice	0	0.0	13	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	0	0.0	8	0.0
Unknown	0	0.0	35	0.0
Not Reported	0	0.0	5	0.0
<b>PRIMARY PAYER</b>				
Medicare	116	21.4	38,441	17.2
Medicaid	48	8.8	13,916	6.2
Other government	10	1.8	3,998	1.8
Blue Cross/Blue Shield	65	12.0	31,579	14.1
Other Commercial	68	12.5	17,861	8.0
Managed Care(HMO, PPO)	229	42.2	108,172	48.4
Self Pay	0	0.0	3,087	1.4
Industrial & Worker Comp	7	1.3	3,835	1.7
Charity and Unclassified	0	0.0	1,349	0.6
Childrens Health Insurance	0	0.0	121	0.1
Unknown	0	0.0	1,030	0.5
Not Reported	0	0.0	76	0.0
<b>LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE</b>				
Bear River	0	0.0	16,758	7.5
Central Utah	513	94.5	8,253	3.7
Davis County	0	0.0	22,506	10.1
Salt Lake County	1	0.2	75,789	33.9
Southeastern Utah	0	0.0	4,234	1.9
Southwest Utah	3	0.6	13,877	6.2
Summit County	0	0.0	2,803	1.3
Tooele County	1	0.2	4,857	2.2
Tri-County	0	0.0	5,940	2.7
Utah County	25	4.6	37,220	16.7
Wasatch County	0	0.0	1,668	0.7
Weber County	0	0.0	19,855	8.9
Unknown Utah	0	0.0	42	0.0
Outside Utah	0	0.0	9,563	4.3
Unknown, Not Reported	0	0.0	100	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, 2008**  
**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)	10,172	100.0	321,431	100.0
Mastectomy (85.0-85.99)	537	5.3	7,806	2.4
Musculoskeletal (76.0-84.99)	1,561	15.3	73,868	23.0
Respiratory (30.0-34.99)	55	0.5	3,427	1.1
Cardiovascular (35.0-39.99)	718	7.1	18,764	5.8
Lymphatic/Hemetic (40.0-41.99)	45	0.4	2,774	0.9
Digestive System (42.0-54.99)	4,195	41.2	98,766	30.7
Urinary (55.0-59.99)	324	3.2	10,839	3.4
Male Genital (60.0-64.99)	86	0.8	3,918	1.2
Female Genital (65.0-71.99)	843	8.3	14,989	4.7
Endocrine/Nervous (01.0-07.99)	433	4.3	21,267	6.6
Eye (08.0-16.99)	124	1.2	21,107	6.6
Ear (18.0-20.99)	321	3.2	13,757	4.3
Nose, Mouth, Pharynx (21.0-29.99)	930	9.1	30,149	9.4
Reporting Category(CPT-4 CODES)	11,593	100.0	312,478	100.0
Mastectomy (19120-19220)	54	0.5	2,126	0.7
Musculoskeletal (20000-29909)	1,736	15.0	73,391	23.5
Respiratory (30000-32999 & 39501-39599)	547	4.7	14,650	4.7
Cardiovascular (33010-37799 & 93501-93660)	2,778	24.0	42,433	13.6
Lymphatic/Hemetic (38100-38999)	51	0.4	2,801	0.9
Digestive (40490-49999)	4,475	38.6	107,011	34.2
Urinary (50010-53899)	385	3.3	10,127	3.2
Male Genital (54000-55899)	59	0.5	3,288	1.1
Female Genital (56405-58999)	773	6.7	11,773	3.8
Endocrine/Nervous (60000-64999)	496	4.3	24,966	8.0
Eye (65091-68899)	67	0.6	12,267	3.9
Ear (69000-69979)	172	1.5	7,645	2.4

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

**AMB ST 1-2**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2008**  
**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		10,172	100.0	100.0
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	840	8.3	5.39
4523	COLONOSCOPY	776	7.6	6.06
4525	CLO [ENDO] BX LG INTESTINE	564	5.5	2.33
4542	ENDO POLYPECTOMY LG INTESTINE	499	4.9	3.39
4292	DILAT ESOPH	259	2.5	1.34
3722	LT HEART CARD CATH	250	2.5	1.38
5123	LAP CHOLEY	244	2.4	2.20
2001	MYRINGOTOMY W/INSRT TUBE	224	2.2	3.46
8511	CLO [PERCUT] [NEEDLE] BX BREAST	189	1.9	0.39
8519	OTH DX PROC BREAST	182	1.8	0.31
4513	OTH ENDO SM INTESTINE	165	1.6	1.73
3723	COMBO RT & LT HEART CARD CATH	151	1.5	0.55
806	EXC SEMILUNAR CARTILAGE-KNEE	141	1.4	1.86
4836	[ENDO] POLYPECTOMY RECTUM	129	1.3	0.96
283	TONSILLECTOMY W/ADENOIDECTOMY	120	1.2	1.84
598	URETERAL CATH	115	1.1	0.69
282	TONSILLECTOMY WO ADENOIDECTOMY	104	1.0	0.58
8183	OTH REPR SHLDR	100	1.0	0.86
2169	OTH TURBINECTOMY	94	0.9	0.82
3607	INSERTION RX-ELUTING COR ART STENT	92	0.9	0.42

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		11,593	100.0	100.0
45380	COLONOSCOPY FLEX; W/BX 1/MX	913	7.9	5.02
43239	UGI ENDO; W/BX 1/MX	840	7.2	5.34
45378	COLONOSCOPY FLEX; DX-SEP PROC	767	6.6	5.71
93545	INJ PROC-CATH; SELECT CORONRY AN	404	3.5	1.60
93543	INJ PROC-CATH; LT VENT/ATRIAL AN	371	3.2	1.35
93555	IMAG SUPERVS I&R-CATH; VENT/ATRI	352	3.0	1.23
93556	IMAG SUPERVS I&R-CATH; PULM ANGI	340	2.9	1.46
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	278	2.4	1.43
93510	LT HRT CATH RETRO-BRACH/FEM; PER	257	2.2	1.18
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	249	2.1	0.85
36416	COLLECTON CAPILLARY BLOOD SPECIM	227	2.0	0.72
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	198	1.7	1.43
93526	COMB RT HRT CATH&RETRO LT HRT CA	151	1.3	0.43
58662	LAP SURG; W/FULG/EXCIS LES-OVARY	136	1.2	0.51
69436	TYMPANOSTOMY GENERAL ANESTHESIA	119	1.0	1.79
36430	TRANSFUSION BLOOD/BLOOD COMPONENT	115	1.0	0.43
42820	T&A; UNDER AGE 12	100	0.9	1.49
50590	LITHOTRIPSY XTRACORP SHOCK WAVE	99	0.9	0.23
29826	SCOPE SHOULDER; DECOMP SUBACROM	97	0.8	1.23
29881	SCOPE KNEE SURG;W/MENISCECT MED/	97	0.8	1.61

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

AMB ST 1-3

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2008  
 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		4,721	\$4,424	\$4,015
4523	COLONOSCOPY	686	\$1,602	\$1,021
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	520	\$2,161	\$1,498
4525	CLO [ENDO] BX LG INTESTINE	426	\$2,129	\$1,506
4542	ENDO POLYPECTOMY LG INTESTINE	321	\$2,467	\$1,444
5123	LAP CHOLEY	200	\$7,767	\$6,858
3722	LT HEART CARD CATH	167	\$10,894	\$7,640
3723	COMBO RT & LT HEART CARD CATH	130	\$10,752	\$8,441
283	TONSILLECTOMY W/ADENOIDECTOMY	97	\$3,098	\$2,576
282	TONSILLECTOMY WO ADENOIDECTOMY	80	\$3,159	\$2,653
4513	OTH ENDO SM INTESTINE	62	\$2,005	\$1,248
6902	D&C FOLLOWING DELIV/AB	57	\$3,321	\$2,814
0331	SPINAL TAP	54	\$2,180	\$2,084
4701	LAP APPENDECTOMY	43	\$7,726	\$9,824
6823	ENDOMETRIAL ABLATION	43	\$6,429	\$5,865
806	EXC SEMILUNAR CARTILAGE-KNEE	42	\$5,426	\$4,727
0611	CLO PERCUT NEEDLE BX THYROID GLAND	40	\$1,085	\$871
4836	[ENDO] POLYPECTOMY RECTUM	40	\$2,109	\$1,339
5304	UNILAT REPR INDIRECT ING HERN-GFT	38	\$5,107	\$4,616
8339	EXC LES OTH SOFT TISS	38	\$4,052	\$3,546
0443	RELEASE CARPAL TUNNEL	35	\$2,181	\$2,420

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals )
CPT-4 Procedures		5,440	\$3,740	\$3,633
45378	COLONOSCOPY FLEX; DX-SEP PROC	686	\$1,600	\$1,028
45380	COLONOSCOPY FLEX; W/BX 1/MX	672	\$2,081	\$1,400
43239	UGI ENDO; W/BX 1/MX	516	\$2,140	\$1,479
36416	COLLECTON CAPILLARY BLOOD SPECIM	227	\$346	\$185
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	163	\$7,987	\$7,209
36430	TRANSFUSION BLOOD/BLOOD COMPONENT	106	\$3,373	\$3,057
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	102	\$2,558	\$1,613
58340	CATH&INTRO SALINE/CONTRAST SIS/H	96	\$737	\$896
42820	T&A; UNDER AGE 12	82	\$3,052	\$2,484
50590	LITHOTRIPSY XTRACORP SHOCK WAVE	77	\$10,328	\$8,821
23350	INJ SHLDR ARTHROGRPH/ENHNCD CT/M	76	\$4,136	\$3,337
29580	STRAPPING; UNNA BOOT	75	\$3,915	\$1,603
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	74	\$3,184	\$2,730
69436	TYMPANOSTOMY GENERAL ANESTHESIA	67	\$2,228	\$1,352
62284	INJ PROC MYELGRPH &/CT SPINAL	62	\$3,659	\$3,236
49505	REPR INIT ING HERNIA 5YR/MORE; R	60	\$4,784	\$4,468
62270	SPINAL PUNCTURE LUMBAR DIAGNOSTI	60	\$2,254	\$2,027
36561	INSRT TUNNL CNTRL CVAD PORT; 5 Y	58	\$6,327	\$5,905
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	50	\$2,144	\$1,806
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	49	\$1,477	\$1,141

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, 2008**  
**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	342	8,727
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	72	2,271
	003 COMPLEX INCISION AND DRAINAGE	4	100
	006 SIMPLE DEBRIDEMENT AND DESTRUCTION	5	184
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	52	1,175
	008 SIMPLE EXCISION AND BIOPSY	35	1,279
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRANGE	118	1,550
	010 SIMPLE SKIN REPAIR	2	18
	011 SIMPLE INCISION AND EXCISION OF BREAST	54	2,126
02	MUSCULOSKELETAL SYSTEM	1,466	65,893
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	208	7,092
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	43	2,745
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	45	2,708
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	274	13,313
	025 ARTHROSCOPY	563	27,527
	026 REPLACEMENT OF CAST	1	83
	027 SPLINT, STRAPPING AND CAST REMOVAL	114	770
	028 CLOSED TREATMENT FX & DISLOCATION OF FINGER, TOE & TRUNK	4	71
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	15	703
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	92	5,280
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	9	409
	032 BUNION PROCEDURES	57	1,813
	033 ARTHROPLASTY	3	597
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	38	2,426
03	RESPIRATORY SYSTEM	309	8,172
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	37	654
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	243	5,352
	054 SIMPLE ENDOSCOPY OF THE UPPER AIRWAY	3	297
	055 ENDOSCOPY OF THE LOWER AIRWAY	26	1,869
04	CARDIOVASCULAR SYSTEM	2,155	34,518
	074 CARDIAC ELECTROPHYSIOLOGIC TESTS	26	3,255
	076 DIAGNOSTIC CARDIAC CATHETERIZATION	1,976	25,900
	077 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	82	2,275
	078 PACEMAKER INSERTION AND REPLACEMENT	22	841
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	35	1,034
	080 MINOR VASCULAR REPAIR AND FISTULA CONSTRUCTION	5	767
	081 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	6	126
	082 VASCULAR LIGATION	3	253
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	182	3,460
	092 CHEMOTHERAPY EXCEPT BY EXTENDED INFUSION	3	45
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	64	1,999
	097 TRANSFUSION	115	1,333
06	DIGESTIVE SYSTEM	4,377	96,396
	111 ALIMENTARY TESTS AND SIMPLE TUBE PLACEMENT	5	170
	112 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	6	1,281
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	9	577

**AMB ST 1-4**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2008**  
**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	5	308
115	DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	913	20,625
116	THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	334	5,309
117	LOWER GASTROINTESTINAL ENDOSCOPY	2,021	40,097
118	ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	110	1,612
119	HERNIA AND HYDROCELE PROCEDURES	174	6,648
120	COMPLEX ANAL AND RECTAL PROCEDURES	33	1,153
121	SIMPLE ANAL AND RECTAL PROCEDURES	8	539
122	MISCELLANEOUS ABDOMINAL PROCEDURES	20	563
123	COMPLEX LAPAROSCOPIC PROCEDURES	720	17,238
124	SIMPLE LAPAROSCOPIC PROCEDURES	19	276
07	URINARY SYSTEM	337	8,765
131	RENAL EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	99	729
134	COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	208	4,811
135	MODERATE CYSTOURETHROSCOPY	19	1,789
136	SIMPLE CYSTOURETHROSCOPY	7	590
137	COMPLEX URETHRAL PROCEDURES	3	191
138	SIMPLE URETHRAL PROCEDURES	1	180
08	MALE GENITAL SYSTEM	42	2,820
151	TESTICULAR AND EPIDIDYMAL PROCEDURES	22	1,286
153	COMPLEX PENILE PROCEDURES	4	498
154	SIMPLE PENILE PROCEDURES	16	837
09	FEMALE GENITAL SYSTEM	334	6,757
176	COMPLEX FEMALE REPRODUCTIVE PROCEDURES	98	2,044
177	SIMPLE FEMALE REPRODUCTIVE PROCEDURES	52	1,379
178	DILATION AND CURETTAGE	13	611
179	HYSTEROSCOPY	165	2,433
180	COLPOSCOPY	6	290
10	NERVOUS SYSTEM	261	21,149
195	NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	84	14,879
197	NEUROSTIMULATOR AND VENTRICULAR SHUNT IMPLANTATION	1	1,092
198	NERVE REPAIR AND DESTRUCTION	115	4,284
199	SPINAL TAP	61	643
11	EYE AND OCULAR ADNEXA	66	12,065
214	CATARACT PROCEDURES	35	4,992
215	COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	8	323
216	MODERATE ANTERIOR SEGMENT EYE PROCEDURES	6	332
220	STRABISMUS AND MUSCLE EYE PROCEDURES	4	966
221	COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	3	1,215
222	SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	10	655
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	826	28,538
233	NASAL CAUTERIZATION AND PACKING	11	291
234	COMPLEX FACIAL AND ENT PROCEDURES	238	5,886
235	SIMPLE FACIAL AND ENT PROCEDURES	316	13,559
236	TONSIL AND ADENOID PROCEDURES	261	8,709
13	THERAPEUTIC AND OTHER RADIOLOGICAL PROCEDURES	377	3,406

**AMB ST 1-4**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2008**  
**PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE\* CPT-4 PROCEDURES**

108 Davis Hospital & Medical Center

procedure APG category procedure APG	TOTAL #	TOTAL # (ALL Hospitals)
253 VASCULAR RADIOLOGY EXCEPT FOR VENOGRAPHY OF EXTREMITY	78	1,173
254 MYELOGRAPHY	62	296
255 MISCELLANEOUS RADIOLOGICAL PROCEDURES WITH CONTRAST	237	1,929

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

**AMB ST 1-5**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2008**  
**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	269	\$4,261	\$3,433
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	67	\$2,560	\$2,695
	003 COMPLEX INCISION AND DRAINAGE	2	\$6,392	\$4,471
	006 SIMPLE DEBRIDEMENT AND DESTRUCTION	2	\$3,710	\$3,383
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	35	\$4,209	\$3,748
	008 SIMPLE EXCISION AND BIOPSY	24	\$3,507	\$3,190
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRAN	105	\$5,715	\$4,802
	011 SIMPLE INCISION AND EXCISION OF BREAST	34	\$3,613	\$3,305
02	MUSCULOSKELETAL SYSTEM	515	\$5,077	\$4,654
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	55	\$7,119	\$7,553
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	10	\$4,771	\$4,034
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	13	\$8,971	\$5,600
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	93	\$4,035	\$3,312
	025 ARTHROSCOPY	97	\$5,825	\$4,892
	026 REPLACEMENT OF CAST	1	\$2,780	\$4,770
	027 SPLINT, STRAPPING AND CAST REMOVAL	111	\$2,843	\$1,401
	028 CLOSED TREATMENT FX & DISLOCATION OF FINGER, TOE & TRUNK	2	\$2,579	\$2,571
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	11	\$5,096	\$3,247
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	62	\$8,546	\$6,529
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	2	\$3,659	\$3,340
	032 BUNION PROCEDURES	24	\$5,814	\$4,813
	033 ARTHROPLASTY	2	\$10,024	\$8,553
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	32	\$1,321	\$1,117
03	RESPIRATORY SYSTEM	61	\$2,866	\$2,445
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	31	\$1,560	\$1,535
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	22	\$4,850	\$3,900
	055 ENDOSCOPY OF THE LOWER AIRWAY	8	\$2,473	\$2,377
04	CARDIOVASCULAR SYSTEM	43	\$11,488	\$14,018
	076 DIAGNOSTIC CARDIAC CATHETERIZATION	9	\$10,844	\$5,533
	077 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	2	\$6,635	\$25,520
	078 PACEMAKER INSERTION AND REPLACEMENT	11	\$29,570	\$23,655
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	15	\$1,878	\$4,381
	080 MINOR VASCULAR REPAIR AND FISTULA CONSTRUCTION	4	\$4,450	\$6,447
	081 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	2	\$5,936	\$5,330
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	152	\$4,782	\$4,660
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	46	\$8,029	\$6,198
	097 TRANSFUSION	106	\$3,373	\$3,057
06	DIGESTIVE SYSTEM	2,767	\$3,125	\$2,773
	111 ALIMENTARY TESTS AND SIMPLE TUBE PLACEMENT	5	\$893	\$1,415
	112 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	2	\$1,032	\$1,929
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	5	\$1,515	\$1,163
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	5	\$1,709	\$1,532
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	558	\$2,095	\$1,425
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	89	\$2,311	\$2,089
	117 LOWER GASTROINTESTINAL ENDOSCOPY	1,479	\$1,889	\$1,219

**AMB ST 1-5**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2008**  
**PROCEDURE APG CATEGORY, PROCEDURE APG, SINGLE APG ONLY**  
**BASED ON REPORTABLE\* CPT-4 PROCEDURES**

108 Davis Hospital & Medical Center

procedure APG category	Procedure APG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL Hospitals )
	118 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	12	\$8,477	\$4,271
	119 HERNIA AND HYDROCELE PROCEDURES	121	\$4,402	\$4,277
	120 COMPLEX ANAL AND RECTAL PROCEDURES	18	\$4,737	\$3,419
	121 SIMPLE ANAL AND RECTAL PROCEDURES	3	\$4,233	\$3,237
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	14	\$3,816	\$6,011
	123 COMPLEX LAPAROSCOPIC PROCEDURES	447	\$8,026	\$7,473
	124 SIMPLE LAPAROSCOPIC PROCEDURES	9	\$9,067	\$8,589
07	URINARY SYSTEM	190	\$7,456	\$5,467
	131 RENAL EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	77	\$10,328	\$8,805
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	90	\$5,821	\$5,910
	135 MODERATE CYSTOURETHROSCOPY	14	\$4,323	\$3,852
	136 SIMPLE CYSTOURETHROSCOPY	5	\$4,021	\$2,909
	137 COMPLEX URETHRAL PROCEDURES	3	\$4,431	\$11,146
	138 SIMPLE URETHRAL PROCEDURES	1	\$3,521	\$1,414
08	MALE GENITAL SYSTEM	31	\$4,489	\$3,901
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	16	\$4,788	\$3,127
	153 COMPLEX PENILE PROCEDURES	2	\$4,211	\$3,976
	154 SIMPLE PENILE PROCEDURES	13	\$4,164	\$2,116
09	FEMALE GENITAL SYSTEM	146	\$5,457	\$4,786
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	28	\$7,494	\$6,095
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	21	\$3,424	\$3,503
	178 DILATION AND CURETTAGE	5	\$4,350	\$2,944
	179 HYSTEROSCOPY	89	\$5,443	\$5,125
	180 COLPOSCOPY	3	\$2,910	\$4,314
10	NERVOUS SYSTEM	191	\$2,121	\$2,546
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	80	\$1,285	\$1,269
	198 NERVE REPAIR AND DESTRUCTION	50	\$3,299	\$2,841
	199 SPINAL TAP	61	\$2,253	\$2,025
11	EYE AND OCULAR ADNEXA	55	\$5,643	\$3,560
	214 CATARACT PROCEDURES	35	\$5,871	\$3,611
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	6	\$6,626	\$5,024
	216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	4	\$4,467	\$2,809
	220 STRABISMUS AND MUSCLE EYE PROCEDURES	4	\$5,977	\$2,675
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	2	\$5,804	\$3,921
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	4	\$2,938	\$2,501
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	378	\$4,221	\$3,024
	233 NASAL CAUTERIZATION AND PACKING	3	\$2,673	\$3,338
	234 COMPLEX FACIAL AND ENT PROCEDURES	75	\$9,405	\$6,314
	235 SIMPLE FACIAL AND ENT PROCEDURES	116	\$2,673	\$1,997
	236 TONSIL AND ADENOID PROCEDURES	184	\$3,109	\$2,592
13	THERAPEUTIC AND OTHER RADIOLOGICAL PROCEDURES	300	\$2,736	\$3,705
	253 VASCULAR RADIOLOGY EXCEPT FOR VENOGRAPHY OF EXTREMITY	6	\$7,763	\$11,563
	254 MYELOGRAPHY	62	\$3,659	\$3,275
	255 MISCELLANEOUS RADIOLOGICAL PROCEDURES WITH CONTRAST	232	\$2,359	\$3,069

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/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, 2008**  
**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

108 Davis Hospital & Medical Center

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
<b>GENDER</b>				
Female	4,687	58.2	120,689	54.0
Male	3,373	41.8	102,774	46.0
Unknown	0	0.0	0	0.0
Not Reported	0	0.0	1	0.0
<b>AGE</b>				
1-28 days	176	2.2	1,290	0.6
29-365 days	51	0.6	3,012	1.3
1-4 years	156	1.9	11,257	5.0
5-9	111	1.4	6,380	2.9
10-14	102	1.3	4,795	2.1
15-17	126	1.6	5,109	2.3
18-19	87	1.1	3,667	1.6
20-24	323	4.0	10,397	4.7
25-29	461	5.7	12,788	5.7
30-34	505	6.3	13,212	5.9
35-39	530	6.6	12,888	5.8
40-44	544	6.7	13,216	5.9
45-49	664	8.2	16,707	7.5
50-54	931	11.6	24,036	10.8
55-59	796	9.9	20,476	9.2
60-64	720	8.9	17,623	7.9
65-69	565	7.0	14,920	6.7
70-74	516	6.4	12,104	5.4
75-79	358	4.4	9,552	4.3
80-84	218	2.7	6,230	2.8
85-89	94	1.2	2,923	1.3
90 +	26	0.3	881	0.4
Not Reported	176	2.2	1,292	0.6
<b>SOURCE OF ADMISSION</b>				
Physician Referral	8,027	99.6	200,515	89.7
Clinic Referral	6	0.1	4,085	1.8
HMO Referral	0	0.0	3,198	1.4
Other Hospital	0	0.0	219	0.1
Skilled Nursing Facility	0	0.0	26	0.0
Other Health Care Facility	0	0.0	41	0.0
Emergency Room	27	0.3	5,219	2.3
Court/Law Enforcement	0	0.0	3	0.0
Unknown	0	0.0	26	0.0
Not Reported	0	0.0	10,133	4.5

(Continued)

**AMB ST 1-6**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2008**  
**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

108 Davis Hospital & Medical Center

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
<b>DISCHARGE STATUS</b>				
Home or Self Care	8,025	99.6	222,849	99.7
Another Hospital	6	0.1	103	0.0
Skilled Nursing Facility	6	0.1	107	0.0
Intermediate Care Facility	0	0.0	14	0.0
Another Type of Institution	2	0.0	60	0.0
Under Care of Home Service	5	0.1	271	0.1
Left Against Medical Advice	0	0.0	13	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	0	0.0	8	0.0
Unknown	16	0.2	35	0.0
Not Reported	0	0.0	5	0.0
<b>PRIMARY PAYER</b>				
Medicare	1,474	18.3	38,441	17.2
Medicaid	359	4.5	13,916	6.2
Other government	536	6.7	3,998	1.8
Blue Cross/Blue Shield	1,339	16.6	31,579	14.1
Other Commercial	560	6.9	17,861	8.0
Managed Care(HMO, PPO)	3,706	46.0	108,172	48.4
Self Pay	34	0.4	3,087	1.4
Industrial & Worker Comp	29	0.4	3,835	1.7
Charity and Unclassified	1	0.0	1,349	0.6
Childrens Health Insurance	0	0.0	121	0.1
Unknown	22	0.3	1,030	0.5
Not Reported	0	0.0	76	0.0
<b>LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE</b>				
Bear River	88	1.1	16,758	7.5
Central Utah	8	0.1	8,253	3.7
Davis County	6,419	79.6	22,506	10.1
Salt Lake County	102	1.3	75,789	33.9
Southeastern Utah	2	0.0	4,234	1.9
Southwest Utah	4	0.0	13,877	6.2
Summit County	13	0.2	2,803	1.3
Tooele County	10	0.1	4,857	2.2
Tri-County	6	0.1	5,940	2.7
Utah County	21	0.3	37,220	16.7
Wasatch County	2	0.0	1,668	0.7
Weber County	1,310	16.3	19,855	8.9
Unknown Utah	0	0.0	42	0.0
Outside Utah	73	0.9	9,563	4.3
Unknown, Not Reported	2	0.0	100	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, 2008**  
**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)	555	100.0	321,431	100.0
Mastectomy (85.0-85.99)	8	1.4	7,806	2.4
Musculoskeletal (76.0-84.99)	6	1.1	73,868	23.0
Respiratory (30.0-34.99)	1	0.2	3,427	1.1
Cardiovascular (35.0-39.99)	1	0.2	18,764	5.8
Lymphatic/Hemetic (40.0-41.99)	0	0.0	2,774	0.9
Digestive System (42.0-54.99)	219	39.5	98,766	30.7
Urinary (55.0-59.99)	1	0.2	10,839	3.4
Male Genital (60.0-64.99)	0	0.0	3,918	1.2
Female Genital (65.0-71.99)	29	5.2	14,989	4.7
Endocrine/Nervous (01.0-07.99)	1	0.2	21,267	6.6
Eye (08.0-16.99)	180	32.4	21,107	6.6
Ear (18.0-20.99)	58	10.5	13,757	4.3
Nose, Mouth, Pharynx (21.0-29.99)	51	9.2	30,149	9.4
Reporting Category(CPT-4 CODES)	437	100.0	312,478	100.0
Mastectomy (19120-19220)	6	1.4	2,126	0.7
Musculoskeletal (20000-29909)	7	1.6	73,391	23.5
Respiratory (30000-32999 & 39501-39599)	1	0.2	14,650	4.7
Cardiovascular (33010-37799 & 93501-93660)	2	0.5	42,433	13.6
Lymphatic/Hemetic (38100-38999)	0	0.0	2,801	0.9
Digestive (40490-49999)	272	62.2	107,011	34.2
Urinary (50010-53899)	1	0.2	10,127	3.2
Male Genital (54000-55899)	0	0.0	3,288	1.1
Female Genital (56405-58999)	17	3.9	11,773	3.8
Endocrine/Nervous (60000-64999)	0	0.0	24,966	8.0
Eye (65091-68899)	99	22.7	12,267	3.9
Ear (69000-69979)	32	7.3	7,645	2.4

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics.

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

**AMB ST 1-2**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2008**  
**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		555	100.0	100.0
4523	COLONOSCOPY	96	17.3	6.06
1341	PHACOEMULSIFICATION-ASPIR CATARACT	81	14.6	1.54
1371	IOL PROSTH-CATARACT EXTRACT-1-STAGE	79	14.2	1.53
283	TONSILLECTOMY W/ADENOIDECTOMY	45	8.1	1.84
2001	MYRINGOTOMY W/INSRT TUBE	44	7.9	3.46
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	32	5.8	5.39
4836	[ENDO] POLYPECTOMY RECTUM	23	4.1	0.96
4542	ENDO POLYPECTOMY LG INTESTINE	22	4.0	3.39
1364	DISCISSION SECNDRY MEMBRN	15	2.7	0.13
4525	CLO [ENDO] BX LG INTESTINE	12	2.2	2.33
201	REMOV TYMPANOSTOMY TUBE	11	2.0	0.14
4513	OTH ENDO SM INTESTINE	9	1.6	1.73
4824	CLO [ENDO] BX RECTUM	7	1.3	0.44
6902	D&C FOLLOWING DELIV/AB	7	1.3	0.23
6909	OTH D&C UTERUS	7	1.3	0.41
8521	LOC EXC LES BREAST	7	1.3	0.75
6823	ENDOMETRIAL ABLATION	5	0.9	0.52
4341	ENDO EXC/DESTRUC LES/TISS STOMACH	4	0.7	0.17
5421	LAPAROSCOPY	4	0.7	0.60
6812	HYSTEROSCOPY	4	0.7	0.34

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		437	100.0	100.0
45378	COLONOSCOPY FLEX; DX-SEP PROC	95	21.7	5.71
66984	EXTRACAPSULAR CATARACT REMV IOL	80	18.3	1.50
45380	COLONOSCOPY FLEX; W/BX 1/MX	52	11.9	5.02
43239	UGI ENDO; W/BX 1/MX	32	7.3	5.34
42820	T&A; UNDER AGE 12	27	6.2	1.49
69436	TYMPANOSTOMY GENERAL ANESTHESIA	23	5.3	1.79
42821	T&A; AGE 12 OR OVER	18	4.1	0.37
66821	DISCISSION 2ND CATARACT; LASER S	15	3.4	0.15
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	11	2.5	1.43
43235	UGI ENDO; DX W/VO CLCT SPECMN-SP	8	1.8	1.18
58120	DILATION & CURET DX &/ THERAPEUT	7	1.6	0.20
19120	EXC BRST CYST TUMR/LES OPN M/F 1	6	1.4	0.43
69424	VENTILATING TUBE REMV RQR GEN AN	6	1.4	0.06
58563	HYSTEROSC SURG; W/ENDOMETRIAL AB	5	1.1	0.37
43258	UGI ENDO; W/ABLAT LES NOT SNARE	3	0.7	0.13
49320	LAP-ABD DX-W/VO SPECMN-SEP PROC	3	0.7	0.19
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	2	0.5	0.50
42830	ADENOIDECTOMY PRIMARY; UNDER AGE	2	0.5	0.31
49585	REPR UMBIL HERNIA 5YR/OVER; RDOC	2	0.5	0.33
58558	HYSTEROSCPY SURG; W/BX &/ POLYPE	2	0.5	0.31

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, 2008  
 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		267	\$1,782	\$4,015
4523	COLONOSCOPY	83	\$990	\$1,021
283	TONSILLECTOMY W/ADENOIDECTOMY	44	\$2,910	\$2,576
4836	[ENDO] POLYPECTOMY RECTUM	21	\$1,400	\$1,339
4542	ENDO POLYPECTOMY LG INTESTINE	18	\$1,225	\$1,444
1364	DISCISSION SECNDRY MEMBRN	15	\$837	\$758
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	15	\$1,212	\$1,498
4525	CLO [ENDO] BX LG INTESTINE	7	\$1,156	\$1,506
6902	D&C FOLLOWING DELIV/AB	7	\$3,162	\$2,814
8521	LOC EXC LES BREAST	7	\$3,148	\$3,164
4513	OTH ENDO SM INTESTINE	6	\$1,210	\$1,248
4824	CLO [ENDO] BX RECTUM	4	\$1,255	\$1,391
6909	OTH D&C UTERUS	4	\$2,178	\$3,090
1341	PHACOEMULSIFICATION-ASPIR CATARACT	2	\$3,711	\$2,766
1829	EXC/DESTRUC OTH LES EXT EAR	2	\$3,583	\$2,773
2001	MYRINGOTOMY W/INSRT TUBE	2	\$1,879	\$1,452
286	ADENOIDECTOMY WO TONSILLECTOMY	2	\$2,544	\$2,233
5341	REPR UMB HERN W/PROSTH	2	\$4,671	\$5,097
5349	OTH UMB HERNIORRHAPHY	2	\$4,050	\$3,202
6823	ENDOMETRIAL ABLATION	2	\$4,624	\$5,865
8339	EXC LES OTH SOFT TISS	2	\$3,922	\$3,546

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals )
CPT-4 Procedures		359	\$2,102	\$3,633
45378	COLONOSCOPY FLEX; DX-SEP PROC	82	\$990	\$1,028
66984	EXTRACAPSULAR CATARACT REMV IOL	78	\$3,421	\$3,597
45380	COLONOSCOPY FLEX; W/BX 1/MX	41	\$1,284	\$1,400
42820	T&A; UNDER AGE 12	26	\$2,962	\$2,484
69436	TYMPANOSTOMY GENERAL ANESTHESIA	22	\$1,393	\$1,352
42821	T&A; AGE 12 OR OVER	18	\$2,835	\$2,939
43239	UGI ENDO; W/BX 1/MX	15	\$1,212	\$1,479
66821	DISCISSION 2ND CATARACT; LASER S	15	\$837	\$723
19120	EXC BRST CYST TUMR/LES OPN M/F 1	6	\$3,193	\$2,993
69424	VENTILATING TUBE REMV RQR GEN AN	6	\$1,477	\$1,308
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	5	\$1,012	\$1,180
58120	DILATION & CURET DX &/ THERAPEUT	5	\$2,165	\$2,944
58563	HYSTEROSC SURG; W/ENDOMETRIAL AB	4	\$4,480	\$6,190
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	3	\$1,229	\$1,613
42830	ADENOIDECTOMY PRIMARY; UNDER AGE	2	\$2,544	\$2,197
49585	REPR UMBIL HERNIA 5YR/OVER; RDOC	2	\$4,153	\$4,276
21555	EXC TUMR SFT TISSUE NCK/THOR; SU	1	\$3,950	\$3,605
21556	EXC TUMR SFT TISS NCK/THOR; DEEP	1	\$3,894	\$4,255
25605	CLOS TX DIST RADIAL FX; REQ MANI	1	\$3,894	\$2,352
28045	EXCISION TUMR FOOT; DP SUBFASCL	1	\$3,961	\$3,792

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

**AMB ST 1-4**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2008**  
**PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE\* CPT-4 PROCEDURES**

116 Delta Community Medical Center - CAH

Procedure APG category		TOTAL #	TOTAL # (ALL Hospitals)
Procedure APG			
01	INTEGUMENTARY SYSTEM	12	8,727
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	3	1,175
	008 SIMPLE EXCISION AND BIOPSY	2	1,279
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRANGE	1	1,550
	011 SIMPLE INCISION AND EXCISION OF BREAST	6	2,126
02	MUSCULOSKELETAL SYSTEM	4	65,893
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	2	13,313
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	1	703
	032 BUNION PROCEDURES	1	1,813
03	RESPIRATORY SYSTEM	1	8,172
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	1	654
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	1	3,460
	097 TRANSFUSION	1	1,333
06	DIGESTIVE SYSTEM	222	96,396
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	40	20,625
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	5	5,309
	117 LOWER GASTROINTESTINAL ENDOSCOPY	162	40,097
	119 HERNIA AND HYDROCELE PROCEDURES	7	6,648
	121 SIMPLE ANAL AND RECTAL PROCEDURES	1	539
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	2	563
	123 COMPLEX LAPAROSCOPIC PROCEDURES	5	17,238
07	URINARY SYSTEM	1	8,765
	138 SIMPLE URETHRAL PROCEDURES	1	180
09	FEMALE GENITAL SYSTEM	16	6,757
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	1	1,379
	178 DILATION AND CURETTAGE	7	611
	179 HYSTEROSCOPY	7	2,433
	180 COLPOSCOPY	1	290
11	EYE AND OCULAR ADNEXA	99	12,065
	213 LASER EYE PROCEDURES	15	555
	214 CATARACT PROCEDURES	81	4,992
	216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	1	332
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	1	346
	219 SIMPLE POSTERIOR SEGMENT EYE PROCEDURES	1	446
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	80	28,538
	233 NASAL CAUTERIZATION AND PACKING	1	291
	235 SIMPLE FACIAL AND ENT PROCEDURES	30	13,559
	236 TONSIL AND ADENOID PROCEDURES	49	8,709

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/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, 2008**  
**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 CHR	AVE TOT CHR(ALL Hospitals )
01	INTEGUMENTARY SYSTEM	10	\$3,150	\$3,433
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	3	\$2,797	\$3,748
	008 SIMPLE EXCISION AND BIOPSY	1	\$3,950	\$3,190
	011 SIMPLE INCISION AND EXCISION OF BREAST	6	\$3,193	\$3,305
02	MUSCULOSKELETAL SYSTEM	4	\$4,097	\$4,654
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	2	\$3,794	\$3,312
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	1	\$3,894	\$3,247
	032 BUNION PROCEDURES	1	\$4,905	\$4,813
03	RESPIRATORY SYSTEM	1	\$1,059	\$2,445
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	1	\$1,059	\$1,535
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	1	\$5,663	\$4,660
	097 TRANSFUSION	1	\$5,663	\$3,057
06	DIGESTIVE SYSTEM	160	\$1,268	\$2,773
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	20	\$1,162	\$1,425
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	2	\$1,924	\$2,089
	117 LOWER GASTROINTESTINAL ENDOSCOPY	130	\$1,093	\$1,219
	119 HERNIA AND HYDROCELE PROCEDURES	5	\$4,823	\$4,277
	121 SIMPLE ANAL AND RECTAL PROCEDURES	1	\$2,599	\$3,237
	123 COMPLEX LAPAROSCOPIC PROCEDURES	2	\$3,476	\$7,473
07	URINARY SYSTEM	1	\$1,341	\$5,467
	138 SIMPLE URETHRAL PROCEDURES	1	\$1,341	\$1,414
09	FEMALE GENITAL SYSTEM	11	\$3,018	\$4,786
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	1	\$2,024	\$3,503
	178 DILATION AND CURETTAGE	5	\$2,165	\$2,944
	179 HYSTEROSCOPY	5	\$4,070	\$5,125
11	EYE AND OCULAR ADNEXA	95	\$3,008	\$3,560
	213 LASER EYE PROCEDURES	15	\$837	\$739
	214 CATARACT PROCEDURES	79	\$3,417	\$3,611
	216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	1	\$3,274	\$2,809
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	76	\$2,327	\$3,024
	233 NASAL CAUTERIZATION AND PACKING	1	\$1,232	\$3,338
	235 SIMPLE FACIAL AND ENT PROCEDURES	28	\$1,411	\$1,997
	236 TONSIL AND ADENOID PROCEDURES	47	\$2,897	\$2,592

SOURCE: Utah Ambulatory Surgery Database  
Utah Health Data Committee/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, 2008**  
**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

116 Delta Community Medical Center - CAH

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
<b>GENDER</b>				
Female	235	57.6	120,689	54.0
Male	173	42.4	102,774	46.0
Unknown	0	0.0	0	0.0
Not Reported	0	0.0	1	0.0
<b>AGE</b>				
1-28 days	0	0.0	1,290	0.6
29-365 days	8	2.0	3,012	1.3
1-4 years	23	5.6	11,257	5.0
5-9	21	5.1	6,380	2.9
10-14	12	2.9	4,795	2.1
15-17	15	3.7	5,109	2.3
18-19	8	2.0	3,667	1.6
20-24	12	2.9	10,397	4.7
25-29	11	2.7	12,788	5.7
30-34	10	2.5	13,212	5.9
35-39	8	2.0	12,888	5.8
40-44	11	2.7	13,216	5.9
45-49	29	7.1	16,707	7.5
50-54	38	9.3	24,036	10.8
55-59	30	7.4	20,476	9.2
60-64	18	4.4	17,623	7.9
65-69	34	8.3	14,920	6.7
70-74	31	7.6	12,104	5.4
75-79	45	11.0	9,552	4.3
80-84	32	7.8	6,230	2.8
85-89	10	2.5	2,923	1.3
90 +	2	0.5	881	0.4
Not Reported	0	0.0	1,292	0.6
<b>SOURCE OF ADMISSION</b>				
Physician Referral	398	97.5	200,515	89.7
Clinic Referral	4	1.0	4,085	1.8
HMO Referral	0	0.0	3,198	1.4
Other Hospital	0	0.0	219	0.1
Skilled Nursing Facility	0	0.0	26	0.0
Other Health Care Facility	0	0.0	41	0.0
Emergency Room	6	1.5	5,219	2.3
Court/Law Enforcement	0	0.0	3	0.0
Unknown	0	0.0	26	0.0
Not Reported	0	0.0	10,133	4.5

(Continued)



**AMB ST 1-6**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2008**  
**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

116 Delta Community Medical Center - CAH

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
<b>DISCHARGE STATUS</b>				
Home or Self Care	408	100.0	222,849	99.7
Another Hospital	0	0.0	103	0.0
Skilled Nursing Facility	0	0.0	107	0.0
Intermediate Care Facility	0	0.0	14	0.0
Another Type of Institution	0	0.0	60	0.0
Under Care of Home Service	0	0.0	271	0.1
Left Against Medical Advice	0	0.0	13	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	0	0.0	8	0.0
Unknown	0	0.0	35	0.0
Not Reported	0	0.0	5	0.0
<b>PRIMARY PAYER</b>				
Medicare	126	30.9	38,441	17.2
Medicaid	42	10.3	13,916	6.2
Other government	3	0.7	3,998	1.8
Blue Cross/Blue Shield	95	23.3	31,579	14.1
Other Commercial	43	10.5	17,861	8.0
Managed Care(HMO, PPO)	78	19.1	108,172	48.4
Self Pay	8	2.0	3,087	1.4
Industrial & Worker Comp	2	0.5	3,835	1.7
Charity and Unclassified	3	0.7	1,349	0.6
Childrens Health Insurance	0	0.0	121	0.1
Unknown	8	2.0	1,030	0.5
Not Reported	0	0.0	76	0.0
<b>LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE</b>				
Bear River	0	0.0	16,758	7.5
Central Utah	386	94.6	8,253	3.7
Davis County	0	0.0	22,506	10.1
Salt Lake County	2	0.5	75,789	33.9
Southeastern Utah	0	0.0	4,234	1.9
Southwest Utah	2	0.5	13,877	6.2
Summit County	0	0.0	2,803	1.3
Tooele County	1	0.2	4,857	2.2
Tri-County	0	0.0	5,940	2.7
Utah County	5	1.2	37,220	16.7
Wasatch County	0	0.0	1,668	0.7
Weber County	0	0.0	19,855	8.9
Unknown Utah	1	0.2	42	0.0
Outside Utah	11	2.7	9,563	4.3
Unknown, Not Reported	0	0.0	100	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, 2008**  
**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)	16,019	100.0	321,431	100.0
Mastectomy (85.0-85.99)	332	2.1	7,806	2.4
Musculoskeletal (76.0-84.99)	3,647	22.8	73,868	23.0
Respiratory (30.0-34.99)	252	1.6	3,427	1.1
Cardiovascular (35.0-39.99)	1,963	12.3	18,764	5.8
Lymphatic/Hemetic (40.0-41.99)	198	1.2	2,774	0.9
Digestive System (42.0-54.99)	2,860	17.9	98,766	30.7
Urinary (55.0-59.99)	619	3.9	10,839	3.4
Male Genital (60.0-64.99)	183	1.1	3,918	1.2
Female Genital (65.0-71.99)	932	5.8	14,989	4.7
Endocrine/Nervous (01.0-07.99)	1,982	12.4	21,267	6.6
Eye (08.0-16.99)	88	0.5	21,107	6.6
Ear (18.0-20.99)	835	5.2	13,757	4.3
Nose, Mouth, Pharynx (21.0-29.99)	2,128	13.3	30,149	9.4
Reporting Category(CPT-4 CODES)	17,781	100.0	312,478	100.0
Mastectomy (19120-19220)	141	0.8	2,126	0.7
Musculoskeletal (20000-29909)	3,552	20.0	73,391	23.5
Respiratory (30000-32999 & 39501-39599)	1,345	7.6	14,650	4.7
Cardiovascular (33010-37799 & 93501-93660)	5,416	30.5	42,433	13.6
Lymphatic/Hemetic (38100-38999)	173	1.0	2,801	0.9
Digestive (40490-49999)	3,676	20.7	107,011	34.2
Urinary (50010-53899)	726	4.1	10,127	3.2
Male Genital (54000-55899)	124	0.7	3,288	1.1
Female Genital (56405-58999)	770	4.3	11,773	3.8
Endocrine/Nervous (60000-64999)	1,386	7.8	24,966	8.0
Eye (65091-68899)	32	0.2	12,267	3.9
Ear (69000-69979)	440	2.5	7,645	2.4

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

**AMB ST 1-2**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2008**  
**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		16,019	100.0	100.0
3722	LT HEART CARD CATH	841	5.3	1.38
0392	INJ OTH AGENT SPINAL CANAL	708	4.4	1.89
2001	MYRINGOTOMY W/INSRT TUBE	700	4.4	3.46
0390	INSRT SPINAL CANAL INFUS CATH	638	4.0	0.22
283	TONSILLECTOMY W/ADENOIDECTOMY	432	2.7	1.84
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	352	2.2	5.39
4523	COLONOSCOPY	325	2.0	6.06
3723	COMBO RT & LT HEART CARD CATH	309	1.9	0.55
806	EXC SEMILUNAR CARTILAGE-KNEE	305	1.9	1.86
5123	LAP CHOLEY	276	1.7	2.20
2169	OTH TURBINECTOMY	251	1.6	0.82
4513	OTH ENDO SM INTESTINE	236	1.5	1.73
3607	INSERTION RX-ELUTING COR ART STENT	228	1.4	0.42
8363	ROTATOR CUFF REPR	221	1.4	0.81
4542	ENDO POLYPECTOMY LG INTESTINE	217	1.4	3.39
2349	OTH DENTAL RESTORATION	209	1.3	0.20
2263	ETHMOIDECTOMY	197	1.2	0.52
0443	RELEASE CARPAL TUNNEL	195	1.2	1.09
8521	LOC EXC LES BREAST	176	1.1	0.75
8183	OTH REPR SHLDR	147	0.9	0.86

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		17,781	100.0	100.0
93545	INJ PROC-CATH; SELECT CORONRY AN	931	5.2	1.60
93543	INJ PROC-CATH; LT VENT/ATRIAL AN	830	4.7	1.35
93556	IMAG SUPERVS I&R-CATH; PULM ANGI	769	4.3	1.46
93555	IMAG SUPERVS I&R-CATH; VENT/ATRI	755	4.2	1.23
93510	LT HRT CATH RETRO-BRACH/FEM; PER	697	3.9	1.18
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	556	3.1	0.91
69436	TYMPANOSTOMY GENERAL ANESTHESIA	352	2.0	1.79
43239	UGI ENDO; W/BX 1/MX	351	2.0	5.34
42820	T&A; UNDER AGE 12	321	1.8	1.49
45378	COLONOSCOPY FLEX; DX-SEP PROC	311	1.7	5.71
93526	COMB RT HRT CATH&RETRO LT HRT CA	287	1.6	0.43
29826	SCOPE SHOULDER; DECOMP SUBACROM	276	1.6	1.23
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	270	1.5	1.43
45380	COLONOSCOPY FLEX; W/BX 1/MX	266	1.5	5.02
30140	SUBMUCOS RES TURBINATE PART/CMPL	234	1.3	0.74
29881	SCOPE KNEE SURG;W/MENISCECT MED/	228	1.3	1.61
30520	SEPTOPLASTY/SUBMUCOS RES W/GFT	212	1.2	0.77
41899	UNLIST PROC DENTOALVEOL STRUCTUR	210	1.2	0.89
93539	INJ PROC CARDIAC CATH; ART CONDU	181	1.0	0.18
31255	NASAL/SINUS ENDO; W/TOT ETHMOECT	176	1.0	0.37

SOURCE: Utah Ambulatory Surgery Database  
 Utah Health Data Committee/Office of Health Care Statistics  
 Reportable\* excludes codes in the former "Other" category 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, 2008  
 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	6,244	\$4,627	\$4,015
3722	LT HEART CARD CATH	631	\$6,471	\$7,640
283	TONSILLECTOMY W/ADENOIDECTOMY	314	\$2,518	\$2,576
5123	LAP CHOLEY	258	\$5,307	\$6,858
4523	COLONOSCOPY	251	\$809	\$1,021
3723	COMBO RT & LT HEART CARD CATH	249	\$6,951	\$8,441
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	214	\$1,524	\$1,498
2349	OTH DENTAL RESTORATION	207	\$2,563	\$2,725
4542	ENDO POLYPECTOMY LG INTESTINE	136	\$1,194	\$1,444
0443	RELEASE CARPAL TUNNEL	105	\$2,116	\$2,420
8521	LOC EXC LES BREAST	105	\$3,140	\$3,164
4513	OTH ENDO SM INTESTINE	99	\$1,405	\$1,248
6902	D&C FOLLOWING DELIV/AB	92	\$2,259	\$2,814
8363	ROTATOR CUFF REPR	86	\$7,677	\$9,744
806	EXC SEMILUNAR CARTILAGE-KNEE	65	\$3,752	\$4,727
5011	CLO [PERCUT] [NEEDLE] BX LIVER	64	\$2,542	\$2,321
3326	CLO [PERCUT] [NEEDLE] BX LUNG	61	\$2,594	\$2,784
0331	SPINAL TAP	60	\$1,583	\$2,084
5341	REPR UMB HERN W/PROSTH	60	\$5,118	\$5,097
8165	8165	60	\$6,839	\$8,283
4524	FLEX SIGMOIDOSCOPY	59	\$554	\$999

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals )
CPT-4	Procedures	5,990	\$3,314	\$3,633
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	544	\$884	\$1,141
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	254	\$5,316	\$7,209
45378	COLONOSCOPY FLEX; DX-SEP PROC	249	\$812	\$1,028
42820	T&A; UNDER AGE 12	230	\$2,453	\$2,484
69436	TYMPANOSTOMY GENERAL ANESTHESIA	217	\$1,073	\$1,352
41899	UNLIST PROC DENTOALVEOL STRUCTUR	207	\$2,563	\$2,567
43239	UGI ENDO; W/BX 1/MX	207	\$1,485	\$1,479
45380	COLONOSCOPY FLEX; W/BX 1/MX	156	\$1,118	\$1,400
62310	INJ 1 NOT NEUROLYTIC-EPID;CERV/T	123	\$907	\$1,315
29881	SCOPE KNEE SURG;W/MENISCECT MED/	102	\$3,758	\$4,187
19120	EXC BRST CYST TUMR/LES OPN M/F 1	101	\$3,129	\$2,993
49505	REPR INIT ING HERNIA 5YR/MORE; R	92	\$4,467	\$4,468
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	92	\$2,127	\$2,462
20680	REMOVAL OF IMPLANT; DEEP	85	\$3,212	\$3,321
43235	UGI ENDO; DX W/VO CLCT SPECMN-SP	85	\$1,281	\$1,180
42821	T&A; AGE 12 OR OVER	81	\$2,719	\$2,939
32405	BX LUNG/MEDIASTINUM PERCUT NEEDL	60	\$2,468	\$2,808
47000	BIOPSY LIVER NEEDLE; PERCUTANEOU	58	\$2,561	\$2,311
62270	SPINAL PUNCTURE LUMBAR DIAGNOSTI	58	\$1,500	\$2,027
44970	LAPAROSCOPY SURGICAL APPENDECTOM	55	\$8,092	\$9,809

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, 2008**  
**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	572	8,727
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	219	2,271
	003 COMPLEX INCISION AND DRAINAGE	3	100
	006 SIMPLE DEBRIDEMENT AND DESTRUCTION	7	184
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	59	1,175
	008 SIMPLE EXCISION AND BIOPSY	99	1,279
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRANGE	43	1,550
	010 SIMPLE SKIN REPAIR	1	18
	011 SIMPLE INCISION AND EXCISION OF BREAST	141	2,126
02	MUSCULOSKELETAL SYSTEM	3,165	65,893
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	326	7,092
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	168	2,745
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	134	2,708
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	484	13,313
	025 ARTHROSCOPY	1,520	27,527
	028 CLOSED TREATMENT FX & DISLOCATION OF FINGER, TOE & TRUNK	2	71
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	41	703
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	287	5,280
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	5	409
	032 BUNION PROCEDURES	77	1,813
	033 ARTHROPLASTY	56	597
	034 HAND AND FOOT TENOTOMY	4	356
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	61	2,426
03	RESPIRATORY SYSTEM	802	8,172
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	50	654
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	639	5,352
	054 SIMPLE ENDOSCOPY OF THE UPPER AIRWAY	12	297
	055 ENDOSCOPY OF THE LOWER AIRWAY	101	1,869
04	CARDIOVASCULAR SYSTEM	5,155	34,518
	074 CARDIAC ELECTROPHYSIOLOGIC TESTS	150	3,255
	075 PLACEMENT OF TRANSVENOUS CATHETERS	3	62
	076 DIAGNOSTIC CARDIAC CATHETERIZATION	4,666	25,900
	077 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	95	2,275
	078 PACEMAKER INSERTION AND REPLACEMENT	61	841
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	76	1,034
	080 MINOR VASCULAR REPAIR AND FISTULA CONSTRUCTION	71	767
	081 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	9	126
	082 VASCULAR LIGATION	24	253
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	165	3,460
	092 CHEMOTHERAPY EXCEPT BY EXTENDED INFUSION	3	45
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	146	1,999
	097 TRANSFUSION	16	1,333
06	DIGESTIVE SYSTEM	2,909	96,396
	111 ALIMENTARY TESTS AND SIMPLE TUBE PLACEMENT	2	170
	112 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	45	1,281
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	66	577

**AMB ST 1-4**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2008**  
**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			
114	PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	43	308
115	DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	523	20,625
116	THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	166	5,309
117	LOWER GASTROINTESTINAL ENDOSCOPY	698	40,097
118	ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	83	1,612
119	HERNIA AND HYDROCELE PROCEDURES	309	6,648
120	COMPLEX ANAL AND RECTAL PROCEDURES	37	1,153
121	SIMPLE ANAL AND RECTAL PROCEDURES	15	539
122	MISCELLANEOUS ABDOMINAL PROCEDURES	33	563
123	COMPLEX LAPAROSCOPIC PROCEDURES	873	17,238
124	SIMPLE LAPAROSCOPIC PROCEDURES	16	276
07	URINARY SYSTEM	604	8,765
131	RENAL EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	9	729
133	URINARY CATHETERIZATION AND DILATATION	128	472
134	COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	277	4,811
135	MODERATE CYSTOURETHROSCOPY	134	1,789
136	SIMPLE CYSTOURETHROSCOPY	40	590
137	COMPLEX URETHRAL PROCEDURES	8	191
138	SIMPLE URETHRAL PROCEDURES	8	180
08	MALE GENITAL SYSTEM	118	2,820
151	TESTICULAR AND EPIDIDYMAL PROCEDURES	61	1,286
152	INSERTION OF PENILE PROSTHESIS	10	88
153	COMPLEX PENILE PROCEDURES	18	498
154	SIMPLE PENILE PROCEDURES	29	837
09	FEMALE GENITAL SYSTEM	489	6,757
176	COMPLEX FEMALE REPRODUCTIVE PROCEDURES	238	2,044
177	SIMPLE FEMALE REPRODUCTIVE PROCEDURES	134	1,379
178	DILATION AND CURETTAGE	30	611
179	HYSTEROSCOPY	64	2,433
180	COLPOSCOPY	23	290
10	NERVOUS SYSTEM	1,237	21,149
195	NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	779	14,879
196	REVISION AND REMOVAL OF NEUROLOGICAL DEVICE	11	251
197	NEUROSTIMULATOR AND VENTRICULAR SHUNT IMPLANTATION	98	1,092
198	NERVE REPAIR AND DESTRUCTION	286	4,284
199	SPINAL TAP	63	643
11	EYE AND OCULAR ADNEXA	32	12,065
211	MINOR OPHTHALMOLOGICAL TESTS AND PROCEDURES	1	58
215	COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	3	323
216	MODERATE ANTERIOR SEGMENT EYE PROCEDURES	2	332
220	STRABISMUS AND MUSCLE EYE PROCEDURES	1	966
221	COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	17	1,215
222	SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	8	655
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	1,913	28,538
233	NASAL CAUTERIZATION AND PACKING	10	291
234	COMPLEX FACIAL AND ENT PROCEDURES	345	5,886

**AMB ST 1-4**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2008**  
**PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE\* CPT-4 PROCEDURES**

140 Dixie Regional Medical Center

procedure APG category	procedure APG	TOTAL #	TOTAL # (ALL Hospitals)
	235 SIMPLE FACIAL AND ENT PROCEDURES	945	13,559
	236 TONSIL AND ADENOID PROCEDURES	613	8,709
13	THERAPEUTIC AND OTHER RADIOLOGICAL PROCEDURES	77	3,406
	253 VASCULAR RADIOLOGY EXCEPT FOR VENOGRAPHY OF EXTREMITY	62	1,173
	255 MISCELLANEOUS RADIOLOGICAL PROCEDURES WITH CONTRAST	15	1,929
14	PHYSICAL MEDICINE AND REHABILITATION	1	8
	272 PHYSICAL THERAPY	1	8

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

**AMB ST 1-5**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2008**  
**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	426	\$3,108	\$3,433
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	178	\$2,877	\$2,695
	003 COMPLEX INCISION AND DRAINAGE	3	\$3,587	\$4,471
	006 SIMPLE DEBRIDEMENT AND DESTRUCTION	5	\$3,383	\$3,383
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	33	\$3,471	\$3,748
	008 SIMPLE EXCISION AND BIOPSY	65	\$2,755	\$3,190
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRAN	29	\$4,230	\$4,802
	011 SIMPLE INCISION AND EXCISION OF BREAST	113	\$3,255	\$3,305
02	MUSCULOSKELETAL SYSTEM	1,020	\$4,446	\$4,654
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	117	\$5,632	\$7,553
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	55	\$3,411	\$4,034
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	38	\$4,037	\$5,600
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	211	\$3,184	\$3,312
	025 ARTHROSCOPY	285	\$4,608	\$4,892
	028 CLOSED TREATMENT FX & DISLOCATION OF FINGER, TOE & TRUNK	1	\$2,450	\$2,571
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	31	\$2,976	\$3,247
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	215	\$5,703	\$6,529
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	1	\$10,462	\$3,340
	032 BUNION PROCEDURES	31	\$3,833	\$4,813
	033 ARTHROPLASTY	14	\$5,148	\$8,553
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	21	\$1,308	\$1,117
03	RESPIRATORY SYSTEM	78	\$2,386	\$2,445
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	26	\$1,724	\$1,535
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	31	\$3,182	\$3,900
	054 SIMPLE ENDOSCOPY OF THE UPPER AIRWAY	2	\$3,111	\$2,300
	055 ENDOSCOPY OF THE LOWER AIRWAY	19	\$1,915	\$2,377
04	CARDIOVASCULAR SYSTEM	104	\$9,278	\$14,018
	074 CARDIAC ELECTROPHYSIOLOGIC TESTS	5	\$13,910	\$16,098
	076 DIAGNOSTIC CARDIAC CATHETERIZATION	17	\$17,416	\$5,533
	077 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	2	\$13,172	\$25,520
	078 PACEMAKER INSERTION AND REPLACEMENT	13	\$17,029	\$23,655
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	4	\$9,834	\$4,381
	080 MINOR VASCULAR REPAIR AND FISTULA CONSTRUCTION	55	\$5,160	\$6,447
	081 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	4	\$3,942	\$5,330
	082 VASCULAR LIGATION	4	\$3,154	\$6,747
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	97	\$5,429	\$4,660
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	93	\$5,256	\$6,198
	097 TRANSFUSION	4	\$9,434	\$3,057
06	DIGESTIVE SYSTEM	1,754	\$3,089	\$2,773
	112 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	2	\$831	\$1,929
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	58	\$698	\$1,163
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	33	\$751	\$1,532
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	293	\$1,431	\$1,425
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	67	\$1,816	\$2,089
	117 LOWER GASTROINTESTINAL ENDOSCOPY	467	\$958	\$1,219



**AMB ST 1-5**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2008**  
**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 )
	118 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	18	\$4,282	\$4,271
	119 HERNIA AND HYDROCELE PROCEDURES	216	\$4,258	\$4,277
	120 COMPLEX ANAL AND RECTAL PROCEDURES	31	\$3,619	\$3,419
	121 SIMPLE ANAL AND RECTAL PROCEDURES	7	\$2,597	\$3,237
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	19	\$3,730	\$6,011
	123 COMPLEX LAPAROSCOPIC PROCEDURES	536	\$5,831	\$7,473
	124 SIMPLE LAPAROSCOPIC PROCEDURES	7	\$5,494	\$8,589
07	URINARY SYSTEM	191	\$4,158	\$5,467
	133 URINARY CATHETERIZATION AND DILATATION	4	\$10,566	\$5,073
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	108	\$4,170	\$5,910
	135 MODERATE CYSTOURETHROSCOPY	49	\$4,325	\$3,852
	136 SIMPLE CYSTOURETHROSCOPY	18	\$2,904	\$2,909
	137 COMPLEX URETHRAL PROCEDURES	6	\$4,358	\$11,146
	138 SIMPLE URETHRAL PROCEDURES	6	\$1,873	\$1,414
08	MALE GENITAL SYSTEM	84	\$5,876	\$3,901
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	33	\$3,307	\$3,127
	152 INSERTION OF PENILE PROSTHESIS	10	\$20,672	\$22,767
	153 COMPLEX PENILE PROCEDURES	16	\$7,038	\$3,976
	154 SIMPLE PENILE PROCEDURES	25	\$2,606	\$2,116
09	FEMALE GENITAL SYSTEM	199	\$3,857	\$4,786
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	69	\$4,723	\$6,095
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	80	\$3,687	\$3,503
	178 DILATION AND CURETTAGE	11	\$2,387	\$2,944
	179 HYSTEROSCOPY	33	\$3,118	\$5,125
	180 COLPOSCOPY	6	\$2,937	\$4,314
10	NERVOUS SYSTEM	898	\$1,179	\$2,546
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	718	\$906	\$1,269
	196 REVISION AND REMOVAL OF NEUROLOGICAL DEVICE	5	\$8,331	\$11,955
	197 NEUROSTIMULATOR AND VENTRICULAR SHUNT IMPLANTATION	1	\$7,445	\$31,310
	198 NERVE REPAIR AND DESTRUCTION	111	\$2,412	\$2,841
	199 SPINAL TAP	63	\$1,457	\$2,025
11	EYE AND OCULAR ADNEXA	14	\$4,081	\$3,560
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	2	\$1,175	\$5,024
	220 STRABISMUS AND MUSCLE EYE PROCEDURES	1	\$3,683	\$2,675
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	8	\$5,144	\$3,921
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	3	\$3,316	\$2,501
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	910	\$2,434	\$3,024
	233 NASAL CAUTERIZATION AND PACKING	3	\$3,341	\$3,338
	234 COMPLEX FACIAL AND ENT PROCEDURES	70	\$5,776	\$6,314
	235 SIMPLE FACIAL AND ENT PROCEDURES	470	\$1,854	\$1,997
	236 TONSIL AND ADENOID PROCEDURES	367	\$2,531	\$2,592
13	THERAPEUTIC AND OTHER RADIOLOGICAL PROCEDURES	9	\$4,890	\$3,705
	253 VASCULAR RADIOLOGY EXCEPT FOR VENOGRAPHY OF EXTREMITY	7	\$4,936	\$11,563
	255 MISCELLANEOUS RADIOLOGICAL PROCEDURES WITH CONTRAST	2	\$4,729	\$3,069

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/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, 2008**  
**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

140 Dixie Regional Medical Center

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
<b>GENDER</b>				
Female	5,250	51.2	120,689	54.0
Male	5,009	48.8	102,774	46.0
Unknown	0	0.0	0	0.0
Not Reported	0	0.0	1	0.0
<b>AGE</b>				
1-28 days	0	0.0	1,290	0.6
29-365 days	115	1.1	3,012	1.3
1-4 years	626	6.1	11,257	5.0
5-9	364	3.5	6,380	2.9
10-14	252	2.5	4,795	2.1
15-17	263	2.6	5,109	2.3
18-19	153	1.5	3,667	1.6
20-24	400	3.9	10,397	4.7
25-29	474	4.6	12,788	5.7
30-34	440	4.3	13,212	5.9
35-39	473	4.6	12,888	5.8
40-44	473	4.6	13,216	5.9
45-49	619	6.0	16,707	7.5
50-54	703	6.9	24,036	10.8
55-59	800	7.8	20,476	9.2
60-64	885	8.6	17,623	7.9
65-69	947	9.2	14,920	6.7
70-74	923	9.0	12,104	5.4
75-79	715	7.0	9,552	4.3
80-84	409	4.0	6,230	2.8
85-89	180	1.8	2,923	1.3
90 +	44	0.4	881	0.4
Not Reported	1	0.0	1,292	0.6
<b>SOURCE OF ADMISSION</b>				
Physician Referral	9,853	96.0	200,515	89.7
Clinic Referral	3	0.0	4,085	1.8
HMO Referral	0	0.0	3,198	1.4
Other Hospital	12	0.1	219	0.1
Skilled Nursing Facility	0	0.0	26	0.0
Other Health Care Facility	4	0.0	41	0.0
Emergency Room	376	3.7	5,219	2.3
Court/Law Enforcement	0	0.0	3	0.0
Unknown	11	0.1	26	0.0
Not Reported	0	0.0	10,133	4.5

(Continued)

**AMB ST 1-6**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2008**  
**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

140 Dixie Regional Medical Center

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
<b>DISCHARGE STATUS</b>				
Home or Self Care	10,226	99.7	222,849	99.7
Another Hospital	2	0.0	103	0.0
Skilled Nursing Facility	10	0.1	107	0.0
Intermediate Care Facility	0	0.0	14	0.0
Another Type of Institution	1	0.0	60	0.0
Under Care of Home Service	20	0.2	271	0.1
Left Against Medical Advice	0	0.0	13	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	0	0.0	8	0.0
Unknown	0	0.0	35	0.0
Not Reported	0	0.0	5	0.0
<b>PRIMARY PAYER</b>				
Medicare	2,733	26.6	38,441	17.2
Medicaid	899	8.8	13,916	6.2
Other government	234	2.3	3,998	1.8
Blue Cross/Blue Shield	1,077	10.5	31,579	14.1
Other Commercial	833	8.1	17,861	8.0
Managed Care(HMO, PPO)	3,902	38.0	108,172	48.4
Self Pay	120	1.2	3,087	1.4
Industrial & Worker Comp	247	2.4	3,835	1.7
Charity and Unclassified	100	1.0	1,349	0.6
Childrens Health Insurance	9	0.1	121	0.1
Unknown	105	1.0	1,030	0.5
Not Reported	0	0.0	76	0.0
<b>LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE</b>				
Bear River	8	0.1	16,758	7.5
Central Utah	82	0.8	8,253	3.7
Davis County	9	0.1	22,506	10.1
Salt Lake County	42	0.4	75,789	33.9
Southeastern Utah	16	0.2	4,234	1.9
Southwest Utah	8,810	85.9	13,877	6.2
Summit County	3	0.0	2,803	1.3
Tooele County	1	0.0	4,857	2.2
Tri-County	5	0.0	5,940	2.7
Utah County	34	0.3	37,220	16.7
Wasatch County	2	0.0	1,668	0.7
Weber County	7	0.1	19,855	8.9
Unknown Utah	1	0.0	42	0.0
Outside Utah	1,228	12.0	9,563	4.3
Unknown, Not Reported	11	0.1	100	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, 2008**  
**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)	147	100.0	321,431	100.0
Mastectomy (85.0-85.99)	1	0.7	7,806	2.4
Musculoskeletal (76.0-84.99)	1	0.7	73,868	23.0
Respiratory (30.0-34.99)	0	0.0	3,427	1.1
Cardiovascular (35.0-39.99)	0	0.0	18,764	5.8
Lymphatic/Hemetic (40.0-41.99)	0	0.0	2,774	0.9
Digestive System (42.0-54.99)	135	91.8	98,766	30.7
Urinary (55.0-59.99)	0	0.0	10,839	3.4
Male Genital (60.0-64.99)	0	0.0	3,918	1.2
Female Genital (65.0-71.99)	2	1.4	14,989	4.7
Endocrine/Nervous (01.0-07.99)	0	0.0	21,267	6.6
Eye (08.0-16.99)	0	0.0	21,107	6.6
Ear (18.0-20.99)	6	4.1	13,757	4.3
Nose, Mouth, Pharynx (21.0-29.99)	2	1.4	30,149	9.4
Reporting Category(CPT-4 CODES)	141	100.0	312,478	100.0
Mastectomy (19120-19220)	1	0.7	2,126	0.7
Musculoskeletal (20000-29909)	1	0.7	73,391	23.5
Respiratory (30000-32999 & 39501-39599)	0	0.0	14,650	4.7
Cardiovascular (33010-37799 & 93501-93660)	0	0.0	42,433	13.6
Lymphatic/Hemetic (38100-38999)	0	0.0	2,801	0.9
Digestive (40490-49999)	132	93.6	107,011	34.2
Urinary (50010-53899)	0	0.0	10,127	3.2
Male Genital (54000-55899)	0	0.0	3,288	1.1
Female Genital (56405-58999)	2	1.4	11,773	3.8
Endocrine/Nervous (60000-64999)	2	1.4	24,966	8.0
Eye (65091-68899)	0	0.0	12,267	3.9
Ear (69000-69979)	3	2.1	7,645	2.4

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

**AMB ST 1-2**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2008**  
**MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE\* PROCEDURES**

115 Fillmore Community Medical Center - CAH

ICD-9 CODE	ICD-9 DESCRIPTION	#	%	% ALL Hospitals
<b>All ICD-9 Procedures</b>				
4523	COLONOSCOPY	45	30.6	6.06
4525	CLO [ENDO] BX LG INTESTINE	41	27.9	2.33
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	23	15.6	5.39
4824	CLO [ENDO] BX RECTUM	12	8.2	0.44
4542	ENDO POLYPECTOMY LG INTESTINE	9	6.1	3.39
2001	MYRINGOTOMY W/INSRT TUBE	6	4.1	3.46
283	TONSILLECTOMY W/ADENOIDECTOMY	2	1.4	1.84
4836	[ENDO] POLYPECTOMY RECTUM	2	1.4	0.96
4341	ENDO EXC/DESTRUC LES/TISS STOMACH	1	0.7	0.17
4543	ENDO DEST OTH LES/TISS LG INTEST	1	0.7	0.04
4903	EXC PERIAN SKIN TAGS	1	0.7	0.02
6952	ASPIR CURET FOLLOWING DELIV/AB	1	0.7	0.43
6959	OTH ASPIR CURET UTERUS	1	0.7	0.07
7788	OTH PART OSTEC-TARSALS-METATARSALS	1	0.7	0.14
8521	LOC EXC LES BREAST	1	0.7	0.75

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
<b>All CPT-4 Procedures</b>				
45378	COLONOSCOPY FLEX; DX-SEP PROC	49	34.8	5.71
45380	COLONOSCOPY FLEX; W/BX 1/MX	44	31.2	5.02
43239	UGI ENDO; W/BX 1/MX	23	16.3	5.34
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	9	6.4	1.43
45384	COLONOSCOPY FLEX; REMV LES-FORCE	3	2.1	0.18
69436	TYMPANOSTOMY GENERAL ANESTHESIA	3	2.1	1.79
42820	T&A; UNDER AGE 12	2	1.4	1.49
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	2	1.4	0.91
19120	EXC BRST CYST TUMR/LES OPN M/F 1	1	0.7	0.43
28120	PARTIAL EXCISION BONE; TALUS/CAL	1	0.7	0.04
43250	UGI ENDO; W/REMV TUMOR/POLYP/LES	1	0.7	0.02
46220	PAPILLECT/EXC 1 TAG ANUS-SEP PRO	1	0.7	0.02
57410	PELVIC EXAMINATION UNDER ANESTHE	1	0.7	0.00
58120	DILATION & CURET DX &/ THERAPEUT	1	0.7	0.20

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, 2008  
 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		89	\$1,454	\$4,015
4523	COLONOSCOPY	41	\$1,124	\$1,021
4525	CLO [ENDO] BX LG INTESTINE	23	\$1,459	\$1,506
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	10	\$1,255	\$1,498
4542	ENDO POLYPECTOMY LG INTESTINE	4	\$1,746	\$1,444
4824	CLO [ENDO] BX RECTUM	3	\$1,479	\$1,391
283	TONSILLECTOMY W/ADENOIDECTOMY	2	\$4,556	\$2,576
4836	[ENDO] POLYPECTOMY RECTUM	2	\$1,406	\$1,339
6952	ASPIR CURET FOLLOWING DELIV/AB	1	\$2,490	\$2,819
6959	OTH ASPIR CURET UTERUS	1	\$2,212	\$2,708
7788	OTH PART OSTECL-TARSALS-METATARSALS	1	\$6,316	\$4,282
8521	LOC EXC LES BREAST	1	\$2,830	\$3,164

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals )
CPT-4 Procedures		95	\$1,483	\$3,633
45378	COLONOSCOPY FLEX; DX-SEP PROC	38	\$1,117	\$1,028
45380	COLONOSCOPY FLEX; W/BX 1/MX	34	\$1,511	\$1,400
43239	UGI ENDO; W/BX 1/MX	10	\$1,255	\$1,479
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	4	\$1,717	\$1,613
42820	T&A; UNDER AGE 12	2	\$4,556	\$2,484
45384	COLONOSCOPY FLEX; REMV LES-FORCE	2	\$1,465	\$1,488
69436	TYMPANOSTOMY GENERAL ANESTHESIA	2	\$2,130	\$1,352
19120	EXC BRST CYST TUMR/LES OPN M/F 1	1	\$2,830	\$2,993
28120	PARTIAL EXCISION BONE; TALUS/CAL	1	\$6,316	\$5,359
58120	DILATION & CURET DX &/ THERAPEUT	1	\$2,212	\$2,944

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, 2008**  
**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	1	8,727
	011 SIMPLE INCISION AND EXCISION OF BREAST	1	2,126
02	MUSCULOSKELETAL SYSTEM	1	65,893
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	1	13,313
06	DIGESTIVE SYSTEM	130	96,396
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	1	577
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	23	20,625
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	1	5,309
	117 LOWER GASTROINTESTINAL ENDOSCOPY	105	40,097
09	FEMALE GENITAL SYSTEM	2	6,757
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	1	1,379
	178 DILATION AND CURETTAGE	1	611
10	NERVOUS SYSTEM	2	21,149
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	2	14,879
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	5	28,538
	235 SIMPLE FACIAL AND ENT PROCEDURES	3	13,559
	236 TONSIL AND ADENOID PROCEDURES	2	8,709

SOURCE: Utah Ambulatory Surgery Database  
Utah Health Data Committee/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, 2008  
 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 )
01	INTEGUMENTARY SYSTEM	1	\$2,830	\$3,433
	011 SIMPLE INCISION AND EXCISION OF BREAST	1	\$2,830	\$3,305
02	MUSCULOSKELETAL SYSTEM	1	\$6,316	\$4,654
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	1	\$6,316	\$3,312
06	DIGESTIVE SYSTEM	88	\$1,320	\$2,773
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	10	\$1,255	\$1,425
	117 LOWER GASTROINTESTINAL ENDOSCOPY	78	\$1,328	\$1,219
09	FEMALE GENITAL SYSTEM	1	\$2,212	\$4,786
	178 DILATION AND CURETTAGE	1	\$2,212	\$2,944
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	4	\$3,343	\$3,024
	235 SIMPLE FACIAL AND ENT PROCEDURES	2	\$2,130	\$1,997
	236 TONSIL AND ADENOID PROCEDURES	2	\$4,556	\$2,592

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



**AMB ST 1-6**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2008**  
**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

115 Fillmore Community Medical Center - CAH

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
<b>GENDER</b>				
Female	64	55.2	120,689	54.0
Male	52	44.8	102,774	46.0
Unknown	0	0.0	0	0.0
Not Reported	0	0.0	1	0.0
<b>AGE</b>				
1-28 days	0	0.0	1,290	0.6
29-365 days	1	0.9	3,012	1.3
1-4 years	3	2.6	11,257	5.0
5-9	1	0.9	6,380	2.9
10-14	0	0.0	4,795	2.1
15-17	0	0.0	5,109	2.3
18-19	1	0.9	3,667	1.6
20-24	1	0.9	10,397	4.7
25-29	2	1.7	12,788	5.7
30-34	2	1.7	13,212	5.9
35-39	6	5.2	12,888	5.8
40-44	3	2.6	13,216	5.9
45-49	7	6.0	16,707	7.5
50-54	21	18.1	24,036	10.8
55-59	14	12.1	20,476	9.2
60-64	11	9.5	17,623	7.9
65-69	19	16.4	14,920	6.7
70-74	9	7.8	12,104	5.4
75-79	7	6.0	9,552	4.3
80-84	6	5.2	6,230	2.8
85-89	2	1.7	2,923	1.3
90 +	0	0.0	881	0.4
Not Reported	0	0.0	1,292	0.6
<b>SOURCE OF ADMISSION</b>				
Physician Referral	17	14.7	200,515	89.7
Clinic Referral	99	85.3	4,085	1.8
HMO Referral	0	0.0	3,198	1.4
Other Hospital	0	0.0	219	0.1
Skilled Nursing Facility	0	0.0	26	0.0
Other Health Care Facility	0	0.0	41	0.0
Emergency Room	0	0.0	5,219	2.3
Court/Law Enforcement	0	0.0	3	0.0
Unknown	0	0.0	26	0.0
Not Reported	0	0.0	10,133	4.5

(Continued)

**AMB ST 1-6**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2008**  
**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

115 Fillmore Community Medical Center - CAH

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
<b>DISCHARGE STATUS</b>				
Home or Self Care	116	100.0	222,849	99.7
Another Hospital	0	0.0	103	0.0
Skilled Nursing Facility	0	0.0	107	0.0
Intermediate Care Facility	0	0.0	14	0.0
Another Type of Institution	0	0.0	60	0.0
Under Care of Home Service	0	0.0	271	0.1
Left Against Medical Advice	0	0.0	13	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	0	0.0	8	0.0
Unknown	0	0.0	35	0.0
Not Reported	0	0.0	5	0.0
<b>PRIMARY PAYER</b>				
Medicare	36	31.0	38,441	17.2
Medicaid	1	0.9	13,916	6.2
Other government	2	1.7	3,998	1.8
Blue Cross/Blue Shield	16	13.8	31,579	14.1
Other Commercial	5	4.3	17,861	8.0
Managed Care(HMO, PPO)	55	47.4	108,172	48.4
Self Pay	1	0.9	3,087	1.4
Industrial & Worker Comp	0	0.0	3,835	1.7
Charity and Unclassified	0	0.0	1,349	0.6
Childrens Health Insurance	0	0.0	121	0.1
Unknown	0	0.0	1,030	0.5
Not Reported	0	0.0	76	0.0
<b>LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE</b>				
Bear River	0	0.0	16,758	7.5
Central Utah	114	98.3	8,253	3.7
Davis County	0	0.0	22,506	10.1
Salt Lake County	0	0.0	75,789	33.9
Southeastern Utah	0	0.0	4,234	1.9
Southwest Utah	1	0.9	13,877	6.2
Summit County	0	0.0	2,803	1.3
Tooele County	0	0.0	4,857	2.2
Tri-County	0	0.0	5,940	2.7
Utah County	0	0.0	37,220	16.7
Wasatch County	0	0.0	1,668	0.7
Weber County	0	0.0	19,855	8.9
Unknown Utah	0	0.0	42	0.0
Outside Utah	1	0.9	9,563	4.3
Unknown, Not Reported	0	0.0	100	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, 2008**  
**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)	196	100.0	321,431	100.0
Mastectomy (85.0-85.99)	0	0.0	7,806	2.4
Musculoskeletal (76.0-84.99)	0	0.0	73,868	23.0
Respiratory (30.0-34.99)	0	0.0	3,427	1.1
Cardiovascular (35.0-39.99)	0	0.0	18,764	5.8
Lymphatic/Hemetic (40.0-41.99)	1	0.5	2,774	0.9
Digestive System (42.0-54.99)	156	79.6	98,766	30.7
Urinary (55.0-59.99)	0	0.0	10,839	3.4
Male Genital (60.0-64.99)	0	0.0	3,918	1.2
Female Genital (65.0-71.99)	2	1.0	14,989	4.7
Endocrine/Nervous (01.0-07.99)	0	0.0	21,267	6.6
Eye (08.0-16.99)	0	0.0	21,107	6.6
Ear (18.0-20.99)	18	9.2	13,757	4.3
Nose, Mouth, Pharynx (21.0-29.99)	19	9.7	30,149	9.4
Reporting Category(CPT-4 CODES)	174	100.0	312,478	100.0
Mastectomy (19120-19220)	0	0.0	2,126	0.7
Musculoskeletal (20000-29909)	0	0.0	73,391	23.5
Respiratory (30000-32999 & 39501-39599)	0	0.0	14,650	4.7
Cardiovascular (33010-37799 & 93501-93660)	0	0.0	42,433	13.6
Lymphatic/Hemetic (38100-38999)	1	0.6	2,801	0.9
Digestive (40490-49999)	163	93.7	107,011	34.2
Urinary (50010-53899)	0	0.0	10,127	3.2
Male Genital (54000-55899)	0	0.0	3,288	1.1
Female Genital (56405-58999)	0	0.0	11,773	3.8
Endocrine/Nervous (60000-64999)	0	0.0	24,966	8.0
Eye (65091-68899)	0	0.0	12,267	3.9
Ear (69000-69979)	10	5.7	7,645	2.4

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

**AMB ST 1-2**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2008**  
**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		196	100.0	100.0
4523	COLONOSCOPY	39	19.9	6.06
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	37	18.9	5.39
4542	ENDO POLYPECTOMY LG INTESTINE	23	11.7	3.39
2001	MYRINGOTOMY W/INSRT TUBE	18	9.2	3.46
4525	CLO [ENDO] BX LG INTESTINE	18	9.2	2.33
283	TONSILLECTOMY W/ADENOIDECTOMY	15	7.7	1.84
4341	ENDO EXC/DESTRUC LES/TISS STOMACH	7	3.6	0.17
4513	OTH ENDO SM INTESTINE	6	3.1	1.73
4836	[ENDO] POLYPECTOMY RECTUM	6	3.1	0.96
4824	CLO [ENDO] BX RECTUM	5	2.6	0.44
282	TONSILLECTOMY WO ADENOIDECTOMY	3	1.5	0.58
4514	CLO [ENDO] BX SM INTESTINE	2	1.0	0.04
5123	LAP CHOLEY	2	1.0	2.20
5349	OTH UMB HERNIORRHAPHY	2	1.0	0.29
6902	D&C FOLLOWING DELIV/AB	2	1.0	0.23
286	ADENOIDECTOMY WO TONSILLECTOMY	1	0.5	0.35
4011	BX LYMPHATIC STRUCT	1	0.5	0.20
4233	ENDO EXC/DESTRUC LES/TISS ESOPH	1	0.5	0.07
4522	ENDO LG INTEST THRU ARTIFICL STOMA	1	0.5	0.01
4912	ANAL FISTULECTOMY	1	0.5	0.03

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		174	100.0	100.0
45380	COLONOSCOPY FLEX; W/BX 1/MX	37	21.3	5.02
43239	UGI ENDO; W/BX 1/MX	35	20.1	5.34
45378	COLONOSCOPY FLEX; DX-SEP PROC	31	17.8	5.71
42820	T&A; UNDER AGE 12	14	8.0	1.49
69436	TYMPANOSTOMY GENERAL ANESTHESIA	10	5.7	1.79
43258	UGI ENDO; W/ABLAT LES NOT SNARE	7	4.0	0.13
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	7	4.0	1.43
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	4	2.3	1.18
G0105	COLOREC CANCR SCR; COLNSCPY HI R	4	2.3	0.09
G0121	COLOREC CNCR SCR;COLNSCPY NO HI	4	2.3	0.17
49505	REPR INIT ING HERNIA 5YR/MORE; R	3	1.7	0.80
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	2	1.1	0.50
44377	SM INTEST ENDO W/ILEUM; W/BX 1/M	2	1.1	0.03
47562	LAPAROSCOPY SURGICAL; CHOLECT	2	1.1	0.79
49585	REPR UMBIL HERNIA 5YR/OVER; RDUC	2	1.1	0.33
38510	BX/EXC LYMPH NODE; OPN DP CERV N	1	0.6	0.09
42821	T&A; AGE 12 OR OVER	1	0.6	0.37
42825	TONSILLECT PRIM/SEC; UNDER AGE 1	1	0.6	0.09
42830	ADENOIDECTOMY PRIMARY; UNDER AGE	1	0.6	0.31
43251	UGI ENDO; W/REMV TUMOR/LES-SNARE	1	0.6	0.07

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

AMB ST 1-3

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2008  
 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	\$1,078	\$4,015
4523	COLONOSCOPY	31	\$766	\$1,021
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	22	\$727	\$1,498
4542	ENDO POLYPECTOMY LG INTESTINE	17	\$942	\$1,444
283	TONSILLECTOMY W/ADENOIDECTOMY	12	\$1,546	\$2,576
4525	CLO [ENDO] BX LG INTESTINE	8	\$985	\$1,506
282	TONSILLECTOMY WO ADENOIDECTOMY	3	\$1,511	\$2,653
4513	OTH ENDO SM INTESTINE	3	\$658	\$1,248
4836	[ENDO] POLYPECTOMY RECTUM	3	\$975	\$1,339
4341	ENDO EXC/DESTRUC LES/TISS STOMACH	2	\$849	\$1,903
5349	OTH UMB HERNIORRHAPHY	2	\$2,272	\$3,202
6902	D&C FOLLOWING DELIV/AB	2	\$3,244	\$2,814
4011	BX LYMPHATIC STRUCT	1	\$1,868	\$4,113
4514	CLO [ENDO] BX SM INTESTINE	1	\$745	\$2,394
4522	ENDO LG INTEST THRU ARTIFICL STOMA	1	\$780	\$916
5123	LAP CHOLEY	1	\$4,075	\$6,858
5303	UNILAT REPR DIRECT ING HERN-GFT	1	\$3,470	\$4,788
5304	UNILAT REPR INDIRECT ING HERN-GFT	1	\$3,034	\$4,616
5315	BILAT REPR INDIRECT ING HERN-GFT	1	\$2,373	\$6,422

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals )
CPT-4 Procedures		115	\$1,050	\$3,633
45380	COLONOSCOPY FLEX; W/BX 1/MX	26	\$969	\$1,400
43239	UGI ENDO; W/BX 1/MX	21	\$719	\$1,479
45378	COLONOSCOPY FLEX; DX-SEP PROC	21	\$804	\$1,028
42820	T&A; UNDER AGE 12	11	\$1,521	\$2,484
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	5	\$1,152	\$1,613
69436	TYMPANOSTOMY GENERAL ANESTHESIA	5	\$771	\$1,352
G0105	COLOREC CANCR SCR; COLNSCPY HI R	4	\$800	\$759
G0121	COLOREC CNCR SCR;COLNSCPY NO HI	4	\$793	\$812
49505	REPR INIT ING HERNIA 5YR/MORE; R	3	\$2,959	\$4,468
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	2	\$1,622	\$2,730
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	2	\$587	\$1,180
49585	REPR UMBIL HERNIA 5YR/OVER; RDUC	2	\$2,272	\$4,276
38510	BX/EXC LYMPH NODE; OPN DP CERV N	1	\$1,868	\$4,879
42821	T&A; AGE 12 OR OVER	1	\$1,819	\$2,939
42825	TONSILLECT PRIM/SEC; UNDER AGE 1	1	\$1,289	\$2,231
43251	UGI ENDO; W/REMV TUMOR/LES-SNARE	1	\$956	\$2,062
43258	UGI ENDO; W/ABLAT LES NOT SNARE	1	\$742	\$2,229
44376	SM INTEST ENDO W/ILEUM; DX-SEP P	1	\$798	\$1,302
44377	SM INTEST ENDO W/ILEUM; W/BX 1/M	1	\$745	\$2,277
44388	COLONOSCOPY-STOMA; DX-SEP PROC	1	\$780	\$967

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, 2008**  
**PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE\* CPT-4 PROCEDURES**

110 Garfield Memorial Hospital

Procedure APG category	Procedure APG	TOTAL #	TOTAL # (ALL Hospitals)
01	INTEGUMENTARY SYSTEM	1	8,727
	006 SIMPLE DEBRIDEMENT AND DESTRUCTION	1	184
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	1	3,460
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	1	1,999
06	DIGESTIVE SYSTEM	143	96,396
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	39	20,625
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	8	5,309
	117 LOWER GASTROINTESTINAL ENDOSCOPY	84	40,097
	118 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	3	1,612
	119 HERNIA AND HYDROCELE PROCEDURES	5	6,648
	120 COMPLEX ANAL AND RECTAL PROCEDURES	1	1,153
	123 COMPLEX LAPAROSCOPIC PROCEDURES	3	17,238
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	29	28,538
	235 SIMPLE FACIAL AND ENT PROCEDURES	10	13,559
	236 TONSIL AND ADENOID PROCEDURES	19	8,709

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

**AMB ST 1-5  
 UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2008  
 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 )
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	1	\$1,868	\$4,660
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	1	\$1,868	\$6,198
06	DIGESTIVE SYSTEM	94	\$979	\$2,773
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	23	\$708	\$1,425
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	2	\$849	\$2,089
	117 LOWER GASTROINTESTINAL ENDOSCOPY	61	\$901	\$1,219
	118 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	2	\$772	\$4,271
	119 HERNIA AND HYDROCELE PROCEDURES	5	\$2,684	\$4,277
	123 COMPLEX LAPAROSCOPIC PROCEDURES	1	\$4,075	\$7,473
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	20	\$1,347	\$3,024
	235 SIMPLE FACIAL AND ENT PROCEDURES	5	\$771	\$1,997
	236 TONSIL AND ADENOID PROCEDURES	15	\$1,539	\$2,592

SOURCE: Utah Ambulatory Surgery Database  
 Utah Health Data Committee/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, 2008**  
**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

110 Garfield Memorial Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
<b>GENDER</b>				
Female	78	52.3	120,689	54.0
Male	71	47.7	102,774	46.0
Unknown	0	0.0	0	0.0
Not Reported	0	0.0	1	0.0
<b>AGE</b>				
1-28 days	0	0.0	1,290	0.6
29-365 days	3	2.0	3,012	1.3
1-4 years	11	7.4	11,257	5.0
5-9	6	4.0	6,380	2.9
10-14	1	0.7	4,795	2.1
15-17	4	2.7	5,109	2.3
18-19	1	0.7	3,667	1.6
20-24	3	2.0	10,397	4.7
25-29	11	7.4	12,788	5.7
30-34	3	2.0	13,212	5.9
35-39	3	2.0	12,888	5.8
40-44	6	4.0	13,216	5.9
45-49	2	1.3	16,707	7.5
50-54	15	10.1	24,036	10.8
55-59	19	12.8	20,476	9.2
60-64	10	6.7	17,623	7.9
65-69	14	9.4	14,920	6.7
70-74	18	12.1	12,104	5.4
75-79	11	7.4	9,552	4.3
80-84	7	4.7	6,230	2.8
85-89	1	0.7	2,923	1.3
90 +	0	0.0	881	0.4
Not Reported	0	0.0	1,292	0.6
<b>SOURCE OF ADMISSION</b>				
Physician Referral	1	0.7	200,515	89.7
Clinic Referral	147	98.7	4,085	1.8
HMO Referral	0	0.0	3,198	1.4
Other Hospital	0	0.0	219	0.1
Skilled Nursing Facility	0	0.0	26	0.0
Other Health Care Facility	0	0.0	41	0.0
Emergency Room	1	0.7	5,219	2.3
Court/Law Enforcement	0	0.0	3	0.0
Unknown	0	0.0	26	0.0
Not Reported	0	0.0	10,133	4.5

(Continued)



**AMB ST 1-6**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2008**  
**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

110 Garfield Memorial Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
<b>DISCHARGE STATUS</b>				
Home or Self Care	149	100.0	222,849	99.7
Another Hospital	0	0.0	103	0.0
Skilled Nursing Facility	0	0.0	107	0.0
Intermediate Care Facility	0	0.0	14	0.0
Another Type of Institution	0	0.0	60	0.0
Under Care of Home Service	0	0.0	271	0.1
Left Against Medical Advice	0	0.0	13	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	0	0.0	8	0.0
Unknown	0	0.0	35	0.0
Not Reported	0	0.0	5	0.0
<b>PRIMARY PAYER</b>				
Medicare	45	30.2	38,441	17.2
Medicaid	18	12.1	13,916	6.2
Other government	4	2.7	3,998	1.8
Blue Cross/Blue Shield	12	8.1	31,579	14.1
Other Commercial	8	5.4	17,861	8.0
Managed Care(HMO, PPO)	52	34.9	108,172	48.4
Self Pay	8	5.4	3,087	1.4
Industrial & Worker Comp	0	0.0	3,835	1.7
Charity and Unclassified	2	1.3	1,349	0.6
Childrens Health Insurance	0	0.0	121	0.1
Unknown	0	0.0	1,030	0.5
Not Reported	0	0.0	76	0.0
<b>LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE</b>				
Bear River	0	0.0	16,758	7.5
Central Utah	18	12.1	8,253	3.7
Davis County	0	0.0	22,506	10.1
Salt Lake County	0	0.0	75,789	33.9
Southeastern Utah	0	0.0	4,234	1.9
Southwest Utah	126	84.6	13,877	6.2
Summit County	0	0.0	2,803	1.3
Tooele County	0	0.0	4,857	2.2
Tri-County	0	0.0	5,940	2.7
Utah County	0	0.0	37,220	16.7
Wasatch County	0	0.0	1,668	0.7
Weber County	0	0.0	19,855	8.9
Unknown Utah	1	0.7	42	0.0
Outside Utah	4	2.7	9,563	4.3
Unknown, Not Reported	0	0.0	100	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, 2008**  
**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)	1,318	100.0	321,431	100.0
Mastectomy (85.0-85.99)	30	2.3	7,806	2.4
Musculoskeletal (76.0-84.99)	79	6.0	73,868	23.0
Respiratory (30.0-34.99)	2	0.2	3,427	1.1
Cardiovascular (35.0-39.99)	4	0.3	18,764	5.8
Lymphatic/Hemetic (40.0-41.99)	8	0.6	2,774	0.9
Digestive System (42.0-54.99)	832	63.1	98,766	30.7
Urinary (55.0-59.99)	4	0.3	10,839	3.4
Male Genital (60.0-64.99)	5	0.4	3,918	1.2
Female Genital (65.0-71.99)	85	6.4	14,989	4.7
Endocrine/Nervous (01.0-07.99)	33	2.5	21,267	6.6
Eye (08.0-16.99)	94	7.1	21,107	6.6
Ear (18.0-20.99)	65	4.9	13,757	4.3
Nose, Mouth, Pharynx (21.0-29.99)	77	5.8	30,149	9.4
Reporting Category(CPT-4 CODES)	1,566	100.0	312,478	100.0
Mastectomy (19120-19220)	27	1.7	2,126	0.7
Musculoskeletal (20000-29909)	83	5.3	73,391	23.5
Respiratory (30000-32999 & 39501-39599)	13	0.8	14,650	4.7
Cardiovascular (33010-37799 & 93501-93660)	543	34.7	42,433	13.6
Lymphatic/Hemetic (38100-38999)	7	0.4	2,801	0.9
Digestive (40490-49999)	717	45.8	107,011	34.2
Urinary (50010-53899)	3	0.2	10,127	3.2
Male Genital (54000-55899)	7	0.4	3,288	1.1
Female Genital (56405-58999)	37	2.4	11,773	3.8
Endocrine/Nervous (60000-64999)	1	0.1	24,966	8.0
Eye (65091-68899)	94	6.0	12,267	3.9
Ear (69000-69979)	34	2.2	7,645	2.4

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

**AMB ST 1-2**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2008**  
**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		1,318	100.0	100.0
4523	COLONOSCOPY	231	17.5	6.06
4513	OTH ENDO SM INTESTINE	193	14.6	1.73
4525	CLO [ENDO] BX LG INTESTINE	99	7.5	2.33
1341	PHACOEMULSIFICATION-ASPIR CATARACT	68	5.2	1.54
5123	LAP CHOLEY	66	5.0	2.20
2001	MYRINGOTOMY W/INSRT TUBE	63	4.8	3.46
5159	INCIS OTH BILE DUCT	63	4.8	0.02
283	TONSILLECTOMY W/ADENOIDECTOMY	40	3.0	1.84
5451	LAP LYSIS PERITONEAL ADHES	37	2.8	0.22
0443	RELEASE CARPAL TUNNEL	30	2.3	1.09
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	28	2.1	5.39
1364	DISCISSION SECNDRY MEMBRN	25	1.9	0.13
8521	LOC EXC LES BREAST	24	1.8	0.75
6823	ENDOMETRIAL ABLATION	19	1.4	0.52
806	EXC SEMILUNAR CARTILAGE-KNEE	18	1.4	1.86
5421	LAPAROSCOPY	16	1.2	0.60
8147	OTH REPR KNEE	16	1.2	0.86
4542	ENDO POLYPECTOMY LG INTESTINE	15	1.1	3.39
282	TONSILLECTOMY WO ADENOIDECTOMY	14	1.1	0.58
4292	DILAT ESOPH	13	1.0	1.34

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		1,566	100.0	100.0
36416	COLLECTON CAPILLARY BLOOD SPECIM	474	30.3	0.72
45378	COLONOSCOPY FLEX; DX-SEP PROC	229	14.6	5.71
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	169	10.8	1.18
45380	COLONOSCOPY FLEX; W/BX 1/MX	100	6.4	5.02
66984	EXTRACAPSULAR CATARACT REMV IOL	68	4.3	1.50
36430	TRANSFUSION BLOOD/BLOOD COMPONENT	59	3.8	0.43
42820	T&A; UNDER AGE 12	40	2.6	1.49
49505	REPR INIT ING HERNIA 5YR/MORE; R	36	2.3	0.80
69436	TYMPANOSTOMY GENERAL ANESTHESIA	31	2.0	1.79
43239	UGI ENDO; W/BX 1/MX	28	1.8	5.34
29848	ENDO WRST SURG REL TRNS CARP LIG	27	1.7	0.38
66821	DISCISSION 2ND CATARACT; LASER S	26	1.7	0.15
19125	EXC BRST LES ID RAD MARKR OPN;1	17	1.1	0.23
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	13	0.8	0.50
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	12	0.8	0.85
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	12	0.8	1.43
58563	HYSTEROSC SURG; W/ENDOMETRIAL AB	12	0.8	0.37
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	11	0.7	1.43
19120	EXC BRST CYST TUMR/LES OPN M/F 1	10	0.6	0.43
27332	ARTHROT EXC SEMILUNAR KNEE; MED/	9	0.6	0.01

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

AMB ST 1-3

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2008  
 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	756	\$1,643	\$4,015
4523	COLONOSCOPY	179	\$909	\$1,021
4513	OTH ENDO SM INTESTINE	122	\$935	\$1,248
4525	CLO [END] BX LG INTESTINE	83	\$1,096	\$1,506
1341	PHACOEMULSIFICATION-ASPIR CATARACT	68	\$2,334	\$2,766
283	TONSILLECTOMY W/ADENOIDECTOMY	38	\$1,267	\$2,576
1364	DISCISSION SECNDRY MEMBRN	25	\$673	\$758
8521	LOC EXC LES BREAST	24	\$2,431	\$3,164
0443	RELEASE CARPAL TUNNEL	23	\$2,042	\$2,420
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	22	\$1,155	\$1,498
6823	ENDOMETRIAL ABLATION	15	\$4,382	\$5,865
282	TONSILLECTOMY WO ADENOIDECTOMY	14	\$1,340	\$2,653
6902	D&C FOLLOWING DELIV/AB	9	\$1,924	\$2,814
4542	ENDO POLYPECTOMY LG INTESTINE	8	\$1,194	\$1,444
4292	DILAT ESOPH	7	\$1,125	\$1,594
4701	LAP APPENDECTOMY	7	\$7,921	\$9,824
6909	OTH D&C UTERUS	7	\$1,522	\$3,090
5304	UNILAT REPR INDIRECT ING HERN-GFT	6	\$3,290	\$4,616
5303	UNILAT REPR DIRECT ING HERN-GFT	4	\$2,959	\$4,788
5341	REPR UMB HERN W/PROSTH	4	\$8,017	\$5,097
5361	INCIS HERN REPR W/PROSTH	4	\$7,321	\$8,308

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals )
CPT-4	Procedures	1,325	\$1,057	\$3,633
36416	COLLECTON CAPILLARY BLOOD SPECIM	469	\$141	\$185
45378	COLONOSCOPY FLEX; DX-SEP PROC	180	\$907	\$1,028
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	110	\$865	\$1,180
45380	COLONOSCOPY FLEX; W/BX 1/MX	84	\$1,100	\$1,400
66984	EXTRACAPSULAR CATARACT REMV IOL	68	\$2,334	\$3,597
36430	TRANSFUSION BLOOD/BLOOD COMPONENT	59	\$1,339	\$3,057
42820	T&A; UNDER AGE 12	38	\$1,267	\$2,484
69436	TYMPANOSTOMY GENERAL ANESTHESIA	28	\$920	\$1,352
29848	ENDO WRST SURG REL TRNS CARP LIG	26	\$2,051	\$2,537
66821	DISCISSION 2ND CATARACT; LASER S	24	\$674	\$723
43239	UGI ENDO; W/BX 1/MX	21	\$1,079	\$1,479
49505	REPR INIT ING HERNIA 5YR/MORE; R	21	\$3,195	\$4,468
19125	EXC BRST LES ID RAD MARKR OPN;1	16	\$2,520	\$3,946
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	13	\$1,342	\$2,730
58563	HYSTEROSC SURG; W/ENDOMETRIAL AB	11	\$4,540	\$6,190
19120	EXC BRST CYST TUMR/LES OPN M/F 1	10	\$2,193	\$2,993
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	10	\$1,041	\$1,806
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	10	\$5,824	\$7,209
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	7	\$1,148	\$1,613
58120	DILATION & CURET DX &/ THERAPEUT	7	\$1,522	\$2,944

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, 2008**  
**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	38	8,727
	004 SIMPLE INCISION AND DRAINAGE	1	24
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	3	1,175
	008 SIMPLE EXCISION AND BIOPSY	1	1,279
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRANGE	6	1,550
	011 SIMPLE INCISION AND EXCISION OF BREAST	27	2,126
02	MUSCULOSKELETAL SYSTEM	80	65,893
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	11	7,092
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	1	2,745
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	11	13,313
	025 ARTHROSCOPY	50	27,527
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	1	409
	032 BUNION PROCEDURES	3	1,813
	033 ARTHROPLASTY	3	597
03	RESPIRATORY SYSTEM	11	8,172
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	5	654
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	4	5,352
	055 ENDOSCOPY OF THE LOWER AIRWAY	2	1,869
04	CARDIOVASCULAR SYSTEM	4	34,518
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	4	1,034
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	65	3,460
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	6	1,999
	097 TRANSFUSION	59	1,333
06	DIGESTIVE SYSTEM	655	96,396
	111 ALIMENTARY TESTS AND SIMPLE TUBE PLACEMENT	2	170
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	197	20,625
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	18	5,309
	117 LOWER GASTROINTESTINAL ENDOSCOPY	345	40,097
	119 HERNIA AND HYDROCELE PROCEDURES	63	6,648
	123 COMPLEX LAPAROSCOPIC PROCEDURES	30	17,238
07	URINARY SYSTEM	2	8,765
	135 MODERATE CYSTOURETHROSCOPY	1	1,789
	136 SIMPLE CYSTOURETHROSCOPY	1	590
08	MALE GENITAL SYSTEM	6	2,820
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	1	1,286
	154 SIMPLE PENILE PROCEDURES	5	837
09	FEMALE GENITAL SYSTEM	27	6,757
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	4	1,379
	178 DILATION AND CURETTAGE	7	611
	179 HYSTEROSCOPY	13	2,433
	180 COLPOSCOPY	3	290
11	EYE AND OCULAR ADNEXA	94	12,065
	213 LASER EYE PROCEDURES	26	555
	214 CATARACT PROCEDURES	68	4,992
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	101	28,538
	234 COMPLEX FACIAL AND ENT PROCEDURES	5	5,886

**AMB ST 1-4**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2008**  
**PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE\* CPT-4 PROCEDURES**

129 Gunnison Valley Hospital - CAH

procedure APG category procedure APG	TOTAL #	TOTAL # (ALL Hospitals)
235 SIMPLE FACIAL AND ENT PROCEDURES	41	13,559
236 TONSIL AND ADENOID PROCEDURES	55	8,709

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

**AMB ST 1-5**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2008**  
**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	35	\$2,419	\$3,433
	004 SIMPLE INCISION AND DRAINAGE	1	\$1,513	\$2,787
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	2	\$949	\$3,748
	008 SIMPLE EXCISION AND BIOPSY	1	\$2,514	\$3,190
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRAN	5	\$3,295	\$4,802
	011 SIMPLE INCISION AND EXCISION OF BREAST	26	\$2,394	\$3,305
02	MUSCULOSKELETAL SYSTEM	49	\$2,015	\$4,654
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	8	\$1,921	\$7,553
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	1	\$1,838	\$4,034
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	3	\$2,551	\$3,312
	025 ARTHROSCOPY	34	\$2,021	\$4,892
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	1	\$1,129	\$3,340
	032 BUNION PROCEDURES	1	\$2,068	\$4,813
	033 ARTHROPLASTY	1	\$1,949	\$8,553
03	RESPIRATORY SYSTEM	7	\$836	\$2,445
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	5	\$547	\$1,535
	055 ENDOSCOPY OF THE LOWER AIRWAY	2	\$1,557	\$2,377
04	CARDIOVASCULAR SYSTEM	4	\$1,988	\$14,018
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	4	\$1,988	\$4,381
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	64	\$1,405	\$4,660
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	5	\$2,180	\$6,198
	097 TRANSFUSION	59	\$1,339	\$3,057
06	DIGESTIVE SYSTEM	477	\$1,385	\$2,773
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	131	\$900	\$1,425
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	16	\$1,036	\$2,089
	117 LOWER GASTROINTESTINAL ENDOSCOPY	273	\$975	\$1,219
	119 HERNIA AND HYDROCELE PROCEDURES	35	\$4,152	\$4,277
	123 COMPLEX LAPAROSCOPIC PROCEDURES	22	\$5,219	\$7,473
07	URINARY SYSTEM	2	\$641	\$5,467
	135 MODERATE CYSTOURETHROSCOPY	1	\$679	\$3,852
	136 SIMPLE CYSTOURETHROSCOPY	1	\$603	\$2,909
08	MALE GENITAL SYSTEM	5	\$581	\$3,901
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	1	\$1,296	\$3,127
	154 SIMPLE PENILE PROCEDURES	4	\$403	\$2,116
09	FEMALE GENITAL SYSTEM	21	\$3,242	\$4,786
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	1	\$3,657	\$3,503
	178 DILATION AND CURETTAGE	7	\$1,522	\$2,944
	179 HYSTEROSCOPY	12	\$4,428	\$5,125
	180 COLPOSCOPY	1	\$630	\$4,314
11	EYE AND OCULAR ADNEXA	92	\$1,901	\$3,560
	213 LASER EYE PROCEDURES	24	\$674	\$739
	214 CATARACT PROCEDURES	68	\$2,334	\$3,611
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	92	\$1,192	\$3,024
	234 COMPLEX FACIAL AND ENT PROCEDURES	4	\$2,525	\$6,314
	235 SIMPLE FACIAL AND ENT PROCEDURES	35	\$897	\$1,997

**AMB ST 1-5**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2008**  
**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 )
236 TONSIL AND ADENOID PROCEDURES	53	\$1,286	\$2,592

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



**AMB ST 1-6**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2008**  
**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

129 Gunnison Valley Hospital - CAH

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
<b>GENDER</b>				
Female	850	54.6	120,689	54.0
Male	706	45.4	102,774	46.0
Unknown	0	0.0	0	0.0
Not Reported	0	0.0	1	0.0
<b>AGE</b>				
1-28 days	179	11.5	1,290	0.6
29-365 days	83	5.3	3,012	1.3
1-4 years	232	14.9	11,257	5.0
5-9	43	2.8	6,380	2.9
10-14	17	1.1	4,795	2.1
15-17	18	1.2	5,109	2.3
18-19	17	1.1	3,667	1.6
20-24	42	2.7	10,397	4.7
25-29	53	3.4	12,788	5.7
30-34	52	3.3	13,212	5.9
35-39	47	3.0	12,888	5.8
40-44	78	5.0	13,216	5.9
45-49	68	4.4	16,707	7.5
50-54	104	6.7	24,036	10.8
55-59	65	4.2	20,476	9.2
60-64	78	5.0	17,623	7.9
65-69	99	6.4	14,920	6.7
70-74	93	6.0	12,104	5.4
75-79	73	4.7	9,552	4.3
80-84	55	3.5	6,230	2.8
85-89	39	2.5	2,923	1.3
90 +	21	1.3	881	0.4
Not Reported	179	11.5	1,292	0.6
<b>SOURCE OF ADMISSION</b>				
Physician Referral	1,509	97.0	200,515	89.7
Clinic Referral	1	0.1	4,085	1.8
HMO Referral	0	0.0	3,198	1.4
Other Hospital	0	0.0	219	0.1
Skilled Nursing Facility	0	0.0	26	0.0
Other Health Care Facility	0	0.0	41	0.0
Emergency Room	44	2.8	5,219	2.3
Court/Law Enforcement	0	0.0	3	0.0
Unknown	0	0.0	26	0.0
Not Reported	2	0.1	10,133	4.5

(Continued)

**AMB ST 1-6**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2008**  
**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

129 Gunnison Valley Hospital - CAH

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
<b>DISCHARGE STATUS</b>				
Home or Self Care	1,554	99.9	222,849	99.7
Another Hospital	1	0.1	103	0.0
Skilled Nursing Facility	0	0.0	107	0.0
Intermediate Care Facility	0	0.0	14	0.0
Another Type of Institution	1	0.1	60	0.0
Under Care of Home Service	0	0.0	271	0.1
Left Against Medical Advice	0	0.0	13	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	0	0.0	8	0.0
Unknown	0	0.0	35	0.0
Not Reported	0	0.0	5	0.0
<b>PRIMARY PAYER</b>				
Medicare	307	19.7	38,441	17.2
Medicaid	238	15.3	13,916	6.2
Other government	13	0.8	3,998	1.8
Blue Cross/Blue Shield	105	6.7	31,579	14.1
Other Commercial	162	10.4	17,861	8.0
Managed Care(HMO, PPO)	597	38.4	108,172	48.4
Self Pay	114	7.3	3,087	1.4
Industrial & Worker Comp	2	0.1	3,835	1.7
Charity and Unclassified	0	0.0	1,349	0.6
Childrens Health Insurance	0	0.0	121	0.1
Unknown	18	1.2	1,030	0.5
Not Reported	0	0.0	76	0.0
<b>LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE</b>				
Bear River	1	0.1	16,758	7.5
Central Utah	1,484	95.4	8,253	3.7
Davis County	1	0.1	22,506	10.1
Salt Lake County	21	1.3	75,789	33.9
Southeastern Utah	19	1.2	4,234	1.9
Southwest Utah	7	0.4	13,877	6.2
Summit County	0	0.0	2,803	1.3
Tooele County	0	0.0	4,857	2.2
Tri-County	2	0.1	5,940	2.7
Utah County	9	0.6	37,220	16.7
Wasatch County	0	0.0	1,668	0.7
Weber County	0	0.0	19,855	8.9
Unknown Utah	2	0.1	42	0.0
Outside Utah	7	0.4	9,563	4.3
Unknown, Not Reported	3	0.2	100	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, 2008**  
**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)	3,199	100.0	321,431	100.0
Mastectomy (85.0-85.99)	6	0.2	7,806	2.4
Musculoskeletal (76.0-84.99)	2,306	72.1	73,868	23.0
Respiratory (30.0-34.99)	0	0.0	3,427	1.1
Cardiovascular (35.0-39.99)	0	0.0	18,764	5.8
Lymphatic/Hemetic (40.0-41.99)	0	0.0	2,774	0.9
Digestive System (42.0-54.99)	417	13.0	98,766	30.7
Urinary (55.0-59.99)	0	0.0	10,839	3.4
Male Genital (60.0-64.99)	3	0.1	3,918	1.2
Female Genital (65.0-71.99)	25	0.8	14,989	4.7
Endocrine/Nervous (01.0-07.99)	240	7.5	21,267	6.6
Eye (08.0-16.99)	186	5.8	21,107	6.6
Ear (18.0-20.99)	5	0.2	13,757	4.3
Nose, Mouth, Pharynx (21.0-29.99)	11	0.3	30,149	9.4
Reporting Category(CPT-4 CODES)	2,558	100.0	312,478	100.0
Mastectomy (19120-19220)	3	0.1	2,126	0.7
Musculoskeletal (20000-29909)	1,778	69.5	73,391	23.5
Respiratory (30000-32999 & 39501-39599)	0	0.0	14,650	4.7
Cardiovascular (33010-37799 & 93501-93660)	0	0.0	42,433	13.6
Lymphatic/Hemetic (38100-38999)	0	0.0	2,801	0.9
Digestive (40490-49999)	415	16.2	107,011	34.2
Urinary (50010-53899)	0	0.0	10,127	3.2
Male Genital (54000-55899)	3	0.1	3,288	1.1
Female Genital (56405-58999)	13	0.5	11,773	3.8
Endocrine/Nervous (60000-64999)	247	9.7	24,966	8.0
Eye (65091-68899)	96	3.8	12,267	3.9
Ear (69000-69979)	3	0.1	7,645	2.4

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

**AMB ST 1-2**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2008**  
**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		3,199	100.0	100.0
806	EXC SEMILUNAR CARTILAGE-KNEE	371	11.6	1.86
8086	OTH LOC EXC/DESTRUC JT LES-KNEE	215	6.7	0.69
4523	COLONOSCOPY	212	6.6	6.06
8145	OTH REPR CRUCIATE LIGAMNT	169	5.3	0.55
7765	LOC EXC LES/TISS-FEM	162	5.1	0.17
7766	LOC EXC LES/TISS-PATELLA	152	4.8	0.15
8076	SYNOVECT-KNEE	105	3.3	0.39
8183	OTH REPR SHLDR	96	3.0	0.86
4525	CLO [ENDO] BX LG INTESTINE	93	2.9	2.33
0391	INJ ANES SPINAL CANAL-ANALGESIA	89	2.8	1.44
0392	INJ OTH AGENT SPINAL CANAL	89	2.8	1.89
8363	ROTATOR CUFF REPR	83	2.6	0.81
8081	OTH LOC EXC/DESTRUC JT LES-SHLDR	80	2.5	0.54
8147	OTH REPR KNEE	79	2.5	0.86
1341	PHACOEMULSIFICATION-ASPIR CATARACT	77	2.4	1.54
1371	IOL PROSTH-CATARACT EXTRACT-1-STAGE	77	2.4	1.53
7781	OTH PART OSTEC-SCAPULA-CLAV-THOR	75	2.3	0.60
7767	LOC EXC LES/TISS-TIBIA & FIB	72	2.3	0.09
8046	DIVIS JT CAP-LIGAMNT/CART-KNEE	66	2.1	0.28
8388	OTH PLSTC OPER TENDON	50	1.6	0.27

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		2,558	100.0	100.0
29881	SCOPE KNEE SURG;W/MENISCECT MED/	308	12.0	1.61
29877	SCOPE KNEE SURG; DEBRID/SHAVE CA	185	7.2	0.95
29888	ARTHSCPY AIDED ACL REPR/AUG/RECO	169	6.6	0.58
45378	COLONOSCOPY FLEX; DX-SEP PROC	164	6.4	5.71
29826	SCOPE SHOULDER; DECOMP SUBACROM	159	6.2	1.23
45380	COLONOSCOPY FLEX; W/BX 1/MX	93	3.6	5.02
29827	SCOPE SHLDR SURG; W/ROTOR CUFF R	82	3.2	0.61
66984	EXTRACAPSULAR CATARACT REMV IOL	77	3.0	1.50
29824	SCOPE SHLDR SURG;DIST CLAVICULEC	74	2.9	0.51
29823	SCOPE SHOULDER SURGICAL; DEBRID	61	2.4	0.23
29873	SCOPE KNEE SURGICAL; W/LAT RELEA	60	2.3	0.26
20680	REMOVAL OF IMPLANT; DEEP	59	2.3	1.01
29880	SCOPE KNEE SURG;W/MENISCECT MED&	58	2.3	0.43
29882	SCOPE KNEE; W/MENISCUS REPR MED/	51	2.0	0.11
64623	DESTRUC FACET JT NRV; L/S-EA AD	38	1.5	0.21
64476	INJ ANES FACET JT; LUMB/SAC-EA A	36	1.4	0.30
29875	SCOPE KNEE; SYNOVECT LTD SEP PRO	35	1.4	0.24
29828	29828	34	1.3	0.12
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	33	1.3	0.91
29879	SCOPE KNEE SURG; ABRASION ARTHPL	29	1.1	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, 2008  
 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		934	\$3,457	\$4,015
4523	COLONOSCOPY	202	\$958	\$1,021
8086	OTH LOC EXC/DESTRUC JT LES-KNEE	94	\$3,525	\$4,118
4525	CLO [ENDO] BX LG INTESTINE	86	\$1,208	\$1,506
806	EXC SEMILUNAR CARTILAGE-KNEE	59	\$3,516	\$4,727
8145	OTH REPR CRUCIATE LIGAMNT	41	\$7,235	\$10,496
5123	LAP CHOLEY	34	\$7,401	\$6,858
8076	SYNOVECT-KNEE	28	\$3,526	\$4,476
7936	OP REDUC FX W/INT FIX-TIBIA & FIB	21	\$6,987	\$7,201
0443	RELEASE CARPAL TUNNEL	19	\$2,533	\$2,420
031	DIVIS INTRASPINAL NERV ROOT	16	\$3,173	\$8,707
4701	LAP APPENDECTOMY	16	\$9,486	\$9,824
7867	REMOV IMPLNT DEVICE-TIBIA & FIB	14	\$3,189	\$3,143
7932	OP REDUC FX W/INT FIX-RADIUS & ULNA	14	\$9,090	\$8,664
8046	DIVIS JT CAP-LIGAMNT/CART-KNEE	14	\$4,107	\$4,964
8183	OTH REPR SHLDR	14	\$5,435	\$7,480
8363	ROTATOR CUFF REPR	14	\$7,189	\$9,744
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	11	\$1,160	\$1,498
7939	OP REDUC FX W/INT FIX-OTH BONE	11	\$10,527	\$9,053
8193	SUT CAPSULE/LIGAMNT UPPER EXTREM	11	\$6,270	\$7,973
8192	INJ THERAP SUBSTANCE JT/LIGAMNT	10	\$2,301	\$1,244

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals )
CPT-4 Procedures		1,269	\$3,482	\$3,633
29881	SCOPE KNEE SURG;W/MENISCECT MED/	184	\$3,602	\$4,187
45378	COLONOSCOPY FLEX; DX-SEP PROC	157	\$959	\$1,028
29877	SCOPE KNEE SURG; DEBRID/SHAVE CA	117	\$3,575	\$3,808
45380	COLONOSCOPY FLEX; W/BX 1/MX	92	\$1,215	\$1,400
66984	EXTRACAPSULAR CATARACT REMV IOL	76	\$3,182	\$3,597
29888	ARTHSCPY AIDED ACL REPR/AUG/RECO	54	\$7,256	\$9,982
29873	SCOPE KNEE SURGICAL; W/LAT RELEA	36	\$4,149	\$4,461
29880	SCOPE KNEE SURG;W/MENISCECT MED&	34	\$3,721	\$4,471
29875	SCOPE KNEE; SYNOVECT LTD SEP PRO	31	\$3,543	\$4,121
G0121	COLOREC CNCR SCR;COLNSCPY NO HI	27	\$920	\$812
20680	REMOVAL OF IMPLANT; DEEP	24	\$3,882	\$3,321
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	24	\$2,075	\$1,141
47562	LAPAROSCOPY SURGICAL; CHOLECT	18	\$7,159	\$6,273
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	18	\$2,526	\$2,462
44970	LAPAROSCOPY SURGICAL APPENDECTOM	16	\$9,486	\$9,809
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	15	\$7,460	\$7,209
29806	SCOPE SHOULDER SURGICAL; CPSLORR	14	\$6,765	\$8,744
45384	COLONOSCPY FLEX; REMV LES-FORCE	12	\$1,198	\$1,488
64483	INJ ANES EPIDURL; LUMB/SAC 1 LEV	12	\$2,096	\$1,342
G0105	COLOREC CANCR SCR; COLNSCPY HI R	12	\$978	\$759

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, 2008**  
**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	15	8,727
	003 COMPLEX INCISION AND DRAINAGE	5	100
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	3	1,175
	008 SIMPLE EXCISION AND BIOPSY	4	1,279
	011 SIMPLE INCISION AND EXCISION OF BREAST	3	2,126
02	MUSCULOSKELETAL SYSTEM	1,735	65,893
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	56	7,092
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	26	2,745
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	6	2,708
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	108	13,313
	025 ARTHROSCOPY	1,431	27,527
	027 SPLINT, STRAPPING AND CAST REMOVAL	1	770
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	14	703
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	70	5,280
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	3	409
	032 BUNION PROCEDURES	5	1,813
	033 ARTHROPLASTY	2	597
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	13	2,426
06	DIGESTIVE SYSTEM	404	96,396
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	26	20,625
	117 LOWER GASTROINTESTINAL ENDOSCOPY	311	40,097
	119 HERNIA AND HYDROCELE PROCEDURES	12	6,648
	123 COMPLEX LAPAROSCOPIC PROCEDURES	55	17,238
08	MALE GENITAL SYSTEM	3	2,820
	154 SIMPLE PENILE PROCEDURES	3	837
09	FEMALE GENITAL SYSTEM	8	6,757
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	2	2,044
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	4	1,379
	178 DILATION AND CURETTAGE	2	611
10	NERVOUS SYSTEM	247	21,149
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	195	14,879
	197 NEUROSTIMULATOR AND VENTRICULAR SHUNT IMPLANTATION	6	1,092
	198 NERVE REPAIR AND DESTRUCTION	46	4,284
11	EYE AND OCULAR ADNEXA	96	12,065
	213 LASER EYE PROCEDURES	8	555
	214 CATARACT PROCEDURES	77	4,992
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	1	323
	216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	6	332
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	1	346
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	1	1,215
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	2	655
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	13	28,538
	235 SIMPLE FACIAL AND ENT PROCEDURES	3	13,559
	236 TONSIL AND ADENOID PROCEDURES	10	8,709
13	THERAPEUTIC AND OTHER RADIOLOGICAL PROCEDURES	1	3,406

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/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, 2008**  
**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	8	\$3,039	\$3,433
	003 COMPLEX INCISION AND DRAINAGE	3	\$2,957	\$4,471
	008 SIMPLE EXCISION AND BIOPSY	2	\$2,780	\$3,190
	011 SIMPLE INCISION AND EXCISION OF BREAST	3	\$3,293	\$3,305
02	MUSCULOSKELETAL SYSTEM	674	\$4,375	\$4,654
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	17	\$4,293	\$7,553
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	7	\$3,643	\$4,034
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	2	\$5,890	\$5,600
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	47	\$3,252	\$3,312
	025 ARTHROSCOPY	526	\$4,263	\$4,892
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	11	\$3,168	\$3,247
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	52	\$7,188	\$6,529
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	2	\$2,541	\$3,340
	033 ARTHROPLASTY	1	\$8,983	\$8,553
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	9	\$2,307	\$1,117
06	DIGESTIVE SYSTEM	379	\$2,052	\$2,773
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	16	\$1,082	\$1,425
	117 LOWER GASTROINTESTINAL ENDOSCOPY	301	\$1,044	\$1,219
	119 HERNIA AND HYDROCELE PROCEDURES	9	\$3,924	\$4,277
	123 COMPLEX LAPAROSCOPIC PROCEDURES	53	\$7,750	\$7,473
08	MALE GENITAL SYSTEM	1	\$2,555	\$3,901
	154 SIMPLE PENILE PROCEDURES	1	\$2,555	\$2,116
09	FEMALE GENITAL SYSTEM	8	\$3,025	\$4,786
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	2	\$4,422	\$6,095
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	4	\$2,065	\$3,503
	178 DILATION AND CURETTAGE	2	\$3,546	\$2,944
10	NERVOUS SYSTEM	72	\$2,351	\$2,546
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	49	\$2,187	\$1,269
	198 NERVE REPAIR AND DESTRUCTION	23	\$2,702	\$2,841
11	EYE AND OCULAR ADNEXA	90	\$2,909	\$3,560
	213 LASER EYE PROCEDURES	8	\$703	\$739
	214 CATARACT PROCEDURES	76	\$3,182	\$3,611
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	1	\$1,290	\$5,024
	216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	4	\$2,889	\$2,809
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	1	\$1,507	\$3,223
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	13	\$2,181	\$3,024
	235 SIMPLE FACIAL AND ENT PROCEDURES	3	\$1,700	\$1,997
	236 TONSIL AND ADENOID PROCEDURES	10	\$2,325	\$2,592
13	THERAPEUTIC AND OTHER RADIOLOGICAL PROCEDURES	1	\$698	\$3,705
	255 MISCELLANEOUS RADIOLOGICAL PROCEDURES WITH CONTRAST	1	\$698	\$3,069

SOURCE: Utah Ambulatory Surgery Database  
Utah Health Data Committee/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, 2008**  
**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

139 Heber Valley Medical Center - CAH

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
<b>GENDER</b>				
Female	789	43.2	120,689	54.0
Male	1,037	56.8	102,774	46.0
Unknown	0	0.0	0	0.0
Not Reported	0	0.0	1	0.0
<b>AGE</b>				
1-28 days	0	0.0	1,290	0.6
29-365 days	0	0.0	3,012	1.3
1-4 years	5	0.3	11,257	5.0
5-9	13	0.7	6,380	2.9
10-14	29	1.6	4,795	2.1
15-17	105	5.8	5,109	2.3
18-19	40	2.2	3,667	1.6
20-24	108	5.9	10,397	4.7
25-29	111	6.1	12,788	5.7
30-34	110	6.0	13,212	5.9
35-39	132	7.2	12,888	5.8
40-44	120	6.6	13,216	5.9
45-49	166	9.1	16,707	7.5
50-54	274	15.0	24,036	10.8
55-59	191	10.5	20,476	9.2
60-64	147	8.1	17,623	7.9
65-69	119	6.5	14,920	6.7
70-74	65	3.6	12,104	5.4
75-79	53	2.9	9,552	4.3
80-84	27	1.5	6,230	2.8
85-89	9	0.5	2,923	1.3
90 +	2	0.1	881	0.4
Not Reported	0	0.0	1,292	0.6
<b>SOURCE OF ADMISSION</b>				
Physician Referral	1,778	97.4	200,515	89.7
Clinic Referral	9	0.5	4,085	1.8
HMO Referral	0	0.0	3,198	1.4
Other Hospital	0	0.0	219	0.1
Skilled Nursing Facility	0	0.0	26	0.0
Other Health Care Facility	0	0.0	41	0.0
Emergency Room	39	2.1	5,219	2.3
Court/Law Enforcement	0	0.0	3	0.0
Unknown	0	0.0	26	0.0
Not Reported	0	0.0	10,133	4.5

(Continued)



**AMB ST 1-6**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2008**  
**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

139 Heber Valley Medical Center - CAH

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
<b>DISCHARGE STATUS</b>				
Home or Self Care	1,825	99.9	222,849	99.7
Another Hospital	0	0.0	103	0.0
Skilled Nursing Facility	1	0.1	107	0.0
Intermediate Care Facility	0	0.0	14	0.0
Another Type of Institution	0	0.0	60	0.0
Under Care of Home Service	0	0.0	271	0.1
Left Against Medical Advice	0	0.0	13	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	0	0.0	8	0.0
Unknown	0	0.0	35	0.0
Not Reported	0	0.0	5	0.0
<b>PRIMARY PAYER</b>				
Medicare	210	11.5	38,441	17.2
Medicaid	21	1.2	13,916	6.2
Other government	9	0.5	3,998	1.8
Blue Cross/Blue Shield	379	20.8	31,579	14.1
Other Commercial	167	9.1	17,861	8.0
Managed Care(HMO, PPO)	921	50.4	108,172	48.4
Self Pay	20	1.1	3,087	1.4
Industrial & Worker Comp	85	4.7	3,835	1.7
Charity and Unclassified	9	0.5	1,349	0.6
Childrens Health Insurance	0	0.0	121	0.1
Unknown	5	0.3	1,030	0.5
Not Reported	0	0.0	76	0.0
<b>LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE</b>				
Bear River	9	0.5	16,758	7.5
Central Utah	3	0.2	8,253	3.7
Davis County	25	1.4	22,506	10.1
Salt Lake County	235	12.9	75,789	33.9
Southeastern Utah	4	0.2	4,234	1.9
Southwest Utah	3	0.2	13,877	6.2
Summit County	561	30.7	2,803	1.3
Tooele County	3	0.2	4,857	2.2
Tri-County	78	4.3	5,940	2.7
Utah County	70	3.8	37,220	16.7
Wasatch County	678	37.1	1,668	0.7
Weber County	14	0.8	19,855	8.9
Unknown Utah	0	0.0	42	0.0
Outside Utah	140	7.7	9,563	4.3
Unknown, Not Reported	3	0.2	100	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, 2008**  
**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)	40,260	100.0	321,431	100.0
Mastectomy (85.0-85.99)	1,243	3.1	7,806	2.4
Musculoskeletal (76.0-84.99)	6,256	15.5	73,868	23.0
Respiratory (30.0-34.99)	310	0.8	3,427	1.1
Cardiovascular (35.0-39.99)	5,416	13.5	18,764	5.8
Lymphatic/Hemetic (40.0-41.99)	493	1.2	2,774	0.9
Digestive System (42.0-54.99)	12,770	31.7	98,766	30.7
Urinary (55.0-59.99)	1,614	4.0	10,839	3.4
Male Genital (60.0-64.99)	308	0.8	3,918	1.2
Female Genital (65.0-71.99)	2,089	5.2	14,989	4.7
Endocrine/Nervous (01.0-07.99)	1,053	2.6	21,267	6.6
Eye (08.0-16.99)	5,819	14.5	21,107	6.6
Ear (18.0-20.99)	611	1.5	13,757	4.3
Nose, Mouth, Pharynx (21.0-29.99)	2,278	5.7	30,149	9.4
Reporting Category(CPT-4 CODES)	35,521	100.0	312,478	100.0
Mastectomy (19120-19220)	400	1.1	2,126	0.7
Musculoskeletal (20000-29909)	5,146	14.5	73,391	23.5
Respiratory (30000-32999 & 39501-39599)	1,261	3.6	14,650	4.7
Cardiovascular (33010-37799 & 93501-93660)	8,828	24.9	42,433	13.6
Lymphatic/Hemetic (38100-38999)	404	1.1	2,801	0.9
Digestive (40490-49999)	11,829	33.3	107,011	34.2
Urinary (50010-53899)	1,150	3.2	10,127	3.2
Male Genital (54000-55899)	213	0.6	3,288	1.1
Female Genital (56405-58999)	1,261	3.6	11,773	3.8
Endocrine/Nervous (60000-64999)	1,555	4.4	24,966	8.0
Eye (65091-68899)	3,195	9.0	12,267	3.9
Ear (69000-69979)	279	0.8	7,645	2.4

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

**AMB ST 1-2**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2008**  
**MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE\* PROCEDURES**

146 Intermountain Medical Center

ICD-9 CODE	ICD-9 DESCRIPTION	#	%	% ALL Hospitals
<b>All ICD-9 Procedures</b>				
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	2,539	6.3	5.39
4523	COLONOSCOPY	2,178	5.4	6.06
1371	IOL PROSTH-CATARACT EXTRACT-1-STAGE	1,685	4.2	1.53
1341	PHACOEMULSIFICATION-ASPIR CATARACT	1,665	4.1	1.54
4525	CLO [ENDO] BX LG INTESTINE	1,616	4.0	2.33
4542	ENDO POLYPECTOMY LG INTESTINE	1,176	2.9	3.39
5123	LAP CHOLEY	915	2.3	2.20
3722	LT HEART CARD CATH	797	2.0	1.38
3728	INTRACARDIAC ECHOCARDIOGRAPHY	603	1.5	0.28
3552	REPR ATRIAL SEPTL DEFEC-PROSTH-CLO	599	1.5	0.28
8051	EXC INTERVERTEBRAL DISC	536	1.3	0.43
8521	LOC EXC LES BREAST	518	1.3	0.75
1474	OTH MECH VITRECTOMY	515	1.3	0.45
3725	BX HEART	488	1.2	0.17
4513	OTH ENDO SM INTESTINE	447	1.1	1.73
3723	COMBO RT & LT HEART CARD CATH	421	1.0	0.55
2001	MYRINGOTOMY W/INSRT TUBE	383	1.0	3.46
4292	DILAT ESOPH	381	0.9	1.34
4824	CLO [ENDO] BX RECTUM	375	0.9	0.44
5732	OTH CYSTOSCOPY	361	0.9	0.66

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
<b>All CPT-4 Procedures</b>				
45380	COLONOSCOPY FLEX; W/BX 1/MX	2,369	6.7	5.02
43239	UGI ENDO; W/BX 1/MX	2,326	6.5	5.34
45378	COLONOSCOPY FLEX; DX-SEP PROC	1,913	5.4	5.71
66984	EXTRACAPSULAR CATARACT REMV IOL	1,580	4.4	1.50
93545	INJ PROC-CATH; SELECT CORONRY AN	1,169	3.3	1.60
93556	IMAG SUPERVS I&R-CATH; PULM ANGI	1,132	3.2	1.46
47562	LAPAROSCOPY SURGICAL; CHOLECT	701	2.0	0.79
93510	LT HRT CATH RETRO-BRACH/FEM; PER	698	2.0	1.18
93543	INJ PROC-CATH; LT VENT/ATRIAL AN	682	1.9	1.35
93555	IMAG SUPERVS I&R-CATH; VENT/ATRI	653	1.8	1.23
93580	PERQ TRNSCATH CLO INTERATRIAL CM	525	1.5	0.26
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	504	1.4	1.43
93505	ENDOMYOCARDIAL BIOPSY	444	1.2	0.16
93501	RIGHT HEART CATHETERIZATION	393	1.1	0.18
93526	COMB RT HRT CATH&RETRO LT HRT CA	361	1.0	0.43
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	308	0.9	1.18
20680	REMOVAL OF IMPLANT; DEEP	299	0.8	1.01
30140	SUBMUCOS RES TURBINATE PART/CMPL	251	0.7	0.74
52332	CYSTOURETHROSCOPY W/INSRT STENT	246	0.7	0.56
44970	LAPAROSCOPY SURGICAL APPEENDECTOM	245	0.7	0.73

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, 2008  
 AVERAGE TOTAL CHARGES FOR MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE\* PROCEDURES, SINGLE ICD-9 OR CPT-4 ONLY

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ICD-9 CODE	ICD-9 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals )
ICD-9 Procedures		15,905	\$3,841	\$4,015
4523	COLONOSCOPY	1,865	\$733	\$1,021
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	1,522	\$1,203	\$1,498
4525	CLO [ENDO] BX LG INTESTINE	1,038	\$1,123	\$1,506
5123	LAP CHOLEY	833	\$5,203	\$6,858
4542	ENDO POLYPECTOMY LG INTESTINE	828	\$1,142	\$1,444
3722	LT HEART CARD CATH	664	\$5,714	\$7,640
3725	BX HEART	348	\$3,065	\$3,115
3723	COMBO RT & LT HEART CARD CATH	335	\$6,014	\$8,441
8521	LOC EXC LES BREAST	333	\$2,810	\$3,164
4513	OTH ENDO SM INTESTINE	281	\$902	\$1,248
4701	LAP APPENDECTOMY	254	\$10,628	\$9,824
5011	CLO [PERCUT] [NEEDLE] BX LIVER	253	\$2,040	\$2,321
6952	ASPIR CURET FOLLOWING DELIV/AB	249	\$2,312	\$2,819
8051	EXC INTERVERTEBRAL DISC	246	\$7,628	\$9,742
3721	RT HEART CARD CATH	214	\$3,741	\$4,781
283	TONSILLECTOMY W/ADENOIDECTOMY	179	\$1,772	\$2,576
282	TONSILLECTOMY WO ADENOIDECTOMY	163	\$1,834	\$2,653
4836	[ENDO] POLYPECTOMY RECTUM	148	\$1,042	\$1,339
3927	ARTERIOVENOSTOMY-RENAL DIALYSIS	143	\$6,506	\$6,162
3607	INSERTION RX-ELUTING COR ART STENT	131	\$27,396	\$32,233

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals )
CPT-4 Procedures		15,850	\$3,758	\$3,633
45380	COLONOSCOPY FLEX; W/BX 1/MX	1,803	\$1,087	\$1,400
45378	COLONOSCOPY FLEX; DX-SEP PROC	1,639	\$732	\$1,028
66984	EXTRACAPSULAR CATARACT REMV IOL	1,419	\$3,466	\$3,597
43239	UGI ENDO; W/BX 1/MX	1,363	\$1,214	\$1,479
47562	LAPAROSCOPY SURGICAL; CHOLECT	654	\$5,011	\$6,273
93580	PERQ TRNSCATH CLO INTERATRIAL CM	508	\$23,431	\$27,634
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	281	\$1,261	\$1,613
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	234	\$808	\$1,180
44970	LAPAROSCOPY SURGICAL APPENDECTOM	229	\$10,524	\$9,809
93505	ENDOMYOCARDIAL BIOPSY	216	\$2,209	\$2,209
63030	LAMINOT W/ DECOMP; 1 INTERSPACE	209	\$7,531	\$9,928
47000	BIOPSY LIVER NEEDLE; PERCUTANEOU	208	\$1,944	\$2,311
20680	REMOVAL OF IMPLANT; DEEP	187	\$2,914	\$3,321
93501	RIGHT HEART CATHETERIZATION	173	\$3,257	\$3,772
19120	EXC BRST CYST TUMR/LES OPN M/F 1	171	\$2,358	\$2,993
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	145	\$1,844	\$2,730
19125	EXC BRST LES ID RAD MARKR OPN;1	140	\$3,451	\$3,946
49505	REPR INIT ING HERNIA 5YR/MORE; R	128	\$3,435	\$4,468
42820	T&A; UNDER AGE 12	125	\$1,752	\$2,484
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	119	\$5,825	\$7,209

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, 2008**  
**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	1,341	8,727
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	508	2,271
	003 COMPLEX INCISION AND DRAINAGE	5	100
	004 SIMPLE INCISION AND DRAINAGE	1	24
	006 SIMPLE DEBRIDEMENT AND DESTRUCTION	15	184
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	111	1,175
	008 SIMPLE EXCISION AND BIOPSY	191	1,279
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRANGE	107	1,550
	010 SIMPLE SKIN REPAIR	3	18
	011 SIMPLE INCISION AND EXCISION OF BREAST	400	2,126
02	MUSCULOSKELETAL SYSTEM	3,975	65,893
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	589	7,092
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	223	2,745
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	204	2,708
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	1,246	13,313
	025 ARTHROSCOPY	928	27,527
	026 REPLACEMENT OF CAST	1	83
	028 CLOSED TREATMENT FX & DISLOCATION OF FINGER, TOE & TRUNK	4	71
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	25	703
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	431	5,280
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	26	409
	032 BUNION PROCEDURES	236	1,813
	033 ARTHROPLASTY	18	597
	034 HAND AND FOOT TENOTOMY	14	356
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	30	2,426
03	RESPIRATORY SYSTEM	566	8,172
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	19	654
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	401	5,352
	054 SIMPLE ENDOSCOPY OF THE UPPER AIRWAY	6	297
	055 ENDOSCOPY OF THE LOWER AIRWAY	140	1,869
04	CARDIOVASCULAR SYSTEM	8,248	34,518
	074 CARDIAC ELECTROPHYSIOLOGIC TESTS	827	3,255
	075 PLACEMENT OF TRANSVENOUS CATHETERS	12	62
	076 DIAGNOSTIC CARDIAC CATHETERIZATION	5,818	25,900
	077 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	903	2,275
	078 PACEMAKER INSERTION AND REPLACEMENT	143	841
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	182	1,034
	080 MINOR VASCULAR REPAIR AND FISTULA CONSTRUCTION	250	767
	081 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	24	126
	082 VASCULAR LIGATION	88	253
	083 RESUSCITATION AND CARDIOVERSION	1	5
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	268	3,460
	092 CHEMOTHERAPY EXCEPT BY EXTENDED INFUSION	4	45
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	260	1,999
	097 TRANSFUSION	4	1,333
06	DIGESTIVE SYSTEM	11,378	96,396

**AMB ST 1-4**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2008**  
**PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE\* CPT-4 PROCEDURES**

146 Intermountain Medical Center

procedure APG category		TOTAL #	TOTAL # (ALL Hospitals)
procedure APG			
111	ALIMENTARY TESTS AND SIMPLE TUBE PLACEMENT	3	170
112	ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	68	1,281
113	ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	75	577
114	PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	48	308
115	DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	2,670	20,625
116	THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	468	5,309
117	LOWER GASTROINTESTINAL ENDOSCOPY	5,039	40,097
118	ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	247	1,612
119	HERNIA AND HYDROCELE PROCEDURES	553	6,648
120	COMPLEX ANAL AND RECTAL PROCEDURES	178	1,153
121	SIMPLE ANAL AND RECTAL PROCEDURES	61	539
122	MISCELLANEOUS ABDOMINAL PROCEDURES	72	563
123	COMPLEX LAPAROSCOPIC PROCEDURES	1,875	17,238
124	SIMPLE LAPAROSCOPIC PROCEDURES	21	276
07	URINARY SYSTEM	962	8,765
131	RENAL EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	47	729
133	URINARY CATHETERIZATION AND DILATATION	16	472
134	COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	587	4,811
135	MODERATE CYSTOURETHROSCOPY	238	1,789
136	SIMPLE CYSTOURETHROSCOPY	47	590
137	COMPLEX URETHRAL PROCEDURES	19	191
138	SIMPLE URETHRAL PROCEDURES	8	180
08	MALE GENITAL SYSTEM	205	2,820
151	TESTICULAR AND EPIDIDYMAL PROCEDURES	127	1,286
152	INSERTION OF PENILE PROSTHESIS	28	88
153	COMPLEX PENILE PROCEDURES	20	498
154	SIMPLE PENILE PROCEDURES	22	837
155	PROSTATE NEEDLE AND PUNCH BIOPSY	8	111
09	FEMALE GENITAL SYSTEM	795	6,757
176	COMPLEX FEMALE REPRODUCTIVE PROCEDURES	142	2,044
177	SIMPLE FEMALE REPRODUCTIVE PROCEDURES	165	1,379
178	DILATION AND CURETTAGE	75	611
179	HYSTEROSCOPY	328	2,433
180	COLPOSCOPY	85	290
10	NERVOUS SYSTEM	688	21,149
195	NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	188	14,879
196	REVISION AND REMOVAL OF NEUROLOGICAL DEVICE	18	251
197	NEUROSTIMULATOR AND VENTRICULAR SHUNT IMPLANTATION	101	1,092
198	NERVE REPAIR AND DESTRUCTION	319	4,284
199	SPINAL TAP	62	643
11	EYE AND OCULAR ADNEXA	3,153	12,065
213	LASER EYE PROCEDURES	13	555
214	CATARACT PROCEDURES	1,682	4,992
215	COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	105	323
216	MODERATE ANTERIOR SEGMENT EYE PROCEDURES	51	332
217	SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	198	346

**AMB ST 1-4**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2008**  
**PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE\* CPT-4 PROCEDURES**

146 Intermountain Medical Center

procedure APG category	procedure APG	TOTAL #	TOTAL # (ALL Hospitals)
	218 COMPLEX POSTERIOR SEGMENT EYE PROCEDURES	106	438
	219 SIMPLE POSTERIOR SEGMENT EYE PROCEDURES	63	446
	220 STRABISMUS AND MUSCLE EYE PROCEDURES	162	966
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	81	1,215
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	37	655
	223 VITRECTOMY	655	1,739
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	1,730	28,538
	233 NASAL CAUTERIZATION AND PACKING	24	291
	234 COMPLEX FACIAL AND ENT PROCEDURES	625	5,886
	235 SIMPLE FACIAL AND ENT PROCEDURES	639	13,559
	236 TONSIL AND ADENOID PROCEDURES	442	8,709
13	THERAPEUTIC AND OTHER RADIOLOGICAL PROCEDURES	253	3,406
	253 VASCULAR RADIOLOGY EXCEPT FOR VENOGRAPHY OF EXTREMITY	228	1,173
	254 MYELOGRAPHY	12	296
	255 MISCELLANEOUS RADIOLOGICAL PROCEDURES WITH CONTRAST	13	1,929
14	PHYSICAL MEDICINE AND REHABILITATION	2	8
	272 PHYSICAL THERAPY	2	8

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

**AMB ST 1-5**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2008**  
**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	1,035	\$2,780	\$3,433
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	460	\$2,697	\$2,695
	003 COMPLEX INCISION AND DRAINAGE	1	\$2,688	\$4,471
	006 SIMPLE DEBRIDEMENT AND DESTRUCTION	4	\$3,003	\$3,383
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	66	\$3,029	\$3,748
	008 SIMPLE EXCISION AND BIOPSY	130	\$2,685	\$3,190
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRAN	62	\$2,965	\$4,802
	010 SIMPLE SKIN REPAIR	1	\$2,718	\$4,077
	011 SIMPLE INCISION AND EXCISION OF BREAST	311	\$2,850	\$3,305
02	MUSCULOSKELETAL SYSTEM	1,494	\$4,617	\$4,654
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	315	\$6,741	\$7,553
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	60	\$3,828	\$4,034
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	47	\$4,081	\$5,600
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	477	\$2,724	\$3,312
	025 ARTHROSCOPY	218	\$4,276	\$4,892
	028 CLOSED TREATMENT FX & DISLOCATION OF FINGER, TOE & TRUNK	3	\$2,652	\$2,571
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	14	\$4,351	\$3,247
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	245	\$6,574	\$6,529
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	5	\$7,881	\$3,340
	032 BUNION PROCEDURES	101	\$3,729	\$4,813
	033 ARTHROPLASTY	4	\$4,277	\$8,553
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	5	\$1,896	\$1,117
03	RESPIRATORY SYSTEM	99	\$2,164	\$2,445
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	11	\$2,504	\$1,535
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	29	\$2,439	\$3,900
	054 SIMPLE ENDOSCOPY OF THE UPPER AIRWAY	3	\$1,468	\$2,300
	055 ENDOSCOPY OF THE LOWER AIRWAY	56	\$1,992	\$2,377
04	CARDIOVASCULAR SYSTEM	1,261	\$12,582	\$14,018
	074 CARDIAC ELECTROPHYSIOLOGIC TESTS	11	\$16,632	\$16,098
	075 PLACEMENT OF TRANSVENOUS CATHETERS	4	\$6,282	\$10,874
	076 DIAGNOSTIC CARDIAC CATHETERIZATION	442	\$3,152	\$5,533
	077 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	523	\$23,208	\$25,520
	078 PACEMAKER INSERTION AND REPLACEMENT	39	\$14,818	\$23,655
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	11	\$5,944	\$4,381
	080 MINOR VASCULAR REPAIR AND FISTULA CONSTRUCTION	197	\$6,558	\$6,447
	081 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	13	\$4,127	\$5,330
	082 VASCULAR LIGATION	21	\$6,579	\$6,747
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	130	\$5,619	\$4,660
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	127	\$5,667	\$6,198
	097 TRANSFUSION	3	\$3,578	\$3,057
06	DIGESTIVE SYSTEM	7,683	\$2,154	\$2,773
	111 ALIMENTARY TESTS AND SIMPLE TUBE PLACEMENT	2	\$1,699	\$1,415
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	48	\$947	\$1,163
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	25	\$1,048	\$1,532
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	1,629	\$1,181	\$1,425



**AMB ST 1-5**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2008**  
**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 )
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	163	\$1,726	\$2,089
	117 LOWER GASTROINTESTINAL ENDOSCOPY	3,849	\$942	\$1,219
	118 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	64	\$3,120	\$4,271
	119 HERNIA AND HYDROCELE PROCEDURES	285	\$3,510	\$4,277
	120 COMPLEX ANAL AND RECTAL PROCEDURES	144	\$1,993	\$3,419
	121 SIMPLE ANAL AND RECTAL PROCEDURES	29	\$1,825	\$3,237
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	25	\$5,609	\$6,011
	123 COMPLEX LAPAROSCOPIC PROCEDURES	1,415	\$6,302	\$7,473
	124 SIMPLE LAPAROSCOPIC PROCEDURES	5	\$9,291	\$8,589
07	URINARY SYSTEM	293	\$4,314	\$5,467
	131 RENAL EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	6	\$6,377	\$8,805
	133 URINARY CATHETERIZATION AND DILATATION	4	\$6,938	\$5,073
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	131	\$4,625	\$5,910
	135 MODERATE CYSTOURETHROSCOPY	113	\$3,290	\$3,852
	136 SIMPLE CYSTOURETHROSCOPY	22	\$3,029	\$2,909
	137 COMPLEX URETHRAL PROCEDURES	12	\$11,509	\$11,146
	138 SIMPLE URETHRAL PROCEDURES	5	\$3,096	\$1,414
08	MALE GENITAL SYSTEM	127	\$6,526	\$3,901
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	62	\$2,890	\$3,127
	152 INSERTION OF PENILE PROSTHESIS	25	\$20,171	\$22,767
	153 COMPLEX PENILE PROCEDURES	16	\$5,025	\$3,976
	154 SIMPLE PENILE PROCEDURES	20	\$2,707	\$2,116
	155 PROSTATE NEEDLE AND PUNCH BIOPSY	4	\$2,685	\$4,881
09	FEMALE GENITAL SYSTEM	440	\$4,031	\$4,786
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	79	\$5,911	\$6,095
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	106	\$2,382	\$3,503
	178 DILATION AND CURETTAGE	57	\$2,344	\$2,944
	179 HYSTEROSCOPY	150	\$4,584	\$5,125
	180 COLPOSCOPY	48	\$4,857	\$4,314
10	NERVOUS SYSTEM	265	\$2,409	\$2,546
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	68	\$1,464	\$1,269
	196 REVISION AND REMOVAL OF NEUROLOGICAL DEVICE	7	\$11,216	\$11,955
	197 NEUROSTIMULATOR AND VENTRICULAR SHUNT IMPLANTATION	4	\$18,214	\$31,310
	198 NERVE REPAIR AND DESTRUCTION	124	\$2,212	\$2,841
	199 SPINAL TAP	62	\$1,824	\$2,025
11	EYE AND OCULAR ADNEXA	1,975	\$3,754	\$3,560
	213 LASER EYE PROCEDURES	1	\$2,160	\$739
	214 CATARACT PROCEDURES	1,487	\$3,477	\$3,611
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	80	\$8,304	\$5,024
	216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	22	\$2,361	\$2,809
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	18	\$4,426	\$3,223
	218 COMPLEX POSTERIOR SEGMENT EYE PROCEDURES	69	\$4,600	\$6,059
	219 SIMPLE POSTERIOR SEGMENT EYE PROCEDURES	5	\$2,335	\$3,518
	220 STRABISMUS AND MUSCLE EYE PROCEDURES	11	\$2,660	\$2,675
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	37	\$2,431	\$3,921

**AMB ST 1-5**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2008**  
**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 CHRG	AVE TOT CHRG(ALL Hospitals )
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	13	\$2,448	\$2,501
	223 VITRECTOMY	232	\$4,164	\$5,496
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	725	\$2,437	\$3,024
	233 NASAL CAUTERIZATION AND PACKING	1	\$1,819	\$3,338
	234 COMPLEX FACIAL AND ENT PROCEDURES	186	\$4,479	\$6,314
	235 SIMPLE FACIAL AND ENT PROCEDURES	220	\$1,634	\$1,997
	236 TONSIL AND ADENOID PROCEDURES	318	\$1,801	\$2,592
13	THERAPEUTIC AND OTHER RADIOLOGICAL PROCEDURES	23	\$22,482	\$3,705
	253 VASCULAR RADIOLOGY EXCEPT FOR VENOGRAPHY OF EXTREMITY	17	\$29,873	\$11,563
	254 MYELOGRAPHY	4	\$1,252	\$3,275
	255 MISCELLANEOUS RADIOLOGICAL PROCEDURES WITH CONTRAST	2	\$2,125	\$3,069

SOURCE: Utah Ambulatory Surgery Database  
Utah Health Data Committee/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, 2008**  
**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

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Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
<b>GENDER</b>				
Female	14,228	55.0	120,689	54.0
Male	11,634	45.0	102,774	46.0
Unknown	0	0.0	0	0.0
Not Reported	0	0.0	1	0.0
<b>AGE</b>				
1-28 days	0	0.0	1,290	0.6
29-365 days	27	0.1	3,012	1.3
1-4 years	203	0.8	11,257	5.0
5-9	224	0.9	6,380	2.9
10-14	287	1.1	4,795	2.1
15-17	384	1.5	5,109	2.3
18-19	405	1.6	3,667	1.6
20-24	1,231	4.8	10,397	4.7
25-29	1,596	6.2	12,788	5.7
30-34	1,654	6.4	13,212	5.9
35-39	1,611	6.2	12,888	5.8
40-44	1,810	7.0	13,216	5.9
45-49	2,236	8.6	16,707	7.5
50-54	3,347	12.9	24,036	10.8
55-59	2,842	11.0	20,476	9.2
60-64	2,411	9.3	17,623	7.9
65-69	1,809	7.0	14,920	6.7
70-74	1,457	5.6	12,104	5.4
75-79	1,153	4.5	9,552	4.3
80-84	748	2.9	6,230	2.8
85-89	333	1.3	2,923	1.3
90 +	94	0.4	881	0.4
Not Reported	0	0.0	1,292	0.6
<b>SOURCE OF ADMISSION</b>				
Physician Referral	25,127	97.2	200,515	89.7
Clinic Referral	15	0.1	4,085	1.8
HMO Referral	5	0.0	3,198	1.4
Other Hospital	41	0.2	219	0.1
Skilled Nursing Facility	2	0.0	26	0.0
Other Health Care Facility	14	0.1	41	0.0
Emergency Room	657	2.5	5,219	2.3
Court/Law Enforcement	0	0.0	3	0.0
Unknown	0	0.0	26	0.0
Not Reported	1	0.0	10,133	4.5

(Continued)

**AMB ST 1-6**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2008**  
**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

146 Intermountain Medical Center

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
<b>DISCHARGE STATUS</b>				
Home or Self Care	25,811	99.8	222,849	99.7
Another Hospital	7	0.0	103	0.0
Skilled Nursing Facility	12	0.0	107	0.0
Intermediate Care Facility	5	0.0	14	0.0
Another Type of Institution	10	0.0	60	0.0
Under Care of Home Service	12	0.0	271	0.1
Left Against Medical Advice	4	0.0	13	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	1	0.0	8	0.0
Unknown	0	0.0	35	0.0
Not Reported	0	0.0	5	0.0
<b>PRIMARY PAYER</b>				
Medicare	4,606	17.8	38,441	17.2
Medicaid	877	3.4	13,916	6.2
Other government	273	1.1	3,998	1.8
Blue Cross/Blue Shield	1,070	4.1	31,579	14.1
Other Commercial	1,707	6.6	17,861	8.0
Managed Care(HMO, PPO)	16,249	62.8	108,172	48.4
Self Pay	376	1.5	3,087	1.4
Industrial & Worker Comp	377	1.5	3,835	1.7
Charity and Unclassified	253	1.0	1,349	0.6
Childrens Health Insurance	25	0.1	121	0.1
Unknown	49	0.2	1,030	0.5
Not Reported	0	0.0	76	0.0
<b>LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE</b>				
Bear River	282	1.1	16,758	7.5
Central Utah	189	0.7	8,253	3.7
Davis County	1,894	7.3	22,506	10.1
Salt Lake County	19,422	75.1	75,789	33.9
Southeastern Utah	84	0.3	4,234	1.9
Southwest Utah	247	1.0	13,877	6.2
Summit County	437	1.7	2,803	1.3
Tooele County	602	2.3	4,857	2.2
Tri-County	181	0.7	5,940	2.7
Utah County	1,074	4.2	37,220	16.7
Wasatch County	135	0.5	1,668	0.7
Weber County	322	1.2	19,855	8.9
Unknown Utah	4	0.0	42	0.0
Outside Utah	980	3.8	9,563	4.3
Unknown, Not Reported	9	0.0	100	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, 2008**  
**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)	6,971	100.0	321,431	100.0
Mastectomy (85.0-85.99)	220	3.2	7,806	2.4
Musculoskeletal (76.0-84.99)	2,082	29.9	73,868	23.0
Respiratory (30.0-34.99)	83	1.2	3,427	1.1
Cardiovascular (35.0-39.99)	269	3.9	18,764	5.8
Lymphatic/Hemetic (40.0-41.99)	27	0.4	2,774	0.9
Digestive System (42.0-54.99)	1,845	26.5	98,766	30.7
Urinary (55.0-59.99)	146	2.1	10,839	3.4
Male Genital (60.0-64.99)	61	0.9	3,918	1.2
Female Genital (65.0-71.99)	528	7.6	14,989	4.7
Endocrine/Nervous (01.0-07.99)	283	4.1	21,267	6.6
Eye (08.0-16.99)	136	2.0	21,107	6.6
Ear (18.0-20.99)	428	6.1	13,757	4.3
Nose, Mouth, Pharynx (21.0-29.99)	863	12.4	30,149	9.4
Reporting Category(CPT-4 CODES)	7,453	100.0	312,478	100.0
Mastectomy (19120-19220)	74	1.0	2,126	0.7
Musculoskeletal (20000-29909)	2,406	32.3	73,391	23.5
Respiratory (30000-32999 & 39501-39599)	570	7.6	14,650	4.7
Cardiovascular (33010-37799 & 93501-93660)	865	11.6	42,433	13.6
Lymphatic/Hemetic (38100-38999)	30	0.4	2,801	0.9
Digestive (40490-49999)	2,156	28.9	107,011	34.2
Urinary (50010-53899)	292	3.9	10,127	3.2
Male Genital (54000-55899)	50	0.7	3,288	1.1
Female Genital (56405-58999)	369	5.0	11,773	3.8
Endocrine/Nervous (60000-64999)	343	4.6	24,966	8.0
Eye (65091-68899)	64	0.9	12,267	3.9
Ear (69000-69979)	234	3.1	7,645	2.4

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

**AMB ST 1-2**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2008**  
**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		6,971	100.0	100.0
4523	COLONOSCOPY	412	5.9	6.06
2001	MYRINGOTOMY W/INSRT TUBE	344	4.9	3.46
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	245	3.5	5.39
5123	LAP CHOLEY	241	3.5	2.20
806	EXC SEMILUNAR CARTILAGE-KNEE	228	3.3	1.86
4542	ENDO POLYPECTOMY LG INTESTINE	192	2.8	3.39
283	TONSILLECTOMY W/ADENOIDECTOMY	168	2.4	1.84
8147	OTH REPR KNEE	162	2.3	0.86
8363	ROTATOR CUFF REPR	133	1.9	0.81
6952	ASPIR CURET FOLLOWING DELIV/AB	129	1.9	0.43
2169	OTH TURBINECTOMY	121	1.7	0.82
4513	OTH ENDO SM INTESTINE	107	1.5	1.73
7781	OTH PART OSTEC-SCAPULA-CLAV-THOR	103	1.5	0.60
8183	OTH REPR SHLDR	96	1.4	0.86
0443	RELEASE CARPAL TUNNEL	95	1.4	1.09
4525	CLO [ENDO] BX LG INTESTINE	95	1.4	2.33
8145	OTH REPR CRUCIATE LIGAMNT	92	1.3	0.55
282	TONSILLECTOMY WO ADENOIDECTOMY	88	1.3	0.58
8521	LOC EXC LES BREAST	87	1.2	0.75
2188	OTH SEPTOPLASTY	84	1.2	0.59

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		7,453	100.0	100.0
45378	COLONOSCOPY FLEX; DX-SEP PROC	406	5.4	5.71
43239	UGI ENDO; W/BX 1/MX	246	3.3	5.34
45380	COLONOSCOPY FLEX; W/BX 1/MX	207	2.8	5.02
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	207	2.8	1.43
29881	SCOPE KNEE SURG;W/MENISCECT MED/	183	2.5	1.61
69436	TYMPANOSTOMY GENERAL ANESTHESIA	178	2.4	1.79
23350	INJ SHLDR ARTHROGRPH/ENHNCD CT/M	171	2.3	0.21
29826	SCOPE SHOULDER; DECOMP SUBACROM	166	2.2	1.23
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	120	1.6	1.43
42820	T&A; UNDER AGE 12	118	1.6	1.49
29827	SCOPE SHLDR SURG; W/ROTOR CUFF R	117	1.6	0.61
50590	LITHOTRIPSY XTRACORP SHOCK WAVE	115	1.5	0.23
30140	SUBMUCOS RES TURBINATE PART/CMPL	110	1.5	0.74
49505	REPR INIT ING HERNIA 5YR/MORE; R	110	1.5	0.80
93545	INJ PROC-CATH; SELECT CORONRY AN	98	1.3	1.60
29824	SCOPE SHLDR SURG;DIST CLAVICULEC	97	1.3	0.51
30520	SEPTOPLASTY/SUBMUCOS RES W/GFT	95	1.3	0.77
93543	INJ PROC-CATH; LT VENT/ATRIAL AN	92	1.2	1.35
29888	ARTHSCPY AIDED ACL REPR/AUG/RECO	91	1.2	0.58
93555	IMAG SUPERVS I&R-CATH; VENT/ATRI	88	1.2	1.23

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

AMB ST 1-3

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2008  
 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	3,098	\$6,442	\$4,015
4523	COLONOSCOPY	336	\$2,555	\$1,021
5123	LAP CHOLEY	217	\$11,910	\$6,858
4542	ENDO POLYPECTOMY LG INTESTINE	135	\$3,758	\$1,444
6952	ASPIR CURET FOLLOWING DELIV/AB	127	\$3,389	\$2,819
283	TONSILLECTOMY W/ADENOIDECTOMY	117	\$4,022	\$2,576
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	107	\$3,433	\$1,498
806	EXC SEMILUNAR CARTILAGE-KNEE	72	\$7,463	\$4,727
282	TONSILLECTOMY WO ADENOIDECTOMY	69	\$3,955	\$2,653
3722	LT HEART CARD CATH	67	\$10,356	\$7,640
0443	RELEASE CARPAL TUNNEL	66	\$4,045	\$2,420
5304	UNILAT REPR INDIRECT ING HERN-GFT	64	\$7,559	\$4,616
6823	ENDOMETRIAL ABLATION	60	\$6,659	\$5,865
4525	CLO [ENDO] BX LG INTESTINE	54	\$3,696	\$1,506
3324	CLO [ENDO] BX BRONCHUS	53	\$1,853	\$2,509
4513	OTH ENDO SM INTESTINE	44	\$2,752	\$1,248
8201	EXPLOR TENDON SHEATH HAND	42	\$2,882	\$2,302
8521	LOC EXC LES BREAST	41	\$4,426	\$3,164
5341	REPR UMB HERN W/PROSTH	37	\$8,127	\$5,097
6629	OTH BIL ENDO DESTRUC FALLOP TUBES	37	\$6,158	\$4,259
8147	OTH REPR KNEE	35	\$8,651	\$5,962

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals )
CPT-4	Procedures	3,544	\$5,715	\$3,633
45378	COLONOSCOPY FLEX; DX-SEP PROC	334	\$2,554	\$1,028
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	190	\$12,098	\$7,209
23350	INJ SHLDR ARTHROGRPH/ENHNCD CT/M	171	\$3,367	\$3,337
45380	COLONOSCOPY FLEX; W/BX 1/MX	134	\$3,676	\$1,400
43239	UGI ENDO; W/BX 1/MX	108	\$3,441	\$1,479
29881	SCOPE KNEE SURG;W/MENISCECT MED/	100	\$7,276	\$4,187
49505	REPR INIT ING HERNIA 5YR/MORE; R	100	\$8,158	\$4,468
50590	LITHOTRIPSY XTRACORP SHOCK WAVE	93	\$8,956	\$8,821
69436	TYMPANOSTOMY GENERAL ANESTHESIA	92	\$2,641	\$1,352
42820	T&A; UNDER AGE 12	81	\$3,745	\$2,484
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	78	\$3,391	\$1,613
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	63	\$3,982	\$2,730
58563	HYSTEROSC SURG; W/ENDOMETRIAL AB	62	\$6,581	\$6,190
66984	EXTRACAPSULAR CATARACT REMV IOL	59	\$6,388	\$3,597
20680	REMOVAL OF IMPLANT; DEEP	55	\$4,230	\$3,321
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	55	\$992	\$1,141
31624	BRNCHSCPY; W/BRONCH ALVEOL LAVAG	48	\$1,793	\$2,311
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	44	\$3,865	\$2,462
19120	EXC BRST CYST TUMR/LES OPN M/F 1	41	\$4,360	\$2,993
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	41	\$2,638	\$1,180

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, 2008**  
**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	238	8,727
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	60	2,271
	003 COMPLEX INCISION AND DRAINAGE	1	100
	004 SIMPLE INCISION AND DRAINAGE	1	24
	006 SIMPLE DEBRIDEMENT AND DESTRUCTION	1	184
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	30	1,175
	008 SIMPLE EXCISION AND BIOPSY	25	1,279
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRANGE	46	1,550
	011 SIMPLE INCISION AND EXCISION OF BREAST	74	2,126
02	MUSCULOSKELETAL SYSTEM	2,101	65,893
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	143	7,092
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	66	2,745
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	67	2,708
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	372	13,313
	025 ARTHROSCOPY	1,132	27,527
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	16	703
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	171	5,280
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	28	409
	032 BUNION PROCEDURES	71	1,813
	033 ARTHROPLASTY	8	597
	034 HAND AND FOOT TENOTOMY	2	356
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	25	2,426
03	RESPIRATORY SYSTEM	310	8,172
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	10	654
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	216	5,352
	054 SIMPLE ENDOSCOPY OF THE UPPER AIRWAY	8	297
	055 ENDOSCOPY OF THE LOWER AIRWAY	76	1,869
04	CARDIOVASCULAR SYSTEM	701	34,518
	075 PLACEMENT OF TRANSVENOUS CATHETERS	1	62
	076 DIAGNOSTIC CARDIAC CATHETERIZATION	509	25,900
	077 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	108	2,275
	078 PACEMAKER INSERTION AND REPLACEMENT	24	841
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	36	1,034
	080 MINOR VASCULAR REPAIR AND FISTULA CONSTRUCTION	1	767
	081 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	5	126
	082 VASCULAR LIGATION	17	253
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	50	3,460
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	26	1,999
	097 TRANSFUSION	24	1,333
06	DIGESTIVE SYSTEM	1,936	96,396
	111 ALIMENTARY TESTS AND SIMPLE TUBE PLACEMENT	2	170
	112 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	1	1,281
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	4	577
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	4	308
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	308	20,625
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	107	5,309



**AMB ST 1-4**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2008**  
**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			
117	LOWER GASTROINTESTINAL ENDOSCOPY	750	40,097
118	ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	47	1,612
119	HERNIA AND HYDROCELE PROCEDURES	226	6,648
120	COMPLEX ANAL AND RECTAL PROCEDURES	18	1,153
121	SIMPLE ANAL AND RECTAL PROCEDURES	3	539
122	MISCELLANEOUS ABDOMINAL PROCEDURES	9	563
123	COMPLEX LAPAROSCOPIC PROCEDURES	453	17,238
124	SIMPLE LAPAROSCOPIC PROCEDURES	4	276
07	URINARY SYSTEM	283	8,765
131	RENAL EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	115	729
133	URINARY CATHETERIZATION AND DILATATION	4	472
134	COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	98	4,811
135	MODERATE CYSTOURETHROSCOPY	50	1,789
136	SIMPLE CYSTOURETHROSCOPY	12	590
137	COMPLEX URETHRAL PROCEDURES	2	191
138	SIMPLE URETHRAL PROCEDURES	2	180
08	MALE GENITAL SYSTEM	46	2,820
151	TESTICULAR AND EPIDIDYMAL PROCEDURES	26	1,286
153	COMPLEX PENILE PROCEDURES	5	498
154	SIMPLE PENILE PROCEDURES	7	837
155	PROSTATE NEEDLE AND PUNCH BIOPSY	8	111
09	FEMALE GENITAL SYSTEM	200	6,757
176	COMPLEX FEMALE REPRODUCTIVE PROCEDURES	34	2,044
177	SIMPLE FEMALE REPRODUCTIVE PROCEDURES	44	1,379
178	DILATION AND CURETTAGE	12	611
179	HYSTEROSCOPY	109	2,433
180	COLPOSCOPY	1	290
10	NERVOUS SYSTEM	266	21,149
195	NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	138	14,879
196	REVISION AND REMOVAL OF NEUROLOGICAL DEVICE	2	251
197	NEUROSTIMULATOR AND VENTRICULAR SHUNT IMPLANTATION	3	1,092
198	NERVE REPAIR AND DESTRUCTION	102	4,284
199	SPINAL TAP	21	643
11	EYE AND OCULAR ADNEXA	63	12,065
214	CATARACT PROCEDURES	59	4,992
215	COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	1	323
221	COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	2	1,215
222	SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	1	655
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	859	28,538
233	NASAL CAUTERIZATION AND PACKING	10	291
234	COMPLEX FACIAL AND ENT PROCEDURES	160	5,886
235	SIMPLE FACIAL AND ENT PROCEDURES	375	13,559
236	TONSIL AND ADENOID PROCEDURES	314	8,709
13	THERAPEUTIC AND OTHER RADIOLOGICAL PROCEDURES	294	3,406
253	VASCULAR RADIOLOGY EXCEPT FOR VENOGRAPHY OF EXTREMITY	83	1,173

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/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, 2008**  
**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	200	\$4,193	\$3,433
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	55	\$1,836	\$2,695
	003 COMPLEX INCISION AND DRAINAGE	1	\$5,449	\$4,471
	006 SIMPLE DEBRIDEMENT AND DESTRUCTION	1	\$3,385	\$3,383
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	19	\$4,761	\$3,748
	008 SIMPLE EXCISION AND BIOPSY	18	\$4,484	\$3,190
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRAN	42	\$5,339	\$4,802
	011 SIMPLE INCISION AND EXCISION OF BREAST	64	\$5,209	\$3,305
02	MUSCULOSKELETAL SYSTEM	743	\$7,419	\$4,654
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	48	\$11,847	\$7,553
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	23	\$4,800	\$4,034
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	17	\$8,033	\$5,600
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	189	\$4,349	\$3,312
	025 ARTHROSCOPY	273	\$8,652	\$4,892
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	10	\$4,235	\$3,247
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	127	\$9,397	\$6,529
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	13	\$2,430	\$3,340
	032 BUNION PROCEDURES	35	\$6,770	\$4,813
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	8	\$1,036	\$1,117
03	RESPIRATORY SYSTEM	85	\$2,237	\$2,445
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	10	\$1,390	\$1,535
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	8	\$6,109	\$3,900
	055 ENDOSCOPY OF THE LOWER AIRWAY	67	\$1,901	\$2,377
04	CARDIOVASCULAR SYSTEM	19	\$8,803	\$14,018
	077 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	8	\$7,589	\$25,520
	078 PACEMAKER INSERTION AND REPLACEMENT	1	\$29,870	\$23,655
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	7	\$7,701	\$4,381
	080 MINOR VASCULAR REPAIR AND FISTULA CONSTRUCTION	1	\$10,453	\$6,447
	081 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	1	\$4,187	\$5,330
	082 VASCULAR LIGATION	1	\$8,133	\$6,747
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	40	\$6,428	\$4,660
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	19	\$10,303	\$6,198
	097 TRANSFUSION	21	\$2,922	\$3,057
06	DIGESTIVE SYSTEM	1,289	\$5,709	\$2,773
	111 ALIMENTARY TESTS AND SIMPLE TUBE PLACEMENT	2	\$372	\$1,415
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	2	\$1,157	\$1,163
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	4	\$1,758	\$1,532
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	149	\$3,220	\$1,425
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	48	\$3,787	\$2,089
	117 LOWER GASTROINTESTINAL ENDOSCOPY	549	\$2,955	\$1,219
	118 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	12	\$7,803	\$4,271
	119 HERNIA AND HYDROCELE PROCEDURES	170	\$8,210	\$4,277
	120 COMPLEX ANAL AND RECTAL PROCEDURES	15	\$4,643	\$3,419
	121 SIMPLE ANAL AND RECTAL PROCEDURES	2	\$3,381	\$3,237
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	4	\$5,636	\$6,011

**AMB ST 1-5**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2008**  
**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	332	\$10,472	\$7,473
07	URINARY SYSTEM	141	\$7,793	\$5,467
	131 RENAL EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	93	\$8,956	\$8,805
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	18	\$6,215	\$5,910
	135 MODERATE CYSTOURETHROSCOPY	22	\$5,436	\$3,852
	136 SIMPLE CYSTOURETHROSCOPY	5	\$3,583	\$2,909
	137 COMPLEX URETHRAL PROCEDURES	1	\$7,244	\$11,146
	138 SIMPLE URETHRAL PROCEDURES	2	\$4,655	\$1,414
08	MALE GENITAL SYSTEM	29	\$6,276	\$3,901
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	12	\$5,438	\$3,127
	153 COMPLEX PENILE PROCEDURES	3	\$8,461	\$3,976
	154 SIMPLE PENILE PROCEDURES	7	\$5,974	\$2,116
	155 PROSTATE NEEDLE AND PUNCH BIOPSY	7	\$7,078	\$4,881
09	FEMALE GENITAL SYSTEM	143	\$6,144	\$4,786
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	19	\$9,293	\$6,095
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	27	\$4,220	\$3,503
	178 DILATION AND CURETTAGE	8	\$3,070	\$2,944
	179 HYSTEROSCOPY	89	\$6,331	\$5,125
10	NERVOUS SYSTEM	162	\$2,416	\$2,546
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	83	\$1,056	\$1,269
	197 NEUROSTIMULATOR AND VENTRICULAR SHUNT IMPLANTATION	2	\$16,521	\$31,310
	198 NERVE REPAIR AND DESTRUCTION	56	\$4,132	\$2,841
	199 SPINAL TAP	21	\$1,872	\$2,025
11	EYE AND OCULAR ADNEXA	63	\$6,348	\$3,560
	214 CATARACT PROCEDURES	59	\$6,388	\$3,611
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	1	\$2,167	\$5,024
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	2	\$8,069	\$3,921
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	1	\$4,753	\$2,501
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	361	\$4,467	\$3,024
	233 NASAL CAUTERIZATION AND PACKING	2	\$3,274	\$3,338
	234 COMPLEX FACIAL AND ENT PROCEDURES	45	\$10,875	\$6,314
	235 SIMPLE FACIAL AND ENT PROCEDURES	123	\$2,908	\$1,997
	236 TONSIL AND ADENOID PROCEDURES	191	\$3,974	\$2,592
13	THERAPEUTIC AND OTHER RADIOLOGICAL PROCEDURES	224	\$3,526	\$3,705
	253 VASCULAR RADIOLOGY EXCEPT FOR VENOGRAPHY OF EXTREMITY	14	\$9,966	\$11,563
	255 MISCELLANEOUS RADIOLOGICAL PROCEDURES WITH CONTRAST	210	\$3,097	\$3,069

SOURCE: Utah Ambulatory Surgery Database  
Utah Health Data Committee/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, 2008**  
**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

117 Jordan Valley Medical Center

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
<b>GENDER</b>				
Female	2,975	56.6	120,689	54.0
Male	2,282	43.4	102,774	46.0
Unknown	0	0.0	0	0.0
Not Reported	0	0.0	1	0.0
<b>AGE</b>				
1-28 days	0	0.0	1,290	0.6
29-365 days	31	0.6	3,012	1.3
1-4 years	157	3.0	11,257	5.0
5-9	99	1.9	6,380	2.9
10-14	97	1.8	4,795	2.1
15-17	161	3.1	5,109	2.3
18-19	95	1.8	3,667	1.6
20-24	300	5.7	10,397	4.7
25-29	495	9.4	12,788	5.7
30-34	471	9.0	13,212	5.9
35-39	433	8.2	12,888	5.8
40-44	365	6.9	13,216	5.9
45-49	413	7.9	16,707	7.5
50-54	527	10.0	24,036	10.8
55-59	400	7.6	20,476	9.2
60-64	335	6.4	17,623	7.9
65-69	349	6.6	14,920	6.7
70-74	228	4.3	12,104	5.4
75-79	137	2.6	9,552	4.3
80-84	96	1.8	6,230	2.8
85-89	50	1.0	2,923	1.3
90 +	18	0.3	881	0.4
Not Reported	0	0.0	1,292	0.6
<b>SOURCE OF ADMISSION</b>				
Physician Referral	5,247	99.8	200,515	89.7
Clinic Referral	1	0.0	4,085	1.8
HMO Referral	0	0.0	3,198	1.4
Other Hospital	0	0.0	219	0.1
Skilled Nursing Facility	0	0.0	26	0.0
Other Health Care Facility	0	0.0	41	0.0
Emergency Room	8	0.2	5,219	2.3
Court/Law Enforcement	1	0.0	3	0.0
Unknown	0	0.0	26	0.0
Not Reported	0	0.0	10,133	4.5

(Continued)

**AMB ST 1-6**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2008**  
**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

117 Jordan Valley Medical Center

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
<b>DISCHARGE STATUS</b>				
Home or Self Care	5,243	99.7	222,849	99.7
Another Hospital	3	0.1	103	0.0
Skilled Nursing Facility	1	0.0	107	0.0
Intermediate Care Facility	0	0.0	14	0.0
Another Type of Institution	0	0.0	60	0.0
Under Care of Home Service	1	0.0	271	0.1
Left Against Medical Advice	0	0.0	13	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	0	0.0	8	0.0
Unknown	9	0.2	35	0.0
Not Reported	0	0.0	5	0.0
<b>PRIMARY PAYER</b>				
Medicare	750	14.3	38,441	17.2
Medicaid	274	5.2	13,916	6.2
Other government	133	2.5	3,998	1.8
Blue Cross/Blue Shield	1,636	31.1	31,579	14.1
Other Commercial	897	17.1	17,861	8.0
Managed Care(HMO, PPO)	1,418	27.0	108,172	48.4
Self Pay	44	0.8	3,087	1.4
Industrial & Worker Comp	93	1.8	3,835	1.7
Charity and Unclassified	5	0.1	1,349	0.6
Childrens Health Insurance	2	0.0	121	0.1
Unknown	5	0.1	1,030	0.5
Not Reported	0	0.0	76	0.0
<b>LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE</b>				
Bear River	7	0.1	16,758	7.5
Central Utah	16	0.3	8,253	3.7
Davis County	53	1.0	22,506	10.1
Salt Lake County	4,712	89.6	75,789	33.9
Southeastern Utah	25	0.5	4,234	1.9
Southwest Utah	4	0.1	13,877	6.2
Summit County	35	0.7	2,803	1.3
Tooele County	90	1.7	4,857	2.2
Tri-County	15	0.3	5,940	2.7
Utah County	189	3.6	37,220	16.7
Wasatch County	9	0.2	1,668	0.7
Weber County	15	0.3	19,855	8.9
Unknown Utah	1	0.0	42	0.0
Outside Utah	77	1.5	9,563	4.3
Unknown, Not Reported	9	0.2	100	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, 2008**  
**NUMBER OF CPT-4 AND ICD-9 REPORTABLE\* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY**

114 Kane County Hospital - CAH

Reporting Category(ICD-9-CM CODES)	Procedures Performed		Procedures Performed-All Hospitals	
	(#)	(%)	(#)	(%)
Reporting Category(ICD-9-CM CODES)	101	100.0	321,431	100.0
Mastectomy (85.0-85.99)	0	0.0	7,806	2.4
Musculoskeletal (76.0-84.99)	2	2.0	73,868	23.0
Respiratory (30.0-34.99)	0	0.0	3,427	1.1
Cardiovascular (35.0-39.99)	0	0.0	18,764	5.8
Lymphatic/Hemetic (40.0-41.99)	0	0.0	2,774	0.9
Digestive System (42.0-54.99)	27	26.7	98,766	30.7
Urinary (55.0-59.99)	0	0.0	10,839	3.4
Male Genital (60.0-64.99)	0	0.0	3,918	1.2
Female Genital (65.0-71.99)	0	0.0	14,989	4.7
Endocrine/Nervous (01.0-07.99)	8	7.9	21,267	6.6
Eye (08.0-16.99)	64	63.4	21,107	6.6
Ear (18.0-20.99)	0	0.0	13,757	4.3
Nose, Mouth, Pharynx (21.0-29.99)	0	0.0	30,149	9.4
Reporting Category(CPT-4 CODES)	326	100.0	312,478	100.0
Mastectomy (19120-19220)	0	0.0	2,126	0.7
Musculoskeletal (20000-29909)	11	3.4	73,391	23.5
Respiratory (30000-32999 & 39501-39599)	0	0.0	14,650	4.7
Cardiovascular (33010-37799 & 93501-93660)	1	0.3	42,433	13.6
Lymphatic/Hemetic (38100-38999)	0	0.0	2,801	0.9
Digestive (40490-49999)	236	72.4	107,011	34.2
Urinary (50010-53899)	1	0.3	10,127	3.2
Male Genital (54000-55899)	0	0.0	3,288	1.1
Female Genital (56405-58999)	5	1.5	11,773	3.8
Endocrine/Nervous (60000-64999)	17	5.2	24,966	8.0
Eye (65091-68899)	55	16.9	12,267	3.9
Ear (69000-69979)	0	0.0	7,645	2.4

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

**AMB ST 1-2**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2008**  
**MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE\* PROCEDURES**

114 Kane County Hospital - CAH

ICD-9 CODE	ICD-9 DESCRIPTION	#	%	% ALL Hospitals
<b>All ICD-9 Procedures</b>				
1341	PHACOEMULSIFICATION-ASPIR CATARACT	32	31.7	1.54
1371	IOL PROSTH-CATARACT EXTRACT-1-STAGE	32	31.7	1.53
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	12	11.9	5.39
4542	ENDO POLYPECTOMY LG INTESTINE	5	5.0	3.39
0391	INJ ANES SPINAL CANAL-ANALGESIA	4	4.0	1.44
0392	INJ OTH AGENT SPINAL CANAL	4	4.0	1.89
4523	COLONOSCOPY	4	4.0	6.06
4341	ENDO EXC/DESTRUC LES/TISS STOMACH	2	2.0	0.17
5304	UNILAT REPR INDIRECT ING HERN-GFT	2	2.0	0.43
4513	OTH ENDO SM INTESTINE	1	1.0	1.73
5305	UNILAT REPR ING HERN-GFT-NOS	1	1.0	0.11
7974	CLO REDUC DISLOC-HAND & FINGR	1	1.0	0.01
8235	OTH FASCIECT HAND	1	1.0	0.03

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
<b>All CPT-4 Procedures</b>				
45380	COLONOSCOPY FLEX; W/BX 1/MX	87	26.7	5.02
43239	UGI ENDO; W/BX 1/MX	55	16.9	5.34
66984	EXTRACAPSULAR CATARACT REMV IOL	51	15.6	1.50
45378	COLONOSCOPY FLEX; DX-SEP PROC	40	12.3	5.71
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	27	8.3	1.43
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	10	3.1	0.91
43258	UGI ENDO; W/ABLAT LES NOT SNARE	6	1.8	0.13
43235	UGI ENDO; DX W/VO CLCT SPECMN-SP	5	1.5	1.18
62319	INJ NOT NEUROLYTIC-EPID; LUMB/SA	4	1.2	0.01
66821	DISCISSION 2ND CATARACT; LASER S	4	1.2	0.15
20525	REMOVAL FB MUSC/TENDON; DEEP/COM	2	0.6	0.01
26055	TENDON SHEATH INCISION	2	0.6	0.45
43248	UGI ENDO; W/INSRT GUIDE WIRE	2	0.6	0.07
43251	UGI ENDO; W/REMV TUMOR/LES-SNARE	2	0.6	0.07
45330	SIGMOIDOSCOPY FLEX; DX-SEP PROC	2	0.6	0.10
45331	SIGMOIDOSCOPY FLXIBLE; W/BX 1/MX	2	0.6	0.06
49505	REPR INIT ING HERNIA 5YR/MORE; R	2	0.6	0.80
58662	LAP SURG; W/FULG/EXCIS LES-OVARY	2	0.6	0.51
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	2	0.6	0.66
20999	UNLIST PROC MUSCULOSKEL SYSTEM G	1	0.3	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, 2008  
 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 - CAH

ICD-9 CODE	ICD-9 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals )
ICD-9 Procedures		27	\$2,833	\$4,015
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	12	\$2,555	\$1,498
4542	ENDO POLYPECTOMY LG INTESTINE	5	\$2,844	\$1,444
4523	COLONOSCOPY	3	\$1,906	\$1,021
5304	UNILAT REPR INDIRECT ING HERN-GFT	2	\$4,764	\$4,616
4341	ENDO EXC/DESTRUC LES/TISS STOMACH	1	\$4,447	\$1,903
4513	OTH ENDO SM INTESTINE	1	\$1,565	\$1,248
5305	UNILAT REPR ING HERN-GFT-NOS	1	\$3,635	\$5,101
7974	CLO REDUC DISLOC-HAND & FINGR	1	\$4,144	\$2,514
8235	OTH FASCIECT HAND	1	\$2,574	\$4,233

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals )
CPT-4 Procedures		257	\$2,432	\$3,633
45380	COLONOSCOPY FLEX; W/BX 1/MX	75	\$2,448	\$1,400
66984	EXTRACAPSULAR CATARACT REMV IOL	51	\$3,453	\$3,597
45378	COLONOSCOPY FLEX; DX-SEP PROC	31	\$1,891	\$1,028
43239	UGI ENDO; W/BX 1/MX	28	\$2,026	\$1,479
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	20	\$2,974	\$1,613
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	10	\$727	\$1,141
43235	UGI ENDO; DX W/VO CLCT SPECMN-SP	4	\$1,652	\$1,180
62319	INJ NOT NEUROLYTIC-EPID; LUMB/SA	4	\$1,072	\$2,061
66821	DISCISSION 2ND CATARACT; LASER S	4	\$444	\$723
43258	UGI ENDO; W/ABLAT LES NOT SNARE	3	\$2,083	\$2,229
20525	REMOVAL FB MUSC/TENDON; DEEP/COM	2	\$1,176	\$3,125
26055	TENDON SHEATH INCISION	2	\$2,004	\$2,154
45331	SIGMOIDOSCOPY FLXIBLE; W/BX 1/MX	2	\$1,909	\$1,177
49505	REPR INIT ING HERNIA 5YR/MORE; R	2	\$4,259	\$4,468
58662	LAP SURG; W/FULG/EXCIS LES-OVARY	2	\$4,164	\$5,612
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	2	\$2,759	\$2,462
20999	UNLIST PROC MUSCULOSKEL SYSTEM G	1	\$2,282	\$5,200
25112	EXCISION GANGLION WRIST; RECURRE	1	\$3,068	\$2,644
26121	FASCECT PALM W/VO Z-PLASTY/GFT	1	\$2,574	\$3,635
26160	EXC LES TEND SHETH/JNT CAP HND/F	1	\$1,483	\$2,359

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, 2008**  
**PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE\* CPT-4 PROCEDURES**

114 Kane County Hospital - CAH

Procedure APG category		TOTAL #	TOTAL # (ALL Hospitals)
Procedure APG			
01	INTEGUMENTARY SYSTEM	2	8,727
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	2	1,175
02	MUSCULOSKELETAL SYSTEM	9	65,893
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	1	2,745
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	1	2,708
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	4	13,313
	028 CLOSED TREATMENT FX & DISLOCATION OF FINGER, TOE & TRUNK	1	71
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	2	703
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	1	3,460
	097 TRANSFUSION	1	1,333
06	DIGESTIVE SYSTEM	240	96,396
	112 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	1	1,281
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	2	577
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	2	308
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	60	20,625
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	10	5,309
	117 LOWER GASTROINTESTINAL ENDOSCOPY	157	40,097
	119 HERNIA AND HYDROCELE PROCEDURES	3	6,648
	123 COMPLEX LAPAROSCOPIC PROCEDURES	5	17,238
07	URINARY SYSTEM	1	8,765
	133 URINARY CATHETERIZATION AND DILATATION	1	472
10	NERVOUS SYSTEM	17	21,149
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	15	14,879
	198 NERVE REPAIR AND DESTRUCTION	2	4,284
11	EYE AND OCULAR ADNEXA	55	12,065
	213 LASER EYE PROCEDURES	4	555
	214 CATARACT PROCEDURES	51	4,992

SOURCE: Utah Ambulatory Surgery Database  
Utah Health Data Committee/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, 2008**  
**PROCEDURE APG CATEGORY, PROCEDURE APG, SINGLE APG ONLY**  
**BASED ON REPORTABLE\* CPT-4 PROCEDURES**

114 Kane County Hospital - CAH

Procedure APG category	Procedure APG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL Hospitals )
01	INTEGUMENTARY SYSTEM	2	\$1,176	\$3,433
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	2	\$1,176	\$3,748
02	MUSCULOSKELETAL SYSTEM	9	\$2,055	\$4,654
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	1	\$2,282	\$4,034
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	1	\$2,574	\$5,600
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	4	\$2,139	\$3,312
	028 CLOSED TREATMENT FX & DISLOCATION OF FINGER, TOE & TRUNK	1	\$4,144	\$2,571
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	2	\$470	\$3,247
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	1	\$951	\$4,660
	097 TRANSFUSION	1	\$951	\$3,057
06	DIGESTIVE SYSTEM	171	\$2,358	\$2,773
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	1	\$554	\$1,163
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	2	\$1,909	\$1,532
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	32	\$1,980	\$1,425
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	3	\$2,083	\$2,089
	117 LOWER GASTROINTESTINAL ENDOSCOPY	127	\$2,393	\$1,219
	119 HERNIA AND HYDROCELE PROCEDURES	3	\$4,387	\$4,277
	123 COMPLEX LAPAROSCOPIC PROCEDURES	3	\$4,084	\$7,473
07	URINARY SYSTEM	1	\$141	\$5,467
	133 URINARY CATHETERIZATION AND DILATATION	1	\$141	\$5,073
10	NERVOUS SYSTEM	17	\$1,049	\$2,546
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	15	\$820	\$1,269
	198 NERVE REPAIR AND DESTRUCTION	2	\$2,759	\$2,841
11	EYE AND OCULAR ADNEXA	55	\$3,235	\$3,560
	213 LASER EYE PROCEDURES	4	\$444	\$739
	214 CATARACT PROCEDURES	51	\$3,453	\$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, 2008**  
**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

114 Kane County Hospital - CAH

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
<b>GENDER</b>				
Female	164	56.4	120,689	54.0
Male	127	43.6	102,774	46.0
Unknown	0	0.0	0	0.0
Not Reported	0	0.0	1	0.0
<b>AGE</b>				
1-28 days	0	0.0	1,290	0.6
29-365 days	0	0.0	3,012	1.3
1-4 years	0	0.0	11,257	5.0
5-9	0	0.0	6,380	2.9
10-14	0	0.0	4,795	2.1
15-17	1	0.3	5,109	2.3
18-19	0	0.0	3,667	1.6
20-24	6	2.1	10,397	4.7
25-29	11	3.8	12,788	5.7
30-34	8	2.7	13,212	5.9
35-39	9	3.1	12,888	5.8
40-44	6	2.1	13,216	5.9
45-49	17	5.8	16,707	7.5
50-54	34	11.7	24,036	10.8
55-59	32	11.0	20,476	9.2
60-64	31	10.7	17,623	7.9
65-69	45	15.5	14,920	6.7
70-74	40	13.7	12,104	5.4
75-79	23	7.9	9,552	4.3
80-84	19	6.5	6,230	2.8
85-89	8	2.7	2,923	1.3
90 +	1	0.3	881	0.4
Not Reported	0	0.0	1,292	0.6
<b>SOURCE OF ADMISSION</b>				
Physician Referral	290	99.7	200,515	89.7
Clinic Referral	0	0.0	4,085	1.8
HMO Referral	0	0.0	3,198	1.4
Other Hospital	0	0.0	219	0.1
Skilled Nursing Facility	0	0.0	26	0.0
Other Health Care Facility	0	0.0	41	0.0
Emergency Room	1	0.3	5,219	2.3
Court/Law Enforcement	0	0.0	3	0.0
Unknown	0	0.0	26	0.0
Not Reported	0	0.0	10,133	4.5

(Continued)

**AMB ST 1-6**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2008**  
**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

114 Kane County Hospital - CAH

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
<b>DISCHARGE STATUS</b>				
Home or Self Care	291	100.0	222,849	99.7
Another Hospital	0	0.0	103	0.0
Skilled Nursing Facility	0	0.0	107	0.0
Intermediate Care Facility	0	0.0	14	0.0
Another Type of Institution	0	0.0	60	0.0
Under Care of Home Service	0	0.0	271	0.1
Left Against Medical Advice	0	0.0	13	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	0	0.0	8	0.0
Unknown	0	0.0	35	0.0
Not Reported	0	0.0	5	0.0
<b>PRIMARY PAYER</b>				
Medicare	125	43.0	38,441	17.2
Medicaid	15	5.2	13,916	6.2
Other government	1	0.3	3,998	1.8
Blue Cross/Blue Shield	30	10.3	31,579	14.1
Other Commercial	114	39.2	17,861	8.0
Managed Care(HMO, PPO)	0	0.0	108,172	48.4
Self Pay	3	1.0	3,087	1.4
Industrial & Worker Comp	3	1.0	3,835	1.7
Charity and Unclassified	0	0.0	1,349	0.6
Childrens Health Insurance	0	0.0	121	0.1
Unknown	0	0.0	1,030	0.5
Not Reported	0	0.0	76	0.0
<b>LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE</b>				
Bear River	0	0.0	16,758	7.5
Central Utah	0	0.0	8,253	3.7
Davis County	0	0.0	22,506	10.1
Salt Lake County	1	0.3	75,789	33.9
Southeastern Utah	0	0.0	4,234	1.9
Southwest Utah	224	77.0	13,877	6.2
Summit County	0	0.0	2,803	1.3
Tooele County	0	0.0	4,857	2.2
Tri-County	0	0.0	5,940	2.7
Utah County	1	0.3	37,220	16.7
Wasatch County	0	0.0	1,668	0.7
Weber County	0	0.0	19,855	8.9
Unknown Utah	0	0.0	42	0.0
Outside Utah	65	22.3	9,563	4.3
Unknown, Not Reported	0	0.0	100	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, 2008**  
**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)	4,114	100.0	321,431	100.0
Mastectomy (85.0-85.99)	298	7.2	7,806	2.4
Musculoskeletal (76.0-84.99)	1,514	36.8	73,868	23.0
Respiratory (30.0-34.99)	79	1.9	3,427	1.1
Cardiovascular (35.0-39.99)	191	4.6	18,764	5.8
Lymphatic/Hemetic (40.0-41.99)	41	1.0	2,774	0.9
Digestive System (42.0-54.99)	643	15.6	98,766	30.7
Urinary (55.0-59.99)	292	7.1	10,839	3.4
Male Genital (60.0-64.99)	83	2.0	3,918	1.2
Female Genital (65.0-71.99)	198	4.8	14,989	4.7
Endocrine/Nervous (01.0-07.99)	241	5.9	21,267	6.6
Eye (08.0-16.99)	164	4.0	21,107	6.6
Ear (18.0-20.99)	99	2.4	13,757	4.3
Nose, Mouth, Pharynx (21.0-29.99)	271	6.6	30,149	9.4
Reporting Category(CPT-4 CODES)	4,697	100.0	312,478	100.0
Mastectomy (19120-19220)	64	1.4	2,126	0.7
Musculoskeletal (20000-29909)	1,968	41.9	73,391	23.5
Respiratory (30000-32999 & 39501-39599)	202	4.3	14,650	4.7
Cardiovascular (33010-37799 & 93501-93660)	650	13.8	42,433	13.6
Lymphatic/Hemetic (38100-38999)	21	0.4	2,801	0.9
Digestive (40490-49999)	780	16.6	107,011	34.2
Urinary (50010-53899)	417	8.9	10,127	3.2
Male Genital (54000-55899)	35	0.7	3,288	1.1
Female Genital (56405-58999)	191	4.1	11,773	3.8
Endocrine/Nervous (60000-64999)	256	5.5	24,966	8.0
Eye (65091-68899)	71	1.5	12,267	3.9
Ear (69000-69979)	42	0.9	7,645	2.4

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

**AMB ST 1-2**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2008**  
**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		4,114	100.0	100.0
5123	LAP CHOLEY	149	3.6	2.20
806	EXC SEMILUNAR CARTILAGE-KNEE	135	3.3	1.86
8086	OTH LOC EXC/DESTRUC JT LES-KNEE	105	2.6	0.69
8192	INJ THERAP SUBSTANCE JT/LIGAMNT	82	2.0	0.37
8521	LOC EXC LES BREAST	81	2.0	0.75
4701	LAP APPENDECTOMY	74	1.8	0.71
8076	SYNOVECT-KNEE	74	1.8	0.39
598	URETERAL CATH	67	1.6	0.69
7781	OTH PART OSTEC-SCAPULA-CLAV-THOR	67	1.6	0.60
8363	ROTATOR CUFF REPR	62	1.5	0.81
0443	RELEASE CARPAL TUNNEL	61	1.5	1.09
3722	LT HEART CARD CATH	59	1.4	1.38
8183	OTH REPR SHLDR	58	1.4	0.86
2001	MYRINGOTOMY W/INSRT TUBE	57	1.4	3.46
3324	CLO [ENDO] BX BRONCHUS	51	1.2	0.26
560	TRANSURETH REMOV OBST URETER-PELV	43	1.0	0.38
1341	PHACOEMULSIFICATION-ASPIR CATARACT	42	1.0	1.54
1371	IOL PROSTH-CATARACT EXTRACT-1-STAGE	42	1.0	1.53
0309	OTH EXPLOR & DECOMP SPINAL CANAL	41	1.0	0.11
3893	VENOUS CATH-NEC	39	0.9	0.23

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		4,697	100.0	100.0
29580	STRAPPING; UNNA BOOT	418	8.9	0.16
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	138	2.9	1.43
36430	TRANSFUSION BLOOD/BLOOD COMPONEN	125	2.7	0.43
29826	SCOPE SHOULDER; DECOMP SUBACROM	101	2.2	1.23
29881	SCOPE KNEE SURG;W/MENISCECT MED/	99	2.1	1.61
93545	INJ PROC-CATH; SELECT CORONRY AN	79	1.7	1.60
44970	LAPAROSCOPY SURGICAL APPENDECTOM	76	1.6	0.73
51610	INJ PROC RETRO URETHROCYSTOGRAPH	74	1.6	0.05
93556	IMAG SUPERVS I&R-CATH; PULM ANGI	73	1.6	1.46
93543	INJ PROC-CATH; LT VENT/ATRIAL AN	69	1.5	1.35
93555	IMAG SUPERVS I&R-CATH; VENT/ATRI	69	1.5	1.23
93510	LT HRT CATH RETRO-BRACH/FEM; PER	62	1.3	1.18
29824	SCOPE SHLDR SURG;DIST CLAVICULEC	59	1.3	0.51
28285	CORRECTION HAMMERTOES	58	1.2	0.57
49505	REPR INIT ING HERNIA 5YR/MORE; R	51	1.1	0.80
20600	ARTHROCEN ASPIR &/INJ; SM JNT/BU	49	1.0	0.07
29875	SCOPE KNEE; SYNOVECT LTD SEP PRO	48	1.0	0.24
29827	SCOPE SHLDR SURG; W/ROTOR CUFF R	45	1.0	0.61
50590	LITHOTRIPSY XTRACORP SHOCK WAVE	44	0.9	0.23
66984	EXTRACAPSULAR CATARACT REMV IOL	42	0.9	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, 2008  
 AVERAGE TOTAL CHARGES FOR MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE\* PROCEDURES, SINGLE ICD-9 OR CPT-4 ONLY

107 Lakeview Hospital

ICD-9 CODE	ICD-9 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals )
ICD-9	Procedures	1,566	\$7,648	\$4,015
5123	LAP CHOLEY	127	\$9,080	\$6,858
4701	LAP APPENDECTOMY	61	\$11,687	\$9,824
8521	LOC EXC LES BREAST	46	\$5,866	\$3,164
3722	LT HEART CARD CATH	36	\$11,504	\$7,640
3893	VENOUS CATH-NEC	33	\$5,903	\$3,699
8051	EXC INTERVERTEBRAL DISC	33	\$11,579	\$9,742
806	EXC SEMILUNAR CARTILAGE-KNEE	31	\$6,777	\$4,727
282	TONSILLECTOMY WO ADENOIDECTOMY	28	\$4,939	\$2,653
6029	OTH TRANSURETHRAL PROSTATECTOMY	27	\$10,063	\$6,814
283	TONSILLECTOMY W/ADENOIDECTOMY	24	\$4,859	\$2,576
8076	SYNOVECT-KNEE	23	\$6,966	\$4,476
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	22	\$3,989	\$1,498
8192	INJ THERAP SUBSTANCE JT/LIGAMNT	22	\$1,243	\$1,244
8183	OTH REPR SHLDR	21	\$10,061	\$7,480
5972	INJ IMPLNT URETHRA-BLADDER NECK	20	\$6,833	\$5,466
6902	D&C FOLLOWING DELIV/AB	19	\$5,402	\$2,814
8511	CLO [PERCUT] [NEEDLE] BX BREAST	19	\$1,943	\$1,658
5749	OTH TRANSURETH EXC/DEST LES BLADDER	18	\$6,186	\$4,295
7932	OP REDUC FX W/INT FIX-RADIUS & ULNA	18	\$12,086	\$8,664
5305	UNILAT REPR ING HERN-GFT-NOS	17	\$6,216	\$5,101

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals )
CPT-4	Procedures	2,222	\$5,924	\$3,633
29580	STRAPPING; UNNA BOOT	398	\$1,084	\$1,603
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	122	\$9,097	\$7,209
36430	TRANSFUSION BLOOD/BLOOD COMPONEN	90	\$3,865	\$3,057
29881	SCOPE KNEE SURG;W/MENISCECT MED/	65	\$6,765	\$4,187
44970	LAPAROSCOPY SURGICAL APPENDECTOM	62	\$11,672	\$9,809
29875	SCOPE KNEE; SYNOVECT LTD SEP PRO	37	\$6,999	\$4,121
49505	REPR INIT ING HERNIA 5YR/MORE; R	37	\$5,968	\$4,468
19120	EXC BRST CYST TUMR/LES OPN M/F 1	36	\$5,788	\$2,993
66984	EXTRACAPSULAR CATARACT REMV IOL	34	\$6,545	\$3,597
50590	LITHOTRIPSY XTRACORP SHOCK WAVE	33	\$11,600	\$8,821
36569	INSERT PICC W/O PORT/PUMP; 5 YR/	31	\$6,014	\$3,600
62284	INJ PROC MYELGRPH &/CT SPINAL	30	\$2,279	\$3,236
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	28	\$4,939	\$2,730
29880	SCOPE KNEE SURG;W/MENISCECT MED&	27	\$6,976	\$4,471
63030	LAMINOT W/ DECOMP; 1 INTERSPACE	27	\$11,442	\$9,928
20610	ARTHROCENTESIS ASPIR&/INJ; MAJ J	26	\$693	\$1,135
29877	SCOPE KNEE SURG; DEBRID/SHAVE CA	23	\$6,927	\$3,808
69436	TYMPANOSTOMY GENERAL ANESTHESIA	22	\$3,850	\$1,352
64483	INJ ANES EPIDURL; LUMB/SAC 1 LEV	21	\$1,899	\$1,342
29826	SCOPE SHOULDER; DECOMP SUBACROM	20	\$8,317	\$5,424

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, 2008**  
**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	181	8,727
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	18	2,271
	003 COMPLEX INCISION AND DRAINAGE	3	100
	006 SIMPLE DEBRIDEMENT AND DESTRUCTION	4	184
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	18	1,175
	008 SIMPLE EXCISION AND BIOPSY	16	1,279
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRANGE	58	1,550
	011 SIMPLE INCISION AND EXCISION OF BREAST	64	2,126
02	MUSCULOSKELETAL SYSTEM	1,907	65,893
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	181	7,092
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	52	2,745
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	71	2,708
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	260	13,313
	025 ARTHROSCOPY	573	27,527
	026 REPLACEMENT OF CAST	29	83
	027 SPLINT, STRAPPING AND CAST REMOVAL	422	770
	028 CLOSED TREATMENT FX & DISLOCATION OF FINGER, TOE & TRUNK	1	71
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	7	703
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	74	5,280
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	27	409
	032 BUNION PROCEDURES	51	1,813
	033 ARTHROPLASTY	50	597
	034 HAND AND FOOT TENOTOMY	7	356
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	102	2,426
03	RESPIRATORY SYSTEM	121	8,172
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	16	654
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	29	5,352
	055 ENDOSCOPY OF THE LOWER AIRWAY	76	1,869
04	CARDIOVASCULAR SYSTEM	437	34,518
	075 PLACEMENT OF TRANSVENOUS CATHETERS	1	62
	076 DIAGNOSTIC CARDIAC CATHETERIZATION	380	25,900
	077 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	9	2,275
	078 PACEMAKER INSERTION AND REPLACEMENT	21	841
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	11	1,034
	081 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	8	126
	082 VASCULAR LIGATION	7	253
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	154	3,460
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	29	1,999
	097 TRANSFUSION	125	1,333
06	DIGESTIVE SYSTEM	708	96,396
	111 ALIMENTARY TESTS AND SIMPLE TUBE PLACEMENT	29	170
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	4	577
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	4	308
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	42	20,625
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	20	5,309
	117 LOWER GASTROINTESTINAL ENDOSCOPY	38	40,097



**AMB ST 1-4**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2008**  
**PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE\* CPT-4 PROCEDURES**

107 Lakeview Hospital

procedure APG category		TOTAL #	TOTAL # (ALL Hospitals)
procedure APG			
	118 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	53	1,612
	119 HERNIA AND HYDROCELE PROCEDURES	148	6,648
	120 COMPLEX ANAL AND RECTAL PROCEDURES	12	1,153
	121 SIMPLE ANAL AND RECTAL PROCEDURES	5	539
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	7	563
	123 COMPLEX LAPAROSCOPIC PROCEDURES	343	17,238
	124 SIMPLE LAPAROSCOPIC PROCEDURES	3	276
07	URINARY SYSTEM	305	8,765
	131 RENAL EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	44	729
	133 URINARY CATHETERIZATION AND DILATATION	37	472
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	145	4,811
	135 MODERATE CYSTOURETHROSCOPY	61	1,789
	136 SIMPLE CYSTOURETHROSCOPY	12	590
	137 COMPLEX URETHRAL PROCEDURES	3	191
	138 SIMPLE URETHRAL PROCEDURES	3	180
08	MALE GENITAL SYSTEM	37	2,820
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	16	1,286
	152 INSERTION OF PENILE PROSTHESIS	7	88
	153 COMPLEX PENILE PROCEDURES	2	498
	154 SIMPLE PENILE PROCEDURES	9	837
	155 PROSTATE NEEDLE AND PUNCH BIOPSY	3	111
09	FEMALE GENITAL SYSTEM	131	6,757
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	66	2,044
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	33	1,379
	178 DILATION AND CURETTAGE	4	611
	179 HYSTEROSCOPY	22	2,433
	180 COLPOSCOPY	6	290
10	NERVOUS SYSTEM	120	21,149
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	39	14,879
	196 REVISION AND REMOVAL OF NEUROLOGICAL DEVICE	5	251
	197 NEUROSTIMULATOR AND VENTRICULAR SHUNT IMPLANTATION	5	1,092
	198 NERVE REPAIR AND DESTRUCTION	57	4,284
	199 SPINAL TAP	14	643
11	EYE AND OCULAR ADNEXA	71	12,065
	213 LASER EYE PROCEDURES	12	555
	214 CATARACT PROCEDURES	42	4,992
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	2	323
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	8	346
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	2	1,215
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	4	655
	223 VITRECTOMY	1	1,739
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	245	28,538
	233 NASAL CAUTERIZATION AND PACKING	2	291
	234 COMPLEX FACIAL AND ENT PROCEDURES	94	5,886
	235 SIMPLE FACIAL AND ENT PROCEDURES	88	13,559
	236 TONSIL AND ADENOID PROCEDURES	61	8,709

**AMB ST 1-4**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2008**  
**PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE\* CPT-4 PROCEDURES**

107 Lakeview Hospital

procedure APG category		TOTAL #	TOTAL # (ALL Hospitals)
procedure APG			
13	THERAPEUTIC AND OTHER RADIOLOGICAL PROCEDURES	142	3,406
	253 VASCULAR RADIOLOGY EXCEPT FOR VENOGRAPHY OF EXTREMITY	2	1,173
	254 MYELOGRAPHY	30	296
	255 MISCELLANEOUS RADIOLOGICAL PROCEDURES WITH CONTRAST	110	1,929

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

**AMB ST 1-5**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2008**  
**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	130	\$5,979	\$3,433
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	12	\$2,719	\$2,695
	003 COMPLEX INCISION AND DRAINAGE	2	\$6,342	\$4,471
	006 SIMPLE DEBRIDEMENT AND DESTRUCTION	2	\$13,826	\$3,383
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	7	\$4,955	\$3,748
	008 SIMPLE EXCISION AND BIOPSY	6	\$5,666	\$3,190
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRAN	47	\$6,494	\$4,802
	011 SIMPLE INCISION AND EXCISION OF BREAST	54	\$6,118	\$3,305
02	MUSCULOSKELETAL SYSTEM	924	\$4,587	\$4,654
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	53	\$9,885	\$7,553
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	13	\$6,037	\$4,034
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	11	\$8,730	\$5,600
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	81	\$5,596	\$3,312
	025 ARTHROSCOPY	224	\$7,376	\$4,892
	026 REPLACEMENT OF CAST	2	\$692	\$4,770
	027 SPLINT, STRAPPING AND CAST REMOVAL	401	\$1,083	\$1,401
	028 CLOSED TREATMENT FX & DISLOCATION OF FINGER, TOE & TRUNK	1	\$5,484	\$2,571
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	2	\$6,454	\$3,247
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	51	\$10,560	\$6,529
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	22	\$3,709	\$3,340
	032 BUNION PROCEDURES	24	\$6,847	\$4,813
	033 ARTHROPLASTY	11	\$15,971	\$8,553
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	28	\$708	\$1,117
03	RESPIRATORY SYSTEM	23	\$3,404	\$2,445
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	12	\$2,518	\$1,535
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	2	\$6,001	\$3,900
	055 ENDOSCOPY OF THE LOWER AIRWAY	9	\$4,008	\$2,377
04	CARDIOVASCULAR SYSTEM	13	\$32,080	\$14,018
	077 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	1	\$6,975	\$25,520
	078 PACEMAKER INSERTION AND REPLACEMENT	11	\$36,490	\$23,655
	081 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	1	\$8,676	\$5,330
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	110	\$4,765	\$4,660
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	20	\$8,814	\$6,198
	097 TRANSFUSION	90	\$3,865	\$3,057
06	DIGESTIVE SYSTEM	437	\$7,550	\$2,773
	111 ALIMENTARY TESTS AND SIMPLE TUBE PLACEMENT	19	\$989	\$1,415
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	3	\$3,187	\$1,163
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	4	\$2,785	\$1,532
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	28	\$3,708	\$1,425
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	11	\$3,621	\$2,089
	117 LOWER GASTROINTESTINAL ENDOSCOPY	30	\$2,958	\$1,219
	118 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	3	\$9,360	\$4,271
	119 HERNIA AND HYDROCELE PROCEDURES	75	\$6,772	\$4,277
	120 COMPLEX ANAL AND RECTAL PROCEDURES	7	\$5,427	\$3,419
	121 SIMPLE ANAL AND RECTAL PROCEDURES	5	\$5,687	\$3,237

**AMB ST 1-5**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2008**  
**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)
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	3	\$9,751	\$6,011
	123 COMPLEX LAPAROSCOPIC PROCEDURES	248	\$9,619	\$7,473
	124 SIMPLE LAPAROSCOPIC PROCEDURES	1	\$10,478	\$8,589
07	URINARY SYSTEM	116	\$9,641	\$5,467
	131 RENAL EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	33	\$11,600	\$8,805
	133 URINARY CATHETERIZATION AND DILATATION	25	\$8,451	\$5,073
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	33	\$9,290	\$5,910
	135 MODERATE CYSTOURETHROSCOPY	19	\$6,861	\$3,852
	136 SIMPLE CYSTOURETHROSCOPY	2	\$7,733	\$2,909
	137 COMPLEX URETHRAL PROCEDURES	2	\$13,216	\$11,146
	138 SIMPLE URETHRAL PROCEDURES	2	\$22,731	\$1,414
08	MALE GENITAL SYSTEM	25	\$12,122	\$3,901
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	8	\$5,463	\$3,127
	152 INSERTION OF PENILE PROSTHESIS	6	\$28,905	\$22,767
	153 COMPLEX PENILE PROCEDURES	2	\$20,624	\$3,976
	154 SIMPLE PENILE PROCEDURES	9	\$4,964	\$2,116
09	FEMALE GENITAL SYSTEM	65	\$7,049	\$4,786
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	21	\$8,565	\$6,095
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	29	\$6,064	\$3,503
	178 DILATION AND CURETTAGE	3	\$4,263	\$2,944
	179 HYSTEROSCOPY	10	\$7,548	\$5,125
	180 COLPOSCOPY	2	\$7,095	\$4,314
10	NERVOUS SYSTEM	73	\$4,762	\$2,546
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	37	\$1,795	\$1,269
	196 REVISION AND REMOVAL OF NEUROLOGICAL DEVICE	3	\$18,722	\$11,955
	197 NEUROSTIMULATOR AND VENTRICULAR SHUNT IMPLANTATION	3	\$29,476	\$31,310
	198 NERVE REPAIR AND DESTRUCTION	16	\$6,176	\$2,841
	199 SPINAL TAP	14	\$2,704	\$2,025
11	EYE AND OCULAR ADNEXA	55	\$5,218	\$3,560
	213 LASER EYE PROCEDURES	12	\$1,732	\$739
	214 CATARACT PROCEDURES	34	\$6,545	\$3,611
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	2	\$3,798	\$5,024
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	1	\$1,280	\$3,223
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	2	\$8,173	\$3,921
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	4	\$4,612	\$2,501
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	119	\$5,376	\$3,024
	233 NASAL CAUTERIZATION AND PACKING	1	\$4,472	\$3,338
	234 COMPLEX FACIAL AND ENT PROCEDURES	27	\$8,178	\$6,314
	235 SIMPLE FACIAL AND ENT PROCEDURES	39	\$4,092	\$1,997
	236 TONSIL AND ADENOID PROCEDURES	52	\$4,902	\$2,592
13	THERAPEUTIC AND OTHER RADIOLOGICAL PROCEDURES	65	\$1,890	\$3,705
	254 MYELOGRAPHY	30	\$2,279	\$3,275
	255 MISCELLANEOUS RADIOLOGICAL PROCEDURES WITH CONTRAST	35	\$1,557	\$3,069

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/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, 2008**  
**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

107 Lakeview Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
<b>GENDER</b>				
Female	1,843	55.0	120,689	54.0
Male	1,509	45.0	102,774	46.0
Unknown	0	0.0	0	0.0
Not Reported	0	0.0	1	0.0
<b>AGE</b>				
1-28 days	21	0.6	1,290	0.6
29-365 days	10	0.3	3,012	1.3
1-4 years	35	1.0	11,257	5.0
5-9	29	0.9	6,380	2.9
10-14	46	1.4	4,795	2.1
15-17	80	2.4	5,109	2.3
18-19	54	1.6	3,667	1.6
20-24	141	4.2	10,397	4.7
25-29	176	5.3	12,788	5.7
30-34	206	6.1	13,212	5.9
35-39	164	4.9	12,888	5.8
40-44	171	5.1	13,216	5.9
45-49	237	7.1	16,707	7.5
50-54	285	8.5	24,036	10.8
55-59	344	10.3	20,476	9.2
60-64	230	6.9	17,623	7.9
65-69	302	9.0	14,920	6.7
70-74	259	7.7	12,104	5.4
75-79	268	8.0	9,552	4.3
80-84	154	4.6	6,230	2.8
85-89	86	2.6	2,923	1.3
90 +	54	1.6	881	0.4
Not Reported	21	0.6	1,292	0.6
<b>SOURCE OF ADMISSION</b>				
Physician Referral	3,188	95.1	200,515	89.7
Clinic Referral	0	0.0	4,085	1.8
HMO Referral	0	0.0	3,198	1.4
Other Hospital	0	0.0	219	0.1
Skilled Nursing Facility	0	0.0	26	0.0
Other Health Care Facility	0	0.0	41	0.0
Emergency Room	164	4.9	5,219	2.3
Court/Law Enforcement	0	0.0	3	0.0
Unknown	0	0.0	26	0.0
Not Reported	0	0.0	10,133	4.5

(Continued)

**AMB ST 1-6**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2008**  
**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

107 Lakeview Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
<b>DISCHARGE STATUS</b>				
Home or Self Care	3,330	99.3	222,849	99.7
Another Hospital	0	0.0	103	0.0
Skilled Nursing Facility	5	0.1	107	0.0
Intermediate Care Facility	2	0.1	14	0.0
Another Type of Institution	4	0.1	60	0.0
Under Care of Home Service	8	0.2	271	0.1
Left Against Medical Advice	0	0.0	13	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	0	0.0	8	0.0
Unknown	0	0.0	35	0.0
Not Reported	3	0.1	5	0.0
<b>PRIMARY PAYER</b>				
Medicare	886	26.4	38,441	17.2
Medicaid	106	3.2	13,916	6.2
Other government	42	1.3	3,998	1.8
Blue Cross/Blue Shield	648	19.3	31,579	14.1
Other Commercial	174	5.2	17,861	8.0
Managed Care(HMO, PPO)	1,325	39.5	108,172	48.4
Self Pay	120	3.6	3,087	1.4
Industrial & Worker Comp	43	1.3	3,835	1.7
Charity and Unclassified	7	0.2	1,349	0.6
Childrens Health Insurance	1	0.0	121	0.1
Unknown	0	0.0	1,030	0.5
Not Reported	0	0.0	76	0.0
<b>LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE</b>				
Bear River	26	0.8	16,758	7.5
Central Utah	2	0.1	8,253	3.7
Davis County	2,676	79.8	22,506	10.1
Salt Lake County	303	9.0	75,789	33.9
Southeastern Utah	9	0.3	4,234	1.9
Southwest Utah	3	0.1	13,877	6.2
Summit County	5	0.1	2,803	1.3
Tooele County	80	2.4	4,857	2.2
Tri-County	11	0.3	5,940	2.7
Utah County	19	0.6	37,220	16.7
Wasatch County	2	0.1	1,668	0.7
Weber County	148	4.4	19,855	8.9
Unknown Utah	0	0.0	42	0.0
Outside Utah	66	2.0	9,563	4.3
Unknown, Not Reported	2	0.1	100	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, 2008**  
**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)	18,375	100.0	321,431	100.0
Mastectomy (85.0-85.99)	425	2.3	7,806	2.4
Musculoskeletal (76.0-84.99)	2,456	13.4	73,868	23.0
Respiratory (30.0-34.99)	728	4.0	3,427	1.1
Cardiovascular (35.0-39.99)	575	3.1	18,764	5.8
Lymphatic/Hemetic (40.0-41.99)	355	1.9	2,774	0.9
Digestive System (42.0-54.99)	7,907	43.0	98,766	30.7
Urinary (55.0-59.99)	888	4.8	10,839	3.4
Male Genital (60.0-64.99)	107	0.6	3,918	1.2
Female Genital (65.0-71.99)	1,375	7.5	14,989	4.7
Endocrine/Nervous (01.0-07.99)	564	3.1	21,267	6.6
Eye (08.0-16.99)	891	4.8	21,107	6.6
Ear (18.0-20.99)	276	1.5	13,757	4.3
Nose, Mouth, Pharynx (21.0-29.99)	1,828	9.9	30,149	9.4
Reporting Category(CPT-4 CODES)	15,597	100.0	312,478	100.0
Mastectomy (19120-19220)	297	1.9	2,126	0.7
Musculoskeletal (20000-29909)	1,942	12.5	73,391	23.5
Respiratory (30000-32999 & 39501-39599)	1,730	11.1	14,650	4.7
Cardiovascular (33010-37799 & 93501-93660)	516	3.3	42,433	13.6
Lymphatic/Hemetic (38100-38999)	326	2.1	2,801	0.9
Digestive (40490-49999)	7,674	49.2	107,011	34.2
Urinary (50010-53899)	621	4.0	10,127	3.2
Male Genital (54000-55899)	58	0.4	3,288	1.1
Female Genital (56405-58999)	1,017	6.5	11,773	3.8
Endocrine/Nervous (60000-64999)	702	4.5	24,966	8.0
Eye (65091-68899)	534	3.4	12,267	3.9
Ear (69000-69979)	180	1.2	7,645	2.4

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

**AMB ST 1-2**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2008**  
**MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE\* PROCEDURES**

121 LDS Hospital

ICD-9 CODE	ICD-9 DESCRIPTION	#	%	% ALL Hospitals
<b>All ICD-9 Procedures</b>				
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	1,405	7.6	5.39
4523	COLONOSCOPY	1,304	7.1	6.06
4542	ENDO POLYPECTOMY LG INTESTINE	830	4.5	3.39
5123	LAP CHOLEY	539	2.9	2.20
4525	CLO [ENDO] BX LG INTESTINE	485	2.6	2.33
4513	OTH ENDO SM INTESTINE	425	2.3	1.73
5421	LAPAROSCOPY	373	2.0	0.60
2169	OTH TURBINECTOMY	353	1.9	0.82
8521	LOC EXC LES BREAST	318	1.7	0.75
8026	ARTHSCPY-KNEE	272	1.5	1.37
1474	OTH MECH VITRECTOMY	263	1.4	0.45
5732	OTH CYSTOSCOPY	246	1.3	0.66
4292	DILAT ESOPH	236	1.3	1.34
2263	ETHMOIDECTOMY	235	1.3	0.52
4836	[ENDO] POLYPECTOMY RECTUM	235	1.3	0.96
2188	OTH SEPTOPLASTY	222	1.2	0.59
6812	HYSTEROSCOPY	205	1.1	0.34
806	EXC SEMILUNAR CARTILAGE-KNEE	198	1.1	1.86
3322	FIBER-OPTIC BRONCHOSCOPY	185	1.0	0.08
598	URETERAL CATH	183	1.0	0.69

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
<b>All CPT-4 Procedures</b>				
43239	UGI ENDO; W/BX 1/MX	1,208	7.7	5.34
45378	COLONOSCOPY FLEX; DX-SEP PROC	1,199	7.7	5.71
45380	COLONOSCOPY FLEX; W/BX 1/MX	1,171	7.5	5.02
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	407	2.6	1.43
30140	SUBMUCOS RES TURBINATE PART/CMPL	274	1.8	0.74
30520	SEPTOPLASTY/SUBMUCOS RES W/GFT	248	1.6	0.77
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	244	1.6	1.43
43259	UGI ENDO; W/ENDO UNTRASOUND EXAM	228	1.5	0.08
49650	LAPARSCPY SURG; REPR INIT ING HE	223	1.4	0.26
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	216	1.4	0.85
43242	UGI ENDO; W/US GUID ASPIR/BX	182	1.2	0.07
19120	EXC BRST CYST TUMR/LES OPN M/F 1	180	1.2	0.43
44970	LAPAROSCOPY SURGICAL APPENDECTOM	176	1.1	0.73
29881	SCOPE KNEE SURG;W/MENISCECT MED/	166	1.1	1.61
29826	SCOPE SHOULDER; DECOMP SUBACROM	150	1.0	1.23
52332	CYSTOURETHROSCOPY W/INSRT STENT	145	0.9	0.56
43235	UGI ENDO; DX W/VO CLCT SPECMN-SP	139	0.9	1.18
31255	NASAL/SINUS ENDO; W/TOT ETHMOECT	134	0.9	0.37
58563	HYSTEROSC SURG; W/ENDOMETRIAL AB	128	0.8	0.37
58558	HYSTEROSCPY SURG; W/BX &/ POLYPE	125	0.8	0.31

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, 2008  
 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		6,942	\$3,117	\$4,015
4523	COLONOSCOPY	1,089	\$724	\$1,021
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	762	\$1,378	\$1,498
4542	ENDO POLYPECTOMY LG INTESTINE	521	\$1,068	\$1,444
5123	LAP CHOLEY	464	\$5,158	\$6,858
4513	OTH ENDO SM INTESTINE	289	\$1,320	\$1,248
4525	CLO [ENDO] BX LG INTESTINE	238	\$1,078	\$1,506
8521	LOC EXC LES BREAST	191	\$2,539	\$3,164
4701	LAP APPENDECTOMY	154	\$9,337	\$9,824
3322	FIBER-OPTIC BRONCHOSCOPY	116	\$1,387	\$1,587
5011	CLO [PERCUT] [NEEDLE] BX LIVER	103	\$2,236	\$2,321
6952	ASPIR CURET FOLLOWING DELIV/AB	100	\$2,433	\$2,819
4836	[ENDO] POLYPECTOMY RECTUM	77	\$979	\$1,339
283	TONSILLECTOMY W/ADENOIDECTOMY	68	\$2,393	\$2,576
3324	CLO [ENDO] BX BRONCHUS	66	\$2,162	\$2,509
0443	RELEASE CARPAL TUNNEL	57	\$1,864	\$2,420
5349	OTH UMB HERNIORRHAPHY	57	\$2,529	\$3,202
282	TONSILLECTOMY WO ADENOIDECTOMY	54	\$2,335	\$2,653
4524	FLEX SIGMOIDOSCOPY	54	\$1,309	\$999
062	UNILAT THYROID LOBEC	51	\$6,130	\$7,821
8339	EXC LES OTH SOFT TISS	47	\$2,981	\$3,546

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals )
CPT-4 Procedures		7,857	\$3,165	\$3,633
45378	COLONOSCOPY FLEX; DX-SEP PROC	1,004	\$721	\$1,028
45380	COLONOSCOPY FLEX; W/BX 1/MX	845	\$1,032	\$1,400
43239	UGI ENDO; W/BX 1/MX	580	\$968	\$1,479
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	371	\$5,390	\$7,209
49650	LAPARSCPY SURG; REPR INIT ING HE	203	\$4,736	\$6,383
43259	UGI ENDO; W/ENDO UNTRASOUND EXAM	176	\$1,564	\$1,768
44970	LAPAROSCOPY SURGICAL APPENDECTOM	158	\$9,312	\$9,809
43242	UGI ENDO; W/US GUID ASPIR/BX	157	\$2,793	\$2,880
19120	EXC BRST CYST TUMR/LES OPN M/F 1	141	\$2,332	\$2,993
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	122	\$1,286	\$1,613
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	97	\$945	\$1,180
47000	BIOPSY LIVER NEEDLE; PERCUTANEOU	95	\$2,173	\$2,311
47562	LAPAROSCOPY SURGICAL; CHOLECT	95	\$4,287	\$6,273
49659	UNLISTED LAP PROC-HERNIOPLSTY/OT	88	\$8,045	\$9,727
29881	SCOPE KNEE SURG;W/MENISCECT MED/	67	\$3,001	\$4,187
58563	HYSTEROSC SURG; W/ENDOMETRIAL AB	67	\$5,649	\$6,190
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	66	\$1,962	\$2,462
67108	REPR RETINAL DETACH; W/VITRECTOM	65	\$5,394	\$5,890
31622	BRNCHSCPY;DX W/WO CELL WASH SP P	62	\$1,395	\$2,130
19125	EXC BRST LES ID RAD MARKR OPN;1	61	\$3,219	\$3,946

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, 2008**  
**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	668	8,727
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	172	2,271
	003 COMPLEX INCISION AND DRAINAGE	5	100
	006 SIMPLE DEBRIDEMENT AND DESTRUCTION	24	184
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	76	1,175
	008 SIMPLE EXCISION AND BIOPSY	71	1,279
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRANGE	23	1,550
	011 SIMPLE INCISION AND EXCISION OF BREAST	297	2,126
02	MUSCULOSKELETAL SYSTEM	1,620	65,893
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	153	7,092
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	64	2,745
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	64	2,708
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	184	13,313
	025 ARTHROSCOPY	889	27,527
	028 CLOSED TREATMENT FX & DISLOCATION OF FINGER, TOE & TRUNK	1	71
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	14	703
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	150	5,280
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	24	409
	032 BUNION PROCEDURES	9	1,813
	033 ARTHROPLASTY	29	597
	034 HAND AND FOOT TENOTOMY	2	356
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	37	2,426
03	RESPIRATORY SYSTEM	1,009	8,172
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	4	654
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	548	5,352
	054 SIMPLE ENDOSCOPY OF THE UPPER AIRWAY	20	297
	055 ENDOSCOPY OF THE LOWER AIRWAY	437	1,869
04	CARDIOVASCULAR SYSTEM	374	34,518
	074 CARDIAC ELECTROPHYSIOLOGIC TESTS	285	3,255
	077 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	51	2,275
	078 PACEMAKER INSERTION AND REPLACEMENT	3	841
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	16	1,034
	080 MINOR VASCULAR REPAIR AND FISTULA CONSTRUCTION	8	767
	081 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	4	126
	082 VASCULAR LIGATION	7	253
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	263	3,460
	092 CHEMOTHERAPY EXCEPT BY EXTENDED INFUSION	1	45
	094 BLOOD AND BLOOD PRODUCT EXCHANGE	5	83
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	255	1,999
	097 TRANSFUSION	2	1,333
06	DIGESTIVE SYSTEM	7,580	96,396
	112 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	4	1,281
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	90	577
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	39	308
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	1,371	20,625
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	770	5,309

**AMB ST 1-4**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2008**  
**PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE\* CPT-4 PROCEDURES**

121 LDS Hospital

procedure APG category		TOTAL #	TOTAL # (ALL Hospitals)
procedure APG			
	117 LOWER GASTROINTESTINAL ENDOSCOPY	2,835	40,097
	118 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	223	1,612
	119 HERNIA AND HYDROCELE PROCEDURES	302	6,648
	120 COMPLEX ANAL AND RECTAL PROCEDURES	112	1,153
	121 SIMPLE ANAL AND RECTAL PROCEDURES	66	539
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	61	563
	123 COMPLEX LAPAROSCOPIC PROCEDURES	1,670	17,238
	124 SIMPLE LAPAROSCOPIC PROCEDURES	37	276
07	URINARY SYSTEM	549	8,765
	131 RENAL EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	26	729
	133 URINARY CATHETERIZATION AND DILATATION	20	472
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	337	4,811
	135 MODERATE CYSTOURETHROSCOPY	96	1,789
	136 SIMPLE CYSTOURETHROSCOPY	60	590
	137 COMPLEX URETHRAL PROCEDURES	5	191
	138 SIMPLE URETHRAL PROCEDURES	5	180
08	MALE GENITAL SYSTEM	56	2,820
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	36	1,286
	152 INSERTION OF PENILE PROSTHESIS	7	88
	153 COMPLEX PENILE PROCEDURES	8	498
	154 SIMPLE PENILE PROCEDURES	4	837
	155 PROSTATE NEEDLE AND PUNCH BIOPSY	1	111
09	FEMALE GENITAL SYSTEM	626	6,757
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	172	2,044
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	110	1,379
	178 DILATION AND CURETTAGE	33	611
	179 HYSTEROSCOPY	291	2,433
	180 COLPOSCOPY	20	290
10	NERVOUS SYSTEM	394	21,149
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	80	14,879
	196 REVISION AND REMOVAL OF NEUROLOGICAL DEVICE	15	251
	197 NEUROSTIMULATOR AND VENTRICULAR SHUNT IMPLANTATION	70	1,092
	198 NERVE REPAIR AND DESTRUCTION	181	4,284
	199 SPINAL TAP	48	643
11	EYE AND OCULAR ADNEXA	505	12,065
	213 LASER EYE PROCEDURES	40	555
	214 CATARACT PROCEDURES	24	4,992
	216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	4	332
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	7	346
	218 COMPLEX POSTERIOR SEGMENT EYE PROCEDURES	132	438
	219 SIMPLE POSTERIOR SEGMENT EYE PROCEDURES	29	446
	220 STRABISMUS AND MUSCLE EYE PROCEDURES	4	966
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	4	1,215
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	1	655
	223 VITRECTOMY	260	1,739
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	1,239	28,538

**AMB ST 1-4**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2008**  
**PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE\* CPT-4 PROCEDURES**

121 LDS Hospital

procedure APG category		TOTAL #	TOTAL # (ALL Hospitals)
procedure APG			
231	COCHLEAR DEVICE IMPLANTATION	18	93
233	NASAL CAUTERIZATION AND PACKING	9	291
234	COMPLEX FACIAL AND ENT PROCEDURES	550	5,886
235	SIMPLE FACIAL AND ENT PROCEDURES	481	13,559
236	TONSIL AND ADENOID PROCEDURES	181	8,709
13	THERAPEUTIC AND OTHER RADIOLOGICAL PROCEDURES	60	3,406
253	VASCULAR RADIOLOGY EXCEPT FOR VENOGRAPHY OF EXTREMITY	50	1,173
255	MISCELLANEOUS RADIOLOGICAL PROCEDURES WITH CONTRAST	10	1,929

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

**AMB ST 1-5**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2008**  
**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	490	\$2,676	\$3,433
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	162	\$2,521	\$2,695
	003 COMPLEX INCISION AND DRAINAGE	4	\$3,445	\$4,471
	006 SIMPLE DEBRIDEMENT AND DESTRUCTION	12	\$2,290	\$3,383
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	50	\$3,236	\$3,748
	008 SIMPLE EXCISION AND BIOPSY	57	\$2,847	\$3,190
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRAN	3	\$4,200	\$4,802
	011 SIMPLE INCISION AND EXCISION OF BREAST	202	\$2,600	\$3,305
02	MUSCULOSKELETAL SYSTEM	590	\$4,665	\$4,654
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	75	\$6,928	\$7,553
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	24	\$2,977	\$4,034
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	20	\$4,942	\$5,600
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	94	\$2,482	\$3,312
	025 ARTHROSCOPY	254	\$3,888	\$4,892
	028 CLOSED TREATMENT FX & DISLOCATION OF FINGER, TOE & TRUNK	1	\$5,604	\$2,571
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	8	\$5,583	\$3,247
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	106	\$7,080	\$6,529
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	1	\$6,296	\$3,340
	032 BUNION PROCEDURES	2	\$3,361	\$4,813
	033 ARTHROPLASTY	3	\$7,646	\$8,553
	034 HAND AND FOOT TENOTOMY	1	\$2,176	\$2,668
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	1	\$2,626	\$1,117
03	RESPIRATORY SYSTEM	232	\$1,999	\$2,445
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	2	\$734	\$1,535
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	52	\$2,992	\$3,900
	054 SIMPLE ENDOSCOPY OF THE UPPER AIRWAY	2	\$2,898	\$2,300
	055 ENDOSCOPY OF THE LOWER AIRWAY	176	\$1,710	\$2,377
04	CARDIOVASCULAR SYSTEM	19	\$10,328	\$14,018
	074 CARDIAC ELECTROPHYSIOLOGIC TESTS	4	\$14,736	\$16,098
	077 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	10	\$10,127	\$25,520
	078 PACEMAKER INSERTION AND REPLACEMENT	1	\$14,382	\$23,655
	081 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	3	\$5,275	\$5,330
	082 VASCULAR LIGATION	1	\$5,813	\$6,747
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	126	\$5,144	\$4,660
	094 BLOOD AND BLOOD PRODUCT EXCHANGE	5	\$5,385	\$5,068
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	121	\$5,134	\$6,198
06	DIGESTIVE SYSTEM	4,857	\$2,450	\$2,773
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	63	\$1,196	\$1,163
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	21	\$1,620	\$1,532
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	691	\$985	\$1,425
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	421	\$2,110	\$2,089
	117 LOWER GASTROINTESTINAL ENDOSCOPY	2,102	\$891	\$1,219
	118 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	30	\$3,075	\$4,271
	119 HERNIA AND HYDROCELE PROCEDURES	174	\$3,076	\$4,277
	120 COMPLEX ANAL AND RECTAL PROCEDURES	87	\$2,649	\$3,419

**AMB ST 1-5**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2008**  
**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)
	121 SIMPLE ANAL AND RECTAL PROCEDURES	22	\$2,496	\$3,237
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	43	\$3,451	\$6,011
	123 COMPLEX LAPAROSCOPIC PROCEDURES	1,186	\$6,057	\$7,473
	124 SIMPLE LAPAROSCOPIC PROCEDURES	17	\$6,198	\$8,589
07	URINARY SYSTEM	160	\$4,479	\$5,467
	131 RENAL EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	2	\$7,264	\$8,805
	133 URINARY CATHETERIZATION AND DILATATION	6	\$3,747	\$5,073
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	86	\$5,621	\$5,910
	135 MODERATE CYSTOURETHROSCOPY	37	\$3,245	\$3,852
	136 SIMPLE CYSTOURETHROSCOPY	25	\$2,408	\$2,909
	137 COMPLEX URETHRAL PROCEDURES	1	\$3,533	\$11,146
	138 SIMPLE URETHRAL PROCEDURES	3	\$4,183	\$1,414
08	MALE GENITAL SYSTEM	42	\$8,435	\$3,901
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	26	\$3,388	\$3,127
	152 INSERTION OF PENILE PROSTHESIS	6	\$30,327	\$22,767
	153 COMPLEX PENILE PROCEDURES	8	\$9,688	\$3,976
	154 SIMPLE PENILE PROCEDURES	2	\$3,360	\$2,116
09	FEMALE GENITAL SYSTEM	285	\$4,208	\$4,786
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	76	\$5,280	\$6,095
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	56	\$2,843	\$3,503
	178 DILATION AND CURETTAGE	23	\$2,208	\$2,944
	179 HYSTEROSCOPY	127	\$4,578	\$5,125
	180 COLPOSCOPY	3	\$2,204	\$4,314
10	NERVOUS SYSTEM	166	\$2,541	\$2,546
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	24	\$1,713	\$1,269
	196 REVISION AND REMOVAL OF NEUROLOGICAL DEVICE	3	\$6,714	\$11,955
	197 NEUROSTIMULATOR AND VENTRICULAR SHUNT IMPLANTATION	8	\$12,953	\$31,310
	198 NERVE REPAIR AND DESTRUCTION	87	\$2,220	\$2,841
	199 SPINAL TAP	44	\$1,449	\$2,025
11	EYE AND OCULAR ADNEXA	226	\$4,722	\$3,560
	213 LASER EYE PROCEDURES	28	\$617	\$739
	214 CATARACT PROCEDURES	4	\$4,248	\$3,611
	216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	1	\$4,945	\$2,809
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	4	\$5,064	\$3,223
	218 COMPLEX POSTERIOR SEGMENT EYE PROCEDURES	107	\$5,793	\$6,059
	219 SIMPLE POSTERIOR SEGMENT EYE PROCEDURES	2	\$2,784	\$3,518
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	4	\$5,034	\$3,921
	223 VITRECTOMY	76	\$4,765	\$5,496
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	479	\$4,629	\$3,024
	231 COCHLEAR DEVICE IMPLANTATION	18	\$22,707	\$47,807
	233 NASAL CAUTERIZATION AND PACKING	2	\$4,558	\$3,338
	234 COMPLEX FACIAL AND ENT PROCEDURES	208	\$5,898	\$6,314
	235 SIMPLE FACIAL AND ENT PROCEDURES	128	\$2,198	\$1,997
	236 TONSIL AND ADENOID PROCEDURES	123	\$2,366	\$2,592
13	THERAPEUTIC AND OTHER RADIOLOGICAL PROCEDURES	6	\$32,653	\$3,705

**AMB ST 1-5**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2008**  
**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 )
253 VASCULAR RADIOLOGY EXCEPT FOR VENOGRAPHY OF EXTREMITY	5	\$37,509	\$11,563
255 MISCELLANEOUS RADIOLOGICAL PROCEDURES WITH CONTRAST	1	\$8,373	\$3,069

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

**AMB ST 1-6**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2008**  
**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

121 LDS Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
<b>GENDER</b>				
Female	6,520	57.5	120,689	54.0
Male	4,828	42.5	102,774	46.0
Unknown	0	0.0	0	0.0
Not Reported	0	0.0	1	0.0
<b>AGE</b>				
1-28 days	0	0.0	1,290	0.6
29-365 days	1	0.0	3,012	1.3
1-4 years	16	0.1	11,257	5.0
5-9	31	0.3	6,380	2.9
10-14	85	0.7	4,795	2.1
15-17	172	1.5	5,109	2.3
18-19	180	1.6	3,667	1.6
20-24	568	5.0	10,397	4.7
25-29	760	6.7	12,788	5.7
30-34	768	6.8	13,212	5.9
35-39	776	6.8	12,888	5.8
40-44	761	6.7	13,216	5.9
45-49	959	8.5	16,707	7.5
50-54	1,424	12.5	24,036	10.8
55-59	1,257	11.1	20,476	9.2
60-64	1,038	9.1	17,623	7.9
65-69	835	7.4	14,920	6.7
70-74	674	5.9	12,104	5.4
75-79	543	4.8	9,552	4.3
80-84	332	2.9	6,230	2.8
85-89	130	1.1	2,923	1.3
90 +	38	0.3	881	0.4
Not Reported	0	0.0	1,292	0.6
<b>SOURCE OF ADMISSION</b>				
Physician Referral	11,033	97.2	200,515	89.7
Clinic Referral	8	0.1	4,085	1.8
HMO Referral	2	0.0	3,198	1.4
Other Hospital	8	0.1	219	0.1
Skilled Nursing Facility	0	0.0	26	0.0
Other Health Care Facility	0	0.0	41	0.0
Emergency Room	296	2.6	5,219	2.3
Court/Law Enforcement	0	0.0	3	0.0
Unknown	0	0.0	26	0.0
Not Reported	1	0.0	10,133	4.5

(Continued)



**AMB ST 1-6**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2008**  
**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

121 LDS Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
<b>DISCHARGE STATUS</b>				
Home or Self Care	11,335	99.9	222,849	99.7
Another Hospital	7	0.1	103	0.0
Skilled Nursing Facility	1	0.0	107	0.0
Intermediate Care Facility	0	0.0	14	0.0
Another Type of Institution	0	0.0	60	0.0
Under Care of Home Service	5	0.0	271	0.1
Left Against Medical Advice	0	0.0	13	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	0	0.0	8	0.0
Unknown	0	0.0	35	0.0
Not Reported	0	0.0	5	0.0
<b>PRIMARY PAYER</b>				
Medicare	2,090	18.4	38,441	17.2
Medicaid	420	3.7	13,916	6.2
Other government	109	1.0	3,998	1.8
Blue Cross/Blue Shield	575	5.1	31,579	14.1
Other Commercial	681	6.0	17,861	8.0
Managed Care(HMO, PPO)	6,983	61.5	108,172	48.4
Self Pay	200	1.8	3,087	1.4
Industrial & Worker Comp	93	0.8	3,835	1.7
Charity and Unclassified	172	1.5	1,349	0.6
Childrens Health Insurance	14	0.1	121	0.1
Unknown	11	0.1	1,030	0.5
Not Reported	0	0.0	76	0.0
<b>LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE</b>				
Bear River	186	1.6	16,758	7.5
Central Utah	80	0.7	8,253	3.7
Davis County	2,065	18.2	22,506	10.1
Salt Lake County	6,961	61.3	75,789	33.9
Southeastern Utah	34	0.3	4,234	1.9
Southwest Utah	83	0.7	13,877	6.2
Summit County	274	2.4	2,803	1.3
Tooele County	371	3.3	4,857	2.2
Tri-County	72	0.6	5,940	2.7
Utah County	467	4.1	37,220	16.7
Wasatch County	81	0.7	1,668	0.7
Weber County	258	2.3	19,855	8.9
Unknown Utah	2	0.0	42	0.0
Outside Utah	410	3.6	9,563	4.3
Unknown, Not Reported	4	0.0	100	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, 2008**  
**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)	14,826	100.0	321,431	100.0
Mastectomy (85.0-85.99)	449	3.0	7,806	2.4
Musculoskeletal (76.0-84.99)	2,289	15.4	73,868	23.0
Respiratory (30.0-34.99)	65	0.4	3,427	1.1
Cardiovascular (35.0-39.99)	325	2.2	18,764	5.8
Lymphatic/Hemetic (40.0-41.99)	81	0.5	2,774	0.9
Digestive System (42.0-54.99)	4,581	30.9	98,766	30.7
Urinary (55.0-59.99)	544	3.7	10,839	3.4
Male Genital (60.0-64.99)	183	1.2	3,918	1.2
Female Genital (65.0-71.99)	614	4.1	14,989	4.7
Endocrine/Nervous (01.0-07.99)	2,155	14.5	21,267	6.6
Eye (08.0-16.99)	1,446	9.8	21,107	6.6
Ear (18.0-20.99)	487	3.3	13,757	4.3
Nose, Mouth, Pharynx (21.0-29.99)	1,607	10.8	30,149	9.4
Reporting Category(CPT-4 CODES)	13,151	100.0	312,478	100.0
Mastectomy (19120-19220)	84	0.6	2,126	0.7
Musculoskeletal (20000-29909)	2,440	18.6	73,391	23.5
Respiratory (30000-32999 & 39501-39599)	439	3.3	14,650	4.7
Cardiovascular (33010-37799 & 93501-93660)	1,015	7.7	42,433	13.6
Lymphatic/Hemetic (38100-38999)	65	0.5	2,801	0.9
Digestive (40490-49999)	5,289	40.2	107,011	34.2
Urinary (50010-53899)	504	3.8	10,127	3.2
Male Genital (54000-55899)	132	1.0	3,288	1.1
Female Genital (56405-58999)	459	3.5	11,773	3.8
Endocrine/Nervous (60000-64999)	1,624	12.3	24,966	8.0
Eye (65091-68899)	829	6.3	12,267	3.9
Ear (69000-69979)	271	2.1	7,645	2.4

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

**AMB ST 1-2**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2008**  
**MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE\* PROCEDURES**

105 Logan Regional Hospital

ICD-9 CODE	ICD-9 DESCRIPTION	#	%	% ALL Hospitals
<b>All ICD-9 Procedures</b>				
4542	ENDO POLYPECTOMY LG INTESTINE	1,053	7.1	3.39
0392	INJ OTH AGENT SPINAL CANAL	835	5.6	1.89
0391	INJ ANES SPINAL CANAL-ANALGESIA	826	5.6	1.44
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	736	5.0	5.39
1341	PHACOEMULSIFICATION-ASPIR CATARACT	578	3.9	1.54
1371	IOL PROSTH-CATARACT EXTRACT-1-STAGE	576	3.9	1.53
4292	DILAT ESOPH	428	2.9	1.34
4523	COLONOSCOPY	382	2.6	6.06
2001	MYRINGOTOMY W/INSRT TUBE	379	2.6	3.46
4525	CLO [ENDO] BX LG INTESTINE	321	2.2	2.33
4836	[ENDO] POLYPECTOMY RECTUM	266	1.8	0.96
8147	OTH REPR KNEE	245	1.7	0.86
5123	LAP CHOLEY	234	1.6	2.20
2341	APPLIC CROWN	233	1.6	0.48
232	RESTORATION TOOTH-FILLING	230	1.6	0.60
283	TONSILLECTOMY W/ADENOIDECTOMY	199	1.3	1.84
8511	CLO [PERCUT] [NEEDLE] BX BREAST	196	1.3	0.39
4701	LAP APPENDECTOMY	195	1.3	0.71
0443	RELEASE CARPAL TUNNEL	174	1.2	1.09
2370	ROOT CANAL-NOS	172	1.2	0.35

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
<b>All CPT-4 Procedures</b>				
45380	COLONOSCOPY FLEX; W/BX 1/MX	1,122	8.5	5.02
43239	UGI ENDO; W/BX 1/MX	734	5.6	5.34
64483	INJ ANES EPIDURL; LUMB/SAC 1 LEV	636	4.8	1.05
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	591	4.5	1.43
66984	EXTRACAPSULAR CATARACT REMV IOL	549	4.2	1.50
45378	COLONOSCOPY FLEX; DX-SEP PROC	378	2.9	5.71
64484	INJ ANES EPIDURL; LUMB/SAC-EA AD	336	2.6	0.71
41899	UNLIST PROC DENTOALVEOL STRUCTUR	284	2.2	0.89
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	266	2.0	0.85
44970	LAPAROSCOPY SURGICAL APPENDECTOM	198	1.5	0.73
29826	SCOPE SHOULDER; DECOMP SUBACROM	196	1.5	1.23
69436	TYMPANOSTOMY GENERAL ANESTHESIA	196	1.5	1.79
47562	LAPAROSCOPY SURGICAL; CHOLECT	186	1.4	0.79
29881	SCOPE KNEE SURG;W/MENISCECT MED/	181	1.4	1.61
29877	SCOPE KNEE SURG; DEBRID/SHAVE CA	179	1.4	0.95
42820	T&A; UNDER AGE 12	175	1.3	1.49
93545	INJ PROC-CATH; SELECT CORONRY AN	171	1.3	1.60
49505	REPR INIT ING HERNIA 5YR/MORE; R	168	1.3	0.80
93556	IMAG SUPERVS I&R-CATH; PULM ANGI	162	1.2	1.46
43450	DILAT ESOPH-SOUND/BOUGIE-1/MX PA	151	1.1	0.40

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

AMB ST 1-3

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2008  
 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		5,571	\$2,658	\$4,015
4542	ENDO POLYPECTOMY LG INTESTINE	714	\$1,089	\$1,444
4523	COLONOSCOPY	369	\$760	\$1,021
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	317	\$1,031	\$1,498
5123	LAP CHOLEY	207	\$4,599	\$6,858
4525	CLO [ENDO] BX LG INTESTINE	190	\$1,104	\$1,506
8511	CLO [PERCUT] [NEEDLE] BX BREAST	172	\$1,634	\$1,658
4701	LAP APPENDECTOMY	170	\$7,166	\$9,824
8147	OTH REPR KNEE	167	\$4,672	\$5,962
283	TONSILLECTOMY W/ADENOIDECTOMY	149	\$1,457	\$2,576
3722	LT HEART CARD CATH	142	\$4,687	\$7,640
1364	DISCISSION SECNDRY MEMBRN	134	\$587	\$758
0611	CLO PERCUT NEEDLE BX THYROID GLAND	131	\$594	\$871
8183	OTH REPR SHLDR	121	\$6,023	\$7,480
0443	RELEASE CARPAL TUNNEL	105	\$1,673	\$2,420
5304	UNILAT REPR INDIRECT ING HERN-GFT	91	\$2,709	\$4,616
282	TONSILLECTOMY WO ADENOIDECTOMY	89	\$1,647	\$2,653
8521	LOC EXC LES BREAST	73	\$2,523	\$3,164
6952	ASPIR CURET FOLLOWING DELIV/AB	69	\$1,781	\$2,819
806	EXC SEMILUNAR CARTILAGE-KNEE	50	\$3,167	\$4,727
5303	UNILAT REPR DIRECT ING HERN-GFT	44	\$2,999	\$4,788

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals )
CPT-4 Procedures		6,106	\$2,458	\$3,633
45380	COLONOSCOPY FLEX; W/BX 1/MX	676	\$1,020	\$1,400
66984	EXTRACAPSULAR CATARACT REMV IOL	538	\$2,412	\$3,597
45378	COLONOSCOPY FLEX; DX-SEP PROC	366	\$761	\$1,028
43239	UGI ENDO; W/BX 1/MX	319	\$1,030	\$1,479
64483	INJ ANES EPIDURL; LUMB/SAC 1 LEV	285	\$994	\$1,342
41899	UNLIST PROC DENTOALVEOL STRUCTUR	263	\$2,093	\$2,567
44970	LAPAROSCOPY SURGICAL APPENDECTOM	174	\$7,142	\$9,809
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	168	\$1,111	\$1,613
47562	LAPAROSCOPY SURGICAL; CHOLECT	165	\$4,387	\$6,273
49505	REPR INIT ING HERNIA 5YR/MORE; R	146	\$2,838	\$4,468
66821	DISCISSION 2ND CATARACT; LASER S	138	\$587	\$723
42820	T&A; UNDER AGE 12	130	\$1,387	\$2,484
69436	TYMPANOSTOMY GENERAL ANESTHESIA	125	\$927	\$1,352
64721	NEUROPLASTY; MEDIAN CARPAL TUNNEL	90	\$1,646	\$2,462
29881	SCOPE KNEE SURG;W/MENISCECT MED/	78	\$3,329	\$4,187
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	71	\$1,824	\$2,730
19120	EXC BRST CYST TUMR/LES OPN M/F 1	59	\$2,327	\$2,993
62310	INJ 1 NOT NEUROLYTIC-EPID;CERV/T	59	\$783	\$1,315
20680	REMOVAL OF IMPLANT; DEEP	57	\$2,478	\$3,321
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	47	\$5,565	\$7,209

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, 2008**  
**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	225	8,727
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	43	2,271
	003 COMPLEX INCISION AND DRAINAGE	6	100
	006 SIMPLE DEBRIDEMENT AND DESTRUCTION	4	184
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	19	1,175
	008 SIMPLE EXCISION AND BIOPSY	41	1,279
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRANGE	28	1,550
	011 SIMPLE INCISION AND EXCISION OF BREAST	84	2,126
02	MUSCULOSKELETAL SYSTEM	2,284	65,893
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	151	7,092
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	108	2,745
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	40	2,708
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	364	13,313
	025 ARTHROSCOPY	1,276	27,527
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	17	703
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	195	5,280
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	9	409
	032 BUNION PROCEDURES	67	1,813
	033 ARTHROPLASTY	9	597
	034 HAND AND FOOT TENOTOMY	10	356
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	38	2,426
03	RESPIRATORY SYSTEM	215	8,172
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	31	654
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	149	5,352
	054 SIMPLE ENDOSCOPY OF THE UPPER AIRWAY	28	297
	055 ENDOSCOPY OF THE LOWER AIRWAY	7	1,869
04	CARDIOVASCULAR SYSTEM	962	34,518
	075 PLACEMENT OF TRANSVENOUS CATHETERS	22	62
	076 DIAGNOSTIC CARDIAC CATHETERIZATION	812	25,900
	077 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	35	2,275
	078 PACEMAKER INSERTION AND REPLACEMENT	37	841
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	27	1,034
	080 MINOR VASCULAR REPAIR AND FISTULA CONSTRUCTION	23	767
	081 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	4	126
	082 VASCULAR LIGATION	2	253
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	51	3,460
	092 CHEMOTHERAPY EXCEPT BY EXTENDED INFUSION	1	45
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	47	1,999
	097 TRANSFUSION	3	1,333
06	DIGESTIVE SYSTEM	4,684	96,396
	112 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	155	1,281
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	17	577
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	21	308
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	799	20,625
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	411	5,309
	117 LOWER GASTROINTESTINAL ENDOSCOPY	2,161	40,097

**AMB ST 1-4**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2008**  
**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	24	1,612
119	HERNIA AND HYDROCELE PROCEDURES	370	6,648
120	COMPLEX ANAL AND RECTAL PROCEDURES	38	1,153
121	SIMPLE ANAL AND RECTAL PROCEDURES	10	539
122	MISCELLANEOUS ABDOMINAL PROCEDURES	20	563
123	COMPLEX LAPAROSCOPIC PROCEDURES	650	17,238
124	SIMPLE LAPAROSCOPIC PROCEDURES	8	276
07	URINARY SYSTEM	450	8,765
131	RENAL EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	7	729
133	URINARY CATHETERIZATION AND DILATATION	23	472
134	COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	344	4,811
135	MODERATE CYSTOURETHROSCOPY	55	1,789
136	SIMPLE CYSTOURETHROSCOPY	5	590
137	COMPLEX URETHRAL PROCEDURES	5	191
138	SIMPLE URETHRAL PROCEDURES	11	180
08	MALE GENITAL SYSTEM	104	2,820
151	TESTICULAR AND EPIDIDYMAL PROCEDURES	63	1,286
152	INSERTION OF PENILE PROSTHESIS	1	88
153	COMPLEX PENILE PROCEDURES	4	498
154	SIMPLE PENILE PROCEDURES	32	837
155	PROSTATE NEEDLE AND PUNCH BIOPSY	4	111
09	FEMALE GENITAL SYSTEM	266	6,757
176	COMPLEX FEMALE REPRODUCTIVE PROCEDURES	84	2,044
177	SIMPLE FEMALE REPRODUCTIVE PROCEDURES	59	1,379
178	DILATION AND CURETTAGE	19	611
179	HYSTEROSCOPY	100	2,433
180	COLPOSCOPY	4	290
10	NERVOUS SYSTEM	1,552	21,149
195	NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	1,338	14,879
196	REVISION AND REMOVAL OF NEUROLOGICAL DEVICE	6	251
197	NEUROSTIMULATOR AND VENTRICULAR SHUNT IMPLANTATION	6	1,092
198	NERVE REPAIR AND DESTRUCTION	193	4,284
199	SPINAL TAP	9	643
11	EYE AND OCULAR ADNEXA	823	12,065
211	MINOR OPHTHALMOLOGICAL TESTS AND PROCEDURES	3	58
213	LASER EYE PROCEDURES	156	555
214	CATARACT PROCEDURES	580	4,992
215	COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	16	323
216	MODERATE ANTERIOR SEGMENT EYE PROCEDURES	28	332
217	SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	16	346
218	COMPLEX POSTERIOR SEGMENT EYE PROCEDURES	1	438
220	STRABISMUS AND MUSCLE EYE PROCEDURES	3	966
221	COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	7	1,215
222	SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	5	655
223	VITRECTOMY	8	1,739
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	1,272	28,538

**AMB ST 1-4**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2008**  
**PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE\* CPT-4 PROCEDURES**

105 Logan Regional Hospital

procedure APG category		TOTAL #	TOTAL # (ALL Hospitals)
procedure APG			
233	NASAL CAUTERIZATION AND PACKING	12	291
234	COMPLEX FACIAL AND ENT PROCEDURES	208	5,886
235	SIMPLE FACIAL AND ENT PROCEDURES	686	13,559
236	TONSIL AND ADENOID PROCEDURES	366	8,709
13	THERAPEUTIC AND OTHER RADIOLOGICAL PROCEDURES	42	3,406
253	VASCULAR RADIOLOGY EXCEPT FOR VENOGRAPHY OF EXTREMITY	8	1,173
254	MYELOGRAPHY	2	296
255	MISCELLANEOUS RADIOLOGICAL PROCEDURES WITH CONTRAST	32	1,929

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

**AMB ST 1-5**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2008**  
**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	177	\$2,493	\$3,433
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	36	\$2,178	\$2,695
	003 COMPLEX INCISION AND DRAINAGE	4	\$3,136	\$4,471
	006 SIMPLE DEBRIDEMENT AND DESTRUCTION	3	\$2,155	\$3,383
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	12	\$3,285	\$3,748
	008 SIMPLE EXCISION AND BIOPSY	30	\$2,072	\$3,190
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRAN	14	\$3,081	\$4,802
	011 SIMPLE INCISION AND EXCISION OF BREAST	78	\$2,552	\$3,305
02	MUSCULOSKELETAL SYSTEM	821	\$3,910	\$4,654
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	54	\$6,085	\$7,553
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	35	\$3,056	\$4,034
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	25	\$3,275	\$5,600
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	177	\$2,275	\$3,312
	025 ARTHROSCOPY	324	\$4,364	\$4,892
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	14	\$2,360	\$3,247
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	140	\$5,017	\$6,529
	032 BUNION PROCEDURES	29	\$3,425	\$4,813
	033 ARTHROPLASTY	3	\$6,101	\$8,553
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	20	\$1,161	\$1,117
03	RESPIRATORY SYSTEM	58	\$1,070	\$2,445
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	30	\$903	\$1,535
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	7	\$2,631	\$3,900
	054 SIMPLE ENDOSCOPY OF THE UPPER AIRWAY	17	\$457	\$2,300
	055 ENDOSCOPY OF THE LOWER AIRWAY	4	\$2,200	\$2,377
04	CARDIOVASCULAR SYSTEM	45	\$8,261	\$14,018
	075 PLACEMENT OF TRANSVENOUS CATHETERS	2	\$1,092	\$10,874
	076 DIAGNOSTIC CARDIAC CATHETERIZATION	8	\$2,016	\$5,533
	077 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	2	\$3,689	\$25,520
	078 PACEMAKER INSERTION AND REPLACEMENT	15	\$18,196	\$23,655
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	1	\$3,373	\$4,381
	080 MINOR VASCULAR REPAIR AND FISTULA CONSTRUCTION	17	\$4,102	\$6,447
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	31	\$4,985	\$4,660
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	29	\$4,937	\$6,198
	097 TRANSFUSION	2	\$5,670	\$3,057
06	DIGESTIVE SYSTEM	2,453	\$2,124	\$2,773
	112 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	1	\$1,049	\$1,929
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	11	\$783	\$1,163
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	12	\$1,390	\$1,532
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	355	\$996	\$1,425
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	67	\$1,715	\$2,089
	117 LOWER GASTROINTESTINAL ENDOSCOPY	1,230	\$957	\$1,219
	118 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	11	\$2,564	\$4,271
	119 HERNIA AND HYDROCELE PROCEDURES	254	\$2,835	\$4,277
	120 COMPLEX ANAL AND RECTAL PROCEDURES	34	\$2,544	\$3,419
	121 SIMPLE ANAL AND RECTAL PROCEDURES	6	\$2,407	\$3,237



**AMB ST 1-5**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2008**  
**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 )
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	12	\$14,325	\$6,011
	123 COMPLEX LAPAROSCOPIC PROCEDURES	458	\$5,474	\$7,473
	124 SIMPLE LAPAROSCOPIC PROCEDURES	2	\$5,438	\$8,589
07	URINARY SYSTEM	144	\$4,435	\$5,467
	133 URINARY CATHETERIZATION AND DILATATION	13	\$4,399	\$5,073
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	97	\$4,610	\$5,910
	135 MODERATE CYSTOURETHROSCOPY	24	\$3,326	\$3,852
	136 SIMPLE CYSTOURETHROSCOPY	2	\$2,785	\$2,909
	137 COMPLEX URETHRAL PROCEDURES	4	\$10,592	\$11,146
	138 SIMPLE URETHRAL PROCEDURES	4	\$1,638	\$1,414
08	MALE GENITAL SYSTEM	65	\$2,599	\$3,901
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	36	\$2,567	\$3,127
	152 INSERTION OF PENILE PROSTHESIS	1	\$19,555	\$22,767
	153 COMPLEX PENILE PROCEDURES	3	\$2,826	\$3,976
	154 SIMPLE PENILE PROCEDURES	22	\$1,958	\$2,116
	155 PROSTATE NEEDLE AND PUNCH BIOPSY	3	\$1,817	\$4,881
09	FEMALE GENITAL SYSTEM	126	\$3,420	\$4,786
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	43	\$4,345	\$6,095
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	23	\$1,640	\$3,503
	178 DILATION AND CURETTAGE	11	\$1,485	\$2,944
	179 HYSTEROSCOPY	49	\$3,879	\$5,125
10	NERVOUS SYSTEM	536	\$1,174	\$2,546
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	415	\$933	\$1,269
	197 NEUROSTIMULATOR AND VENTRICULAR SHUNT IMPLANTATION	2	\$13,061	\$31,310
	198 NERVE REPAIR AND DESTRUCTION	110	\$1,830	\$2,841
	199 SPINAL TAP	9	\$1,661	\$2,025
11	EYE AND OCULAR ADNEXA	789	\$2,002	\$3,560
	211 MINOR OPHTHALMOLOGICAL TESTS AND PROCEDURES	3	\$720	\$1,632
	213 LASER EYE PROCEDURES	156	\$559	\$739
	214 CATARACT PROCEDURES	564	\$2,446	\$3,611
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	15	\$713	\$5,024
	216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	24	\$1,459	\$2,809
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	12	\$1,699	\$3,223
	218 COMPLEX POSTERIOR SEGMENT EYE PROCEDURES	1	\$234	\$6,059
	220 STRABISMUS AND MUSCLE EYE PROCEDURES	3	\$3,773	\$2,675
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	7	\$3,049	\$3,921
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	4	\$2,963	\$2,501
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	745	\$1,960	\$3,024
	233 NASAL CAUTERIZATION AND PACKING	3	\$2,744	\$3,338
	234 COMPLEX FACIAL AND ENT PROCEDURES	66	\$4,937	\$6,314
	235 SIMPLE FACIAL AND ENT PROCEDURES	435	\$1,736	\$1,997
	236 TONSIL AND ADENOID PROCEDURES	241	\$1,538	\$2,592
13	THERAPEUTIC AND OTHER RADIOLOGICAL PROCEDURES	6	\$1,786	\$3,705
	254 MYELOGRAPHY	2	\$2,199	\$3,275
	255 MISCELLANEOUS RADIOLOGICAL PROCEDURES WITH CONTRAST	4	\$1,579	\$3,069

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/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, 2008**  
**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

105 Logan Regional Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
<b>GENDER</b>				
Female	5,345	55.4	120,689	54.0
Male	4,309	44.6	102,774	46.0
Unknown	0	0.0	0	0.0
Not Reported	0	0.0	1	0.0
<b>AGE</b>				
1-28 days	0	0.0	1,290	0.6
29-365 days	77	0.8	3,012	1.3
1-4 years	513	5.3	11,257	5.0
5-9	217	2.2	6,380	2.9
10-14	131	1.4	4,795	2.1
15-17	186	1.9	5,109	2.3
18-19	181	1.9	3,667	1.6
20-24	595	6.2	10,397	4.7
25-29	562	5.8	12,788	5.7
30-34	508	5.3	13,212	5.9
35-39	497	5.1	12,888	5.8
40-44	550	5.7	13,216	5.9
45-49	737	7.6	16,707	7.5
50-54	1,080	11.2	24,036	10.8
55-59	871	9.0	20,476	9.2
60-64	736	7.6	17,623	7.9
65-69	646	6.7	14,920	6.7
70-74	512	5.3	12,104	5.4
75-79	467	4.8	9,552	4.3
80-84	366	3.8	6,230	2.8
85-89	169	1.8	2,923	1.3
90 +	53	0.5	881	0.4
Not Reported	0	0.0	1,292	0.6
<b>SOURCE OF ADMISSION</b>				
Physician Referral	9,336	96.7	200,515	89.7
Clinic Referral	4	0.0	4,085	1.8
HMO Referral	1	0.0	3,198	1.4
Other Hospital	1	0.0	219	0.1
Skilled Nursing Facility	1	0.0	26	0.0
Other Health Care Facility	0	0.0	41	0.0
Emergency Room	309	3.2	5,219	2.3
Court/Law Enforcement	0	0.0	3	0.0
Unknown	0	0.0	26	0.0
Not Reported	2	0.0	10,133	4.5

(Continued)

**AMB ST 1-6**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2008**  
**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

105 Logan Regional Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
<b>DISCHARGE STATUS</b>				
Home or Self Care	9,619	99.6	222,849	99.7
Another Hospital	20	0.2	103	0.0
Skilled Nursing Facility	6	0.1	107	0.0
Intermediate Care Facility	0	0.0	14	0.0
Another Type of Institution	0	0.0	60	0.0
Under Care of Home Service	9	0.1	271	0.1
Left Against Medical Advice	0	0.0	13	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	0	0.0	8	0.0
Unknown	0	0.0	35	0.0
Not Reported	0	0.0	5	0.0
<b>PRIMARY PAYER</b>				
Medicare	1,661	17.2	38,441	17.2
Medicaid	570	5.9	13,916	6.2
Other government	113	1.2	3,998	1.8
Blue Cross/Blue Shield	1,629	16.9	31,579	14.1
Other Commercial	958	9.9	17,861	8.0
Managed Care(HMO, PPO)	4,390	45.5	108,172	48.4
Self Pay	76	0.8	3,087	1.4
Industrial & Worker Comp	156	1.6	3,835	1.7
Charity and Unclassified	25	0.3	1,349	0.6
Childrens Health Insurance	9	0.1	121	0.1
Unknown	67	0.7	1,030	0.5
Not Reported	0	0.0	76	0.0
<b>LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE</b>				
Bear River	8,461	87.6	16,758	7.5
Central Utah	9	0.1	8,253	3.7
Davis County	38	0.4	22,506	10.1
Salt Lake County	43	0.4	75,789	33.9
Southeastern Utah	8	0.1	4,234	1.9
Southwest Utah	9	0.1	13,877	6.2
Summit County	3	0.0	2,803	1.3
Tooele County	6	0.1	4,857	2.2
Tri-County	4	0.0	5,940	2.7
Utah County	13	0.1	37,220	16.7
Wasatch County	1	0.0	1,668	0.7
Weber County	51	0.5	19,855	8.9
Unknown Utah	2	0.0	42	0.0
Outside Utah	1,002	10.4	9,563	4.3
Unknown, Not Reported	4	0.0	100	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, 2008**  
**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)	22,385	100.0	321,431	100.0
Mastectomy (85.0-85.99)	376	1.7	7,806	2.4
Musculoskeletal (76.0-84.99)	4,431	19.8	73,868	23.0
Respiratory (30.0-34.99)	249	1.1	3,427	1.1
Cardiovascular (35.0-39.99)	1,491	6.7	18,764	5.8
Lymphatic/Hemetic (40.0-41.99)	199	0.9	2,774	0.9
Digestive System (42.0-54.99)	10,720	47.9	98,766	30.7
Urinary (55.0-59.99)	771	3.4	10,839	3.4
Male Genital (60.0-64.99)	167	0.7	3,918	1.2
Female Genital (65.0-71.99)	1,137	5.1	14,989	4.7
Endocrine/Nervous (01.0-07.99)	1,676	7.5	21,267	6.6
Eye (08.0-16.99)	311	1.4	21,107	6.6
Ear (18.0-20.99)	124	0.6	13,757	4.3
Nose, Mouth, Pharynx (21.0-29.99)	733	3.3	30,149	9.4
Reporting Category(CPT-4 CODES)	20,622	100.0	312,478	100.0
Mastectomy (19120-19220)	102	0.5	2,126	0.7
Musculoskeletal (20000-29909)	3,718	18.0	73,391	23.5
Respiratory (30000-32999 & 39501-39599)	486	2.4	14,650	4.7
Cardiovascular (33010-37799 & 93501-93660)	2,210	10.7	42,433	13.6
Lymphatic/Hemetic (38100-38999)	145	0.7	2,801	0.9
Digestive (40490-49999)	10,638	51.6	107,011	34.2
Urinary (50010-53899)	523	2.5	10,127	3.2
Male Genital (54000-55899)	115	0.6	3,288	1.1
Female Genital (56405-58999)	816	4.0	11,773	3.8
Endocrine/Nervous (60000-64999)	1,590	7.7	24,966	8.0
Eye (65091-68899)	210	1.0	12,267	3.9
Ear (69000-69979)	69	0.3	7,645	2.4

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

**AMB ST 1-2**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2008**  
**MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE\* PROCEDURES**

141 McKay Dee Hospital Center

ICD-9 CODE	ICD-9 DESCRIPTION	#	%	% ALL Hospitals
<b>All ICD-9 Procedures</b>				
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	2,560	11.4	5.39
4523	COLONOSCOPY	2,452	11.0	6.06
4525	CLO [ENDO] BX LG INTESTINE	975	4.4	2.33
4292	DILAT ESOPH	891	4.0	1.34
0392	INJ OTH AGENT SPINAL CANAL	679	3.0	1.89
4542	ENDO POLYPECTOMY LG INTESTINE	666	3.0	3.39
0391	INJ ANES SPINAL CANAL-ANALGESIA	642	2.9	1.44
5123	LAP CHOLEY	611	2.7	2.20
3722	LT HEART CARD CATH	497	2.2	1.38
4513	OTH ENDO SM INTESTINE	322	1.4	1.73
8026	ARTHSCPY-KNEE	310	1.4	1.37
5732	OTH CYSTOSCOPY	284	1.3	0.66
806	EXC SEMILUNAR CARTILAGE-KNEE	239	1.1	1.86
4701	LAP APPENDECTOMY	234	1.0	0.71
5421	LAPAROSCOPY	225	1.0	0.60
4836	[ENDO] POLYPECTOMY RECTUM	209	0.9	0.96
8021	ARTHSCPY-SHLDR	163	0.7	0.74
283	TONSILLECTOMY W/ADENOIDECTOMY	139	0.6	1.84
8521	LOC EXC LES BREAST	133	0.6	0.75
3607	INSERTION RX-ELUTING COR ART STENT	132	0.6	0.42

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
<b>All CPT-4 Procedures</b>				
43239	UGI ENDO; W/BX 1/MX	2,562	12.4	5.34
45378	COLONOSCOPY FLEX; DX-SEP PROC	2,267	11.0	5.71
45380	COLONOSCOPY FLEX; W/BX 1/MX	1,243	6.0	5.02
43450	DILAT ESOPH-SOUND/BOUGIE-1/MX PA	663	3.2	0.40
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	500	2.4	1.43
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	443	2.1	0.91
64475	INJ ANES FACET JT; LUMB/SAC-1LEV	383	1.9	0.31
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	334	1.6	1.43
93545	INJ PROC-CATH; SELECT CORONRY AN	315	1.5	1.60
93510	LT HRT CATH RETRO-BRACH/FEM; PER	310	1.5	1.18
93543	INJ PROC-CATH; LT VENT/ATRIAL AN	291	1.4	1.35
93556	IMAG SUPERVS I&R-CATH; PULM ANGI	276	1.3	1.46
49505	REPR INIT ING HERNIA 5YR/MORE; R	267	1.3	0.80
44970	LAPAROSCOPY SURGICAL APPENDECTOM	237	1.1	0.73
45384	COLONOSCOPY FLEX; REMV LES-FORCE	222	1.1	0.18
20680	REMOVAL OF IMPLANT; DEEP	219	1.1	1.01
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	216	1.0	0.85
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	189	0.9	1.18
29881	SCOPE KNEE SURG;W/MENISCECT MED/	182	0.9	1.61
G0121	COLOREC CNCR SCR;COLNSCPY NO HI	158	0.8	0.17

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, 2008  
 AVERAGE TOTAL CHARGES FOR MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE\* PROCEDURES, SINGLE ICD-9 OR CPT-4 ONLY

141 McKay Dee Hospital Center

ICD-9 CODE	ICD-9 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals )
ICD-9	Procedures	9,370	\$3,489	\$4,015
4523	COLONOSCOPY	2,116	\$769	\$1,021
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	1,266	\$1,075	\$1,498
4525	CLO [ENDO] BX LG INTESTINE	589	\$1,184	\$1,506
5123	LAP CHOLEY	556	\$6,290	\$6,858
4542	ENDO POLYPECTOMY LG INTESTINE	464	\$1,172	\$1,444
3722	LT HEART CARD CATH	390	\$6,373	\$7,640
4701	LAP APPENDECTOMY	208	\$8,858	\$9,824
4513	OTH ENDO SM INTESTINE	162	\$1,003	\$1,248
5304	UNILAT REPR INDIRECT ING HERN-GFT	109	\$3,503	\$4,616
283	TONSILLECTOMY W/ADENOIDECTOMY	106	\$2,549	\$2,576
4836	[ENDO] POLYPECTOMY RECTUM	90	\$1,102	\$1,339
5303	UNILAT REPR DIRECT ING HERN-GFT	83	\$3,670	\$4,788
6952	ASPIR CURET FOLLOWING DELIV/AB	79	\$2,572	\$2,819
8521	LOC EXC LES BREAST	74	\$2,569	\$3,164
3950	ANGIOPLSTY/ARTHERECT NON-CORNON	67	\$8,912	\$13,127
3723	COMBO RT & LT HEART CARD CATH	64	\$6,447	\$8,441
5732	OTH CYSTOSCOPY	61	\$4,943	\$4,824
7867	REMOV IMPLNT DEVICE-TIBIA & FIB	60	\$2,776	\$3,143
7932	OP REDUC FX W/INT FIX-RADIUS & ULNA	57	\$8,510	\$8,664
8165	8165	57	\$8,090	\$8,283

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals )
CPT-4	Procedures	9,720	\$3,028	\$3,633
45378	COLONOSCOPY FLEX; DX-SEP PROC	1,945	\$770	\$1,028
43239	UGI ENDO; W/BX 1/MX	1,255	\$1,074	\$1,479
45380	COLONOSCOPY FLEX; W/BX 1/MX	862	\$1,184	\$1,400
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	461	\$6,348	\$7,209
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	244	\$1,318	\$1,141
49505	REPR INIT ING HERNIA 5YR/MORE; R	238	\$3,654	\$4,468
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	222	\$1,228	\$1,613
44970	LAPAROSCOPY SURGICAL APPENDECTOM	207	\$8,862	\$9,809
45384	COLONOSCOPY FLEX; REMV LES-FORCE	162	\$1,167	\$1,488
20680	REMOVAL OF IMPLANT; DEEP	151	\$2,973	\$3,321
G0121	COLOREC CNCR SCR;COLNSCPY NO HI	143	\$752	\$812
29881	SCOPE KNEE SURG;W/MENISCECT MED/	122	\$4,423	\$4,187
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	103	\$860	\$1,180
47562	LAPAROSCOPY SURGICAL; CHOLECT	101	\$6,178	\$6,273
42820	T&A; UNDER AGE 12	86	\$2,563	\$2,484
62310	INJ 1 NOT NEUROLYTIC-EPID;CERV/T	63	\$1,329	\$1,315
19120	EXC BRST CYST TUMR/LES OPN M/F 1	59	\$2,421	\$2,993
43247	UGI ENDO; W/REMOVAL FB	56	\$1,290	\$1,879
58558	HYSTEROSCPY SURG; W/BX &/ POLYPE	55	\$3,283	\$3,795
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	55	\$2,300	\$2,462

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, 2008**  
**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	330	8,727
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	62	2,271
	003 COMPLEX INCISION AND DRAINAGE	3	100
	004 SIMPLE INCISION AND DRAINAGE	1	24
	006 SIMPLE DEBRIDEMENT AND DESTRUCTION	8	184
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	53	1,175
	008 SIMPLE EXCISION AND BIOPSY	41	1,279
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRANGE	57	1,550
	010 SIMPLE SKIN REPAIR	3	18
	011 SIMPLE INCISION AND EXCISION OF BREAST	102	2,126
02	MUSCULOSKELETAL SYSTEM	3,251	65,893
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	617	7,092
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	137	2,745
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	240	2,708
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	801	13,313
	025 ARTHROSCOPY	789	27,527
	026 REPLACEMENT OF CAST	1	83
	027 SPLINT, STRAPPING AND CAST REMOVAL	1	770
	028 CLOSED TREATMENT FX & DISLOCATION OF FINGER, TOE & TRUNK	3	71
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	44	703
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	403	5,280
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	13	409
	032 BUNION PROCEDURES	94	1,813
	033 ARTHROPLASTY	52	597
	034 HAND AND FOOT TENOTOMY	21	356
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	35	2,426
03	RESPIRATORY SYSTEM	326	8,172
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	23	654
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	134	5,352
	054 SIMPLE ENDOSCOPY OF THE UPPER AIRWAY	8	297
	055 ENDOSCOPY OF THE LOWER AIRWAY	161	1,869
04	CARDIOVASCULAR SYSTEM	1,952	34,518
	074 CARDIAC ELECTROPHYSIOLOGIC TESTS	209	3,255
	075 PLACEMENT OF TRANSVENOUS CATHETERS	2	62
	076 DIAGNOSTIC CARDIAC CATHETERIZATION	1,403	25,900
	077 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	136	2,275
	078 PACEMAKER INSERTION AND REPLACEMENT	61	841
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	47	1,034
	080 MINOR VASCULAR REPAIR AND FISTULA CONSTRUCTION	82	767
	081 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	9	126
	082 VASCULAR LIGATION	3	253
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	144	3,460
	092 CHEMOTHERAPY EXCEPT BY EXTENDED INFUSION	2	45
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	140	1,999
	097 TRANSFUSION	2	1,333
06	DIGESTIVE SYSTEM	10,671	96,396

**AMB ST 1-4**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2008**  
**PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE\* CPT-4 PROCEDURES**

141 McKay Dee Hospital Center

procedure APG category		TOTAL #	TOTAL # (ALL Hospitals)
procedure APG			
112	ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	667	1,281
113	ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	50	577
114	PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	16	308
115	DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	2,766	20,625
116	THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	368	5,309
117	LOWER GASTROINTESTINAL ENDOSCOPY	4,297	40,097
118	ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	218	1,612
119	HERNIA AND HYDROCELE PROCEDURES	603	6,648
120	COMPLEX ANAL AND RECTAL PROCEDURES	146	1,153
121	SIMPLE ANAL AND RECTAL PROCEDURES	78	539
122	MISCELLANEOUS ABDOMINAL PROCEDURES	46	563
123	COMPLEX LAPAROSCOPIC PROCEDURES	1,391	17,238
124	SIMPLE LAPAROSCOPIC PROCEDURES	25	276
07	URINARY SYSTEM	477	8,765
131	RENAL EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	10	729
133	URINARY CATHETERIZATION AND DILATATION	17	472
134	COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	233	4,811
135	MODERATE CYSTOURETHROSCOPY	125	1,789
136	SIMPLE CYSTOURETHROSCOPY	70	590
137	COMPLEX URETHRAL PROCEDURES	15	191
138	SIMPLE URETHRAL PROCEDURES	7	180
08	MALE GENITAL SYSTEM	75	2,820
151	TESTICULAR AND EPIDIDYMAL PROCEDURES	51	1,286
153	COMPLEX PENILE PROCEDURES	3	498
154	SIMPLE PENILE PROCEDURES	16	837
155	PROSTATE NEEDLE AND PUNCH BIOPSY	5	111
09	FEMALE GENITAL SYSTEM	391	6,757
176	COMPLEX FEMALE REPRODUCTIVE PROCEDURES	133	2,044
177	SIMPLE FEMALE REPRODUCTIVE PROCEDURES	81	1,379
178	DILATION AND CURETTAGE	23	611
179	HYSTEROSCOPY	150	2,433
180	COLPOSCOPY	4	290
10	NERVOUS SYSTEM	1,359	21,149
195	NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	1,143	14,879
196	REVISION AND REMOVAL OF NEUROLOGICAL DEVICE	4	251
197	NEUROSTIMULATOR AND VENTRICULAR SHUNT IMPLANTATION	48	1,092
198	NERVE REPAIR AND DESTRUCTION	163	4,284
199	SPINAL TAP	1	643
11	EYE AND OCULAR ADNEXA	194	12,065
211	MINOR OPHTHALMOLOGICAL TESTS AND PROCEDURES	1	58
214	CATARACT PROCEDURES	7	4,992
215	COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	1	323
216	MODERATE ANTERIOR SEGMENT EYE PROCEDURES	2	332
217	SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	7	346
218	COMPLEX POSTERIOR SEGMENT EYE PROCEDURES	49	438
219	SIMPLE POSTERIOR SEGMENT EYE PROCEDURES	38	446



**AMB ST 1-4**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2008**  
**PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE\* CPT-4 PROCEDURES**

141 McKay Dee Hospital Center

procedure APG category	procedure APG	TOTAL #	TOTAL # (ALL Hospitals)
	223 VITRECTOMY	89	1,739
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	627	28,538
	233 NASAL CAUTERIZATION AND PACKING	9	291
	234 COMPLEX FACIAL AND ENT PROCEDURES	211	5,886
	235 SIMPLE FACIAL AND ENT PROCEDURES	232	13,559
	236 TONSIL AND ADENOID PROCEDURES	175	8,709
13	THERAPEUTIC AND OTHER RADIOLOGICAL PROCEDURES	34	3,406
	253 VASCULAR RADIOLOGY EXCEPT FOR VENOGRAPHY OF EXTREMITY	20	1,173
	255 MISCELLANEOUS RADIOLOGICAL PROCEDURES WITH CONTRAST	14	1,929
14	PHYSICAL MEDICINE AND REHABILITATION	1	8
	272 PHYSICAL THERAPY	1	8

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

**AMB ST 1-5**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2008**  
**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	220	\$3,236	\$3,433
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	29	\$2,470	\$2,695
	003 COMPLEX INCISION AND DRAINAGE	1	\$6,208	\$4,471
	004 SIMPLE INCISION AND DRAINAGE	1	\$1,484	\$2,787
	006 SIMPLE DEBRIDEMENT AND DESTRUCTION	5	\$1,712	\$3,383
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	32	\$3,315	\$3,748
	008 SIMPLE EXCISION AND BIOPSY	29	\$3,292	\$3,190
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRAN	26	\$6,028	\$4,802
	011 SIMPLE INCISION AND EXCISION OF BREAST	97	\$2,739	\$3,305
02	MUSCULOSKELETAL SYSTEM	1,149	\$5,423	\$4,654
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	173	\$6,187	\$7,553
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	48	\$4,754	\$4,034
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	32	\$9,947	\$5,600
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	307	\$3,859	\$3,312
	025 ARTHROSCOPY	260	\$4,821	\$4,892
	028 CLOSED TREATMENT FX & DISLOCATION OF FINGER, TOE & TRUNK	1	\$1,410	\$2,571
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	21	\$3,133	\$3,247
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	244	\$7,298	\$6,529
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	2	\$4,581	\$3,340
	032 BUNION PROCEDURES	50	\$4,689	\$4,813
	033 ARTHROPLASTY	9	\$8,859	\$8,553
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	2	\$2,118	\$1,117
03	RESPIRATORY SYSTEM	82	\$1,447	\$2,445
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	19	\$773	\$1,535
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	6	\$3,533	\$3,900
	054 SIMPLE ENDOSCOPY OF THE UPPER AIRWAY	4	\$1,409	\$2,300
	055 ENDOSCOPY OF THE LOWER AIRWAY	53	\$1,455	\$2,377
04	CARDIOVASCULAR SYSTEM	140	\$9,375	\$14,018
	074 CARDIAC ELECTROPHYSIOLOGIC TESTS	5	\$13,142	\$16,098
	076 DIAGNOSTIC CARDIAC CATHETERIZATION	24	\$10,808	\$5,533
	077 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	8	\$9,215	\$25,520
	078 PACEMAKER INSERTION AND REPLACEMENT	30	\$17,222	\$23,655
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	8	\$5,415	\$4,381
	080 MINOR VASCULAR REPAIR AND FISTULA CONSTRUCTION	60	\$5,490	\$6,447
	081 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	3	\$4,294	\$5,330
	082 VASCULAR LIGATION	2	\$5,719	\$6,747
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	109	\$6,921	\$4,660
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	107	\$6,938	\$6,198
	097 TRANSFUSION	2	\$6,005	\$3,057
06	DIGESTIVE SYSTEM	6,534	\$2,125	\$2,773
	112 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	3	\$1,770	\$1,929
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	28	\$792	\$1,163
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	15	\$1,274	\$1,532
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	1,362	\$1,059	\$1,425
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	142	\$1,562	\$2,089

**AMB ST 1-5**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2008**  
**PROCEDURE APG CATEGORY, PROCEDURE APG, SINGLE APG ONLY**  
**BASED ON REPORTABLE\* CPT-4 PROCEDURES**

141 McKay Dee Hospital Center

procedure APG category	Procedure APG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL Hospitals )
	117 LOWER GASTROINTESTINAL ENDOSCOPY	3,386	\$929	\$1,219
	118 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	46	\$3,151	\$4,271
	119 HERNIA AND HYDROCELE PROCEDURES	385	\$3,729	\$4,277
	120 COMPLEX ANAL AND RECTAL PROCEDURES	81	\$2,749	\$3,419
	121 SIMPLE ANAL AND RECTAL PROCEDURES	45	\$1,577	\$3,237
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	25	\$7,686	\$6,011
	123 COMPLEX LAPAROSCOPIC PROCEDURES	1,006	\$6,860	\$7,473
	124 SIMPLE LAPAROSCOPIC PROCEDURES	10	\$5,944	\$8,589
07	URINARY SYSTEM	204	\$4,425	\$5,467
	133 URINARY CATHETERIZATION AND DILATATION	4	\$5,021	\$5,073
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	105	\$4,563	\$5,910
	135 MODERATE CYSTOURETHROSCOPY	68	\$3,080	\$3,852
	136 SIMPLE CYSTOURETHROSCOPY	16	\$2,736	\$2,909
	137 COMPLEX URETHRAL PROCEDURES	10	\$14,907	\$11,146
	138 SIMPLE URETHRAL PROCEDURES	1	\$1,320	\$1,414
08	MALE GENITAL SYSTEM	37	\$2,355	\$3,901
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	24	\$2,427	\$3,127
	153 COMPLEX PENILE PROCEDURES	2	\$2,671	\$3,976
	154 SIMPLE PENILE PROCEDURES	9	\$2,041	\$2,116
	155 PROSTATE NEEDLE AND PUNCH BIOPSY	2	\$2,600	\$4,881
09	FEMALE GENITAL SYSTEM	203	\$4,035	\$4,786
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	48	\$5,357	\$6,095
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	51	\$2,648	\$3,503
	178 DILATION AND CURETTAGE	17	\$2,387	\$2,944
	179 HYSTEROSCOPY	85	\$4,374	\$5,125
	180 COLPOSCOPY	2	\$7,264	\$4,314
10	NERVOUS SYSTEM	415	\$1,564	\$2,546
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	336	\$1,310	\$1,269
	198 NERVE REPAIR AND DESTRUCTION	79	\$2,644	\$2,841
11	EYE AND OCULAR ADNEXA	65	\$5,948	\$3,560
	214 CATARACT PROCEDURES	2	\$6,776	\$3,611
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	2	\$3,729	\$3,223
	218 COMPLEX POSTERIOR SEGMENT EYE PROCEDURES	30	\$6,375	\$6,059
	223 VITRECTOMY	31	\$5,625	\$5,496
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	278	\$3,784	\$3,024
	233 NASAL CAUTERIZATION AND PACKING	4	\$4,728	\$3,338
	234 COMPLEX FACIAL AND ENT PROCEDURES	74	\$6,951	\$6,314
	235 SIMPLE FACIAL AND ENT PROCEDURES	80	\$2,711	\$1,997
	236 TONSIL AND ADENOID PROCEDURES	120	\$2,515	\$2,592
13	THERAPEUTIC AND OTHER RADIOLOGICAL PROCEDURES	6	\$5,106	\$3,705
	253 VASCULAR RADIOLOGY EXCEPT FOR VENOGRAPHY OF EXTREMITY	3	\$7,496	\$11,563
	255 MISCELLANEOUS RADIOLOGICAL PROCEDURES WITH CONTRAST	3	\$2,716	\$3,069

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/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, 2008**  
**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

141 McKay Dee Hospital Center

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
<b>GENDER</b>				
Female	8,227	55.8	120,689	54.0
Male	6,516	44.2	102,774	46.0
Unknown	0	0.0	0	0.0
Not Reported	0	0.0	1	0.0
<b>AGE</b>				
1-28 days	0	0.0	1,290	0.6
29-365 days	14	0.1	3,012	1.3
1-4 years	169	1.1	11,257	5.0
5-9	84	0.6	6,380	2.9
10-14	175	1.2	4,795	2.1
15-17	268	1.8	5,109	2.3
18-19	189	1.3	3,667	1.6
20-24	712	4.8	10,397	4.7
25-29	849	5.8	12,788	5.7
30-34	932	6.3	13,212	5.9
35-39	848	5.8	12,888	5.8
40-44	929	6.3	13,216	5.9
45-49	1,171	7.9	16,707	7.5
50-54	1,978	13.4	24,036	10.8
55-59	1,403	9.5	20,476	9.2
60-64	1,319	8.9	17,623	7.9
65-69	1,156	7.8	14,920	6.7
70-74	1,016	6.9	12,104	5.4
75-79	688	4.7	9,552	4.3
80-84	533	3.6	6,230	2.8
85-89	243	1.6	2,923	1.3
90 +	67	0.5	881	0.4
Not Reported	0	0.0	1,292	0.6
<b>SOURCE OF ADMISSION</b>				
Physician Referral	12,010	81.5	200,515	89.7
Clinic Referral	2,234	15.2	4,085	1.8
HMO Referral	0	0.0	3,198	1.4
Other Hospital	5	0.0	219	0.1
Skilled Nursing Facility	3	0.0	26	0.0
Other Health Care Facility	0	0.0	41	0.0
Emergency Room	490	3.3	5,219	2.3
Court/Law Enforcement	0	0.0	3	0.0
Unknown	1	0.0	26	0.0
Not Reported	0	0.0	10,133	4.5

(Continued)

**AMB ST 1-6**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2008**  
**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

141 McKay Dee Hospital Center

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
<b>DISCHARGE STATUS</b>				
Home or Self Care	14,687	99.6	222,849	99.7
Another Hospital	2	0.0	103	0.0
Skilled Nursing Facility	15	0.1	107	0.0
Intermediate Care Facility	0	0.0	14	0.0
Another Type of Institution	0	0.0	60	0.0
Under Care of Home Service	33	0.2	271	0.1
Left Against Medical Advice	1	0.0	13	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	2	0.0	8	0.0
Unknown	3	0.0	35	0.0
Not Reported	0	0.0	5	0.0
<b>PRIMARY PAYER</b>				
Medicare	3,330	22.6	38,441	17.2
Medicaid	772	5.2	13,916	6.2
Other government	422	2.9	3,998	1.8
Blue Cross/Blue Shield	1,451	9.8	31,579	14.1
Other Commercial	738	5.0	17,861	8.0
Managed Care(HMO, PPO)	7,453	50.6	108,172	48.4
Self Pay	103	0.7	3,087	1.4
Industrial & Worker Comp	221	1.5	3,835	1.7
Charity and Unclassified	209	1.4	1,349	0.6
Childrens Health Insurance	8	0.1	121	0.1
Unknown	36	0.2	1,030	0.5
Not Reported	0	0.0	76	0.0
<b>LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE</b>				
Bear River	744	5.0	16,758	7.5
Central Utah	11	0.1	8,253	3.7
Davis County	3,462	23.5	22,506	10.1
Salt Lake County	96	0.7	75,789	33.9
Southeastern Utah	2	0.0	4,234	1.9
Southwest Utah	13	0.1	13,877	6.2
Summit County	67	0.5	2,803	1.3
Tooele County	11	0.1	4,857	2.2
Tri-County	17	0.1	5,940	2.7
Utah County	27	0.2	37,220	16.7
Wasatch County	2	0.0	1,668	0.7
Weber County	10,010	67.9	19,855	8.9
Unknown Utah	1	0.0	42	0.0
Outside Utah	278	1.9	9,563	4.3
Unknown, Not Reported	2	0.0	100	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, 2008**  
**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)	4,457	100.0	321,431	100.0
Mastectomy (85.0-85.99)	78	1.8	7,806	2.4
Musculoskeletal (76.0-84.99)	857	19.2	73,868	23.0
Respiratory (30.0-34.99)	63	1.4	3,427	1.1
Cardiovascular (35.0-39.99)	313	7.0	18,764	5.8
Lymphatic/Hemetic (40.0-41.99)	16	0.4	2,774	0.9
Digestive System (42.0-54.99)	1,848	41.5	98,766	30.7
Urinary (55.0-59.99)	213	4.8	10,839	3.4
Male Genital (60.0-64.99)	27	0.6	3,918	1.2
Female Genital (65.0-71.99)	227	5.1	14,989	4.7
Endocrine/Nervous (01.0-07.99)	204	4.6	21,267	6.6
Eye (08.0-16.99)	68	1.5	21,107	6.6
Ear (18.0-20.99)	174	3.9	13,757	4.3
Nose, Mouth, Pharynx (21.0-29.99)	369	8.3	30,149	9.4
Reporting Category(CPT-4 CODES)	4,915	100.0	312,478	100.0
Mastectomy (19120-19220)	13	0.3	2,126	0.7
Musculoskeletal (20000-29909)	901	18.3	73,391	23.5
Respiratory (30000-32999 & 39501-39599)	192	3.9	14,650	4.7
Cardiovascular (33010-37799 & 93501-93660)	1,081	22.0	42,433	13.6
Lymphatic/Hemetic (38100-38999)	14	0.3	2,801	0.9
Digestive (40490-49999)	1,906	38.8	107,011	34.2
Urinary (50010-53899)	234	4.8	10,127	3.2
Male Genital (54000-55899)	28	0.6	3,288	1.1
Female Genital (56405-58999)	210	4.3	11,773	3.8
Endocrine/Nervous (60000-64999)	204	4.2	24,966	8.0
Eye (65091-68899)	33	0.7	12,267	3.9
Ear (69000-69979)	99	2.0	7,645	2.4

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

**AMB ST 1-2**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2008**  
**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		4,457	100.0	100.0
4523	COLONOSCOPY	442	9.9	6.06
4542	ENDO POLYPECTOMY LG INTESTINE	273	6.1	3.39
4513	OTH ENDO SM INTESTINE	254	5.7	1.73
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	225	5.0	5.39
2001	MYRINGOTOMY W/INSRT TUBE	152	3.4	3.46
283	TONSILLECTOMY W/ADENOIDECTOMY	150	3.4	1.84
3722	LT HEART CARD CATH	145	3.3	1.38
806	EXC SEMILUNAR CARTILAGE-KNEE	141	3.2	1.86
4292	DILAT ESOPH	127	2.8	1.34
5123	LAP CHOLEY	125	2.8	2.20
0392	INJ OTH AGENT SPINAL CANAL	119	2.7	1.89
4836	[ENDO] POLYPECTOMY RECTUM	93	2.1	0.96
8147	OTH REPR KNEE	69	1.5	0.86
6823	ENDOMETRIAL ABLATION	62	1.4	0.52
8363	ROTATOR CUFF REPR	61	1.4	0.81
8183	OTH REPR SHLDR	55	1.2	0.86
598	URETERAL CATH	53	1.2	0.69
4525	CLO [ENDO] BX LG INTESTINE	45	1.0	2.33
8511	CLO [PERCUT] [NEEDLE] BX BREAST	44	1.0	0.39
2169	OTH TURBINECTOMY	43	1.0	0.82

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		4,915	100.0	100.0
45378	COLONOSCOPY FLEX; DX-SEP PROC	403	8.2	5.71
43239	UGI ENDO; W/BX 1/MX	225	4.6	5.34
45380	COLONOSCOPY FLEX; W/BX 1/MX	224	4.6	5.02
93545	INJ PROC-CATH; SELECT CORONRY AN	179	3.6	1.60
93543	INJ PROC-CATH; LT VENT/ATRIAL AN	177	3.6	1.35
93555	IMAG SUPERVS I&R-CATH; VENT/ATRI	169	3.4	1.23
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	161	3.3	1.43
43235	UGI ENDO; DX W/VO CLCT SPECMN-SP	159	3.2	1.18
93556	IMAG SUPERVS I&R-CATH; PULM ANGI	159	3.2	1.46
93510	LT HRT CATH RETRO-BRACH/FEM; PER	144	2.9	1.18
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	122	2.5	0.85
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	120	2.4	1.43
42820	T&A; UNDER AGE 12	117	2.4	1.49
29881	SCOPE KNEE SURG;W/MENISCECT MED/	115	2.3	1.61
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	114	2.3	0.91
29826	SCOPE SHOULDER; DECOMP SUBACROM	91	1.9	1.23
69436	TYMPANOSTOMY GENERAL ANESTHESIA	77	1.6	1.79
29827	SCOPE SHLDR SURG; W/ROTOR CUFF R	59	1.2	0.61
58353	ENDOMET ABLAT THERM W/O SCOPE GU	55	1.1	0.12
36430	TRANSFUSION BLOOD/BLOOD COMPONENT	49	1.0	0.43

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, 2008  
 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		2,411	\$3,654	\$4,015
4523	COLONOSCOPY	396	\$1,239	\$1,021
4542	ENDO POLYPECTOMY LG INTESTINE	195	\$2,039	\$1,444
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	146	\$1,468	\$1,498
4513	OTH ENDO SM INTESTINE	130	\$1,210	\$1,248
283	TONSILLECTOMY W/ADENOIDECTOMY	126	\$3,039	\$2,576
0392	INJ OTH AGENT SPINAL CANAL	114	\$891	\$931
5123	LAP CHOLEY	110	\$7,147	\$6,858
3722	LT HEART CARD CATH	93	\$10,256	\$7,640
806	EXC SEMILUNAR CARTILAGE-KNEE	60	\$3,971	\$4,727
6823	ENDOMETRIAL ABLATION	48	\$5,545	\$5,865
8511	CLO [PERCUT] [NEEDLE] BX BREAST	44	\$1,994	\$1,658
4836	[ENDO] POLYPECTOMY RECTUM	42	\$1,567	\$1,339
4701	LAP APPENDECTOMY	37	\$9,503	\$9,824
4525	CLO [ENDO] BX LG INTESTINE	35	\$1,817	\$1,506
8363	ROTATOR CUFF REPR	32	\$10,026	\$9,744
8147	OTH REPR KNEE	27	\$3,862	\$5,962
3723	COMBO RT & LT HEART CARD CATH	26	\$12,347	\$8,441
6902	D&C FOLLOWING DELIV/AB	25	\$3,164	\$2,814
8192	INJ THERAP SUBSTANCE JT/LIGAMNT	23	\$1,254	\$1,244
282	TONSILLECTOMY WO ADENOIDECTOMY	19	\$3,084	\$2,653

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals )
CPT-4 Procedures		2,595	\$3,149	\$3,633
45378	COLONOSCOPY FLEX; DX-SEP PROC	362	\$1,264	\$1,028
45380	COLONOSCOPY FLEX; W/BX 1/MX	171	\$1,812	\$1,400
43239	UGI ENDO; W/BX 1/MX	147	\$1,468	\$1,479
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	129	\$2,141	\$1,613
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	127	\$1,239	\$1,180
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	110	\$874	\$1,141
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	106	\$7,177	\$7,209
42820	T&A; UNDER AGE 12	97	\$2,901	\$2,484
29881	SCOPE KNEE SURG;W/MENISCECT MED/	88	\$3,963	\$4,187
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	79	\$1,838	\$1,806
69436	TYMPANOSTOMY GENERAL ANESTHESIA	59	\$1,971	\$1,352
51600	INJ PROC-CYSTOGRAPHY	47	\$1,018	\$1,299
58353	ENDOMET ABLAT THERM W/O SCOPE GU	44	\$5,535	\$5,325
36430	TRANSFUSION BLOOD/BLOOD COMPONENT	39	\$2,862	\$3,057
44970	LAPAROSCOPY SURGICAL APPENDECTOM	37	\$9,503	\$9,809
66984	EXTRACAPSULAR CATARACT REMV IOL	32	\$2,451	\$3,597
29880	SCOPE KNEE SURG;W/MENISCECT MED&	30	\$3,938	\$4,471
42821	T&A; AGE 12 OR OVER	27	\$3,473	\$2,939
20610	ARTHROCENTESIS ASPIR&/INJ; MAJ J	24	\$1,233	\$1,135
23350	INJ SHLDR ARTHROGRPH/ENHNCD CT/M	23	\$2,133	\$3,337

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, 2008**  
**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	67	8,727
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	7	2,271
	003 COMPLEX INCISION AND DRAINAGE	3	100
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	9	1,175
	008 SIMPLE EXCISION AND BIOPSY	9	1,279
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRANGE	26	1,550
	011 SIMPLE INCISION AND EXCISION OF BREAST	13	2,126
02	MUSCULOSKELETAL SYSTEM	827	65,893
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	54	7,092
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	22	2,745
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	11	2,708
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	106	13,313
	025 ARTHROSCOPY	505	27,527
	027 SPLINT, STRAPPING AND CAST REMOVAL	3	770
	028 CLOSED TREATMENT FX & DISLOCATION OF FINGER, TOE & TRUNK	1	71
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	12	703
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	27	5,280
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	17	409
	032 BUNION PROCEDURES	26	1,813
	034 HAND AND FOOT TENOTOMY	6	356
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	37	2,426
03	RESPIRATORY SYSTEM	110	8,172
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	14	654
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	45	5,352
	054 SIMPLE ENDOSCOPY OF THE UPPER AIRWAY	3	297
	055 ENDOSCOPY OF THE LOWER AIRWAY	48	1,869
04	CARDIOVASCULAR SYSTEM	986	34,518
	075 PLACEMENT OF TRANSVENOUS CATHETERS	15	62
	076 DIAGNOSTIC CARDIAC CATHETERIZATION	922	25,900
	077 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	13	2,275
	078 PACEMAKER INSERTION AND REPLACEMENT	26	841
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	9	1,034
	081 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	1	126
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	72	3,460
	094 BLOOD AND BLOOD PRODUCT EXCHANGE	1	83
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	22	1,999
	097 TRANSFUSION	49	1,333
06	DIGESTIVE SYSTEM	1,724	96,396
	111 ALIMENTARY TESTS AND SIMPLE TUBE PLACEMENT	2	170
	112 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	1	1,281
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	4	577
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	387	20,625
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	161	5,309
	117 LOWER GASTROINTESTINAL ENDOSCOPY	796	40,097
	118 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	43	1,612
	119 HERNIA AND HYDROCELE PROCEDURES	37	6,648

**AMB ST 1-4**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2008**  
**PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE\* CPT-4 PROCEDURES**

137 Mountain View Hospital

procedure APG category		TOTAL #	TOTAL # (ALL Hospitals)
procedure APG			
	120 COMPLEX ANAL AND RECTAL PROCEDURES	8	1,153
	121 SIMPLE ANAL AND RECTAL PROCEDURES	1	539
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	10	563
	123 COMPLEX LAPAROSCOPIC PROCEDURES	272	17,238
	124 SIMPLE LAPAROSCOPIC PROCEDURES	2	276
07	URINARY SYSTEM	161	8,765
	131 RENAL EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	1	729
	133 URINARY CATHETERIZATION AND DILATATION	20	472
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	74	4,811
	135 MODERATE CYSTOURETHROSCOPY	47	1,789
	136 SIMPLE CYSTOURETHROSCOPY	15	590
	137 COMPLEX URETHRAL PROCEDURES	4	191
08	MALE GENITAL SYSTEM	20	2,820
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	10	1,286
	154 SIMPLE PENILE PROCEDURES	5	837
	155 PROSTATE NEEDLE AND PUNCH BIOPSY	5	111
09	FEMALE GENITAL SYSTEM	139	6,757
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	71	2,044
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	27	1,379
	178 DILATION AND CURETTAGE	19	611
	179 HYSTEROSCOPY	18	2,433
	180 COLPOSCOPY	4	290
10	NERVOUS SYSTEM	174	21,149
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	132	14,879
	197 NEUROSTIMULATOR AND VENTRICULAR SHUNT IMPLANTATION	4	1,092
	198 NERVE REPAIR AND DESTRUCTION	21	4,284
	199 SPINAL TAP	17	643
11	EYE AND OCULAR ADNEXA	33	12,065
	214 CATARACT PROCEDURES	32	4,992
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	1	655
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	403	28,538
	233 NASAL CAUTERIZATION AND PACKING	5	291
	234 COMPLEX FACIAL AND ENT PROCEDURES	56	5,886
	235 SIMPLE FACIAL AND ENT PROCEDURES	160	13,559
	236 TONSIL AND ADENOID PROCEDURES	182	8,709
13	THERAPEUTIC AND OTHER RADIOLOGICAL PROCEDURES	139	3,406
	253 VASCULAR RADIOLOGY EXCEPT FOR VENOGRAPHY OF EXTREMITY	18	1,173
	254 MYELOGRAPHY	4	296
	255 MISCELLANEOUS RADIOLOGICAL PROCEDURES WITH CONTRAST	117	1,929

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/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, 2008**  
**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	52	\$3,300	\$3,433
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	7	\$1,459	\$2,695
	003 COMPLEX INCISION AND DRAINAGE	2	\$4,678	\$4,471
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	7	\$3,597	\$3,748
	008 SIMPLE EXCISION AND BIOPSY	6	\$4,106	\$3,190
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRAN	22	\$3,259	\$4,802
	011 SIMPLE INCISION AND EXCISION OF BREAST	8	\$3,814	\$3,305
02	MUSCULOSKELETAL SYSTEM	366	\$4,591	\$4,654
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	12	\$8,349	\$7,553
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	6	\$4,610	\$4,034
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	3	\$3,872	\$5,600
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	42	\$4,115	\$3,312
	025 ARTHROSCOPY	218	\$4,749	\$4,892
	027 SPLINT, STRAPPING AND CAST REMOVAL	1	\$16,376	\$1,401
	028 CLOSED TREATMENT FX & DISLOCATION OF FINGER, TOE & TRUNK	1	\$3,764	\$2,571
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	10	\$2,852	\$3,247
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	16	\$8,909	\$6,529
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	15	\$2,661	\$3,340
	032 BUNION PROCEDURES	13	\$5,224	\$4,813
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	29	\$1,158	\$1,117
03	RESPIRATORY SYSTEM	28	\$2,800	\$2,445
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	14	\$1,925	\$1,535
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	6	\$4,250	\$3,900
	055 ENDOSCOPY OF THE LOWER AIRWAY	8	\$3,245	\$2,377
04	CARDIOVASCULAR SYSTEM	30	\$14,719	\$14,018
	077 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	5	\$4,706	\$25,520
	078 PACEMAKER INSERTION AND REPLACEMENT	22	\$18,211	\$23,655
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	3	\$5,795	\$4,381
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	52	\$3,623	\$4,660
	094 BLOOD AND BLOOD PRODUCT EXCHANGE	1	\$2,960	\$5,068
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	12	\$6,155	\$6,198
	097 TRANSFUSION	39	\$2,862	\$3,057
06	DIGESTIVE SYSTEM	1,319	\$2,574	\$2,773
	111 ALIMENTARY TESTS AND SIMPLE TUBE PLACEMENT	2	\$2,375	\$1,415
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	3	\$930	\$1,163
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	275	\$1,361	\$1,425
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	114	\$1,899	\$2,089
	117 LOWER GASTROINTESTINAL ENDOSCOPY	665	\$1,582	\$1,219
	118 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	14	\$5,081	\$4,271
	119 HERNIA AND HYDROCELE PROCEDURES	19	\$4,771	\$4,277
	120 COMPLEX ANAL AND RECTAL PROCEDURES	8	\$3,509	\$3,419
	121 SIMPLE ANAL AND RECTAL PROCEDURES	1	\$2,593	\$3,237
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	7	\$1,154	\$6,011
	123 COMPLEX LAPAROSCOPIC PROCEDURES	211	\$7,318	\$7,473
07	URINARY SYSTEM	69	\$5,190	\$5,467

**AMB ST 1-5**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2008**  
**PROCEDURE APG CATEGORY, PROCEDURE APG, SINGLE APG ONLY**  
**BASED ON REPORTABLE\* CPT-4 PROCEDURES**

137 Mountain View Hospital

procedure APG category	Procedure APG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL Hospitals )
	133 URINARY CATHETERIZATION AND DILATATION	14	\$4,661	\$5,073
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	16	\$6,488	\$5,910
	135 MODERATE CYSTOURETHROSCOPY	33	\$5,165	\$3,852
	136 SIMPLE CYSTOURETHROSCOPY	5	\$2,618	\$2,909
	137 COMPLEX URETHRAL PROCEDURES	1	\$5,515	\$11,146
08	MALE GENITAL SYSTEM	12	\$4,314	\$3,901
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	8	\$4,647	\$3,127
	154 SIMPLE PENILE PROCEDURES	2	\$3,199	\$2,116
	155 PROSTATE NEEDLE AND PUNCH BIOPSY	2	\$4,097	\$4,881
09	FEMALE GENITAL SYSTEM	92	\$5,010	\$4,786
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	55	\$5,715	\$6,095
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	13	\$4,114	\$3,503
	178 DILATION AND CURETTAGE	16	\$3,565	\$2,944
	179 HYSTEROSCOPY	7	\$4,693	\$5,125
	180 COLPOSCOPY	1	\$3,159	\$4,314
10	NERVOUS SYSTEM	149	\$1,275	\$2,546
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	122	\$949	\$1,269
	198 NERVE REPAIR AND DESTRUCTION	11	\$3,124	\$2,841
	199 SPINAL TAP	16	\$2,490	\$2,025
11	EYE AND OCULAR ADNEXA	33	\$2,536	\$3,560
	214 CATARACT PROCEDURES	32	\$2,451	\$3,611
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	1	\$5,280	\$2,501
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	248	\$2,969	\$3,024
	233 NASAL CAUTERIZATION AND PACKING	1	\$1,727	\$3,338
	234 COMPLEX FACIAL AND ENT PROCEDURES	11	\$5,201	\$6,314
	235 SIMPLE FACIAL AND ENT PROCEDURES	93	\$2,621	\$1,997
	236 TONSIL AND ADENOID PROCEDURES	143	\$3,033	\$2,592
13	THERAPEUTIC AND OTHER RADIOLOGICAL PROCEDURES	119	\$1,283	\$3,705
	254 MYELOGRAPHY	4	\$2,248	\$3,275
	255 MISCELLANEOUS RADIOLOGICAL PROCEDURES WITH CONTRAST	115	\$1,250	\$3,069

SOURCE: Utah Ambulatory Surgery Database  
Utah Health Data Committee/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, 2008**  
**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

137 Mountain View Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
<b>GENDER</b>				
Female	1,992	55.9	120,689	54.0
Male	1,571	44.1	102,774	46.0
Unknown	0	0.0	0	0.0
Not Reported	0	0.0	1	0.0
<b>AGE</b>				
1-28 days	0	0.0	1,290	0.6
29-365 days	25	0.7	3,012	1.3
1-4 years	130	3.6	11,257	5.0
5-9	95	2.7	6,380	2.9
10-14	72	2.0	4,795	2.1
15-17	72	2.0	5,109	2.3
18-19	59	1.7	3,667	1.6
20-24	138	3.9	10,397	4.7
25-29	163	4.6	12,788	5.7
30-34	179	5.0	13,212	5.9
35-39	201	5.6	12,888	5.8
40-44	149	4.2	13,216	5.9
45-49	232	6.5	16,707	7.5
50-54	317	8.9	24,036	10.8
55-59	331	9.3	20,476	9.2
60-64	256	7.2	17,623	7.9
65-69	350	9.8	14,920	6.7
70-74	334	9.4	12,104	5.4
75-79	236	6.6	9,552	4.3
80-84	161	4.5	6,230	2.8
85-89	47	1.3	2,923	1.3
90 +	16	0.4	881	0.4
Not Reported	0	0.0	1,292	0.6
<b>SOURCE OF ADMISSION</b>				
Physician Referral	3,449	96.8	200,515	89.7
Clinic Referral	1	0.0	4,085	1.8
HMO Referral	0	0.0	3,198	1.4
Other Hospital	1	0.0	219	0.1
Skilled Nursing Facility	0	0.0	26	0.0
Other Health Care Facility	0	0.0	41	0.0
Emergency Room	112	3.1	5,219	2.3
Court/Law Enforcement	0	0.0	3	0.0
Unknown	0	0.0	26	0.0
Not Reported	0	0.0	10,133	4.5

(Continued)

**AMB ST 1-6**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2008**  
**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

137 Mountain View Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
<b>DISCHARGE STATUS</b>				
Home or Self Care	3,546	99.5	222,849	99.7
Another Hospital	2	0.1	103	0.0
Skilled Nursing Facility	2	0.1	107	0.0
Intermediate Care Facility	0	0.0	14	0.0
Another Type of Institution	4	0.1	60	0.0
Under Care of Home Service	8	0.2	271	0.1
Left Against Medical Advice	0	0.0	13	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	0	0.0	8	0.0
Unknown	0	0.0	35	0.0
Not Reported	1	0.0	5	0.0
<b>PRIMARY PAYER</b>				
Medicare	887	24.9	38,441	17.2
Medicaid	267	7.5	13,916	6.2
Other government	48	1.3	3,998	1.8
Blue Cross/Blue Shield	707	19.8	31,579	14.1
Other Commercial	203	5.7	17,861	8.0
Managed Care(HMO, PPO)	1,335	37.5	108,172	48.4
Self Pay	75	2.1	3,087	1.4
Industrial & Worker Comp	38	1.1	3,835	1.7
Charity and Unclassified	3	0.1	1,349	0.6
Childrens Health Insurance	0	0.0	121	0.1
Unknown	0	0.0	1,030	0.5
Not Reported	0	0.0	76	0.0
<b>LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE</b>				
Bear River	6	0.2	16,758	7.5
Central Utah	460	12.9	8,253	3.7
Davis County	8	0.2	22,506	10.1
Salt Lake County	13	0.4	75,789	33.9
Southeastern Utah	85	2.4	4,234	1.9
Southwest Utah	4	0.1	13,877	6.2
Summit County	1	0.0	2,803	1.3
Tooele County	2	0.1	4,857	2.2
Tri-County	11	0.3	5,940	2.7
Utah County	2,929	82.2	37,220	16.7
Wasatch County	9	0.3	1,668	0.7
Weber County	3	0.1	19,855	8.9
Unknown Utah	2	0.1	42	0.0
Outside Utah	30	0.8	9,563	4.3
Unknown, Not Reported	0	0.0	100	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, 2008**  
**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)	3,318	100.0	321,431	100.0
Mastectomy (85.0-85.99)	45	1.4	7,806	2.4
Musculoskeletal (76.0-84.99)	648	19.5	73,868	23.0
Respiratory (30.0-34.99)	9	0.3	3,427	1.1
Cardiovascular (35.0-39.99)	44	1.3	18,764	5.8
Lymphatic/Hemetic (40.0-41.99)	6	0.2	2,774	0.9
Digestive System (42.0-54.99)	871	26.3	98,766	30.7
Urinary (55.0-59.99)	25	0.8	10,839	3.4
Male Genital (60.0-64.99)	39	1.2	3,918	1.2
Female Genital (65.0-71.99)	93	2.8	14,989	4.7
Endocrine/Nervous (01.0-07.99)	76	2.3	21,267	6.6
Eye (08.0-16.99)	564	17.0	21,107	6.6
Ear (18.0-20.99)	188	5.7	13,757	4.3
Nose, Mouth, Pharynx (21.0-29.99)	710	21.4	30,149	9.4
Reporting Category(CPT-4 CODES)	3,073	100.0	312,478	100.0
Mastectomy (19120-19220)	8	0.3	2,126	0.7
Musculoskeletal (20000-29909)	760	24.7	73,391	23.5
Respiratory (30000-32999 & 39501-39599)	462	15.0	14,650	4.7
Cardiovascular (33010-37799 & 93501-93660)	165	5.4	42,433	13.6
Lymphatic/Hemetic (38100-38999)	2	0.1	2,801	0.9
Digestive (40490-49999)	1,102	35.9	107,011	34.2
Urinary (50010-53899)	37	1.2	10,127	3.2
Male Genital (54000-55899)	13	0.4	3,288	1.1
Female Genital (56405-58999)	81	2.6	11,773	3.8
Endocrine/Nervous (60000-64999)	45	1.5	24,966	8.0
Eye (65091-68899)	292	9.5	12,267	3.9
Ear (69000-69979)	106	3.4	7,645	2.4

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

**AMB ST 1-2**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2008**  
**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		3,318	100.0	100.0
4523	COLONOSCOPY	282	8.5	6.06
1371	IOL PROSTH-CATARACT EXTRACT-1-STAGE	226	6.8	1.53
1341	PHACOEMULSIFICATION-ASPIR CATARACT	224	6.8	1.54
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	194	5.8	5.39
2001	MYRINGOTOMY W/INSRT TUBE	165	5.0	3.46
283	TONSILLECTOMY W/ADENOIDECTOMY	147	4.4	1.84
2188	OTH SEPTOPLASTY	146	4.4	0.59
2169	OTH TURBINECTOMY	100	3.0	0.82
5123	LAP CHOLEY	91	2.7	2.20
8147	OTH REPR KNEE	76	2.3	0.86
2263	ETHMOIDECTOMY	65	2.0	0.52
4542	ENDO POLYPECTOMY LG INTESTINE	63	1.9	3.39
2252	SPHENOIDOTOMY	61	1.8	0.13
2262	EXC LES MAXIL SINUS W/OTH APPRCH	53	1.6	0.23
282	TONSILLECTOMY WO ADENOIDECTOMY	48	1.4	0.58
8081	OTH LOC EXC/DESTRUC JT LES-SHLDR	41	1.2	0.54
1364	DISCISSION SECNDRY MEMBRN	40	1.2	0.13
8363	ROTATOR CUFF REPR	36	1.1	0.81
8388	OTH PLSTC OPER TENDON	33	1.0	0.27
8511	CLO [PERCUT] [NEEDLE] BX BREAST	29	0.9	0.39

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		3,073	100.0	100.0
45378	COLONOSCOPY FLEX; DX-SEP PROC	264	8.6	5.71
66984	EXTRACAPSULAR CATARACT REMV IOL	225	7.3	1.50
43239	UGI ENDO; W/BX 1/MX	198	6.4	5.34
30520	SEPTOPLASTY/SUBMUCOS RES W/GFT	146	4.8	0.77
42820	T&A; UNDER AGE 12	118	3.8	1.49
30140	SUBMUCOS RES TURBINATE PART/CMPL	100	3.3	0.74
69436	TYMPANOSTOMY GENERAL ANESTHESIA	90	2.9	1.79
47562	LAPAROSCOPY SURGICAL; CHOLECT	76	2.5	0.79
29876	SCOPE KNEE SURG; SYNOVECTOMY MAJ	68	2.2	0.10
31255	NASAL/SINUS ENDO; W/TOT ETHMOECT	64	2.1	0.37
31287	NASL/SINUS ENDO SURG W/SPHENOIDO	61	2.0	0.15
29881	SCOPE KNEE SURG;W/MENISCECT MED/	58	1.9	1.61
45380	COLONOSCOPY FLEX; W/BX 1/MX	57	1.9	5.02
31267	NASL/SINUS ENDO; W/TISS REMV MAX	53	1.7	0.23
29823	SCOPE SHOULDER SURGICAL; DEBRID	51	1.7	0.23
49505	REPR INIT ING HERNIA 5YR/MORE; R	42	1.4	0.80
66821	DISCISSION 2ND CATARACT; LASER S	41	1.3	0.15
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	40	1.3	0.50
29826	SCOPE SHOULDER; DECOMP SUBACROM	39	1.3	1.23
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	37	1.2	1.43

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, 2008  
 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		1,320	\$6,165	\$4,015
4523	COLONOSCOPY	221	\$1,345	\$1,021
283	TONSILLECTOMY W/ADENOIDECTOMY	124	\$5,262	\$2,576
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	115	\$1,686	\$1,498
5123	LAP CHOLEY	89	\$14,023	\$6,858
8147	OTH REPR KNEE	70	\$10,878	\$5,962
4542	ENDO POLYPECTOMY LG INTESTINE	53	\$2,312	\$1,444
1364	DISCISSION SECNDRY MEMBRN	40	\$1,297	\$758
8183	OTH REPR SHLDR	23	\$15,605	\$7,480
282	TONSILLECTOMY WO ADENOIDECTOMY	22	\$5,350	\$2,653
8511	CLO [PERCUT] [NEEDLE] BX BREAST	22	\$1,178	\$1,658
5303	UNILAT REPR DIRECT ING HERN-GFT	21	\$9,733	\$4,788
3722	LT HEART CARD CATH	18	\$13,090	\$7,640
5304	UNILAT REPR INDIRECT ING HERN-GFT	18	\$11,680	\$4,616
4513	OTH ENDO SM INTESTINE	16	\$1,832	\$1,248
4836	[ENDO] POLYPECTOMY RECTUM	16	\$1,965	\$1,339
6823	ENDOMETRIAL ABLATION	16	\$12,234	\$5,865
640	CIRCUMCISION	14	\$130	\$2,144
4525	CLO [ENDO] BX LG INTESTINE	13	\$2,600	\$1,506
5341	REPR UMB HERN W/PROSTH	12	\$7,939	\$5,097
3893	VENOUS CATH-NEC	11	\$2,369	\$3,699

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals )
CPT-4 Procedures		1,591	\$5,244	\$3,633
66984	EXTRACAPSULAR CATARACT REMV IOL	225	\$4,044	\$3,597
45378	COLONOSCOPY FLEX; DX-SEP PROC	203	\$1,358	\$1,028
43239	UGI ENDO; W/BX 1/MX	117	\$1,685	\$1,479
42820	T&A; UNDER AGE 12	101	\$5,104	\$2,484
47562	LAPAROSCOPY SURGICAL; CHOLECT	75	\$13,756	\$6,273
69436	TYMPANOSTOMY GENERAL ANESTHESIA	56	\$3,451	\$1,352
45380	COLONOSCOPY FLEX; W/BX 1/MX	42	\$2,262	\$1,400
66821	DISCISSION 2ND CATARACT; LASER S	41	\$1,295	\$723
49505	REPR INIT ING HERNIA 5YR/MORE; R	40	\$10,023	\$4,468
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	35	\$2,626	\$1,613
23350	INJ SHLDR ARTHROGRPH/ENHNCD CT/M	28	\$2,737	\$3,337
42821	T&A; AGE 12 OR OVER	25	\$5,877	\$2,939
G0121	COLOREC CNCR SCR;COLNSCPY NO HI	22	\$1,336	\$812
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	18	\$5,237	\$2,730
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	16	\$1,512	\$1,180
45383	COLONOSCOPY FLEX; W/ABLAT LES	16	\$1,662	\$1,850
58563	HYSTERO SC SURG; W/ENDOMETRIAL AB	16	\$12,368	\$6,190
49585	REPR UMBIL HERNIA 5YR/OVER; RDU	14	\$7,890	\$4,276
20680	REMOVAL OF IMPLANT; DEEP	13	\$6,628	\$3,321
29876	SCOPE KNEE SURG; SYNOVECTOMY MAJ	13	\$8,200	\$4,882

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, 2008**  
**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	56	8,727
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	12	2,271
	003 COMPLEX INCISION AND DRAINAGE	2	100
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	9	1,175
	008 SIMPLE EXCISION AND BIOPSY	5	1,279
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRANGE	20	1,550
	011 SIMPLE INCISION AND EXCISION OF BREAST	8	2,126
02	MUSCULOSKELETAL SYSTEM	698	65,893
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	48	7,092
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	26	2,745
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	28	2,708
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	148	13,313
	025 ARTHROSCOPY	362	27,527
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	9	703
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	22	5,280
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	15	409
	032 BUNION PROCEDURES	25	1,813
	033 ARTHROPLASTY	2	597
	034 HAND AND FOOT TENOTOMY	1	356
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	12	2,426
03	RESPIRATORY SYSTEM	210	8,172
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	11	654
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	198	5,352
	055 ENDOSCOPY OF THE LOWER AIRWAY	1	1,869
04	CARDIOVASCULAR SYSTEM	149	34,518
	076 DIAGNOSTIC CARDIAC CATHETERIZATION	143	25,900
	077 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	1	2,275
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	1	1,034
	081 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	1	126
	082 VASCULAR LIGATION	3	253
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	6	3,460
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	6	1,999
06	DIGESTIVE SYSTEM	878	96,396
	111 ALIMENTARY TESTS AND SIMPLE TUBE PLACEMENT	1	170
	112 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	6	1,281
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	11	577
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	3	308
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	225	20,625
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	10	5,309
	117 LOWER GASTROINTESTINAL ENDOSCOPY	406	40,097
	119 HERNIA AND HYDROCELE PROCEDURES	80	6,648
	120 COMPLEX ANAL AND RECTAL PROCEDURES	4	1,153
	121 SIMPLE ANAL AND RECTAL PROCEDURES	10	539
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	1	563
	123 COMPLEX LAPAROSCOPIC PROCEDURES	121	17,238
07	URINARY SYSTEM	29	8,765

**AMB ST 1-4**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2008**  
**PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE\* CPT-4 PROCEDURES**

133 Mountain West Medical Center

procedure APG category		TOTAL #	TOTAL # (ALL Hospitals)
procedure APG			
	131 RENAL EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	2	729
	133 URINARY CATHETERIZATION AND DILATATION	3	472
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	10	4,811
	135 MODERATE CYSTOURETHROSCOPY	11	1,789
	136 SIMPLE CYSTOURETHROSCOPY	3	590
08	MALE GENITAL SYSTEM	12	2,820
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	11	1,286
	155 PROSTATE NEEDLE AND PUNCH BIOPSY	1	111
09	FEMALE GENITAL SYSTEM	51	6,757
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	9	2,044
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	11	1,379
	178 DILATION AND CURETTAGE	1	611
	179 HYSTEROSCOPY	30	2,433
10	NERVOUS SYSTEM	33	21,149
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	13	14,879
	198 NERVE REPAIR AND DESTRUCTION	16	4,284
	199 SPINAL TAP	4	643
11	EYE AND OCULAR ADNEXA	292	12,065
	213 LASER EYE PROCEDURES	42	555
	214 CATARACT PROCEDURES	230	4,992
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	16	1,215
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	4	655
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	600	28,538
	233 NASAL CAUTERIZATION AND PACKING	4	291
	234 COMPLEX FACIAL AND ENT PROCEDURES	167	5,886
	235 SIMPLE FACIAL AND ENT PROCEDURES	212	13,559
	236 TONSIL AND ADENOID PROCEDURES	217	8,709
13	THERAPEUTIC AND OTHER RADIOLOGICAL PROCEDURES	42	3,406
	254 MYELOGRAPHY	1	296
	255 MISCELLANEOUS RADIOLOGICAL PROCEDURES WITH CONTRAST	41	1,929

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/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, 2008**  
**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	50	\$4,776	\$3,433
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	11	\$2,435	\$2,695
	003 COMPLEX INCISION AND DRAINAGE	2	\$5,790	\$4,471
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	7	\$7,843	\$3,748
	008 SIMPLE EXCISION AND BIOPSY	3	\$5,314	\$3,190
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRAN	19	\$3,959	\$4,802
	011 SIMPLE INCISION AND EXCISION OF BREAST	8	\$6,799	\$3,305
02	MUSCULOSKELETAL SYSTEM	201	\$9,377	\$4,654
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	19	\$13,987	\$7,553
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	14	\$9,159	\$4,034
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	11	\$9,755	\$5,600
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	63	\$7,209	\$3,312
	025 ARTHROSCOPY	45	\$10,410	\$4,892
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	6	\$5,263	\$3,247
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	20	\$12,901	\$6,529
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	10	\$3,907	\$3,340
	032 BUNION PROCEDURES	11	\$10,909	\$4,813
	033 ARTHROPLASTY	1	\$11,285	\$8,553
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	1	\$825	\$1,117
03	RESPIRATORY SYSTEM	16	\$4,535	\$2,445
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	11	\$3,067	\$1,535
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	5	\$7,763	\$3,900
04	CARDIOVASCULAR SYSTEM	2	\$4,281	\$14,018
	077 ANGIOPLASTY AND transcatheter PROCEDURES	1	\$4,849	\$25,520
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	1	\$3,714	\$4,381
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	6	\$14,867	\$4,660
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	6	\$14,867	\$6,198
06	DIGESTIVE SYSTEM	650	\$4,426	\$2,773
	111 ALIMENTARY TESTS AND SIMPLE TUBE PLACEMENT	1	\$743	\$1,415
	112 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	2	\$5,140	\$1,929
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	10	\$1,171	\$1,163
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	3	\$1,623	\$1,532
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	133	\$1,664	\$1,425
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	4	\$2,699	\$2,089
	117 LOWER GASTROINTESTINAL ENDOSCOPY	321	\$1,629	\$1,219
	119 HERNIA AND HYDROCELE PROCEDURES	62	\$9,608	\$4,277
	120 COMPLEX ANAL AND RECTAL PROCEDURES	4	\$6,235	\$3,419
	121 SIMPLE ANAL AND RECTAL PROCEDURES	8	\$5,855	\$3,237
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	1	\$13,136	\$6,011
	123 COMPLEX LAPAROSCOPIC PROCEDURES	101	\$13,994	\$7,473
07	URINARY SYSTEM	18	\$7,559	\$5,467
	131 RENAL EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	2	\$6,013	\$8,805
	133 URINARY CATHETERIZATION AND DILATATION	2	\$5,826	\$5,073
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	7	\$9,028	\$5,910
	135 MODERATE CYSTOURETHROSCOPY	5	\$7,943	\$3,852

**AMB ST 1-5**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2008**  
**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 )
	136 SIMPLE CYSTOURETHROSCOPY	2	\$4,740	\$2,909
08	MALE GENITAL SYSTEM	1	\$7,121	\$3,901
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	1	\$7,121	\$3,127
09	FEMALE GENITAL SYSTEM	35	\$9,544	\$4,786
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	4	\$12,392	\$6,095
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	9	\$6,016	\$3,503
	178 DILATION AND CURETTAGE	1	\$4,810	\$2,944
	179 HYSTEROSCOPY	21	\$10,738	\$5,125
10	NERVOUS SYSTEM	29	\$3,087	\$2,546
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	13	\$1,305	\$1,269
	198 NERVE REPAIR AND DESTRUCTION	12	\$5,390	\$2,841
	199 SPINAL TAP	4	\$1,975	\$2,025
11	EYE AND OCULAR ADNEXA	286	\$3,812	\$3,560
	213 LASER EYE PROCEDURES	42	\$1,293	\$739
	214 CATARACT PROCEDURES	228	\$4,049	\$3,611
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	12	\$8,001	\$3,921
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	4	\$4,207	\$2,501
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	243	\$5,306	\$3,024
	233 NASAL CAUTERIZATION AND PACKING	1	\$3,808	\$3,338
	234 COMPLEX FACIAL AND ENT PROCEDURES	15	\$13,216	\$6,314
	235 SIMPLE FACIAL AND ENT PROCEDURES	74	\$3,905	\$1,997
	236 TONSIL AND ADENOID PROCEDURES	153	\$5,218	\$2,592
13	THERAPEUTIC AND OTHER RADIOLOGICAL PROCEDURES	42	\$2,252	\$3,705
	254 MYELOGRAPHY	1	\$3,191	\$3,275
	255 MISCELLANEOUS RADIOLOGICAL PROCEDURES WITH CONTRAST	41	\$2,229	\$3,069

SOURCE: Utah Ambulatory Surgery Database  
 Utah Health Data Committee/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, 2008**  
**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

133 Mountain West Medical Center

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
<b>GENDER</b>				
Female	1,293	56.5	120,689	54.0
Male	997	43.5	102,774	46.0
Unknown	0	0.0	0	0.0
Not Reported	0	0.0	1	0.0
<b>AGE</b>				
1-28 days	12	0.5	1,290	0.6
29-365 days	21	0.9	3,012	1.3
1-4 years	114	5.0	11,257	5.0
5-9	86	3.8	6,380	2.9
10-14	50	2.2	4,795	2.1
15-17	58	2.5	5,109	2.3
18-19	38	1.7	3,667	1.6
20-24	81	3.5	10,397	4.7
25-29	94	4.1	12,788	5.7
30-34	157	6.9	13,212	5.9
35-39	142	6.2	12,888	5.8
40-44	137	6.0	13,216	5.9
45-49	166	7.2	16,707	7.5
50-54	213	9.3	24,036	10.8
55-59	193	8.4	20,476	9.2
60-64	162	7.1	17,623	7.9
65-69	188	8.2	14,920	6.7
70-74	126	5.5	12,104	5.4
75-79	136	5.9	9,552	4.3
80-84	80	3.5	6,230	2.8
85-89	31	1.4	2,923	1.3
90 +	5	0.2	881	0.4
Not Reported	12	0.5	1,292	0.6
<b>SOURCE OF ADMISSION</b>				
Physician Referral	2,285	99.8	200,515	89.7
Clinic Referral	0	0.0	4,085	1.8
HMO Referral	0	0.0	3,198	1.4
Other Hospital	0	0.0	219	0.1
Skilled Nursing Facility	5	0.2	26	0.0
Other Health Care Facility	0	0.0	41	0.0
Emergency Room	0	0.0	5,219	2.3
Court/Law Enforcement	0	0.0	3	0.0
Unknown	0	0.0	26	0.0
Not Reported	0	0.0	10,133	4.5

(Continued)

**AMB ST 1-6**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2008**  
**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

133 Mountain West Medical Center

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
<b>DISCHARGE STATUS</b>				
Home or Self Care	2,288	99.9	222,849	99.7
Another Hospital	0	0.0	103	0.0
Skilled Nursing Facility	0	0.0	107	0.0
Intermediate Care Facility	0	0.0	14	0.0
Another Type of Institution	2	0.1	60	0.0
Under Care of Home Service	0	0.0	271	0.1
Left Against Medical Advice	0	0.0	13	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	0	0.0	8	0.0
Unknown	0	0.0	35	0.0
Not Reported	0	0.0	5	0.0
<b>PRIMARY PAYER</b>				
Medicare	492	21.5	38,441	17.2
Medicaid	121	5.3	13,916	6.2
Other government	53	2.3	3,998	1.8
Blue Cross/Blue Shield	522	22.8	31,579	14.1
Other Commercial	240	10.5	17,861	8.0
Managed Care(HMO, PPO)	811	35.4	108,172	48.4
Self Pay	15	0.7	3,087	1.4
Industrial & Worker Comp	36	1.6	3,835	1.7
Charity and Unclassified	0	0.0	1,349	0.6
Childrens Health Insurance	0	0.0	121	0.1
Unknown	0	0.0	1,030	0.5
Not Reported	0	0.0	76	0.0
<b>LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE</b>				
Bear River	0	0.0	16,758	7.5
Central Utah	3	0.1	8,253	3.7
Davis County	2	0.1	22,506	10.1
Salt Lake County	31	1.4	75,789	33.9
Southeastern Utah	2	0.1	4,234	1.9
Southwest Utah	0	0.0	13,877	6.2
Summit County	0	0.0	2,803	1.3
Tooele County	2,196	95.9	4,857	2.2
Tri-County	5	0.2	5,940	2.7
Utah County	7	0.3	37,220	16.7
Wasatch County	0	0.0	1,668	0.7
Weber County	2	0.1	19,855	8.9
Unknown Utah	0	0.0	42	0.0
Outside Utah	42	1.8	9,563	4.3
Unknown, Not Reported	0	0.0	100	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, 2008**  
**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)	11,659	100.0	321,431	100.0
Mastectomy (85.0-85.99)	136	1.2	7,806	2.4
Musculoskeletal (76.0-84.99)	2,540	21.8	73,868	23.0
Respiratory (30.0-34.99)	91	0.8	3,427	1.1
Cardiovascular (35.0-39.99)	803	6.9	18,764	5.8
Lymphatic/Hemetic (40.0-41.99)	81	0.7	2,774	0.9
Digestive System (42.0-54.99)	3,284	28.2	98,766	30.7
Urinary (55.0-59.99)	173	1.5	10,839	3.4
Male Genital (60.0-64.99)	70	0.6	3,918	1.2
Female Genital (65.0-71.99)	862	7.4	14,989	4.7
Endocrine/Nervous (01.0-07.99)	810	6.9	21,267	6.6
Eye (08.0-16.99)	969	8.3	21,107	6.6
Ear (18.0-20.99)	605	5.2	13,757	4.3
Nose, Mouth, Pharynx (21.0-29.99)	1,235	10.6	30,149	9.4
Reporting Category(CPT-4 CODES)	12,875	100.0	312,478	100.0
Mastectomy (19120-19220)	26	0.2	2,126	0.7
Musculoskeletal (20000-29909)	2,805	21.8	73,391	23.5
Respiratory (30000-32999 & 39501-39599)	880	6.8	14,650	4.7
Cardiovascular (33010-37799 & 93501-93660)	2,616	20.3	42,433	13.6
Lymphatic/Hemetic (38100-38999)	93	0.7	2,801	0.9
Digestive (40490-49999)	3,809	29.6	107,011	34.2
Urinary (50010-53899)	224	1.7	10,127	3.2
Male Genital (54000-55899)	64	0.5	3,288	1.1
Female Genital (56405-58999)	720	5.6	11,773	3.8
Endocrine/Nervous (60000-64999)	803	6.2	24,966	8.0
Eye (65091-68899)	510	4.0	12,267	3.9
Ear (69000-69979)	325	2.5	7,645	2.4

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



**AMB ST 1-2**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2008**  
**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		11,659	100.0	100.0
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	735	6.3	5.39
4523	COLONOSCOPY	687	5.9	6.06
2001	MYRINGOTOMY W/INSRT TUBE	473	4.1	3.46
4542	ENDO POLYPECTOMY LG INTESTINE	396	3.4	3.39
1341	PHACOEMULSIFICATION-ASPIR CATARACT	338	2.9	1.54
1371	IOL PROSTH-CATARACT EXTRACT-1-STAGE	336	2.9	1.53
0392	INJ OTH AGENT SPINAL CANAL	264	2.3	1.89
0391	INJ ANES SPINAL CANAL-ANALGESIA	258	2.2	1.44
283	TONSILLECTOMY W/ADENOIDECTOMY	230	2.0	1.84
4525	CLO [ENDO] BX LG INTESTINE	224	1.9	2.33
3722	LT HEART CARD CATH	220	1.9	1.38
2169	OTH TURBINECTOMY	217	1.9	0.82
5123	LAP CHOLEY	217	1.9	2.20
806	EXC SEMILUNAR CARTILAGE-KNEE	195	1.7	1.86
2188	OTH SEPTOPLASTY	164	1.4	0.59
4292	DILAT ESOPH	147	1.3	1.34
4836	[ENDO] POLYPECTOMY RECTUM	138	1.2	0.96
8363	ROTATOR CUFF REPR	108	0.9	0.81
7788	OTH PART OSTEC-TARSALS-METATARSALS	96	0.8	0.14
0443	RELEASE CARPAL TUNNEL	95	0.8	1.09

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		12,875	100.0	100.0
43239	UGI ENDO; W/BX 1/MX	731	5.7	5.34
45378	COLONOSCOPY FLEX; DX-SEP PROC	686	5.3	5.71
45380	COLONOSCOPY FLEX; W/BX 1/MX	473	3.7	5.02
66984	EXTRACAPSULAR CATARACT REMV IOL	338	2.6	1.50
93545	INJ PROC-CATH; SELECT CORONRY AN	261	2.0	1.60
69436	TYMPANOSTOMY GENERAL ANESTHESIA	238	1.8	1.79
93556	IMAG SUPERVS I&R-CATH; PULM ANGI	238	1.8	1.46
93543	INJ PROC-CATH; LT VENT/ATRIAL AN	236	1.8	1.35
93555	IMAG SUPERVS I&R-CATH; VENT/ATRI	231	1.8	1.23
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	227	1.8	0.91
93510	LT HRT CATH RETRO-BRACH/FEM; PER	217	1.7	1.18
30140	SUBMUCOS RES TURBINATE PART/CMPL	210	1.6	0.74
36430	TRANSFUSION BLOOD/BLOOD COMPONEN	172	1.3	0.43
42820	T&A; UNDER AGE 12	169	1.3	1.49
30520	SEPTOPLASTY/SUBMUCOS RES W/GFT	168	1.3	0.77
29881	SCOPE KNEE SURG;W/MENISCECT MED/	157	1.2	1.61
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	148	1.1	1.43
58662	LAP SURG; W/FULG/EXCIS LES-OVARY	143	1.1	0.51
49505	REPR INIT ING HERNIA 5YR/MORE; R	120	0.9	0.80
45384	COLONOSOCOPY FLEX; REMV LES-FORCE	119	0.9	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, 2008  
 AVERAGE TOTAL CHARGES FOR MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE\* PROCEDURES, SINGLE ICD-9 OR CPT-4 ONLY

142 Ogden Regional Medical Center

ICD-9 CODE	ICD-9 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals )
ICD-9	Procedures	4,667	\$5,911	\$4,015
4523	COLONOSCOPY	623	\$1,345	\$1,021
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	496	\$2,063	\$1,498
4542	ENDO POLYPECTOMY LG INTESTINE	285	\$2,639	\$1,444
5123	LAP CHOLEY	198	\$10,437	\$6,858
283	TONSILLECTOMY W/ADENOIDECTOMY	179	\$4,770	\$2,576
3722	LT HEART CARD CATH	164	\$11,135	\$7,640
4525	CLO [ENDO] BX LG INTESTINE	147	\$2,844	\$1,506
806	EXC SEMILUNAR CARTILAGE-KNEE	106	\$5,687	\$4,727
4701	LAP APPENDECTOMY	80	\$16,182	\$9,824
3893	VENOUS CATH-NEC	78	\$6,327	\$3,699
6952	ASPIR CURET FOLLOWING DELIV/AB	63	\$3,878	\$2,819
0443	RELEASE CARPAL TUNNEL	57	\$3,514	\$2,420
282	TONSILLECTOMY WO ADENOIDECTOMY	56	\$4,990	\$2,653
4836	[ENDO] POLYPECTOMY RECTUM	56	\$2,395	\$1,339
8051	EXC INTERVERTEBRAL DISC	51	\$15,284	\$9,742
5304	UNILAT REPR INDIRECT ING HERN-GFT	42	\$5,963	\$4,616
1364	DISCISSION SECNDRY MEMBRN	38	\$796	\$758
6629	OTH BIL ENDO DESTRUC FALLOP TUBES	38	\$6,068	\$4,259
4513	OTH ENDO SM INTESTINE	37	\$1,182	\$1,248
3927	ARTERIOVENOSTOMY-RENAL DIALYSIS	36	\$7,840	\$6,162

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals )
CPT-4	Procedures	6,139	\$4,875	\$3,633
45378	COLONOSCOPY FLEX; DX-SEP PROC	623	\$1,345	\$1,028
43239	UGI ENDO; W/BX 1/MX	491	\$2,048	\$1,479
45380	COLONOSCOPY FLEX; W/BX 1/MX	354	\$2,756	\$1,400
66984	EXTRACAPSULAR CATARACT REMV IOL	336	\$5,913	\$3,597
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	207	\$1,086	\$1,141
69436	TYMPANOSTOMY GENERAL ANESTHESIA	169	\$3,032	\$1,352
36430	TRANSFUSION BLOOD/BLOOD COMPONENT	133	\$2,455	\$3,057
42820	T&A; UNDER AGE 12	118	\$4,561	\$2,484
29881	SCOPE KNEE SURG;W/MENISCECT MED/	104	\$5,590	\$4,187
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	101	\$10,489	\$7,209
47562	LAPAROSCOPY SURGICAL; CHOLECT	98	\$10,395	\$6,273
23350	INJ SHLDR ARTHROGRPH/ENHNC D CT/M	95	\$3,592	\$3,337
45384	COLONOSCOPY FLEX; REMV LES-FORCE	87	\$2,016	\$1,488
49505	REPR INIT ING HERNIA 5YR/MORE; R	85	\$6,043	\$4,468
44970	LAPAROSCOPY SURGICAL APPENDECTOM	81	\$16,167	\$9,809
58662	LAP SURG; W/FULG/EXCIS LES-OVARY	80	\$6,751	\$5,612
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	75	\$2,267	\$1,613
93660	EVAL CARDIOVASC FUNCT W/TILT TAB	64	\$781	\$786
31720	CATHETER ASPIR; NASOTRACH SEP PR	62	\$1,054	\$1,005
51610	INJ PROC RETRO URETHROCYSTOGRAPH	61	\$20,143	\$17,693

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, 2008**  
**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	385	8,727
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	110	2,271
	003 COMPLEX INCISION AND DRAINAGE	8	100
	006 SIMPLE DEBRIDEMENT AND DESTRUCTION	8	184
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	32	1,175
	008 SIMPLE EXCISION AND BIOPSY	58	1,279
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRANGE	143	1,550
	011 SIMPLE INCISION AND EXCISION OF BREAST	26	2,126
02	MUSCULOSKELETAL SYSTEM	2,410	65,893
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	379	7,092
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	64	2,745
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	147	2,708
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	704	13,313
	025 ARTHROSCOPY	714	27,527
	027 SPLINT, STRAPPING AND CAST REMOVAL	16	770
	028 CLOSED TREATMENT FX & DISLOCATION OF FINGER, TOE & TRUNK	2	71
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	14	703
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	137	5,280
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	9	409
	032 BUNION PROCEDURES	106	1,813
	033 ARTHROPLASTY	22	597
	034 HAND AND FOOT TENOTOMY	5	356
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	91	2,426
03	RESPIRATORY SYSTEM	483	8,172
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	129	654
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	277	5,352
	054 SIMPLE ENDOSCOPY OF THE UPPER AIRWAY	8	297
	055 ENDOSCOPY OF THE LOWER AIRWAY	69	1,869
04	CARDIOVASCULAR SYSTEM	1,976	34,518
	074 CARDIAC ELECTROPHYSIOLOGIC TESTS	292	3,255
	075 PLACEMENT OF TRANSVENOUS CATHETERS	2	62
	076 DIAGNOSTIC CARDIAC CATHETERIZATION	1,368	25,900
	077 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	109	2,275
	078 PACEMAKER INSERTION AND REPLACEMENT	48	841
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	90	1,034
	080 MINOR VASCULAR REPAIR AND FISTULA CONSTRUCTION	48	767
	081 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	5	126
	082 VASCULAR LIGATION	14	253
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	223	3,460
	092 CHEMOTHERAPY EXCEPT BY EXTENDED INFUSION	2	45
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	49	1,999
	097 TRANSFUSION	172	1,333
06	DIGESTIVE SYSTEM	3,566	96,396
	111 ALIMENTARY TESTS AND SIMPLE TUBE PLACEMENT	26	170
	112 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	97	1,281
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	10	577

**AMB ST 1-4**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2008**  
**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			
114	PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	7	308
115	DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	793	20,625
116	THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	94	5,309
117	LOWER GASTROINTESTINAL ENDOSCOPY	1,461	40,097
118	ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	27	1,612
119	HERNIA AND HYDROCELE PROCEDURES	205	6,648
120	COMPLEX ANAL AND RECTAL PROCEDURES	57	1,153
121	SIMPLE ANAL AND RECTAL PROCEDURES	27	539
122	MISCELLANEOUS ABDOMINAL PROCEDURES	7	563
123	COMPLEX LAPAROSCOPIC PROCEDURES	747	17,238
124	SIMPLE LAPAROSCOPIC PROCEDURES	8	276
07	URINARY SYSTEM	88	8,765
131	RENAL EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	1	729
133	URINARY CATHETERIZATION AND DILATATION	14	472
134	COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	39	4,811
135	MODERATE CYSTOURETHROSCOPY	20	1,789
136	SIMPLE CYSTOURETHROSCOPY	14	590
08	MALE GENITAL SYSTEM	58	2,820
151	TESTICULAR AND EPIDIDYMAL PROCEDURES	47	1,286
152	INSERTION OF PENILE PROSTHESIS	1	88
153	COMPLEX PENILE PROCEDURES	4	498
154	SIMPLE PENILE PROCEDURES	5	837
155	PROSTATE NEEDLE AND PUNCH BIOPSY	1	111
09	FEMALE GENITAL SYSTEM	305	6,757
176	COMPLEX FEMALE REPRODUCTIVE PROCEDURES	121	2,044
177	SIMPLE FEMALE REPRODUCTIVE PROCEDURES	42	1,379
178	DILATION AND CURETTAGE	18	611
179	HYSTEROSCOPY	112	2,433
180	COLPOSCOPY	12	290
10	NERVOUS SYSTEM	660	21,149
195	NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	432	14,879
196	REVISION AND REMOVAL OF NEUROLOGICAL DEVICE	2	251
197	NEUROSTIMULATOR AND VENTRICULAR SHUNT IMPLANTATION	36	1,092
198	NERVE REPAIR AND DESTRUCTION	147	4,284
199	SPINAL TAP	43	643
11	EYE AND OCULAR ADNEXA	508	12,065
211	MINOR OPHTHALMOLOGICAL TESTS AND PROCEDURES	1	58
213	LASER EYE PROCEDURES	42	555
214	CATARACT PROCEDURES	344	4,992
215	COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	14	323
216	MODERATE ANTERIOR SEGMENT EYE PROCEDURES	15	332
217	SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	2	346
218	COMPLEX POSTERIOR SEGMENT EYE PROCEDURES	14	438
219	SIMPLE POSTERIOR SEGMENT EYE PROCEDURES	9	446
220	STRABISMUS AND MUSCLE EYE PROCEDURES	6	966
221	COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	42	1,215

**AMB ST 1-4**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2008**  
**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)
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	5	655
	223 VITRECTOMY	14	1,739
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	1,232	28,538
	233 NASAL CAUTERIZATION AND PACKING	17	291
	234 COMPLEX FACIAL AND ENT PROCEDURES	267	5,886
	235 SIMPLE FACIAL AND ENT PROCEDURES	578	13,559
	236 TONSIL AND ADENOID PROCEDURES	370	8,709
13	THERAPEUTIC AND OTHER RADIOLOGICAL PROCEDURES	489	3,406
	253 VASCULAR RADIOLOGY EXCEPT FOR VENOGRAPHY OF EXTREMITY	128	1,173
	254 MYELOGRAPHY	25	296
	255 MISCELLANEOUS RADIOLOGICAL PROCEDURES WITH CONTRAST	336	1,929

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

**AMB ST 1-5**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2008**  
**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	284	\$4,900	\$3,433
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	85	\$2,909	\$2,695
	003 COMPLEX INCISION AND DRAINAGE	4	\$6,570	\$4,471
	006 SIMPLE DEBRIDEMENT AND DESTRUCTION	1	\$4,431	\$3,383
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	19	\$5,030	\$3,748
	008 SIMPLE EXCISION AND BIOPSY	30	\$4,220	\$3,190
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRAN	119	\$6,608	\$4,802
	011 SIMPLE INCISION AND EXCISION OF BREAST	26	\$4,039	\$3,305
02	MUSCULOSKELETAL SYSTEM	764	\$7,055	\$4,654
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	103	\$11,289	\$7,553
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	20	\$6,072	\$4,034
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	31	\$7,862	\$5,600
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	193	\$4,635	\$3,312
	025 ARTHROSCOPY	249	\$7,108	\$4,892
	027 SPLINT, STRAPPING AND CAST REMOVAL	1	\$18,627	\$1,401
	028 CLOSED TREATMENT FX & DISLOCATION OF FINGER, TOE & TRUNK	1	\$3,512	\$2,571
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	5	\$5,694	\$3,247
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	88	\$9,643	\$6,529
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	5	\$4,797	\$3,340
	032 BUNION PROCEDURES	35	\$6,704	\$4,813
	033 ARTHROPLASTY	2	\$10,255	\$8,553
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	31	\$635	\$1,117
03	RESPIRATORY SYSTEM	159	\$2,086	\$2,445
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	116	\$1,458	\$1,535
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	14	\$5,585	\$3,900
	054 SIMPLE ENDOSCOPY OF THE UPPER AIRWAY	1	\$2,144	\$2,300
	055 ENDOSCOPY OF THE LOWER AIRWAY	28	\$2,937	\$2,377
04	CARDIOVASCULAR SYSTEM	145	\$8,222	\$14,018
	075 PLACEMENT OF TRANSVENOUS CATHETERS	1	\$5,833	\$10,874
	076 DIAGNOSTIC CARDIAC CATHETERIZATION	12	\$6,765	\$5,533
	077 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	16	\$6,056	\$25,520
	078 PACEMAKER INSERTION AND REPLACEMENT	15	\$29,878	\$23,655
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	44	\$2,333	\$4,381
	080 MINOR VASCULAR REPAIR AND FISTULA CONSTRUCTION	43	\$8,148	\$6,447
	081 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	4	\$9,046	\$5,330
	082 VASCULAR LIGATION	10	\$7,091	\$6,747
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	163	\$3,533	\$4,660
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	30	\$8,314	\$6,198
	097 TRANSFUSION	133	\$2,455	\$3,057
06	DIGESTIVE SYSTEM	2,500	\$4,159	\$2,773
	111 ALIMENTARY TESTS AND SIMPLE TUBE PLACEMENT	24	\$1,070	\$1,415
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	8	\$806	\$1,163
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	3	\$1,275	\$1,532
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	529	\$2,002	\$1,425
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	41	\$3,395	\$2,089

**AMB ST 1-5**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2008**  
**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 )
	117 LOWER GASTROINTESTINAL ENDOSCOPY	1,144	\$1,905	\$1,219
	118 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	9	\$5,207	\$4,271
	119 HERNIA AND HYDROCELE PROCEDURES	133	\$6,331	\$4,277
	120 COMPLEX ANAL AND RECTAL PROCEDURES	46	\$5,251	\$3,419
	121 SIMPLE ANAL AND RECTAL PROCEDURES	23	\$3,152	\$3,237
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	7	\$7,923	\$6,011
	123 COMPLEX LAPAROSCOPIC PROCEDURES	527	\$10,723	\$7,473
	124 SIMPLE LAPAROSCOPIC PROCEDURES	6	\$12,237	\$8,589
07	URINARY SYSTEM	44	\$6,746	\$5,467
	131 RENAL EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	1	\$12,659	\$8,805
	133 URINARY CATHETERIZATION AND DILATATION	9	\$8,986	\$5,073
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	14	\$7,952	\$5,910
	135 MODERATE CYSTOURETHROSCOPY	13	\$5,188	\$3,852
	136 SIMPLE CYSTOURETHROSCOPY	7	\$3,500	\$2,909
08	MALE GENITAL SYSTEM	22	\$6,031	\$3,901
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	11	\$5,381	\$3,127
	152 INSERTION OF PENILE PROSTHESIS	1	\$23,151	\$22,767
	153 COMPLEX PENILE PROCEDURES	4	\$6,263	\$3,976
	154 SIMPLE PENILE PROCEDURES	5	\$4,062	\$2,116
	155 PROSTATE NEEDLE AND PUNCH BIOPSY	1	\$4,972	\$4,881
09	FEMALE GENITAL SYSTEM	154	\$6,219	\$4,786
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	47	\$8,050	\$6,095
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	26	\$4,684	\$3,503
	178 DILATION AND CURETTAGE	10	\$4,026	\$2,944
	179 HYSTEROSCOPY	68	\$5,973	\$5,125
	180 COLPOSCOPY	3	\$3,723	\$4,314
10	NERVOUS SYSTEM	406	\$1,812	\$2,546
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	296	\$1,085	\$1,269
	198 NERVE REPAIR AND DESTRUCTION	73	\$3,994	\$2,841
	199 SPINAL TAP	37	\$3,322	\$2,025
11	EYE AND OCULAR ADNEXA	459	\$5,485	\$3,560
	213 LASER EYE PROCEDURES	40	\$795	\$739
	214 CATARACT PROCEDURES	342	\$5,906	\$3,611
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	13	\$7,329	\$5,024
	216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	12	\$4,573	\$2,809
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	2	\$5,243	\$3,223
	218 COMPLEX POSTERIOR SEGMENT EYE PROCEDURES	7	\$13,229	\$6,059
	220 STRABISMUS AND MUSCLE EYE PROCEDURES	4	\$5,197	\$2,675
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	31	\$4,192	\$3,921
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	3	\$3,730	\$2,501
	223 VITRECTOMY	5	\$10,124	\$5,496
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	554	\$4,575	\$3,024
	233 NASAL CAUTERIZATION AND PACKING	8	\$5,453	\$3,338
	234 COMPLEX FACIAL AND ENT PROCEDURES	52	\$8,983	\$6,314
	235 SIMPLE FACIAL AND ENT PROCEDURES	262	\$3,489	\$1,997

**AMB ST 1-5**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2008**  
**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 )
	236 TONSIL AND ADENOID PROCEDURES	232	\$4,783	\$2,592
13	THERAPEUTIC AND OTHER RADIOLOGICAL PROCEDURES	296	\$6,907	\$3,705
	253 VASCULAR RADIOLOGY EXCEPT FOR VENOGRAPHY OF EXTREMITY	5	\$10,308	\$11,563
	254 MYELOGRAPHY	24	\$3,228	\$3,275
	255 MISCELLANEOUS RADIOLOGICAL PROCEDURES WITH CONTRAST	267	\$7,174	\$3,069

SOURCE: Utah Ambulatory Surgery Database  
 Utah Health Data Committee/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, 2008**  
**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

142 Ogden Regional Medical Center

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
<b>GENDER</b>				
Female	4,958	56.7	120,689	54.0
Male	3,789	43.3	102,774	46.0
Unknown	0	0.0	0	0.0
Not Reported	0	0.0	1	0.0
<b>AGE</b>				
1-28 days	2	0.0	1,290	0.6
29-365 days	101	1.2	3,012	1.3
1-4 years	284	3.2	11,257	5.0
5-9	168	1.9	6,380	2.9
10-14	124	1.4	4,795	2.1
15-17	173	2.0	5,109	2.3
18-19	131	1.5	3,667	1.6
20-24	411	4.7	10,397	4.7
25-29	554	6.3	12,788	5.7
30-34	536	6.1	13,212	5.9
35-39	520	5.9	12,888	5.8
40-44	515	5.9	13,216	5.9
45-49	794	9.1	16,707	7.5
50-54	1,132	12.9	24,036	10.8
55-59	957	10.9	20,476	9.2
60-64	755	8.6	17,623	7.9
65-69	435	5.0	14,920	6.7
70-74	393	4.5	12,104	5.4
75-79	368	4.2	9,552	4.3
80-84	236	2.7	6,230	2.8
85-89	130	1.5	2,923	1.3
90 +	28	0.3	881	0.4
Not Reported	2	0.0	1,292	0.6
<b>SOURCE OF ADMISSION</b>				
Physician Referral	8,508	97.3	200,515	89.7
Clinic Referral	6	0.1	4,085	1.8
HMO Referral	0	0.0	3,198	1.4
Other Hospital	1	0.0	219	0.1
Skilled Nursing Facility	0	0.0	26	0.0
Other Health Care Facility	1	0.0	41	0.0
Emergency Room	231	2.6	5,219	2.3
Court/Law Enforcement	0	0.0	3	0.0
Unknown	0	0.0	26	0.0
Not Reported	0	0.0	10,133	4.5

(Continued)

**AMB ST 1-6**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2008**  
**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

142 Ogden Regional Medical Center

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
<b>DISCHARGE STATUS</b>				
Home or Self Care	8,729	99.8	222,849	99.7
Another Hospital	1	0.0	103	0.0
Skilled Nursing Facility	0	0.0	107	0.0
Intermediate Care Facility	0	0.0	14	0.0
Another Type of Institution	3	0.0	60	0.0
Under Care of Home Service	12	0.1	271	0.1
Left Against Medical Advice	0	0.0	13	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	1	0.0	8	0.0
Unknown	0	0.0	35	0.0
Not Reported	1	0.0	5	0.0
<b>PRIMARY PAYER</b>				
Medicare	1,242	14.2	38,441	17.2
Medicaid	423	4.8	13,916	6.2
Other government	180	2.1	3,998	1.8
Blue Cross/Blue Shield	1,954	22.3	31,579	14.1
Other Commercial	487	5.6	17,861	8.0
Managed Care(HMO, PPO)	4,268	48.8	108,172	48.4
Self Pay	100	1.1	3,087	1.4
Industrial & Worker Comp	85	1.0	3,835	1.7
Charity and Unclassified	8	0.1	1,349	0.6
Childrens Health Insurance	0	0.0	121	0.1
Unknown	0	0.0	1,030	0.5
Not Reported	0	0.0	76	0.0
<b>LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE</b>				
Bear River	554	6.3	16,758	7.5
Central Utah	2	0.0	8,253	3.7
Davis County	1,759	20.1	22,506	10.1
Salt Lake County	40	0.5	75,789	33.9
Southeastern Utah	1	0.0	4,234	1.9
Southwest Utah	3	0.0	13,877	6.2
Summit County	20	0.2	2,803	1.3
Tooele County	9	0.1	4,857	2.2
Tri-County	6	0.1	5,940	2.7
Utah County	6	0.1	37,220	16.7
Wasatch County	2	0.0	1,668	0.7
Weber County	6,136	70.1	19,855	8.9
Unknown Utah	2	0.0	42	0.0
Outside Utah	206	2.4	9,563	4.3
Unknown, Not Reported	1	0.0	100	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, 2008**  
**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)	5,901	100.0	321,431	100.0
Mastectomy (85.0-85.99)	99	1.7	7,806	2.4
Musculoskeletal (76.0-84.99)	1,653	28.0	73,868	23.0
Respiratory (30.0-34.99)	1	0.0	3,427	1.1
Cardiovascular (35.0-39.99)	5	0.1	18,764	5.8
Lymphatic/Hemetic (40.0-41.99)	8	0.1	2,774	0.9
Digestive System (42.0-54.99)	39	0.7	98,766	30.7
Urinary (55.0-59.99)	4	0.1	10,839	3.4
Male Genital (60.0-64.99)	0	0.0	3,918	1.2
Female Genital (65.0-71.99)	208	3.5	14,989	4.7
Endocrine/Nervous (01.0-07.99)	2,185	37.0	21,267	6.6
Eye (08.0-16.99)	539	9.1	21,107	6.6
Ear (18.0-20.99)	37	0.6	13,757	4.3
Nose, Mouth, Pharynx (21.0-29.99)	1,123	19.0	30,149	9.4
Reporting Category(CPT-4 CODES)	5,342	100.0	312,478	100.0
Mastectomy (19120-19220)	11	0.2	2,126	0.7
Musculoskeletal (20000-29909)	1,751	32.8	73,391	23.5
Respiratory (30000-32999 & 39501-39599)	15	0.3	14,650	4.7
Cardiovascular (33010-37799 & 93501-93660)	6	0.1	42,433	13.6
Lymphatic/Hemetic (38100-38999)	8	0.1	2,801	0.9
Digestive (40490-49999)	535	10.0	107,011	34.2
Urinary (50010-53899)	5	0.1	10,127	3.2
Male Genital (54000-55899)	0	0.0	3,288	1.1
Female Genital (56405-58999)	121	2.3	11,773	3.8
Endocrine/Nervous (60000-64999)	2,610	48.9	24,966	8.0
Eye (65091-68899)	266	5.0	12,267	3.9
Ear (69000-69979)	14	0.3	7,645	2.4

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

**AMB ST 1-2**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2008**  
**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		5,901	100.0	100.0
0391	INJ ANES SPINAL CANAL-ANALGESIA	884	15.0	1.44
0392	INJ OTH AGENT SPINAL CANAL	810	13.7	1.89
232	RESTORATION TOOTH-FILLING	403	6.8	0.60
2341	APPLIC CROWN	295	5.0	0.48
1341	PHACOEMULSIFICATION-ASPIR CATARACT	258	4.4	1.54
1371	IOL PROSTH-CATARACT EXTRACT-1-STAGE	257	4.4	1.53
0443	RELEASE CARPAL TUNNEL	204	3.5	1.09
2370	ROOT CANAL-NOS	200	3.4	0.35
806	EXC SEMILUNAR CARTILAGE-KNEE	101	1.7	1.86
042	DESTRUC CRANIAL & PERIPH NERV	84	1.4	0.09
2309	EXTRACT OTH TOOTH	76	1.3	0.15
8086	OTH LOC EXC/DESTRUC JT LES-KNEE	71	1.2	0.69
7751	BUNIONEC SOFT-OSTEOT 1ST METATARS	70	1.2	0.31
7756	REPR HAMMER TOE	66	1.1	0.38
8201	EXPLOR TENDON SHEATH HAND	60	1.0	0.40
8221	EXC LES TENDON SHEATH HAND	51	0.9	0.25
6952	ASPIR CURET FOLLOWING DELIV/AB	50	0.8	0.43
0407	OTH EXC/AVUL CRANIAL & PERIPH NERV	49	0.8	0.22
8192	INJ THERAP SUBSTANCE JT/LIGAMNT	49	0.8	0.37
8183	OTH REPR SHLDR	48	0.8	0.86

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		5,342	100.0	100.0
64484	INJ ANES EPIDURL; LUMB/SAC-EA AD	665	12.4	0.71
64483	INJ ANES EPIDURL; LUMB/SAC 1 LEV	635	11.9	1.05
41899	UNLIST PROC DENTOALVEOL STRUCTUR	470	8.8	0.89
66984	EXTRACAPSULAR CATARACT REMV IOL	255	4.8	1.50
64472	INJ ANES FACET JT; CERV/THOR-EA	193	3.6	0.18
64476	INJ ANES FACET JT; LUMB/SAC-EA A	147	2.8	0.30
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	127	2.4	0.66
64627	DESTRUC FACET NRV; CRV/THOR-EA A	121	2.3	0.10
28285	CORRECTION HAMMERTOE	118	2.2	0.57
64623	DESTRUC FACET JT NRV; L/S-EA AD	103	1.9	0.21
62310	INJ 1 NOT NEUROLYTIC-EPID;CERV/T	88	1.6	0.19
29881	SCOPE KNEE SURG;W/MENISCECT MED/	83	1.6	1.61
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	83	1.6	0.91
64475	INJ ANES FACET JT; LUMB/SAC-1LEV	83	1.6	0.31
20680	REMOVAL OF IMPLANT; DEEP	79	1.5	1.01
64470	INJ ANES FACET JT; CERV/THOR-1LE	69	1.3	0.10
26055	TENDON SHEATH INCISION	63	1.2	0.45
28296	HALLUX VALGUS; W/METATARSAL OSTE	54	1.0	0.28
29877	SCOPE KNEE SURG; DEBRID/SHAVE CA	51	1.0	0.95
28080	EXC INTERDIGTIL NEUROMA SINGLE EA	47	0.9	0.19

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

AMB ST 1-3

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2008  
 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		1,402	\$3,934	\$4,015
0443	RELEASE CARPAL TUNNEL	102	\$2,158	\$2,420
232	RESTORATION TOOTH-FILLING	98	\$2,055	\$2,231
0391	INJ ANES SPINAL CANAL-ANALGESIA	82	\$1,667	\$4,862
042	DESTRUC CRANIAL & PERIPH NERV	82	\$2,511	\$3,385
6952	ASPIR CURET FOLLOWING DELIV/AB	50	\$2,299	\$2,819
8201	EXPLOR TENDON SHEATH HAND	40	\$2,134	\$2,302
8221	EXC LES TENDON SHEATH HAND	37	\$2,304	\$2,617
8183	OTH REPR SHLDR	33	\$6,094	\$7,480
7751	BUNIONEC SOFT-OSTEOT 1ST METATARS	32	\$3,953	\$4,442
806	EXC SEMILUNAR CARTILAGE-KNEE	30	\$3,739	\$4,727
0393	INSRT/REPLCMT SPINAL NEUROSTIM	27	\$36,337	\$42,494
8532	BILAT REDUC MAMMO	27	\$8,821	\$8,344
8192	INJ THERAP SUBSTANCE JT/LIGAMNT	26	\$2,039	\$1,244
7932	OP REDUC FX W/INT FIX-RADIUS & ULNA	24	\$8,117	\$8,664
7933	OP REDUC W/INT FIX-CARP-METACARP	22	\$4,421	\$5,808
8086	OTH LOC EXC/DESTRUC JT LES-KNEE	22	\$3,658	\$4,118
0407	OTH EXC/AVUL CRANIAL & PERIPH NERV	21	\$2,459	\$2,799
7914	CLO REDUC W/INT FIX-PHALANGES HAND	21	\$2,633	\$2,821
6909	OTH D&C UTERUS	20	\$2,396	\$3,090
7756	REPR HAMMER TOE	19	\$3,458	\$3,955

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals )
CPT-4 Procedures		1,937	\$3,042	\$3,633
41899	UNLIST PROC DENTOALVEOL STRUCTUR	462	\$2,159	\$2,567
66984	EXTRACAPSULAR CATARACT REMV IOL	246	\$3,205	\$3,597
64483	INJ ANES EPIDURL; LUMB/SAC 1 LEV	100	\$1,687	\$1,342
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	96	\$2,227	\$2,462
62310	INJ 1 NOT NEUROLYTIC-EPID;CERV/T	53	\$1,616	\$1,315
20680	REMOVAL OF IMPLANT; DEEP	50	\$3,237	\$3,321
29848	ENDO WRST SURG REL TRNS CARP LIG	41	\$2,694	\$2,537
29881	SCOPE KNEE SURG;W/MENISCECT MED/	40	\$3,707	\$4,187
28296	HALLUX VALGUS; W/METATARSAL OSTE	33	\$4,337	\$4,621
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	30	\$1,743	\$1,141
26055	TENDON SHEATH INCISION	28	\$2,055	\$2,154
29877	SCOPE KNEE SURG; DEBRID/SHAVE CA	25	\$3,668	\$3,808
20610	ARTHROCENTESIS ASPIR&/INJ; MAJ J	23	\$1,916	\$1,135
25111	EXCISION OF GANGLION WRIST; PRIM	20	\$2,239	\$2,638
26160	EXC LES TEND SHETH/JNT CAP HND/F	20	\$2,340	\$2,359
26727	PERQ FIX PHALANGEAL FX W/MANIP E	19	\$2,644	\$2,758
28080	EXC INTERDIGITL NEUROMA SINGLE EA	18	\$2,417	\$2,623
29826	SCOPE SHOULDER; DECOMP SUBACROM	16	\$4,577	\$5,424
64479	INJ ANES EPIDURL; CERV/THOR 1 LE	16	\$1,665	\$1,553
26615	OPEN TX MC FX 1 W/WO INTRL/EXT F	14	\$4,165	\$5,287

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, 2008**  
**PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE\* CPT-4 PROCEDURES**

135 Orem Community Hospital

Procedure APG category		TOTAL #	TOTAL # (ALL Hospitals)
Procedure APG			
01	INTEGUMENTARY SYSTEM	75	8,727
	004 SIMPLE INCISION AND DRAINAGE	1	24
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	40	1,175
	008 SIMPLE EXCISION AND BIOPSY	23	1,279
	011 SIMPLE INCISION AND EXCISION OF BREAST	11	2,126
02	MUSCULOSKELETAL SYSTEM	1,649	65,893
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	121	7,092
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	66	2,745
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	97	2,708
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	588	13,313
	025 ARTHROSCOPY	409	27,527
	028 CLOSED TREATMENT FX & DISLOCATION OF FINGER, TOE & TRUNK	3	71
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	14	703
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	174	5,280
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	6	409
	032 BUNION PROCEDURES	91	1,813
	033 ARTHROPLASTY	10	597
	034 HAND AND FOOT TENOTOMY	13	356
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	57	2,426
03	RESPIRATORY SYSTEM	1	8,172
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	1	654
04	CARDIOVASCULAR SYSTEM	6	34,518
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	2	1,034
	080 MINOR VASCULAR REPAIR AND FISTULA CONSTRUCTION	1	767
	081 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	3	126
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	5	3,460
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	5	1,999
06	DIGESTIVE SYSTEM	63	96,396
	119 HERNIA AND HYDROCELE PROCEDURES	6	6,648
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	1	563
	123 COMPLEX LAPAROSCOPIC PROCEDURES	56	17,238
07	URINARY SYSTEM	5	8,765
	135 MODERATE CYSTOURETHROSCOPY	2	1,789
	136 SIMPLE CYSTOURETHROSCOPY	3	590
09	FEMALE GENITAL SYSTEM	74	6,757
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	1	2,044
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	18	1,379
	178 DILATION AND CURETTAGE	14	611
	179 HYSTEROSCOPY	39	2,433
	180 COLPOSCOPY	2	290
10	NERVOUS SYSTEM	2,596	21,149
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	2,212	14,879
	196 REVISION AND REMOVAL OF NEUROLOGICAL DEVICE	15	251
	197 NEUROSTIMULATOR AND VENTRICULAR SHUNT IMPLANTATION	23	1,092
	198 NERVE REPAIR AND DESTRUCTION	346	4,284
11	EYE AND OCULAR ADNEXA	266	12,065

**AMB ST 1-4**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2008**  
**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	257	4,992
	216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	3	332
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	6	346
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	543	28,538
	234 COMPLEX FACIAL AND ENT PROCEDURES	11	5,886
	235 SIMPLE FACIAL AND ENT PROCEDURES	500	13,559
	236 TONSIL AND ADENOID PROCEDURES	32	8,709
14	PHYSICAL MEDICINE AND REHABILITATION	1	8
	272 PHYSICAL THERAPY	1	8

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

**AMB ST 1-5**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2008**  
**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	38	\$2,756	\$3,433
	004 SIMPLE INCISION AND DRAINAGE	1	\$3,067	\$2,787
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	20	\$2,576	\$3,748
	008 SIMPLE EXCISION AND BIOPSY	10	\$2,507	\$3,190
	011 SIMPLE INCISION AND EXCISION OF BREAST	7	\$3,580	\$3,305
02	MUSCULOSKELETAL SYSTEM	722	\$3,906	\$4,654
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	35	\$5,910	\$7,553
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	24	\$3,118	\$4,034
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	38	\$4,910	\$5,600
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	230	\$2,862	\$3,312
	025 ARTHROSCOPY	191	\$4,542	\$4,892
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	9	\$2,452	\$3,247
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	119	\$4,457	\$6,529
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	1	\$1,672	\$3,340
	032 BUNION PROCEDURES	47	\$4,434	\$4,813
	033 ARTHROPLASTY	2	\$4,733	\$8,553
	034 HAND AND FOOT TENOTOMY	1	\$2,883	\$2,668
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	25	\$2,043	\$1,117
04	CARDIOVASCULAR SYSTEM	4	\$10,702	\$14,018
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	2	\$12,797	\$4,381
	081 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	2	\$8,607	\$5,330
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	1	\$3,274	\$4,660
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	1	\$3,274	\$6,198
06	DIGESTIVE SYSTEM	21	\$5,283	\$2,773
	119 HERNIA AND HYDROCELE PROCEDURES	2	\$3,753	\$4,277
	123 COMPLEX LAPAROSCOPIC PROCEDURES	19	\$5,444	\$7,473
09	FEMALE GENITAL SYSTEM	45	\$3,672	\$4,786
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	5	\$2,644	\$3,503
	178 DILATION AND CURETTAGE	13	\$2,112	\$2,944
	179 HYSTEROSCOPY	26	\$4,660	\$5,125
	180 COLPOSCOPY	1	\$3,387	\$4,314
10	NERVOUS SYSTEM	329	\$1,984	\$2,546
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	216	\$1,729	\$1,269
	196 REVISION AND REMOVAL OF NEUROLOGICAL DEVICE	3	\$6,116	\$11,955
	198 NERVE REPAIR AND DESTRUCTION	110	\$2,373	\$2,841
11	EYE AND OCULAR ADNEXA	251	\$3,205	\$3,560
	214 CATARACT PROCEDURES	248	\$3,209	\$3,611
	216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	3	\$2,846	\$2,809
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	514	\$2,152	\$3,024
	234 COMPLEX FACIAL AND ENT PROCEDURES	3	\$3,784	\$6,314
	235 SIMPLE FACIAL AND ENT PROCEDURES	479	\$2,133	\$1,997
	236 TONSIL AND ADENOID PROCEDURES	32	\$2,275	\$2,592

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/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, 2008**  
**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

135 Orem Community Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
<b>GENDER</b>				
Female	1,882	55.8	120,689	54.0
Male	1,493	44.2	102,774	46.0
Unknown	0	0.0	0	0.0
Not Reported	0	0.0	1	0.0
<b>AGE</b>				
1-28 days	0	0.0	1,290	0.6
29-365 days	4	0.1	3,012	1.3
1-4 years	350	10.4	11,257	5.0
5-9	64	1.9	6,380	2.9
10-14	72	2.1	4,795	2.1
15-17	97	2.9	5,109	2.3
18-19	59	1.7	3,667	1.6
20-24	193	5.7	10,397	4.7
25-29	232	6.9	12,788	5.7
30-34	209	6.2	13,212	5.9
35-39	213	6.3	12,888	5.8
40-44	231	6.8	13,216	5.9
45-49	269	8.0	16,707	7.5
50-54	288	8.5	24,036	10.8
55-59	317	9.4	20,476	9.2
60-64	279	8.3	17,623	7.9
65-69	173	5.1	14,920	6.7
70-74	126	3.7	12,104	5.4
75-79	102	3.0	9,552	4.3
80-84	73	2.2	6,230	2.8
85-89	23	0.7	2,923	1.3
90 +	1	0.0	881	0.4
Not Reported	0	0.0	1,292	0.6
<b>SOURCE OF ADMISSION</b>				
Physician Referral	3,366	99.7	200,515	89.7
Clinic Referral	1	0.0	4,085	1.8
HMO Referral	1	0.0	3,198	1.4
Other Hospital	0	0.0	219	0.1
Skilled Nursing Facility	0	0.0	26	0.0
Other Health Care Facility	0	0.0	41	0.0
Emergency Room	7	0.2	5,219	2.3
Court/Law Enforcement	0	0.0	3	0.0
Unknown	0	0.0	26	0.0
Not Reported	0	0.0	10,133	4.5

(Continued)

**AMB ST 1-6**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2008**  
**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

135 Orem Community Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
<b>DISCHARGE STATUS</b>				
Home or Self Care	3,367	99.8	222,849	99.7
Another Hospital	7	0.2	103	0.0
Skilled Nursing Facility	0	0.0	107	0.0
Intermediate Care Facility	0	0.0	14	0.0
Another Type of Institution	1	0.0	60	0.0
Under Care of Home Service	0	0.0	271	0.1
Left Against Medical Advice	0	0.0	13	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	0	0.0	8	0.0
Unknown	0	0.0	35	0.0
Not Reported	0	0.0	5	0.0
<b>PRIMARY PAYER</b>				
Medicare	395	11.7	38,441	17.2
Medicaid	302	8.9	13,916	6.2
Other government	22	0.7	3,998	1.8
Blue Cross/Blue Shield	28	0.8	31,579	14.1
Other Commercial	222	6.6	17,861	8.0
Managed Care(HMO, PPO)	2,181	64.6	108,172	48.4
Self Pay	13	0.4	3,087	1.4
Industrial & Worker Comp	148	4.4	3,835	1.7
Charity and Unclassified	14	0.4	1,349	0.6
Childrens Health Insurance	3	0.1	121	0.1
Unknown	47	1.4	1,030	0.5
Not Reported	0	0.0	76	0.0
<b>LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE</b>				
Bear River	2	0.1	16,758	7.5
Central Utah	353	10.5	8,253	3.7
Davis County	6	0.2	22,506	10.1
Salt Lake County	75	2.2	75,789	33.9
Southeastern Utah	61	1.8	4,234	1.9
Southwest Utah	17	0.5	13,877	6.2
Summit County	12	0.4	2,803	1.3
Tooele County	11	0.3	4,857	2.2
Tri-County	21	0.6	5,940	2.7
Utah County	2,771	82.1	37,220	16.7
Wasatch County	19	0.6	1,668	0.7
Weber County	5	0.1	19,855	8.9
Unknown Utah	1	0.0	42	0.0
Outside Utah	21	0.6	9,563	4.3
Unknown, Not Reported	0	0.0	100	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, 2008**  
**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)	4,176	100.0	321,431	100.0
Mastectomy (85.0-85.99)	58	1.4	7,806	2.4
Musculoskeletal (76.0-84.99)	1,288	30.8	73,868	23.0
Respiratory (30.0-34.99)	11	0.3	3,427	1.1
Cardiovascular (35.0-39.99)	99	2.4	18,764	5.8
Lymphatic/Hemetic (40.0-41.99)	29	0.7	2,774	0.9
Digestive System (42.0-54.99)	1,854	44.4	98,766	30.7
Urinary (55.0-59.99)	140	3.4	10,839	3.4
Male Genital (60.0-64.99)	46	1.1	3,918	1.2
Female Genital (65.0-71.99)	61	1.5	14,989	4.7
Endocrine/Nervous (01.0-07.99)	494	11.8	21,267	6.6
Eye (08.0-16.99)	3	0.1	21,107	6.6
Ear (18.0-20.99)	28	0.7	13,757	4.3
Nose, Mouth, Pharynx (21.0-29.99)	65	1.6	30,149	9.4
Reporting Category(CPT-4 CODES)	4,664	100.0	312,478	100.0
Mastectomy (19120-19220)	34	0.7	2,126	0.7
Musculoskeletal (20000-29909)	1,402	30.1	73,391	23.5
Respiratory (30000-32999 & 39501-39599)	41	0.9	14,650	4.7
Cardiovascular (33010-37799 & 93501-93660)	278	6.0	42,433	13.6
Lymphatic/Hemetic (38100-38999)	24	0.5	2,801	0.9
Digestive (40490-49999)	1,899	40.7	107,011	34.2
Urinary (50010-53899)	188	4.0	10,127	3.2
Male Genital (54000-55899)	28	0.6	3,288	1.1
Female Genital (56405-58999)	45	1.0	11,773	3.8
Endocrine/Nervous (60000-64999)	710	15.2	24,966	8.0
Eye (65091-68899)	0	0.0	12,267	3.9
Ear (69000-69979)	15	0.3	7,645	2.4

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics.

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

**AMB ST 1-2**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2008**  
**MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE\* PROCEDURES**

126 Pioneer Valley Hospital

ICD-9 CODE	ICD-9 DESCRIPTION	#	%	% ALL Hospitals
All ICD-9 Procedures		4,176	100.0	100.0
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	504	12.1	5.39
4523	COLONOSCOPY	401	9.6	6.06
4525	CLO [ENDO] BX LG INTESTINE	289	6.9	2.33
5123	LAP CHOLEY	116	2.8	2.20
0392	INJ OTH AGENT SPINAL CANAL	112	2.7	1.89
0391	INJ ANES SPINAL CANAL-ANALGESIA	106	2.5	1.44
0443	RELEASE CARPAL TUNNEL	105	2.5	1.09
806	EXC SEMILUNAR CARTILAGE-KNEE	99	2.4	1.86
8201	EXPLOR TENDON SHEATH HAND	82	2.0	0.40
4542	ENDO POLYPECTOMY LG INTESTINE	59	1.4	3.39
598	URETERAL CATH	58	1.4	0.69
4514	CLO [ENDO] BX SM INTESTINE	52	1.2	0.04
4292	DILAT ESOPH	51	1.2	1.34
8363	ROTATOR CUFF REPR	51	1.2	0.81
560	TRANSURETH REMOV OBST URETER-PELV	46	1.1	0.38
8147	OTH REPR KNEE	43	1.0	0.86
4513	OTH ENDO SM INTESTINE	41	1.0	1.73
0449	OTH PERIPH NERV/GANGL DECOMP/LYSIS	40	1.0	0.19
5011	CLO [PERCUT] [NEEDLE] BX LIVER	39	0.9	0.26
8521	LOC EXC LES BREAST	38	0.9	0.75

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		4,664	100.0	100.0
43239	UGI ENDO; W/BX 1/MX	502	10.8	5.34
45378	COLONOSCOPY FLEX; DX-SEP PROC	399	8.6	5.71
45380	COLONOSCOPY FLEX; W/BX 1/MX	309	6.6	5.02
64550	APPLICATION SURFACE NEUROSTIMULA	173	3.7	0.07
47562	LAPAROSCOPY SURGICAL; CHOLECT	107	2.3	0.79
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	99	2.1	0.66
29881	SCOPE KNEE SURG;W/MENISCECT MED/	82	1.8	1.61
26055	TENDON SHEATH INCISION	62	1.3	0.45
20680	REMOVAL OF IMPLANT; DEEP	61	1.3	1.01
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	59	1.3	1.43
64623	DESTRUC FACET JT NRV; L/S-EA AD	49	1.1	0.21
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	47	1.0	0.91
49505	REPR INIT ING HERNIA 5YR/MORE; R	46	1.0	0.80
64476	INJ ANES FACET JT; LUMB/SAC-EA A	44	0.9	0.30
23350	INJ SHLDR ARTHROGRPH/ENHNCD CT/M	42	0.9	0.21
47000	BIOPSY LIVER NEEDLE; PERCUTANEOU	40	0.9	0.26
28285	CORRECTION HAMMERTOES	39	0.8	0.57
25000	INCISION EXT TENDON SHEATH WRIST	38	0.8	0.08
52353	CYSURETH W/URETR &/PYELSCPY; LIT	37	0.8	0.22
29877	SCOPE KNEE SURG; DEBRID/SHAVE CA	36	0.8	0.95

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

AMB ST 1-3

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2008  
 AVERAGE TOTAL CHARGES FOR MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE\* PROCEDURES, SINGLE ICD-9 OR CPT-4 ONLY

126 Pioneer Valley Hospital

ICD-9 CODE	ICD-9 DESCRIPTION	#	AVE TOT CHR	AVE TOT CHR(ALL Hospitals )
ICD-9	Procedures	2,034	\$5,897	\$4,015
4523	COLONOSCOPY	315	\$2,509	\$1,021
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	286	\$3,176	\$1,498
4525	CLO [ENDO] BX LG INTESTINE	199	\$3,210	\$1,506
5123	LAP CHOLEY	95	\$8,821	\$6,858
4514	CLO [ENDO] BX SM INTESTINE	48	\$2,846	\$2,394
806	EXC SEMILUNAR CARTILAGE-KNEE	41	\$6,333	\$4,727
4542	ENDO POLYPECTOMY LG INTESTINE	39	\$3,680	\$1,444
0443	RELEASE CARPAL TUNNEL	38	\$5,013	\$2,420
5011	CLO [PERCUT] [NEEDLE] BX LIVER	33	\$3,038	\$2,321
5303	UNILAT REPR DIRECT ING HERN-GFT	30	\$7,636	\$4,788
031	DIVIS INTRASPINAL NERV ROOT	29	\$4,143	\$8,707
4513	OTH ENDO SM INTESTINE	28	\$3,084	\$1,248
7863	REMOV IMPLNT DEVICE-RADIUS & ULNA	26	\$4,939	\$3,314
7933	OP REDUC W/INT FIX-CARP-METACARP	26	\$10,099	\$5,808
8201	EXPLOR TENDON SHEATH HAND	23	\$4,909	\$2,302
283	TONSILLECTOMY W/ADENOIDECTOMY	21	\$4,702	\$2,576
8147	OTH REPR KNEE	21	\$6,798	\$5,962
3722	LT HEART CARD CATH	18	\$13,559	\$7,640
0492	IMPLNT/REPLCMT PERIPH NEUROSTIM	17	\$32,811	\$33,993
8521	LOC EXC LES BREAST	17	\$5,652	\$3,164

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHR	AVE TOT CHR(ALL Hospitals )
CPT-4	Procedures	2,358	\$5,088	\$3,633
45378	COLONOSCOPY FLEX; DX-SEP PROC	315	\$2,515	\$1,028
43239	UGI ENDO; W/BX 1/MX	284	\$3,179	\$1,479
45380	COLONOSCOPY FLEX; W/BX 1/MX	209	\$3,152	\$1,400
64550	APPLICATION SURFACE NEUROSTIMULA	173	\$1,148	\$1,129
47562	LAPAROSCOPY SURGICAL; CHOLECT	89	\$8,569	\$6,273
29881	SCOPE KNEE SURG;W/MENISCECT MED/	43	\$6,121	\$4,187
23350	INJ SHLDR ARTHROGRPH/ENHNCD CT/M	42	\$3,788	\$3,337
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	42	\$4,999	\$2,462
49505	REPR INIT ING HERNIA 5YR/MORE; R	38	\$7,729	\$4,468
20680	REMOVAL OF IMPLANT; DEEP	37	\$5,990	\$3,321
47000	BIOPSY LIVER NEEDLE; PERCUTANEOU	36	\$3,036	\$2,311
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	34	\$3,280	\$1,613
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	34	\$1,844	\$1,141
44377	SM INTEST ENDO W/ILEUM; W/BX 1/M	29	\$3,067	\$2,277
64483	INJ ANES EPIDURL; LUMB/SAC 1 LEV	25	\$2,079	\$1,342
52353	CYSURETH W/URETR &/PYELSCPY; LIT	22	\$7,117	\$6,325
29877	SCOPE KNEE SURG; DEBRID/SHAVE CA	19	\$5,811	\$3,808
44361	SM INTEST ENDO NOT ILEUM; W/BX 1	19	\$2,631	\$2,512
50590	LITHOTRIPSY XTRACORP SHOCK WAVE	19	\$11,946	\$8,821
43235	UGI ENDO; DX W/VO CLCT SPECMN-SP	17	\$2,991	\$1,180

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, 2008**  
**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	151	8,727
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	43	2,271
	004 SIMPLE INCISION AND DRAINAGE	1	24
	006 SIMPLE DEBRIDEMENT AND DESTRUCTION	6	184
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	18	1,175
	008 SIMPLE EXCISION AND BIOPSY	37	1,279
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRANGE	12	1,550
	011 SIMPLE INCISION AND EXCISION OF BREAST	34	2,126
02	MUSCULOSKELETAL SYSTEM	1,275	65,893
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	190	7,092
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	99	2,745
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	77	2,708
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	333	13,313
	025 ARTHROSCOPY	333	27,527
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	4	703
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	142	5,280
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	10	409
	032 BUNION PROCEDURES	33	1,813
	033 ARTHROPLASTY	14	597
	034 HAND AND FOOT TENOTOMY	1	356
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	39	2,426
03	RESPIRATORY SYSTEM	31	8,172
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	13	654
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	10	5,352
	055 ENDOSCOPY OF THE LOWER AIRWAY	8	1,869
04	CARDIOVASCULAR SYSTEM	195	34,518
	074 CARDIAC ELECTROPHYSIOLOGIC TESTS	1	3,255
	076 DIAGNOSTIC CARDIAC CATHETERIZATION	129	25,900
	077 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	36	2,275
	078 PACEMAKER INSERTION AND REPLACEMENT	15	841
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	10	1,034
	080 MINOR VASCULAR REPAIR AND FISTULA CONSTRUCTION	2	767
	081 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	1	126
	082 VASCULAR LIGATION	1	253
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	38	3,460
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	22	1,999
	097 TRANSFUSION	16	1,333
06	DIGESTIVE SYSTEM	1,823	96,396
	112 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	15	1,281
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	1	308
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	548	20,625
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	70	5,309
	117 LOWER GASTROINTESTINAL ENDOSCOPY	791	40,097
	118 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	61	1,612
	119 HERNIA AND HYDROCELE PROCEDURES	118	6,648
	120 COMPLEX ANAL AND RECTAL PROCEDURES	26	1,153

**AMB ST 1-4**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2008**  
**PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE\* CPT-4 PROCEDURES**

126 Pioneer Valley Hospital

procedure APG category		TOTAL #	TOTAL # (ALL Hospitals)
procedure APG			
	121 SIMPLE ANAL AND RECTAL PROCEDURES	25	539
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	3	563
	123 COMPLEX LAPAROSCOPIC PROCEDURES	159	17,238
	124 SIMPLE LAPAROSCOPIC PROCEDURES	6	276
07	URINARY SYSTEM	188	8,765
	131 RENAL EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	33	729
	133 URINARY CATHETERIZATION AND DILATATION	1	472
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	100	4,811
	135 MODERATE CYSTOURETHROSCOPY	47	1,789
	136 SIMPLE CYSTOURETHROSCOPY	5	590
	137 COMPLEX URETHRAL PROCEDURES	2	191
08	MALE GENITAL SYSTEM	24	2,820
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	6	1,286
	152 INSERTION OF PENILE PROSTHESIS	2	88
	153 COMPLEX PENILE PROCEDURES	2	498
	154 SIMPLE PENILE PROCEDURES	8	837
	155 PROSTATE NEEDLE AND PUNCH BIOPSY	6	111
09	FEMALE GENITAL SYSTEM	21	6,757
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	11	2,044
	178 DILATION AND CURETTAGE	6	611
	179 HYSTEROSCOPY	4	2,433
10	NERVOUS SYSTEM	683	21,149
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	443	14,879
	196 REVISION AND REMOVAL OF NEUROLOGICAL DEVICE	2	251
	197 NEUROSTIMULATOR AND VENTRICULAR SHUNT IMPLANTATION	43	1,092
	198 NERVE REPAIR AND DESTRUCTION	190	4,284
	199 SPINAL TAP	5	643
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	72	28,538
	234 COMPLEX FACIAL AND ENT PROCEDURES	17	5,886
	235 SIMPLE FACIAL AND ENT PROCEDURES	27	13,559
	236 TONSIL AND ADENOID PROCEDURES	28	8,709
13	THERAPEUTIC AND OTHER RADIOLOGICAL PROCEDURES	107	3,406
	253 VASCULAR RADIOLOGY EXCEPT FOR VENOGRAPHY OF EXTREMITY	46	1,173
	254 MYELOGRAPHY	4	296
	255 MISCELLANEOUS RADIOLOGICAL PROCEDURES WITH CONTRAST	57	1,929

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/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, 2008**  
**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	105	\$4,606	\$3,433
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	38	\$2,955	\$2,695
	004 SIMPLE INCISION AND DRAINAGE	1	\$8,341	\$2,787
	006 SIMPLE DEBRIDEMENT AND DESTRUCTION	3	\$6,154	\$3,383
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	14	\$5,305	\$3,748
	008 SIMPLE EXCISION AND BIOPSY	19	\$4,570	\$3,190
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRAN	5	\$6,168	\$4,802
	011 SIMPLE INCISION AND EXCISION OF BREAST	25	\$6,105	\$3,305
02	MUSCULOSKELETAL SYSTEM	436	\$7,665	\$4,654
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	49	\$9,842	\$7,553
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	19	\$6,195	\$4,034
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	15	\$9,096	\$5,600
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	108	\$6,545	\$3,312
	025 ARTHROSCOPY	115	\$7,133	\$4,892
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	4	\$4,995	\$3,247
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	86	\$10,045	\$6,529
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	6	\$2,832	\$3,340
	032 BUNION PROCEDURES	12	\$9,639	\$4,813
	033 ARTHROPLASTY	1	\$18,400	\$8,553
	034 HAND AND FOOT TENOTOMY	1	\$5,920	\$2,668
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	20	\$1,862	\$1,117
03	RESPIRATORY SYSTEM	17	\$2,301	\$2,445
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	11	\$2,104	\$1,535
	055 ENDOSCOPY OF THE LOWER AIRWAY	6	\$2,662	\$2,377
04	CARDIOVASCULAR SYSTEM	14	\$25,644	\$14,018
	074 CARDIAC ELECTROPHYSIOLOGIC TESTS	1	\$3,724	\$16,098
	078 PACEMAKER INSERTION AND REPLACEMENT	9	\$34,151	\$23,655
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	2	\$2,618	\$4,381
	080 MINOR VASCULAR REPAIR AND FISTULA CONSTRUCTION	2	\$21,345	\$6,447
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	27	\$6,186	\$4,660
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	11	\$11,770	\$6,198
	097 TRANSFUSION	16	\$2,347	\$3,057
06	DIGESTIVE SYSTEM	1,169	\$4,020	\$2,773
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	325	\$3,156	\$1,425
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	26	\$3,389	\$2,089
	117 LOWER GASTROINTESTINAL ENDOSCOPY	565	\$2,807	\$1,219
	118 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	39	\$4,045	\$4,271
	119 HERNIA AND HYDROCELE PROCEDURES	63	\$7,995	\$4,277
	120 COMPLEX ANAL AND RECTAL PROCEDURES	16	\$7,137	\$3,419
	121 SIMPLE ANAL AND RECTAL PROCEDURES	7	\$7,987	\$3,237
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	1	\$6,638	\$6,011
	123 COMPLEX LAPAROSCOPIC PROCEDURES	127	\$9,146	\$7,473
07	URINARY SYSTEM	92	\$7,382	\$5,467
	131 RENAL EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	19	\$11,946	\$8,805
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	45	\$6,663	\$5,910



**AMB ST 1-5**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2008**  
**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 )
	135 MODERATE CYSTOURETHROSCOPY	24	\$5,560	\$3,852
	136 SIMPLE CYSTOURETHROSCOPY	3	\$5,097	\$2,909
	137 COMPLEX URETHRAL PROCEDURES	1	\$3,617	\$11,146
08	MALE GENITAL SYSTEM	17	\$9,242	\$3,901
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	3	\$6,373	\$3,127
	152 INSERTION OF PENILE PROSTHESIS	2	\$36,970	\$22,767
	153 COMPLEX PENILE PROCEDURES	2	\$7,549	\$3,976
	154 SIMPLE PENILE PROCEDURES	5	\$4,367	\$2,116
	155 PROSTATE NEEDLE AND PUNCH BIOPSY	5	\$5,425	\$4,881
09	FEMALE GENITAL SYSTEM	14	\$7,862	\$4,786
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	8	\$9,132	\$6,095
	178 DILATION AND CURETTAGE	3	\$5,773	\$2,944
	179 HYSTEROSCOPY	3	\$6,565	\$5,125
10	NERVOUS SYSTEM	329	\$3,241	\$2,546
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	252	\$1,479	\$1,269
	196 REVISION AND REMOVAL OF NEUROLOGICAL DEVICE	2	\$4,336	\$11,955
	197 NEUROSTIMULATOR AND VENTRICULAR SHUNT IMPLANTATION	17	\$22,416	\$31,310
	198 NERVE REPAIR AND DESTRUCTION	53	\$5,399	\$2,841
	199 SPINAL TAP	5	\$3,537	\$2,025
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	44	\$5,776	\$3,024
	234 COMPLEX FACIAL AND ENT PROCEDURES	6	\$16,386	\$6,314
	235 SIMPLE FACIAL AND ENT PROCEDURES	13	\$3,068	\$1,997
	236 TONSIL AND ADENOID PROCEDURES	25	\$4,638	\$2,592
13	THERAPEUTIC AND OTHER RADIOLOGICAL PROCEDURES	69	\$4,704	\$3,705
	253 VASCULAR RADIOLOGY EXCEPT FOR VENOGRAPHY OF EXTREMITY	9	\$11,280	\$11,563
	254 MYELOGRAPHY	4	\$5,076	\$3,275
	255 MISCELLANEOUS RADIOLOGICAL PROCEDURES WITH CONTRAST	56	\$3,621	\$3,069

SOURCE: Utah Ambulatory Surgery Database  
Utah Health Data Committee/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, 2008**  
**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

126 Pioneer Valley Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
<b>GENDER</b>				
Female	1,842	55.5	120,689	54.0
Male	1,476	44.5	102,774	46.0
Unknown	0	0.0	0	0.0
Not Reported	0	0.0	1	0.0
<b>AGE</b>				
1-28 days	0	0.0	1,290	0.6
29-365 days	3	0.1	3,012	1.3
1-4 years	12	0.4	11,257	5.0
5-9	12	0.4	6,380	2.9
10-14	24	0.7	4,795	2.1
15-17	58	1.7	5,109	2.3
18-19	39	1.2	3,667	1.6
20-24	180	5.4	10,397	4.7
25-29	226	6.8	12,788	5.7
30-34	245	7.4	13,212	5.9
35-39	245	7.4	12,888	5.8
40-44	267	8.0	13,216	5.9
45-49	339	10.2	16,707	7.5
50-54	370	11.2	24,036	10.8
55-59	330	9.9	20,476	9.2
60-64	272	8.2	17,623	7.9
65-69	263	7.9	14,920	6.7
70-74	180	5.4	12,104	5.4
75-79	140	4.2	9,552	4.3
80-84	65	2.0	6,230	2.8
85-89	38	1.1	2,923	1.3
90 +	9	0.3	881	0.4
Not Reported	1	0.0	1,292	0.6
<b>SOURCE OF ADMISSION</b>				
Physician Referral	3,302	99.5	200,515	89.7
Clinic Referral	2	0.1	4,085	1.8
HMO Referral	0	0.0	3,198	1.4
Other Hospital	0	0.0	219	0.1
Skilled Nursing Facility	0	0.0	26	0.0
Other Health Care Facility	0	0.0	41	0.0
Emergency Room	14	0.4	5,219	2.3
Court/Law Enforcement	0	0.0	3	0.0
Unknown	0	0.0	26	0.0
Not Reported	0	0.0	10,133	4.5

(Continued)

**AMB ST 1-6**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2008**  
**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

126 Pioneer Valley Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
<b>DISCHARGE STATUS</b>				
Home or Self Care	3,308	99.7	222,849	99.7
Another Hospital	1	0.0	103	0.0
Skilled Nursing Facility	2	0.1	107	0.0
Intermediate Care Facility	1	0.0	14	0.0
Another Type of Institution	1	0.0	60	0.0
Under Care of Home Service	3	0.1	271	0.1
Left Against Medical Advice	0	0.0	13	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	0	0.0	8	0.0
Unknown	2	0.1	35	0.0
Not Reported	0	0.0	5	0.0
<b>PRIMARY PAYER</b>				
Medicare	628	18.9	38,441	17.2
Medicaid	304	9.2	13,916	6.2
Other government	91	2.7	3,998	1.8
Blue Cross/Blue Shield	836	25.2	31,579	14.1
Other Commercial	511	15.4	17,861	8.0
Managed Care(HMO, PPO)	708	21.3	108,172	48.4
Self Pay	53	1.6	3,087	1.4
Industrial & Worker Comp	182	5.5	3,835	1.7
Charity and Unclassified	2	0.1	1,349	0.6
Childrens Health Insurance	0	0.0	121	0.1
Unknown	3	0.1	1,030	0.5
Not Reported	0	0.0	76	0.0
<b>LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE</b>				
Bear River	1	0.0	16,758	7.5
Central Utah	4	0.1	8,253	3.7
Davis County	69	2.1	22,506	10.1
Salt Lake County	3,029	91.3	75,789	33.9
Southeastern Utah	3	0.1	4,234	1.9
Southwest Utah	1	0.0	13,877	6.2
Summit County	10	0.3	2,803	1.3
Tooele County	100	3.0	4,857	2.2
Tri-County	5	0.2	5,940	2.7
Utah County	43	1.3	37,220	16.7
Wasatch County	4	0.1	1,668	0.7
Weber County	19	0.6	19,855	8.9
Unknown Utah	0	0.0	42	0.0
Outside Utah	28	0.8	9,563	4.3
Unknown, Not Reported	2	0.1	100	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, 2008**  
**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)	20,683	100.0	321,431	100.0
Mastectomy (85.0-85.99)	13	0.1	7,806	2.4
Musculoskeletal (76.0-84.99)	2,253	10.9	73,868	23.0
Respiratory (30.0-34.99)	650	3.1	3,427	1.1
Cardiovascular (35.0-39.99)	781	3.8	18,764	5.8
Lymphatic/Hemetic (40.0-41.99)	286	1.4	2,774	0.9
Digestive System (42.0-54.99)	2,226	10.8	98,766	30.7
Urinary (55.0-59.99)	789	3.8	10,839	3.4
Male Genital (60.0-64.99)	1,292	6.2	3,918	1.2
Female Genital (65.0-71.99)	49	0.2	14,989	4.7
Endocrine/Nervous (01.0-07.99)	717	3.5	21,267	6.6
Eye (08.0-16.99)	1,473	7.1	21,107	6.6
Ear (18.0-20.99)	4,399	21.3	13,757	4.3
Nose, Mouth, Pharynx (21.0-29.99)	5,755	27.8	30,149	9.4
Reporting Category(CPT-4 CODES)	16,785	100.0	312,478	100.0
Mastectomy (19120-19220)	6	0.0	2,126	0.7
Musculoskeletal (20000-29909)	2,304	13.7	73,391	23.5
Respiratory (30000-32999 & 39501-39599)	989	5.9	14,650	4.7
Cardiovascular (33010-37799 & 93501-93660)	1,757	10.5	42,433	13.6
Lymphatic/Hemetic (38100-38999)	284	1.7	2,801	0.9
Digestive (40490-49999)	5,796	34.5	107,011	34.2
Urinary (50010-53899)	498	3.0	10,127	3.2
Male Genital (54000-55899)	1,423	8.5	3,288	1.1
Female Genital (56405-58999)	42	0.3	11,773	3.8
Endocrine/Nervous (60000-64999)	233	1.4	24,966	8.0
Eye (65091-68899)	1,104	6.6	12,267	3.9
Ear (69000-69979)	2,349	14.0	7,645	2.4

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

**AMB ST 1-2**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2008**  
**MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE\* PROCEDURES**

122 Primary Childrens Medical Center

ICD-9 CODE	ICD-9 DESCRIPTION	#	%	% ALL Hospitals
<b>All ICD-9 Procedures</b>				
2001	MYRINGOTOMY W/INSRT TUBE	3,763	18.2	3.46
283	TONSILLECTOMY W/ADENOIDECTOMY	1,680	8.1	1.84
232	RESTORATION TOOTH-FILLING	907	4.4	0.60
2341	APPLIC CROWN	754	3.6	0.48
1511	RECESSION 1 EXTRAOCULAR MUSC	592	2.9	0.24
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	562	2.7	5.39
2370	ROOT CANAL-NOS	552	2.7	0.35
0392	INJ OTH AGENT SPINAL CANAL	523	2.5	1.89
640	CIRCUMCISION	358	1.7	0.20
625	ORCHIOPEXY	345	1.7	0.14
2309	EXTRACT OTH TOOTH	296	1.4	0.15
286	ADENOIDECTOMY WO TONSILLECTOMY	296	1.4	0.35
3723	COMBO RT & LT HEART CARD CATH	266	1.3	0.55
7911	CLO REDUC FX W/INT FIX-HUMERUS	257	1.2	0.12
3142	LARYNGOSCOPY & OTH TRACHEOSCOPY	243	1.2	0.16
5845	REPR HYPOSPADIAS/EPISPADIAS	235	1.1	0.08
4131	BX BONE MARROW	217	1.0	0.17
3323	OTH BRONCHOSCOPY	215	1.0	0.09
153	>=2 EXTRAOC MUSC-TEMP DETCH-1/BOTH	206	1.0	0.09
5300	UNILAT REPR ING HERN-NOS	201	1.0	0.10

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
<b>All CPT-4 Procedures</b>				
69436	TYMPANOSTOMY GENERAL ANESTHESIA	1,923	11.5	1.79
42820	T&A; UNDER AGE 12	1,546	9.2	1.49
41899	UNLIST PROC DENTOALVEOL STRUCTUR	1,126	6.7	0.89
43239	UGI ENDO; W/BX 1/MX	560	3.3	5.34
67311	STRABISMUS SURG; 1 HORIZONTAL MU	369	2.2	0.16
54161	CIRC NO CLAMP/DORSL SLIT; NOT NB	338	2.0	0.18
20680	REMOVAL OF IMPLANT; DEEP	290	1.7	1.01
42830	ADENOIDECTOMY PRIMARY; UNDER AGE	280	1.7	0.31
24538	PERQ FIX SPRCOND FX W/WO EXTENSI	275	1.6	0.12
54640	ORCHIPXY ING APPRCH W/WO HERN RE	242	1.4	0.10
31622	BRNCHSCPY;DX W/WO CELL WASH SP P	240	1.4	0.14
49500	REPR INIT ING HERNIA 6MO-<5YR; R	218	1.3	0.09
93556	IMAG SUPERVS I&R-CATH; PULM ANGI	215	1.3	1.46
93531	RT & RETRO LT HRT CATH-CONGEN AN	206	1.2	0.07
38221	BONE MARROW; BIOPSY NEEDLE/TROCA	156	0.9	0.14
49505	REPR INIT ING HERNIA 5YR/MORE; R	145	0.9	0.80
93544	INJ PROC DUR CARD CATH; AORTGRPH	141	0.8	0.18
42821	T&A; AGE 12 OR OVER	139	0.8	0.37
45380	COLONOSCOPY FLEX; W/BX 1/MX	134	0.8	5.02
49320	LAP-ABD DX-W/WO SPECMN-SEP PROC	130	0.8	0.19

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

AMB ST 1-3

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2008  
 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	7,183	\$3,022	\$4,015
283	TONSILLECTOMY W/ADENOIDECTOMY	1,260	\$2,216	\$2,576
0392	INJ OTH AGENT SPINAL CANAL	441	\$711	\$931
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	432	\$2,345	\$1,498
7911	CLO REDUC FX W/INT FIX-HUMERUS	247	\$3,738	\$3,954
640	CIRCUMCISION	242	\$1,983	\$2,144
5845	REPR HYPOSPADIAS/EPISPADIAS	203	\$3,149	\$3,221
232	RESTORATION TOOTH-FILLING	139	\$2,309	\$2,231
625	ORCHIOPEXY	136	\$2,405	\$2,612
3723	COMBO RT & LT HEART CARD CATH	127	\$12,133	\$8,441
5302	UNILAT REPR INDIRECT ING HERN	123	\$2,045	\$2,874
5349	OTH UMB HERNIORRHAPHY	114	\$2,202	\$3,202
4131	BX BONE MARROW	108	\$2,042	\$3,844
5300	UNILAT REPR ING HERN-NOS	104	\$2,158	\$2,735
153	>=2 EXTRAOC MUSC-TEMP DETCH-1/BOTH	99	\$2,575	\$2,544
0943	PROBE NASOLACRML DUCT	95	\$2,340	\$1,966
282	TONSILLECTOMY WO ADENOIDECTOMY	89	\$2,082	\$2,653
7865	REMOV IMPLNT DEVICE-FEM	88	\$2,990	\$3,896
581	URETHRAL MEATOTOMY	79	\$323	\$700
6493	DIVIS PENILE ADHES	67	\$1,075	\$1,203
0331	SPINAL TAP	65	\$1,687	\$2,084

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals )
CPT-4	Procedures	9,034	\$2,594	\$3,633
69436	TYMPANOSTOMY GENERAL ANESTHESIA	1,311	\$952	\$1,352
42820	T&A; UNDER AGE 12	1,125	\$2,221	\$2,484
41899	UNLIST PROC DENTOALVEOL STRUCTUR	1,013	\$2,700	\$2,567
43239	UGI ENDO; W/BX 1/MX	429	\$2,339	\$1,479
67311	STRABISMUS SURG; 1 HORIZONTAL MU	259	\$2,642	\$2,715
54161	CIRC NO CLAMP/DORSL SLIT; NOT NB	229	\$1,971	\$2,411
20680	REMOVAL OF IMPLANT; DEEP	189	\$2,958	\$3,321
24538	PERQ FIX SPRCOND FX W/WO EXTENSI	187	\$3,558	\$3,605
38221	BONE MARROW; BIOPSY NEEDLE/TROCA	142	\$1,707	\$3,404
54640	ORCHIPXY ING APPRCH W/WO HERN RE	141	\$2,426	\$2,613
42821	T&A; AGE 12 OR OVER	121	\$2,190	\$2,939
49500	REPR INIT ING HERNIA 6MO-<5YR; R	115	\$2,087	\$2,460
49505	REPR INIT ING HERNIA 5YR/MORE; R	98	\$2,055	\$4,468
67312	STRABISMUS SURG; 2 HORIZONTAL MU	96	\$2,620	\$2,642
53020	MEATOTOMY CUT MEATUS; EXCEPT INF	80	\$322	\$737
49580	REPR UMBILIC HERNIA <5YR; REDUCI	78	\$2,217	\$2,302
54322	1 STAGE DSTL REPR; W/SMPL MEATL	73	\$2,911	\$2,945
54326	1 STAGE DSTL REPR;URETHROPLST MO	68	\$3,243	\$3,343
42825	TONSILLECT PRIM/SEC; UNDER AGE 1	65	\$2,081	\$2,231
45380	COLONOSCOPY FLEX; W/BX 1/MX	61	\$2,024	\$1,400

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

**AMB ST 1-4**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2008**  
**PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE\* CPT-4 PROCEDURES**

122 Primary Childrens Medical Center

Procedure APG category	Procedure APG	TOTAL #	TOTAL # (ALL Hospitals)
01	INTEGUMENTARY SYSTEM	525	8,727
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	302	2,271
	003 COMPLEX INCISION AND DRAINAGE	2	100
	004 SIMPLE INCISION AND DRAINAGE	6	24
	006 SIMPLE DEBRIDEMENT AND DESTRUCTION	19	184
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	52	1,175
	008 SIMPLE EXCISION AND BIOPSY	84	1,279
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRANGE	54	1,550
	011 SIMPLE INCISION AND EXCISION OF BREAST	6	2,126
02	MUSCULOSKELETAL SYSTEM	1,760	65,893
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	226	7,092
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	131	2,745
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	96	2,708
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	504	13,313
	025 ARTHROSCOPY	62	27,527
	026 REPLACEMENT OF CAST	7	83
	027 SPLINT, STRAPPING AND CAST REMOVAL	2	770
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	113	703
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	394	5,280
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	19	409
	032 BUNION PROCEDURES	3	1,813
	033 ARTHROPLASTY	5	597
	034 HAND AND FOOT TENOTOMY	74	356
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	124	2,426
03	RESPIRATORY SYSTEM	644	8,172
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	1	654
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	230	5,352
	054 SIMPLE ENDOSCOPY OF THE UPPER AIRWAY	112	297
	055 ENDOSCOPY OF THE LOWER AIRWAY	301	1,869
04	CARDIOVASCULAR SYSTEM	1,585	34,518
	074 CARDIAC ELECTROPHYSIOLOGIC TESTS	232	3,255
	076 DIAGNOSTIC CARDIAC CATHETERIZATION	1,175	25,900
	077 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	100	2,275
	078 PACEMAKER INSERTION AND REPLACEMENT	30	841
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	42	1,034
	080 MINOR VASCULAR REPAIR AND FISTULA CONSTRUCTION	4	767
	081 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	1	126
	082 VASCULAR LIGATION	1	253
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	62	3,460
	094 BLOOD AND BLOOD PRODUCT EXCHANGE	2	83
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	59	1,999
	097 TRANSFUSION	1	1,333
06	DIGESTIVE SYSTEM	2,202	96,396
	111 ALIMENTARY TESTS AND SIMPLE TUBE PLACEMENT	1	170
	112 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	38	1,281
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	21	577

**AMB ST 1-4**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2008**  
**PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE\* CPT-4 PROCEDURES**

122 Primary Childrens Medical Center

procedure APG category		TOTAL #	TOTAL # (ALL Hospitals)
procedure APG			
114	PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	40	308
115	DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	622	20,625
116	THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	127	5,309
117	LOWER GASTROINTESTINAL ENDOSCOPY	147	40,097
118	ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	6	1,612
119	HERNIA AND HYDROCELE PROCEDURES	818	6,648
120	COMPLEX ANAL AND RECTAL PROCEDURES	32	1,153
121	SIMPLE ANAL AND RECTAL PROCEDURES	26	539
122	MISCELLANEOUS ABDOMINAL PROCEDURES	51	563
123	COMPLEX LAPAROSCOPIC PROCEDURES	271	17,238
124	SIMPLE LAPAROSCOPIC PROCEDURES	2	276
07	URINARY SYSTEM	364	8,765
131	RENAL EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	2	729
132	SIMPLE URINARY STUDIES AND PROCEDURES	2	3
133	URINARY CATHETERIZATION AND DILATATION	23	472
134	COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	44	4,811
135	MODERATE CYSTOURETHROSCOPY	103	1,789
136	SIMPLE CYSTOURETHROSCOPY	48	590
137	COMPLEX URETHRAL PROCEDURES	40	191
138	SIMPLE URETHRAL PROCEDURES	102	180
08	MALE GENITAL SYSTEM	1,237	2,820
151	TESTICULAR AND EPIDIDYMAL PROCEDURES	380	1,286
153	COMPLEX PENILE PROCEDURES	359	498
154	SIMPLE PENILE PROCEDURES	498	837
09	FEMALE GENITAL SYSTEM	45	6,757
176	COMPLEX FEMALE REPRODUCTIVE PROCEDURES	1	2,044
177	SIMPLE FEMALE REPRODUCTIVE PROCEDURES	33	1,379
179	HYSTEROSCOPY	1	2,433
180	COLPOSCOPY	10	290
10	NERVOUS SYSTEM	193	21,149
195	NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	12	14,879
196	REVISION AND REMOVAL OF NEUROLOGICAL DEVICE	14	251
197	NEUROSTIMULATOR AND VENTRICULAR SHUNT IMPLANTATION	21	1,092
198	NERVE REPAIR AND DESTRUCTION	47	4,284
199	SPINAL TAP	99	643
11	EYE AND OCULAR ADNEXA	1,091	12,065
211	MINOR OPHTHALMOLOGICAL TESTS AND PROCEDURES	35	58
213	LASER EYE PROCEDURES	4	555
214	CATARACT PROCEDURES	40	4,992
215	COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	96	323
216	MODERATE ANTERIOR SEGMENT EYE PROCEDURES	40	332
217	SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	14	346
220	STRABISMUS AND MUSCLE EYE PROCEDURES	641	966
221	COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	52	1,215
222	SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	146	655
223	VITRECTOMY	23	1,739



**AMB ST 1-4**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2008**  
**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			
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	6,389	28,538
	231 COCHLEAR DEVICE IMPLANTATION	34	93
	233 NASAL CAUTERIZATION AND PACKING	46	291
	234 COMPLEX FACIAL AND ENT PROCEDURES	495	5,886
	235 SIMPLE FACIAL AND ENT PROCEDURES	3,690	13,559
	236 TONSIL AND ADENOID PROCEDURES	2,124	8,709
13	THERAPEUTIC AND OTHER RADIOLOGICAL PROCEDURES	53	3,406
	252 RADIATION THERAPY AND HYPERTHERMIA	4	8
	253 VASCULAR RADIOLOGY EXCEPT FOR VENOGRAPHY OF EXTREMITY	22	1,173
	254 MYELOGRAPHY	1	296
	255 MISCELLANEOUS RADIOLOGICAL PROCEDURES WITH CONTRAST	26	1,929

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

**AMB ST 1-5**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2008**  
**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	347	\$2,255	\$3,433
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	215	\$1,990	\$2,695
	003 COMPLEX INCISION AND DRAINAGE	2	\$2,265	\$4,471
	004 SIMPLE INCISION AND DRAINAGE	3	\$1,549	\$2,787
	006 SIMPLE DEBRIDEMENT AND DESTRUCTION	14	\$2,054	\$3,383
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	38	\$3,486	\$3,748
	008 SIMPLE EXCISION AND BIOPSY	63	\$2,304	\$3,190
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRAN	8	\$3,653	\$4,802
	011 SIMPLE INCISION AND EXCISION OF BREAST	4	\$2,495	\$3,305
02	MUSCULOSKELETAL SYSTEM	876	\$3,408	\$4,654
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	98	\$3,805	\$7,553
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	58	\$2,548	\$4,034
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	36	\$4,526	\$5,600
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	270	\$2,877	\$3,312
	025 ARTHROSCOPY	23	\$5,743	\$4,892
	026 REPLACEMENT OF CAST	1	\$3,803	\$4,770
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	69	\$4,207	\$3,247
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	263	\$3,927	\$6,529
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	6	\$2,613	\$3,340
	032 BUNION PROCEDURES	1	\$7,463	\$4,813
	033 ARTHROPLASTY	2	\$2,290	\$8,553
	034 HAND AND FOOT TENOTOMY	5	\$1,781	\$2,668
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	44	\$679	\$1,117
03	RESPIRATORY SYSTEM	88	\$2,736	\$2,445
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	30	\$2,643	\$3,900
	054 SIMPLE ENDOSCOPY OF THE UPPER AIRWAY	8	\$1,102	\$2,300
	055 ENDOSCOPY OF THE LOWER AIRWAY	50	\$3,053	\$2,377
04	CARDIOVASCULAR SYSTEM	19	\$11,767	\$14,018
	074 CARDIAC ELECTROPHYSIOLOGIC TESTS	2	\$14,665	\$16,098
	076 DIAGNOSTIC CARDIAC CATHETERIZATION	9	\$8,249	\$5,533
	078 PACEMAKER INSERTION AND REPLACEMENT	7	\$13,900	\$23,655
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	1	\$22,692	\$4,381
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	50	\$3,659	\$4,660
	094 BLOOD AND BLOOD PRODUCT EXCHANGE	2	\$3,344	\$5,068
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	47	\$3,738	\$6,198
	097 TRANSFUSION	1	\$572	\$3,057
06	DIGESTIVE SYSTEM	1,319	\$2,438	\$2,773
	112 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	9	\$1,905	\$1,929
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	9	\$1,396	\$1,163
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	11	\$1,387	\$1,532
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	452	\$2,326	\$1,425
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	98	\$2,628	\$2,089
	117 LOWER GASTROINTESTINAL ENDOSCOPY	71	\$1,982	\$1,219
	119 HERNIA AND HYDROCELE PROCEDURES	483	\$2,176	\$4,277
	120 COMPLEX ANAL AND RECTAL PROCEDURES	25	\$1,632	\$3,419

**AMB ST 1-5**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2008**  
**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	15	\$1,767	\$3,237
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	36	\$2,971	\$6,011
	123 COMPLEX LAPAROSCOPIC PROCEDURES	109	\$4,467	\$7,473
	124 SIMPLE LAPAROSCOPIC PROCEDURES	1	\$8,291	\$8,589
07	URINARY SYSTEM	206	\$2,165	\$5,467
	133 URINARY CATHETERIZATION AND DILATATION	17	\$2,215	\$5,073
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	9	\$4,798	\$5,910
	135 MODERATE CYSTOURETHROSCOPY	59	\$3,994	\$3,852
	136 SIMPLE CYSTOURETHROSCOPY	20	\$2,382	\$2,909
	137 COMPLEX URETHRAL PROCEDURES	20	\$2,790	\$11,146
	138 SIMPLE URETHRAL PROCEDURES	81	\$322	\$1,414
08	MALE GENITAL SYSTEM	808	\$2,346	\$3,901
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	208	\$2,378	\$3,127
	153 COMPLEX PENILE PROCEDURES	255	\$2,962	\$3,976
	154 SIMPLE PENILE PROCEDURES	345	\$1,870	\$2,116
09	FEMALE GENITAL SYSTEM	28	\$4,641	\$4,786
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	1	\$5,446	\$6,095
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	22	\$5,175	\$3,503
	180 COLPOSCOPY	5	\$2,133	\$4,314
10	NERVOUS SYSTEM	91	\$2,259	\$2,546
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	7	\$1,299	\$1,269
	196 REVISION AND REMOVAL OF NEUROLOGICAL DEVICE	4	\$2,758	\$11,955
	197 NEUROSTIMULATOR AND VENTRICULAR SHUNT IMPLANTATION	1	\$35,773	\$31,310
	198 NERVE REPAIR AND DESTRUCTION	15	\$3,167	\$2,841
	199 SPINAL TAP	64	\$1,597	\$2,025
11	EYE AND OCULAR ADNEXA	637	\$2,632	\$3,560
	211 MINOR OPHTHALMOLOGICAL TESTS AND PROCEDURES	22	\$1,716	\$1,632
	214 CATARACT PROCEDURES	21	\$4,129	\$3,611
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	56	\$2,376	\$5,024
	216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	22	\$2,472	\$2,809
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	5	\$3,240	\$3,223
	220 STRABISMUS AND MUSCLE EYE PROCEDURES	393	\$2,618	\$2,675
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	32	\$3,426	\$3,921
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	84	\$2,398	\$2,501
	223 VITRECTOMY	2	\$4,250	\$5,496
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	4,233	\$2,358	\$3,024
	231 COCHLEAR DEVICE IMPLANTATION	34	\$35,599	\$47,807
	233 NASAL CAUTERIZATION AND PACKING	18	\$2,061	\$3,338
	234 COMPLEX FACIAL AND ENT PROCEDURES	217	\$4,860	\$6,314
	235 SIMPLE FACIAL AND ENT PROCEDURES	2,582	\$1,798	\$1,997
	236 TONSIL AND ADENOID PROCEDURES	1,382	\$2,198	\$2,592
13	THERAPEUTIC AND OTHER RADIOLOGICAL PROCEDURES	6	\$5,968	\$3,705
	252 RADIATION THERAPY AND HYPERTHERMIA	4	\$7,664	\$7,771
	254 MYELOGRAPHY	1	\$2,237	\$3,275
	255 MISCELLANEOUS RADIOLOGICAL PROCEDURES WITH CONTRAST	1	\$2,917	\$3,069

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/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, 2008**  
**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

122 Primary Childrens Medical Center

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
<b>GENDER</b>				
Female	5,048	39.5	120,689	54.0
Male	7,717	60.5	102,774	46.0
Unknown	0	0.0	0	0.0
Not Reported	0	0.0	1	0.0
<b>AGE</b>				
1-28 days	23	0.2	1,290	0.6
29-365 days	1,622	12.7	3,012	1.3
1-4 years	5,372	42.1	11,257	5.0
5-9	3,045	23.9	6,380	2.9
10-14	1,687	13.2	4,795	2.1
15-17	725	5.7	5,109	2.3
18-19	151	1.2	3,667	1.6
20-24	95	0.7	10,397	4.7
25-29	27	0.2	12,788	5.7
30-34	6	0.0	13,212	5.9
35-39	5	0.0	12,888	5.8
40-44	3	0.0	13,216	5.9
45-49	1	0.0	16,707	7.5
50-54	0	0.0	24,036	10.8
55-59	1	0.0	20,476	9.2
60-64	1	0.0	17,623	7.9
65-69	0	0.0	14,920	6.7
70-74	1	0.0	12,104	5.4
75-79	0	0.0	9,552	4.3
80-84	0	0.0	6,230	2.8
85-89	0	0.0	2,923	1.3
90 +	0	0.0	881	0.4
Not Reported	23	0.2	1,292	0.6
<b>SOURCE OF ADMISSION</b>				
Physician Referral	12,237	95.9	200,515	89.7
Clinic Referral	12	0.1	4,085	1.8
HMO Referral	1	0.0	3,198	1.4
Other Hospital	56	0.4	219	0.1
Skilled Nursing Facility	0	0.0	26	0.0
Other Health Care Facility	7	0.1	41	0.0
Emergency Room	450	3.5	5,219	2.3
Court/Law Enforcement	0	0.0	3	0.0
Unknown	1	0.0	26	0.0
Not Reported	1	0.0	10,133	4.5

(Continued)

**AMB ST 1-6**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2008**  
**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

122 Primary Childrens Medical Center

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
<b>DISCHARGE STATUS</b>				
Home or Self Care	12,754	99.9	222,849	99.7
Another Hospital	4	0.0	103	0.0
Skilled Nursing Facility	1	0.0	107	0.0
Intermediate Care Facility	0	0.0	14	0.0
Another Type of Institution	0	0.0	60	0.0
Under Care of Home Service	6	0.0	271	0.1
Left Against Medical Advice	0	0.0	13	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	0	0.0	8	0.0
Unknown	0	0.0	35	0.0
Not Reported	0	0.0	5	0.0
<b>PRIMARY PAYER</b>				
Medicare	14	0.1	38,441	17.2
Medicaid	2,836	22.2	13,916	6.2
Other government	240	1.9	3,998	1.8
Blue Cross/Blue Shield	2,332	18.3	31,579	14.1
Other Commercial	1,014	7.9	17,861	8.0
Managed Care(HMO, PPO)	5,782	45.3	108,172	48.4
Self Pay	222	1.7	3,087	1.4
Industrial & Worker Comp	0	0.0	3,835	1.7
Charity and Unclassified	48	0.4	1,349	0.6
Childrens Health Insurance	7	0.1	121	0.1
Unknown	270	2.1	1,030	0.5
Not Reported	0	0.0	76	0.0
<b>LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE</b>				
Bear River	316	2.5	16,758	7.5
Central Utah	159	1.2	8,253	3.7
Davis County	1,537	12.0	22,506	10.1
Salt Lake County	6,256	49.0	75,789	33.9
Southeastern Utah	136	1.1	4,234	1.9
Southwest Utah	215	1.7	13,877	6.2
Summit County	244	1.9	2,803	1.3
Tooele County	347	2.7	4,857	2.2
Tri-County	125	1.0	5,940	2.7
Utah County	1,616	12.7	37,220	16.7
Wasatch County	131	1.0	1,668	0.7
Weber County	637	5.0	19,855	8.9
Unknown Utah	5	0.0	42	0.0
Outside Utah	1,030	8.1	9,563	4.3
Unknown, Not Reported	11	0.1	100	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, 2008**  
**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)	7,853	100.0	321,431	100.0
Mastectomy (85.0-85.99)	297	3.8	7,806	2.4
Musculoskeletal (76.0-84.99)	1,533	19.5	73,868	23.0
Respiratory (30.0-34.99)	59	0.8	3,427	1.1
Cardiovascular (35.0-39.99)	1,267	16.1	18,764	5.8
Lymphatic/Hemetic (40.0-41.99)	64	0.8	2,774	0.9
Digestive System (42.0-54.99)	822	10.5	98,766	30.7
Urinary (55.0-59.99)	238	3.0	10,839	3.4
Male Genital (60.0-64.99)	71	0.9	3,918	1.2
Female Genital (65.0-71.99)	396	5.0	14,989	4.7
Endocrine/Nervous (01.0-07.99)	433	5.5	21,267	6.6
Eye (08.0-16.99)	1,460	18.6	21,107	6.6
Ear (18.0-20.99)	106	1.3	13,757	4.3
Nose, Mouth, Pharynx (21.0-29.99)	1,107	14.1	30,149	9.4
Reporting Category(CPT-4 CODES)	8,680	100.0	312,478	100.0
Mastectomy (19120-19220)	65	0.7	2,126	0.7
Musculoskeletal (20000-29909)	1,723	19.9	73,391	23.5
Respiratory (30000-32999 & 39501-39599)	896	10.3	14,650	4.7
Cardiovascular (33010-37799 & 93501-93660)	2,509	28.9	42,433	13.6
Lymphatic/Hemetic (38100-38999)	46	0.5	2,801	0.9
Digestive (40490-49999)	1,055	12.2	107,011	34.2
Urinary (50010-53899)	323	3.7	10,127	3.2
Male Genital (54000-55899)	47	0.5	3,288	1.1
Female Genital (56405-58999)	358	4.1	11,773	3.8
Endocrine/Nervous (60000-64999)	654	7.5	24,966	8.0
Eye (65091-68899)	945	10.9	12,267	3.9
Ear (69000-69979)	59	0.7	7,645	2.4

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

**AMB ST 1-2**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2008**  
**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		7,853	100.0	100.0
0844	REPR ENTROPION/ECTROP-LID RECON	260	3.3	0.13
3722	LT HEART CARD CATH	241	3.1	1.38
0833	REPR BLEPHAROPT-RESECT/ADVANC LEVAT	239	3.0	0.11
0887	UPPER EYELID RHYTIDECTOMY	235	3.0	0.22
3728	INTRACARDIAC ECHOCARDIOGRAPHY	221	2.8	0.28
2169	OTH TURBINECTOMY	219	2.8	0.82
3552	REPR ATRIAL SEPTL DEFEC-PROSTH-CLO	153	1.9	0.28
806	EXC SEMILUNAR CARTILAGE-KNEE	152	1.9	1.86
3726	CARD ELECTROPHYSIO STIMUL-RECORD	147	1.9	0.28
3727	CARD MAPPING	142	1.8	0.25
2263	ETHMOIDECTOMY	139	1.8	0.52
3734	EXC/DESTRUC OTH LES/TISS HRT OTH	136	1.7	0.26
2188	OTH SEPTOPLASTY	134	1.7	0.59
4513	OTH ENDO SM INTESTINE	134	1.7	1.73
8511	CLO [PERCUT] [NEEDLE] BX BREAST	122	1.6	0.39
4495	4495	111	1.4	0.09
2262	EXC LES MAXIL SINUS W/OTH APPRCH	98	1.2	0.23
5123	LAP CHOLEY	85	1.1	2.20
8183	OTH REPR SHLDR	83	1.1	0.86
6823	ENDOMETRIAL ABLATION	79	1.0	0.52

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		8,680	100.0	100.0
93545	INJ PROC-CATH; SELECT CORONRY AN	268	3.1	1.60
93543	INJ PROC-CATH; LT VENT/ATRIAL AN	242	2.8	1.35
93556	IMAG SUPERVS I&R-CATH; PULM ANGI	242	2.8	1.46
93510	LT HRT CATH RETRO-BRACH/FEM; PER	240	2.8	1.18
93555	IMAG SUPERVS I&R-CATH; VENT/ATRI	235	2.7	1.23
30140	SUBMUCOS RES TURBINATE PART/CMPL	201	2.3	0.74
30520	SEPTOPLASTY/SUBMUCOS RES W/GFT	175	2.0	0.77
67917	REPAIR OF ECTROPION; EXTENSIVE	174	2.0	0.09
93580	PERQ TRNSCATH CLO INTERATRIAL CM	153	1.8	0.26
93620	COMP EP EVAL;RT ATRIAL VENT HIS	147	1.7	0.26
93621	COMP EP EVAL;LT ATRIAL COR SINUS	136	1.6	0.22
93651	INTRACARD CATH ABLAT ARRHY; TX T	134	1.5	0.18
43235	UGI ENDO; DX W/VO CLCT SPECMN-SP	133	1.5	1.18
67904	REPR BLEPHAROPTOSIS; RESECT-EXT	121	1.4	0.05
29881	SCOPE KNEE SURG;W/MENISCECT MED/	112	1.3	1.61
43770	43770	111	1.3	0.09
93623	PROGRAM STIM & PACE AFTER IV DRU	101	1.2	0.17
31255	NASAL/SINUS ENDO; W/TOT ETHMOECT	97	1.1	0.37
29826	SCOPE SHOULDER; DECOMP SUBACROM	90	1.0	1.23
31267	NASL/SINUS ENDO; W/TISS REMV MAX	90	1.0	0.23

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

AMB ST 1-3

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2008  
 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	2,346	\$9,087	\$4,015
3722	LT HEART CARD CATH	186	\$9,964	\$7,640
4513	OTH ENDO SM INTESTINE	124	\$1,855	\$1,248
4495	4495	73	\$18,096	\$16,726
5123	LAP CHOLEY	71	\$9,591	\$6,858
8521	LOC EXC LES BREAST	59	\$4,033	\$3,164
6823	ENDOMETRIAL ABLATION	51	\$6,384	\$5,865
8511	CLO [PERCUT] [NEEDLE] BX BREAST	50	\$2,871	\$1,658
283	TONSILLECTOMY W/ADENOIDECTOMY	49	\$3,621	\$2,576
6952	ASPIR CURET FOLLOWING DELIV/AB	46	\$3,090	\$2,819
0393	INSRT/REPLCMT SPINAL NEUROSTIM	45	\$42,667	\$42,494
806	EXC SEMILUNAR CARTILAGE-KNEE	45	\$6,728	\$4,727
0443	RELEASE CARPAL TUNNEL	33	\$3,425	\$2,420
0492	IMPLNT/REPLCMT PERIPH NEUROSTIM	33	\$53,650	\$33,993
5304	UNILAT REPR INDIRECT ING HERN-GFT	32	\$6,107	\$4,616
0611	CLO PERCUT NEEDLE BX THYROID GLAND	29	\$1,660	\$871
282	TONSILLECTOMY WO ADENOIDECTOMY	28	\$3,538	\$2,653
8183	OTH REPR SHLDR	27	\$11,405	\$7,480
3723	COMBO RT & LT HEART CARD CATH	26	\$10,604	\$8,441
8363	ROTATOR CUFF REPR	26	\$14,198	\$9,744
5302	UNILAT REPR INDIRECT ING HERN	24	\$4,023	\$2,874

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals )
CPT-4	Procedures	2,779	\$8,713	\$3,633
93580	PERQ TRNSCATH CLO INTERATRIAL CM	152	\$41,007	\$27,634
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	125	\$1,742	\$1,180
49505	REPR INIT ING HERNIA 5YR/MORE; R	79	\$5,245	\$4,468
43770	43770	73	\$18,096	\$16,786
29881	SCOPE KNEE SURG;W/MENISCECT MED/	64	\$6,648	\$4,187
29505	APPLICATION OF LONG LEG SPLINT	57	\$508	\$996
58563	HYSTEROSC SURG; W/ENDOMETRIAL AB	55	\$6,435	\$6,190
23350	INJ SHLDR ARTHROGRPH/ENHNCD CT/M	53	\$4,599	\$3,337
50590	LITHOTRIPSY XTRACORP SHOCK WAVE	46	\$8,382	\$8,821
36430	TRANSFUSION BLOOD/BLOOD COMPONENT	44	\$3,198	\$3,057
42821	T&A; AGE 12 OR OVER	41	\$3,626	\$2,939
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	41	\$10,363	\$7,209
29240	STRAPPING; SHOULDER	35	\$930	\$930
19120	EXC BRST CYST TUMR/LES OPN M/F 1	34	\$3,048	\$2,993
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	34	\$1,908	\$1,141
20680	REMOVAL OF IMPLANT; DEEP	32	\$5,447	\$3,321
60100	BX THYROID PERCUTANEOUS CORE NEE	32	\$1,693	\$1,222
29445	APPLIC RIGID TOTAL CNTC LEG CAST	31	\$5,169	\$4,898
58340	CATH&INTRO SALINE/CONTRAST SIS/H	31	\$1,076	\$896
47562	LAPAROSCOPY SURGICAL; CHOLECT	30	\$8,536	\$6,273

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, 2008**  
**PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE\* CPT-4 PROCEDURES**

120 Salt Lake Regional Medical Center

Procedure APG category	Procedure APG	TOTAL #	TOTAL # (ALL Hospitals)
01	INTEGUMENTARY SYSTEM	292	8,727
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	80	2,271
	003 COMPLEX INCISION AND DRAINAGE	4	100
	006 SIMPLE DEBRIDEMENT AND DESTRUCTION	6	184
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	52	1,175
	008 SIMPLE EXCISION AND BIOPSY	37	1,279
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRANGE	43	1,550
	010 SIMPLE SKIN REPAIR	5	18
	011 SIMPLE INCISION AND EXCISION OF BREAST	65	2,126
02	MUSCULOSKELETAL SYSTEM	1,429	65,893
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	93	7,092
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	59	2,745
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	33	2,708
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	209	13,313
	025 ARTHROSCOPY	629	27,527
	026 REPLACEMENT OF CAST	32	83
	027 SPLINT, STRAPPING AND CAST REMOVAL	168	770
	028 CLOSED TREATMENT FX & DISLOCATION OF FINGER, TOE & TRUNK	12	71
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	6	703
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	128	5,280
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	9	409
	032 BUNION PROCEDURES	30	1,813
	033 ARTHROPLASTY	5	597
	034 HAND AND FOOT TENOTOMY	3	356
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	13	2,426
03	RESPIRATORY SYSTEM	378	8,172
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	13	654
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	346	5,352
	054 SIMPLE ENDOSCOPY OF THE UPPER AIRWAY	5	297
	055 ENDOSCOPY OF THE LOWER AIRWAY	14	1,869
04	CARDIOVASCULAR SYSTEM	2,248	34,518
	074 CARDIAC ELECTROPHYSIOLOGIC TESTS	630	3,255
	075 PLACEMENT OF TRANSVENOUS CATHETERS	1	62
	076 DIAGNOSTIC CARDIAC CATHETERIZATION	1,342	25,900
	077 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	161	2,275
	078 PACEMAKER INSERTION AND REPLACEMENT	48	841
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	61	1,034
	080 MINOR VASCULAR REPAIR AND FISTULA CONSTRUCTION	3	767
	082 VASCULAR LIGATION	1	253
	083 RESUSCITATION AND CARIOVERSION	1	5
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	87	3,460
	092 CHEMOTHERAPY EXCEPT BY EXTENDED INFUSION	1	45
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	42	1,999
	097 TRANSFUSION	44	1,333
06	DIGESTIVE SYSTEM	922	96,396
	111 ALIMENTARY TESTS AND SIMPLE TUBE PLACEMENT	31	170

**AMB ST 1-4**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2008**  
**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			
113	ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	2	577
115	DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	150	20,625
116	THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	41	5,309
117	LOWER GASTROINTESTINAL ENDOSCOPY	9	40,097
118	ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	4	1,612
119	HERNIA AND HYDROCELE PROCEDURES	166	6,648
120	COMPLEX ANAL AND RECTAL PROCEDURES	57	1,153
121	SIMPLE ANAL AND RECTAL PROCEDURES	14	539
122	MISCELLANEOUS ABDOMINAL PROCEDURES	17	563
123	COMPLEX LAPAROSCOPIC PROCEDURES	423	17,238
124	SIMPLE LAPAROSCOPIC PROCEDURES	8	276
07	URINARY SYSTEM	308	8,765
131	RENAL EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	66	729
133	URINARY CATHETERIZATION AND DILATATION	2	472
134	COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	151	4,811
135	MODERATE CYSTOURETHROSCOPY	54	1,789
136	SIMPLE CYSTOURETHROSCOPY	20	590
137	COMPLEX URETHRAL PROCEDURES	14	191
138	SIMPLE URETHRAL PROCEDURES	1	180
08	MALE GENITAL SYSTEM	24	2,820
151	TESTICULAR AND EPIDIDYMAL PROCEDURES	18	1,286
152	INSERTION OF PENILE PROSTHESIS	2	88
153	COMPLEX PENILE PROCEDURES	1	498
154	SIMPLE PENILE PROCEDURES	3	837
09	FEMALE GENITAL SYSTEM	227	6,757
176	COMPLEX FEMALE REPRODUCTIVE PROCEDURES	55	2,044
177	SIMPLE FEMALE REPRODUCTIVE PROCEDURES	31	1,379
178	DILATION AND CURETTAGE	10	611
179	HYSTEROSCOPY	129	2,433
180	COLPOSCOPY	2	290
10	NERVOUS SYSTEM	511	21,149
195	NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	123	14,879
196	REVISION AND REMOVAL OF NEUROLOGICAL DEVICE	53	251
197	NEUROSTIMULATOR AND VENTRICULAR SHUNT IMPLANTATION	204	1,092
198	NERVE REPAIR AND DESTRUCTION	117	4,284
199	SPINAL TAP	14	643
11	EYE AND OCULAR ADNEXA	933	12,065
211	MINOR OPHTHALMOLOGICAL TESTS AND PROCEDURES	3	58
215	COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	6	323
216	MODERATE ANTERIOR SEGMENT EYE PROCEDURES	52	332
217	SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	1	346
220	STRABISMUS AND MUSCLE EYE PROCEDURES	14	966
221	COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	618	1,215
222	SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	239	655
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	850	28,538
233	NASAL CAUTERIZATION AND PACKING	4	291

**AMB ST 1-4**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2008**  
**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			
234	COMPLEX FACIAL AND ENT PROCEDURES	362	5,886
235	SIMPLE FACIAL AND ENT PROCEDURES	334	13,559
236	TONSIL AND ADENOID PROCEDURES	150	8,709
13	THERAPEUTIC AND OTHER RADIOLOGICAL PROCEDURES	150	3,406
253	VASCULAR RADIOLOGY EXCEPT FOR VENOGRAPHY OF EXTREMITY	23	1,173
254	MYELOGRAPHY	22	296
255	MISCELLANEOUS RADIOLOGICAL PROCEDURES WITH CONTRAST	105	1,929

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

**AMB ST 1-5**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2008**  
**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	217	\$4,145	\$3,433
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	59	\$2,197	\$2,695
	003 COMPLEX INCISION AND DRAINAGE	4	\$6,871	\$4,471
	006 SIMPLE DEBRIDEMENT AND DESTRUCTION	4	\$2,280	\$3,383
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	33	\$4,604	\$3,748
	008 SIMPLE EXCISION AND BIOPSY	19	\$6,438	\$3,190
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRAN	32	\$5,909	\$4,802
	010 SIMPLE SKIN REPAIR	4	\$4,042	\$4,077
	011 SIMPLE INCISION AND EXCISION OF BREAST	62	\$4,094	\$3,305
02	MUSCULOSKELETAL SYSTEM	645	\$5,931	\$4,654
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	38	\$10,400	\$7,553
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	24	\$6,794	\$4,034
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	7	\$8,816	\$5,600
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	94	\$5,083	\$3,312
	025 ARTHROSCOPY	171	\$8,360	\$4,892
	026 REPLACEMENT OF CAST	31	\$5,169	\$4,770
	027 SPLINT, STRAPPING AND CAST REMOVAL	168	\$927	\$1,401
	028 CLOSED TREATMENT FX & DISLOCATION OF FINGER, TOE & TRUNK	11	\$2,135	\$2,571
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	4	\$3,005	\$3,247
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	74	\$11,066	\$6,529
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	6	\$1,733	\$3,340
	032 BUNION PROCEDURES	10	\$11,042	\$4,813
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	7	\$1,005	\$1,117
03	RESPIRATORY SYSTEM	33	\$3,199	\$2,445
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	12	\$2,298	\$1,535
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	13	\$4,279	\$3,900
	054 SIMPLE ENDOSCOPY OF THE UPPER AIRWAY	1	\$3,867	\$2,300
	055 ENDOSCOPY OF THE LOWER AIRWAY	7	\$2,641	\$2,377
04	CARDIOVASCULAR SYSTEM	193	\$35,963	\$14,018
	074 CARDIAC ELECTROPHYSIOLOGIC TESTS	1	\$8,381	\$16,098
	076 DIAGNOSTIC CARDIAC CATHETERIZATION	2	\$8,198	\$5,533
	077 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	152	\$41,007	\$25,520
	078 PACEMAKER INSERTION AND REPLACEMENT	19	\$30,691	\$23,655
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	19	\$5,256	\$4,381
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	76	\$4,779	\$4,660
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	32	\$6,954	\$6,198
	097 TRANSFUSION	44	\$3,198	\$3,057
06	DIGESTIVE SYSTEM	644	\$6,602	\$2,773
	111 ALIMENTARY TESTS AND SIMPLE TUBE PLACEMENT	31	\$2,332	\$1,415
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	136	\$1,767	\$1,425
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	37	\$2,125	\$2,089
	117 LOWER GASTROINTESTINAL ENDOSCOPY	3	\$1,677	\$1,219
	118 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	2	\$3,589	\$4,271
	119 HERNIA AND HYDROCELE PROCEDURES	138	\$5,243	\$4,277
	120 COMPLEX ANAL AND RECTAL PROCEDURES	47	\$3,559	\$3,419

**AMB ST 1-5**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2008**  
**PROCEDURE APG CATEGORY, PROCEDURE APG, SINGLE APG ONLY**  
**BASED ON REPORTABLE\* CPT-4 PROCEDURES**

120 Salt Lake Regional Medical Center

procedure APG category	Procedure APG	TOTAL #	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals )
	121 SIMPLE ANAL AND RECTAL PROCEDURES	12	\$2,815	\$3,237
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	14	\$9,505	\$6,011
	123 COMPLEX LAPAROSCOPIC PROCEDURES	220	\$12,264	\$7,473
	124 SIMPLE LAPAROSCOPIC PROCEDURES	4	\$23,180	\$8,589
07	URINARY SYSTEM	166	\$7,785	\$5,467
	131 RENAL EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	46	\$8,382	\$8,805
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	59	\$7,405	\$5,910
	135 MODERATE CYSTOURETHROSCOPY	30	\$4,636	\$3,852
	136 SIMPLE CYSTOURETHROSCOPY	16	\$3,472	\$2,909
	137 COMPLEX URETHRAL PROCEDURES	14	\$19,391	\$11,146
	138 SIMPLE URETHRAL PROCEDURES	1	\$3,776	\$1,414
08	MALE GENITAL SYSTEM	18	\$7,320	\$3,901
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	13	\$5,505	\$3,127
	152 INSERTION OF PENILE PROSTHESIS	2	\$23,221	\$22,767
	153 COMPLEX PENILE PROCEDURES	1	\$6,281	\$3,976
	154 SIMPLE PENILE PROCEDURES	2	\$3,741	\$2,116
09	FEMALE GENITAL SYSTEM	132	\$5,999	\$4,786
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	23	\$9,416	\$6,095
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	21	\$4,904	\$3,503
	178 DILATION AND CURETTAGE	5	\$3,385	\$2,944
	179 HYSTEROSCOPY	83	\$5,487	\$5,125
10	NERVOUS SYSTEM	186	\$13,793	\$2,546
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	55	\$3,368	\$1,269
	196 REVISION AND REMOVAL OF NEUROLOGICAL DEVICE	22	\$11,070	\$11,955
	197 NEUROSTIMULATOR AND VENTRICULAR SHUNT IMPLANTATION	45	\$41,805	\$31,310
	198 NERVE REPAIR AND DESTRUCTION	50	\$4,401	\$2,841
	199 SPINAL TAP	14	\$2,525	\$2,025
11	EYE AND OCULAR ADNEXA	58	\$4,780	\$3,560
	216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	1	\$3,257	\$2,809
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	53	\$4,809	\$3,921
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	4	\$4,783	\$2,501
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	165	\$5,282	\$3,024
	233 NASAL CAUTERIZATION AND PACKING	2	\$1,662	\$3,338
	234 COMPLEX FACIAL AND ENT PROCEDURES	51	\$9,146	\$6,314
	235 SIMPLE FACIAL AND ENT PROCEDURES	34	\$3,534	\$1,997
	236 TONSIL AND ADENOID PROCEDURES	78	\$3,611	\$2,592
13	THERAPEUTIC AND OTHER RADIOLOGICAL PROCEDURES	121	\$3,387	\$3,705
	253 VASCULAR RADIOLOGY EXCEPT FOR VENOGRAPHY OF EXTREMITY	1	\$10,705	\$11,563
	254 MYELOGRAPHY	16	\$4,010	\$3,275
	255 MISCELLANEOUS RADIOLOGICAL PROCEDURES WITH CONTRAST	104	\$3,220	\$3,069

SOURCE: Utah Ambulatory Surgery Database  
Utah Health Data Committee/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, 2008**  
**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

120 Salt Lake Regional Medical Center

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
<b>GENDER</b>				
Female	2,721	56.0	120,689	54.0
Male	2,136	44.0	102,774	46.0
Unknown	0	0.0	0	0.0
Not Reported	0	0.0	1	0.0
<b>AGE</b>				
1-28 days	26	0.5	1,290	0.6
29-365 days	8	0.2	3,012	1.3
1-4 years	41	0.8	11,257	5.0
5-9	25	0.5	6,380	2.9
10-14	57	1.2	4,795	2.1
15-17	97	2.0	5,109	2.3
18-19	67	1.4	3,667	1.6
20-24	223	4.6	10,397	4.7
25-29	308	6.3	12,788	5.7
30-34	337	6.9	13,212	5.9
35-39	366	7.5	12,888	5.8
40-44	357	7.4	13,216	5.9
45-49	452	9.3	16,707	7.5
50-54	514	10.6	24,036	10.8
55-59	446	9.2	20,476	9.2
60-64	361	7.4	17,623	7.9
65-69	346	7.1	14,920	6.7
70-74	283	5.8	12,104	5.4
75-79	237	4.9	9,552	4.3
80-84	165	3.4	6,230	2.8
85-89	103	2.1	2,923	1.3
90 +	38	0.8	881	0.4
Not Reported	26	0.5	1,292	0.6
<b>SOURCE OF ADMISSION</b>				
Physician Referral	4,830	99.4	200,515	89.7
Clinic Referral	4	0.1	4,085	1.8
HMO Referral	0	0.0	3,198	1.4
Other Hospital	3	0.1	219	0.1
Skilled Nursing Facility	0	0.0	26	0.0
Other Health Care Facility	0	0.0	41	0.0
Emergency Room	19	0.4	5,219	2.3
Court/Law Enforcement	1	0.0	3	0.0
Unknown	0	0.0	26	0.0
Not Reported	0	0.0	10,133	4.5

(Continued)

**AMB ST 1-6**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2008**  
**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

120 Salt Lake Regional Medical Center

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
<b>DISCHARGE STATUS</b>				
Home or Self Care	4,842	99.7	222,849	99.7
Another Hospital	2	0.0	103	0.0
Skilled Nursing Facility	2	0.0	107	0.0
Intermediate Care Facility	0	0.0	14	0.0
Another Type of Institution	5	0.1	60	0.0
Under Care of Home Service	3	0.1	271	0.1
Left Against Medical Advice	0	0.0	13	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	0	0.0	8	0.0
Unknown	3	0.1	35	0.0
Not Reported	0	0.0	5	0.0
<b>PRIMARY PAYER</b>				
Medicare	1,033	21.3	38,441	17.2
Medicaid	165	3.4	13,916	6.2
Other government	119	2.5	3,998	1.8
Blue Cross/Blue Shield	1,527	31.4	31,579	14.1
Other Commercial	785	16.2	17,861	8.0
Managed Care(HMO, PPO)	1,143	23.5	108,172	48.4
Self Pay	9	0.2	3,087	1.4
Industrial & Worker Comp	72	1.5	3,835	1.7
Charity and Unclassified	0	0.0	1,349	0.6
Childrens Health Insurance	0	0.0	121	0.1
Unknown	4	0.1	1,030	0.5
Not Reported	0	0.0	76	0.0
<b>LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE</b>				
Bear River	61	1.3	16,758	7.5
Central Utah	19	0.4	8,253	3.7
Davis County	502	10.3	22,506	10.1
Salt Lake County	2,945	60.6	75,789	33.9
Southeastern Utah	29	0.6	4,234	1.9
Southwest Utah	22	0.5	13,877	6.2
Summit County	157	3.2	2,803	1.3
Tooele County	172	3.5	4,857	2.2
Tri-County	134	2.8	5,940	2.7
Utah County	132	2.7	37,220	16.7
Wasatch County	29	0.6	1,668	0.7
Weber County	135	2.8	19,855	8.9
Unknown Utah	0	0.0	42	0.0
Outside Utah	517	10.6	9,563	4.3
Unknown, Not Reported	3	0.1	100	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, 2008**  
**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)	242	100.0	321,431	100.0
Mastectomy (85.0-85.99)	2	0.8	7,806	2.4
Musculoskeletal (76.0-84.99)	1	0.4	73,868	23.0
Respiratory (30.0-34.99)	1	0.4	3,427	1.1
Cardiovascular (35.0-39.99)	0	0.0	18,764	5.8
Lymphatic/Hemetic (40.0-41.99)	0	0.0	2,774	0.9
Digestive System (42.0-54.99)	157	64.9	98,766	30.7
Urinary (55.0-59.99)	0	0.0	10,839	3.4
Male Genital (60.0-64.99)	4	1.7	3,918	1.2
Female Genital (65.0-71.99)	15	6.2	14,989	4.7
Endocrine/Nervous (01.0-07.99)	4	1.7	21,267	6.6
Eye (08.0-16.99)	0	0.0	21,107	6.6
Ear (18.0-20.99)	29	12.0	13,757	4.3
Nose, Mouth, Pharynx (21.0-29.99)	29	12.0	30,149	9.4
Reporting Category(CPT-4 CODES)	211	100.0	312,478	100.0
Mastectomy (19120-19220)	0	0.0	2,126	0.7
Musculoskeletal (20000-29909)	0	0.0	73,391	23.5
Respiratory (30000-32999 & 39501-39599)	10	4.7	14,650	4.7
Cardiovascular (33010-37799 & 93501-93660)	0	0.0	42,433	13.6
Lymphatic/Hemetic (38100-38999)	0	0.0	2,801	0.9
Digestive (40490-49999)	166	78.7	107,011	34.2
Urinary (50010-53899)	0	0.0	10,127	3.2
Male Genital (54000-55899)	1	0.5	3,288	1.1
Female Genital (56405-58999)	14	6.6	11,773	3.8
Endocrine/Nervous (60000-64999)	4	1.9	24,966	8.0
Eye (65091-68899)	0	0.0	12,267	3.9
Ear (69000-69979)	16	7.6	7,645	2.4

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



**AMB ST 1-2**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2008**  
**MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE\* PROCEDURES**

128 San Juan Hospital - CAH

ICD-9 CODE	ICD-9 DESCRIPTION	#	%	% ALL Hospitals
<hr/>				
All ICD-9 Procedures		242	100.0	100.0
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	44	18.2	5.39
4542	ENDO POLYPECTOMY LG INTESTINE	40	16.5	3.39
4523	COLONOSCOPY	32	13.2	6.06
2001	MYRINGOTOMY W/INSRT TUBE	28	11.6	3.46
4525	CLO [ENDO] BX LG INTESTINE	23	9.5	2.33
283	TONSILLECTOMY W/ADENOIDECTOMY	15	6.2	1.84
282	TONSILLECTOMY WO ADENOIDECTOMY	11	4.5	0.58
6909	OTH D&C UTERUS	10	4.1	0.41
4292	DILAT ESOPH	5	2.1	1.34
6902	D&C FOLLOWING DELIV/AB	5	2.1	0.23
0443	RELEASE CARPAL TUNNEL	4	1.7	1.09
640	CIRCUMCISION	3	1.2	0.20
286	ADENOIDECTOMY WO TONSILLECTOMY	2	0.8	0.35
4233	ENDO EXC/DESTRUC LES/TISS ESOPH	2	0.8	0.07
5303	UNILAT REPR DIRECT ING HERN-GFT	2	0.8	0.29
8521	LOC EXC LES BREAST	2	0.8	0.75
201	REMOV TYMPANOSTOMY TUBE	1	0.4	0.14
287	CNTRL HEMORR AFTER T&A	1	0.4	0.04
3491	THORACENTESIS	1	0.4	0.06
4341	ENDO EXC/DESTRUC LES/TISS STOMACH	1	0.4	0.17

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
<hr/>				
All CPT-4 Procedures		211	100.0	100.0
45380	COLONOSCOPY FLEX; W/BX 1/MX	84	39.8	5.02
43239	UGI ENDO; W/BX 1/MX	48	22.7	5.34
42820	T&A; UNDER AGE 12	27	12.8	1.49
69436	TYMPANOSTOMY GENERAL ANESTHESIA	16	7.6	1.79
58120	DILATION & CURET DX &/ THERAPEUT	14	6.6	0.20
31526	LARYNGOSCOPY DIRECT; DX W/OP MIC	9	4.3	0.04
49500	REPR INIT ING HERNIA 6MO-<5YR; R	6	2.8	0.09
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	4	1.9	0.66
32422	32422	1	0.5	0.01
47600	CHOLECYSTECTOMY;	1	0.5	0.01
54161	CIRC NO CLAMP/DORSL SLIT; NOT NB	1	0.5	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, 2008  
 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	142	\$2,829	\$4,015
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	24	\$1,802	\$1,498
4523	COLONOSCOPY	24	\$1,604	\$1,021
4542	ENDO POLYPECTOMY LG INTESTINE	19	\$1,986	\$1,444
4525	CLO [ENDO] BX LG INTESTINE	16	\$1,865	\$1,506
283	TONSILLECTOMY W/ADENOIDECTOMY	13	\$5,123	\$2,576
282	TONSILLECTOMY WO ADENOIDECTOMY	10	\$5,120	\$2,653
6909	OTH D&C UTERUS	10	\$4,088	\$3,090
6902	D&C FOLLOWING DELIV/AB	5	\$3,852	\$2,814
0443	RELEASE CARPAL TUNNEL	4	\$3,776	\$2,420
4292	DILAT ESOPH	2	\$2,985	\$1,594
5303	UNILAT REPR DIRECT ING HERN-GFT	2	\$6,322	\$4,788
640	CIRCUMCISION	2	\$2,416	\$2,144
8521	LOC EXC LES BREAST	2	\$2,603	\$3,164
2001	MYRINGOTOMY W/INSRT TUBE	1	\$1,966	\$1,452
3491	THORACENTESIS	1	\$1,338	\$1,650
4233	ENDO EXC/DESTRUC LES/TISS ESOPH	1	\$2,251	\$2,244
4341	ENDO EXC/DESTRUC LES/TISS STOMACH	1	\$2,637	\$1,903
4836	[ENDO] POLYPECTOMY RECTUM	1	\$1,791	\$1,339
5341	REPR UMB HERN W/PROSTH	1	\$5,760	\$5,097
5349	OTH UMB HERNIORRHAPHY	1	\$6,108	\$3,202

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals )
CPT-4	Procedures	154	\$2,911	\$3,633
45380	COLONOSCOPY FLEX; W/BX 1/MX	67	\$1,864	\$1,400
43239	UGI ENDO; W/BX 1/MX	31	\$2,019	\$1,479
42820	T&A; UNDER AGE 12	24	\$5,115	\$2,484
58120	DILATION & CURET DX &/ THERAPEUT	14	\$3,972	\$2,944
49500	REPR INIT ING HERNIA 6MO-<5YR; R	6	\$6,280	\$2,460
69436	TYMPANOSTOMY GENERAL ANESTHESIA	6	\$2,672	\$1,352
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	4	\$3,776	\$2,462
32422	32422	1	\$1,338	\$3,081
47600	CHOLECYSTECTOMY;	1	\$12,356	\$5,794

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, 2008**  
**PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE\* CPT-4 PROCEDURES**

128 San Juan Hospital - CAH

Procedure APG category		TOTAL #	TOTAL # (ALL Hospitals)
Procedure APG			
03	RESPIRATORY SYSTEM	10	8,172
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	1	654
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	9	5,352
06	DIGESTIVE SYSTEM	138	96,396
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	48	20,625
	117 LOWER GASTROINTESTINAL ENDOSCOPY	84	40,097
	119 HERNIA AND HYDROCELE PROCEDURES	6	6,648
08	MALE GENITAL SYSTEM	1	2,820
	154 SIMPLE PENILE PROCEDURES	1	837
09	FEMALE GENITAL SYSTEM	14	6,757
	178 DILATION AND CURETTAGE	14	611
10	NERVOUS SYSTEM	4	21,149
	198 NERVE REPAIR AND DESTRUCTION	4	4,284
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	43	28,538
	235 SIMPLE FACIAL AND ENT PROCEDURES	16	13,559
	236 TONSIL AND ADENOID PROCEDURES	27	8,709

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

**AMB ST 1-5**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2008**  
**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 CHR	AVE TOT CHR(ALL Hospitals )
03	RESPIRATORY SYSTEM	1	\$1,338	\$2,445
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	1	\$1,338	\$1,535
06	DIGESTIVE SYSTEM	104	\$2,165	\$2,773
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	31	\$2,019	\$1,425
	117 LOWER GASTROINTESTINAL ENDOSCOPY	67	\$1,864	\$1,219
	119 HERNIA AND HYDROCELE PROCEDURES	6	\$6,280	\$4,277
09	FEMALE GENITAL SYSTEM	14	\$3,972	\$4,786
	178 DILATION AND CURETTAGE	14	\$3,972	\$2,944
10	NERVOUS SYSTEM	4	\$3,776	\$2,546
	198 NERVE REPAIR AND DESTRUCTION	4	\$3,776	\$2,841
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	30	\$4,626	\$3,024
	235 SIMPLE FACIAL AND ENT PROCEDURES	6	\$2,672	\$1,997
	236 TONSIL AND ADENOID PROCEDURES	24	\$5,115	\$2,592

SOURCE: Utah Ambulatory Surgery Database  
Utah Health Data Committee/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, 2008**  
**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

128 San Juan Hospital - CAH

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
<b>GENDER</b>				
Female	100	52.9	120,689	54.0
Male	89	47.1	102,774	46.0
Unknown	0	0.0	0	0.0
Not Reported	0	0.0	1	0.0
<b>AGE</b>				
1-28 days	0	0.0	1,290	0.6
29-365 days	2	1.1	3,012	1.3
1-4 years	16	8.5	11,257	5.0
5-9	11	5.8	6,380	2.9
10-14	6	3.2	4,795	2.1
15-17	4	2.1	5,109	2.3
18-19	0	0.0	3,667	1.6
20-24	8	4.2	10,397	4.7
25-29	5	2.6	12,788	5.7
30-34	7	3.7	13,212	5.9
35-39	7	3.7	12,888	5.8
40-44	8	4.2	13,216	5.9
45-49	13	6.9	16,707	7.5
50-54	23	12.2	24,036	10.8
55-59	12	6.3	20,476	9.2
60-64	25	13.2	17,623	7.9
65-69	16	8.5	14,920	6.7
70-74	12	6.3	12,104	5.4
75-79	7	3.7	9,552	4.3
80-84	6	3.2	6,230	2.8
85-89	1	0.5	2,923	1.3
90 +	0	0.0	881	0.4
Not Reported	0	0.0	1,292	0.6
<b>SOURCE OF ADMISSION</b>				
Physician Referral	188	99.5	200,515	89.7
Clinic Referral	0	0.0	4,085	1.8
HMO Referral	0	0.0	3,198	1.4
Other Hospital	0	0.0	219	0.1
Skilled Nursing Facility	0	0.0	26	0.0
Other Health Care Facility	0	0.0	41	0.0
Emergency Room	1	0.5	5,219	2.3
Court/Law Enforcement	0	0.0	3	0.0
Unknown	0	0.0	26	0.0
Not Reported	0	0.0	10,133	4.5

(Continued)

**AMB ST 1-6**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2008**  
**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

128 San Juan Hospital - CAH

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
<b>DISCHARGE STATUS</b>				
Home or Self Care	187	98.9	222,849	99.7
Another Hospital	0	0.0	103	0.0
Skilled Nursing Facility	0	0.0	107	0.0
Intermediate Care Facility	0	0.0	14	0.0
Another Type of Institution	0	0.0	60	0.0
Under Care of Home Service	0	0.0	271	0.1
Left Against Medical Advice	0	0.0	13	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	0	0.0	8	0.0
Unknown	2	1.1	35	0.0
Not Reported	0	0.0	5	0.0
<b>PRIMARY PAYER</b>				
Medicare	35	18.5	38,441	17.2
Medicaid	19	10.1	13,916	6.2
Other government	3	1.6	3,998	1.8
Blue Cross/Blue Shield	52	27.5	31,579	14.1
Other Commercial	8	4.2	17,861	8.0
Managed Care(HMO, PPO)	61	32.3	108,172	48.4
Self Pay	10	5.3	3,087	1.4
Industrial & Worker Comp	1	0.5	3,835	1.7
Charity and Unclassified	0	0.0	1,349	0.6
Childrens Health Insurance	0	0.0	121	0.1
Unknown	0	0.0	1,030	0.5
Not Reported	0	0.0	76	0.0
<b>LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE</b>				
Bear River	0	0.0	16,758	7.5
Central Utah	0	0.0	8,253	3.7
Davis County	0	0.0	22,506	10.1
Salt Lake County	0	0.0	75,789	33.9
Southeastern Utah	182	96.3	4,234	1.9
Southwest Utah	0	0.0	13,877	6.2
Summit County	0	0.0	2,803	1.3
Tooele County	0	0.0	4,857	2.2
Tri-County	0	0.0	5,940	2.7
Utah County	0	0.0	37,220	16.7
Wasatch County	0	0.0	1,668	0.7
Weber County	0	0.0	19,855	8.9
Unknown Utah	1	0.5	42	0.0
Outside Utah	6	3.2	9,563	4.3
Unknown, Not Reported	0	0.0	100	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, 2008**  
**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)	806	100.0	321,431	100.0
Mastectomy (85.0-85.99)	9	1.1	7,806	2.4
Musculoskeletal (76.0-84.99)	45	5.6	73,868	23.0
Respiratory (30.0-34.99)	3	0.4	3,427	1.1
Cardiovascular (35.0-39.99)	3	0.4	18,764	5.8
Lymphatic/Hemetic (40.0-41.99)	1	0.1	2,774	0.9
Digestive System (42.0-54.99)	447	55.5	98,766	30.7
Urinary (55.0-59.99)	5	0.6	10,839	3.4
Male Genital (60.0-64.99)	7	0.9	3,918	1.2
Female Genital (65.0-71.99)	30	3.7	14,989	4.7
Endocrine/Nervous (01.0-07.99)	49	6.1	21,267	6.6
Eye (08.0-16.99)	156	19.4	21,107	6.6
Ear (18.0-20.99)	28	3.5	13,757	4.3
Nose, Mouth, Pharynx (21.0-29.99)	23	2.9	30,149	9.4
Reporting Category(CPT-4 CODES)	682	100.0	312,478	100.0
Mastectomy (19120-19220)	2	0.3	2,126	0.7
Musculoskeletal (20000-29909)	75	11.0	73,391	23.5
Respiratory (30000-32999 & 39501-39599)	5	0.7	14,650	4.7
Cardiovascular (33010-37799 & 93501-93660)	3	0.4	42,433	13.6
Lymphatic/Hemetic (38100-38999)	1	0.1	2,801	0.9
Digestive (40490-49999)	455	66.7	107,011	34.2
Urinary (50010-53899)	4	0.6	10,127	3.2
Male Genital (54000-55899)	7	1.0	3,288	1.1
Female Genital (56405-58999)	17	2.5	11,773	3.8
Endocrine/Nervous (60000-64999)	8	1.2	24,966	8.0
Eye (65091-68899)	89	13.0	12,267	3.9
Ear (69000-69979)	16	2.3	7,645	2.4

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

**AMB ST 1-2**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2008**  
**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		806	100.0	100.0
4523	COLONOSCOPY	115	14.3	6.06
4542	ENDO POLYPECTOMY LG INTESTINE	67	8.3	3.39
1341	PHACOEMULSIFICATION-ASPIR CATARACT	66	8.2	1.54
1371	IOL PROSTH-CATARACT EXTRACT-1-STAGE	66	8.2	1.53
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	63	7.8	5.39
5123	LAP CHOLEY	59	7.3	2.20
0443	RELEASE CARPAL TUNNEL	43	5.3	1.09
4513	OTH ENDO SM INTESTINE	31	3.8	1.73
4525	CLO [ENDO] BX LG INTESTINE	29	3.6	2.33
2001	MYRINGOTOMY W/INSRT TUBE	26	3.2	3.46
1369	OTH CATARACT EXTRACT	23	2.9	0.02
4701	LAP APPENDECTOMY	11	1.4	0.71
5304	UNILAT REPR INDIRECT ING HERN-GFT	10	1.2	0.43
7756	REPR HAMMER TOE	9	1.1	0.38
283	TONSILLECTOMY W/ADENOIDECTOMY	8	1.0	1.84
6902	D&C FOLLOWING DELIV/AB	8	1.0	0.23
4824	CLO [ENDO] BX RECTUM	7	0.9	0.44
282	TONSILLECTOMY WO ADENOIDECTOMY	6	0.7	0.58
4292	DILAT ESOPH	6	0.7	1.34
4836	[ENDO] POLYPECTOMY RECTUM	5	0.6	0.96

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		682	100.0	100.0
45378	COLONOSCOPY FLEX; DX-SEP PROC	111	16.3	5.71
66984	EXTRACAPSULAR CATARACT REMV IOL	66	9.7	1.50
43239	UGI ENDO; W/BX 1/MX	62	9.1	5.34
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	58	8.5	1.43
45383	COLONOSCOPY FLEX; W/ABLAT LES	39	5.7	0.06
45380	COLONOSCOPY FLEX; W/BX 1/MX	34	5.0	5.02
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	29	4.3	1.43
29848	ENDO WRST SURG REL TRNS CARP LIG	24	3.5	0.38
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	23	3.4	1.18
66821	DISCISSION 2ND CATARACT; LASER S	23	3.4	0.15
49650	LAPARSCPY SURG; REPR INIT ING HE	19	2.8	0.26
69436	TYMPANOSTOMY GENERAL ANESTHESIA	15	2.2	1.79
28285	CORRECTION HAMMERTOE	11	1.6	0.57
44970	LAPAROSCOPY SURGICAL APPENDECTOM	10	1.5	0.73
49659	UNLISTED LAP PROC-HERNIOPLSTY/OT	10	1.5	0.19
26055	TENDON SHEATH INCISION	8	1.2	0.45
42820	T&A; UNDER AGE 12	5	0.7	1.49
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	5	0.7	0.85
43255	UGI ENDO; W/CONTRL BLEED ANY MET	4	0.6	0.03
58120	DILATION & CURET DX &/ THERAPEUT	4	0.6	0.20

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, 2008  
 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		413	\$3,370	\$4,015
4523	COLONOSCOPY	85	\$1,835	\$1,021
5123	LAP CHOLEY	50	\$6,754	\$6,858
4542	ENDO POLYPECTOMY LG INTESTINE	49	\$2,336	\$1,444
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	26	\$1,970	\$1,498
1369	OTH CATARACT EXTRACT	23	\$607	\$609
4525	CLO [ENDO] BX LG INTESTINE	21	\$2,358	\$1,506
4513	OTH ENDO SM INTESTINE	17	\$1,955	\$1,248
4701	LAP APPENDECTOMY	11	\$8,316	\$9,824
5304	UNILAT REPR INDIRECT ING HERN-GFT	10	\$7,096	\$4,616
6902	D&C FOLLOWING DELIV/AB	8	\$3,089	\$2,814
283	TONSILLECTOMY W/ADENOIDECTOMY	7	\$3,415	\$2,576
282	TONSILLECTOMY WO ADENOIDECTOMY	6	\$3,037	\$2,653
0443	RELEASE CARPAL TUNNEL	5	\$3,526	\$2,420
4824	CLO [ENDO] BX RECTUM	5	\$2,300	\$1,391
4836	[ENDO] POLYPECTOMY RECTUM	4	\$2,702	\$1,339
6909	OTH D&C UTERUS	4	\$2,934	\$3,090
7756	REPR HAMMER TOE	4	\$2,173	\$3,955
8511	CLO [PERCUT] [NEEDLE] BX BREAST	4	\$4,426	\$1,658
287	CNTRL HEMORR AFTER T&A	3	\$2,287	\$3,719
7759	OTH BUNIONEC	3	\$4,128	\$6,241

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals )
CPT-4 Procedures		485	\$3,195	\$3,633
45378	COLONOSCOPY FLEX; DX-SEP PROC	81	\$1,813	\$1,028
66984	EXTRACAPSULAR CATARACT REMV IOL	66	\$2,359	\$3,597
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	50	\$6,828	\$7,209
45383	COLONOSCOPY FLEX; W/ABLAT LES	35	\$2,227	\$1,850
45380	COLONOSCOPY FLEX; W/BX 1/MX	26	\$2,299	\$1,400
43239	UGI ENDO; W/BX 1/MX	25	\$1,977	\$1,479
66821	DISCISSION 2ND CATARACT; LASER S	23	\$607	\$723
29848	ENDO WRST SURG REL TRNS CARP LIG	19	\$4,330	\$2,537
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	17	\$2,596	\$1,613
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	16	\$2,625	\$1,180
49650	LAPARSCPY SURG; REPR INIT ING HE	13	\$7,009	\$6,383
69436	TYMPANOSTOMY GENERAL ANESTHESIA	12	\$1,092	\$1,352
44970	LAPAROSCOPY SURGICAL APPENDECTOM	10	\$8,201	\$9,809
49659	UNLISTED LAP PROC-HERNIOPLSTY/OT	5	\$6,433	\$9,727
28285	CORRECTION HAMMERTOE	4	\$2,066	\$3,390
42820	T&A; UNDER AGE 12	4	\$3,288	\$2,484
28296	HALLUX VALGUS; W/METATARSAL OSTE	3	\$3,117	\$4,621
42821	T&A; AGE 12 OR OVER	3	\$3,583	\$2,939
42825	TONSILLECT PRIM/SEC; UNDER AGE 1	3	\$3,048	\$2,231
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	3	\$3,026	\$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, 2008**  
**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	12	8,727
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	2	1,175
	008 SIMPLE EXCISION AND BIOPSY	6	1,279
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRANGE	2	1,550
	011 SIMPLE INCISION AND EXCISION OF BREAST	2	2,126
02	MUSCULOSKELETAL SYSTEM	67	65,893
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	1	2,745
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	2	2,708
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	32	13,313
	025 ARTHROSCOPY	24	27,527
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	1	703
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	1	409
	032 BUNION PROCEDURES	5	1,813
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	1	2,426
03	RESPIRATORY SYSTEM	2	8,172
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	2	654
04	CARDIOVASCULAR SYSTEM	1	34,518
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	1	1,034
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	2	3,460
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	2	1,999
06	DIGESTIVE SYSTEM	439	96,396
	111 ALIMENTARY TESTS AND SIMPLE TUBE PLACEMENT	1	170
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	3	577
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	1	308
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	85	20,625
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	15	5,309
	117 LOWER GASTROINTESTINAL ENDOSCOPY	217	40,097
	119 HERNIA AND HYDROCELE PROCEDURES	1	6,648
	120 COMPLEX ANAL AND RECTAL PROCEDURES	1	1,153
	121 SIMPLE ANAL AND RECTAL PROCEDURES	1	539
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	2	563
	123 COMPLEX LAPAROSCOPIC PROCEDURES	108	17,238
	124 SIMPLE LAPAROSCOPIC PROCEDURES	4	276
07	URINARY SYSTEM	4	8,765
	133 URINARY CATHETERIZATION AND DILATATION	1	472
	136 SIMPLE CYSTOURETHROSCOPY	3	590
08	MALE GENITAL SYSTEM	7	2,820
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	4	1,286
	154 SIMPLE PENILE PROCEDURES	3	837
09	FEMALE GENITAL SYSTEM	9	6,757
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	1	2,044
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	1	1,379
	178 DILATION AND CURETTAGE	4	611
	179 HYSTEROSCOPY	3	2,433
10	NERVOUS SYSTEM	6	21,149
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	2	14,879

**AMB ST 1-4**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2008**  
**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			
	198 NERVE REPAIR AND DESTRUCTION	3	4,284
	199 SPINAL TAP	1	643
11	EYE AND OCULAR ADNEXA	89	12,065
	213 LASER EYE PROCEDURES	23	555
	214 CATARACT PROCEDURES	66	4,992
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	40	28,538
	233 NASAL CAUTERIZATION AND PACKING	5	291
	234 COMPLEX FACIAL AND ENT PROCEDURES	2	5,886
	235 SIMPLE FACIAL AND ENT PROCEDURES	18	13,559
	236 TONSIL AND ADENOID PROCEDURES	15	8,709

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

**AMB ST 1-5**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2008**  
**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	9	\$3,793	\$3,433
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	2	\$3,938	\$3,748
	008 SIMPLE EXCISION AND BIOPSY	3	\$3,760	\$3,190
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRAN	2	\$3,061	\$4,802
	011 SIMPLE INCISION AND EXCISION OF BREAST	2	\$4,430	\$3,305
02	MUSCULOSKELETAL SYSTEM	43	\$3,819	\$4,654
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	1	\$4,116	\$4,034
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	16	\$3,532	\$3,312
	025 ARTHROSCOPY	19	\$4,330	\$4,892
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	1	\$1,152	\$3,247
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	1	\$1,008	\$3,340
	032 BUNION PROCEDURES	5	\$3,835	\$4,813
03	RESPIRATORY SYSTEM	2	\$296	\$2,445
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	2	\$296	\$1,535
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	2	\$7,663	\$4,660
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	2	\$7,663	\$6,198
06	DIGESTIVE SYSTEM	295	\$3,516	\$2,773
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	2	\$2,479	\$1,163
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	1	\$2,346	\$1,532
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	41	\$2,230	\$1,425
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	3	\$1,823	\$2,089
	117 LOWER GASTROINTESTINAL ENDOSCOPY	162	\$2,079	\$1,219
	119 HERNIA AND HYDROCELE PROCEDURES	1	\$3,236	\$4,277
	120 COMPLEX ANAL AND RECTAL PROCEDURES	1	\$5,375	\$3,419
	121 SIMPLE ANAL AND RECTAL PROCEDURES	1	\$3,625	\$3,237
	123 COMPLEX LAPAROSCOPIC PROCEDURES	83	\$7,036	\$7,473
08	MALE GENITAL SYSTEM	3	\$2,956	\$3,901
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	2	\$4,434	\$3,127
	154 SIMPLE PENILE PROCEDURES	1	\$0	\$2,116
09	FEMALE GENITAL SYSTEM	8	\$3,519	\$4,786
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	1	\$3,458	\$6,095
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	1	\$3,568	\$3,503
	178 DILATION AND CURETTAGE	3	\$2,384	\$2,944
	179 HYSTEROSCOPY	3	\$4,659	\$5,125
10	NERVOUS SYSTEM	1	\$514	\$2,546
	199 SPINAL TAP	1	\$514	\$2,025
11	EYE AND OCULAR ADNEXA	89	\$1,906	\$3,560
	213 LASER EYE PROCEDURES	23	\$607	\$739
	214 CATARACT PROCEDURES	66	\$2,359	\$3,611
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	30	\$2,596	\$3,024
	233 NASAL CAUTERIZATION AND PACKING	3	\$2,381	\$3,338
	234 COMPLEX FACIAL AND ENT PROCEDURES	2	\$7,760	\$6,314
	235 SIMPLE FACIAL AND ENT PROCEDURES	12	\$1,092	\$1,997
	236 TONSIL AND ADENOID PROCEDURES	13	\$3,240	\$2,592

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/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, 2008**  
**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

130 Sanpete Valley Hospital - CAH

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
<b>GENDER</b>				
Female	316	52.7	120,689	54.0
Male	284	47.3	102,774	46.0
Unknown	0	0.0	0	0.0
Not Reported	0	0.0	1	0.0
<b>AGE</b>				
1-28 days	0	0.0	1,290	0.6
29-365 days	2	0.3	3,012	1.3
1-4 years	13	2.2	11,257	5.0
5-9	11	1.8	6,380	2.9
10-14	12	2.0	4,795	2.1
15-17	22	3.7	5,109	2.3
18-19	13	2.2	3,667	1.6
20-24	18	3.0	10,397	4.7
25-29	15	2.5	12,788	5.7
30-34	25	4.2	13,212	5.9
35-39	19	3.2	12,888	5.8
40-44	27	4.5	13,216	5.9
45-49	27	4.5	16,707	7.5
50-54	52	8.7	24,036	10.8
55-59	56	9.3	20,476	9.2
60-64	62	10.3	17,623	7.9
65-69	69	11.5	14,920	6.7
70-74	64	10.7	12,104	5.4
75-79	44	7.3	9,552	4.3
80-84	27	4.5	6,230	2.8
85-89	22	3.7	2,923	1.3
90 +	0	0.0	881	0.4
Not Reported	0	0.0	1,292	0.6
<b>SOURCE OF ADMISSION</b>				
Physician Referral	70	11.7	200,515	89.7
Clinic Referral	510	85.0	4,085	1.8
HMO Referral	0	0.0	3,198	1.4
Other Hospital	0	0.0	219	0.1
Skilled Nursing Facility	1	0.2	26	0.0
Other Health Care Facility	1	0.2	41	0.0
Emergency Room	18	3.0	5,219	2.3
Court/Law Enforcement	0	0.0	3	0.0
Unknown	0	0.0	26	0.0
Not Reported	0	0.0	10,133	4.5

(Continued)

**AMB ST 1-6**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2008**  
**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

130 Sanpete Valley Hospital - CAH

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
<b>DISCHARGE STATUS</b>				
Home or Self Care	599	99.8	222,849	99.7
Another Hospital	0	0.0	103	0.0
Skilled Nursing Facility	1	0.2	107	0.0
Intermediate Care Facility	0	0.0	14	0.0
Another Type of Institution	0	0.0	60	0.0
Under Care of Home Service	0	0.0	271	0.1
Left Against Medical Advice	0	0.0	13	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	0	0.0	8	0.0
Unknown	0	0.0	35	0.0
Not Reported	0	0.0	5	0.0
<b>PRIMARY PAYER</b>				
Medicare	184	30.7	38,441	17.2
Medicaid	70	11.7	13,916	6.2
Other government	10	1.7	3,998	1.8
Blue Cross/Blue Shield	42	7.0	31,579	14.1
Other Commercial	42	7.0	17,861	8.0
Managed Care(HMO, PPO)	219	36.5	108,172	48.4
Self Pay	20	3.3	3,087	1.4
Industrial & Worker Comp	7	1.2	3,835	1.7
Charity and Unclassified	0	0.0	1,349	0.6
Childrens Health Insurance	0	0.0	121	0.1
Unknown	6	1.0	1,030	0.5
Not Reported	0	0.0	76	0.0
<b>LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE</b>				
Bear River	0	0.0	16,758	7.5
Central Utah	575	95.8	8,253	3.7
Davis County	4	0.7	22,506	10.1
Salt Lake County	5	0.8	75,789	33.9
Southeastern Utah	2	0.3	4,234	1.9
Southwest Utah	1	0.2	13,877	6.2
Summit County	0	0.0	2,803	1.3
Tooele County	1	0.2	4,857	2.2
Tri-County	0	0.0	5,940	2.7
Utah County	9	1.5	37,220	16.7
Wasatch County	0	0.0	1,668	0.7
Weber County	0	0.0	19,855	8.9
Unknown Utah	0	0.0	42	0.0
Outside Utah	3	0.5	9,563	4.3
Unknown, Not Reported	0	0.0	100	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, 2008**  
**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)	2,223	100.0	321,431	100.0
Mastectomy (85.0-85.99)	14	0.6	7,806	2.4
Musculoskeletal (76.0-84.99)	212	9.5	73,868	23.0
Respiratory (30.0-34.99)	1	0.0	3,427	1.1
Cardiovascular (35.0-39.99)	1	0.0	18,764	5.8
Lymphatic/Hemetic (40.0-41.99)	2	0.1	2,774	0.9
Digestive System (42.0-54.99)	1,058	47.6	98,766	30.7
Urinary (55.0-59.99)	31	1.4	10,839	3.4
Male Genital (60.0-64.99)	13	0.6	3,918	1.2
Female Genital (65.0-71.99)	33	1.5	14,989	4.7
Endocrine/Nervous (01.0-07.99)	27	1.2	21,267	6.6
Eye (08.0-16.99)	414	18.6	21,107	6.6
Ear (18.0-20.99)	158	7.1	13,757	4.3
Nose, Mouth, Pharynx (21.0-29.99)	259	11.7	30,149	9.4
Reporting Category(CPT-4 CODES)	1,851	100.0	312,478	100.0
Mastectomy (19120-19220)	9	0.5	2,126	0.7
Musculoskeletal (20000-29909)	209	11.3	73,391	23.5
Respiratory (30000-32999 & 39501-39599)	11	0.6	14,650	4.7
Cardiovascular (33010-37799 & 93501-93660)	0	0.0	42,433	13.6
Lymphatic/Hemetic (38100-38999)	2	0.1	2,801	0.9
Digestive (40490-49999)	1,198	64.7	107,011	34.2
Urinary (50010-53899)	31	1.7	10,127	3.2
Male Genital (54000-55899)	13	0.7	3,288	1.1
Female Genital (56405-58999)	23	1.2	11,773	3.8
Endocrine/Nervous (60000-64999)	27	1.5	24,966	8.0
Eye (65091-68899)	249	13.5	12,267	3.9
Ear (69000-69979)	79	4.3	7,645	2.4

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

**AMB ST 1-2**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2008**  
**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		2,223	100.0	100.0
4523	COLONOSCOPY	290	13.0	6.06
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	191	8.6	5.39
1341	PHACOEMULSIFICATION-ASPIR CATARACT	164	7.4	1.54
1371	IOL PROSTH-CATARACT EXTRACT-1-STAGE	164	7.4	1.53
2001	MYRINGOTOMY W/INSRT TUBE	156	7.0	3.46
4542	ENDO POLYPECTOMY LG INTESTINE	153	6.9	3.39
1364	DISCISSION SECNDRY MEMBRN	79	3.6	0.13
5123	LAP CHOLEY	72	3.2	2.20
232	RESTORATION TOOTH-FILLING	66	3.0	0.60
4525	CLO [ENDO] BX LG INTESTINE	65	2.9	2.33
283	TONSILLECTOMY W/ADENOIDECTOMY	64	2.9	1.84
4513	OTH ENDO SM INTESTINE	64	2.9	1.73
4292	DILAT ESOPH	49	2.2	1.34
282	TONSILLECTOMY WO ADENOIDECTOMY	45	2.0	0.58
7756	REPR HAMMER TOE	37	1.7	0.38
2370	ROOT CANAL-NOS	36	1.6	0.35
4836	[ENDO] POLYPECTOMY RECTUM	30	1.3	0.96
806	EXC SEMILUNAR CARTILAGE-KNEE	27	1.2	1.86
0443	RELEASE CARPAL TUNNEL	25	1.1	1.09
2309	EXTRACT OTH TOOTH	20	0.9	0.15

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		1,851	100.0	100.0
45378	COLONOSCOPY FLEX; DX-SEP PROC	270	14.6	5.71
45380	COLONOSCOPY FLEX; W/BX 1/MX	207	11.2	5.02
43239	UGI ENDO; W/BX 1/MX	189	10.2	5.34
66984	EXTRACAPSULAR CATARACT REMV IOL	164	8.9	1.50
66821	DISCISSION 2ND CATARACT; LASER S	78	4.2	0.15
69436	TYMPANOSTOMY GENERAL ANESTHESIA	78	4.2	1.79
41899	UNLIST PROC DENTOALVEOL STRUCTUR	69	3.7	0.89
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	68	3.7	1.43
42820	T&A; UNDER AGE 12	60	3.2	1.49
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	45	2.4	0.85
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	40	2.2	0.50
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	40	2.2	1.18
28285	CORRECTION HAMMERTOES	39	2.1	0.57
49505	REPR INIT ING HERNIA 5YR/MORE; R	37	2.0	0.80
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	33	1.8	1.43
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	25	1.4	0.66
51702	INSERT TEMP INDWLL BLADD CATH; S	23	1.2	0.07
29877	SCOPE KNEE SURG; DEBRID/SHAVE CA	20	1.1	0.95
28296	HALLUX VALGUS; W/METATARSAL OSTE	18	1.0	0.28
29881	SCOPE KNEE SURG;W/MENISCECT MED/	18	1.0	1.61

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



AMB ST 1-3

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2008  
 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		1,065	\$2,403	\$4,015
4523	COLONOSCOPY	222	\$1,324	\$1,021
4542	ENDO POLYPECTOMY LG INTESTINE	100	\$1,619	\$1,444
1364	DISCISSION SECNDRY MEMBRN	76	\$757	\$758
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	73	\$1,623	\$1,498
5123	LAP CHOLEY	67	\$6,919	\$6,858
283	TONSILLECTOMY W/ADENOIDECTOMY	60	\$2,457	\$2,576
282	TONSILLECTOMY WO ADENOIDECTOMY	43	\$2,690	\$2,653
4525	CLO [ENDO] BX LG INTESTINE	39	\$1,689	\$1,506
232	RESTORATION TOOTH-FILLING	26	\$3,046	\$2,231
0443	RELEASE CARPAL TUNNEL	23	\$2,063	\$2,420
4513	OTH ENDO SM INTESTINE	23	\$1,336	\$1,248
5304	UNILAT REPR INDIRECT ING HERN-GFT	17	\$4,202	\$4,616
5794	INSRT INDWELLING URIN CATH	17	\$159	\$5,960
4836	[ENDO] POLYPECTOMY RECTUM	16	\$1,559	\$1,339
5303	UNILAT REPR DIRECT ING HERN-GFT	15	\$4,326	\$4,788
4701	LAP APPENDECTOMY	10	\$9,722	\$9,824
7751	BUNIONEC SOFT-OSTEOT 1ST METATARS	10	\$3,223	\$4,442
806	EXC SEMILUNAR CARTILAGE-KNEE	10	\$3,627	\$4,727
4824	CLO [ENDO] BX RECTUM	9	\$1,563	\$1,391
5341	REPR UMB HERN W/PROSTH	9	\$6,458	\$5,097

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals )
CPT-4 Procedures		1,361	\$2,403	\$3,633
45378	COLONOSCOPY FLEX; DX-SEP PROC	206	\$1,336	\$1,028
66984	EXTRACAPSULAR CATARACT REMV IOL	159	\$2,605	\$3,597
45380	COLONOSCOPY FLEX; W/BX 1/MX	155	\$1,624	\$1,400
66821	DISCISSION 2ND CATARACT; LASER S	75	\$753	\$723
43239	UGI ENDO; W/BX 1/MX	74	\$1,629	\$1,479
69436	TYMPANOSTOMY GENERAL ANESTHESIA	70	\$1,117	\$1,352
41899	UNLIST PROC DENTOALVEOL STRUCTUR	69	\$3,264	\$2,567
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	64	\$6,903	\$7,209
42820	T&A; UNDER AGE 12	56	\$2,475	\$2,484
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	39	\$2,739	\$2,730
49505	REPR INIT ING HERNIA 5YR/MORE; R	29	\$4,151	\$4,468
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	27	\$1,817	\$1,613
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	23	\$1,336	\$1,180
51702	INSERT TEMP INDWLL BLADD CATH; S	23	\$144	\$5,098
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	23	\$2,063	\$2,462
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	17	\$1,916	\$1,806
28296	HALLUX VALGUS; W/METATARSAL OSTE	11	\$3,145	\$4,621
58120	DILATION & CURET DX &/ THERAPEUT	11	\$2,368	\$2,944
G0121	COLOREC CNCR SCR;COLNSCPY NO HI	11	\$1,289	\$812
44970	LAPAROSCOPY SURGICAL APPENDECTOM	9	\$9,907	\$9,809

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, 2008**  
**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	21	8,727
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	3	1,175
	008 SIMPLE EXCISION AND BIOPSY	9	1,279
	011 SIMPLE INCISION AND EXCISION OF BREAST	9	2,126
02	MUSCULOSKELETAL SYSTEM	191	65,893
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	2	7,092
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	1	2,745
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	1	2,708
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	102	13,313
	025 ARTHROSCOPY	54	27,527
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	1	703
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	4	5,280
	032 BUNION PROCEDURES	23	1,813
	034 HAND AND FOOT TENOTOMY	3	356
03	RESPIRATORY SYSTEM	2	8,172
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	2	654
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	2	3,460
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	2	1,999
06	DIGESTIVE SYSTEM	1,012	96,396
	112 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	2	1,281
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	4	577
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	3	308
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	229	20,625
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	71	5,309
	117 LOWER GASTROINTESTINAL ENDOSCOPY	526	40,097
	118 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	1	1,612
	119 HERNIA AND HYDROCELE PROCEDURES	58	6,648
	120 COMPLEX ANAL AND RECTAL PROCEDURES	1	1,153
	121 SIMPLE ANAL AND RECTAL PROCEDURES	7	539
	123 COMPLEX LAPAROSCOPIC PROCEDURES	110	17,238
07	URINARY SYSTEM	31	8,765
	133 URINARY CATHETERIZATION AND DILATATION	24	472
	136 SIMPLE CYSTOURETHROSCOPY	7	590
08	MALE GENITAL SYSTEM	13	2,820
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	6	1,286
	154 SIMPLE PENILE PROCEDURES	7	837
09	FEMALE GENITAL SYSTEM	11	6,757
	178 DILATION AND CURETTAGE	11	611
10	NERVOUS SYSTEM	26	21,149
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	1	14,879
	198 NERVE REPAIR AND DESTRUCTION	25	4,284
11	EYE AND OCULAR ADNEXA	249	12,065
	213 LASER EYE PROCEDURES	78	555
	214 CATARACT PROCEDURES	165	4,992
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	6	346
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	281	28,538
	233 NASAL CAUTERIZATION AND PACKING	1	291

**AMB ST 1-4**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2008**  
**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)
234 COMPLEX FACIAL AND ENT PROCEDURES	7	5,886
235 SIMPLE FACIAL AND ENT PROCEDURES	160	13,559
236 TONSIL AND ADENOID PROCEDURES	113	8,709

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

**AMB ST 1-5**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2008**  
**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	15	\$2,737	\$3,433
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	1	\$3,382	\$3,748
	008 SIMPLE EXCISION AND BIOPSY	7	\$2,125	\$3,190
	011 SIMPLE INCISION AND EXCISION OF BREAST	7	\$3,257	\$3,305
02	MUSCULOSKELETAL SYSTEM	95	\$2,873	\$4,654
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	2	\$6,101	\$7,553
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	1	\$4,299	\$5,600
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	56	\$2,445	\$3,312
	025 ARTHROSCOPY	18	\$3,410	\$4,892
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	1	\$1,661	\$3,247
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	4	\$4,000	\$6,529
	032 BUNION PROCEDURES	13	\$3,109	\$4,813
03	RESPIRATORY SYSTEM	2	\$671	\$2,445
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	2	\$671	\$1,535
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	2	\$2,689	\$4,660
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	2	\$2,689	\$6,198
06	DIGESTIVE SYSTEM	673	\$2,574	\$2,773
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	2	\$1,031	\$1,163
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	2	\$1,388	\$1,532
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	97	\$1,559	\$1,425
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	25	\$1,874	\$2,089
	117 LOWER GASTROINTESTINAL ENDOSCOPY	403	\$1,476	\$1,219
	119 HERNIA AND HYDROCELE PROCEDURES	45	\$4,544	\$4,277
	120 COMPLEX ANAL AND RECTAL PROCEDURES	1	\$5,265	\$3,419
	121 SIMPLE ANAL AND RECTAL PROCEDURES	2	\$3,199	\$3,237
	123 COMPLEX LAPAROSCOPIC PROCEDURES	96	\$7,482	\$7,473
07	URINARY SYSTEM	31	\$388	\$5,467
	133 URINARY CATHETERIZATION AND DILATATION	24	\$147	\$5,073
	136 SIMPLE CYSTOURETHROSCOPY	7	\$1,217	\$2,909
08	MALE GENITAL SYSTEM	7	\$450	\$3,901
	154 SIMPLE PENILE PROCEDURES	7	\$450	\$2,116
09	FEMALE GENITAL SYSTEM	11	\$2,368	\$4,786
	178 DILATION AND CURETTAGE	11	\$2,368	\$2,944
10	NERVOUS SYSTEM	24	\$1,981	\$2,546
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	1	\$77	\$1,269
	198 NERVE REPAIR AND DESTRUCTION	23	\$2,063	\$2,841
11	EYE AND OCULAR ADNEXA	239	\$2,009	\$3,560
	213 LASER EYE PROCEDURES	75	\$753	\$739
	214 CATARACT PROCEDURES	160	\$2,606	\$3,611
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	4	\$1,632	\$3,223
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	251	\$2,334	\$3,024
	233 NASAL CAUTERIZATION AND PACKING	1	\$3,755	\$3,338
	234 COMPLEX FACIAL AND ENT PROCEDURES	2	\$2,991	\$6,314
	235 SIMPLE FACIAL AND ENT PROCEDURES	145	\$2,158	\$1,997
	236 TONSIL AND ADENOID PROCEDURES	103	\$2,554	\$2,592

SOURCE: Utah Ambulatory Surgery Database  
 Utah Health Data Committee/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, 2008**  
**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

132 Sevier Valley Medical Center

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
<b>GENDER</b>				
Female	852	52.8	120,689	54.0
Male	761	47.2	102,774	46.0
Unknown	0	0.0	0	0.0
Not Reported	0	0.0	1	0.0
<b>AGE</b>				
1-28 days	5	0.3	1,290	0.6
29-365 days	20	1.2	3,012	1.3
1-4 years	146	9.1	11,257	5.0
5-9	45	2.8	6,380	2.9
10-14	24	1.5	4,795	2.1
15-17	37	2.3	5,109	2.3
18-19	18	1.1	3,667	1.6
20-24	34	2.1	10,397	4.7
25-29	56	3.5	12,788	5.7
30-34	44	2.7	13,212	5.9
35-39	56	3.5	12,888	5.8
40-44	48	3.0	13,216	5.9
45-49	82	5.1	16,707	7.5
50-54	152	9.4	24,036	10.8
55-59	157	9.7	20,476	9.2
60-64	126	7.8	17,623	7.9
65-69	152	9.4	14,920	6.7
70-74	154	9.5	12,104	5.4
75-79	131	8.1	9,552	4.3
80-84	82	5.1	6,230	2.8
85-89	32	2.0	2,923	1.3
90 +	12	0.7	881	0.4
Not Reported	5	0.3	1,292	0.6
<b>SOURCE OF ADMISSION</b>				
Physician Referral	1,426	88.4	200,515	89.7
Clinic Referral	167	10.4	4,085	1.8
HMO Referral	0	0.0	3,198	1.4
Other Hospital	0	0.0	219	0.1
Skilled Nursing Facility	0	0.0	26	0.0
Other Health Care Facility	0	0.0	41	0.0
Emergency Room	20	1.2	5,219	2.3
Court/Law Enforcement	0	0.0	3	0.0
Unknown	0	0.0	26	0.0
Not Reported	0	0.0	10,133	4.5

(Continued)

**AMB ST 1-6**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2008**  
**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

132 Sevier Valley Medical Center

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
<b>DISCHARGE STATUS</b>				
Home or Self Care	1,610	99.8	222,849	99.7
Another Hospital	3	0.2	103	0.0
Skilled Nursing Facility	0	0.0	107	0.0
Intermediate Care Facility	0	0.0	14	0.0
Another Type of Institution	0	0.0	60	0.0
Under Care of Home Service	0	0.0	271	0.1
Left Against Medical Advice	0	0.0	13	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	0	0.0	8	0.0
Unknown	0	0.0	35	0.0
Not Reported	0	0.0	5	0.0
<b>PRIMARY PAYER</b>				
Medicare	473	29.3	38,441	17.2
Medicaid	211	13.1	13,916	6.2
Other government	27	1.7	3,998	1.8
Blue Cross/Blue Shield	145	9.0	31,579	14.1
Other Commercial	106	6.6	17,861	8.0
Managed Care(HMO, PPO)	583	36.1	108,172	48.4
Self Pay	10	0.6	3,087	1.4
Industrial & Worker Comp	13	0.8	3,835	1.7
Charity and Unclassified	31	1.9	1,349	0.6
Childrens Health Insurance	0	0.0	121	0.1
Unknown	14	0.9	1,030	0.5
Not Reported	0	0.0	76	0.0
<b>LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE</b>				
Bear River	0	0.0	16,758	7.5
Central Utah	1,561	96.8	8,253	3.7
Davis County	0	0.0	22,506	10.1
Salt Lake County	1	0.1	75,789	33.9
Southeastern Utah	10	0.6	4,234	1.9
Southwest Utah	27	1.7	13,877	6.2
Summit County	0	0.0	2,803	1.3
Tooele County	0	0.0	4,857	2.2
Tri-County	0	0.0	5,940	2.7
Utah County	2	0.1	37,220	16.7
Wasatch County	0	0.0	1,668	0.7
Weber County	0	0.0	19,855	8.9
Unknown Utah	3	0.2	42	0.0
Outside Utah	9	0.6	9,563	4.3
Unknown, Not Reported	0	0.0	100	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, 2008**  
**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)	12,488	100.0	321,431	100.0
Mastectomy (85.0-85.99)	1,233	9.9	7,806	2.4
Musculoskeletal (76.0-84.99)	1,817	14.5	73,868	23.0
Respiratory (30.0-34.99)	219	1.8	3,427	1.1
Cardiovascular (35.0-39.99)	1,212	9.7	18,764	5.8
Lymphatic/Hemetic (40.0-41.99)	341	2.7	2,774	0.9
Digestive System (42.0-54.99)	2,859	22.9	98,766	30.7
Urinary (55.0-59.99)	1,118	9.0	10,839	3.4
Male Genital (60.0-64.99)	232	1.9	3,918	1.2
Female Genital (65.0-71.99)	911	7.3	14,989	4.7
Endocrine/Nervous (01.0-07.99)	1,418	11.4	21,267	6.6
Eye (08.0-16.99)	1,040	8.3	21,107	6.6
Ear (18.0-20.99)	5	0.0	13,757	4.3
Nose, Mouth, Pharynx (21.0-29.99)	83	0.7	30,149	9.4
Reporting Category(CPT-4 CODES)	13,063	100.0	312,478	100.0
Mastectomy (19120-19220)	43	0.3	2,126	0.7
Musculoskeletal (20000-29909)	1,732	13.3	73,391	23.5
Respiratory (30000-32999 & 39501-39599)	226	1.7	14,650	4.7
Cardiovascular (33010-37799 & 93501-93660)	3,628	27.8	42,433	13.6
Lymphatic/Hemetic (38100-38999)	304	2.3	2,801	0.9
Digestive (40490-49999)	2,802	21.4	107,011	34.2
Urinary (50010-53899)	802	6.1	10,127	3.2
Male Genital (54000-55899)	62	0.5	3,288	1.1
Female Genital (56405-58999)	855	6.5	11,773	3.8
Endocrine/Nervous (60000-64999)	1,669	12.8	24,966	8.0
Eye (65091-68899)	772	5.9	12,267	3.9
Ear (69000-69979)	168	1.3	7,645	2.4

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

**AMB ST 1-2**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2008**  
**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		12,488	100.0	100.0
8511	CLO [PERCUT] [NEEDLE] BX BREAST	496	4.0	0.39
5123	LAP CHOLEY	446	3.6	2.20
8519	OTH DX PROC BREAST	418	3.3	0.31
5732	OTH CYSTOSCOPY	332	2.7	0.66
1474	OTH MECH VITRECTOMY	330	2.6	0.45
0391	INJ ANES SPINAL CANAL-ANALGESIA	326	2.6	1.44
0392	INJ OTH AGENT SPINAL CANAL	322	2.6	1.89
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	315	2.5	5.39
8192	INJ THERAP SUBSTANCE JT/LIGAMNT	266	2.1	0.37
149	OTH OPER RETINA-CHOROID-POST CHAMBR	214	1.7	0.27
1475	INJ VITREOUS SUBSTITUTE	198	1.6	0.20
5421	LAPAROSCOPY	185	1.5	0.60
1424	DEST CHORIORETIN LES-LASER PHOTO	182	1.5	0.18
3893	VENOUS CATH-NEC	171	1.4	0.23
598	URETERAL CATH	167	1.3	0.69
8051	EXC INTERVERTEBRAL DISC	162	1.3	0.43
0611	CLO PERCUT NEEDLE BX THYROID GLAND	147	1.2	0.15
3722	LT HEART CARD CATH	144	1.2	1.38
4513	OTH ENDO SM INTESTINE	137	1.1	1.73
6909	OTH D&C UTERUS	135	1.1	0.41

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		13,063	100.0	100.0
36416	COLLECTON CAPILLARY BLOOD SPECIM	832	6.4	0.72
36430	TRANSFUSION BLOOD/BLOOD COMPONEN	405	3.1	0.43
43239	UGI ENDO; W/BX 1/MX	293	2.2	5.34
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	285	2.2	1.43
45380	COLONOSCOPY FLEX; W/BX 1/MX	209	1.6	5.02
64623	DESTRUC FACET JT NRV; L/S-EA AD	199	1.5	0.21
67025	INJ VITREOUS SUBSTITUTE-SEP PROC	199	1.5	0.10
20610	ARTHROCENTESIS ASPIR&/INJ; MAJ J	174	1.3	0.45
93545	INJ PROC-CATH; SELECT CORONRY AN	171	1.3	1.60
69210	REMOVAL IMPACT CERUMEN 1/BOTH EA	168	1.3	0.09
36569	INSERT PICC W/O PORT/PUMP; 5 YR/	165	1.3	0.18
47562	LAPAROSCOPY SURGICAL; CHOLECT	155	1.2	0.79
93556	IMAG SUPERVS I&R-CATH; PULM ANGI	155	1.2	1.46
67041	67041	152	1.2	0.16
93543	INJ PROC-CATH; LT VENT/ATRIAL AN	148	1.1	1.35
63030	LAMINOT W/ DECOMP; 1 INTERSPACE	146	1.1	0.30
93555	IMAG SUPERVS I&R-CATH; VENT/ATRI	145	1.1	1.23
93510	LT HRT CATH RETRO-BRACH/FEM; PER	143	1.1	1.18
64476	INJ ANES FACET JT; LUMB/SAC-EA A	135	1.0	0.30
47000	BIOPSY LIVER NEEDLE; PERCUTANEOU	132	1.0	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, 2008  
 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	5,036	\$7,600	\$4,015
5123	LAP CHOLEY	392	\$9,193	\$6,858
8192	INJ THERAP SUBSTANCE JT/LIGAMNT	251	\$1,100	\$1,244
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	207	\$3,041	\$1,498
8511	CLO [PERCUT] [NEEDLE] BX BREAST	193	\$916	\$1,658
3893	VENOUS CATH-NEC	165	\$2,625	\$3,699
0611	CLO PERCUT NEEDLE BX THYROID GLAND	147	\$784	\$871
8051	EXC INTERVERTEBRAL DISC	129	\$13,762	\$9,742
5011	CLO [PERCUT] [NEEDLE] BX LIVER	117	\$2,324	\$2,321
4131	BX BONE MARROW	115	\$4,224	\$3,844
8519	OTH DX PROC BREAST	114	\$1,218	\$1,244
3722	LT HEART CARD CATH	109	\$13,612	\$7,640
5491	PERCUT ABD DRAIN	100	\$1,457	\$2,077
6952	ASPIR CURET FOLLOWING DELIV/AB	97	\$4,712	\$2,819
3607	INSERTION RX-ELUTING COR ART STENT	92	\$38,624	\$32,233
4523	COLONOSCOPY	90	\$2,150	\$1,021
4513	OTH ENDO SM INTESTINE	89	\$3,231	\$1,248
3552	REPR ATRIAL SEPTL DEFEC-PROSTH-CLO	84	\$32,274	\$27,420
4701	LAP APPENDECTOMY	82	\$15,813	\$9,824
042	DESTRUC CRANIAL & PERIPH NERV	78	\$3,546	\$3,385
0331	SPINAL TAP	65	\$2,311	\$2,084

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals )
CPT-4	Procedures	6,101	\$5,961	\$3,633
36430	TRANSFUSION BLOOD/BLOOD COMPONEN	380	\$3,156	\$3,057
36416	COLLECTON CAPILLARY BLOOD SPECIM	318	\$104	\$185
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	246	\$9,205	\$7,209
43239	UGI ENDO; W/BX 1/MX	174	\$2,717	\$1,479
69210	REMOVAL IMPACT CERUMEN 1/BOTH EA	168	\$397	\$447
20610	ARTHROCENTESIS ASPIR&/INJ; MAJ J	153	\$1,162	\$1,135
36569	INSERT PICC W/O PORT/PUMP; 5 YR/	153	\$2,367	\$3,600
47562	LAPAROSCOPY SURGICAL; CHOLECT	147	\$9,169	\$6,273
63030	LAMINOT W/ DECOMP; 1 INTERSPACE	136	\$14,020	\$9,928
58340	CATH&INTRO SALINE/CONTRAST SIS/H	130	\$780	\$896
45380	COLONOSCOPY FLEX; W/BX 1/MX	127	\$2,588	\$1,400
47000	BIOPSY LIVER NEEDLE; PERCUTANEOU	116	\$2,265	\$2,311
38221	BONE MARROW; BIOPSY NEEDLE/TROCA	115	\$4,224	\$3,404
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	96	\$1,487	\$1,141
45378	COLONOSCOPY FLEX; DX-SEP PROC	94	\$2,187	\$1,028
93580	PERQ TRNSCATH CLO INTERATRIAL CM	92	\$31,661	\$27,634
44970	LAPAROSCOPY SURGICAL APPENDECTOM	81	\$15,758	\$9,809
20553	INJ; SINGLE/MX TRIG POINT 3/> MU	78	\$889	\$836
57288	SLING OPERATION STRESS INCONTINE	74	\$8,026	\$7,064
36561	INSRT TUNNL CNTRL CVAD PORT; 5 Y	70	\$9,149	\$5,905

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, 2008**  
**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	784	8,727
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	382	2,271
	003 COMPLEX INCISION AND DRAINAGE	1	100
	006 SIMPLE DEBRIDEMENT AND DESTRUCTION	14	184
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	32	1,175
	008 SIMPLE EXCISION AND BIOPSY	43	1,279
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRANGE	266	1,550
	010 SIMPLE SKIN REPAIR	3	18
	011 SIMPLE INCISION AND EXCISION OF BREAST	43	2,126
02	MUSCULOSKELETAL SYSTEM	1,527	65,893
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	301	7,092
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	54	2,745
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	92	2,708
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	314	13,313
	025 ARTHROSCOPY	153	27,527
	026 REPLACEMENT OF CAST	1	83
	027 SPLINT, STRAPPING AND CAST REMOVAL	4	770
	028 CLOSED TREATMENT FX & DISLOCATION OF FINGER, TOE & TRUNK	3	71
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	4	703
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	87	5,280
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	16	409
	032 BUNION PROCEDURES	65	1,813
	033 ARTHROPLASTY	24	597
	034 HAND AND FOOT TENOTOMY	22	356
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	387	2,426
03	RESPIRATORY SYSTEM	291	8,172
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	173	654
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	3	5,352
	055 ENDOSCOPY OF THE LOWER AIRWAY	115	1,869
04	CARDIOVASCULAR SYSTEM	1,765	34,518
	074 CARDIAC ELECTROPHYSIOLOGIC TESTS	428	3,255
	075 PLACEMENT OF TRANSVENOUS CATHETERS	2	62
	076 DIAGNOSTIC CARDIAC CATHETERIZATION	844	25,900
	077 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	172	2,275
	078 PACEMAKER INSERTION AND REPLACEMENT	100	841
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	168	1,034
	080 MINOR VASCULAR REPAIR AND FISTULA CONSTRUCTION	29	767
	081 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	8	126
	082 VASCULAR LIGATION	14	253
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	527	3,460
	092 CHEMOTHERAPY EXCEPT BY EXTENDED INFUSION	4	45
	094 BLOOD AND BLOOD PRODUCT EXCHANGE	4	83
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	114	1,999
	097 TRANSFUSION	405	1,333
06	DIGESTIVE SYSTEM	2,667	96,396
	111 ALIMENTARY TESTS AND SIMPLE TUBE PLACEMENT	57	170

**AMB ST 1-4**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2008**  
**PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE\* CPT-4 PROCEDURES**

124 St. Marks Hospital

procedure APG category		TOTAL #	TOTAL # (ALL Hospitals)
procedure APG			
113	ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	32	577
114	PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	26	308
115	DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	382	20,625
116	THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	243	5,309
117	LOWER GASTROINTESTINAL ENDOSCOPY	405	40,097
118	ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	99	1,612
119	HERNIA AND HYDROCELE PROCEDURES	185	6,648
120	COMPLEX ANAL AND RECTAL PROCEDURES	85	1,153
121	SIMPLE ANAL AND RECTAL PROCEDURES	53	539
122	MISCELLANEOUS ABDOMINAL PROCEDURES	35	563
123	COMPLEX LAPAROSCOPIC PROCEDURES	1,041	17,238
124	SIMPLE LAPAROSCOPIC PROCEDURES	24	276
07	URINARY SYSTEM	682	8,765
131	RENAL EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	4	729
132	SIMPLE URINARY STUDIES AND PROCEDURES	1	3
133	URINARY CATHETERIZATION AND DILATATION	44	472
134	COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	488	4,811
135	MODERATE CYSTOURETHROSCOPY	90	1,789
136	SIMPLE CYSTOURETHROSCOPY	27	590
137	COMPLEX URETHRAL PROCEDURES	22	191
138	SIMPLE URETHRAL PROCEDURES	6	180
08	MALE GENITAL SYSTEM	56	2,820
151	TESTICULAR AND EPIDIDYMAL PROCEDURES	24	1,286
152	INSERTION OF PENILE PROSTHESIS	16	88
153	COMPLEX PENILE PROCEDURES	8	498
154	SIMPLE PENILE PROCEDURES	8	837
09	FEMALE GENITAL SYSTEM	484	6,757
176	COMPLEX FEMALE REPRODUCTIVE PROCEDURES	136	2,044
177	SIMPLE FEMALE REPRODUCTIVE PROCEDURES	107	1,379
178	DILATION AND CURETTAGE	84	611
179	HYSTEROSCOPY	147	2,433
180	COLPOSCOPY	10	290
10	NERVOUS SYSTEM	1,306	21,149
195	NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	1,053	14,879
196	REVISION AND REMOVAL OF NEUROLOGICAL DEVICE	5	251
197	NEUROSTIMULATOR AND VENTRICULAR SHUNT IMPLANTATION	34	1,092
198	NERVE REPAIR AND DESTRUCTION	148	4,284
199	SPINAL TAP	66	643
11	EYE AND OCULAR ADNEXA	772	12,065
213	LASER EYE PROCEDURES	2	555
214	CATARACT PROCEDURES	18	4,992
215	COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	1	323
216	MODERATE ANTERIOR SEGMENT EYE PROCEDURES	1	332
217	SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	6	346
218	COMPLEX POSTERIOR SEGMENT EYE PROCEDURES	50	438
219	SIMPLE POSTERIOR SEGMENT EYE PROCEDURES	225	446

**AMB ST 1-4**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2008**  
**PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE\* CPT-4 PROCEDURES**

124 St. Marks Hospital

procedure APG category		TOTAL #	TOTAL # (ALL Hospitals)
procedure APG			
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	2	1,215
	223 VITRECTOMY	467	1,739
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	118	28,538
	233 NASAL CAUTERIZATION AND PACKING	1	291
	234 COMPLEX FACIAL AND ENT PROCEDURES	85	5,886
	235 SIMPLE FACIAL AND ENT PROCEDURES	31	13,559
	236 TONSIL AND ADENOID PROCEDURES	1	8,709
13	THERAPEUTIC AND OTHER RADIOLOGICAL PROCEDURES	304	3,406
	253 VASCULAR RADIOLOGY EXCEPT FOR VENOGRAPHY OF EXTREMITY	145	1,173
	254 MYELOGRAPHY	24	296
	255 MISCELLANEOUS RADIOLOGICAL PROCEDURES WITH CONTRAST	135	1,929

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

**AMB ST 1-5**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2008**  
**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	673	\$4,081	\$3,433
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	342	\$3,347	\$2,695
	003 COMPLEX INCISION AND DRAINAGE	1	\$4,468	\$4,471
	006 SIMPLE DEBRIDEMENT AND DESTRUCTION	5	\$4,199	\$3,383
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	18	\$6,958	\$3,748
	008 SIMPLE EXCISION AND BIOPSY	35	\$3,350	\$3,190
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRAN	244	\$4,874	\$4,802
	010 SIMPLE SKIN REPAIR	3	\$4,579	\$4,077
	011 SIMPLE INCISION AND EXCISION OF BREAST	25	\$5,246	\$3,305
02	MUSCULOSKELETAL SYSTEM	707	\$5,922	\$4,654
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	167	\$13,339	\$7,553
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	16	\$6,430	\$4,034
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	12	\$8,972	\$5,600
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	58	\$5,433	\$3,312
	025 ARTHROSCOPY	38	\$7,896	\$4,892
	027 SPLINT, STRAPPING AND CAST REMOVAL	1	\$1,156	\$1,401
	028 CLOSED TREATMENT FX & DISLOCATION OF FINGER, TOE & TRUNK	2	\$3,657	\$2,571
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	2	\$6,012	\$3,247
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	51	\$8,973	\$6,529
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	10	\$4,654	\$3,340
	032 BUNION PROCEDURES	15	\$8,211	\$4,813
	033 ARTHROPLASTY	12	\$11,569	\$8,553
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	323	\$1,074	\$1,117
03	RESPIRATORY SYSTEM	215	\$2,229	\$2,445
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	163	\$1,581	\$1,535
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	1	\$6,411	\$3,900
	055 ENDOSCOPY OF THE LOWER AIRWAY	51	\$4,217	\$2,377
04	CARDIOVASCULAR SYSTEM	242	\$20,442	\$14,018
	075 PLACEMENT OF TRANSVENOUS CATHETERS	1	\$59,557	\$10,874
	076 DIAGNOSTIC CARDIAC CATHETERIZATION	1	\$9,500	\$5,533
	077 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	102	\$30,298	\$25,520
	078 PACEMAKER INSERTION AND REPLACEMENT	33	\$37,973	\$23,655
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	76	\$4,129	\$4,381
	080 MINOR VASCULAR REPAIR AND FISTULA CONSTRUCTION	20	\$7,354	\$6,447
	081 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	3	\$7,217	\$5,330
	082 VASCULAR LIGATION	6	\$8,658	\$6,747
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	416	\$3,587	\$4,660
	094 BLOOD AND BLOOD PRODUCT EXCHANGE	4	\$6,155	\$5,068
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	32	\$8,376	\$6,198
	097 TRANSFUSION	380	\$3,156	\$3,057
06	DIGESTIVE SYSTEM	1,720	\$6,905	\$2,773
	111 ALIMENTARY TESTS AND SIMPLE TUBE PLACEMENT	54	\$1,300	\$1,415
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	23	\$2,207	\$1,163
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	19	\$3,227	\$1,532
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	230	\$2,701	\$1,425

**AMB ST 1-5**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2008**  
**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 )
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	142	\$3,941	\$2,089
	117 LOWER GASTROINTESTINAL ENDOSCOPY	242	\$2,474	\$1,219
	118 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	36	\$8,658	\$4,271
	119 HERNIA AND HYDROCELE PROCEDURES	97	\$6,652	\$4,277
	120 COMPLEX ANAL AND RECTAL PROCEDURES	56	\$5,761	\$3,419
	121 SIMPLE ANAL AND RECTAL PROCEDURES	31	\$5,394	\$3,237
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	17	\$8,053	\$6,011
	123 COMPLEX LAPAROSCOPIC PROCEDURES	766	\$10,773	\$7,473
	124 SIMPLE LAPAROSCOPIC PROCEDURES	7	\$11,279	\$8,589
07	URINARY SYSTEM	327	\$9,142	\$5,467
	131 RENAL EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	4	\$13,013	\$8,805
	132 SIMPLE URINARY STUDIES AND PROCEDURES	1	\$2,693	\$2,693
	133 URINARY CATHETERIZATION AND DILATATION	33	\$7,597	\$5,073
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	234	\$9,878	\$5,910
	135 MODERATE CYSTOURETHROSCOPY	37	\$5,720	\$3,852
	136 SIMPLE CYSTOURETHROSCOPY	8	\$5,559	\$2,909
	137 COMPLEX URETHRAL PROCEDURES	9	\$12,343	\$11,146
	138 SIMPLE URETHRAL PROCEDURES	1	\$5,309	\$1,414
08	MALE GENITAL SYSTEM	42	\$12,251	\$3,901
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	14	\$5,420	\$3,127
	152 INSERTION OF PENILE PROSTHESIS	15	\$22,852	\$22,767
	153 COMPLEX PENILE PROCEDURES	8	\$8,984	\$3,976
	154 SIMPLE PENILE PROCEDURES	5	\$4,801	\$2,116
09	FEMALE GENITAL SYSTEM	271	\$6,666	\$4,786
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	99	\$7,516	\$6,095
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	53	\$5,190	\$3,503
	178 DILATION AND CURETTAGE	42	\$4,389	\$2,944
	179 HYSTEROSCOPY	74	\$7,948	\$5,125
	180 COLPOSCOPY	3	\$4,953	\$4,314
10	NERVOUS SYSTEM	382	\$2,686	\$2,546
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	278	\$1,657	\$1,269
	196 REVISION AND REMOVAL OF NEUROLOGICAL DEVICE	3	\$5,183	\$11,955
	197 NEUROSTIMULATOR AND VENTRICULAR SHUNT IMPLANTATION	9	\$27,647	\$31,310
	198 NERVE REPAIR AND DESTRUCTION	26	\$5,539	\$2,841
	199 SPINAL TAP	66	\$2,382	\$2,025
11	EYE AND OCULAR ADNEXA	94	\$9,776	\$3,560
	213 LASER EYE PROCEDURES	1	\$3,556	\$739
	214 CATARACT PROCEDURES	2	\$9,394	\$3,611
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	1	\$15,167	\$5,024
	218 COMPLEX POSTERIOR SEGMENT EYE PROCEDURES	19	\$8,011	\$6,059
	219 SIMPLE POSTERIOR SEGMENT EYE PROCEDURES	3	\$5,935	\$3,518
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	2	\$9,260	\$3,921
	223 VITRECTOMY	66	\$10,499	\$5,496
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	56	\$8,455	\$3,024
	233 NASAL CAUTERIZATION AND PACKING	1	\$1,860	\$3,338

**AMB ST 1-5**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2008**  
**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	49	\$8,859	\$6,314
	235 SIMPLE FACIAL AND ENT PROCEDURES	5	\$6,081	\$1,997
	236 TONSIL AND ADENOID PROCEDURES	1	\$7,146	\$2,592
13	THERAPEUTIC AND OTHER RADIOLOGICAL PROCEDURES	188	\$1,968	\$3,705
	253 VASCULAR RADIOLOGY EXCEPT FOR VENOGRAPHY OF EXTREMITY	34	\$5,479	\$11,563
	254 MYELOGRAPHY	22	\$3,606	\$3,275
	255 MISCELLANEOUS RADIOLOGICAL PROCEDURES WITH CONTRAST	132	\$790	\$3,069

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

**AMB ST 1-6**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2008**  
**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

124 St. Marks Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
<b>GENDER</b>				
Female	6,152	63.0	120,689	54.0
Male	3,619	37.0	102,774	46.0
Unknown	0	0.0	0	0.0
Not Reported	0	0.0	1	0.0
<b>AGE</b>				
1-28 days	365	3.7	1,290	0.6
29-365 days	123	1.3	3,012	1.3
1-4 years	2	0.0	11,257	5.0
5-9	0	0.0	6,380	2.9
10-14	17	0.2	4,795	2.1
15-17	72	0.7	5,109	2.3
18-19	93	1.0	3,667	1.6
20-24	326	3.3	10,397	4.7
25-29	520	5.3	12,788	5.7
30-34	595	6.1	13,212	5.9
35-39	600	6.1	12,888	5.8
40-44	665	6.8	13,216	5.9
45-49	811	8.3	16,707	7.5
50-54	937	9.6	24,036	10.8
55-59	908	9.3	20,476	9.2
60-64	872	8.9	17,623	7.9
65-69	780	8.0	14,920	6.7
70-74	632	6.5	12,104	5.4
75-79	561	5.7	9,552	4.3
80-84	483	4.9	6,230	2.8
85-89	292	3.0	2,923	1.3
90 +	117	1.2	881	0.4
Not Reported	365	3.7	1,292	0.6
<b>SOURCE OF ADMISSION</b>				
Physician Referral	9,396	96.2	200,515	89.7
Clinic Referral	81	0.8	4,085	1.8
HMO Referral	0	0.0	3,198	1.4
Other Hospital	8	0.1	219	0.1
Skilled Nursing Facility	5	0.1	26	0.0
Other Health Care Facility	11	0.1	41	0.0
Emergency Room	269	2.8	5,219	2.3
Court/Law Enforcement	1	0.0	3	0.0
Unknown	0	0.0	26	0.0
Not Reported	0	0.0	10,133	4.5

(Continued)



**AMB ST 1-6**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2008**  
**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

124 St. Marks Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
<b>DISCHARGE STATUS</b>				
Home or Self Care	9,717	99.4	222,849	99.7
Another Hospital	0	0.0	103	0.0
Skilled Nursing Facility	18	0.2	107	0.0
Intermediate Care Facility	0	0.0	14	0.0
Another Type of Institution	7	0.1	60	0.0
Under Care of Home Service	28	0.3	271	0.1
Left Against Medical Advice	0	0.0	13	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	1	0.0	8	0.0
Unknown	0	0.0	35	0.0
Not Reported	0	0.0	5	0.0
<b>PRIMARY PAYER</b>				
Medicare	2,334	23.9	38,441	17.2
Medicaid	417	4.3	13,916	6.2
Other government	104	1.1	3,998	1.8
Blue Cross/Blue Shield	2,988	30.6	31,579	14.1
Other Commercial	622	6.4	17,861	8.0
Managed Care(HMO, PPO)	2,937	30.1	108,172	48.4
Self Pay	201	2.1	3,087	1.4
Industrial & Worker Comp	142	1.5	3,835	1.7
Charity and Unclassified	19	0.2	1,349	0.6
Childrens Health Insurance	4	0.0	121	0.1
Unknown	3	0.0	1,030	0.5
Not Reported	0	0.0	76	0.0
<b>LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE</b>				
Bear River	58	0.6	16,758	7.5
Central Utah	35	0.4	8,253	3.7
Davis County	422	4.3	22,506	10.1
Salt Lake County	7,700	78.8	75,789	33.9
Southeastern Utah	37	0.4	4,234	1.9
Southwest Utah	42	0.4	13,877	6.2
Summit County	182	1.9	2,803	1.3
Tooele County	266	2.7	4,857	2.2
Tri-County	87	0.9	5,940	2.7
Utah County	274	2.8	37,220	16.7
Wasatch County	39	0.4	1,668	0.7
Weber County	133	1.4	19,855	8.9
Unknown Utah	5	0.1	42	0.0
Outside Utah	491	5.0	9,563	4.3
Unknown, Not Reported	0	0.0	100	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, 2008**  
**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)	14,236	100.0	321,431	100.0
Mastectomy (85.0-85.99)	0	0.0	7,806	2.4
Musculoskeletal (76.0-84.99)	13,415	94.2	73,868	23.0
Respiratory (30.0-34.99)	0	0.0	3,427	1.1
Cardiovascular (35.0-39.99)	4	0.0	18,764	5.8
Lymphatic/Hemetic (40.0-41.99)	8	0.1	2,774	0.9
Digestive System (42.0-54.99)	0	0.0	98,766	30.7
Urinary (55.0-59.99)	0	0.0	10,839	3.4
Male Genital (60.0-64.99)	0	0.0	3,918	1.2
Female Genital (65.0-71.99)	0	0.0	14,989	4.7
Endocrine/Nervous (01.0-07.99)	809	5.7	21,267	6.6
Eye (08.0-16.99)	0	0.0	21,107	6.6
Ear (18.0-20.99)	0	0.0	13,757	4.3
Nose, Mouth, Pharynx (21.0-29.99)	0	0.0	30,149	9.4
Reporting Category(CPT-4 CODES)	10,302	100.0	312,478	100.0
Mastectomy (19120-19220)	0	0.0	2,126	0.7
Musculoskeletal (20000-29909)	10,008	97.1	73,391	23.5
Respiratory (30000-32999 & 39501-39599)	0	0.0	14,650	4.7
Cardiovascular (33010-37799 & 93501-93660)	4	0.0	42,433	13.6
Lymphatic/Hemetic (38100-38999)	5	0.0	2,801	0.9
Digestive (40490-49999)	0	0.0	107,011	34.2
Urinary (50010-53899)	0	0.0	10,127	3.2
Male Genital (54000-55899)	0	0.0	3,288	1.1
Female Genital (56405-58999)	0	0.0	11,773	3.8
Endocrine/Nervous (60000-64999)	285	2.8	24,966	8.0
Eye (65091-68899)	0	0.0	12,267	3.9
Ear (69000-69979)	0	0.0	7,645	2.4

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Utah Health Data Committee/Office of Health Care Statistics.  
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**AMB ST 1-2**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2008**  
**MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE\* PROCEDURES**

307 The Orthopedic Specialty Hospital

ICD-9 CODE	ICD-9 DESCRIPTION	#	%	% ALL Hospitals
<b>All ICD-9 Procedures</b>				
8026	ARTHSCPY-KNEE	2,086	14.7	1.37
806	EXC SEMILUNAR CARTILAGE-KNEE	1,084	7.6	1.86
8021	ARTHSCPY-SHLDR	1,077	7.6	0.74
8086	OTH LOC EXC/DESTRUC JT LES-KNEE	576	4.0	0.69
0443	RELEASE CARPAL TUNNEL	575	4.0	1.09
8147	OTH REPR KNEE	557	3.9	0.86
8145	OTH REPR CRUCIATE LIGAMNT	501	3.5	0.55
8023	ARTHSCPY-WRIST	488	3.4	0.25
8183	OTH REPR SHLDR	464	3.3	0.86
8363	ROTATOR CUFF REPR	394	2.8	0.81
8081	OTH LOC EXC/DESTRUC JT LES-SHLDR	376	2.6	0.54
7781	OTH PART OSTEC-SCAPULA-CLAV-THOR	374	2.6	0.60
7867	REMOV IMPLNT DEVICE-TIBIA & FIB	210	1.5	0.32
8046	DIVIS JT CAP-LIGAMNT/CART-KNEE	176	1.2	0.28
8201	EXPLOR TENDON SHEATH HAND	157	1.1	0.40
7868	REMOV IMPLNT DEVICE-TARS-METATARS	154	1.1	0.16
8076	SYNOVECT-KNEE	138	1.0	0.39
8388	OTH PLSTC OPER TENDON	131	0.9	0.27
7777	EXC BONE GFT-TIBIA & FIB	118	0.8	0.05
7757	REPR CLAW TOE	117	0.8	0.05

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
<b>All CPT-4 Procedures</b>				
29881	SCOPE KNEE SURG;W/MENISCECT MED/	912	8.9	1.61
29877	SCOPE KNEE SURG; DEBRID/SHAVE CA	802	7.8	0.95
29826	SCOPE SHOULDER; DECOMP SUBACROM	740	7.2	1.23
20680	REMOVAL OF IMPLANT; DEEP	495	4.8	1.01
29888	ARTHSCPY AIDED ACL REPR/AUG/RECO	487	4.7	0.58
29827	SCOPE SHLDR SURG; W/ROTOR CUFF R	380	3.7	0.61
29848	ENDO WRST SURG REL TRNS CARP LIG	361	3.5	0.38
29824	SCOPE SHLDR SURG;DIST CLAVICULEC	359	3.5	0.51
20900	BONE GRAFT ANY DONOR AREA; MINOR	203	2.0	0.10
29822	SCOPE SHOULDER SURGICAL; DEBRID	181	1.8	0.31
29823	SCOPE SHOULDER SURGICAL; DEBRID	175	1.7	0.23
29880	SCOPE KNEE SURG;W/MENISCECT MED&	158	1.5	0.43
29806	SCOPE SHOULDER SURGICAL; CPSLORR	156	1.5	0.19
26055	TENDON SHEATH INCISION	145	1.4	0.45
29873	SCOPE KNEE SURGICAL; W/LAT RELEA	129	1.3	0.26
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	118	1.1	0.66
28899	UNLISTED PROCEDURE FOOT OR TOES	103	1.0	0.13
28270	CAPSULOT; MTP JNT EA JT SEP PROC	98	1.0	0.09
29875	SCOPE KNEE; SYNOVECT LTD SEP PRO	85	0.8	0.24
28285	CORRECTION HAMMERTOES	83	0.8	0.57

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, 2008  
 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	1,140	\$3,722	\$4,015
0443	RELEASE CARPAL TUNNEL	88	\$2,287	\$2,420
8221	EXC LES TENDON SHEATH HAND	69	\$2,226	\$2,617
8201	EXPLOR TENDON SHEATH HAND	62	\$1,992	\$2,302
7936	OP REDUC FX W/INT FIX-TIBIA & FIB	56	\$4,118	\$7,201
7867	REMOV IMPLNT DEVICE-TIBIA & FIB	54	\$2,038	\$3,143
7932	OP REDUC FX W/INT FIX-RADIUS & ULNA	53	\$6,863	\$8,664
0449	OTH PERIPH NERV/GANGL DECOMP/LYSIS	45	\$3,127	\$3,559
8364	OTH SUT TENDON	43	\$4,141	\$5,165
7937	OP REDUC W/INT FIX-TARS-METATARS	41	\$6,049	\$6,998
7933	OP REDUC W/INT FIX-CARP-METACARP	35	\$4,642	\$5,808
7914	CLO REDUC W/INT FIX-PHALANGES HAND	32	\$1,901	\$2,821
7939	OP REDUC FX W/INT FIX-OTH BONE	29	\$7,209	\$9,053
7868	REMOV IMPLNT DEVICE-TARS-METATARS	27	\$2,081	\$2,737
8388	OTH PLSTC OPER TENDON	25	\$4,816	\$6,366
7934	OP REDUC W/INT FIX-PHALANGES HAND	24	\$4,887	\$4,708
8026	ARTHSCPY-KNEE	22	\$3,426	\$3,512
0407	OTH EXC/AVUL CRANIAL & PERIPH NERV	21	\$2,411	\$2,799
7913	CLO REDUC-/INT FIX-CARP-METACARP	20	\$1,985	\$2,928
8179	OTH REPR HAND-FINGR & WRIST	17	\$3,145	\$3,923
8128	INTERPHALANGEAL FUSION	15	\$4,350	\$5,196

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals )
CPT-4	Procedures	2,823	\$4,079	\$3,633
29881	SCOPE KNEE SURG;W/MENISCECT MED/	360	\$3,077	\$4,187
29877	SCOPE KNEE SURG; DEBRID/SHAVE CA	313	\$3,171	\$3,808
29848	ENDO WRST SURG REL TRNS CARP LIG	235	\$2,330	\$2,537
29888	ARTHSCPY AIDED ACL REPR/AUG/RECO	185	\$9,044	\$9,982
29806	SCOPE SHOULDER SURGICAL; CPSLORR	122	\$7,458	\$8,744
20680	REMOVAL OF IMPLANT; DEEP	99	\$2,175	\$3,321
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	86	\$2,344	\$2,462
29826	SCOPE SHOULDER; DECOMP SUBACROM	64	\$4,578	\$5,424
29875	SCOPE KNEE; SYNOVECT LTD SEP PRO	52	\$2,949	\$4,121
25111	EXCISION OF GANGLION WRIST; PRIM	46	\$2,189	\$2,638
29880	SCOPE KNEE SURG;W/MENISCECT MED&	46	\$3,045	\$4,471
26055	TENDON SHEATH INCISION	40	\$1,950	\$2,154
64718	NEUROPLASTY; ULNAR NERV AT ELBOW	39	\$3,022	\$3,687
29873	SCOPE KNEE SURGICAL; W/LAT RELEA	38	\$3,626	\$4,461
27650	REPR PRIM OPN/PERQ RUP ACHILLES	33	\$3,287	\$4,876
29823	SCOPE SHOULDER SURGICAL; DEBRID	32	\$4,740	\$5,391
29879	SCOPE KNEE SURG; ABRASION ARTHPL	31	\$3,357	\$4,577
23515	OPEN TX CLAV FX W/VO INTRL/EXT F	28	\$7,316	\$9,038
29822	SCOPE SHOULDER SURGICAL; DEBRID	27	\$4,276	\$5,110
29827	SCOPE SHLDR SURG; W/ROTOR CUFF R	27	\$7,555	\$9,591

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

**AMB ST 1-4**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2008**  
**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	72	8,727
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	5	2,271
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	25	1,175
	008 SIMPLE EXCISION AND BIOPSY	38	1,279
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRANGE	4	1,550
02	MUSCULOSKELETAL SYSTEM	9,840	65,893
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	896	7,092
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	382	2,745
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	426	2,708
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	1,579	13,313
	025 ARTHROSCOPY	5,616	27,527
	028 CLOSED TREATMENT FX & DISLOCATION OF FINGER, TOE & TRUNK	4	71
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	33	703
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	569	5,280
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	19	409
	032 BUNION PROCEDURES	99	1,813
	033 ARTHROPLASTY	75	597
	034 HAND AND FOOT TENOTOMY	62	356
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	80	2,426
04	CARDIOVASCULAR SYSTEM	4	34,518
	080 MINOR VASCULAR REPAIR AND FISTULA CONSTRUCTION	4	767
10	NERVOUS SYSTEM	276	21,149
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	14	14,879
	198 NERVE REPAIR AND DESTRUCTION	262	4,284
13	THERAPEUTIC AND OTHER RADIOLOGICAL PROCEDURES	1	3,406
	255 MISCELLANEOUS RADIOLOGICAL PROCEDURES WITH CONTRAST	1	1,929

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/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, 2008**  
**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	18	\$2,949	\$3,433
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	8	\$3,466	\$3,748
	008 SIMPLE EXCISION AND BIOPSY	9	\$2,566	\$3,190
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRAN	1	\$2,257	\$4,802
02	MUSCULOSKELETAL SYSTEM	2,621	\$4,113	\$4,654
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	149	\$4,951	\$7,553
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	78	\$3,123	\$4,034
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	58	\$3,974	\$5,600
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	313	\$2,370	\$3,312
	025 ARTHROSCOPY	1,707	\$4,242	\$4,892
	028 CLOSED TREATMENT FX & DISLOCATION OF FINGER, TOE & TRUNK	4	\$1,627	\$2,571
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	15	\$2,316	\$3,247
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	272	\$5,179	\$6,529
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	1	\$2,093	\$3,340
	032 BUNION PROCEDURES	14	\$2,851	\$4,813
	033 ARTHROPLASTY	10	\$9,321	\$8,553
04	CARDIOVASCULAR SYSTEM	1	\$3,299	\$14,018
	080 MINOR VASCULAR REPAIR AND FISTULA CONSTRUCTION	1	\$3,299	\$6,447
10	NERVOUS SYSTEM	139	\$2,605	\$2,546
	198 NERVE REPAIR AND DESTRUCTION	139	\$2,605	\$2,841

SOURCE: Utah Ambulatory Surgery Database  
Utah Health Data Committee/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, 2008**  
**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

307 The Orthopedic Specialty Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
<b>GENDER</b>				
Female	2,709	47.2	120,689	54.0
Male	3,032	52.8	102,774	46.0
Unknown	0	0.0	0	0.0
Not Reported	0	0.0	1	0.0
<b>AGE</b>				
1-28 days	0	0.0	1,290	0.6
29-365 days	0	0.0	3,012	1.3
1-4 years	0	0.0	11,257	5.0
5-9	8	0.1	6,380	2.9
10-14	99	1.7	4,795	2.1
15-17	264	4.6	5,109	2.3
18-19	178	3.1	3,667	1.6
20-24	383	6.7	10,397	4.7
25-29	391	6.8	12,788	5.7
30-34	428	7.5	13,212	5.9
35-39	476	8.3	12,888	5.8
40-44	506	8.8	13,216	5.9
45-49	605	10.5	16,707	7.5
50-54	675	11.8	24,036	10.8
55-59	599	10.4	20,476	9.2
60-64	463	8.1	17,623	7.9
65-69	277	4.8	14,920	6.7
70-74	184	3.2	12,104	5.4
75-79	121	2.1	9,552	4.3
80-84	54	0.9	6,230	2.8
85-89	21	0.4	2,923	1.3
90 +	9	0.2	881	0.4
Not Reported	0	0.0	1,292	0.6
<b>SOURCE OF ADMISSION</b>				
Physician Referral	5,720	99.6	200,515	89.7
Clinic Referral	15	0.3	4,085	1.8
HMO Referral	1	0.0	3,198	1.4
Other Hospital	1	0.0	219	0.1
Skilled Nursing Facility	0	0.0	26	0.0
Other Health Care Facility	0	0.0	41	0.0
Emergency Room	4	0.1	5,219	2.3
Court/Law Enforcement	0	0.0	3	0.0
Unknown	0	0.0	26	0.0
Not Reported	0	0.0	10,133	4.5

(Continued)

**AMB ST 1-6**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2008**  
**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

307 The Orthopedic Specialty Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
<b>DISCHARGE STATUS</b>				
Home or Self Care	5,702	99.3	222,849	99.7
Another Hospital	5	0.1	103	0.0
Skilled Nursing Facility	6	0.1	107	0.0
Intermediate Care Facility	0	0.0	14	0.0
Another Type of Institution	0	0.0	60	0.0
Under Care of Home Service	27	0.5	271	0.1
Left Against Medical Advice	1	0.0	13	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	0	0.0	8	0.0
Unknown	0	0.0	35	0.0
Not Reported	0	0.0	5	0.0
<b>PRIMARY PAYER</b>				
Medicare	535	9.3	38,441	17.2
Medicaid	89	1.6	13,916	6.2
Other government	89	1.6	3,998	1.8
Blue Cross/Blue Shield	879	15.3	31,579	14.1
Other Commercial	381	6.6	17,861	8.0
Managed Care(HMO, PPO)	3,202	55.8	108,172	48.4
Self Pay	57	1.0	3,087	1.4
Industrial & Worker Comp	442	7.7	3,835	1.7
Charity and Unclassified	55	1.0	1,349	0.6
Childrens Health Insurance	3	0.1	121	0.1
Unknown	9	0.2	1,030	0.5
Not Reported	0	0.0	76	0.0
<b>LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE</b>				
Bear River	44	0.8	16,758	7.5
Central Utah	29	0.5	8,253	3.7
Davis County	278	4.8	22,506	10.1
Salt Lake County	4,384	76.4	75,789	33.9
Southeastern Utah	17	0.3	4,234	1.9
Southwest Utah	31	0.5	13,877	6.2
Summit County	219	3.8	2,803	1.3
Tooele County	96	1.7	4,857	2.2
Tri-County	37	0.6	5,940	2.7
Utah County	323	5.6	37,220	16.7
Wasatch County	32	0.6	1,668	0.7
Weber County	70	1.2	19,855	8.9
Unknown Utah	0	0.0	42	0.0
Outside Utah	178	3.1	9,563	4.3
Unknown, Not Reported	3	0.1	100	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, 2008**  
**NUMBER OF CPT-4 AND ICD-9 REPORTABLE\* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY**

144 Timpanogos Regional Hospital

Reporting Category(ICD-9-CM CODES)	Procedures Performed		Procedures Performed-All Hospitals	
	(#)	(%)	(#)	(%)
Reporting Category(ICD-9-CM CODES)	6,491	100.0	321,431	100.0
Mastectomy (85.0-85.99)	134	2.1	7,806	2.4
Musculoskeletal (76.0-84.99)	943	14.5	73,868	23.0
Respiratory (30.0-34.99)	26	0.4	3,427	1.1
Cardiovascular (35.0-39.99)	655	10.1	18,764	5.8
Lymphatic/Hemetic (40.0-41.99)	31	0.5	2,774	0.9
Digestive System (42.0-54.99)	2,044	31.5	98,766	30.7
Urinary (55.0-59.99)	49	0.8	10,839	3.4
Male Genital (60.0-64.99)	51	0.8	3,918	1.2
Female Genital (65.0-71.99)	266	4.1	14,989	4.7
Endocrine/Nervous (01.0-07.99)	1,825	28.1	21,267	6.6
Eye (08.0-16.99)	51	0.8	21,107	6.6
Ear (18.0-20.99)	249	3.8	13,757	4.3
Nose, Mouth, Pharynx (21.0-29.99)	167	2.6	30,149	9.4
Reporting Category(CPT-4 CODES)	7,947	100.0	312,478	100.0
Mastectomy (19120-19220)	17	0.2	2,126	0.7
Musculoskeletal (20000-29909)	1,019	12.8	73,391	23.5
Respiratory (30000-32999 & 39501-39599)	49	0.6	14,650	4.7
Cardiovascular (33010-37799 & 93501-93660)	2,028	25.5	42,433	13.6
Lymphatic/Hemetic (38100-38999)	22	0.3	2,801	0.9
Digestive (40490-49999)	2,083	26.2	107,011	34.2
Urinary (50010-53899)	97	1.2	10,127	3.2
Male Genital (54000-55899)	39	0.5	3,288	1.1
Female Genital (56405-58999)	222	2.8	11,773	3.8
Endocrine/Nervous (60000-64999)	2,216	27.9	24,966	8.0
Eye (65091-68899)	28	0.4	12,267	3.9
Ear (69000-69979)	127	1.6	7,645	2.4

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

**AMB ST 1-2**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2008**  
**MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE\* PROCEDURES**

144 Timpanogos Regional Hospital

ICD-9 CODE	ICD-9 DESCRIPTION	#	%	% ALL Hospitals
All ICD-9 Procedures		6,491	100.0	100.0
0391	INJ ANES SPINAL CANAL-ANALGESIA	791	12.2	1.44
0392	INJ OTH AGENT SPINAL CANAL	716	11.0	1.89
4523	COLONOSCOPY	457	7.0	6.06
4542	ENDO POLYPECTOMY LG INTESTINE	273	4.2	3.39
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	269	4.1	5.39
2001	MYRINGOTOMY W/INSRT TUBE	233	3.6	3.46
4513	OTH ENDO SM INTESTINE	229	3.5	1.73
3722	LT HEART CARD CATH	197	3.0	1.38
5123	LAP CHOLEY	154	2.4	2.20
4292	DILAT ESOPH	105	1.6	1.34
3607	INSERTION RX-ELUTING COR ART STENT	102	1.6	0.42
4525	CLO [ENDO] BX LG INTESTINE	99	1.5	2.33
3723	COMBO RT & LT HEART CARD CATH	94	1.4	0.55
4701	LAP APPENDECTOMY	89	1.4	0.71
806	EXC SEMILUNAR CARTILAGE-KNEE	67	1.0	1.86
8051	EXC INTERVERTEBRAL DISC	63	1.0	0.43
4836	[ENDO] POLYPECTOMY RECTUM	62	1.0	0.96
031	DIVIS INTRASPINAL NERV ROOT	60	0.9	0.05
0443	RELEASE CARPAL TUNNEL	55	0.8	1.09
6902	D&C FOLLOWING DELIV/AB	52	0.8	0.23

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		7,947	100.0	100.0
64484	INJ ANES EPIDURL; LUMB/SAC-EA AD	559	7.0	0.71
64483	INJ ANES EPIDURL; LUMB/SAC 1 LEV	538	6.8	1.05
45378	COLONOSCOPY FLEX; DX-SEP PROC	441	5.5	5.71
45380	COLONOSCOPY FLEX; W/BX 1/MX	323	4.1	5.02
93545	INJ PROC-CATH; SELECT CORONRY AN	311	3.9	1.60
93556	IMAG SUPERVS I&R-CATH; PULM ANGI	286	3.6	1.46
93555	IMAG SUPERVS I&R-CATH; VENT/ATRI	272	3.4	1.23
43239	UGI ENDO; W/BX 1/MX	270	3.4	5.34
93543	INJ PROC-CATH; LT VENT/ATRIAL AN	270	3.4	1.35
93510	LT HRT CATH RETRO-BRACH/FEM; PER	220	2.8	1.18
64476	INJ ANES FACET JT; LUMB/SAC-EA A	184	2.3	0.30
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	155	2.0	1.18
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	147	1.8	1.43
69436	TYMPANOSTOMY GENERAL ANESTHESIA	119	1.5	1.79
64623	DESTRUC FACET JT NRV; L/S-EA AD	107	1.3	0.21
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	106	1.3	1.43
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	102	1.3	0.85
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	102	1.3	0.91
93526	COMB RT HRT CATH&RETRO LT HRT CA	99	1.2	0.43
44970	LAPAROSCOPY SURGICAL APPENDECTOM	95	1.2	0.73

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, 2008  
 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	2,924	\$6,773	\$4,015
4523	COLONOSCOPY	399	\$1,818	\$1,021
4542	ENDO POLYPECTOMY LG INTESTINE	197	\$2,511	\$1,444
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	166	\$2,174	\$1,498
4513	OTH ENDO SM INTESTINE	123	\$1,952	\$1,248
5123	LAP CHOLEY	120	\$9,397	\$6,858
3722	LT HEART CARD CATH	113	\$11,556	\$7,640
0391	INJ ANES SPINAL CANAL-ANALGESIA	95	\$8,802	\$4,862
4701	LAP APPENDECTOMY	84	\$12,860	\$9,824
3723	COMBO RT & LT HEART CARD CATH	81	\$14,460	\$8,441
4525	CLO [ENDO] BX LG INTESTINE	61	\$2,346	\$1,506
031	DIVIS INTRASPINAL NERV ROOT	57	\$15,224	\$8,707
6902	D&C FOLLOWING DELIV/AB	51	\$3,536	\$2,814
3893	VENOUS CATH-NEC	41	\$3,055	\$3,699
283	TONSILLECTOMY W/ADENOIDECTOMY	38	\$3,754	\$2,576
3721	RT HEART CARD CATH	38	\$5,634	\$4,781
8051	EXC INTERVERTEBRAL DISC	37	\$11,356	\$9,742
0331	SPINAL TAP	36	\$2,415	\$2,084
806	EXC SEMILUNAR CARTILAGE-KNEE	33	\$6,036	\$4,727
8192	INJ THERAP SUBSTANCE JT/LIGAMNT	33	\$1,405	\$1,244
8511	CLO [PERCUT] [NEEDLE] BX BREAST	33	\$3,469	\$1,658

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals )
CPT-4	Procedures	2,978	\$4,757	\$3,633
45378	COLONOSCOPY FLEX; DX-SEP PROC	383	\$1,807	\$1,028
45380	COLONOSCOPY FLEX; W/BX 1/MX	240	\$2,221	\$1,400
43239	UGI ENDO; W/BX 1/MX	166	\$2,178	\$1,479
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	118	\$1,926	\$1,180
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	115	\$9,442	\$7,209
64483	INJ ANES EPIDURL; LUMB/SAC 1 LEV	111	\$2,537	\$1,342
44970	LAPAROSCOPY SURGICAL APPENDECTOM	86	\$12,824	\$9,809
69436	TYMPANOSTOMY GENERAL ANESTHESIA	82	\$2,522	\$1,352
36430	TRANSFUSION BLOOD/BLOOD COMPONENT	64	\$1,981	\$3,057
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	59	\$2,813	\$1,806
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	53	\$1,790	\$1,141
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	49	\$2,455	\$1,613
64479	INJ ANES EPIDURL; CERV/THOR 1 LE	38	\$2,087	\$1,553
20610	ARTHROCENTESIS ASPIR&/INJ; MAJ J	37	\$1,402	\$1,135
42820	T&A; UNDER AGE 12	36	\$3,713	\$2,484
62270	SPINAL PUNCTURE LUMBAR DIAGNOSTI	36	\$2,415	\$2,027
63030	LAMINOT W/ DECOMP; 1 INTERSPACE	36	\$11,085	\$9,928
29881	SCOPE KNEE SURG;W/MENISCECT MED/	35	\$5,742	\$4,187
36569	INSERT PICC W/O PORT/PUMP; 5 YR/	35	\$3,205	\$3,600
51600	INJ PROC-CYSTOGRAPHY	34	\$1,035	\$1,299

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

**AMB ST 1-4**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2008**  
**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	158	8,727
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	42	2,271
	003 COMPLEX INCISION AND DRAINAGE	4	100
	004 SIMPLE INCISION AND DRAINAGE	1	24
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	27	1,175
	008 SIMPLE EXCISION AND BIOPSY	14	1,279
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRANGE	53	1,550
	011 SIMPLE INCISION AND EXCISION OF BREAST	17	2,126
02	MUSCULOSKELETAL SYSTEM	845	65,893
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	98	7,092
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	23	2,745
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	57	2,708
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	248	13,313
	025 ARTHROSCOPY	245	27,527
	027 SPLINT, STRAPPING AND CAST REMOVAL	2	770
	028 CLOSED TREATMENT FX & DISLOCATION OF FINGER, TOE & TRUNK	2	71
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	3	703
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	50	5,280
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	7	409
	032 BUNION PROCEDURES	49	1,813
	034 HAND AND FOOT TENOTOMY	6	356
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	55	2,426
03	RESPIRATORY SYSTEM	32	8,172
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	10	654
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	8	5,352
	054 SIMPLE ENDOSCOPY OF THE UPPER AIRWAY	3	297
	055 ENDOSCOPY OF THE LOWER AIRWAY	11	1,869
04	CARDIOVASCULAR SYSTEM	1,800	34,518
	075 PLACEMENT OF TRANSVENOUS CATHETERS	1	62
	076 DIAGNOSTIC CARDIAC CATHETERIZATION	1,621	25,900
	077 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	57	2,275
	078 PACEMAKER INSERTION AND REPLACEMENT	63	841
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	52	1,034
	080 MINOR VASCULAR REPAIR AND FISTULA CONSTRUCTION	4	767
	083 RESUSCITATION AND CARDIOVERSION	2	5
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	98	3,460
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	30	1,999
	097 TRANSFUSION	68	1,333
06	DIGESTIVE SYSTEM	2,024	96,396
	111 ALIMENTARY TESTS AND SIMPLE TUBE PLACEMENT	5	170
	112 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	2	1,281
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	19	577
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	1	308
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	426	20,625
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	120	5,309
	117 LOWER GASTROINTESTINAL ENDOSCOPY	879	40,097

**AMB ST 1-4**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2008**  
**PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE\* CPT-4 PROCEDURES**

144 Timpanogos Regional Hospital

procedure APG category		TOTAL #	TOTAL # (ALL Hospitals)
procedure APG			
118	ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	63	1,612
119	HERNIA AND HYDROCELE PROCEDURES	82	6,648
120	COMPLEX ANAL AND RECTAL PROCEDURES	8	1,153
121	SIMPLE ANAL AND RECTAL PROCEDURES	3	539
122	MISCELLANEOUS ABDOMINAL PROCEDURES	8	563
123	COMPLEX LAPAROSCOPIC PROCEDURES	400	17,238
124	SIMPLE LAPAROSCOPIC PROCEDURES	8	276
07	URINARY SYSTEM	65	8,765
131	RENAL EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	2	729
133	URINARY CATHETERIZATION AND DILATATION	3	472
134	COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	33	4,811
135	MODERATE CYSTOURETHROSCOPY	11	1,789
136	SIMPLE CYSTOURETHROSCOPY	3	590
137	COMPLEX URETHRAL PROCEDURES	13	191
08	MALE GENITAL SYSTEM	22	2,820
151	TESTICULAR AND EPIDIDYMAL PROCEDURES	17	1,286
153	COMPLEX PENILE PROCEDURES	1	498
154	SIMPLE PENILE PROCEDURES	4	837
09	FEMALE GENITAL SYSTEM	89	6,757
176	COMPLEX FEMALE REPRODUCTIVE PROCEDURES	26	2,044
177	SIMPLE FEMALE REPRODUCTIVE PROCEDURES	14	1,379
178	DILATION AND CURETTAGE	14	611
179	HYSTEROSCOPY	33	2,433
180	COLPOSCOPY	2	290
10	NERVOUS SYSTEM	2,042	21,149
195	NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	1,842	14,879
196	REVISION AND REMOVAL OF NEUROLOGICAL DEVICE	7	251
197	NEUROSTIMULATOR AND VENTRICULAR SHUNT IMPLANTATION	28	1,092
198	NERVE REPAIR AND DESTRUCTION	128	4,284
199	SPINAL TAP	37	643
11	EYE AND OCULAR ADNEXA	24	12,065
214	CATARACT PROCEDURES	13	4,992
217	SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	2	346
221	COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	3	1,215
222	SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	6	655
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	277	28,538
233	NASAL CAUTERIZATION AND PACKING	1	291
234	COMPLEX FACIAL AND ENT PROCEDURES	44	5,886
235	SIMPLE FACIAL AND ENT PROCEDURES	147	13,559
236	TONSIL AND ADENOID PROCEDURES	85	8,709
13	THERAPEUTIC AND OTHER RADIOLOGICAL PROCEDURES	229	3,406
253	VASCULAR RADIOLOGY EXCEPT FOR VENOGRAPHY OF EXTREMITY	94	1,173
254	MYELOGRAPHY	48	296
255	MISCELLANEOUS RADIOLOGICAL PROCEDURES WITH CONTRAST	87	1,929

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/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, 2008**  
**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	130	\$3,950	\$3,433
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	40	\$3,457	\$2,695
	003 COMPLEX INCISION AND DRAINAGE	3	\$5,087	\$4,471
	004 SIMPLE INCISION AND DRAINAGE	1	\$3,312	\$2,787
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	14	\$4,005	\$3,748
	008 SIMPLE EXCISION AND BIOPSY	9	\$4,496	\$3,190
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRAN	49	\$3,989	\$4,802
	011 SIMPLE INCISION AND EXCISION OF BREAST	14	\$4,620	\$3,305
02	MUSCULOSKELETAL SYSTEM	405	\$6,141	\$4,654
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	58	\$10,490	\$7,553
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	12	\$7,001	\$4,034
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	24	\$7,787	\$5,600
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	92	\$4,787	\$3,312
	025 ARTHROSCOPY	105	\$6,317	\$4,892
	027 SPLINT, STRAPPING AND CAST REMOVAL	2	\$6,082	\$1,401
	028 CLOSED TREATMENT FX & DISLOCATION OF FINGER, TOE & TRUNK	2	\$3,576	\$2,571
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	3	\$3,439	\$3,247
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	36	\$6,725	\$6,529
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	7	\$2,815	\$3,340
	032 BUNION PROCEDURES	24	\$6,413	\$4,813
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	40	\$1,469	\$1,117
03	RESPIRATORY SYSTEM	18	\$3,484	\$2,445
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	10	\$2,441	\$1,535
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	2	\$6,266	\$3,900
	055 ENDOSCOPY OF THE LOWER AIRWAY	6	\$4,296	\$2,377
04	CARDIOVASCULAR SYSTEM	94	\$17,309	\$14,018
	075 PLACEMENT OF TRANSVENOUS CATHETERS	1	\$5,160	\$10,874
	076 DIAGNOSTIC CARDIAC CATHETERIZATION	52	\$12,741	\$5,533
	077 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	3	\$12,146	\$25,520
	078 PACEMAKER INSERTION AND REPLACEMENT	29	\$29,474	\$23,655
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	6	\$6,799	\$4,381
	080 MINOR VASCULAR REPAIR AND FISTULA CONSTRUCTION	2	\$5,910	\$6,447
	083 RESUSCITATION AND CARADIOVERSION	1	\$15,553	\$15,553
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	81	\$3,457	\$4,660
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	17	\$9,015	\$6,198
	097 TRANSFUSION	64	\$1,981	\$3,057
06	DIGESTIVE SYSTEM	1,431	\$4,010	\$2,773
	111 ALIMENTARY TESTS AND SIMPLE TUBE PLACEMENT	5	\$1,020	\$1,415
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	16	\$1,071	\$1,163
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	1	\$2,190	\$1,532
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	284	\$2,073	\$1,425
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	69	\$2,722	\$2,089
	117 LOWER GASTROINTESTINAL ENDOSCOPY	677	\$2,005	\$1,219
	118 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	10	\$5,379	\$4,271
	119 HERNIA AND HYDROCELE PROCEDURES	52	\$6,060	\$4,277

**AMB ST 1-5**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2008**  
**PROCEDURE APG CATEGORY, PROCEDURE APG, SINGLE APG ONLY**  
**BASED ON REPORTABLE\* CPT-4 PROCEDURES**

144 Timpanogos Regional Hospital

procedure APG category	Procedure APG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
	120 COMPLEX ANAL AND RECTAL PROCEDURES	6	\$6,151	\$3,419
	121 SIMPLE ANAL AND RECTAL PROCEDURES	3	\$4,664	\$3,237
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	7	\$11,615	\$6,011
	123 COMPLEX LAPAROSCOPIC PROCEDURES	301	\$10,228	\$7,473
07	URINARY SYSTEM	48	\$11,288	\$5,467
	131 RENAL EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	2	\$11,193	\$8,805
	133 URINARY CATHETERIZATION AND DILATATION	2	\$4,999	\$5,073
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	18	\$9,984	\$5,910
	135 MODERATE CYSTOURETHROSCOPY	10	\$4,212	\$3,852
	136 SIMPLE CYSTOURETHROSCOPY	3	\$6,459	\$2,909
	137 COMPLEX URETHRAL PROCEDURES	13	\$20,632	\$11,146
08	MALE GENITAL SYSTEM	15	\$4,787	\$3,901
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	10	\$4,206	\$3,127
	153 COMPLEX PENILE PROCEDURES	1	\$16,155	\$3,976
	154 SIMPLE PENILE PROCEDURES	4	\$3,398	\$2,116
09	FEMALE GENITAL SYSTEM	64	\$5,645	\$4,786
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	18	\$7,033	\$6,095
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	10	\$3,931	\$3,503
	178 DILATION AND CURETTAGE	12	\$3,594	\$2,944
	179 HYSTEROSCOPY	23	\$6,258	\$5,125
	180 COLPOSCOPY	1	\$8,287	\$4,314
10	NERVOUS SYSTEM	318	\$2,546	\$2,546
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	254	\$2,213	\$1,269
	196 REVISION AND REMOVAL OF NEUROLOGICAL DEVICE	1	\$4,346	\$11,955
	197 NEUROSTIMULATOR AND VENTRICULAR SHUNT IMPLANTATION	2	\$30,071	\$31,310
	198 NERVE REPAIR AND DESTRUCTION	24	\$3,898	\$2,841
	199 SPINAL TAP	37	\$2,420	\$2,025
11	EYE AND OCULAR ADNEXA	17	\$4,801	\$3,560
	214 CATARACT PROCEDURES	13	\$5,017	\$3,611
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	2	\$2,700	\$3,223
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	2	\$5,497	\$3,921
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	177	\$3,843	\$3,024
	234 COMPLEX FACIAL AND ENT PROCEDURES	31	\$7,944	\$6,314
	235 SIMPLE FACIAL AND ENT PROCEDURES	99	\$2,630	\$1,997
	236 TONSIL AND ADENOID PROCEDURES	47	\$3,694	\$2,592
13	THERAPEUTIC AND OTHER RADIOLOGICAL PROCEDURES	121	\$2,676	\$3,705
	253 VASCULAR RADIOLOGY EXCEPT FOR VENOGRAPHY OF EXTREMITY	16	\$8,063	\$11,563
	254 MYELOGRAPHY	18	\$3,410	\$3,275
	255 MISCELLANEOUS RADIOLOGICAL PROCEDURES WITH CONTRAST	87	\$1,534	\$3,069

SOURCE: Utah Ambulatory Surgery Database  
Utah Health Data Committee/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, 2008**  
**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

144 Timpanogos Regional Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
<b>GENDER</b>				
Female	2,663	54.7	120,689	54.0
Male	2,204	45.3	102,774	46.0
Unknown	0	0.0	0	0.0
Not Reported	0	0.0	1	0.0
<b>AGE</b>				
1-28 days	2	0.0	1,290	0.6
29-365 days	46	0.9	3,012	1.3
1-4 years	109	2.2	11,257	5.0
5-9	51	1.0	6,380	2.9
10-14	49	1.0	4,795	2.1
15-17	79	1.6	5,109	2.3
18-19	71	1.5	3,667	1.6
20-24	235	4.8	10,397	4.7
25-29	303	6.2	12,788	5.7
30-34	315	6.5	13,212	5.9
35-39	311	6.4	12,888	5.8
40-44	278	5.7	13,216	5.9
45-49	359	7.4	16,707	7.5
50-54	539	11.1	24,036	10.8
55-59	399	8.2	20,476	9.2
60-64	386	7.9	17,623	7.9
65-69	417	8.6	14,920	6.7
70-74	323	6.6	12,104	5.4
75-79	282	5.8	9,552	4.3
80-84	190	3.9	6,230	2.8
85-89	102	2.1	2,923	1.3
90 +	21	0.4	881	0.4
Not Reported	2	0.0	1,292	0.6
<b>SOURCE OF ADMISSION</b>				
Physician Referral	4,745	97.5	200,515	89.7
Clinic Referral	4	0.1	4,085	1.8
HMO Referral	0	0.0	3,198	1.4
Other Hospital	1	0.0	219	0.1
Skilled Nursing Facility	0	0.0	26	0.0
Other Health Care Facility	0	0.0	41	0.0
Emergency Room	117	2.4	5,219	2.3
Court/Law Enforcement	0	0.0	3	0.0
Unknown	0	0.0	26	0.0
Not Reported	0	0.0	10,133	4.5

(Continued)



**AMB ST 1-6**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2008**  
**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

144 Timpanogos Regional Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
<b>DISCHARGE STATUS</b>				
Home or Self Care	4,838	99.4	222,849	99.7
Another Hospital	0	0.0	103	0.0
Skilled Nursing Facility	0	0.0	107	0.0
Intermediate Care Facility	0	0.0	14	0.0
Another Type of Institution	1	0.0	60	0.0
Under Care of Home Service	26	0.5	271	0.1
Left Against Medical Advice	0	0.0	13	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	2	0.0	8	0.0
Unknown	0	0.0	35	0.0
Not Reported	0	0.0	5	0.0
<b>PRIMARY PAYER</b>				
Medicare	967	19.9	38,441	17.2
Medicaid	120	2.5	13,916	6.2
Other government	33	0.7	3,998	1.8
Blue Cross/Blue Shield	1,498	30.8	31,579	14.1
Other Commercial	330	6.8	17,861	8.0
Managed Care(HMO, PPO)	1,768	36.3	108,172	48.4
Self Pay	42	0.9	3,087	1.4
Industrial & Worker Comp	107	2.2	3,835	1.7
Charity and Unclassified	2	0.0	1,349	0.6
Childrens Health Insurance	0	0.0	121	0.1
Unknown	0	0.0	1,030	0.5
Not Reported	0	0.0	76	0.0
<b>LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE</b>				
Bear River	5	0.1	16,758	7.5
Central Utah	348	7.2	8,253	3.7
Davis County	16	0.3	22,506	10.1
Salt Lake County	96	2.0	75,789	33.9
Southeastern Utah	204	4.2	4,234	1.9
Southwest Utah	22	0.5	13,877	6.2
Summit County	8	0.2	2,803	1.3
Tooele County	7	0.1	4,857	2.2
Tri-County	94	1.9	5,940	2.7
Utah County	3,913	80.4	37,220	16.7
Wasatch County	79	1.6	1,668	0.7
Weber County	7	0.1	19,855	8.9
Unknown Utah	0	0.0	42	0.0
Outside Utah	66	1.4	9,563	4.3
Unknown, Not Reported	2	0.0	100	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, 2008**  
**NUMBER OF CPT-4 AND ICD-9 REPORTABLE\* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY**

109 Uintah Basin Medical Center

Reporting Category(ICD-9-CM CODES)	Procedures Performed		Procedures Performed-All Hospitals	
	(#)	(%)	(#)	(%)
Reporting Category(ICD-9-CM CODES)	3,194	100.0	321,431	100.0
Mastectomy (85.0-85.99)	47	1.5	7,806	2.4
Musculoskeletal (76.0-84.99)	374	11.7	73,868	23.0
Respiratory (30.0-34.99)	14	0.4	3,427	1.1
Cardiovascular (35.0-39.99)	40	1.3	18,764	5.8
Lymphatic/Hemetic (40.0-41.99)	15	0.5	2,774	0.9
Digestive System (42.0-54.99)	1,450	45.4	98,766	30.7
Urinary (55.0-59.99)	9	0.3	10,839	3.4
Male Genital (60.0-64.99)	39	1.2	3,918	1.2
Female Genital (65.0-71.99)	185	5.8	14,989	4.7
Endocrine/Nervous (01.0-07.99)	90	2.8	21,267	6.6
Eye (08.0-16.99)	307	9.6	21,107	6.6
Ear (18.0-20.99)	302	9.5	13,757	4.3
Nose, Mouth, Pharynx (21.0-29.99)	322	10.1	30,149	9.4
Reporting Category(CPT-4 CODES)	44	100.0	312,478	100.0
Mastectomy (19120-19220)	0	0.0	2,126	0.7
Musculoskeletal (20000-29909)	0	0.0	73,391	23.5
Respiratory (30000-32999 & 39501-39599)	0	0.0	14,650	4.7
Cardiovascular (33010-37799 & 93501-93660)	13	29.5	42,433	13.6
Lymphatic/Hemetic (38100-38999)	0	0.0	2,801	0.9
Digestive (40490-49999)	0	0.0	107,011	34.2
Urinary (50010-53899)	0	0.0	10,127	3.2
Male Genital (54000-55899)	31	70.5	3,288	1.1
Female Genital (56405-58999)	0	0.0	11,773	3.8
Endocrine/Nervous (60000-64999)	0	0.0	24,966	8.0
Eye (65091-68899)	0	0.0	12,267	3.9
Ear (69000-69979)	0	0.0	7,645	2.4

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

**AMB ST 1-2**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2008**  
**MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE\* PROCEDURES**

109 Uintah Basin Medical Center

ICD-9 CODE	ICD-9 DESCRIPTION	#	%	% ALL Hospitals
All ICD-9 Procedures		3,194	100.0	100.0
4523	COLONOSCOPY	479	15.0	6.06
2001	MYRINGOTOMY W/INSRT TUBE	279	8.7	3.46
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	253	7.9	5.39
4513	OTH ENDO SM INTESTINE	174	5.4	1.73
283	TONSILLECTOMY W/ADENOIDECTOMY	153	4.8	1.84
1341	PHACOEMLUSIFICATION-ASPIR CATARACT	140	4.4	1.54
1371	IOL PROSTH-CATARACT EXTRACT-1-STAGE	138	4.3	1.53
4542	ENDO POLYPECTOMY LG INTESTINE	111	3.5	3.39
4525	CLO [ENDO] BX LG INTESTINE	87	2.7	2.33
5123	LAP CHOLEY	70	2.2	2.20
0443	RELEASE CARPAL TUNNEL	63	2.0	1.09
4836	[ENDO] POLYPECTOMY RECTUM	50	1.6	0.96
8183	OTH REPR SHLDR	46	1.4	0.86
806	EXC SEMILUNAR CARTILAGE-KNEE	45	1.4	1.86
640	CIRCUMCISION	32	1.0	0.20
286	ADENOIDECTOMY WO TONSILLECTOMY	31	1.0	0.35
4701	LAP APPENDECTOMY	26	0.8	0.71
6823	ENDOMETRIAL ABLATION	25	0.8	0.52
8363	ROTATOR CUFF REPR	25	0.8	0.81
8521	LOC EXC LES BREAST	25	0.8	0.75

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		44	100.0	100.0
54150	CIRC USING CLAMP/OTH DEVICE; NB	31	70.5	0.02
36569	INSERT PICC W/O PORT/PUMP; 5 YR/	9	20.5	0.18
36430	TRANSFUSION BLOOD/BLOOD COMPONEN	2	4.5	0.43
36568	INSERT PICC W/O PORT/PUMP; < 5 Y	2	4.5	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, 2008  
 AVERAGE TOTAL CHARGES FOR MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE\* PROCEDURES, SINGLE ICD-9 OR CPT-4 ONLY

109 Uintah Basin Medical Center

ICD-9 CODE	ICD-9 DESCRIPTION	#	AVE TOT CHR	AVE TOT CHR(ALL Hospitals )
ICD-9	Procedures	1,583	\$2,707	\$4,015
4523	COLONOSCOPY	336	\$1,322	\$1,021
283	TONSILLECTOMY W/ADENOIDECTOMY	126	\$3,034	\$2,576
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	118	\$1,632	\$1,498
4513	OTH ENDO SM INTESTINE	93	\$1,767	\$1,248
4542	ENDO POLYPECTOMY LG INTESTINE	69	\$1,648	\$1,444
5123	LAP CHOLEY	69	\$6,588	\$6,858
0443	RELEASE CARPAL TUNNEL	51	\$1,817	\$2,420
4525	CLO [ENDO] BX LG INTESTINE	42	\$1,612	\$1,506
640	CIRCUMCISION	32	\$74	\$2,144
806	EXC SEMILUNAR CARTILAGE-KNEE	28	\$3,456	\$4,727
4836	[ENDO] POLYPECTOMY RECTUM	25	\$1,515	\$1,339
4701	LAP APPENDECTOMY	24	\$8,821	\$9,824
6902	D&C FOLLOWING DELIV/AB	19	\$2,623	\$2,814
6823	ENDOMETRIAL ABLATION	18	\$4,190	\$5,865
8183	OTH REPR SHLDR	17	\$4,192	\$7,480
5304	UNILAT REPR INDIRECT ING HERN-GFT	15	\$5,430	\$4,616
6909	OTH D&C UTERUS	15	\$2,655	\$3,090
7936	OP REDUC FX W/INT FIX-TIBIA & FIB	12	\$4,919	\$7,201
6732	DESTRUC LES CERV-CAUT	11	\$2,487	\$2,635
6952	ASPIR CURET FOLLOWING DELIV/AB	11	\$2,730	\$2,819

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHR	AVE TOT CHR(ALL Hospitals )
CPT-4	Procedures	44	\$463	\$3,633
54150	CIRC USING CLAMP/OTH DEVICE; NB	31	\$76	\$741
36569	INSERT PICC W/O PORT/PUMP; 5 YR/	9	\$933	\$3,600
36430	TRANSFUSION BLOOD/BLOOD COMPONEN	2	\$3,727	\$3,057
36568	INSERT PICC W/O PORT/PUMP; < 5 Y	2	\$1,074	\$1,728

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, 2008**  
**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	11	8,727
009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRANGE	11	1,550
05 HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	2	3,460
097 TRANSFUSION	2	1,333
08 MALE GENITAL SYSTEM	31	2,820
154 SIMPLE PENILE PROCEDURES	31	837

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

**AMB ST 1-5**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2008**  
**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 CHR	AVE TOT CHR(ALL Hospitals )
01	INTEGUMENTARY SYSTEM	11	\$959	\$3,433
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRAN	11	\$959	\$4,802
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	2	\$3,727	\$4,660
	097 TRANSFUSION	2	\$3,727	\$3,057
08	MALE GENITAL SYSTEM	31	\$76	\$3,901
	154 SIMPLE PENILE PROCEDURES	31	\$76	\$2,116

SOURCE: Utah Ambulatory Surgery Database  
 Utah Health Data Committee/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, 2008**  
**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

109 Uintah Basin Medical Center

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
<b>GENDER</b>				
Female	1,324	56.7	120,689	54.0
Male	1,010	43.3	102,774	46.0
Unknown	0	0.0	0	0.0
Not Reported	0	0.0	1	0.0
<b>AGE</b>				
1-28 days	33	1.4	1,290	0.6
29-365 days	37	1.6	3,012	1.3
1-4 years	136	5.8	11,257	5.0
5-9	95	4.1	6,380	2.9
10-14	57	2.4	4,795	2.1
15-17	51	2.2	5,109	2.3
18-19	46	2.0	3,667	1.6
20-24	126	5.4	10,397	4.7
25-29	152	6.5	12,788	5.7
30-34	151	6.5	13,212	5.9
35-39	112	4.8	12,888	5.8
40-44	98	4.2	13,216	5.9
45-49	161	6.9	16,707	7.5
50-54	243	10.4	24,036	10.8
55-59	184	7.9	20,476	9.2
60-64	154	6.6	17,623	7.9
65-69	176	7.5	14,920	6.7
70-74	146	6.3	12,104	5.4
75-79	80	3.4	9,552	4.3
80-84	55	2.4	6,230	2.8
85-89	30	1.3	2,923	1.3
90 +	11	0.5	881	0.4
Not Reported	33	1.4	1,292	0.6
<b>SOURCE OF ADMISSION</b>				
Physician Referral	2,326	99.7	200,515	89.7
Clinic Referral	0	0.0	4,085	1.8
HMO Referral	0	0.0	3,198	1.4
Other Hospital	0	0.0	219	0.1
Skilled Nursing Facility	4	0.2	26	0.0
Other Health Care Facility	0	0.0	41	0.0
Emergency Room	4	0.2	5,219	2.3
Court/Law Enforcement	0	0.0	3	0.0
Unknown	0	0.0	26	0.0
Not Reported	0	0.0	10,133	4.5

(Continued)

**AMB ST 1-6**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2008**  
**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

109 Uintah Basin Medical Center

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
<b>DISCHARGE STATUS</b>				
Home or Self Care	2,323	99.5	222,849	99.7
Another Hospital	10	0.4	103	0.0
Skilled Nursing Facility	1	0.0	107	0.0
Intermediate Care Facility	0	0.0	14	0.0
Another Type of Institution	0	0.0	60	0.0
Under Care of Home Service	0	0.0	271	0.1
Left Against Medical Advice	0	0.0	13	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	0	0.0	8	0.0
Unknown	0	0.0	35	0.0
Not Reported	0	0.0	5	0.0
<b>PRIMARY PAYER</b>				
Medicare	410	17.6	38,441	17.2
Medicaid	190	8.1	13,916	6.2
Other government	54	2.3	3,998	1.8
Blue Cross/Blue Shield	384	16.5	31,579	14.1
Other Commercial	311	13.3	17,861	8.0
Managed Care(HMO, PPO)	803	34.4	108,172	48.4
Self Pay	131	5.6	3,087	1.4
Industrial & Worker Comp	30	1.3	3,835	1.7
Charity and Unclassified	0	0.0	1,349	0.6
Childrens Health Insurance	0	0.0	121	0.1
Unknown	21	0.9	1,030	0.5
Not Reported	0	0.0	76	0.0
<b>LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE</b>				
Bear River	1	0.0	16,758	7.5
Central Utah	2	0.1	8,253	3.7
Davis County	2	0.1	22,506	10.1
Salt Lake County	6	0.3	75,789	33.9
Southeastern Utah	9	0.4	4,234	1.9
Southwest Utah	0	0.0	13,877	6.2
Summit County	0	0.0	2,803	1.3
Tooele County	1	0.0	4,857	2.2
Tri-County	2,292	98.2	5,940	2.7
Utah County	3	0.1	37,220	16.7
Wasatch County	0	0.0	1,668	0.7
Weber County	2	0.1	19,855	8.9
Unknown Utah	0	0.0	42	0.0
Outside Utah	16	0.7	9,563	4.3
Unknown, Not Reported	0	0.0	100	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, 2008**  
**NUMBER OF CPT-4 AND ICD-9 REPORTABLE\* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY**

125 UHC Hospital

Reporting Category(ICD-9-CM CODES)	Procedures Performed		Procedures Performed-All Hospitals	
	(#)	(%)	(#)	(%)
Reporting Category(ICD-9-CM CODES)	695	100.0	321,431	100.0
Mastectomy (85.0-85.99)	17	2.4	7,806	2.4
Musculoskeletal (76.0-84.99)	96	13.8	73,868	23.0
Respiratory (30.0-34.99)	8	1.2	3,427	1.1
Cardiovascular (35.0-39.99)	37	5.3	18,764	5.8
Lymphatic/Hemetic (40.0-41.99)	7	1.0	2,774	0.9
Digestive System (42.0-54.99)	243	35.0	98,766	30.7
Urinary (55.0-59.99)	75	10.8	10,839	3.4
Male Genital (60.0-64.99)	25	3.6	3,918	1.2
Female Genital (65.0-71.99)	67	9.6	14,989	4.7
Endocrine/Nervous (01.0-07.99)	41	5.9	21,267	6.6
Eye (08.0-16.99)	6	0.9	21,107	6.6
Ear (18.0-20.99)	25	3.6	13,757	4.3
Nose, Mouth, Pharynx (21.0-29.99)	48	6.9	30,149	9.4
Reporting Category(CPT-4 CODES)	5,330	100.0	312,478	100.0
Mastectomy (19120-19220)	57	1.1	2,126	0.7
Musculoskeletal (20000-29909)	780	14.6	73,391	23.5
Respiratory (30000-32999 & 39501-39599)	644	12.1	14,650	4.7
Cardiovascular (33010-37799 & 93501-93660)	361	6.8	42,433	13.6
Lymphatic/Hemetic (38100-38999)	66	1.2	2,801	0.9
Digestive (40490-49999)	906	17.0	107,011	34.2
Urinary (50010-53899)	405	7.6	10,127	3.2
Male Genital (54000-55899)	76	1.4	3,288	1.1
Female Genital (56405-58999)	464	8.7	11,773	3.8
Endocrine/Nervous (60000-64999)	1,267	23.8	24,966	8.0
Eye (65091-68899)	16	0.3	12,267	3.9
Ear (69000-69979)	288	5.4	7,645	2.4

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

**AMB ST 1-2**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2008**  
**MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE\* PROCEDURES**

125 UHC Hospital

ICD-9 CODE	ICD-9 DESCRIPTION	#	%	% ALL Hospitals
All ICD-9 Procedures		695	100.0	100.0
5123	LAP CHOLEY	66	9.5	2.20
5304	UNILAT REPR INDIRECT ING HERN-GFT	42	6.0	0.43
5341	REPR UMB HERN W/PROSTH	30	4.3	0.23
3859	LIG-STRIP VARICOSE VEINS-LOWER LIMB	19	2.7	0.07
6629	OTH BIL ENDO DESTRUC FALLOP TUBES	19	2.7	0.30
598	URETERAL CATH	18	2.6	0.69
560	TRANSURETH REMOV OBST URETER-PELV	14	2.0	0.38
5303	UNILAT REPR DIRECT ING HERN-GFT	13	1.9	0.29
5349	OTH UMB HERNIORRHAPHY	13	1.9	0.29
7939	OP REDUC FX W/INT FIX-OTH BONE	13	1.9	0.13
282	TONSILLECTOMY WO ADENOIDECTOMY	12	1.7	0.58
5979	OTH REPR URIN STRESS INCONT	12	1.7	0.22
6902	D&C FOLLOWING DELIV/AB	11	1.6	0.23
5305	UNILAT REPR ING HERN-GFT-NOS	10	1.4	0.11
6952	ASPIR CURET FOLLOWING DELIV/AB	10	1.4	0.43
0392	INJ OTH AGENT SPINAL CANAL	8	1.2	1.89
0443	RELEASE CARPAL TUNNEL	8	1.2	1.09
5733	CLO [TRANSURETHRAL] BX BLADDER	8	1.2	0.04
5749	OTH TRANSURETH EXC/DEST LES BLADDER	8	1.2	0.22
4467	4467	7	1.0	0.06

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		5,330	100.0	100.0
64483	INJ ANES EPIDURL; LUMB/SAC 1 LEV	159	3.0	1.05
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	153	2.9	0.91
49505	REPR INIT ING HERNIA 5YR/MORE; R	151	2.8	0.80
64484	INJ ANES EPIDURL; LUMB/SAC-EA AD	104	2.0	0.71
47562	LAPAROSCOPY SURGICAL; CHOLECT	89	1.7	0.79
64476	INJ ANES FACET JT; LUMB/SAC-EA A	88	1.7	0.30
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	87	1.6	1.43
52332	CYSTOURETHROSCOPY W/INSRT STENT	86	1.6	0.56
64472	INJ ANES FACET JT; CERV/THOR-EA	86	1.6	0.18
20680	REMOVAL OF IMPLANT; DEEP	72	1.4	1.01
58558	HYSTEROSCPY SURG; W/BX &/ POLYPE	68	1.3	0.31
36561	INSRT TUNNL CNTRL CVAD PORT; 5 Y	64	1.2	0.17
36821	AV ANASTOM OPN; DIR ANY SITE-SP	64	1.2	0.10
31256	NASL/SINUS ENDO SURG W/MAX ANTRO	61	1.1	0.30
41899	UNLIST PROC DENTOALVEOL STRUCTUR	61	1.1	0.89
49585	REPR UMBIL HERNIA 5YR/OVER; RDOC	60	1.1	0.33
61886	INSRT/REPL CRAN NEUROSTM; 2/>ARR	59	1.1	0.03
50590	LITHOTRIPSY XTRACORP SHOCK WAVE	57	1.1	0.23
63030	LAMINOT W/ DECOMP; 1 INTERSPACE	57	1.1	0.30
30520	SEPTOPLASTY/SUBMUCOS RES W/GFT	52	1.0	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, 2008  
 AVERAGE TOTAL CHARGES FOR MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE\* PROCEDURES, SINGLE ICD-9 OR CPT-4 ONLY

125 UHC Hospital

ICD-9 CODE	ICD-9 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals )
ICD-9	Procedures	454	\$6,609	\$4,015
5123	LAP CHOLEY	63	\$6,863	\$6,858
5304	UNILAT REPR INDIRECT ING HERN-GFT	41	\$4,620	\$4,616
5341	REPR UMB HERN W/PROSTH	25	\$6,872	\$5,097
6629	OTH BIL ENDO DESTRUC FALLOP TUBES	19	\$5,043	\$4,259
3859	LIG-STRIP VARICOSE VEINS-LOWER LIMB	17	\$6,581	\$6,334
282	TONSILLECTOMY WO ADENOIDECTOMY	12	\$3,357	\$2,653
5303	UNILAT REPR DIRECT ING HERN-GFT	11	\$5,231	\$4,788
5979	OTH REPR URIN STRESS INCONT	11	\$6,344	\$6,991
6902	D&C FOLLOWING DELIV/AB	11	\$4,180	\$2,814
6952	ASPIR CURET FOLLOWING DELIV/AB	10	\$3,931	\$2,819
5349	OTH UMB HERNIORRHAPHY	9	\$4,081	\$3,202
7939	OP REDUC FX W/INT FIX-OTH BONE	9	\$9,059	\$9,053
0443	RELEASE CARPAL TUNNEL	7	\$3,395	\$2,420
5305	UNILAT REPR ING HERN-GFT-NOS	7	\$5,003	\$5,101
7932	OP REDUC FX W/INT FIX-RADIUS & ULNA	7	\$11,888	\$8,664
5749	OTH TRANSURETH EXC/DEST LES BLADDER	6	\$5,117	\$4,295
640	CIRCUMCISION	6	\$4,166	\$2,144
7936	OP REDUC FX W/INT FIX-TIBIA & FIB	6	\$7,699	\$7,201
8521	LOC EXC LES BREAST	6	\$2,905	\$3,164
5300	UNILAT REPR ING HERN-NOS	5	\$4,808	\$2,735

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals )
CPT-4	Procedures	2,751	\$7,993	\$3,633
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	149	\$1,511	\$1,141
49505	REPR INIT ING HERNIA 5YR/MORE; R	139	\$4,646	\$4,468
47562	LAPAROSCOPY SURGICAL; CHOLECT	86	\$6,516	\$6,273
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	81	\$6,749	\$7,209
36561	INSRT TUNNL CNTRL CVAD PORT; 5 Y	61	\$3,608	\$5,905
41899	UNLIST PROC DENTOALVEOL STRUCTUR	60	\$5,410	\$2,567
64483	INJ ANES EPIDURL; LUMB/SAC 1 LEV	57	\$1,540	\$1,342
36821	AV ANASTOM OPN; DIR ANY SITE-SP	54	\$6,476	\$5,787
58558	HYSTEROSCPY SURG; W/BX &/ POLYPE	52	\$3,925	\$3,795
63030	LAMINOT W/ DECOMP; 1 INTERSPACE	51	\$10,441	\$9,928
61886	INSRT/REPL CRAN NEUROSTM; 2/>ARR	49	\$47,156	\$49,109
49585	REPR UMBIL HERNIA 5YR/OVER; RDOC	47	\$5,449	\$4,276
20680	REMOVAL OF IMPLANT; DEEP	45	\$4,384	\$3,321
50590	LITHOTRIPSY XTRACORP SHOCK WAVE	45	\$7,768	\$8,821
58671	LAP SURG; W/OCCLUS OVIDUCTS-DEVI	40	\$4,606	\$4,404
69930	COCHLEAR DEVICE IMPL W/WO MASTOI	39	\$70,035	\$47,807
20205	BIOPSY MUSCLE; DEEP	33	\$4,107	\$3,312
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	32	\$3,570	\$2,730
49659	UNLISTED LAP PROC-HERNIOPLSTY/OT	32	\$10,835	\$9,727
57288	SLING OPERATION STRESS INCONTINE	32	\$7,151	\$7,064

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, 2008**  
**PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE\* CPT-4 PROCEDURES**

125 UHC Hospital

Procedure APG category		TOTAL #	TOTAL # (ALL Hospitals)
Procedure APG			
01	INTEGUMENTARY SYSTEM	371	8,727
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	25	2,271
	003 COMPLEX INCISION AND DRAINAGE	11	100
	004 SIMPLE INCISION AND DRAINAGE	3	24
	006 SIMPLE DEBRIDEMENT AND DESTRUCTION	33	184
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	31	1,175
	008 SIMPLE EXCISION AND BIOPSY	92	1,279
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRANGE	119	1,550
	011 SIMPLE INCISION AND EXCISION OF BREAST	57	2,126
02	MUSCULOSKELETAL SYSTEM	556	65,893
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	116	7,092
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	52	2,745
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	31	2,708
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	167	13,313
	025 ARTHROSCOPY	54	27,527
	026 REPLACEMENT OF CAST	1	83
	028 CLOSED TREATMENT FX & DISLOCATION OF FINGER, TOE & TRUNK	2	71
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	5	703
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	95	5,280
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	3	409
	032 BUNION PROCEDURES	9	1,813
	033 ARTHROPLASTY	9	597
	034 HAND AND FOOT TENOTOMY	2	356
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	10	2,426
03	RESPIRATORY SYSTEM	407	8,172
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	1	654
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	329	5,352
	054 SIMPLE ENDOSCOPY OF THE UPPER AIRWAY	28	297
	055 ENDOSCOPY OF THE LOWER AIRWAY	49	1,869
04	CARDIOVASCULAR SYSTEM	235	34,518
	076 DIAGNOSTIC CARDIAC CATHETERIZATION	1	25,900
	077 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	8	2,275
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	9	1,034
	080 MINOR VASCULAR REPAIR AND FISTULA CONSTRUCTION	137	767
	081 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	18	126
	082 VASCULAR LIGATION	62	253
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	47	3,460
	092 CHEMOTHERAPY EXCEPT BY EXTENDED INFUSION	2	45
	094 BLOOD AND BLOOD PRODUCT EXCHANGE	1	83
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	44	1,999
06	DIGESTIVE SYSTEM	875	96,396
	111 ALIMENTARY TESTS AND SIMPLE TUBE PLACEMENT	1	170
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	14	577
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	4	308
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	12	20,625
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	8	5,309

**AMB ST 1-4**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2008**  
**PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE\* CPT-4 PROCEDURES**

125 UHC Hospital

procedure APG category		TOTAL #	TOTAL # (ALL Hospitals)
procedure APG			
	117 LOWER GASTROINTESTINAL ENDOSCOPY	6	40,097
	119 HERNIA AND HYDROCELE PROCEDURES	271	6,648
	120 COMPLEX ANAL AND RECTAL PROCEDURES	36	1,153
	121 SIMPLE ANAL AND RECTAL PROCEDURES	21	539
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	16	563
	123 COMPLEX LAPAROSCOPIC PROCEDURES	474	17,238
	124 SIMPLE LAPAROSCOPIC PROCEDURES	12	276
07	URINARY SYSTEM	384	8,765
	131 RENAL EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	57	729
	133 URINARY CATHETERIZATION AND DILATATION	7	472
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	203	4,811
	135 MODERATE CYSTOURETHROSCOPY	90	1,789
	136 SIMPLE CYSTOURETHROSCOPY	24	590
	137 COMPLEX URETHRAL PROCEDURES	2	191
	138 SIMPLE URETHRAL PROCEDURES	1	180
08	MALE GENITAL SYSTEM	57	2,820
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	33	1,286
	153 COMPLEX PENILE PROCEDURES	10	498
	154 SIMPLE PENILE PROCEDURES	12	837
	155 PROSTATE NEEDLE AND PUNCH BIOPSY	2	111
09	FEMALE GENITAL SYSTEM	322	6,757
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	118	2,044
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	72	1,379
	178 DILATION AND CURETTAGE	19	611
	179 HYSTEROSCOPY	110	2,433
	180 COLPOSCOPY	3	290
10	NERVOUS SYSTEM	1,019	21,149
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	753	14,879
	196 REVISION AND REMOVAL OF NEUROLOGICAL DEVICE	57	251
	197 NEUROSTIMULATOR AND VENTRICULAR SHUNT IMPLANTATION	134	1,092
	198 NERVE REPAIR AND DESTRUCTION	75	4,284
11	EYE AND OCULAR ADNEXA	16	12,065
	211 MINOR OPHTHALMOLOGICAL TESTS AND PROCEDURES	1	58
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	6	323
	216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	1	332
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	1	346
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	5	1,215
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	2	655
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	701	28,538
	231 COCHLEAR DEVICE IMPLANTATION	41	93
	233 NASAL CAUTERIZATION AND PACKING	19	291
	234 COMPLEX FACIAL AND ENT PROCEDURES	430	5,886
	235 SIMPLE FACIAL AND ENT PROCEDURES	173	13,559
	236 TONSIL AND ADENOID PROCEDURES	38	8,709
13	THERAPEUTIC AND OTHER RADIOLOGICAL PROCEDURES	59	3,406
	253 VASCULAR RADIOLOGY EXCEPT FOR VENOGRAPHY OF EXTREMITY	4	1,173

**AMB ST 1-4**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2008**  
**PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE\* CPT-4 PROCEDURES**

125 UHC Hospital

procedure APG category procedure APG	TOTAL #	TOTAL # (ALL Hospitals)
254 MYELOGRAPHY	50	296
255 MISCELLANEOUS RADIOLOGICAL PROCEDURES WITH CONTRAST	5	1,929

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

**AMB ST 1-5**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2008**  
**PROCEDURE APG CATEGORY, PROCEDURE APG, SINGLE APG ONLY**  
**BASED ON REPORTABLE\* CPT-4 PROCEDURES**

125 UHC Hospital

Procedure APG category	Procedure APG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL Hospitals )
01	INTEGUMENTARY SYSTEM	259	\$3,910	\$3,433
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	16	\$1,477	\$2,695
	003 COMPLEX INCISION AND DRAINAGE	8	\$4,313	\$4,471
	004 SIMPLE INCISION AND DRAINAGE	3	\$3,734	\$2,787
	006 SIMPLE DEBRIDEMENT AND DESTRUCTION	22	\$4,634	\$3,383
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	20	\$4,411	\$3,748
	008 SIMPLE EXCISION AND BIOPSY	67	\$3,922	\$3,190
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRAN	79	\$4,463	\$4,802
	011 SIMPLE INCISION AND EXCISION OF BREAST	44	\$3,136	\$3,305
02	MUSCULOSKELETAL SYSTEM	254	\$7,232	\$4,654
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	69	\$9,862	\$7,553
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	20	\$6,117	\$4,034
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	7	\$8,561	\$5,600
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	78	\$4,168	\$3,312
	025 ARTHROSCOPY	20	\$8,240	\$4,892
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	2	\$3,612	\$3,247
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	49	\$9,138	\$6,529
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	1	\$5,247	\$3,340
	032 BUNION PROCEDURES	4	\$4,574	\$4,813
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	4	\$1,430	\$1,117
03	RESPIRATORY SYSTEM	82	\$5,471	\$2,445
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	1	\$1,586	\$1,535
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	54	\$5,573	\$3,900
	054 SIMPLE ENDOSCOPY OF THE UPPER AIRWAY	7	\$6,788	\$2,300
	055 ENDOSCOPY OF THE LOWER AIRWAY	20	\$4,931	\$2,377
04	CARDIOVASCULAR SYSTEM	145	\$6,861	\$14,018
	076 DIAGNOSTIC CARDIAC CATHETERIZATION	1	\$2,940	\$5,533
	077 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	3	\$9,384	\$25,520
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	4	\$4,268	\$4,381
	080 MINOR VASCULAR REPAIR AND FISTULA CONSTRUCTION	111	\$7,031	\$6,447
	081 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	7	\$5,601	\$5,330
	082 VASCULAR LIGATION	19	\$6,692	\$6,747
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	26	\$4,771	\$4,660
	094 BLOOD AND BLOOD PRODUCT EXCHANGE	1	\$4,691	\$5,068
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	25	\$4,774	\$6,198
06	DIGESTIVE SYSTEM	632	\$6,053	\$2,773
	111 ALIMENTARY TESTS AND SIMPLE TUBE PLACEMENT	1	\$840	\$1,415
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	7	\$3,394	\$1,163
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	3	\$6,646	\$1,532
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	5	\$2,389	\$1,425
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	4	\$4,810	\$2,089
	117 LOWER GASTROINTESTINAL ENDOSCOPY	4	\$901	\$1,219
	119 HERNIA AND HYDROCELE PROCEDURES	217	\$4,881	\$4,277
	120 COMPLEX ANAL AND RECTAL PROCEDURES	26	\$3,954	\$3,419
	121 SIMPLE ANAL AND RECTAL PROCEDURES	16	\$5,277	\$3,237

**AMB ST 1-5**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2008**  
**PROCEDURE APG CATEGORY, PROCEDURE APG, SINGLE APG ONLY**  
**BASED ON REPORTABLE\* CPT-4 PROCEDURES**

125 UHC Hospital

procedure APG category	Procedure APG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL Hospitals )
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	11	\$3,574	\$6,011
	123 COMPLEX LAPAROSCOPIC PROCEDURES	332	\$7,275	\$7,473
	124 SIMPLE LAPAROSCOPIC PROCEDURES	6	\$7,525	\$8,589
07	URINARY SYSTEM	162	\$5,852	\$5,467
	131 RENAL EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	45	\$7,768	\$8,805
	133 URINARY CATHETERIZATION AND DILATATION	2	\$5,862	\$5,073
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	48	\$6,215	\$5,910
	135 MODERATE CYSTOURETHROSCOPY	53	\$4,243	\$3,852
	136 SIMPLE CYSTOURETHROSCOPY	12	\$4,332	\$2,909
	137 COMPLEX URETHRAL PROCEDURES	2	\$5,773	\$11,146
08	MALE GENITAL SYSTEM	38	\$4,829	\$3,901
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	21	\$5,095	\$3,127
	153 COMPLEX PENILE PROCEDURES	8	\$5,643	\$3,976
	154 SIMPLE PENILE PROCEDURES	8	\$3,691	\$2,116
	155 PROSTATE NEEDLE AND PUNCH BIOPSY	1	\$1,826	\$4,881
09	FEMALE GENITAL SYSTEM	188	\$5,075	\$4,786
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	73	\$6,153	\$6,095
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	25	\$5,078	\$3,503
	178 DILATION AND CURETTAGE	13	\$4,050	\$2,944
	179 HYSTEROSCOPY	76	\$4,212	\$5,125
	180 COLPOSCOPY	1	\$5,198	\$4,314
10	NERVOUS SYSTEM	385	\$8,265	\$2,546
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	261	\$1,695	\$1,269
	196 REVISION AND REMOVAL OF NEUROLOGICAL DEVICE	28	\$20,168	\$11,955
	197 NEUROSTIMULATOR AND VENTRICULAR SHUNT IMPLANTATION	56	\$36,348	\$31,310
	198 NERVE REPAIR AND DESTRUCTION	40	\$3,488	\$2,841
11	EYE AND OCULAR ADNEXA	12	\$4,517	\$3,560
	211 MINOR OPHTHALMOLOGICAL TESTS AND PROCEDURES	1	\$3,601	\$1,632
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	5	\$3,543	\$5,024
	216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	1	\$8,853	\$2,809
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	1	\$1,455	\$3,223
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	4	\$5,645	\$3,921
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	428	\$12,554	\$3,024
	231 COCHLEAR DEVICE IMPLANTATION	39	\$70,035	\$47,807
	233 NASAL CAUTERIZATION AND PACKING	6	\$6,409	\$3,338
	234 COMPLEX FACIAL AND ENT PROCEDURES	244	\$7,895	\$6,314
	235 SIMPLE FACIAL AND ENT PROCEDURES	104	\$5,305	\$1,997
	236 TONSIL AND ADENOID PROCEDURES	35	\$3,580	\$2,592
13	THERAPEUTIC AND OTHER RADIOLOGICAL PROCEDURES	10	\$4,703	\$3,705
	253 VASCULAR RADIOLOGY EXCEPT FOR VENOGRAPHY OF EXTREMITY	4	\$8,090	\$11,563
	254 MYELOGRAPHY	3	\$2,352	\$3,275
	255 MISCELLANEOUS RADIOLOGICAL PROCEDURES WITH CONTRAST	3	\$2,539	\$3,069

SOURCE: Utah Ambulatory Surgery Database  
Utah Health Data Committee/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, 2008**  
**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

125 UHC Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
<b>GENDER</b>				
Female	2,010	52.7	120,689	54.0
Male	1,803	47.3	102,774	46.0
Unknown	0	0.0	0	0.0
Not Reported	0	0.0	1	0.0
<b>AGE</b>				
1-28 days	0	0.0	1,290	0.6
29-365 days	1	0.0	3,012	1.3
1-4 years	3	0.1	11,257	5.0
5-9	25	0.7	6,380	2.9
10-14	36	0.9	4,795	2.1
15-17	81	2.1	5,109	2.3
18-19	82	2.2	3,667	1.6
20-24	245	6.4	10,397	4.7
25-29	316	8.3	12,788	5.7
30-34	350	9.2	13,212	5.9
35-39	318	8.3	12,888	5.8
40-44	311	8.2	13,216	5.9
45-49	353	9.3	16,707	7.5
50-54	327	8.6	24,036	10.8
55-59	364	9.5	20,476	9.2
60-64	279	7.3	17,623	7.9
65-69	269	7.1	14,920	6.7
70-74	194	5.1	12,104	5.4
75-79	158	4.1	9,552	4.3
80-84	71	1.9	6,230	2.8
85-89	21	0.6	2,923	1.3
90 +	9	0.2	881	0.4
Not Reported	0	0.0	1,292	0.6
<b>SOURCE OF ADMISSION</b>				
Physician Referral	0	0.0	200,515	89.7
Clinic Referral	0	0.0	4,085	1.8
HMO Referral	0	0.0	3,198	1.4
Other Hospital	0	0.0	219	0.1
Skilled Nursing Facility	0	0.0	26	0.0
Other Health Care Facility	0	0.0	41	0.0
Emergency Room	0	0.0	5,219	2.3
Court/Law Enforcement	0	0.0	3	0.0
Unknown	0	0.0	26	0.0
Not Reported	3,813	100.0	10,133	4.5

(Continued)

**AMB ST 1-6**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2008**  
**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

125 UHC Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
<b>DISCHARGE STATUS</b>				
Home or Self Care	3,811	99.9	222,849	99.7
Another Hospital	1	0.0	103	0.0
Skilled Nursing Facility	0	0.0	107	0.0
Intermediate Care Facility	0	0.0	14	0.0
Another Type of Institution	0	0.0	60	0.0
Under Care of Home Service	0	0.0	271	0.1
Left Against Medical Advice	0	0.0	13	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	1	0.0	8	0.0
Unknown	0	0.0	35	0.0
Not Reported	0	0.0	5	0.0
<b>PRIMARY PAYER</b>				
Medicare	835	21.9	38,441	17.2
Medicaid	379	9.9	13,916	6.2
Other government	135	3.5	3,998	1.8
Blue Cross/Blue Shield	961	25.2	31,579	14.1
Other Commercial	325	8.5	17,861	8.0
Managed Care(HMO, PPO)	1,018	26.7	108,172	48.4
Self Pay	84	2.2	3,087	1.4
Industrial & Worker Comp	71	1.9	3,835	1.7
Charity and Unclassified	0	0.0	1,349	0.6
Childrens Health Insurance	2	0.1	121	0.1
Unknown	3	0.1	1,030	0.5
Not Reported	0	0.0	76	0.0
<b>LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE</b>				
Bear River	52	1.4	16,758	7.5
Central Utah	36	0.9	8,253	3.7
Davis County	362	9.5	22,506	10.1
Salt Lake County	2,061	54.1	75,789	33.9
Southeastern Utah	64	1.7	4,234	1.9
Southwest Utah	48	1.3	13,877	6.2
Summit County	111	2.9	2,803	1.3
Tooele County	109	2.9	4,857	2.2
Tri-County	65	1.7	5,940	2.7
Utah County	220	5.8	37,220	16.7
Wasatch County	26	0.7	1,668	0.7
Weber County	136	3.6	19,855	8.9
Unknown Utah	0	0.0	42	0.0
Outside Utah	522	13.7	9,563	4.3
Unknown, Not Reported	1	0.0	100	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, 2008**  
**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)	189	100.0	321,431	100.0
Mastectomy (85.0-85.99)	71	37.6	7,806	2.4
Musculoskeletal (76.0-84.99)	17	9.0	73,868	23.0
Respiratory (30.0-34.99)	3	1.6	3,427	1.1
Cardiovascular (35.0-39.99)	0	0.0	18,764	5.8
Lymphatic/Hemetic (40.0-41.99)	16	8.5	2,774	0.9
Digestive System (42.0-54.99)	19	10.1	98,766	30.7
Urinary (55.0-59.99)	36	19.0	10,839	3.4
Male Genital (60.0-64.99)	3	1.6	3,918	1.2
Female Genital (65.0-71.99)	11	5.8	14,989	4.7
Endocrine/Nervous (01.0-07.99)	3	1.6	21,267	6.6
Eye (08.0-16.99)	0	0.0	21,107	6.6
Ear (18.0-20.99)	4	2.1	13,757	4.3
Nose, Mouth, Pharynx (21.0-29.99)	6	3.2	30,149	9.4
Reporting Category(CPT-4 CODES)	1,507	100.0	312,478	100.0
Mastectomy (19120-19220)	163	10.8	2,126	0.7
Musculoskeletal (20000-29909)	261	17.3	73,391	23.5
Respiratory (30000-32999 & 39501-39599)	81	5.4	14,650	4.7
Cardiovascular (33010-37799 & 93501-93660)	124	8.2	42,433	13.6
Lymphatic/Hemetic (38100-38999)	326	21.6	2,801	0.9
Digestive (40490-49999)	131	8.7	107,011	34.2
Urinary (50010-53899)	157	10.4	10,127	3.2
Male Genital (54000-55899)	39	2.6	3,288	1.1
Female Genital (56405-58999)	128	8.5	11,773	3.8
Endocrine/Nervous (60000-64999)	74	4.9	24,966	8.0
Eye (65091-68899)	10	0.7	12,267	3.9
Ear (69000-69979)	13	0.9	7,645	2.4

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

**AMB ST 1-2**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2008**  
**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		189	100.0	100.0
8521	LOC EXC LES BREAST	45	23.8	0.75
5749	OTH TRANSURETH EXC/DEST LES BLADDER	27	14.3	0.22
4023	EXC AX LYMPH NODE	7	3.7	0.16
8339	EXC LES OTH SOFT TISS	6	3.2	0.34
8523	SUBTOT MASTEC	5	2.6	0.04
8596	REMOV BREAST TISS EXPANDER(S)	4	2.1	0.03
1831	RAD EXC LES EXT EAR	3	1.6	0.03
4019	OTH DX PROC LYMPHATIC STRUCT	3	1.6	0.14
4024	EXC ING LYMPH NODE	3	1.6	0.02
5351	INCIS HERN REPR	3	1.6	0.03
570	TRANSURETHRAL CLEARANCE BLADDER	3	1.6	0.07
8541	UNILAT SIMPL MASTEC	3	1.6	0.05
8553	UNILAT BREAST IMPLNT	3	1.6	0.05
8589	OTH MAMMO	3	1.6	0.06
2189	OTH REPR & PLSTC OPER NOSE	2	1.1	0.13
4223	OTH ESOPHAGOSCOPY	2	1.1	0.06
598	URETERAL CATH	2	1.1	0.69
8534	OTH UNILAT SUBQ MAMMECTOMY	2	1.1	0.01
8554	BILAT BREAST IMPLNT	2	1.1	0.10
8594	REMOV IMPLNT BREAST	2	1.1	0.09

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		1,507	100.0	100.0
38525	BX/EXC LYMPH NODE; OPN DP AX NOD	124	8.2	0.24
36561	INSRT TUNNL CNTRL CVAD PORT; 5 Y	100	6.6	0.17
19125	EXC BRST LES ID RAD MARKR OPN;1	86	5.7	0.23
19120	EXC BRST CYST TUMR/LES OPN M/F 1	69	4.6	0.43
38510	BX/EXC LYMPH NODE; OPN DP CERV N	68	4.5	0.09
21930	EXC TUMR SOFT TISSUE BACK/FLANK	30	2.0	0.07
38500	BX/EXCISION LYMPH NODE; OPEN SUP	28	1.9	0.07
52235	CYSTOURETHROSCOPY W/FULG; MED TU	27	1.8	0.06
38792	INJECTION PROC; ID SENTINEL NODE	26	1.7	0.18
38999	UNLIST PROC HEMIC/LYMPHATIC SYST	21	1.4	0.02
55875	55875	21	1.4	0.03
52240	CYSTOURETHROSCOPY W/FULG; LG TUM	20	1.3	0.03
52332	CYSTOURETHROSCOPY W/INSRT STENT	20	1.3	0.56
38745	AXILLARY LYMPHADENECTOMY; COMPLE	18	1.2	0.01
52234	CYSTOURETHROSCOPY W/FULG; SM TUM	18	1.2	0.06
58661	LAP SURG; W/REMV ADNEXAL STRUCT	18	1.2	0.19
21556	EXC TUMR SFT TISS NCK/THOR; DEEP	16	1.1	0.04
60220	TOT THYRD LOBECT UNI;W/WO ISTHMS	16	1.1	0.12
60500	PARATHYROIDECTOMY/EXPL PARATHYRO	16	1.1	0.08
27328	EXC TUMOR THIGH/KNEE; DEEP/IM	14	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, 2008  
 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		105	\$4,987	\$4,015
8521	LOC EXC LES BREAST	33	\$3,729	\$3,164
5749	OTH TRANSURETH EXC/DEST LES BLADDER	23	\$5,195	\$4,295
4024	EXC ING LYMPH NODE	3	\$6,112	\$4,810
5351	INCIS HERN REPR	3	\$5,155	\$4,433
8339	EXC LES OTH SOFT TISS	3	\$4,370	\$3,546
8523	SUBTOT MASTEC	3	\$4,431	\$4,981
8541	UNILAT SIMPL MASTEC	3	\$4,858	\$6,383
1831	RAD EXC LES EXT EAR	2	\$5,861	\$3,199
2189	OTH REPR & PLSTC OPER NOSE	2	\$12,446	\$4,771
570	TRANSURETHRAL CLEARANCE BLADDER	2	\$3,988	\$4,551
8534	OTH UNILAT SUBQ MAMMECTOMY	2	\$5,105	\$3,710
062	UNILAT THYROID LOBEC	1	\$5,431	\$7,821
0652	COMPLT SUBSTERNAL THYROIDECTOMY	1	\$5,060	\$6,917
2171	CLO REDUC NASAL FX	1	\$2,946	\$2,312
222	INTRANASAL ANTROTOMY	1	\$3,365	\$5,750
3423	BX CHEST WALL	1	\$1,867	\$2,529
5304	UNILAT REPR INDIRECT ING HERN-GFT	1	\$7,426	\$4,616
5349	OTH UMB HERNIORRHAPHY	1	\$4,869	\$3,202
5359	REPR OTH HERN ANT ABD WALL	1	\$13,454	\$3,221
5361	INCIS HERN REPR W/PROSTH	1	\$5,761	\$8,308

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals )
CPT-4 Procedures		816	\$5,047	\$3,633
36561	INSRT TUNNL CNTRL CVAD PORT; 5 Y	90	\$3,786	\$5,905
19120	EXC BRST CYST TUMR/LES OPN M/F 1	57	\$2,665	\$2,993
19125	EXC BRST LES ID RAD MARKR OPN;1	56	\$2,731	\$3,946
38525	BX/EXC LYMPH NODE; OPN DP AX NOD	39	\$6,501	\$6,609
38510	BX/EXC LYMPH NODE; OPN DP CERV N	35	\$6,349	\$4,879
52235	CYSTOURETHROSCOPY W/FULG; MED TU	21	\$4,129	\$4,799
55875	55875	21	\$6,397	\$11,554
52240	CYSTOURETHROSCOPY W/FULG; LG TUM	17	\$5,597	\$5,351
38999	UNLIST PROC HEMIC/LYMPHATIC SYST	15	\$5,713	\$5,873
52332	CYSTOURETHROSCOPY W/INSRT STENT	15	\$6,734	\$4,713
60220	TOT THYRD LOBECT UNI;W/WO ISTHMS	15	\$7,241	\$7,705
60500	PARATHYROIDECTOMY/EXPL PARATHYRO	14	\$7,804	\$7,612
38745	AXILLARY LYMPHADENECTOMY; COMPLE	12	\$6,650	\$5,660
64680	DESTRCT W/WO RAD MON; CELIAC PLE	11	\$4,364	\$4,176
36558	INSRT TUNNL CVC NO PORT/PUMP;5 Y	10	\$3,018	\$4,338
52234	CYSTOURETHROSCOPY W/FULG; SM TUM	10	\$4,292	\$4,002
21235	GRAFT; EAR CART AUTOGEN NOSE/EAR	9	\$8,392	\$7,635
31536	LARYNGSCPY DIRECT OP W/BX; W/OP	9	\$4,303	\$3,290
54530	ORCHECT RADICAL TUMOR; ING APPRC	9	\$4,910	\$4,201
57520	CONIZATION CERV W/WO D&C; KNIF/L	9	\$3,608	\$3,052

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, 2008**  
**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	438	8,727
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	3	2,271
	003 COMPLEX INCISION AND DRAINAGE	1	100
	006 SIMPLE DEBRIDEMENT AND DESTRUCTION	3	184
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	126	1,175
	008 SIMPLE EXCISION AND BIOPSY	40	1,279
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRANGE	102	1,550
	011 SIMPLE INCISION AND EXCISION OF BREAST	163	2,126
02	MUSCULOSKELETAL SYSTEM	72	65,893
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	13	7,092
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	10	2,745
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	3	2,708
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	31	13,313
	025 ARTHROSCOPY	8	27,527
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	4	5,280
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	2	409
	033 ARTHROPLASTY	1	597
03	RESPIRATORY SYSTEM	60	8,172
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	47	5,352
	054 SIMPLE ENDOSCOPY OF THE UPPER AIRWAY	13	297
04	CARDIOVASCULAR SYSTEM	9	34,518
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	8	1,034
	081 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	1	126
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	315	3,460
	092 CHEMOTHERAPY EXCEPT BY EXTENDED INFUSION	12	45
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	303	1,999
06	DIGESTIVE SYSTEM	146	96,396
	112 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	3	1,281
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	1	577
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	15	20,625
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	8	5,309
	117 LOWER GASTROINTESTINAL ENDOSCOPY	3	40,097
	118 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	3	1,612
	119 HERNIA AND HYDROCELE PROCEDURES	14	6,648
	120 COMPLEX ANAL AND RECTAL PROCEDURES	3	1,153
	121 SIMPLE ANAL AND RECTAL PROCEDURES	2	539
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	26	563
	123 COMPLEX LAPAROSCOPIC PROCEDURES	65	17,238
	124 SIMPLE LAPAROSCOPIC PROCEDURES	3	276
07	URINARY SYSTEM	145	8,765
	133 URINARY CATHETERIZATION AND DILATATION	4	472
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	92	4,811
	135 MODERATE CYSTOURETHROSCOPY	38	1,789
	136 SIMPLE CYSTOURETHROSCOPY	7	590
	137 COMPLEX URETHRAL PROCEDURES	4	191
08	MALE GENITAL SYSTEM	16	2,820

**AMB ST 1-4**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2008**  
**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			
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	5	1,286
	153 COMPLEX PENILE PROCEDURES	9	498
	154 SIMPLE PENILE PROCEDURES	2	837
09	FEMALE GENITAL SYSTEM	80	6,757
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	9	2,044
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	47	1,379
	178 DILATION AND CURETTAGE	11	611
	179 HYSTEROSCOPY	10	2,433
	180 COLPOSCOPY	3	290
10	NERVOUS SYSTEM	27	21,149
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	13	14,879
	196 REVISION AND REMOVAL OF NEUROLOGICAL DEVICE	1	251
	198 NERVE REPAIR AND DESTRUCTION	13	4,284
11	EYE AND OCULAR ADNEXA	10	12,065
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	4	323
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	6	1,215
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	105	28,538
	234 COMPLEX FACIAL AND ENT PROCEDURES	68	5,886
	235 SIMPLE FACIAL AND ENT PROCEDURES	33	13,559
	236 TONSIL AND ADENOID PROCEDURES	4	8,709
13	THERAPEUTIC AND OTHER RADIOLOGICAL PROCEDURES	5	3,406
	252 RADIATION THERAPY AND HYPERTHERMIA	4	8
	253 VASCULAR RADIOLOGY EXCEPT FOR VENOGRAPHY OF EXTREMITY	1	1,173

SOURCE: Utah Ambulatory Surgery Database  
Utah Health Data Committee/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, 2008**  
**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	276	\$3,693	\$3,433
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	48	\$5,283	\$3,748
	008 SIMPLE EXCISION AND BIOPSY	23	\$4,795	\$3,190
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRAN	92	\$3,809	\$4,802
	011 SIMPLE INCISION AND EXCISION OF BREAST	113	\$2,698	\$3,305
02	MUSCULOSKELETAL SYSTEM	21	\$5,176	\$4,654
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	5	\$6,332	\$7,553
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	3	\$6,211	\$4,034
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	1	\$5,795	\$5,600
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	8	\$5,194	\$3,312
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	2	\$3,111	\$6,529
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	2	\$2,417	\$3,340
03	RESPIRATORY SYSTEM	32	\$4,399	\$2,445
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	27	\$4,449	\$3,900
	054 SIMPLE ENDOSCOPY OF THE UPPER AIRWAY	5	\$4,127	\$2,300
04	CARDIOVASCULAR SYSTEM	3	\$3,062	\$14,018
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	3	\$3,062	\$4,381
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	137	\$6,403	\$4,660
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	137	\$6,403	\$6,198
06	DIGESTIVE SYSTEM	65	\$6,685	\$2,773
	112 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	1	\$3,730	\$1,929
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	1	\$4,997	\$1,425
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	3	\$4,136	\$2,089
	117 LOWER GASTROINTESTINAL ENDOSCOPY	3	\$1,345	\$1,219
	118 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	1	\$6,531	\$4,271
	119 HERNIA AND HYDROCELE PROCEDURES	8	\$6,395	\$4,277
	120 COMPLEX ANAL AND RECTAL PROCEDURES	3	\$7,090	\$3,419
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	24	\$6,251	\$6,011
	123 COMPLEX LAPAROSCOPIC PROCEDURES	21	\$8,590	\$7,473
07	URINARY SYSTEM	98	\$5,052	\$5,467
	133 URINARY CATHETERIZATION AND DILATATION	2	\$5,720	\$5,073
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	70	\$5,098	\$5,910
	135 MODERATE CYSTOURETHROSCOPY	22	\$4,898	\$3,852
	136 SIMPLE CYSTOURETHROSCOPY	1	\$6,054	\$2,909
	137 COMPLEX URETHRAL PROCEDURES	3	\$4,307	\$11,146
08	MALE GENITAL SYSTEM	14	\$4,458	\$3,901
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	3	\$4,189	\$3,127
	153 COMPLEX PENILE PROCEDURES	9	\$4,910	\$3,976
	154 SIMPLE PENILE PROCEDURES	2	\$2,832	\$2,116
09	FEMALE GENITAL SYSTEM	46	\$4,202	\$4,786
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	6	\$6,331	\$6,095
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	26	\$3,666	\$3,503
	178 DILATION AND CURETTAGE	8	\$3,742	\$2,944
	179 HYSTEROSCOPY	5	\$4,469	\$5,125
	180 COLPOSCOPY	1	\$7,716	\$4,314



**AMB ST 1-5**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2008**  
**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 )
10	NERVOUS SYSTEM	17	\$5,211	\$2,546
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	11	\$4,364	\$1,269
	196 REVISION AND REMOVAL OF NEUROLOGICAL DEVICE	1	\$8,361	\$11,955
	198 NERVE REPAIR AND DESTRUCTION	5	\$6,444	\$2,841
11	EYE AND OCULAR ADNEXA	1	\$3,264	\$3,560
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	1	\$3,264	\$5,024
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	61	\$6,489	\$3,024
	234 COMPLEX FACIAL AND ENT PROCEDURES	43	\$7,295	\$6,314
	235 SIMPLE FACIAL AND ENT PROCEDURES	16	\$4,424	\$1,997
	236 TONSIL AND ADENOID PROCEDURES	2	\$5,678	\$2,592
13	THERAPEUTIC AND OTHER RADIOLOGICAL PROCEDURES	5	\$7,880	\$3,705
	252 RADIATION THERAPY AND HYPERTHERMIA	4	\$7,878	\$7,771
	253 VASCULAR RADIOLOGY EXCEPT FOR VENOGRAPHY OF EXTREMITY	1	\$7,887	\$11,563

SOURCE: Utah Ambulatory Surgery Database  
Utah Health Data Committee/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, 2008**  
**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	
	(#)	(%)	(#)	(%)
<b>GENDER</b>				
Female	663	57.6	120,689	54.0
Male	488	42.4	102,774	46.0
Unknown	0	0.0	0	0.0
Not Reported	0	0.0	1	0.0
<b>AGE</b>				
1-28 days	0	0.0	1,290	0.6
29-365 days	0	0.0	3,012	1.3
1-4 years	0	0.0	11,257	5.0
5-9	0	0.0	6,380	2.9
10-14	5	0.4	4,795	2.1
15-17	6	0.5	5,109	2.3
18-19	10	0.9	3,667	1.6
20-24	45	3.9	10,397	4.7
25-29	63	5.5	12,788	5.7
30-34	64	5.6	13,212	5.9
35-39	78	6.8	12,888	5.8
40-44	80	7.0	13,216	5.9
45-49	107	9.3	16,707	7.5
50-54	152	13.2	24,036	10.8
55-59	113	9.8	20,476	9.2
60-64	128	11.1	17,623	7.9
65-69	90	7.8	14,920	6.7
70-74	80	7.0	12,104	5.4
75-79	82	7.1	9,552	4.3
80-84	33	2.9	6,230	2.8
85-89	10	0.9	2,923	1.3
90 +	5	0.4	881	0.4
Not Reported	0	0.0	1,292	0.6
<b>SOURCE OF ADMISSION</b>				
Physician Referral	0	0.0	200,515	89.7
Clinic Referral	0	0.0	4,085	1.8
HMO Referral	0	0.0	3,198	1.4
Other Hospital	0	0.0	219	0.1
Skilled Nursing Facility	0	0.0	26	0.0
Other Health Care Facility	0	0.0	41	0.0
Emergency Room	0	0.0	5,219	2.3
Court/Law Enforcement	0	0.0	3	0.0
Unknown	0	0.0	26	0.0
Not Reported	1,151	100.0	10,133	4.5

(Continued)

**AMB ST 1-6**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2008**  
**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	
	(#)	(%)	(#)	(%)
<b>DISCHARGE STATUS</b>				
Home or Self Care	1,150	99.9	222,849	99.7
Another Hospital	0	0.0	103	0.0
Skilled Nursing Facility	0	0.0	107	0.0
Intermediate Care Facility	0	0.0	14	0.0
Another Type of Institution	0	0.0	60	0.0
Under Care of Home Service	1	0.1	271	0.1
Left Against Medical Advice	0	0.0	13	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	0	0.0	8	0.0
Unknown	0	0.0	35	0.0
Not Reported	0	0.0	5	0.0
<b>PRIMARY PAYER</b>				
Medicare	256	22.2	38,441	17.2
Medicaid	69	6.0	13,916	6.2
Other government	42	3.6	3,998	1.8
Blue Cross/Blue Shield	300	26.1	31,579	14.1
Other Commercial	123	10.7	17,861	8.0
Managed Care(HMO, PPO)	323	28.1	108,172	48.4
Self Pay	35	3.0	3,087	1.4
Industrial & Worker Comp	1	0.1	3,835	1.7
Charity and Unclassified	1	0.1	1,349	0.6
Childrens Health Insurance	1	0.1	121	0.1
Unknown	0	0.0	1,030	0.5
Not Reported	0	0.0	76	0.0
<b>LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE</b>				
Bear River	36	3.1	16,758	7.5
Central Utah	17	1.5	8,253	3.7
Davis County	107	9.3	22,506	10.1
Salt Lake County	507	44.0	75,789	33.9
Southeastern Utah	21	1.8	4,234	1.9
Southwest Utah	18	1.6	13,877	6.2
Summit County	44	3.8	2,803	1.3
Tooele County	28	2.4	4,857	2.2
Tri-County	19	1.7	5,940	2.7
Utah County	75	6.5	37,220	16.7
Wasatch County	9	0.8	1,668	0.7
Weber County	68	5.9	19,855	8.9
Unknown Utah	0	0.0	42	0.0
Outside Utah	202	17.5	9,563	4.3
Unknown, Not Reported	0	0.0	100	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, 2008**  
**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)	620	100.0	321,431	100.0
Mastectomy (85.0-85.99)	0	0.0	7,806	2.4
Musculoskeletal (76.0-84.99)	409	66.0	73,868	23.0
Respiratory (30.0-34.99)	0	0.0	3,427	1.1
Cardiovascular (35.0-39.99)	0	0.0	18,764	5.8
Lymphatic/Hemetic (40.0-41.99)	0	0.0	2,774	0.9
Digestive System (42.0-54.99)	0	0.0	98,766	30.7
Urinary (55.0-59.99)	0	0.0	10,839	3.4
Male Genital (60.0-64.99)	0	0.0	3,918	1.2
Female Genital (65.0-71.99)	0	0.0	14,989	4.7
Endocrine/Nervous (01.0-07.99)	211	34.0	21,267	6.6
Eye (08.0-16.99)	0	0.0	21,107	6.6
Ear (18.0-20.99)	0	0.0	13,757	4.3
Nose, Mouth, Pharynx (21.0-29.99)	0	0.0	30,149	9.4
Reporting Category(CPT-4 CODES)	8,814	100.0	312,478	100.0
Mastectomy (19120-19220)	0	0.0	2,126	0.7
Musculoskeletal (20000-29909)	5,209	59.1	73,391	23.5
Respiratory (30000-32999 & 39501-39599)	0	0.0	14,650	4.7
Cardiovascular (33010-37799 & 93501-93660)	3	0.0	42,433	13.6
Lymphatic/Hemetic (38100-38999)	2	0.0	2,801	0.9
Digestive (40490-49999)	0	0.0	107,011	34.2
Urinary (50010-53899)	0	0.0	10,127	3.2
Male Genital (54000-55899)	0	0.0	3,288	1.1
Female Genital (56405-58999)	0	0.0	11,773	3.8
Endocrine/Nervous (60000-64999)	3,600	40.8	24,966	8.0
Eye (65091-68899)	0	0.0	12,267	3.9
Ear (69000-69979)	0	0.0	7,645	2.4

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

**AMB ST 1-2**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2008**  
**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		620	100.0	100.0
0443	RELEASE CARPAL TUNNEL	155	25.0	1.09
8201	EXPLOR TENDON SHEATH HAND	64	10.3	0.40
806	EXC SEMILUNAR CARTILAGE-KNEE	38	6.1	1.86
0481	INJ ANES PERIPH NERV-ANALGESIA	33	5.3	0.11
7932	OP REDUC FX W/INT FIX-RADIUS & ULNA	33	5.3	0.30
7933	OP REDUC W/INT FIX-CARP-METACARP	14	2.3	0.16
0392	INJ OTH AGENT SPINAL CANAL	13	2.1	1.89
8192	INJ THERAP SUBSTANCE JT/LIGAMNT	11	1.8	0.37
7751	BUNIONEC SOFT-OSTEOT 1ST METATARS	10	1.6	0.31
7937	OP REDUC W/INT FIX-TARS-METATARS	10	1.6	0.13
7936	OP REDUC FX W/INT FIX-TIBIA & FIB	9	1.5	0.31
7934	OP REDUC W/INT FIX-PHALANGES HAND	8	1.3	0.10
7939	OP REDUC FX W/INT FIX-OTH BONE	8	1.3	0.13
7759	OTH BUNIONEC	6	1.0	0.11
7913	CLO REDUC-/INT FIX-CARP-METACARP	5	0.8	0.07
7931	OP REDUC FX W/INT FIX-HUMERUS	5	0.8	0.09
7987	OP REDUC DISLOC-ANK	5	0.8	0.05
8128	INTERPHALANGEAL FUSION	5	0.8	0.04
8145	OTH REPR CRUCIATE LIGAMNT	5	0.8	0.55
8147	OTH REPR KNEE	5	0.8	0.86

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		8,814	100.0	100.0
64483	INJ ANES EPIDURL; LUMB/SAC 1 LEV	951	10.8	1.05
20610	ARTHROCENTESIS ASPIR&/INJ; MAJ J	601	6.8	0.45
64484	INJ ANES EPIDURL; LUMB/SAC-EA AD	424	4.8	0.71
64415	INJ ANESAGT; BRACH PLEXUS SINGLE	272	3.1	0.09
29881	SCOPE KNEE SURG;W/MENISCECT MED/	269	3.1	1.61
20680	REMOVAL OF IMPLANT; DEEP	268	3.0	1.01
20605	ARTHROCN ASPIR &/INJ;INTRMD JNT/	200	2.3	0.13
64417	INJECTION ANESTHETIC AGT; AX NER	187	2.1	0.06
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	181	2.1	0.91
64447	INJ ANES AGT; FEMORAL NERVE SING	169	1.9	0.06
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	168	1.9	0.66
26055	TENDON SHEATH INCISION	163	1.8	0.45
29848	ENDO WRST SURG REL TRNS CARP LIG	150	1.7	0.38
29888	ARTHSCPY AIDED ACL REPR/AUG/RECO	145	1.6	0.58
64445	INJ ANESAGT; SCIATIC NERVE SINGL	145	1.6	0.05
29826	SCOPE SHOULDER; DECOMP SUBACROM	138	1.6	1.23
64450	INJ ANES AGT; OTH PERIPH NERVE/B	134	1.5	0.06
29827	SCOPE SHLDR SURG; W/ROTOR CUFF R	128	1.5	0.61
64475	INJ ANES FACET JT; LUMB/SAC-1LEV	128	1.5	0.31
64479	INJ ANES EPIDURL; CERV/THOR 1 LE	112	1.3	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, 2008  
 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	350	\$4,242	\$4,015
0443	RELEASE CARPAL TUNNEL	88	\$2,593	\$2,420
8201	EXPLOR TENDON SHEATH HAND	50	\$1,747	\$2,302
806	EXC SEMILUNAR CARTILAGE-KNEE	33	\$3,804	\$4,727
7932	OP REDUC FX W/INT FIX-RADIUS & ULNA	27	\$8,637	\$8,664
0392	INJ OTH AGENT SPINAL CANAL	13	\$1,492	\$931
7751	BUNIONEC SOFT-OSTEOT 1ST METATARS	8	\$6,937	\$4,442
7933	OP REDUC W/INT FIX-CARP-METACARP	8	\$5,195	\$5,808
7934	OP REDUC W/INT FIX-PHALANGES HAND	8	\$5,548	\$4,708
7937	OP REDUC W/INT FIX-TARS-METATARS	8	\$8,507	\$6,998
7939	OP REDUC FX W/INT FIX-OTH BONE	8	\$8,144	\$9,053
7936	OP REDUC FX W/INT FIX-TIBIA & FIB	7	\$5,765	\$7,201
8192	INJ THERAP SUBSTANCE JT/LIGAMNT	7	\$843	\$1,244
7913	CLO REDUC-/INT FIX-CARP-METACARP	5	\$2,691	\$2,928
7931	OP REDUC FX W/INT FIX-HUMERUS	5	\$11,056	\$8,893
8147	OTH REPR KNEE	5	\$6,399	\$5,962
7914	CLO REDUC W/INT FIX-PHALANGES HAND	4	\$3,498	\$2,821
7987	OP REDUC DISLOC-ANK	3	\$6,365	\$5,369
8221	EXC LES TENDON SHEATH HAND	3	\$1,864	\$2,617
8401	AMPUT & DISART FINGR	3	\$2,838	\$3,951
0393	INSRT/REPLCMT SPINAL NEUROSTIM	2	\$14,301	\$42,494

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals )
CPT-4	Procedures	2,907	\$2,486	\$3,633
20610	ARTHROCENTESIS ASPIR&/INJ; MAJ J	474	\$1,094	\$1,135
64483	INJ ANES EPIDURL; LUMB/SAC 1 LEV	386	\$1,070	\$1,342
29881	SCOPE KNEE SURG;W/MENISCECT MED/	197	\$3,702	\$4,187
20605	ARTHROCN ASPIR &/INJ;INTRMD JNT/	171	\$1,118	\$1,225
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	164	\$1,797	\$1,141
64479	INJ ANES EPIDURL; CERV/THOR 1 LE	98	\$1,235	\$1,553
20680	REMOVAL OF IMPLANT; DEEP	90	\$2,900	\$3,321
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	81	\$1,671	\$2,462
23350	INJ SHLDR ARTHROGRPH/ENHNCD CT/M	78	\$2,407	\$3,337
29848	ENDO WRST SURG REL TRNS CARP LIG	64	\$2,236	\$2,537
20600	ARTHROCEN ASPIR &/INJ; SM JNT/BU	51	\$1,121	\$1,176
29877	SCOPE KNEE SURG; DEBRID/SHAVE CA	48	\$3,735	\$3,808
64718	NEUROPLASTY; ULNAR NERV AT ELBOW	46	\$2,707	\$3,687
27095	INJ PROC HIP ARTHROGRAPHY; W/ANE	44	\$2,218	\$2,252
26055	TENDON SHEATH INCISION	42	\$1,330	\$2,154
25111	EXCISION OF GANGLION WRIST; PRIM	41	\$2,013	\$2,638
64417	INJECTION ANESTHETIC AGT; AX NER	35	\$438	\$438
26160	EXC LES TEND SHETH/JNT CAP HND/F	32	\$1,540	\$2,359
27648	INJECTION PROC ANKLE ARTHROGRAPH	30	\$2,221	\$2,271
64415	INJ ANESAGT; BRACH PLEXUS SINGLE	27	\$139	\$339

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, 2008**  
**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	91	8,727
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	2	2,271
	003 COMPLEX INCISION AND DRAINAGE	5	100
	004 SIMPLE INCISION AND DRAINAGE	3	24
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	31	1,175
	008 SIMPLE EXCISION AND BIOPSY	48	1,279
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRANGE	2	1,550
02	MUSCULOSKELETAL SYSTEM	4,783	65,893
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	446	7,092
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	263	2,745
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	257	2,708
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	1,009	13,313
	025 ARTHROSCOPY	1,419	27,527
	026 REPLACEMENT OF CAST	5	83
	028 CLOSED TREATMENT FX & DISLOCATION OF FINGER, TOE & TRUNK	4	71
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	10	703
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	278	5,280
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	21	409
	032 BUNION PROCEDURES	47	1,813
	033 ARTHROPLASTY	108	597
	034 HAND AND FOOT TENOTOMY	34	356
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	882	2,426
04	CARDIOVASCULAR SYSTEM	3	34,518
	080 MINOR VASCULAR REPAIR AND FISTULA CONSTRUCTION	2	767
	082 VASCULAR LIGATION	1	253
10	NERVOUS SYSTEM	3,585	21,149
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	3,055	14,879
	196 REVISION AND REMOVAL OF NEUROLOGICAL DEVICE	8	251
	197 NEUROSTIMULATOR AND VENTRICULAR SHUNT IMPLANTATION	144	1,092
	198 NERVE REPAIR AND DESTRUCTION	378	4,284
13	THERAPEUTIC AND OTHER RADIOLOGICAL PROCEDURES	269	3,406
	254 MYELOGRAPHY	3	296
	255 MISCELLANEOUS RADIOLOGICAL PROCEDURES WITH CONTRAST	266	1,929

SOURCE: Utah Ambulatory Surgery Database  
 Utah Health Data Committee/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, 2008**  
**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	46	\$2,224	\$3,433
	003 COMPLEX INCISION AND DRAINAGE	2	\$3,964	\$4,471
	004 SIMPLE INCISION AND DRAINAGE	1	\$2,577	\$2,787
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	15	\$2,372	\$3,748
	008 SIMPLE EXCISION AND BIOPSY	27	\$2,009	\$3,190
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRAN	1	\$1,969	\$4,802
02	MUSCULOSKELETAL SYSTEM	1,665	\$2,699	\$4,654
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	48	\$4,921	\$7,553
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	53	\$3,391	\$4,034
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	42	\$3,720	\$5,600
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	277	\$2,444	\$3,312
	025 ARTHROSCOPY	437	\$4,212	\$4,892
	028 CLOSED TREATMENT FX & DISLOCATION OF FINGER, TOE & TRUNK	2	\$1,752	\$2,571
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	3	\$4,043	\$3,247
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	82	\$6,351	\$6,529
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	3	\$1,966	\$3,340
	032 BUNION PROCEDURES	5	\$5,262	\$4,813
	033 ARTHROPLASTY	9	\$6,880	\$8,553
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	704	\$1,099	\$1,117
10	NERVOUS SYSTEM	1,004	\$2,033	\$2,546
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	832	\$1,237	\$1,269
	196 REVISION AND REMOVAL OF NEUROLOGICAL DEVICE	2	\$10,094	\$11,955
	197 NEUROSTIMULATOR AND VENTRICULAR SHUNT IMPLANTATION	24	\$28,298	\$31,310
	198 NERVE REPAIR AND DESTRUCTION	146	\$2,141	\$2,841
13	THERAPEUTIC AND OTHER RADIOLOGICAL PROCEDURES	178	\$2,270	\$3,705
	255 MISCELLANEOUS RADIOLOGICAL PROCEDURES WITH CONTRAST	178	\$2,270	\$3,069

SOURCE: Utah Ambulatory Surgery Database  
Utah Health Data Committee/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, 2008**  
**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

309 University of Utah Orthopaedic Center

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
<b>GENDER</b>				
Female	2,519	48.8	120,689	54.0
Male	2,642	51.2	102,774	46.0
Unknown	0	0.0	0	0.0
Not Reported	0	0.0	1	0.0
<b>AGE</b>				
1-28 days	0	0.0	1,290	0.6
29-365 days	0	0.0	3,012	1.3
1-4 years	4	0.1	11,257	5.0
5-9	10	0.2	6,380	2.9
10-14	60	1.2	4,795	2.1
15-17	113	2.2	5,109	2.3
18-19	110	2.1	3,667	1.6
20-24	307	5.9	10,397	4.7
25-29	362	7.0	12,788	5.7
30-34	363	7.0	13,212	5.9
35-39	397	7.7	12,888	5.8
40-44	425	8.2	13,216	5.9
45-49	558	10.8	16,707	7.5
50-54	603	11.7	24,036	10.8
55-59	483	9.4	20,476	9.2
60-64	419	8.1	17,623	7.9
65-69	346	6.7	14,920	6.7
70-74	272	5.3	12,104	5.4
75-79	154	3.0	9,552	4.3
80-84	118	2.3	6,230	2.8
85-89	39	0.8	2,923	1.3
90 +	18	0.3	881	0.4
Not Reported	0	0.0	1,292	0.6
<b>SOURCE OF ADMISSION</b>				
Physician Referral	0	0.0	200,515	89.7
Clinic Referral	0	0.0	4,085	1.8
HMO Referral	0	0.0	3,198	1.4
Other Hospital	0	0.0	219	0.1
Skilled Nursing Facility	0	0.0	26	0.0
Other Health Care Facility	0	0.0	41	0.0
Emergency Room	0	0.0	5,219	2.3
Court/Law Enforcement	0	0.0	3	0.0
Unknown	0	0.0	26	0.0
Not Reported	5,161	100.0	10,133	4.5

(Continued)

**AMB ST 1-6**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2008**  
**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

309 University of Utah Orthopaedic Center

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
<b>DISCHARGE STATUS</b>				
Home or Self Care	5,158	99.9	222,849	99.7
Another Hospital	0	0.0	103	0.0
Skilled Nursing Facility	0	0.0	107	0.0
Intermediate Care Facility	0	0.0	14	0.0
Another Type of Institution	2	0.0	60	0.0
Under Care of Home Service	0	0.0	271	0.1
Left Against Medical Advice	1	0.0	13	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	0	0.0	8	0.0
Unknown	0	0.0	35	0.0
Not Reported	0	0.0	5	0.0
<b>PRIMARY PAYER</b>				
Medicare	854	16.5	38,441	17.2
Medicaid	224	4.3	13,916	6.2
Other government	179	3.5	3,998	1.8
Blue Cross/Blue Shield	1,525	29.5	31,579	14.1
Other Commercial	592	11.5	17,861	8.0
Managed Care(HMO, PPO)	1,397	27.1	108,172	48.4
Self Pay	59	1.1	3,087	1.4
Industrial & Worker Comp	327	6.3	3,835	1.7
Charity and Unclassified	4	0.1	1,349	0.6
Childrens Health Insurance	0	0.0	121	0.1
Unknown	0	0.0	1,030	0.5
Not Reported	0	0.0	76	0.0
<b>LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE</b>				
Bear River	73	1.4	16,758	7.5
Central Utah	36	0.7	8,253	3.7
Davis County	449	8.7	22,506	10.1
Salt Lake County	3,321	64.3	75,789	33.9
Southeastern Utah	89	1.7	4,234	1.9
Southwest Utah	54	1.0	13,877	6.2
Summit County	188	3.6	2,803	1.3
Tooele County	148	2.9	4,857	2.2
Tri-County	38	0.7	5,940	2.7
Utah County	164	3.2	37,220	16.7
Wasatch County	31	0.6	1,668	0.7
Weber County	143	2.8	19,855	8.9
Unknown Utah	0	0.0	42	0.0
Outside Utah	426	8.3	9,563	4.3
Unknown, Not Reported	1	0.0	100	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, 2008**  
**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)	24,690	100.0	321,431	100.0
Mastectomy (85.0-85.99)	295	1.2	7,806	2.4
Musculoskeletal (76.0-84.99)	4,695	19.0	73,868	23.0
Respiratory (30.0-34.99)	226	0.9	3,427	1.1
Cardiovascular (35.0-39.99)	2,389	9.7	18,764	5.8
Lymphatic/Hemetic (40.0-41.99)	146	0.6	2,774	0.9
Digestive System (42.0-54.99)	8,518	34.5	98,766	30.7
Urinary (55.0-59.99)	800	3.2	10,839	3.4
Male Genital (60.0-64.99)	185	0.7	3,918	1.2
Female Genital (65.0-71.99)	966	3.9	14,989	4.7
Endocrine/Nervous (01.0-07.99)	608	2.5	21,267	6.6
Eye (08.0-16.99)	2,285	9.3	21,107	6.6
Ear (18.0-20.99)	954	3.9	13,757	4.3
Nose, Mouth, Pharynx (21.0-29.99)	2,623	10.6	30,149	9.4
Reporting Category(CPT-4 CODES)	23,206	100.0	312,478	100.0
Mastectomy (19120-19220)	101	0.4	2,126	0.7
Musculoskeletal (20000-29909)	4,363	18.8	73,391	23.5
Respiratory (30000-32999 & 39501-39599)	1,427	6.1	14,650	4.7
Cardiovascular (33010-37799 & 93501-93660)	3,832	16.5	42,433	13.6
Lymphatic/Hemetic (38100-38999)	119	0.5	2,801	0.9
Digestive (40490-49999)	9,132	39.4	107,011	34.2
Urinary (50010-53899)	764	3.3	10,127	3.2
Male Genital (54000-55899)	155	0.7	3,288	1.1
Female Genital (56405-58999)	766	3.3	11,773	3.8
Endocrine/Nervous (60000-64999)	562	2.4	24,966	8.0
Eye (65091-68899)	1,462	6.3	12,267	3.9
Ear (69000-69979)	523	2.3	7,645	2.4

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

**AMB ST 1-2**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2008**  
**MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE\* PROCEDURES**

138 Utah Valley Regional Medical Center

ICD-9 CODE	ICD-9 DESCRIPTION	#	%	% ALL Hospitals
<b>All ICD-9 Procedures</b>				
4523	COLONOSCOPY	2,117	8.6	6.06
4513	OTH ENDO SM INTESTINE	1,270	5.1	1.73
4542	ENDO POLYPECTOMY LG INTESTINE	1,082	4.4	3.39
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	863	3.5	5.39
3722	LT HEART CARD CATH	770	3.1	1.38
2001	MYRINGOTOMY W/INSRT TUBE	726	2.9	3.46
5123	LAP CHOLEY	642	2.6	2.20
806	EXC SEMILUNAR CARTILAGE-KNEE	620	2.5	1.86
283	TONSILLECTOMY W/ADENOIDECTOMY	533	2.2	1.84
4292	DILAT ESOPH	433	1.8	1.34
4525	CLO [ENDO] BX LG INTESTINE	331	1.3	2.33
8086	OTH LOC EXC/DESTRUC JT LES-KNEE	311	1.3	0.69
1371	IOL PROSTH-CATARACT EXTRACT-1-STAGE	280	1.1	1.53
1341	PHACOEMULSIFICATION-ASPIR CATARACT	276	1.1	1.54
3607	INSERTION RX-ELUTING COR ART STENT	274	1.1	0.42
4836	[ENDO] POLYPECTOMY RECTUM	271	1.1	0.96
8183	OTH REPR SHLDR	269	1.1	0.86
3723	COMBO RT & LT HEART CARD CATH	248	1.0	0.55
598	URETERAL CATH	243	1.0	0.69
4701	LAP APPENDECTOMY	230	0.9	0.71

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
<b>All CPT-4 Procedures</b>				
45378	COLONOSCOPY FLEX; DX-SEP PROC	1,988	8.6	5.71
45380	COLONOSCOPY FLEX; W/BX 1/MX	1,107	4.8	5.02
43235	UGI ENDO; DX W/VO CLCT SPECMN-SP	907	3.9	1.18
43239	UGI ENDO; W/BX 1/MX	858	3.7	5.34
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	624	2.7	1.43
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	550	2.4	1.43
93543	INJ PROC-CATH; LT VENT/ATRIAL AN	540	2.3	1.35
93545	INJ PROC-CATH; SELECT CORONRY AN	509	2.2	1.60
29881	SCOPE KNEE SURG;W/MENISCECT MED/	504	2.2	1.61
93510	LT HRT CATH RETRO-BRACH/FEM; PER	440	1.9	1.18
93555	IMAG SUPERVS I&R-CATH; VENT/ATRI	422	1.8	1.23
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	413	1.8	0.85
42820	T&A; UNDER AGE 12	385	1.7	1.49
69436	TYMPANOSTOMY GENERAL ANESTHESIA	376	1.6	1.79
93556	IMAG SUPERVS I&R-CATH; PULM ANGI	376	1.6	1.46
29826	SCOPE SHOULDER; DECOMP SUBACROM	350	1.5	1.23
29877	SCOPE KNEE SURG; DEBRID/SHAVE CA	330	1.4	0.95
66984	EXTRACAPSULAR CATARACT REMV IOL	275	1.2	1.50
44970	LAPAROSCOPY SURGICAL APPENDECTOM	242	1.0	0.73
93526	COMB RT HRT CATH&RETRO LT HRT CA	198	0.9	0.43

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, 2008  
 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		10,748	\$3,618	\$4,015
4523	COLONOSCOPY	1,850	\$732	\$1,021
4542	ENDO POLYPECTOMY LG INTESTINE	845	\$1,082	\$1,444
4513	OTH ENDO SM INTESTINE	738	\$821	\$1,248
5123	LAP CHOLEY	548	\$6,564	\$6,858
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	525	\$971	\$1,498
3722	LT HEART CARD CATH	439	\$6,561	\$7,640
283	TONSILLECTOMY W/ADENOIDECTOMY	418	\$2,254	\$2,576
4701	LAP APPENDECTOMY	202	\$9,224	\$9,824
3723	COMBO RT & LT HEART CARD CATH	201	\$6,669	\$8,441
4525	CLO [ENDO] BX LG INTESTINE	200	\$1,130	\$1,506
806	EXC SEMILUNAR CARTILAGE-KNEE	195	\$3,242	\$4,727
4836	[ENDO] POLYPECTOMY RECTUM	139	\$1,018	\$1,339
8183	OTH REPR SHLDR	92	\$4,933	\$7,480
0443	RELEASE CARPAL TUNNEL	90	\$2,224	\$2,420
6952	ASPIR CURET FOLLOWING DELIV/AB	88	\$2,483	\$2,819
282	TONSILLECTOMY WO ADENOIDECTOMY	84	\$2,239	\$2,653
3787	REPLCE PACEMAKER W/2 CHAMBR DEVICE	84	\$17,577	\$21,072
6823	ENDOMETRIAL ABLATION	78	\$5,543	\$5,865
8363	ROTATOR CUFF REPR	74	\$7,896	\$9,744
3950	ANGIOPLSTY/ARTHERECT NON-CORNON	71	\$10,472	\$13,127

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals )
CPT-4 Procedures		11,135	\$3,128	\$3,633
45378	COLONOSCOPY FLEX; DX-SEP PROC	1,739	\$734	\$1,028
45380	COLONOSCOPY FLEX; W/BX 1/MX	852	\$1,044	\$1,400
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	729	\$1,078	\$1,180
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	545	\$6,695	\$7,209
43239	UGI ENDO; W/BX 1/MX	532	\$1,204	\$1,479
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	388	\$1,148	\$1,613
42820	T&A; UNDER AGE 12	297	\$2,194	\$2,484
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	268	\$1,423	\$1,806
66984	EXTRACAPSULAR CATARACT REMV IOL	262	\$3,512	\$3,597
29881	SCOPE KNEE SURG;W/MENISCECT MED/	258	\$3,208	\$4,187
69436	TYMPANOSTOMY GENERAL ANESTHESIA	257	\$1,148	\$1,352
44970	LAPAROSCOPY SURGICAL APPENDECTOM	204	\$9,221	\$9,809
29877	SCOPE KNEE SURG; DEBRID/SHAVE CA	123	\$3,257	\$3,808
42821	T&A; AGE 12 OR OVER	119	\$2,431	\$2,939
49505	REPR INIT ING HERNIA 5YR/MORE; R	119	\$4,123	\$4,468
20680	REMOVAL OF IMPLANT; DEEP	105	\$3,380	\$3,321
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	102	\$2,221	\$2,462
41899	UNLIST PROC DENTOALVEOL STRUCTUR	85	\$2,429	\$2,567
49650	LAPARSCPY SURG; REPR INIT ING HE	84	\$6,789	\$6,383
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	76	\$2,291	\$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, 2008**  
**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	331	8,727
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	38	2,271
	003 COMPLEX INCISION AND DRAINAGE	5	100
	004 SIMPLE INCISION AND DRAINAGE	2	24
	006 SIMPLE DEBRIDEMENT AND DESTRUCTION	3	184
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	63	1,175
	008 SIMPLE EXCISION AND BIOPSY	53	1,279
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRANGE	65	1,550
	010 SIMPLE SKIN REPAIR	1	18
	011 SIMPLE INCISION AND EXCISION OF BREAST	101	2,126
02	MUSCULOSKELETAL SYSTEM	3,881	65,893
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	280	7,092
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	139	2,745
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	86	2,708
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	394	13,313
	025 ARTHROSCOPY	2,421	27,527
	026 REPLACEMENT OF CAST	2	83
	027 SPLINT, STRAPPING AND CAST REMOVAL	1	770
	028 CLOSED TREATMENT FX & DISLOCATION OF FINGER, TOE & TRUNK	3	71
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	52	703
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	325	5,280
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	37	409
	032 BUNION PROCEDURES	29	1,813
	033 ARTHROPLASTY	21	597
	034 HAND AND FOOT TENOTOMY	18	356
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	73	2,426
03	RESPIRATORY SYSTEM	874	8,172
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	13	654
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	720	5,352
	054 SIMPLE ENDOSCOPY OF THE UPPER AIRWAY	19	297
	055 ENDOSCOPY OF THE LOWER AIRWAY	122	1,869
04	CARDIOVASCULAR SYSTEM	3,483	34,518
	074 CARDIAC ELECTROPHYSIOLOGIC TESTS	175	3,255
	076 DIAGNOSTIC CARDIAC CATHETERIZATION	2,791	25,900
	077 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	179	2,275
	078 PACEMAKER INSERTION AND REPLACEMENT	135	841
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	118	1,034
	080 MINOR VASCULAR REPAIR AND FISTULA CONSTRUCTION	72	767
	081 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	9	126
	082 VASCULAR LIGATION	4	253
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	123	3,460
	094 BLOOD AND BLOOD PRODUCT EXCHANGE	1	83
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	118	1,999
	097 TRANSFUSION	4	1,333
06	DIGESTIVE SYSTEM	8,289	96,396
	112 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	8	1,281

**AMB ST 1-4**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2008**  
**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	53	577
114	PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	10	308
115	DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	1,780	20,625
116	THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	586	5,309
117	LOWER GASTROINTESTINAL ENDOSCOPY	3,791	40,097
118	ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	119	1,612
119	HERNIA AND HYDROCELE PROCEDURES	456	6,648
120	COMPLEX ANAL AND RECTAL PROCEDURES	36	1,153
121	SIMPLE ANAL AND RECTAL PROCEDURES	15	539
122	MISCELLANEOUS ABDOMINAL PROCEDURES	28	563
123	COMPLEX LAPAROSCOPIC PROCEDURES	1,380	17,238
124	SIMPLE LAPAROSCOPIC PROCEDURES	27	276
07	URINARY SYSTEM	704	8,765
131	RENAL EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	49	729
133	URINARY CATHETERIZATION AND DILATATION	17	472
134	COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	436	4,811
135	MODERATE CYSTOURETHROSCOPY	135	1,789
136	SIMPLE CYSTOURETHROSCOPY	51	590
137	COMPLEX URETHRAL PROCEDURES	8	191
138	SIMPLE URETHRAL PROCEDURES	8	180
08	MALE GENITAL SYSTEM	132	2,820
151	TESTICULAR AND EPIDIDYMAL PROCEDURES	79	1,286
152	INSERTION OF PENILE PROSTHESIS	2	88
153	COMPLEX PENILE PROCEDURES	16	498
154	SIMPLE PENILE PROCEDURES	33	837
155	PROSTATE NEEDLE AND PUNCH BIOPSY	2	111
09	FEMALE GENITAL SYSTEM	500	6,757
176	COMPLEX FEMALE REPRODUCTIVE PROCEDURES	159	2,044
177	SIMPLE FEMALE REPRODUCTIVE PROCEDURES	90	1,379
178	DILATION AND CURETTAGE	65	611
179	HYSTEROSCOPY	168	2,433
180	COLPOSCOPY	18	290
10	NERVOUS SYSTEM	380	21,149
195	NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	92	14,879
196	REVISION AND REMOVAL OF NEUROLOGICAL DEVICE	16	251
197	NEUROSTIMULATOR AND VENTRICULAR SHUNT IMPLANTATION	45	1,092
198	NERVE REPAIR AND DESTRUCTION	208	4,284
199	SPINAL TAP	19	643
11	EYE AND OCULAR ADNEXA	1,395	12,065
211	MINOR OPHTHALMOLOGICAL TESTS AND PROCEDURES	8	58
213	LASER EYE PROCEDURES	72	555
214	CATARACT PROCEDURES	300	4,992
215	COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	41	323
216	MODERATE ANTERIOR SEGMENT EYE PROCEDURES	80	332
217	SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	26	346
218	COMPLEX POSTERIOR SEGMENT EYE PROCEDURES	86	438

**AMB ST 1-4**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2008**  
**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)
	219 SIMPLE POSTERIOR SEGMENT EYE PROCEDURES	81	446
	220 STRABISMUS AND MUSCLE EYE PROCEDURES	123	966
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	225	1,215
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	134	655
	223 VITRECTOMY	219	1,739
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	2,268	28,538
	233 NASAL CAUTERIZATION AND PACKING	41	291
	234 COMPLEX FACIAL AND ENT PROCEDURES	519	5,886
	235 SIMPLE FACIAL AND ENT PROCEDURES	980	13,559
	236 TONSIL AND ADENOID PROCEDURES	728	8,709
13	THERAPEUTIC AND OTHER RADIOLOGICAL PROCEDURES	154	3,406
	253 VASCULAR RADIOLOGY EXCEPT FOR VENOGRAPHY OF EXTREMITY	132	1,173
	254 MYELOGRAPHY	1	296
	255 MISCELLANEOUS RADIOLOGICAL PROCEDURES WITH CONTRAST	21	1,929

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



**AMB ST 1-5**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2008**  
**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	198	\$3,734	\$3,433
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	29	\$4,764	\$2,695
	003 COMPLEX INCISION AND DRAINAGE	3	\$3,851	\$4,471
	004 SIMPLE INCISION AND DRAINAGE	2	\$2,483	\$2,787
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	42	\$3,983	\$3,748
	008 SIMPLE EXCISION AND BIOPSY	28	\$2,867	\$3,190
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRAN	15	\$5,100	\$4,802
	011 SIMPLE INCISION AND EXCISION OF BREAST	79	\$3,298	\$3,305
02	MUSCULOSKELETAL SYSTEM	1,544	\$4,643	\$4,654
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	96	\$5,732	\$7,553
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	55	\$4,234	\$4,034
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	18	\$4,141	\$5,600
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	189	\$3,358	\$3,312
	025 ARTHROSCOPY	850	\$4,348	\$4,892
	027 SPLINT, STRAPPING AND CAST REMOVAL	1	\$20,480	\$1,401
	028 CLOSED TREATMENT FX & DISLOCATION OF FINGER, TOE & TRUNK	2	\$2,641	\$2,571
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	42	\$2,757	\$3,247
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	249	\$6,629	\$6,529
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	8	\$5,988	\$3,340
	032 BUNION PROCEDURES	14	\$4,579	\$4,813
	033 ARTHROPLASTY	5	\$7,220	\$8,553
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	15	\$2,668	\$1,117
03	RESPIRATORY SYSTEM	100	\$2,685	\$2,445
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	23	\$3,603	\$3,900
	054 SIMPLE ENDOSCOPY OF THE UPPER AIRWAY	9	\$2,450	\$2,300
	055 ENDOSCOPY OF THE LOWER AIRWAY	68	\$2,406	\$2,377
04	CARDIOVASCULAR SYSTEM	293	\$11,077	\$14,018
	074 CARDIAC ELECTROPHYSIOLOGIC TESTS	17	\$18,937	\$16,098
	076 DIAGNOSTIC CARDIAC CATHETERIZATION	101	\$8,339	\$5,533
	077 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	47	\$14,041	\$25,520
	078 PACEMAKER INSERTION AND REPLACEMENT	52	\$18,462	\$23,655
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	8	\$6,792	\$4,381
	080 MINOR VASCULAR REPAIR AND FISTULA CONSTRUCTION	55	\$6,014	\$6,447
	081 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	9	\$4,855	\$5,330
	082 VASCULAR LIGATION	4	\$8,156	\$6,747
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	87	\$5,762	\$4,660
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	85	\$5,626	\$6,198
	097 TRANSFUSION	2	\$11,552	\$3,057
06	DIGESTIVE SYSTEM	6,125	\$2,159	\$2,773
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	40	\$1,105	\$1,163
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	6	\$932	\$1,532
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	1,270	\$1,154	\$1,425
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	390	\$1,518	\$2,089
	117 LOWER GASTROINTESTINAL ENDOSCOPY	3,088	\$875	\$1,219
	118 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	25	\$3,377	\$4,271

**AMB ST 1-5**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2008**  
**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 )
119 HERNIA AND HYDROCELE PROCEDURES	261	\$3,930	\$4,277
120 COMPLEX ANAL AND RECTAL PROCEDURES	25	\$4,974	\$3,419
121 SIMPLE ANAL AND RECTAL PROCEDURES	10	\$3,116	\$3,237
122 MISCELLANEOUS ABDOMINAL PROCEDURES	10	\$4,987	\$6,011
123 COMPLEX LAPAROSCOPIC PROCEDURES	995	\$7,095	\$7,473
124 SIMPLE LAPAROSCOPIC PROCEDURES	5	\$8,018	\$8,589
07 URINARY SYSTEM	172	\$3,805	\$5,467
133 URINARY CATHETERIZATION AND DILATATION	7	\$4,888	\$5,073
134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	62	\$4,046	\$5,910
135 MODERATE CYSTOURETHROSCOPY	75	\$3,035	\$3,852
136 SIMPLE CYSTOURETHROSCOPY	17	\$2,382	\$2,909
137 COMPLEX URETHRAL PROCEDURES	6	\$14,968	\$11,146
138 SIMPLE URETHRAL PROCEDURES	5	\$2,292	\$1,414
08 MALE GENITAL SYSTEM	92	\$3,380	\$3,901
151 TESTICULAR AND EPIDIDYMAL PROCEDURES	47	\$2,748	\$3,127
152 INSERTION OF PENILE PROSTHESIS	2	\$24,655	\$22,767
153 COMPLEX PENILE PROCEDURES	15	\$4,728	\$3,976
154 SIMPLE PENILE PROCEDURES	28	\$2,200	\$2,116
09 FEMALE GENITAL SYSTEM	242	\$4,440	\$4,786
176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	68	\$5,634	\$6,095
177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	39	\$2,635	\$3,503
178 DILATION AND CURETTAGE	43	\$3,007	\$2,944
179 HYSTEROSCOPY	88	\$5,032	\$5,125
180 COLPOSCOPY	4	\$4,088	\$4,314
10 NERVOUS SYSTEM	221	\$2,441	\$2,546
195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	64	\$1,325	\$1,269
196 REVISION AND REMOVAL OF NEUROLOGICAL DEVICE	9	\$4,410	\$11,955
197 NEUROSTIMULATOR AND VENTRICULAR SHUNT IMPLANTATION	7	\$11,811	\$31,310
198 NERVE REPAIR AND DESTRUCTION	122	\$2,438	\$2,841
199 SPINAL TAP	19	\$1,840	\$2,025
11 EYE AND OCULAR ADNEXA	669	\$3,347	\$3,560
211 MINOR OPHTHALMOLOGICAL TESTS AND PROCEDURES	1	\$552	\$1,632
213 LASER EYE PROCEDURES	65	\$767	\$739
214 CATARACT PROCEDURES	270	\$3,530	\$3,611
215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	25	\$4,096	\$5,024
216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	29	\$2,394	\$2,809
217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	11	\$3,351	\$3,223
218 COMPLEX POSTERIOR SEGMENT EYE PROCEDURES	39	\$7,041	\$6,059
219 SIMPLE POSTERIOR SEGMENT EYE PROCEDURES	2	\$3,588	\$3,518
220 STRABISMUS AND MUSCLE EYE PROCEDURES	64	\$2,432	\$2,675
221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	85	\$3,413	\$3,921
222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	37	\$1,740	\$2,501
223 VITRECTOMY	41	\$5,735	\$5,496
12 FACIAL, EAR, NOSE, MOUTH AND THROAT	1,141	\$2,474	\$3,024
233 NASAL CAUTERIZATION AND PACKING	2	\$5,583	\$3,338

**AMB ST 1-5**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2008**  
**PROCEDURE APG CATEGORY, PROCEDURE APG, SINGLE APG ONLY**  
**BASED ON REPORTABLE\* CPT-4 PROCEDURES**

138 Utah Valley Regional Medical Center

procedure APG category Procedure APG	TOTAL #	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals )
234 COMPLEX FACIAL AND ENT PROCEDURES	155	\$5,629	\$6,314
235 SIMPLE FACIAL AND ENT PROCEDURES	476	\$1,672	\$1,997
236 TONSIL AND ADENOID PROCEDURES	508	\$2,250	\$2,592
13 THERAPEUTIC AND OTHER RADIOLOGICAL PROCEDURES	9	\$6,300	\$3,705
253 VASCULAR RADIOLOGY EXCEPT FOR VENOGRAPHY OF EXTREMITY	9	\$6,300	\$11,563

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

**AMB ST 1-6**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2008**  
**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

138 Utah Valley Regional Medical Center

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
<b>GENDER</b>				
Female	8,541	51.8	120,689	54.0
Male	7,949	48.2	102,774	46.0
Unknown	0	0.0	0	0.0
Not Reported	0	0.0	1	0.0
<b>AGE</b>				
1-28 days	0	0.0	1,290	0.6
29-365 days	129	0.8	3,012	1.3
1-4 years	691	4.2	11,257	5.0
5-9	383	2.3	6,380	2.9
10-14	303	1.8	4,795	2.1
15-17	389	2.4	5,109	2.3
18-19	393	2.4	3,667	1.6
20-24	1,012	6.1	10,397	4.7
25-29	1,033	6.3	12,788	5.7
30-34	1,005	6.1	13,212	5.9
35-39	899	5.5	12,888	5.8
40-44	909	5.5	13,216	5.9
45-49	1,137	6.9	16,707	7.5
50-54	1,882	11.4	24,036	10.8
55-59	1,601	9.7	20,476	9.2
60-64	1,411	8.6	17,623	7.9
65-69	1,062	6.4	14,920	6.7
70-74	832	5.0	12,104	5.4
75-79	722	4.4	9,552	4.3
80-84	432	2.6	6,230	2.8
85-89	205	1.2	2,923	1.3
90 +	60	0.4	881	0.4
Not Reported	0	0.0	1,292	0.6
<b>SOURCE OF ADMISSION</b>				
Physician Referral	15,829	96.0	200,515	89.7
Clinic Referral	9	0.1	4,085	1.8
HMO Referral	2	0.0	3,198	1.4
Other Hospital	74	0.4	219	0.1
Skilled Nursing Facility	5	0.0	26	0.0
Other Health Care Facility	3	0.0	41	0.0
Emergency Room	568	3.4	5,219	2.3
Court/Law Enforcement	0	0.0	3	0.0
Unknown	0	0.0	26	0.0
Not Reported	0	0.0	10,133	4.5

(Continued)

**AMB ST 1-6**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2008**  
**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

138 Utah Valley Regional Medical Center

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
<b>DISCHARGE STATUS</b>				
Home or Self Care	16,426	99.6	222,849	99.7
Another Hospital	7	0.0	103	0.0
Skilled Nursing Facility	8	0.0	107	0.0
Intermediate Care Facility	1	0.0	14	0.0
Another Type of Institution	9	0.1	60	0.0
Under Care of Home Service	34	0.2	271	0.1
Left Against Medical Advice	5	0.0	13	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	0	0.0	8	0.0
Unknown	0	0.0	35	0.0
Not Reported	0	0.0	5	0.0
<b>PRIMARY PAYER</b>				
Medicare	2,573	15.6	38,441	17.2
Medicaid	977	5.9	13,916	6.2
Other government	141	0.9	3,998	1.8
Blue Cross/Blue Shield	467	2.8	31,579	14.1
Other Commercial	1,068	6.5	17,861	8.0
Managed Care(HMO, PPO)	10,590	64.2	108,172	48.4
Self Pay	200	1.2	3,087	1.4
Industrial & Worker Comp	173	1.0	3,835	1.7
Charity and Unclassified	147	0.9	1,349	0.6
Childrens Health Insurance	12	0.1	121	0.1
Unknown	142	0.9	1,030	0.5
Not Reported	0	0.0	76	0.0
<b>LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE</b>				
Bear River	14	0.1	16,758	7.5
Central Utah	1,282	7.8	8,253	3.7
Davis County	38	0.2	22,506	10.1
Salt Lake County	235	1.4	75,789	33.9
Southeastern Utah	369	2.2	4,234	1.9
Southwest Utah	85	0.5	13,877	6.2
Summit County	20	0.1	2,803	1.3
Tooele County	13	0.1	4,857	2.2
Tri-County	171	1.0	5,940	2.7
Utah County	13,718	83.2	37,220	16.7
Wasatch County	263	1.6	1,668	0.7
Weber County	17	0.1	19,855	8.9
Unknown Utah	4	0.0	42	0.0
Outside Utah	253	1.5	9,563	4.3
Unknown, Not Reported	8	0.0	100	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, 2008**  
**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)	5,309	100.0	321,431	100.0
Mastectomy (85.0-85.99)	63	1.2	7,806	2.4
Musculoskeletal (76.0-84.99)	1,008	19.0	73,868	23.0
Respiratory (30.0-34.99)	9	0.2	3,427	1.1
Cardiovascular (35.0-39.99)	4	0.1	18,764	5.8
Lymphatic/Hemetic (40.0-41.99)	53	1.0	2,774	0.9
Digestive System (42.0-54.99)	2,336	44.0	98,766	30.7
Urinary (55.0-59.99)	242	4.6	10,839	3.4
Male Genital (60.0-64.99)	101	1.9	3,918	1.2
Female Genital (65.0-71.99)	369	7.0	14,989	4.7
Endocrine/Nervous (01.0-07.99)	118	2.2	21,267	6.6
Eye (08.0-16.99)	9	0.2	21,107	6.6
Ear (18.0-20.99)	220	4.1	13,757	4.3
Nose, Mouth, Pharynx (21.0-29.99)	777	14.6	30,149	9.4
Reporting Category(CPT-4 CODES)	4,744	100.0	312,478	100.0
Mastectomy (19120-19220)	27	0.6	2,126	0.7
Musculoskeletal (20000-29909)	1,112	23.4	73,391	23.5
Respiratory (30000-32999 & 39501-39599)	214	4.5	14,650	4.7
Cardiovascular (33010-37799 & 93501-93660)	4	0.1	42,433	13.6
Lymphatic/Hemetic (38100-38999)	48	1.0	2,801	0.9
Digestive (40490-49999)	2,481	52.3	107,011	34.2
Urinary (50010-53899)	262	5.5	10,127	3.2
Male Genital (54000-55899)	66	1.4	3,288	1.1
Female Genital (56405-58999)	292	6.2	11,773	3.8
Endocrine/Nervous (60000-64999)	115	2.4	24,966	8.0
Eye (65091-68899)	3	0.1	12,267	3.9
Ear (69000-69979)	120	2.5	7,645	2.4

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

**AMB ST 1-2**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2008**  
**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		5,309	100.0	100.0
4523	COLONOSCOPY	514	9.7	6.06
4542	ENDO POLYPECTOMY LG INTESTINE	419	7.9	3.39
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	286	5.4	5.39
5123	LAP CHOLEY	227	4.3	2.20
2001	MYRINGOTOMY W/INSRT TUBE	195	3.7	3.46
4836	[ENDO] POLYPECTOMY RECTUM	141	2.7	0.96
4525	CLO [ENDO] BX LG INTESTINE	131	2.5	2.33
232	RESTORATION TOOTH-FILLING	127	2.4	0.60
4513	OTH ENDO SM INTESTINE	116	2.2	1.73
283	TONSILLECTOMY W/ADENOIDECTOMY	110	2.1	1.84
0443	RELEASE CARPAL TUNNEL	89	1.7	1.09
8147	OTH REPR KNEE	88	1.7	0.86
2370	ROOT CANAL-NOS	87	1.6	0.35
2188	OTH SEPTOPLASTY	79	1.5	0.59
2341	APPLIC CROWN	78	1.5	0.48
806	EXC SEMILUNAR CARTILAGE-KNEE	76	1.4	1.86
282	TONSILLECTOMY WO ADENOIDECTOMY	73	1.4	0.58
598	URETERAL CATH	72	1.4	0.69
4701	LAP APPENDECTOMY	69	1.3	0.71
8183	OTH REPR SHLDR	65	1.2	0.86

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		4,744	100.0	100.0
45380	COLONOSCOPY FLEX; W/BX 1/MX	473	10.0	5.02
45378	COLONOSCOPY FLEX; DX-SEP PROC	430	9.1	5.71
43239	UGI ENDO; W/BX 1/MX	288	6.1	5.34
47562	LAPAROSCOPY SURGICAL; CHOLECT	152	3.2	0.79
41899	UNLIST PROC DENTOALVEOL STRUCTUR	145	3.1	0.89
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	127	2.7	1.43
42820	T&A; UNDER AGE 12	107	2.3	1.49
69436	TYMPANOSTOMY GENERAL ANESTHESIA	99	2.1	1.79
29881	SCOPE KNEE SURG;W/MENISCECT MED/	95	2.0	1.61
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	93	2.0	0.66
29826	SCOPE SHOULDER; DECOMP SUBACROM	85	1.8	1.23
30520	SEPTOPLASTY/SUBMUCOS RES W/GFT	78	1.6	0.77
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	76	1.6	1.18
44970	LAPAROSCOPY SURGICAL APPENDECTOM	76	1.6	0.73
49505	REPR INIT ING HERNIA 5YR/MORE; R	75	1.6	0.80
20680	REMOVAL OF IMPLANT; DEEP	74	1.6	1.01
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	73	1.5	1.43
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	59	1.2	0.50
29827	SCOPE SHLDR SURG; W/ROTOR CUFF R	48	1.0	0.61
58662	LAP SURG; W/FULG/EXCIS LES-OVARY	45	0.9	0.51

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

AMB ST 1-3

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2008  
 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	2,829	\$2,605	\$4,015
4523	COLONOSCOPY	464	\$759	\$1,021
4542	ENDO POLYPECTOMY LG INTESTINE	283	\$1,091	\$1,444
5123	LAP CHOLEY	181	\$5,311	\$6,858
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	173	\$981	\$1,498
283	TONSILLECTOMY W/ADENOIDECTOMY	101	\$1,976	\$2,576
4525	CLO [ENDO] BX LG INTESTINE	76	\$1,092	\$1,506
8147	OTH REPR KNEE	74	\$4,139	\$5,962
0443	RELEASE CARPAL TUNNEL	72	\$1,758	\$2,420
282	TONSILLECTOMY WO ADENOIDECTOMY	66	\$2,154	\$2,653
4513	OTH ENDO SM INTESTINE	56	\$902	\$1,248
4701	LAP APPENDECTOMY	53	\$6,533	\$9,824
6952	ASPIR CURET FOLLOWING DELIV/AB	50	\$2,681	\$2,819
4836	[ENDO] POLYPECTOMY RECTUM	49	\$1,016	\$1,339
5304	UNILAT REPR INDIRECT ING HERN-GFT	47	\$4,104	\$4,616
8183	OTH REPR SHLDR	43	\$5,013	\$7,480
806	EXC SEMILUNAR CARTILAGE-KNEE	42	\$3,442	\$4,727
598	URETERAL CATH	38	\$3,275	\$6,128
7902	CLO REDUC FX WO INT FIX-RADIUS-ULNA	30	\$1,674	\$2,390
8363	ROTATOR CUFF REPR	29	\$7,924	\$9,744
232	RESTORATION TOOTH-FILLING	28	\$1,580	\$2,231

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals )
CPT-4	Procedures	2,890	\$2,467	\$3,633
45380	COLONOSCOPY FLEX; W/BX 1/MX	388	\$1,082	\$1,400
45378	COLONOSCOPY FLEX; DX-SEP PROC	384	\$761	\$1,028
43239	UGI ENDO; W/BX 1/MX	173	\$975	\$1,479
41899	UNLIST PROC DENTOALVEOL STRUCTUR	132	\$1,633	\$2,567
47562	LAPAROSCOPY SURGICAL; CHOLECT	119	\$4,929	\$6,273
42820	T&A; UNDER AGE 12	95	\$1,973	\$2,484
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	91	\$1,270	\$1,613
69436	TYMPANOSTOMY GENERAL ANESTHESIA	86	\$680	\$1,352
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	72	\$1,771	\$2,462
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	61	\$5,914	\$7,209
29881	SCOPE KNEE SURG;W/MENISCECT MED/	59	\$3,651	\$4,187
49505	REPR INIT ING HERNIA 5YR/MORE; R	56	\$3,934	\$4,468
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	53	\$2,218	\$2,730
44970	LAPAROSCOPY SURGICAL APPENDECTOM	53	\$6,533	\$9,809
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	48	\$724	\$1,180
20680	REMOVAL OF IMPLANT; DEEP	41	\$2,584	\$3,321
52323	CYSTOURETHROSCOPY W/INSRT STENT	31	\$3,152	\$4,713
29880	SCOPE KNEE SURG;W/MENISCECT MED&	25	\$3,557	\$4,471
30520	SEPTOPLASTY/SUBMUCOS RES W/GFT	22	\$2,976	\$3,731
25605	CLOS TX DIST RADIAL FX; REQ MANI	21	\$1,714	\$2,352

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, 2008**  
**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	81	8,727
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	2	2,271
	003 COMPLEX INCISION AND DRAINAGE	1	100
	006 SIMPLE DEBRIDEMENT AND DESTRUCTION	6	184
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	17	1,175
	008 SIMPLE EXCISION AND BIOPSY	27	1,279
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRANGE	1	1,550
	011 SIMPLE INCISION AND EXCISION OF BREAST	27	2,126
02	MUSCULOSKELETAL SYSTEM	1,033	65,893
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	101	7,092
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	51	2,745
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	30	2,708
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	215	13,313
	025 ARTHROSCOPY	430	27,527
	027 SPLINT, STRAPPING AND CAST REMOVAL	1	770
	028 CLOSED TREATMENT FX & DISLOCATION OF FINGER, TOE & TRUNK	2	71
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	52	703
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	117	5,280
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	5	409
	032 BUNION PROCEDURES	18	1,813
	033 ARTHROPLASTY	10	597
	034 HAND AND FOOT TENOTOMY	1	356
03	RESPIRATORY SYSTEM	87	8,172
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	1	654
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	85	5,352
	054 SIMPLE ENDOSCOPY OF THE UPPER AIRWAY	1	297
04	CARDIOVASCULAR SYSTEM	3	34,518
	080 MINOR VASCULAR REPAIR AND FISTULA CONSTRUCTION	1	767
	081 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	2	126
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	33	3,460
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	33	1,999
06	DIGESTIVE SYSTEM	2,226	96,396
	112 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	16	1,281
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	19	577
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	4	308
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	367	20,625
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	76	5,309
	117 LOWER GASTROINTESTINAL ENDOSCOPY	1,052	40,097
	118 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	8	1,612
	119 HERNIA AND HYDROCELE PROCEDURES	161	6,648
	120 COMPLEX ANAL AND RECTAL PROCEDURES	25	1,153
	121 SIMPLE ANAL AND RECTAL PROCEDURES	14	539
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	13	563
	123 COMPLEX LAPAROSCOPIC PROCEDURES	470	17,238
	124 SIMPLE LAPAROSCOPIC PROCEDURES	1	276
07	URINARY SYSTEM	255	8,765

**AMB ST 1-4**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2008**  
**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			
	133 URINARY CATHETERIZATION AND DILATATION	9	472
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	148	4,811
	135 MODERATE CYSTOURETHROSCOPY	61	1,789
	136 SIMPLE CYSTOURETHROSCOPY	34	590
	137 COMPLEX URETHRAL PROCEDURES	1	191
	138 SIMPLE URETHRAL PROCEDURES	2	180
08	MALE GENITAL SYSTEM	60	2,820
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	26	1,286
	153 COMPLEX PENILE PROCEDURES	2	498
	154 SIMPLE PENILE PROCEDURES	8	837
	155 PROSTATE NEEDLE AND PUNCH BIOPSY	24	111
09	FEMALE GENITAL SYSTEM	131	6,757
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	43	2,044
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	30	1,379
	178 DILATION AND CURETTAGE	20	611
	179 HYSTEROSCOPY	24	2,433
	180 COLPOSCOPY	14	290
10	NERVOUS SYSTEM	106	21,149
	198 NERVE REPAIR AND DESTRUCTION	106	4,284
11	EYE AND OCULAR ADNEXA	3	12,065
	220 STRABISMUS AND MUSCLE EYE PROCEDURES	3	966
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	623	28,538
	233 NASAL CAUTERIZATION AND PACKING	3	291
	234 COMPLEX FACIAL AND ENT PROCEDURES	116	5,886
	235 SIMPLE FACIAL AND ENT PROCEDURES	316	13,559
	236 TONSIL AND ADENOID PROCEDURES	188	8,709

SOURCE: Utah Ambulatory Surgery Database  
Utah Health Data Committee/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, 2008**  
**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	50	\$2,593	\$3,433
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	2	\$1,151	\$2,695
	003 COMPLEX INCISION AND DRAINAGE	1	\$3,459	\$4,471
	006 SIMPLE DEBRIDEMENT AND DESTRUCTION	2	\$2,098	\$3,383
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	9	\$2,764	\$3,748
	008 SIMPLE EXCISION AND BIOPSY	15	\$2,387	\$3,190
	011 SIMPLE INCISION AND EXCISION OF BREAST	21	\$2,810	\$3,305
02	MUSCULOSKELETAL SYSTEM	445	\$3,846	\$4,654
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	20	\$5,034	\$7,553
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	23	\$3,334	\$4,034
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	10	\$4,236	\$5,600
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	102	\$2,750	\$3,312
	025 ARTHROSCOPY	146	\$4,367	\$4,892
	028 CLOSED TREATMENT FX & DISLOCATION OF FINGER, TOE & TRUNK	2	\$1,446	\$2,571
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	42	\$1,979	\$3,247
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	91	\$4,936	\$6,529
	032 BUNION PROCEDURES	5	\$3,539	\$4,813
	033 ARTHROPLASTY	4	\$5,142	\$8,553
03	RESPIRATORY SYSTEM	8	\$2,357	\$2,445
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	1	\$1,300	\$1,535
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	7	\$2,507	\$3,900
04	CARDIOVASCULAR SYSTEM	3	\$4,143	\$14,018
	080 MINOR VASCULAR REPAIR AND FISTULA CONSTRUCTION	1	\$2,959	\$6,447
	081 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	2	\$4,734	\$5,330
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	16	\$4,340	\$4,660
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	16	\$4,340	\$6,198
06	DIGESTIVE SYSTEM	1,571	\$2,059	\$2,773
	112 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	2	\$751	\$1,929
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	12	\$925	\$1,163
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	4	\$666	\$1,532
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	223	\$919	\$1,425
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	34	\$1,346	\$2,089
	117 LOWER GASTROINTESTINAL ENDOSCOPY	874	\$963	\$1,219
	118 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	3	\$1,473	\$4,271
	119 HERNIA AND HYDROCELE PROCEDURES	104	\$3,815	\$4,277
	120 COMPLEX ANAL AND RECTAL PROCEDURES	13	\$2,883	\$3,419
	121 SIMPLE ANAL AND RECTAL PROCEDURES	2	\$2,382	\$3,237
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	5	\$2,063	\$6,011
	123 COMPLEX LAPAROSCOPIC PROCEDURES	295	\$5,673	\$7,473
07	URINARY SYSTEM	133	\$3,360	\$5,467
	133 URINARY CATHETERIZATION AND DILATATION	1	\$11,804	\$5,073
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	85	\$3,907	\$5,910
	135 MODERATE CYSTOURETHROSCOPY	29	\$2,317	\$3,852
	136 SIMPLE CYSTOURETHROSCOPY	15	\$1,847	\$2,909
	137 COMPLEX URETHRAL PROCEDURES	1	\$5,285	\$11,146

**AMB ST 1-5**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2008**  
**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 )
	138 SIMPLE URETHRAL PROCEDURES	2	\$1,363	\$1,414
08	MALE GENITAL SYSTEM	41	\$2,848	\$3,901
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	12	\$3,006	\$3,127
	153 COMPLEX PENILE PROCEDURES	1	\$3,699	\$3,976
	154 SIMPLE PENILE PROCEDURES	6	\$2,508	\$2,116
	155 PROSTATE NEEDLE AND PUNCH BIOPSY	22	\$2,816	\$4,881
09	FEMALE GENITAL SYSTEM	59	\$3,091	\$4,786
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	15	\$4,469	\$6,095
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	17	\$2,668	\$3,503
	178 DILATION AND CURETTAGE	14	\$1,916	\$2,944
	179 HYSTEROSCOPY	11	\$3,554	\$5,125
	180 COLPOSCOPY	2	\$2,028	\$4,314
10	NERVOUS SYSTEM	80	\$1,965	\$2,546
	198 NERVE REPAIR AND DESTRUCTION	80	\$1,965	\$2,841
11	EYE AND OCULAR ADNEXA	3	\$2,861	\$3,560
	220 STRABISMUS AND MUSCLE EYE PROCEDURES	3	\$2,861	\$2,675
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	442	\$1,786	\$3,024
	233 NASAL CAUTERIZATION AND PACKING	1	\$1,813	\$3,338
	234 COMPLEX FACIAL AND ENT PROCEDURES	42	\$3,234	\$6,314
	235 SIMPLE FACIAL AND ENT PROCEDURES	235	\$1,344	\$1,997
	236 TONSIL AND ADENOID PROCEDURES	164	\$2,048	\$2,592

SOURCE: Utah Ambulatory Surgery Database  
Utah Health Data Committee/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, 2008**  
**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

112 Valley View Medical Center

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
<b>GENDER</b>				
Female	2,035	52.2	120,689	54.0
Male	1,866	47.8	102,774	46.0
Unknown	0	0.0	0	0.0
Not Reported	0	0.0	1	0.0
<b>AGE</b>				
1-28 days	0	0.0	1,290	0.6
29-365 days	24	0.6	3,012	1.3
1-4 years	261	6.7	11,257	5.0
5-9	119	3.1	6,380	2.9
10-14	106	2.7	4,795	2.1
15-17	121	3.1	5,109	2.3
18-19	79	2.0	3,667	1.6
20-24	219	5.6	10,397	4.7
25-29	217	5.6	12,788	5.7
30-34	194	5.0	13,212	5.9
35-39	190	4.9	12,888	5.8
40-44	179	4.6	13,216	5.9
45-49	205	5.3	16,707	7.5
50-54	386	9.9	24,036	10.8
55-59	358	9.2	20,476	9.2
60-64	331	8.5	17,623	7.9
65-69	356	9.1	14,920	6.7
70-74	247	6.3	12,104	5.4
75-79	172	4.4	9,552	4.3
80-84	87	2.2	6,230	2.8
85-89	39	1.0	2,923	1.3
90 +	11	0.3	881	0.4
Not Reported	0	0.0	1,292	0.6
<b>SOURCE OF ADMISSION</b>				
Physician Referral	3,767	96.6	200,515	89.7
Clinic Referral	6	0.2	4,085	1.8
HMO Referral	0	0.0	3,198	1.4
Other Hospital	3	0.1	219	0.1
Skilled Nursing Facility	0	0.0	26	0.0
Other Health Care Facility	0	0.0	41	0.0
Emergency Room	124	3.2	5,219	2.3
Court/Law Enforcement	0	0.0	3	0.0
Unknown	1	0.0	26	0.0
Not Reported	0	0.0	10,133	4.5

(Continued)

**AMB ST 1-6**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2008**  
**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

112 Valley View Medical Center

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
<b>DISCHARGE STATUS</b>				
Home or Self Care	3,894	99.8	222,849	99.7
Another Hospital	1	0.0	103	0.0
Skilled Nursing Facility	2	0.1	107	0.0
Intermediate Care Facility	0	0.0	14	0.0
Another Type of Institution	1	0.0	60	0.0
Under Care of Home Service	3	0.1	271	0.1
Left Against Medical Advice	0	0.0	13	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	0	0.0	8	0.0
Unknown	0	0.0	35	0.0
Not Reported	0	0.0	5	0.0
<b>PRIMARY PAYER</b>				
Medicare	785	20.1	38,441	17.2
Medicaid	360	9.2	13,916	6.2
Other government	88	2.3	3,998	1.8
Blue Cross/Blue Shield	617	15.8	31,579	14.1
Other Commercial	393	10.1	17,861	8.0
Managed Care(HMO, PPO)	1,434	36.8	108,172	48.4
Self Pay	49	1.3	3,087	1.4
Industrial & Worker Comp	61	1.6	3,835	1.7
Charity and Unclassified	54	1.4	1,349	0.6
Childrens Health Insurance	7	0.2	121	0.1
Unknown	53	1.4	1,030	0.5
Not Reported	0	0.0	76	0.0
<b>LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE</b>				
Bear River	3	0.1	16,758	7.5
Central Utah	211	5.4	8,253	3.7
Davis County	3	0.1	22,506	10.1
Salt Lake County	13	0.3	75,789	33.9
Southeastern Utah	4	0.1	4,234	1.9
Southwest Utah	3,469	88.9	13,877	6.2
Summit County	1	0.0	2,803	1.3
Tooele County	1	0.0	4,857	2.2
Tri-County	1	0.0	5,940	2.7
Utah County	8	0.2	37,220	16.7
Wasatch County	0	0.0	1,668	0.7
Weber County	4	0.1	19,855	8.9
Unknown Utah	0	0.0	42	0.0
Outside Utah	176	4.5	9,563	4.3
Unknown, Not Reported	7	0.2	100	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, 2008**  
**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)	.	.	60,158	100.0
Musculoskeletal (76.0-84.99)	.	.	2,039	3.4
Respiratory (30.0-34.99)	.	.	13,820	23.0
Cardiovascular (35.0-39.99)	.	.	133	0.2
Lymphatic/Hemetic (40.0-41.99)	.	.	57	0.1
Digestive System (42.0-54.99)	.	.	112	0.2
Urinary (55.0-59.99)	.	.	19,056	31.7
Male Genital (60.0-64.99)	.	.	234	0.4
Female Genital (65.0-71.99)	.	.	239	0.4
Endocrine/Nervous (01.0-07.99)	.	.	1,176	2.0
Eye (08.0-16.99)	.	.	3,608	6.0
Ear (18.0-20.99)	.	.	7,110	11.8
Nose, Mouth, Pharynx (21.0-29.99)	.	.	3,033	5.0
	.	.	9,541	15.9
<b>Reporting Category(CPT-4 CODES)</b>	<b>15,532</b>	<b>100.0</b>	<b>105,057</b>	<b>100.0</b>
Mastectomy (19120-19220)	0	0.0	462	0.4
Musculoskeletal (20000-29909)	5,563	35.8	25,268	24.1
Respiratory (30000-32999 & 39501-39599)	841	5.4	8,384	8.0
Cardiovascular (33010-37799 & 93501-93660)	26	0.2	122	0.1
Lymphatic/Hemetic (38100-38999)	19	0.1	162	0.2
Digestive (40490-49999)	4,187	27.0	38,389	36.5
Urinary (50010-53899)	663	4.3	1,925	1.8
Male Genital (54000-55899)	108	0.7	541	0.5
Female Genital (56405-58999)	77	0.5	2,036	1.9
Endocrine/Nervous (60000-64999)	1,339	8.6	8,280	7.9
Eye (65091-68899)	2,176	14.0	15,186	14.5
Ear (69000-69979)	533	3.4	4,302	4.1

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/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, 2008**  
**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	15,532	100.0	100.0
45380	COLONOSCOPY FLEX; W/BX 1/MX	1,158	7.5	8.46
43239	UGI ENDO; W/BX 1/MX	660	4.2	7.13
43239	UGI ENDO; W/BX 1/MX	646	4.2	7.53
29881	SCOPE KNEE SURG;W/MENISCECT MED/	599	3.9	2.21
43235	UGI ENDO; DX W/VO CLCT SPECMN-SP	565	3.6	1.33
45378	COLONOSCOPY FLEX; DX-SEP PROC	506	3.3	6.67
64483	INJ ANES EPIDURL; LUMB/SAC 1 LEV	500	3.2	1.14
69436	TYMPANOSTOMY GENERAL ANESTHESIA	410	2.6	3.37
29826	SCOPE SHOULDER; DECOMP SUBACROM	408	2.6	1.61
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	372	2.4	1.72
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	316	2.0	1.26
50590	LITHOTRIPSY XTRACORP SHOCK WAVE	276	1.8	0.74
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	252	1.6	1.71
64484	INJ ANES EPIDURL; LUMB/SAC-EA AD	242	1.6	0.50
66821	DISCLSSION 2ND CATARACT; LASER S	227	1.5	1.45
29827	SCOPE SHLDR SURG; W/ROTOR CUFF R	214	1.4	0.79
29877	SCOPE KNEE SURG; DEBRID/SHAVE CA	211	1.4	1.00
42820	T&A; UNDER AGE 12	205	1.3	1.38
41899	UNLIST PROC DENTOALVEOL STRUCTUR	203	1.3	1.70
29888	ARTHSCPY AIDED ACL REPR/AUG/RECO	185	1.2	0.56

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



AMB ST 1-3

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2008  
 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 CHRGR	AVE TOT CHRGR(ALL FASCs )
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ICD-9 Procedures

Does not report ICDS

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRGR	AVE TOT CHRGR(ALL FASCs )
CPT-4 Procedures				
66984	EXTRACAPSULAR CATARACT REMV IOL	7,549	\$2,904	\$2,106
45380	COLONOSCOPY FLEX; W/BX 1/MX	1,132	\$3,360	\$2,792
29881	SCOPE KNEE SURG;W/MENISCECT MED/	428	\$944	\$1,361
43235	UGI ENDO; DX W/VO CLCT SPECMN-SP	418	\$4,693	\$3,496
43239	UGI ENDO; W/BX 1/MX	409	\$871	\$864
45378	COLONOSCOPY FLEX; DX-SEP PROC	339	\$902	\$1,506
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	324	\$947	\$1,552
66821	DISCISSION 2ND CATARACT; LASER S	244	\$903	\$1,294
41899	UNLIST PROC DENTOALVEOL STRUCTUR	219	\$1,202	\$996
50590	LITHOTRIPSY XTRACORP SHOCK WAVE	200	\$2,309	\$1,948
42820	T&A; UNDER AGE 12	189	\$6,825	\$6,312
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	166	\$1,576	\$1,600
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	152	\$880	\$761
29877	SCOPE KNEE SURG; DEBRID/SHAVE CA	149	\$2,126	\$1,636
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	147	\$4,725	\$4,037
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	126	\$5,756	\$4,930
29880	SCOPE KNEE SURG;W/MENISCECT MED&	123	\$984	\$1,365
42821	T&A; AGE 12 OR OVER	112	\$4,422	\$3,671
20680	REMOVAL OF IMPLANT; DEEP	94	\$1,570	\$1,636
64483	INJ ANES EPIDURL; LUMB/SAC 1 LEV	92	\$3,624	\$2,136
		82	\$655	\$885

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, 2008**  
**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	159	1,591
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	1	32
	003 COMPLEX INCISION AND DRAINAGE	8	22
	004 SIMPLE INCISION AND DRAINAGE	3	13
	006 SIMPLE DEBRIDEMENT AND DESTRUCTION	1	55
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	59	364
	008 SIMPLE EXCISION AND BIOPSY	59	500
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRANGE	28	143
02	MUSCULOSKELETAL SYSTEM	5,301	23,285
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	419	2,172
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	144	710
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	195	846
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	1,038	4,767
	025 ARTHROSCOPY	2,681	11,396
	028 CLOSED TREATMENT FX & DISLOCATION OF FINGER, TOE & TRUNK	7	18
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	27	89
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	312	1,220
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	81	217
	032 BUNION PROCEDURES	154	886
	033 ARTHROPLASTY	33	201
	034 HAND AND FOOT TENOTOMY	45	128
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	165	634
03	RESPIRATORY SYSTEM	375	3,611
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	372	3,563
	054 SIMPLE ENDOSCOPY OF THE UPPER AIRWAY	3	41
04	CARDIOVASCULAR SYSTEM	7	67
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	6	23
	081 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	1	5
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	21	184
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	21	178
06	DIGESTIVE SYSTEM	3,525	33,458
	112 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	1	625
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	8	61
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	16	126
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	1,217	9,347
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	396	2,368
	117 LOWER GASTROINTESTINAL ENDOSCOPY	1,458	17,008
	119 HERNIA AND HYDROCELE PROCEDURES	173	1,412
	120 COMPLEX ANAL AND RECTAL PROCEDURES	8	315
	121 SIMPLE ANAL AND RECTAL PROCEDURES	6	152
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	3	21
	123 COMPLEX LAPAROSCOPIC PROCEDURES	239	2,003
07	URINARY SYSTEM	655	1,892
	131 RENAL EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	276	775
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	257	634
	135 MODERATE CYSTOURETHROSCOPY	102	334

**AMB ST 1-4**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2008**  
**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			
	136 SIMPLE CYSTOURETHROSCOPY	9	101
	137 COMPLEX URETHRAL PROCEDURES	4	14
	138 SIMPLE URETHRAL PROCEDURES	7	20
08	MALE GENITAL SYSTEM	94	476
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	63	346
	153 COMPLEX PENILE PROCEDURES	4	13
	154 SIMPLE PENILE PROCEDURES	22	101
	155 PROSTATE NEEDLE AND PUNCH BIOPSY	5	16
09	FEMALE GENITAL SYSTEM	55	1,146
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	28	156
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	9	276
	178 DILATION AND CURETTAGE	6	96
	179 HYSTEROSCOPY	11	578
	180 COLPOSCOPY	1	40
10	NERVOUS SYSTEM	1,317	7,901
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	910	5,711
	197 NEUROSTIMULATOR AND VENTRICULAR SHUNT IMPLANTATION	5	52
	198 NERVE REPAIR AND DESTRUCTION	402	2,101
11	EYE AND OCULAR ADNEXA	2,171	15,120
	211 MINOR OPHTHALMOLOGICAL TESTS AND PROCEDURES	4	116
	213 LASER EYE PROCEDURES	231	1,606
	214 CATARACT PROCEDURES	1,209	9,302
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	43	818
	216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	113	426
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	31	437
	219 SIMPLE POSTERIOR SEGMENT EYE PROCEDURES	4	373
	220 STRABISMUS AND MUSCLE EYE PROCEDURES	48	210
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	340	1,231
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	143	392
	223 VITRECTOMY	5	162
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	1,764	15,114
	233 NASAL CAUTERIZATION AND PACKING	8	82
	234 COMPLEX FACIAL AND ENT PROCEDURES	407	2,701
	235 SIMPLE FACIAL AND ENT PROCEDURES	902	8,806
	236 TONSIL AND ADENOID PROCEDURES	447	3,525
13	THERAPEUTIC AND OTHER RADIOLOGICAL PROCEDURES	7	170
	254 MYELOGRAPHY	6	168
	255 MISCELLANEOUS RADIOLOGICAL PROCEDURES WITH CONTRAST	1	2

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/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, 2008**  
**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	83	\$2,796	\$1,705
	003 COMPLEX INCISION AND DRAINAGE	3	\$2,932	\$1,907
	006 SIMPLE DEBRIDEMENT AND DESTRUCTION	1	\$3,098	\$1,043
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	38	\$2,605	\$1,675
	008 SIMPLE EXCISION AND BIOPSY	25	\$2,118	\$1,494
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRAN	16	\$4,263	\$4,294
02	MUSCULOSKELETAL SYSTEM	2,109	\$4,398	\$3,210
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	131	\$4,941	\$3,442
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	76	\$3,838	\$3,132
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	66	\$4,049	\$2,766
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	363	\$3,435	\$2,154
	025 ARTHROSCOPY	1,127	\$4,966	\$4,005
	028 CLOSED TREATMENT FX & DISLOCATION OF FINGER, TOE & TRUNK	6	\$2,358	\$2,175
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	26	\$2,188	\$1,651
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	214	\$3,919	\$2,955
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	25	\$2,310	\$1,860
	032 BUNION PROCEDURES	51	\$4,007	\$2,335
	033 ARTHROPLASTY	11	\$3,649	\$2,866
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	13	\$1,099	\$1,011
03	RESPIRATORY SYSTEM	17	\$2,866	\$2,002
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	17	\$2,866	\$1,967
04	CARDIOVASCULAR SYSTEM	6	\$2,279	\$2,380
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	6	\$2,279	\$2,728
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	17	\$3,481	\$2,149
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	17	\$3,481	\$2,127
06	DIGESTIVE SYSTEM	2,218	\$1,501	\$1,598
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	3	\$823	\$767
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	12	\$966	\$796
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	751	\$886	\$1,391
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	260	\$902	\$1,248
	117 LOWER GASTROINTESTINAL ENDOSCOPY	879	\$950	\$1,463
	119 HERNIA AND HYDROCELE PROCEDURES	118	\$4,701	\$2,494
	120 COMPLEX ANAL AND RECTAL PROCEDURES	6	\$3,060	\$1,120
	121 SIMPLE ANAL AND RECTAL PROCEDURES	5	\$1,157	\$1,145
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	2	\$2,934	\$1,475
	123 COMPLEX LAPAROSCOPIC PROCEDURES	182	\$5,471	\$3,620
07	URINARY SYSTEM	329	\$5,457	\$4,528
	131 RENAL EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	189	\$6,825	\$6,312
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	73	\$3,871	\$2,741
	135 MODERATE CYSTOURETHROSCOPY	51	\$3,361	\$2,169
	136 SIMPLE CYSTOURETHROSCOPY	6	\$2,970	\$1,984
	137 COMPLEX URETHRAL PROCEDURES	3	\$4,137	\$3,315
	138 SIMPLE URETHRAL PROCEDURES	7	\$3,046	\$2,604
08	MALE GENITAL SYSTEM	52	\$3,160	\$2,220
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	26	\$3,583	\$2,536

**AMB ST 1-5**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2008**  
**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 )
	153 COMPLEX PENILE PROCEDURES	4	\$4,006	\$2,750
	154 SIMPLE PENILE PROCEDURES	20	\$2,530	\$1,585
	155 PROSTATE NEEDLE AND PUNCH BIOPSY	2	\$2,268	\$2,066
09	FEMALE GENITAL SYSTEM	39	\$3,465	\$2,126
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	19	\$3,859	\$2,489
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	6	\$1,932	\$1,490
	178 DILATION AND CURETTAGE	5	\$2,589	\$1,321
	179 HYSTEROSCOPY	8	\$4,444	\$2,480
	180 COLPOSCOPY	1	\$1,737	\$1,044
10	NERVOUS SYSTEM	417	\$1,468	\$1,172
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	238	\$803	\$894
	197 NEUROSTIMULATOR AND VENTRICULAR SHUNT IMPLANTATION	1	\$10,042	\$6,684
	198 NERVE REPAIR AND DESTRUCTION	178	\$2,310	\$1,764
11	EYE AND OCULAR ADNEXA	1,544	\$3,070	\$2,477
	211 MINOR OPHTHALMOLOGICAL TESTS AND PROCEDURES	1	\$1,219	\$630
	213 LASER EYE PROCEDURES	222	\$1,207	\$1,021
	214 CATARACT PROCEDURES	1,178	\$3,362	\$2,806
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	22	\$5,643	\$2,322
	216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	41	\$2,721	\$2,215
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	13	\$2,551	\$1,428
	220 STRABISMUS AND MUSCLE EYE PROCEDURES	5	\$3,478	\$2,391
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	43	\$3,821	\$2,034
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	18	\$3,026	\$1,280
	223 VITRECTOMY	1	\$4,843	\$4,414
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	688	\$2,006	\$1,837
	233 NASAL CAUTERIZATION AND PACKING	1	\$1,161	\$1,330
	234 COMPLEX FACIAL AND ENT PROCEDURES	69	\$3,428	\$2,703
	235 SIMPLE FACIAL AND ENT PROCEDURES	274	\$2,247	\$1,919
	236 TONSIL AND ADENOID PROCEDURES	344	\$1,532	\$1,575
13	THERAPEUTIC AND OTHER RADIOLOGICAL PROCEDURES	1	\$851	\$1,453
	255 MISCELLANEOUS RADIOLOGICAL PROCEDURES WITH CONTRAST	1	\$851	\$681

SOURCE: Utah Ambulatory Surgery Database  
Utah Health Data Committee/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, 2008**  
**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

401 Central Utah Surgical Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
<b>GENDER</b>				
Female	5,547	50.6	42,157	55.1
Male	5,413	49.3	34,273	44.8
Unknown	10	0.1	11	0.0
Not Reported	0	0.0	52	0.1
<b>AGE</b>				
1-28 days	0	0.0	0	0.0
29-365 days	46	0.4	420	0.5
1-4 years	396	3.6	3,182	4.2
5-9	235	2.1	1,632	2.1
10-14	179	1.6	1,089	1.4
15-17	256	2.3	1,367	1.8
18-19	303	2.8	1,172	1.5
20-24	736	6.7	3,048	4.0
25-29	529	4.8	3,499	4.6
30-34	482	4.4	3,575	4.7
35-39	473	4.3	3,541	4.6
40-44	520	4.7	3,875	5.1
45-49	631	5.8	5,056	6.6
50-54	742	6.8	7,303	9.5
55-59	786	7.2	6,481	8.5
60-64	683	6.2	6,186	8.1
65-69	1,137	10.4	7,123	9.3
70-74	1,019	9.3	6,417	8.4
75-79	896	8.2	5,591	7.3
80-84	589	5.4	3,872	5.1
85-89	254	2.3	1,602	2.1
90 +	78	0.7	458	0.6
Not Reported	0	0.0	4	0.0
<b>SOURCE OF ADMISSION</b>				
Physician Referral	10,970	100.0	66,472	86.9
Clinic Referral	0	0.0	1,299	1.7
HMO Referral	0	0.0	0	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	2	0.0
Court/Law Enforcement	0	0.0	0	0.0
Unknown	0	0.0	2,920	3.8
Not Reported	0	0.0	5,800	7.6

(Continued)

**AMB ST 1-6**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2008**  
**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

401 Central Utah Surgical Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
<b>DISCHARGE STATUS</b>				
Home or Self Care	10,970	100.0	70,834	92.6
Another Hospital	0	0.0	67	0.1
Skilled Nursing Facility	0	0.0	0	0.0
Intermediate Care Facility	0	0.0	0	0.0
Another Type of Institution	0	0.0	6	0.0
Under Care of Home Service	0	0.0	0	0.0
Left Against Medical Advice	0	0.0	0	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	0	0.0	0	0.0
Unknown	0	0.0	5,586	7.3
Not Reported	0	0.0	0	0.0
<b>PRIMARY PAYER</b>				
Medicare	2,809	25.6	18,751	24.5
Medicaid	329	3.0	3,605	4.7
Other government	193	1.8	2,426	3.2
Blue Cross/Blue Shield	1,901	17.3	16,436	21.5
Other Commercial	1,451	13.2	7,399	9.7
Managed Care(HMO, PPO)	3,668	33.4	23,343	30.5
Self Pay	238	2.2	1,102	1.4
Industrial & Worker Comp	372	3.4	1,832	2.4
Charity and Unclassified	8	0.1	158	0.2
Childrens Health Insurance	1	0.0	133	0.2
Unknown	0	0.0	60	0.1
Not Reported	0	0.0	1,248	1.6
<b>LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE</b>				
Bear River	23	0.2	3,564	4.7
Central Utah	1,059	9.7	1,239	1.6
Davis County	27	0.2	15,120	19.8
Salt Lake County	183	1.7	24,171	31.6
Southeastern Utah	549	5.0	725	0.9
Southwest Utah	63	0.6	2,858	3.7
Summit County	22	0.2	638	0.8
Tooele County	24	0.2	1,180	1.5
Tri-County	120	1.1	374	0.5
Utah County	8,407	76.6	9,391	12.3
Wasatch County	153	1.4	349	0.5
Weber County	8	0.1	13,793	18.0
Unknown Utah	9	0.1	18	0.0
Outside Utah	322	2.9	3,042	4.0
Unknown, Not Reported	1	0.0	31	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, 2008**  
**NUMBER OF CPT-4 AND ICD-9 REPORTABLE\* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY**

415 Davis Surgical Center

Reporting Category(ICD-9-CM CODES)	Procedures Performed		Procedures Performed-All FASCs	
	(#)	(%)	(#)	(%)
Reporting Category(ICD-9-CM CODES)	51	100.0	60,158	100.0
Mastectomy (85.0-85.99)	2	3.9	2,039	3.4
Musculoskeletal (76.0-84.99)	3	5.9	13,820	23.0
Respiratory (30.0-34.99)	0	0.0	133	0.2
Cardiovascular (35.0-39.99)	0	0.0	57	0.1
Lymphatic/Hemetic (40.0-41.99)	0	0.0	112	0.2
Digestive System (42.0-54.99)	7	13.7	19,056	31.7
Urinary (55.0-59.99)	0	0.0	234	0.4
Male Genital (60.0-64.99)	0	0.0	239	0.4
Female Genital (65.0-71.99)	20	39.2	1,176	2.0
Endocrine/Nervous (01.0-07.99)	0	0.0	3,608	6.0
Eye (08.0-16.99)	1	2.0	7,110	11.8
Ear (18.0-20.99)	12	23.5	3,033	5.0
Nose, Mouth, Pharynx (21.0-29.99)	6	11.8	9,541	15.9
Reporting Category(CPT-4 CODES)	6,868	100.0	105,057	100.0
Mastectomy (19120-19220)	23	0.3	462	0.4
Musculoskeletal (20000-29909)	2,104	30.6	25,268	24.1
Respiratory (30000-32999 & 39501-39599)	461	6.7	8,384	8.0
Cardiovascular (33010-37799 & 93501-93660)	5	0.1	122	0.1
Lymphatic/Hemetic (38100-38999)	12	0.2	162	0.2
Digestive (40490-49999)	1,600	23.3	38,389	36.5
Urinary (50010-53899)	2	0.0	1,925	1.8
Male Genital (54000-55899)	3	0.0	541	0.5
Female Genital (56405-58999)	774	11.3	2,036	1.9
Endocrine/Nervous (60000-64999)	317	4.6	8,280	7.9
Eye (65091-68899)	1,037	15.1	15,186	14.5
Ear (69000-69979)	530	7.7	4,302	4.1

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/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, 2008**  
**MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE\* PROCEDURES**

415 Davis Surgical Center

ICD-9 CODE	ICD-9 DESCRIPTION	#	%	% ALL FASCs
All ICD-9 Procedures		51	100.0	100.0
2001	MYRINGOTOMY W/INSRT TUBE	10	19.6	4.00
283	TONSILLECTOMY W/ADENOIDECTOMY	5	9.8	2.15
6525	OTH LAP LOC EXC/DESTRUC OVARY	5	9.8	0.09
6622	BIL ENDO LIG-DIVIS FALLOPIAN TUBES	4	7.8	0.01
201	REMOV TYMPANOSTOMY TUBE	2	3.9	0.42
5123	LAP CHOLEY	2	3.9	0.55
5451	LAP LYSIS PERITONEAL ADHES	2	3.9	0.05
6909	OTH D&C UTERUS	2	3.9	0.21
7751	BUNIONEC SOFT-OSTEOT 1ST METATARS	2	3.9	0.54
8521	LOC EXC LES BREAST	2	3.9	0.81
1371	IOL PROSTH-CATARACT EXTRACT-1-STAGE	1	2.0	5.79
286	ADENOIDECTOMY WO TONSILLECTOMY	1	2.0	0.55
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	1	2.0	7.15
4523	COLONOSCOPY	1	2.0	6.29
4921	ANOSCOPY	1	2.0	0.00
6524	LAP WEDGE RESECT OVARY	1	2.0	0.00
6541	LAP UNILAT SALPINGO-OOPHORECTOMY	1	2.0	0.02
6581	LAP LYSIS OVARY-FALLOP TUBE ADHES	1	2.0	0.04
6621	BIL ENDO LIG-CRUSH FALLOPIAN TUBES	1	2.0	0.01
6639	OTH BILAT DEST/OCCLU FALLOP TUBES	1	2.0	0.00

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL FASCs
All CPT-4 Procedures		6,868	100.0	100.0
66984	EXTRACAPSULAR CATARACT REMV IOL	712	10.4	8.46
69436	TYMPANOSTOMY GENERAL ANESTHESIA	442	6.4	3.37
45378	COLONOSCOPY FLEX; DX-SEP PROC	336	4.9	6.67
58662	LAP SURG; W/FULG/EXCIS LES-OVARY	201	2.9	0.44
66821	DISCISSION 2ND CATARACT; LASER S	196	2.9	1.45
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	189	2.8	1.26
43239	UGI ENDO; W/BX 1/MX	188	2.7	7.53
29881	SCOPE KNEE SURG;W/MENISCECT MED/	168	2.4	2.21
42820	T&A; UNDER AGE 12	164	2.4	1.38
30140	SUBMUCOS RES TURBINATE PART/CMPL	142	2.1	2.17
58558	HYSTEROSCPY SURG; W/BX &/ POLYPE	142	2.1	0.30
29826	SCOPE SHOULDER; DECOMP SUBACROM	127	1.8	1.61
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	106	1.5	0.44
45380	COLONOSCOPY FLEX; W/BX 1/MX	101	1.5	7.13
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	92	1.3	0.65
30520	SEPTOPLASTY/SUBMUCOS RES W/GFT	90	1.3	1.46
20680	REMOVAL OF IMPLANT; DEEP	80	1.2	0.74
26055	TENDON SHEATH INCISION	79	1.2	0.61
29877	SCOPE KNEE SURG; DEBRID/SHAVE CA	79	1.2	1.00
28285	CORRECTION HAMMERTOES	77	1.1	0.74

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

AMB ST 1-3

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2008  
 AVERAGE TOTAL CHARGES FOR MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE\* PROCEDURES, SINGLE ICD-9 OR CPT-4 ONLY

415 Davis Surgical Center

ICD-9 CODE	ICD-9 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL FASCs )
ICD-9 Procedures		18	\$2,042	\$1,582
283	TONSILLECTOMY W/ADENOIDECTOMY	4	\$1,900	\$1,520
6622	BIL ENDO LIG-DIVIS FALLOPIAN TUBES	4	\$1,366	\$1,366
5123	LAP CHOLEY	2	\$4,993	\$4,454
8521	LOC EXC LES BREAST	2	\$1,397	\$1,198
1371	IOL PROSTH-CATARACT EXTRACT-1-STAGE	1	\$2,400	\$2,993
4523	COLONOSCOPY	1	\$1,300	\$955
6525	OTH LAP LOC EXC/DESTRUC OVARY	1	\$2,060	\$2,967
6902	D&C FOLLOWING DELIV/AB	1	\$1,966	\$1,222
6952	ASPIR CURET FOLLOWING DELIV/AB	1	\$1,966	\$1,954
7859	INT FIX WO FX REDUC-OTH BONE	1	\$1,224	\$1,224

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL FASCs )
CPT-4 Procedures		3,535	\$1,999	\$2,106
66984	EXTRACAPSULAR CATARACT REMV IOL	702	\$2,445	\$2,792
45378	COLONOSCOPY FLEX; DX-SEP PROC	286	\$1,300	\$1,552
66821	DISCISSION 2ND CATARACT; LASER S	187	\$749	\$996
42820	T&A; UNDER AGE 12	141	\$1,906	\$1,600
29881	SCOPE KNEE SURG;W/MENISCECT MED/	113	\$3,266	\$3,496
43239	UGI ENDO; W/BX 1/MX	108	\$1,300	\$1,506
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	95	\$4,718	\$4,930
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	85	\$1,725	\$1,454
45380	COLONOSCOPY FLEX; W/BX 1/MX	82	\$1,300	\$1,361
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	82	\$1,243	\$1,636
69436	TYMPANOSTOMY GENERAL ANESTHESIA	59	\$2,494	\$1,980
29880	SCOPE KNEE SURG;W/MENISCECT MED&	56	\$3,225	\$3,671
58662	LAP SURG; W/FULG/EXCIS LES-OVARY	56	\$2,084	\$2,795
29877	SCOPE KNEE SURG; DEBRID/SHAVE CA	53	\$3,286	\$4,037
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	51	\$1,300	\$1,365
58558	HYSTEROSCPY SURG; W/BX &/ POLYPE	46	\$1,378	\$1,651
28296	HALLUX VALGUS; W/METATARSAL OSTE	41	\$1,482	\$2,139
49505	REPR INIT ING HERNIA 5YR/MORE; R	41	\$1,824	\$2,261
45384	COLONOSCOPY FLEX; REMV LES-FORCE	37	\$1,300	\$2,010
42821	T&A; AGE 12 OR OVER	36	\$1,900	\$1,636

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, 2008**  
**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	120	1,591
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	1	32
	003 COMPLEX INCISION AND DRAINAGE	4	22
	004 SIMPLE INCISION AND DRAINAGE	1	13
	006 SIMPLE DEBRIDEMENT AND DESTRUCTION	8	55
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	32	364
	008 SIMPLE EXCISION AND BIOPSY	50	500
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRANGE	1	143
	011 SIMPLE INCISION AND EXCISION OF BREAST	23	462
02	MUSCULOSKELETAL SYSTEM	1,974	23,285
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	154	2,172
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	48	710
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	110	846
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	483	4,767
	025 ARTHROSCOPY	848	11,396
	028 CLOSED TREATMENT FX & DISLOCATION OF FINGER, TOE & TRUNK	2	18
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	8	89
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	108	1,220
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	21	217
	032 BUNION PROCEDURES	121	886
	033 ARTHROPLASTY	20	201
	034 HAND AND FOOT TENOTOMY	8	128
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	43	634
03	RESPIRATORY SYSTEM	203	3,611
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	197	3,563
	054 SIMPLE ENDOSCOPY OF THE UPPER AIRWAY	5	41
	055 ENDOSCOPY OF THE LOWER AIRWAY	1	5
04	CARDIOVASCULAR SYSTEM	1	67
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	1	23
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	12	184
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	12	178
06	DIGESTIVE SYSTEM	1,561	33,458
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	1	126
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	233	9,347
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	57	2,368
	117 LOWER GASTROINTESTINAL ENDOSCOPY	546	17,008
	119 HERNIA AND HYDROCELE PROCEDURES	157	1,412
	120 COMPLEX ANAL AND RECTAL PROCEDURES	14	315
	121 SIMPLE ANAL AND RECTAL PROCEDURES	5	152
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	1	21
	123 COMPLEX LAPAROSCOPIC PROCEDURES	547	2,003
07	URINARY SYSTEM	2	1,892
	136 SIMPLE CYSTOURETHROSCOPY	2	101
08	MALE GENITAL SYSTEM	3	476
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	3	346
09	FEMALE GENITAL SYSTEM	417	1,146

**AMB ST 1-4**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2008**  
**PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE\* CPT-4 PROCEDURES**

415 Davis Surgical Center

procedure APG category	procedure APG	TOTAL #	TOTAL # (ALL FASCs)
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	44	156
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	122	276
	178 DILATION AND CURETTAGE	13	96
	179 HYSTEROSCOPY	209	578
	180 COLPOSCOPY	29	40
10	NERVOUS SYSTEM	324	7,901
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	11	5,711
	198 NERVE REPAIR AND DESTRUCTION	313	2,101
11	EYE AND OCULAR ADNEXA	1,033	15,120
	211 MINOR OPHTHALMOLOGICAL TESTS AND PROCEDURES	6	116
	213 LASER EYE PROCEDURES	196	1,606
	214 CATARACT PROCEDURES	717	9,302
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	21	818
	216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	29	426
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	14	437
	220 STRABISMUS AND MUSCLE EYE PROCEDURES	6	210
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	29	1,231
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	12	392
	223 VITRECTOMY	3	162
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	1,181	15,114
	233 NASAL CAUTERIZATION AND PACKING	3	82
	234 COMPLEX FACIAL AND ENT PROCEDURES	160	2,701
	235 SIMPLE FACIAL AND ENT PROCEDURES	671	8,806
	236 TONSIL AND ADENOID PROCEDURES	347	3,525

SOURCE: Utah Ambulatory Surgery Database  
Utah Health Data Committee/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, 2008**  
**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	71	\$1,356	\$1,705
	003 COMPLEX INCISION AND DRAINAGE	4	\$1,767	\$1,907
	004 SIMPLE INCISION AND DRAINAGE	1	\$1,313	\$913
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	16	\$1,386	\$1,675
	008 SIMPLE EXCISION AND BIOPSY	26	\$1,251	\$1,494
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRAN	1	\$1,112	\$4,294
	011 SIMPLE INCISION AND EXCISION OF BREAST	23	\$1,397	\$1,130
02	MUSCULOSKELETAL SYSTEM	800	\$2,316	\$3,210
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	49	\$1,764	\$3,442
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	16	\$1,482	\$3,132
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	29	\$1,671	\$2,766
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	203	\$1,587	\$2,154
	025 ARTHROSCOPY	340	\$3,206	\$4,005
	028 CLOSED TREATMENT FX & DISLOCATION OF FINGER, TOE & TRUNK	1	\$1,966	\$2,175
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	5	\$1,363	\$1,651
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	66	\$1,883	\$2,955
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	11	\$1,062	\$1,860
	032 BUNION PROCEDURES	69	\$1,591	\$2,335
	033 ARTHROPLASTY	11	\$2,509	\$2,866
03	RESPIRATORY SYSTEM	15	\$1,519	\$2,002
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	14	\$1,548	\$1,967
	054 SIMPLE ENDOSCOPY OF THE UPPER AIRWAY	1	\$1,112	\$2,217
04	CARDIOVASCULAR SYSTEM	1	\$2,713	\$2,380
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	1	\$2,713	\$2,728
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	12	\$1,291	\$2,149
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	12	\$1,291	\$2,127
06	DIGESTIVE SYSTEM	968	\$1,859	\$1,598
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	1	\$913	\$796
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	133	\$1,300	\$1,391
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	30	\$1,274	\$1,248
	117 LOWER GASTROINTESTINAL ENDOSCOPY	459	\$1,300	\$1,463
	119 HERNIA AND HYDROCELE PROCEDURES	70	\$2,180	\$2,494
	120 COMPLEX ANAL AND RECTAL PROCEDURES	14	\$1,481	\$1,120
	121 SIMPLE ANAL AND RECTAL PROCEDURES	4	\$1,625	\$1,145
	123 COMPLEX LAPAROSCOPIC PROCEDURES	257	\$3,157	\$3,620
08	MALE GENITAL SYSTEM	1	\$913	\$2,220
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	1	\$913	\$2,536
09	FEMALE GENITAL SYSTEM	146	\$2,070	\$2,126
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	13	\$2,709	\$2,489
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	38	\$1,191	\$1,490
	178 DILATION AND CURETTAGE	9	\$1,199	\$1,321
	179 HYSTEROSCOPY	76	\$2,615	\$2,480
	180 COLPOSCOPY	10	\$1,224	\$1,044
10	NERVOUS SYSTEM	124	\$1,279	\$1,172
	198 NERVE REPAIR AND DESTRUCTION	124	\$1,279	\$1,764

**AMB ST 1-5**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2008**  
**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 )
11	EYE AND OCULAR ADNEXA	958	\$2,054	\$2,477
	211 MINOR OPHTHALMOLOGICAL TESTS AND PROCEDURES	2	\$913	\$630
	213 LASER EYE PROCEDURES	187	\$749	\$1,021
	214 CATARACT PROCEDURES	706	\$2,445	\$2,806
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	7	\$1,208	\$2,322
	216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	22	\$1,653	\$2,215
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	9	\$1,615	\$1,428
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	18	\$1,619	\$2,034
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	6	\$1,634	\$1,280
	223 VITRECTOMY	1	\$1,727	\$4,414
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	429	\$1,929	\$1,837
	233 NASAL CAUTERIZATION AND PACKING	3	\$1,787	\$1,330
	234 COMPLEX FACIAL AND ENT PROCEDURES	51	\$2,259	\$2,703
	235 SIMPLE FACIAL AND ENT PROCEDURES	102	\$1,991	\$1,919
	236 TONSIL AND ADENOID PROCEDURES	273	\$1,845	\$1,575

SOURCE: Utah Ambulatory Surgery Database  
 Utah Health Data Committee/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, 2008**  
**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

415 Davis Surgical Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
<b>GENDER</b>				
Female	2,920	59.4	42,157	55.1
Male	1,987	40.4	34,273	44.8
Unknown	0	0.0	11	0.0
Not Reported	6	0.1	52	0.1
<b>AGE</b>				
1-28 days	0	0.0	0	0.0
29-365 days	66	1.3	420	0.5
1-4 years	256	5.2	3,182	4.2
5-9	142	2.9	1,632	2.1
10-14	116	2.4	1,089	1.4
15-17	137	2.8	1,367	1.8
18-19	106	2.2	1,172	1.5
20-24	246	5.0	3,048	4.0
25-29	256	5.2	3,499	4.6
30-34	265	5.4	3,575	4.7
35-39	275	5.6	3,541	4.6
40-44	293	6.0	3,875	5.1
45-49	347	7.1	5,056	6.6
50-54	486	9.9	7,303	9.5
55-59	395	8.0	6,481	8.5
60-64	343	7.0	6,186	8.1
65-69	340	6.9	7,123	9.3
70-74	319	6.5	6,417	8.4
75-79	251	5.1	5,591	7.3
80-84	180	3.7	3,872	5.1
85-89	74	1.5	1,602	2.1
90 +	19	0.4	458	0.6
Not Reported	1	0.0	4	0.0
<b>SOURCE OF ADMISSION</b>				
Physician Referral	4,913	100.0	66,472	86.9
Clinic Referral	0	0.0	1,299	1.7
HMO Referral	0	0.0	0	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	2	0.0
Court/Law Enforcement	0	0.0	0	0.0
Unknown	0	0.0	2,920	3.8
Not Reported	0	0.0	5,800	7.6

(Continued)

**AMB ST 1-6**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2008**  
**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

415 Davis Surgical Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
<b>DISCHARGE STATUS</b>				
Home or Self Care	4,884	99.4	70,834	92.6
Another Hospital	14	0.3	67	0.1
Skilled Nursing Facility	0	0.0	0	0.0
Intermediate Care Facility	0	0.0	0	0.0
Another Type of Institution	3	0.1	6	0.0
Under Care of Home Service	0	0.0	0	0.0
Left Against Medical Advice	0	0.0	0	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	0	0.0	0	0.0
Unknown	12	0.2	5,586	7.3
Not Reported	0	0.0	0	0.0
<b>PRIMARY PAYER</b>				
Medicare	888	18.1	18,751	24.5
Medicaid	278	5.7	3,605	4.7
Other government	366	7.4	2,426	3.2
Blue Cross/Blue Shield	1,139	23.2	16,436	21.5
Other Commercial	415	8.4	7,399	9.7
Managed Care(HMO, PPO)	1,662	33.8	23,343	30.5
Self Pay	38	0.8	1,102	1.4
Industrial & Worker Comp	58	1.2	1,832	2.4
Charity and Unclassified	0	0.0	158	0.2
Childrens Health Insurance	69	1.4	133	0.2
Unknown	0	0.0	60	0.1
Not Reported	0	0.0	1,248	1.6
<b>LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE</b>				
Bear River	61	1.2	3,564	4.7
Central Utah	5	0.1	1,239	1.6
Davis County	3,812	77.6	15,120	19.8
Salt Lake County	61	1.2	24,171	31.6
Southeastern Utah	3	0.1	725	0.9
Southwest Utah	2	0.0	2,858	3.7
Summit County	1	0.0	638	0.8
Tooele County	11	0.2	1,180	1.5
Tri-County	3	0.1	374	0.5
Utah County	8	0.2	9,391	12.3
Wasatch County	1	0.0	349	0.5
Weber County	894	18.2	13,793	18.0
Unknown Utah	1	0.0	18	0.0
Outside Utah	46	0.9	3,042	4.0
Unknown, Not Reported	4	0.1	31	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, 2008**  
**NUMBER OF CPT-4 AND ICD-9 REPORTABLE\* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY**

403 Intermountain Avenues Surgical Center

Reporting Category(ICD-9-CM CODES)	Procedures Performed		Procedures Performed-All FASCs	
	(#)	(%)	(#)	(%)
Reporting Category(ICD-9-CM CODES)	9,074	100.0	60,158	100.0
Mastectomy (85.0-85.99)	372	4.1	2,039	3.4
Musculoskeletal (76.0-84.99)	2,256	24.9	13,820	23.0
Respiratory (30.0-34.99)	24	0.3	133	0.2
Cardiovascular (35.0-39.99)	15	0.2	57	0.1
Lymphatic/Hemetic (40.0-41.99)	19	0.2	112	0.2
Digestive System (42.0-54.99)	71	0.8	19,056	31.7
Urinary (55.0-59.99)	111	1.2	234	0.4
Male Genital (60.0-64.99)	33	0.4	239	0.4
Female Genital (65.0-71.99)	9	0.1	1,176	2.0
Endocrine/Nervous (01.0-07.99)	258	2.8	3,608	6.0
Eye (08.0-16.99)	1,815	20.0	7,110	11.8
Ear (18.0-20.99)	488	5.4	3,033	5.0
Nose, Mouth, Pharynx (21.0-29.99)	3,603	39.7	9,541	15.9
Reporting Category(CPT-4 CODES)	6,379	100.0	105,057	100.0
Mastectomy (19120-19220)	19	0.3	462	0.4
Musculoskeletal (20000-29909)	1,918	30.1	25,268	24.1
Respiratory (30000-32999 & 39501-39599)	2,402	37.7	8,384	8.0
Cardiovascular (33010-37799 & 93501-93660)	16	0.3	122	0.1
Lymphatic/Hemetic (38100-38999)	19	0.3	162	0.2
Digestive (40490-49999)	580	9.1	38,389	36.5
Urinary (50010-53899)	85	1.3	1,925	1.8
Male Genital (54000-55899)	21	0.3	541	0.5
Female Genital (56405-58999)	13	0.2	2,036	1.9
Endocrine/Nervous (60000-64999)	205	3.2	8,280	7.9
Eye (65091-68899)	821	12.9	15,186	14.5
Ear (69000-69979)	280	4.4	4,302	4.1

SOURCE: Utah Ambulatory Surgery Database  
 Utah Health Data Committee/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, 2008**  
**MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE\* PROCEDURES**

403 Intermountain Avenues Surgical Center

ICD-9 CODE	ICD-9 DESCRIPTION	#	%	% ALL FASCs
All ICD-9 Procedures		9,074	100.0	100.0
2263	ETHMOIDECTOMY	754	8.3	1.79
2262	EXC LES MAXIL SINUS W/OTH APPRCH	596	6.6	1.42
1371	IOL PROSTH-CATARACT EXTRACT-1-STAGE	460	5.1	5.79
1341	PHACOEMULSIFICATION-ASPIR CATARACT	459	5.1	2.37
2169	OTH TURBINECTOMY	430	4.7	2.62
2188	OTH SEPTOPLASTY	382	4.2	1.10
2219	OTH DX PROC NASAL SINUSES	375	4.1	0.88
2001	MYRINGOTOMY W/INSRT TUBE	317	3.5	4.00
0887	UPPER EYELID RHYTIDECTOMY	268	3.0	0.81
8026	ARTHSCPY-KNEE	255	2.8	1.55
283	TONSILLECTOMY W/ADENOIDECTOMY	244	2.7	2.15
806	EXC SEMILUNAR CARTILAGE-KNEE	170	1.9	2.73
0443	RELEASE CARPAL TUNNEL	152	1.7	1.52
222	INTRANASAL ANTROTOMY	142	1.6	0.42
0886	LOWER EYELID RHYTIDECTOMY	120	1.3	0.31
2131	LOC EXC/DESTRUC INTRANASAL LES	115	1.3	0.28
0833	REPR BLEPHAROPT-RESECT/ADVANC LEVAT	109	1.2	0.22
8554	BILAT BREAST IMPLNT	97	1.1	0.75
286	ADENOIDECTOMY WO TONSILLECTOMY	93	1.0	0.55
8021	ARTHSCPY-SHLDR	86	0.9	1.06

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL FASCs
All CPT-4 Procedures		6,379	100.0	100.0
30140	SUBMUCOS RES TURBINATE PART/CMPL	508	8.0	2.17
66984	EXTRACAPSULAR CATARACT REMV IOL	459	7.2	8.46
30520	SEPTOPLASTY/SUBMUCOS RES W/GFT	439	6.9	1.46
31255	NASAL/SINUS ENDO; W/TOT ETHMOECT	370	5.8	0.84
31267	NASL/SINUS ENDO; W/TISS REMV MAX	350	5.5	0.72
69436	TYMPANOSTOMY GENERAL ANESTHESIA	170	2.7	3.37
31276	NASL/SINUS ENDO W/FRNTL SINUS EX	142	2.2	0.37
42821	T&A; AGE 12 OR OVER	133	2.1	0.69
29881	SCOPE KNEE SURG;W/MENISCECT MED/	127	2.0	2.21
42820	T&A; UNDER AGE 12	116	1.8	1.38
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	111	1.7	1.26
30115	EXCISION NASAL POLYP EXTENSIVE	105	1.6	0.11
31240	NASL/SINUS ENDO; CONCHA BULLOSA	101	1.6	0.19
42831	ADENOIDECTOMY PRIMARY; AGE 12/OV	98	1.5	0.12
31256	NASL/SINUS ENDO SURG W/MAX ANTRO	84	1.3	0.47
29877	SCOPE KNEE SURG; DEBRID/SHAVE CA	80	1.3	1.00
31288	NASAL ENDO W/SPHENOIDOT; REMV TI	76	1.2	0.12
26055	TENDON SHEATH INCISION	70	1.1	0.61
67904	REPR BLEPHAROPTOSIS; RESECT-EXT	62	1.0	0.29
29826	SCOPE SHOULDER; DECOMP SUBACROM	57	0.9	1.61

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

AMB ST 1-3

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2008  
 AVERAGE TOTAL CHARGES FOR MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE\* PROCEDURES, SINGLE ICD-9 OR CPT-4 ONLY

403 Intermountain Avenues Surgical Center

ICD-9 CODE	ICD-9 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL FASCs )
ICD-9 Procedures		1,120	\$1,451	\$1,582
283	TONSILLECTOMY W/ADENOIDECTOMY	167	\$837	\$1,520
0443	RELEASE CARPAL TUNNEL	75	\$1,042	\$1,796
8554	BILAT BREAST IMPLNT	48	\$789	\$906
7932	OP REDUC FX W/INT FIX-RADIUS & ULNA	47	\$4,247	\$3,408
8221	EXC LES TENDON SHEATH HAND	39	\$983	\$1,679
8201	EXPLOR TENDON SHEATH HAND	37	\$1,079	\$1,399
282	TONSILLECTOMY WO ADENOIDECTOMY	36	\$777	\$1,381
7751	BUNIONEC SOFT-OSTEOT 1ST METATARS	33	\$1,705	\$2,026
7933	OP REDUC W/INT FIX-CARP-METACARP	23	\$2,217	\$2,268
8532	BILAT REDUC MAMMO	21	\$2,105	\$2,286
194	MYRINGOPLASTY	15	\$1,954	\$2,775
7913	CLO REDUC-/INT FIX-CARP-METACARP	15	\$2,308	\$1,965
0407	OTH EXC/AVUL CRANIAL & PERIPH NERV	14	\$1,253	\$1,605
5304	UNILAT REPR INDIRECT ING HERN-GFT	13	\$1,656	\$2,732
8521	LOC EXC LES BREAST	13	\$1,429	\$1,198
7934	OP REDUC W/INT FIX-PHALANGES HAND	12	\$2,161	\$2,034
0833	REPR BLEPHAROPT-RESECT/ADVANC LEVAT	11	\$1,029	\$1,414
7788	OTH PART OSTEC-TARSALS-METATARSALS	11	\$1,547	\$2,496
2171	CLO REDUC NASAL FX	10	\$1,012	\$1,546
7863	REMOV IMPLNT DEVICE-RADIUS & ULNA	10	\$1,223	\$1,896

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL FASCs )
CPT-4 Procedures		1,901	\$1,522	\$2,106
66984	EXTRACAPSULAR CATARACT REMV IOL	457	\$1,399	\$2,792
42821	T&A; AGE 12 OR OVER	90	\$947	\$1,636
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	80	\$1,042	\$1,636
69436	TYMPANOSTOMY GENERAL ANESTHESIA	78	\$937	\$1,980
42820	T&A; UNDER AGE 12	71	\$730	\$1,600
29881	SCOPE KNEE SURG;W/MENISCECT MED/	66	\$1,969	\$3,496
67904	REPR BLEPHAROPTOSIS; RESECT-EXT	34	\$2,116	\$1,447
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	32	\$801	\$1,454
20680	REMOVAL OF IMPLANT; DEEP	26	\$1,160	\$2,136
26055	TENDON SHEATH INCISION	26	\$993	\$2,112
28296	HALLUX VALGUS; W/METATARSAL OSTE	25	\$1,773	\$2,139
29880	SCOPE KNEE SURG;W/MENISCECT MED&	23	\$1,912	\$3,671
25111	EXCISION OF GANGLION WRIST; PRIM	22	\$993	\$2,006
49505	REPR INIT ING HERNIA 5YR/MORE; R	22	\$1,656	\$2,261
69631	TYMP NO MASTOIDEK; NO OSSICUL CH	19	\$2,120	\$3,018
26160	EXC LES TEND SHETH/JNT CAP HND/F	18	\$996	\$1,845
29888	ARTHSCPY AIDED ACL REPR/AUG/RECO	15	\$4,582	\$6,470
19120	EXC BRST CYST TUMR/LES OPN M/F 1	14	\$1,772	\$1,247
25609	25609	14	\$5,003	\$4,289
67999	UNLISTED PROCEDURE EYELIDS	14	\$1,493	\$1,804

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, 2008**  
**PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE\* CPT-4 PROCEDURES**

403 Intermountain Avenues Surgical Center

Procedure APG category		TOTAL #	TOTAL # (ALL FASCs)
Procedure APG			
01	INTEGUMENTARY SYSTEM	87	1,591
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	2	32
	004 SIMPLE INCISION AND DRAINAGE	1	13
	006 SIMPLE DEBRIDEMENT AND DESTRUCTION	3	55
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	29	364
	008 SIMPLE EXCISION AND BIOPSY	21	500
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRANGE	12	143
	011 SIMPLE INCISION AND EXCISION OF BREAST	19	462
02	MUSCULOSKELETAL SYSTEM	1,720	23,285
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	119	2,172
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	57	710
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	79	846
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	504	4,767
	025 ARTHROSCOPY	610	11,396
	028 CLOSED TREATMENT FX & DISLOCATION OF FINGER, TOE & TRUNK	3	18
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	3	89
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	178	1,220
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	4	217
	032 BUNION PROCEDURES	91	886
	033 ARTHROPLASTY	24	201
	034 HAND AND FOOT TENOTOMY	7	128
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	41	634
03	RESPIRATORY SYSTEM	1,261	3,611
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	1,259	3,563
	055 ENDOSCOPY OF THE LOWER AIRWAY	2	5
04	CARDIOVASCULAR SYSTEM	16	67
	077 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	3	8
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	1	23
	080 MINOR VASCULAR REPAIR AND FISTULA CONSTRUCTION	1	7
	081 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	2	5
	082 VASCULAR LIGATION	9	24
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	21	184
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	21	178
06	DIGESTIVE SYSTEM	78	33,458
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	2	9,347
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	1	2,368
	119 HERNIA AND HYDROCELE PROCEDURES	65	1,412
	120 COMPLEX ANAL AND RECTAL PROCEDURES	8	315
	121 SIMPLE ANAL AND RECTAL PROCEDURES	1	152
	123 COMPLEX LAPAROSCOPIC PROCEDURES	1	2,003
07	URINARY SYSTEM	84	1,892
	131 RENAL EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	9	775
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	42	634
	135 MODERATE CYSTOURETHROSCOPY	18	334
	136 SIMPLE CYSTOURETHROSCOPY	12	101
	137 COMPLEX URETHRAL PROCEDURES	1	14

**AMB ST 1-4**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2008**  
**PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE\* CPT-4 PROCEDURES**

403 Intermountain Avenues Surgical Center

procedure APG category		TOTAL #	TOTAL # (ALL FASCs)
procedure APG			
	138 SIMPLE URETHRAL PROCEDURES	2	20
08	MALE GENITAL SYSTEM	14	476
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	7	346
	153 COMPLEX PENILE PROCEDURES	3	13
	154 SIMPLE PENILE PROCEDURES	3	101
	155 PROSTATE NEEDLE AND PUNCH BIOPSY	1	16
09	FEMALE GENITAL SYSTEM	13	1,146
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	11	156
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	1	276
	179 HYSTEROSCOPY	1	578
10	NERVOUS SYSTEM	162	7,901
	198 NERVE REPAIR AND DESTRUCTION	162	2,101
11	EYE AND OCULAR ADNEXA	813	15,120
	211 MINOR OPHTHALMOLOGICAL TESTS AND PROCEDURES	3	116
	214 CATARACT PROCEDURES	462	9,302
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	12	818
	216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	34	426
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	12	437
	219 SIMPLE POSTERIOR SEGMENT EYE PROCEDURES	2	373
	220 STRABISMUS AND MUSCLE EYE PROCEDURES	8	210
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	210	1,231
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	69	392
	223 VITRECTOMY	1	162
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	2,021	15,114
	233 NASAL CAUTERIZATION AND PACKING	14	82
	234 COMPLEX FACIAL AND ENT PROCEDURES	649	2,701
	235 SIMPLE FACIAL AND ENT PROCEDURES	896	8,806
	236 TONSIL AND ADENOID PROCEDURES	462	3,525

SOURCE: Utah Ambulatory Surgery Database  
Utah Health Data Committee/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, 2008**  
**PROCEDURE APG CATEGORY, PROCEDURE APG, SINGLE APG ONLY**  
**BASED ON REPORTABLE\* CPT-4 PROCEDURES**

403 Intermountain Avenues Surgical Center

Procedure APG category	Procedure APG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL FASCs )
01	INTEGUMENTARY SYSTEM	46	\$1,348	\$1,705
	004 SIMPLE INCISION AND DRAINAGE	1	\$723	\$913
	006 SIMPLE DEBRIDEMENT AND DESTRUCTION	2	\$888	\$1,043
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	10	\$1,370	\$1,675
	008 SIMPLE EXCISION AND BIOPSY	16	\$1,018	\$1,494
	011 SIMPLE INCISION AND EXCISION OF BREAST	17	\$1,736	\$1,130
02	MUSCULOSKELETAL SYSTEM	638	\$1,896	\$3,210
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	39	\$1,870	\$3,442
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	28	\$1,528	\$3,132
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	20	\$1,653	\$2,766
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	198	\$1,197	\$2,154
	025 ARTHROSCOPY	193	\$2,177	\$4,005
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	3	\$937	\$1,651
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	113	\$2,838	\$2,955
	032 BUNION PROCEDURES	39	\$1,790	\$2,335
	033 ARTHROPLASTY	3	\$2,825	\$2,866
	034 HAND AND FOOT TENOTOMY	1	\$988	\$2,084
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	1	\$972	\$1,011
03	RESPIRATORY SYSTEM	14	\$1,200	\$2,002
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	14	\$1,200	\$1,967
04	CARDIOVASCULAR SYSTEM	5	\$2,539	\$2,380
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	1	\$6,042	\$2,728
	081 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	1	\$1,790	\$1,790
	082 VASCULAR LIGATION	3	\$1,621	\$1,538
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	15	\$2,520	\$2,149
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	15	\$2,520	\$2,127
06	DIGESTIVE SYSTEM	60	\$1,549	\$1,598
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	1	\$480	\$1,391
	119 HERNIA AND HYDROCELE PROCEDURES	50	\$1,592	\$2,494
	120 COMPLEX ANAL AND RECTAL PROCEDURES	7	\$1,322	\$1,120
	121 SIMPLE ANAL AND RECTAL PROCEDURES	1	\$400	\$1,145
	123 COMPLEX LAPAROSCOPIC PROCEDURES	1	\$3,199	\$3,620
07	URINARY SYSTEM	42	\$1,362	\$4,528
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	25	\$1,360	\$2,741
	135 MODERATE CYSTOURETHROSCOPY	7	\$1,173	\$2,169
	136 SIMPLE CYSTOURETHROSCOPY	9	\$1,033	\$1,984
	137 COMPLEX URETHRAL PROCEDURES	1	\$5,681	\$3,315
08	MALE GENITAL SYSTEM	7	\$734	\$2,220
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	4	\$665	\$2,536
	153 COMPLEX PENILE PROCEDURES	3	\$827	\$2,750
09	FEMALE GENITAL SYSTEM	10	\$1,873	\$2,126
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	8	\$1,738	\$2,489
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	1	\$1,842	\$1,490
	179 HYSTEROSCOPY	1	\$2,989	\$2,480
10	NERVOUS SYSTEM	102	\$1,085	\$1,172

**AMB ST 1-5**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2008**  
**PROCEDURE APG CATEGORY, PROCEDURE APG, SINGLE APG ONLY**  
**BASED ON REPORTABLE\* CPT-4 PROCEDURES**

403 Intermountain Avenues Surgical Center

procedure APG category	Procedure APG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL FASCs )
	198 NERVE REPAIR AND DESTRUCTION	102	\$1,085	\$1,764
11	EYE AND OCULAR ADNEXA	565	\$1,467	\$2,477
	214 CATARACT PROCEDURES	459	\$1,400	\$2,806
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	5	\$1,499	\$2,322
	216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	10	\$1,356	\$2,215
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	6	\$1,101	\$1,428
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	68	\$1,976	\$2,034
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	17	\$1,434	\$1,280
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	379	\$1,055	\$1,837
	233 NASAL CAUTERIZATION AND PACKING	2	\$407	\$1,330
	234 COMPLEX FACIAL AND ENT PROCEDURES	60	\$1,902	\$2,703
	235 SIMPLE FACIAL AND ENT PROCEDURES	118	\$1,003	\$1,919
	236 TONSIL AND ADENOID PROCEDURES	199	\$837	\$1,575

SOURCE: Utah Ambulatory Surgery Database  
 Utah Health Data Committee/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, 2008**  
**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

403 Intermountain Avenues Surgical Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
<b>GENDER</b>				
Female	2,031	57.3	42,157	55.1
Male	1,512	42.7	34,273	44.8
Unknown	0	0.0	11	0.0
Not Reported	0	0.0	52	0.1
<b>AGE</b>				
1-28 days	0	0.0	0	0.0
29-365 days	24	0.7	420	0.5
1-4 years	144	4.1	3,182	4.2
5-9	103	2.9	1,632	2.1
10-14	131	3.7	1,089	1.4
15-17	113	3.2	1,367	1.8
18-19	76	2.1	1,172	1.5
20-24	195	5.5	3,048	4.0
25-29	232	6.5	3,499	4.6
30-34	236	6.7	3,575	4.7
35-39	238	6.7	3,541	4.6
40-44	227	6.4	3,875	5.1
45-49	285	8.0	5,056	6.6
50-54	327	9.2	7,303	9.5
55-59	285	8.0	6,481	8.5
60-64	213	6.0	6,186	8.1
65-69	197	5.6	7,123	9.3
70-74	174	4.9	6,417	8.4
75-79	177	5.0	5,591	7.3
80-84	113	3.2	3,872	5.1
85-89	44	1.2	1,602	2.1
90 +	9	0.3	458	0.6
Not Reported	0	0.0	4	0.0
<b>SOURCE OF ADMISSION</b>				
Physician Referral	3,540	99.9	66,472	86.9
Clinic Referral	1	0.0	1,299	1.7
HMO Referral	0	0.0	0	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	2	0.1	2	0.0
Court/Law Enforcement	0	0.0	0	0.0
Unknown	0	0.0	2,920	3.8
Not Reported	0	0.0	5,800	7.6

(Continued)



**AMB ST 1-6**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2008**  
**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

403 Intermountain Avenues Surgical Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
<b>DISCHARGE STATUS</b>				
Home or Self Care	3,543	100.0	70,834	92.6
Another Hospital	0	0.0	67	0.1
Skilled Nursing Facility	0	0.0	0	0.0
Intermediate Care Facility	0	0.0	0	0.0
Another Type of Institution	0	0.0	6	0.0
Under Care of Home Service	0	0.0	0	0.0
Left Against Medical Advice	0	0.0	0	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	0	0.0	0	0.0
Unknown	0	0.0	5,586	7.3
Not Reported	0	0.0	0	0.0
<b>PRIMARY PAYER</b>				
Medicare	543	15.3	18,751	24.5
Medicaid	159	4.5	3,605	4.7
Other government	30	0.8	2,426	3.2
Blue Cross/Blue Shield	99	2.8	16,436	21.5
Other Commercial	442	12.5	7,399	9.7
Managed Care(HMO, PPO)	2,096	59.2	23,343	30.5
Self Pay	51	1.4	1,102	1.4
Industrial & Worker Comp	73	2.1	1,832	2.4
Charity and Unclassified	31	0.9	158	0.2
Childrens Health Insurance	5	0.1	133	0.2
Unknown	14	0.4	60	0.1
Not Reported	0	0.0	1,248	1.6
<b>LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE</b>				
Bear River	21	0.6	3,564	4.7
Central Utah	17	0.5	1,239	1.6
Davis County	556	15.7	15,120	19.8
Salt Lake County	2,461	69.5	24,171	31.6
Southeastern Utah	4	0.1	725	0.9
Southwest Utah	9	0.3	2,858	3.7
Summit County	89	2.5	638	0.8
Tooele County	73	2.1	1,180	1.5
Tri-County	14	0.4	374	0.5
Utah County	102	2.9	9,391	12.3
Wasatch County	23	0.6	349	0.5
Weber County	56	1.6	13,793	18.0
Unknown Utah	0	0.0	18	0.0
Outside Utah	115	3.2	3,042	4.0
Unknown, Not Reported	3	0.1	31	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, 2008**  
**NUMBER OF CPT-4 AND ICD-9 REPORTABLE\* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY**

425 Intermountain Park City Surgical Center

Reporting Category(ICD-9-CM CODES)	Procedures Performed		Procedures Performed-All FASCs	
	(#)	(%)	(#)	(%)
Reporting Category(ICD-9-CM CODES)	165	100.0	60,158	100.0
Mastectomy (85.0-85.99)	11	6.7	2,039	3.4
Musculoskeletal (76.0-84.99)	102	61.8	13,820	23.0
Respiratory (30.0-34.99)	0	0.0	133	0.2
Cardiovascular (35.0-39.99)	2	1.2	57	0.1
Lymphatic/Hemetic (40.0-41.99)	0	0.0	112	0.2
Digestive System (42.0-54.99)	32	19.4	19,056	31.7
Urinary (55.0-59.99)	0	0.0	234	0.4
Male Genital (60.0-64.99)	0	0.0	239	0.4
Female Genital (65.0-71.99)	0	0.0	1,176	2.0
Endocrine/Nervous (01.0-07.99)	8	4.8	3,608	6.0
Eye (08.0-16.99)	8	4.8	7,110	11.8
Ear (18.0-20.99)	0	0.0	3,033	5.0
Nose, Mouth, Pharynx (21.0-29.99)	2	1.2	9,541	15.9
Reporting Category(CPT-4 CODES)	105	100.0	105,057	100.0
Mastectomy (19120-19220)	0	0.0	462	0.4
Musculoskeletal (20000-29909)	70	66.7	25,268	24.1
Respiratory (30000-32999 & 39501-39599)	0	0.0	8,384	8.0
Cardiovascular (33010-37799 & 93501-93660)	0	0.0	122	0.1
Lymphatic/Hemetic (38100-38999)	0	0.0	162	0.2
Digestive (40490-49999)	32	30.5	38,389	36.5
Urinary (50010-53899)	0	0.0	1,925	1.8
Male Genital (54000-55899)	0	0.0	541	0.5
Female Genital (56405-58999)	0	0.0	2,036	1.9
Endocrine/Nervous (60000-64999)	2	1.9	8,280	7.9
Eye (65091-68899)	1	1.0	15,186	14.5
Ear (69000-69979)	0	0.0	4,302	4.1

SOURCE: Utah Ambulatory Surgery Database  
 Utah Health Data Committee/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, 2008**  
**MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE\* PROCEDURES**

425 Intermountain Park City Surgical Center

ICD-9 CODE	ICD-9 DESCRIPTION	#	%	% ALL FASCs
All ICD-9 Procedures		165	100.0	100.0
4523	COLONOSCOPY	15	9.1	6.29
4525	CLO [ENDO] BX LG INTESTINE	12	7.3	6.94
8201	EXPLOR TENDON SHEATH HAND	9	5.5	0.24
7781	OTH PART OSTEC-SCAPULA-CLAV-THOR	7	4.2	0.76
0443	RELEASE CARPAL TUNNEL	6	3.6	1.52
8081	OTH LOC EXC/DESTRUC JT LES-SHLDR	6	3.6	0.53
8363	ROTATOR CUFF REPR	6	3.6	0.97
806	EXC SEMILUNAR CARTILAGE-KNEE	5	3.0	2.73
8183	OTH REPR SHLDR	5	3.0	1.66
8221	EXC LES TENDON SHEATH HAND	5	3.0	0.33
8388	OTH PLSTC OPER TENDON	5	3.0	0.28
8594	REMOV IMPLNT BREAST	5	3.0	0.34
4542	ENDO POLYPECTOMY LG INTESTINE	4	2.4	3.63
8086	OTH LOC EXC/DESTRUC JT LES-KNEE	4	2.4	1.20
8193	SUT CAPSULE/LIGAMNT UPPER EXTREM	4	2.4	0.07
7766	LOC EXC LES/TISS-PATELLA	3	1.8	0.01
7933	OP REDUC W/INT FIX-CARP-METACARP	3	1.8	0.16
7939	OP REDUC FX W/INT FIX-OTH BONE	3	1.8	0.06
0820	REMOV LES EYELID-NOS	2	1.2	0.04
0833	REPR BLEPHAROPT-RESECT/ADVANC LEVAT	2	1.2	0.22

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL FASCs
All CPT-4 Procedures		105	100.0	100.0
45378	COLONOSCOPY FLEX; DX-SEP PROC	14	13.3	6.67
29826	SCOPE SHOULDER; DECOMP SUBACROM	12	11.4	1.61
45380	COLONOSCOPY FLEX; W/BX 1/MX	10	9.5	7.13
26055	TENDON SHEATH INCISION	8	7.6	0.61
29824	SCOPE SHLDR SURG;DIST CLAVICULEC	7	6.7	0.63
25111	EXCISION OF GANGLION WRIST; PRIM	6	5.7	0.20
29881	SCOPE KNEE SURG;W/MENISCECT MED/	6	5.7	2.21
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	6	5.7	1.71
29827	SCOPE SHLDR SURG; W/ROTOR CUFF R	5	4.8	0.79
29848	ENDO WRST SURG REL TRNS CARP LIG	5	4.8	0.29
29806	SCOPE SHOULDER SURGICAL; CPSLORR	4	3.8	0.26
29877	SCOPE KNEE SURG; DEBRID/SHAVE CA	4	3.8	1.00
20680	REMOVAL OF IMPLANT; DEEP	3	2.9	0.74
26615	OPEN TX MC FX 1 W/VO INTRL/EXT F	3	2.9	0.10
29823	SCOPE SHOULDER SURGICAL; DEBRID	3	2.9	0.20
26160	EXC LES TEND SHETH/JNT CAP HND/F	2	1.9	0.16
45384	COLONOSCOPY FLEX; REMV LES-FORCE	2	1.9	0.34
23700	MANIP W/ANES SHLDR JNT INCL FIX	1	1.0	0.10
29807	SCOPE SHLDR SURG; REPR SLAP LESI	1	1.0	0.28
64718	NEUROPLASTY; ULNAR NERV AT ELBOW	1	1.0	0.28

SOURCE: Utah Ambulatory Surgery Database  
 Utah Health Data Committee/Office of Health Care Statistics  
 Reportable\* excludes codes in the former "Other" category 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, 2008  
 AVERAGE TOTAL CHARGES FOR MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE\* PROCEDURES, SINGLE ICD-9 OR CPT-4 ONLY

425 Intermountain Park City Surgical Center

ICD-9 CODE	ICD-9 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL FASCs )
ICD-9	Procedures	77	\$1,997	\$1,582
4523	COLONOSCOPY	15	\$1,004	\$955
4525	CLO [ENDO] BX LG INTESTINE	12	\$1,147	\$877
0443	RELEASE CARPAL TUNNEL	6	\$2,640	\$1,796
8201	EXPLOR TENDON SHEATH HAND	6	\$1,705	\$1,399
8221	EXC LES TENDON SHEATH HAND	5	\$1,745	\$1,679
4542	ENDO POLYPECTOMY LG INTESTINE	4	\$1,782	\$1,093
7933	OP REDUC W/INT FIX-CARP-METACARP	3	\$2,535	\$2,268
7939	OP REDUC FX W/INT FIX-OTH BONE	3	\$3,525	\$3,031
0820	REMOV LES EYELED-NOS	2	\$1,531	\$1,593
7913	CLO REDUC-/INT FIX-CARP-METACARP	2	\$2,828	\$1,965
7932	OP REDUC FX W/INT FIX-RADIUS & ULNA	2	\$3,282	\$3,408
806	EXC SEMILUNAR CARTILAGE-KNEE	2	\$3,132	\$2,580
8172	ARTHROPLSTY MCP-IP JT WO IMPLNT	2	\$1,805	\$1,997
8193	SUT CAPSULE/LIGAMNT UPPER EXTREM	2	\$6,572	\$7,267
4836	[ENDO] POLYPECTOMY RECTUM	1	\$1,147	\$715
7861	REMOV IMPLNT-SCAPULA-CLAV-THOR	1	\$2,038	\$2,038
7862	REMOV IMPLNT DEVICE-HUMERUS	1	\$3,361	\$2,369
7864	REMOV IMPLNT DEVICE-CARP-METACARP	1	\$2,038	\$1,743
7924	OP REDUC WO INT FIX-PHALANGES HAND	1	\$2,161	\$2,212
7936	OP REDUC FX W/INT FIX-TIBIA & FIB	1	\$3,658	\$2,293

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL FASCs )
CPT-4	Procedures	63	\$1,998	\$2,106
45378	COLONOSCOPY FLEX; DX-SEP PROC	14	\$1,004	\$1,552
45380	COLONOSCOPY FLEX; W/BX 1/MX	8	\$1,147	\$1,361
29848	ENDO WRST SURG REL TRNS CARP LIG	5	\$2,787	\$2,824
29881	SCOPE KNEE SURG;W/MENISCECT MED/	5	\$3,044	\$3,496
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	5	\$1,147	\$1,365
26055	TENDON SHEATH INCISION	4	\$1,559	\$2,112
25111	EXCISION OF GANGLION WRIST; PRIM	3	\$1,806	\$2,006
26615	OPEN TX MC FX 1 W/WO INTRL/EXT F	3	\$2,161	\$2,513
29806	SCOPE SHOULDER SURGICAL; CPSLORR	3	\$6,572	\$5,323
29877	SCOPE KNEE SURG; DEBRID/SHAVE CA	3	\$1,708	\$4,037
20680	REMOVAL OF IMPLANT; DEEP	2	\$2,038	\$2,136
26160	EXC LES TEND SHETH/JNT CAP HND/F	2	\$1,806	\$1,845
29823	SCOPE SHOULDER SURGICAL; DEBRID	1	\$5,436	\$4,818
29826	SCOPE SHOULDER; DECOMP SUBACROM	1	\$4,232	\$4,585
45384	COLONOSCOPY FLEX; REMV LES-FORCE	1	\$1,307	\$2,010
64718	NEUROPLASTY; ULNAR NERV AT ELBOW	1	\$2,170	\$2,219
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	1	\$1,902	\$1,636
67909	REDUCTION OVERCORRECTION PTOSIS	1	\$2,019	\$1,795

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, 2008**  
**PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE\* CPT-4 PROCEDURES**

425 Intermountain Park City Surgical Center

Procedure APG category		TOTAL #	TOTAL # (ALL FASCs)
Procedure APG			
02	MUSCULOSKELETAL SYSTEM	70	23,285
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	19	4,767
	025 ARTHROSCOPY	47	11,396
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	3	1,220
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	1	217
06	DIGESTIVE SYSTEM	32	33,458
	117 LOWER GASTROINTESTINAL ENDOSCOPY	32	17,008
10	NERVOUS SYSTEM	2	7,901
	198 NERVE REPAIR AND DESTRUCTION	2	2,101
11	EYE AND OCULAR ADNEXA	1	15,120
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	1	1,231

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

**AMB ST 1-5**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2008**  
**PROCEDURE APG CATEGORY, PROCEDURE APG, SINGLE APG ONLY**  
**BASED ON REPORTABLE\* CPT-4 PROCEDURES**

425 Intermountain Park City Surgical Center

Procedure APG category	Procedure APG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL FASCs )
02	MUSCULOSKELETAL SYSTEM	32	\$2,797	\$3,210
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	11	\$1,759	\$2,154
	025 ARTHROSCOPY	18	\$3,537	\$4,005
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	3	\$2,161	\$2,955
06	DIGESTIVE SYSTEM	28	\$1,081	\$1,598
	117 LOWER GASTROINTESTINAL ENDOSCOPY	28	\$1,081	\$1,463
10	NERVOUS SYSTEM	2	\$2,036	\$1,172
	198 NERVE REPAIR AND DESTRUCTION	2	\$2,036	\$1,764
11	EYE AND OCULAR ADNEXA	1	\$2,019	\$2,477
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	1	\$2,019	\$2,034

SOURCE: Utah Ambulatory Surgery Database  
 Utah Health Data Committee/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, 2008**  
**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

425 Intermountain Park City Surgical Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
<b>GENDER</b>				
Female	43	39.4	42,157	55.1
Male	66	60.6	34,273	44.8
Unknown	0	0.0	11	0.0
Not Reported	0	0.0	52	0.1
<b>AGE</b>				
1-28 days	0	0.0	0	0.0
29-365 days	0	0.0	420	0.5
1-4 years	0	0.0	3,182	4.2
5-9	0	0.0	1,632	2.1
10-14	1	0.9	1,089	1.4
15-17	5	4.6	1,367	1.8
18-19	2	1.8	1,172	1.5
20-24	6	5.5	3,048	4.0
25-29	3	2.8	3,499	4.6
30-34	6	5.5	3,575	4.7
35-39	6	5.5	3,541	4.6
40-44	6	5.5	3,875	5.1
45-49	10	9.2	5,056	6.6
50-54	28	25.7	7,303	9.5
55-59	14	12.8	6,481	8.5
60-64	5	4.6	6,186	8.1
65-69	8	7.3	7,123	9.3
70-74	2	1.8	6,417	8.4
75-79	7	6.4	5,591	7.3
80-84	0	0.0	3,872	5.1
85-89	0	0.0	1,602	2.1
90 +	0	0.0	458	0.6
Not Reported	0	0.0	4	0.0
<b>SOURCE OF ADMISSION</b>				
Physician Referral	66	60.6	66,472	86.9
Clinic Referral	43	39.4	1,299	1.7
HMO Referral	0	0.0	0	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	2	0.0
Court/Law Enforcement	0	0.0	0	0.0
Unknown	0	0.0	2,920	3.8
Not Reported	0	0.0	5,800	7.6

(Continued)

**AMB ST 1-6**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2008**  
**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

425 Intermountain Park City Surgical Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
<b>DISCHARGE STATUS</b>				
Home or Self Care	109	100.0	70,834	92.6
Another Hospital	0	0.0	67	0.1
Skilled Nursing Facility	0	0.0	0	0.0
Intermediate Care Facility	0	0.0	0	0.0
Another Type of Institution	0	0.0	6	0.0
Under Care of Home Service	0	0.0	0	0.0
Left Against Medical Advice	0	0.0	0	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	0	0.0	0	0.0
Unknown	0	0.0	5,586	7.3
Not Reported	0	0.0	0	0.0
<b>PRIMARY PAYER</b>				
Medicare	14	12.8	18,751	24.5
Medicaid	0	0.0	3,605	4.7
Other government	0	0.0	2,426	3.2
Blue Cross/Blue Shield	0	0.0	16,436	21.5
Other Commercial	5	4.6	7,399	9.7
Managed Care(HMO, PPO)	70	64.2	23,343	30.5
Self Pay	10	9.2	1,102	1.4
Industrial & Worker Comp	9	8.3	1,832	2.4
Charity and Unclassified	0	0.0	158	0.2
Childrens Health Insurance	0	0.0	133	0.2
Unknown	1	0.9	60	0.1
Not Reported	0	0.0	1,248	1.6
<b>LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE</b>				
Bear River	0	0.0	3,564	4.7
Central Utah	0	0.0	1,239	1.6
Davis County	2	1.8	15,120	19.8
Salt Lake County	5	4.6	24,171	31.6
Southeastern Utah	0	0.0	725	0.9
Southwest Utah	0	0.0	2,858	3.7
Summit County	64	58.7	638	0.8
Tooele County	1	0.9	1,180	1.5
Tri-County	3	2.8	374	0.5
Utah County	3	2.8	9,391	12.3
Wasatch County	25	22.9	349	0.5
Weber County	2	1.8	13,793	18.0
Unknown Utah	0	0.0	18	0.0
Outside Utah	4	3.7	3,042	4.0
Unknown, Not Reported	0	0.0	31	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, 2008**  
**NUMBER OF CPT-4 AND ICD-9 REPORTABLE\* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY**

426 Lakeview Endoscopy Center

Reporting Category(ICD-9-CM CODES)	Procedures Performed		Procedures Performed-All FASCs	
	(#)	(%)	(#)	(%)
Reporting Category(ICD-9-CM CODES)	3,247	100.0	60,158	100.0
Mastectomy (85.0-85.99)	0	0.0	2,039	3.4
Musculoskeletal (76.0-84.99)	0	0.0	13,820	23.0
Respiratory (30.0-34.99)	0	0.0	133	0.2
Cardiovascular (35.0-39.99)	0	0.0	57	0.1
Lymphatic/Hemetic (40.0-41.99)	0	0.0	112	0.2
Digestive System (42.0-54.99)	3,247	100.0	19,056	31.7
Urinary (55.0-59.99)	0	0.0	234	0.4
Male Genital (60.0-64.99)	0	0.0	239	0.4
Female Genital (65.0-71.99)	0	0.0	1,176	2.0
Endocrine/Nervous (01.0-07.99)	0	0.0	3,608	6.0
Eye (08.0-16.99)	0	0.0	7,110	11.8
Ear (18.0-20.99)	0	0.0	3,033	5.0
Nose, Mouth, Pharynx (21.0-29.99)	0	0.0	9,541	15.9
Reporting Category(CPT-4 CODES)	3,348	100.0	105,057	100.0
Mastectomy (19120-19220)	0	0.0	462	0.4
Musculoskeletal (20000-29909)	0	0.0	25,268	24.1
Respiratory (30000-32999 & 39501-39599)	0	0.0	8,384	8.0
Cardiovascular (33010-37799 & 93501-93660)	0	0.0	122	0.1
Lymphatic/Hemetic (38100-38999)	0	0.0	162	0.2
Digestive (40490-49999)	3,348	100.0	38,389	36.5
Urinary (50010-53899)	0	0.0	1,925	1.8
Male Genital (54000-55899)	0	0.0	541	0.5
Female Genital (56405-58999)	0	0.0	2,036	1.9
Endocrine/Nervous (60000-64999)	0	0.0	8,280	7.9
Eye (65091-68899)	0	0.0	15,186	14.5
Ear (69000-69979)	0	0.0	4,302	4.1

SOURCE: Utah Ambulatory Surgery Database  
 Utah Health Data Committee/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, 2008**  
**MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE\* PROCEDURES**

426 Lakeview Endoscopy Center

ICD-9 CODE	ICD-9 DESCRIPTION	#	%	% ALL FASCs
All ICD-9 Procedures		3,247	100.0	100.0
4525	CLO [ENDO] BX LG INTESTINE	1,014	31.2	6.94
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	971	29.9	7.15
4523	COLONOSCOPY	528	16.3	6.29
4542	ENDO POLYPECTOMY LG INTESTINE	271	8.3	3.63
4292	DILAT ESOPH	201	6.2	2.00
4543	ENDO DEST OTH LES/TISS LG INTEST	124	3.8	0.27
4513	OTH ENDO SM INTESTINE	99	3.0	1.13
4422	ENDO DILAT PYLORUS	10	0.3	0.10
4341	ENDO EXC/DESTRUC LES/TISS STOMACH	7	0.2	0.07
4524	FLEX SIGMOIDOSCOPY	6	0.2	0.03
4699	OTH OPER INTESTINE	6	0.2	0.01
4443	ENDO CNTRL GASTRIC/DUODENAL HEMORR	4	0.1	0.02
4514	CLO [ENDO] BX SM INTESTINE	3	0.1	0.02
4522	ENDO LG INTEST THRU ARTIFICL STOMA	1	0.0	0.03
4685	DILAT INTESTINE	1	0.0	0.02
4945	LIG HEMORRHIDS	1	0.0	0.02

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL FASCs
All CPT-4 Procedures		3,348	100.0	100.0
45380	COLONOSCOPY FLEX; W/BX 1/MX	1,010	30.2	7.13
43239	UGI ENDO; W/BX 1/MX	971	29.0	7.53
45378	COLONOSCOPY FLEX; DX-SEP PROC	528	15.8	6.67
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	271	8.1	1.71
43248	UGI ENDO; W/INSRT GUIDE WIRE	147	4.4	0.27
45384	COLONOSCOPY FLEX; REMV LES-FORCE	101	3.0	0.34
43235	UGI ENDO; DX W/NO CLCT SPECMN-SP	99	3.0	1.33
45381	COLNSCP PROX SPLENC FLXR/SUBMUC	74	2.2	0.18
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	48	1.4	1.72
45383	COLONOSCOPY FLEX; W/ABLAT LES	22	0.7	0.08
43245	UP GI ENDO;W/DILAT GASTR OUTLT O	10	0.3	0.08
43251	UGI ENDO; W/REMV TUMOR/LES-SNARE	7	0.2	0.06
43258	UGI ENDO; W/ABLAT LES NOT SNARE	7	0.2	0.01
43250	UGI ENDO; W/REMV TUMOR/POLYP/LES	6	0.2	0.01
43450	DILAT ESOPH-SOUND/BOUGIE-1/MX PA	6	0.2	0.59
44799	UNLISTED PROCEDURE INTESTINE	6	0.2	0.01
45330	SIGMOIDOSCOPY FLEX; DX-SEP PROC	6	0.2	0.05
43244	UGI ENDO; W/BAND LIG VARICES	5	0.1	0.03
43247	UGI ENDO; W/REMOVAL FB	5	0.1	0.04
43255	UGI ENDO; W/CONTRL BLEED ANY MET	4	0.1	0.02

SOURCE: Utah Ambulatory Surgery Database  
 Utah Health Data Committee/Office of Health Care Statistics  
 Reportable\* excludes codes in the former "Other" category 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, 2008  
 AVERAGE TOTAL CHARGES FOR MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE\* PROCEDURES, SINGLE ICD-9 OR CPT-4 ONLY

426 Lakeview Endoscopy Center

ICD-9 CODE	ICD-9 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL FASCs )
ICD-9 Procedures		2,113	\$762	\$1,582
4525	CLO [ENDO] BX LG INTESTINE	744	\$789	\$877
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	624	\$729	\$925
4523	COLONOSCOPY	449	\$837	\$955
4542	ENDO POLYPECTOMY LG INTESTINE	105	\$789	\$1,093
4513	OTH ENDO SM INTESTINE	83	\$509	\$645
4543	ENDO DEST OTH LES/TISS LG INTEST	55	\$651	\$687
4292	DILAT ESOPH	40	\$670	\$811
4524	FLEX SIGMOIDOSCOPY	5	\$17	\$85
4422	ENDO DILAT PYLORUS	2	\$1,094	\$863
4443	ENDO CNTRL GASTRIC/DUODENAL HEMORR	2	\$410	\$889
4514	CLO [ENDO] BX SM INTESTINE	2	\$559	\$516
4699	OTH OPER INTESTINE	2	\$205	\$504

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL FASCs )
CPT-4 Procedures		2,081	\$757	\$2,106
45380	COLONOSCOPY FLEX; W/BX 1/MX	727	\$784	\$1,361
43239	UGI ENDO; W/BX 1/MX	615	\$729	\$1,506
45378	COLONOSCOPY FLEX; DX-SEP PROC	447	\$837	\$1,552
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	87	\$755	\$1,365
43235	UGI ENDO; DX W/VO CLCT SPECMN-SP	83	\$509	\$864
45384	COLONOSCPY FLEX; REMV LES-FORCE	53	\$651	\$2,010
43248	UGI ENDO; W/INSRT GUIDE WIRE	34	\$664	\$722
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	6	\$701	\$1,294
45330	SIGMOIDOSCOPY FLEX; DX-SEP PROC	5	\$17	\$674
43258	UGI ENDO; W/ABLAT LES NOT SNARE	4	\$452	\$987
43244	UGI ENDO; W/BAND LIG VARICES	3	\$401	\$1,382
45331	SIGMOIDOSCOPY FLXIBLE; W/BX 1/MX	3	\$560	\$796
43245	UP GI ENDO;W/DILAT GASTR OUTLT O	2	\$1,094	\$1,209
43255	UGI ENDO; W/CONTRL BLEED ANY MET	2	\$410	\$1,443
43237	UP GI ENDO; ENDO US EXAM LTD ESO	1	\$0	\$0
43246	UGI ENDO; W/PLCMT GASTROSTOMY TU	1	\$2,110	\$2,590
43247	UGI ENDO; W/REMOVAL FB	1	\$445	\$1,104
43250	UGI ENDO; W/REMV TUMOR/POLYP/LES	1	\$401	\$401
44360	SM INTEST ENDO NOT ILEUM; DX-SP	1	\$706	\$882
44361	SM INTEST ENDO NOT ILEUM; W/BX 1	1	\$411	\$797

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, 2008**  
**PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE\* CPT-4 PROCEDURES**

426 Lakeview Endoscopy Center

Procedure APG category		TOTAL #	TOTAL # (ALL FASCs)
Procedure APG			
06	DIGESTIVE SYSTEM	3,348	33,458
	112 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	6	625
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	6	61
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	5	126
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	1,072	9,347
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	241	2,368
	117 LOWER GASTROINTESTINAL ENDOSCOPY	2,010	17,008
	118 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	1	13
	121 SIMPLE ANAL AND RECTAL PROCEDURES	1	152
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	6	21

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

**AMB ST 1-5**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2008**  
**PROCEDURE APG CATEGORY, PROCEDURE APG, SINGLE APG ONLY**  
**BASED ON REPORTABLE\* CPT-4 PROCEDURES**

426 Lakeview Endoscopy Center

Procedure APG category	Procedure APG	TOTAL #	AVE TOT CHRG	AVE TOT CHRG(ALL FASCs )
06	DIGESTIVE SYSTEM	2,081	\$757	\$1,598
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	5	\$17	\$767
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	4	\$552	\$796
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	700	\$702	\$1,391
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	54	\$662	\$1,248
	117 LOWER GASTROINTESTINAL ENDOSCOPY	1,316	\$794	\$1,463
	118 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	1	\$0	\$10,829
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	1	\$0	\$1,475

SOURCE: Utah Ambulatory Surgery Database  
 Utah Health Data Committee/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, 2008**  
**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

426 Lakeview Endoscopy Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
<b>GENDER</b>				
Female	1,364	51.2	42,157	55.1
Male	1,291	48.4	34,273	44.8
Unknown	0	0.0	11	0.0
Not Reported	11	0.4	52	0.1
<b>AGE</b>				
1-28 days	0	0.0	0	0.0
29-365 days	0	0.0	420	0.5
1-4 years	0	0.0	3,182	4.2
5-9	0	0.0	1,632	2.1
10-14	0	0.0	1,089	1.4
15-17	13	0.5	1,367	1.8
18-19	30	1.1	1,172	1.5
20-24	74	2.8	3,048	4.0
25-29	67	2.5	3,499	4.6
30-34	80	3.0	3,575	4.7
35-39	86	3.2	3,541	4.6
40-44	104	3.9	3,875	5.1
45-49	172	6.5	5,056	6.6
50-54	405	15.2	7,303	9.5
55-59	340	12.8	6,481	8.5
60-64	308	11.6	6,186	8.1
65-69	308	11.6	7,123	9.3
70-74	268	10.1	6,417	8.4
75-79	228	8.6	5,591	7.3
80-84	120	4.5	3,872	5.1
85-89	58	2.2	1,602	2.1
90 +	5	0.2	458	0.6
Not Reported	0	0.0	4	0.0
<b>SOURCE OF ADMISSION</b>				
Physician Referral	2,666	100.0	66,472	86.9
Clinic Referral	0	0.0	1,299	1.7
HMO Referral	0	0.0	0	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	2	0.0
Court/Law Enforcement	0	0.0	0	0.0
Unknown	0	0.0	2,920	3.8
Not Reported	0	0.0	5,800	7.6

(Continued)

**AMB ST 1-6**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2008**  
**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

426 Lakeview Endoscopy Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
<b>DISCHARGE STATUS</b>				
Home or Self Care	2,654	99.5	70,834	92.6
Another Hospital	9	0.3	67	0.1
Skilled Nursing Facility	0	0.0	0	0.0
Intermediate Care Facility	0	0.0	0	0.0
Another Type of Institution	3	0.1	6	0.0
Under Care of Home Service	0	0.0	0	0.0
Left Against Medical Advice	0	0.0	0	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	0	0.0	0	0.0
Unknown	0	0.0	5,586	7.3
Not Reported	0	0.0	0	0.0
<b>PRIMARY PAYER</b>				
Medicare	629	23.6	18,751	24.5
Medicaid	25	0.9	3,605	4.7
Other government	55	2.1	2,426	3.2
Blue Cross/Blue Shield	714	26.8	16,436	21.5
Other Commercial	138	5.2	7,399	9.7
Managed Care(HMO, PPO)	1,092	41.0	23,343	30.5
Self Pay	0	0.0	1,102	1.4
Industrial & Worker Comp	0	0.0	1,832	2.4
Charity and Unclassified	11	0.4	158	0.2
Childrens Health Insurance	0	0.0	133	0.2
Unknown	0	0.0	60	0.1
Not Reported	2	0.1	1,248	1.6
<b>LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE</b>				
Bear River	7	0.3	3,564	4.7
Central Utah	1	0.0	1,239	1.6
Davis County	2,354	88.3	15,120	19.8
Salt Lake County	166	6.2	24,171	31.6
Southeastern Utah	6	0.2	725	0.9
Southwest Utah	3	0.1	2,858	3.7
Summit County	6	0.2	638	0.8
Tooele County	42	1.6	1,180	1.5
Tri-County	0	0.0	374	0.5
Utah County	11	0.4	9,391	12.3
Wasatch County	4	0.2	349	0.5
Weber County	27	1.0	13,793	18.0
Unknown Utah	0	0.0	18	0.0
Outside Utah	36	1.4	3,042	4.0
Unknown, Not Reported	3	0.1	31	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, 2008**  
**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)	35	100.0	60,158	100.0
Mastectomy (85.0-85.99)	5	14.3	2,039	3.4
Musculoskeletal (76.0-84.99)	17	48.6	13,820	23.0
Respiratory (30.0-34.99)	0	0.0	133	0.2
Cardiovascular (35.0-39.99)	0	0.0	57	0.1
Lymphatic/Hemetic (40.0-41.99)	0	0.0	112	0.2
Digestive System (42.0-54.99)	0	0.0	19,056	31.7
Urinary (55.0-59.99)	0	0.0	234	0.4
Male Genital (60.0-64.99)	0	0.0	239	0.4
Female Genital (65.0-71.99)	5	14.3	1,176	2.0
Endocrine/Nervous (01.0-07.99)	3	8.6	3,608	6.0
Eye (08.0-16.99)	3	8.6	7,110	11.8
Ear (18.0-20.99)	0	0.0	3,033	5.0
Nose, Mouth, Pharynx (21.0-29.99)	2	5.7	9,541	15.9
Reporting Category(CPT-4 CODES)	241	100.0	105,057	100.0
Mastectomy (19120-19220)	0	0.0	462	0.4
Musculoskeletal (20000-29909)	108	44.8	25,268	24.1
Respiratory (30000-32999 & 39501-39599)	22	9.1	8,384	8.0
Cardiovascular (33010-37799 & 93501-93660)	2	0.8	122	0.1
Lymphatic/Hemetic (38100-38999)	0	0.0	162	0.2
Digestive (40490-49999)	10	4.1	38,389	36.5
Urinary (50010-53899)	0	0.0	1,925	1.8
Male Genital (54000-55899)	0	0.0	541	0.5
Female Genital (56405-58999)	49	20.3	2,036	1.9
Endocrine/Nervous (60000-64999)	39	16.2	8,280	7.9
Eye (65091-68899)	5	2.1	15,186	14.5
Ear (69000-69979)	6	2.5	4,302	4.1

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/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, 2008**  
**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		35	100.0	100.0
7914	CLO REDUC W/INT FIX-PHALANGES HAND	3	8.6	0.06
0887	UPPER EYELID RHYTIDECTOMY	2	5.7	0.81
7913	CLO REDUC-/INT FIX-CARP-METACARP	2	5.7	0.08
8201	EXPLOR TENDON SHEATH HAND	2	5.7	0.24
8245	OTH SUT OTH TENDON HAND	2	5.7	0.06
8532	BILAT REDUC MAMMO	2	5.7	0.07
8536	OTH BILAT SUBQ MAMMECTOMY	2	5.7	0.02
043	SUT CRANIAL & PERIPH NERV	1	2.9	0.06
0443	RELEASE CARPAL TUNNEL	1	2.9	1.52
0449	OTH PERIPH NERV/GANGL DECOMP/LYSIS	1	2.9	0.28
0881	LINEAR REPR LAC EYELID/EYEBROW	1	2.9	0.00
2171	CLO REDUC NASAL FX	1	2.9	0.16
2757	ATTACH PEDICLE/FLAP GFT LIP-MOUTH	1	2.9	0.00
6629	OTH BIL ENDO DESTRUC FALLOP TUBES	1	2.9	0.15
6829	OTH EXC/DESTRUC LES UTERUS	1	2.9	0.11
6902	D&C FOLLOWING DELIV/AB	1	2.9	0.14
6909	OTH D&C UTERUS	1	2.9	0.21
7123	MARSUP BARTHOLIN'S GLAND (CYST)	1	2.9	0.01
7756	REPR HAMMER TOE	1	2.9	0.65
7869	REMOV IMPLNT DEVICE-OTH BONE	1	2.9	0.03

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL FASCs
All CPT-4 Procedures		241	100.0	100.0
58750	TUBOTUBAL ANASTOMOSIS	17	7.1	0.02
56620	VULVECTOMY SIMPLE; PARTIAL	10	4.1	0.03
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	9	3.7	1.26
58558	HYSTEROSCPY SURG; W/BX &/ POLYPE	8	3.3	0.30
26160	EXC LES TEND SHETH/JNT CAP HND/F	6	2.5	0.16
26418	REPR EXT TEND FNGR PRIM/SEC;W/O	6	2.5	0.06
27327	EXC TUMOR THIGH/KNEE AREA; SUBQ	6	2.5	0.06
69300	OTPLSTY PROTRUDING EAR W/WO SZ R	6	2.5	0.04
25270	REPR TEND/MUSC EXT WRIST; PRIM 1	5	2.1	0.01
30400	RHINO PRIM; LAT&ALAR CART&/ELEV	5	2.1	0.07
30410	RHINO PRIM; CMPLT EXTERNAL PARTS	5	2.1	0.06
49320	LAP-ABD DX-W/WO SPECMN-SEP PROC	5	2.1	0.07
64702	NEURPLSTY; DIGTL 1/BOTH SAME DIG	5	2.1	0.01
64719	NEUROPLASTY; ULNAR NERV AT WRIST	5	2.1	0.03
64783	EXC NEUROMA; HAND/FT EA ADD NERV	5	2.1	0.01
20680	REMOVAL OF IMPLANT; DEEP	4	1.7	0.74
26356	REP FLX TEND ZONE 2 DIGTL; W/O G	4	1.7	0.03
26440	TENOLYS FLX TEND; PALM/FNGR EA T	4	1.7	0.02
26727	PERQ FIX PHALANGEAL FX W/MANIP E	4	1.7	0.05
30520	SEPTOPLASTY/SUBMUCOS RES W/GFT	4	1.7	1.46

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, 2008  
 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		27	\$2,352	\$1,582
7914	CLO REDUC W/INT FIX-PHALANGES HAND	3	\$2,315	\$1,753
7913	CLO REDUC-/INT FIX-CARP-METACARP	2	\$2,320	\$1,965
8201	EXPLOR TENDON SHEATH HAND	2	\$1,732	\$1,399
8245	OTH SUT OTH TENDON HAND	2	\$1,782	\$1,255
8536	OTH BILAT SUBQ MAMMECTOMY	2	\$823	\$1,069
043	SUT CRANIAL & PERIPH NERV	1	\$2,977	\$2,024
0443	RELEASE CARPAL TUNNEL	1	\$1,544	\$1,796
0881	LINEAR REPR LAC EYELID/EYEBROW	1	\$1,234	\$1,234
2171	CLO REDUC NASAL FX	1	\$1,996	\$1,546
6629	OTH BIL ENDO DESTRUC FALLOP TUBES	1	\$1,509	\$1,766
6902	D&C FOLLOWING DELIV/AB	1	\$2,733	\$1,222
7123	MARSUP BARTHOLIN'S GLAND (CYST)	1	\$3,354	\$1,780
7756	REPR HAMMER TOE	1	\$3,235	\$2,235
7869	REMOV IMPLNT DEVICE-OTH BONE	1	\$929	\$1,284
7904	CLO REDUC WO INT FIX-PHALANGES HAND	1	\$3,062	\$1,695
7933	OP REDUC W/INT FIX-CARP-METACARP	1	\$4,296	\$2,268
7934	OP REDUC W/INT FIX-PHALANGES HAND	1	\$3,718	\$2,034
7938	OP REDUC FX W/INT FIX-PHALANGES FT	1	\$3,707	\$1,842
8241	SUT TENDON SHEATH HAND	1	\$2,038	\$2,038
8532	BILAT REDUC MAMMO	1	\$6,084	\$2,286

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL FASCs )
CPT-4 Procedures		114	\$2,296	\$2,106
56620	VULVECTOMY SIMPLE; PARTIAL	10	\$2,054	\$1,846
58750	TUBOTUBAL ANASTOMOSIS	9	\$2,095	\$2,466
58558	HYSTEROSCPY SURG; W/BX &/ POLYPE	6	\$2,578	\$1,651
69300	OTPLSTY PROTRUDING EAR W/WO SZ R	6	\$619	\$1,229
26160	EXC LES TEND SHETH/JNT CAP HND/F	4	\$1,610	\$1,845
26727	PERQ FIX PHALANGEAL FX W/MANIP E	4	\$2,350	\$2,486
30400	RHINO PRIM; LAT&ALAR CART&/ELEV	4	\$878	\$2,148
30410	RHINO PRIM; CMLPT EXTERNAL PARTS	4	\$735	\$3,038
20670	REMOVAL OF IMPLANT; SUP SEP PROC	3	\$781	\$1,225
26418	REPR EXT TEND FNGR PRIM/SEC;W/O	3	\$1,561	\$1,861
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	3	\$1,539	\$1,636
67999	UNLISTED PROCEDURE EYELIDS	3	\$3,839	\$1,804
21330	OPEN TX NASL FX;COMP W/INT&/EXT	2	\$4,182	\$3,472
25075	EXC TUMR SFT TISS FORARM&/WRST;S	2	\$1,179	\$1,185
25111	EXCISION OF GANGLION WRIST; PRIM	2	\$2,407	\$2,006
26115	EXC TMR/MALF SFT TISS HND/FNGR;S	2	\$1,377	\$1,861
26746	OPN TX ARTIC FX MCP/IP JNT W/WO	2	\$3,531	\$2,829
26989	UNLISTED PROCEDURE HANDS OR FING	2	\$2,218	\$1,907
28289	HALLUX RIGIDIS CORR W/CHEILECT M	2	\$2,863	\$1,845
36590	REMV TUNNLD CVAD W/SUBQ PORT/PUM	2	\$7,184	\$2,943

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, 2008**  
**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	24	1,591
007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	5	364
008 SIMPLE EXCISION AND BIOPSY	18	500
009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRANGE	1	143
02 MUSCULOSKELETAL SYSTEM	78	23,285
021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	5	2,172
022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	6	710
023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	10	846
024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	39	4,767
029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	2	89
030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	14	1,220
031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	1	217
034 HAND AND FOOT TENOTOMY	1	128
04 CARDIOVASCULAR SYSTEM	2	67
079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	2	23
06 DIGESTIVE SYSTEM	10	33,458
119 HERNIA AND HYDROCELE PROCEDURES	2	1,412
123 COMPLEX LAPAROSCOPIC PROCEDURES	8	2,003
09 FEMALE GENITAL SYSTEM	28	1,146
176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	10	156
177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	7	276
178 DILATION AND CURETTAGE	1	96
179 HYSTEROSCOPY	8	578
180 COLPOSCOPY	2	40
10 NERVOUS SYSTEM	38	7,901
198 NERVE REPAIR AND DESTRUCTION	38	2,101
11 EYE AND OCULAR ADNEXA	5	15,120
221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	2	1,231
222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	3	392
12 FACIAL, EAR, NOSE, MOUTH AND THROAT	36	15,114
234 COMPLEX FACIAL AND ENT PROCEDURES	32	2,701
235 SIMPLE FACIAL AND ENT PROCEDURES	4	8,806

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/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, 2008**  
**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	13	\$1,708	\$1,705
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	4	\$2,368	\$1,675
	008 SIMPLE EXCISION AND BIOPSY	9	\$1,415	\$1,494
02	MUSCULOSKELETAL SYSTEM	32	\$2,483	\$3,210
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	1	\$1,532	\$3,132
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	2	\$3,619	\$2,766
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	19	\$2,025	\$2,154
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	10	\$3,222	\$2,955
04	CARDIOVASCULAR SYSTEM	2	\$7,184	\$2,380
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	2	\$7,184	\$2,728
06	DIGESTIVE SYSTEM	4	\$3,674	\$1,598
	119 HERNIA AND HYDROCELE PROCEDURES	2	\$5,653	\$2,494
	123 COMPLEX LAPAROSCOPIC PROCEDURES	2	\$1,696	\$3,620
09	FEMALE GENITAL SYSTEM	18	\$2,138	\$2,126
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	10	\$2,054	\$2,489
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	2	\$1,233	\$1,490
	179 HYSTEROSCOPY	6	\$2,578	\$2,480
10	NERVOUS SYSTEM	9	\$2,985	\$1,172
	198 NERVE REPAIR AND DESTRUCTION	9	\$2,985	\$1,764
11	EYE AND OCULAR ADNEXA	5	\$3,304	\$2,477
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	2	\$2,501	\$2,034
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	3	\$3,839	\$1,280
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	22	\$1,374	\$1,837
	234 COMPLEX FACIAL AND ENT PROCEDURES	21	\$1,345	\$2,703
	235 SIMPLE FACIAL AND ENT PROCEDURES	1	\$1,996	\$1,919

SOURCE: Utah Ambulatory Surgery Database  
Utah Health Data Committee/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, 2008**  
**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

412 Madsen Surgery Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
<b>GENDER</b>				
Female	100	57.5	42,157	55.1
Male	74	42.5	34,273	44.8
Unknown	0	0.0	11	0.0
Not Reported	0	0.0	52	0.1
<b>AGE</b>				
1-28 days	0	0.0	0	0.0
29-365 days	0	0.0	420	0.5
1-4 years	0	0.0	3,182	4.2
5-9	5	2.9	1,632	2.1
10-14	4	2.3	1,089	1.4
15-17	9	5.2	1,367	1.8
18-19	4	2.3	1,172	1.5
20-24	20	11.5	3,048	4.0
25-29	17	9.8	3,499	4.6
30-34	23	13.2	3,575	4.7
35-39	23	13.2	3,541	4.6
40-44	19	10.9	3,875	5.1
45-49	18	10.3	5,056	6.6
50-54	7	4.0	7,303	9.5
55-59	11	6.3	6,481	8.5
60-64	6	3.4	6,186	8.1
65-69	4	2.3	7,123	9.3
70-74	1	0.6	6,417	8.4
75-79	1	0.6	5,591	7.3
80-84	1	0.6	3,872	5.1
85-89	1	0.6	1,602	2.1
90 +	0	0.0	458	0.6
Not Reported	0	0.0	4	0.0
<b>SOURCE OF ADMISSION</b>				
Physician Referral	0	0.0	66,472	86.9
Clinic Referral	0	0.0	1,299	1.7
HMO Referral	0	0.0	0	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	2	0.0
Court/Law Enforcement	0	0.0	0	0.0
Unknown	0	0.0	2,920	3.8
Not Reported	174	100.0	5,800	7.6

(Continued)

**AMB ST 1-6**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2008**  
**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

412 Madsen Surgery Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
<b>DISCHARGE STATUS</b>				
Home or Self Care	174	100.0	70,834	92.6
Another Hospital	0	0.0	67	0.1
Skilled Nursing Facility	0	0.0	0	0.0
Intermediate Care Facility	0	0.0	0	0.0
Another Type of Institution	0	0.0	6	0.0
Under Care of Home Service	0	0.0	0	0.0
Left Against Medical Advice	0	0.0	0	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	0	0.0	0	0.0
Unknown	0	0.0	5,586	7.3
Not Reported	0	0.0	0	0.0
<b>PRIMARY PAYER</b>				
Medicare	8	4.6	18,751	24.5
Medicaid	4	2.3	3,605	4.7
Other government	14	8.0	2,426	3.2
Blue Cross/Blue Shield	41	23.6	16,436	21.5
Other Commercial	16	9.2	7,399	9.7
Managed Care(HMO, PPO)	36	20.7	23,343	30.5
Self Pay	44	25.3	1,102	1.4
Industrial & Worker Comp	10	5.7	1,832	2.4
Charity and Unclassified	1	0.6	158	0.2
Childrens Health Insurance	0	0.0	133	0.2
Unknown	0	0.0	60	0.1
Not Reported	0	0.0	1,248	1.6
<b>LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE</b>				
Bear River	0	0.0	3,564	4.7
Central Utah	5	2.9	1,239	1.6
Davis County	10	5.7	15,120	19.8
Salt Lake County	121	69.5	24,171	31.6
Southeastern Utah	2	1.1	725	0.9
Southwest Utah	1	0.6	2,858	3.7
Summit County	4	2.3	638	0.8
Tooele County	4	2.3	1,180	1.5
Tri-County	1	0.6	374	0.5
Utah County	7	4.0	9,391	12.3
Wasatch County	0	0.0	349	0.5
Weber County	1	0.6	13,793	18.0
Unknown Utah	0	0.0	18	0.0
Outside Utah	18	10.3	3,042	4.0
Unknown, Not Reported	0	0.0	31	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, 2008**  
**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)	12,254	100.0	60,158	100.0
Mastectomy (85.0-85.99)	32	0.3	2,039	3.4
Musculoskeletal (76.0-84.99)	4,058	33.1	13,820	23.0
Respiratory (30.0-34.99)	60	0.5	133	0.2
Cardiovascular (35.0-39.99)	4	0.0	57	0.1
Lymphatic/Hemetic (40.0-41.99)	40	0.3	112	0.2
Digestive System (42.0-54.99)	571	4.7	19,056	31.7
Urinary (55.0-59.99)	24	0.2	234	0.4
Male Genital (60.0-64.99)	1	0.0	239	0.4
Female Genital (65.0-71.99)	710	5.8	1,176	2.0
Endocrine/Nervous (01.0-07.99)	400	3.3	3,608	6.0
Eye (08.0-16.99)	2,458	20.1	7,110	11.8
Ear (18.0-20.99)	1,656	13.5	3,033	5.0
Nose, Mouth, Pharynx (21.0-29.99)	2,240	18.3	9,541	15.9
Reporting Category(CPT-4 CODES)	8,688	100.0	105,057	100.0
Mastectomy (19120-19220)	29	0.3	462	0.4
Musculoskeletal (20000-29909)	2,571	29.6	25,268	24.1
Respiratory (30000-32999 & 39501-39599)	1,332	15.3	8,384	8.0
Cardiovascular (33010-37799 & 93501-93660)	2	0.0	122	0.1
Lymphatic/Hemetic (38100-38999)	31	0.4	162	0.2
Digestive (40490-49999)	1,294	14.9	38,389	36.5
Urinary (50010-53899)	16	0.2	1,925	1.8
Male Genital (54000-55899)	1	0.0	541	0.5
Female Genital (56405-58999)	404	4.7	2,036	1.9
Endocrine/Nervous (60000-64999)	185	2.1	8,280	7.9
Eye (65091-68899)	1,339	15.4	15,186	14.5
Ear (69000-69979)	1,484	17.1	4,302	4.1

SOURCE: Utah Ambulatory Surgery Database  
 Utah Health Data Committee/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, 2008**  
**MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE\* PROCEDURES**

404 McKay-Dee Surgical Center

ICD-9 CODE	ICD-9 DESCRIPTION	#	%	% ALL FASCs
<b>All ICD-9 Procedures</b>				
2001	MYRINGOTOMY W/INSRT TUBE	1,325	10.8	4.00
1371	IOL PROSTH-CATARACT EXTRACT-1-STAGE	957	7.8	5.79
1341	PHACOEMULSIFICATION-ASPIR CATARACT	941	7.7	2.37
283	TONSILLECTOMY W/ADENOIDECTOMY	612	5.0	2.15
8026	ARTHSCPY-KNEE	598	4.9	1.55
806	EXC SEMILUNAR CARTILAGE-KNEE	403	3.3	2.73
8021	ARTHSCPY-SHLDR	357	2.9	1.06
2169	OTH TURBINECTOMY	346	2.8	2.62
2188	OTH SEPTOPLASTY	258	2.1	1.10
8183	OTH REPR SHLDR	236	1.9	1.66
8363	ROTATOR CUFF REPR	233	1.9	0.97
0443	RELEASE CARPAL TUNNEL	201	1.6	1.52
201	REMOV TYMPANOSTOMY TUBE	184	1.5	0.42
7781	OTH PART OSTECL-SCAPULA-CLAV-THOR	182	1.5	0.76
8023	ARTHSCPY-WRIST	165	1.3	0.34
282	TONSILLECTOMY WO ADENOIDECTOMY	155	1.3	0.85
2219	OTH DX PROC NASAL SINUSES	153	1.2	0.88
5421	LAPAROSCOPY	147	1.2	0.28
1364	DISCISSION SECNDRY MEMBRN	145	1.2	0.71
286	ADENOIDECTOMY WO TONSILLECTOMY	140	1.1	0.55

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL FASCs
<b>All CPT-4 Procedures</b>				
69436	TYMPANOSTOMY GENERAL ANESTHESIA	1,313	15.1	3.37
66984	EXTRACAPSULAR CATARACT REMV IOL	970	11.2	8.46
30140	SUBMUCOS RES TURBINATE PART/CMPL	506	5.8	2.17
42820	T&A; UNDER AGE 12	391	4.5	1.38
29881	SCOPE KNEE SURG;W/MENISCECT MED/	257	3.0	2.21
30520	SEPTOPLASTY/SUBMUCOS RES W/GFT	237	2.7	1.46
42821	T&A; AGE 12 OR OVER	201	2.3	0.69
29826	SCOPE SHOULDER; DECOMP SUBACROM	168	1.9	1.61
66821	DISCISSION 2ND CATARACT; LASER S	148	1.7	1.45
29848	ENDO WRST SURG REL TRNS CARP LIG	147	1.7	0.29
42830	ADENOIDECTOMY PRIMARY; UNDER AGE	131	1.5	0.40
31256	NASL/SINUS ENDO SURG W/MAX ANTRO	122	1.4	0.47
58662	LAP SURG; W/FULG/EXCIS LES-OVARY	116	1.3	0.44
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	109	1.3	0.65
29880	SCOPE KNEE SURG;W/MENISCECT MED&	104	1.2	0.67
31254	NASAL/SINUS ENDO; W/PART ETHMOEC	103	1.2	0.36
20680	REMOVAL OF IMPLANT; DEEP	98	1.1	0.74
29888	ARTHSCPY AIDED ACL REPR/AUG/RECO	87	1.0	0.56
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	86	1.0	0.44
28122	PART EXC BONE; TARSAL/MT EX TALU	85	1.0	0.15

SOURCE: Utah Ambulatory Surgery Database  
 Utah Health Data Committee/Office of Health Care Statistics  
 Reportable\* excludes codes in the former "Other" category 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, 2008  
 AVERAGE TOTAL CHARGES FOR MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE\* PROCEDURES, SINGLE ICD-9 OR CPT-4 ONLY

404 McKay-Dee Surgical Center

ICD-9 CODE	ICD-9 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL FASCs )
ICD-9 Procedures		2,064	\$2,053	\$1,582
283	TONSILLECTOMY W/ADENOIDECTOMY	524	\$1,945	\$1,520
1364	DISCISSION SECNDRY MEMBRN	143	\$979	\$1,265
282	TONSILLECTOMY WO ADENOIDECTOMY	110	\$1,912	\$1,381
5123	LAP CHOLEY	87	\$3,543	\$4,454
8339	EXC LES OTH SOFT TISS	50	\$1,625	\$1,914
5304	UNILAT REPR INDIRECT ING HERN-GFT	37	\$2,485	\$2,732
7751	BUNIONEC SOFT-OSTEOT 1ST METATARS	30	\$2,871	\$2,026
0443	RELEASE CARPAL TUNNEL	28	\$1,963	\$1,796
7756	REPR HAMMER TOE	27	\$2,883	\$2,235
8521	LOC EXC LES BREAST	27	\$1,796	\$1,198
194	MYRINGOPLASTY	26	\$2,893	\$2,775
5303	UNILAT REPR DIRECT ING HERN-GFT	26	\$2,511	\$3,445
2171	CLO REDUC NASAL FX	24	\$1,485	\$1,546
6629	OTH BIL ENDO DESTRUC FALLOP TUBES	24	\$2,413	\$1,766
0943	PROBE NASOLACRML DUCT	21	\$411	\$703
2169	OTH TURBINECTOMY	20	\$2,299	\$4,404
7868	REMOV IMPLNT DEVICE-TARS-METATARS	20	\$1,956	\$1,774
8221	EXC LES TENDON SHEATH HAND	20	\$1,786	\$1,679
6952	ASPIR CURET FOLLOWING DELIV/AB	19	\$1,953	\$1,954
7867	REMOV IMPLNT DEVICE-TIBIA & FIB	19	\$2,038	\$1,801

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL FASCs )
CPT-4 Procedures		4,235	\$2,954	\$2,106
66984	EXTRACAPSULAR CATARACT REMV IOL	935	\$3,648	\$2,792
42820	T&A; UNDER AGE 12	331	\$1,957	\$1,600
29881	SCOPE KNEE SURG;W/MENISCECT MED/	194	\$3,062	\$3,496
42821	T&A; AGE 12 OR OVER	190	\$1,963	\$1,636
66821	DISCISSION 2ND CATARACT; LASER S	148	\$982	\$996
29880	SCOPE KNEE SURG;W/MENISCECT MED&	98	\$3,684	\$3,671
29848	ENDO WRST SURG REL TRNS CARP LIG	91	\$2,587	\$2,824
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	88	\$1,917	\$1,454
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	86	\$3,599	\$4,930
58662	LAP SURG; W/FULG/EXCIS LES-OVARY	80	\$3,596	\$2,795
20680	REMOVAL OF IMPLANT; DEEP	65	\$2,023	\$2,136
49505	REPR INIT ING HERNIA 5YR/MORE; R	62	\$2,489	\$2,261
58558	HYSTEROSCPY SURG; W/BX &/ POLYPE	45	\$1,937	\$1,651
29888	ARTHSCPY AIDED ACL REPR/AUG/RECO	42	\$7,860	\$6,470
29877	SCOPE KNEE SURG; DEBRID/SHAVE CA	41	\$2,991	\$4,037
23430	TENODESIS OF LONG TENDON OF BICE	40	\$7,052	\$6,678
29879	SCOPE KNEE SURG; ABRASION ARTHPL	37	\$4,906	\$4,239
65426	EXC/TRANSPOSITION PTERYGIUM; W/G	35	\$2,092	\$2,261
29807	SCOPE SHLDR SURG; REPR SLAP LESI	33	\$6,755	\$4,788
29893	ENDOSCOPIC PLANTAR FASCIOTOMY	33	\$1,581	\$2,092

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, 2008**  
**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	133	1,591
	003 COMPLEX INCISION AND DRAINAGE	1	22
	004 SIMPLE INCISION AND DRAINAGE	1	13
	006 SIMPLE DEBRIDEMENT AND DESTRUCTION	2	55
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	32	364
	008 SIMPLE EXCISION AND BIOPSY	61	500
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRANGE	7	143
	011 SIMPLE INCISION AND EXCISION OF BREAST	29	462
02	MUSCULOSKELETAL SYSTEM	2,386	23,285
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	284	2,172
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	124	710
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	63	846
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	479	4,767
	025 ARTHROSCOPY	1,235	11,396
	028 CLOSED TREATMENT FX & DISLOCATION OF FINGER, TOE & TRUNK	2	18
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	14	89
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	75	1,220
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	8	217
	032 BUNION PROCEDURES	67	886
	033 ARTHROPLASTY	1	201
	034 HAND AND FOOT TENOTOMY	24	128
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	10	634
03	RESPIRATORY SYSTEM	501	3,611
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	488	3,563
	054 SIMPLE ENDOSCOPY OF THE UPPER AIRWAY	12	41
	055 ENDOSCOPY OF THE LOWER AIRWAY	1	5
04	CARDIOVASCULAR SYSTEM	2	67
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	1	23
	080 MINOR VASCULAR REPAIR AND FISTULA CONSTRUCTION	1	7
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	38	184
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	38	178
06	DIGESTIVE SYSTEM	517	33,458
	112 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	2	625
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	4	61
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	2	9,347
	119 HERNIA AND HYDROCELE PROCEDURES	130	1,412
	120 COMPLEX ANAL AND RECTAL PROCEDURES	31	315
	121 SIMPLE ANAL AND RECTAL PROCEDURES	39	152
	123 COMPLEX LAPAROSCOPIC PROCEDURES	309	2,003
07	URINARY SYSTEM	12	1,892
	133 URINARY CATHETERIZATION AND DILATATION	6	14
	136 SIMPLE CYSTOURETHROSCOPY	6	101
08	MALE GENITAL SYSTEM	1	476
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	1	346
09	FEMALE GENITAL SYSTEM	222	1,146
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	11	156

**AMB ST 1-4**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2008**  
**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			
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	39	276
	178 DILATION AND CURETTAGE	44	96
	179 HYSTEROSCOPY	128	578
10	NERVOUS SYSTEM	185	7,901
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	120	5,711
	198 NERVE REPAIR AND DESTRUCTION	65	2,101
11	EYE AND OCULAR ADNEXA	1,336	15,120
	211 MINOR OPHTHALMOLOGICAL TESTS AND PROCEDURES	4	116
	213 LASER EYE PROCEDURES	150	1,606
	214 CATARACT PROCEDURES	981	9,302
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	33	818
	216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	55	426
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	7	437
	220 STRABISMUS AND MUSCLE EYE PROCEDURES	23	210
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	58	1,231
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	24	392
	223 VITRECTOMY	1	162
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	3,289	15,114
	233 NASAL CAUTERIZATION AND PACKING	26	82
	234 COMPLEX FACIAL AND ENT PROCEDURES	332	2,701
	235 SIMPLE FACIAL AND ENT PROCEDURES	2,059	8,806
	236 TONSIL AND ADENOID PROCEDURES	872	3,525

SOURCE: Utah Ambulatory Surgery Database  
Utah Health Data Committee/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, 2008**  
**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	110	\$2,116	\$1,705
	003 COMPLEX INCISION AND DRAINAGE	1	\$4,070	\$1,907
	004 SIMPLE INCISION AND DRAINAGE	1	\$884	\$913
	006 SIMPLE DEBRIDEMENT AND DESTRUCTION	2	\$1,255	\$1,043
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	25	\$2,114	\$1,675
	008 SIMPLE EXCISION AND BIOPSY	48	\$1,917	\$1,494
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRAN	6	\$5,220	\$4,294
	011 SIMPLE INCISION AND EXCISION OF BREAST	27	\$1,817	\$1,130
02	MUSCULOSKELETAL SYSTEM	1,252	\$3,534	\$3,210
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	83	\$3,326	\$3,442
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	91	\$4,321	\$3,132
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	30	\$2,761	\$2,766
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	240	\$2,369	\$2,154
	025 ARTHROSCOPY	688	\$4,021	\$4,005
	028 CLOSED TREATMENT FX & DISLOCATION OF FINGER, TOE & TRUNK	1	\$1,851	\$2,175
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	10	\$2,111	\$1,651
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	53	\$2,635	\$2,955
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	5	\$5,358	\$1,860
	032 BUNION PROCEDURES	43	\$3,004	\$2,335
	034 HAND AND FOOT TENOTOMY	2	\$2,632	\$2,084
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	6	\$2,374	\$1,011
03	RESPIRATORY SYSTEM	45	\$2,123	\$2,002
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	36	\$2,018	\$1,967
	054 SIMPLE ENDOSCOPY OF THE UPPER AIRWAY	8	\$2,765	\$2,217
	055 ENDOSCOPY OF THE LOWER AIRWAY	1	\$769	\$769
04	CARDIOVASCULAR SYSTEM	1	\$3,189	\$2,380
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	1	\$3,189	\$2,728
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	34	\$2,206	\$2,149
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	34	\$2,206	\$2,127
06	DIGESTIVE SYSTEM	413	\$2,951	\$1,598
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	4	\$1,942	\$767
	119 HERNIA AND HYDROCELE PROCEDURES	111	\$2,471	\$2,494
	120 COMPLEX ANAL AND RECTAL PROCEDURES	28	\$1,907	\$1,120
	121 SIMPLE ANAL AND RECTAL PROCEDURES	37	\$2,070	\$1,145
	123 COMPLEX LAPAROSCOPIC PROCEDURES	233	\$3,462	\$3,620
07	URINARY SYSTEM	1	\$4,214	\$4,528
	136 SIMPLE CYSTOURETHROSCOPY	1	\$4,214	\$1,984
08	MALE GENITAL SYSTEM	1	\$1,704	\$2,220
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	1	\$1,704	\$2,536
09	FEMALE GENITAL SYSTEM	117	\$2,620	\$2,126
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	6	\$2,891	\$2,489
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	26	\$2,088	\$1,490
	178 DILATION AND CURETTAGE	7	\$1,794	\$1,321
	179 HYSTEROSCOPY	78	\$2,850	\$2,480
10	NERVOUS SYSTEM	96	\$3,727	\$1,172

**AMB ST 1-5**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2008**  
**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 )
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	51	\$4,933	\$894
	198 NERVE REPAIR AND DESTRUCTION	45	\$2,359	\$1,764
11	EYE AND OCULAR ADNEXA	1,252	\$3,152	\$2,477
	211 MINOR OPHTHALMOLOGICAL TESTS AND PROCEDURES	2	\$2,191	\$630
	213 LASER EYE PROCEDURES	150	\$986	\$1,021
	214 CATARACT PROCEDURES	946	\$3,636	\$2,806
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	31	\$2,347	\$2,322
	216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	49	\$2,147	\$2,215
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	7	\$2,489	\$1,428
	220 STRABISMUS AND MUSCLE EYE PROCEDURES	3	\$2,642	\$2,391
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	48	\$2,600	\$2,034
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	15	\$1,641	\$1,280
	223 VITRECTOMY	1	\$1,527	\$4,414
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	868	\$1,995	\$1,837
	233 NASAL CAUTERIZATION AND PACKING	18	\$1,479	\$1,330
	234 COMPLEX FACIAL AND ENT PROCEDURES	69	\$3,183	\$2,703
	235 SIMPLE FACIAL AND ENT PROCEDURES	138	\$1,696	\$1,919
	236 TONSIL AND ADENOID PROCEDURES	643	\$1,946	\$1,575

SOURCE: Utah Ambulatory Surgery Database  
 Utah Health Data Committee/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, 2008**  
**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

404 McKay-Dee Surgical Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
<b>GENDER</b>				
Female	3,363	54.8	42,157	55.1
Male	2,773	45.2	34,273	44.8
Unknown	0	0.0	11	0.0
Not Reported	0	0.0	52	0.1
<b>AGE</b>				
1-28 days	0	0.0	0	0.0
29-365 days	135	2.2	420	0.5
1-4 years	652	10.6	3,182	4.2
5-9	348	5.7	1,632	2.1
10-14	218	3.6	1,089	1.4
15-17	232	3.8	1,367	1.8
18-19	129	2.1	1,172	1.5
20-24	332	5.4	3,048	4.0
25-29	344	5.6	3,499	4.6
30-34	353	5.8	3,575	4.7
35-39	351	5.7	3,541	4.6
40-44	326	5.3	3,875	5.1
45-49	398	6.5	5,056	6.6
50-54	429	7.0	7,303	9.5
55-59	365	5.9	6,481	8.5
60-64	366	6.0	6,186	8.1
65-69	383	6.2	7,123	9.3
70-74	295	4.8	6,417	8.4
75-79	247	4.0	5,591	7.3
80-84	158	2.6	3,872	5.1
85-89	67	1.1	1,602	2.1
90 +	8	0.1	458	0.6
Not Reported	0	0.0	4	0.0
<b>SOURCE OF ADMISSION</b>				
Physician Referral	6,135	100.0	66,472	86.9
Clinic Referral	1	0.0	1,299	1.7
HMO Referral	0	0.0	0	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	2	0.0
Court/Law Enforcement	0	0.0	0	0.0
Unknown	0	0.0	2,920	3.8
Not Reported	0	0.0	5,800	7.6

(Continued)

**AMB ST 1-6**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2008**  
**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

404 McKay-Dee Surgical Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
<b>DISCHARGE STATUS</b>				
Home or Self Care	6,124	99.8	70,834	92.6
Another Hospital	12	0.2	67	0.1
Skilled Nursing Facility	0	0.0	0	0.0
Intermediate Care Facility	0	0.0	0	0.0
Another Type of Institution	0	0.0	6	0.0
Under Care of Home Service	0	0.0	0	0.0
Left Against Medical Advice	0	0.0	0	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	0	0.0	0	0.0
Unknown	0	0.0	5,586	7.3
Not Reported	0	0.0	0	0.0
<b>PRIMARY PAYER</b>				
Medicare	882	14.4	18,751	24.5
Medicaid	368	6.0	3,605	4.7
Other government	220	3.6	2,426	3.2
Blue Cross/Blue Shield	530	8.6	16,436	21.5
Other Commercial	290	4.7	7,399	9.7
Managed Care(HMO, PPO)	3,572	58.2	23,343	30.5
Self Pay	88	1.4	1,102	1.4
Industrial & Worker Comp	125	2.0	1,832	2.4
Charity and Unclassified	17	0.3	158	0.2
Childrens Health Insurance	2	0.0	133	0.2
Unknown	42	0.7	60	0.1
Not Reported	0	0.0	1,248	1.6
<b>LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE</b>				
Bear River	330	5.4	3,564	4.7
Central Utah	4	0.1	1,239	1.6
Davis County	1,468	23.9	15,120	19.8
Salt Lake County	41	0.7	24,171	31.6
Southeastern Utah	0	0.0	725	0.9
Southwest Utah	2	0.0	2,858	3.7
Summit County	18	0.3	638	0.8
Tooele County	9	0.1	1,180	1.5
Tri-County	2	0.0	374	0.5
Utah County	16	0.3	9,391	12.3
Wasatch County	2	0.0	349	0.5
Weber County	4,137	67.4	13,793	18.0
Unknown Utah	0	0.0	18	0.0
Outside Utah	105	1.7	3,042	4.0
Unknown, Not Reported	2	0.0	31	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, 2008**  
**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)	.	.	60,158	100.0
Musculoskeletal (76.0-84.99)	.	.	2,039	3.4
Respiratory (30.0-34.99)	.	.	13,820	23.0
Cardiovascular (35.0-39.99)	.	.	133	0.2
Lymphatic/Hemetic (40.0-41.99)	.	.	57	0.1
Digestive System (42.0-54.99)	.	.	112	0.2
Urinary (55.0-59.99)	.	.	19,056	31.7
Male Genital (60.0-64.99)	.	.	234	0.4
Female Genital (65.0-71.99)	.	.	239	0.4
Endocrine/Nervous (01.0-07.99)	.	.	1,176	2.0
Eye (08.0-16.99)	.	.	3,608	6.0
Ear (18.0-20.99)	.	.	7,110	11.8
Nose, Mouth, Pharynx (21.0-29.99)	.	.	3,033	5.0
			9,541	15.9
Reporting Category(CPT-4 CODES)	7,589	100.0	105,057	100.0
Mastectomy (19120-19220)	0	0.0	462	0.4
Musculoskeletal (20000-29909)	2,715	35.8	25,268	24.1
Respiratory (30000-32999 & 39501-39599)	441	5.8	8,384	8.0
Cardiovascular (33010-37799 & 93501-93660)	1	0.0	122	0.1
Lymphatic/Hemetic (38100-38999)	5	0.1	162	0.2
Digestive (40490-49999)	1,261	16.6	38,389	36.5
Urinary (50010-53899)	462	6.1	1,925	1.8
Male Genital (54000-55899)	69	0.9	541	0.5
Female Genital (56405-58999)	129	1.7	2,036	1.9
Endocrine/Nervous (60000-64999)	334	4.4	8,280	7.9
Eye (65091-68899)	1,800	23.7	15,186	14.5
Ear (69000-69979)	372	4.9	4,302	4.1

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/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, 2008**  
**MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE\* PROCEDURES**

414 Mount Ogden Surgical Center

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

Does not report ICDs

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL FASCs
All CPT-4 Procedures				
66984	EXTRACAPSULAR CATARACT REMV IOL	7,589	100.0	100.0
41899	UNLIST PROC DENTOALVEOL STRUCTUR	1,453	19.1	8.46
69436	TYMPANOSTOMY GENERAL ANESTHESIA	416	5.5	1.70
29881	SCOPE KNEE SURG;W/MENISCECT MED/	310	4.1	3.37
29826	SCOPE SHOULDER; DECOMP SUBACROM	241	3.2	2.21
50590	LITHOTRIPSY XTRACORP SHOCK WAVE	223	2.9	1.61
45378	COLONOSCOPY FLEX; DX-SEP PROC	193	2.5	0.74
30140	SUBMUCOS RES TURBINATE PART/CMPL	181	2.4	6.67
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	146	1.9	2.17
20680	REMOVAL OF IMPLANT; DEEP	142	1.9	1.26
42820	T&A; UNDER AGE 12	140	1.8	0.74
29877	SCOPE KNEE SURG; DEBRID/SHAVE CA	137	1.8	1.38
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	135	1.8	1.00
66821	DISCISSION 2ND CATARACT; LASER S	123	1.6	1.40
43239	UGI ENDO; W/BX 1/MX	115	1.5	1.45
27687	GASTROCNEMIUS RECESSION	101	1.3	7.53
45380	COLONOSCOPY FLEX; W/BX 1/MX	100	1.3	0.13
29827	SCOPE SHLDR SURG; W/ROTOR CUFF R	96	1.3	7.13
30520	SEPTOPLASTY/SUBMUCOS RES W/GFT	93	1.2	0.79
29824	SCOPE SHLDR SURG;DIST CLAVICULEC	93	1.2	1.46
		90	1.2	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, 2008  
 AVERAGE TOTAL CHARGES FOR MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE\* PROCEDURES, SINGLE ICD-9 OR CPT-4 ONLY

414 Mount Ogden Surgical Center

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

Does not report ICDS

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHR	AVE TOT CHR(ALL FASCs )
CPT-4 Procedures				
66984	EXTRACAPSULAR CATARACT REMV IOL	4,257	\$3,071	\$2,106
41899	UNLIST PROC DENTOALVEOL STRUCTUR	1,430	\$2,669	\$2,792
50590	LITHOTRIPSY XTRACORP SHOCK WAVE	409	\$2,424	\$1,948
45378	COLONOSCOPY FLEX; DX-SEP PROC	171	\$9,676	\$6,312
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	166	\$1,144	\$1,552
66821	DISCISSION 2ND CATARACT; LASER S	123	\$1,252	\$761
42820	T&A; UNDER AGE 12	110	\$1,004	\$996
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	105	\$1,809	\$1,600
29881	SCOPE KNEE SURG;W/MENISCECT MED/	94	\$1,728	\$1,636
45380	COLONOSCOPY FLEX; W/BX 1/MX	78	\$4,289	\$3,496
43239	UGI ENDO; W/BX 1/MX	76	\$1,239	\$1,361
69436	TYMPANOSTOMY GENERAL ANESTHESIA	69	\$1,702	\$1,506
42821	T&A; AGE 12 OR OVER	64	\$1,974	\$1,980
20680	REMOVAL OF IMPLANT; DEEP	54	\$1,901	\$1,636
27687	GASTROCNEMIUS RECESSION	46	\$1,812	\$2,136
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	46	\$2,698	\$2,582
29806	SCOPE SHOULDER SURGICAL; CPSLORR	34	\$1,944	\$1,454
29877	SCOPE KNEE SURG; DEBRID/SHAVE CA	32	\$7,374	\$5,323
65426	EXC/TRANSPOSITION PTERYGLIUM; W/G	32	\$6,326	\$4,037
29880	SCOPE KNEE SURG;W/MENISCECT MED&	30	\$2,925	\$2,261
		25	\$6,003	\$3,671

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, 2008**  
**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	61	1,591
	003 COMPLEX INCISION AND DRAINAGE	1	22
	004 SIMPLE INCISION AND DRAINAGE	3	13
	006 SIMPLE DEBRIDEMENT AND DESTRUCTION	2	55
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	19	364
	008 SIMPLE EXCISION AND BIOPSY	35	500
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRANGE	1	143
02	MUSCULOSKELETAL SYSTEM	2,590	23,285
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	294	2,172
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	70	710
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	81	846
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	414	4,767
	025 ARTHROSCOPY	1,475	11,396
	028 CLOSED TREATMENT FX & DISLOCATION OF FINGER, TOE & TRUNK	1	18
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	7	89
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	132	1,220
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	6	217
	032 BUNION PROCEDURES	39	886
	033 ARTHROPLASTY	37	201
	034 HAND AND FOOT TENOTOMY	7	128
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	27	634
03	RESPIRATORY SYSTEM	177	3,611
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	175	3,563
	054 SIMPLE ENDOSCOPY OF THE UPPER AIRWAY	2	41
04	CARDIOVASCULAR SYSTEM	1	67
	080 MINOR VASCULAR REPAIR AND FISTULA CONSTRUCTION	1	7
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	7	184
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	7	178
06	DIGESTIVE SYSTEM	575	33,458
	112 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	30	625
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	1	126
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	135	9,347
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	13	2,368
	117 LOWER GASTROINTESTINAL ENDOSCOPY	316	17,008
	119 HERNIA AND HYDROCELE PROCEDURES	14	1,412
	123 COMPLEX LAPAROSCOPIC PROCEDURES	66	2,003
07	URINARY SYSTEM	459	1,892
	131 RENAL EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	193	775
	133 URINARY CATHETERIZATION AND DILATATION	2	14
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	160	634
	135 MODERATE CYSTOURETHROSCOPY	69	334
	136 SIMPLE CYSTOURETHROSCOPY	30	101
	137 COMPLEX URETHRAL PROCEDURES	2	14
	138 SIMPLE URETHRAL PROCEDURES	3	20
08	MALE GENITAL SYSTEM	61	476
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	39	346

**AMB ST 1-4**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2008**  
**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			
	153 COMPLEX PENILE PROCEDURES	2	13
	154 SIMPLE PENILE PROCEDURES	17	101
	155 PROSTATE NEEDLE AND PUNCH BIOPSY	3	16
09	FEMALE GENITAL SYSTEM	80	1,146
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	3	156
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	26	276
	178 DILATION AND CURETTAGE	1	96
	179 HYSTEROSCOPY	50	578
10	NERVOUS SYSTEM	337	7,901
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	135	5,711
	198 NERVE REPAIR AND DESTRUCTION	202	2,101
11	EYE AND OCULAR ADNEXA	1,798	15,120
	211 MINOR OPHTHALMOLOGICAL TESTS AND PROCEDURES	3	116
	213 LASER EYE PROCEDURES	115	1,606
	214 CATARACT PROCEDURES	1,487	9,302
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	6	818
	216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	59	426
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	11	437
	218 COMPLEX POSTERIOR SEGMENT EYE PROCEDURES	17	47
	220 STRABISMUS AND MUSCLE EYE PROCEDURES	8	210
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	48	1,231
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	10	392
	223 VITRECTOMY	34	162
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	1,388	15,114
	233 NASAL CAUTERIZATION AND PACKING	7	82
	234 COMPLEX FACIAL AND ENT PROCEDURES	123	2,701
	235 SIMPLE FACIAL AND ENT PROCEDURES	973	8,806
	236 TONSIL AND ADENOID PROCEDURES	285	3,525

SOURCE: Utah Ambulatory Surgery Database  
Utah Health Data Committee/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, 2008**  
**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	25	\$2,966	\$1,705
	003 COMPLEX INCISION AND DRAINAGE	1	\$1,997	\$1,907
	004 SIMPLE INCISION AND DRAINAGE	1	\$2,068	\$913
	006 SIMPLE DEBRIDEMENT AND DESTRUCTION	1	\$2,625	\$1,043
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	10	\$2,821	\$1,675
	008 SIMPLE EXCISION AND BIOPSY	12	\$3,270	\$1,494
02	MUSCULOSKELETAL SYSTEM	760	\$4,679	\$3,210
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	88	\$3,682	\$3,442
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	31	\$2,712	\$3,132
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	33	\$4,513	\$2,766
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	149	\$2,925	\$2,154
	025 ARTHROSCOPY	313	\$6,065	\$4,005
	028 CLOSED TREATMENT FX & DISLOCATION OF FINGER, TOE & TRUNK	1	\$3,723	\$2,175
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	3	\$2,569	\$1,651
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	108	\$4,805	\$2,955
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	6	\$2,774	\$1,860
	032 BUNION PROCEDURES	24	\$3,963	\$2,335
	033 ARTHROPLASTY	4	\$5,738	\$2,866
03	RESPIRATORY SYSTEM	11	\$3,409	\$2,002
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	11	\$3,409	\$1,967
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	6	\$2,598	\$2,149
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	6	\$2,598	\$2,127
06	DIGESTIVE SYSTEM	410	\$1,542	\$1,598
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	1	\$792	\$796
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	87	\$1,541	\$1,391
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	9	\$1,401	\$1,248
	117 LOWER GASTROINTESTINAL ENDOSCOPY	262	\$1,200	\$1,463
	119 HERNIA AND HYDROCELE PROCEDURES	9	\$3,168	\$2,494
	123 COMPLEX LAPAROSCOPIC PROCEDURES	42	\$3,370	\$3,620
07	URINARY SYSTEM	300	\$6,582	\$4,528
	131 RENAL EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	171	\$9,676	\$6,312
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	70	\$2,860	\$2,741
	135 MODERATE CYSTOURETHROSCOPY	45	\$1,998	\$2,169
	136 SIMPLE CYSTOURETHROSCOPY	12	\$2,031	\$1,984
	137 COMPLEX URETHRAL PROCEDURES	1	\$2,900	\$3,315
	138 SIMPLE URETHRAL PROCEDURES	1	\$2,506	\$2,604
08	MALE GENITAL SYSTEM	35	\$2,570	\$2,220
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	21	\$2,938	\$2,536
	153 COMPLEX PENILE PROCEDURES	2	\$3,356	\$2,750
	154 SIMPLE PENILE PROCEDURES	12	\$1,794	\$1,585
09	FEMALE GENITAL SYSTEM	45	\$3,734	\$2,126
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	1	\$6,789	\$2,489
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	15	\$2,559	\$1,490
	178 DILATION AND CURETTAGE	1	\$2,374	\$1,321
	179 HYSTEROSCOPY	28	\$4,303	\$2,480

**AMB ST 1-5**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2008**  
**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 )
10	NERVOUS SYSTEM	251	\$1,664	\$1,172
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	129	\$1,237	\$894
	198 NERVE REPAIR AND DESTRUCTION	122	\$2,115	\$1,764
11	EYE AND OCULAR ADNEXA	1,658	\$2,629	\$2,477
	213 LASER EYE PROCEDURES	110	\$1,004	\$1,021
	214 CATARACT PROCEDURES	1,441	\$2,674	\$2,806
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	2	\$6,078	\$2,322
	216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	41	\$3,209	\$2,215
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	5	\$1,197	\$1,428
	218 COMPLEX POSTERIOR SEGMENT EYE PROCEDURES	17	\$4,093	\$4,597
	220 STRABISMUS AND MUSCLE EYE PROCEDURES	2	\$5,050	\$2,391
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	14	\$4,577	\$2,034
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	1	\$1,591	\$1,280
	223 VITRECTOMY	25	\$4,028	\$4,414
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	743	\$2,265	\$1,837
	233 NASAL CAUTERIZATION AND PACKING	2	\$1,314	\$1,330
	234 COMPLEX FACIAL AND ENT PROCEDURES	18	\$3,540	\$2,703
	235 SIMPLE FACIAL AND ENT PROCEDURES	521	\$2,380	\$1,919
	236 TONSIL AND ADENOID PROCEDURES	202	\$1,862	\$1,575

SOURCE: Utah Ambulatory Surgery Database  
Utah Health Data Committee/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, 2008**  
**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

414 Mount Ogden Surgical Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
<b>GENDER</b>				
Female	2,910	51.7	42,157	55.1
Male	2,715	48.3	34,273	44.8
Unknown	0	0.0	11	0.0
Not Reported	1	0.0	52	0.1
<b>AGE</b>				
1-28 days	0	0.0	0	0.0
29-365 days	36	0.6	420	0.5
1-4 years	467	8.3	3,182	4.2
5-9	205	3.6	1,632	2.1
10-14	89	1.6	1,089	1.4
15-17	108	1.9	1,367	1.8
18-19	66	1.2	1,172	1.5
20-24	162	2.9	3,048	4.0
25-29	255	4.5	3,499	4.6
30-34	235	4.2	3,575	4.7
35-39	239	4.2	3,541	4.6
40-44	242	4.3	3,875	5.1
45-49	314	5.6	5,056	6.6
50-54	385	6.8	7,303	9.5
55-59	365	6.5	6,481	8.5
60-64	416	7.4	6,186	8.1
65-69	582	10.3	7,123	9.3
70-74	566	10.1	6,417	8.4
75-79	419	7.4	5,591	7.3
80-84	306	5.4	3,872	5.1
85-89	135	2.4	1,602	2.1
90 +	33	0.6	458	0.6
Not Reported	1	0.0	4	0.0
<b>SOURCE OF ADMISSION</b>				
Physician Referral	0	0.0	66,472	86.9
Clinic Referral	0	0.0	1,299	1.7
HMO Referral	0	0.0	0	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	2	0.0
Court/Law Enforcement	0	0.0	0	0.0
Unknown	0	0.0	2,920	3.8
Not Reported	5,626	100.0	5,800	7.6

(Continued)

**AMB ST 1-6**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2008**  
**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

414 Mount Ogden Surgical Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
<b>DISCHARGE STATUS</b>				
Home or Self Care	52	0.9	70,834	92.6
Another Hospital	0	0.0	67	0.1
Skilled Nursing Facility	0	0.0	0	0.0
Intermediate Care Facility	0	0.0	0	0.0
Another Type of Institution	0	0.0	6	0.0
Under Care of Home Service	0	0.0	0	0.0
Left Against Medical Advice	0	0.0	0	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	0	0.0	0	0.0
Unknown	5,574	99.1	5,586	7.3
Not Reported	0	0.0	0	0.0
<b>PRIMARY PAYER</b>				
Medicare	1,531	27.2	18,751	24.5
Medicaid	521	9.3	3,605	4.7
Other government	125	2.2	2,426	3.2
Blue Cross/Blue Shield	1,509	26.8	16,436	21.5
Other Commercial	1,015	18.0	7,399	9.7
Managed Care(HMO, PPO)	680	12.1	23,343	30.5
Self Pay	99	1.8	1,102	1.4
Industrial & Worker Comp	141	2.5	1,832	2.4
Charity and Unclassified	0	0.0	158	0.2
Childrens Health Insurance	0	0.0	133	0.2
Unknown	3	0.1	60	0.1
Not Reported	2	0.0	1,248	1.6
<b>LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE</b>				
Bear River	337	6.0	3,564	4.7
Central Utah	1	0.0	1,239	1.6
Davis County	1,154	20.5	15,120	19.8
Salt Lake County	57	1.0	24,171	31.6
Southeastern Utah	2	0.0	725	0.9
Southwest Utah	0	0.0	2,858	3.7
Summit County	15	0.3	638	0.8
Tooele County	2	0.0	1,180	1.5
Tri-County	5	0.1	374	0.5
Utah County	7	0.1	9,391	12.3
Wasatch County	9	0.2	349	0.5
Weber County	3,801	67.6	13,793	18.0
Unknown Utah	3	0.1	18	0.0
Outside Utah	226	4.0	3,042	4.0
Unknown, Not Reported	7	0.1	31	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, 2008**  
**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)	4,336	100.0	60,158	100.0
Mastectomy (85.0-85.99)	70	1.6	2,039	3.4
Musculoskeletal (76.0-84.99)	2,283	52.7	13,820	23.0
Respiratory (30.0-34.99)	10	0.2	133	0.2
Cardiovascular (35.0-39.99)	1	0.0	57	0.1
Lymphatic/Hemetic (40.0-41.99)	11	0.3	112	0.2
Digestive System (42.0-54.99)	80	1.8	19,056	31.7
Urinary (55.0-59.99)	55	1.3	234	0.4
Male Genital (60.0-64.99)	68	1.6	239	0.4
Female Genital (65.0-71.99)	1	0.0	1,176	2.0
Endocrine/Nervous (01.0-07.99)	280	6.5	3,608	6.0
Eye (08.0-16.99)	866	20.0	7,110	11.8
Ear (18.0-20.99)	164	3.8	3,033	5.0
Nose, Mouth, Pharynx (21.0-29.99)	447	10.3	9,541	15.9
Reporting Category(CPT-4 CODES)	5,992	100.0	105,057	100.0
Mastectomy (19120-19220)	8	0.1	462	0.4
Musculoskeletal (20000-29909)	2,760	46.1	25,268	24.1
Respiratory (30000-32999 & 39501-39599)	504	8.4	8,384	8.0
Cardiovascular (33010-37799 & 93501-93660)	4	0.1	122	0.1
Lymphatic/Hemetic (38100-38999)	11	0.2	162	0.2
Digestive (40490-49999)	512	8.5	38,389	36.5
Urinary (50010-53899)	109	1.8	1,925	1.8
Male Genital (54000-55899)	80	1.3	541	0.5
Female Genital (56405-58999)	3	0.1	2,036	1.9
Endocrine/Nervous (60000-64999)	937	15.6	8,280	7.9
Eye (65091-68899)	886	14.8	15,186	14.5
Ear (69000-69979)	178	3.0	4,302	4.1

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/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, 2008**  
**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		4,336	100.0	100.0
1371	IOL PROSTH-CATARACT EXTRACT-1-STAGE	683	15.8	5.79
806	EXC SEMILUNAR CARTILAGE-KNEE	325	7.5	2.73
8086	OTH LOC EXC/DESTRUC JT LES-KNEE	247	5.7	1.20
8183	OTH REPR SHLDR	247	5.7	1.66
8363	ROTATOR CUFF REPR	155	3.6	0.97
1364	DISCISSION SECNDRY MEMBRN	148	3.4	0.71
2169	OTH TURBINECTOMY	145	3.3	2.62
7781	OTH PART OSTEC-SCAPULA-CLAV-THOR	145	3.3	0.76
2001	MYRINGOTOMY W/INSRT TUBE	137	3.2	4.00
0443	RELEASE CARPAL TUNNEL	127	2.9	1.52
8081	OTH LOC EXC/DESTRUC JT LES-SHLDR	121	2.8	0.53
215	SUBMUCOUS RESECT NASAL SEPTUM	111	2.6	0.83
8076	SYNOVECT-KNEE	103	2.4	0.58
282	TONSILLECTOMY WO ADENOIDECTOMY	78	1.8	0.85
8145	OTH REPR CRUCIATE LIGAMNT	71	1.6	0.51
8211	TENOT HAND	61	1.4	0.32
5300	UNILAT REPR ING HERN-NOS	60	1.4	0.71
7860	REMOV IMPLNT DEVICE-UNS SITE	58	1.3	0.28
7756	REPR HAMMER TOE	55	1.3	0.65
8375	TENDON TRANSF/TRANSPL	53	1.2	0.15

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL FASCs
All CPT-4 Procedures		5,992	100.0	100.0
66984	EXTRACAPSULAR CATARACT REMV IOL	683	11.4	8.46
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	297	5.0	1.40
29881	SCOPE KNEE SURG;W/MENISCECT MED/	248	4.1	2.21
29826	SCOPE SHOULDER; DECOMP SUBACROM	237	4.0	1.61
29877	SCOPE KNEE SURG; DEBRID/SHAVE CA	222	3.7	1.00
66821	DISCISSION 2ND CATARACT; LASER S	148	2.5	1.45
69436	TYMPANOSTOMY GENERAL ANESTHESIA	137	2.3	3.37
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	127	2.1	1.26
29824	SCOPE SHLDR SURG;DIST CLAVICULEC	121	2.0	0.63
29827	SCOPE SHLDR SURG; W/ROTOR CUFF R	121	2.0	0.79
64476	INJ ANES FACET JT; LUMB/SAC-EA A	121	2.0	0.49
42820	T&A; UNDER AGE 12	112	1.9	1.38
30140	SUBMUCOS RES TURBINATE PART/CMPL	111	1.9	2.17
30520	SEPTOPLASTY/SUBMUCOS RES W/GFT	109	1.8	1.46
41899	UNLIST PROC DENTOALVEOL STRUCTUR	106	1.8	1.70
20550	INJECTION; 1 TENDON SHEATH/LIGAM	89	1.5	0.13
29822	SCOPE SHOULDER SURGICAL; DEBRID	87	1.5	0.31
29875	SCOPE KNEE; SYNOVECT LTD SEP PRO	85	1.4	0.42
64475	INJ ANES FACET JT; LUMB/SAC-1LEV	85	1.4	0.46
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	78	1.3	0.65

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, 2008  
 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		2,032	\$3,384	\$1,582
1371	IOL PROSTH-CATARACT EXTRACT-1-STAGE	680	\$3,111	\$2,993
1364	DISCISSION SECNDRY MEMBRN	128	\$1,255	\$1,265
2001	MYRINGOTOMY W/INSRT TUBE	108	\$3,746	\$2,985
806	EXC SEMILUNAR CARTILAGE-KNEE	102	\$4,190	\$2,580
0443	RELEASE CARPAL TUNNEL	72	\$3,485	\$1,796
282	TONSILLECTOMY WO ADENOIDECTOMY	67	\$1,686	\$1,381
5300	UNILAT REPR ING HERN-NOS	40	\$4,610	\$1,530
8086	OTH LOC EXC/DESTRUC JT LES-KNEE	37	\$4,193	\$2,680
8076	SYNOVECT-KNEE	35	\$4,789	\$3,368
7860	REMOV IMPLNT DEVICE-UNS SITE	34	\$2,833	\$1,608
8221	EXC LES TENDON SHEATH HAND	31	\$3,256	\$1,679
8145	OTH REPR CRUCIATE LIGAMNT	29	\$5,230	\$4,382
2171	CLO REDUC NASAL FX	23	\$1,935	\$1,546
283	TONSILLECTOMY W/ADENOIDECTOMY	23	\$1,787	\$1,520
8182	REPR RECUR DISLOC SHLDR	22	\$4,135	\$3,652
7932	OP REDUC FX W/INT FIX-RADIUS & ULNA	18	\$4,369	\$3,408
8183	OTH REPR SHLDR	18	\$5,733	\$4,038
8211	TENOT HAND	17	\$3,202	\$1,508
8531	UNILAT REDUC MAMMO	16	\$3,285	\$2,640
0449	OTH PERIPH NERV/GANGL DECOMP/LYSIS	15	\$4,748	\$2,276

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL FASCs )
CPT-4 Procedures		2,581	\$2,836	\$2,106
66984	EXTRACAPSULAR CATARACT REMV IOL	677	\$3,120	\$2,792
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	287	\$869	\$761
66821	DISCISSION 2ND CATARACT; LASER S	128	\$1,255	\$996
41899	UNLIST PROC DENTOALVEOL STRUCTUR	105	\$2,321	\$1,948
69436	TYMPANOSTOMY GENERAL ANESTHESIA	84	\$3,289	\$1,980
42820	T&A; UNDER AGE 12	81	\$1,610	\$1,600
29881	SCOPE KNEE SURG;W/MENISCECT MED/	65	\$4,259	\$3,496
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	58	\$1,598	\$1,454
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	58	\$3,264	\$1,636
50590	LITHOTRIPSY XTRACORP SHOCK WAVE	43	\$5,367	\$6,312
29880	SCOPE KNEE SURG;W/MENISCECT MED&	34	\$4,017	\$3,671
49505	REPR INIT ING HERNIA 5YR/MORE; R	34	\$4,644	\$2,261
64483	INJ ANES EPIDURL; LUMB/SAC 1 LEV	33	\$1,038	\$885
20680	REMOVAL OF IMPLANT; DEEP	31	\$2,731	\$2,136
29877	SCOPE KNEE SURG; DEBRID/SHAVE CA	31	\$4,384	\$4,037
29888	ARTHSCPY AIDED ACL REPR/AUG/RECO	27	\$5,368	\$6,470
29875	SCOPE KNEE; SYNOVECT LTD SEP PRO	25	\$4,714	\$4,322
29806	SCOPE SHOULDER SURGICAL; CPSLORR	22	\$4,135	\$5,323
21320	CLOS TX NASL BONE FRACTURE; W/ST	20	\$1,998	\$1,802
62310	INJ 1 NOT NEUROLYTIC-EPID;CERV/T	18	\$1,160	\$630

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, 2008**  
**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	69	1,591
	003 COMPLEX INCISION AND DRAINAGE	2	22
	004 SIMPLE INCISION AND DRAINAGE	1	13
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	19	364
	008 SIMPLE EXCISION AND BIOPSY	36	500
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRANGE	3	143
	011 SIMPLE INCISION AND EXCISION OF BREAST	8	462
02	MUSCULOSKELETAL SYSTEM	2,653	23,285
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	197	2,172
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	55	710
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	66	846
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	368	4,767
	025 ARTHROSCOPY	1,561	11,396
	028 CLOSED TREATMENT FX & DISLOCATION OF FINGER, TOE & TRUNK	1	18
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	9	89
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	96	1,220
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	33	217
	032 BUNION PROCEDURES	38	886
	033 ARTHROPLASTY	46	201
	034 HAND AND FOOT TENOTOMY	9	128
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	174	634
03	RESPIRATORY SYSTEM	198	3,611
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	192	3,563
	054 SIMPLE ENDOSCOPY OF THE UPPER AIRWAY	6	41
04	CARDIOVASCULAR SYSTEM	1	67
	080 MINOR VASCULAR REPAIR AND FISTULA CONSTRUCTION	1	7
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	11	184
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	11	178
06	DIGESTIVE SYSTEM	117	33,458
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	1	9,347
	119 HERNIA AND HYDROCELE PROCEDURES	93	1,412
	120 COMPLEX ANAL AND RECTAL PROCEDURES	3	315
	121 SIMPLE ANAL AND RECTAL PROCEDURES	1	152
	123 COMPLEX LAPAROSCOPIC PROCEDURES	19	2,003
07	URINARY SYSTEM	109	1,892
	131 RENAL EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	44	775
	133 URINARY CATHETERIZATION AND DILATATION	1	14
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	33	634
	135 MODERATE CYSTOURETHROSCOPY	11	334
	136 SIMPLE CYSTOURETHROSCOPY	15	101
	137 COMPLEX URETHRAL PROCEDURES	1	14
	138 SIMPLE URETHRAL PROCEDURES	4	20
08	MALE GENITAL SYSTEM	73	476
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	55	346
	153 COMPLEX PENILE PROCEDURES	1	13
	154 SIMPLE PENILE PROCEDURES	15	101

**AMB ST 1-4**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2008**  
**PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE\* CPT-4 PROCEDURES**

424 Mountain West Surgical Center

procedure APG category procedure APG	TOTAL #	TOTAL # (ALL FASCs)
155 PROSTATE NEEDLE AND PUNCH BIOPSY	2	16
09 FEMALE GENITAL SYSTEM	3	1,146
176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	3	156
10 NERVOUS SYSTEM	937	7,901
195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	755	5,711
198 NERVE REPAIR AND DESTRUCTION	182	2,101
11 EYE AND OCULAR ADNEXA	881	15,120
213 LASER EYE PROCEDURES	148	1,606
214 CATARACT PROCEDURES	702	9,302
215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	2	818
216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	10	426
217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	2	437
221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	11	1,231
222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	3	392
223 VITRECTOMY	3	162
12 FACIAL, EAR, NOSE, MOUTH AND THROAT	912	15,114
233 NASAL CAUTERIZATION AND PACKING	11	82
234 COMPLEX FACIAL AND ENT PROCEDURES	183	2,701
235 SIMPLE FACIAL AND ENT PROCEDURES	478	8,806
236 TONSIL AND ADENOID PROCEDURES	240	3,525

SOURCE: Utah Ambulatory Surgery Database  
Utah Health Data Committee/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, 2008**  
**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	46	\$2,225	\$1,705
	003 COMPLEX INCISION AND DRAINAGE	2	\$2,290	\$1,907
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	12	\$1,957	\$1,675
	008 SIMPLE EXCISION AND BIOPSY	22	\$1,918	\$1,494
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRAN	2	\$3,709	\$4,294
	011 SIMPLE INCISION AND EXCISION OF BREAST	8	\$3,086	\$1,130
02	MUSCULOSKELETAL SYSTEM	598	\$3,838	\$3,210
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	41	\$4,269	\$3,442
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	19	\$3,470	\$3,132
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	33	\$3,522	\$2,766
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	129	\$3,092	\$2,154
	025 ARTHROSCOPY	276	\$4,419	\$4,005
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	5	\$1,516	\$1,651
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	53	\$3,621	\$2,955
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	17	\$2,387	\$1,860
	032 BUNION PROCEDURES	16	\$3,720	\$2,335
	033 ARTHROPLASTY	1	\$7,192	\$2,866
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	8	\$1,559	\$1,011
03	RESPIRATORY SYSTEM	8	\$3,488	\$2,002
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	7	\$3,910	\$1,967
	054 SIMPLE ENDOSCOPY OF THE UPPER AIRWAY	1	\$528	\$2,217
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	11	\$2,682	\$2,149
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	11	\$2,682	\$2,127
06	DIGESTIVE SYSTEM	75	\$4,527	\$1,598
	119 HERNIA AND HYDROCELE PROCEDURES	54	\$4,431	\$2,494
	120 COMPLEX ANAL AND RECTAL PROCEDURES	2	\$1,423	\$1,120
	123 COMPLEX LAPAROSCOPIC PROCEDURES	19	\$5,126	\$3,620
07	URINARY SYSTEM	74	\$5,249	\$4,528
	131 RENAL EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	43	\$5,367	\$6,312
	133 URINARY CATHETERIZATION AND DILATATION	1	\$2,693	\$1,104
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	16	\$5,368	\$2,741
	135 MODERATE CYSTOURETHROSCOPY	5	\$5,790	\$2,169
	136 SIMPLE CYSTOURETHROSCOPY	8	\$4,168	\$1,984
	137 COMPLEX URETHRAL PROCEDURES	1	\$6,733	\$3,315
08	MALE GENITAL SYSTEM	35	\$2,430	\$2,220
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	25	\$2,638	\$2,536
	153 COMPLEX PENILE PROCEDURES	1	\$4,030	\$2,750
	154 SIMPLE PENILE PROCEDURES	9	\$1,672	\$1,585
09	FEMALE GENITAL SYSTEM	2	\$3,558	\$2,126
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	2	\$3,558	\$2,489
10	NERVOUS SYSTEM	427	\$1,319	\$1,172
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	360	\$953	\$894
	198 NERVE REPAIR AND DESTRUCTION	67	\$3,285	\$1,764
11	EYE AND OCULAR ADNEXA	840	\$2,858	\$2,477
	213 LASER EYE PROCEDURES	128	\$1,255	\$1,021

**AMB ST 1-5**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2008**  
**PROCEDURE APG CATEGORY, PROCEDURE APG, SINGLE APG ONLY**  
**BASED ON REPORTABLE\* CPT-4 PROCEDURES**

424 Mountain West Surgical Center

procedure APG category	Procedure APG	TOTAL #	AVE TOT CHRG	AVE TOT CHRG(ALL FASCs )
	214 CATARACT PROCEDURES	694	\$3,132	\$2,806
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	2	\$2,862	\$2,322
	216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	7	\$2,459	\$2,215
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	1	\$3,190	\$1,428
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	6	\$6,236	\$2,034
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	2	\$1,263	\$1,280
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	454	\$2,310	\$1,837
	234 COMPLEX FACIAL AND ENT PROCEDURES	52	\$3,143	\$2,703
	235 SIMPLE FACIAL AND ENT PROCEDURES	239	\$2,603	\$1,919
	236 TONSIL AND ADENOID PROCEDURES	163	\$1,616	\$1,575

SOURCE: Utah Ambulatory Surgery Database  
Utah Health Data Committee/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, 2008**  
**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

424 Mountain West Surgical Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
<b>GENDER</b>				
Female	2,053	52.4	42,157	55.1
Male	1,857	47.4	34,273	44.8
Unknown	0	0.0	11	0.0
Not Reported	7	0.2	52	0.1
<b>AGE</b>				
1-28 days	0	0.0	0	0.0
29-365 days	30	0.8	420	0.5
1-4 years	166	4.2	3,182	4.2
5-9	105	2.7	1,632	2.1
10-14	80	2.0	1,089	1.4
15-17	97	2.5	1,367	1.8
18-19	74	1.9	1,172	1.5
20-24	161	4.1	3,048	4.0
25-29	158	4.0	3,499	4.6
30-34	177	4.5	3,575	4.7
35-39	175	4.5	3,541	4.6
40-44	204	5.2	3,875	5.1
45-49	235	6.0	5,056	6.6
50-54	254	6.5	7,303	9.5
55-59	265	6.8	6,481	8.5
60-64	260	6.6	6,186	8.1
65-69	359	9.2	7,123	9.3
70-74	383	9.8	6,417	8.4
75-79	377	9.6	5,591	7.3
80-84	230	5.9	3,872	5.1
85-89	93	2.4	1,602	2.1
90 +	34	0.9	458	0.6
Not Reported	0	0.0	4	0.0
<b>SOURCE OF ADMISSION</b>				
Physician Referral	3,917	100.0	66,472	86.9
Clinic Referral	0	0.0	1,299	1.7
HMO Referral	0	0.0	0	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	2	0.0
Court/Law Enforcement	0	0.0	0	0.0
Unknown	0	0.0	2,920	3.8
Not Reported	0	0.0	5,800	7.6

(Continued)



**AMB ST 1-6**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2008**  
**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

424 Mountain West Surgical Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
<b>DISCHARGE STATUS</b>				
Home or Self Care	3,917	100.0	70,834	92.6
Another Hospital	0	0.0	67	0.1
Skilled Nursing Facility	0	0.0	0	0.0
Intermediate Care Facility	0	0.0	0	0.0
Another Type of Institution	0	0.0	6	0.0
Under Care of Home Service	0	0.0	0	0.0
Left Against Medical Advice	0	0.0	0	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	0	0.0	0	0.0
Unknown	0	0.0	5,586	7.3
Not Reported	0	0.0	0	0.0
<b>PRIMARY PAYER</b>				
Medicare	976	24.9	18,751	24.5
Medicaid	93	2.4	3,605	4.7
Other government	210	5.4	2,426	3.2
Blue Cross/Blue Shield	757	19.3	16,436	21.5
Other Commercial	576	14.7	7,399	9.7
Managed Care(HMO, PPO)	950	24.3	23,343	30.5
Self Pay	39	1.0	1,102	1.4
Industrial & Worker Comp	208	5.3	1,832	2.4
Charity and Unclassified	0	0.0	158	0.2
Childrens Health Insurance	0	0.0	133	0.2
Unknown	0	0.0	60	0.1
Not Reported	108	2.8	1,248	1.6
<b>LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE</b>				
Bear River	59	1.5	3,564	4.7
Central Utah	5	0.1	1,239	1.6
Davis County	2,858	73.0	15,120	19.8
Salt Lake County	333	8.5	24,171	31.6
Southeastern Utah	5	0.1	725	0.9
Southwest Utah	12	0.3	2,858	3.7
Summit County	13	0.3	638	0.8
Tooele County	145	3.7	1,180	1.5
Tri-County	2	0.1	374	0.5
Utah County	41	1.0	9,391	12.3
Wasatch County	5	0.1	349	0.5
Weber County	351	9.0	13,793	18.0
Unknown Utah	0	0.0	18	0.0
Outside Utah	86	2.2	3,042	4.0
Unknown, Not Reported	2	0.1	31	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, 2008**  
**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)	3,400	100.0	60,158	100.0
Mastectomy (85.0-85.99)	0	0.0	2,039	3.4
Musculoskeletal (76.0-84.99)	0	0.0	13,820	23.0
Respiratory (30.0-34.99)	0	0.0	133	0.2
Cardiovascular (35.0-39.99)	0	0.0	57	0.1
Lymphatic/Hemetic (40.0-41.99)	0	0.0	112	0.2
Digestive System (42.0-54.99)	3,400	100.0	19,056	31.7
Urinary (55.0-59.99)	0	0.0	234	0.4
Male Genital (60.0-64.99)	0	0.0	239	0.4
Female Genital (65.0-71.99)	0	0.0	1,176	2.0
Endocrine/Nervous (01.0-07.99)	0	0.0	3,608	6.0
Eye (08.0-16.99)	0	0.0	7,110	11.8
Ear (18.0-20.99)	0	0.0	3,033	5.0
Nose, Mouth, Pharynx (21.0-29.99)	0	0.0	9,541	15.9
Reporting Category(CPT-4 CODES)	3,417	100.0	105,057	100.0
Mastectomy (19120-19220)	0	0.0	462	0.4
Musculoskeletal (20000-29909)	0	0.0	25,268	24.1
Respiratory (30000-32999 & 39501-39599)	0	0.0	8,384	8.0
Cardiovascular (33010-37799 & 93501-93660)	0	0.0	122	0.1
Lymphatic/Hemetic (38100-38999)	0	0.0	162	0.2
Digestive (40490-49999)	3,417	100.0	38,389	36.5
Urinary (50010-53899)	0	0.0	1,925	1.8
Male Genital (54000-55899)	0	0.0	541	0.5
Female Genital (56405-58999)	0	0.0	2,036	1.9
Endocrine/Nervous (60000-64999)	0	0.0	8,280	7.9
Eye (65091-68899)	0	0.0	15,186	14.5
Ear (69000-69979)	0	0.0	4,302	4.1

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/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, 2008**  
**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		3,400	100.0	100.0
4542	ENDO POLYPECTOMY LG INTESTINE	923	27.1	3.63
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	893	26.3	7.15
4523	COLONOSCOPY	718	21.1	6.29
4292	DILAT ESOPH	662	19.5	2.00
4513	OTH ENDO SM INTESTINE	107	3.1	1.13
4525	CLO [ENDO] BX LG INTESTINE	26	0.8	6.94
4422	ENDO DILAT PYLORUS	21	0.6	0.10
4341	ENDO EXC/DESTRUC LES/TISS STOMACH	16	0.5	0.07
4225	OP BX ESOPH	15	0.4	0.02
4696	LOC PERFUSION LG INTESTINE	7	0.2	0.02
4543	ENDO DEST OTH LES/TISS LG INTEST	6	0.2	0.27
4443	ENDO CNTRL GASTRIC/DUODENAL HEMORR	2	0.1	0.02
4223	OTH ESOPHAGOSCOPY	1	0.0	0.02
4224	CLO [ENDO] BX ESOPH	1	0.0	0.01
4512	ENDO SM INTEST THRU ARTIFICL STOMA	1	0.0	0.00
4514	CLO [ENDO] BX SM INTESTINE	1	0.0	0.02

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL FASCs
All CPT-4 Procedures		3,417	100.0	100.0
43239	UGI ENDO; W/BX 1/MX	893	26.1	7.53
45380	COLONOSCOPY FLEX; W/BX 1/MX	770	22.5	7.13
45378	COLONOSCOPY FLEX; DX-SEP PROC	718	21.0	6.67
43450	DILAT ESOPH-SOUND/BOUGIE-1/MX PA	506	14.8	0.59
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	145	4.2	1.71
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	138	4.0	1.72
43235	UGI ENDO; DX W/NO CLCT SPECMN-SP	107	3.1	1.33
45331	SIGMOIDOSCOPY FLXIBLE; W/BX 1/MX	24	0.7	0.08
43245	UP GI ENDO;W/DILAT GASTR OUTLT O	21	0.6	0.08
43247	UGI ENDO; W/REMOVAL FB	17	0.5	0.04
43251	UGI ENDO; W/REMV TUMOR/LES-SNARE	16	0.5	0.06
43248	UGI ENDO; W/INSRT GUIDE WIRE	15	0.4	0.27
45330	SIGMOIDOSCOPY FLEX; DX-SEP PROC	15	0.4	0.05
45381	COLNSCP PROX SPLENC FLXR;SUBMUC	7	0.2	0.18
45338	SIGMOIDOSCOPY FLEX; REMV LES-SNA	6	0.2	0.01
45339	SIGMOIDOS FLEX; ABLAT LES-NOT AM	4	0.1	0.00
43255	UGI ENDO; W/CONTRL BLEED ANY MET	2	0.1	0.02
43258	UGI ENDO; W/ABLAT LES NOT SNARE	2	0.1	0.01
44389	COLONOSCPY THRU STOMA; W/BX 1/MX	2	0.1	0.00
45383	COLONOSCOPY FLEX; W/ABLAT LES	2	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, 2008  
 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		2,076	\$1,116	\$1,582
4542	ENDO POLYPECTOMY LG INTESTINE	774	\$1,127	\$1,093
4523	COLONOSCOPY	715	\$1,158	\$955
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	382	\$1,159	\$925
4292	DILAT ESOPH	100	\$1,003	\$811
4513	OTH ENDO SM INTESTINE	46	\$628	\$645
4525	CLO [ENDO] BX LG INTESTINE	20	\$740	\$877
4422	ENDO DILAT PYLORUS	14	\$738	\$863
4225	OP BX ESOPH	13	\$547	\$547
4543	ENDO DEST OTH LES/TISS LG INTEST	6	\$928	\$687
4443	ENDO CNTRL GASTRIC/DUODENAL HEMORR	2	\$1,224	\$889
4223	OTH ESOPHAGOSCOPY	1	\$140	\$140
4341	ENDO EXC/DESTRUC LES/TISS STOMACH	1	\$1,800	\$1,211
4512	ENDO SM INTEST THRU ARTIFICL STOMA	1	\$1,200	\$1,200
4514	CLO [ENDO] BX SM INTESTINE	1	\$335	\$516

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL FASCs )
CPT-4 Procedures		2,070	\$1,114	\$2,106
45378	COLONOSCOPY FLEX; DX-SEP PROC	715	\$1,158	\$1,552
45380	COLONOSCOPY FLEX; W/BX 1/MX	693	\$1,134	\$1,361
43239	UGI ENDO; W/BX 1/MX	381	\$1,153	\$1,506
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	77	\$1,082	\$1,365
43235	UGI ENDO; DX W/NO CLCT SPECMN-SP	46	\$628	\$864
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	42	\$1,006	\$1,294
43450	DILAT ESOPH-SOUND/BOUGIE-1/MX PA	39	\$881	\$1,006
45331	SIGMOIDOSCOPY FLXIBLE; W/BX 1/MX	19	\$716	\$796
43245	UP GI ENDO;W/DILAT GASTR OUTLT O	13	\$747	\$1,209
45330	SIGMOIDOSCOPY FLEX; DX-SEP PROC	13	\$547	\$674
43248	UGI ENDO; W/INSRT GUIDE WIRE	10	\$1,155	\$722
45339	SIGMOIDOS FLEX; ABLAT LES-NOT AM	4	\$636	\$636
43247	UGI ENDO; W/REMOVAL FB	3	\$871	\$1,104
43255	UGI ENDO; W/CONTRL BLEED ANY MET	2	\$1,224	\$1,443
43258	UGI ENDO; W/ABLAT LES NOT SNARE	2	\$2,058	\$987
45338	SIGMOIDOSCOPY FLEX; REMV LES-SNA	2	\$763	\$966
45383	COLONOSCOPY FLEX; W/ABLAT LES	2	\$1,512	\$918
43200	ESOPHAGOSCOPY; DX-SEP PROC	1	\$140	\$252
43251	UGI ENDO; W/REMV TUMOR/LES-SNARE	1	\$1,800	\$1,941
44380	ILEOSCPY-STOMA; DX-SEP PROC	1	\$1,200	\$861

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, 2008**  
**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		3,417	33,458
112 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY		506	625
113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY		15	61
114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY		35	126
115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION		1,002	9,347
116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION		212	2,368
117 LOWER GASTROINTESTINAL ENDOSCOPY		1,647	17,008

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

**AMB ST 1-5**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2008**  
**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	2,070	\$1,114	\$1,598
	112 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	39	\$881	\$1,006
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	13	\$547	\$767
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	26	\$692	\$796
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	428	\$1,094	\$1,391
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	73	\$1,020	\$1,248
	117 LOWER GASTROINTESTINAL ENDOSCOPY	1,491	\$1,143	\$1,463

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

**AMB ST 1-6**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2008**  
**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

419 Northern Utah Endoscopy Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
<b>GENDER</b>				
Female	1,491	54.6	42,157	55.1
Male	1,236	45.3	34,273	44.8
Unknown	0	0.0	11	0.0
Not Reported	2	0.1	52	0.1
<b>AGE</b>				
1-28 days	0	0.0	0	0.0
29-365 days	0	0.0	420	0.5
1-4 years	0	0.0	3,182	4.2
5-9	0	0.0	1,632	2.1
10-14	0	0.0	1,089	1.4
15-17	10	0.4	1,367	1.8
18-19	30	1.1	1,172	1.5
20-24	62	2.3	3,048	4.0
25-29	70	2.6	3,499	4.6
30-34	76	2.8	3,575	4.7
35-39	72	2.6	3,541	4.6
40-44	131	4.8	3,875	5.1
45-49	187	6.9	5,056	6.6
50-54	369	13.5	7,303	9.5
55-59	309	11.3	6,481	8.5
60-64	305	11.2	6,186	8.1
65-69	346	12.7	7,123	9.3
70-74	300	11.0	6,417	8.4
75-79	222	8.1	5,591	7.3
80-84	159	5.8	3,872	5.1
85-89	63	2.3	1,602	2.1
90 +	18	0.7	458	0.6
Not Reported	0	0.0	4	0.0
<b>SOURCE OF ADMISSION</b>				
Physician Referral	2,729	100.0	66,472	86.9
Clinic Referral	0	0.0	1,299	1.7
HMO Referral	0	0.0	0	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	2	0.0
Court/Law Enforcement	0	0.0	0	0.0
Unknown	0	0.0	2,920	3.8
Not Reported	0	0.0	5,800	7.6

(Continued)

**AMB ST 1-6**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2008**  
**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

419 Northern Utah Endoscopy Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
<b>DISCHARGE STATUS</b>				
Home or Self Care	2,727	99.9	70,834	92.6
Another Hospital	2	0.1	67	0.1
Skilled Nursing Facility	0	0.0	0	0.0
Intermediate Care Facility	0	0.0	0	0.0
Another Type of Institution	0	0.0	6	0.0
Under Care of Home Service	0	0.0	0	0.0
Left Against Medical Advice	0	0.0	0	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	0	0.0	0	0.0
Unknown	0	0.0	5,586	7.3
Not Reported	0	0.0	0	0.0
<b>PRIMARY PAYER</b>				
Medicare	722	26.5	18,751	24.5
Medicaid	65	2.4	3,605	4.7
Other government	55	2.0	2,426	3.2
Blue Cross/Blue Shield	803	29.4	16,436	21.5
Other Commercial	316	11.6	7,399	9.7
Managed Care(HMO, PPO)	720	26.4	23,343	30.5
Self Pay	0	0.0	1,102	1.4
Industrial & Worker Comp	0	0.0	1,832	2.4
Charity and Unclassified	2	0.1	158	0.2
Childrens Health Insurance	0	0.0	133	0.2
Unknown	0	0.0	60	0.1
Not Reported	46	1.7	1,248	1.6
<b>LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE</b>				
Bear River	2,312	84.7	3,564	4.7
Central Utah	0	0.0	1,239	1.6
Davis County	9	0.3	15,120	19.8
Salt Lake County	9	0.3	24,171	31.6
Southeastern Utah	2	0.1	725	0.9
Southwest Utah	2	0.1	2,858	3.7
Summit County	0	0.0	638	0.8
Tooele County	0	0.0	1,180	1.5
Tri-County	0	0.0	374	0.5
Utah County	2	0.1	9,391	12.3
Wasatch County	0	0.0	349	0.5
Weber County	16	0.6	13,793	18.0
Unknown Utah	0	0.0	18	0.0
Outside Utah	375	13.7	3,042	4.0
Unknown, Not Reported	2	0.1	31	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, 2008**  
**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	
	(#)	(%)	(#)	(%)
Mastectomy (85.0-85.99)	.	.	60,158	100.0
Musculoskeletal (76.0-84.99)	.	.	2,039	3.4
Respiratory (30.0-34.99)	.	.	13,820	23.0
Cardiovascular (35.0-39.99)	.	.	133	0.2
Lymphatic/Hemetic (40.0-41.99)	.	.	57	0.1
Digestive System (42.0-54.99)	.	.	112	0.2
Urinary (55.0-59.99)	.	.	19,056	31.7
Male Genital (60.0-64.99)	.	.	234	0.4
Female Genital (65.0-71.99)	.	.	239	0.4
Endocrine/Nervous (01.0-07.99)	.	.	1,176	2.0
Eye (08.0-16.99)	.	.	3,608	6.0
Ear (18.0-20.99)	.	.	7,110	11.8
Nose, Mouth, Pharynx (21.0-29.99)	.	.	3,033	5.0
	.	.	9,541	15.9
<b>Reporting Category(CPT-4 CODES)</b>	<b>8,142</b>	<b>100.0</b>	<b>105,057</b>	<b>100.0</b>
Mastectomy (19120-19220)	0	0.0	462	0.4
Musculoskeletal (20000-29909)	0	0.0	25,268	24.1
Respiratory (30000-32999 & 39501-39599)	0	0.0	8,384	8.0
Cardiovascular (33010-37799 & 93501-93660)	0	0.0	122	0.1
Lymphatic/Hemetic (38100-38999)	0	0.0	162	0.2
Digestive (40490-49999)	8,142	100.0	38,389	36.5
Urinary (50010-53899)	0	0.0	1,925	1.8
Male Genital (54000-55899)	0	0.0	541	0.5
Female Genital (56405-58999)	0	0.0	2,036	1.9
Endocrine/Nervous (60000-64999)	0	0.0	8,280	7.9
Eye (65091-68899)	0	0.0	15,186	14.5
Ear (69000-69979)	0	0.0	4,302	4.1

SOURCE: Utah Ambulatory Surgery Database  
Utah Health Data Committee/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, 2008**  
**MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE\* PROCEDURES**

420 Ridgeline Endoscopy Center

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

Does not report ICDs

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL FASCs
All CPT-4 Procedures				
43239	UGI ENDO; W/BX 1/MX	8,142	100.0	100.0
45378	COLONOSCOPY FLEX; DX-SEP PROC	2,668	32.8	7.53
45380	COLONOSCOPY FLEX; W/BX 1/MX	2,175	26.7	6.67
45380	COLONOSCOPY FLEX; W/BX 1/MX	1,496	18.4	7.13
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	998	12.3	1.72
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	326	4.0	1.71
45384	COLONOSCOPY FLEX; REMV LES-FORCE	160	2.0	0.34
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	70	0.9	1.33
43450	DILAT ESOPH-SOUND/BOUGIE-1/MX PA	49	0.6	0.59
45381	COLNSCP PROX SPLENC FLXR; SUBMUC	36	0.4	0.18
47000	BIOPSY LIVER NEEDLE; PERCUTANEOU	24	0.3	0.02
45383	COLONOSCOPY FLEX; W/ABLAT LES	16	0.2	0.08
43244	UGI ENDO; W/BAND LIG VARICES	15	0.2	0.03
43245	UP GI ENDO; W/DILAT GASTR OUTLT O	14	0.2	0.08
43247	UGI ENDO; W/REMOVAL FB	12	0.1	0.04
43246	UGI ENDO; W/PLCMT GASTROSTOMY TU	10	0.1	0.01
45330	SIGMOIDOSCOPY FLEX; DX-SEP PROC	10	0.1	0.05
45331	SIGMOIDOSCOPY FLXIBLE; W/BX 1/MX	9	0.1	0.08
43251	UGI ENDO; W/REMV TUMOR/LES-SNARE	8	0.1	0.06
43255	UGI ENDO; W/CONTRL BLEED ANY MET	8	0.1	0.02
45386	COLNSCP PROX SPLENC FLXR; DILAT	7	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, 2008  
 AVERAGE TOTAL CHARGES FOR MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE\* PROCEDURES, SINGLE ICD-9 OR CPT-4 ONLY

420 Ridgeline Endoscopy Center

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

Does not report ICDS

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL FASCs )
CPT-4 Procedures		5,574	\$2,676	\$2,106
45378	COLONOSCOPY FLEX; DX-SEP PROC	2,139	\$2,665	\$1,552
43239	UGI ENDO; W/BX 1/MX	1,636	\$2,504	\$1,506
45380	COLONOSCOPY FLEX; W/BX 1/MX	1,282	\$2,762	\$1,361
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	144	\$2,895	\$1,365
45384	COLONOSCOPY FLEX; REMV LES-FORCE	127	\$2,874	\$2,010
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	101	\$2,641	\$1,294
43235	UGI ENDO; DX W/VO CLCT SPECMN-SP	59	\$2,354	\$864
47000	BIOPSY LIVER NEEDLE; PERCUTANEOU	23	\$7,746	\$7,746
43245	UP GI ENDO;W/DILAT GASTR OUTLT O	9	\$2,544	\$1,209
43246	UGI ENDO; W/PLCMT GASTROSTOMY TU	8	\$2,650	\$2,590
45331	SIGMOIDOSCOPY FLXIBLE; W/BX 1/MX	7	\$2,398	\$796
43244	UGI ENDO; W/BAND LIG VARICES	6	\$2,650	\$1,382
45330	SIGMOIDOSCOPY FLEX; DX-SEP PROC	6	\$2,333	\$674
45382	COLNSCPY FLEX SPLENIC; CNTRL BLE	4	\$2,836	\$2,362
45386	COLNSCP PROX SPLENC FLXR; DILAT	4	\$2,800	\$2,378
43255	UGI ENDO; W/CONTRL BLEED ANY MET	3	\$2,733	\$1,443
43450	DILAT ESOPH-SOUND/BOUGIE-1/MX PA	3	\$2,633	\$1,006
45383	COLONOSCOPY FLEX; W/ABLAT LES	3	\$2,867	\$918
43260	ERCP; DX W/VO CLCT SPEC SEP PROC	2	\$12,073	\$12,073
43271	ERCP; BALLN DILAT AMPULA BILI&/P	2	\$15,000	\$15,000

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, 2008**  
**PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE\* CPT-4 PROCEDURES**

420 Ridgeline Endoscopy Center

Procedure APG category		TOTAL #	TOTAL # (ALL FASCs)
Procedure APG			
01	INTEGUMENTARY SYSTEM	24	1,591
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	24	32
06	DIGESTIVE SYSTEM	8,113	33,458
	112 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	50	625
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	10	61
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	12	126
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	2,738	9,347
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	1,068	2,368
	117 LOWER GASTROINTESTINAL ENDOSCOPY	4,223	17,008
	118 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	12	13

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

**AMB ST 1-5**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2008**  
**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	23	\$7,746	\$1,705
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	23	\$7,746	\$7,746
06	DIGESTIVE SYSTEM	5,550	\$2,655	\$1,598
	112 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	3	\$2,633	\$1,006
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	6	\$2,333	\$767
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	8	\$2,404	\$796
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	1,695	\$2,499	\$1,391
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	129	\$2,680	\$1,248
	117 LOWER GASTROINTESTINAL ENDOSCOPY	3,705	\$2,714	\$1,463
	118 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	4	\$13,536	\$10,829

SOURCE: Utah Ambulatory Surgery Database  
 Utah Health Data Committee/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, 2008**  
**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

420 Ridgeline Endoscopy Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
<b>GENDER</b>				
Female	3,813	55.9	42,157	55.1
Male	3,013	44.1	34,273	44.8
Unknown	0	0.0	11	0.0
Not Reported	0	0.0	52	0.1
<b>AGE</b>				
1-28 days	0	0.0	0	0.0
29-365 days	0	0.0	420	0.5
1-4 years	0	0.0	3,182	4.2
5-9	0	0.0	1,632	2.1
10-14	15	0.2	1,089	1.4
15-17	62	0.9	1,367	1.8
18-19	41	0.6	1,172	1.5
20-24	140	2.1	3,048	4.0
25-29	233	3.4	3,499	4.6
30-34	189	2.8	3,575	4.7
35-39	249	3.6	3,541	4.6
40-44	309	4.5	3,875	5.1
45-49	455	6.7	5,056	6.6
50-54	867	12.7	7,303	9.5
55-59	697	10.2	6,481	8.5
60-64	723	10.6	6,186	8.1
65-69	811	11.9	7,123	9.3
70-74	766	11.2	6,417	8.4
75-79	595	8.7	5,591	7.3
80-84	453	6.6	3,872	5.1
85-89	174	2.5	1,602	2.1
90 +	47	0.7	458	0.6
Not Reported	0	0.0	4	0.0
<b>SOURCE OF ADMISSION</b>				
Physician Referral	6,826	100.0	66,472	86.9
Clinic Referral	0	0.0	1,299	1.7
HMO Referral	0	0.0	0	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	2	0.0
Court/Law Enforcement	0	0.0	0	0.0
Unknown	0	0.0	2,920	3.8
Not Reported	0	0.0	5,800	7.6

(Continued)

**AMB ST 1-6**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2008**  
**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

420 Ridgeline Endoscopy Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
<b>DISCHARGE STATUS</b>				
Home or Self Care	6,826	100.0	70,834	92.6
Another Hospital	0	0.0	67	0.1
Skilled Nursing Facility	0	0.0	0	0.0
Intermediate Care Facility	0	0.0	0	0.0
Another Type of Institution	0	0.0	6	0.0
Under Care of Home Service	0	0.0	0	0.0
Left Against Medical Advice	0	0.0	0	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	0	0.0	0	0.0
Unknown	0	0.0	5,586	7.3
Not Reported	0	0.0	0	0.0
<b>PRIMARY PAYER</b>				
Medicare	2,663	39.0	18,751	24.5
Medicaid	155	2.3	3,605	4.7
Other government	818	12.0	2,426	3.2
Blue Cross/Blue Shield	1,110	16.3	16,436	21.5
Other Commercial	687	10.1	7,399	9.7
Managed Care(HMO, PPO)	1,341	19.6	23,343	30.5
Self Pay	47	0.7	1,102	1.4
Industrial & Worker Comp	1	0.0	1,832	2.4
Charity and Unclassified	4	0.1	158	0.2
Childrens Health Insurance	0	0.0	133	0.2
Unknown	0	0.0	60	0.1
Not Reported	0	0.0	1,248	1.6
<b>LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE</b>				
Bear River	296	4.3	3,564	4.7
Central Utah	4	0.1	1,239	1.6
Davis County	1,936	28.4	15,120	19.8
Salt Lake County	48	0.7	24,171	31.6
Southeastern Utah	1	0.0	725	0.9
Southwest Utah	6	0.1	2,858	3.7
Summit County	14	0.2	638	0.8
Tooele County	1	0.0	1,180	1.5
Tri-County	5	0.1	374	0.5
Utah County	4	0.1	9,391	12.3
Wasatch County	0	0.0	349	0.5
Weber County	4,318	63.3	13,793	18.0
Unknown Utah	2	0.0	18	0.0
Outside Utah	191	2.8	3,042	4.0
Unknown, Not Reported	0	0.0	31	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, 2008**  
**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)	.	.	60,158	100.0
Musculoskeletal (76.0-84.99)	.	.	2,039	3.4
Respiratory (30.0-34.99)	.	.	13,820	23.0
Cardiovascular (35.0-39.99)	.	.	133	0.2
Lymphatic/Hemetic (40.0-41.99)	.	.	57	0.1
Digestive System (42.0-54.99)	.	.	112	0.2
Urinary (55.0-59.99)	.	.	19,056	31.7
Male Genital (60.0-64.99)	.	.	234	0.4
Female Genital (65.0-71.99)	.	.	239	0.4
Endocrine/Nervous (01.0-07.99)	.	.	1,176	2.0
Eye (08.0-16.99)	.	.	3,608	6.0
Ear (18.0-20.99)	.	.	7,110	11.8
Nose, Mouth, Pharynx (21.0-29.99)	.	.	3,033	5.0
	.	.	9,541	15.9
Reporting Category(CPT-4 CODES)	3,456	100.0	105,057	100.0
Mastectomy (19120-19220)	0	0.0	462	0.4
Musculoskeletal (20000-29909)	610	17.7	25,268	24.1
Respiratory (30000-32999 & 39501-39599)	325	9.4	8,384	8.0
Cardiovascular (33010-37799 & 93501-93660)	2	0.1	122	0.1
Lymphatic/Hemetic (38100-38999)	3	0.1	162	0.2
Digestive (40490-49999)	766	22.2	38,389	36.5
Urinary (50010-53899)	266	7.7	1,925	1.8
Male Genital (54000-55899)	108	3.1	541	0.5
Female Genital (56405-58999)	48	1.4	2,036	1.9
Endocrine/Nervous (60000-64999)	755	21.8	8,280	7.9
Eye (65091-68899)	405	11.7	15,186	14.5
Ear (69000-69979)	168	4.9	4,302	4.1

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/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, 2008**  
**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	3,456	100.0	100.0
66984	EXTRACAPSULAR CATARACT REMV IOL	582	16.8	1.70
69436	TYMPANOSTOMY GENERAL ANESTHESIA	182	5.3	8.46
64483	INJ ANES EPIDURL; LUMB/SAC 1 LEV	139	4.0	3.37
30140	SUBMUCOS RES TURBINATE PART/CMPL	126	3.6	1.14
28285	CORRECTION HAMMERTO	109	3.2	2.17
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	104	3.0	0.74
62310	INJ 1 NOT NEUROLYTIC-EPID;CERV/T	102	3.0	1.40
50590	LITHOTRIPSY XTRACORP SHOCK WAVE	79	2.3	0.26
64484	INJ ANES EPIDURL; LUMB/SAC-EA AD	77	2.2	0.74
28296	HALLUX VALGUS; W/METATARSAL OSTE	72	2.1	0.50
30520	SEPTOPLASTY/SUBMUCOS RES W/GFT	68	2.0	0.42
42820	T&A; UNDER AGE 12	63	1.8	1.46
52332	CYSTOURETHROSCOPY W/INSRT STENT	52	1.5	1.38
64623	DESTRUC FACET JT NRV; L/S-EA AD	48	1.4	0.25
64476	INJ ANES FACET JT; LUMB/SAC-EA A	44	1.3	0.34
28080	EXC INTERDIGITL NEUROMA SINGLE EA	42	1.2	0.49
67904	REPR BLEPHAROPTOSIS; RESECT-EXT	41	1.2	0.28
42821	T&A; AGE 12 OR OVER	39	1.1	0.29
64627	DESTRUC FACET NRV; CRV/THOR-EA A	38	1.1	0.69
		33	1.0	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, 2008  
 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 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		1,704	\$2,066	\$2,106
41899	UNLIST PROC DENTOALVEOL STRUCTUR	581	\$2,242	\$1,948
66984	EXTRACAPSULAR CATARACT REMV IOL	178	\$1,731	\$2,792
50590	LITHOTRIPSY XTRACORP SHOCK WAVE	65	\$6,201	\$6,312
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	65	\$929	\$761
28296	HALLUX VALGUS; W/METATARSAL OSTE	47	\$1,709	\$2,139
42820	T&A; UNDER AGE 12	38	\$1,526	\$1,600
42821	T&A; AGE 12 OR OVER	36	\$2,028	\$1,636
62310	INJ 1 NOT NEUROLYTIC-EPID;CERV/T	29	\$1,007	\$630
54161	CIRC NO CLAMP/DORSL SLIT; NOT NB	28	\$1,214	\$1,580
28080	EXC INTERDIGTL NEUROMA SINGLE EA	25	\$1,981	\$1,943
64483	INJ ANES EPIDURL; LUMB/SAC 1 LEV	24	\$1,010	\$885
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	23	\$1,621	\$1,454
52332	CYSTOURETHROSCOPY W/INSRT STENT	22	\$2,308	\$2,919
52235	CYSTOURETHROSCOPY W/FULG; MED TU	18	\$1,438	\$1,831
28285	CORRECTION HAMMERTO	17	\$1,062	\$2,077
52260	CYSTOURETHROSCPY W/DILAT; GEN AN	16	\$1,811	\$2,039
52234	CYSTOURETHROSCOPY W/FULG; SM TUM	14	\$1,243	\$2,028
55400	VASOVASOSTOMY VASOVASORRHAPHY	13	\$2,318	\$2,401
58563	HYSTEROSC SURG; W/ENDOMETRIAL AB	13	\$2,442	\$3,650
58662	LAP SURG; W/FULG/EXCIS LES-OVARY	13	\$2,805	\$2,795

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, 2008**  
**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	50	1,591
	004 SIMPLE INCISION AND DRAINAGE	1	13
	006 SIMPLE DEBRIDEMENT AND DESTRUCTION	4	55
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	9	364
	008 SIMPLE EXCISION AND BIOPSY	21	500
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRANGE	15	143
02	MUSCULOSKELETAL SYSTEM	545	23,285
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	48	2,172
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	5	710
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	30	846
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	255	4,767
	025 ARTHROSCOPY	36	11,396
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	18	1,220
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	1	217
	032 BUNION PROCEDURES	126	886
	034 HAND AND FOOT TENOTOMY	2	128
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	24	634
03	RESPIRATORY SYSTEM	97	3,611
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	89	3,563
	054 SIMPLE ENDOSCOPY OF THE UPPER AIRWAY	7	41
	055 ENDOSCOPY OF THE LOWER AIRWAY	1	5
04	CARDIOVASCULAR SYSTEM	2	67
	081 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	1	5
	082 VASCULAR LIGATION	1	24
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	4	184
	092 CHEMOTHERAPY EXCEPT BY EXTENDED INFUSION	1	1
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	3	178
06	DIGESTIVE SYSTEM	57	33,458
	119 HERNIA AND HYDROCELE PROCEDURES	19	1,412
	123 COMPLEX LAPAROSCOPIC PROCEDURES	38	2,003
07	URINARY SYSTEM	265	1,892
	131 RENAL EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	77	775
	133 URINARY CATHETERIZATION AND DILATATION	2	14
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	107	634
	135 MODERATE CYSTOURETHROSCOPY	59	334
	136 SIMPLE CYSTOURETHROSCOPY	12	101
	137 COMPLEX URETHRAL PROCEDURES	6	14
	138 SIMPLE URETHRAL PROCEDURES	2	20
08	MALE GENITAL SYSTEM	91	476
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	52	346
	153 COMPLEX PENILE PROCEDURES	3	13
	154 SIMPLE PENILE PROCEDURES	33	101
	155 PROSTATE NEEDLE AND PUNCH BIOPSY	3	16
09	FEMALE GENITAL SYSTEM	29	1,146
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	4	156
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	4	276

**AMB ST 1-4**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2008**  
**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			
	178 DILATION AND CURETTAGE	2	96
	179 HYSTEROSCOPY	19	578
10	NERVOUS SYSTEM	750	7,901
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	621	5,711
	196 REVISION AND REMOVAL OF NEUROLOGICAL DEVICE	30	34
	197 NEUROSTIMULATOR AND VENTRICULAR SHUNT IMPLANTATION	23	52
	198 NERVE REPAIR AND DESTRUCTION	76	2,101
11	EYE AND OCULAR ADNEXA	401	15,120
	211 MINOR OPHTHALMOLOGICAL TESTS AND PROCEDURES	1	116
	214 CATARACT PROCEDURES	186	9,302
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	10	818
	216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	19	426
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	4	437
	220 STRABISMUS AND MUSCLE EYE PROCEDURES	56	210
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	116	1,231
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	9	392
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	1,145	15,114
	233 NASAL CAUTERIZATION AND PACKING	3	82
	234 COMPLEX FACIAL AND ENT PROCEDURES	128	2,701
	235 SIMPLE FACIAL AND ENT PROCEDURES	872	8,806
	236 TONSIL AND ADENOID PROCEDURES	142	3,525
13	THERAPEUTIC AND OTHER RADIOLOGICAL PROCEDURES	6	170
	254 MYELOGRAPHY	6	168

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/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, 2008**  
**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	29	\$1,729	\$1,705
	004 SIMPLE INCISION AND DRAINAGE	1	\$1,292	\$913
	006 SIMPLE DEBRIDEMENT AND DESTRUCTION	2	\$756	\$1,043
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	9	\$1,714	\$1,675
	008 SIMPLE EXCISION AND BIOPSY	10	\$1,807	\$1,494
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRAN	7	\$1,976	\$4,294
02	MUSCULOSKELETAL SYSTEM	214	\$1,895	\$3,210
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	10	\$3,265	\$3,442
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	2	\$2,672	\$3,132
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	10	\$2,765	\$2,766
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	94	\$1,702	\$2,154
	025 ARTHROSCOPY	5	\$2,271	\$4,005
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	15	\$1,908	\$2,955
	032 BUNION PROCEDURES	76	\$1,805	\$2,335
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	2	\$1,336	\$1,011
03	RESPIRATORY SYSTEM	7	\$1,366	\$2,002
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	5	\$1,301	\$1,967
	054 SIMPLE ENDOSCOPY OF THE UPPER AIRWAY	2	\$1,529	\$2,217
04	CARDIOVASCULAR SYSTEM	1	\$2,488	\$2,380
	082 VASCULAR LIGATION	1	\$2,488	\$1,538
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	2	\$1,960	\$2,149
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	2	\$1,960	\$2,127
06	DIGESTIVE SYSTEM	44	\$2,646	\$1,598
	119 HERNIA AND HYDROCELE PROCEDURES	15	\$2,078	\$2,494
	123 COMPLEX LAPAROSCOPIC PROCEDURES	29	\$2,939	\$3,620
07	URINARY SYSTEM	187	\$3,223	\$4,528
	131 RENAL EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	65	\$6,201	\$6,312
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	69	\$1,691	\$2,741
	135 MODERATE CYSTOURETHROSCOPY	41	\$1,617	\$2,169
	136 SIMPLE CYSTOURETHROSCOPY	7	\$1,357	\$1,984
	137 COMPLEX URETHRAL PROCEDURES	4	\$1,356	\$3,315
	138 SIMPLE URETHRAL PROCEDURES	1	\$1,764	\$2,604
08	MALE GENITAL SYSTEM	67	\$1,680	\$2,220
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	32	\$2,099	\$2,536
	153 COMPLEX PENILE PROCEDURES	3	\$2,168	\$2,750
	154 SIMPLE PENILE PROCEDURES	29	\$1,198	\$1,585
	155 PROSTATE NEEDLE AND PUNCH BIOPSY	3	\$1,365	\$2,066
09	FEMALE GENITAL SYSTEM	25	\$2,019	\$2,126
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	3	\$1,588	\$2,489
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	3	\$1,724	\$1,490
	178 DILATION AND CURETTAGE	2	\$1,475	\$1,321
	179 HYSTEROSCOPY	17	\$2,211	\$2,480
10	NERVOUS SYSTEM	169	\$1,059	\$1,172
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	158	\$994	\$894
	196 REVISION AND REMOVAL OF NEUROLOGICAL DEVICE	4	\$2,290	\$1,625

**AMB ST 1-5  
 UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2008  
 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 )
	197 NEUROSTIMULATOR AND VENTRICULAR SHUNT IMPLANTATION	1	\$5,720	\$6,684
	198 NERVE REPAIR AND DESTRUCTION	6	\$1,158	\$1,764
11	EYE AND OCULAR ADNEXA	229	\$1,910	\$2,477
	214 CATARACT PROCEDURES	182	\$1,731	\$2,806
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	7	\$7,280	\$2,322
	216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	7	\$2,084	\$2,215
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	1	\$2,539	\$1,428
	220 STRABISMUS AND MUSCLE EYE PROCEDURES	3	\$2,032	\$2,391
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	28	\$1,662	\$2,034
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	1	\$1,641	\$1,280
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	727	\$2,124	\$1,837
	234 COMPLEX FACIAL AND ENT PROCEDURES	24	\$1,521	\$2,703
	235 SIMPLE FACIAL AND ENT PROCEDURES	603	\$2,214	\$1,919
	236 TONSIL AND ADENOID PROCEDURES	100	\$1,727	\$1,575

SOURCE: Utah Ambulatory Surgery Database  
 Utah Health Data Committee/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, 2008**  
**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

407 Salt Lake Surgical Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
<b>GENDER</b>				
Female	1,262	53.9	42,157	55.1
Male	1,080	46.1	34,273	44.8
Unknown	0	0.0	11	0.0
Not Reported	0	0.0	52	0.1
<b>AGE</b>				
1-28 days	0	0.0	0	0.0
29-365 days	13	0.6	420	0.5
1-4 years	414	17.7	3,182	4.2
5-9	160	6.8	1,632	2.1
10-14	39	1.7	1,089	1.4
15-17	39	1.7	1,367	1.8
18-19	31	1.3	1,172	1.5
20-24	77	3.3	3,048	4.0
25-29	123	5.3	3,499	4.6
30-34	99	4.2	3,575	4.7
35-39	102	4.4	3,541	4.6
40-44	113	4.8	3,875	5.1
45-49	130	5.6	5,056	6.6
50-54	139	5.9	7,303	9.5
55-59	151	6.4	6,481	8.5
60-64	129	5.5	6,186	8.1
65-69	160	6.8	7,123	9.3
70-74	125	5.3	6,417	8.4
75-79	134	5.7	5,591	7.3
80-84	105	4.5	3,872	5.1
85-89	47	2.0	1,602	2.1
90 +	12	0.5	458	0.6
Not Reported	0	0.0	4	0.0
<b>SOURCE OF ADMISSION</b>				
Physician Referral	2,342	100.0	66,472	86.9
Clinic Referral	0	0.0	1,299	1.7
HMO Referral	0	0.0	0	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	2	0.0
Court/Law Enforcement	0	0.0	0	0.0
Unknown	0	0.0	2,920	3.8
Not Reported	0	0.0	5,800	7.6

(Continued)

**AMB ST 1-6**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2008**  
**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

407 Salt Lake Surgical Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
<b>DISCHARGE STATUS</b>				
Home or Self Care	2,342	100.0	70,834	92.6
Another Hospital	0	0.0	67	0.1
Skilled Nursing Facility	0	0.0	0	0.0
Intermediate Care Facility	0	0.0	0	0.0
Another Type of Institution	0	0.0	6	0.0
Under Care of Home Service	0	0.0	0	0.0
Left Against Medical Advice	0	0.0	0	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	0	0.0	0	0.0
Unknown	0	0.0	5,586	7.3
Not Reported	0	0.0	0	0.0
<b>PRIMARY PAYER</b>				
Medicare	450	19.2	18,751	24.5
Medicaid	557	23.8	3,605	4.7
Other government	19	0.8	2,426	3.2
Blue Cross/Blue Shield	764	32.6	16,436	21.5
Other Commercial	151	6.4	7,399	9.7
Managed Care(HMO, PPO)	273	11.7	23,343	30.5
Self Pay	0	0.0	1,102	1.4
Industrial & Worker Comp	61	2.6	1,832	2.4
Charity and Unclassified	0	0.0	158	0.2
Childrens Health Insurance	0	0.0	133	0.2
Unknown	0	0.0	60	0.1
Not Reported	67	2.9	1,248	1.6
<b>LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE</b>				
Bear River	19	0.8	3,564	4.7
Central Utah	12	0.5	1,239	1.6
Davis County	108	4.6	15,120	19.8
Salt Lake County	1,690	72.2	24,171	31.6
Southeastern Utah	21	0.9	725	0.9
Southwest Utah	8	0.3	2,858	3.7
Summit County	61	2.6	638	0.8
Tooele County	113	4.8	1,180	1.5
Tri-County	55	2.3	374	0.5
Utah County	53	2.3	9,391	12.3
Wasatch County	36	1.5	349	0.5
Weber County	33	1.4	13,793	18.0
Unknown Utah	1	0.0	18	0.0
Outside Utah	130	5.6	3,042	4.0
Unknown, Not Reported	2	0.1	31	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, 2008**  
**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)	5,645	100.0	60,158	100.0
Mastectomy (85.0-85.99)	613	10.9	2,039	3.4
Musculoskeletal (76.0-84.99)	1,784	31.6	13,820	23.0
Respiratory (30.0-34.99)	1	0.0	133	0.2
Cardiovascular (35.0-39.99)	17	0.3	57	0.1
Lymphatic/Hemetic (40.0-41.99)	3	0.1	112	0.2
Digestive System (42.0-54.99)	1,035	18.3	19,056	31.7
Urinary (55.0-59.99)	43	0.8	234	0.4
Male Genital (60.0-64.99)	55	1.0	239	0.4
Female Genital (65.0-71.99)	64	1.1	1,176	2.0
Endocrine/Nervous (01.0-07.99)	1,042	18.5	3,608	6.0
Eye (08.0-16.99)	63	1.1	7,110	11.8
Ear (18.0-20.99)	212	3.8	3,033	5.0
Nose, Mouth, Pharynx (21.0-29.99)	713	12.6	9,541	15.9
Reporting Category(CPT-4 CODES)	5,190	100.0	105,057	100.0
Mastectomy (19120-19220)	16	0.3	462	0.4
Musculoskeletal (20000-29909)	1,895	36.5	25,268	24.1
Respiratory (30000-32999 & 39501-39599)	69	1.3	8,384	8.0
Cardiovascular (33010-37799 & 93501-93660)	18	0.3	122	0.1
Lymphatic/Hemetic (38100-38999)	3	0.1	162	0.2
Digestive (40490-49999)	1,749	33.7	38,389	36.5
Urinary (50010-53899)	97	1.9	1,925	1.8
Male Genital (54000-55899)	55	1.1	541	0.5
Female Genital (56405-58999)	56	1.1	2,036	1.9
Endocrine/Nervous (60000-64999)	1,003	19.3	8,280	7.9
Eye (65091-68899)	4	0.1	15,186	14.5
Ear (69000-69979)	225	4.3	4,302	4.1

SOURCE: Utah Ambulatory Surgery Database  
Utah Health Data Committee/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, 2008**  
**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		5,645	100.0	100.0
2499	OTH DENTAL OPER	443	7.8	0.74
042	DESTRUC CRANIAL & PERIPH NERV	353	6.3	0.67
4523	COLONOSCOPY	320	5.7	6.29
8553	UNILAT BREAST IMPLNT	308	5.5	0.55
806	EXC SEMILUNAR CARTILAGE-KNEE	281	5.0	2.73
2001	MYRINGOTOMY W/INSRT TUBE	191	3.4	4.00
8086	OTH LOC EXC/DESTRUC JT LES-KNEE	190	3.4	1.20
0391	INJ ANES SPINAL CANAL-ANALGESIA	174	3.1	0.42
4495	4495	161	2.9	0.27
0339	OTH DX SPINAL CORD-CANAL STRUCT	149	2.6	0.25
4525	CLO [ENDO] BX LG INTESTINE	147	2.6	6.94
8076	SYNOVECT-KNEE	133	2.4	0.58
8183	OTH REPR SHLDR	118	2.1	1.66
283	TONSILLECTOMY W/ADENOIDECTOMY	100	1.8	2.15
8081	OTH LOC EXC/DESTRUC JT LES-SHLDR	93	1.6	0.53
0309	OTH EXPLOR & DECOMP SPINAL CANAL	87	1.5	0.15
8363	ROTATOR CUFF REPR	85	1.5	0.97
0392	INJ OTH AGENT SPINAL CANAL	84	1.5	1.63
8594	REMOV IMPLNT BREAST	76	1.3	0.34
0443	RELEASE CARPAL TUNNEL	74	1.3	1.52

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL FASCs
All CPT-4 Procedures		5,190	100.0	100.0
41899	UNLIST PROC DENTOALVEOL STRUCTUR	443	8.5	1.70
45378	COLONOSCOPY FLEX; DX-SEP PROC	320	6.2	6.67
64623	DESTRUC FACET JT NRV; L/S-EA AD	215	4.1	0.34
29881	SCOPE KNEE SURG;W/MENISCECT MED/	203	3.9	2.21
69436	TYMPANOSTOMY GENERAL ANESTHESIA	191	3.7	3.37
43770	43770	161	3.1	0.15
62290	INJ PROC DISKOGRAPHY EA LEVL; LU	146	2.8	0.16
45380	COLONOSCOPY FLEX; W/BX 1/MX	145	2.8	7.13
64622	DESTRUC FACET JT NRV; L/S-1 LEVE	138	2.7	0.24
29826	SCOPE SHOULDER; DECOMP SUBACROM	104	2.0	1.61
29879	SCOPE KNEE SURG; ABRASION ARTHPL	104	2.0	0.33
29876	SCOPE KNEE SURG; SYNOVECTOMY MAJ	96	1.8	0.18
64475	INJ ANES FACET JT; LUMB/SAC-1LEV	85	1.6	0.46
29877	SCOPE KNEE SURG; DEBRID/SHAVE CA	84	1.6	1.00
42820	T&A; UNDER AGE 12	84	1.6	1.38
29880	SCOPE KNEE SURG;W/MENISCECT MED&	74	1.4	0.67
64476	INJ ANES FACET JT; LUMB/SAC-EA A	71	1.4	0.49
49659	UNLISTED LAP PROC-HERNIOPLSTY/OT	68	1.3	0.07
23120	CLAVICULECTOMY; PARTIAL	64	1.2	0.23
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	63	1.2	1.26

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, 2008  
 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		2,292	\$1,120	\$1,582
2499	OTH DENTAL OPER	442	\$952	\$952
4523	COLONOSCOPY	295	\$751	\$955
4495	4495	155	\$3,289	\$3,289
4525	CLO [ENDO] BX LG INTESTINE	123	\$755	\$877
8553	UNILAT BREAST IMPLNT	122	\$630	\$630
283	TONSILLECTOMY W/ADENOIDECTOMY	87	\$874	\$1,520
806	EXC SEMILUNAR CARTILAGE-KNEE	75	\$1,223	\$2,580
0309	OTH EXPLOR & DECOMP SPINAL CANAL	37	\$3,124	\$3,301
0392	INJ OTH AGENT SPINAL CANAL	37	\$749	\$1,038
0443	RELEASE CARPAL TUNNEL	35	\$930	\$1,796
282	TONSILLECTOMY WO ADENOIDECTOMY	30	\$943	\$1,381
5123	LAP CHOLEY	27	\$1,849	\$4,454
5300	UNILAT REPR ING HERN-NOS	26	\$1,130	\$1,530
4912	ANAL FISTULECTOMY	23	\$819	\$871
8076	SYNOVECT-KNEE	23	\$1,210	\$3,368
7751	BUNIONEC SOFT-OSTEOT 1ST METATARS	22	\$982	\$2,026
4946	EXC HEMORRHOIDS	21	\$719	\$1,049
4959	OTH ANAL SPHINCTEROTOMY	20	\$713	\$601
0407	OTH EXC/AVUL CRANIAL & PERIPH NERV	19	\$739	\$1,605
4542	ENDO POLYPECTOMY LG INTESTINE	19	\$802	\$1,093

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL FASCs )
CPT-4 Procedures		2,125	\$1,125	\$2,106
41899	UNLIST PROC DENTOALVEOL STRUCTUR	441	\$950	\$1,948
45378	COLONOSCOPY FLEX; DX-SEP PROC	294	\$744	\$1,552
45380	COLONOSCOPY FLEX; W/BX 1/MX	121	\$759	\$1,361
43770	43770	96	\$3,323	\$3,323
42820	T&A; UNDER AGE 12	68	\$837	\$1,600
29881	SCOPE KNEE SURG;W/MENISCECT MED/	52	\$1,341	\$3,496
63030	LAMINOT W/ DECOMP; 1 INTERSPACE	36	\$3,150	\$4,966
50590	LITHOTRIPSY XTRACORP SHOCK WAVE	31	\$3,907	\$6,312
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	30	\$734	\$1,636
29880	SCOPE KNEE SURG;W/MENISCECT MED&	28	\$1,138	\$3,671
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	26	\$942	\$1,454
62310	INJ 1 NOT NEUROLYTIC-EPID;CERV/T	26	\$790	\$630
47562	LAPAROSCOPY SURGICAL; CHOLECT	23	\$1,618	\$4,425
49505	REPR INIT ING HERNIA 5YR/MORE; R	22	\$1,111	\$2,261
46080	SPHINCTEROT ANAL DIV SPHINCTER-S	20	\$713	\$1,051
26055	TENDON SHEATH INCISION	19	\$752	\$2,112
29876	SCOPE KNEE SURG; SYNOVECTOMY MAJ	19	\$1,230	\$3,005
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	19	\$802	\$1,365
20680	REMOVAL OF IMPLANT; DEEP	17	\$979	\$2,136
43239	UGI ENDO; W/BX 1/MX	17	\$606	\$1,506

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, 2008**  
**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	72	1,591
	003 COMPLEX INCISION AND DRAINAGE	3	22
	006 SIMPLE DEBRIDEMENT AND DESTRUCTION	8	55
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	23	364
	008 SIMPLE EXCISION AND BIOPSY	18	500
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRANGE	4	143
	011 SIMPLE INCISION AND EXCISION OF BREAST	16	462
02	MUSCULOSKELETAL SYSTEM	1,905	23,285
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	331	2,172
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	69	710
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	30	846
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	291	4,767
	025 ARTHROSCOPY	1,019	11,396
	028 CLOSED TREATMENT FX & DISLOCATION OF FINGER, TOE & TRUNK	1	18
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	6	89
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	68	1,220
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	6	217
	032 BUNION PROCEDURES	59	886
	033 ARTHROPLASTY	2	201
	034 HAND AND FOOT TENOTOMY	7	128
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	16	634
03	RESPIRATORY SYSTEM	5	3,611
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	4	3,563
	054 SIMPLE ENDOSCOPY OF THE UPPER AIRWAY	1	41
04	CARDIOVASCULAR SYSTEM	18	67
	077 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	5	8
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	1	23
	082 VASCULAR LIGATION	12	24
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	3	184
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	3	178
06	DIGESTIVE SYSTEM	1,128	33,458
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	4	61
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	3	126
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	67	9,347
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	30	2,368
	117 LOWER GASTROINTESTINAL ENDOSCOPY	525	17,008
	119 HERNIA AND HYDROCELE PROCEDURES	75	1,412
	120 COMPLEX ANAL AND RECTAL PROCEDURES	60	315
	121 SIMPLE ANAL AND RECTAL PROCEDURES	54	152
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	4	21
	123 COMPLEX LAPAROSCOPIC PROCEDURES	306	2,003
07	URINARY SYSTEM	95	1,892
	131 RENAL EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	32	775
	133 URINARY CATHETERIZATION AND DILATATION	3	14
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	21	634
	135 MODERATE CYSTOURETHROSCOPY	25	334

**AMB ST 1-4**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2008**  
**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	12	101
	138 SIMPLE URETHRAL PROCEDURES	2	20
08	MALE GENITAL SYSTEM	51	476
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	42	346
	154 SIMPLE PENILE PROCEDURES	7	101
	155 PROSTATE NEEDLE AND PUNCH BIOPSY	2	16
09	FEMALE GENITAL SYSTEM	29	1,146
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	8	156
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	8	276
	178 DILATION AND CURETTAGE	5	96
	179 HYSTEROSCOPY	8	578
10	NERVOUS SYSTEM	768	7,901
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	617	5,711
	197 NEUROSTIMULATOR AND VENTRICULAR SHUNT IMPLANTATION	8	52
	198 NERVE REPAIR AND DESTRUCTION	143	2,101
11	EYE AND OCULAR ADNEXA	4	15,120
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	4	1,231
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	922	15,114
	234 COMPLEX FACIAL AND ENT PROCEDURES	37	2,701
	235 SIMPLE FACIAL AND ENT PROCEDURES	707	8,806
	236 TONSIL AND ADENOID PROCEDURES	178	3,525
13	THERAPEUTIC AND OTHER RADIOLOGICAL PROCEDURES	149	170
	254 MYELOGRAPHY	149	168

SOURCE: Utah Ambulatory Surgery Database  
Utah Health Data Committee/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, 2008**  
**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	43	\$996	\$1,705
	003 COMPLEX INCISION AND DRAINAGE	3	\$531	\$1,907
	006 SIMPLE DEBRIDEMENT AND DESTRUCTION	8	\$661	\$1,043
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	12	\$814	\$1,675
	008 SIMPLE EXCISION AND BIOPSY	7	\$1,784	\$1,494
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRAN	1	\$500	\$4,294
	011 SIMPLE INCISION AND EXCISION OF BREAST	12	\$1,099	\$1,130
02	MUSCULOSKELETAL SYSTEM	473	\$1,256	\$3,210
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	84	\$1,961	\$3,442
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	20	\$2,087	\$3,132
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	10	\$768	\$2,766
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	115	\$927	\$2,154
	025 ARTHROSCOPY	153	\$1,221	\$4,005
	028 CLOSED TREATMENT FX & DISLOCATION OF FINGER, TOE & TRUNK	1	\$925	\$2,175
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	5	\$561	\$1,651
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	49	\$1,057	\$2,955
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	6	\$480	\$1,860
	032 BUNION PROCEDURES	28	\$929	\$2,335
	033 ARTHROPLASTY	1	\$1,408	\$2,866
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	1	\$587	\$1,011
04	CARDIOVASCULAR SYSTEM	5	\$1,723	\$2,380
	077 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	3	\$1,431	\$1,431
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	1	\$3,987	\$2,728
	082 VASCULAR LIGATION	1	\$338	\$1,538
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	2	\$715	\$2,149
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	2	\$715	\$2,127
06	DIGESTIVE SYSTEM	791	\$1,134	\$1,598
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	3	\$267	\$767
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	3	\$538	\$796
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	32	\$546	\$1,391
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	11	\$566	\$1,248
	117 LOWER GASTROINTESTINAL ENDOSCOPY	460	\$749	\$1,463
	119 HERNIA AND HYDROCELE PROCEDURES	47	\$1,246	\$2,494
	120 COMPLEX ANAL AND RECTAL PROCEDURES	46	\$780	\$1,120
	121 SIMPLE ANAL AND RECTAL PROCEDURES	34	\$590	\$1,145
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	1	\$0	\$1,475
	123 COMPLEX LAPAROSCOPIC PROCEDURES	154	\$2,674	\$3,620
07	URINARY SYSTEM	74	\$2,063	\$4,528
	131 RENAL EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	31	\$3,907	\$6,312
	133 URINARY CATHETERIZATION AND DILATATION	3	\$574	\$1,104
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	12	\$1,034	\$2,741
	135 MODERATE CYSTOURETHROSCOPY	18	\$689	\$2,169
	136 SIMPLE CYSTOURETHROSCOPY	9	\$511	\$1,984
	138 SIMPLE URETHRAL PROCEDURES	1	\$445	\$2,604
08	MALE GENITAL SYSTEM	29	\$1,230	\$2,220

**AMB ST 1-5  
 UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2008  
 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 )
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	20	\$1,239	\$2,536
	154 SIMPLE PENILE PROCEDURES	7	\$724	\$1,585
	155 PROSTATE NEEDLE AND PUNCH BIOPSY	2	\$2,918	\$2,066
09	FEMALE GENITAL SYSTEM	21	\$1,113	\$2,126
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	6	\$1,350	\$2,489
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	4	\$683	\$1,490
	178 DILATION AND CURETTAGE	5	\$645	\$1,321
	179 HYSTEROSCOPY	6	\$1,552	\$2,480
10	NERVOUS SYSTEM	89	\$777	\$1,172
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	48	\$732	\$894
	198 NERVE REPAIR AND DESTRUCTION	41	\$830	\$1,764
11	EYE AND OCULAR ADNEXA	1	\$1,598	\$2,477
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	1	\$1,598	\$2,034
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	580	\$943	\$1,837
	234 COMPLEX FACIAL AND ENT PROCEDURES	11	\$1,188	\$2,703
	235 SIMPLE FACIAL AND ENT PROCEDURES	458	\$950	\$1,919
	236 TONSIL AND ADENOID PROCEDURES	111	\$891	\$1,575

SOURCE: Utah Ambulatory Surgery Database  
 Utah Health Data Committee/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, 2008**  
**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

417 South Towne Surgical Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
<b>GENDER</b>				
Female	1,991	55.1	42,157	55.1
Male	1,622	44.9	34,273	44.8
Unknown	0	0.0	11	0.0
Not Reported	3	0.1	52	0.1
<b>AGE</b>				
1-28 days	0	0.0	0	0.0
29-365 days	20	0.6	420	0.5
1-4 years	467	12.9	3,182	4.2
5-9	136	3.8	1,632	2.1
10-14	51	1.4	1,089	1.4
15-17	60	1.7	1,367	1.8
18-19	40	1.1	1,172	1.5
20-24	144	4.0	3,048	4.0
25-29	215	5.9	3,499	4.6
30-34	300	8.3	3,575	4.7
35-39	266	7.4	3,541	4.6
40-44	245	6.8	3,875	5.1
45-49	307	8.5	5,056	6.6
50-54	401	11.1	7,303	9.5
55-59	335	9.3	6,481	8.5
60-64	231	6.4	6,186	8.1
65-69	169	4.7	7,123	9.3
70-74	96	2.7	6,417	8.4
75-79	83	2.3	5,591	7.3
80-84	38	1.1	3,872	5.1
85-89	8	0.2	1,602	2.1
90 +	4	0.1	458	0.6
Not Reported	0	0.0	4	0.0
<b>SOURCE OF ADMISSION</b>				
Physician Referral	3,616	100.0	66,472	86.9
Clinic Referral	0	0.0	1,299	1.7
HMO Referral	0	0.0	0	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	2	0.0
Court/Law Enforcement	0	0.0	0	0.0
Unknown	0	0.0	2,920	3.8
Not Reported	0	0.0	5,800	7.6

(Continued)



**AMB ST 1-6**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2008**  
**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

417 South Towne Surgical Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
<b>DISCHARGE STATUS</b>				
Home or Self Care	3,616	100.0	70,834	92.6
Another Hospital	0	0.0	67	0.1
Skilled Nursing Facility	0	0.0	0	0.0
Intermediate Care Facility	0	0.0	0	0.0
Another Type of Institution	0	0.0	6	0.0
Under Care of Home Service	0	0.0	0	0.0
Left Against Medical Advice	0	0.0	0	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	0	0.0	0	0.0
Unknown	0	0.0	5,586	7.3
Not Reported	0	0.0	0	0.0
<b>PRIMARY PAYER</b>				
Medicare	299	8.3	18,751	24.5
Medicaid	414	11.4	3,605	4.7
Other government	145	4.0	2,426	3.2
Blue Cross/Blue Shield	1,037	28.7	16,436	21.5
Other Commercial	162	4.5	7,399	9.7
Managed Care(HMO, PPO)	821	22.7	23,343	30.5
Self Pay	0	0.0	1,102	1.4
Industrial & Worker Comp	92	2.5	1,832	2.4
Charity and Unclassified	79	2.2	158	0.2
Childrens Health Insurance	56	1.5	133	0.2
Unknown	0	0.0	60	0.1
Not Reported	511	14.1	1,248	1.6
<b>LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE</b>				
Bear River	22	0.6	3,564	4.7
Central Utah	30	0.8	1,239	1.6
Davis County	178	4.9	15,120	19.8
Salt Lake County	2,744	75.9	24,171	31.6
Southeastern Utah	14	0.4	725	0.9
Southwest Utah	10	0.3	2,858	3.7
Summit County	43	1.2	638	0.8
Tooele County	71	2.0	1,180	1.5
Tri-County	33	0.9	374	0.5
Utah County	280	7.7	9,391	12.3
Wasatch County	28	0.8	349	0.5
Weber County	27	0.7	13,793	18.0
Unknown Utah	0	0.0	18	0.0
Outside Utah	135	3.7	3,042	4.0
Unknown, Not Reported	1	0.0	31	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, 2008**  
**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	
	(#)	(%)	(#)	(%)
Mastectomy (85.0-85.99)	.	.	60,158	100.0
Musculoskeletal (76.0-84.99)	.	.	2,039	3.4
Respiratory (30.0-34.99)	.	.	13,820	23.0
Cardiovascular (35.0-39.99)	.	.	133	0.2
Lymphatic/Hemetic (40.0-41.99)	.	.	57	0.1
Digestive System (42.0-54.99)	.	.	112	0.2
Urinary (55.0-59.99)	.	.	19,056	31.7
Male Genital (60.0-64.99)	.	.	234	0.4
Female Genital (65.0-71.99)	.	.	239	0.4
Endocrine/Nervous (01.0-07.99)	.	.	1,176	2.0
Eye (08.0-16.99)	.	.	3,608	6.0
Ear (18.0-20.99)	.	.	7,110	11.8
Nose, Mouth, Pharynx (21.0-29.99)	.	.	3,033	5.0
			9,541	15.9
Reporting Category(CPT-4 CODES)	2,586	100.0	105,057	100.0
Mastectomy (19120-19220)	11	0.4	462	0.4
Musculoskeletal (20000-29909)	104	4.0	25,268	24.1
Respiratory (30000-32999 & 39501-39599)	24	0.9	8,384	8.0
Cardiovascular (33010-37799 & 93501-93660)	5	0.2	122	0.1
Lymphatic/Hemetic (38100-38999)	1	0.0	162	0.2
Digestive (40490-49999)	213	8.2	38,389	36.5
Urinary (50010-53899)	211	8.2	1,925	1.8
Male Genital (54000-55899)	13	0.5	541	0.5
Female Genital (56405-58999)	148	5.7	2,036	1.9
Endocrine/Nervous (60000-64999)	1,441	55.7	8,280	7.9
Eye (65091-68899)	412	15.9	15,186	14.5
Ear (69000-69979)	3	0.1	4,302	4.1

SOURCE: Utah Ambulatory Surgery Database  
 Utah Health Data Committee/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, 2008**  
**MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE\* PROCEDURES**

408 St. George 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				
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	2,586	100.0	100.0
66984	EXTRACAPSULAR CATARACT REMV IOL	462	17.9	1.40
64476	INJ ANES FACET JT; LUMB/SAC-EA A	291	11.3	8.46
64475	INJ ANES FACET JT; LUMB/SAC-1LEV	194	7.5	0.49
50590	LITHOTRIPSY XTRACORP SHOCK WAVE	189	7.3	0.46
62310	INJ 1 NOT NEUROLYTIC-EPID;CERV/T	144	5.6	0.74
45378	COLONOSCOPY FLEX; DX-SEP PROC	129	5.0	0.26
66821	DISCISSION 2ND CATARACT; LASER S	76	2.9	6.67
64623	DESTRUC FACET JT NRV; L/S-EA AD	75	2.9	1.45
64483	INJ ANES EPIDURL; LUMB/SAC 1 LEV	74	2.9	0.34
64622	DESTRUC FACET JT NRV; L/S-1 LEVE	71	2.7	1.14
64472	INJ ANES FACET JT; CERV/THOR-EA	65	2.5	0.24
64470	INJ ANES FACET JT; CERV/THOR-1LE	47	1.8	0.10
64484	INJ ANES EPIDURL; LUMB/SAC-EA AD	42	1.6	0.10
41899	UNLIST PROC DENTOALVEOL STRUCTUR	38	1.5	0.50
58662	LAP SURG; W/FULG/EXCIS LES-OVARY	37	1.4	1.70
58670	LAPARSCPY SURGICAL; W/FULG OVIDU	35	1.4	0.44
52310	CYSTOURETHROSCOPY-SEP PROC; SIMP	30	1.2	0.10
52005	CYSTOURETHROSCOPY W/URETERAL CAT	25	1.0	0.04
64520	INJECTION ANES AGT; LUMBAR/THOR	23	0.9	0.04
		23	0.9	0.05

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

**AMB ST 1-3**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2008**  
**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 )
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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				
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	1,508	\$680	\$2,106
66984	EXTRACAPSULAR CATARACT REMV IOL	448	\$336	\$761
62310	INJ 1 NOT NEUROLYTIC-EPID;CERV/T	288	\$997	\$2,792
50590	LITHOTRIPSY XTRACORP SHOCK WAVE	126	\$366	\$630
66821	DISCISSION 2ND CATARACT; LASER S	101	\$865	\$6,312
45378	COLONOSCOPY FLEX; DX-SEP PROC	73	\$388	\$996
41899	UNLIST PROC DENTOALVEOL STRUCTUR	69	\$426	\$1,552
64483	INJ ANES EPIDURL; LUMB/SAC 1 LEV	37	\$904	\$1,948
30400	RHINO PRIM; LAT&ALAR CART&/ELEV	31	\$305	\$885
58670	LAPARSCPY SURGICAL; W/FULG OVIDU	20	\$1,564	\$2,148
45380	COLONOSCOPY FLEX; W/BX 1/MX	20	\$1,311	\$1,550
58662	LAP SURG; W/FULG/EXCIS LES-OVARY	19	\$550	\$1,361
45383	COLONOSCOPY FLEX; W/ABLAT LES	17	\$1,652	\$2,795
27096	INJ SI JNT ARTHRGRPH &/ANES/STER	10	\$476	\$918
58353	ENDOMET ABLAT THERM W/O SCOPE GU	9	\$356	\$1,019
19120	EXC BRST CYST TUMR/LES OPN M/F 1	8	\$1,308	\$1,708
64520	INJECTION ANES AGT; LUMBAR/THOR	7	\$747	\$1,247
58558	HYSTEROSCPY SURG; W/BX &/ POLYPE	7	\$449	\$919
63650	PERQ IMPLANT ELECT ARRAY EPIDURA	6	\$1,049	\$1,651
21196	RECON MAND RAMI&/BODY; W/INT FIX	6	\$6,285	\$6,204
		5	\$2,385	\$3,366

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, 2008**  
**PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE\* CPT-4 PROCEDURES**

408 St. George Surgical Center

Procedure APG category		TOTAL #	TOTAL # (ALL FASCs)
Procedure APG			
01	INTEGUMENTARY SYSTEM	22	1,591
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	2	364
	008 SIMPLE EXCISION AND BIOPSY	9	500
	011 SIMPLE INCISION AND EXCISION OF BREAST	11	462
02	MUSCULOSKELETAL SYSTEM	83	23,285
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	2	2,172
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	2	710
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	6	846
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	19	4,767
	025 ARTHROSCOPY	2	11,396
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	1	1,220
	032 BUNION PROCEDURES	8	886
	033 ARTHROPLASTY	2	201
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	41	634
03	RESPIRATORY SYSTEM	1	3,611
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	1	2
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	5	184
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	1	178
	097 TRANSFUSION	4	4
06	DIGESTIVE SYSTEM	264	33,458
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	22	9,347
	117 LOWER GASTROINTESTINAL ENDOSCOPY	121	17,008
	119 HERNIA AND HYDROCELE PROCEDURES	15	1,412
	120 COMPLEX ANAL AND RECTAL PROCEDURES	11	315
	121 SIMPLE ANAL AND RECTAL PROCEDURES	3	152
	123 COMPLEX LAPAROSCOPIC PROCEDURES	88	2,003
	124 SIMPLE LAPAROSCOPIC PROCEDURES	4	7
07	URINARY SYSTEM	211	1,892
	131 RENAL EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	144	775
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	14	634
	135 MODERATE CYSTOURETHROSCOPY	50	334
	136 SIMPLE CYSTOURETHROSCOPY	3	101
08	MALE GENITAL SYSTEM	8	476
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	4	346
	154 SIMPLE PENILE PROCEDURES	4	101
09	FEMALE GENITAL SYSTEM	56	1,146
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	27	156
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	12	276
	178 DILATION AND CURETTAGE	6	96
	179 HYSTEROSCOPY	11	578
10	NERVOUS SYSTEM	1,436	7,901
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	1,367	5,711
	197 NEUROSTIMULATOR AND VENTRICULAR SHUNT IMPLANTATION	16	52
	198 NERVE REPAIR AND DESTRUCTION	50	2,101
	199 SPINAL TAP	3	3
11	EYE AND OCULAR ADNEXA	411	15,120

**AMB ST 1-4**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2008**  
**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			
213	LASER EYE PROCEDURES	78	1,606
214	CATARACT PROCEDURES	306	9,302
215	COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	5	818
216	MODERATE ANTERIOR SEGMENT EYE PROCEDURES	4	426
217	SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	5	437
220	STRABISMUS AND MUSCLE EYE PROCEDURES	3	210
221	COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	5	1,231
222	SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	5	392
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	67	15,114
234	COMPLEX FACIAL AND ENT PROCEDURES	30	2,701
235	SIMPLE FACIAL AND ENT PROCEDURES	37	8,806
13	THERAPEUTIC AND OTHER RADIOLOGICAL PROCEDURES	7	170
254	MYELOGRAPHY	7	168

SOURCE: Utah Ambulatory Surgery Database  
 Utah Health Data Committee/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, 2008**  
**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	14	\$660	\$1,705
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	1	\$0	\$1,675
	008 SIMPLE EXCISION AND BIOPSY	6	\$668	\$1,494
	011 SIMPLE INCISION AND EXCISION OF BREAST	7	\$747	\$1,130
02	MUSCULOSKELETAL SYSTEM	42	\$537	\$3,210
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	1	\$835	\$3,132
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	5	\$678	\$2,766
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	10	\$792	\$2,154
	032 BUNION PROCEDURES	4	\$761	\$2,335
	033 ARTHROPLASTY	1	\$1,161	\$2,866
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	21	\$294	\$1,011
03	RESPIRATORY SYSTEM	1	\$1,109	\$2,002
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	1	\$1,109	\$3,457
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	4	\$2,933	\$2,149
	097 TRANSFUSION	4	\$2,933	\$2,933
06	DIGESTIVE SYSTEM	185	\$808	\$1,598
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	14	\$437	\$1,391
	117 LOWER GASTROINTESTINAL ENDOSCOPY	102	\$462	\$1,463
	119 HERNIA AND HYDROCELE PROCEDURES	11	\$1,205	\$2,494
	120 COMPLEX ANAL AND RECTAL PROCEDURES	8	\$688	\$1,120
	121 SIMPLE ANAL AND RECTAL PROCEDURES	1	\$0	\$1,145
	123 COMPLEX LAPAROSCOPIC PROCEDURES	47	\$1,473	\$3,620
	124 SIMPLE LAPAROSCOPIC PROCEDURES	2	\$4,102	\$4,102
07	URINARY SYSTEM	112	\$823	\$4,528
	131 RENAL EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	101	\$865	\$6,312
	134 COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY	2	\$50	\$2,741
	135 MODERATE CYSTOURETHROSCOPY	9	\$515	\$2,169
08	MALE GENITAL SYSTEM	8	\$711	\$2,220
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	4	\$1,069	\$2,536
	154 SIMPLE PENILE PROCEDURES	4	\$352	\$1,585
09	FEMALE GENITAL SYSTEM	28	\$1,125	\$2,126
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	11	\$1,249	\$2,489
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	8	\$905	\$1,490
	178 DILATION AND CURETTAGE	2	\$1,085	\$1,321
	179 HYSTEROSCOPY	7	\$1,195	\$2,480
10	NERVOUS SYSTEM	639	\$400	\$1,172
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	627	\$341	\$894
	197 NEUROSTIMULATOR AND VENTRICULAR SHUNT IMPLANTATION	6	\$6,285	\$6,684
	198 NERVE REPAIR AND DESTRUCTION	3	\$983	\$1,764
	199 SPINAL TAP	3	\$431	\$431
11	EYE AND OCULAR ADNEXA	396	\$870	\$2,477
	213 LASER EYE PROCEDURES	74	\$391	\$1,021
	214 CATARACT PROCEDURES	302	\$995	\$2,806
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	4	\$788	\$2,322
	216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	4	\$641	\$2,215

**AMB ST 1-5**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2008**  
**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 )
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	5	\$616	\$1,428
	220 STRABISMUS AND MUSCLE EYE PROCEDURES	1	\$1,397	\$2,391
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	3	\$1,125	\$2,034
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	3	\$473	\$1,280
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	66	\$1,161	\$1,837
	234 COMPLEX FACIAL AND ENT PROCEDURES	29	\$1,488	\$2,703
	235 SIMPLE FACIAL AND ENT PROCEDURES	37	\$904	\$1,919
13	THERAPEUTIC AND OTHER RADIOLOGICAL PROCEDURES	2	\$2,226	\$1,453
	254 MYELOGRAPHY	2	\$2,226	\$2,226

SOURCE: Utah Ambulatory Surgery Database  
Utah Health Data Committee/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, 2008**  
**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

408 St. George Surgical Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
<b>GENDER</b>				
Female	1,102	58.2	42,157	55.1
Male	774	40.9	34,273	44.8
Unknown	0	0.0	11	0.0
Not Reported	18	1.0	52	0.1
<b>AGE</b>				
1-28 days	0	0.0	0	0.0
29-365 days	0	0.0	420	0.5
1-4 years	19	1.0	3,182	4.2
5-9	5	0.3	1,632	2.1
10-14	5	0.3	1,089	1.4
15-17	7	0.4	1,367	1.8
18-19	6	0.3	1,172	1.5
20-24	55	2.9	3,048	4.0
25-29	77	4.1	3,499	4.6
30-34	88	4.6	3,575	4.7
35-39	83	4.4	3,541	4.6
40-44	90	4.8	3,875	5.1
45-49	112	5.9	5,056	6.6
50-54	151	8.0	7,303	9.5
55-59	116	6.1	6,481	8.5
60-64	148	7.8	6,186	8.1
65-69	257	13.6	7,123	9.3
70-74	233	12.3	6,417	8.4
75-79	220	11.6	5,591	7.3
80-84	143	7.6	3,872	5.1
85-89	64	3.4	1,602	2.1
90 +	14	0.7	458	0.6
Not Reported	1	0.1	4	0.0
<b>SOURCE OF ADMISSION</b>				
Physician Referral	1,894	100.0	66,472	86.9
Clinic Referral	0	0.0	1,299	1.7
HMO Referral	0	0.0	0	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	2	0.0
Court/Law Enforcement	0	0.0	0	0.0
Unknown	0	0.0	2,920	3.8
Not Reported	0	0.0	5,800	7.6

(Continued)

**AMB ST 1-6**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2008**  
**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

408 St. George Surgical Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
<b>DISCHARGE STATUS</b>				
Home or Self Care	1,894	100.0	70,834	92.6
Another Hospital	0	0.0	67	0.1
Skilled Nursing Facility	0	0.0	0	0.0
Intermediate Care Facility	0	0.0	0	0.0
Another Type of Institution	0	0.0	6	0.0
Under Care of Home Service	0	0.0	0	0.0
Left Against Medical Advice	0	0.0	0	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	0	0.0	0	0.0
Unknown	0	0.0	5,586	7.3
Not Reported	0	0.0	0	0.0
<b>PRIMARY PAYER</b>				
Medicare	820	43.3	18,751	24.5
Medicaid	67	3.5	3,605	4.7
Other government	26	1.4	2,426	3.2
Blue Cross/Blue Shield	272	14.4	16,436	21.5
Other Commercial	184	9.7	7,399	9.7
Managed Care(HMO, PPO)	360	19.0	23,343	30.5
Self Pay	98	5.2	1,102	1.4
Industrial & Worker Comp	64	3.4	1,832	2.4
Charity and Unclassified	0	0.0	158	0.2
Childrens Health Insurance	0	0.0	133	0.2
Unknown	0	0.0	60	0.1
Not Reported	3	0.2	1,248	1.6
<b>LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE</b>				
Bear River	1	0.1	3,564	4.7
Central Utah	14	0.7	1,239	1.6
Davis County	2	0.1	15,120	19.8
Salt Lake County	5	0.3	24,171	31.6
Southeastern Utah	0	0.0	725	0.9
Southwest Utah	1,667	88.0	2,858	3.7
Summit County	0	0.0	638	0.8
Tooele County	0	0.0	1,180	1.5
Tri-County	0	0.0	374	0.5
Utah County	5	0.3	9,391	12.3
Wasatch County	0	0.0	349	0.5
Weber County	4	0.2	13,793	18.0
Unknown Utah	0	0.0	18	0.0
Outside Utah	192	10.1	3,042	4.0
Unknown, Not Reported	4	0.2	31	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, 2008**  
**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)	7,172	100.0	60,158	100.0
Mastectomy (85.0-85.99)	356	5.0	2,039	3.4
Musculoskeletal (76.0-84.99)	2,328	32.5	13,820	23.0
Respiratory (30.0-34.99)	34	0.5	133	0.2
Cardiovascular (35.0-39.99)	5	0.1	57	0.1
Lymphatic/Hemetic (40.0-41.99)	27	0.4	112	0.2
Digestive System (42.0-54.99)	871	12.1	19,056	31.7
Urinary (55.0-59.99)	0	0.0	234	0.4
Male Genital (60.0-64.99)	4	0.1	239	0.4
Female Genital (65.0-71.99)	268	3.7	1,176	2.0
Endocrine/Nervous (01.0-07.99)	587	8.2	3,608	6.0
Eye (08.0-16.99)	945	13.2	7,110	11.8
Ear (18.0-20.99)	284	4.0	3,033	5.0
Nose, Mouth, Pharynx (21.0-29.99)	1,463	20.4	9,541	15.9
Reporting Category(CPT-4 CODES)	7,821	100.0	105,057	100.0
Mastectomy (19120-19220)	333	4.3	462	0.4
Musculoskeletal (20000-29909)	2,932	37.5	25,268	24.1
Respiratory (30000-32999 & 39501-39599)	1,138	14.6	8,384	8.0
Cardiovascular (33010-37799 & 93501-93660)	31	0.4	122	0.1
Lymphatic/Hemetic (38100-38999)	38	0.5	162	0.2
Digestive (40490-49999)	1,294	16.5	38,389	36.5
Urinary (50010-53899)	0	0.0	1,925	1.8
Male Genital (54000-55899)	4	0.1	541	0.5
Female Genital (56405-58999)	227	2.9	2,036	1.9
Endocrine/Nervous (60000-64999)	598	7.6	8,280	7.9
Eye (65091-68899)	933	11.9	15,186	14.5
Ear (69000-69979)	293	3.7	4,302	4.1

SOURCE: Utah Ambulatory Surgery Database  
 Utah Health Data Committee/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, 2008**  
**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		7,172	100.0	100.0
1371	IOL PROSTH-CATARACT EXTRACT-1-STAGE	742	10.3	5.79
2169	OTH TURBINECTOMY	408	5.7	2.62
806	EXC SEMILUNAR CARTILAGE-KNEE	344	4.8	2.73
8521	LOC EXC LES BREAST	333	4.6	0.81
5300	UNILAT REPR ING HERN-NOS	327	4.6	0.71
0443	RELEASE CARPAL TUNNEL	288	4.0	1.52
8183	OTH REPR SHLDR	261	3.6	1.66
2001	MYRINGOTOMY W/INSRT TUBE	238	3.3	4.00
215	SUBMUCOUS RESECT NASAL SEPTUM	205	2.9	0.83
282	TONSILLECTOMY WO ADENOIDECTOMY	161	2.2	0.85
283	TONSILLECTOMY W/ADENOIDECTOMY	149	2.1	2.15
2262	EXC LES MAXIL SINUS W/OTH APPRCH	141	2.0	1.42
8021	ARTHSCPY-SHLDR	140	2.0	1.06
7756	REPR HAMMER TOE	122	1.7	0.65
7751	BUNIONEC SOFT-OSTEOT 1ST METATARS	121	1.7	0.54
5123	LAP CHOLEY	114	1.6	0.55
2263	ETHMOIDECTOMY	107	1.5	1.79
0392	INJ OTH AGENT SPINAL CANAL	94	1.3	1.63
5349	OTH UMB HERNIORRHAPHY	91	1.3	0.28
4946	EXC HEMORRHOIDS	86	1.2	0.24

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL FASCs
All CPT-4 Procedures		7,821	100.0	100.0
66984	EXTRACAPSULAR CATARACT REMV IOL	742	9.5	8.46
30140	SUBMUCOS RES TURBINATE PART/CMPL	398	5.1	2.17
29881	SCOPE KNEE SURG;W/MENISCECT MED/	305	3.9	2.21
49505	REPR INIT ING HERNIA 5YR/MORE; R	291	3.7	0.67
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	288	3.7	1.26
29826	SCOPE SHOULDER; DECOMP SUBACROM	261	3.3	1.61
69436	TYMPANOSTOMY GENERAL ANESTHESIA	238	3.0	3.37
19120	EXC BRST CYST TUMR/LES OPN M/F 1	203	2.6	0.31
29827	SCOPE SHLDR SURG; W/ROTOR CUFF R	195	2.5	0.79
30520	SEPTOPLASTY/SUBMUCOS RES W/GFT	194	2.5	1.46
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	155	2.0	0.65
31267	NASL/SINUS ENDO; W/TISS REMV MAX	141	1.8	0.72
19125	EXC BRST LES ID RAD MARKR OPN;1	123	1.6	0.12
28285	CORRECTION HAMMERTOES	122	1.6	0.74
42820	T&A; UNDER AGE 12	117	1.5	1.38
31255	NASAL/SINUS ENDO; W/TOT ETHMOECT	107	1.4	0.84
28296	HALLUX VALGUS; W/METATARSAL OSTE	104	1.3	0.42
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	101	1.3	0.44
29824	SCOPE SHLDR SURG;DIST CLAVICULEC	97	1.2	0.63
26055	TENDON SHEATH INCISION	81	1.0	0.61

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

AMB ST 1-3

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2008  
 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		3,895	\$1,503	\$1,582
1371	IOL PROSTH-CATARACT EXTRACT-1-STAGE	737	\$1,884	\$2,993
806	EXC SEMILUNAR CARTILAGE-KNEE	286	\$2,024	\$2,580
8521	LOC EXC LES BREAST	267	\$881	\$1,198
5300	UNILAT REPR ING HERN-NOS	234	\$1,049	\$1,530
8183	OTH REPR SHLDR	136	\$3,839	\$4,038
0443	RELEASE CARPAL TUNNEL	135	\$818	\$1,796
282	TONSILLECTOMY WO ADENOIDECTOMY	134	\$917	\$1,381
283	TONSILLECTOMY W/ADENOIDECTOMY	134	\$981	\$1,520
5123	LAP CHOLEY	109	\$5,068	\$4,454
0392	INJ OTH AGENT SPINAL CANAL	83	\$747	\$1,038
4946	EXC HEMORRHOIDS	75	\$1,004	\$1,049
5349	OTH UMB HERNIORRHAPHY	73	\$1,193	\$2,298
6816	CLO BX UTERUS	57	\$1,144	\$1,141
7751	BUNIONEC SOFT-OSTEOT 1ST METATARS	54	\$1,830	\$2,026
6902	D&C FOLLOWING DELIV/AB	53	\$924	\$1,222
1163	PENETRATING KERATOPLASTY W/AUTOGFT	49	\$1,440	\$1,440
7860	REMOV IMPLNT DEVICE-UNS SITE	45	\$955	\$1,608
4939	OTH LOC EXC/DESTRUC LES/TISS ANUS	39	\$822	\$828
8221	EXC LES TENDON SHEATH HAND	38	\$1,054	\$1,679
8332	EXC LES MUSC	38	\$1,042	\$1,367

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL FASCs )
CPT-4 Procedures		3,944	\$1,448	\$2,106
66984	EXTRACAPSULAR CATARACT REMV IOL	737	\$1,884	\$2,792
29881	SCOPE KNEE SURG;W/MENISCECT MED/	256	\$2,033	\$3,496
49505	REPR INIT ING HERNIA 5YR/MORE; R	206	\$965	\$2,261
19120	EXC BRST CYST TUMR/LES OPN M/F 1	168	\$930	\$1,247
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	132	\$827	\$1,636
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	130	\$922	\$1,454
42820	T&A; UNDER AGE 12	102	\$1,055	\$1,600
19125	EXC BRST LES ID RAD MARKR OPN;1	98	\$791	\$822
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	92	\$5,246	\$4,930
58558	HYSTEROSCPY SURG; W/BX &/ POLYPE	56	\$1,133	\$1,651
46260	HEMORRHOIDECT INTRL&EXT CMLPX/EX	55	\$1,066	\$1,090
28296	HALLUX VALGUS; W/METATARSAL OSTE	47	\$1,920	\$2,139
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	47	\$615	\$761
65730	KERATOPLSTY; PENETRAT NOT APHAKI	43	\$1,471	\$3,298
29826	SCOPE SHOULDER; DECOMP SUBACROM	42	\$2,850	\$4,585
20680	REMOVAL OF IMPLANT; DEEP	38	\$1,021	\$2,136
63030	LAMINOT W/ DECOMP; 1 INTERSPACE	37	\$5,770	\$4,966
49585	REPR UMBIL HERNIA 5YR/OVER; RDUC	36	\$585	\$2,338
64483	INJ ANES EPIDURL; LUMB/SAC 1 LEV	36	\$919	\$885
49587	REPR UMBIL HERNIA 5YR/OVER; INCA	31	\$2,061	\$3,481

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, 2008**  
**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	636	1,591
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	3	32
	003 COMPLEX INCISION AND DRAINAGE	3	22
	004 SIMPLE INCISION AND DRAINAGE	1	13
	006 SIMPLE DEBRIDEMENT AND DESTRUCTION	26	55
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	106	364
	008 SIMPLE EXCISION AND BIOPSY	137	500
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRANGE	27	143
	011 SIMPLE INCISION AND EXCISION OF BREAST	333	462
02	MUSCULOSKELETAL SYSTEM	2,654	23,285
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	223	2,172
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	76	710
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	146	846
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	606	4,767
	025 ARTHROSCOPY	1,154	11,396
	028 CLOSED TREATMENT FX & DISLOCATION OF FINGER, TOE & TRUNK	1	18
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	10	89
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	160	1,220
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	45	217
	032 BUNION PROCEDURES	144	886
	033 ARTHROPLASTY	29	201
	034 HAND AND FOOT TENOTOMY	18	128
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	42	634
03	RESPIRATORY SYSTEM	462	3,611
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	459	3,563
	054 SIMPLE ENDOSCOPY OF THE UPPER AIRWAY	3	41
04	CARDIOVASCULAR SYSTEM	13	67
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	10	23
	081 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	1	5
	082 VASCULAR LIGATION	2	24
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	46	184
	094 BLOOD AND BLOOD PRODUCT EXCHANGE	1	1
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	45	178
06	DIGESTIVE SYSTEM	899	33,458
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	4	61
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	4	9,347
	119 HERNIA AND HYDROCELE PROCEDURES	492	1,412
	120 COMPLEX ANAL AND RECTAL PROCEDURES	171	315
	121 SIMPLE ANAL AND RECTAL PROCEDURES	35	152
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	3	21
	123 COMPLEX LAPAROSCOPIC PROCEDURES	188	2,003
	124 SIMPLE LAPAROSCOPIC PROCEDURES	2	7
08	MALE GENITAL SYSTEM	3	476
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	3	346
09	FEMALE GENITAL SYSTEM	172	1,146
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	6	156

**AMB ST 1-4**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2008**  
**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			
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	39	276
	178 DILATION AND CURETTAGE	12	96
	179 HYSTEROSCOPY	111	578
	180 COLPOSCOPY	4	40
10	NERVOUS SYSTEM	529	7,901
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	136	5,711
	196 REVISION AND REMOVAL OF NEUROLOGICAL DEVICE	4	34
	198 NERVE REPAIR AND DESTRUCTION	389	2,101
11	EYE AND OCULAR ADNEXA	930	15,120
	214 CATARACT PROCEDURES	771	9,302
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	57	818
	216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	24	426
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	9	437
	220 STRABISMUS AND MUSCLE EYE PROCEDURES	53	210
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	12	1,231
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	4	392
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	1,413	15,114
	233 NASAL CAUTERIZATION AND PACKING	3	82
	234 COMPLEX FACIAL AND ENT PROCEDURES	329	2,701
	235 SIMPLE FACIAL AND ENT PROCEDURES	730	8,806
	236 TONSIL AND ADENOID PROCEDURES	351	3,525
13	THERAPEUTIC AND OTHER RADIOLOGICAL PROCEDURES	1	170
	255 MISCELLANEOUS RADIOLOGICAL PROCEDURES WITH CONTRAST	1	2

SOURCE: Utah Ambulatory Surgery Database  
Utah Health Data Committee/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, 2008**  
**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	449	\$855	\$1,705
	003 COMPLEX INCISION AND DRAINAGE	1	\$508	\$1,907
	004 SIMPLE INCISION AND DRAINAGE	1	\$109	\$913
	006 SIMPLE DEBRIDEMENT AND DESTRUCTION	13	\$1,033	\$1,043
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	75	\$855	\$1,675
	008 SIMPLE EXCISION AND BIOPSY	79	\$646	\$1,494
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRAN	14	\$1,478	\$4,294
	011 SIMPLE INCISION AND EXCISION OF BREAST	266	\$879	\$1,130
02	MUSCULOSKELETAL SYSTEM	1,119	\$1,663	\$3,210
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	90	\$3,279	\$3,442
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	37	\$972	\$3,132
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	54	\$960	\$2,766
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	233	\$988	\$2,154
	025 ARTHROSCOPY	468	\$2,066	\$4,005
	028 CLOSED TREATMENT FX & DISLOCATION OF FINGER, TOE & TRUNK	1	\$1,314	\$2,175
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	9	\$409	\$1,651
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	129	\$1,075	\$2,955
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	20	\$540	\$1,860
	032 BUNION PROCEDURES	65	\$1,680	\$2,335
	033 ARTHROPLASTY	11	\$1,300	\$2,866
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	2	\$1,385	\$1,011
03	RESPIRATORY SYSTEM	25	\$872	\$2,002
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	25	\$872	\$1,967
04	CARDIOVASCULAR SYSTEM	9	\$635	\$2,380
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	9	\$635	\$2,728
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	38	\$974	\$2,149
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	38	\$974	\$2,127
06	DIGESTIVE SYSTEM	664	\$1,613	\$1,598
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	4	\$611	\$767
	119 HERNIA AND HYDROCELE PROCEDURES	332	\$1,051	\$2,494
	120 COMPLEX ANAL AND RECTAL PROCEDURES	144	\$912	\$1,120
	121 SIMPLE ANAL AND RECTAL PROCEDURES	20	\$287	\$1,145
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	3	\$712	\$1,475
	123 COMPLEX LAPAROSCOPIC PROCEDURES	161	\$3,603	\$3,620
08	MALE GENITAL SYSTEM	1	\$891	\$2,220
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	1	\$891	\$2,536
09	FEMALE GENITAL SYSTEM	128	\$1,110	\$2,126
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	5	\$1,533	\$2,489
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	28	\$784	\$1,490
	178 DILATION AND CURETTAGE	11	\$694	\$1,321
	179 HYSTEROSCOPY	81	\$1,281	\$2,480
	180 COLPOSCOPY	3	\$344	\$1,044
10	NERVOUS SYSTEM	260	\$823	\$1,172
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	86	\$785	\$894
	196 REVISION AND REMOVAL OF NEUROLOGICAL DEVICE	2	\$294	\$1,625



**AMB ST 1-5**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2008**  
**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 )
	198 NERVE REPAIR AND DESTRUCTION	172	\$848	\$1,764
11	EYE AND OCULAR ADNEXA	855	\$1,817	\$2,477
	214 CATARACT PROCEDURES	764	\$1,881	\$2,806
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	51	\$1,431	\$2,322
	216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	22	\$1,345	\$2,215
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	7	\$640	\$1,428
	220 STRABISMUS AND MUSCLE EYE PROCEDURES	2	\$551	\$2,391
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	7	\$980	\$2,034
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	2	\$646	\$1,280
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	364	\$1,007	\$1,837
	233 NASAL CAUTERIZATION AND PACKING	1	\$0	\$1,330
	234 COMPLEX FACIAL AND ENT PROCEDURES	43	\$1,665	\$2,703
	235 SIMPLE FACIAL AND ENT PROCEDURES	54	\$844	\$1,919
	236 TONSIL AND ADENOID PROCEDURES	266	\$938	\$1,575
13	THERAPEUTIC AND OTHER RADIOLOGICAL PROCEDURES	1	\$510	\$1,453
	255 MISCELLANEOUS RADIOLOGICAL PROCEDURES WITH CONTRAST	1	\$510	\$681

SOURCE: Utah Ambulatory Surgery Database  
Utah Health Data Committee/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, 2008**  
**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

409 St. Marks Outpatient Surgical Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
<b>GENDER</b>				
Female	3,163	57.9	42,157	55.1
Male	2,297	42.0	34,273	44.8
Unknown	0	0.0	11	0.0
Not Reported	4	0.1	52	0.1
<b>AGE</b>				
1-28 days	0	0.0	0	0.0
29-365 days	19	0.3	420	0.5
1-4 years	119	2.2	3,182	4.2
5-9	94	1.7	1,632	2.1
10-14	85	1.6	1,089	1.4
15-17	118	2.2	1,367	1.8
18-19	85	1.6	1,172	1.5
20-24	253	4.6	3,048	4.0
25-29	360	6.6	3,499	4.6
30-34	348	6.4	3,575	4.7
35-39	307	5.6	3,541	4.6
40-44	368	6.7	3,875	5.1
45-49	469	8.6	5,056	6.6
50-54	533	9.8	7,303	9.5
55-59	532	9.7	6,481	8.5
60-64	595	10.9	6,186	8.1
65-69	418	7.7	7,123	9.3
70-74	293	5.4	6,417	8.4
75-79	239	4.4	5,591	7.3
80-84	156	2.9	3,872	5.1
85-89	59	1.1	1,602	2.1
90 +	14	0.3	458	0.6
Not Reported	0	0.0	4	0.0
<b>SOURCE OF ADMISSION</b>				
Physician Referral	5,464	100.0	66,472	86.9
Clinic Referral	0	0.0	1,299	1.7
HMO Referral	0	0.0	0	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	2	0.0
Court/Law Enforcement	0	0.0	0	0.0
Unknown	0	0.0	2,920	3.8
Not Reported	0	0.0	5,800	7.6

(Continued)

**AMB ST 1-6**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2008**  
**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

409 St. Marks Outpatient Surgical Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
<b>DISCHARGE STATUS</b>				
Home or Self Care	5,456	99.9	70,834	92.6
Another Hospital	8	0.1	67	0.1
Skilled Nursing Facility	0	0.0	0	0.0
Intermediate Care Facility	0	0.0	0	0.0
Another Type of Institution	0	0.0	6	0.0
Under Care of Home Service	0	0.0	0	0.0
Left Against Medical Advice	0	0.0	0	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	0	0.0	0	0.0
Unknown	0	0.0	5,586	7.3
Not Reported	0	0.0	0	0.0
<b>PRIMARY PAYER</b>				
Medicare	804	14.7	18,751	24.5
Medicaid	142	2.6	3,605	4.7
Other government	47	0.9	2,426	3.2
Blue Cross/Blue Shield	1,852	33.9	16,436	21.5
Other Commercial	394	7.2	7,399	9.7
Managed Care(HMO, PPO)	1,938	35.5	23,343	30.5
Self Pay	0	0.0	1,102	1.4
Industrial & Worker Comp	240	4.4	1,832	2.4
Charity and Unclassified	0	0.0	158	0.2
Childrens Health Insurance	0	0.0	133	0.2
Unknown	0	0.0	60	0.1
Not Reported	47	0.9	1,248	1.6
<b>LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE</b>				
Bear River	16	0.3	3,564	4.7
Central Utah	22	0.4	1,239	1.6
Davis County	191	3.5	15,120	19.8
Salt Lake County	4,477	81.9	24,171	31.6
Southeastern Utah	28	0.5	725	0.9
Southwest Utah	8	0.1	2,858	3.7
Summit County	109	2.0	638	0.8
Tooele County	209	3.8	1,180	1.5
Tri-County	51	0.9	374	0.5
Utah County	131	2.4	9,391	12.3
Wasatch County	25	0.5	349	0.5
Weber County	45	0.8	13,793	18.0
Unknown Utah	1	0.0	18	0.0
Outside Utah	151	2.8	3,042	4.0
Unknown, Not Reported	0	0.0	31	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, 2008**  
**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)	.	.	60,158	100.0
Musculoskeletal (76.0-84.99)	.	.	2,039	3.4
Respiratory (30.0-34.99)	.	.	13,820	23.0
Cardiovascular (35.0-39.99)	.	.	133	0.2
Lymphatic/Hemetic (40.0-41.99)	.	.	57	0.1
Digestive System (42.0-54.99)	.	.	112	0.2
Urinary (55.0-59.99)	.	.	19,056	31.7
Male Genital (60.0-64.99)	.	.	234	0.4
Female Genital (65.0-71.99)	.	.	239	0.4
Endocrine/Nervous (01.0-07.99)	.	.	1,176	2.0
Eye (08.0-16.99)	.	.	3,608	6.0
Ear (18.0-20.99)	.	.	7,110	11.8
Nose, Mouth, Pharynx (21.0-29.99)	.	.	3,033	5.0
			9,541	15.9
Reporting Category(CPT-4 CODES)	3,822	100.0	105,057	100.0
Mastectomy (19120-19220)	0	0.0	462	0.4
Musculoskeletal (20000-29909)	452	11.8	25,268	24.1
Respiratory (30000-32999 & 39501-39599)	8	0.2	8,384	8.0
Cardiovascular (33010-37799 & 93501-93660)	0	0.0	122	0.1
Lymphatic/Hemetic (38100-38999)	0	0.0	162	0.2
Digestive (40490-49999)	0	0.0	38,389	36.5
Urinary (50010-53899)	14	0.4	1,925	1.8
Male Genital (54000-55899)	0	0.0	541	0.5
Female Genital (56405-58999)	0	0.0	2,036	1.9
Endocrine/Nervous (60000-64999)	120	3.1	8,280	7.9
Eye (65091-68899)	3,228	84.5	15,186	14.5
Ear (69000-69979)	0	0.0	4,302	4.1

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/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, 2008**  
**MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE\* PROCEDURES**

410 SurgiCare Center of Utah

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

Does not report ICDs

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL FASCs
All CPT-4 Procedures				
66984	EXTRACAPSULAR CATARACT REMV IOL	3,822	100.0	100.0
65760	KERATOMILEUSIS	1,072	28.0	8.46
67028	INTRAVITREAL INJ PHARMACOLOGIC A	613	16.0	0.58
66999	UNLISTED PROC ANTERIOR SEGMENT E	366	9.6	0.35
2019F	2019F	254	6.6	0.25
66821	DISCISSION 2ND CATARACT; LASER S	247	6.5	0.24
2027F	2027F	230	6.0	1.45
64612	CHEMODENERV MUSC; INNERV FACIAL	136	3.6	0.13
67904	REPR BLEPHAROPTOSIS; RESECT-EXT	119	3.1	0.12
68761	CLOSURE LACRIMAL PUNCTUM; PLUG E	81	2.1	0.29
2021F	2021F	67	1.8	0.07
65772	CORNEAL RELAXING INCS-ASTIGMATIS	54	1.4	0.05
67917	REPAIR OF ECTROPION; EXTENSIVE	51	1.3	0.05
66986	EXCHANGE OF INTRAOCULAR LENS	48	1.3	0.21
67228	DESTRCT RETINOPATHY; PHOTOCOAGUL	37	1.0	0.06
67840	EXC LES LID NO CLOS/W SMPL DIR C	29	0.8	0.03
65426	EXC/TRANSPOSITION PTERYGIUM; W/G	27	0.7	0.06
67042	67042	23	0.6	0.17
67041	67041	17	0.4	0.03
68801	DILAT LAC PUNCTUM W/WO IRRIGATIO	16	0.4	0.05
		16	0.4	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, 2008  
 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		2,114	\$2,001	\$2,106
66984	EXTRACAPSULAR CATARACT REMV IOL	782	\$3,451	\$2,792
67028	INTRAVITREAL INJ PHARMACOLOGIC A	348	\$1,317	\$1,317
2019F	2019F	216	\$126	\$126
66821	DISCISSION 2ND CATARACT; LASER S	154	\$1,002	\$996
2027F	2027F	123	\$153	\$153
65760	KERATOMILEUSIS	49	\$1,141	\$1,141
2021F	2021F	47	\$115	\$115
68761	CLOSURE LACRIMAL PUNCTUM; PLUG E	38	\$329	\$329
67228	DESTRCT RETINOPATHY; PHOTOCOAGUL	25	\$1,900	\$1,900
65426	EXC/TRANSPOSITION PTERYGIUM; W/G	23	\$2,536	\$2,261
66986	EXCHANGE OF INTRAOCULAR LENS	22	\$2,980	\$2,726
67840	EXC LES LID NO CLOS/W SMPL DIR C	21	\$483	\$862
67917	REPAIR OF ECTROPION; EXTENSIVE	20	\$2,682	\$2,068
65772	CORNEAL RELAXING INCS-ASTIGMATIS	18	\$392	\$392
67042	67042	15	\$5,549	\$4,805
67041	67041	14	\$5,575	\$4,471
67210	DESTRCT LES RETINA; PHOTOCOAGULA	13	\$1,575	\$1,575
67108	REPR RETINAL DETACH; W/VITRECTOM	10	\$6,037	\$4,927
68801	DILAT LAC PUNCTUM W/WO IRRIGATIO	10	\$234	\$419
65855	TRABECULOPLSTY-LASER-1/MORE SESS	9	\$1,280	\$1,280

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, 2008**  
**PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE\* CPT-4 PROCEDURES**

410 SurgiCare Center of Utah

Procedure APG category	TOTAL #	TOTAL # (ALL FASCs)
Procedure APG		
01 INTEGUMENTARY SYSTEM	2	1,591
008 SIMPLE EXCISION AND BIOPSY	2	500
10 NERVOUS SYSTEM	120	7,901
195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	120	5,711
11 EYE AND OCULAR ADNEXA	3,211	15,120
211 MINOR OPHTHALMOLOGICAL TESTS AND PROCEDURES	95	116
213 LASER EYE PROCEDURES	297	1,606
214 CATARACT PROCEDURES	1,116	9,302
215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	620	818
216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	45	426
217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	313	437
218 COMPLEX POSTERIOR SEGMENT EYE PROCEDURES	18	47
219 SIMPLE POSTERIOR SEGMENT EYE PROCEDURES	367	373
221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	205	1,231
222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	84	392
223 VITRECTOMY	51	162
12 FACIAL, EAR, NOSE, MOUTH AND THROAT	8	15,114
234 COMPLEX FACIAL AND ENT PROCEDURES	7	2,701
235 SIMPLE FACIAL AND ENT PROCEDURES	1	8,806

SOURCE: Utah Ambulatory Surgery Database  
 Utah Health Data Committee/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, 2008**  
**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	1	\$280	\$1,705
	008 SIMPLE EXCISION AND BIOPSY	1	\$280	\$1,494
10	NERVOUS SYSTEM	7	\$914	\$1,172
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	7	\$914	\$894
11	EYE AND OCULAR ADNEXA	1,689	\$2,467	\$2,477
	211 MINOR OPHTHALMOLOGICAL TESTS AND PROCEDURES	57	\$555	\$630
	213 LASER EYE PROCEDURES	211	\$1,172	\$1,021
	214 CATARACT PROCEDURES	808	\$3,439	\$2,806
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	54	\$1,341	\$2,322
	216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	33	\$2,466	\$2,215
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	24	\$798	\$1,428
	218 COMPLEX POSTERIOR SEGMENT EYE PROCEDURES	13	\$5,253	\$4,597
	219 SIMPLE POSTERIOR SEGMENT EYE PROCEDURES	349	\$1,317	\$1,317
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	54	\$3,195	\$2,034
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	46	\$413	\$1,280
	223 VITRECTOMY	40	\$5,422	\$4,414

SOURCE: Utah Ambulatory Surgery Database  
Utah Health Data Committee/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, 2008**  
**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

410 SurgiCare Center of Utah

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
<b>GENDER</b>				
Female	1,717	58.8	42,157	55.1
Male	1,202	41.2	34,273	44.8
Unknown	1	0.0	11	0.0
Not Reported	0	0.0	52	0.1
<b>AGE</b>				
1-28 days	0	0.0	0	0.0
29-365 days	0	0.0	420	0.5
1-4 years	0	0.0	3,182	4.2
5-9	0	0.0	1,632	2.1
10-14	1	0.0	1,089	1.4
15-17	1	0.0	1,367	1.8
18-19	8	0.3	1,172	1.5
20-24	37	1.3	3,048	4.0
25-29	60	2.1	3,499	4.6
30-34	88	3.0	3,575	4.7
35-39	61	2.1	3,541	4.6
40-44	55	1.9	3,875	5.1
45-49	113	3.9	5,056	6.6
50-54	127	4.3	7,303	9.5
55-59	153	5.2	6,481	8.5
60-64	173	5.9	6,186	8.1
65-69	347	11.9	7,123	9.3
70-74	403	13.8	6,417	8.4
75-79	441	15.1	5,591	7.3
80-84	509	17.4	3,872	5.1
85-89	234	8.0	1,602	2.1
90 +	109	3.7	458	0.6
Not Reported	0	0.0	4	0.0
<b>SOURCE OF ADMISSION</b>				
Physician Referral	0	0.0	66,472	86.9
Clinic Referral	0	0.0	1,299	1.7
HMO Referral	0	0.0	0	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	2	0.0
Court/Law Enforcement	0	0.0	0	0.0
Unknown	2,920	100.0	2,920	3.8
Not Reported	0	0.0	5,800	7.6

(Continued)

**AMB ST 1-6**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2008**  
**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

410 SurgiCare Center of Utah

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
<b>DISCHARGE STATUS</b>				
Home or Self Care	2,920	100.0	70,834	92.6
Another Hospital	0	0.0	67	0.1
Skilled Nursing Facility	0	0.0	0	0.0
Intermediate Care Facility	0	0.0	0	0.0
Another Type of Institution	0	0.0	6	0.0
Under Care of Home Service	0	0.0	0	0.0
Left Against Medical Advice	0	0.0	0	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	0	0.0	0	0.0
Unknown	0	0.0	5,586	7.3
Not Reported	0	0.0	0	0.0
<b>PRIMARY PAYER</b>				
Medicare	1,586	54.3	18,751	24.5
Medicaid	23	0.8	3,605	4.7
Other government	24	0.8	2,426	3.2
Blue Cross/Blue Shield	431	14.8	16,436	21.5
Other Commercial	163	5.6	7,399	9.7
Managed Care(HMO, PPO)	291	10.0	23,343	30.5
Self Pay	0	0.0	1,102	1.4
Industrial & Worker Comp	2	0.1	1,832	2.4
Charity and Unclassified	0	0.0	158	0.2
Childrens Health Insurance	0	0.0	133	0.2
Unknown	0	0.0	60	0.1
Not Reported	400	13.7	1,248	1.6
<b>LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE</b>				
Bear River	36	1.2	3,564	4.7
Central Utah	28	1.0	1,239	1.6
Davis County	124	4.2	15,120	19.8
Salt Lake County	1,885	64.6	24,171	31.6
Southeastern Utah	35	1.2	725	0.9
Southwest Utah	8	0.3	2,858	3.7
Summit County	17	0.6	638	0.8
Tooele County	170	5.8	1,180	1.5
Tri-County	35	1.2	374	0.5
Utah County	97	3.3	9,391	12.3
Wasatch County	5	0.2	349	0.5
Weber County	33	1.1	13,793	18.0
Unknown Utah	0	0.0	18	0.0
Outside Utah	447	15.3	3,042	4.0
Unknown, Not Reported	0	0.0	31	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, 2008**  
**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)	6,407	100.0	60,158	100.0
Mastectomy (85.0-85.99)	578	9.0	2,039	3.4
Musculoskeletal (76.0-84.99)	989	15.4	13,820	23.0
Respiratory (30.0-34.99)	4	0.1	133	0.2
Cardiovascular (35.0-39.99)	13	0.2	57	0.1
Lymphatic/Hemetic (40.0-41.99)	12	0.2	112	0.2
Digestive System (42.0-54.99)	1,372	21.4	19,056	31.7
Urinary (55.0-59.99)	1	0.0	234	0.4
Male Genital (60.0-64.99)	78	1.2	239	0.4
Female Genital (65.0-71.99)	97	1.5	1,176	2.0
Endocrine/Nervous (01.0-07.99)	1,030	16.1	3,608	6.0
Eye (08.0-16.99)	951	14.8	7,110	11.8
Ear (18.0-20.99)	217	3.4	3,033	5.0
Nose, Mouth, Pharynx (21.0-29.99)	1,065	16.6	9,541	15.9
Reporting Category(CPT-4 CODES)	6,241	100.0	105,057	100.0
Mastectomy (19120-19220)	23	0.4	462	0.4
Musculoskeletal (20000-29909)	1,463	23.4	25,268	24.1
Respiratory (30000-32999 & 39501-39599)	804	12.9	8,384	8.0
Cardiovascular (33010-37799 & 93501-93660)	10	0.2	122	0.1
Lymphatic/Hemetic (38100-38999)	20	0.3	162	0.2
Digestive (40490-49999)	1,600	25.6	38,389	36.5
Urinary (50010-53899)	0	0.0	1,925	1.8
Male Genital (54000-55899)	79	1.3	541	0.5
Female Genital (56405-58999)	106	1.7	2,036	1.9
Endocrine/Nervous (60000-64999)	1,005	16.1	8,280	7.9
Eye (65091-68899)	901	14.4	15,186	14.5
Ear (69000-69979)	230	3.7	4,302	4.1

SOURCE: Utah Ambulatory Surgery Database  
Utah Health Data Committee/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, 2008**  
**MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE\* PROCEDURES**

422 Utah Surgical Center

ICD-9 CODE	ICD-9 DESCRIPTION	#	%	% ALL FASCs
All ICD-9 Procedures		6,407	100.0	100.0
0392	INJ OTH AGENT SPINAL CANAL	765	11.9	1.63
1371	IOL PROSTH-CATARACT EXTRACT-1-STAGE	641	10.0	5.79
4542	ENDO POLYPECTOMY LG INTESTINE	396	6.2	3.63
8554	BILAT BREAST IMPLNT	345	5.4	0.75
4523	COLONOSCOPY	279	4.4	6.29
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	257	4.0	7.15
2169	OTH TURBINECTOMY	225	3.5	2.62
2001	MYRINGOTOMY W/INSRT TUBE	190	3.0	4.00
283	TONSILLECTOMY W/ADENOIDECTOMY	158	2.5	2.15
1364	DISCISSION SECNDRY MEMBRN	134	2.1	0.71
215	SUBMUCOUS RESECT NASAL SEPTUM	131	2.0	0.83
0481	INJ ANES PERIPH NERV-ANALGESIA	130	2.0	0.39
806	EXC SEMILUNAR CARTILAGE-KNEE	113	1.8	2.73
2263	ETHMOIDECTOMY	107	1.7	1.79
5123	LAP CHOLEY	95	1.5	0.55
0887	UPPER EYELID RHYTIDECTOMY	87	1.4	0.81
5303	UNILAT REPR DIRECT ING HERN-GFT	86	1.3	0.21
856	MASTOPEXY	85	1.3	0.34
8183	OTH REPR SHLDR	84	1.3	1.66
2189	OTH REPR & PLSTC OPER NOSE	74	1.2	0.17

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL FASCs
All CPT-4 Procedures		6,241	100.0	100.0
66984	EXTRACAPSULAR CATARACT REMV IOL	533	8.5	8.46
64483	INJ ANES EPIDURL; LUMB/SAC 1 LEV	355	5.7	1.14
45378	COLONOSCOPY FLEX; DX-SEP PROC	279	4.5	6.67
43239	UGI ENDO; W/BX 1/MX	257	4.1	7.53
45380	COLONOSCOPY FLEX; W/BX 1/MX	254	4.1	7.13
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	251	4.0	1.40
30140	SUBMUCOS RES TURBINATE PART/CMPL	214	3.4	2.17
69436	TYMPANOSTOMY GENERAL ANESTHESIA	190	3.0	3.37
29881	SCOPE KNEE SURG;W/MENISCECT MED/	165	2.6	2.21
64484	INJ ANES EPIDURL; LUMB/SAC-EA AD	145	2.3	0.50
66821	DISCISSION 2ND CATARACT; LASER S	134	2.1	1.45
30520	SEPTOPLASTY/SUBMUCOS RES W/GFT	131	2.1	1.46
29877	SCOPE KNEE SURG; DEBRID/SHAVE CA	122	2.0	1.00
66982	EXTRACAP CATARACT REMV W/IOL-CMP	108	1.7	0.27
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	103	1.7	1.71
29826	SCOPE SHOULDER; DECOMP SUBACROM	96	1.5	1.61
47562	LAPAROSCOPY SURGICAL; CHOLECT	90	1.4	0.15
49505	REPR INIT ING HERNIA 5YR/MORE; R	86	1.4	0.67
42821	T&A; AGE 12 OR OVER	81	1.3	0.69
31255	NASAL/SINUS ENDO; W/TOT ETHMOECT	80	1.3	0.84

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, 2008  
 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		2,762	\$2,809	\$1,582
1371	IOL PROSTH-CATARACT EXTRACT-1-STAGE	639	\$4,148	\$2,993
0392	INJ OTH AGENT SPINAL CANAL	357	\$1,135	\$1,038
4542	ENDO POLYPECTOMY LG INTESTINE	219	\$1,317	\$1,093
4523	COLONOSCOPY	216	\$1,257	\$955
283	TONSILLECTOMY W/ADENOIDECTOMY	143	\$1,609	\$1,520
1364	DISCISSION SECNDRY MEMBRN	112	\$1,643	\$1,265
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	112	\$1,339	\$925
5123	LAP CHOLEY	90	\$5,361	\$4,454
5303	UNILAT REPR DIRECT ING HERN-GFT	54	\$4,127	\$3,445
806	EXC SEMILUNAR CARTILAGE-KNEE	40	\$4,980	\$2,580
0443	RELEASE CARPAL TUNNEL	38	\$4,104	\$1,796
8301	EXPLOR TENDON SHEATH	33	\$1,801	\$1,801
5349	OTH UMB HERNIORRHAPHY	29	\$5,080	\$2,298
7863	REMOV IMPLNT DEVICE-RADIUS & ULNA	26	\$2,062	\$1,896
4513	OTH ENDO SM INTESTINE	25	\$951	\$645
6629	OTH BIL ENDO DESTRUC FALLOP TUBES	25	\$1,576	\$1,766
2187	OTH RHINOPLASTY	21	\$3,775	\$2,951
8339	EXC LES OTH SOFT TISS	21	\$3,040	\$1,914
8521	LOC EXC LES BREAST	21	\$2,965	\$1,198
282	TONSILLECTOMY WO ADENOIDECTOMY	20	\$2,284	\$1,381

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL FASCs )
CPT-4 Procedures		2,843	\$2,845	\$2,106
66984	EXTRACAPSULAR CATARACT REMV IOL	529	\$4,064	\$2,792
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	229	\$1,102	\$761
45378	COLONOSCOPY FLEX; DX-SEP PROC	216	\$1,257	\$1,552
45380	COLONOSCOPY FLEX; W/BX 1/MX	158	\$1,312	\$1,361
43239	UGI ENDO; W/BX 1/MX	112	\$1,339	\$1,506
66821	DISCISSION 2ND CATARACT; LASER S	112	\$1,643	\$996
66982	EXTRACAP CATARACT REMV W/IOL-CMP	108	\$4,517	\$3,327
64483	INJ ANES EPIDURL; LUMB/SAC 1 LEV	105	\$1,156	\$885
47562	LAPAROSCOPY SURGICAL; CHOLECT	83	\$5,262	\$4,425
42821	T&A; AGE 12 OR OVER	71	\$1,685	\$1,636
42820	T&A; UNDER AGE 12	67	\$1,478	\$1,600
29881	SCOPE KNEE SURG;W/MENISCECT MED/	56	\$5,113	\$3,496
49505	REPR INIT ING HERNIA 5YR/MORE; R	54	\$4,127	\$2,261
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	48	\$1,336	\$1,365
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	25	\$951	\$864
20680	REMOVAL OF IMPLANT; DEEP	23	\$1,513	\$2,136
26055	TENDON SHEATH INCISION	23	\$1,330	\$2,112
29880	SCOPE KNEE SURG;W/MENISCECT MED&	21	\$4,632	\$3,671
29848	ENDO WRST SURG REL TRNS CARP LIG	19	\$2,954	\$2,824
49587	REPR UMBIL HERNIA 5YR/OVER; INCA	19	\$5,804	\$3,481

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, 2008**  
**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	131	1,591
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	1	32
	004 SIMPLE INCISION AND DRAINAGE	1	13
	006 SIMPLE DEBRIDEMENT AND DESTRUCTION	1	55
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	29	364
	008 SIMPLE EXCISION AND BIOPSY	32	500
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRANGE	44	143
	011 SIMPLE INCISION AND EXCISION OF BREAST	23	462
02	MUSCULOSKELETAL SYSTEM	1,325	23,285
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	96	2,172
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	54	710
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	30	846
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	251	4,767
	025 ARTHROSCOPY	728	11,396
	027 SPLINT, STRAPPING AND CAST REMOVAL	1	1
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	3	89
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	55	1,220
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	10	217
	032 BUNION PROCEDURES	39	886
	033 ARTHROPLASTY	7	201
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	51	634
03	RESPIRATORY SYSTEM	331	3,611
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	1	2
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	328	3,563
	054 SIMPLE ENDOSCOPY OF THE UPPER AIRWAY	2	41
04	CARDIOVASCULAR SYSTEM	4	67
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	1	23
	080 MINOR VASCULAR REPAIR AND FISTULA CONSTRUCTION	3	7
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	16	184
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	16	178
06	DIGESTIVE SYSTEM	1,433	33,458
	112 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	26	625
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	1	61
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	303	9,347
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	34	2,368
	117 LOWER GASTROINTESTINAL ENDOSCOPY	682	17,008
	119 HERNIA AND HYDROCELE PROCEDURES	177	1,412
	120 COMPLEX ANAL AND RECTAL PROCEDURES	9	315
	121 SIMPLE ANAL AND RECTAL PROCEDURES	3	152
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	3	21
	123 COMPLEX LAPAROSCOPIC PROCEDURES	194	2,003
	124 SIMPLE LAPAROSCOPIC PROCEDURES	1	7
08	MALE GENITAL SYSTEM	77	476
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	77	346
09	FEMALE GENITAL SYSTEM	40	1,146
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	1	156

**AMB ST 1-4**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2008**  
**PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE\* CPT-4 PROCEDURES**

422 Utah Surgical Center

procedure APG category		TOTAL #	TOTAL # (ALL FASCs)
procedure APG			
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	9	276
	178 DILATION AND CURETTAGE	6	96
	179 HYSTEROSCOPY	22	578
	180 COLPOSCOPY	2	40
10	NERVOUS SYSTEM	996	7,901
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	919	5,711
	198 NERVE REPAIR AND DESTRUCTION	77	2,101
11	EYE AND OCULAR ADNEXA	895	15,120
	213 LASER EYE PROCEDURES	138	1,606
	214 CATARACT PROCEDURES	647	9,302
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	5	818
	216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	5	426
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	11	437
	218 COMPLEX POSTERIOR SEGMENT EYE PROCEDURES	12	47
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	10	1,231
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	7	392
	223 VITRECTOMY	60	162
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	953	15,114
	233 NASAL CAUTERIZATION AND PACKING	7	82
	234 COMPLEX FACIAL AND ENT PROCEDURES	273	2,701
	235 SIMPLE FACIAL AND ENT PROCEDURES	472	8,806
	236 TONSIL AND ADENOID PROCEDURES	201	3,525

SOURCE: Utah Ambulatory Surgery Database  
Utah Health Data Committee/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, 2008**  
**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	75	\$3,566	\$1,705
	004 SIMPLE INCISION AND DRAINAGE	1	\$0	\$913
	007 COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT	19	\$2,560	\$1,675
	008 SIMPLE EXCISION AND BIOPSY	23	\$2,210	\$1,494
	009 COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRAN	17	\$7,747	\$4,294
	011 SIMPLE INCISION AND EXCISION OF BREAST	15	\$2,418	\$1,130
02	MUSCULOSKELETAL SYSTEM	405	\$3,802	\$3,210
	021 COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	35	\$4,654	\$3,442
	022 SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	23	\$4,081	\$3,132
	023 COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES	9	\$4,203	\$2,766
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	98	\$2,445	\$2,154
	025 ARTHROSCOPY	164	\$4,751	\$4,005
	029 CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	3	\$1,513	\$1,651
	030 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	42	\$3,199	\$2,955
	031 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	4	\$1,929	\$1,860
	032 BUNION PROCEDURES	20	\$3,621	\$2,335
	035 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	7	\$1,069	\$1,011
03	RESPIRATORY SYSTEM	4	\$3,133	\$2,002
	052 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	1	\$5,804	\$3,457
	053 COMPLEX ENDOSCOPY OF THE UPPER AIRWAY	2	\$2,359	\$1,967
	054 SIMPLE ENDOSCOPY OF THE UPPER AIRWAY	1	\$2,012	\$2,217
04	CARDIOVASCULAR SYSTEM	1	\$10,317	\$2,380
	079 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	1	\$10,317	\$2,728
05	HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE	9	\$3,959	\$2,149
	095 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	9	\$3,959	\$2,127
06	DIGESTIVE SYSTEM	844	\$2,222	\$1,598
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	1	\$1,197	\$767
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	138	\$1,266	\$1,391
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	7	\$1,232	\$1,248
	117 LOWER GASTROINTESTINAL ENDOSCOPY	436	\$1,287	\$1,463
	119 HERNIA AND HYDROCELE PROCEDURES	110	\$4,765	\$2,494
	120 COMPLEX ANAL AND RECTAL PROCEDURES	9	\$2,059	\$1,120
	121 SIMPLE ANAL AND RECTAL PROCEDURES	3	\$1,717	\$1,145
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	1	\$3,668	\$1,475
	123 COMPLEX LAPAROSCOPIC PROCEDURES	139	\$4,157	\$3,620
08	MALE GENITAL SYSTEM	9	\$4,667	\$2,220
	151 TESTICULAR AND EPIDIDYMAL PROCEDURES	9	\$4,667	\$2,536
09	FEMALE GENITAL SYSTEM	27	\$2,402	\$2,126
	176 COMPLEX FEMALE REPRODUCTIVE PROCEDURES	1	\$3,040	\$2,489
	177 SIMPLE FEMALE REPRODUCTIVE PROCEDURES	8	\$2,022	\$1,490
	178 DILATION AND CURETTAGE	5	\$1,484	\$1,321
	179 HYSTEROSCOPY	11	\$3,320	\$2,480
	180 COLPOSCOPY	2	\$850	\$1,044
10	NERVOUS SYSTEM	383	\$1,338	\$1,172
	195 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	359	\$1,167	\$894



**AMB ST 1-5**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2008**  
**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 )
	198 NERVE REPAIR AND DESTRUCTION	24	\$3,899	\$1,764
11	EYE AND OCULAR ADNEXA	821	\$3,763	\$2,477
	213 LASER EYE PROCEDURES	112	\$1,643	\$1,021
	214 CATARACT PROCEDURES	642	\$4,138	\$2,806
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	1	\$2,799	\$2,322
	216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	4	\$2,865	\$2,215
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	8	\$1,833	\$1,428
	218 COMPLEX POSTERIOR SEGMENT EYE PROCEDURES	11	\$4,601	\$4,597
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	1	\$3,522	\$2,034
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	2	\$1,965	\$1,280
	223 VITRECTOMY	40	\$4,044	\$4,414
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	258	\$2,392	\$1,837
	233 NASAL CAUTERIZATION AND PACKING	1	\$666	\$1,330
	234 COMPLEX FACIAL AND ENT PROCEDURES	59	\$4,707	\$2,703
	235 SIMPLE FACIAL AND ENT PROCEDURES	38	\$1,912	\$1,919
	236 TONSIL AND ADENOID PROCEDURES	160	\$1,663	\$1,575

SOURCE: Utah Ambulatory Surgery Database  
Utah Health Data Committee/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, 2008**  
**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

422 Utah Surgical Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
<b>GENDER</b>				
Female	2,521	56.5	42,157	55.1
Male	1,944	43.5	34,273	44.8
Unknown	0	0.0	11	0.0
Not Reported	0	0.0	52	0.1
<b>AGE</b>				
1-28 days	0	0.0	0	0.0
29-365 days	26	0.6	420	0.5
1-4 years	82	1.8	3,182	4.2
5-9	75	1.7	1,632	2.1
10-14	50	1.1	1,089	1.4
15-17	81	1.8	1,367	1.8
18-19	75	1.7	1,172	1.5
20-24	187	4.2	3,048	4.0
25-29	270	6.0	3,499	4.6
30-34	290	6.5	3,575	4.7
35-39	267	6.0	3,541	4.6
40-44	265	5.9	3,875	5.1
45-49	332	7.4	5,056	6.6
50-54	404	9.0	7,303	9.5
55-59	374	8.4	6,481	8.5
60-64	354	7.9	6,186	8.1
65-69	385	8.6	7,123	9.3
70-74	352	7.9	6,417	8.4
75-79	314	7.0	5,591	7.3
80-84	215	4.8	3,872	5.1
85-89	57	1.3	1,602	2.1
90 +	10	0.2	458	0.6
Not Reported	0	0.0	4	0.0
<b>SOURCE OF ADMISSION</b>				
Physician Referral	4,465	100.0	66,472	86.9
Clinic Referral	0	0.0	1,299	1.7
HMO Referral	0	0.0	0	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	2	0.0
Court/Law Enforcement	0	0.0	0	0.0
Unknown	0	0.0	2,920	3.8
Not Reported	0	0.0	5,800	7.6

(Continued)

**AMB ST 1-6**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2008**  
**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

422 Utah Surgical Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
<b>DISCHARGE STATUS</b>				
Home or Self Care	4,453	99.7	70,834	92.6
Another Hospital	12	0.3	67	0.1
Skilled Nursing Facility	0	0.0	0	0.0
Intermediate Care Facility	0	0.0	0	0.0
Another Type of Institution	0	0.0	6	0.0
Under Care of Home Service	0	0.0	0	0.0
Left Against Medical Advice	0	0.0	0	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	0	0.0	0	0.0
Unknown	0	0.0	5,586	7.3
Not Reported	0	0.0	0	0.0
<b>PRIMARY PAYER</b>				
Medicare	1,000	22.4	18,751	24.5
Medicaid	182	4.1	3,605	4.7
Other government	38	0.9	2,426	3.2
Blue Cross/Blue Shield	812	18.2	16,436	21.5
Other Commercial	470	10.5	7,399	9.7
Managed Care(HMO, PPO)	1,241	27.8	23,343	30.5
Self Pay	346	7.7	1,102	1.4
Industrial & Worker Comp	371	8.3	1,832	2.4
Charity and Unclassified	4	0.1	158	0.2
Childrens Health Insurance	0	0.0	133	0.2
Unknown	0	0.0	60	0.1
Not Reported	1	0.0	1,248	1.6
<b>LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE</b>				
Bear River	12	0.3	3,564	4.7
Central Utah	14	0.3	1,239	1.6
Davis County	129	2.9	15,120	19.8
Salt Lake County	3,867	86.6	24,171	31.6
Southeastern Utah	12	0.3	725	0.9
Southwest Utah	8	0.2	2,858	3.7
Summit County	22	0.5	638	0.8
Tooele County	156	3.5	1,180	1.5
Tri-County	19	0.4	374	0.5
Utah County	84	1.9	9,391	12.3
Wasatch County	5	0.1	349	0.5
Weber County	25	0.6	13,793	18.0
Unknown Utah	0	0.0	18	0.0
Outside Utah	112	2.5	3,042	4.0
Unknown, Not Reported	0	0.0	31	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, 2008**  
**NUMBER OF CPT-4 AND ICD-9 REPORTABLE\* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY**

411 Wasatch Endoscopy Center

Reporting Category(ICD-9-CM CODES)	Procedures Performed		Procedures Performed-All FASCs	
	(#)	(%)	(#)	(%)
Reporting Category(ICD-9-CM CODES)	8,372	100.0	60,158	100.0
Mastectomy (85.0-85.99)	0	0.0	2,039	3.4
Musculoskeletal (76.0-84.99)	0	0.0	13,820	23.0
Respiratory (30.0-34.99)	0	0.0	133	0.2
Cardiovascular (35.0-39.99)	0	0.0	57	0.1
Lymphatic/Hemetic (40.0-41.99)	0	0.0	112	0.2
Digestive System (42.0-54.99)	8,370	100.0	19,056	31.7
Urinary (55.0-59.99)	0	0.0	234	0.4
Male Genital (60.0-64.99)	0	0.0	239	0.4
Female Genital (65.0-71.99)	2	0.0	1,176	2.0
Endocrine/Nervous (01.0-07.99)	0	0.0	3,608	6.0
Eye (08.0-16.99)	0	0.0	7,110	11.8
Ear (18.0-20.99)	0	0.0	3,033	5.0
Nose, Mouth, Pharynx (21.0-29.99)	0	0.0	9,541	15.9
Reporting Category(CPT-4 CODES)	8,386	100.0	105,057	100.0
Mastectomy (19120-19220)	0	0.0	462	0.4
Musculoskeletal (20000-29909)	0	0.0	25,268	24.1
Respiratory (30000-32999 & 39501-39599)	0	0.0	8,384	8.0
Cardiovascular (33010-37799 & 93501-93660)	0	0.0	122	0.1
Lymphatic/Hemetic (38100-38999)	0	0.0	162	0.2
Digestive (40490-49999)	8,384	100.0	38,389	36.5
Urinary (50010-53899)	0	0.0	1,925	1.8
Male Genital (54000-55899)	0	0.0	541	0.5
Female Genital (56405-58999)	2	0.0	2,036	1.9
Endocrine/Nervous (60000-64999)	0	0.0	8,280	7.9
Eye (65091-68899)	0	0.0	15,186	14.5
Ear (69000-69979)	0	0.0	4,302	4.1

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/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, 2008**  
**MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE\* PROCEDURES**

411 Wasatch Endoscopy Center

ICD-9 CODE	ICD-9 DESCRIPTION	#	%	% ALL FASCs
<b>All ICD-9 Procedures</b>				
4525	CLO [ENDO] BX LG INTESTINE	2,976	35.5	6.94
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	2,135	25.5	7.15
4523	COLONOSCOPY	1,925	23.0	6.29
4542	ENDO POLYPECTOMY LG INTESTINE	561	6.7	3.63
4513	OTH ENDO SM INTESTINE	407	4.9	1.13
4292	DILAT ESOPH	269	3.2	2.00
4422	ENDO DILAT PYLORUS	29	0.3	0.10
4543	ENDO DEST OTH LES/TISS LG INTEST	12	0.1	0.27
4341	ENDO EXC/DESTRUC LES/TISS STOMACH	9	0.1	0.07
4524	FLEX SIGMOIDOSCOPY	9	0.1	0.03
4514	CLO [ENDO] BX SM INTESTINE	7	0.1	0.02
4522	ENDO LG INTEST THRU ARTIFICI CL STOMA	7	0.1	0.03
4685	DILAT INTESTINE	7	0.1	0.02
4233	ENDO EXC/DESTRUC LES/TISS ESOPH	5	0.1	0.01
4443	ENDO CNTRL GASTRIC/DUODENAL HEMORR	3	0.0	0.02
4836	[ENDO] POLYPECTOMY RECTUM	3	0.0	0.01
4945	LIG HEMORRHOIDS	3	0.0	0.02
7021	VAGINOSCOPY	2	0.0	0.00
4224	CLO [ENDO] BX ESOPH	1	0.0	0.01
4699	OTH OPER INTESTINE	1	0.0	0.01

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL FASCs
<b>All CPT-4 Procedures</b>				
45380	COLONOSCOPY FLEX; W/BX 1/MX	2,930	34.9	7.13
43239	UGI ENDO; W/BX 1/MX	2,135	25.5	7.53
45378	COLONOSCOPY FLEX; DX-SEP PROC	1,873	22.3	6.67
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	561	6.7	1.71
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	407	4.9	1.33
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	145	1.7	1.72
43248	UGI ENDO; W/INSRT GUIDE WIRE	120	1.4	0.27
45381	COLNSCP PROX SPLENC FLXR;SUBMUC	52	0.6	0.18
45331	SIGMOIDOSCOPY FLXIBLE; W/BX 1/MX	45	0.5	0.08
43245	UP GI ENDO;W/DILAT GASTR OUTLT O	29	0.3	0.08
45383	COLONOSCOPY FLEX; W/ABLAT LES	10	0.1	0.08
43251	UGI ENDO; W/REMV TUMOR/LES-SNARE	9	0.1	0.06
45330	SIGMOIDOSCOPY FLEX; DX-SEP PROC	9	0.1	0.05
44388	COLONOSCOPY-STOMA; DX-SEP PROC	7	0.1	0.02
45386	COLNSCP PROX SPLENC FLXR; DILAT	6	0.1	0.02
43244	UGI ENDO; W/BAND LIG VARICES	4	0.0	0.03
43450	DILAT ESOPH-SOUND/BOUGIE-1/MX PA	4	0.0	0.59
43247	UGI ENDO; W/REMOVAL FB	3	0.0	0.04
43255	UGI ENDO; W/CONTRL BLEED ANY MET	3	0.0	0.02
44360	SM INTEST ENDO NOT ILEUM; DX-SP	3	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, 2008  
 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 CHRG	AVE TOT CHRG(ALL FASCs )
ICD-9 Procedures		5,598	\$889	\$1,582
4525	CLO [ENDO] BX LG INTESTINE	2,141	\$915	\$877
4523	COLONOSCOPY	1,606	\$893	\$955
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	1,305	\$918	\$925
4513	OTH ENDO SM INTESTINE	292	\$669	\$645
4542	ENDO POLYPECTOMY LG INTESTINE	155	\$828	\$1,093
4292	DILAT ESOPH	49	\$567	\$811
4422	ENDO DILAT PYLORUS	17	\$940	\$863
4524	FLEX SIGMOIDOSCOPY	8	\$21	\$85
4522	ENDO LG INTEST THRU ARTIFICL STOMA	6	\$445	\$515
4514	CLO [ENDO] BX SM INTESTINE	5	\$536	\$516
4233	ENDO EXC/DESTRUC LES/TISS ESOPH	3	\$992	\$992
4341	ENDO EXC/DESTRUC LES/TISS STOMACH	2	\$1,026	\$1,211
4543	ENDO DEST OTH LES/TISS LG INTEST	2	\$1,153	\$687
4685	DILAT INTESTINE	2	\$345	\$230
4836	[ENDO] POLYPECTOMY RECTUM	2	\$499	\$715
4224	CLO [ENDO] BX ESOPH	1	\$1,731	\$1,105
4443	ENDO CNTRL GASTRIC/DUODENAL HEMORR	1	\$1,177	\$889
4699	OTH OPER INTESTINE	1	\$1,606	\$504

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL FASCs )
CPT-4 Procedures		5,599	\$888	\$2,106
45380	COLONOSCOPY FLEX; W/BX 1/MX	2,112	\$921	\$1,361
45378	COLONOSCOPY FLEX; DX-SEP PROC	1,606	\$893	\$1,552
43239	UGI ENDO; W/BX 1/MX	1,303	\$915	\$1,506
43235	UGI ENDO; DX W/VO CLCT SPECMN-SP	292	\$669	\$864
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	155	\$828	\$1,365
45331	SIGMOIDOSCOPY FLXIBLE; W/BX 1/MX	27	\$482	\$796
43248	UGI ENDO; W/INSRT GUIDE WIRE	26	\$624	\$722
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	23	\$503	\$1,294
43245	UP GI ENDO;W/DILAT GASTR OUTLT O	17	\$940	\$1,209
45330	SIGMOIDOSCOPY FLEX; DX-SEP PROC	8	\$21	\$674
44388	COLONOSCOPY-STOMA; DX-SEP PROC	6	\$445	\$515
43244	UGI ENDO; W/BAND LIG VARICES	3	\$992	\$1,382
43251	UGI ENDO; W/REMV TUMOR/LES-SNARE	2	\$1,026	\$1,941
44361	SM INTEST ENDO NOT ILEUM; W/BX 1	2	\$522	\$797
44385	ENDO EVAL SM INTEST POUCH; DX-SP	2	\$295	\$385
44386	ENDO EVAL SM INTST POUCH; W/BX 1	2	\$462	\$992
43202	ESOPHGSCPY RIGD/FLXIBLE; W/BX 1/	1	\$1,731	\$754
43247	UGI ENDO; W/REMOVAL FB	1	\$682	\$1,104
43255	UGI ENDO; W/CONTRL BLEED ANY MET	1	\$1,177	\$1,443
44360	SM INTEST ENDO NOT ILEUM; DX-SP	1	\$676	\$882

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, 2008**  
**PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE\* CPT-4 PROCEDURES**

411 Wasatch Endoscopy Center

Procedure APG category		TOTAL #	TOTAL # (ALL FASCs)
Procedure APG			
06	DIGESTIVE SYSTEM	8,384	33,458
	112 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	4	625
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	9	61
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	53	126
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	2,549	9,347
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	316	2,368
	117 LOWER GASTROINTESTINAL ENDOSCOPY	5,448	17,008
	121 SIMPLE ANAL AND RECTAL PROCEDURES	4	152
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	1	21
09	FEMALE GENITAL SYSTEM	2	1,146
	180 COLPOSCOPY	2	40

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

**AMB ST 1-5**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2008**  
**PROCEDURE APG CATEGORY, PROCEDURE APG, SINGLE APG ONLY**  
**BASED ON REPORTABLE\* CPT-4 PROCEDURES**

411 Wasatch Endoscopy Center

Procedure APG category	Procedure APG	TOTAL #	AVE TOT CHRG	AVE TOT CHRG(ALL FASCs )
06	DIGESTIVE SYSTEM	5,599	\$888	\$1,598
	113 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	8	\$21	\$767
	114 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	30	\$445	\$796
	115 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	1,599	\$870	\$1,391
	116 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	74	\$690	\$1,248
	117 LOWER GASTROINTESTINAL ENDOSCOPY	3,887	\$904	\$1,463
	122 MISCELLANEOUS ABDOMINAL PROCEDURES	1	\$1,606	\$1,475

SOURCE: Utah Ambulatory Surgery Database  
 Utah Health Data Committee/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, 2008**  
**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

411 Wasatch Endoscopy Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
<b>GENDER</b>				
Female	4,097	59.1	42,157	55.1
Male	2,832	40.9	34,273	44.8
Unknown	0	0.0	11	0.0
Not Reported	0	0.0	52	0.1
<b>AGE</b>				
1-28 days	0	0.0	0	0.0
29-365 days	0	0.0	420	0.5
1-4 years	0	0.0	3,182	4.2
5-9	11	0.2	1,632	2.1
10-14	24	0.3	1,089	1.4
15-17	19	0.3	1,367	1.8
18-19	64	0.9	1,172	1.5
20-24	160	2.3	3,048	4.0
25-29	229	3.3	3,499	4.6
30-34	232	3.3	3,575	4.7
35-39	260	3.8	3,541	4.6
40-44	343	5.0	3,875	5.1
45-49	517	7.5	5,056	6.6
50-54	1,214	17.5	7,303	9.5
55-59	931	13.4	6,481	8.5
60-64	806	11.6	6,186	8.1
65-69	755	10.9	7,123	9.3
70-74	544	7.9	6,417	8.4
75-79	449	6.5	5,591	7.3
80-84	246	3.6	3,872	5.1
85-89	99	1.4	1,602	2.1
90 +	25	0.4	458	0.6
Not Reported	1	0.0	4	0.0
<b>SOURCE OF ADMISSION</b>				
Physician Referral	6,929	100.0	66,472	86.9
Clinic Referral	0	0.0	1,299	1.7
HMO Referral	0	0.0	0	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	2	0.0
Court/Law Enforcement	0	0.0	0	0.0
Unknown	0	0.0	2,920	3.8
Not Reported	0	0.0	5,800	7.6

(Continued)

**AMB ST 1-6**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2008**  
**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

411 Wasatch Endoscopy Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
<b>DISCHARGE STATUS</b>				
Home or Self Care	6,919	99.9	70,834	92.6
Another Hospital	10	0.1	67	0.1
Skilled Nursing Facility	0	0.0	0	0.0
Intermediate Care Facility	0	0.0	0	0.0
Another Type of Institution	0	0.0	6	0.0
Under Care of Home Service	0	0.0	0	0.0
Left Against Medical Advice	0	0.0	0	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	0	0.0	0	0.0
Unknown	0	0.0	5,586	7.3
Not Reported	0	0.0	0	0.0
<b>PRIMARY PAYER</b>				
Medicare	1,376	19.9	18,751	24.5
Medicaid	206	3.0	3,605	4.7
Other government	27	0.4	2,426	3.2
Blue Cross/Blue Shield	2,501	36.1	16,436	21.5
Other Commercial	444	6.4	7,399	9.7
Managed Care(HMO, PPO)	2,311	33.4	23,343	30.5
Self Pay	0	0.0	1,102	1.4
Industrial & Worker Comp	2	0.0	1,832	2.4
Charity and Unclassified	1	0.0	158	0.2
Childrens Health Insurance	0	0.0	133	0.2
Unknown	0	0.0	60	0.1
Not Reported	61	0.9	1,248	1.6
<b>LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE</b>				
Bear River	9	0.1	3,564	4.7
Central Utah	18	0.3	1,239	1.6
Davis County	201	2.9	15,120	19.8
Salt Lake County	6,018	86.9	24,171	31.6
Southeastern Utah	40	0.6	725	0.9
Southwest Utah	10	0.1	2,858	3.7
Summit County	140	2.0	638	0.8
Tooele County	149	2.2	1,180	1.5
Tri-County	26	0.4	374	0.5
Utah County	129	1.9	9,391	12.3
Wasatch County	28	0.4	349	0.5
Weber County	15	0.2	13,793	18.0
Unknown Utah	1	0.0	18	0.0
Outside Utah	145	2.1	3,042	4.0
Unknown, Not Reported	0	0.0	31	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, 2008**  
**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	
	(#)	(%)	(#)	(%)
Mastectomy (85.0-85.99)	.	.	60,158	100.0
Musculoskeletal (76.0-84.99)	.	.	2,039	3.4
Respiratory (30.0-34.99)	.	.	13,820	23.0
Cardiovascular (35.0-39.99)	.	.	133	0.2
Lymphatic/Hemetic (40.0-41.99)	.	.	57	0.1
Digestive System (42.0-54.99)	.	.	112	0.2
Urinary (55.0-59.99)	.	.	19,056	31.7
Male Genital (60.0-64.99)	.	.	234	0.4
Female Genital (65.0-71.99)	.	.	239	0.4
Endocrine/Nervous (01.0-07.99)	.	.	1,176	2.0
Eye (08.0-16.99)	.	.	3,608	6.0
Ear (18.0-20.99)	.	.	7,110	11.8
Nose, Mouth, Pharynx (21.0-29.99)	.	.	3,033	5.0
			9,541	15.9
<b>Reporting Category(CPT-4 CODES)</b>	<b>1,254</b>	<b>100.0</b>	<b>105,057</b>	<b>100.0</b>
Mastectomy (19120-19220)	0	0.0	462	0.4
Musculoskeletal (20000-29909)	3	0.2	25,268	24.1
Respiratory (30000-32999 & 39501-39599)	13	1.0	8,384	8.0
Cardiovascular (33010-37799 & 93501-93660)	0	0.0	122	0.1
Lymphatic/Hemetic (38100-38999)	0	0.0	162	0.2
Digestive (40490-49999)	0	0.0	38,389	36.5
Urinary (50010-53899)	0	0.0	1,925	1.8
Male Genital (54000-55899)	0	0.0	541	0.5
Female Genital (56405-58999)	0	0.0	2,036	1.9
Endocrine/Nervous (60000-64999)	0	0.0	8,280	7.9
Eye (65091-68899)	1,238	98.7	15,186	14.5
Ear (69000-69979)	0	0.0	4,302	4.1

SOURCE: Utah Ambulatory Surgery Database  
 Utah Health Data Committee/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, 2008**  
**MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE\* PROCEDURES**

421 Zion Eye Institute

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

Does not report ICDs

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL FASCs
All CPT-4 Procedures		1,254	100.0	100.0
66984	EXTRACAPSULAR CATARACT REMV IOL	628	50.1	8.46
66821	DISCISSION 2ND CATARACT; LASER S	246	19.6	1.45
66982	EXTRACAP CATARACT REMV W/IOL-CMP	82	6.5	0.27
67904	REPR BLEPHAROPTOSIS; RESECT-EXT	71	5.7	0.29
67917	REPAIR OF ECTROPION; EXTENSIVE	45	3.6	0.21
67924	REPAIR OF ENTROPION; EXTENSIVE	15	1.2	0.06
68815	PROBE NASOLAC DUCT; W/INSERT TUB	14	1.1	0.13
65420	EXC/TRANSPSTN PTERYGIUM; W/O GFT	12	1.0	0.04
31200	ETHMOIDECTOMY; INTRANASAL ANTERI	9	0.7	0.04
65426	EXC/TRANSPOSITION PTERYGIUM; W/G	9	0.7	0.17
67840	EXC LES LID NO CLOS/W SMPL DIR C	9	0.7	0.06
68720	DACRYOCYSTORHINOSTOMY	9	0.7	0.06
67911	CORRECTION OF LID RETRACTION	8	0.6	0.04
66762	IRIDOPLASTY BY PHOTOCOAGULATION	7	0.6	0.01
66825	REPSTN IO LENS REQ INCI-SEP PROC	5	0.4	0.02
30930	FRACTURE NASL TURBINATE THERAPEU	4	0.3	0.07
67005	REMV VITREOUS ANT APPROACH; PART	4	0.3	0.01
67312	STRABISMUS SURG; 2 HORIZONTAL MU	4	0.3	0.03
67400	ORBITOT W/O BONE FLP; EXPL W/WO	4	0.3	0.01
67570	OPTIC NERVE DECOMPRESSION	4	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, 2008  
 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		1,254	\$1,607	\$2,106
66984	EXTRACAPSULAR CATARACT REMV IOL	628	\$2,123	\$2,792
66821	DISCISSION 2ND CATARACT; LASER S	246	\$748	\$996
66982	EXTRACAP CATARACT REMV W/IOL-CMP	82	\$2,123	\$3,327
67904	REPR BLEPHAROPTOSIS; RESECT-EXT	71	\$730	\$1,447
67917	REPAIR OF ECTROPION; EXTENSIVE	45	\$996	\$2,068
67924	REPAIR OF ENTROPION; EXTENSIVE	15	\$1,027	\$1,736
68815	PROBE NASOLAC DUCT; W/INSERT TUB	14	\$1,250	\$1,802
65420	EXC/TRANSPSTN PTERYGIUM; W/O GFT	12	\$1,250	\$1,237
31200	ETHMOIDECTOMY; INTRANASAL ANTERI	9	\$1,250	\$1,250
65426	EXC/TRANSPOSITION PTERYGIUM; W/G	9	\$1,500	\$2,261
67840	EXC LES LID NO CLOS/W SMPL DIR C	9	\$750	\$862
68720	DACRYOCYSTORHINOSTOMY	9	\$1,400	\$1,600
67911	CORRECTION OF LID RETRACTION	8	\$1,113	\$1,228
66762	IRIDOPLASTY BY PHOTOCOAGULATION	7	\$750	\$750
66825	REPSTN IO LENS REQ INCI-SEP PROC	5	\$1,495	\$1,773
30930	FRACTURE NASL TURBINATE THERAPEU	4	\$1,825	\$1,825
67005	REMV VITREOUS ANT APPROACH; PART	4	\$1,750	\$1,705
67312	STRABISMUS SURG; 2 HORIZONTAL MU	4	\$1,200	\$2,110
67400	ORBITOT W/O BONE FLP; EXPL W/WO	4	\$663	\$2,540
67570	OPTIC NERVE DECOMPRESSION	4	\$900	\$900

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, 2008**  
**PROCEDURE APG CATEGORY, PROCEDURE APG, BASED ON REPORTABLE\* CPT-4 PROCEDURES**

421 Zion Eye Institute

Procedure APG category	Procedure APG	TOTAL #	TOTAL # (ALL FASCs)
01	INTEGUMENTARY SYSTEM	1	1,591
	008 SIMPLE EXCISION AND BIOPSY	1	500
02	MUSCULOSKELETAL SYSTEM	1	23,285
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	1	4,767
11	EYE AND OCULAR ADNEXA	1,230	15,120
	213 LASER EYE PROCEDURES	253	1,606
	214 CATARACT PROCEDURES	718	9,302
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	4	818
	216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	29	426
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	18	437
	220 STRABISMUS AND MUSCLE EYE PROCEDURES	5	210
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	180	1,231
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	19	392
	223 VITRECTOMY	4	162
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	15	15,114
	234 COMPLEX FACIAL AND ENT PROCEDURES	11	2,701
	235 SIMPLE FACIAL AND ENT PROCEDURES	4	8,806

SOURCE: Utah Ambulatory Surgery Database  
Utah Health Data Committee/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, 2008**  
**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 )
01	INTEGUMENTARY SYSTEM	1	\$1,000	\$1,705
	008 SIMPLE EXCISION AND BIOPSY	1	\$1,000	\$1,494
02	MUSCULOSKELETAL SYSTEM	1	\$1,250	\$3,210
	024 SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES	1	\$1,250	\$2,154
11	EYE AND OCULAR ADNEXA	1,230	\$1,613	\$2,477
	213 LASER EYE PROCEDURES	253	\$748	\$1,021
	214 CATARACT PROCEDURES	718	\$2,123	\$2,806
	215 COMPLEX ANTERIOR SEGMENT EYE PROCEDURES	4	\$2,025	\$2,322
	216 MODERATE ANTERIOR SEGMENT EYE PROCEDURES	29	\$1,402	\$2,215
	217 SIMPLE ANTERIOR SEGMENT EYE PROCEDURES	18	\$1,318	\$1,428
	220 STRABISMUS AND MUSCLE EYE PROCEDURES	5	\$1,240	\$2,391
	221 COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE	180	\$935	\$2,034
	222 SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE	19	\$876	\$1,280
	223 VITRECTOMY	4	\$1,750	\$4,414
12	FACIAL, EAR, NOSE, MOUTH AND THROAT	15	\$1,437	\$1,837
	234 COMPLEX FACIAL AND ENT PROCEDURES	11	\$1,295	\$2,703
	235 SIMPLE FACIAL AND ENT PROCEDURES	4	\$1,825	\$1,919

SOURCE: Utah Ambulatory Surgery Database  
Utah Health Data Committee/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, 2008**  
**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

421 Zion Eye Institute

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
<b>GENDER</b>				
Female	669	53.3	42,157	55.1
Male	585	46.7	34,273	44.8
Unknown	0	0.0	11	0.0
Not Reported	0	0.0	52	0.1
<b>AGE</b>				
1-28 days	0	0.0	0	0.0
29-365 days	5	0.4	420	0.5
1-4 years	0	0.0	3,182	4.2
5-9	8	0.6	1,632	2.1
10-14	1	0.1	1,089	1.4
15-17	0	0.0	1,367	1.8
18-19	2	0.2	1,172	1.5
20-24	1	0.1	3,048	4.0
25-29	1	0.1	3,499	4.6
30-34	8	0.6	3,575	4.7
35-39	8	0.6	3,541	4.6
40-44	15	1.2	3,875	5.1
45-49	24	1.9	5,056	6.6
50-54	35	2.8	7,303	9.5
55-59	57	4.5	6,481	8.5
60-64	122	9.7	6,186	8.1
65-69	157	12.5	7,123	9.3
70-74	278	22.2	6,417	8.4
75-79	291	23.2	5,591	7.3
80-84	151	12.0	3,872	5.1
85-89	71	5.7	1,602	2.1
90 +	19	1.5	458	0.6
Not Reported	0	0.0	4	0.0
<b>SOURCE OF ADMISSION</b>				
Physician Referral	0	0.0	66,472	86.9
Clinic Referral	1,254	100.0	1,299	1.7
HMO Referral	0	0.0	0	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	2	0.0
Court/Law Enforcement	0	0.0	0	0.0
Unknown	0	0.0	2,920	3.8
Not Reported	0	0.0	5,800	7.6

(Continued)



**AMB ST 1-6**  
**UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2008**  
**NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

421 Zion Eye Institute

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
<b>DISCHARGE STATUS</b>				
Home or Self Care	1,254	100.0	70,834	92.6
Another Hospital	0	0.0	67	0.1
Skilled Nursing Facility	0	0.0	0	0.0
Intermediate Care Facility	0	0.0	0	0.0
Another Type of Institution	0	0.0	6	0.0
Under Care of Home Service	0	0.0	0	0.0
Left Against Medical Advice	0	0.0	0	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	0	0.0	0	0.0
Unknown	0	0.0	5,586	7.3
Not Reported	0	0.0	0	0.0
<b>PRIMARY PAYER</b>				
Medicare	751	59.9	18,751	24.5
Medicaid	17	1.4	3,605	4.7
Other government	14	1.1	2,426	3.2
Blue Cross/Blue Shield	164	13.1	16,436	21.5
Other Commercial	80	6.4	7,399	9.7
Managed Care(HMO, PPO)	221	17.6	23,343	30.5
Self Pay	4	0.3	1,102	1.4
Industrial & Worker Comp	3	0.2	1,832	2.4
Charity and Unclassified	0	0.0	158	0.2
Childrens Health Insurance	0	0.0	133	0.2
Unknown	0	0.0	60	0.1
Not Reported	0	0.0	1,248	1.6
<b>LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE</b>				
Bear River	3	0.2	3,564	4.7
Central Utah	0	0.0	1,239	1.6
Davis County	1	0.1	15,120	19.8
Salt Lake County	0	0.0	24,171	31.6
Southeastern Utah	1	0.1	725	0.9
Southwest Utah	1,039	82.9	2,858	3.7
Summit County	0	0.0	638	0.8
Tooele County	0	0.0	1,180	1.5
Tri-County	0	0.0	374	0.5
Utah County	4	0.3	9,391	12.3
Wasatch County	0	0.0	349	0.5
Weber County	0	0.0	13,793	18.0
Unknown Utah	0	0.0	18	0.0
Outside Utah	206	16.4	3,042	4.0
Unknown, Not Reported	0	0.0	31	0.0

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