

2009

**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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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 (renamed Moab Regional Hospital in 2010)
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
147	Park City Medical Center
126	Pioneer Valley Hospital
122	Primary Children’s Medical Center

148	Riverton Hospital
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
426	Lakeview Endoscopy
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

** Moran Eye Center (now with UHC), Milford Valley Memorial Hospital, and Salt Lake Endoscopy Center did not submit ambulatory surgery data in 2009.

*** Provo Surgical Center and Park City Surgery Center closed in 2006, Intermountain Park City Surgical Center closed in 2009.

*** Cottonwood Hospital Medical Center closed in 2007.

*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.

2009 Utah Hospital and Freestanding Ambulatory Surgery Center Utilization and Charge Profile of Outpatient Surgery

Executive Summary

The 2009 Utah ambulatory surgery database contains data on reportable procedures from 66 ambulatory surgery facilities throughout the state, which includes 45 acute care hospital based surgery centers and 21 freestanding ambulatory surgery centers that submitted ambulatory data for 2009. Reportable procedures are listed in the Introduction on page 1. Information on ICD9 and CPT4 codes and EAPGs 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, 2009 and December 31, 2009. 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 311,442 patient visits with 381,101 reportable ambulatory ICD-9 procedures and 410,768 reportable CPT4 procedures for 66 facilities that reported in 2009. Approximately 73% of outpatient visits occurred in hospitals. FASCs accounted for the remaining 27% of outpatient visits. 84% of ICD9 code procedures occurred in hospitals, while the remaining 16% occurred in FASCs. 73% of CPT4 code procedures occurred in hospitals, while the remaining 27% occurred in FASCs.
- The statewide total charges reported for all reportable ambulatory procedures for all facilities were \$1,465,734,774 in 2009. The average total charge for all reported ambulatory procedures was \$4,706 with the average total hospital charge being \$5,383 and the average total FASC charge being \$2,879. The total charge is not the actual payment or reimbursement.
- Note: for this report, a revised classification of procedures, the Enhanced Ambulatory Patient Groups (EAPG) was used. Hence, comparison with previous reports, which used the Ambulatory Patient Groups (APG) classification of procedures, warrants caution. The most commonly reported reportable procedure EAPG for all facilities was Diagnostic Lower Gastrointestinal Endoscopy (EAPG 136, with 47,932 procedures), followed by Diagnostic Upper Gastrointestinal Endoscopy or Intubation (EAPG 134, with 31,528 procedures), and Level I Arthroscopy (EAPG 037, with 31,092 procedures). For hospitals the most commonly

reported procedure was also Diagnostic Lower Gastrointestinal Endoscopy (EAPG 136, with 34,149 procedures), followed by Diagnostic Lower Gastrointestinal Endoscopy or Intubation (EAPG 134, with 22,635 procedures), and Level I Arthroscopy (EAPG 037, with 22,184 procedures). For FASCs the most commonly reported procedures were Diagnostic Lower Gastrointestinal Endoscopy (EAPG 136, with 13,783 procedures) followed by Cataract Procedures (EAPG 233, with 10,500 procedures), Level I Arthroscopy (EAPG 037, with 8,908 procedures), and Diagnostic Lower Gastrointestinal Endoscopy or Intubation (EAPG 136, with 134,893 procedures).

- In general, hospitals performed substantially more procedures than FASCs. Variation in portion of procedures performed at hospitals and FASCs across EAPGs was considerable. Hospitals performed about 1.8 as many Ear, Nose, Mouth, and Throat Procedures (EAPG Category 13, with 28,739 procedures at hospitals and 16,324 procedures at FASCs), whereas hospitals performed fewer EAPG Ophthalmologic System Procedures (EAPG Category 12, with 12,275 procedures at hospitals and 17,880 at FASCs). Hospitals reported over 200 times as many Cardiovascular System procedures (EAPG Category 05, with 9,325 procedures at hospitals and 43 procedures at FASCs). In contrast, fewer Ophthalmologic System Procedures (EAPG Category 12) were performed at hospitals (12,275 procedures) than at FASCs (17,880 procedures).
- The highest average charge was Echocardiography (EAPG 081, \$66,961 for hospitals, FASCs did not report this procedure). Second highest average charge was for Cochlear Device Implantation (EAPG 250, \$50,592 for hospitals, FASCs did not report this procedure). Third highest average charge was for AICD Implant (EAPG 097, \$46,919 for hospitals, FASCs did not report this procedure). For most procedures the average charge for hospitals was higher than for FASCs. However, for some procedures the average charge was comparable for hospitals and FASCs. For example, Respiratory Procedures (EAPG Category 04) were \$2,975 for hospitals and \$3,092 for FASCs.
- During the past 11 years (1999 through 2009), the number of Diagnostic Lower Gastrointestinal Endoscopies (EAPG 136) performed at FASCs has nearly tripled (from 4,924 to 13,783 procedures per year). At hospitals the number has more than doubled (from 14,567 to 34,149 procedures per year). The annual percentage of these procedures performed at hospitals is higher than at FASCs (71% at hospitals, 29% at FASCs). The annual percentage of these procedures performed at FASCs has fluctuated. It increased (from 25% in 1999 to 40% in 2001), then decreased (to 29% in 2009, see Figure 1). During this same period, the number of Cataract Procedures (EAPG 233) performed at FASCs has increased (from 6,177 in 1999 to 10,500 in 2009, a 70% increase), while hospitals showed a slight increase (from 4,270 in 1999 to 5,365 in 2009 or about a 26% increase). The annual percentage of Cataract Procedures performed at FASCs has risen (from 59% to 66%), with a

complementary drop in the annual percentage at hospitals (from 41% to 34%, see Figure 2).

- During the past 11 years, the average charge for Diagnostic Lower Gastrointestinal Endoscopies (EAPG 136) performed at hospitals has increased (\$691 to \$1,271, or a 84% increase since 1999). In 2009 the average facility charge for this procedure was comparable at FASCs (\$1,544) and hospitals (\$1,271). The FASC average charge trend first decreased then increased, showing at 124% increase in average charges since 1999, (see Figure 3). The average charge for Cataract Procedures (EAPG 233) at hospitals has increased (\$2,239 to \$3,686, or 65%, from 1999 through 2009). The average charge at FASCs for Cataract Procedures (EAPG 233) has increased (\$2,211 to \$2,474, or 12%, from 1999 through 2009).
- The average charges are based on single-reportable-procedure discharges only (44% of ICD-9-CM procedures and 33% of CPT4 procedures) and may not apply to multiple-procedure discharges.

Introduction

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

The Health Data Committee

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

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

The Ambulatory Surgery Database

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

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

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

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

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

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

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

The Office of Health Care Statistics has collected information from 66 Utah ambulatory surgery facilities in 2009. Of these 66 facilities, 45 are acute care hospitals, while the remaining 21 are FASCs. Starting with the 2008 Database the Moran Eye Center is included with the records from UHC/University Hospital. Milford Valley Memorial Hospital and Salt Lake Endoscopy Center submitted no ambulatory surgery data in 2009. Intermountain Park City Surgical Center closed in 2009.

Data Processing and Quality

Data Submission

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

System Edits

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

Facility Reviews

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

Patient Confidentiality

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

About This Report

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

Organization of Report

This report provides summary information and comparisons at the statewide level and at the facility level for ICD-9-CM (International Classification of Diseases, 9th Revision, Clinical Modification), CPT-4 (Current Procedural Terminology, 4th edition) and APG (Ambulatory Patient Groups) codes, which were changed to EAPG (Enhanced Ambulatory Patient Groups) codes for the 2009 AMBST-1 Report, 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 2009 66 facilities reported ambulatory surgery data. Among these 66 facilities, 45 were hospitals and the remaining 21 were FASCs. Among the 45 hospitals, 44 reported both ICD-9 and CPT-4 codes, and one reported only CPT-4 codes. Among the 21 FASCs, none reported ICD-9 codes exclusively, 8 reported CPT-4 codes exclusively, and 13 reported both ICD-9 and CPT-4 codes.

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) and EAPGs (Enhanced APGs)

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, EAPG-233 is a cataract procedure, which includes CPT-4 codes 66840, 66850, 66852, 66920, 66930, 66940, 66983, 66984, 66985, and 669861.

As procedures are grouped into mutually exclusive EAPGs, procedure EAPGs are grouped into mutually exclusive procedure EAPG categories. In an analogous manner, DRGs are grouped into mutually exclusive MDCs (Major Diagnostic Categories). As stated in the *Enhanced Ambulatory Patient Groups Definitions Manual, Version 3.5*, by 3M Health Information Systems, which this report began using for the 2009 data, these EAPG categories correspond to “general bodily systems” such as the integumentary system or the respiratory system. EAPG version 3.5 was used for this report. The basic unit of payment in the development of the EAPGs is the visit, which is defined as any interaction between a patient and a health care professional.

The EAPG patient classification system groups thousands of CPT-4 codes into a manageable set of EAPG 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 EAPG software recently to analyze the ambulatory surgery data. As the EAPG software developer acknowledged, “the data elements used to define EAPGs were limited to the information routinely collected on the Medicare claim form”¹. In contrast to Medicare data, the Utah ambulatory surgery data include all ages of patients and all types of payer sources. These differences in patient population require users to be aware of the limitations of the APG software and to pay special attention when using EAPGs 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 EAPG 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 2009, the total number of reported ambulatory surgery visits was 311,442, but the total number of reportable procedures performed was 381,101 under the ICD-9 coding system and 410,768 under the CPT-4 coding system (See Table 2). Among all facilities that report ICD-9-CM codes, 56% of all visits include multiple procedures. For all facilities that report CPT-4 codes, this percentage is lower at 67%. 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 EAPG entries. Fifty three percent of all visits that include CPT-4 procedures have single reportable CPT-4 entries and 44% of all visits that include ICD-9 procedures have single reportable ICD-9 entries. 33% of all visits that include CPT-4 procedures have single reportable CPT-4 entries. As mentioned above, in contrast to ICD-9 values and CPT-4 values, only EAPG values that represent significant procedures appear in the report. If only one CPT-4 or ICD-9 reportable 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 EAPGs.

Patient Demographics

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

Reportable Procedures

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

Description of Tables

Statewide Tables

This report includes one chart that summarizes characteristics of all facilities and five tables that report statewide summary information on ambulatory surgeries in 2009.

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 (381,101) does not match the total number of CPT-4 procedures (410,768). 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 EAPG category (N=13) and procedure APG (N=124). 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 EAPG values are restricted to reportable outpatient procedure EAPGs.

Table 5: Statewide average total charges for each procedure EAPG category and procedure EAPG. Statewide average total charges for all facilities, all hospitals and all FASCs are listed. Only records with a single reportable procedure code or EAPG are included in the calculation for this table. One patient visit could have more than one EAPG 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—2009.

Figure 2: Number of Lower Cataract Procedures by Facility Type and Year, Utah, Hospitals and FASCs, 1999—2009.

Figure 3: Average Facility Charge for Lower Gastrointestinal Endoscopies by Facility Type and Year, Utah, Hospitals and FASCs, 1999—2009.

Figure 4: Average Facility Charge for Cataract Procedures by Facility Type and Year, Utah, Hospitals and FASCs, 1999—2009.

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 reportable procedure code are included in the calculation.

AMB ST 1-4: Facility specific frequency for each procedure EAPG category and procedure EAPG. 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 EAPG category and procedure EAPG. Statewide average total charges for either hospitals or FASCs are listed, depending on the type of facility in question. Only records with a single reportable procedure code or EAPG are included in the calculation.

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

Description of Terminology

Reporting Category: Required reporting ICD-9 and CPT-4 codes defined by Administrative Rule R428-11. See Introduction, p. 1 for the reportable codes included in analyses for this report.

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

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

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

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

Sources of Admission:

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

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

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

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

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

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

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

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

Local Health District of Patient Residence:

The following are multi-county districts.

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

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

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

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

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

Weber-Morgan - Includes Weber and Morgan counties.

Limitations and Sources of Variation

Billed Charges versus Actual Payment

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

EAPG 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 EAPG. For instance, the CPT-4 value of '47600' (Cholecystectomy) is a reportable procedure. The EAPG software, however, assigns an error EAPG value of '993' (Inpatient only procedures) to this procedure in the outpatient setting because '63030' is classified as strictly an inpatient procedure. The EAPG value of '993' does not appear in the report but the CPT-4 value of '47600' 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 (EAPG 086), for which the average statewide charge in 2009 was \$31,576. The average charges for the facilities that performed these procedures 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 was 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 2009 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 EAPG classification in Table 4 and Table 5 includes only the cases and charges of diagnostic cardiac catheterization (EAPG 084) reported by these hospitals. Obviously the total number of cardiac catheterization procedures is under reported when only the visits with a single CPT-4 procedure code are counted. Similar under reporting of this procedure occurs in the facility-level tables.

The data are reported as they were submitted to the Health Data Committee. Users of the data should be aware

of the data quality issue noted here and take it into consideration when using the report. The committee will continue to work with data suppliers to improve the quality of the Utah ambulatory surgery database.

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

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

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

Notes

1. *Enhanced Ambulatory Patient Groups Definitions Manual, Version 3.5*. Wallingford, CT: 3M Health Information Systems

Table 1
Hospital and Freestanding Ambulatory Surgery Center (FASC) Characteristics: 2009

ID ¹	Hospital Name	Own ²	Affiliation	County	City	U/R ³	Teach ⁴	Beds	Report CPT-4 ⁵	Report ICD-9 ⁶
111	Allen Memorial Hospital - CAH	G	Rural Health Management	Grand	Moab	R	N	17	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	89	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	39	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	225	Y	Y
116	Delta Community Medical Center - CAH	N	Intermountain Healthcare	Millard	Delta	R	N	18	Y	Y
140	Dixie Regional Medical Center	N	Intermountain Healthcare	Washington	St. George	R	N	245	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	472	Y	Y
117	Jordan Valley Hospital	I	IASIS Health Care	Salt Lake	West Jordan	U	N	183	Y	Y
114	Kane County Hospital - CAH	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	266	Y	Y

¹Facility ID Number

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

³Urban or Rural location of facility

⁴Teaching facility (Yes/No)

⁵Facility reports CPT-4 Codes

⁶Facility reports ICD-9-CM Codes

Table 1 (continued)
Hospital and Freestanding Ambulatory Surgery Center (FASC) Characteristics: 2009

ID ¹	Hospital Name	Own ²	Affiliation	County	City	U/R ³	Teach ⁴	Beds	Report CPT-4 ⁵	Report ICD-9 ⁶
105	Logan Regional Hospital	N	Intermountain Healthcare	Cache	Logan	R	N	146	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	23	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	44	Y	Y
142	Ogden Regional Medical Center	I	MountainStar Healthcare	Weber	Ogden	U	N	232	Y	Y
135	Orem Community Hospital	N	Intermountain Healthcare	Utah	Orem	U	N	24	Y	Y
147	Park City Medical Center	N	Intermountain Healthcare	Summit	Park City	R	N	26	Y	Y
126	Pioneer Valley Hospital	I	IASIS Health Care	Salt Lake	West Valley	U	Y	139	Y	Y
122	Primary Children's Medical Center	N	Intermountain Healthcare	Salt Lake	Salt Lake City	U	N	235	Y	Y
148	Riverton Hospital	N	Intermountain Healthcare	Salt Lake	Salt Lake City	U	Y	97	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	508	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.

¹Facility ID Number

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

³Urban or Rural location of facility

⁴Teaching facility (Yes/No)

⁵Facility reports CPT-4 codes

⁶Facility reports ICD-9-CM codes

Table 1 (continued)
Hospital and Freestanding Ambulatory Surgery Center (FASC) Characteristics: 2009

ID ¹	Hospital Name	Own ²	Affiliation	County	City	U/R ³	Teach ⁴	Beds	Report CPT-4 ⁵	Report ICD-9 ⁶
401	Central Utah Surgical Center	I	Nuetera Healthcare	Utah	Provo	U	N	6	Y	N
423	Coral Desert Surgery Center	I	Nuetera 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	Y
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	Nuetera Healthcare	Davis	Bountiful	U	N	4	Y	Y
419	Northern Utah Endoscopy Center	I	Nuetera Healthcare	Cache	Logan	R	N	2	Y	Y
420	Ridgeline Endoscopy Center	I	Freestanding	Weber	Ogden	U	N	2	Y	N
427	Riverwoods Surgery Center	I	Freestanding	Utah	Provo	U	N	5	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	Nuetera 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

* Moran Eye Center reported with UHC/Univ Hospitals and Clinics starting 2008.

** Milford Valley Memorial Hospital, Moran Eye Center and Salt Lake Endoscopy Center did not submit ambulatory surgery data in 2009.

***Park City Surgical Center closed in 2009.

CAH is Critical Access Hospital.

¹Facility ID Number

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

³Urban or Rural location of facility

⁴Teaching facility (Yes/No)

⁵Facility reports CPT-4 codes

⁶Facility reports ICD-9-CM codes

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

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

**TABLE 2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
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)	381,101	100.0	320,509	100.0	60,592	100.0
Mastectomy (85.0-85.99)	9,312	2.4	8,217	2.6	1,095	1.8
Musculoskeletal (76.0-84.99)	83,413	21.9	69,555	21.7	13,858	22.9
Respiratory (30.0-34.99)	3,428	0.9	3,320	1.0	108	0.2
Cardiovascular (35.0-39.99)	22,431	5.9	22,400	1.0	31	0.1
Lymphatic/Hemetic (40.0-41.99)	2,885	0.8	2,804	0.9	81	0.1
Digestive System (42.0-54.99)	116,411	30.5	98,678	30.8	17,733	29.3
Urinary (55.0-59.99)	11,305	3.0	10,902	3.4	403	0.7
Male Genital (60.0-64.99)	4,029	1.1	3,817	1.2	212	0.3
Female Genital (65.0-71.99)	15,706	4.1	14,786	4.6	920	1.5
Endocrine/Nervous (01.0-07.99)	27,363	7.2	23,111	7.2	4,252	7.0
Eye (08.0-16.99)	29,853	7.8	21,114	6.6	8,739	14.4
Ear (18.0-20.99)	16,335	4.3	12,945	4.0	3,390	5.6
Nose,Mouth,Pharynx (21.0-29.99)	38,630	10.1	28,860	9.0	9,770	16.1
Reporting Category(CPT-4 CODES)	410,768	100.0	299,107	100.0	111,661	100.0
Mastectomy (19120-19220)	2,402	0.6	2,014	0.7	388	0.3
Musculoskeletal (20000-29909)	100,920	24.6	75,301	25.2	25,619	22.9
Respiratory (30000-32999 & 39501-39599)	23,616	5.7	14,568	4.9	9,048	8.1
Cardiovascular (33010-37799 & 93501-93660)	24,484	6.0	24,369	8.1	115	0.1
Lymphatic/Hemetic (38100-38999)	2,761	0.7	2,630	0.9	131	0.1
Digestive System (40490-49999)	147,718	36.0	109,341	36.6	38,377	34.4
Urinary (50010-53899)	12,618	3.1	10,457	3.5	2,161	1.9
Male Genital (54000-55899)	4,058	1.0	3,299	1.1	759	0.7
Female Genital (56405-58999)	13,799	3.4	12,326	4.1	1,473	1.3
Endocrine/Nervous (60000-64999)	36,102	8.8	24,781	8.3	11,321	10.1
Eye (65091-68899)	30,492	7.4	12,489	4.2	18,003	16.1
Ear (69000-69979)	11,798	2.9	7,532	2.5	4,266	3.8

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, 2009
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	381,101	100.0	320,509	100.0	60,592	100.0
4523	COLONOSCOPY	23,284	6.1	19,520	6.1	3,764	6.2
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	22,419	5.9	18,436	5.8	3,983	6.6
2001	MYRINGOTOMY W/INSRT TUBE	13,088	3.4	10,199	3.2	2,889	4.8
4542	ENDO POLYPECTOMY LG INTESTINE	12,438	3.3	10,722	3.3	1,716	2.8
4525	CLO [ENDO] BX LG INTESTINE	11,446	3.0	7,479	2.3	3,967	6.5
1371	IOL PROSTH-CATARACT EXTRACT-1-STAGE	9,666	2.5	5,090	1.6	4,576	7.6
0392	INJ OTH AGENT SPINAL CANAL	7,886	2.1	6,339	2.0	1,547	2.6
806	EXC SEMILUNAR CARTILAGE-KNEE	7,822	2.1	5,958	1.9	1,864	3.1
5123	LAP CHOLEY	7,569	2.0	7,237	2.3	332	0.5
283	TONSILLECTOMY W/ADENOIDECTOMY	7,200	1.9	5,777	1.8	1,423	2.3
1341	PHACOEMULSIFICATION-ASPIR CATARACT	6,666	1.7	5,073	1.6	1,593	2.6
4513	OTH ENDO SM INTESTINE	6,074	1.6	5,472	1.7	602	1.0
4292	DILAT ESOPH	5,798	1.5	4,631	1.4	1,167	1.9
0391	INJ ANES SPINAL CANAL-ANALGESIA	5,712	1.5	5,648	1.8	64	0.1
3722	LT HEART CARD CATH	4,303	1.1	4,303	1.3	.	.
2169	OTH TURBINECTOMY	4,107	1.1	2,513	0.8	1,594	2.6
0443	RELEASE CARPAL TUNNEL	3,992	1.0	3,133	1.0	859	1.4
8183	OTH REPR SHLDR	3,675	1.0	2,632	0.8	1,043	1.7
8147	OTH REPR KNEE	3,138	0.8	3,006	0.9	132	0.2
8363	ROTATOR CUFF REPR	3,062	0.8	2,439	0.8	623	1.0

CPT-4 CODE	CPT-4 DESCRIPTION	#		%		#		%	
		#	%	#	%	#	%	#	%
All Reportable*	CPT-4 Procedures	410,768	100.0	299,107	100.0	111,661	100.0		
43239	UGI ENDO; W/BX 1/MX	25,647	6.2	18,121	6.1	7,526	6.7		
45378	COLONOSCOPY FLEX; DX-SEP PROC	25,328	6.2	18,275	6.1	7,053	6.3		
45380	COLONOSCOPY FLEX; W/BX 1/MX	22,322	5.4	15,672	5.2	6,650	6.0		
66984	EXTRACAPSULAR CATARACT REMV IOL	14,752	3.6	4,911	1.6	9,841	8.8		
69436	TYMPANOSTOMY GENERAL ANESTHESIA	8,849	2.2	5,248	1.8	3,601	3.2		
29881	SCOPE KNEE SURG;W/MENISCECT MED/	7,182	1.7	4,918	1.6	2,264	2.0		
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	6,091	1.5	4,450	1.5	1,641	1.5		
42820	T&A; UNDER AGE 12	5,803	1.4	4,409	1.5	1,394	1.2		
41899	UNLIST PROC DENTOALVEOL STRUCTUR	5,691	1.4	2,708	0.9	2,983	2.7		
29826	SCOPE SHOULDER; DECOMP SUBACROM	5,272	1.3	3,623	1.2	1,649	1.5		
43235	UGI ENDO; DX W/VO CLCT SPECMN-SP	5,104	1.2	3,736	1.2	1,368	1.2		
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	4,959	1.2	4,474	1.5	485	0.4		
64483	INJ ANES EPIDURL; LUMB/SAC 1 LEV	4,637	1.1	3,197	1.1	1,440	1.3		
30140	SUBMUCOS RES TURBINATE PART/CMPL	4,515	1.1	2,210	0.7	2,305	2.1		
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	4,421	1.1	2,858	1.0	1,563	1.4		
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	4,339	1.1	2,106	0.7	2,233	2.0		
29877	SCOPE KNEE SURG; DEBRID/SHAVE CA	3,959	1.0	2,990	1.0	969	0.9		
30520	SEPTOPLASTY/SUBMUCOS RES W/GFT	3,906	1.0	2,319	0.8	1,587	1.4		
20680	REMOVAL OF IMPLANT; DEEP	3,838	0.9	3,112	1.0	726	0.7		
64484	INJ ANES EPIDURL; LUMB/SAC-EA AD	3,186	0.8	2,467	0.8	719	0.6		

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

**TABLE 4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGES PROFILE OF OUTPATIENT SURGERY, 2009
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE* CPT-4 PROCEDURES**

STATEWIDE TOTALS

Procedure EAPG category	ALL FACILITIES	HOSPITALS	FASCs
Procedure EAPG	#	#	#
01 SKIN & INTEGUMENTARY SYSTEM PROCEDURES	10,164	8,192	1,972
002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	1,108	1,091	17
003 LEVEL I SKIN INCISION AND DRAINAGE	220	189	31
004 LEVEL II SKIN INCISION AND DRAINAGE	132	95	37
006 LEVEL I SKIN DEBRIDEMENT AND DESTRUCTION	30	23	7
007 LEVEL II SKIN DEBRIDEMENT AND DESTRUCTION	177	128	49
009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	646	503	143
010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	6,546	5,031	1,515
011 LEVEL III EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	86	82	4
012 LEVEL I SKIN REPAIR	40	35	5
013 LEVEL II SKIN REPAIR	880	792	88
014 LEVEL III SKIN REPAIR	296	220	76
015 LEVEL IV SKIN REPAIR	3	3	0
02 BREAST PROCEDURES	2,442	2,075	367
020 LEVEL I BREAST PROCEDURES	2,381	2,014	367
021 LEVEL II BREAST PROCEDURES	61	61	0
03 MUSCULOSKELETAL SYSTEM PROCEDURES	87,519	64,806	22,713
030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	3,001	2,405	596
031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	6,291	4,694	1,597
032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	3,048	2,234	814
033 LEVEL I HAND PROCEDURES	5,323	3,780	1,543
034 LEVEL II HAND PROCEDURES	1,647	1,278	369
035 LEVEL I FOOT PROCEDURES	8,801	6,264	2,537
036 LEVEL II FOOT PROCEDURES	2,248	1,682	566
037 LEVEL I ARTHROSCOPY	31,092	22,184	8,908
038 LEVEL II ARTHROSCOPY	7,247	5,320	1,927
039 REPLACEMENT OF CAST	69	69	0
040 SPLINT, STRAPPING AND CAST REMOVAL	1,672	1,672	0
041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	826	717	109
042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	717	628	89
043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	7,115	5,752	1,363
044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	687	490	197
045 BUNION PROCEDURES	2,683	1,791	892
046 LEVEL I ARTHROPLASTY	857	634	223
047 LEVEL II ARTHROPLASTY	163	148	15
048 HAND AND FOOT TENOTOMY	524	386	138
049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	3,508	2,678	830
04 RESPIRATORY PROCEDURES	13,084	9,066	4,018
061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	1,439	1,396	43
062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	1,980	1,436	544
063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	7,824	4,402	3,422
064 ENDOSCOPY OF THE LOWER AIRWAY	1,841	1,832	9
05 CARDIOVASCULAR PROCEDURES	9,368	9,325	43
081 ECHOCARDIOGRAPHY	23	23	0
082 CARDIAC ELECTROPHYSIOLOGIC TESTS	1,153	1,153	0
083 PLACEMENT OF TRANSVENOUS CATHETERS	962	941	21

**TABLE 4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGES PROFILE OF OUTPATIENT SURGERY, 2009
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE* CPT-4 PROCEDURES**

STATEWIDE TOTALS

Procedure EAPG category	ALL FACILITIES	HOSPITALS	FASCs	
Procedure EAPG	#	#	#	
084	DIAGNOSTIC CARDIAC CATHETERIZATION	2,404	2,404	0
085	ANGIOPLASTY AND TRANSCATHETER PROCEDURES	1,500	1,497	3
086	PACEMAKER INSERTION AND REPLACEMENT	259	259	0
087	REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	810	809	1
088	LEVEL I CARDIOTHORACIC PROCEDURES	229	225	4
089	LEVEL II CARDIOTHORACIC PROCEDURES	1,627	1,625	2
090	SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	59	53	6
091	VASCULAR LIGATION AND RECONSTRUCTION	130	124	6
092	RESUSCITATION	12	12	0
097	AICD IMPLANT	200	200	0
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	3,013	2,884	129
110	PHARMACOTHERAPY BY EXTENDED INFUSION	64	64	0
111	PHARMACOTHERAPY EXCEPT BY EXTENDED INFUSION	17	17	0
113	LEVEL I BLOOD AND BLOOD PRODUCT EXCHANGE	1,321	1,308	13
114	LEVEL II BLOOD AND BLOOD PRODUCT EXCHANGE	4	4	0
115	DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	1,607	1,491	116
07	GASTROINTESTINAL SYSTEM PROCEDURES	131,595	99,755	31,840
130	ALIMENTARY TESTS AND SIMPLE TUBE PLACEMENT	179	179	0
131	ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	2,083	1,379	704
132	ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	578	502	76
133	PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	505	422	83
134	DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	31,528	22,635	8,893
135	THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	6,795	4,688	2,107
136	DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	47,932	34,149	13,783
137	THERAPEUTIC COLONOSCOPY	8,101	5,727	2,374
138	ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	1,943	1,937	6
139	LEVEL I HERNIA REPAIR	6,696	5,573	1,123
140	LEVEL II HERNIA REPAIR	1,448	1,193	255
141	LEVEL I ANAL AND RECTAL PROCEDURES	1,022	782	240
142	LEVEL II ANAL AND RECTAL PROCEDURES	1,497	1,145	352
143	LEVEL I GASTROINTESTINAL PROCEDURES	416	405	11
144	LEVEL II GASTROINTESTINAL PROCEDURES	236	226	10
145	LEVEL I LAPAROSCOPY	2,946	2,675	271
146	LEVEL II LAPAROSCOPY	9,497	8,847	650
147	LEVEL III LAPAROSCOPY	8,105	7,203	902
148	LEVEL IV LAPAROSCOPY	88	88	0
08	GENITOURINARY SYSTEM PROCEDURES	11,313	8,962	2,351
160	EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	1,543	697	846
161	URINARY STUDIES AND PROCEDURES	3	3	0
162	URINARY CATHETERIZATION AND DILATATION	244	238	6
163	LEVEL I BLADDER AND KIDNEY PROCEDURES	4,651	3,932	719
164	LEVEL II BLADDER AND KIDNEY PROCEDURES	3,923	3,413	510
165	LEVEL III BLADDER AND KIDNEY PROCEDURES	55	55	0
166	LEVEL I URETHRA AND PROSTATE PROCEDURES	206	180	26
167	LEVEL II URETHRA AND PROSTATE PROCEDURES	688	444	244
09	MALE REPRODUCTIVE SYSTEM	3,995	3,509	486

TABLE 4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGES PROFILE OF OUTPATIENT SURGERY, 2009
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE* CPT-4 PROCEDURES

STATEWIDE TOTALS

Procedure EAPG category	Procedure EAPG	ALL FACILITIES	HOSPITALS	FASCs
		#	#	#
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	1,751	1,431	320
	181 CIRCUMCISION	926	822	104
	182 INSERTION OF PENILE PROSTHESIS	32	32	0
	183 LEVEL I PENILE AND PROSTATE PROCEDURES	10	10	0
	184 LEVEL II PENILE AND PROSTATE PROCEDURES	1,209	1,167	42
	185 PROSTATE NEEDLE AND PUNCH BIOPSY	67	47	20
10	FEMALE REPRODUCTIVE SYSTEM	8,037	7,180	857
	190 ARTIFICIAL FERTILIZATION	2	2	0
	193 TREATMENT OF INCOMPLETE ABORTION	1	1	0
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	1,476	1,292	184
	197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	1,452	1,355	97
	198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	1,630	1,494	136
	199 DILATION AND CURETTAGE	593	551	42
	200 HYSTEROSCOPY	2,614	2,251	363
	201 COLPOSCOPY	269	234	35
11	NEUROLOGIC SYSTEM PROCEDURES	35,484	24,377	11,107
	213 NERVE AND MUSCLE TESTS	1	1	0
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	5,722	2,913	2,809
	215 LEVEL I REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	181	155	26
	216 LEVEL II REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	162	148	14
	217 LEVEL I NERVE PROCEDURES	5,964	4,031	1,933
	218 LEVEL II NERVE PROCEDURES	985	793	192
	219 SPINAL TAP	471	470	1
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	17,767	11,868	5,899
	221 LAMINOTOMY AND LAMINECTOMY	3,333	3,173	160
	223 LEVEL III NERVE PROCEDURES	898	825	73
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	30,155	12,275	17,880
	230 MINOR OPHTHALMOLOGICAL TESTS AND PROCEDURES	221	41	180
	232 LASER EYE PROCEDURES	2,282	418	1,864
	233 CATARACT PROCEDURES	15,865	5,365	10,500
	234 LEVEL I ANTERIOR SEGMENT EYE PROCEDURES	1,448	265	1,183
	235 LEVEL II ANTERIOR SEGMENT EYE PROCEDURES	619	285	334
	236 LEVEL III ANTERIOR SEGMENT EYE PROCEDURES	378	209	169
	237 LEVEL I POSTERIOR SEGMENT EYE PROCEDURES	1,014	390	624
	238 LEVEL II POSTERIOR SEGMENT EYE PROCEDURES	2,366	1,912	454
	239 STRABISMUS AND MUSCLE EYE PROCEDURES	1,388	1,026	362
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	1,455	895	560
	241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	3,119	1,469	1,650
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	45,063	28,739	16,324
	250 COCHLEAR DEVICE IMPLANTATION	91	91	0
	251 OTORHINOLARYNGOLOGIC FUNCTION TESTS	37	37	0
	252 LEVEL I FACIAL AND ENT PROCEDURES	22,186	12,362	9,824
	253 LEVEL II FACIAL AND ENT PROCEDURES	1,993	1,405	588
	254 LEVEL III FACIAL AND ENT PROCEDURES	5,359	3,429	1,930
	255 LEVEL IV FACIAL AND ENT PROCEDURES	3,505	2,922	583

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, 2009
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, AVERAGE TOTAL CHARGES, SINGLE EAPG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

STATEWIDE TOTALS		*****AVERAGE TOTAL CHARGES*****		
Procedure EAPG category	Procedure EAPG	ALL FACILITIES	HOSPITALS	FASCs
01	SKIN & INTEGUMENTARY SYSTEM PROCEDURES	\$3,420	\$3,762	\$1,788
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	\$3,232	\$3,254	\$1,370
	003 LEVEL I SKIN INCISION AND DRAINAGE	\$2,489	\$2,833	\$940
	004 LEVEL II SKIN INCISION AND DRAINAGE	\$3,736	\$4,409	\$1,746
	006 LEVEL I SKIN DEBRIDEMENT AND DESTRUCTION	\$2,272	\$2,173	\$2,767
	007 LEVEL II SKIN DEBRIDEMENT AND DESTRUCTION	\$2,472	\$2,829	\$750
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	\$3,200	\$3,664	\$1,574
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	\$3,249	\$3,677	\$1,779
	011 LEVEL III EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	\$5,901	\$6,037	\$2,820
	012 LEVEL I SKIN REPAIR	\$3,750	\$3,957	\$650
	013 LEVEL II SKIN REPAIR	\$4,857	\$4,883	\$3,063
	014 LEVEL III SKIN REPAIR	\$4,662	\$5,455	\$3,390
	015 LEVEL IV SKIN REPAIR	\$5,336	\$5,336	.
02	BREAST PROCEDURES	\$3,435	\$3,802	\$1,351
	020 LEVEL I BREAST PROCEDURES	\$3,327	\$3,688	\$1,351
	021 LEVEL II BREAST PROCEDURES	\$7,371	\$7,371	.
03	MUSCULOSKELETAL SYSTEM PROCEDURES	\$4,615	\$5,044	\$3,403
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	\$4,035	\$4,534	\$2,294
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	\$4,792	\$5,458	\$3,362
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	\$8,376	\$9,791	\$4,007
	033 LEVEL I HAND PROCEDURES	\$2,597	\$2,835	\$2,070
	034 LEVEL II HAND PROCEDURES	\$4,483	\$5,167	\$2,648
	035 LEVEL I FOOT PROCEDURES	\$3,274	\$3,748	\$2,266
	036 LEVEL II FOOT PROCEDURES	\$5,615	\$6,617	\$3,355
	037 LEVEL I ARTHROSCOPY	\$4,348	\$4,492	\$4,027
	038 LEVEL II ARTHROSCOPY	\$9,286	\$10,734	\$5,840
	039 REPLACEMENT OF CAST	\$5,172	\$5,172	.
	040 SPLINT, STRAPPING AND CAST REMOVAL	\$1,380	\$1,380	.
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	\$5,760	\$6,442	\$2,091
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	\$3,490	\$3,754	\$2,109
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	\$6,543	\$7,392	\$3,198
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	\$2,875	\$3,553	\$1,754
	045 BUNION PROCEDURES	\$4,375	\$5,191	\$2,834
	046 LEVEL I ARTHROPLASTY	\$6,866	\$8,302	\$3,436
	047 LEVEL II ARTHROPLASTY	\$19,316	\$20,732	\$3,211
	048 HAND AND FOOT TENOTOMY	\$2,506	\$2,527	\$2,411
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	\$1,191	\$1,227	\$717
04	RESPIRATORY PROCEDURES	\$2,983	\$2,975	\$3,092
	061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	\$2,726	\$2,594	\$7,072
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	\$3,624	\$4,027	\$2,100
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	\$3,843	\$4,474	\$2,006
	064 ENDOSCOPY OF THE LOWER AIRWAY	\$2,792	\$2,794	\$2,230
05	CARDIOVASCULAR PROCEDURES	\$14,498	\$14,627	\$2,181
	081 ECHOCARDIOGRAPHY	\$66,961	\$66,961	.
	082 CARDIAC ELECTROPHYSIOLOGIC TESTS	\$16,299	\$16,299	.
	083 PLACEMENT OF TRANSVENOUS CATHETERS	\$6,042	\$6,140	\$2,123
	084 DIAGNOSTIC CARDIAC CATHETERIZATION	\$8,441	\$8,441	.

TABLE 5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, AVERAGE TOTAL CHARGES, SINGLE EAPG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

STATEWIDE TOTALS		*****AVERAGE TOTAL CHARGES*****		
Procedure EAPG category	Procedure EAPG	ALL FACILITIES	HOSPITALS	FASCs
	085 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	\$36,438	\$36,706	\$2,251
	086 PACEMAKER INSERTION AND REPLACEMENT	\$31,576	\$31,576	.
	087 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	\$9,181	\$9,181	.
	088 LEVEL I CARDIOTHORACIC PROCEDURES	\$7,635	\$7,678	\$3,363
	089 LEVEL II CARDIOTHORACIC PROCEDURES	\$8,012	\$8,023	\$1,901
	090 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	\$7,639	\$7,639	.
	091 VASCULAR LIGATION AND RECONSTRUCTION	\$6,688	\$6,688	.
	092 RESUSCITATION	\$20,978	\$20,978	.
	097 AICD IMPLANT	\$46,919	\$46,919	.
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	\$4,417	\$4,547	\$1,995
	110 PHARMACOTHERAPY BY EXTENDED INFUSION	\$3,438	\$3,438	.
	111 PHARMACOTHERAPY EXCEPT BY EXTENDED INFUSION	\$15,993	\$15,993	.
	113 LEVEL I BLOOD AND BLOOD PRODUCT EXCHANGE	\$3,306	\$3,316	\$1,900
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	\$5,601	\$5,995	\$2,003
07	GASTROINTESTINAL SYSTEM PROCEDURES	\$2,714	\$3,055	\$1,702
	130 ALIMENTARY TESTS AND SIMPLE TUBE PLACEMENT	\$1,670	\$1,670	.
	131 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	\$1,667	\$2,353	\$1,341
	132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	\$1,232	\$1,232	\$1,232
	133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	\$1,600	\$1,718	\$1,079
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	\$1,510	\$1,516	\$1,498
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	\$1,984	\$2,214	\$1,341
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	\$1,354	\$1,271	\$1,544
	137 THERAPEUTIC COLONOSCOPY	\$1,679	\$1,695	\$1,642
	138 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	\$4,328	\$4,271	\$15,300
	139 LEVEL I HERNIA REPAIR	\$4,167	\$4,486	\$2,519
	140 LEVEL II HERNIA REPAIR	\$4,426	\$5,242	\$2,000
	141 LEVEL I ANAL AND RECTAL PROCEDURES	\$2,537	\$3,138	\$847
	142 LEVEL II ANAL AND RECTAL PROCEDURES	\$3,107	\$3,733	\$1,249
	143 LEVEL I GASTROINTESTINAL PROCEDURES	\$3,673	\$3,742	\$1,530
	144 LEVEL II GASTROINTESTINAL PROCEDURES	\$8,010	\$8,218	.
	145 LEVEL I LAPAROSCOPY	\$4,895	\$5,295	\$2,220
	146 LEVEL II LAPAROSCOPY	\$8,076	\$8,314	\$3,971
	147 LEVEL III LAPAROSCOPY	\$7,859	\$8,305	\$4,503
	148 LEVEL IV LAPAROSCOPY	\$13,004	\$13,004	.
08	GENITOURINARY SYSTEM PROCEDURES	\$5,689	\$6,135	\$4,648
	160 EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	\$8,570	\$9,938	\$7,715
	162 URINARY CATHETERIZATION AND DILATATION	\$5,727	\$5,868	\$1,283
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	\$3,943	\$4,353	\$2,101
	164 LEVEL II BLADDER AND KIDNEY PROCEDURES	\$4,745	\$5,221	\$2,630
	165 LEVEL III BLADDER AND KIDNEY PROCEDURES	\$17,334	\$17,334	.
	166 LEVEL I URETHRA AND PROSTATE PROCEDURES	\$1,396	\$1,346	\$1,815
	167 LEVEL II URETHRA AND PROSTATE PROCEDURES	\$7,435	\$11,236	\$1,608
09	MALE REPRODUCTIVE SYSTEM	\$4,420	\$4,630	\$2,334
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	\$3,192	\$3,299	\$2,474
	181 CIRCUMCISION	\$2,347	\$2,418	\$1,830
	182 INSERTION OF PENILE PROSTHESIS	\$27,785	\$27,785	.
	183 LEVEL I PENILE AND PROSTATE PROCEDURES	\$2,153	\$2,153	.

TABLE 5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, AVERAGE TOTAL CHARGES, SINGLE EAPG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

STATEWIDE TOTALS		*****AVERAGE TOTAL CHARGES*****		
Procedure EAPG category	Procedure EAPG	ALL FACILITIES	HOSPITALS	FASCs
	184 LEVEL II PENILE AND PROSTATE PROCEDURES	\$6,531	\$6,666	\$3,059
	185 PROSTATE NEEDLE AND PUNCH BIOPSY	\$2,900	\$3,010	\$1,411
10	FEMALE REPRODUCTIVE SYSTEM	\$4,927	\$5,236	\$2,701
	190 ARTIFICIAL FERTILIZATION	\$2,107	\$2,107	.
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	\$3,022	\$3,258	\$1,706
	197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	\$4,930	\$5,190	\$1,914
	198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	\$6,985	\$7,456	\$3,089
	199 DILATION AND CURETTAGE	\$3,151	\$3,266	\$1,137
	200 HYSTEROSCOPY	\$5,083	\$5,384	\$3,343
	201 COLPOSCOPY	\$4,055	\$4,443	\$1,486
11	NEUROLOGIC SYSTEM PROCEDURES	\$3,535	\$4,849	\$1,085
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	\$998	\$1,315	\$677
	215 LEVEL I REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	\$10,044	\$13,624	\$2,630
	216 LEVEL II REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	\$13,811	\$14,328	\$2,258
	217 LEVEL I NERVE PROCEDURES	\$2,743	\$3,161	\$1,887
	218 LEVEL II NERVE PROCEDURES	\$9,405	\$11,142	\$2,252
	219 SPINAL TAP	\$2,505	\$2,509	\$620
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	\$1,372	\$1,563	\$887
	221 LAMINOTOMY AND LAMINECTOMY	\$9,921	\$10,583	\$4,441
	223 LEVEL III NERVE PROCEDURES	\$33,918	\$34,351	\$7,506
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	\$2,747	\$3,703	\$2,213
	230 MINOR OPHTHALMOLOGICAL TESTS AND PROCEDURES	\$553	\$1,324	\$387
	232 LASER EYE PROCEDURES	\$884	\$787	\$906
	233 CATARACT PROCEDURES	\$2,884	\$3,686	\$2,474
	234 LEVEL I ANTERIOR SEGMENT EYE PROCEDURES	\$1,858	\$2,924	\$1,238
	235 LEVEL II ANTERIOR SEGMENT EYE PROCEDURES	\$2,557	\$3,596	\$2,125
	236 LEVEL III ANTERIOR SEGMENT EYE PROCEDURES	\$6,507	\$8,638	\$3,691
	237 LEVEL I POSTERIOR SEGMENT EYE PROCEDURES	\$1,269	\$7,096	\$992
	238 LEVEL II POSTERIOR SEGMENT EYE PROCEDURES	\$5,403	\$5,867	\$4,477
	239 STRABISMUS AND MUSCLE EYE PROCEDURES	\$2,693	\$2,734	\$2,125
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	\$1,805	\$2,293	\$1,193
	241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	\$2,757	\$3,623	\$2,042
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	\$3,099	\$3,605	\$1,871
	250 COCHLEAR DEVICE IMPLANTATION	\$50,592	\$50,592	.
	251 OTORHINOLARYNGOLOGIC FUNCTION TESTS	\$3,204	\$3,204	.
	252 LEVEL I FACIAL AND ENT PROCEDURES	\$2,106	\$2,195	\$1,941
	253 LEVEL II FACIAL AND ENT PROCEDURES	\$2,952	\$3,352	\$1,836
	254 LEVEL III FACIAL AND ENT PROCEDURES	\$5,692	\$6,442	\$3,090
	255 LEVEL IV FACIAL AND ENT PROCEDURES	\$7,504	\$8,243	\$2,605
	256 TONSIL AND ADENOID PROCEDURES	\$2,478	\$2,817	\$1,559

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, 2009
NUMBER OF REPORTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE**

STATEWIDE TOTALS

Patient Profile	Patient Visits(All)		Patient Visits(HOSPITALS)		Patient Visits(FASCs)	
	(#)	(%)	(#)	(%)	(#)	(%)
GENDER						
Female	168,584	54.1	122,959	54.1	45,625	54.2
Male	142,826	45.9	104,281	45.9	38,545	45.8
Unknown	10	0.0	4	0.0	6	0.0
Not Reported	22	0.0	0	0.0	22	0.0
AGE						
1-28 days	1,731	0.6	1,731	0.8	0	0.0
29-365 days	3,561	1.1	2,897	1.3	664	0.8
1-4 years	15,432	5.0	10,813	1.3	4,619	5.5
5-9	8,584	2.8	6,381	4.8	2,203	2.6
10-14	6,242	2.0	5,066	2.8	1,176	1.4
15-17	6,610	2.1	5,130	2.2	1,480	1.8
18-19	5,000	1.6	3,775	2.3	1,225	1.5
20-24	13,224	4.2	10,184	1.7	3,040	3.6
25-29	16,100	5.2	12,684	4.5	3,416	4.1
30-34	17,132	5.5	13,594	6.0	3,538	4.2
35-39	16,700	5.4	13,012	5.7	3,688	4.4
40-44	16,800	5.4	13,141	5.8	3,659	4.3
45-49	21,405	6.9	16,564	7.3	4,841	5.7
50-54	31,627	10.2	24,353	10.7	7,274	8.6
55-59	27,882	9.0	21,093	9.3	6,789	8.1
60-64	25,071	8.0	18,280	8.0	6,791	8.1
65-69	24,002	7.7	15,480	6.8	8,522	10.1
70-74	20,540	6.6	12,653	5.6	7,887	9.4
75-79	16,494	5.3	9,821	4.3	6,673	7.9
80-84	10,942	3.5	6,574	2.9	4,368	5.2
85-89	4,955	1.6	3,084	1.4	1,871	2.2
90 +	1,405	0.5	933	0.4	472	0.6
Not Reported	3	0.0	1	0.0	2	0.0
SOURCE OF ADMISSION						
Physician Referral	276,162	88.7	205,377	90.4	70,785	84.1
Clinic Referral	4,206	1.4	2,930	1.3	1,276	1.5
HMO Referral	2,934	0.9	2,930	1.3	4	0.0
Other Hospital	185	0.1	184	0.1	1	0.0
Skilled Nursing Facility	36	0.0	36	0.0	0	0.0
Other Health Care Facility	18	0.0	18	0.0	0	0.0
Emergency Room	5,342	1.7	5,340	2.3	2	0.0
Court/Law Enforcement	3	0.0	3	0.0	0	0.0
Unknown	6,058	1.9	11	0.0	6,047	7.2
Not Reported	16,498	5.3	10,415	4.6	6,083	7.2

(Continued)

TABLE 6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
NUMBER OF REPORTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

STATEWIDE TOTALS

Patient Profile	Patient Visits(All)		Patient Visits(HOSPITALS)		Patient Visits(FASCs)	
	(#)	(%)	(#)	(%)	(#)	(%)
DISCHARGE STATUS						
Home Health Care	301,897	96.9	226,589	99.7	75,308	89.4
Another Hospital	171	0.1	102	0.0	69	0.1
Skilled Nursing Facility	137	0.0	137	0.1	0	0.0
Intermediate Care	20	0.0	20	0.0	0	0.0
Another Type of Institution	75	0.0	68	0.0	7	0.0
Under Care of Home Service	270	0.1	270	0.1	0	0.0
Left Against Medical Advice	22	0.0	22	0.0	0	0.0
Under care of Home Provider	0	0.0	0	0.0	0	0.0
Expired	13	0.0	13	0.0	0	0.0
Unknown	8,836	2.8	22	0.0	8,814	10.5
Not Reported	1	0.0	1	0.0	0	0.0
PRIMARY PAYER						
Medicare	69,112	22.2	45,456	20.0	23,656	28.1
Medicaid	21,406	6.9	15,975	7.0	5,431	6.5
Other Government	6,995	2.2	4,287	1.9	2,708	3.2
Blue Cross/Blue Shield	47,558	15.3	29,948	13.2	17,610	20.9
Other Commercial	23,678	7.6	16,378	7.2	7,300	8.7
Managed Care(HMO, PPO)	129,263	41.5	106,245	46.8	23,018	27.3
Self Pay	3,834	1.2	2,816	1.2	1,018	1.2
Industrial & Worker Comp	4,982	1.6	3,291	1.4	1,691	2.0
Charity and Unclassified	1,961	0.6	1,613	0.7	348	0.4
Childrens Health Insurance	236	0.1	129	0.1	107	0.1
Unknown	1,131	0.4	1,046	0.5	85	0.1
Not Reported	1,286	0.4	60	0.0	1,226	1.5
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE						
Bear River	20,151	6.5	16,751	7.4	3,400	4.0
Central Utah	9,811	3.2	8,412	3.7	1,399	1.7
Davis County	38,700	12.4	23,806	10.5	14,894	17.7
Salt Lake County	100,627	32.3	77,342	34.0	23,285	27.7
Southeastern Utah	5,574	1.8	4,701	2.1	873	1.0
Southwest Utah	22,755	7.3	14,188	6.2	8,567	10.2
Summit County	3,551	1.1	2,798	1.2	753	0.9
Tooele County	5,347	1.7	4,137	1.8	1,210	1.4
Tri-County	6,418	2.1	6,035	2.7	383	0.5
Utah County	48,213	15.5	37,226	16.4	10,987	13.0
Wasatch County	2,006	0.6	1,669	0.7	337	0.4
Weber County	34,038	10.9	20,181	8.9	13,857	16.5
Unknown Utah	44	0.0	27	0.0	17	0.0
Outside Utah	14,100	4.5	9,882	4.3	4,218	5.0
Unknown, Not Reported	108	0.0	90	0.0	18	0.0

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

Figure 1. Number and Percentage of Diagnostic Lower Gastrointestinal Endoscopies (APG 117, EAPG 136 in 2009) by Facility Type and Year, Utah, Hospitals and Freestanding Ambulatory Surgery Centers (FASCs), 1999-2009

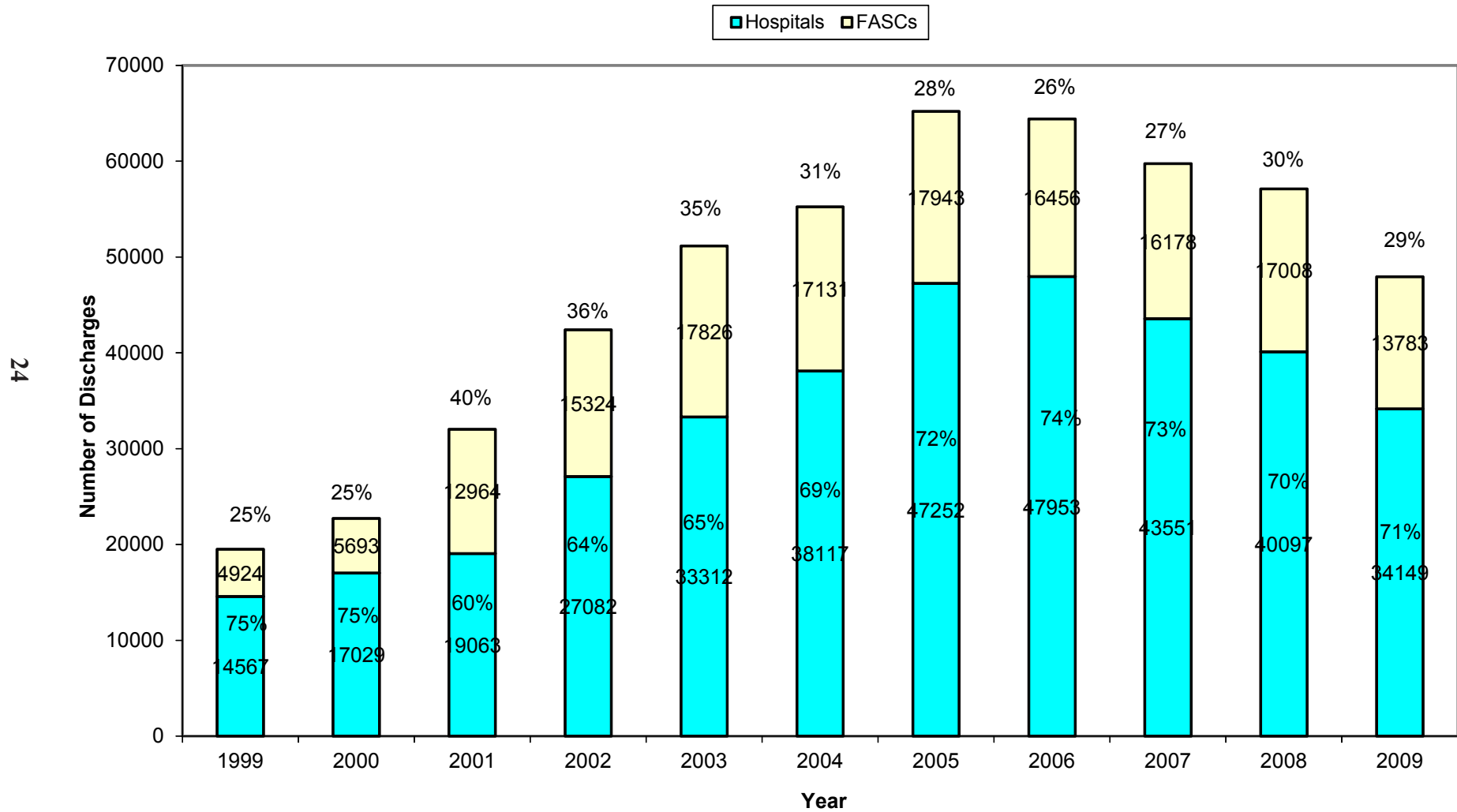


Figure 2. Number and Percentage of Cataract Procedures (APG 214, EAPG 233 in 2009) by Facility Type and Year, Utah, Hospitals and Freestanding Ambulatory Surgery Centers (FASCs), 1999-2009

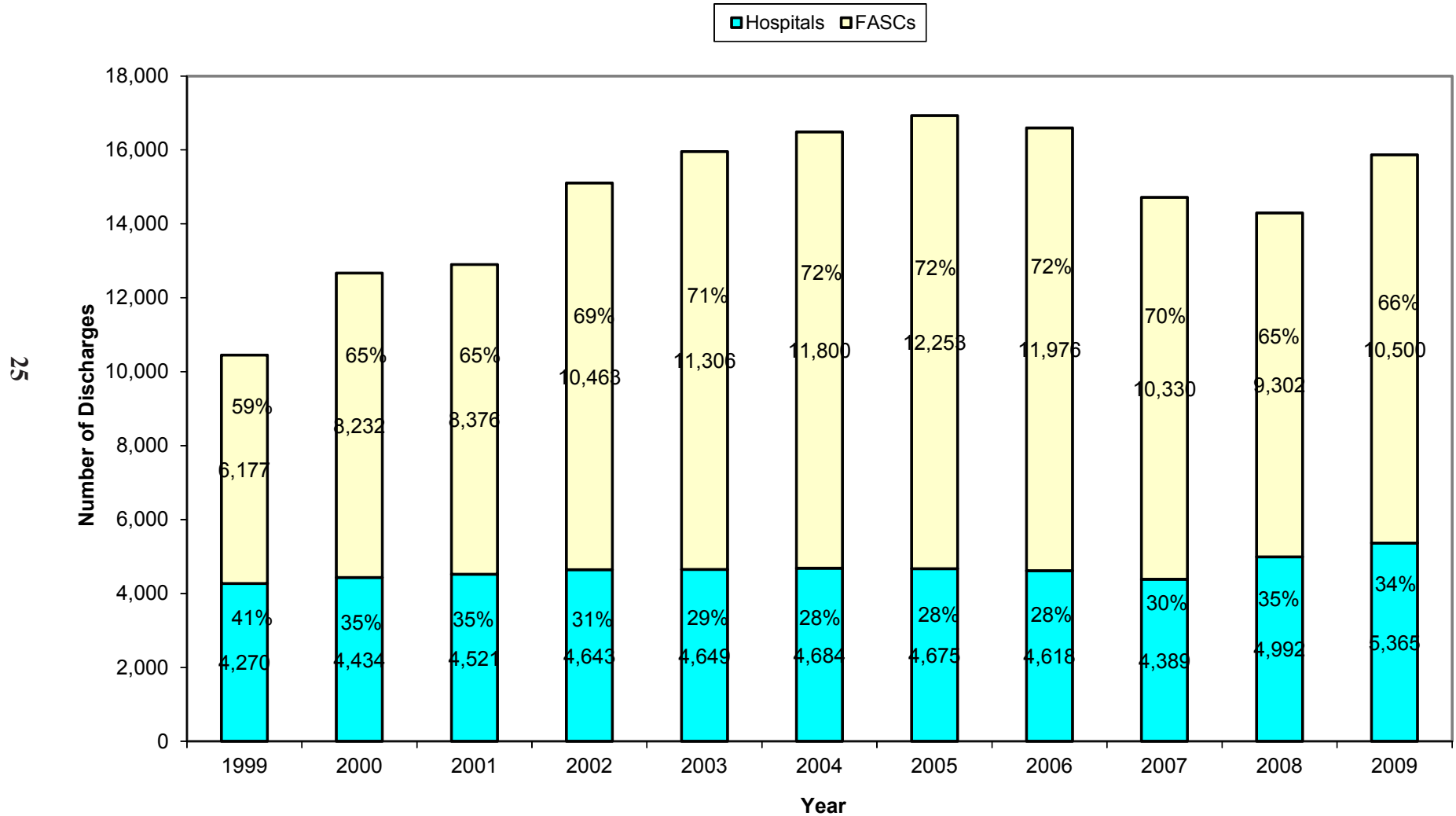


Figure 3. Average Charge for Lower Gastrointestinal Endoscopies (APG 117, EAPG 136 in 2009) by Facility Type and Year, Utah, Hospitals and Freestanding Ambulatory Surgery Centers (FASCs), 1999-2009

Hospitals FASCs

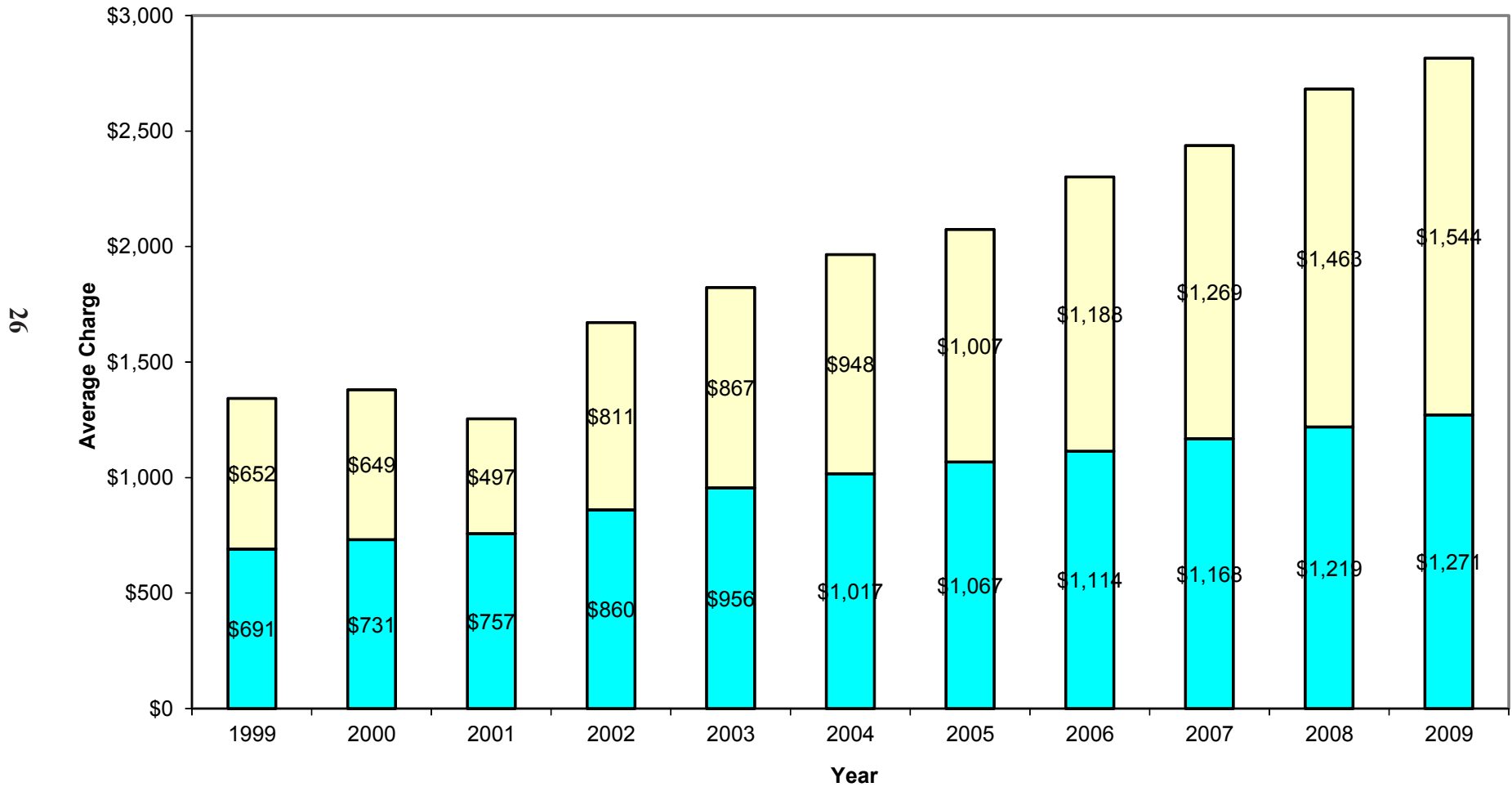
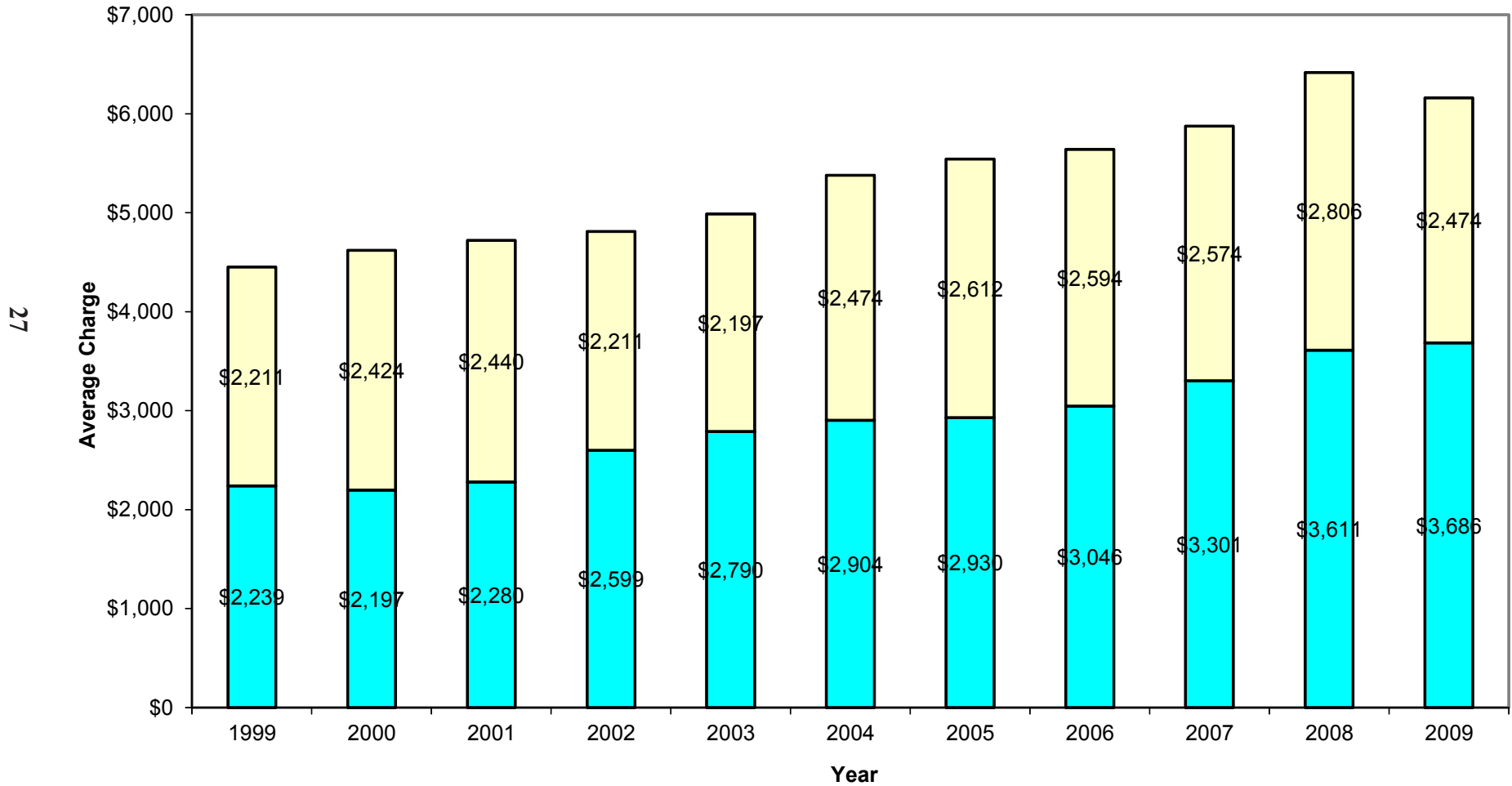


Figure 4. Average Charge for Cataract Procedures (APG 214, EAPG 233 in 2009) by Facility Type and Year, Utah, Hospitals and Freestanding Ambulatory Surgery Centers (FASCs), 1999-2009

Hospitals FASCs



AMB ST 1-1
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
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)	.	.	320,509	100.0
Mastectomy (85.0-85.99)	.	.	8,217	2.6
Musculoskeletal (76.0-84.99)	.	.	69,555	21.7
Respiratory (30.0-34.99)	.	.	3,320	1.0
Cardiovascular (35.0-39.99)	.	.	22,400	7.0
Lymphatic/Hemetic (40.0-41.99)	.	.	2,804	0.9
Digestive System (42.0-54.99)	.	.	98,678	30.8
Urinary (55.0-59.99)	.	.	10,902	3.4
Male Genital (60.0-64.99)	.	.	3,817	1.2
Female Genital (65.0-71.99)	.	.	14,786	4.6
Endocrine/Nervous (01.0-07.99)	.	.	23,111	7.2
Eye (08.0-16.99)	.	.	21,114	6.6
Ear (18.0-20.99)	.	.	12,945	4.0
Nose, Mouth, Pharynx (21.0-29.99)	.	.	28,860	9.0
Reporting Category(CPT-4 CODES)	25	100.0	299,107	100.0
Mastectomy (19120-19220)	0	0.0	2,014	0.7
Musculoskeletal (20000-29909)	2	8.0	75,301	25.2
Respiratory (30000-32999 & 39501-39599)	0	0.0	14,568	4.9
Cardiovascular (33010-37799 & 93501-93660)	0	0.0	24,369	8.1
Lymphatic/Hemetic (38100-38999)	0	0.0	2,630	0.9
Digestive (40490-49999)	1	4.0	109,341	36.6
Urinary (50010-53899)	0	0.0	10,457	3.5
Male Genital (54000-55899)	0	0.0	3,299	1.1
Female Genital (56405-58999)	0	0.0	12,326	4.1
Endocrine/Nervous (60000-64999)	12	48.0	24,781	8.3
Eye (65091-68899)	10	40.0	12,489	4.2
Ear (69000-69979)	0	0.0	7,532	2.5

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

AMB ST 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES

111 Allen Memorial Hospital - CAH

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

Does not report ICDs

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures				
66821	DISCISSION 2ND CATARACT; LASER S	10	40.0	0.12
64475	INJ ANES FACET JT; LUMB/SAC-1LEV	4	16.0	0.25
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	3	12.0	0.70
64476	INJ ANES FACET JT; LUMB/SAC-EA A	3	12.0	0.41
25605	CLOS TX DIST RADIAL FX; REQ MANI	1	4.0	0.05
26605	CLOS TX MC FX SINGLE; W/MANIP EA	1	4.0	0.01
46600	ANSCPY; DX W/VO CLCT SPEC BRSH/W	1	4.0	0.01
64470	INJ ANES FACET JT; CERV/THOR-1LE	1	4.0	0.09
64472	INJ ANES FACET JT; CERV/THOR-EA	1	4.0	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, 2009
 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				
66821	DISCISSION 2ND CATARACT; LASER S	17	\$591	\$3,915
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	10	\$256	\$766
25605	CLOS TX DIST RADIAL FX; REQ MANI	3	\$832	\$1,220
26605	CLOS TX MC FX SINGLE; W/MANIP EA	1	\$2,816	\$3,065
46600	ANSCPY; DX W/WO CLCT SPEC BRSH/W	1	\$603	\$2,662
64475	INJ ANES FACET JT; LUMB/SAC-1LEV	1	\$287	\$1,331
			\$1,294	\$1,368

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, 2009
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE* CPT-4 PROCEDURES

111 Allen Memorial Hospital - CAH

Procedure EAPG category	TOTAL #	TOTAL # (ALL Hospitals)
Procedure EAPG		
03 MUSCULOSKELETAL SYSTEM PROCEDURES	2	64,806
042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	2	628
11 NEUROLOGIC SYSTEM PROCEDURES	12	24,377
214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	3	2,913
220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	9	11,868
12 OPHTHALMOLOGIC SYSTEM PROCEDURES	10	12,275
232 LASER EYE PROCEDURES	10	418

SOURCE: Utah Ambulatory Surgery Database
Utah Health Data Committee/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, 2009
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, SINGLE EAPG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

111 Allen Memorial Hospital - CAH

Procedure EAPG category	Procedure EAPG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
03	MUSCULOSKELETAL SYSTEM PROCEDURES	2	\$1,709	\$5,044
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	2	\$1,709	\$3,754
11	NEUROLOGIC SYSTEM PROCEDURES	4	\$947	\$4,849
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	3	\$832	\$1,315
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	1	\$1,294	\$1,563
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	10	\$256	\$3,703
	232 LASER EYE PROCEDURES	10	\$256	\$787

SOURCE: Utah Ambulatory Surgery Database
 Utah Health Data Committee/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, 2009
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

111 Allen Memorial Hospital - CAH

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
GENDER				
Female	13	61.9	122,959	54.1
Male	8	38.1	104,281	45.9
Unknown	0	0.0	4	0.0
Not Reported	0	0.0	0	0.0
AGE				
1-28 days	0	0.0	1,731	0.8
29-365 days	0	0.0	2,897	1.3
1-4 years	0	0.0	10,813	4.8
5-9	0	0.0	6,381	2.8
10-14	1	4.8	5,066	2.2
15-17	0	0.0	5,130	2.3
18-19	0	0.0	3,775	1.7
20-24	0	0.0	10,184	4.5
25-29	1	4.8	12,684	5.6
30-34	0	0.0	13,594	6.0
35-39	0	0.0	13,012	5.7
40-44	0	0.0	13,141	5.8
45-49	2	9.5	16,564	7.3
50-54	0	0.0	24,353	10.7
55-59	2	9.5	21,093	9.3
60-64	5	23.8	18,280	8.0
65-69	3	14.3	15,480	6.8
70-74	1	4.8	12,653	5.6
75-79	2	9.5	9,821	4.3
80-84	1	4.8	6,574	2.9
85-89	3	14.3	3,084	1.4
90 +	0	0.0	933	0.4
Not Reported	0	0.0	1	0.0
SOURCE OF ADMISSION				
Physician Referral	21	100.0	205,377	90.4
Clinic Referral	0	0.0	2,930	1.3
HMO Referral	0	0.0	2,930	1.3
Other Hospital	0	0.0	184	0.1
Skilled Nursing Facility	0	0.0	36	0.0
Other Health Care Facility	0	0.0	18	0.0
Emergency Room	0	0.0	5,340	2.3
Court/Law Enforcement	0	0.0	3	0.0
Unknown	0	0.0	11	0.0
Not Reported	0	0.0	10,415	4.6

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

111 Allen Memorial Hospital - CAH

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	21	100.0	226,589	99.7
Another Hospital	0	0.0	102	0.0
Skilled Nursing Facility	0	0.0	137	0.1
Intermediate Care Facility	0	0.0	20	0.0
Another Type of Institution	0	0.0	68	0.0
Under Care of Home Service	0	0.0	270	0.1
Left Against Medical Advice	0	0.0	22	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	0	0.0	13	0.0
Unknown	0	0.0	22	0.0
Not Reported	0	0.0	1	0.0
PRIMARY PAYER				
Medicare	12	57.1	45,456	20.0
Medicaid	1	4.8	15,975	7.0
Other government	1	4.8	4,287	1.9
Blue Cross/Blue Shield	3	14.3	29,948	13.2
Other Commercial	0	0.0	16,378	7.2
Managed Care(HMO, PPO)	3	14.3	106,245	46.8
Self Pay	0	0.0	2,816	1.2
Industrial & Worker Comp	1	4.8	3,291	1.4
Charity and Unclassified	0	0.0	1,613	0.7
Childrens Health Insurance	0	0.0	129	0.1
Unknown	0	0.0	1,046	0.5
Not Reported	0	0.0	60	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	0	0.0	16,751	7.4
Central Utah	0	0.0	8,412	3.7
Davis County	0	0.0	23,806	10.5
Salt Lake County	0	0.0	77,342	34.0
Southeastern Utah	21	100.0	4,701	2.1
Southwest Utah	0	0.0	14,188	6.2
Summit County	0	0.0	2,798	1.2
Tooele County	0	0.0	4,137	1.8
Tri-County	0	0.0	6,035	2.7
Utah County	0	0.0	37,226	16.4
Wasatch County	0	0.0	1,669	0.7
Weber County	0	0.0	20,181	8.9
Unknown Utah	0	0.0	27	0.0
Outside Utah	0	0.0	9,882	4.3
Unknown, Not Reported	0	0.0	89	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, 2009
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)	21,248	100.0	320,509	100.0
Mastectomy (85.0-85.99)	495	2.3	8,217	2.6
Musculoskeletal (76.0-84.99)	4,691	22.1	69,555	21.7
Respiratory (30.0-34.99)	44	0.2	3,320	1.0
Cardiovascular (35.0-39.99)	16	0.1	22,400	7.0
Lymphatic/Hemetic (40.0-41.99)	35	0.2	2,804	0.9
Digestive System (42.0-54.99)	10,655	50.1	98,678	30.8
Urinary (55.0-59.99)	1,036	4.9	10,902	3.4
Male Genital (60.0-64.99)	224	1.1	3,817	1.2
Female Genital (65.0-71.99)	888	4.2	14,786	4.6
Endocrine/Nervous (01.0-07.99)	340	1.6	23,111	7.2
Eye (08.0-16.99)	1,215	5.7	21,114	6.6
Ear (18.0-20.99)	404	1.9	12,945	4.0
Nose, Mouth, Pharynx (21.0-29.99)	1,205	5.7	28,860	9.0
Reporting Category(CPT-4 CODES)	17,672	100.0	299,107	100.0
Mastectomy (19120-19220)	70	0.4	2,014	0.7
Musculoskeletal (20000-29909)	3,824	21.6	75,301	25.2
Respiratory (30000-32999 & 39501-39599)	523	3.0	14,568	4.9
Cardiovascular (33010-37799 & 93501-93660)	15	0.1	24,369	8.1
Lymphatic/Hemetic (38100-38999)	29	0.2	2,630	0.9
Digestive (40490-49999)	10,569	59.8	109,341	36.6
Urinary (50010-53899)	747	4.2	10,457	3.5
Male Genital (54000-55899)	162	0.9	3,299	1.1
Female Genital (56405-58999)	597	3.4	12,326	4.1
Endocrine/Nervous (60000-64999)	324	1.8	24,781	8.3
Eye (65091-68899)	596	3.4	12,489	4.2
Ear (69000-69979)	216	1.2	7,532	2.5

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

AMB ST 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES

118 Alta View Hospital

ICD-9 CODE	ICD-9 DESCRIPTION	#	%	% ALL Hospitals
All ICD-9 Procedures				
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	2,408	11.3	5.75
4523	COLONOSCOPY	2,381	11.2	6.09
4542	ENDO POLYPECTOMY LG INTESTINE	1,598	7.5	3.35
4525	CLO [ENDO] BX LG INTESTINE	1,065	5.0	2.33
4836	[ENDO] POLYPECTOMY RECTUM	505	2.4	0.95
8026	ARTHSCPY-KNEE	491	2.3	0.54
806	EXC SEMILUNAR CARTILAGE-KNEE	483	2.3	1.86
5123	LAP CHOLEY	442	2.1	2.26
4292	DILAT ESOPH	408	1.9	1.44
8147	OTH REPR KNEE	383	1.8	0.94
1341	PHACOEMULSIFICATION-ASPIR CATARACT	361	1.7	1.58
1371	IOL PROSTH-CATARACT EXTRACT-1-STAGE	358	1.7	1.59
5732	OTH CYSTOSCOPY	303	1.4	0.47
2001	MYRINGOTOMY W/INSRT TUBE	296	1.4	3.18
598	URETERAL CATH	228	1.1	0.72
4513	OTH ENDO SM INTESTINE	217	1.0	1.71
8021	ARTHSCPY-SHLDR	201	0.9	0.27
4824	CLO [ENDO] BX RECTUM	198	0.9	0.41
8363	ROTATOR CUFF REPR	190	0.9	0.76
4701	LAP APPENDECTOMY	183	0.9	0.78

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures				
45380	COLONOSCOPY FLEX; W/BX 1/MX	2,547	14.4	5.24
43239	UGI ENDO; W/BX 1/MX	2,389	13.5	6.06
45378	COLONOSCOPY FLEX; DX-SEP PROC	2,181	12.3	6.11
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	476	2.7	1.49
47562	LAPAROSCOPY SURGICAL; CHOLECT	388	2.2	0.94
29877	SCOPE KNEE SURG; DEBRID/SHAVE CA	355	2.0	1.00
29881	SCOPE KNEE SURG;W/MENISCECT MED/	341	1.9	1.64
66984	EXTRACAPSULAR CATARACT REMV IOL	298	1.7	1.64
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	248	1.4	0.96
52332	CYSTOURETHROSCOPY W/INSRT STENT	187	1.1	0.66
44970	LAPAROSCOPY SURGICAL APPENDECTOM	182	1.0	0.85
43235	UGI ENDO; DX W/VO CLCT SPECMN-SP	163	0.9	1.25
69436	TYMPANOSTOMY GENERAL ANESTHESIA	154	0.9	1.75
49505	REPR INIT ING HERNIA 5YR/MORE; R	153	0.9	0.82
43450	DILAT ESOPH-SOUND/BOUGIE-1/MX PA	147	0.8	0.44
29880	SCOPE KNEE SURG;W/MENISCECT MED&	139	0.8	0.50
29823	SCOPE SHOULDER SURGICAL; DEBRID	138	0.8	0.22
29826	SCOPE SHOULDER; DECOMP SUBACROM	137	0.8	1.21
30520	SEPTOPLASTY/SUBMUCOS RES W/GFT	125	0.7	0.78
30140	SUBMUCOS RES TURBINATE PART/CMPL	115	0.7	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, 2009
 AVERAGE TOTAL CHARGES FOR MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES, SINGLE ICD-9 OR CPT-4 ONLY

118 Alta View Hospital

ICD-9 CODE	ICD-9 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
ICD-9	Procedures	8,295	\$2,219	\$4,501
4523	COLONOSCOPY	1,961	\$787	\$1,087
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	1,211	\$1,039	\$1,581
4542	ENDO POLYPECTOMY LG INTESTINE	1,039	\$1,121	\$1,547
4525	CLO [ENDO] BX LG INTESTINE	562	\$1,078	\$1,709
5123	LAP CHOLEY	396	\$5,369	\$7,426
4836	[ENDO] POLYPECTOMY RECTUM	215	\$1,011	\$1,394
4701	LAP APPENDECTOMY	169	\$9,449	\$10,907
6902	D&C FOLLOWING DELIV/AB	141	\$2,155	\$3,011
283	TONSILLECTOMY W/ADENOIDECTOMY	129	\$2,514	\$2,850
4513	OTH ENDO SM INTESTINE	123	\$977	\$1,334
5304	UNILAT REPR INDIRECT ING HERN-GFT	87	\$3,165	\$4,709
282	TONSILLECTOMY WO ADENOIDECTOMY	85	\$2,339	\$2,868
5732	OTH CYSTOSCOPY	68	\$6,862	\$5,769
8051	EXC INTERVERTEBRAL DISC	68	\$5,673	\$10,068
4824	CLO [ENDO] BX RECTUM	67	\$1,039	\$1,513
0443	RELEASE CARPAL TUNNEL	65	\$2,284	\$2,540
8521	LOC EXC LES BREAST	57	\$2,711	\$3,374
5341	REPR UMB HERN W/PROSTH	53	\$3,827	\$5,183
8201	EXPLOR TENDON SHEATH HAND	52	\$1,807	\$2,331
8532	BILAT REDUC MAMMO	49	\$6,704	\$9,078

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
CPT-4	Procedures	9,221	\$2,452	\$3,915
45380	COLONOSCOPY FLEX; W/BX 1/MX	1,834	\$1,082	\$1,526
45378	COLONOSCOPY FLEX; DX-SEP PROC	1,788	\$788	\$1,090
43239	UGI ENDO; W/BX 1/MX	1,170	\$1,019	\$1,548
47562	LAPAROSCOPY SURGICAL; CHOLECT	357	\$5,250	\$6,606
66984	EXTRACAPSULAR CATARACT REMV IOL	296	\$3,850	\$3,678
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	225	\$1,216	\$1,661
44970	LAPAROSCOPY SURGICAL APPENDECTOM	168	\$9,448	\$10,914
49505	REPR INIT ING HERNIA 5YR/MORE; R	131	\$3,243	\$4,721
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	99	\$725	\$1,234
69436	TYMPANOSTOMY GENERAL ANESTHESIA	99	\$958	\$1,499
29881	SCOPE KNEE SURG;W/MENISCECT MED/	84	\$3,893	\$4,457
42820	T&A; UNDER AGE 12	84	\$2,337	\$2,701
41899	UNLIST PROC DENTOALVEOL STRUCTUR	77	\$2,705	\$2,871
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	76	\$2,358	\$2,928
19120	EXC BRST CYST TUMR/LES OPN M/F 1	65	\$3,284	\$3,487
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	61	\$2,305	\$2,624
20680	REMOVAL OF IMPLANT; DEEP	60	\$2,553	\$3,558
66982	EXTRACAP CATARACT REMV W/IOL-CMP	58	\$3,984	\$3,704
49585	REPR UMBIL HERNIA 5YR/OVER; RUC	54	\$3,786	\$4,469
58662	LAP SURG; W/FULG/EXCIS LES-OVARY	54	\$3,535	\$6,123

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, 2009
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE* CPT-4 PROCEDURES

118 Alta View Hospital

Procedure EAPG category	TOTAL #	TOTAL # (ALL Hospitals)
Procedure EAPG		
01 SKIN & INTEGUMENTARY SYSTEM PROCEDURES	273	8,192
002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	13	1,091
003 LEVEL I SKIN INCISION AND DRAINAGE	24	189
004 LEVEL II SKIN INCISION AND DRAINAGE	7	95
006 LEVEL I SKIN DEBRIDEMENT AND DESTRUCTION	3	23
007 LEVEL II SKIN DEBRIDEMENT AND DESTRUCTION	22	128
009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	10	503
010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	155	5,031
011 LEVEL III EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	2	82
012 LEVEL I SKIN REPAIR	3	35
013 LEVEL II SKIN REPAIR	10	792
014 LEVEL III SKIN REPAIR	24	220
02 BREAST PROCEDURES	71	2,075
020 LEVEL I BREAST PROCEDURES	70	2,014
021 LEVEL II BREAST PROCEDURES	1	61
03 MUSCULOSKELETAL SYSTEM PROCEDURES	3,479	64,806
030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	96	2,405
031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	298	4,694
032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	217	2,234
033 LEVEL I HAND PROCEDURES	216	3,780
034 LEVEL II HAND PROCEDURES	65	1,278
035 LEVEL I FOOT PROCEDURES	365	6,264
036 LEVEL II FOOT PROCEDURES	72	1,682
037 LEVEL I ARTHROSCOPY	1,426	22,184
038 LEVEL II ARTHROSCOPY	241	5,320
041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	14	717
042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	17	628
043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	260	5,752
044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	15	490
045 BUNION PROCEDURES	117	1,791
046 LEVEL I ARTHROPLASTY	17	634
047 LEVEL II ARTHROPLASTY	5	148
048 HAND AND FOOT TENOTOMY	9	386
049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	29	2,678
04 RESPIRATORY PROCEDURES	204	9,066
061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	2	1,396
062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	47	1,436
063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	116	4,402
064 ENDOSCOPY OF THE LOWER AIRWAY	39	1,832
05 CARDIOVASCULAR PROCEDURES	6	9,325
088 LEVEL I CARDIOTHORACIC PROCEDURES	2	225
089 LEVEL II CARDIOTHORACIC PROCEDURES	3	1,625
091 VASCULAR LIGATION AND RECONSTRUCTION	1	124
06 HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	21	2,884
115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	21	1,491
07 GASTROINTESTINAL SYSTEM PROCEDURES	10,343	99,755

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE* CPT-4 PROCEDURES

118 Alta View Hospital

procedure EAPG category procedure EAPG	TOTAL #	TOTAL # (ALL Hospitals)
131 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	148	1,379
132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	24	502
133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	23	422
134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	2,553	22,635
135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	377	4,688
136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	4,756	34,149
137 THERAPEUTIC COLONOSCOPY	554	5,727
138 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	167	1,937
139 LEVEL I HERNIA REPAIR	292	5,573
140 LEVEL II HERNIA REPAIR	64	1,193
141 LEVEL I ANAL AND RECTAL PROCEDURES	107	782
142 LEVEL II ANAL AND RECTAL PROCEDURES	122	1,145
143 LEVEL I GASTROINTESTINAL PROCEDURES	20	405
144 LEVEL II GASTROINTESTINAL PROCEDURES	6	226
145 LEVEL I LAPAROSCOPY	121	2,675
146 LEVEL II LAPAROSCOPY	788	8,847
147 LEVEL III LAPAROSCOPY	221	7,203
08 GENITOURINARY SYSTEM PROCEDURES	701	8,962
160 EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	29	697
162 URINARY CATHETERIZATION AND DILATATION	3	238
163 LEVEL I BLADDER AND KIDNEY PROCEDURES	297	3,932
164 LEVEL II BLADDER AND KIDNEY PROCEDURES	322	3,413
165 LEVEL III BLADDER AND KIDNEY PROCEDURES	3	55
166 LEVEL I URETHRA AND PROSTATE PROCEDURES	3	180
167 LEVEL II URETHRA AND PROSTATE PROCEDURES	44	444
09 MALE REPRODUCTIVE SYSTEM	176	3,509
180 TESTICULAR AND EPIDIDYMAL PROCEDURES	76	1,431
181 CIRCUMCISION	18	822
182 INSERTION OF PENILE PROSTHESIS	1	32
183 LEVEL I PENILE AND PROSTATE PROCEDURES	1	10
184 LEVEL II PENILE AND PROSTATE PROCEDURES	79	1,167
185 PROSTATE NEEDLE AND PUNCH BIOPSY	1	47
10 FEMALE REPRODUCTIVE SYSTEM	337	7,180
196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	81	1,292
197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	124	1,355
198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	47	1,494
199 DILATION AND CURETTAGE	13	551
200 HYSTEROSCOPY	69	2,251
201 COLPOSCOPY	3	234
11 NEUROLOGIC SYSTEM PROCEDURES	335	24,377
215 LEVEL I REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	5	155
217 LEVEL I NERVE PROCEDURES	154	4,031
218 LEVEL II NERVE PROCEDURES	30	793
220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	6	11,868
221 LAMINOTOMY AND LAMINECTOMY	137	3,173
223 LEVEL III NERVE PROCEDURES	3	825

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE* CPT-4 PROCEDURES

118 Alta View Hospital

procedure EAPG category	procedure EAPG	TOTAL #	TOTAL # (ALL Hospitals)
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	595	12,275
	230 MINOR OPHTHALMOLOGICAL TESTS AND PROCEDURES	4	41
	233 CATARACT PROCEDURES	365	5,365
	234 LEVEL I ANTERIOR SEGMENT EYE PROCEDURES	5	265
	235 LEVEL II ANTERIOR SEGMENT EYE PROCEDURES	10	285
	236 LEVEL III ANTERIOR SEGMENT EYE PROCEDURES	1	209
	237 LEVEL I POSTERIOR SEGMENT EYE PROCEDURES	1	390
	239 STRABISMUS AND MUSCLE EYE PROCEDURES	3	1,026
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	64	895
	241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	142	1,469
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	1,068	28,739
	252 LEVEL I FACIAL AND ENT PROCEDURES	448	12,362
	253 LEVEL II FACIAL AND ENT PROCEDURES	49	1,405
	254 LEVEL III FACIAL AND ENT PROCEDURES	167	3,429
	255 LEVEL IV FACIAL AND ENT PROCEDURES	92	2,922
	256 TONSIL AND ADENOID PROCEDURES	312	8,493

SOURCE: Utah Ambulatory Surgery Database
Utah Health Data Committee/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, 2009
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, SINGLE EAPG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

118 Alta View Hospital

Procedure EAPG category	Procedure EAPG	TOTAL #	AVE TOT CHR	AVE TOT CHRG(ALL Hospitals)
01	SKIN & INTEGUMENTARY SYSTEM PROCEDURES	150	\$2,843	\$3,762
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	2	\$4,049	\$3,254
	003 LEVEL I SKIN INCISION AND DRAINAGE	10	\$2,350	\$2,833
	004 LEVEL II SKIN INCISION AND DRAINAGE	4	\$4,865	\$4,409
	006 LEVEL I SKIN DEBRIDEMENT AND DESTRUCTION	3	\$1,865	\$2,173
	007 LEVEL II SKIN DEBRIDEMENT AND DESTRUCTION	12	\$2,162	\$2,829
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	7	\$1,950	\$3,664
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	98	\$2,581	\$3,677
	011 LEVEL III EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	1	\$2,239	\$6,037
	012 LEVEL I SKIN REPAIR	2	\$2,697	\$3,957
	013 LEVEL II SKIN REPAIR	1	\$1,378	\$4,883
	014 LEVEL III SKIN REPAIR	10	\$6,837	\$5,455
02	BREAST PROCEDURES	66	\$3,304	\$3,802
	020 LEVEL I BREAST PROCEDURES	65	\$3,284	\$3,688
	021 LEVEL II BREAST PROCEDURES	1	\$4,557	\$7,371
03	MUSCULOSKELETAL SYSTEM PROCEDURES	877	\$4,398	\$5,044
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	23	\$2,785	\$4,534
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	78	\$3,194	\$5,458
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	12	\$9,227	\$9,791
	033 LEVEL I HAND PROCEDURES	97	\$2,067	\$2,835
	034 LEVEL II HAND PROCEDURES	15	\$3,604	\$5,167
	035 LEVEL I FOOT PROCEDURES	111	\$2,586	\$3,748
	036 LEVEL II FOOT PROCEDURES	12	\$4,348	\$6,617
	037 LEVEL I ARTHROSCOPY	232	\$3,743	\$4,492
	038 LEVEL II ARTHROSCOPY	51	\$10,669	\$10,734
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	2	\$7,356	\$6,442
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	10	\$2,742	\$3,754
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	178	\$6,298	\$7,392
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	2	\$3,858	\$3,553
	045 BUNION PROCEDURES	47	\$3,586	\$5,191
	046 LEVEL I ARTHROPLASTY	1	\$6,872	\$8,302
	047 LEVEL II ARTHROPLASTY	5	\$15,582	\$20,732
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	1	\$2,999	\$1,227
04	RESPIRATORY PROCEDURES	23	\$3,160	\$2,975
	061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	2	\$920	\$2,594
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	4	\$3,627	\$4,027
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	9	\$4,503	\$4,474
	064 ENDOSCOPY OF THE LOWER AIRWAY	8	\$1,975	\$2,794
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	17	\$5,140	\$4,547
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	17	\$5,140	\$5,995
07	GASTROINTESTINAL SYSTEM PROCEDURES	6,465	\$1,816	\$3,055
	132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	19	\$724	\$1,232
	133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	17	\$1,116	\$1,718
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	1,270	\$996	\$1,516
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	61	\$1,904	\$2,214

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, SINGLE EAPG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

118 Alta View Hospital

procedure EAPG category	Procedure EAPG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	3,624	\$937	\$1,271
	137 THERAPEUTIC COLONOSCOPY	245	\$1,324	\$1,695
	138 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	35	\$1,997	\$4,271
	139 LEVEL I HERNIA REPAIR	219	\$3,414	\$4,486
	140 LEVEL II HERNIA REPAIR	31	\$3,492	\$5,242
	141 LEVEL I ANAL AND RECTAL PROCEDURES	47	\$2,074	\$3,138
	142 LEVEL II ANAL AND RECTAL PROCEDURES	62	\$2,991	\$3,733
	143 LEVEL I GASTROINTESTINAL PROCEDURES	1	\$1,411	\$3,742
	144 LEVEL II GASTROINTESTINAL PROCEDURES	5	\$7,086	\$8,218
	145 LEVEL I LAPAROSCOPY	35	\$4,204	\$5,295
	146 LEVEL II LAPAROSCOPY	661	\$6,478	\$8,314
	147 LEVEL III LAPAROSCOPY	133	\$7,015	\$8,305
08	GENITOURINARY SYSTEM PROCEDURES	200	\$5,547	\$6,135
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	82	\$3,369	\$4,353
	164 LEVEL II BLADDER AND KIDNEY PROCEDURES	70	\$4,373	\$5,221
	165 LEVEL III BLADDER AND KIDNEY PROCEDURES	2	\$10,146	\$17,334
	166 LEVEL I URETHRA AND PROSTATE PROCEDURES	2	\$1,479	\$1,346
	167 LEVEL II URETHRA AND PROSTATE PROCEDURES	44	\$11,449	\$11,236
09	MALE REPRODUCTIVE SYSTEM	133	\$4,898	\$4,630
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	45	\$2,402	\$3,299
	181 CIRCUMCISION	15	\$2,251	\$2,418
	182 INSERTION OF PENILE PROSTHESIS	1	\$25,923	\$27,785
	183 LEVEL I PENILE AND PROSTATE PROCEDURES	1	\$1,259	\$2,153
	184 LEVEL II PENILE AND PROSTATE PROCEDURES	70	\$6,865	\$6,666
	185 PROSTATE NEEDLE AND PUNCH BIOPSY	1	\$1,847	\$3,010
10	FEMALE REPRODUCTIVE SYSTEM	153	\$4,396	\$5,236
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	13	\$2,070	\$3,258
	197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	63	\$4,601	\$5,190
	198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	27	\$5,688	\$7,456
	199 DILATION AND CURETTAGE	8	\$1,743	\$3,266
	200 HYSTEROSCOPY	41	\$4,463	\$5,384
	201 COLPOSCOPY	1	\$5,344	\$4,443
11	NEUROLOGIC SYSTEM PROCEDURES	145	\$4,493	\$4,849
	215 LEVEL I REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	2	\$8,195	\$13,624
	217 LEVEL I NERVE PROCEDURES	74	\$2,524	\$3,161
	218 LEVEL II NERVE PROCEDURES	11	\$8,620	\$11,142
	221 LAMINOTOMY AND LAMINECTOMY	56	\$5,457	\$10,583
	223 LEVEL III NERVE PROCEDURES	2	\$23,972	\$34,351
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	439	\$3,781	\$3,703
	233 CATARACT PROCEDURES	360	\$3,883	\$3,686
	234 LEVEL I ANTERIOR SEGMENT EYE PROCEDURES	1	\$2,089	\$2,924
	235 LEVEL II ANTERIOR SEGMENT EYE PROCEDURES	8	\$3,080	\$3,596
	236 LEVEL III ANTERIOR SEGMENT EYE PROCEDURES	1	\$8,296	\$8,638
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	14	\$2,655	\$2,293
	241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	55	\$3,456	\$3,623

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, SINGLE EAPG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

118 Alta View Hospital

procedure EAPG category	Procedure EAPG	TOTAL #	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	532	\$2,585	\$3,605
	252 LEVEL I FACIAL AND ENT PROCEDURES	221	\$1,775	\$2,195
	253 LEVEL II FACIAL AND ENT PROCEDURES	22	\$1,918	\$3,352
	254 LEVEL III FACIAL AND ENT PROCEDURES	31	\$4,155	\$6,442
	255 LEVEL IV FACIAL AND ENT PROCEDURES	42	\$6,822	\$8,243
	256 TONSIL AND ADENOID PROCEDURES	216	\$2,433	\$2,817

SOURCE: Utah Ambulatory Surgery Database
 Utah Health Data Committee/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, 2009
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

118 Alta View Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
GENDER				
Female	7,549	56.1	122,959	54.1
Male	5,900	43.9	104,281	45.9
Unknown	0	0.0	4	0.0
Not Reported	0	0.0	0	0.0
AGE				
1-28 days	0	0.0	1,731	0.8
29-365 days	40	0.3	2,897	1.3
1-4 years	229	1.7	10,813	4.8
5-9	120	0.9	6,381	2.8
10-14	128	1.0	5,066	2.2
15-17	207	1.5	5,130	2.3
18-19	208	1.5	3,775	1.7
20-24	639	4.8	10,184	4.5
25-29	778	5.8	12,684	5.6
30-34	892	6.6	13,594	6.0
35-39	884	6.6	13,012	5.7
40-44	845	6.3	13,141	5.8
45-49	1,093	8.1	16,564	7.3
50-54	2,005	14.9	24,353	10.7
55-59	1,649	12.3	21,093	9.3
60-64	1,437	10.7	18,280	8.0
65-69	949	7.1	15,480	6.8
70-74	598	4.4	12,653	5.6
75-79	395	2.9	9,821	4.3
80-84	219	1.6	6,574	2.9
85-89	110	0.8	3,084	1.4
90 +	24	0.2	933	0.4
Not Reported	0	0.0	1	0.0
SOURCE OF ADMISSION				
Physician Referral	13,126	97.6	205,377	90.4
Clinic Referral	4	0.0	2,930	1.3
HMO Referral	1	0.0	2,930	1.3
Other Hospital	0	0.0	184	0.1
Skilled Nursing Facility	0	0.0	36	0.0
Other Health Care Facility	0	0.0	18	0.0
Emergency Room	318	2.4	5,340	2.3
Court/Law Enforcement	0	0.0	3	0.0
Unknown	0	0.0	11	0.0
Not Reported	0	0.0	10,415	4.6

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

118 Alta View Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	13,433	99.9	226,589	99.7
Another Hospital	4	0.0	102	0.0
Skilled Nursing Facility	3	0.0	137	0.1
Intermediate Care Facility	0	0.0	20	0.0
Another Type of Institution	1	0.0	68	0.0
Under Care of Home Service	7	0.1	270	0.1
Left Against Medical Advice	1	0.0	22	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	0	0.0	13	0.0
Unknown	0	0.0	22	0.0
Not Reported	0	0.0	1	0.0
PRIMARY PAYER				
Medicare	1,795	13.3	45,456	20.0
Medicaid	386	2.9	15,975	7.0
Other government	116	0.9	4,287	1.9
Blue Cross/Blue Shield	280	2.1	29,948	13.2
Other Commercial	622	4.6	16,378	7.2
Managed Care(HMO, PPO)	9,925	73.8	106,245	46.8
Self Pay	86	0.6	2,816	1.2
Industrial & Worker Comp	103	0.8	3,291	1.4
Charity and Unclassified	97	0.7	1,613	0.7
Childrens Health Insurance	7	0.1	129	0.1
Unknown	32	0.2	1,046	0.5
Not Reported	0	0.0	60	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	32	0.2	16,751	7.4
Central Utah	40	0.3	8,412	3.7
Davis County	211	1.6	23,806	10.5
Salt Lake County	11,989	89.1	77,342	34.0
Southeastern Utah	28	0.2	4,701	2.1
Southwest Utah	38	0.3	14,188	6.2
Summit County	157	1.2	2,798	1.2
Tooele County	144	1.1	4,137	1.8
Tri-County	38	0.3	6,035	2.7
Utah County	555	4.1	37,226	16.4
Wasatch County	44	0.3	1,669	0.7
Weber County	31	0.2	20,181	8.9
Unknown Utah	0	0.0	27	0.0
Outside Utah	137	1.0	9,882	4.3
Unknown, Not Reported	5	0.0	89	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, 2009
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)	12,923	100.0	320,509	100.0
Mastectomy (85.0-85.99)	248	1.9	8,217	2.6
Musculoskeletal (76.0-84.99)	2,648	20.5	69,555	21.7
Respiratory (30.0-34.99)	59	0.5	3,320	1.0
Cardiovascular (35.0-39.99)	95	0.7	22,400	7.0
Lymphatic/Hemetic (40.0-41.99)	103	0.8	2,804	0.9
Digestive System (42.0-54.99)	5,350	41.4	98,678	30.8
Urinary (55.0-59.99)	280	2.2	10,902	3.4
Male Genital (60.0-64.99)	126	1.0	3,817	1.2
Female Genital (65.0-71.99)	649	5.0	14,786	4.6
Endocrine/Nervous (01.0-07.99)	666	5.2	23,111	7.2
Eye (08.0-16.99)	442	3.4	21,114	6.6
Ear (18.0-20.99)	982	7.6	12,945	4.0
Nose, Mouth, Pharynx (21.0-29.99)	1,275	9.9	28,860	9.0
Reporting Category(CPT-4 CODES)	11,565	100.0	299,107	100.0
Mastectomy (19120-19220)	99	0.9	2,014	0.7
Musculoskeletal (20000-29909)	3,038	26.3	75,301	25.2
Respiratory (30000-32999 & 39501-39599)	540	4.7	14,568	4.9
Cardiovascular (33010-37799 & 93501-93660)	79	0.7	24,369	8.1
Lymphatic/Hemetic (38100-38999)	96	0.8	2,630	0.9
Digestive (40490-49999)	5,874	50.8	109,341	36.6
Urinary (50010-53899)	290	2.5	10,457	3.5
Male Genital (54000-55899)	81	0.7	3,299	1.1
Female Genital (56405-58999)	495	4.3	12,326	4.1
Endocrine/Nervous (60000-64999)	229	2.0	24,781	8.3
Eye (65091-68899)	217	1.9	12,489	4.2
Ear (69000-69979)	527	4.6	7,532	2.5

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

AMB ST 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES

136 American Fork Hospital

ICD-9 CODE	ICD-9 DESCRIPTION	#	%	% ALL Hospitals
All ICD-9 Procedures				
4523	COLONOSCOPY	1,229	9.5	6.09
2001	MYRINGOTOMY W/INSRT TUBE	855	6.6	3.18
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	834	6.5	5.75
4542	ENDO POLYPECTOMY LG INTESTINE	777	6.0	3.35
4513	OTH ENDO SM INTESTINE	494	3.8	1.71
5123	LAP CHOLEY	469	3.6	2.26
283	TONSILLECTOMY W/ADENOIDECTOMY	386	3.0	1.80
4292	DILAT ESOPH	274	2.1	1.44
4525	CLO [ENDO] BX LG INTESTINE	263	2.0	2.33
4701	LAP APPENDECTOMY	233	1.8	0.78
1341	PHACOEMULSIFICATION-ASPIR CATARACT	202	1.6	1.58
1371	IOL PROSTH-CATARACT EXTRACT-1-STAGE	199	1.5	1.59
0407	OTH EXC/AVUL CRANIAL & PERIPH NERV	160	1.2	0.25
806	EXC SEMILUNAR CARTILAGE-KNEE	147	1.1	1.86
2169	OTH TURBINECTOMY	134	1.0	0.78
0392	INJ OTH AGENT SPINAL CANAL	132	1.0	1.98
7756	REPR HAMMER TOE	132	1.0	0.40
2188	OTH SEPTOPLASTY	126	1.0	0.50
4836	[ENDO] POLYPECTOMY RECTUM	124	1.0	0.95
6952	ASPIR CURET FOLLOWING DELIV/AB	123	1.0	0.44

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures				
45378	COLONOSCOPY FLEX; DX-SEP PROC	1,147	9.9	6.11
45380	COLONOSCOPY FLEX; W/BX 1/MX	871	7.5	5.24
43239	UGI ENDO; W/BX 1/MX	826	7.1	6.06
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	441	3.8	1.50
69436	TYMPANOSTOMY GENERAL ANESTHESIA	435	3.8	1.75
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	331	2.9	1.25
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	331	2.9	1.49
42820	T&A; UNDER AGE 12	262	2.3	1.47
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	261	2.3	0.96
44970	LAPAROSCOPY SURGICAL APPENDECTOM	228	2.0	0.85
28285	CORRECTION HAMMERTOES	214	1.9	0.62
66984	EXTRACAPSULAR CATARACT REMV IOL	202	1.7	1.64
30520	SEPTOPLASTY/SUBMUCOS RES W/GFT	158	1.4	0.78
28080	EXC INTERDIGITL NEUROMA SINGLE EA	140	1.2	0.21
29826	SCOPE SHOULDER; DECOMP SUBACROM	135	1.2	1.21
30140	SUBMUCOS RES TURBINATE PART/CMPL	126	1.1	0.74
42821	T&A; AGE 12 OR OVER	123	1.1	0.44
49505	REPR INIT ING HERNIA 5YR/MORE; R	121	1.0	0.82
29881	SCOPE KNEE SURG;W/MENISCECT MED/	108	0.9	1.64
20680	REMOVAL OF IMPLANT; DEEP	102	0.9	1.04

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

AMB ST 1-3

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
 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	6,059	\$3,059	\$4,501
4523	COLONOSCOPY	1,028	\$1,138	\$1,087
4542	ENDO POLYPECTOMY LG INTESTINE	628	\$1,548	\$1,547
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	478	\$1,291	\$1,581
5123	LAP CHOLEY	368	\$5,942	\$7,426
283	TONSILLECTOMY W/ADENOIDECTOMY	339	\$2,359	\$2,850
4513	OTH ENDO SM INTESTINE	245	\$1,178	\$1,334
4701	LAP APPENDECTOMY	195	\$9,401	\$10,907
4525	CLO [ENDO] BX LG INTESTINE	161	\$1,453	\$1,709
6952	ASPIR CURET FOLLOWING DELIV/AB	121	\$2,183	\$3,269
0443	RELEASE CARPAL TUNNEL	67	\$2,082	\$2,540
282	TONSILLECTOMY WO ADENOIDECTOMY	66	\$2,442	\$2,868
0407	OTH EXC/AVUL CRANIAL & PERIPH NERV	59	\$2,076	\$3,096
5304	UNILAT REPR INDIRECT ING HERN-GFT	59	\$4,382	\$4,709
6823	ENDOMETRIAL ABLATION	58	\$5,196	\$6,213
4836	[ENDO] POLYPECTOMY RECTUM	52	\$1,402	\$1,394
7751	BUNIONEC SOFT-OSTEOT 1ST METATARS	52	\$2,945	\$5,128
8201	EXPLOR TENDON SHEATH HAND	51	\$1,900	\$2,331
7933	OP REDUC W/INT FIX-CARP-METACARP	49	\$3,903	\$5,982
8521	LOC EXC LES BREAST	46	\$3,215	\$3,374
7756	REPR HAMMER TOE	42	\$2,408	\$4,168

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
CPT-4	Procedures	6,309	\$2,891	\$3,915
45378	COLONOSCOPY FLEX; DX-SEP PROC	952	\$1,136	\$1,090
45380	COLONOSCOPY FLEX; W/BX 1/MX	626	\$1,427	\$1,526
43239	UGI ENDO; W/BX 1/MX	478	\$1,290	\$1,548
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	366	\$5,983	\$7,842
69436	TYMPANOSTOMY GENERAL ANESTHESIA	337	\$1,155	\$1,499
42820	T&A; UNDER AGE 12	232	\$2,287	\$2,701
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	227	\$1,120	\$1,234
66984	EXTRACAPSULAR CATARACT REMV IOL	198	\$2,804	\$3,678
44970	LAPAROSCOPY SURGICAL APPENDECTOM	191	\$9,378	\$10,914
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	165	\$1,642	\$1,661
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	113	\$1,805	\$1,913
42821	T&A; AGE 12 OR OVER	108	\$2,509	\$3,195
49505	REPR INIT ING HERNIA 5YR/MORE; R	99	\$4,276	\$4,721
29848	ENDO WRST SURG REL TRNS CARP LIG	76	\$2,221	\$2,666
20680	REMOVAL OF IMPLANT; DEEP	66	\$2,635	\$3,558
19120	EXC BRST CYST TUMR/LES OPN M/F 1	65	\$3,386	\$3,487
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	58	\$2,513	\$2,928
49650	LAPARSCPY SURG; REPR INIT ING HE	56	\$5,510	\$7,028
28080	EXC INTERDIGITL NEUROMA SINGLE EA	50	\$1,973	\$2,833
26615	OPEN TX MC FX 1 W/WO INTRL/EXT F	39	\$3,912	\$5,605

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, 2009
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE* CPT-4 PROCEDURES

136 American Fork Hospital

Procedure EAPG category	Procedure EAPG	TOTAL #	TOTAL # (ALL Hospitals)
01	SKIN & INTEGUMENTARY SYSTEM PROCEDURES	207	8,192
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	4	1,091
	003 LEVEL I SKIN INCISION AND DRAINAGE	4	189
	004 LEVEL II SKIN INCISION AND DRAINAGE	2	95
	007 LEVEL II SKIN DEBRIDEMENT AND DESTRUCTION	1	128
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	11	503
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	164	5,031
	012 LEVEL I SKIN REPAIR	1	35
	013 LEVEL II SKIN REPAIR	17	792
	014 LEVEL III SKIN REPAIR	3	220
02	BREAST PROCEDURES	99	2,075
	020 LEVEL I BREAST PROCEDURES	99	2,014
03	MUSCULOSKELETAL SYSTEM PROCEDURES	2,777	64,806
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	80	2,405
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	109	4,694
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	47	2,234
	033 LEVEL I HAND PROCEDURES	213	3,780
	034 LEVEL II HAND PROCEDURES	38	1,278
	035 LEVEL I FOOT PROCEDURES	689	6,264
	036 LEVEL II FOOT PROCEDURES	111	1,682
	037 LEVEL I ARTHROSCOPY	699	22,184
	038 LEVEL II ARTHROSCOPY	188	5,320
	040 SPLINT, STRAPPING AND CAST REMOVAL	1	1,672
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	34	717
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	21	628
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	266	5,752
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	12	490
	045 BUNION PROCEDURES	223	1,791
	046 LEVEL I ARTHROPLASTY	19	634
	047 LEVEL II ARTHROPLASTY	4	148
	048 HAND AND FOOT TENOTOMY	8	386
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	15	2,678
04	RESPIRATORY PROCEDURES	214	9,066
	061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	4	1,396
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	39	1,436
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	132	4,402
	064 ENDOSCOPY OF THE LOWER AIRWAY	39	1,832
05	CARDIOVASCULAR PROCEDURES	21	9,325
	083 PLACEMENT OF TRANSVENOUS CATHETERS	12	941
	085 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	4	1,497
	088 LEVEL I CARDIOTHORACIC PROCEDURES	1	225
	089 LEVEL II CARDIOTHORACIC PROCEDURES	2	1,625
	091 VASCULAR LIGATION AND RECONSTRUCTION	2	124
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	110	2,884
	113 LEVEL I BLOOD AND BLOOD PRODUCT EXCHANGE	33	1,308
	114 LEVEL II BLOOD AND BLOOD PRODUCT EXCHANGE	1	4

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE* CPT-4 PROCEDURES

136 American Fork Hospital

procedure EAPG category		TOTAL #	TOTAL # (ALL Hospitals)
procedure EAPG			
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	76	1,491
07	GASTROINTESTINAL SYSTEM PROCEDURES	5,432	99,755
	131 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	8	1,379
	132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	10	502
	133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	6	422
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	1,159	22,635
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	320	4,688
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	2,023	34,149
	137 THERAPEUTIC COLONOSCOPY	379	5,727
	138 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	49	1,937
	139 LEVEL I HERNIA REPAIR	244	5,573
	140 LEVEL II HERNIA REPAIR	50	1,193
	141 LEVEL I ANAL AND RECTAL PROCEDURES	11	782
	142 LEVEL II ANAL AND RECTAL PROCEDURES	14	1,145
	143 LEVEL I GASTROINTESTINAL PROCEDURES	21	405
	144 LEVEL II GASTROINTESTINAL PROCEDURES	7	226
	145 LEVEL I LAPAROSCOPY	130	2,675
	146 LEVEL II LAPAROSCOPY	443	8,847
	147 LEVEL III LAPAROSCOPY	547	7,203
	148 LEVEL IV LAPAROSCOPY	11	88
08	GENITOURINARY SYSTEM PROCEDURES	261	8,962
	160 EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	6	697
	162 URINARY CATHETERIZATION AND DILATATION	22	238
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	155	3,932
	164 LEVEL II BLADDER AND KIDNEY PROCEDURES	73	3,413
	165 LEVEL III BLADDER AND KIDNEY PROCEDURES	1	55
	167 LEVEL II URETHRA AND PROSTATE PROCEDURES	4	444
09	MALE REPRODUCTIVE SYSTEM	95	3,509
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	47	1,431
	181 CIRCUMCISION	15	822
	184 LEVEL II PENILE AND PROSTATE PROCEDURES	33	1,167
10	FEMALE REPRODUCTIVE SYSTEM	290	7,180
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	58	1,292
	197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	75	1,355
	198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	64	1,494
	199 DILATION AND CURETTAGE	13	551
	200 HYSTEROSCOPY	74	2,251
	201 COLPOSCOPY	6	234
11	NEUROLOGIC SYSTEM PROCEDURES	190	24,377
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	28	2,913
	217 LEVEL I NERVE PROCEDURES	88	4,031
	218 LEVEL II NERVE PROCEDURES	12	793
	219 SPINAL TAP	3	470
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	25	11,868
	221 LAMINOTOMY AND LAMINECTOMY	33	3,173
	223 LEVEL III NERVE PROCEDURES	1	825

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE* CPT-4 PROCEDURES

136 American Fork Hospital

procedure EAPG category		TOTAL #	TOTAL # (ALL Hospitals)
procedure EAPG			
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	216	12,275
	233 CATARACT PROCEDURES	205	5,365
	234 LEVEL I ANTERIOR SEGMENT EYE PROCEDURES	6	265
	236 LEVEL III ANTERIOR SEGMENT EYE PROCEDURES	2	209
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	1	895
	241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	2	1,469
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	1,593	28,739
	252 LEVEL I FACIAL AND ENT PROCEDURES	647	12,362
	253 LEVEL II FACIAL AND ENT PROCEDURES	97	1,405
	254 LEVEL III FACIAL AND ENT PROCEDURES	210	3,429
	255 LEVEL IV FACIAL AND ENT PROCEDURES	77	2,922
	256 TONSIL AND ADENOID PROCEDURES	562	8,493

SOURCE: Utah Ambulatory Surgery Database
Utah Health Data Committee/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, 2009
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, SINGLE EAPG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

136 American Fork Hospital

Procedure EAPG category	Procedure EAPG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
01	SKIN & INTEGUMENTARY SYSTEM PROCEDURES	113	\$2,690	\$3,762
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	2	\$2,357	\$3,254
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	5	\$2,672	\$3,664
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	102	\$2,623	\$3,677
	013 LEVEL II SKIN REPAIR	2	\$2,600	\$4,883
	014 LEVEL III SKIN REPAIR	2	\$6,565	\$5,455
02	BREAST PROCEDURES	65	\$3,386	\$3,802
	020 LEVEL I BREAST PROCEDURES	65	\$3,386	\$3,688
03	MUSCULOSKELETAL SYSTEM PROCEDURES	907	\$3,741	\$5,044
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	32	\$3,401	\$4,534
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	35	\$4,918	\$5,458
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	24	\$5,558	\$9,791
	033 LEVEL I HAND PROCEDURES	107	\$2,558	\$2,835
	034 LEVEL II HAND PROCEDURES	16	\$3,913	\$5,167
	035 LEVEL I FOOT PROCEDURES	166	\$2,331	\$3,748
	036 LEVEL II FOOT PROCEDURES	50	\$4,920	\$6,617
	037 LEVEL I ARTHROSCOPY	144	\$3,446	\$4,492
	038 LEVEL II ARTHROSCOPY	9	\$13,828	\$10,734
	040 SPLINT, STRAPPING AND CAST REMOVAL	1	\$12,101	\$1,380
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	9	\$3,396	\$6,442
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	16	\$2,652	\$3,754
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	191	\$4,792	\$7,392
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	3	\$3,473	\$3,553
	045 BUNION PROCEDURES	87	\$2,907	\$5,191
	046 LEVEL I ARTHROPLASTY	12	\$7,852	\$8,302
	047 LEVEL II ARTHROPLASTY	2	\$13,675	\$20,732
	048 HAND AND FOOT TENOTOMY	1	\$1,725	\$2,527
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	2	\$714	\$1,227
04	RESPIRATORY PROCEDURES	40	\$2,687	\$2,975
	061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	1	\$1,010	\$2,594
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	10	\$3,440	\$4,027
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	2	\$2,919	\$4,474
	064 ENDOSCOPY OF THE LOWER AIRWAY	27	\$2,453	\$2,794
05	CARDIOVASCULAR PROCEDURES	10	\$6,176	\$14,627
	083 PLACEMENT OF TRANSVENOUS CATHETERS	8	\$5,619	\$6,140
	085 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	1	\$14,570	\$36,706
	089 LEVEL II CARDIOTHORACIC PROCEDURES	1	\$2,240	\$8,023
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	31	\$5,549	\$4,547
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	31	\$5,549	\$5,995
07	GASTROINTESTINAL SYSTEM PROCEDURES	3,621	\$2,663	\$3,055
	132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	6	\$776	\$1,232
	133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	6	\$1,162	\$1,718
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	705	\$1,235	\$1,516
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	145	\$1,800	\$2,214
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	1,579	\$1,251	\$1,271

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, SINGLE EAPG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

136 American Fork Hospital

procedure EAPG category	Procedure EAPG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
	137 THERAPEUTIC COLONOSCOPY	187	\$1,661	\$1,695
	138 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	12	\$4,775	\$4,271
	139 LEVEL I HERNIA REPAIR	158	\$4,006	\$4,486
	140 LEVEL II HERNIA REPAIR	20	\$4,863	\$5,242
	141 LEVEL I ANAL AND RECTAL PROCEDURES	8	\$3,869	\$3,138
	142 LEVEL II ANAL AND RECTAL PROCEDURES	10	\$3,407	\$3,733
	143 LEVEL I GASTROINTESTINAL PROCEDURES	5	\$3,703	\$3,742
	144 LEVEL II GASTROINTESTINAL PROCEDURES	3	\$4,461	\$8,218
	145 LEVEL I LAPAROSCOPY	24	\$3,907	\$5,295
	146 LEVEL II LAPAROSCOPY	324	\$7,945	\$8,314
	147 LEVEL III LAPAROSCOPY	419	\$6,110	\$8,305
	148 LEVEL IV LAPAROSCOPY	10	\$10,088	\$13,004
08	GENITOURINARY SYSTEM PROCEDURES	84	\$4,377	\$6,135
	162 URINARY CATHETERIZATION AND DILATATION	16	\$5,455	\$5,868
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	43	\$2,865	\$4,353
	164 LEVEL II BLADDER AND KIDNEY PROCEDURES	20	\$3,730	\$5,221
	165 LEVEL III BLADDER AND KIDNEY PROCEDURES	1	\$4,684	\$17,334
	167 LEVEL II URETHRA AND PROSTATE PROCEDURES	4	\$19,463	\$11,236
09	MALE REPRODUCTIVE SYSTEM	60	\$4,714	\$4,630
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	22	\$3,106	\$3,299
	181 CIRCUMCISION	12	\$2,345	\$2,418
	184 LEVEL II PENILE AND PROSTATE PROCEDURES	26	\$7,168	\$6,666
10	FEMALE REPRODUCTIVE SYSTEM	147	\$4,369	\$5,236
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	28	\$2,188	\$3,258
	197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	41	\$5,011	\$5,190
	198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	31	\$5,965	\$7,456
	199 DILATION AND CURETTAGE	9	\$2,165	\$3,266
	200 HYSTEROSCOPY	34	\$4,730	\$5,384
	201 COLPOSCOPY	4	\$2,574	\$4,443
11	NEUROLOGIC SYSTEM PROCEDURES	70	\$2,662	\$4,849
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	23	\$1,291	\$1,315
	217 LEVEL I NERVE PROCEDURES	33	\$2,769	\$3,161
	218 LEVEL II NERVE PROCEDURES	3	\$7,011	\$11,142
	219 SPINAL TAP	3	\$2,039	\$2,509
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	5	\$1,344	\$1,563
	221 LAMINOTOMY AND LAMINECTOMY	2	\$6,531	\$10,583
	223 LEVEL III NERVE PROCEDURES	1	\$18,331	\$34,351
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	207	\$2,790	\$3,703
	233 CATARACT PROCEDURES	201	\$2,804	\$3,686
	234 LEVEL I ANTERIOR SEGMENT EYE PROCEDURES	3	\$1,908	\$2,924
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	1	\$1,811	\$2,293
	241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	2	\$3,112	\$3,623
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	942	\$2,336	\$3,605
	252 LEVEL I FACIAL AND ENT PROCEDURES	376	\$1,285	\$2,195
	253 LEVEL II FACIAL AND ENT PROCEDURES	44	\$2,995	\$3,352

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, SINGLE EAPG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

136 American Fork Hospital

procedure EAPG category Procedure EAPG	TOTAL #	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
254 LEVEL III FACIAL AND ENT PROCEDURES	41	\$5,826	\$6,442
255 LEVEL IV FACIAL AND ENT PROCEDURES	53	\$6,578	\$8,243
256 TONSIL AND ADENOID PROCEDURES	428	\$2,331	\$2,817

SOURCE: Utah Ambulatory Surgery Database
 Utah Health Data Committee/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, 2009
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

136 American Fork Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
GENDER				
Female	5,247	57.3	122,959	54.1
Male	3,904	42.7	104,281	45.9
Unknown	0	0.0	4	0.0
Not Reported	0	0.0	0	0.0
AGE				
1-28 days	0	0.0	1,731	0.8
29-365 days	116	1.3	2,897	1.3
1-4 years	392	4.3	10,813	4.8
5-9	294	3.2	6,381	2.8
10-14	255	2.8	5,066	2.2
15-17	265	2.9	5,130	2.3
18-19	200	2.2	3,775	1.7
20-24	495	5.4	10,184	4.5
25-29	662	7.2	12,684	5.6
30-34	644	7.0	13,594	6.0
35-39	636	7.0	13,012	5.7
40-44	598	6.5	13,141	5.8
45-49	626	6.8	16,564	7.3
50-54	1,029	11.2	24,353	10.7
55-59	799	8.7	21,093	9.3
60-64	640	7.0	18,280	8.0
65-69	475	5.2	15,480	6.8
70-74	448	4.9	12,653	5.6
75-79	308	3.4	9,821	4.3
80-84	178	1.9	6,574	2.9
85-89	76	0.8	3,084	1.4
90 +	15	0.2	933	0.4
Not Reported	0	0.0	1	0.0
SOURCE OF ADMISSION				
Physician Referral	8,865	96.9	205,377	90.4
Clinic Referral	5	0.1	2,930	1.3
HMO Referral	0	0.0	2,930	1.3
Other Hospital	1	0.0	184	0.1
Skilled Nursing Facility	1	0.0	36	0.0
Other Health Care Facility	1	0.0	18	0.0
Emergency Room	278	3.0	5,340	2.3
Court/Law Enforcement	0	0.0	3	0.0
Unknown	0	0.0	11	0.0
Not Reported	0	0.0	10,415	4.6

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

136 American Fork Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	9,135	99.8	226,589	99.7
Another Hospital	3	0.0	102	0.0
Skilled Nursing Facility	3	0.0	137	0.1
Intermediate Care Facility	0	0.0	20	0.0
Another Type of Institution	1	0.0	68	0.0
Under Care of Home Service	9	0.1	270	0.1
Left Against Medical Advice	0	0.0	22	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	0	0.0	13	0.0
Unknown	0	0.0	22	0.0
Not Reported	0	0.0	1	0.0
PRIMARY PAYER				
Medicare	1,434	15.7	45,456	20.0
Medicaid	469	5.1	15,975	7.0
Other government	146	1.6	4,287	1.9
Blue Cross/Blue Shield	268	2.9	29,948	13.2
Other Commercial	392	4.3	16,378	7.2
Managed Care(HMO, PPO)	6,119	66.9	106,245	46.8
Self Pay	84	0.9	2,816	1.2
Industrial & Worker Comp	55	0.6	3,291	1.4
Charity and Unclassified	107	1.2	1,613	0.7
Childrens Health Insurance	3	0.0	129	0.1
Unknown	74	0.8	1,046	0.5
Not Reported	0	0.0	60	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	3	0.0	16,751	7.4
Central Utah	170	1.9	8,412	3.7
Davis County	11	0.1	23,806	10.5
Salt Lake County	203	2.2	77,342	34.0
Southeastern Utah	50	0.5	4,701	2.1
Southwest Utah	17	0.2	14,188	6.2
Summit County	9	0.1	2,798	1.2
Tooele County	15	0.2	4,137	1.8
Tri-County	29	0.3	6,035	2.7
Utah County	8,548	93.4	37,226	16.4
Wasatch County	44	0.5	1,669	0.7
Weber County	6	0.1	20,181	8.9
Unknown Utah	1	0.0	27	0.0
Outside Utah	44	0.5	9,882	4.3
Unknown, Not Reported	1	0.0	89	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, 2009
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)	3,449	100.0	320,509	100.0
Mastectomy (85.0-85.99)	58	1.7	8,217	2.6
Musculoskeletal (76.0-84.99)	686	19.9	69,555	21.7
Respiratory (30.0-34.99)	26	0.8	3,320	1.0
Cardiovascular (35.0-39.99)	37	1.1	22,400	7.0
Lymphatic/Hemetic (40.0-41.99)	9	0.3	2,804	0.9
Digestive System (42.0-54.99)	815	23.6	98,678	30.8
Urinary (55.0-59.99)	27	0.8	10,902	3.4
Male Genital (60.0-64.99)	26	0.8	3,817	1.2
Female Genital (65.0-71.99)	142	4.1	14,786	4.6
Endocrine/Nervous (01.0-07.99)	762	22.1	23,111	7.2
Eye (08.0-16.99)	226	6.6	21,114	6.6
Ear (18.0-20.99)	302	8.8	12,945	4.0
Nose, Mouth, Pharynx (21.0-29.99)	333	9.7	28,860	9.0
Reporting Category(CPT-4 CODES)	3,095	100.0	299,107	100.0
Mastectomy (19120-19220)	12	0.4	2,014	0.7
Musculoskeletal (20000-29909)	649	21.0	75,301	25.2
Respiratory (30000-32999 & 39501-39599)	126	4.1	14,568	4.9
Cardiovascular (33010-37799 & 93501-93660)	420	13.6	24,369	8.1
Lymphatic/Hemetic (38100-38999)	9	0.3	2,630	0.9
Digestive (40490-49999)	1,010	32.6	109,341	36.6
Urinary (50010-53899)	22	0.7	10,457	3.5
Male Genital (54000-55899)	22	0.7	3,299	1.1
Female Genital (56405-58999)	115	3.7	12,326	4.1
Endocrine/Nervous (60000-64999)	440	14.2	24,781	8.3
Eye (65091-68899)	111	3.6	12,489	4.2
Ear (69000-69979)	159	5.1	7,532	2.5

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics.

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

AMB ST 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
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		3,449	100.0	100.0
0392	INJ OTH AGENT SPINAL CANAL	334	9.7	1.98
0391	INJ ANES SPINAL CANAL-ANALGESIA	328	9.5	1.76
2001	MYRINGOTOMY W/INSRT TUBE	274	7.9	3.18
4523	COLONOSCOPY	201	5.8	6.09
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	170	4.9	5.75
283	TONSILLECTOMY W/ADENOIDECTOMY	124	3.6	1.80
1341	PHACOEMULSIFICATION-ASPIR CATARACT	107	3.1	1.58
1371	IOL PROSTH-CATARACT EXTRACT-1-STAGE	107	3.1	1.59
806	EXC SEMILUNAR CARTILAGE-KNEE	96	2.8	1.86
5123	LAP CHOLEY	74	2.1	2.26
8192	INJ THERAP SUBSTANCE JT/LIGAMNT	73	2.1	0.42
0443	RELEASE CARPAL TUNNEL	68	2.0	0.98
4525	CLO [ENDO] BX LG INTESTINE	55	1.6	2.33
4542	ENDO POLYPECTOMY LG INTESTINE	52	1.5	3.35
8511	CLO [PERCUT] [NEEDLE] BX BREAST	39	1.1	0.44
4824	CLO [ENDO] BX RECTUM	33	1.0	0.41
3893	VENOUS CATH-NEC	31	0.9	0.26
6909	OTH D&C UTERUS	30	0.9	0.42
8363	ROTATOR CUFF REPR	30	0.9	0.76
4836	[ENDO] POLYPECTOMY RECTUM	27	0.8	0.95

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		3,095	100.0	100.0
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	335	10.8	0.70
36416	COLLECTON CAPILLARY BLOOD SPECIM	313	10.1	0.94
45378	COLONOSCOPY FLEX; DX-SEP PROC	188	6.1	6.11
43239	UGI ENDO; W/BX 1/MX	174	5.6	6.06
69436	TYMPANOSTOMY GENERAL ANESTHESIA	143	4.6	1.75
45380	COLONOSCOPY FLEX; W/BX 1/MX	126	4.1	5.24
66984	EXTRACAPSULAR CATARACT REMV IOL	106	3.4	1.64
42820	T&A; UNDER AGE 12	78	2.5	1.47
36430	TRANSFUSION BLOOD/BLOOD COMPONEN	69	2.2	0.42
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	65	2.1	0.64
29881	SCOPE KNEE SURG;W/MENISCECT MED/	64	2.1	1.64
42821	T&A; AGE 12 OR OVER	46	1.5	0.44
20610	ARTHROCENTESIS ASPIR&/INJ; MAJ J	43	1.4	0.53
47562	LAPAROSCOPY SURGICAL; CHOLECT	39	1.3	0.94
29880	SCOPE KNEE SURG;W/MENISCECT MED&	34	1.1	0.50
20680	REMOVAL OF IMPLANT; DEEP	32	1.0	1.04
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	30	1.0	1.50
36569	INSERT PICC W/O PORT/PUMP; 5 YR/	28	0.9	0.19
31255	NASAL/SINUS ENDO; W/TOT ETHMOECT	24	0.8	0.39
31267	NASL/SINUS ENDO; W/TISS REMV MAX	24	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, 2009
 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		1,323	\$4,644	\$4,501
4523	COLONOSCOPY	151	\$1,596	\$1,087
283	TONSILLECTOMY W/ADENOIDECTOMY	100	\$4,348	\$2,850
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	90	\$2,118	\$1,581
5123	LAP CHOLEY	60	\$11,295	\$7,426
806	EXC SEMILUNAR CARTILAGE-KNEE	57	\$7,310	\$4,537
8192	INJ THERAP SUBSTANCE JT/LIGAMNT	56	\$705	\$1,414
0443	RELEASE CARPAL TUNNEL	47	\$3,790	\$2,540
8511	CLO [PERCUT] [NEEDLE] BX BREAST	31	\$1,906	\$1,944
3893	VENOUS CATH-NEC	30	\$7,440	\$5,074
4525	CLO [ENDO] BX LG INTESTINE	28	\$2,082	\$1,709
4542	ENDO POLYPECTOMY LG INTESTINE	25	\$2,124	\$1,547
6952	ASPIR CURET FOLLOWING DELIV/AB	24	\$4,705	\$3,269
7936	OP REDUC FX W/INT FIX-TIBIA & FIB	19	\$8,737	\$8,524
7902	CLO REDUC FX WO INT FIX-RADIUS-ULNA	16	\$3,270	\$2,850
4513	OTH ENDO SM INTESTINE	15	\$2,043	\$1,334
4701	LAP APPENDECTOMY	15	\$15,859	\$10,907
4824	CLO [ENDO] BX RECTUM	15	\$2,074	\$1,513
7867	REMOV IMPLNT DEVICE-TIBIA & FIB	15	\$4,691	\$3,508
8221	EXC LES TENDON SHEATH HAND	15	\$4,812	\$2,755
5304	UNILAT REPR INDIRECT ING HERN-GFT	14	\$6,629	\$4,709

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
CPT-4 Procedures		1,996	\$3,743	\$3,915
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	330	\$745	\$1,220
45378	COLONOSCOPY FLEX; DX-SEP PROC	142	\$1,597	\$1,090
66984	EXTRACAPSULAR CATARACT REMV IOL	106	\$4,601	\$3,678
36416	COLLECTON CAPILLARY BLOOD SPECIM	105	\$127	\$145
69436	TYMPANOSTOMY GENERAL ANESTHESIA	100	\$2,282	\$1,499
45380	COLONOSCOPY FLEX; W/BX 1/MX	90	\$2,135	\$1,526
43239	UGI ENDO; W/BX 1/MX	89	\$2,057	\$1,548
42820	T&A; UNDER AGE 12	62	\$4,261	\$2,701
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	51	\$3,882	\$2,624
29881	SCOPE KNEE SURG;W/MENISCECT MED/	47	\$7,429	\$4,457
42821	T&A; AGE 12 OR OVER	38	\$4,489	\$3,195
47562	LAPAROSCOPY SURGICAL; CHOLECT	34	\$10,952	\$6,606
20610	ARTHROCENTESIS ASPIR&/INJ; MAJ J	30	\$651	\$1,197
36569	INSERT PICC W/O PORT/PUMP; 5 YR/	28	\$7,259	\$4,871
20680	REMOVAL OF IMPLANT; DEEP	27	\$4,350	\$3,558
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	26	\$11,743	\$7,842
29880	SCOPE KNEE SURG;W/MENISCECT MED&	25	\$7,503	\$4,800
36430	TRANSFUSION BLOOD/BLOOD COMPONENT	22	\$2,653	\$3,294
49505	REPR INIT ING HERNIA 5YR/MORE; R	22	\$6,766	\$4,721
41899	UNLIST PROC DENTOALVEOL STRUCTUR	21	\$5,380	\$2,871

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, 2009
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE* CPT-4 PROCEDURES

134 Ashley Regional Medical Center

Procedure EAPG category	Procedure EAPG	TOTAL #	TOTAL # (ALL Hospitals)
01	SKIN & INTEGUMENTARY SYSTEM PROCEDURES	116	8,192
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	15	1,091
	004 LEVEL II SKIN INCISION AND DRAINAGE	1	95
	007 LEVEL II SKIN DEBRIDEMENT AND DESTRUCTION	1	128
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	7	503
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	61	5,031
	013 LEVEL II SKIN REPAIR	29	792
	014 LEVEL III SKIN REPAIR	2	220
02	BREAST PROCEDURES	12	2,075
	020 LEVEL I BREAST PROCEDURES	12	2,014
03	MUSCULOSKELETAL SYSTEM PROCEDURES	566	64,806
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	33	2,405
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	33	4,694
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	32	2,234
	033 LEVEL I HAND PROCEDURES	57	3,780
	034 LEVEL II HAND PROCEDURES	3	1,278
	035 LEVEL I FOOT PROCEDURES	28	6,264
	036 LEVEL II FOOT PROCEDURES	4	1,682
	037 LEVEL I ARTHROSCOPY	156	22,184
	038 LEVEL II ARTHROSCOPY	10	5,320
	040 SPLINT, STRAPPING AND CAST REMOVAL	3	1,672
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	14	717
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	26	628
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	70	5,752
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	3	490
	045 BUNION PROCEDURES	18	1,791
	046 LEVEL I ARTHROPLASTY	3	634
	047 LEVEL II ARTHROPLASTY	1	148
	048 HAND AND FOOT TENOTOMY	1	386
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	71	2,678
04	RESPIRATORY PROCEDURES	101	9,066
	061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	44	1,396
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	8	1,436
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	49	4,402
05	CARDIOVASCULAR PROCEDURES	6	9,325
	083 PLACEMENT OF TRANSVENOUS CATHETERS	5	941
	088 LEVEL I CARDIOTHORACIC PROCEDURES	1	225
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	73	2,884
	113 LEVEL I BLOOD AND BLOOD PRODUCT EXCHANGE	69	1,308
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	4	1,491
07	GASTROINTESTINAL SYSTEM PROCEDURES	809	99,755
	130 ALIMENTARY TESTS AND SIMPLE TUBE PLACEMENT	1	179
	132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	2	502
	133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	1	422
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	188	22,635
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	18	4,688

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE* CPT-4 PROCEDURES

134 Ashley Regional Medical Center

procedure EAPG category procedure EAPG	TOTAL #	TOTAL # (ALL Hospitals)
136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	315	34,149
137 THERAPEUTIC COLONOSCOPY	17	5,727
139 LEVEL I HERNIA REPAIR	60	5,573
140 LEVEL II HERNIA REPAIR	18	1,193
141 LEVEL I ANAL AND RECTAL PROCEDURES	10	782
142 LEVEL II ANAL AND RECTAL PROCEDURES	9	1,145
143 LEVEL I GASTROINTESTINAL PROCEDURES	1	405
144 LEVEL II GASTROINTESTINAL PROCEDURES	1	226
145 LEVEL I LAPAROSCOPY	38	2,675
146 LEVEL II LAPAROSCOPY	86	8,847
147 LEVEL III LAPAROSCOPY	44	7,203
08 GENITOURINARY SYSTEM PROCEDURES	15	8,962
160 EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	6	697
163 LEVEL I BLADDER AND KIDNEY PROCEDURES	9	3,932
09 MALE REPRODUCTIVE SYSTEM	20	3,509
180 TESTICULAR AND EPIDIDYMAL PROCEDURES	6	1,431
181 CIRCUMCISION	7	822
184 LEVEL II PENILE AND PROSTATE PROCEDURES	1	1,167
185 PROSTATE NEEDLE AND PUNCH BIOPSY	6	47
10 FEMALE REPRODUCTIVE SYSTEM	82	7,180
196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	8	1,292
197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	15	1,355
198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	12	1,494
199 DILATION AND CURETTAGE	16	551
200 HYSTEROSCOPY	28	2,251
201 COLPOSCOPY	3	234
11 NEUROLOGIC SYSTEM PROCEDURES	430	24,377
214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	346	2,913
217 LEVEL I NERVE PROCEDURES	68	4,031
219 SPINAL TAP	6	470
220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	10	11,868
12 OPHTHALMOLOGIC SYSTEM PROCEDURES	111	12,275
230 MINOR OPHTHALMOLOGICAL TESTS AND PROCEDURES	1	41
233 CATARACT PROCEDURES	107	5,365
235 LEVEL II ANTERIOR SEGMENT EYE PROCEDURES	1	285
236 LEVEL III ANTERIOR SEGMENT EYE PROCEDURES	1	209
240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	1	895
13 EAR, NOSE, MOUTH, & THROAT PROCEDURES	423	28,739
252 LEVEL I FACIAL AND ENT PROCEDURES	216	12,362
253 LEVEL II FACIAL AND ENT PROCEDURES	18	1,405
254 LEVEL III FACIAL AND ENT PROCEDURES	21	3,429
255 LEVEL IV FACIAL AND ENT PROCEDURES	3	2,922
256 TONSIL AND ADENOID PROCEDURES	165	8,493

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/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, 2009
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, SINGLE EAPG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

134 Ashley Regional Medical Center

Procedure EAPG category	Procedure EAPG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
01	SKIN & INTEGUMENTARY SYSTEM PROCEDURES	102	\$4,741	\$3,762
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	15	\$1,315	\$3,254
	004 LEVEL II SKIN INCISION AND DRAINAGE	1	\$3,624	\$4,409
	007 LEVEL II SKIN DEBRIDEMENT AND DESTRUCTION	1	\$4,882	\$2,829
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	7	\$4,943	\$3,664
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	48	\$4,101	\$3,677
	013 LEVEL II SKIN REPAIR	29	\$7,508	\$4,883
	014 LEVEL III SKIN REPAIR	1	\$6,158	\$5,455
02	BREAST PROCEDURES	11	\$5,143	\$3,802
	020 LEVEL I BREAST PROCEDURES	11	\$5,143	\$3,688
03	MUSCULOSKELETAL SYSTEM PROCEDURES	357	\$6,208	\$5,044
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	23	\$6,698	\$4,534
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	10	\$6,893	\$5,458
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	15	\$13,452	\$9,791
	033 LEVEL I HAND PROCEDURES	39	\$4,882	\$2,835
	034 LEVEL II HAND PROCEDURES	2	\$4,084	\$5,167
	035 LEVEL I FOOT PROCEDURES	13	\$4,741	\$3,748
	036 LEVEL II FOOT PROCEDURES	3	\$6,320	\$6,617
	037 LEVEL I ARTHROSCOPY	84	\$7,953	\$4,492
	038 LEVEL II ARTHROSCOPY	1	\$18,971	\$10,734
	040 SPLINT, STRAPPING AND CAST REMOVAL	1	\$9,647	\$1,380
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	11	\$5,593	\$6,442
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	26	\$3,867	\$3,754
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	64	\$8,685	\$7,392
	045 BUNION PROCEDURES	12	\$5,089	\$5,191
	046 LEVEL I ARTHROPLASTY	1	\$3,930	\$8,302
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	52	\$629	\$1,227
04	RESPIRATORY PROCEDURES	25	\$1,656	\$2,975
	061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	19	\$1,182	\$2,594
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	6	\$3,158	\$4,027
05	CARDIOVASCULAR PROCEDURES	5	\$5,805	\$14,627
	083 PLACEMENT OF TRANSVENOUS CATHETERS	5	\$5,805	\$6,140
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	26	\$2,900	\$4,547
	113 LEVEL I BLOOD AND BLOOD PRODUCT EXCHANGE	22	\$2,653	\$3,316
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	4	\$4,256	\$5,995
07	GASTROINTESTINAL SYSTEM PROCEDURES	526	\$4,520	\$3,055
	130 ALIMENTARY TESTS AND SIMPLE TUBE PLACEMENT	1	\$252	\$1,670
	132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	2	\$3,815	\$1,232
	133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	1	\$4,893	\$1,718
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	101	\$2,017	\$1,516
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	13	\$2,947	\$2,214
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	232	\$1,806	\$1,271
	137 THERAPEUTIC COLONOSCOPY	8	\$2,504	\$1,695
	139 LEVEL I HERNIA REPAIR	40	\$6,671	\$4,486
	140 LEVEL II HERNIA REPAIR	4	\$6,687	\$5,242

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, SINGLE EAPG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

134 Ashley Regional Medical Center

procedure EAPG category	Procedure EAPG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
	141 LEVEL I ANAL AND RECTAL PROCEDURES	6	\$5,805	\$3,138
	142 LEVEL II ANAL AND RECTAL PROCEDURES	6	\$5,912	\$3,733
	144 LEVEL II GASTROINTESTINAL PROCEDURES	1	\$10,642	\$8,218
	145 LEVEL I LAPAROSCOPY	13	\$7,912	\$5,295
	146 LEVEL II LAPAROSCOPY	62	\$12,862	\$8,314
	147 LEVEL III LAPAROSCOPY	36	\$11,357	\$8,305
08	GENITOURINARY SYSTEM PROCEDURES	7	\$4,909	\$6,135
	160 EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	2	\$8,670	\$9,938
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	5	\$3,404	\$4,353
09	MALE REPRODUCTIVE SYSTEM	16	\$3,894	\$4,630
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	3	\$7,748	\$3,299
	181 CIRCUMCISION	6	\$3,369	\$2,418
	184 LEVEL II PENILE AND PROSTATE PROCEDURES	1	\$9,354	\$6,666
	185 PROSTATE NEEDLE AND PUNCH BIOPSY	6	\$1,582	\$3,010
10	FEMALE REPRODUCTIVE SYSTEM	20	\$5,168	\$5,236
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	5	\$5,696	\$3,258
	197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	1	\$5,142	\$5,190
	199 DILATION AND CURETTAGE	3	\$3,944	\$3,266
	200 HYSTEROSCOPY	8	\$5,101	\$5,384
	201 COLPOSCOPY	3	\$5,699	\$4,443
11	NEUROLOGIC SYSTEM PROCEDURES	404	\$1,148	\$4,849
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	341	\$738	\$1,315
	217 LEVEL I NERVE PROCEDURES	51	\$3,882	\$3,161
	219 SPINAL TAP	6	\$1,826	\$2,509
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	6	\$551	\$1,563
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	109	\$4,620	\$3,703
	233 CATARACT PROCEDURES	107	\$4,600	\$3,686
	235 LEVEL II ANTERIOR SEGMENT EYE PROCEDURES	1	\$3,829	\$3,596
	236 LEVEL III ANTERIOR SEGMENT EYE PROCEDURES	1	\$7,554	\$8,638
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	269	\$3,532	\$3,605
	252 LEVEL I FACIAL AND ENT PROCEDURES	140	\$2,818	\$2,195
	253 LEVEL II FACIAL AND ENT PROCEDURES	12	\$2,251	\$3,352
	254 LEVEL III FACIAL AND ENT PROCEDURES	3	\$5,343	\$6,442
	255 LEVEL IV FACIAL AND ENT PROCEDURES	3	\$11,374	\$8,243
	256 TONSIL AND ADENOID PROCEDURES	111	\$4,309	\$2,817

SOURCE: Utah Ambulatory Surgery Database
Utah Health Data Committee/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, 2009
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

134 Ashley Regional Medical Center

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
GENDER				
Female	1,370	53.3	122,959	54.1
Male	1,199	46.7	104,281	45.9
Unknown	0	0.0	4	0.0
Not Reported	0	0.0	0	0.0
AGE				
1-28 days	135	5.3	1,731	0.8
29-365 days	68	2.6	2,897	1.3
1-4 years	138	5.4	10,813	4.8
5-9	82	3.2	6,381	2.8
10-14	58	2.3	5,066	2.2
15-17	61	2.4	5,130	2.3
18-19	37	1.4	3,775	1.7
20-24	105	4.1	10,184	4.5
25-29	159	6.2	12,684	5.6
30-34	140	5.4	13,594	6.0
35-39	141	5.5	13,012	5.7
40-44	124	4.8	13,141	5.8
45-49	167	6.5	16,564	7.3
50-54	237	9.2	24,353	10.7
55-59	192	7.5	21,093	9.3
60-64	176	6.9	18,280	8.0
65-69	149	5.8	15,480	6.8
70-74	177	6.9	12,653	5.6
75-79	113	4.4	9,821	4.3
80-84	80	3.1	6,574	2.9
85-89	25	1.0	3,084	1.4
90 +	5	0.2	933	0.4
Not Reported	0	0.0	1	0.0
SOURCE OF ADMISSION				
Physician Referral	2,480	96.5	205,377	90.4
Clinic Referral	1	0.0	2,930	1.3
HMO Referral	0	0.0	2,930	1.3
Other Hospital	0	0.0	184	0.1
Skilled Nursing Facility	0	0.0	36	0.0
Other Health Care Facility	0	0.0	18	0.0
Emergency Room	88	3.4	5,340	2.3
Court/Law Enforcement	0	0.0	3	0.0
Unknown	0	0.0	11	0.0
Not Reported	0	0.0	10,415	4.6

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

134 Ashley Regional Medical Center

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	2,568	100.0	226,589	99.7
Another Hospital	0	0.0	102	0.0
Skilled Nursing Facility	1	0.0	137	0.1
Intermediate Care Facility	0	0.0	20	0.0
Another Type of Institution	0	0.0	68	0.0
Under Care of Home Service	0	0.0	270	0.1
Left Against Medical Advice	0	0.0	22	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	0	0.0	13	0.0
Unknown	0	0.0	22	0.0
Not Reported	0	0.0	1	0.0
PRIMARY PAYER				
Medicare	554	21.6	45,456	20.0
Medicaid	215	8.4	15,975	7.0
Other government	34	1.3	4,287	1.9
Blue Cross/Blue Shield	647	25.2	29,948	13.2
Other Commercial	330	12.8	16,378	7.2
Managed Care(HMO, PPO)	607	23.6	106,245	46.8
Self Pay	74	2.9	2,816	1.2
Industrial & Worker Comp	92	3.6	3,291	1.4
Charity and Unclassified	0	0.0	1,613	0.7
Childrens Health Insurance	0	0.0	129	0.1
Unknown	16	0.6	1,046	0.5
Not Reported	0	0.0	60	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	3	0.1	16,751	7.4
Central Utah	1	0.0	8,412	3.7
Davis County	0	0.0	23,806	10.5
Salt Lake County	6	0.2	77,342	34.0
Southeastern Utah	1	0.0	4,701	2.1
Southwest Utah	2	0.1	14,188	6.2
Summit County	0	0.0	2,798	1.2
Tooele County	0	0.0	4,137	1.8
Tri-County	2,482	96.6	6,035	2.7
Utah County	4	0.2	37,226	16.4
Wasatch County	1	0.0	1,669	0.7
Weber County	0	0.0	20,181	8.9
Unknown Utah	1	0.0	27	0.0
Outside Utah	68	2.6	9,882	4.3
Unknown, Not Reported	0	0.0	89	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, 2009
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)	1,198	100.0	320,509	100.0
Mastectomy (85.0-85.99)	83	6.9	8,217	2.6
Musculoskeletal (76.0-84.99)	400	33.4	69,555	21.7
Respiratory (30.0-34.99)	2	0.2	3,320	1.0
Cardiovascular (35.0-39.99)	0	0.0	22,400	7.0
Lymphatic/Hemetic (40.0-41.99)	3	0.3	2,804	0.9
Digestive System (42.0-54.99)	529	44.2	98,678	30.8
Urinary (55.0-59.99)	1	0.1	10,902	3.4
Male Genital (60.0-64.99)	5	0.4	3,817	1.2
Female Genital (65.0-71.99)	5	0.4	14,786	4.6
Endocrine/Nervous (01.0-07.99)	85	7.1	23,111	7.2
Eye (08.0-16.99)	18	1.5	21,114	6.6
Ear (18.0-20.99)	28	2.3	12,945	4.0
Nose, Mouth, Pharynx (21.0-29.99)	39	3.3	28,860	9.0
Reporting Category(CPT-4 CODES)	1,048	100.0	299,107	100.0
Mastectomy (19120-19220)	2	0.2	2,014	0.7
Musculoskeletal (20000-29909)	415	39.6	75,301	25.2
Respiratory (30000-32999 & 39501-39599)	10	1.0	14,568	4.9
Cardiovascular (33010-37799 & 93501-93660)	0	0.0	24,369	8.1
Lymphatic/Hemetic (38100-38999)	3	0.3	2,630	0.9
Digestive (40490-49999)	556	53.1	109,341	36.6
Urinary (50010-53899)	0	0.0	10,457	3.5
Male Genital (54000-55899)	4	0.4	3,299	1.1
Female Genital (56405-58999)	2	0.2	12,326	4.1
Endocrine/Nervous (60000-64999)	41	3.9	24,781	8.3
Eye (65091-68899)	1	0.1	12,489	4.2
Ear (69000-69979)	14	1.3	7,532	2.5

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

AMB ST 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
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		1,198	100.0	100.0
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	118	9.8	5.75
4523	COLONOSCOPY	107	8.9	6.09
4542	ENDO POLYPECTOMY LG INTESTINE	76	6.3	3.35
5123	LAP CHOLEY	58	4.8	2.26
806	EXC SEMILUNAR CARTILAGE-KNEE	57	4.8	1.86
0443	RELEASE CARPAL TUNNEL	45	3.8	0.98
8554	BILAT BREAST IMPLNT	41	3.4	0.10
8147	OTH REPR KNEE	33	2.8	0.94
4525	CLO [ENDO] BX LG INTESTINE	32	2.7	2.33
2001	MYRINGOTOMY W/INSRT TUBE	27	2.3	3.18
0392	INJ OTH AGENT SPINAL CANAL	26	2.2	1.98
8192	INJ THERAP SUBSTANCE JT/LIGAMNT	25	2.1	0.42
283	TONSILLECTOMY W/ADENOIDECTOMY	24	2.0	1.80
4701	LAP APPENDECTOMY	21	1.8	0.78
4836	[ENDO] POLYPECTOMY RECTUM	21	1.8	0.95
8076	SYNOVECT-KNEE	19	1.6	0.38
8183	OTH REPR SHLDR	19	1.6	0.82
5341	REPR UMB HERN W/PROSTH	18	1.5	0.22
8363	ROTATOR CUFF REPR	18	1.5	0.76
7781	OTH PART OSTEC-SCAPULA-CLAV-THOR	15	1.3	0.58

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		1,048	100.0	100.0
43239	UGI ENDO; W/BX 1/MX	119	11.4	6.06
45378	COLONOSCOPY FLEX; DX-SEP PROC	107	10.2	6.11
45380	COLONOSCOPY FLEX; W/BX 1/MX	97	9.3	5.24
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	54	5.2	1.50
29848	ENDO WRST SURG REL TRNS CARP LIG	33	3.1	0.39
29881	SCOPE KNEE SURG;W/MENISCECT MED/	30	2.9	1.64
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	29	2.8	1.49
29880	SCOPE KNEE SURG;W/MENISCECT MED&	28	2.7	0.50
29826	SCOPE SHOULDER; DECOMP SUBACROM	27	2.6	1.21
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	26	2.5	0.70
42820	T&A; UNDER AGE 12	21	2.0	1.47
44970	LAPAROSCOPY SURGICAL APPENDECTOM	21	2.0	0.85
29827	SCOPE SHLDR SURG; W/ROTOR CUFF R	18	1.7	0.65
29875	SCOPE KNEE; SYNOVECT LTD SEP PRO	18	1.7	0.24
49585	REPR UMBIL HERNIA 5YR/OVER; RDUC	17	1.6	0.37
49505	REPR INIT ING HERNIA 5YR/MORE; R	16	1.5	0.82
69436	TYMPANOSTOMY GENERAL ANESTHESIA	14	1.3	1.75
29824	SCOPE SHLDR SURG;DIST CLAVICULEC	13	1.2	0.54
20610	ARTHROCENTESIS ASPIR&/INJ; MAJ J	10	1.0	0.53
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	9	0.9	0.96

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

AMB ST 1-3

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
 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		641	\$2,839	\$4,501
4523	COLONOSCOPY	90	\$842	\$1,087
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	71	\$1,001	\$1,581
4542	ENDO POLYPECTOMY LG INTESTINE	52	\$1,277	\$1,547
5123	LAP CHOLEY	42	\$6,753	\$7,426
8554	BILAT BREAST IMPLNT	36	\$1,263	\$4,402
0443	RELEASE CARPAL TUNNEL	29	\$2,017	\$2,540
283	TONSILLECTOMY W/ADENOIDECTOMY	22	\$2,371	\$2,850
0392	INJ OTH AGENT SPINAL CANAL	19	\$1,296	\$1,084
4701	LAP APPENDECTOMY	19	\$7,702	\$10,907
5341	REPR UMB HERN W/PROSTH	15	\$3,825	\$5,183
8192	INJ THERAP SUBSTANCE JT/LIGAMNT	15	\$1,450	\$1,414
4525	CLO [ENDO] BX LG INTESTINE	14	\$1,315	\$1,709
8183	OTH REPR SHLDR	12	\$5,952	\$8,523
806	EXC SEMILUNAR CARTILAGE-KNEE	11	\$3,505	\$4,537
4836	[ENDO] POLYPECTOMY RECTUM	10	\$1,040	\$1,394
7936	OP REDUC FX W/INT FIX-TIBIA & FIB	9	\$6,437	\$8,524
7932	OP REDUC FX W/INT FIX-RADIUS & ULNA	8	\$8,157	\$9,418
5303	UNILAT REPR DIRECT ING HERN-GFT	6	\$3,553	\$4,986
5304	UNILAT REPR INDIRECT ING HERN-GFT	6	\$3,810	\$4,709
8221	EXC LES TENDON SHEATH HAND	6	\$2,345	\$2,755

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
CPT-4 Procedures		631	\$2,735	\$3,915
45378	COLONOSCOPY FLEX; DX-SEP PROC	91	\$847	\$1,090
43239	UGI ENDO; W/BX 1/MX	71	\$1,001	\$1,548
45380	COLONOSCOPY FLEX; W/BX 1/MX	71	\$1,292	\$1,526
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	40	\$6,677	\$7,842
29848	ENDO WRST SURG REL TRNS CARP LIG	29	\$2,161	\$2,666
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/ T&A; UNDER AGE 12	24	\$1,202	\$1,220
42820	T&A; UNDER AGE 12	19	\$2,377	\$2,701
44970	LAPAROSCOPY SURGICAL APPENDECTOM	19	\$7,702	\$10,914
29880	SCOPE KNEE SURG;W/MENISCECT MED&	17	\$3,671	\$4,800
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	16	\$1,180	\$1,661
29881	SCOPE KNEE SURG;W/MENISCECT MED/	15	\$3,527	\$4,457
49585	REPR UMBIL HERNIA 5YR/OVER; RDUC	15	\$3,477	\$4,469
49505	REPR INIT ING HERNIA 5YR/MORE; R	12	\$3,682	\$4,721
69436	TYMPANOSTOMY GENERAL ANESTHESIA	12	\$1,391	\$1,499
20610	ARTHROCENTESIS ASPIR&/INJ; MAJ J	9	\$1,464	\$1,197
20680	REMOVAL OF IMPLANT; DEEP	7	\$2,294	\$3,558
24358	24358	5	\$2,328	\$3,184
26615	OPEN TX MC FX 1 W/VO INTRL/EXT F	5	\$4,656	\$5,605
49650	LAPARSCPY SURG; REPR INIT ING HE	5	\$2,771	\$7,028
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	5	\$2,419	\$2,624

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, 2009
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE* CPT-4 PROCEDURES

104 Bear River Valley Hospital

Procedure EAPG category	Procedure EAPG	TOTAL #	TOTAL # (ALL Hospitals)
01	SKIN & INTEGUMENTARY SYSTEM PROCEDURES	18	8,192
	004 LEVEL II SKIN INCISION AND DRAINAGE	1	95
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	1	503
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	16	5,031
02	BREAST PROCEDURES	2	2,075
	020 LEVEL I BREAST PROCEDURES	2	2,014
03	MUSCULOSKELETAL SYSTEM PROCEDURES	394	64,806
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	10	2,405
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	21	4,694
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	7	2,234
	033 LEVEL I HAND PROCEDURES	25	3,780
	034 LEVEL II HAND PROCEDURES	6	1,278
	035 LEVEL I FOOT PROCEDURES	12	6,264
	036 LEVEL II FOOT PROCEDURES	4	1,682
	037 LEVEL I ARTHROSCOPY	183	22,184
	038 LEVEL II ARTHROSCOPY	29	5,320
	040 SPLINT, STRAPPING AND CAST REMOVAL	2	1,672
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	1	717
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	6	628
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	54	5,752
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	2	490
	045 BUNION PROCEDURES	6	1,791
	047 LEVEL II ARTHROPLASTY	2	148
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	24	2,678
04	RESPIRATORY PROCEDURES	1	9,066
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	1	1,436
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	3	2,884
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	3	1,491
07	GASTROINTESTINAL SYSTEM PROCEDURES	525	99,755
	132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	1	502
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	120	22,635
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	13	4,688
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	204	34,149
	137 THERAPEUTIC COLONOSCOPY	34	5,727
	139 LEVEL I HERNIA REPAIR	44	5,573
	140 LEVEL II HERNIA REPAIR	7	1,193
	141 LEVEL I ANAL AND RECTAL PROCEDURES	5	782
	142 LEVEL II ANAL AND RECTAL PROCEDURES	2	1,145
	143 LEVEL I GASTROINTESTINAL PROCEDURES	1	405
	145 LEVEL I LAPAROSCOPY	4	2,675
	146 LEVEL II LAPAROSCOPY	36	8,847
	147 LEVEL III LAPAROSCOPY	54	7,203
09	MALE REPRODUCTIVE SYSTEM	4	3,509
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	3	1,431
	181 CIRCUMCISION	1	822
10	FEMALE REPRODUCTIVE SYSTEM	2	7,180
	198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	1	1,494

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE* CPT-4 PROCEDURES

104 Bear River Valley Hospital

procedure EAPG category	procedure EAPG	TOTAL #	TOTAL # (ALL Hospitals)
	200 HYSTEROSCOPY	1	2,251
11	NEUROLOGIC SYSTEM PROCEDURES	41	24,377
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	26	2,913
	217 LEVEL I NERVE PROCEDURES	11	4,031
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	4	11,868
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	1	12,275
	241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	1	1,469
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	56	28,739
	252 LEVEL I FACIAL AND ENT PROCEDURES	17	12,362
	253 LEVEL II FACIAL AND ENT PROCEDURES	5	1,405
	254 LEVEL III FACIAL AND ENT PROCEDURES	3	3,429
	255 LEVEL IV FACIAL AND ENT PROCEDURES	2	2,922
	256 TONSIL AND ADENOID PROCEDURES	29	8,493

SOURCE: Utah Ambulatory Surgery Database
 Utah Health Data Committee/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, 2009
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, SINGLE EAPG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

104 Bear River Valley Hospital

Procedure EAPG category	Procedure EAPG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
01	SKIN & INTEGUMENTARY SYSTEM PROCEDURES	12	\$2,434	\$3,762
	004 LEVEL II SKIN INCISION AND DRAINAGE	1	\$2,259	\$4,409
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	11	\$2,450	\$3,677
02	BREAST PROCEDURES	1	\$1,892	\$3,802
	020 LEVEL I BREAST PROCEDURES	1	\$1,892	\$3,688
03	MUSCULOSKELETAL SYSTEM PROCEDURES	177	\$3,771	\$5,044
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	14	\$3,767	\$5,458
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	1	\$6,250	\$9,791
	033 LEVEL I HAND PROCEDURES	15	\$2,534	\$2,835
	034 LEVEL II HAND PROCEDURES	4	\$3,017	\$5,167
	035 LEVEL I FOOT PROCEDURES	3	\$2,230	\$3,748
	036 LEVEL II FOOT PROCEDURES	3	\$4,031	\$6,617
	037 LEVEL I ARTHROSCOPY	72	\$3,088	\$4,492
	038 LEVEL II ARTHROSCOPY	1	\$6,286	\$10,734
	040 SPLINT, STRAPPING AND CAST REMOVAL	1	\$2,916	\$1,380
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	4	\$3,348	\$3,754
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	38	\$5,823	\$7,392
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	1	\$2,433	\$3,553
	045 BUNION PROCEDURES	2	\$3,658	\$5,191
	047 LEVEL II ARTHROPLASTY	2	\$19,276	\$20,732
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	16	\$1,575	\$1,227
04	RESPIRATORY PROCEDURES	1	\$2,128	\$2,975
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	1	\$2,128	\$4,027
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	3	\$1,997	\$4,547
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	3	\$1,997	\$5,995
07	GASTROINTESTINAL SYSTEM PROCEDURES	359	\$2,406	\$3,055
	132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	1	\$2,136	\$1,232
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	72	\$1,018	\$1,516
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	2	\$1,187	\$2,214
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	162	\$1,042	\$1,271
	137 THERAPEUTIC COLONOSCOPY	17	\$1,179	\$1,695
	139 LEVEL I HERNIA REPAIR	32	\$3,667	\$4,486
	140 LEVEL II HERNIA REPAIR	1	\$3,827	\$5,242
	141 LEVEL I ANAL AND RECTAL PROCEDURES	2	\$1,852	\$3,138
	142 LEVEL II ANAL AND RECTAL PROCEDURES	2	\$3,249	\$3,733
	146 LEVEL II LAPAROSCOPY	28	\$7,099	\$8,314
	147 LEVEL III LAPAROSCOPY	40	\$6,677	\$8,305
09	MALE REPRODUCTIVE SYSTEM	1	\$2,056	\$4,630
	181 CIRCUMCISION	1	\$2,056	\$2,418
10	FEMALE REPRODUCTIVE SYSTEM	2	\$5,679	\$5,236
	198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	1	\$5,921	\$7,456
	200 HYSTEROSCOPY	1	\$5,437	\$5,384
11	NEUROLOGIC SYSTEM PROCEDURES	33	\$1,598	\$4,849
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	24	\$1,202	\$1,315
	217 LEVEL I NERVE PROCEDURES	7	\$2,837	\$3,161

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, SINGLE EAPG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

104 Bear River Valley Hospital

procedure	EAPG category		TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
	Procedure EAPG				
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS		2	\$2,014	\$1,563
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES		41	\$2,089	\$3,605
	252 LEVEL I FACIAL AND ENT PROCEDURES		12	\$1,391	\$2,195
	253 LEVEL II FACIAL AND ENT PROCEDURES		1	\$2,438	\$3,352
	255 LEVEL IV FACIAL AND ENT PROCEDURES		1	\$1,658	\$8,243
	256 TONSIL AND ADENOID PROCEDURES		27	\$2,403	\$2,817

SOURCE: Utah Ambulatory Surgery Database
 Utah Health Data Committee/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, 2009
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

104 Bear River Valley Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
GENDER				
Female	461	51.9	122,959	54.1
Male	428	48.1	104,281	45.9
Unknown	0	0.0	4	0.0
Not Reported	0	0.0	0	0.0
AGE				
1-28 days	0	0.0	1,731	0.8
29-365 days	6	0.7	2,897	1.3
1-4 years	17	1.9	10,813	4.8
5-9	20	2.2	6,381	2.8
10-14	21	2.4	5,066	2.2
15-17	20	2.2	5,130	2.3
18-19	14	1.6	3,775	1.7
20-24	34	3.8	10,184	4.5
25-29	66	7.4	12,684	5.6
30-34	62	7.0	13,594	6.0
35-39	53	6.0	13,012	5.7
40-44	68	7.6	13,141	5.8
45-49	83	9.3	16,564	7.3
50-54	109	12.3	24,353	10.7
55-59	109	12.3	21,093	9.3
60-64	65	7.3	18,280	8.0
65-69	49	5.5	15,480	6.8
70-74	42	4.7	12,653	5.6
75-79	32	3.6	9,821	4.3
80-84	12	1.3	6,574	2.9
85-89	4	0.4	3,084	1.4
90 +	3	0.3	933	0.4
Not Reported	0	0.0	1	0.0
SOURCE OF ADMISSION				
Physician Referral	789	88.8	205,377	90.4
Clinic Referral	65	7.3	2,930	1.3
HMO Referral	0	0.0	2,930	1.3
Other Hospital	0	0.0	184	0.1
Skilled Nursing Facility	0	0.0	36	0.0
Other Health Care Facility	0	0.0	18	0.0
Emergency Room	35	3.9	5,340	2.3
Court/Law Enforcement	0	0.0	3	0.0
Unknown	0	0.0	11	0.0
Not Reported	0	0.0	10,415	4.6

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

104 Bear River Valley Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	888	99.9	226,589	99.7
Another Hospital	0	0.0	102	0.0
Skilled Nursing Facility	1	0.1	137	0.1
Intermediate Care Facility	0	0.0	20	0.0
Another Type of Institution	0	0.0	68	0.0
Under Care of Home Service	0	0.0	270	0.1
Left Against Medical Advice	0	0.0	22	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	0	0.0	13	0.0
Unknown	0	0.0	22	0.0
Not Reported	0	0.0	1	0.0
PRIMARY PAYER				
Medicare	143	16.1	45,456	20.0
Medicaid	40	4.5	15,975	7.0
Other government	22	2.5	4,287	1.9
Blue Cross/Blue Shield	156	17.5	29,948	13.2
Other Commercial	54	6.1	16,378	7.2
Managed Care(HMO, PPO)	374	42.1	106,245	46.8
Self Pay	76	8.5	2,816	1.2
Industrial & Worker Comp	14	1.6	3,291	1.4
Charity and Unclassified	5	0.6	1,613	0.7
Childrens Health Insurance	0	0.0	129	0.1
Unknown	5	0.6	1,046	0.5
Not Reported	0	0.0	60	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	764	85.9	16,751	7.4
Central Utah	0	0.0	8,412	3.7
Davis County	10	1.1	23,806	10.5
Salt Lake County	4	0.4	77,342	34.0
Southeastern Utah	0	0.0	4,701	2.1
Southwest Utah	1	0.1	14,188	6.2
Summit County	0	0.0	2,798	1.2
Tooele County	1	0.1	4,137	1.8
Tri-County	0	0.0	6,035	2.7
Utah County	0	0.0	37,226	16.4
Wasatch County	0	0.0	1,669	0.7
Weber County	46	5.2	20,181	8.9
Unknown Utah	0	0.0	27	0.0
Outside Utah	63	7.1	9,882	4.3
Unknown, Not Reported	0	0.0	89	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, 2009
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)	181	100.0	320,509	100.0
Mastectomy (85.0-85.99)	5	2.8	8,217	2.6
Musculoskeletal (76.0-84.99)	4	2.2	69,555	21.7
Respiratory (30.0-34.99)	2	1.1	3,320	1.0
Cardiovascular (35.0-39.99)	0	0.0	22,400	7.0
Lymphatic/Hemetic (40.0-41.99)	0	0.0	2,804	0.9
Digestive System (42.0-54.99)	72	39.8	98,678	30.8
Urinary (55.0-59.99)	0	0.0	10,902	3.4
Male Genital (60.0-64.99)	8	4.4	3,817	1.2
Female Genital (65.0-71.99)	31	17.1	14,786	4.6
Endocrine/Nervous (01.0-07.99)	1	0.6	23,111	7.2
Eye (08.0-16.99)	0	0.0	21,114	6.6
Ear (18.0-20.99)	22	12.2	12,945	4.0
Nose, Mouth, Pharynx (21.0-29.99)	36	19.9	28,860	9.0
Reporting Category(CPT-4 CODES)	166	100.0	299,107	100.0
Mastectomy (19120-19220)	0	0.0	2,014	0.7
Musculoskeletal (20000-29909)	2	1.2	75,301	25.2
Respiratory (30000-32999 & 39501-39599)	0	0.0	14,568	4.9
Cardiovascular (33010-37799 & 93501-93660)	0	0.0	24,369	8.1
Lymphatic/Hemetic (38100-38999)	0	0.0	2,630	0.9
Digestive (40490-49999)	121	72.9	109,341	36.6
Urinary (50010-53899)	0	0.0	10,457	3.5
Male Genital (54000-55899)	3	1.8	3,299	1.1
Female Genital (56405-58999)	17	10.2	12,326	4.1
Endocrine/Nervous (60000-64999)	1	0.6	24,781	8.3
Eye (65091-68899)	0	0.0	12,489	4.2
Ear (69000-69979)	22	13.3	7,532	2.5

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics.

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

AMB ST 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
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		181	100.0	100.0
283	TONSILLECTOMY W/ADENOIDECTOMY	34	18.8	1.80
4523	COLONOSCOPY	27	14.9	6.09
2001	MYRINGOTOMY W/INSRT TUBE	22	12.2	3.18
4525	CLO [ENDO] BX LG INTESTINE	14	7.7	2.33
6909	OTH D&C UTERUS	11	6.1	0.42
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	10	5.5	5.75
6902	D&C FOLLOWING DELIV/AB	8	4.4	0.22
6823	ENDOMETRIAL ABLATION	7	3.9	0.47
5123	LAP CHOLEY	6	3.3	2.26
8512	OP BX BREAST	5	2.8	0.06
5305	UNILAT REPR ING HERN-GFT-NOS	4	2.2	0.10
631	EXC VARICOCELE-HYDROCELE SPERM CORD	3	1.7	0.11
6373	VASECTOMY	3	1.7	0.03
282	TONSILLECTOMY WO ADENOIDECTOMY	2	1.1	0.53
3404	INSRT INTERCOSTAL DRAIN CATH	2	1.1	0.01
4946	EXC HEMORRHOIDS	2	1.1	0.17
5349	OTH UMB HERNIORRHAPHY	2	1.1	0.28
640	CIRCUMCISION	2	1.1	0.21
6629	OTH BIL ENDO DESTRUC FALLOP TUBES	2	1.1	0.30
8221	EXC LES TENDON SHEATH HAND	2	1.1	0.27

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		166	100.0	100.0
45378	COLONOSCOPY FLEX; DX-SEP PROC	39	23.5	6.11
69436	TYMPANOSTOMY GENERAL ANESTHESIA	22	13.3	1.75
45380	COLONOSCOPY FLEX; W/BX 1/MX	21	12.7	5.24
42820	T&A; UNDER AGE 12	18	10.8	1.47
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	16	9.6	1.25
42821	T&A; AGE 12 OR OVER	14	8.4	0.44
58120	DILATION & CURET DX &/ THERAPEUT	10	6.0	0.18
49505	REPR INIT ING HERNIA 5YR/MORE; R	6	3.6	0.82
47562	LAPAROSCOPY SURGICAL; CHOLECT	4	2.4	0.94
58353	ENDOMET ABLAT THERM W/O SCOPE GU	4	2.4	0.13
25111	EXCISION OF GANGLION WRIST; PRIM	2	1.2	0.19
55250	VASECT UNI/BIL-SEP PROC-POSTOP S	2	1.2	0.03
58671	LAP SURG; W/OCCLUS OVIDUCTS-DEVI	2	1.2	0.16
44950	APPENDLECTOMY;	1	0.6	0.05
49550	REPR INIT FEM HERN ANY AGE; RDUC	1	0.6	0.01
55040	EXCISION OF HYDROCELE; UNILATERA	1	0.6	0.07
58301	REMOVAL OF INTRAUTERINE DEVICE	1	0.6	0.04
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	1	0.6	0.64
G0121	COLOREC CNCR SCR;COLNSCPY NO HI	1	0.6	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, 2009
 AVERAGE TOTAL CHARGES FOR MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES, SINGLE ICD-9 OR CPT-4 ONLY

101 Beaver Valley Hospital

ICD-9 CODE	ICD-9 DESCRIPTION	#	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
ICD-9 Procedures		147	\$1,640	\$4,501
283	TONSILLECTOMY W/ADENOIDECTOMY	34	\$2,180	\$2,850
4523	COLONOSCOPY	26	\$946	\$1,087
2001	MYRINGOTOMY W/INSRT TUBE	22	\$1,504	\$1,869
4525	CLO [ENDO] BX LG INTESTINE	12	\$1,127	\$1,709
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	8	\$907	\$1,581
6902	D&C FOLLOWING DELIV/AB	8	\$1,179	\$3,011
5123	LAP CHOLEY	6	\$3,522	\$7,426
6909	OTH D&C UTERUS	6	\$1,349	\$3,420
8512	OP BX BREAST	5	\$1,841	\$4,174
5305	UNILAT REPR ING HERN-GFT-NOS	3	\$3,246	\$5,406
282	TONSILLECTOMY WO ADENOIDECTOMY	2	\$2,367	\$2,868
631	EXC VARICOCELE-HYDROCELE SPERM CORD	2	\$2,831	\$3,199
6373	VASECTOMY	2	\$613	\$3,995
640	CIRCUMCISION	2	\$200	\$2,488
8221	EXC LES TENDON SHEATH HAND	2	\$1,698	\$2,755
0443	RELEASE CARPAL TUNNEL	1	\$2,205	\$2,540
4709	OTH APPEDECTOMY	1	\$5,779	\$8,657
4901	INCIS PERIAN ABSC	1	\$0	\$3,754
4921	ANOSCOPY	1	\$0	\$1,525
5301	UNILAT REPR DIRECT ING HERN	1	\$3,891	\$4,259

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
CPT-4 Procedures		151	\$1,687	\$3,915
45378	COLONOSCOPY FLEX; DX-SEP PROC	37	\$919	\$1,090
69436	TYMPANOSTOMY GENERAL ANESTHESIA	22	\$1,504	\$1,499
45380	COLONOSCOPY FLEX; W/BX 1/MX	20	\$1,088	\$1,526
42820	T&A; UNDER AGE 12	18	\$2,412	\$2,701
42821	T&A; AGE 12 OR OVER	14	\$2,532	\$3,195
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	14	\$1,005	\$1,234
58120	DILATION & CURET DX &/ THERAPEUT	9	\$2,373	\$3,266
49505	REPR INIT ING HERNIA 5YR/MORE; R	5	\$3,044	\$4,721
47562	LAPAROSCOPY SURGICAL; CHOLECT	4	\$4,301	\$6,606
25111	EXCISION OF GANGLION WRIST; PRIM	2	\$1,698	\$2,784
44950	APPEDECTOMY;	1	\$5,779	\$8,606
55040	EXCISION OF HYDROCELE; UNILATERA	1	\$2,423	\$3,258
55250	VASECT UNI/BIL-SEP PROC-POSTOP S	1	\$736	\$2,848
58353	ENDOMET ABLAT THERM W/O SCOPE GU	1	\$3,748	\$5,495
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	1	\$2,205	\$2,624
G0121	COLOREC CNCR SCR;COLNSCPY NO HI	1	\$936	\$1,403

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, 2009
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE* CPT-4 PROCEDURES

101 Beaver Valley Hospital

Procedure EAPG category	Procedure EAPG	TOTAL #	TOTAL # (ALL Hospitals)
03	MUSCULOSKELETAL SYSTEM PROCEDURES	2	64,806
	033 LEVEL I HAND PROCEDURES	2	3,780
07	GASTROINTESTINAL SYSTEM PROCEDURES	92	99,755
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	16	22,635
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	61	34,149
	139 LEVEL I HERNIA REPAIR	8	5,573
	144 LEVEL II GASTROINTESTINAL PROCEDURES	1	226
	145 LEVEL I LAPAROSCOPY	2	2,675
	146 LEVEL II LAPAROSCOPY	4	8,847
09	MALE REPRODUCTIVE SYSTEM	2	3,509
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	2	1,431
10	FEMALE REPRODUCTIVE SYSTEM	14	7,180
	197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	4	1,355
	199 DILATION AND CURETTAGE	10	551
11	NEUROLOGIC SYSTEM PROCEDURES	1	24,377
	217 LEVEL I NERVE PROCEDURES	1	4,031
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	54	28,739
	252 LEVEL I FACIAL AND ENT PROCEDURES	22	12,362
	256 TONSIL AND ADENOID PROCEDURES	32	8,493

SOURCE: Utah Ambulatory Surgery Database
Utah Health Data Committee/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, 2009
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, SINGLE EAPG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

101 Beaver Valley Hospital

Procedure EAPG category	Procedure EAPG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
03	MUSCULOSKELETAL SYSTEM PROCEDURES	2	\$1,698	\$5,044
	033 LEVEL I HAND PROCEDURES	2	\$1,698	\$2,835
07	GASTROINTESTINAL SYSTEM PROCEDURES	83	\$1,342	\$3,055
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	14	\$1,005	\$1,516
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	58	\$977	\$1,271
	139 LEVEL I HERNIA REPAIR	6	\$2,940	\$4,486
	144 LEVEL II GASTROINTESTINAL PROCEDURES	1	\$5,779	\$8,218
	146 LEVEL II LAPAROSCOPY	4	\$4,301	\$8,314
09	MALE REPRODUCTIVE SYSTEM	1	\$736	\$4,630
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	1	\$736	\$3,299
10	FEMALE REPRODUCTIVE SYSTEM	10	\$2,511	\$5,236
	197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	1	\$3,748	\$5,190
	199 DILATION AND CURETTAGE	9	\$2,373	\$3,266
11	NEUROLOGIC SYSTEM PROCEDURES	1	\$2,205	\$4,849
	217 LEVEL I NERVE PROCEDURES	1	\$2,205	\$3,161
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	54	\$2,073	\$3,605
	252 LEVEL I FACIAL AND ENT PROCEDURES	22	\$1,504	\$2,195
	256 TONSIL AND ADENOID PROCEDURES	32	\$2,464	\$2,817

SOURCE: Utah Ambulatory Surgery Database
 Utah Health Data Committee/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, 2009
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

101 Beaver Valley Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
GENDER				
Female	108	57.1	122,959	54.1
Male	81	42.9	104,281	45.9
Unknown	0	0.0	4	0.0
Not Reported	0	0.0	0	0.0
AGE				
1-28 days	2	1.1	1,731	0.8
29-365 days	8	4.2	2,897	1.3
1-4 years	18	9.5	10,813	4.8
5-9	15	7.9	6,381	2.8
10-14	6	3.2	5,066	2.2
15-17	5	2.6	5,130	2.3
18-19	7	3.7	3,775	1.7
20-24	8	4.2	10,184	4.5
25-29	6	3.2	12,684	5.6
30-34	10	5.3	13,594	6.0
35-39	7	3.7	13,012	5.7
40-44	5	2.6	13,141	5.8
45-49	12	6.3	16,564	7.3
50-54	15	7.9	24,353	10.7
55-59	18	9.5	21,093	9.3
60-64	9	4.8	18,280	8.0
65-69	16	8.5	15,480	6.8
70-74	8	4.2	12,653	5.6
75-79	7	3.7	9,821	4.3
80-84	5	2.6	6,574	2.9
85-89	2	1.1	3,084	1.4
90 +	0	0.0	933	0.4
Not Reported	0	0.0	1	0.0
SOURCE OF ADMISSION				
Physician Referral	181	95.8	205,377	90.4
Clinic Referral	0	0.0	2,930	1.3
HMO Referral	0	0.0	2,930	1.3
Other Hospital	0	0.0	184	0.1
Skilled Nursing Facility	0	0.0	36	0.0
Other Health Care Facility	0	0.0	18	0.0
Emergency Room	8	4.2	5,340	2.3
Court/Law Enforcement	0	0.0	3	0.0
Unknown	0	0.0	11	0.0
Not Reported	0	0.0	10,415	4.6

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

101 Beaver Valley Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	187	98.9	226,589	99.7
Another Hospital	2	1.1	102	0.0
Skilled Nursing Facility	0	0.0	137	0.1
Intermediate Care Facility	0	0.0	20	0.0
Another Type of Institution	0	0.0	68	0.0
Under Care of Home Service	0	0.0	270	0.1
Left Against Medical Advice	0	0.0	22	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	0	0.0	13	0.0
Unknown	0	0.0	22	0.0
Not Reported	0	0.0	1	0.0
PRIMARY PAYER				
Medicare	38	20.1	45,456	20.0
Medicaid	29	15.3	15,975	7.0
Other government	4	2.1	4,287	1.9
Blue Cross/Blue Shield	34	18.0	29,948	13.2
Other Commercial	19	10.1	16,378	7.2
Managed Care(HMO, PPO)	59	31.2	106,245	46.8
Self Pay	4	2.1	2,816	1.2
Industrial & Worker Comp	0	0.0	3,291	1.4
Charity and Unclassified	0	0.0	1,613	0.7
Childrens Health Insurance	1	0.5	129	0.1
Unknown	1	0.5	1,046	0.5
Not Reported	0	0.0	60	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	0	0.0	16,751	7.4
Central Utah	1	0.5	8,412	3.7
Davis County	0	0.0	23,806	10.5
Salt Lake County	1	0.5	77,342	34.0
Southeastern Utah	0	0.0	4,701	2.1
Southwest Utah	183	96.8	14,188	6.2
Summit County	0	0.0	2,798	1.2
Tooele County	0	0.0	4,137	1.8
Tri-County	0	0.0	6,035	2.7
Utah County	0	0.0	37,226	16.4
Wasatch County	0	0.0	1,669	0.7
Weber County	0	0.0	20,181	8.9
Unknown Utah	0	0.0	27	0.0
Outside Utah	4	2.1	9,882	4.3
Unknown, Not Reported	0	0.0	89	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, 2009
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)	4,099	100.0	320,509	100.0
Mastectomy (85.0-85.99)	70	1.7	8,217	2.6
Musculoskeletal (76.0-84.99)	787	19.2	69,555	21.7
Respiratory (30.0-34.99)	6	0.1	3,320	1.0
Cardiovascular (35.0-39.99)	8	0.2	22,400	7.0
Lymphatic/Hemetic (40.0-41.99)	29	0.7	2,804	0.9
Digestive System (42.0-54.99)	1,519	37.1	98,678	30.8
Urinary (55.0-59.99)	41	1.0	10,902	3.4
Male Genital (60.0-64.99)	24	0.6	3,817	1.2
Female Genital (65.0-71.99)	206	5.0	14,786	4.6
Endocrine/Nervous (01.0-07.99)	469	11.4	23,111	7.2
Eye (08.0-16.99)	535	13.1	21,114	6.6
Ear (18.0-20.99)	233	5.7	12,945	4.0
Nose, Mouth, Pharynx (21.0-29.99)	172	4.2	28,860	9.0
Reporting Category(CPT-4 CODES)	3,489	100.0	299,107	100.0
Mastectomy (19120-19220)	29	0.8	2,014	0.7
Musculoskeletal (20000-29909)	555	15.9	75,301	25.2
Respiratory (30000-32999 & 39501-39599)	44	1.3	14,568	4.9
Cardiovascular (33010-37799 & 93501-93660)	342	9.8	24,369	8.1
Lymphatic/Hemetic (38100-38999)	26	0.7	2,630	0.9
Digestive (40490-49999)	1,486	42.6	109,341	36.6
Urinary (50010-53899)	39	1.1	10,457	3.5
Male Genital (54000-55899)	20	0.6	3,299	1.1
Female Genital (56405-58999)	122	3.5	12,326	4.1
Endocrine/Nervous (60000-64999)	442	12.7	24,781	8.3
Eye (65091-68899)	274	7.9	12,489	4.2
Ear (69000-69979)	110	3.2	7,532	2.5

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

AMB ST 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
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		4,099	100.0	100.0
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	278	6.8	5.75
4523	COLONOSCOPY	278	6.8	6.09
1371	IOL PROSTH-CATARACT EXTRACT-1-STAGE	228	5.6	1.59
1341	PHACOEMULSIFICATION-ASPIR CATARACT	227	5.5	1.58
4542	ENDO POLYPECTOMY LG INTESTINE	215	5.2	3.35
0392	INJ OTH AGENT SPINAL CANAL	197	4.8	1.98
0391	INJ ANES SPINAL CANAL-ANALGESIA	192	4.7	1.76
2001	MYRINGOTOMY W/INSRT TUBE	184	4.5	3.18
5123	LAP CHOLEY	134	3.3	2.26
4525	CLO [ENDO] BX LG INTESTINE	102	2.5	2.33
283	TONSILLECTOMY W/ADENOIDECTOMY	84	2.0	1.80
4836	[ENDO] POLYPECTOMY RECTUM	68	1.7	0.95
8026	ARTHSCPY-KNEE	65	1.6	0.54
4292	DILAT ESOPH	64	1.6	1.44
8021	ARTHSCPY-SHLDR	59	1.4	0.27
6812	HYSTEROSCOPY	56	1.4	0.18
6823	ENDOMETRIAL ABLATION	55	1.3	0.47
806	EXC SEMILUNAR CARTILAGE-KNEE	53	1.3	1.86
4824	CLO [ENDO] BX RECTUM	49	1.2	0.41
8183	OTH REPR SHLDR	40	1.0	0.82

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		3,489	100.0	100.0
45380	COLONOSCOPY FLEX; W/BX 1/MX	279	8.0	5.24
43239	UGI ENDO; W/BX 1/MX	278	8.0	6.06
45378	COLONOSCOPY FLEX; DX-SEP PROC	239	6.9	6.11
66984	EXTRACAPSULAR CATARACT REMV IOL	224	6.4	1.64
36416	COLLECTON CAPILLARY BLOOD SPECIM	223	6.4	0.94
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	127	3.6	1.50
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	105	3.0	0.70
69436	TYMPANOSTOMY GENERAL ANESTHESIA	95	2.7	1.75
64484	INJ ANES EPIDURL; LUMB/SAC-EA AD	91	2.6	0.82
36430	TRANSFUSION BLOOD/BLOOD COMPONEN	86	2.5	0.42
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	71	2.0	1.49
43248	UGI ENDO; W/INSRT GUIDE WIRE	64	1.8	0.10
64476	INJ ANES FACET JT; LUMB/SAC-EA A	63	1.8	0.41
42820	T&A; UNDER AGE 12	59	1.7	1.47
58563	HYSTEROSC SURG; W/ENDOMETRIAL AB	55	1.6	0.34
49505	REPR INIT ING HERNIA 5YR/MORE; R	52	1.5	0.82
64483	INJ ANES EPIDURL; LUMB/SAC 1 LEV	52	1.5	1.07
29826	SCOPE SHOULDER; DECOMP SUBACROM	42	1.2	1.21
64472	INJ ANES FACET JT; CERV/THOR-EA	38	1.1	0.20
29881	SCOPE KNEE SURG;W/MENISCECT MED/	31	0.9	1.64

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

AMB ST 1-3

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
 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	1,257	\$4,223	\$4,501
4523	COLONOSCOPY	225	\$1,901	\$1,087
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	149	\$1,859	\$1,581
4542	ENDO POLYPECTOMY LG INTESTINE	125	\$2,552	\$1,547
5123	LAP CHOLEY	114	\$10,125	\$7,426
283	TONSILLECTOMY W/ADENOIDECTOMY	74	\$2,814	\$2,850
4525	CLO [ENDO] BX LG INTESTINE	41	\$2,323	\$1,709
8192	INJ THERAP SUBSTANCE JT/LIGAMNT	25	\$1,627	\$1,414
4701	LAP APPENDECTOMY	21	\$12,156	\$10,907
4836	[ENDO] POLYPECTOMY RECTUM	20	\$2,002	\$1,394
5303	UNILAT REPR DIRECT ING HERN-GFT	18	\$8,132	\$4,986
5349	OTH UMB HERNIORRHAPHY	17	\$4,996	\$3,750
4824	CLO [ENDO] BX RECTUM	14	\$2,011	\$1,513
4946	EXC HEMORRHOIDS	13	\$4,348	\$3,574
8221	EXC LES TENDON SHEATH HAND	13	\$2,666	\$2,755
4513	OTH ENDO SM INTESTINE	12	\$2,531	\$1,334
7936	OP REDUC FX W/INT FIX-TIBIA & FIB	12	\$10,031	\$8,524
8399	OTH OPER MUSC-TENDON-FASCIA-BURSA	12	\$3,733	\$3,648
5305	UNILAT REPR ING HERN-GFT-NOS	11	\$7,448	\$5,406
8521	LOC EXC LES BREAST	11	\$3,945	\$3,374
5304	UNILAT REPR INDIRECT ING HERN-GFT	10	\$7,342	\$4,709

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
CPT-4	Procedures	2,124	\$3,800	\$3,915
36416	COLLECTON CAPILLARY BLOOD SPECIM	223	\$133	\$145
66984	EXTRACAPSULAR CATARACT REMV IOL	212	\$4,962	\$3,678
45380	COLONOSCOPY FLEX; W/BX 1/MX	208	\$2,382	\$1,526
45378	COLONOSCOPY FLEX; DX-SEP PROC	190	\$1,933	\$1,090
43239	UGI ENDO; W/BX 1/MX	149	\$1,866	\$1,548
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	108	\$10,280	\$7,842
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	99	\$429	\$1,220
69436	TYMPANOSTOMY GENERAL ANESTHESIA	77	\$2,465	\$1,499
42820	T&A; UNDER AGE 12	49	\$2,718	\$2,701
36430	TRANSFUSION BLOOD/BLOOD COMPONEN	47	\$1,665	\$3,294
58563	HYSTEROSC SURG; W/ENDOMETRIAL AB	47	\$6,801	\$6,668
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	45	\$2,605	\$1,661
49505	REPR INIT ING HERNIA 5YR/MORE; R	38	\$7,814	\$4,721
42821	T&A; AGE 12 OR OVER	25	\$3,002	\$3,195
44970	LAPAROSCOPY SURGICAL APPENDECTOM	23	\$12,077	\$10,914
36561	INSRT TUNNL CNTRL CVAD PORT; 5 Y	20	\$6,770	\$6,238
29881	SCOPE KNEE SURG;W/MENISCECT MED/	19	\$5,604	\$4,457
49585	REPR UMBIL HERNIA 5YR/OVER; RDOC	18	\$5,510	\$4,469
29848	ENDO WRST SURG REL TRNS CARP LIG	17	\$4,348	\$2,666
19120	EXC BRST CYST TUMR/LES OPN M/F 1	12	\$4,197	\$3,487

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, 2009
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE* CPT-4 PROCEDURES

103 Brigham City Community Hospital

Procedure EAPG category	Procedure EAPG	TOTAL #	TOTAL # (ALL Hospitals)
01	SKIN & INTEGUMENTARY SYSTEM PROCEDURES	36	8,192
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	5	1,091
	003 LEVEL I SKIN INCISION AND DRAINAGE	2	189
	004 LEVEL II SKIN INCISION AND DRAINAGE	1	95
	007 LEVEL II SKIN DEBRIDEMENT AND DESTRUCTION	2	128
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	3	503
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	17	5,031
	013 LEVEL II SKIN REPAIR	5	792
	014 LEVEL III SKIN REPAIR	1	220
02	BREAST PROCEDURES	29	2,075
	020 LEVEL I BREAST PROCEDURES	29	2,014
03	MUSCULOSKELETAL SYSTEM PROCEDURES	526	64,806
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	17	2,405
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	24	4,694
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	19	2,234
	033 LEVEL I HAND PROCEDURES	35	3,780
	034 LEVEL II HAND PROCEDURES	4	1,278
	035 LEVEL I FOOT PROCEDURES	50	6,264
	036 LEVEL II FOOT PROCEDURES	9	1,682
	037 LEVEL I ARTHROSCOPY	199	22,184
	038 LEVEL II ARTHROSCOPY	31	5,320
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	5	717
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	12	628
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	75	5,752
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	5	490
	045 BUNION PROCEDURES	23	1,791
	046 LEVEL I ARTHROPLASTY	6	634
	048 HAND AND FOOT TENOTOMY	1	386
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	11	2,678
04	RESPIRATORY PROCEDURES	17	9,066
	061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	7	1,396
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	3	1,436
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	7	4,402
05	CARDIOVASCULAR PROCEDURES	24	9,325
	083 PLACEMENT OF TRANSVENOUS CATHETERS	24	941
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	106	2,884
	113 LEVEL I BLOOD AND BLOOD PRODUCT EXCHANGE	86	1,308
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	20	1,491
07	GASTROINTESTINAL SYSTEM PROCEDURES	1,401	99,755
	133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	3	422
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	297	22,635
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	94	4,688
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	518	34,149
	137 THERAPEUTIC COLONOSCOPY	84	5,727
	139 LEVEL I HERNIA REPAIR	109	5,573
	140 LEVEL II HERNIA REPAIR	22	1,193

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE* CPT-4 PROCEDURES

103 Brigham City Community Hospital

procedure EAPG category procedure EAPG	TOTAL #	TOTAL # (ALL Hospitals)
141 LEVEL I ANAL AND RECTAL PROCEDURES	25	782
142 LEVEL II ANAL AND RECTAL PROCEDURES	29	1,145
143 LEVEL I GASTROINTESTINAL PROCEDURES	7	405
144 LEVEL II GASTROINTESTINAL PROCEDURES	2	226
145 LEVEL I LAPAROSCOPY	25	2,675
146 LEVEL II LAPAROSCOPY	49	8,847
147 LEVEL III LAPAROSCOPY	137	7,203
08 GENITOURINARY SYSTEM PROCEDURES	27	8,962
163 LEVEL I BLADDER AND KIDNEY PROCEDURES	7	3,932
164 LEVEL II BLADDER AND KIDNEY PROCEDURES	13	3,413
166 LEVEL I URETHRA AND PROSTATE PROCEDURES	6	180
167 LEVEL II URETHRA AND PROSTATE PROCEDURES	1	444
09 MALE REPRODUCTIVE SYSTEM	16	3,509
180 TESTICULAR AND EPIDIDYMAL PROCEDURES	10	1,431
181 CIRCUMCISION	4	822
184 LEVEL II PENILE AND PROSTATE PROCEDURES	2	1,167
10 FEMALE REPRODUCTIVE SYSTEM	91	7,180
196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	17	1,292
197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	1	1,355
198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	11	1,494
199 DILATION AND CURETTAGE	3	551
200 HYSTEROSCOPY	58	2,251
201 COLPOSCOPY	1	234
11 NEUROLOGIC SYSTEM PROCEDURES	439	24,377
214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	112	2,913
217 LEVEL I NERVE PROCEDURES	14	4,031
219 SPINAL TAP	2	470
220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	311	11,868
12 OPHTHALMOLOGIC SYSTEM PROCEDURES	273	12,275
233 CATARACT PROCEDURES	231	5,365
234 LEVEL I ANTERIOR SEGMENT EYE PROCEDURES	10	265
235 LEVEL II ANTERIOR SEGMENT EYE PROCEDURES	6	285
236 LEVEL III ANTERIOR SEGMENT EYE PROCEDURES	2	209
239 STRABISMUS AND MUSCLE EYE PROCEDURES	3	1,026
240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	7	895
241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	14	1,469
13 EAR, NOSE, MOUTH, & THROAT PROCEDURES	262	28,739
252 LEVEL I FACIAL AND ENT PROCEDURES	127	12,362
253 LEVEL II FACIAL AND ENT PROCEDURES	13	1,405
254 LEVEL III FACIAL AND ENT PROCEDURES	15	3,429
255 LEVEL IV FACIAL AND ENT PROCEDURES	5	2,922
256 TONSIL AND ADENOID PROCEDURES	102	8,493

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/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, 2009
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, SINGLE EAPG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

103 Brigham City Community Hospital

Procedure EAPG category	Procedure EAPG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
01	SKIN & INTEGUMENTARY SYSTEM PROCEDURES	23	\$2,989	\$3,762
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	3	\$511	\$3,254
	003 LEVEL I SKIN INCISION AND DRAINAGE	1	\$2,891	\$2,833
	004 LEVEL II SKIN INCISION AND DRAINAGE	1	\$6,966	\$4,409
	007 LEVEL II SKIN DEBRIDEMENT AND DESTRUCTION	1	\$4,221	\$2,829
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	3	\$3,891	\$3,664
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	10	\$3,065	\$3,677
	013 LEVEL II SKIN REPAIR	3	\$1,062	\$4,883
	014 LEVEL III SKIN REPAIR	1	\$7,631	\$5,455
02	BREAST PROCEDURES	19	\$4,184	\$3,802
	020 LEVEL I BREAST PROCEDURES	19	\$4,184	\$3,688
03	MUSCULOSKELETAL SYSTEM PROCEDURES	235	\$6,847	\$5,044
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	8	\$4,350	\$4,534
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	17	\$7,729	\$5,458
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	13	\$12,743	\$9,791
	033 LEVEL I HAND PROCEDURES	23	\$2,636	\$2,835
	035 LEVEL I FOOT PROCEDURES	12	\$3,862	\$3,748
	036 LEVEL II FOOT PROCEDURES	4	\$11,082	\$6,617
	037 LEVEL I ARTHROSCOPY	66	\$5,773	\$4,492
	038 LEVEL II ARTHROSCOPY	3	\$17,400	\$10,734
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	3	\$3,327	\$6,442
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	6	\$3,245	\$3,754
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	57	\$9,315	\$7,392
	045 BUNION PROCEDURES	10	\$9,692	\$5,191
	046 LEVEL I ARTHROPLASTY	2	\$5,848	\$8,302
	048 HAND AND FOOT TENOTOMY	1	\$4,028	\$2,527
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	10	\$1,968	\$1,227
04	RESPIRATORY PROCEDURES	7	\$1,716	\$2,975
	061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	6	\$1,211	\$2,594
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	1	\$4,748	\$4,474
05	CARDIOVASCULAR PROCEDURES	21	\$6,698	\$14,627
	083 PLACEMENT OF TRANSVENOUS CATHETERS	21	\$6,698	\$6,140
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	59	\$2,895	\$4,547
	113 LEVEL I BLOOD AND BLOOD PRODUCT EXCHANGE	47	\$1,665	\$3,316
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	12	\$7,713	\$5,995
07	GASTROINTESTINAL SYSTEM PROCEDURES	887	\$4,032	\$3,055
	133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	3	\$1,908	\$1,718
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	158	\$1,859	\$1,516
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	18	\$2,282	\$2,214
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	398	\$2,168	\$1,271
	137 THERAPEUTIC COLONOSCOPY	52	\$2,600	\$1,695
	139 LEVEL I HERNIA REPAIR	67	\$6,877	\$4,486
	140 LEVEL II HERNIA REPAIR	12	\$7,122	\$5,242
	141 LEVEL I ANAL AND RECTAL PROCEDURES	11	\$4,268	\$3,138
	142 LEVEL II ANAL AND RECTAL PROCEDURES	11	\$4,548	\$3,733

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, SINGLE EAPG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

103 Brigham City Community Hospital

procedure EAPG category	Procedure EAPG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
	143 LEVEL I GASTROINTESTINAL PROCEDURES	2	\$2,974	\$3,742
	145 LEVEL I LAPAROSCOPY	5	\$6,275	\$5,295
	146 LEVEL II LAPAROSCOPY	37	\$11,151	\$8,314
	147 LEVEL III LAPAROSCOPY	113	\$10,134	\$8,305
08	GENITOURINARY SYSTEM PROCEDURES	19	\$5,398	\$6,135
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	5	\$5,685	\$4,353
	164 LEVEL II BLADDER AND KIDNEY PROCEDURES	11	\$5,958	\$5,221
	166 LEVEL I URETHRA AND PROSTATE PROCEDURES	3	\$2,864	\$1,346
09	MALE REPRODUCTIVE SYSTEM	4	\$3,623	\$4,630
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	1	\$2,169	\$3,299
	181 CIRCUMCISION	2	\$3,548	\$2,418
	184 LEVEL II PENILE AND PROSTATE PROCEDURES	1	\$5,227	\$6,666
10	FEMALE REPRODUCTIVE SYSTEM	70	\$6,414	\$5,236
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	10	\$4,083	\$3,258
	197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	1	\$2,214	\$5,190
	198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	7	\$8,116	\$7,456
	199 DILATION AND CURETTAGE	2	\$3,305	\$3,266
	200 HYSTEROSCOPY	50	\$6,850	\$5,384
11	NEUROLOGIC SYSTEM PROCEDURES	128	\$868	\$4,849
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	106	\$507	\$1,315
	217 LEVEL I NERVE PROCEDURES	9	\$3,700	\$3,161
	219 SPINAL TAP	2	\$590	\$2,509
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	11	\$2,079	\$1,563
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	240	\$4,958	\$3,703
	233 CATARACT PROCEDURES	218	\$4,961	\$3,686
	234 LEVEL I ANTERIOR SEGMENT EYE PROCEDURES	1	\$4,471	\$2,924
	235 LEVEL II ANTERIOR SEGMENT EYE PROCEDURES	2	\$5,421	\$3,596
	236 LEVEL III ANTERIOR SEGMENT EYE PROCEDURES	1	\$5,259	\$8,638
	239 STRABISMUS AND MUSCLE EYE PROCEDURES	3	\$5,906	\$2,734
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	5	\$4,225	\$2,293
	241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	10	\$4,898	\$3,623
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	180	\$2,808	\$3,605
	252 LEVEL I FACIAL AND ENT PROCEDURES	89	\$2,511	\$2,195
	253 LEVEL II FACIAL AND ENT PROCEDURES	6	\$3,328	\$3,352
	254 LEVEL III FACIAL AND ENT PROCEDURES	1	\$4,308	\$6,442
	255 LEVEL IV FACIAL AND ENT PROCEDURES	2	\$9,363	\$8,243
	256 TONSIL AND ADENOID PROCEDURES	82	\$2,914	\$2,817

SOURCE: Utah Ambulatory Surgery Database
Utah Health Data Committee/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, 2009
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

103 Brigham City Community Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
GENDER				
Female	1,566	56.2	122,959	54.1
Male	1,222	43.8	104,281	45.9
Unknown	0	0.0	4	0.0
Not Reported	0	0.0	0	0.0
AGE				
1-28 days	199	7.1	1,731	0.8
29-365 days	50	1.8	2,897	1.3
1-4 years	101	3.6	10,813	4.8
5-9	49	1.8	6,381	2.8
10-14	47	1.7	5,066	2.2
15-17	56	2.0	5,130	2.3
18-19	35	1.3	3,775	1.7
20-24	95	3.4	10,184	4.5
25-29	104	3.7	12,684	5.6
30-34	120	4.3	13,594	6.0
35-39	111	4.0	13,012	5.7
40-44	148	5.3	13,141	5.8
45-49	181	6.5	16,564	7.3
50-54	259	9.3	24,353	10.7
55-59	213	7.6	21,093	9.3
60-64	159	5.7	18,280	8.0
65-69	179	6.4	15,480	6.8
70-74	208	7.5	12,653	5.6
75-79	233	8.4	9,821	4.3
80-84	155	5.6	6,574	2.9
85-89	66	2.4	3,084	1.4
90 +	20	0.7	933	0.4
Not Reported	0	0.0	1	0.0
SOURCE OF ADMISSION				
Physician Referral	2,714	97.3	205,377	90.4
Clinic Referral	0	0.0	2,930	1.3
HMO Referral	0	0.0	2,930	1.3
Other Hospital	0	0.0	184	0.1
Skilled Nursing Facility	1	0.0	36	0.0
Other Health Care Facility	0	0.0	18	0.0
Emergency Room	73	2.6	5,340	2.3
Court/Law Enforcement	0	0.0	3	0.0
Unknown	0	0.0	11	0.0
Not Reported	0	0.0	10,415	4.6

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

103 Brigham City Community Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	2,777	99.6	226,589	99.7
Another Hospital	3	0.1	102	0.0
Skilled Nursing Facility	1	0.0	137	0.1
Intermediate Care Facility	2	0.1	20	0.0
Another Type of Institution	0	0.0	68	0.0
Under Care of Home Service	5	0.2	270	0.1
Left Against Medical Advice	0	0.0	22	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	0	0.0	13	0.0
Unknown	0	0.0	22	0.0
Not Reported	0	0.0	1	0.0
PRIMARY PAYER				
Medicare	905	32.5	45,456	20.0
Medicaid	223	8.0	15,975	7.0
Other government	36	1.3	4,287	1.9
Blue Cross/Blue Shield	493	17.7	29,948	13.2
Other Commercial	137	4.9	16,378	7.2
Managed Care(HMO, PPO)	887	31.8	106,245	46.8
Self Pay	66	2.4	2,816	1.2
Industrial & Worker Comp	28	1.0	3,291	1.4
Charity and Unclassified	13	0.5	1,613	0.7
Childrens Health Insurance	0	0.0	129	0.1
Unknown	0	0.0	1,046	0.5
Not Reported	0	0.0	60	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	2,497	89.6	16,751	7.4
Central Utah	1	0.0	8,412	3.7
Davis County	28	1.0	23,806	10.5
Salt Lake County	14	0.5	77,342	34.0
Southeastern Utah	0	0.0	4,701	2.1
Southwest Utah	1	0.0	14,188	6.2
Summit County	0	0.0	2,798	1.2
Tooele County	0	0.0	4,137	1.8
Tri-County	1	0.0	6,035	2.7
Utah County	6	0.2	37,226	16.4
Wasatch County	1	0.0	1,669	0.7
Weber County	174	6.2	20,181	8.9
Unknown Utah	0	0.0	27	0.0
Outside Utah	63	2.3	9,882	4.3
Unknown, Not Reported	2	0.1	89	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, 2009
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)	5,743	100.0	320,509	100.0
Mastectomy (85.0-85.99)	34	0.6	8,217	2.6
Musculoskeletal (76.0-84.99)	2,749	47.9	69,555	21.7
Respiratory (30.0-34.99)	16	0.3	3,320	1.0
Cardiovascular (35.0-39.99)	3	0.1	22,400	7.0
Lymphatic/Hemetic (40.0-41.99)	20	0.3	2,804	0.9
Digestive System (42.0-54.99)	225	3.9	98,678	30.8
Urinary (55.0-59.99)	231	4.0	10,902	3.4
Male Genital (60.0-64.99)	35	0.6	3,817	1.2
Female Genital (65.0-71.99)	245	4.3	14,786	4.6
Endocrine/Nervous (01.0-07.99)	222	3.9	23,111	7.2
Eye (08.0-16.99)	100	1.7	21,114	6.6
Ear (18.0-20.99)	626	10.9	12,945	4.0
Nose, Mouth, Pharynx (21.0-29.99)	1,237	21.5	28,860	9.0
Reporting Category(CPT-4 CODES)	4,524	100.0	299,107	100.0
Mastectomy (19120-19220)	24	0.5	2,014	0.7
Musculoskeletal (20000-29909)	2,147	47.5	75,301	25.2
Respiratory (30000-32999 & 39501-39599)	548	12.1	14,568	4.9
Cardiovascular (33010-37799 & 93501-93660)	28	0.6	24,369	8.1
Lymphatic/Hemetic (38100-38999)	19	0.4	2,630	0.9
Digestive (40490-49999)	794	17.6	109,341	36.6
Urinary (50010-53899)	176	3.9	10,457	3.5
Male Genital (54000-55899)	34	0.8	3,299	1.1
Female Genital (56405-58999)	172	3.8	12,326	4.1
Endocrine/Nervous (60000-64999)	153	3.4	24,781	8.3
Eye (65091-68899)	55	1.2	12,489	4.2
Ear (69000-69979)	374	8.3	7,532	2.5

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

AMB ST 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
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		5,743	100.0	100.0
2001	MYRINGOTOMY W/INSRT TUBE	533	9.3	3.18
8026	ARTHSCPY-KNEE	391	6.8	0.54
283	TONSILLECTOMY W/ADENOIDECTOMY	310	5.4	1.80
806	EXC SEMILUNAR CARTILAGE-KNEE	251	4.4	1.86
8021	ARTHSCPY-SHLDR	172	3.0	0.27
8147	OTH REPR KNEE	148	2.6	0.94
8183	OTH REPR SHLDR	138	2.4	0.82
0443	RELEASE CARPAL TUNNEL	123	2.1	0.98
2169	OTH TURBINECTOMY	107	1.9	0.78
7781	OTH PART OSTEC-SCAPULA-CLAV-THOR	100	1.7	0.58
282	TONSILLECTOMY WO ADENOIDECTOMY	91	1.6	0.53
8023	ARTHSCPY-WRIST	90	1.6	0.09
2263	ETHMOIDECTOMY	85	1.5	0.55
2188	OTH SEPTOPLASTY	84	1.5	0.50
2219	OTH DX PROC NASAL SINUSES	80	1.4	0.10
8363	ROTATOR CUFF REPR	79	1.4	0.76
2349	OTH DENTAL RESTORATION	78	1.4	0.17
8086	OTH LOC EXC/DESTRUC JT LES-KNEE	76	1.3	0.68
286	ADENOIDECTOMY WO TONSILLECTOMY	74	1.3	0.33
222	INTRANASAL ANTROTOMY	73	1.3	0.34

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		4,524	100.0	100.0
69436	TYMPANOSTOMY GENERAL ANESTHESIA	274	6.1	1.75
42820	T&A; UNDER AGE 12	254	5.6	1.47
29881	SCOPE KNEE SURG;W/MENISCECT MED/	181	4.0	1.64
29826	SCOPE SHOULDER; DECOMP SUBACROM	153	3.4	1.21
30520	SEPTOPLASTY/SUBMUCOS RES W/GFT	120	2.7	0.78
30140	SUBMUCOS RES TURBINATE PART/CMPL	101	2.2	0.74
20680	REMOVAL OF IMPLANT; DEEP	92	2.0	1.04
29824	SCOPE SHLDR SURG;DIST CLAVICULEC	85	1.9	0.54
29848	ENDO WRST SURG REL TRNS CARP LIG	85	1.9	0.39
41899	UNLIST PROC DENTOALVEOL STRUCTUR	82	1.8	0.91
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	80	1.8	0.49
29877	SCOPE KNEE SURG; DEBRID/SHAVE CA	75	1.7	1.00
31256	NASL/SINUS ENDO SURG W/MAX ANTRO	73	1.6	0.33
42830	ADENOIDECTOMY PRIMARY; UNDER AGE	73	1.6	0.32
29888	ARTHSCPY AIDED ACL REPR/AUG/RECO	71	1.6	0.65
29880	SCOPE KNEE SURG;W/MENISCECT MED&	70	1.5	0.50
31255	NASAL/SINUS ENDO; W/TOT ETHMOECT	68	1.5	0.39
42821	T&A; AGE 12 OR OVER	56	1.2	0.44
28285	CORRECTION HAMMERTO	51	1.1	0.62
20900	BONE GRAFT ANY DONOR AREA; MINOR	43	1.0	0.12

SOURCE: Utah Ambulatory Surgery Database
Utah Health Data Committee/Office of Health Care Statistics
Reportable* excludes codes in the former "Other" category 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, 2009
 AVERAGE TOTAL CHARGES FOR MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES, SINGLE ICD-9 OR CPT-4 ONLY

145 Cache Valley Specialty Hospital

ICD-9 CODE	ICD-9 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
ICD-9 Procedures		1,206	\$4,003	\$4,501
283	TONSILLECTOMY W/ADENOIDECTOMY	224	\$1,825	\$2,850
2349	OTH DENTAL RESTORATION	72	\$3,104	\$2,856
282	TONSILLECTOMY WO ADENOIDECTOMY	70	\$2,129	\$2,868
5123	LAP CHOLEY	38	\$6,976	\$7,426
8051	EXC INTERVERTEBRAL DISC	25	\$6,831	\$10,068
7939	OP REDUC FX W/INT FIX-OTH BONE	22	\$8,165	\$9,919
8521	LOC EXC LES BREAST	22	\$2,861	\$3,374
194	MYRINGOPLASTY	21	\$3,922	\$4,016
6902	D&C FOLLOWING DELIV/AB	19	\$1,791	\$3,011
7936	OP REDUC FX W/INT FIX-TIBIA & FIB	19	\$8,522	\$8,524
7751	BUNIONEC SOFT-OSTEOT 1ST METATARS	17	\$4,458	\$5,128
0443	RELEASE CARPAL TUNNEL	16	\$2,197	\$2,540
8201	EXPLOR TENDON SHEATH HAND	16	\$1,724	\$2,331
2171	CLO REDUC NASAL FX	15	\$1,912	\$2,438
5341	REPR UMB HERN W/PROSTH	14	\$3,869	\$5,183
7867	REMOV IMPLNT DEVICE-TIBIA & FIB	14	\$3,075	\$3,508
8221	EXC LES TENDON SHEATH HAND	14	\$2,119	\$2,755
7756	REPR HAMMER TOE	12	\$2,732	\$4,168
7788	OTH PART OSTEC-TARSALS-METATARSALS	12	\$2,529	\$4,699
0407	OTH EXC/AVUL CRANIAL & PERIPH NERV	11	\$2,699	\$3,096

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
CPT-4 Procedures		1,830	\$3,670	\$3,915
42820	T&A; UNDER AGE 12	164	\$1,786	\$2,701
69436	TYMPANOSTOMY GENERAL ANESTHESIA	145	\$1,293	\$1,499
29881	SCOPE KNEE SURG;W/MENISCECT MED/	116	\$3,752	\$4,457
41899	UNLIST PROC DENTOALVEOL STRUCTUR	74	\$3,101	\$2,871
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	62	\$2,152	\$2,928
29848	ENDO WRST SURG REL TRNS CARP LIG	60	\$2,401	\$2,666
29880	SCOPE KNEE SURG;W/MENISCECT MED&	58	\$4,048	\$4,800
20680	REMOVAL OF IMPLANT; DEEP	45	\$3,223	\$3,558
29877	SCOPE KNEE SURG; DEBRID/SHAVE CA	42	\$3,842	\$4,015
42821	T&A; AGE 12 OR OVER	37	\$1,996	\$3,195
50590	LITHOTRIPSY XTRACORP SHOCK WAVE	35	\$1,915	\$9,938
66984	EXTRACAPSULAR CATARACT REMV IOL	30	\$4,536	\$3,678
47562	LAPAROSCOPY SURGICAL; CHOLECT	29	\$6,611	\$6,606
23515	OPEN TX CLAV FX W/WO INTRL/EXT F	23	\$7,969	\$9,944
58563	HYSTEROSC SURG; W/ENDOMETRIAL AB	22	\$5,224	\$6,668
29873	SCOPE KNEE SURGICAL; W/LAT RELEA	21	\$3,775	\$4,970
36561	INSRT TUNNL CNTRL CVAD PORT; 5 Y	21	\$4,355	\$6,238
63030	LAMINOT W/ DECOMP; 1 INTERSPACE	21	\$6,924	\$10,547
19120	EXC BRST CYST TUMR/LES OPN M/F 1	18	\$2,727	\$3,487
27570	MANIP KNEE JNT UNDER GEN ANESTHE	16	\$1,621	\$3,191

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, 2009
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE* CPT-4 PROCEDURES

145 Cache Valley Specialty Hospital

Procedure EAPG category	Procedure EAPG	TOTAL #	TOTAL # (ALL Hospitals)
01	SKIN & INTEGUMENTARY SYSTEM PROCEDURES	162	8,192
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	3	1,091
	003 LEVEL I SKIN INCISION AND DRAINAGE	3	189
	004 LEVEL II SKIN INCISION AND DRAINAGE	3	95
	007 LEVEL II SKIN DEBRIDEMENT AND DESTRUCTION	1	128
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	5	503
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	140	5,031
	013 LEVEL II SKIN REPAIR	3	792
	014 LEVEL III SKIN REPAIR	4	220
02	BREAST PROCEDURES	24	2,075
	020 LEVEL I BREAST PROCEDURES	24	2,014
03	MUSCULOSKELETAL SYSTEM PROCEDURES	1,924	64,806
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	36	2,405
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	228	4,694
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	75	2,234
	033 LEVEL I HAND PROCEDURES	81	3,780
	034 LEVEL II HAND PROCEDURES	35	1,278
	035 LEVEL I FOOT PROCEDURES	176	6,264
	036 LEVEL II FOOT PROCEDURES	50	1,682
	037 LEVEL I ARTHROSCOPY	814	22,184
	038 LEVEL II ARTHROSCOPY	149	5,320
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	1	717
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	9	628
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	128	5,752
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	22	490
	045 BUNION PROCEDURES	70	1,791
	046 LEVEL I ARTHROPLASTY	2	634
	047 LEVEL II ARTHROPLASTY	14	148
	048 HAND AND FOOT TENOTOMY	4	386
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	30	2,678
04	RESPIRATORY PROCEDURES	272	9,066
	061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	1	1,396
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	43	1,436
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	227	4,402
	064 ENDOSCOPY OF THE LOWER AIRWAY	1	1,832
05	CARDIOVASCULAR PROCEDURES	24	9,325
	083 PLACEMENT OF TRANSVENOUS CATHETERS	23	941
	091 VASCULAR LIGATION AND RECONSTRUCTION	1	124
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	17	2,884
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	17	1,491
07	GASTROINTESTINAL SYSTEM PROCEDURES	258	99,755
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	1	22,635
	139 LEVEL I HERNIA REPAIR	62	5,573
	140 LEVEL II HERNIA REPAIR	29	1,193
	141 LEVEL I ANAL AND RECTAL PROCEDURES	2	782
	142 LEVEL II ANAL AND RECTAL PROCEDURES	8	1,145

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE* CPT-4 PROCEDURES

145 Cache Valley Specialty Hospital

procedure EAPG category	procedure EAPG	TOTAL #	TOTAL # (ALL Hospitals)
	143 LEVEL I GASTROINTESTINAL PROCEDURES	2	405
	144 LEVEL II GASTROINTESTINAL PROCEDURES	2	226
	145 LEVEL I LAPAROSCOPY	25	2,675
	146 LEVEL II LAPAROSCOPY	86	8,847
	147 LEVEL III LAPAROSCOPY	41	7,203
08	GENITOURINARY SYSTEM PROCEDURES	171	8,962
	160 EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	37	697
	162 URINARY CATHETERIZATION AND DILATATION	1	238
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	49	3,932
	164 LEVEL II BLADDER AND KIDNEY PROCEDURES	79	3,413
	165 LEVEL III BLADDER AND KIDNEY PROCEDURES	1	55
	166 LEVEL I URETHRA AND PROSTATE PROCEDURES	1	180
	167 LEVEL II URETHRA AND PROSTATE PROCEDURES	3	444
09	MALE REPRODUCTIVE SYSTEM	34	3,509
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	22	1,431
	181 CIRCUMCISION	10	822
	184 LEVEL II PENILE AND PROSTATE PROCEDURES	2	1,167
10	FEMALE REPRODUCTIVE SYSTEM	113	7,180
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	10	1,292
	197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	13	1,355
	198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	11	1,494
	199 DILATION AND CURETTAGE	1	551
	200 HYSTEROSCOPY	75	2,251
	201 COLPOSCOPY	3	234
11	NEUROLOGIC SYSTEM PROCEDURES	165	24,377
	217 LEVEL I NERVE PROCEDURES	91	4,031
	218 LEVEL II NERVE PROCEDURES	27	793
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	2	11,868
	221 LAMINOTOMY AND LAMINECTOMY	39	3,173
	223 LEVEL III NERVE PROCEDURES	6	825
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	55	12,275
	233 CATARACT PROCEDURES	33	5,365
	234 LEVEL I ANTERIOR SEGMENT EYE PROCEDURES	8	265
	235 LEVEL II ANTERIOR SEGMENT EYE PROCEDURES	1	285
	239 STRABISMUS AND MUSCLE EYE PROCEDURES	5	1,026
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	6	895
	241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	2	1,469
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	1,241	28,739
	251 OTORHINOLARYNGOLOGIC FUNCTION TESTS	1	37
	252 LEVEL I FACIAL AND ENT PROCEDURES	520	12,362
	253 LEVEL II FACIAL AND ENT PROCEDURES	56	1,405
	254 LEVEL III FACIAL AND ENT PROCEDURES	149	3,429
	255 LEVEL IV FACIAL AND ENT PROCEDURES	39	2,922
	256 TONSIL AND ADENOID PROCEDURES	476	8,493

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/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, 2009
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, SINGLE EAPG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

145 Cache Valley Specialty Hospital

Procedure EAPG category	Procedure EAPG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
01	SKIN & INTEGUMENTARY SYSTEM PROCEDURES	75	\$3,077	\$3,762
	003 LEVEL I SKIN INCISION AND DRAINAGE	1	\$1,833	\$2,833
	004 LEVEL II SKIN INCISION AND DRAINAGE	2	\$3,487	\$4,409
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	2	\$1,591	\$3,664
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	69	\$3,060	\$3,677
	014 LEVEL III SKIN REPAIR	1	\$7,662	\$5,455
02	BREAST PROCEDURES	23	\$2,911	\$3,802
	020 LEVEL I BREAST PROCEDURES	23	\$2,911	\$3,688
03	MUSCULOSKELETAL SYSTEM PROCEDURES	714	\$4,423	\$5,044
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	16	\$2,558	\$4,534
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	35	\$5,559	\$5,458
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	19	\$6,835	\$9,791
	033 LEVEL I HAND PROCEDURES	42	\$2,152	\$2,835
	034 LEVEL II HAND PROCEDURES	21	\$3,540	\$5,167
	035 LEVEL I FOOT PROCEDURES	56	\$2,687	\$3,748
	036 LEVEL II FOOT PROCEDURES	19	\$5,915	\$6,617
	037 LEVEL I ARTHROSCOPY	333	\$3,662	\$4,492
	038 LEVEL II ARTHROSCOPY	27	\$11,650	\$10,734
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	1	\$2,941	\$6,442
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	5	\$2,657	\$3,754
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	87	\$6,649	\$7,392
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	18	\$1,594	\$3,553
	045 BUNION PROCEDURES	26	\$4,776	\$5,191
	047 LEVEL II ARTHROPLASTY	9	\$9,271	\$20,732
04	RESPIRATORY PROCEDURES	6	\$2,809	\$2,975
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	2	\$2,220	\$4,027
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	4	\$3,103	\$4,474
05	CARDIOVASCULAR PROCEDURES	23	\$4,521	\$14,627
	083 PLACEMENT OF TRANSVENOUS CATHETERS	22	\$4,364	\$6,140
	091 VASCULAR LIGATION AND RECONSTRUCTION	1	\$7,971	\$6,688
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	15	\$3,957	\$4,547
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	15	\$3,957	\$5,995
07	GASTROINTESTINAL SYSTEM PROCEDURES	123	\$5,253	\$3,055
	139 LEVEL I HERNIA REPAIR	38	\$3,811	\$4,486
	140 LEVEL II HERNIA REPAIR	11	\$4,390	\$5,242
	141 LEVEL I ANAL AND RECTAL PROCEDURES	2	\$2,544	\$3,138
	142 LEVEL II ANAL AND RECTAL PROCEDURES	6	\$3,574	\$3,733
	144 LEVEL II GASTROINTESTINAL PROCEDURES	2	\$4,021	\$8,218
	145 LEVEL I LAPAROSCOPY	9	\$4,396	\$5,295
	146 LEVEL II LAPAROSCOPY	42	\$6,506	\$8,314
	147 LEVEL III LAPAROSCOPY	13	\$8,124	\$8,305
08	GENITOURINARY SYSTEM PROCEDURES	74	\$3,045	\$6,135
	160 EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	35	\$1,915	\$9,938
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	10	\$4,743	\$4,353
	164 LEVEL II BLADDER AND KIDNEY PROCEDURES	26	\$3,310	\$5,221

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, SINGLE EAPG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

145 Cache Valley Specialty Hospital

procedure	EAPG category	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
Procedure	EAPG			
	166 LEVEL I URETHRA AND PROSTATE PROCEDURES	1	\$1,562	\$1,346
	167 LEVEL II URETHRA AND PROSTATE PROCEDURES	2	\$11,618	\$11,236
09	MALE REPRODUCTIVE SYSTEM	18	\$3,501	\$4,630
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	12	\$3,652	\$3,299
	181 CIRCUMCISION	4	\$2,575	\$2,418
	184 LEVEL II PENILE AND PROSTATE PROCEDURES	2	\$4,449	\$6,666
10	FEMALE REPRODUCTIVE SYSTEM	51	\$4,480	\$5,236
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	5	\$1,929	\$3,258
	197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	5	\$5,544	\$5,190
	198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	5	\$6,173	\$7,456
	200 HYSTEROSCOPY	36	\$4,452	\$5,384
11	NEUROLOGIC SYSTEM PROCEDURES	57	\$5,495	\$4,849
	217 LEVEL I NERVE PROCEDURES	30	\$2,749	\$3,161
	218 LEVEL II NERVE PROCEDURES	3	\$13,407	\$11,142
	221 LAMINOTOMY AND LAMINECTOMY	23	\$6,943	\$10,583
	223 LEVEL III NERVE PROCEDURES	1	\$30,860	\$34,351
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	54	\$3,981	\$3,703
	233 CATARACT PROCEDURES	33	\$4,658	\$3,686
	234 LEVEL I ANTERIOR SEGMENT EYE PROCEDURES	8	\$3,548	\$2,924
	235 LEVEL II ANTERIOR SEGMENT EYE PROCEDURES	1	\$1,733	\$3,596
	239 STRABISMUS AND MUSCLE EYE PROCEDURES	5	\$3,569	\$2,734
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	6	\$1,717	\$2,293
	241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	1	\$2,961	\$3,623
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	588	\$2,266	\$3,605
	251 OTORHINOLARYNGOLOGIC FUNCTION TESTS	1	\$1,728	\$3,204
	252 LEVEL I FACIAL AND ENT PROCEDURES	240	\$1,950	\$2,195
	253 LEVEL II FACIAL AND ENT PROCEDURES	24	\$2,634	\$3,352
	254 LEVEL III FACIAL AND ENT PROCEDURES	26	\$4,785	\$6,442
	255 LEVEL IV FACIAL AND ENT PROCEDURES	23	\$6,736	\$8,243
	256 TONSIL AND ADENOID PROCEDURES	274	\$1,899	\$2,817

SOURCE: Utah Ambulatory Surgery Database
Utah Health Data Committee/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, 2009
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

145 Cache Valley Specialty Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
GENDER				
Female	1,509	51.4	122,959	54.1
Male	1,428	48.6	104,281	45.9
Unknown	0	0.0	4	0.0
Not Reported	0	0.0	0	0.0
AGE				
1-28 days	0	0.0	1,731	0.8
29-365 days	52	1.8	2,897	1.3
1-4 years	371	12.6	10,813	4.8
5-9	180	6.1	6,381	2.8
10-14	100	3.4	5,066	2.2
15-17	106	3.6	5,130	2.3
18-19	81	2.8	3,775	1.7
20-24	179	6.1	10,184	4.5
25-29	168	5.7	12,684	5.6
30-34	181	6.2	13,594	6.0
35-39	149	5.1	13,012	5.7
40-44	149	5.1	13,141	5.8
45-49	211	7.2	16,564	7.3
50-54	238	8.1	24,353	10.7
55-59	206	7.0	21,093	9.3
60-64	163	5.5	18,280	8.0
65-69	138	4.7	15,480	6.8
70-74	112	3.8	12,653	5.6
75-79	91	3.1	9,821	4.3
80-84	45	1.5	6,574	2.9
85-89	16	0.5	3,084	1.4
90 +	1	0.0	933	0.4
Not Reported	0	0.0	1	0.0
SOURCE OF ADMISSION				
Physician Referral	16	0.5	205,377	90.4
Clinic Referral	4	0.1	2,930	1.3
HMO Referral	2,917	99.3	2,930	1.3
Other Hospital	0	0.0	184	0.1
Skilled Nursing Facility	0	0.0	36	0.0
Other Health Care Facility	0	0.0	18	0.0
Emergency Room	0	0.0	5,340	2.3
Court/Law Enforcement	0	0.0	3	0.0
Unknown	0	0.0	11	0.0
Not Reported	0	0.0	10,415	4.6

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

145 Cache Valley Specialty Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	2,937	100.0	226,589	99.7
Another Hospital	0	0.0	102	0.0
Skilled Nursing Facility	0	0.0	137	0.1
Intermediate Care Facility	0	0.0	20	0.0
Another Type of Institution	0	0.0	68	0.0
Under Care of Home Service	0	0.0	270	0.1
Left Against Medical Advice	0	0.0	22	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	0	0.0	13	0.0
Unknown	0	0.0	22	0.0
Not Reported	0	0.0	1	0.0
PRIMARY PAYER				
Medicare	342	11.6	45,456	20.0
Medicaid	321	10.9	15,975	7.0
Other government	65	2.2	4,287	1.9
Blue Cross/Blue Shield	1,109	37.8	29,948	13.2
Other Commercial	290	9.9	16,378	7.2
Managed Care(HMO, PPO)	679	23.1	106,245	46.8
Self Pay	0	0.0	2,816	1.2
Industrial & Worker Comp	72	2.5	3,291	1.4
Charity and Unclassified	0	0.0	1,613	0.7
Childrens Health Insurance	0	0.0	129	0.1
Unknown	1	0.0	1,046	0.5
Not Reported	58	2.0	60	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	2,336	79.5	16,751	7.4
Central Utah	3	0.1	8,412	3.7
Davis County	12	0.4	23,806	10.5
Salt Lake County	21	0.7	77,342	34.0
Southeastern Utah	0	0.0	4,701	2.1
Southwest Utah	3	0.1	14,188	6.2
Summit County	3	0.1	2,798	1.2
Tooele County	0	0.0	4,137	1.8
Tri-County	2	0.1	6,035	2.7
Utah County	9	0.3	37,226	16.4
Wasatch County	1	0.0	1,669	0.7
Weber County	24	0.8	20,181	8.9
Unknown Utah	3	0.1	27	0.0
Outside Utah	520	17.7	9,882	4.3
Unknown, Not Reported	0	0.0	89	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, 2009
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)	3,014	100.0	320,509	100.0
Mastectomy (85.0-85.99)	33	1.1	8,217	2.6
Musculoskeletal (76.0-84.99)	782	25.9	69,555	21.7
Respiratory (30.0-34.99)	13	0.4	3,320	1.0
Cardiovascular (35.0-39.99)	13	0.4	22,400	7.0
Lymphatic/Hemetic (40.0-41.99)	18	0.6	2,804	0.9
Digestive System (42.0-54.99)	1,276	42.3	98,678	30.8
Urinary (55.0-59.99)	67	2.2	10,902	3.4
Male Genital (60.0-64.99)	29	1.0	3,817	1.2
Female Genital (65.0-71.99)	38	1.3	14,786	4.6
Endocrine/Nervous (01.0-07.99)	349	11.6	23,111	7.2
Eye (08.0-16.99)	52	1.7	21,114	6.6
Ear (18.0-20.99)	119	3.9	12,945	4.0
Nose, Mouth, Pharynx (21.0-29.99)	225	7.5	28,860	9.0
Reporting Category(CPT-4 CODES)	3,366	100.0	299,107	100.0
Mastectomy (19120-19220)	6	0.2	2,014	0.7
Musculoskeletal (20000-29909)	884	26.3	75,301	25.2
Respiratory (30000-32999 & 39501-39599)	137	4.1	14,568	4.9
Cardiovascular (33010-37799 & 93501-93660)	450	13.4	24,369	8.1
Lymphatic/Hemetic (38100-38999)	18	0.5	2,630	0.9
Digestive (40490-49999)	1,285	38.2	109,341	36.6
Urinary (50010-53899)	160	4.8	10,457	3.5
Male Genital (54000-55899)	18	0.5	3,299	1.1
Female Genital (56405-58999)	36	1.1	12,326	4.1
Endocrine/Nervous (60000-64999)	284	8.4	24,781	8.3
Eye (65091-68899)	26	0.8	12,489	4.2
Ear (69000-69979)	62	1.8	7,532	2.5

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

AMB ST 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
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		3,014	100.0	100.0
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	338	11.2	5.75
4523	COLONOSCOPY	257	8.5	6.09
5123	LAP CHOLEY	142	4.7	2.26
4525	CLO [ENDO] BX LG INTESTINE	139	4.6	2.33
0443	RELEASE CARPAL TUNNEL	128	4.2	0.98
4542	ENDO POLYPECTOMY LG INTESTINE	121	4.0	3.35
806	EXC SEMILUNAR CARTILAGE-KNEE	111	3.7	1.86
0392	INJ OTH AGENT SPINAL CANAL	89	3.0	1.98
8183	OTH REPR SHLDR	89	3.0	0.82
2001	MYRINGOTOMY W/INSRT TUBE	85	2.8	3.18
8086	OTH LOC EXC/DESTRUC JT LES-KNEE	67	2.2	0.68
7781	OTH PART OSTEC-SCAPULA-CLAV-THOR	58	1.9	0.58
0391	INJ ANES SPINAL CANAL-ANALGESIA	47	1.6	1.76
8363	ROTATOR CUFF REPR	41	1.4	0.76
2188	OTH SEPTOPLASTY	38	1.3	0.50
4701	LAP APPENDECTOMY	36	1.2	0.78
0449	OTH PERIPH NERV/GANGL DECOMP/LYSIS	35	1.2	0.21
2169	OTH TURBINECTOMY	33	1.1	0.78
5303	UNILAT REPR DIRECT ING HERN-GFT	33	1.1	0.23
5369	REPR OTH HERN ANT ABD WALL W/PROSTH	29	1.0	0.09

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		3,366	100.0	100.0
36416	COLLECTON CAPILLARY BLOOD SPECIM	353	10.5	0.94
43239	UGI ENDO; W/BX 1/MX	339	10.1	6.06
45380	COLONOSCOPY FLEX; W/BX 1/MX	202	6.0	5.24
45378	COLONOSCOPY FLEX; DX-SEP PROC	164	4.9	6.11
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	138	4.1	1.50
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	101	3.0	0.64
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	89	2.6	0.70
36430	TRANSFUSION BLOOD/BLOOD COMPONENT	80	2.4	0.42
29881	SCOPE KNEE SURG;W/MENISCECT MED/	78	2.3	1.64
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	77	2.3	1.49
29877	SCOPE KNEE SURG; DEBRID/SHAVE CA	55	1.6	1.00
29824	SCOPE SHLDR SURG;DIST CLAVICULEC	52	1.5	0.54
49505	REPR INIT ING HERNIA 5YR/MORE; R	52	1.5	0.82
50590	LITHOTRIPSY XTRACORP SHOCK WAVE	51	1.5	0.23
29826	SCOPE SHOULDER; DECOMP SUBACROM	46	1.4	1.21
69436	TYMPANOSTOMY GENERAL ANESTHESIA	43	1.3	1.75
23350	INJ SHLDR ARTHROGRPH/ENHNCD CT/M	42	1.2	0.20
23130	ACROMPLSTY/ACROMNECT PART W/WO R	41	1.2	0.04
20610	ARTHROCENTESIS ASPIR&/INJ; MAJ J	38	1.1	0.53
30520	SEPTOPLASTY/SUBMUCOS RES W/GFT	38	1.1	0.78

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

AMB ST 1-3

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
 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		1,554	\$4,843	\$4,501
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	211	\$2,276	\$1,581
4523	COLONOSCOPY	196	\$1,716	\$1,087
5123	LAP CHOLEY	110	\$11,164	\$7,426
4525	CLO [ENDO] BX LG INTESTINE	97	\$2,445	\$1,709
4542	ENDO POLYPECTOMY LG INTESTINE	92	\$2,709	\$1,547
806	EXC SEMILUNAR CARTILAGE-KNEE	50	\$6,966	\$4,537
0392	INJ OTH AGENT SPINAL CANAL	42	\$1,388	\$1,084
0443	RELEASE CARPAL TUNNEL	36	\$3,717	\$2,540
8183	OTH REPR SHLDR	34	\$12,189	\$8,523
4701	LAP APPENDECTOMY	32	\$14,509	\$10,907
5303	UNILAT REPR DIRECT ING HERN-GFT	27	\$6,889	\$4,986
283	TONSILLECTOMY W/ADENOIDECTOMY	21	\$3,205	\$2,850
8192	INJ THERAP SUBSTANCE JT/LIGAMNT	21	\$1,093	\$1,414
282	TONSILLECTOMY WO ADENOIDECTOMY	19	\$2,847	\$2,868
8511	CLO [PERCUT] [NEEDLE] BX BREAST	19	\$1,935	\$1,944
5369	REPR OTH HERN ANT ABD WALL W/PROSTH	18	\$8,002	\$6,243
8191	ARTHROCEN	17	\$1,353	\$1,633
5749	OTH TRANSURETH EXC/DEST LES BLADDER	16	\$3,769	\$4,567
8086	OTH LOC EXC/DESTRUC JT LES-KNEE	16	\$6,498	\$4,122
0331	SPINAL TAP	15	\$1,804	\$2,508

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
CPT-4 Procedures		2,173	\$3,980	\$3,915
36416	COLLECTON CAPILLARY BLOOD SPECIM	351	\$83	\$145
43239	UGI ENDO; W/BX 1/MX	238	\$2,366	\$1,548
45380	COLONOSCOPY FLEX; W/BX 1/MX	141	\$2,398	\$1,526
45378	COLONOSCOPY FLEX; DX-SEP PROC	131	\$1,702	\$1,090
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	112	\$11,266	\$7,842
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	89	\$1,208	\$1,220
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	60	\$4,151	\$2,624
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	53	\$2,782	\$1,661
29881	SCOPE KNEE SURG;W/MENISCECT MED/	48	\$7,051	\$4,457
36430	TRANSFUSION BLOOD/BLOOD COMPONENT	46	\$6,264	\$3,294
23350	INJ SHLDR ARTHROGRPH/ENHNCD CT/M	40	\$2,527	\$3,591
49505	REPR INIT ING HERNIA 5YR/MORE; R	40	\$6,928	\$4,721
50590	LITHOTRIPSY XTRACORP SHOCK WAVE	38	\$14,158	\$9,938
20610	ARTHROCENTESIS ASPIR&/INJ; MAJ J	35	\$1,216	\$1,197
44970	LAPAROSCOPY SURGICAL APPENDECTOM	34	\$14,443	\$10,914
69436	TYMPANOSTOMY GENERAL ANESTHESIA	30	\$1,680	\$1,499
29880	SCOPE KNEE SURG;W/MENISCECT MED&	26	\$6,909	\$4,800
66984	EXTRACAPSULAR CATARACT REMV IOL	25	\$2,518	\$3,678
20680	REMOVAL OF IMPLANT; DEEP	19	\$5,520	\$3,558
29877	SCOPE KNEE SURG; DEBRID/SHAVE CA	19	\$6,794	\$4,015

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, 2009
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE* CPT-4 PROCEDURES

106 Castleview Hospital

Procedure EAPG category	Procedure EAPG	TOTAL #	TOTAL # (ALL Hospitals)
01	SKIN & INTEGUMENTARY SYSTEM PROCEDURES	77	8,192
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	21	1,091
	003 LEVEL I SKIN INCISION AND DRAINAGE	1	189
	004 LEVEL II SKIN INCISION AND DRAINAGE	1	95
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	3	503
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	41	5,031
	012 LEVEL I SKIN REPAIR	1	35
	013 LEVEL II SKIN REPAIR	6	792
	014 LEVEL III SKIN REPAIR	3	220
02	BREAST PROCEDURES	6	2,075
	020 LEVEL I BREAST PROCEDURES	6	2,014
03	MUSCULOSKELETAL SYSTEM PROCEDURES	782	64,806
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	29	2,405
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	106	4,694
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	22	2,234
	033 LEVEL I HAND PROCEDURES	28	3,780
	035 LEVEL I FOOT PROCEDURES	49	6,264
	036 LEVEL II FOOT PROCEDURES	2	1,682
	037 LEVEL I ARTHROSCOPY	313	22,184
	038 LEVEL II ARTHROSCOPY	58	5,320
	040 SPLINT, STRAPPING AND CAST REMOVAL	19	1,672
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	11	717
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	14	628
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	56	5,752
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	7	490
	045 BUNION PROCEDURES	23	1,791
	047 LEVEL II ARTHROPLASTY	1	148
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	44	2,678
04	RESPIRATORY PROCEDURES	53	9,066
	061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	8	1,396
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	9	1,436
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	36	4,402
05	CARDIOVASCULAR PROCEDURES	10	9,325
	083 PLACEMENT OF TRANSVENOUS CATHETERS	5	941
	086 PACEMAKER INSERTION AND REPLACEMENT	3	259
	087 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	2	809
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	90	2,884
	113 LEVEL I BLOOD AND BLOOD PRODUCT EXCHANGE	80	1,308
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	10	1,491
07	GASTROINTESTINAL SYSTEM PROCEDURES	1,211	99,755
	131 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	4	1,379
	132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	1	502
	133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	1	422
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	355	22,635
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	25	4,688
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	366	34,149

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE* CPT-4 PROCEDURES

106 Castleview Hospital

procedure EAPG category procedure EAPG	TOTAL #	TOTAL # (ALL Hospitals)
137 THERAPEUTIC COLONOSCOPY	83	5,727
139 LEVEL I HERNIA REPAIR	122	5,573
140 LEVEL II HERNIA REPAIR	32	1,193
141 LEVEL I ANAL AND RECTAL PROCEDURES	4	782
142 LEVEL II ANAL AND RECTAL PROCEDURES	3	1,145
143 LEVEL I GASTROINTESTINAL PROCEDURES	2	405
144 LEVEL II GASTROINTESTINAL PROCEDURES	2	226
145 LEVEL I LAPAROSCOPY	22	2,675
146 LEVEL II LAPAROSCOPY	48	8,847
147 LEVEL III LAPAROSCOPY	141	7,203
08 GENITOURINARY SYSTEM PROCEDURES	131	8,962
160 EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	51	697
162 URINARY CATHETERIZATION AND DILATATION	2	238
163 LEVEL I BLADDER AND KIDNEY PROCEDURES	62	3,932
164 LEVEL II BLADDER AND KIDNEY PROCEDURES	15	3,413
165 LEVEL III BLADDER AND KIDNEY PROCEDURES	1	55
09 MALE REPRODUCTIVE SYSTEM	26	3,509
180 TESTICULAR AND EPIDIDYMAL PROCEDURES	8	1,431
181 CIRCUMCISION	8	822
183 LEVEL I PENILE AND PROSTATE PROCEDURES	1	10
184 LEVEL II PENILE AND PROSTATE PROCEDURES	9	1,167
10 FEMALE REPRODUCTIVE SYSTEM	8	7,180
196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	1	1,292
198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	2	1,494
199 DILATION AND CURETTAGE	4	551
200 HYSTEROSCOPY	1	2,251
11 NEUROLOGIC SYSTEM PROCEDURES	263	24,377
214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	105	2,913
217 LEVEL I NERVE PROCEDURES	138	4,031
219 SPINAL TAP	16	470
220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	4	11,868
12 OPHTHALMOLOGIC SYSTEM PROCEDURES	26	12,275
233 CATARACT PROCEDURES	26	5,365
13 EAR, NOSE, MOUTH, & THROAT PROCEDURES	233	28,739
252 LEVEL I FACIAL AND ENT PROCEDURES	107	12,362
253 LEVEL II FACIAL AND ENT PROCEDURES	11	1,405
254 LEVEL III FACIAL AND ENT PROCEDURES	44	3,429
255 LEVEL IV FACIAL AND ENT PROCEDURES	10	2,922
256 TONSIL AND ADENOID PROCEDURES	61	8,493

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/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, 2009
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, SINGLE EAPG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

106 Castleview Hospital

Procedure EAPG category	Procedure EAPG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
01	SKIN & INTEGUMENTARY SYSTEM PROCEDURES	61	\$3,717	\$3,762
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	20	\$1,767	\$3,254
	004 LEVEL II SKIN INCISION AND DRAINAGE	1	\$3,707	\$4,409
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	31	\$5,392	\$3,677
	012 LEVEL I SKIN REPAIR	1	\$4,452	\$3,957
	013 LEVEL II SKIN REPAIR	5	\$859	\$4,883
	014 LEVEL III SKIN REPAIR	3	\$3,928	\$5,455
02	BREAST PROCEDURES	6	\$5,019	\$3,802
	020 LEVEL I BREAST PROCEDURES	6	\$5,019	\$3,688
03	MUSCULOSKELETAL SYSTEM PROCEDURES	314	\$6,633	\$5,044
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	7	\$7,253	\$4,534
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	26	\$8,295	\$5,458
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	7	\$13,345	\$9,791
	033 LEVEL I HAND PROCEDURES	16	\$4,247	\$2,835
	035 LEVEL I FOOT PROCEDURES	13	\$4,424	\$3,748
	036 LEVEL II FOOT PROCEDURES	2	\$7,941	\$6,617
	037 LEVEL I ARTHROSCOPY	114	\$7,096	\$4,492
	038 LEVEL II ARTHROSCOPY	12	\$14,387	\$10,734
	040 SPLINT, STRAPPING AND CAST REMOVAL	16	\$566	\$1,380
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	4	\$7,802	\$6,442
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	12	\$4,158	\$3,754
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	30	\$12,576	\$7,392
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	4	\$2,899	\$3,553
	045 BUNION PROCEDURES	12	\$6,319	\$5,191
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	39	\$1,155	\$1,227
04	RESPIRATORY PROCEDURES	12	\$2,688	\$2,975
	061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	8	\$2,086	\$2,594
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	3	\$3,935	\$4,027
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	1	\$3,756	\$4,474
05	CARDIOVASCULAR PROCEDURES	8	\$12,438	\$14,627
	083 PLACEMENT OF TRANSVENOUS CATHETERS	5	\$6,722	\$6,140
	086 PACEMAKER INSERTION AND REPLACEMENT	3	\$21,965	\$31,576
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	54	\$6,106	\$4,547
	113 LEVEL I BLOOD AND BLOOD PRODUCT EXCHANGE	46	\$6,264	\$3,316
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	8	\$5,194	\$5,995
07	GASTROINTESTINAL SYSTEM PROCEDURES	836	\$4,615	\$3,055
	131 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	1	\$2,871	\$2,353
	132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	1	\$4,750	\$1,232
	133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	1	\$2,031	\$1,718
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	245	\$2,350	\$1,516
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	19	\$4,949	\$2,214
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	272	\$2,063	\$1,271
	137 THERAPEUTIC COLONOSCOPY	55	\$2,843	\$1,695
	139 LEVEL I HERNIA REPAIR	65	\$6,969	\$4,486
	140 LEVEL II HERNIA REPAIR	7	\$7,327	\$5,242

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, SINGLE EAPG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

106 Castlevew Hospital

procedure EAPG category	Procedure EAPG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
	141 LEVEL I ANAL AND RECTAL PROCEDURES	3	\$6,167	\$3,138
	142 LEVEL II ANAL AND RECTAL PROCEDURES	3	\$5,934	\$3,733
	144 LEVEL II GASTROINTESTINAL PROCEDURES	2	\$12,394	\$8,218
	145 LEVEL I LAPAROSCOPY	9	\$7,467	\$5,295
	146 LEVEL II LAPAROSCOPY	39	\$13,758	\$8,314
	147 LEVEL III LAPAROSCOPY	114	\$11,332	\$8,305
08	GENITOURINARY SYSTEM PROCEDURES	106	\$7,340	\$6,135
	160 EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	38	\$14,158	\$9,938
	162 URINARY CATHETERIZATION AND DILATATION	1	\$2,626	\$5,868
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	53	\$3,481	\$4,353
	164 LEVEL II BLADDER AND KIDNEY PROCEDURES	14	\$3,779	\$5,221
09	MALE REPRODUCTIVE SYSTEM	22	\$4,713	\$4,630
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	4	\$5,100	\$3,299
	181 CIRCUMCISION	8	\$3,309	\$2,418
	183 LEVEL I PENILE AND PROSTATE PROCEDURES	1	\$3,896	\$2,153
	184 LEVEL II PENILE AND PROSTATE PROCEDURES	9	\$5,880	\$6,666
10	FEMALE REPRODUCTIVE SYSTEM	6	\$5,099	\$5,236
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	1	\$4,336	\$3,258
	199 DILATION AND CURETTAGE	4	\$5,144	\$3,266
	200 HYSTEROSCOPY	1	\$5,683	\$5,384
11	NEUROLOGIC SYSTEM PROCEDURES	187	\$2,327	\$4,849
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	105	\$1,150	\$1,315
	217 LEVEL I NERVE PROCEDURES	66	\$4,344	\$3,161
	219 SPINAL TAP	16	\$1,726	\$2,509
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	26	\$2,501	\$3,703
	233 CATARACT PROCEDURES	26	\$2,501	\$3,686
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	97	\$3,737	\$3,605
	252 LEVEL I FACIAL AND ENT PROCEDURES	40	\$2,488	\$2,195
	253 LEVEL II FACIAL AND ENT PROCEDURES	7	\$3,296	\$3,352
	254 LEVEL III FACIAL AND ENT PROCEDURES	4	\$9,213	\$6,442
	255 LEVEL IV FACIAL AND ENT PROCEDURES	7	\$12,032	\$8,243
	256 TONSIL AND ADENOID PROCEDURES	39	\$3,046	\$2,817

SOURCE: Utah Ambulatory Surgery Database
 Utah Health Data Committee/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, 2009
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

106 Castleview Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
GENDER				
Female	1,448	51.8	122,959	54.1
Male	1,345	48.2	104,281	45.9
Unknown	0	0.0	4	0.0
Not Reported	0	0.0	0	0.0
AGE				
1-28 days	272	9.7	1,731	0.8
29-365 days	41	1.5	2,897	1.3
1-4 years	91	3.3	10,813	4.8
5-9	47	1.7	6,381	2.8
10-14	42	1.5	5,066	2.2
15-17	80	2.9	5,130	2.3
18-19	34	1.2	3,775	1.7
20-24	93	3.3	10,184	4.5
25-29	135	4.8	12,684	5.6
30-34	120	4.3	13,594	6.0
35-39	128	4.6	13,012	5.7
40-44	128	4.6	13,141	5.8
45-49	189	6.8	16,564	7.3
50-54	281	10.1	24,353	10.7
55-59	244	8.7	21,093	9.3
60-64	195	7.0	18,280	8.0
65-69	200	7.2	15,480	6.8
70-74	161	5.8	12,653	5.6
75-79	123	4.4	9,821	4.3
80-84	131	4.7	6,574	2.9
85-89	44	1.6	3,084	1.4
90 +	14	0.5	933	0.4
Not Reported	0	0.0	1	0.0
SOURCE OF ADMISSION				
Physician Referral	2,709	97.0	205,377	90.4
Clinic Referral	8	0.3	2,930	1.3
HMO Referral	0	0.0	2,930	1.3
Other Hospital	0	0.0	184	0.1
Skilled Nursing Facility	0	0.0	36	0.0
Other Health Care Facility	0	0.0	18	0.0
Emergency Room	76	2.7	5,340	2.3
Court/Law Enforcement	0	0.0	3	0.0
Unknown	0	0.0	11	0.0
Not Reported	0	0.0	10,415	4.6

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

106 Castleview Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	2,783	99.6	226,589	99.7
Another Hospital	2	0.1	102	0.0
Skilled Nursing Facility	1	0.0	137	0.1
Intermediate Care Facility	1	0.0	20	0.0
Another Type of Institution	0	0.0	68	0.0
Under Care of Home Service	6	0.2	270	0.1
Left Against Medical Advice	0	0.0	22	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	0	0.0	13	0.0
Unknown	0	0.0	22	0.0
Not Reported	0	0.0	1	0.0
PRIMARY PAYER				
Medicare	784	28.1	45,456	20.0
Medicaid	285	10.2	15,975	7.0
Other government	21	0.8	4,287	1.9
Blue Cross/Blue Shield	493	17.7	29,948	13.2
Other Commercial	616	22.1	16,378	7.2
Managed Care(HMO, PPO)	484	17.3	106,245	46.8
Self Pay	26	0.9	2,816	1.2
Industrial & Worker Comp	60	2.1	3,291	1.4
Charity and Unclassified	0	0.0	1,613	0.7
Childrens Health Insurance	0	0.0	129	0.1
Unknown	24	0.9	1,046	0.5
Not Reported	0	0.0	60	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	0	0.0	16,751	7.4
Central Utah	23	0.8	8,412	3.7
Davis County	2	0.1	23,806	10.5
Salt Lake County	6	0.2	77,342	34.0
Southeastern Utah	2,692	96.4	4,701	2.1
Southwest Utah	3	0.1	14,188	6.2
Summit County	0	0.0	2,798	1.2
Tooele County	2	0.1	4,137	1.8
Tri-County	40	1.4	6,035	2.7
Utah County	7	0.3	37,226	16.4
Wasatch County	0	0.0	1,669	0.7
Weber County	1	0.0	20,181	8.9
Unknown Utah	0	0.0	27	0.0
Outside Utah	14	0.5	9,882	4.3
Unknown, Not Reported	3	0.1	89	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, 2009
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)	72	100.0	320,509	100.0
Mastectomy (85.0-85.99)	2	2.8	8,217	2.6
Musculoskeletal (76.0-84.99)	13	18.1	69,555	21.7
Respiratory (30.0-34.99)	1	1.4	3,320	1.0
Cardiovascular (35.0-39.99)	6	8.3	22,400	7.0
Lymphatic/Hemetic (40.0-41.99)	0	0.0	2,804	0.9
Digestive System (42.0-54.99)	15	20.8	98,678	30.8
Urinary (55.0-59.99)	5	6.9	10,902	3.4
Male Genital (60.0-64.99)	0	0.0	3,817	1.2
Female Genital (65.0-71.99)	26	36.1	14,786	4.6
Endocrine/Nervous (01.0-07.99)	3	4.2	23,111	7.2
Eye (08.0-16.99)	0	0.0	21,114	6.6
Ear (18.0-20.99)	0	0.0	12,945	4.0
Nose, Mouth, Pharynx (21.0-29.99)	1	1.4	28,860	9.0
Reporting Category(CPT-4 CODES)	604	100.0	299,107	100.0
Mastectomy (19120-19220)	10	1.7	2,014	0.7
Musculoskeletal (20000-29909)	112	18.5	75,301	25.2
Respiratory (30000-32999 & 39501-39599)	7	1.2	14,568	4.9
Cardiovascular (33010-37799 & 93501-93660)	3	0.5	24,369	8.1
Lymphatic/Hemetic (38100-38999)	1	0.2	2,630	0.9
Digestive (40490-49999)	365	60.4	109,341	36.6
Urinary (50010-53899)	12	2.0	10,457	3.5
Male Genital (54000-55899)	2	0.3	3,299	1.1
Female Genital (56405-58999)	54	8.9	12,326	4.1
Endocrine/Nervous (60000-64999)	2	0.3	24,781	8.3
Eye (65091-68899)	16	2.6	12,489	4.2
Ear (69000-69979)	20	3.3	7,532	2.5

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

AMB ST 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES

113 Central Valley Medical Center - CAH

ICD-9 CODE	ICD-9 DESCRIPTION	#	%	% ALL Hospitals
All ICD-9 Procedures		72	100.0	100.0
6851	LAP ASSIST VAG HYST [LAVH]	12	16.7	0.06
4513	OTH ENDO SM INTESTINE	6	8.3	1.71
6631	OTH BILAT LIG-CRUSH FALLOPIAN TUBES	4	5.6	0.00
0331	SPINAL TAP	3	4.2	0.16
3892	UMB VEIN CATH	3	4.2	0.00
3891	ART CATH	2	2.8	0.01
4525	CLO [ENDO] BX LG INTESTINE	2	2.8	2.33
4701	LAP APPENDECTOMY	2	2.8	0.78
5732	OTH CYSTOSCOPY	2	2.8	0.47
5979	OTH REPR URIN STRESS INCONT	2	2.8	0.24
6829	OTH EXC/DESTRUC LES UTERUS	2	2.8	0.15
8411	AMPUT TOE	2	2.8	0.09
8543	UNILAT EXTEN SIMPL MASTEC	2	2.8	0.05
2103	CNTRL EPISTAXIS-CAUT (& PACKING)	1	1.4	0.06
3404	INSRT INTERCOSTAL DRAIN CATH	1	1.4	0.01
3893	VENOUS CATH-NEC	1	1.4	0.26
4467	4467	1	1.4	0.05
4523	COLONOSCOPY	1	1.4	6.09
5362	5362	1	1.4	0.08
544	EXC/DESTRUC PERITONEAL TISS	1	1.4	0.17

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		604	100.0	100.0
45378	COLONOSCOPY FLEX; DX-SEP PROC	137	22.7	6.11
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	98	16.2	1.25
45380	COLONOSCOPY FLEX; W/BX 1/MX	34	5.6	5.24
49505	REPR INIT ING HERNIA 5YR/MORE; R	18	3.0	0.82
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	17	2.8	1.50
69436	TYMPANOSTOMY GENERAL ANESTHESIA	17	2.8	1.75
28285	CORRECTION HAMMERTOES	15	2.5	0.62
42820	T&A; UNDER AGE 12	14	2.3	1.47
58563	HYSTEROSC SURG; W/ENDOMETRIAL AB	12	2.0	0.34
66984	EXTRACAPSULAR CATARACT REMV IOL	11	1.8	1.64
29848	ENDO WRST SURG REL TRNS CARP LIG	10	1.7	0.39
58558	HYSTEROSCPY SURG; W/BX &/ POLYPE	10	1.7	0.32
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	8	1.3	0.49
28725	ARTHRODESIS; SUBTALAR	7	1.2	0.07
49652	49652	7	1.2	0.08
49320	LAP-ABD DX-W/WO SPECMN-SEP PROC	6	1.0	0.20
57460	COLPSCPY CERV W/UP/ADJ VAG ;LOOP	6	1.0	0.01
58661	LAP SURG; W/REMV ADNEXAL STRUCT	6	1.0	0.24
19125	EXC BRST LES ID RAD MARKR OPN;1	5	0.8	0.24
28080	EXC INTERDIGTIL NEUROMA SINGLE EA	5	0.8	0.21

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

AMB ST 1-3

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
 AVERAGE TOTAL CHARGES FOR MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES, SINGLE ICD-9 OR CPT-4 ONLY

113 Central Valley Medical Center - CAH

ICD-9 CODE	ICD-9 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
ICD-9 Procedures		39	\$14,211	\$4,501
6851	LAP ASSIST VAG HYST [LAVH]	9	\$12,423	\$10,629
4513	OTH ENDO SM INTESTINE	5	\$17,049	\$1,334
0331	SPINAL TAP	3	\$12,067	\$2,508
6631	OTH BILAT LIG-CRUSH FALLOPIAN TUBES	3	\$11,191	\$11,191
4525	CLO [ENDO] BX LG INTESTINE	2	\$12,868	\$1,709
4701	LAP APPENDECTOMY	2	\$11,370	\$10,907
6829	OTH EXC/DESTRUC LES UTERUS	2	\$7,821	\$6,071
8543	UNILAT EXTEN SIMPL MASTEC	2	\$13,319	\$9,763
2103	CNTRL EPISTAXIS-CAUT (& PACKING)	1	\$23,609	\$3,342
3404	INSRT INTERCOSTAL DRAIN CATH	1	\$34,009	\$4,439
3892	UMB VEIN CATH	1	\$3,124	\$3,124
3893	VENOUS CATH-NEC	1	\$7,359	\$5,074
4467	4467	1	\$12,181	\$12,186
5732	OTH CYSTOSCOPY	1	\$20,897	\$5,769
6632	OTH BILAT LIG-DIVIS FALLOPIAN TUBES	1	\$8,948	\$7,111
6902	D&C FOLLOWING DELIV/AB	1	\$12,497	\$3,011
7975	CLO REDUC DISLOC-HIP	1	\$8,485	\$5,410
8192	INJ THERAP SUBSTANCE JT/LIGAMNT	1	\$23,033	\$1,414
8385	OTH CHANGE MUSC/TENDON LENGTH	1	\$42,509	\$5,991

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
CPT-4 Procedures		443	\$2,568	\$3,915
45378	COLONOSCOPY FLEX; DX-SEP PROC	119	\$1,224	\$1,090
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	75	\$1,159	\$1,234
45380	COLONOSCOPY FLEX; W/BX 1/MX	32	\$1,504	\$1,526
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	16	\$7,017	\$7,842
49505	REPR INIT ING HERNIA 5YR/MORE; R	16	\$4,752	\$4,721
69436	TYMPANOSTOMY GENERAL ANESTHESIA	15	\$1,808	\$1,499
42820	T&A; UNDER AGE 12	12	\$2,892	\$2,701
66984	EXTRACAPSULAR CATARACT REMV IOL	11	\$3,131	\$3,678
29848	ENDO WRST SURG REL TRNS CARP LIG	9	\$3,094	\$2,666
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	8	\$3,233	\$2,928
58558	HYSTEROSCPY SURG; W/BX &/ POLYPE	8	\$4,142	\$3,984
58563	HYSTEROSC SURG; W/ENDOMETRIAL AB	7	\$5,640	\$6,668
49652	49652	6	\$8,771	\$9,406
28285	CORRECTION HAMMERTO	5	\$3,218	\$3,357
57460	COLPSCPY CERV W/UP/ADJ VAG ;LOOP	5	\$2,069	\$2,791
58661	LAP SURG; W/REMV ADNEXAL STRUCT	5	\$6,275	\$8,285
19125	EXC BRST LES ID RAD MARKR OPN;1	4	\$2,414	\$4,092
52000	CYSTOURETHROSCOPY-SEP PROC	4	\$1,996	\$3,259
58662	LAP SURG; W/FULG/EXCIS LES-OVARY	4	\$6,761	\$6,123
19120	EXC BRST CYST TUMR/LES OPN M/F 1	3	\$2,946	\$3,487

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, 2009
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE* CPT-4 PROCEDURES

113 Central Valley Medical Center - CAH

Procedure EAPG category	TOTAL #	TOTAL # (ALL Hospitals)
Procedure EAPG		
01 SKIN & INTEGUMENTARY SYSTEM PROCEDURES	6	8,192
010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	6	5,031
02 BREAST PROCEDURES	10	2,075
020 LEVEL I BREAST PROCEDURES	10	2,014
03 MUSCULOSKELETAL SYSTEM PROCEDURES	101	64,806
030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	3	2,405
031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	8	4,694
032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	1	2,234
035 LEVEL I FOOT PROCEDURES	36	6,264
036 LEVEL II FOOT PROCEDURES	10	1,682
037 LEVEL I ARTHROSCOPY	20	22,184
041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	5	717
043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	7	5,752
045 BUNION PROCEDURES	11	1,791
04 RESPIRATORY PROCEDURES	2	9,066
063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	2	4,402
05 CARDIOVASCULAR PROCEDURES	2	9,325
092 RESUSCITATION	2	12
06 HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	3	2,884
113 LEVEL I BLOOD AND BLOOD PRODUCT EXCHANGE	2	1,308
115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	1	1,491
07 GASTROINTESTINAL SYSTEM PROCEDURES	354	99,755
134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	100	22,635
135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	2	4,688
136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	171	34,149
139 LEVEL I HERNIA REPAIR	19	5,573
140 LEVEL II HERNIA REPAIR	3	1,193
143 LEVEL I GASTROINTESTINAL PROCEDURES	1	405
144 LEVEL II GASTROINTESTINAL PROCEDURES	1	226
145 LEVEL I LAPAROSCOPY	11	2,675
146 LEVEL II LAPAROSCOPY	24	8,847
147 LEVEL III LAPAROSCOPY	22	7,203
08 GENITOURINARY SYSTEM PROCEDURES	10	8,962
162 URINARY CATHETERIZATION AND DILATATION	1	238
163 LEVEL I BLADDER AND KIDNEY PROCEDURES	9	3,932
09 MALE REPRODUCTIVE SYSTEM	4	3,509
180 TESTICULAR AND EPIDIDYMAL PROCEDURES	1	1,431
181 CIRCUMCISION	1	822
184 LEVEL II PENILE AND PROSTATE PROCEDURES	2	1,167
10 FEMALE REPRODUCTIVE SYSTEM	36	7,180
190 ARTIFICIAL FERTILIZATION	1	2
196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	2	1,292
197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	1	1,355
199 DILATION AND CURETTAGE	2	551
200 HYSTEROSCOPY	24	2,251
201 COLPOSCOPY	6	234

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE* CPT-4 PROCEDURES

113 Central Valley Medical Center - CAH

procedure EAPG category procedure EAPG	TOTAL #	TOTAL # (ALL Hospitals)
11 NEUROLOGIC SYSTEM PROCEDURES	2	24,377
214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	2	2,913
12 OPHTHALMOLOGIC SYSTEM PROCEDURES	16	12,275
232 LASER EYE PROCEDURES	2	418
233 CATARACT PROCEDURES	14	5,365
13 EAR, NOSE, MOUTH, & THROAT PROCEDURES	49	28,739
252 LEVEL I FACIAL AND ENT PROCEDURES	19	12,362
253 LEVEL II FACIAL AND ENT PROCEDURES	3	1,405
254 LEVEL III FACIAL AND ENT PROCEDURES	1	3,429
256 TONSIL AND ADENOID PROCEDURES	26	8,493

SOURCE: Utah Ambulatory Surgery Database
Utah Health Data Committee/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, 2009
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, SINGLE EAPG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

113 Central Valley Medical Center - CAH

Procedure EAPG category	Procedure EAPG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
01	SKIN & INTEGUMENTARY SYSTEM PROCEDURES	3	\$2,319	\$3,762
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	3	\$2,319	\$3,677
02	BREAST PROCEDURES	7	\$2,642	\$3,802
	020 LEVEL I BREAST PROCEDURES	7	\$2,642	\$3,688
03	MUSCULOSKELETAL SYSTEM PROCEDURES	43	\$3,777	\$5,044
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	1	\$9,585	\$9,791
	035 LEVEL I FOOT PROCEDURES	17	\$3,517	\$3,748
	036 LEVEL II FOOT PROCEDURES	1	\$3,144	\$6,617
	037 LEVEL I ARTHROSCOPY	15	\$3,737	\$4,492
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	2	\$4,422	\$6,442
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	2	\$5,553	\$7,392
	045 BUNION PROCEDURES	5	\$2,779	\$5,191
05	CARDIOVASCULAR PROCEDURES	2	\$3,016	\$14,627
	092 RESUSCITATION	2	\$3,016	\$20,978
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	1	\$3,987	\$4,547
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	1	\$3,987	\$5,995
07	GASTROINTESTINAL SYSTEM PROCEDURES	290	\$2,297	\$3,055
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	77	\$1,163	\$1,516
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	1	\$2,054	\$2,214
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	151	\$1,283	\$1,271
	139 LEVEL I HERNIA REPAIR	16	\$4,752	\$4,486
	140 LEVEL II HERNIA REPAIR	2	\$4,237	\$5,242
	145 LEVEL I LAPAROSCOPY	5	\$4,943	\$5,295
	146 LEVEL II LAPAROSCOPY	17	\$7,212	\$8,314
	147 LEVEL III LAPAROSCOPY	21	\$7,084	\$8,305
08	GENITOURINARY SYSTEM PROCEDURES	10	\$2,001	\$6,135
	162 URINARY CATHETERIZATION AND DILATATION	1	\$2,520	\$5,868
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	9	\$1,943	\$4,353
09	MALE REPRODUCTIVE SYSTEM	1	\$2,867	\$4,630
	181 CIRCUMCISION	1	\$2,867	\$2,418
10	FEMALE REPRODUCTIVE SYSTEM	25	\$3,947	\$5,236
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	1	\$1,938	\$3,258
	197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	1	\$3,692	\$5,190
	199 DILATION AND CURETTAGE	2	\$3,228	\$3,266
	200 HYSTEROSCOPY	16	\$4,766	\$5,384
	201 COLPOSCOPY	5	\$2,069	\$4,443
11	NEUROLOGIC SYSTEM PROCEDURES	2	\$309	\$4,849
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	2	\$309	\$1,315
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	16	\$2,905	\$3,703
	232 LASER EYE PROCEDURES	2	\$1,396	\$787
	233 CATARACT PROCEDURES	14	\$3,121	\$3,686
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	40	\$2,504	\$3,605
	252 LEVEL I FACIAL AND ENT PROCEDURES	16	\$1,838	\$2,195
	253 LEVEL II FACIAL AND ENT PROCEDURES	1	\$1,534	\$3,352
	256 TONSIL AND ADENOID PROCEDURES	23	\$3,009	\$2,817

SOURCE: Utah Ambulatory Surgery Database
 Utah Health Data Committee/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, 2009
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

113 Central Valley Medical Center - CAH

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
GENDER				
Female	324	57.1	122,959	54.1
Male	243	42.9	104,281	45.9
Unknown	0	0.0	4	0.0
Not Reported	0	0.0	0	0.0
AGE				
1-28 days	3	0.5	1,731	0.8
29-365 days	1	0.2	2,897	1.3
1-4 years	23	4.1	10,813	4.8
5-9	16	2.8	6,381	2.8
10-14	17	3.0	5,066	2.2
15-17	16	2.8	5,130	2.3
18-19	4	0.7	3,775	1.7
20-24	22	3.9	10,184	4.5
25-29	32	5.6	12,684	5.6
30-34	31	5.5	13,594	6.0
35-39	37	6.5	13,012	5.7
40-44	34	6.0	13,141	5.8
45-49	40	7.1	16,564	7.3
50-54	54	9.5	24,353	10.7
55-59	44	7.8	21,093	9.3
60-64	49	8.6	18,280	8.0
65-69	44	7.8	15,480	6.8
70-74	46	8.1	12,653	5.6
75-79	23	4.1	9,821	4.3
80-84	17	3.0	6,574	2.9
85-89	12	2.1	3,084	1.4
90 +	2	0.4	933	0.4
Not Reported	0	0.0	1	0.0
SOURCE OF ADMISSION				
Physician Referral	533	94.0	205,377	90.4
Clinic Referral	16	2.8	2,930	1.3
HMO Referral	0	0.0	2,930	1.3
Other Hospital	1	0.2	184	0.1
Skilled Nursing Facility	3	0.5	36	0.0
Other Health Care Facility	0	0.0	18	0.0
Emergency Room	13	2.3	5,340	2.3
Court/Law Enforcement	0	0.0	3	0.0
Unknown	1	0.2	11	0.0
Not Reported	0	0.0	10,415	4.6

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

113 Central Valley Medical Center - CAH

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	544	95.9	226,589	99.7
Another Hospital	7	1.2	102	0.0
Skilled Nursing Facility	1	0.2	137	0.1
Intermediate Care Facility	1	0.2	20	0.0
Another Type of Institution	1	0.2	68	0.0
Under Care of Home Service	10	1.8	270	0.1
Left Against Medical Advice	1	0.2	22	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	2	0.4	13	0.0
Unknown	0	0.0	22	0.0
Not Reported	0	0.0	1	0.0
PRIMARY PAYER				
Medicare	161	28.4	45,456	20.0
Medicaid	56	9.9	15,975	7.0
Other government	10	1.8	4,287	1.9
Blue Cross/Blue Shield	65	11.5	29,948	13.2
Other Commercial	86	15.2	16,378	7.2
Managed Care(HMO, PPO)	171	30.2	106,245	46.8
Self Pay	6	1.1	2,816	1.2
Industrial & Worker Comp	6	1.1	3,291	1.4
Charity and Unclassified	0	0.0	1,613	0.7
Childrens Health Insurance	0	0.0	129	0.1
Unknown	4	0.7	1,046	0.5
Not Reported	2	0.4	60	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	0	0.0	16,751	7.4
Central Utah	534	94.2	8,412	3.7
Davis County	0	0.0	23,806	10.5
Salt Lake County	3	0.5	77,342	34.0
Southeastern Utah	0	0.0	4,701	2.1
Southwest Utah	2	0.4	14,188	6.2
Summit County	0	0.0	2,798	1.2
Tooele County	1	0.2	4,137	1.8
Tri-County	0	0.0	6,035	2.7
Utah County	25	4.4	37,226	16.4
Wasatch County	0	0.0	1,669	0.7
Weber County	0	0.0	20,181	8.9
Unknown Utah	0	0.0	27	0.0
Outside Utah	2	0.4	9,882	4.3
Unknown, Not Reported	0	0.0	89	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, 2009
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)	10,934	100.0	320,509	100.0
Mastectomy (85.0-85.99)	512	4.7	8,217	2.6
Musculoskeletal (76.0-84.99)	1,426	13.0	69,555	21.7
Respiratory (30.0-34.99)	65	0.6	3,320	1.0
Cardiovascular (35.0-39.99)	1,126	10.3	22,400	7.0
Lymphatic/Hemetic (40.0-41.99)	52	0.5	2,804	0.9
Digestive System (42.0-54.99)	4,376	40.0	98,678	30.8
Urinary (55.0-59.99)	359	3.3	10,902	3.4
Male Genital (60.0-64.99)	102	0.9	3,817	1.2
Female Genital (65.0-71.99)	994	9.1	14,786	4.6
Endocrine/Nervous (01.0-07.99)	431	3.9	23,111	7.2
Eye (08.0-16.99)	116	1.1	21,114	6.6
Ear (18.0-20.99)	360	3.3	12,945	4.0
Nose, Mouth, Pharynx (21.0-29.99)	1,015	9.3	28,860	9.0
Reporting Category(CPT-4 CODES)	13,669	100.0	299,107	100.0
Mastectomy (19120-19220)	47	0.3	2,014	0.7
Musculoskeletal (20000-29909)	1,760	12.9	75,301	25.2
Respiratory (30000-32999 & 39501-39599)	596	4.4	14,568	4.9
Cardiovascular (33010-37799 & 93501-93660)	4,297	31.4	24,369	8.1
Lymphatic/Hemetic (38100-38999)	53	0.4	2,630	0.9
Digestive (40490-49999)	4,741	34.7	109,341	36.6
Urinary (50010-53899)	470	3.4	10,457	3.5
Male Genital (54000-55899)	57	0.4	3,299	1.1
Female Genital (56405-58999)	910	6.7	12,326	4.1
Endocrine/Nervous (60000-64999)	491	3.6	24,781	8.3
Eye (65091-68899)	55	0.4	12,489	4.2
Ear (69000-69979)	192	1.4	7,532	2.5

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

AMB ST 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
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		10,934	100.0	100.0
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	1,021	9.3	5.75
4523	COLONOSCOPY	881	8.1	6.09
4525	CLO [ENDO] BX LG INTESTINE	822	7.5	2.33
4542	ENDO POLYPECTOMY LG INTESTINE	330	3.0	3.35
4292	DILAT ESOPH	296	2.7	1.44
2001	MYRINGOTOMY W/INSRT TUBE	275	2.5	3.18
3722	LT HEART CARD CATH	265	2.4	1.34
3723	COMBO RT & LT HEART CARD CATH	221	2.0	0.59
8511	CLO [PERCUT] [NEEDLE] BX BREAST	202	1.8	0.44
5123	LAP CHOLEY	189	1.7	2.26
8519	OTH DX PROC BREAST	178	1.6	0.34
3950	ANGIOPLSTY/ARTHERECT NON-CORNON	172	1.6	0.29
283	TONSILLECTOMY W/ADENOIDECTOMY	155	1.4	1.80
3607	INSERTION RX-ELUTING COR ART STENT	132	1.2	0.49
806	EXC SEMILUNAR CARTILAGE-KNEE	126	1.2	1.86
4513	OTH ENDO SM INTESTINE	120	1.1	1.71
282	TONSILLECTOMY WO ADENOIDECTOMY	118	1.1	0.53
2169	OTH TURBINECTOMY	110	1.0	0.78
2188	OTH SEPTOPLASTY	110	1.0	0.50
3990	INSRT NON-RX-ELUT NON-COR ART STNT	106	1.0	0.12

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		13,669	100.0	100.0
43239	UGI ENDO; W/BX 1/MX	1,021	7.5	6.06
45380	COLONOSCOPY FLEX; W/BX 1/MX	940	6.9	5.24
45378	COLONOSCOPY FLEX; DX-SEP PROC	860	6.3	6.11
93545	INJ PROC-CATH; SELECT CORONRY AN	492	3.6	0.71
93543	INJ PROC-CATH; LT VENT/ATRIAL AN	438	3.2	0.65
93556	IMAG SUPERVS I&R-CATH; PULM ANGI	422	3.1	0.60
93555	IMAG SUPERVS I&R-CATH; VENT/ATRI	413	3.0	0.58
36416	COLLECTON CAPILLARY BLOOD SPECIM	412	3.0	0.94
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	292	2.1	0.96
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	284	2.1	1.49
93510	LT HRT CATH RETRO-BRACH/FEM; PER	272	2.0	0.57
93526	COMB RT HRT CATH&RETRO LT HRT CA	223	1.6	0.19
29580	STRAPPING; UNNA BOOT	183	1.3	0.48
35493	TRNSLUM PERIPH ATHERCT PERQ FEM-	149	1.1	0.06
69436	TYMPANOSTOMY GENERAL ANESTHESIA	141	1.0	1.75
58662	LAP SURG; W/FULG/EXCIS LES-OVARY	139	1.0	0.56
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	128	0.9	1.50
36430	TRANSFUSION BLOOD/BLOOD COMPONEN	127	0.9	0.42
35474	TRNSLUM BALLN ANGPLST PERQ; FEM-	125	0.9	0.06
42820	T&A; UNDER AGE 12	119	0.9	1.47

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

AMB ST 1-3

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
 AVERAGE TOTAL CHARGES FOR MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES, SINGLE ICD-9 OR CPT-4 ONLY

108 Davis Hospital & Medical Center

ICD-9 CODE	ICD-9 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
ICD-9 Procedures		5,261	\$4,873	\$4,501
4523	COLONOSCOPY	783	\$1,588	\$1,087
4525	CLO [ENDO] BX LG INTESTINE	625	\$2,131	\$1,709
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	611	\$2,043	\$1,581
3723	COMBO RT & LT HEART CARD CATH	193	\$10,742	\$8,968
4542	ENDO POLYPECTOMY LG INTESTINE	169	\$2,478	\$1,547
5123	LAP CHOLEY	166	\$8,185	\$7,426
3722	LT HEART CARD CATH	155	\$11,097	\$8,426
283	TONSILLECTOMY W/ADENOIDECTOMY	134	\$3,140	\$2,850
282	TONSILLECTOMY WO ADENOIDECTOMY	89	\$3,181	\$2,868
6952	ASPIR CURET FOLLOWING DELIV/AB	61	\$3,212	\$3,269
3950	ANGIOPLSTY/ARTHERECT NON-CORNON	59	\$42,294	\$19,332
0331	SPINAL TAP	52	\$2,263	\$2,508
3893	VENOUS CATH-NEC	52	\$5,209	\$5,074
6823	ENDOMETRIAL ABLATION	52	\$6,493	\$6,213
4513	OTH ENDO SM INTESTINE	49	\$1,638	\$1,334
5304	UNILAT REPR INDIRECT ING HERN-GFT	49	\$5,248	\$4,709
6831	LAPAROSCOPIC SUPRACERV HYSTERECTOMY	47	\$11,329	\$12,505
4701	LAP APPENDECTOMY	46	\$7,695	\$10,907
0611	CLO PERCUT NEEDLE BX THYROID GLAND	44	\$1,226	\$980
0443	RELEASE CARPAL TUNNEL	41	\$2,749	\$2,540

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
CPT-4 Procedures		6,256	\$3,953	\$3,915
45378	COLONOSCOPY FLEX; DX-SEP PROC	781	\$1,586	\$1,090
45380	COLONOSCOPY FLEX; W/BX 1/MX	719	\$2,102	\$1,526
43239	UGI ENDO; W/BX 1/MX	607	\$2,034	\$1,548
36416	COLLECTON CAPILLARY BLOOD SPECIM	411	\$258	\$145
29580	STRAPPING; UNNA BOOT	180	\$2,253	\$1,492
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	116	\$2,516	\$1,661
36430	TRANSFUSION BLOOD/BLOOD COMPONENT	115	\$2,898	\$3,294
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	111	\$8,457	\$7,842
42820	T&A; UNDER AGE 12	100	\$3,108	\$2,701
23350	INJ SHLDR ARTHROGRPH/ENHNCD CT/M	98	\$4,399	\$3,591
49505	REPR INIT ING HERNIA 5YR/MORE; R	92	\$5,100	\$4,721
69436	TYMPANOSTOMY GENERAL ANESTHESIA	87	\$2,248	\$1,499
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	86	\$3,186	\$2,928
58340	CATH&INTRO SALINE/CONTRAST SIS/H	81	\$744	\$1,013
50590	LITHOTRIPSY XTRACORP SHOCK WAVE	78	\$10,467	\$9,938
36569	INSERT PICC W/O PORT/PUMP; 5 YR/	60	\$6,312	\$4,871
47562	LAPAROSCOPY SURGICAL; CHOLECT	57	\$7,644	\$6,606
58563	HYSTEROSC SURG; W/ENDOMETRIAL AB	55	\$6,675	\$6,668
62284	INJ PROC MYELGRPH &/CT SPINAL	55	\$4,352	\$4,314
62270	SPINAL PUNCTURE LUMBAR DIAGNOSTI	54	\$2,237	\$2,523

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, 2009
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE* CPT-4 PROCEDURES

108 Davis Hospital & Medical Center

Procedure EAPG category	TOTAL #	TOTAL # (ALL Hospitals)
Procedure EAPG		
01 SKIN & INTEGUMENTARY SYSTEM PROCEDURES	278	8,192
002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	38	1,091
003 LEVEL I SKIN INCISION AND DRAINAGE	4	189
004 LEVEL II SKIN INCISION AND DRAINAGE	3	95
007 LEVEL II SKIN DEBRIDEMENT AND DESTRUCTION	1	128
009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	20	503
010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	127	5,031
011 LEVEL III EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	1	82
013 LEVEL II SKIN REPAIR	72	792
014 LEVEL III SKIN REPAIR	12	220
02 BREAST PROCEDURES	47	2,075
020 LEVEL I BREAST PROCEDURES	47	2,014
03 MUSCULOSKELETAL SYSTEM PROCEDURES	1,423	64,806
030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	58	2,405
031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	114	4,694
032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	40	2,234
033 LEVEL I HAND PROCEDURES	48	3,780
034 LEVEL II HAND PROCEDURES	8	1,278
035 LEVEL I FOOT PROCEDURES	185	6,264
036 LEVEL II FOOT PROCEDURES	55	1,682
037 LEVEL I ARTHROSCOPY	398	22,184
038 LEVEL II ARTHROSCOPY	54	5,320
040 SPLINT, STRAPPING AND CAST REMOVAL	222	1,672
041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	14	717
042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	13	628
043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	99	5,752
044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	13	490
045 BUNION PROCEDURES	49	1,791
046 LEVEL I ARTHROPLASTY	5	634
047 LEVEL II ARTHROPLASTY	1	148
048 HAND AND FOOT TENOTOMY	1	386
049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	46	2,678
04 RESPIRATORY PROCEDURES	430	9,066
061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	113	1,396
062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	41	1,436
063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	249	4,402
064 ENDOSCOPY OF THE LOWER AIRWAY	27	1,832
05 CARDIOVASCULAR PROCEDURES	1,355	9,325
081 ECHOCARDIOGRAPHY	8	23
082 CARDIAC ELECTROPHYSIOLOGIC TESTS	9	1,153
083 PLACEMENT OF TRANSVENOUS CATHETERS	69	941
084 DIAGNOSTIC CARDIAC CATHETERIZATION	514	2,404
085 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	659	1,497
086 PACEMAKER INSERTION AND REPLACEMENT	28	259
087 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	30	809
088 LEVEL I CARDIOTHORACIC PROCEDURES	14	225

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE* CPT-4 PROCEDURES

108 Davis Hospital & Medical Center

procedure EAPG category	procedure EAPG	TOTAL #	TOTAL # (ALL Hospitals)
	089 LEVEL II CARDIOTHORACIC PROCEDURES	12	1,625
	091 VASCULAR LIGATION AND RECONSTRUCTION	8	124
	092 RESUSCITATION	1	12
	097 AICD IMPLANT	3	200
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	165	2,884
	111 PHARMACOTHERAPY EXCEPT BY EXTENDED INFUSION	5	17
	113 LEVEL I BLOOD AND BLOOD PRODUCT EXCHANGE	127	1,308
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	33	1,491
07	GASTROINTESTINAL SYSTEM PROCEDURES	4,633	99,755
	130 ALIMENTARY TESTS AND SIMPLE TUBE PLACEMENT	9	179
	131 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	4	1,379
	132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	9	502
	133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	6	422
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	1,081	22,635
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	341	4,688
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	1,811	34,149
	137 THERAPEUTIC COLONOSCOPY	328	5,727
	138 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	75	1,937
	139 LEVEL I HERNIA REPAIR	179	5,573
	140 LEVEL II HERNIA REPAIR	44	1,193
	141 LEVEL I ANAL AND RECTAL PROCEDURES	4	782
	142 LEVEL II ANAL AND RECTAL PROCEDURES	41	1,145
	143 LEVEL I GASTROINTESTINAL PROCEDURES	23	405
	144 LEVEL II GASTROINTESTINAL PROCEDURES	1	226
	145 LEVEL I LAPAROSCOPY	63	2,675
	146 LEVEL II LAPAROSCOPY	227	8,847
	147 LEVEL III LAPAROSCOPY	364	7,203
	148 LEVEL IV LAPAROSCOPY	23	88
08	GENITOURINARY SYSTEM PROCEDURES	344	8,962
	160 EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	108	697
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	112	3,932
	164 LEVEL II BLADDER AND KIDNEY PROCEDURES	117	3,413
	166 LEVEL I URETHRA AND PROSTATE PROCEDURES	4	180
	167 LEVEL II URETHRA AND PROSTATE PROCEDURES	3	444
09	MALE REPRODUCTIVE SYSTEM	78	3,509
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	24	1,431
	181 CIRCUMCISION	15	822
	184 LEVEL II PENILE AND PROSTATE PROCEDURES	39	1,167
10	FEMALE REPRODUCTIVE SYSTEM	474	7,180
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	76	1,292
	197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	61	1,355
	198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	145	1,494
	199 DILATION AND CURETTAGE	14	551
	200 HYSTEROSCOPY	174	2,251
	201 COLPOSCOPY	4	234
11	NEUROLOGIC SYSTEM PROCEDURES	304	24,377

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE* CPT-4 PROCEDURES

108 Davis Hospital & Medical Center

procedure EAPG category procedure EAPG	TOTAL #	TOTAL # (ALL Hospitals)
214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	71	2,913
215 LEVEL I REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	1	155
216 LEVEL II REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	1	148
217 LEVEL I NERVE PROCEDURES	122	4,031
218 LEVEL II NERVE PROCEDURES	1	793
219 SPINAL TAP	54	470
220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	11	11,868
221 LAMINOTOMY AND LAMINECTOMY	42	3,173
223 LEVEL III NERVE PROCEDURES	1	825
12 OPTHALMOLOGIC SYSTEM PROCEDURES	54	12,275
230 MINOR OPTHALMOLOGICAL TESTS AND PROCEDURES	1	41
233 CATARACT PROCEDURES	22	5,365
234 LEVEL I ANTERIOR SEGMENT EYE PROCEDURES	4	265
235 LEVEL II ANTERIOR SEGMENT EYE PROCEDURES	5	285
236 LEVEL III ANTERIOR SEGMENT EYE PROCEDURES	6	209
238 LEVEL II POSTERIOR SEGMENT EYE PROCEDURES	1	1,912
239 STRABISMUS AND MUSCLE EYE PROCEDURES	4	1,026
240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	8	895
241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	3	1,469
13 EAR, NOSE, MOUTH, & THROAT PROCEDURES	930	28,739
252 LEVEL I FACIAL AND ENT PROCEDURES	303	12,362
253 LEVEL II FACIAL AND ENT PROCEDURES	66	1,405
254 LEVEL III FACIAL AND ENT PROCEDURES	143	3,429
255 LEVEL IV FACIAL AND ENT PROCEDURES	107	2,922
256 TONSIL AND ADENOID PROCEDURES	311	8,493

SOURCE: Utah Ambulatory Surgery Database
Utah Health Data Committee/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, 2009
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, SINGLE EAPG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

108 Davis Hospital & Medical Center

Procedure EAPG category	Procedure EAPG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
01	SKIN & INTEGUMENTARY SYSTEM PROCEDURES	196	\$4,820	\$3,762
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	34	\$3,444	\$3,254
	003 LEVEL I SKIN INCISION AND DRAINAGE	1	\$1,345	\$2,833
	004 LEVEL II SKIN INCISION AND DRAINAGE	1	\$4,753	\$4,409
	007 LEVEL II SKIN DEBRIDEMENT AND DESTRUCTION	1	\$3,001	\$2,829
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	14	\$3,476	\$3,664
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	81	\$4,520	\$3,677
	011 LEVEL III EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	1	\$12,361	\$6,037
	013 LEVEL II SKIN REPAIR	62	\$6,248	\$4,883
	014 LEVEL III SKIN REPAIR	1	\$4,067	\$5,455
02	BREAST PROCEDURES	34	\$4,395	\$3,802
	020 LEVEL I BREAST PROCEDURES	34	\$4,395	\$3,688
03	MUSCULOSKELETAL SYSTEM PROCEDURES	596	\$4,771	\$5,044
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	19	\$7,098	\$4,534
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	35	\$7,057	\$5,458
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	3	\$11,101	\$9,791
	033 LEVEL I HAND PROCEDURES	24	\$3,427	\$2,835
	034 LEVEL II HAND PROCEDURES	6	\$8,102	\$5,167
	035 LEVEL I FOOT PROCEDURES	35	\$5,318	\$3,748
	036 LEVEL II FOOT PROCEDURES	20	\$8,378	\$6,617
	037 LEVEL I ARTHROSCOPY	73	\$5,064	\$4,492
	038 LEVEL II ARTHROSCOPY	8	\$11,612	\$10,734
	040 SPLINT, STRAPPING AND CAST REMOVAL	219	\$1,928	\$1,380
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	5	\$7,562	\$6,442
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	9	\$5,213	\$3,754
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	76	\$9,957	\$7,392
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	7	\$2,147	\$3,553
	045 BUNION PROCEDURES	19	\$6,142	\$5,191
	046 LEVEL I ARTHROPLASTY	3	\$15,192	\$8,302
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	35	\$1,156	\$1,227
04	RESPIRATORY PROCEDURES	129	\$2,331	\$2,975
	061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	106	\$2,048	\$2,594
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	8	\$3,966	\$4,027
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	6	\$5,098	\$4,474
	064 ENDOSCOPY OF THE LOWER AIRWAY	9	\$2,369	\$2,794
05	CARDIOVASCULAR PROCEDURES	126	\$14,724	\$14,627
	083 PLACEMENT OF TRANSVENOUS CATHETERS	62	\$6,624	\$6,140
	084 DIAGNOSTIC CARDIAC CATHETERIZATION	19	\$9,391	\$8,441
	085 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	9	\$38,663	\$36,706
	086 PACEMAKER INSERTION AND REPLACEMENT	26	\$28,826	\$31,576
	087 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	1	\$8,739	\$9,181
	088 LEVEL I CARDIOTHORACIC PROCEDURES	2	\$3,480	\$7,678
	091 VASCULAR LIGATION AND RECONSTRUCTION	4	\$11,132	\$6,688
	092 RESUSCITATION	1	\$443	\$20,978
	097 AICD IMPLANT	2	\$54,000	\$46,919

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, SINGLE EAPG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

108 Davis Hospital & Medical Center

procedure EAPG category	Procedure EAPG	TOTAL #	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	137	\$3,827	\$4,547
	113 LEVEL I BLOOD AND BLOOD PRODUCT EXCHANGE	115	\$2,898	\$3,316
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	22	\$8,679	\$5,995
07	GASTROINTESTINAL SYSTEM PROCEDURES	3,009	\$3,138	\$3,055
	130 ALIMENTARY TESTS AND SIMPLE TUBE PLACEMENT	9	\$791	\$1,670
	132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	7	\$1,539	\$1,232
	133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	4	\$1,233	\$1,718
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	646	\$2,005	\$1,516
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	53	\$2,153	\$2,214
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	1,501	\$1,833	\$1,271
	137 THERAPEUTIC COLONOSCOPY	126	\$2,488	\$1,695
	138 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	8	\$7,406	\$4,271
	139 LEVEL I HERNIA REPAIR	142	\$4,598	\$4,486
	140 LEVEL II HERNIA REPAIR	13	\$4,727	\$5,242
	141 LEVEL I ANAL AND RECTAL PROCEDURES	1	\$7,268	\$3,138
	142 LEVEL II ANAL AND RECTAL PROCEDURES	27	\$4,937	\$3,733
	143 LEVEL I GASTROINTESTINAL PROCEDURES	12	\$3,639	\$3,742
	145 LEVEL I LAPAROSCOPY	28	\$5,613	\$5,295
	146 LEVEL II LAPAROSCOPY	181	\$8,272	\$8,314
	147 LEVEL III LAPAROSCOPY	229	\$9,045	\$8,305
	148 LEVEL IV LAPAROSCOPY	22	\$11,912	\$13,004
08	GENITOURINARY SYSTEM PROCEDURES	202	\$7,354	\$6,135
	160 EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	78	\$10,467	\$9,938
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	45	\$4,858	\$4,353
	164 LEVEL II BLADDER AND KIDNEY PROCEDURES	72	\$5,928	\$5,221
	166 LEVEL I URETHRA AND PROSTATE PROCEDURES	4	\$3,101	\$1,346
	167 LEVEL II URETHRA AND PROSTATE PROCEDURES	3	\$3,739	\$11,236
09	MALE REPRODUCTIVE SYSTEM	72	\$6,720	\$4,630
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	22	\$4,591	\$3,299
	181 CIRCUMCISION	13	\$5,152	\$2,418
	184 LEVEL II PENILE AND PROSTATE PROCEDURES	37	\$8,538	\$6,666
10	FEMALE REPRODUCTIVE SYSTEM	185	\$6,346	\$5,236
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	23	\$3,689	\$3,258
	197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	8	\$7,819	\$5,190
	198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	64	\$7,951	\$7,456
	199 DILATION AND CURETTAGE	5	\$3,241	\$3,266
	200 HYSTEROSCOPY	84	\$5,912	\$5,384
	201 COLPOSCOPY	1	\$4,850	\$4,443
11	NEUROLOGIC SYSTEM PROCEDURES	213	\$3,660	\$4,849
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	67	\$1,615	\$1,315
	217 LEVEL I NERVE PROCEDURES	58	\$3,733	\$3,161
	218 LEVEL II NERVE PROCEDURES	1	\$13,186	\$11,142
	219 SPINAL TAP	54	\$2,237	\$2,509
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	1	\$2,477	\$1,563
	221 LAMINOTOMY AND LAMINECTOMY	31	\$9,750	\$10,583

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, SINGLE EAPG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

108 Davis Hospital & Medical Center

procedure	EAPG category	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
	Procedure EAPG			
	223 LEVEL III NERVE PROCEDURES	1	\$16,219	\$34,351
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	45	\$6,469	\$3,703
	233 CATARACT PROCEDURES	20	\$6,082	\$3,686
	234 LEVEL I ANTERIOR SEGMENT EYE PROCEDURES	2	\$2,800	\$2,924
	235 LEVEL II ANTERIOR SEGMENT EYE PROCEDURES	5	\$5,755	\$3,596
	236 LEVEL III ANTERIOR SEGMENT EYE PROCEDURES	5	\$14,376	\$8,638
	238 LEVEL II POSTERIOR SEGMENT EYE PROCEDURES	1	\$8,374	\$5,867
	239 STRABISMUS AND MUSCLE EYE PROCEDURES	4	\$6,319	\$2,734
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	6	\$3,136	\$2,293
	241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	2	\$5,379	\$3,623
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	490	\$4,644	\$3,605
	252 LEVEL I FACIAL AND ENT PROCEDURES	129	\$2,696	\$2,195
	253 LEVEL II FACIAL AND ENT PROCEDURES	29	\$4,329	\$3,352
	254 LEVEL III FACIAL AND ENT PROCEDURES	24	\$9,037	\$6,442
	255 LEVEL IV FACIAL AND ENT PROCEDURES	77	\$11,150	\$8,243
	256 TONSIL AND ADENOID PROCEDURES	231	\$3,146	\$2,817

SOURCE: Utah Ambulatory Surgery Database
 Utah Health Data Committee/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, 2009
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

108 Davis Hospital & Medical Center

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
GENDER				
Female	5,238	57.6	122,959	54.1
Male	3,848	42.4	104,281	45.9
Unknown	0	0.0	4	0.0
Not Reported	0	0.0	0	0.0
AGE				
1-28 days	346	3.8	1,731	0.8
29-365 days	64	0.7	2,897	1.3
1-4 years	151	1.7	10,813	4.8
5-9	137	1.5	6,381	2.8
10-14	126	1.4	5,066	2.2
15-17	169	1.9	5,130	2.3
18-19	127	1.4	3,775	1.7
20-24	322	3.5	10,184	4.5
25-29	451	5.0	12,684	5.6
30-34	583	6.4	13,594	6.0
35-39	540	5.9	13,012	5.7
40-44	566	6.2	13,141	5.8
45-49	736	8.1	16,564	7.3
50-54	997	11.0	24,353	10.7
55-59	844	9.3	21,093	9.3
60-64	804	8.8	18,280	8.0
65-69	631	6.9	15,480	6.8
70-74	592	6.5	12,653	5.6
75-79	450	5.0	9,821	4.3
80-84	278	3.1	6,574	2.9
85-89	140	1.5	3,084	1.4
90 +	32	0.4	933	0.4
Not Reported	0	0.0	1	0.0
SOURCE OF ADMISSION				
Physician Referral	9,067	99.8	205,377	90.4
Clinic Referral	7	0.1	2,930	1.3
HMO Referral	0	0.0	2,930	1.3
Other Hospital	3	0.0	184	0.1
Skilled Nursing Facility	0	0.0	36	0.0
Other Health Care Facility	0	0.0	18	0.0
Emergency Room	8	0.1	5,340	2.3
Court/Law Enforcement	0	0.0	3	0.0
Unknown	1	0.0	11	0.0
Not Reported	0	0.0	10,415	4.6

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

108 Davis Hospital & Medical Center

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	9,047	99.6	226,589	99.7
Another Hospital	5	0.1	102	0.0
Skilled Nursing Facility	18	0.2	137	0.1
Intermediate Care Facility	2	0.0	20	0.0
Another Type of Institution	3	0.0	68	0.0
Under Care of Home Service	9	0.1	270	0.1
Left Against Medical Advice	0	0.0	22	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	0	0.0	13	0.0
Unknown	2	0.0	22	0.0
Not Reported	0	0.0	1	0.0
PRIMARY PAYER				
Medicare	1,992	21.9	45,456	20.0
Medicaid	453	5.0	15,975	7.0
Other government	685	7.5	4,287	1.9
Blue Cross/Blue Shield	1,495	16.5	29,948	13.2
Other Commercial	637	7.0	16,378	7.2
Managed Care(HMO, PPO)	3,761	41.4	106,245	46.8
Self Pay	31	0.3	2,816	1.2
Industrial & Worker Comp	15	0.2	3,291	1.4
Charity and Unclassified	2	0.0	1,613	0.7
Childrens Health Insurance	0	0.0	129	0.1
Unknown	15	0.2	1,046	0.5
Not Reported	0	0.0	60	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	108	1.2	16,751	7.4
Central Utah	0	0.0	8,412	3.7
Davis County	7,088	78.0	23,806	10.5
Salt Lake County	112	1.2	77,342	34.0
Southeastern Utah	7	0.1	4,701	2.1
Southwest Utah	9	0.1	14,188	6.2
Summit County	10	0.1	2,798	1.2
Tooele County	16	0.2	4,137	1.8
Tri-County	8	0.1	6,035	2.7
Utah County	17	0.2	37,226	16.4
Wasatch County	4	0.0	1,669	0.7
Weber County	1,602	17.6	20,181	8.9
Unknown Utah	1	0.0	27	0.0
Outside Utah	100	1.1	9,882	4.3
Unknown, Not Reported	4	0.0	89	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, 2009
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)	591	100.0	320,509	100.0
Mastectomy (85.0-85.99)	10	1.7	8,217	2.6
Musculoskeletal (76.0-84.99)	4	0.7	69,555	21.7
Respiratory (30.0-34.99)	2	0.3	3,320	1.0
Cardiovascular (35.0-39.99)	0	0.0	22,400	7.0
Lymphatic/Hemetic (40.0-41.99)	2	0.3	2,804	0.9
Digestive System (42.0-54.99)	258	43.7	98,678	30.8
Urinary (55.0-59.99)	1	0.2	10,902	3.4
Male Genital (60.0-64.99)	5	0.8	3,817	1.2
Female Genital (65.0-71.99)	31	5.2	14,786	4.6
Endocrine/Nervous (01.0-07.99)	1	0.2	23,111	7.2
Eye (08.0-16.99)	148	25.0	21,114	6.6
Ear (18.0-20.99)	73	12.4	12,945	4.0
Nose, Mouth, Pharynx (21.0-29.99)	56	9.5	28,860	9.0
Reporting Category(CPT-4 CODES)	466	100.0	299,107	100.0
Mastectomy (19120-19220)	6	1.3	2,014	0.7
Musculoskeletal (20000-29909)	5	1.1	75,301	25.2
Respiratory (30000-32999 & 39501-39599)	1	0.2	14,568	4.9
Cardiovascular (33010-37799 & 93501-93660)	0	0.0	24,369	8.1
Lymphatic/Hemetic (38100-38999)	0	0.0	2,630	0.9
Digestive (40490-49999)	312	67.0	109,341	36.6
Urinary (50010-53899)	1	0.2	10,457	3.5
Male Genital (54000-55899)	5	1.1	3,299	1.1
Female Genital (56405-58999)	20	4.3	12,326	4.1
Endocrine/Nervous (60000-64999)	1	0.2	24,781	8.3
Eye (65091-68899)	78	16.7	12,489	4.2
Ear (69000-69979)	37	7.9	7,532	2.5

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

AMB ST 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
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				
4523	COLONOSCOPY	591	100.0	100.0
1341	PHACOEMULSIFICATION-ASPIR CATARACT	101	17.1	6.09
1371	IOL PROSTH-CATARACT EXTRACT-1-STAGE	70	11.8	1.58
2001	MYRINGOTOMY W/INSRT TUBE	70	11.8	1.59
283	TONSILLECTOMY W/ADENOIDECTOMY	58	9.8	3.18
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	46	7.8	1.80
4836	[ENDO] POLYPECTOMY RECTUM	32	5.4	5.75
5123	LAP CHOLEY	25	4.2	0.95
4542	ENDO POLYPECTOMY LG INTESTINE	20	3.4	2.26
4513	OTH ENDO SM INTESTINE	15	2.5	3.35
6902	D&C FOLLOWING DELIV/AB	9	1.5	1.71
2009	OTH MYRINGOTOMY	9	1.5	0.22
4525	CLO [ENDO] BX LG INTESTINE	8	1.4	0.07
8521	LOC EXC LES BREAST	8	1.4	2.33
1364	DISCISSION SECNDRY MEMBRN	8	1.4	0.73
6909	OTH D&C UTERUS	7	1.2	0.10
201	REMOV TYMPANOSTOMY TUBE	7	1.2	0.42
282	TONSILLECTOMY WO ADENOIDECTOMY	6	1.0	0.15
4824	CLO [ENDO] BX RECTUM	6	1.0	0.53
5304	UNILAT REPR INDIRECT ING HERN-GFT	6	1.0	0.41
		6	1.0	0.34

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures				
45378	COLONOSCOPY FLEX; DX-SEP PROC	466	100.0	100.0
66984	EXTRACAPSULAR CATARACT REMV IOL	101	21.7	6.11
45380	COLONOSCOPY FLEX; W/BX 1/MX	62	13.3	1.64
43239	UGI ENDO; W/BX 1/MX	40	8.6	5.24
42820	T&A; UNDER AGE 12	32	6.9	6.06
69436	TYMPANOSTOMY GENERAL ANESTHESIA	31	6.7	1.47
42821	T&A; AGE 12 OR OVER	29	6.2	1.75
47562	LAPAROSCOPY SURGICAL; CHOLECT	15	3.2	0.44
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	14	3.0	0.94
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	9	1.9	1.25
49505	REPR INIT ING HERNIA 5YR/MORE; R	9	1.9	1.49
66982	EXTRACAP CATARACT REMV W/IOL-CMP	9	1.9	0.82
58120	DILATION & CURET DX &/ THERAPEUT	8	1.7	0.07
66821	DISCISSION 2ND CATARACT; LASER S	7	1.5	0.18
19120	EXC BRST CYST TUMR/LES OPN M/F 1	7	1.5	0.12
44970	LAPAROSCOPY SURGICAL APPENDECTOM	6	1.3	0.42
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	6	1.3	0.85
58563	HYSTEROSC SURG; W/ENDOMETRIAL AB	6	1.3	1.50
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	6	1.3	0.34
69421	MYRINGOTOMY W/ASPIRAT RQR GEN AN	4	0.9	0.49
		4	0.9	0.04

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

AMB ST 1-3

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
 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		280	\$2,266	\$4,501
4523	COLONOSCOPY	81	\$903	\$1,087
283	TONSILLECTOMY W/ADENOIDECTOMY	45	\$3,043	\$2,850
4836	[ENDO] POLYPECTOMY RECTUM	20	\$1,302	\$1,394
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	14	\$963	\$1,581
4542	ENDO POLYPECTOMY LG INTESTINE	11	\$1,073	\$1,547
5123	LAP CHOLEY	11	\$6,067	\$7,426
6902	D&C FOLLOWING DELIV/AB	9	\$3,049	\$3,011
8521	LOC EXC LES BREAST	8	\$3,163	\$3,374
1364	DISCISSION SECNDRY MEMBRN	7	\$914	\$785
6909	OTH D&C UTERUS	7	\$2,518	\$3,420
282	TONSILLECTOMY WO ADENOIDECTOMY	6	\$2,830	\$2,868
6823	ENDOMETRIAL ABLATION	6	\$4,120	\$6,213
4824	CLO [ENDO] BX RECTUM	5	\$1,587	\$1,513
4525	CLO [ENDO] BX LG INTESTINE	4	\$1,257	\$1,709
5304	UNILAT REPR INDIRECT ING HERN-GFT	4	\$5,325	\$4,709
5349	OTH UMB HERNIORRHAPHY	3	\$4,230	\$3,750
8339	EXC LES OTH SOFT TISS	3	\$2,184	\$3,741
201	REMOV TYMPANOSTOMY TUBE	2	\$979	\$1,342
4513	OTH ENDO SM INTESTINE	2	\$873	\$1,334
4709	OTH APPENDECTOMY	2	\$6,828	\$8,657

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
CPT-4 Procedures		367	\$2,304	\$3,915
45378	COLONOSCOPY FLEX; DX-SEP PROC	81	\$903	\$1,090
66984	EXTRACAPSULAR CATARACT REMV IOL	61	\$3,173	\$3,678
45380	COLONOSCOPY FLEX; W/BX 1/MX	35	\$1,255	\$1,526
42820	T&A; UNDER AGE 12	30	\$3,039	\$2,701
69436	TYMPANOSTOMY GENERAL ANESTHESIA	28	\$1,602	\$1,499
42821	T&A; AGE 12 OR OVER	15	\$3,049	\$3,195
43239	UGI ENDO; W/BX 1/MX	14	\$963	\$1,548
66982	EXTRACAP CATARACT REMV W/IOL-CMP	8	\$3,477	\$3,704
58120	DILATION & CURET DX &/ THERAPEUT	7	\$2,518	\$3,266
66821	DISCISSION 2ND CATARACT; LASER S	7	\$914	\$766
19120	EXC BRST CYST TUMR/LES OPN M/F 1	6	\$3,236	\$3,487
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	6	\$1,171	\$1,661
47562	LAPAROSCOPY SURGICAL; CHOLECT	6	\$5,553	\$6,606
58563	HYSTEROSC SURG; W/ENDOMETRIAL AB	6	\$4,120	\$6,668
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	5	\$6,684	\$7,842
49505	REPR INIT ING HERNIA 5YR/MORE; R	5	\$5,238	\$4,721
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	4	\$2,790	\$2,928
69421	MYRINGOTOMY W/ASPIRAT RQR GEN AN	4	\$1,534	\$1,553
69424	VENTILATING TUBE REMV RQR GEN AN	3	\$1,191	\$1,531
21555	EXC TUMR SFT TISSUE NCK/THOR; SU	2	\$2,516	\$4,289

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, 2009
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE* CPT-4 PROCEDURES

116 Delta Community Medical Center - CAH

Procedure EAPG category	Procedure EAPG	TOTAL #	TOTAL # (ALL Hospitals)
01	SKIN & INTEGUMENTARY SYSTEM PROCEDURES	5	8,192
	003 LEVEL I SKIN INCISION AND DRAINAGE	1	189
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	1	503
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	3	5,031
02	BREAST PROCEDURES	6	2,075
	020 LEVEL I BREAST PROCEDURES	6	2,014
03	MUSCULOSKELETAL SYSTEM PROCEDURES	1	64,806
	045 BUNION PROCEDURES	1	1,791
04	RESPIRATORY PROCEDURES	1	9,066
	061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	1	1,396
07	GASTROINTESTINAL SYSTEM PROCEDURES	262	99,755
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	41	22,635
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	2	4,688
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	141	34,149
	137 THERAPEUTIC COLONOSCOPY	10	5,727
	139 LEVEL I HERNIA REPAIR	19	5,573
	140 LEVEL II HERNIA REPAIR	5	1,193
	141 LEVEL I ANAL AND RECTAL PROCEDURES	1	782
	143 LEVEL I GASTROINTESTINAL PROCEDURES	1	405
	144 LEVEL II GASTROINTESTINAL PROCEDURES	2	226
	145 LEVEL I LAPAROSCOPY	3	2,675
	146 LEVEL II LAPAROSCOPY	28	8,847
	147 LEVEL III LAPAROSCOPY	9	7,203
08	GENITOURINARY SYSTEM PROCEDURES	1	8,962
	166 LEVEL I URETHRA AND PROSTATE PROCEDURES	1	180
09	MALE REPRODUCTIVE SYSTEM	5	3,509
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	5	1,431
10	FEMALE REPRODUCTIVE SYSTEM	13	7,180
	199 DILATION AND CURETTAGE	7	551
	200 HYSTEROSCOPY	6	2,251
11	NEUROLOGIC SYSTEM PROCEDURES	1	24,377
	217 LEVEL I NERVE PROCEDURES	1	4,031
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	78	12,275
	232 LASER EYE PROCEDURES	7	418
	233 CATARACT PROCEDURES	70	5,365
	235 LEVEL II ANTERIOR SEGMENT EYE PROCEDURES	1	285
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	92	28,739
	252 LEVEL I FACIAL AND ENT PROCEDURES	35	12,362
	253 LEVEL II FACIAL AND ENT PROCEDURES	3	1,405
	256 TONSIL AND ADENOID PROCEDURES	54	8,493

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/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, 2009
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, SINGLE EAPG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

116 Delta Community Medical Center - CAH

Procedure EAPG category	Procedure EAPG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
01	SKIN & INTEGUMENTARY SYSTEM PROCEDURES	5	\$2,038	\$3,762
	003 LEVEL I SKIN INCISION AND DRAINAGE	1	\$1,379	\$2,833
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	1	\$1,519	\$3,664
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	3	\$2,431	\$3,677
02	BREAST PROCEDURES	6	\$3,236	\$3,802
	020 LEVEL I BREAST PROCEDURES	6	\$3,236	\$3,688
03	MUSCULOSKELETAL SYSTEM PROCEDURES	1	\$6,107	\$5,044
	045 BUNION PROCEDURES	1	\$6,107	\$5,191
04	RESPIRATORY PROCEDURES	1	\$2,316	\$2,975
	061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	1	\$2,316	\$2,594
07	GASTROINTESTINAL SYSTEM PROCEDURES	172	\$1,803	\$3,055
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	16	\$952	\$1,516
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	1	\$964	\$2,214
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	116	\$1,009	\$1,271
	137 THERAPEUTIC COLONOSCOPY	7	\$1,150	\$1,695
	139 LEVEL I HERNIA REPAIR	11	\$4,782	\$4,486
	140 LEVEL II HERNIA REPAIR	4	\$5,263	\$5,242
	141 LEVEL I ANAL AND RECTAL PROCEDURES	1	\$3,134	\$3,138
	144 LEVEL II GASTROINTESTINAL PROCEDURES	2	\$6,828	\$8,218
	145 LEVEL I LAPAROSCOPY	2	\$3,948	\$5,295
	146 LEVEL II LAPAROSCOPY	7	\$5,276	\$8,314
	147 LEVEL III LAPAROSCOPY	5	\$6,684	\$8,305
08	GENITOURINARY SYSTEM PROCEDURES	1	\$1,326	\$6,135
	166 LEVEL I URETHRA AND PROSTATE PROCEDURES	1	\$1,326	\$1,346
10	FEMALE REPRODUCTIVE SYSTEM	13	\$3,257	\$5,236
	199 DILATION AND CURETTAGE	7	\$2,518	\$3,266
	200 HYSTEROSCOPY	6	\$4,120	\$5,384
11	NEUROLOGIC SYSTEM PROCEDURES	1	\$4,128	\$4,849
	217 LEVEL I NERVE PROCEDURES	1	\$4,128	\$3,161
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	76	\$2,997	\$3,703
	232 LASER EYE PROCEDURES	7	\$914	\$787
	233 CATARACT PROCEDURES	69	\$3,208	\$3,686
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	90	\$2,400	\$3,605
	252 LEVEL I FACIAL AND ENT PROCEDURES	34	\$1,571	\$2,195
	253 LEVEL II FACIAL AND ENT PROCEDURES	3	\$1,191	\$3,352
	256 TONSIL AND ADENOID PROCEDURES	53	\$3,000	\$2,817

SOURCE: Utah Ambulatory Surgery Database
Utah Health Data Committee/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, 2009
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

116 Delta Community Medical Center - CAH

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
GENDER				
Female	247	57.2	122,959	54.1
Male	185	42.8	104,281	45.9
Unknown	0	0.0	4	0.0
Not Reported	0	0.0	0	0.0
AGE				
1-28 days	0	0.0	1,731	0.8
29-365 days	19	4.4	2,897	1.3
1-4 years	30	6.9	10,813	4.8
5-9	26	6.0	6,381	2.8
10-14	7	1.6	5,066	2.2
15-17	12	2.8	5,130	2.3
18-19	8	1.9	3,775	1.7
20-24	12	2.8	10,184	4.5
25-29	19	4.4	12,684	5.6
30-34	5	1.2	13,594	6.0
35-39	9	2.1	13,012	5.7
40-44	14	3.2	13,141	5.8
45-49	21	4.9	16,564	7.3
50-54	35	8.1	24,353	10.7
55-59	41	9.5	21,093	9.3
60-64	29	6.7	18,280	8.0
65-69	32	7.4	15,480	6.8
70-74	53	12.3	12,653	5.6
75-79	32	7.4	9,821	4.3
80-84	21	4.9	6,574	2.9
85-89	6	1.4	3,084	1.4
90 +	1	0.2	933	0.4
Not Reported	0	0.0	1	0.0
SOURCE OF ADMISSION				
Physician Referral	428	99.1	205,377	90.4
Clinic Referral	1	0.2	2,930	1.3
HMO Referral	1	0.2	2,930	1.3
Other Hospital	1	0.2	184	0.1
Skilled Nursing Facility	0	0.0	36	0.0
Other Health Care Facility	0	0.0	18	0.0
Emergency Room	1	0.2	5,340	2.3
Court/Law Enforcement	0	0.0	3	0.0
Unknown	0	0.0	11	0.0
Not Reported	0	0.0	10,415	4.6

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

116 Delta Community Medical Center - CAH

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	432	100.0	226,589	99.7
Another Hospital	0	0.0	102	0.0
Skilled Nursing Facility	0	0.0	137	0.1
Intermediate Care Facility	0	0.0	20	0.0
Another Type of Institution	0	0.0	68	0.0
Under Care of Home Service	0	0.0	270	0.1
Left Against Medical Advice	0	0.0	22	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	0	0.0	13	0.0
Unknown	0	0.0	22	0.0
Not Reported	0	0.0	1	0.0
PRIMARY PAYER				
Medicare	135	31.3	45,456	20.0
Medicaid	56	13.0	15,975	7.0
Other government	4	0.9	4,287	1.9
Blue Cross/Blue Shield	78	18.1	29,948	13.2
Other Commercial	56	13.0	16,378	7.2
Managed Care(HMO, PPO)	82	19.0	106,245	46.8
Self Pay	2	0.5	2,816	1.2
Industrial & Worker Comp	0	0.0	3,291	1.4
Charity and Unclassified	11	2.5	1,613	0.7
Childrens Health Insurance	0	0.0	129	0.1
Unknown	8	1.9	1,046	0.5
Not Reported	0	0.0	60	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	0	0.0	16,751	7.4
Central Utah	417	96.5	8,412	3.7
Davis County	0	0.0	23,806	10.5
Salt Lake County	1	0.2	77,342	34.0
Southeastern Utah	1	0.2	4,701	2.1
Southwest Utah	0	0.0	14,188	6.2
Summit County	0	0.0	2,798	1.2
Tooele County	1	0.2	4,137	1.8
Tri-County	0	0.0	6,035	2.7
Utah County	4	0.9	37,226	16.4
Wasatch County	0	0.0	1,669	0.7
Weber County	0	0.0	20,181	8.9
Unknown Utah	0	0.0	27	0.0
Outside Utah	8	1.9	9,882	4.3
Unknown, Not Reported	0	0.0	89	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, 2009
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)	17,156	100.0	320,509	100.0
Mastectomy (85.0-85.99)	385	2.2	8,217	2.6
Musculoskeletal (76.0-84.99)	3,660	21.3	69,555	21.7
Respiratory (30.0-34.99)	323	1.9	3,320	1.0
Cardiovascular (35.0-39.99)	2,436	14.2	22,400	7.0
Lymphatic/Hemetic (40.0-41.99)	214	1.2	2,804	0.9
Digestive System (42.0-54.99)	3,001	17.5	98,678	30.8
Urinary (55.0-59.99)	699	4.1	10,902	3.4
Male Genital (60.0-64.99)	210	1.2	3,817	1.2
Female Genital (65.0-71.99)	994	5.8	14,786	4.6
Endocrine/Nervous (01.0-07.99)	2,481	14.5	23,111	7.2
Eye (08.0-16.99)	49	0.3	21,114	6.6
Ear (18.0-20.99)	828	4.8	12,945	4.0
Nose, Mouth, Pharynx (21.0-29.99)	1,876	10.9	28,860	9.0
Reporting Category(CPT-4 CODES)	13,826	100.0	299,107	100.0
Mastectomy (19120-19220)	162	1.2	2,014	0.7
Musculoskeletal (20000-29909)	3,462	25.0	75,301	25.2
Respiratory (30000-32999 & 39501-39599)	1,116	8.1	14,568	4.9
Cardiovascular (33010-37799 & 93501-93660)	904	6.5	24,369	8.1
Lymphatic/Hemetic (38100-38999)	134	1.0	2,630	0.9
Digestive (40490-49999)	3,727	27.0	109,341	36.6
Urinary (50010-53899)	703	5.1	10,457	3.5
Male Genital (54000-55899)	145	1.0	3,299	1.1
Female Genital (56405-58999)	756	5.5	12,326	4.1
Endocrine/Nervous (60000-64999)	2,248	16.3	24,781	8.3
Eye (65091-68899)	24	0.2	12,489	4.2
Ear (69000-69979)	445	3.2	7,532	2.5

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

AMB ST 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
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				
3722	LT HEART CARD CATH	1,028	6.0	1.34
0392	INJ OTH AGENT SPINAL CANAL	899	5.2	1.98
0391	INJ ANES SPINAL CANAL-ANALGESIA	797	4.6	1.76
2001	MYRINGOTOMY W/INSRT TUBE	670	3.9	3.18
283	TONSILLECTOMY W/ADENOIDECTOMY	417	2.4	1.80
4523	COLONOSCOPY	398	2.3	6.09
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	361	2.1	5.75
3607	INSERTION RX-ELUTING COR ART STENT	352	2.1	0.49
3723	COMBO RT & LT HEART CARD CATH	348	2.0	0.59
5123	LAP CHOLEY	316	1.8	2.26
806	EXC SEMILUNAR CARTILAGE-KNEE	300	1.7	1.86
4513	OTH ENDO SM INTESTINE	283	1.6	1.71
2349	OTH DENTAL RESTORATION	205	1.2	0.17
8363	ROTATOR CUFF REPR	204	1.2	0.76
4542	ENDO POLYPECTOMY LG INTESTINE	194	1.1	3.35
8521	LOC EXC LES BREAST	182	1.1	0.73
0443	RELEASE CARPAL TUNNEL	180	1.0	0.98
2263	ETHMOIDECTOMY	178	1.0	0.55
215	SUBMUCOUS RESECT NASAL SEPTUM	166	1.0	0.27
2169	OTH TURBINECTOMY	158	0.9	0.78

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures				
45378	COLONOSCOPY FLEX; DX-SEP PROC	386	2.8	6.11
43239	UGI ENDO; W/BX 1/MX	353	2.6	6.06
69436	TYMPANOSTOMY GENERAL ANESTHESIA	341	2.5	1.75
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	339	2.5	0.70
42820	T&A; UNDER AGE 12	321	2.3	1.47
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	303	2.2	1.50
29826	SCOPE SHOULDER; DECOMP SUBACROM	254	1.8	1.21
45380	COLONOSCOPY FLEX; W/BX 1/MX	251	1.8	5.24
64483	INJ ANES EPIDURL; LUMB/SAC 1 LEV	247	1.8	1.07
41899	UNLIST PROC DENTOALVEOL STRUCTUR	207	1.5	0.91
30140	SUBMUCOS RES TURBINATE PART/CMPL	206	1.5	0.74
29881	SCOPE KNEE SURG;W/MENISCECT MED/	201	1.5	1.64
43235	UGI ENDO; DX W/VO CLCT SPECMN-SP	197	1.4	1.25
64476	INJ ANES FACET JT; LUMB/SAC-EA A	196	1.4	0.41
30520	SEPTOPLASTY/SUBMUCOS RES W/GFT	187	1.4	0.78
29827	SCOPE SHLDR SURG; W/ROTOR CUFF R	164	1.2	0.65
62310	INJ 1 NOT NEUROLYTIC-EPID;CERV/T	147	1.1	0.16
93543	INJ PROC-CATH; LT VENT/ATRIAL AN	140	1.0	0.65
64472	INJ ANES FACET JT; CERV/THOR-EA	138	1.0	0.20
64484	INJ ANES EPIDURL; LUMB/SAC-EA AD	136	1.0	0.82

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, 2009
 AVERAGE TOTAL CHARGES FOR MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES, SINGLE ICD-9 OR CPT-4 ONLY

140 Dixie Regional Medical Center

ICD-9 CODE	ICD-9 DESCRIPTION	#	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
ICD-9	Procedures	6,470	\$5,137	\$4,501
3722	LT HEART CARD CATH	738	\$7,437	\$8,426
283	TONSILLECTOMY W/ADENOIDECTOMY	332	\$2,791	\$2,850
4523	COLONOSCOPY	330	\$819	\$1,087
5123	LAP CHOLEY	277	\$6,003	\$7,426
3723	COMBO RT & LT HEART CARD CATH	238	\$7,713	\$8,968
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	211	\$1,818	\$1,581
2349	OTH DENTAL RESTORATION	192	\$2,577	\$2,856
4542	ENDO POLYPECTOMY LG INTESTINE	141	\$1,258	\$1,547
4513	OTH ENDO SM INTESTINE	125	\$1,271	\$1,334
8521	LOC EXC LES BREAST	118	\$3,669	\$3,374
4701	LAP APPENDECTOMY	82	\$8,866	\$10,907
0443	RELEASE CARPAL TUNNEL	78	\$2,178	\$2,540
5972	INJ IMPLNT URETHRA-BLADDER NECK	77	\$4,397	\$5,658
8192	INJ THERAP SUBSTANCE JT/LIGAMNT	77	\$1,323	\$1,414
3326	CLO [PERCUT] [NEEDLE] BX LUNG	76	\$3,098	\$2,972
6902	D&C FOLLOWING DELIV/AB	74	\$2,492	\$3,011
5011	CLO [PERCUT] [NEEDLE] BX LIVER	68	\$2,918	\$2,654
8363	ROTATOR CUFF REPR	67	\$8,561	\$10,303
042	DESTRUC CRANIAL & PERIPH NERV	61	\$2,878	\$3,389
806	EXC SEMILUNAR CARTILAGE-KNEE	61	\$3,657	\$4,537

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
CPT-4	Procedures	5,700	\$3,645	\$3,915
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	334	\$1,144	\$1,220
45378	COLONOSCOPY FLEX; DX-SEP PROC	324	\$815	\$1,090
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	271	\$5,992	\$7,842
42820	T&A; UNDER AGE 12	248	\$2,726	\$2,701
69436	TYMPANOSTOMY GENERAL ANESTHESIA	233	\$1,183	\$1,499
43239	UGI ENDO; W/BX 1/MX	202	\$1,689	\$1,548
41899	UNLIST PROC DENTOALVEOL STRUCTUR	199	\$2,571	\$2,871
45380	COLONOSCOPY FLEX; W/BX 1/MX	170	\$1,205	\$1,526
62310	INJ 1 NOT NEUROLYTIC-EPID;CERV/T	146	\$1,159	\$1,593
19120	EXC BRST CYST TUMR/LES OPN M/F 1	118	\$3,954	\$3,487
64483	INJ ANES EPIDURL; LUMB/SAC 1 LEV	116	\$1,206	\$1,475
43235	UGI ENDO; DX W/VO CLCT SPECMN-SP	112	\$1,215	\$1,234
49505	REPR INIT ING HERNIA 5YR/MORE; R	99	\$4,705	\$4,721
29881	SCOPE KNEE SURG;W/MENISCECT MED/	86	\$3,647	\$4,457
44970	LAPAROSCOPY SURGICAL APPENDECTOM	83	\$8,837	\$10,914
42821	T&A; AGE 12 OR OVER	82	\$3,020	\$3,195
51715	ENDO INJ IMPLNT MAT-URETH&/BLAD	77	\$4,394	\$5,904
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	68	\$2,272	\$2,624
20680	REMOVAL OF IMPLANT; DEEP	63	\$3,094	\$3,558
20610	ARTHROCENTESIS ASPIR&/INJ; MAJ J	53	\$1,353	\$1,197

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, 2009
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE* CPT-4 PROCEDURES

140 Dixie Regional Medical Center

Procedure EAPG category	Procedure EAPG	TOTAL #	TOTAL # (ALL Hospitals)
01	SKIN & INTEGUMENTARY SYSTEM PROCEDURES	366	8,192
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	53	1,091
	003 LEVEL I SKIN INCISION AND DRAINAGE	5	189
	004 LEVEL II SKIN INCISION AND DRAINAGE	1	95
	006 LEVEL I SKIN DEBRIDEMENT AND DESTRUCTION	1	23
	007 LEVEL II SKIN DEBRIDEMENT AND DESTRUCTION	4	128
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	38	503
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	219	5,031
	011 LEVEL III EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	7	82
	012 LEVEL I SKIN REPAIR	4	35
	013 LEVEL II SKIN REPAIR	13	792
	014 LEVEL III SKIN REPAIR	21	220
02	BREAST PROCEDURES	165	2,075
	020 LEVEL I BREAST PROCEDURES	162	2,014
	021 LEVEL II BREAST PROCEDURES	3	61
03	MUSCULOSKELETAL SYSTEM PROCEDURES	3,048	64,806
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	129	2,405
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	216	4,694
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	107	2,234
	033 LEVEL I HAND PROCEDURES	160	3,780
	034 LEVEL II HAND PROCEDURES	68	1,278
	035 LEVEL I FOOT PROCEDURES	189	6,264
	036 LEVEL II FOOT PROCEDURES	69	1,682
	037 LEVEL I ARTHROSCOPY	1,200	22,184
	038 LEVEL II ARTHROSCOPY	307	5,320
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	27	717
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	33	628
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	328	5,752
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	11	490
	045 BUNION PROCEDURES	56	1,791
	046 LEVEL I ARTHROPLASTY	39	634
	047 LEVEL II ARTHROPLASTY	5	148
	048 HAND AND FOOT TENOTOMY	3	386
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	101	2,678
04	RESPIRATORY PROCEDURES	712	9,066
	061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	85	1,396
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	86	1,436
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	392	4,402
	064 ENDOSCOPY OF THE LOWER AIRWAY	149	1,832
05	CARDIOVASCULAR PROCEDURES	355	9,325
	082 CARDIAC ELECTROPHYSIOLOGIC TESTS	5	1,153
	083 PLACEMENT OF TRANSVENOUS CATHETERS	13	941
	084 DIAGNOSTIC CARDIAC CATHETERIZATION	172	2,404
	085 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	20	1,497
	086 PACEMAKER INSERTION AND REPLACEMENT	16	259
	087 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	36	809

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE* CPT-4 PROCEDURES

140 Dixie Regional Medical Center

procedure EAPG category	procedure EAPG	TOTAL #	TOTAL # (ALL Hospitals)
	088 LEVEL I CARDIOTHORACIC PROCEDURES	11	225
	089 LEVEL II CARDIOTHORACIC PROCEDURES	54	1,625
	090 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	1	53
	091 VASCULAR LIGATION AND RECONSTRUCTION	21	124
	097 AICD IMPLANT	6	200
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	101	2,884
	113 LEVEL I BLOOD AND BLOOD PRODUCT EXCHANGE	9	1,308
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	92	1,491
07	GASTROINTESTINAL SYSTEM PROCEDURES	3,145	99,755
	131 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	81	1,379
	132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	57	502
	133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	48	422
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	566	22,635
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	157	4,688
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	643	34,149
	137 THERAPEUTIC COLONOSCOPY	98	5,727
	138 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	57	1,937
	139 LEVEL I HERNIA REPAIR	265	5,573
	140 LEVEL II HERNIA REPAIR	41	1,193
	141 LEVEL I ANAL AND RECTAL PROCEDURES	25	782
	142 LEVEL II ANAL AND RECTAL PROCEDURES	48	1,145
	143 LEVEL I GASTROINTESTINAL PROCEDURES	27	405
	144 LEVEL II GASTROINTESTINAL PROCEDURES	8	226
	145 LEVEL I LAPAROSCOPY	175	2,675
	146 LEVEL II LAPAROSCOPY	385	8,847
	147 LEVEL III LAPAROSCOPY	462	7,203
	148 LEVEL IV LAPAROSCOPY	2	88
08	GENITOURINARY SYSTEM PROCEDURES	574	8,962
	160 EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	9	697
	162 URINARY CATHETERIZATION AND DILATATION	21	238
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	237	3,932
	164 LEVEL II BLADDER AND KIDNEY PROCEDURES	191	3,413
	165 LEVEL III BLADDER AND KIDNEY PROCEDURES	12	55
	166 LEVEL I URETHRA AND PROSTATE PROCEDURES	2	180
	167 LEVEL II URETHRA AND PROSTATE PROCEDURES	102	444
09	MALE REPRODUCTIVE SYSTEM	180	3,509
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	81	1,431
	181 CIRCUMCISION	33	822
	182 INSERTION OF PENILE PROSTHESIS	7	32
	183 LEVEL I PENILE AND PROSTATE PROCEDURES	1	10
	184 LEVEL II PENILE AND PROSTATE PROCEDURES	57	1,167
	185 PROSTATE NEEDLE AND PUNCH BIOPSY	1	47
10	FEMALE REPRODUCTIVE SYSTEM	443	7,180
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	60	1,292
	197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	187	1,355
	198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	94	1,494

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE* CPT-4 PROCEDURES

140 Dixie Regional Medical Center

procedure EAPG category		TOTAL #	TOTAL # (ALL Hospitals)
procedure EAPG			
	199 DILATION AND CURETTAGE	30	551
	200 HYSTEROSCOPY	59	2,251
	201 COLPOSCOPY	13	234
11	NEUROLOGIC SYSTEM PROCEDURES	2,199	24,377
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	493	2,913
	215 LEVEL I REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	15	155
	216 LEVEL II REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	2	148
	217 LEVEL I NERVE PROCEDURES	281	4,031
	218 LEVEL II NERVE PROCEDURES	81	793
	219 SPINAL TAP	5	470
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	1,110	11,868
	221 LAMINOTOMY AND LAMINECTOMY	157	3,173
	223 LEVEL III NERVE PROCEDURES	55	825
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	24	12,275
	230 MINOR OPHTHALMOLOGICAL TESTS AND PROCEDURES	1	41
	238 LEVEL II POSTERIOR SEGMENT EYE PROCEDURES	1	1,912
	239 STRABISMUS AND MUSCLE EYE PROCEDURES	1	1,026
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	4	895
	241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	17	1,469
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	1,831	28,739
	250 COCHLEAR DEVICE IMPLANTATION	1	91
	252 LEVEL I FACIAL AND ENT PROCEDURES	856	12,362
	253 LEVEL II FACIAL AND ENT PROCEDURES	54	1,405
	254 LEVEL III FACIAL AND ENT PROCEDURES	251	3,429
	255 LEVEL IV FACIAL AND ENT PROCEDURES	120	2,922
	256 TONSIL AND ADENOID PROCEDURES	549	8,493

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/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, 2009
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, SINGLE EAPG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

140 Dixie Regional Medical Center

Procedure EAPG category	Procedure EAPG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
01	SKIN & INTEGUMENTARY SYSTEM PROCEDURES	204	\$3,671	\$3,762
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	38	\$4,908	\$3,254
	003 LEVEL I SKIN INCISION AND DRAINAGE	2	\$3,549	\$2,833
	004 LEVEL II SKIN INCISION AND DRAINAGE	1	\$2,558	\$4,409
	007 LEVEL II SKIN DEBRIDEMENT AND DESTRUCTION	3	\$3,595	\$2,829
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	28	\$2,932	\$3,664
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	123	\$3,458	\$3,677
	011 LEVEL III EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	2	\$6,263	\$6,037
	012 LEVEL I SKIN REPAIR	3	\$2,992	\$3,957
	013 LEVEL II SKIN REPAIR	4	\$3,284	\$4,883
02	BREAST PROCEDURES	144	\$4,141	\$3,802
	020 LEVEL I BREAST PROCEDURES	142	\$4,078	\$3,688
	021 LEVEL II BREAST PROCEDURES	2	\$8,593	\$7,371
03	MUSCULOSKELETAL SYSTEM PROCEDURES	872	\$4,699	\$5,044
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	43	\$4,075	\$4,534
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	54	\$4,315	\$5,458
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	18	\$8,658	\$9,791
	033 LEVEL I HAND PROCEDURES	68	\$2,694	\$2,835
	034 LEVEL II HAND PROCEDURES	15	\$4,226	\$5,167
	035 LEVEL I FOOT PROCEDURES	44	\$3,224	\$3,748
	036 LEVEL II FOOT PROCEDURES	22	\$5,750	\$6,617
	037 LEVEL I ARTHROSCOPY	216	\$3,783	\$4,492
	038 LEVEL II ARTHROSCOPY	42	\$9,568	\$10,734
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	4	\$5,499	\$6,442
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	23	\$3,063	\$3,754
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	225	\$6,508	\$7,392
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	2	\$3,753	\$3,553
	045 BUNION PROCEDURES	19	\$4,602	\$5,191
	046 LEVEL I ARTHROPLASTY	3	\$4,711	\$8,302
	047 LEVEL II ARTHROPLASTY	2	\$14,996	\$20,732
	048 HAND AND FOOT TENOTOMY	1	\$2,425	\$2,527
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	71	\$1,429	\$1,227
04	RESPIRATORY PROCEDURES	102	\$3,216	\$2,975
	061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	57	\$3,077	\$2,594
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	10	\$3,787	\$4,027
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	18	\$3,856	\$4,474
	064 ENDOSCOPY OF THE LOWER AIRWAY	17	\$2,670	\$2,794
05	CARDIOVASCULAR PROCEDURES	96	\$7,785	\$14,627
	083 PLACEMENT OF TRANSVENOUS CATHETERS	4	\$3,353	\$6,140
	084 DIAGNOSTIC CARDIAC CATHETERIZATION	8	\$8,824	\$8,441
	085 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	9	\$14,254	\$36,706
	086 PACEMAKER INSERTION AND REPLACEMENT	3	\$28,826	\$31,576
	087 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	4	\$7,751	\$9,181
	088 LEVEL I CARDIOTHORACIC PROCEDURES	5	\$8,820	\$7,678
	089 LEVEL II CARDIOTHORACIC PROCEDURES	43	\$6,995	\$8,023

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, SINGLE EAPG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

140 Dixie Regional Medical Center

procedure	EAPG category	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
	Procedure EAPG			
	091 VASCULAR LIGATION AND RECONSTRUCTION	20	\$3,637	\$6,688
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	54	\$5,672	\$4,547
	113 LEVEL I BLOOD AND BLOOD PRODUCT EXCHANGE	1	\$6,548	\$3,316
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	53	\$5,655	\$5,995
07	GASTROINTESTINAL SYSTEM PROCEDURES	1,888	\$3,305	\$3,055
	131 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	1	\$747	\$2,353
	132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	54	\$627	\$1,232
	133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	32	\$819	\$1,718
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	315	\$1,535	\$1,516
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	61	\$1,803	\$2,214
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	499	\$950	\$1,271
	137 THERAPEUTIC COLONOSCOPY	45	\$1,464	\$1,695
	138 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	13	\$3,947	\$4,271
	139 LEVEL I HERNIA REPAIR	182	\$4,436	\$4,486
	140 LEVEL II HERNIA REPAIR	12	\$4,503	\$5,242
	141 LEVEL I ANAL AND RECTAL PROCEDURES	14	\$3,155	\$3,138
	142 LEVEL II ANAL AND RECTAL PROCEDURES	40	\$4,088	\$3,733
	143 LEVEL I GASTROINTESTINAL PROCEDURES	10	\$3,800	\$3,742
	144 LEVEL II GASTROINTESTINAL PROCEDURES	3	\$5,385	\$8,218
	145 LEVEL I LAPAROSCOPY	36	\$3,887	\$5,295
	146 LEVEL II LAPAROSCOPY	236	\$6,791	\$8,314
	147 LEVEL III LAPAROSCOPY	335	\$6,355	\$8,305
08	GENITOURINARY SYSTEM PROCEDURES	241	\$6,412	\$6,135
	162 URINARY CATHETERIZATION AND DILATATION	4	\$2,490	\$5,868
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	77	\$4,011	\$4,353
	164 LEVEL II BLADDER AND KIDNEY PROCEDURES	57	\$5,507	\$5,221
	165 LEVEL III BLADDER AND KIDNEY PROCEDURES	10	\$22,274	\$17,334
	166 LEVEL I URETHRA AND PROSTATE PROCEDURES	2	\$3,463	\$1,346
	167 LEVEL II URETHRA AND PROSTATE PROCEDURES	91	\$7,504	\$11,236
09	MALE REPRODUCTIVE SYSTEM	117	\$5,011	\$4,630
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	39	\$3,524	\$3,299
	181 CIRCUMCISION	28	\$2,678	\$2,418
	182 INSERTION OF PENILE PROSTHESIS	6	\$23,312	\$27,785
	183 LEVEL I PENILE AND PROSTATE PROCEDURES	1	\$2,301	\$2,153
	184 LEVEL II PENILE AND PROSTATE PROCEDURES	43	\$5,389	\$6,666
10	FEMALE REPRODUCTIVE SYSTEM	122	\$4,003	\$5,236
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	15	\$2,654	\$3,258
	197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	48	\$4,337	\$5,190
	198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	16	\$6,084	\$7,456
	199 DILATION AND CURETTAGE	12	\$2,551	\$3,266
	200 HYSTEROSCOPY	30	\$3,670	\$5,384
	201 COLPOSCOPY	1	\$2,309	\$4,443
11	NEUROLOGIC SYSTEM PROCEDURES	824	\$1,961	\$4,849
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	485	\$1,144	\$1,315
	215 LEVEL I REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	2	\$7,380	\$13,624

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, SINGLE EAPG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

140 Dixie Regional Medical Center

procedure EAPG category	Procedure EAPG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
	217 LEVEL I NERVE PROCEDURES	99	\$2,736	\$3,161
	218 LEVEL II NERVE PROCEDURES	14	\$5,821	\$11,142
	219 SPINAL TAP	5	\$1,446	\$2,509
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	157	\$1,326	\$1,563
	221 LAMINOTOMY AND LAMINECTOMY	54	\$7,241	\$10,583
	223 LEVEL III NERVE PROCEDURES	8	\$10,959	\$34,351
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	10	\$3,888	\$3,703
	238 LEVEL II POSTERIOR SEGMENT EYE PROCEDURES	1	\$2,281	\$5,867
	239 STRABISMUS AND MUSCLE EYE PROCEDURES	1	\$3,689	\$2,734
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	3	\$1,569	\$2,293
	241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	5	\$5,639	\$3,623
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	988	\$2,994	\$3,605
	250 COCHLEAR DEVICE IMPLANTATION	1	\$30,868	\$50,592
	252 LEVEL I FACIAL AND ENT PROCEDURES	471	\$1,893	\$2,195
	253 LEVEL II FACIAL AND ENT PROCEDURES	20	\$2,464	\$3,352
	254 LEVEL III FACIAL AND ENT PROCEDURES	28	\$6,892	\$6,442
	255 LEVEL IV FACIAL AND ENT PROCEDURES	81	\$8,692	\$8,243
	256 TONSIL AND ADENOID PROCEDURES	387	\$2,815	\$2,817

SOURCE: Utah Ambulatory Surgery Database
 Utah Health Data Committee/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, 2009
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

140 Dixie Regional Medical Center

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
GENDER				
Female	5,484	49.9	122,959	54.1
Male	5,506	50.1	104,281	45.9
Unknown	0	0.0	4	0.0
Not Reported	0	0.0	0	0.0
AGE				
1-28 days	1	0.0	1,731	0.8
29-365 days	97	0.9	2,897	1.3
1-4 years	617	5.6	10,813	4.8
5-9	334	3.0	6,381	2.8
10-14	273	2.5	5,066	2.2
15-17	255	2.3	5,130	2.3
18-19	159	1.4	3,775	1.7
20-24	417	3.8	10,184	4.5
25-29	479	4.4	12,684	5.6
30-34	494	4.5	13,594	6.0
35-39	536	4.9	13,012	5.7
40-44	466	4.2	13,141	5.8
45-49	641	5.8	16,564	7.3
50-54	813	7.4	24,353	10.7
55-59	845	7.7	21,093	9.3
60-64	936	8.5	18,280	8.0
65-69	1,048	9.5	15,480	6.8
70-74	947	8.6	12,653	5.6
75-79	783	7.1	9,821	4.3
80-84	536	4.9	6,574	2.9
85-89	246	2.2	3,084	1.4
90 +	67	0.6	933	0.4
Not Reported	0	0.0	1	0.0
SOURCE OF ADMISSION				
Physician Referral	10,571	96.2	205,377	90.4
Clinic Referral	3	0.0	2,930	1.3
HMO Referral	0	0.0	2,930	1.3
Other Hospital	5	0.0	184	0.1
Skilled Nursing Facility	0	0.0	36	0.0
Other Health Care Facility	5	0.0	18	0.0
Emergency Room	404	3.7	5,340	2.3
Court/Law Enforcement	0	0.0	3	0.0
Unknown	2	0.0	11	0.0
Not Reported	0	0.0	10,415	4.6

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

140 Dixie Regional Medical Center

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	10,953	99.7	226,589	99.7
Another Hospital	2	0.0	102	0.0
Skilled Nursing Facility	13	0.1	137	0.1
Intermediate Care Facility	0	0.0	20	0.0
Another Type of Institution	2	0.0	68	0.0
Under Care of Home Service	17	0.2	270	0.1
Left Against Medical Advice	3	0.0	22	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	0	0.0	13	0.0
Unknown	0	0.0	22	0.0
Not Reported	0	0.0	1	0.0
PRIMARY PAYER				
Medicare	3,287	29.9	45,456	20.0
Medicaid	970	8.8	15,975	7.0
Other government	225	2.0	4,287	1.9
Blue Cross/Blue Shield	1,010	9.2	29,948	13.2
Other Commercial	911	8.3	16,378	7.2
Managed Care(HMO, PPO)	4,055	36.9	106,245	46.8
Self Pay	144	1.3	2,816	1.2
Industrial & Worker Comp	162	1.5	3,291	1.4
Charity and Unclassified	104	0.9	1,613	0.7
Childrens Health Insurance	5	0.0	129	0.1
Unknown	117	1.1	1,046	0.5
Not Reported	0	0.0	60	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	18	0.2	16,751	7.4
Central Utah	88	0.8	8,412	3.7
Davis County	12	0.1	23,806	10.5
Salt Lake County	45	0.4	77,342	34.0
Southeastern Utah	7	0.1	4,701	2.1
Southwest Utah	9,387	85.4	14,188	6.2
Summit County	2	0.0	2,798	1.2
Tooele County	4	0.0	4,137	1.8
Tri-County	5	0.0	6,035	2.7
Utah County	42	0.4	37,226	16.4
Wasatch County	1	0.0	1,669	0.7
Weber County	17	0.2	20,181	8.9
Unknown Utah	1	0.0	27	0.0
Outside Utah	1,358	12.4	9,882	4.3
Unknown, Not Reported	3	0.0	89	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, 2009
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)	107	100.0	320,509	100.0
Mastectomy (85.0-85.99)	0	0.0	8,217	2.6
Musculoskeletal (76.0-84.99)	5	4.7	69,555	21.7
Respiratory (30.0-34.99)	0	0.0	3,320	1.0
Cardiovascular (35.0-39.99)	1	0.9	22,400	7.0
Lymphatic/Hemetic (40.0-41.99)	0	0.0	2,804	0.9
Digestive System (42.0-54.99)	89	83.2	98,678	30.8
Urinary (55.0-59.99)	0	0.0	10,902	3.4
Male Genital (60.0-64.99)	2	1.9	3,817	1.2
Female Genital (65.0-71.99)	3	2.8	14,786	4.6
Endocrine/Nervous (01.0-07.99)	0	0.0	23,111	7.2
Eye (08.0-16.99)	0	0.0	21,114	6.6
Ear (18.0-20.99)	2	1.9	12,945	4.0
Nose, Mouth, Pharynx (21.0-29.99)	5	4.7	28,860	9.0
Reporting Category(CPT-4 CODES)	100	100.0	299,107	100.0
Mastectomy (19120-19220)	0	0.0	2,014	0.7
Musculoskeletal (20000-29909)	4	4.0	75,301	25.2
Respiratory (30000-32999 & 39501-39599)	0	0.0	14,568	4.9
Cardiovascular (33010-37799 & 93501-93660)	2	2.0	24,369	8.1
Lymphatic/Hemetic (38100-38999)	0	0.0	2,630	0.9
Digestive (40490-49999)	91	91.0	109,341	36.6
Urinary (50010-53899)	0	0.0	10,457	3.5
Male Genital (54000-55899)	1	1.0	3,299	1.1
Female Genital (56405-58999)	1	1.0	12,326	4.1
Endocrine/Nervous (60000-64999)	0	0.0	24,781	8.3
Eye (65091-68899)	0	0.0	12,489	4.2
Ear (69000-69979)	1	1.0	7,532	2.5

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

AMB ST 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES

115 Fillmore Community Medical Center - CAH

ICD-9 CODE	ICD-9 DESCRIPTION	#	%	% ALL Hospitals
All ICD-9 Procedures		107	100.0	100.0
4523	COLONOSCOPY	22	20.6	6.09
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	20	18.7	5.75
4525	CLO [ENDO] BX LG INTESTINE	20	18.7	2.33
4824	CLO [ENDO] BX RECTUM	7	6.5	0.41
4513	OTH ENDO SM INTESTINE	5	4.7	1.71
5123	LAP CHOLEY	4	3.7	2.26
5341	REPR UMB HERN W/PROSTH	4	3.7	0.22
283	TONSILLECTOMY W/ADENOIDECTOMY	3	2.8	1.80
2001	MYRINGOTOMY W/INSRT TUBE	2	1.9	3.18
4542	ENDO POLYPECTOMY LG INTESTINE	2	1.9	3.35
7751	BUNIONEC SOFT-OSTEOT 1ST METATARS	2	1.9	0.31
280	I&D TONSIL & PERITONSILLAR STRUCT	1	0.9	0.02
282	TONSILLECTOMY WO ADENOIDECTOMY	1	0.9	0.53
3821	BX BLD VESSEL	1	0.9	0.01
4543	ENDO DEST OTH LES/TISS LG INTEST	1	0.9	0.04
5122	CHOLECYSTECTOMY	1	0.9	0.02
5303	UNILAT REPR DIRECT ING HERN-GFT	1	0.9	0.23
5349	OTH UMB HERNIORRHAPHY	1	0.9	0.28
5369	REPR OTH HERN ANT ABD WALL W/PROSTH	1	0.9	0.09
610	I&D SCROTUM & TUNICA VAGINALIS	1	0.9	0.01

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		100	100.0	100.0
45380	COLONOSCOPY FLEX; W/BX 1/MX	25	25.0	5.24
45378	COLONOSCOPY FLEX; DX-SEP PROC	22	22.0	6.11
43239	UGI ENDO; W/BX 1/MX	20	20.0	6.06
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	5	5.0	1.25
47562	LAPAROSCOPY SURGICAL; CHOLECT	4	4.0	0.94
49585	REPR UMBIL HERNIA 5YR/OVER; RDUC	3	3.0	0.37
28296	HALLUX VALGUS; W/METATARSAL OSTE	2	2.0	0.27
42820	T&A; UNDER AGE 12	2	2.0	1.47
45384	COLONOSCOPY FLEX; REMV LES-FORCE	2	2.0	0.20
49587	REPR UMBIL HERNIA 5YR/OVER; INCA	2	2.0	0.12
21930	EXC TUMR SOFT TISSUE BACK/FLANK	1	1.0	0.05
28899	UNLISTED PROCEDURE FOOT OR TOES	1	1.0	0.15
36430	TRANSFUSION BLOOD/BLOOD COMPONENT	1	1.0	0.42
37609	LIGATION OR BIOPSY TEMPORAL ARTE	1	1.0	0.01
42700	I&D ABSCESS; PERITONSILLAR	1	1.0	0.02
42821	T&A; AGE 12 OR OVER	1	1.0	0.44
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	1	1.0	0.49
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	1	1.0	1.49
47600	CHOLECYSTECTOMY;	1	1.0	0.01
49505	REPR INIT ING HERNIA 5YR/MORE; R	1	1.0	0.82

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, 2009
 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		77	\$2,447	\$4,501
4523	COLONOSCOPY	18	\$1,064	\$1,087
4525	CLO [ENDO] BX LG INTESTINE	16	\$1,502	\$1,709
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	14	\$1,129	\$1,581
4824	CLO [ENDO] BX RECTUM	4	\$1,512	\$1,513
5123	LAP CHOLEY	4	\$9,154	\$7,426
283	TONSILLECTOMY W/ADENOIDECTOMY	3	\$4,307	\$2,850
4513	OTH ENDO SM INTESTINE	3	\$1,780	\$1,334
5341	REPR UMB HERN W/PROSTH	3	\$7,325	\$5,183
3821	BX BLD VESSEL	1	\$2,139	\$3,081
4542	ENDO POLYPECTOMY LG INTESTINE	1	\$2,053	\$1,547
5122	CHOLECYSTECTOMY	1	\$7,812	\$6,619
5303	UNILAT REPR DIRECT ING HERN-GFT	1	\$4,329	\$4,986
5349	OTH UMB HERNIORRHAPHY	1	\$5,172	\$3,750
610	I&D SCROTUM & TUNICA VAGINALIS	1	\$3,834	\$4,412
613	EXC/DESTRUC LES/TISS SCROTUM	1	\$2,495	\$3,868
6902	D&C FOLLOWING DELIV/AB	1	\$3,577	\$3,011
6952	ASPIR CURET FOLLOWING DELIV/AB	1	\$3,353	\$3,269
6959	OTH ASPIR CURET UTERUS	1	\$2,214	\$2,928
7759	OTH BUNIONEC	1	\$6,276	\$5,616
8339	EXC LES OTH SOFT TISS	1	\$3,270	\$3,741

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
CPT-4 Procedures		76	\$2,432	\$3,915
45380	COLONOSCOPY FLEX; W/BX 1/MX	21	\$1,514	\$1,526
45378	COLONOSCOPY FLEX; DX-SEP PROC	18	\$1,064	\$1,090
43239	UGI ENDO; W/BX 1/MX	14	\$1,129	\$1,548
47562	LAPAROSCOPY SURGICAL; CHOLECT	4	\$9,154	\$6,606
49585	REPR UMBIL HERNIA 5YR/OVER; RDUC	3	\$4,562	\$4,469
42820	T&A; UNDER AGE 12	2	\$3,990	\$2,701
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	2	\$1,509	\$1,234
49587	REPR UMBIL HERNIA 5YR/OVER; INCA	2	\$8,721	\$4,844
21930	EXC TUMR SOFT TISSUE BACK/FLANK	1	\$3,270	\$3,378
28296	HALLUX VALGUS; W/METATARSAL OSTE	1	\$6,276	\$5,339
37609	LIGATION OR BIOPSY TEMPORAL ARTE	1	\$2,139	\$3,102
42821	T&A; AGE 12 OR OVER	1	\$4,943	\$3,195
45384	COLONOSCOPY FLEX; REMV LES-FORCE	1	\$2,053	\$1,693
47600	CHOLECYSTECTOMY;	1	\$7,812	\$7,092
49505	REPR INIT ING HERNIA 5YR/MORE; R	1	\$4,329	\$4,721
54700	I&D EPIDIDYMIS TESTIS&/SCROTL SP	1	\$3,834	\$4,498
58120	DILATION & CURET DX &/ THERAPEUT	1	\$2,214	\$3,266
69436	TYMPANOSTOMY GENERAL ANESTHESIA	1	\$2,482	\$1,499

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, 2009
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE* CPT-4 PROCEDURES

115 Fillmore Community Medical Center - CAH

Procedure EAPG category	Procedure EAPG	TOTAL #	TOTAL # (ALL Hospitals)
01	SKIN & INTEGUMENTARY SYSTEM PROCEDURES	3	8,192
	003 LEVEL I SKIN INCISION AND DRAINAGE	1	189
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	1	503
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	1	5,031
03	MUSCULOSKELETAL SYSTEM PROCEDURES	3	64,806
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	1	717
	045 BUNION PROCEDURES	2	1,791
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	1	2,884
	113 LEVEL I BLOOD AND BLOOD PRODUCT EXCHANGE	1	1,308
07	GASTROINTESTINAL SYSTEM PROCEDURES	85	99,755
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	25	22,635
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	47	34,149
	137 THERAPEUTIC COLONOSCOPY	3	5,727
	139 LEVEL I HERNIA REPAIR	6	5,573
	146 LEVEL II LAPAROSCOPY	4	8,847
09	MALE REPRODUCTIVE SYSTEM	1	3,509
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	1	1,431
10	FEMALE REPRODUCTIVE SYSTEM	1	7,180
	199 DILATION AND CURETTAGE	1	551
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	5	28,739
	252 LEVEL I FACIAL AND ENT PROCEDURES	1	12,362
	256 TONSIL AND ADENOID PROCEDURES	4	8,493

SOURCE: Utah Ambulatory Surgery Database
Utah Health Data Committee/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, 2009
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, SINGLE EAPG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

115 Fillmore Community Medical Center - CAH

Procedure EAPG category	Procedure EAPG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
01	SKIN & INTEGUMENTARY SYSTEM PROCEDURES	2	\$2,704	\$3,762
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	1	\$2,139	\$3,664
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	1	\$3,270	\$3,677
03	MUSCULOSKELETAL SYSTEM PROCEDURES	1	\$6,276	\$5,044
	045 BUNION PROCEDURES	1	\$6,276	\$5,191
07	GASTROINTESTINAL SYSTEM PROCEDURES	66	\$2,180	\$3,055
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	16	\$1,177	\$1,516
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	39	\$1,306	\$1,271
	137 THERAPEUTIC COLONOSCOPY	1	\$2,053	\$1,695
	139 LEVEL I HERNIA REPAIR	6	\$5,909	\$4,486
	146 LEVEL II LAPAROSCOPY	4	\$9,154	\$8,314
09	MALE REPRODUCTIVE SYSTEM	1	\$3,834	\$4,630
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	1	\$3,834	\$3,299
10	FEMALE REPRODUCTIVE SYSTEM	1	\$2,214	\$5,236
	199 DILATION AND CURETTAGE	1	\$2,214	\$3,266
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	4	\$3,851	\$3,605
	252 LEVEL I FACIAL AND ENT PROCEDURES	1	\$2,482	\$2,195
	256 TONSIL AND ADENOID PROCEDURES	3	\$4,307	\$2,817

SOURCE: Utah Ambulatory Surgery Database
 Utah Health Data Committee/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, 2009
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

115 Fillmore Community Medical Center - CAH

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
GENDER				
Female	58	63.7	122,959	54.1
Male	33	36.3	104,281	45.9
Unknown	0	0.0	4	0.0
Not Reported	0	0.0	0	0.0
AGE				
1-28 days	0	0.0	1,731	0.8
29-365 days	1	1.1	2,897	1.3
1-4 years	1	1.1	10,813	4.8
5-9	1	1.1	6,381	2.8
10-14	0	0.0	5,066	2.2
15-17	1	1.1	5,130	2.3
18-19	1	1.1	3,775	1.7
20-24	1	1.1	10,184	4.5
25-29	3	3.3	12,684	5.6
30-34	6	6.6	13,594	6.0
35-39	2	2.2	13,012	5.7
40-44	6	6.6	13,141	5.8
45-49	6	6.6	16,564	7.3
50-54	11	12.1	24,353	10.7
55-59	15	16.5	21,093	9.3
60-64	10	11.0	18,280	8.0
65-69	13	14.3	15,480	6.8
70-74	5	5.5	12,653	5.6
75-79	4	4.4	9,821	4.3
80-84	3	3.3	6,574	2.9
85-89	1	1.1	3,084	1.4
90 +	0	0.0	933	0.4
Not Reported	0	0.0	1	0.0
SOURCE OF ADMISSION				
Physician Referral	89	97.8	205,377	90.4
Clinic Referral	0	0.0	2,930	1.3
HMO Referral	1	1.1	2,930	1.3
Other Hospital	0	0.0	184	0.1
Skilled Nursing Facility	0	0.0	36	0.0
Other Health Care Facility	0	0.0	18	0.0
Emergency Room	1	1.1	5,340	2.3
Court/Law Enforcement	0	0.0	3	0.0
Unknown	0	0.0	11	0.0
Not Reported	0	0.0	10,415	4.6

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

115 Fillmore Community Medical Center - CAH

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	91	100.0	226,589	99.7
Another Hospital	0	0.0	102	0.0
Skilled Nursing Facility	0	0.0	137	0.1
Intermediate Care Facility	0	0.0	20	0.0
Another Type of Institution	0	0.0	68	0.0
Under Care of Home Service	0	0.0	270	0.1
Left Against Medical Advice	0	0.0	22	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	0	0.0	13	0.0
Unknown	0	0.0	22	0.0
Not Reported	0	0.0	1	0.0
PRIMARY PAYER				
Medicare	25	27.5	45,456	20.0
Medicaid	8	8.8	15,975	7.0
Other government	1	1.1	4,287	1.9
Blue Cross/Blue Shield	12	13.2	29,948	13.2
Other Commercial	3	3.3	16,378	7.2
Managed Care(HMO, PPO)	36	39.6	106,245	46.8
Self Pay	2	2.2	2,816	1.2
Industrial & Worker Comp	0	0.0	3,291	1.4
Charity and Unclassified	3	3.3	1,613	0.7
Childrens Health Insurance	0	0.0	129	0.1
Unknown	1	1.1	1,046	0.5
Not Reported	0	0.0	60	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	0	0.0	16,751	7.4
Central Utah	89	97.8	8,412	3.7
Davis County	0	0.0	23,806	10.5
Salt Lake County	0	0.0	77,342	34.0
Southeastern Utah	0	0.0	4,701	2.1
Southwest Utah	1	1.1	14,188	6.2
Summit County	0	0.0	2,798	1.2
Tooele County	0	0.0	4,137	1.8
Tri-County	0	0.0	6,035	2.7
Utah County	0	0.0	37,226	16.4
Wasatch County	0	0.0	1,669	0.7
Weber County	0	0.0	20,181	8.9
Unknown Utah	0	0.0	27	0.0
Outside Utah	1	1.1	9,882	4.3
Unknown, Not Reported	0	0.0	89	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, 2009
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)	218	100.0	320,509	100.0
Mastectomy (85.0-85.99)	0	0.0	8,217	2.6
Musculoskeletal (76.0-84.99)	2	0.9	69,555	21.7
Respiratory (30.0-34.99)	0	0.0	3,320	1.0
Cardiovascular (35.0-39.99)	0	0.0	22,400	7.0
Lymphatic/Hemetic (40.0-41.99)	0	0.0	2,804	0.9
Digestive System (42.0-54.99)	187	85.8	98,678	30.8
Urinary (55.0-59.99)	0	0.0	10,902	3.4
Male Genital (60.0-64.99)	0	0.0	3,817	1.2
Female Genital (65.0-71.99)	3	1.4	14,786	4.6
Endocrine/Nervous (01.0-07.99)	1	0.5	23,111	7.2
Eye (08.0-16.99)	0	0.0	21,114	6.6
Ear (18.0-20.99)	16	7.3	12,945	4.0
Nose, Mouth, Pharynx (21.0-29.99)	9	4.1	28,860	9.0
Reporting Category(CPT-4 CODES)	193	100.0	299,107	100.0
Mastectomy (19120-19220)	0	0.0	2,014	0.7
Musculoskeletal (20000-29909)	2	1.0	75,301	25.2
Respiratory (30000-32999 & 39501-39599)	0	0.0	14,568	4.9
Cardiovascular (33010-37799 & 93501-93660)	0	0.0	24,369	8.1
Lymphatic/Hemetic (38100-38999)	0	0.0	2,630	0.9
Digestive (40490-49999)	181	93.8	109,341	36.6
Urinary (50010-53899)	0	0.0	10,457	3.5
Male Genital (54000-55899)	0	0.0	3,299	1.1
Female Genital (56405-58999)	1	0.5	12,326	4.1
Endocrine/Nervous (60000-64999)	1	0.5	24,781	8.3
Eye (65091-68899)	0	0.0	12,489	4.2
Ear (69000-69979)	8	4.1	7,532	2.5

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

AMB ST 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
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		218	100.0	100.0
4542	ENDO POLYPECTOMY LG INTESTINE	44	20.2	3.35
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	37	17.0	5.75
4523	COLONOSCOPY	34	15.6	6.09
4525	CLO [ENDO] BX LG INTESTINE	23	10.6	2.33
2001	MYRINGOTOMY W/INSRT TUBE	16	7.3	3.18
4836	[ENDO] POLYPECTOMY RECTUM	11	5.0	0.95
4341	ENDO EXC/DESTRUC LES/TISS STOMACH	10	4.6	0.08
5123	LAP CHOLEY	6	2.8	2.26
283	TONSILLECTOMY W/ADENOIDECTOMY	5	2.3	1.80
4513	OTH ENDO SM INTESTINE	5	2.3	1.71
4824	CLO [ENDO] BX RECTUM	5	2.3	0.41
282	TONSILLECTOMY WO ADENOIDECTOMY	3	1.4	0.53
4514	CLO [ENDO] BX SM INTESTINE	2	0.9	0.05
6902	D&C FOLLOWING DELIV/AB	2	0.9	0.22
8339	EXC LES OTH SOFT TISS	2	0.9	0.31
0403	DIVIS/CRUSH OTH CRANIAL-PERIPH NERV	1	0.5	0.01
286	ADENOIDECTOMY WO TONSILLECTOMY	1	0.5	0.33
4233	ENDO EXC/DESTRUC LES/TISS ESOPH	1	0.5	0.05
4531	OTH LOC EXC LES DUODENUM	1	0.5	0.00
4903	EXC PERIAN SKIN TAGS	1	0.5	0.02

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		193	100.0	100.0
45380	COLONOSCOPY FLEX; W/BX 1/MX	69	35.8	5.24
43239	UGI ENDO; W/BX 1/MX	45	23.3	6.06
45378	COLONOSCOPY FLEX; DX-SEP PROC	29	15.0	6.11
69436	TYMPANOSTOMY GENERAL ANESTHESIA	8	4.1	1.75
47562	LAPAROSCOPY SURGICAL; CHOLECT	6	3.1	0.94
42820	T&A; UNDER AGE 12	4	2.1	1.47
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	4	2.1	1.25
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	4	2.1	1.49
49505	REPR INIT ING HERNIA 5YR/MORE; R	4	2.1	0.82
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	2	1.0	0.49
21930	EXC TUMR SOFT TISSUE BACK/FLANK	1	0.5	0.05
23075	EXC SFT TISS TUMR SHLDR AREA; SU	1	0.5	0.01
42821	T&A; AGE 12 OR OVER	1	0.5	0.44
42825	TONSILLECT PRIM/SEC; UNDER AGE 1	1	0.5	0.08
42830	ADENOIDECTOMY PRIMARY; UNDER AGE	1	0.5	0.32
43258	UGI ENDO; W/ABLAT LES NOT SNARE	1	0.5	0.04
44361	SM INTEST ENDO NOT ILEUM; W/BX 1	1	0.5	0.02
44376	SM INTEST ENDO W/ILEUM; DX-SEP P	1	0.5	0.01
44377	SM INTEST ENDO W/ILEUM; W/BX 1/M	1	0.5	0.03
46220	PAPILLECT/EXC 1 TAG ANUS-SEP PRO	1	0.5	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, 2009
 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	100	\$1,260	\$4,501
4542	ENDO POLYPECTOMY LG INTESTINE	27	\$923	\$1,547
4523	COLONOSCOPY	24	\$713	\$1,087
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	15	\$1,040	\$1,581
283	TONSILLECTOMY W/ADENOIDECTOMY	5	\$1,745	\$2,850
4525	CLO [ENDO] BX LG INTESTINE	5	\$1,035	\$1,709
5123	LAP CHOLEY	5	\$4,133	\$7,426
282	TONSILLECTOMY WO ADENOIDECTOMY	3	\$1,376	\$2,868
4341	ENDO EXC/DESTRUC LES/TISS STOMACH	2	\$817	\$1,798
4513	OTH ENDO SM INTESTINE	2	\$494	\$1,334
6902	D&C FOLLOWING DELIV/AB	2	\$2,433	\$3,011
8339	EXC LES OTH SOFT TISS	2	\$2,122	\$3,741
0403	DIVIS/CRUSH OTH CRANIAL-PERIPH NERV	1	\$1,690	\$3,527
4514	CLO [ENDO] BX SM INTESTINE	1	\$805	\$2,092
4824	CLO [ENDO] BX RECTUM	1	\$784	\$1,513
4836	[ENDO] POLYPECTOMY RECTUM	1	\$854	\$1,394
5302	UNILAT REPR INDIRECT ING HERN	1	\$2,203	\$3,140
5315	BILAT REPR INDIRECT ING HERN-GFT	1	\$3,296	\$6,804
5359	REPR OTH HERN ANT ABD WALL	1	\$2,499	\$3,314
7071	SUT LAC VAG	1	\$5,868	\$5,582

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
CPT-4	Procedures	110	\$1,203	\$3,915
45380	COLONOSCOPY FLEX; W/BX 1/MX	43	\$956	\$1,526
45378	COLONOSCOPY FLEX; DX-SEP PROC	21	\$713	\$1,090
43239	UGI ENDO; W/BX 1/MX	17	\$1,053	\$1,548
69436	TYMPANOSTOMY GENERAL ANESTHESIA	7	\$927	\$1,499
47562	LAPAROSCOPY SURGICAL; CHOLECT	5	\$4,133	\$6,606
42820	T&A; UNDER AGE 12	4	\$1,834	\$2,701
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	2	\$1,371	\$2,928
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	2	\$494	\$1,234
21930	EXC TUMR SOFT TISSUE BACK/FLANK	1	\$2,477	\$3,378
23075	EXC SFT TISS TUMR SHLDR AREA; SU	1	\$1,767	\$3,702
42821	T&A; AGE 12 OR OVER	1	\$1,391	\$3,195
42825	TONSILLECT PRIM/SEC; UNDER AGE 1	1	\$1,386	\$2,604
44377	SM INTEST ENDO W/ILEUM; W/BX 1/M	1	\$805	\$2,226
49505	REPR INIT ING HERNIA 5YR/MORE; R	1	\$2,203	\$4,721
49570	REPR EPIGASTRIC HERN; RDOC-SEP P	1	\$2,499	\$4,000
57200	COLPORRHAPHY SUTURE INJURY VAGIN	1	\$5,868	\$5,023
64771	TRANSECT OTH CRANIAL NERV EXTRAD	1	\$1,690	\$3,135

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, 2009
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE* CPT-4 PROCEDURES

110 Garfield Memorial Hospital

Procedure EAPG category	Procedure EAPG	TOTAL #	TOTAL # (ALL Hospitals)
01	SKIN & INTEGUMENTARY SYSTEM PROCEDURES	2	8,192
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	1	503
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	1	5,031
07	GASTROINTESTINAL SYSTEM PROCEDURES	172	99,755
	132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	1	502
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	50	22,635
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	1	4,688
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	99	34,149
	137 THERAPEUTIC COLONOSCOPY	4	5,727
	138 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	2	1,937
	139 LEVEL I HERNIA REPAIR	7	5,573
	140 LEVEL II HERNIA REPAIR	1	1,193
	146 LEVEL II LAPAROSCOPY	7	8,847
10	FEMALE REPRODUCTIVE SYSTEM	1	7,180
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	1	1,292
11	NEUROLOGIC SYSTEM PROCEDURES	1	24,377
	217 LEVEL I NERVE PROCEDURES	1	4,031
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	17	28,739
	252 LEVEL I FACIAL AND ENT PROCEDURES	8	12,362
	256 TONSIL AND ADENOID PROCEDURES	9	8,493

SOURCE: Utah Ambulatory Surgery Database
Utah Health Data Committee/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, 2009
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, SINGLE EAPG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

110 Garfield Memorial Hospital

Procedure EAPG category	Procedure EAPG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
01	SKIN & INTEGUMENTARY SYSTEM PROCEDURES	2	\$2,122	\$3,762
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	1	\$1,767	\$3,664
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	1	\$2,477	\$3,677
07	GASTROINTESTINAL SYSTEM PROCEDURES	91	\$1,112	\$3,055
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	19	\$994	\$1,516
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	64	\$876	\$1,271
	138 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	1	\$805	\$4,271
	139 LEVEL I HERNIA REPAIR	2	\$2,351	\$4,486
	146 LEVEL II LAPAROSCOPY	5	\$4,133	\$8,314
10	FEMALE REPRODUCTIVE SYSTEM	1	\$5,868	\$5,236
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	1	\$5,868	\$3,258
11	NEUROLOGIC SYSTEM PROCEDURES	1	\$1,690	\$4,849
	217 LEVEL I NERVE PROCEDURES	1	\$1,690	\$3,161
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	15	\$1,289	\$3,605
	252 LEVEL I FACIAL AND ENT PROCEDURES	7	\$927	\$2,195
	256 TONSIL AND ADENOID PROCEDURES	8	\$1,607	\$2,817

SOURCE: Utah Ambulatory Surgery Database
 Utah Health Data Committee/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, 2009
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

110 Garfield Memorial Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
GENDER				
Female	83	53.9	122,959	54.1
Male	71	46.1	104,281	45.9
Unknown	0	0.0	4	0.0
Not Reported	0	0.0	0	0.0
AGE				
1-28 days	0	0.0	1,731	0.8
29-365 days	2	1.3	2,897	1.3
1-4 years	7	4.5	10,813	4.8
5-9	5	3.2	6,381	2.8
10-14	2	1.3	5,066	2.2
15-17	2	1.3	5,130	2.3
18-19	0	0.0	3,775	1.7
20-24	2	1.3	10,184	4.5
25-29	4	2.6	12,684	5.6
30-34	2	1.3	13,594	6.0
35-39	7	4.5	13,012	5.7
40-44	3	1.9	13,141	5.8
45-49	10	6.5	16,564	7.3
50-54	16	10.4	24,353	10.7
55-59	21	13.6	21,093	9.3
60-64	13	8.4	18,280	8.0
65-69	22	14.3	15,480	6.8
70-74	18	11.7	12,653	5.6
75-79	12	7.8	9,821	4.3
80-84	5	3.2	6,574	2.9
85-89	1	0.6	3,084	1.4
90 +	0	0.0	933	0.4
Not Reported	0	0.0	1	0.0
SOURCE OF ADMISSION				
Physician Referral	3	1.9	205,377	90.4
Clinic Referral	149	96.8	2,930	1.3
HMO Referral	0	0.0	2,930	1.3
Other Hospital	0	0.0	184	0.1
Skilled Nursing Facility	0	0.0	36	0.0
Other Health Care Facility	0	0.0	18	0.0
Emergency Room	2	1.3	5,340	2.3
Court/Law Enforcement	0	0.0	3	0.0
Unknown	0	0.0	11	0.0
Not Reported	0	0.0	10,415	4.6

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

110 Garfield Memorial Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	153	99.4	226,589	99.7
Another Hospital	1	0.6	102	0.0
Skilled Nursing Facility	0	0.0	137	0.1
Intermediate Care Facility	0	0.0	20	0.0
Another Type of Institution	0	0.0	68	0.0
Under Care of Home Service	0	0.0	270	0.1
Left Against Medical Advice	0	0.0	22	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	0	0.0	13	0.0
Unknown	0	0.0	22	0.0
Not Reported	0	0.0	1	0.0
PRIMARY PAYER				
Medicare	54	35.1	45,456	20.0
Medicaid	10	6.5	15,975	7.0
Other government	3	1.9	4,287	1.9
Blue Cross/Blue Shield	15	9.7	29,948	13.2
Other Commercial	15	9.7	16,378	7.2
Managed Care(HMO, PPO)	56	36.4	106,245	46.8
Self Pay	0	0.0	2,816	1.2
Industrial & Worker Comp	0	0.0	3,291	1.4
Charity and Unclassified	1	0.6	1,613	0.7
Childrens Health Insurance	0	0.0	129	0.1
Unknown	0	0.0	1,046	0.5
Not Reported	0	0.0	60	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	0	0.0	16,751	7.4
Central Utah	19	12.3	8,412	3.7
Davis County	0	0.0	23,806	10.5
Salt Lake County	0	0.0	77,342	34.0
Southeastern Utah	0	0.0	4,701	2.1
Southwest Utah	135	87.7	14,188	6.2
Summit County	0	0.0	2,798	1.2
Tooele County	0	0.0	4,137	1.8
Tri-County	0	0.0	6,035	2.7
Utah County	0	0.0	37,226	16.4
Wasatch County	0	0.0	1,669	0.7
Weber County	0	0.0	20,181	8.9
Unknown Utah	0	0.0	27	0.0
Outside Utah	0	0.0	9,882	4.3
Unknown, Not Reported	0	0.0	89	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, 2009
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)	1,260	100.0	320,509	100.0
Mastectomy (85.0-85.99)	19	1.5	8,217	2.6
Musculoskeletal (76.0-84.99)	67	5.3	69,555	21.7
Respiratory (30.0-34.99)	1	0.1	3,320	1.0
Cardiovascular (35.0-39.99)	0	0.0	22,400	7.0
Lymphatic/Hemetic (40.0-41.99)	4	0.3	2,804	0.9
Digestive System (42.0-54.99)	775	61.5	98,678	30.8
Urinary (55.0-59.99)	23	1.8	10,902	3.4
Male Genital (60.0-64.99)	8	0.6	3,817	1.2
Female Genital (65.0-71.99)	93	7.4	14,786	4.6
Endocrine/Nervous (01.0-07.99)	30	2.4	23,111	7.2
Eye (08.0-16.99)	86	6.8	21,114	6.6
Ear (18.0-20.99)	87	6.9	12,945	4.0
Nose, Mouth, Pharynx (21.0-29.99)	67	5.3	28,860	9.0
Reporting Category(CPT-4 CODES)	1,648	100.0	299,107	100.0
Mastectomy (19120-19220)	17	1.0	2,014	0.7
Musculoskeletal (20000-29909)	70	4.2	75,301	25.2
Respiratory (30000-32999 & 39501-39599)	13	0.8	14,568	4.9
Cardiovascular (33010-37799 & 93501-93660)	678	41.1	24,369	8.1
Lymphatic/Hemetic (38100-38999)	4	0.2	2,630	0.9
Digestive (40490-49999)	687	41.7	109,341	36.6
Urinary (50010-53899)	12	0.7	10,457	3.5
Male Genital (54000-55899)	9	0.5	3,299	1.1
Female Genital (56405-58999)	21	1.3	12,326	4.1
Endocrine/Nervous (60000-64999)	4	0.2	24,781	8.3
Eye (65091-68899)	87	5.3	12,489	4.2
Ear (69000-69979)	46	2.8	7,532	2.5

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

AMB ST 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
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		1,260	100.0	100.0
4523	COLONOSCOPY	230	18.3	6.09
4513	OTH ENDO SM INTESTINE	184	14.6	1.71
2001	MYRINGOTOMY W/INSRT TUBE	85	6.7	3.18
4525	CLO [ENDO] BX LG INTESTINE	76	6.0	2.33
1341	PHACOEMULSIFICATION-ASPIR CATARACT	59	4.7	1.58
5123	LAP CHOLEY	51	4.0	2.26
5159	INCIS OTH BILE DUCT	47	3.7	0.02
5451	LAP LYSIS PERITONEAL ADHES	39	3.1	0.25
283	TONSILLECTOMY W/ADENOIDECTOMY	31	2.5	1.80
0443	RELEASE CARPAL TUNNEL	29	2.3	0.98
1364	DISCISSION SECNDRY MEMBRN	27	2.1	0.10
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	25	2.0	5.75
282	TONSILLECTOMY WO ADENOIDECTOMY	22	1.7	0.53
5421	LAPAROSCOPY	20	1.6	0.34
4542	ENDO POLYPECTOMY LG INTESTINE	19	1.5	3.35
8026	ARTHSCPY-KNEE	18	1.4	0.54
8521	LOC EXC LES BREAST	16	1.3	0.73
6823	ENDOMETRIAL ABLATION	14	1.1	0.47
806	EXC SEMILUNAR CARTILAGE-KNEE	14	1.1	1.86
8147	OTH REPR KNEE	14	1.1	0.94

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		1,648	100.0	100.0
36416	COLLECTON CAPILLARY BLOOD SPECIM	619	37.6	0.94
45378	COLONOSCOPY FLEX; DX-SEP PROC	229	13.9	6.11
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	176	10.7	1.25
45380	COLONOSCOPY FLEX; W/BX 1/MX	71	4.3	5.24
66984	EXTRACAPSULAR CATARACT REMV IOL	61	3.7	1.64
36430	TRANSFUSION BLOOD/BLOOD COMPONENT	51	3.1	0.42
69436	TYMPANOSTOMY GENERAL ANESTHESIA	42	2.5	1.75
49505	REPR INIT ING HERNIA 5YR/MORE; R	33	2.0	0.82
42820	T&A; UNDER AGE 12	29	1.8	1.47
66821	DISCISSION 2ND CATARACT; LASER S	26	1.6	0.12
29848	ENDO WRST SURG REL TRNS CARP LIG	25	1.5	0.39
43239	UGI ENDO; W/BX 1/MX	23	1.4	6.06
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	18	1.1	1.49
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	17	1.0	0.49
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	12	0.7	1.50
19120	EXC BRST CYST TUMR/LES OPN M/F 1	9	0.5	0.42
29877	SCOPE KNEE SURG; DEBRID/SHAVE CA	8	0.5	1.00
19125	EXC BRST LES ID RAD MARKR OPN;1	7	0.4	0.24
29882	SCOPE KNEE; W/MENISCUS REPR MED/	6	0.4	0.12
32421	32421	6	0.4	0.08

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

AMB ST 1-3

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
 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	742	\$1,788	\$4,501
4523	COLONOSCOPY	187	\$919	\$1,087
4513	OTH ENDO SM INTESTINE	126	\$915	\$1,334
4525	CLO [END0] BX LG INTESTINE	62	\$1,080	\$1,709
1341	PHACOEMULSIFICATION-ASPIR CATARACT	59	\$2,527	\$2,836
1364	DISCISSION SECNDRY MEMBRN	27	\$810	\$785
283	TONSILLECTOMY W/ADENOIDECTOMY	27	\$1,385	\$2,850
0443	RELEASE CARPAL TUNNEL	25	\$2,166	\$2,540
282	TONSILLECTOMY WO ADENOIDECTOMY	21	\$1,507	\$2,868
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	20	\$1,106	\$1,581
8521	LOC EXC LES BREAST	14	\$2,387	\$3,374
4542	ENDO POLYPECTOMY LG INTESTINE	13	\$1,198	\$1,547
4701	LAP APPENDECTOMY	11	\$7,267	\$10,907
5304	UNILAT REPR INDIRECT ING HERN-GFT	9	\$3,098	\$4,709
5342	5342	9	\$7,022	\$8,323
6851	LAP ASSIST VAG HYST [LAVH]	9	\$7,492	\$10,629
6902	D&C FOLLOWING DELIV/AB	8	\$1,946	\$3,011
5303	UNILAT REPR DIRECT ING HERN-GFT	7	\$3,167	\$4,986
6823	ENDOMETRIAL ABLATION	7	\$4,927	\$6,213
5314	BILAT REPR DIRECT ING HERN-GFT	6	\$4,025	\$6,444
5421	LAPAROSCOPY	5	\$4,171	\$4,515

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
CPT-4	Procedures	1,450	\$991	\$3,915
36416	COLLECTON CAPILLARY BLOOD SPECIM	608	\$148	\$145
45378	COLONOSCOPY FLEX; DX-SEP PROC	186	\$917	\$1,090
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	123	\$898	\$1,234
66984	EXTRACAPSULAR CATARACT REMV IOL	61	\$2,526	\$3,678
45380	COLONOSCOPY FLEX; W/BX 1/MX	60	\$1,067	\$1,526
36430	TRANSFUSION BLOOD/BLOOD COMPONENT	46	\$1,035	\$3,294
69436	TYMPANOSTOMY GENERAL ANESTHESIA	36	\$873	\$1,499
66821	DISCISSION 2ND CATARACT; LASER S	26	\$799	\$766
29848	ENDO WRST SURG REL TRNS CARP LIG	25	\$2,190	\$2,666
42820	T&A; UNDER AGE 12	25	\$1,373	\$2,701
43239	UGI ENDO; W/BX 1/MX	19	\$1,046	\$1,548
49505	REPR INIT ING HERNIA 5YR/MORE; R	19	\$3,314	\$4,721
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	16	\$1,589	\$2,928
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	14	\$1,194	\$1,661
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	11	\$5,843	\$7,842
19120	EXC BRST CYST TUMR/LES OPN M/F 1	8	\$2,302	\$3,487
29877	SCOPE KNEE SURG; DEBRID/SHAVE CA	7	\$2,200	\$4,015
19125	EXC BRST LES ID RAD MARKR OPN;1	6	\$2,530	\$4,092
32421	32421	6	\$805	\$1,799
49585	REPR UMBIL HERNIA 5YR/OVER; RDUC	6	\$7,492	\$4,469

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

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE* CPT-4 PROCEDURES

129 Gunnison Valley Hospital - CAH

Procedure EAPG category	Procedure EAPG	TOTAL #	TOTAL # (ALL Hospitals)
01	SKIN & INTEGUMENTARY SYSTEM PROCEDURES	3	8,192
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	1	1,091
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	2	5,031
02	BREAST PROCEDURES	18	2,075
	020 LEVEL I BREAST PROCEDURES	17	2,014
	021 LEVEL II BREAST PROCEDURES	1	61
03	MUSCULOSKELETAL SYSTEM PROCEDURES	68	64,806
	035 LEVEL I FOOT PROCEDURES	6	6,264
	036 LEVEL II FOOT PROCEDURES	2	1,682
	037 LEVEL I ARTHROSCOPY	48	22,184
	040 SPLINT, STRAPPING AND CAST REMOVAL	3	1,672
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	2	628
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	5	490
	047 LEVEL II ARTHROPLASTY	1	148
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	1	2,678
04	RESPIRATORY PROCEDURES	14	9,066
	061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	11	1,396
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	3	4,402
05	CARDIOVASCULAR PROCEDURES	6	9,325
	083 PLACEMENT OF TRANSVENOUS CATHETERS	6	941
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	54	2,884
	113 LEVEL I BLOOD AND BLOOD PRODUCT EXCHANGE	51	1,308
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	3	1,491
07	GASTROINTESTINAL SYSTEM PROCEDURES	627	99,755
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	199	22,635
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	8	4,688
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	301	34,149
	137 THERAPEUTIC COLONOSCOPY	18	5,727
	139 LEVEL I HERNIA REPAIR	56	5,573
	140 LEVEL II HERNIA REPAIR	11	1,193
	141 LEVEL I ANAL AND RECTAL PROCEDURES	1	782
	142 LEVEL II ANAL AND RECTAL PROCEDURES	1	1,145
	143 LEVEL I GASTROINTESTINAL PROCEDURES	1	405
	145 LEVEL I LAPAROSCOPY	6	2,675
	146 LEVEL II LAPAROSCOPY	11	8,847
	147 LEVEL III LAPAROSCOPY	14	7,203
08	GENITOURINARY SYSTEM PROCEDURES	10	8,962
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	7	3,932
	164 LEVEL II BLADDER AND KIDNEY PROCEDURES	2	3,413
	166 LEVEL I URETHRA AND PROSTATE PROCEDURES	1	180
09	MALE REPRODUCTIVE SYSTEM	9	3,509
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	4	1,431
	181 CIRCUMCISION	4	822
	185 PROSTATE NEEDLE AND PUNCH BIOPSY	1	47
10	FEMALE REPRODUCTIVE SYSTEM	19	7,180
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	3	1,292

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE* CPT-4 PROCEDURES

129 Gunnison Valley Hospital - CAH

procedure EAPG category procedure EAPG	TOTAL #	TOTAL # (ALL Hospitals)
197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	1	1,355
198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	5	1,494
199 DILATION AND CURETTAGE	4	551
200 HYSTEROSCOPY	5	2,251
201 COLPOSCOPY	1	234
11 NEUROLOGIC SYSTEM PROCEDURES	3	24,377
217 LEVEL I NERVE PROCEDURES	3	4,031
12 OPHTHALMOLOGIC SYSTEM PROCEDURES	87	12,275
232 LASER EYE PROCEDURES	26	418
233 CATARACT PROCEDURES	61	5,365
13 EAR, NOSE, MOUTH, & THROAT PROCEDURES	106	28,739
252 LEVEL I FACIAL AND ENT PROCEDURES	44	12,362
253 LEVEL II FACIAL AND ENT PROCEDURES	3	1,405
254 LEVEL III FACIAL AND ENT PROCEDURES	3	3,429
255 LEVEL IV FACIAL AND ENT PROCEDURES	1	2,922
256 TONSIL AND ADENOID PROCEDURES	55	8,493

SOURCE: Utah Ambulatory Surgery Database
 Utah Health Data Committee/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, 2009
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, SINGLE EAPG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

129 Gunnison Valley Hospital - CAH

Procedure EAPG category	Procedure EAPG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
01	SKIN & INTEGUMENTARY SYSTEM PROCEDURES	3	\$2,066	\$3,762
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	1	\$2,004	\$3,254
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	2	\$2,097	\$3,677
02	BREAST PROCEDURES	15	\$2,453	\$3,802
	020 LEVEL I BREAST PROCEDURES	14	\$2,400	\$3,688
	021 LEVEL II BREAST PROCEDURES	1	\$3,196	\$7,371
03	MUSCULOSKELETAL SYSTEM PROCEDURES	60	\$2,027	\$5,044
	035 LEVEL I FOOT PROCEDURES	2	\$2,911	\$3,748
	037 LEVEL I ARTHROSCOPY	46	\$2,208	\$4,492
	040 SPLINT, STRAPPING AND CAST REMOVAL	3	\$137	\$1,380
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	2	\$957	\$3,754
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	5	\$1,183	\$3,553
	047 LEVEL II ARTHROPLASTY	1	\$4,736	\$20,732
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	1	\$1,256	\$1,227
04	RESPIRATORY PROCEDURES	12	\$888	\$2,975
	061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	11	\$761	\$2,594
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	1	\$2,290	\$4,474
05	CARDIOVASCULAR PROCEDURES	5	\$3,176	\$14,627
	083 PLACEMENT OF TRANSVENOUS CATHETERS	5	\$3,176	\$6,140
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	48	\$1,117	\$4,547
	113 LEVEL I BLOOD AND BLOOD PRODUCT EXCHANGE	46	\$1,035	\$3,316
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	2	\$3,005	\$5,995
07	GASTROINTESTINAL SYSTEM PROCEDURES	482	\$1,502	\$3,055
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	142	\$918	\$1,516
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	8	\$1,070	\$2,214
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	247	\$954	\$1,271
	137 THERAPEUTIC COLONOSCOPY	14	\$1,194	\$1,695
	139 LEVEL I HERNIA REPAIR	36	\$4,476	\$4,486
	140 LEVEL II HERNIA REPAIR	5	\$3,536	\$5,242
	141 LEVEL I ANAL AND RECTAL PROCEDURES	1	\$1,479	\$3,138
	142 LEVEL II ANAL AND RECTAL PROCEDURES	1	\$4,272	\$3,733
	145 LEVEL I LAPAROSCOPY	5	\$4,609	\$5,295
	146 LEVEL II LAPAROSCOPY	10	\$5,154	\$8,314
	147 LEVEL III LAPAROSCOPY	13	\$5,647	\$8,305
08	GENITOURINARY SYSTEM PROCEDURES	7	\$934	\$6,135
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	5	\$972	\$4,353
	164 LEVEL II BLADDER AND KIDNEY PROCEDURES	1	\$1,086	\$5,221
	166 LEVEL I URETHRA AND PROSTATE PROCEDURES	1	\$592	\$1,346
09	MALE REPRODUCTIVE SYSTEM	8	\$1,246	\$4,630
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	3	\$1,999	\$3,299
	181 CIRCUMCISION	4	\$580	\$2,418
	185 PROSTATE NEEDLE AND PUNCH BIOPSY	1	\$1,651	\$3,010
10	FEMALE REPRODUCTIVE SYSTEM	16	\$3,615	\$5,236
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	3	\$2,782	\$3,258
	198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	4	\$4,627	\$7,456

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, SINGLE EAPG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

129 Gunnison Valley Hospital - CAH

procedure EAPG category	Procedure EAPG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
	199 DILATION AND CURETTAGE	4	\$2,239	\$3,266
	200 HYSTEROSCOPY	4	\$5,024	\$5,384
	201 COLPOSCOPY	1	\$1,925	\$4,443
11	NEUROLOGIC SYSTEM PROCEDURES	3	\$2,146	\$4,849
	217 LEVEL I NERVE PROCEDURES	3	\$2,146	\$3,161
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	87	\$2,010	\$3,703
	232 LASER EYE PROCEDURES	26	\$799	\$787
	233 CATARACT PROCEDURES	61	\$2,526	\$3,686
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	93	\$1,261	\$3,605
	252 LEVEL I FACIAL AND ENT PROCEDURES	38	\$914	\$2,195
	253 LEVEL II FACIAL AND ENT PROCEDURES	2	\$1,299	\$3,352
	254 LEVEL III FACIAL AND ENT PROCEDURES	3	\$2,475	\$6,442
	255 LEVEL IV FACIAL AND ENT PROCEDURES	1	\$2,160	\$8,243
	256 TONSIL AND ADENOID PROCEDURES	49	\$1,436	\$2,817

SOURCE: Utah Ambulatory Surgery Database
 Utah Health Data Committee/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, 2009
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

129 Gunnison Valley Hospital - CAH

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
GENDER				
Female	893	53.6	122,959	54.1
Male	772	46.4	104,281	45.9
Unknown	0	0.0	4	0.0
Not Reported	0	0.0	0	0.0
AGE				
1-28 days	199	12.0	1,731	0.8
29-365 days	118	7.1	2,897	1.3
1-4 years	253	15.2	10,813	4.8
5-9	62	3.7	6,381	2.8
10-14	28	1.7	5,066	2.2
15-17	27	1.6	5,130	2.3
18-19	30	1.8	3,775	1.7
20-24	43	2.6	10,184	4.5
25-29	56	3.4	12,684	5.6
30-34	51	3.1	13,594	6.0
35-39	48	2.9	13,012	5.7
40-44	37	2.2	13,141	5.8
45-49	51	3.1	16,564	7.3
50-54	114	6.8	24,353	10.7
55-59	90	5.4	21,093	9.3
60-64	91	5.5	18,280	8.0
65-69	93	5.6	15,480	6.8
70-74	102	6.1	12,653	5.6
75-79	62	3.7	9,821	4.3
80-84	68	4.1	6,574	2.9
85-89	22	1.3	3,084	1.4
90 +	20	1.2	933	0.4
Not Reported	0	0.0	1	0.0
SOURCE OF ADMISSION				
Physician Referral	1,636	98.3	205,377	90.4
Clinic Referral	2	0.1	2,930	1.3
HMO Referral	1	0.1	2,930	1.3
Other Hospital	0	0.0	184	0.1
Skilled Nursing Facility	0	0.0	36	0.0
Other Health Care Facility	0	0.0	18	0.0
Emergency Room	26	1.6	5,340	2.3
Court/Law Enforcement	0	0.0	3	0.0
Unknown	0	0.0	11	0.0
Not Reported	0	0.0	10,415	4.6

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

129 Gunnison Valley Hospital - CAH

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	1,662	99.8	226,589	99.7
Another Hospital	1	0.1	102	0.0
Skilled Nursing Facility	1	0.1	137	0.1
Intermediate Care Facility	1	0.1	20	0.0
Another Type of Institution	0	0.0	68	0.0
Under Care of Home Service	0	0.0	270	0.1
Left Against Medical Advice	0	0.0	22	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	0	0.0	13	0.0
Unknown	0	0.0	22	0.0
Not Reported	0	0.0	1	0.0
PRIMARY PAYER				
Medicare	359	21.6	45,456	20.0
Medicaid	291	17.5	15,975	7.0
Other government	11	0.7	4,287	1.9
Blue Cross/Blue Shield	126	7.6	29,948	13.2
Other Commercial	144	8.6	16,378	7.2
Managed Care(HMO, PPO)	599	36.0	106,245	46.8
Self Pay	118	7.1	2,816	1.2
Industrial & Worker Comp	0	0.0	3,291	1.4
Charity and Unclassified	0	0.0	1,613	0.7
Childrens Health Insurance	1	0.1	129	0.1
Unknown	16	1.0	1,046	0.5
Not Reported	0	0.0	60	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	4	0.2	16,751	7.4
Central Utah	1,599	96.0	8,412	3.7
Davis County	0	0.0	23,806	10.5
Salt Lake County	14	0.8	77,342	34.0
Southeastern Utah	25	1.5	4,701	2.1
Southwest Utah	6	0.4	14,188	6.2
Summit County	0	0.0	2,798	1.2
Tooele County	2	0.1	4,137	1.8
Tri-County	2	0.1	6,035	2.7
Utah County	5	0.3	37,226	16.4
Wasatch County	0	0.0	1,669	0.7
Weber County	0	0.0	20,181	8.9
Unknown Utah	1	0.1	27	0.0
Outside Utah	7	0.4	9,882	4.3
Unknown, Not Reported	0	0.0	89	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, 2009
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)	2,228	100.0	320,509	100.0
Mastectomy (85.0-85.99)	41	1.8	8,217	2.6
Musculoskeletal (76.0-84.99)	1,577	70.8	69,555	21.7
Respiratory (30.0-34.99)	0	0.0	3,320	1.0
Cardiovascular (35.0-39.99)	0	0.0	22,400	7.0
Lymphatic/Hemetic (40.0-41.99)	0	0.0	2,804	0.9
Digestive System (42.0-54.99)	312	14.0	98,678	30.8
Urinary (55.0-59.99)	0	0.0	10,902	3.4
Male Genital (60.0-64.99)	1	0.0	3,817	1.2
Female Genital (65.0-71.99)	18	0.8	14,786	4.6
Endocrine/Nervous (01.0-07.99)	33	1.5	23,111	7.2
Eye (08.0-16.99)	217	9.7	21,114	6.6
Ear (18.0-20.99)	12	0.5	12,945	4.0
Nose, Mouth, Pharynx (21.0-29.99)	17	0.8	28,860	9.0
Reporting Category(CPT-4 CODES)	1,911	100.0	299,107	100.0
Mastectomy (19120-19220)	1	0.1	2,014	0.7
Musculoskeletal (20000-29909)	1,440	75.4	75,301	25.2
Respiratory (30000-32999 & 39501-39599)	2	0.1	14,568	4.9
Cardiovascular (33010-37799 & 93501-93660)	0	0.0	24,369	8.1
Lymphatic/Hemetic (38100-38999)	0	0.0	2,630	0.9
Digestive (40490-49999)	315	16.5	109,341	36.6
Urinary (50010-53899)	0	0.0	10,457	3.5
Male Genital (54000-55899)	1	0.1	3,299	1.1
Female Genital (56405-58999)	7	0.4	12,326	4.1
Endocrine/Nervous (60000-64999)	26	1.4	24,781	8.3
Eye (65091-68899)	113	5.9	12,489	4.2
Ear (69000-69979)	6	0.3	7,532	2.5

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics.

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

AMB ST 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
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		2,228	100.0	100.0
8086	OTH LOC EXC/DESTRUC JT LES-KNEE	319	14.3	0.68
806	EXC SEMILUNAR CARTILAGE-KNEE	304	13.6	1.86
8145	OTH REPR CRUCIATE LIGAMNT	195	8.8	0.57
4523	COLONOSCOPY	151	6.8	6.09
1371	IOL PROSTH-CATARACT EXTRACT-1-STAGE	92	4.1	1.59
1341	PHACOEMULSIFICATION-ASPIR CATARACT	91	4.1	1.58
8147	OTH REPR KNEE	71	3.2	0.94
8076	SYNOVECT-KNEE	66	3.0	0.38
4525	CLO [ENDO] BX LG INTESTINE	57	2.6	2.33
8046	DIVIS JT CAP-LIGAMNT/CART-KNEE	43	1.9	0.25
8183	OTH REPR SHLDR	39	1.8	0.82
7781	OTH PART OSTEC-SCAPULA-CLAV-THOR	36	1.6	0.58
8363	ROTATOR CUFF REPR	30	1.3	0.76
8081	OTH LOC EXC/DESTRUC JT LES-SHLDR	25	1.1	0.47
835	BURSECTOMY	24	1.1	0.12
5123	LAP CHOLEY	23	1.0	2.26
7875	OSTEOCLASIS-FEM	23	1.0	0.08
8146	OTH REPR COLLAT LIGAMNT	23	1.0	0.03
7867	REMOV IMPLNT DEVICE-TIBIA & FIB	22	1.0	0.30
8016	OTH ARTHROT-KNEE	21	0.9	0.13

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		1,911	100.0	100.0
29877	SCOPE KNEE SURG; DEBRID/SHAVE CA	282	14.8	1.00
29881	SCOPE KNEE SURG;W/MENISCECT MED/	244	12.8	1.64
29888	ARTHSCPY AIDED ACL REPR/AUG/RECO	191	10.0	0.65
45378	COLONOSCOPY FLEX; DX-SEP PROC	140	7.3	6.11
66984	EXTRACAPSULAR CATARACT REMV IOL	91	4.8	1.64
29826	SCOPE SHOULDER; DECOMP SUBACROM	62	3.2	1.21
45380	COLONOSCOPY FLEX; W/BX 1/MX	62	3.2	5.24
29880	SCOPE KNEE SURG;W/MENISCECT MED&	57	3.0	0.50
29873	SCOPE KNEE SURGICAL; W/LAT RELEA	37	1.9	0.24
29882	SCOPE KNEE; W/MENISCUS REPR MED/	36	1.9	0.12
20680	REMOVAL OF IMPLANT; DEEP	35	1.8	1.04
29824	SCOPE SHLDR SURG;DIST CLAVICULEC	34	1.8	0.54
29827	SCOPE SHLDR SURG; W/ROTOR CUFF R	30	1.6	0.65
29875	SCOPE KNEE; SYNOVECT LTD SEP PRO	30	1.6	0.24
29879	SCOPE KNEE SURG; ABRASION ARTHPL	23	1.2	0.19
29806	SCOPE SHOULDER SURGICAL; CPSLORR	17	0.9	0.21
43239	UGI ENDO; W/BX 1/MX	17	0.9	6.06
29876	SCOPE KNEE SURG; SYNOVECTOMY MAJ	16	0.8	0.10
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	16	0.8	0.64
29823	SCOPE SHOULDER SURGICAL; DEBRID	15	0.8	0.22

SOURCE: Utah Ambulatory Surgery Database
 Utah Health Data Committee/Office of Health Care Statistics
 Reportable* excludes codes in the former "Other" category 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, 2009
 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		721	\$4,006	\$4,501
4523	COLONOSCOPY	141	\$1,102	\$1,087
8086	OTH LOC EXC/DESTRUC JT LES-KNEE	68	\$3,774	\$4,122
4525	CLO [ENDO] BX LG INTESTINE	55	\$1,415	\$1,709
8145	OTH REPR CRUCIATE LIGAMNT	46	\$8,621	\$11,541
806	EXC SEMILUNAR CARTILAGE-KNEE	42	\$3,749	\$4,537
8076	SYNOVECT-KNEE	26	\$3,574	\$4,279
5123	LAP CHOLEY	22	\$6,817	\$7,426
7932	OP REDUC FX W/INT FIX-RADIUS & ULNA	17	\$10,247	\$9,418
7936	OP REDUC FX W/INT FIX-TIBIA & FIB	13	\$7,672	\$8,524
0443	RELEASE CARPAL TUNNEL	12	\$2,443	\$2,540
7867	REMOV IMPLNT DEVICE-TIBIA & FIB	12	\$3,243	\$3,508
7939	OP REDUC FX W/INT FIX-OTH BONE	12	\$9,150	\$9,919
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	10	\$1,042	\$1,581
4701	LAP APPENDECTOMY	10	\$10,250	\$10,907
282	TONSILLECTOMY WO ADENOIDECTOMY	9	\$2,615	\$2,868
8046	DIVIS JT CAP-LIGAMNT/CART-KNEE	9	\$5,135	\$4,838
8221	EXC LES TENDON SHEATH HAND	9	\$2,454	\$2,755
1364	DISCISSION SECNDRY MEMBRN	8	\$1,380	\$785
8193	SUT CAPSULE/LIGAMNT UPPER EXTREM	8	\$6,655	\$8,824
6902	D&C FOLLOWING DELIV/AB	7	\$3,415	\$3,011

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
CPT-4 Procedures		859	\$4,033	\$3,915
45378	COLONOSCOPY FLEX; DX-SEP PROC	130	\$1,102	\$1,090
66984	EXTRACAPSULAR CATARACT REMV IOL	90	\$3,565	\$3,678
29877	SCOPE KNEE SURG; DEBRID/SHAVE CA	80	\$3,853	\$4,015
45380	COLONOSCOPY FLEX; W/BX 1/MX	61	\$1,412	\$1,526
29888	ARTHSCPY AIDED ACL REPR/AUG/RECO	56	\$8,447	\$11,211
29881	SCOPE KNEE SURG;W/MENISCECT MED/	52	\$3,844	\$4,457
29875	SCOPE KNEE; SYNOVECT LTD SEP PRO	27	\$3,567	\$4,288
20680	REMOVAL OF IMPLANT; DEEP	20	\$3,553	\$3,558
29873	SCOPE KNEE SURGICAL; W/LAT RELEA	15	\$4,706	\$4,970
47562	LAPAROSCOPY SURGICAL; CHOLECT	15	\$6,426	\$6,606
29806	SCOPE SHOULDER SURGICAL; CPSLORR	13	\$7,066	\$9,617
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	13	\$2,490	\$2,624
23515	OPEN TX CLAV FX W/WO INTRL/EXT F	12	\$9,150	\$9,944
29880	SCOPE KNEE SURG;W/MENISCECT MED&	11	\$4,159	\$4,800
49505	REPR INIT ING HERNIA 5YR/MORE; R	11	\$4,250	\$4,721
43239	UGI ENDO; W/BX 1/MX	10	\$1,042	\$1,548
44970	LAPAROSCOPY SURGICAL APPENDECTOM	10	\$10,250	\$10,914
66821	DISCISSION 2ND CATARACT; LASER S	9	\$1,365	\$766
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	8	\$2,649	\$2,928
25111	EXCISION OF GANGLION WRIST; PRIM	7	\$2,509	\$2,784

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, 2009
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE* CPT-4 PROCEDURES

139 Heber Valley Medical Center - CAH

Procedure EAPG category	TOTAL #	TOTAL # (ALL Hospitals)
Procedure EAPG		
01 SKIN & INTEGUMENTARY SYSTEM PROCEDURES	44	8,192
002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	1	1,091
010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	42	5,031
011 LEVEL III EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	1	82
02 BREAST PROCEDURES	1	2,075
020 LEVEL I BREAST PROCEDURES	1	2,014
03 MUSCULOSKELETAL SYSTEM PROCEDURES	1,397	64,806
030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	24	2,405
031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	45	4,694
032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	15	2,234
033 LEVEL I HAND PROCEDURES	18	3,780
034 LEVEL II HAND PROCEDURES	4	1,278
035 LEVEL I FOOT PROCEDURES	29	6,264
036 LEVEL II FOOT PROCEDURES	10	1,682
037 LEVEL I ARTHROSCOPY	883	22,184
038 LEVEL II ARTHROSCOPY	249	5,320
041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	1	717
042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	7	628
043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	84	5,752
044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	6	490
045 BUNION PROCEDURES	11	1,791
046 LEVEL I ARTHROPLASTY	2	634
047 LEVEL II ARTHROPLASTY	3	148
049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	6	2,678
07 GASTROINTESTINAL SYSTEM PROCEDURES	304	99,755
132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	1	502
133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	1	422
134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	26	22,635
136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	202	34,149
137 THERAPEUTIC COLONOSCOPY	6	5,727
139 LEVEL I HERNIA REPAIR	18	5,573
140 LEVEL II HERNIA REPAIR	8	1,193
144 LEVEL II GASTROINTESTINAL PROCEDURES	2	226
145 LEVEL I LAPAROSCOPY	3	2,675
146 LEVEL II LAPAROSCOPY	29	8,847
147 LEVEL III LAPAROSCOPY	8	7,203
09 MALE REPRODUCTIVE SYSTEM	1	3,509
180 TESTICULAR AND EPIDIDYMAL PROCEDURES	1	1,431
10 FEMALE REPRODUCTIVE SYSTEM	3	7,180
199 DILATION AND CURETTAGE	3	551
11 NEUROLOGIC SYSTEM PROCEDURES	26	24,377
217 LEVEL I NERVE PROCEDURES	24	4,031
220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	2	11,868
12 OPHTHALMOLOGIC SYSTEM PROCEDURES	113	12,275
232 LASER EYE PROCEDURES	10	418
233 CATARACT PROCEDURES	92	5,365

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE* CPT-4 PROCEDURES

139 Heber Valley Medical Center - CAH

procedure EAPG category		TOTAL #	TOTAL # (ALL Hospitals)
procedure EAPG			
235	LEVEL II ANTERIOR SEGMENT EYE PROCEDURES	6	285
240	LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	4	895
241	LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	1	1,469
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	21	28,739
252	LEVEL I FACIAL AND ENT PROCEDURES	7	12,362
255	LEVEL IV FACIAL AND ENT PROCEDURES	2	2,922
256	TONSIL AND ADENOID PROCEDURES	12	8,493

SOURCE: Utah Ambulatory Surgery Database
 Utah Health Data Committee/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, 2009
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, SINGLE EAPG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

139 Heber Valley Medical Center - CAH

Procedure EAPG category	Procedure EAPG	TOTAL #	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
01	SKIN & INTEGUMENTARY SYSTEM PROCEDURES	23	\$3,495	\$3,762
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	1	\$1,804	\$3,254
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	21	\$3,528	\$3,677
	011 LEVEL III EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	1	\$4,494	\$6,037
02	BREAST PROCEDURES	1	\$2,596	\$3,802
	020 LEVEL I BREAST PROCEDURES	1	\$2,596	\$3,688
03	MUSCULOSKELETAL SYSTEM PROCEDURES	418	\$5,469	\$5,044
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	5	\$3,105	\$4,534
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	16	\$6,398	\$5,458
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	2	\$6,769	\$9,791
	033 LEVEL I HAND PROCEDURES	16	\$2,533	\$2,835
	034 LEVEL II HAND PROCEDURES	2	\$2,940	\$5,167
	035 LEVEL I FOOT PROCEDURES	10	\$3,322	\$3,748
	036 LEVEL II FOOT PROCEDURES	6	\$5,232	\$6,617
	037 LEVEL I ARTHROSCOPY	204	\$4,063	\$4,492
	038 LEVEL II ARTHROSCOPY	73	\$8,215	\$10,734
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	1	\$2,906	\$6,442
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	6	\$3,807	\$3,754
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	68	\$7,966	\$7,392
	045 BUNION PROCEDURES	7	\$5,030	\$5,191
	046 LEVEL I ARTHROPLASTY	1	\$11,837	\$8,302
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	1	\$456	\$1,227
07	GASTROINTESTINAL SYSTEM PROCEDURES	270	\$2,346	\$3,055
	132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	1	\$1,200	\$1,232
	133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	1	\$1,585	\$1,718
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	15	\$933	\$1,516
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	191	\$1,201	\$1,271
	137 THERAPEUTIC COLONOSCOPY	6	\$1,599	\$1,695
	139 LEVEL I HERNIA REPAIR	14	\$4,150	\$4,486
	140 LEVEL II HERNIA REPAIR	2	\$4,947	\$5,242
	144 LEVEL II GASTROINTESTINAL PROCEDURES	2	\$8,472	\$8,218
	145 LEVEL I LAPAROSCOPY	3	\$5,149	\$5,295
	146 LEVEL II LAPAROSCOPY	28	\$7,985	\$8,314
	147 LEVEL III LAPAROSCOPY	7	\$7,657	\$8,305
10	FEMALE REPRODUCTIVE SYSTEM	3	\$1,988	\$5,236
	199 DILATION AND CURETTAGE	3	\$1,988	\$3,266
11	NEUROLOGIC SYSTEM PROCEDURES	17	\$2,630	\$4,849
	217 LEVEL I NERVE PROCEDURES	17	\$2,630	\$3,161
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	107	\$3,380	\$3,703
	232 LASER EYE PROCEDURES	9	\$1,365	\$787
	233 CATARACT PROCEDURES	91	\$3,564	\$3,686
	235 LEVEL II ANTERIOR SEGMENT EYE PROCEDURES	6	\$3,914	\$3,596
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	1	\$1,597	\$2,293
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	20	\$2,499	\$3,605
	252 LEVEL I FACIAL AND ENT PROCEDURES	6	\$1,655	\$2,195

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, SINGLE EAPG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

139 Heber Valley Medical Center - CAH

procedure EAPG category	Procedure EAPG	TOTAL #	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
	255 LEVEL IV FACIAL AND ENT PROCEDURES	2	\$4,435	\$8,243
	256 TONSIL AND ADENOID PROCEDURES	12	\$2,599	\$2,817

SOURCE: Utah Ambulatory Surgery Database
 Utah Health Data Committee/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, 2009
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

139 Heber Valley Medical Center - CAH

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
GENDER				
Female	638	47.0	122,959	54.1
Male	720	53.0	104,281	45.9
Unknown	0	0.0	4	0.0
Not Reported	0	0.0	0	0.0
AGE				
1-28 days	0	0.0	1,731	0.8
29-365 days	1	0.1	2,897	1.3
1-4 years	7	0.5	10,813	4.8
5-9	12	0.9	6,381	2.8
10-14	32	2.4	5,066	2.2
15-17	74	5.4	5,130	2.3
18-19	49	3.6	3,775	1.7
20-24	91	6.7	10,184	4.5
25-29	85	6.3	12,684	5.6
30-34	90	6.6	13,594	6.0
35-39	96	7.1	13,012	5.7
40-44	79	5.8	13,141	5.8
45-49	118	8.7	16,564	7.3
50-54	188	13.8	24,353	10.7
55-59	130	9.6	21,093	9.3
60-64	99	7.3	18,280	8.0
65-69	79	5.8	15,480	6.8
70-74	53	3.9	12,653	5.6
75-79	45	3.3	9,821	4.3
80-84	22	1.6	6,574	2.9
85-89	7	0.5	3,084	1.4
90 +	1	0.1	933	0.4
Not Reported	0	0.0	1	0.0
SOURCE OF ADMISSION				
Physician Referral	1,328	97.8	205,377	90.4
Clinic Referral	1	0.1	2,930	1.3
HMO Referral	0	0.0	2,930	1.3
Other Hospital	0	0.0	184	0.1
Skilled Nursing Facility	0	0.0	36	0.0
Other Health Care Facility	0	0.0	18	0.0
Emergency Room	29	2.1	5,340	2.3
Court/Law Enforcement	0	0.0	3	0.0
Unknown	0	0.0	11	0.0
Not Reported	0	0.0	10,415	4.6

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

139 Heber Valley Medical Center - CAH

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	1,357	99.9	226,589	99.7
Another Hospital	1	0.1	102	0.0
Skilled Nursing Facility	0	0.0	137	0.1
Intermediate Care Facility	0	0.0	20	0.0
Another Type of Institution	0	0.0	68	0.0
Under Care of Home Service	0	0.0	270	0.1
Left Against Medical Advice	0	0.0	22	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	0	0.0	13	0.0
Unknown	0	0.0	22	0.0
Not Reported	0	0.0	1	0.0
PRIMARY PAYER				
Medicare	189	13.9	45,456	20.0
Medicaid	25	1.8	15,975	7.0
Other government	8	0.6	4,287	1.9
Blue Cross/Blue Shield	260	19.1	29,948	13.2
Other Commercial	90	6.6	16,378	7.2
Managed Care(HMO, PPO)	672	49.5	106,245	46.8
Self Pay	46	3.4	2,816	1.2
Industrial & Worker Comp	53	3.9	3,291	1.4
Charity and Unclassified	11	0.8	1,613	0.7
Childrens Health Insurance	0	0.0	129	0.1
Unknown	4	0.3	1,046	0.5
Not Reported	0	0.0	60	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	9	0.7	16,751	7.4
Central Utah	1	0.1	8,412	3.7
Davis County	21	1.5	23,806	10.5
Salt Lake County	163	12.0	77,342	34.0
Southeastern Utah	4	0.3	4,701	2.1
Southwest Utah	6	0.4	14,188	6.2
Summit County	345	25.4	2,798	1.2
Tooele County	8	0.6	4,137	1.8
Tri-County	67	4.9	6,035	2.7
Utah County	45	3.3	37,226	16.4
Wasatch County	564	41.5	1,669	0.7
Weber County	14	1.0	20,181	8.9
Unknown Utah	0	0.0	27	0.0
Outside Utah	105	7.7	9,882	4.3
Unknown, Not Reported	6	0.4	89	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, 2009
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)	43,981	100.0	320,509	100.0
Mastectomy (85.0-85.99)	1,342	3.1	8,217	2.6
Musculoskeletal (76.0-84.99)	6,433	14.6	69,555	21.7
Respiratory (30.0-34.99)	356	0.8	3,320	1.0
Cardiovascular (35.0-39.99)	7,446	16.9	22,400	7.0
Lymphatic/Hemetic (40.0-41.99)	592	1.3	2,804	0.9
Digestive System (42.0-54.99)	13,402	30.5	98,678	30.8
Urinary (55.0-59.99)	1,551	3.5	10,902	3.4
Male Genital (60.0-64.99)	285	0.6	3,817	1.2
Female Genital (65.0-71.99)	1,678	3.8	14,786	4.6
Endocrine/Nervous (01.0-07.99)	1,235	2.8	23,111	7.2
Eye (08.0-16.99)	6,915	15.7	21,114	6.6
Ear (18.0-20.99)	473	1.1	12,945	4.0
Nose, Mouth, Pharynx (21.0-29.99)	2,273	5.2	28,860	9.0
Reporting Category(CPT-4 CODES)	30,975	100.0	299,107	100.0
Mastectomy (19120-19220)	453	1.5	2,014	0.7
Musculoskeletal (20000-29909)	5,900	19.0	75,301	25.2
Respiratory (30000-32999 & 39501-39599)	1,510	4.9	14,568	4.9
Cardiovascular (33010-37799 & 93501-93660)	961	3.1	24,369	8.1
Lymphatic/Hemetic (38100-38999)	398	1.3	2,630	0.9
Digestive (40490-49999)	13,435	43.4	109,341	36.6
Urinary (50010-53899)	1,180	3.8	10,457	3.5
Male Genital (54000-55899)	202	0.7	3,299	1.1
Female Genital (56405-58999)	1,238	4.0	12,326	4.1
Endocrine/Nervous (60000-64999)	1,628	5.3	24,781	8.3
Eye (65091-68899)	3,822	12.3	12,489	4.2
Ear (69000-69979)	248	0.8	7,532	2.5

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

AMB ST 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES

146 Intermountain Medical Center

ICD-9 CODE	ICD-9 DESCRIPTION	#	%	% ALL Hospitals
All ICD-9 Procedures				
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	2,802	6.4	5.75
4523	COLONOSCOPY	2,247	5.1	6.09
1371	IOL PROSTH-CATARACT EXTRACT-1-STAGE	2,002	4.6	1.59
1341	PHACOEMULSIFICATION-ASPIR CATARACT	1,964	4.5	1.58
4542	ENDO POLYPECTOMY LG INTESTINE	1,943	4.4	3.35
4525	CLO [ENDO] BX LG INTESTINE	1,129	2.6	2.33
5123	LAP CHOLEY	886	2.0	2.26
3728	INTRACARDIAC ECHOCARDIOGRAPHY	843	1.9	0.31
3722	LT HEART CARD CATH	680	1.5	1.34
3734	EXC/DESTRUC OTH LES/TISS HRT OTH	617	1.4	0.47
3726	CARD ELECTROPHYSIO STIMUL-RECORD	616	1.4	0.48
3552	REPR ATRIAL SEPTL DEFEC-PROSTH-CLO	611	1.4	0.32
4836	[ENDO] POLYPECTOMY RECTUM	609	1.4	0.95
1474	OTH MECH VITRECTOMY	600	1.4	0.41
3727	CARD MAPPING	598	1.4	0.44
8521	LOC EXC LES BREAST	526	1.2	0.73
8051	EXC INTERVERTEBRAL DISC	499	1.1	0.45
3723	COMBO RT & LT HEART CARD CATH	489	1.1	0.59
4292	DILAT ESOPH	448	1.0	1.44
3725	BX HEART	416	0.9	0.16

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures				
45380	COLONOSCOPY FLEX; W/BX 1/MX	2,810	9.1	5.24
43239	UGI ENDO; W/BX 1/MX	2,797	9.0	6.06
45378	COLONOSCOPY FLEX; DX-SEP PROC	2,143	6.9	6.11
66984	EXTRACAPSULAR CATARACT REMV IOL	1,912	6.2	1.64
47562	LAPAROSCOPY SURGICAL; CHOLECT	742	2.4	0.94
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	581	1.9	1.49
52332	CYSTOURETHROSCOPY W/INSRT STENT	299	1.0	0.66
20680	REMOVAL OF IMPLANT; DEEP	290	0.9	1.04
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	288	0.9	0.96
30140	SUBMUCOS RES TURBINATE PART/CMPL	272	0.9	0.74
30520	SEPTOPLASTY/SUBMUCOS RES W/GFT	266	0.9	0.78
44970	LAPAROSCOPY SURGICAL APPENDECTOM	264	0.9	0.85
28285	CORRECTION HAMMERTOE	253	0.8	0.62
43235	UGI ENDO; DX W/VO CLCT SPECMN-SP	245	0.8	1.25
19120	EXC BRST CYST TUMR/LES OPN M/F 1	239	0.8	0.42
49505	REPR INIT ING HERNIA 5YR/MORE; R	237	0.8	0.82
67042	67042	234	0.8	0.15
29881	SCOPE KNEE SURG;W/MENISCECT MED/	228	0.7	1.64
63030	LAMINOT W/ DECOMP; 1 INTERSPACE	208	0.7	0.31
19125	EXC BRST LES ID RAD MARKR OPN;1	205	0.7	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, 2009
 AVERAGE TOTAL CHARGES FOR MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES, SINGLE ICD-9 OR CPT-4 ONLY

146 Intermountain Medical Center

ICD-9 CODE	ICD-9 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
ICD-9	Procedures	16,378	\$4,393	\$4,501
4523	COLONOSCOPY	1,936	\$793	\$1,087
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	1,674	\$1,217	\$1,581
4542	ENDO POLYPECTOMY LG INTESTINE	1,238	\$1,154	\$1,547
5123	LAP CHOLEY	795	\$5,659	\$7,426
3722	LT HEART CARD CATH	560	\$6,103	\$8,426
4525	CLO [ENDO] BX LG INTESTINE	475	\$1,348	\$1,709
8521	LOC EXC LES BREAST	351	\$2,879	\$3,374
3723	COMBO RT & LT HEART CARD CATH	345	\$6,770	\$8,968
3725	BX HEART	306	\$3,879	\$4,040
5011	CLO [PERCUT] [NEEDLE] BX LIVER	293	\$2,589	\$2,654
3721	RT HEART CARD CATH	283	\$4,737	\$5,649
4701	LAP APPENDECTOMY	244	\$11,524	\$10,907
4836	[ENDO] POLYPECTOMY RECTUM	211	\$1,051	\$1,394
3607	INSERTION RX-ELUTING COR ART STENT	210	\$27,991	\$33,420
8051	EXC INTERVERTEBRAL DISC	210	\$7,869	\$10,068
4513	OTH ENDO SM INTESTINE	201	\$1,116	\$1,334
6952	ASPIR CURET FOLLOWING DELIV/AB	198	\$2,906	\$3,269
282	TONSILLECTOMY WO ADENOIDECTOMY	173	\$2,045	\$2,868
283	TONSILLECTOMY W/ADENOIDECTOMY	138	\$1,967	\$2,850
4131	BX BONE MARROW	130	\$4,680	\$4,486

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
CPT-4	Procedures	15,885	\$3,350	\$3,915
45380	COLONOSCOPY FLEX; W/BX 1/MX	1,951	\$1,204	\$1,526
45378	COLONOSCOPY FLEX; DX-SEP PROC	1,850	\$801	\$1,090
66984	EXTRACAPSULAR CATARACT REMV IOL	1,788	\$3,396	\$3,678
43239	UGI ENDO; W/BX 1/MX	1,658	\$1,207	\$1,548
47562	LAPAROSCOPY SURGICAL; CHOLECT	686	\$5,476	\$6,606
44970	LAPAROSCOPY SURGICAL APPENDECTOM	243	\$11,494	\$10,914
49505	REPR INIT ING HERNIA 5YR/MORE; R	202	\$3,821	\$4,721
19120	EXC BRST CYST TUMR/LES OPN M/F 1	196	\$2,566	\$3,487
20680	REMOVAL OF IMPLANT; DEEP	186	\$3,082	\$3,558
63030	LAMINOT W/ DECOMP; 1 INTERSPACE	184	\$7,777	\$10,547
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	179	\$1,057	\$1,234
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	171	\$1,241	\$1,661
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	158	\$2,053	\$2,928
19125	EXC BRST LES ID RAD MARKR OPN;1	150	\$3,606	\$4,092
49650	LAPARSCPY SURG; REPR INIT ING HE	119	\$6,944	\$7,028
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	110	\$1,797	\$2,624
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	104	\$6,580	\$7,842
29881	SCOPE KNEE SURG;W/MENISCECT MED/	101	\$3,461	\$4,457
42820	T&A; UNDER AGE 12	98	\$1,869	\$2,701
67042	67042	95	\$4,524	\$5,121

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, 2009
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE* CPT-4 PROCEDURES

146 Intermountain Medical Center

Procedure EAPG category	Procedure EAPG	TOTAL #	TOTAL # (ALL Hospitals)
01	SKIN & INTEGUMENTARY SYSTEM PROCEDURES	787	8,192
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	60	1,091
	003 LEVEL I SKIN INCISION AND DRAINAGE	9	189
	004 LEVEL II SKIN INCISION AND DRAINAGE	9	95
	006 LEVEL I SKIN DEBRIDEMENT AND DESTRUCTION	5	23
	007 LEVEL II SKIN DEBRIDEMENT AND DESTRUCTION	20	128
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	69	503
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	525	5,031
	011 LEVEL III EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	15	82
	012 LEVEL I SKIN REPAIR	5	35
	013 LEVEL II SKIN REPAIR	51	792
	014 LEVEL III SKIN REPAIR	19	220
02	BREAST PROCEDURES	468	2,075
	020 LEVEL I BREAST PROCEDURES	453	2,014
	021 LEVEL II BREAST PROCEDURES	15	61
03	MUSCULOSKELETAL SYSTEM PROCEDURES	4,212	64,806
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	191	2,405
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	295	4,694
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	146	2,234
	033 LEVEL I HAND PROCEDURES	342	3,780
	034 LEVEL II HAND PROCEDURES	138	1,278
	035 LEVEL I FOOT PROCEDURES	674	6,264
	036 LEVEL II FOOT PROCEDURES	113	1,682
	037 LEVEL I ARTHROSCOPY	1,121	22,184
	038 LEVEL II ARTHROSCOPY	240	5,320
	039 REPLACEMENT OF CAST	1	69
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	79	717
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	37	628
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	461	5,752
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	21	490
	045 BUNION PROCEDURES	260	1,791
	046 LEVEL I ARTHROPLASTY	25	634
	047 LEVEL II ARTHROPLASTY	11	148
	048 HAND AND FOOT TENOTOMY	32	386
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	25	2,678
04	RESPIRATORY PROCEDURES	904	9,066
	061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	159	1,396
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	103	1,436
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	460	4,402
	064 ENDOSCOPY OF THE LOWER AIRWAY	182	1,832
05	CARDIOVASCULAR PROCEDURES	605	9,325
	082 CARDIAC ELECTROPHYSIOLOGIC TESTS	33	1,153
	083 PLACEMENT OF TRANSVENOUS CATHETERS	26	941
	084 DIAGNOSTIC CARDIAC CATHETERIZATION	125	2,404
	085 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	38	1,497
	086 PACEMAKER INSERTION AND REPLACEMENT	20	259

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE* CPT-4 PROCEDURES

146 Intermountain Medical Center

procedure EAPG category procedure EAPG	TOTAL #	TOTAL # (ALL Hospitals)
087 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	63	809
088 LEVEL I CARDIOTHORACIC PROCEDURES	54	225
089 LEVEL II CARDIOTHORACIC PROCEDURES	199	1,625
090 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	15	53
091 VASCULAR LIGATION AND RECONSTRUCTION	19	124
092 RESUSCITATION	2	12
097 AICD IMPLANT	11	200
06 HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	224	2,884
115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	224	1,491
07 GASTROINTESTINAL SYSTEM PROCEDURES	13,185	99,755
130 ALIMENTARY TESTS AND SIMPLE TUBE PLACEMENT	1	179
131 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	63	1,379
132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	50	502
133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	63	422
134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	3,073	22,635
135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	582	4,688
136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	4,997	34,149
137 THERAPEUTIC COLONOSCOPY	803	5,727
138 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	404	1,937
139 LEVEL I HERNIA REPAIR	528	5,573
140 LEVEL II HERNIA REPAIR	143	1,193
141 LEVEL I ANAL AND RECTAL PROCEDURES	137	782
142 LEVEL II ANAL AND RECTAL PROCEDURES	168	1,145
143 LEVEL I GASTROINTESTINAL PROCEDURES	56	405
144 LEVEL II GASTROINTESTINAL PROCEDURES	8	226
145 LEVEL I LAPAROSCOPY	287	2,675
146 LEVEL II LAPAROSCOPY	1,432	8,847
147 LEVEL III LAPAROSCOPY	389	7,203
148 LEVEL IV LAPAROSCOPY	1	88
08 GENITOURINARY SYSTEM PROCEDURES	1,088	8,962
160 EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	42	697
162 URINARY CATHETERIZATION AND DILATATION	29	238
163 LEVEL I BLADDER AND KIDNEY PROCEDURES	554	3,932
164 LEVEL II BLADDER AND KIDNEY PROCEDURES	414	3,413
165 LEVEL III BLADDER AND KIDNEY PROCEDURES	3	55
166 LEVEL I URETHRA AND PROSTATE PROCEDURES	9	180
167 LEVEL II URETHRA AND PROSTATE PROCEDURES	37	444
09 MALE REPRODUCTIVE SYSTEM	206	3,509
180 TESTICULAR AND EPIDIDYMAL PROCEDURES	101	1,431
181 CIRCUMCISION	32	822
182 INSERTION OF PENILE PROSTHESIS	8	32
184 LEVEL II PENILE AND PROSTATE PROCEDURES	58	1,167
185 PROSTATE NEEDLE AND PUNCH BIOPSY	7	47
10 FEMALE REPRODUCTIVE SYSTEM	746	7,180
196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	146	1,292
197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	117	1,355

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE* CPT-4 PROCEDURES

146 Intermountain Medical Center

procedure EAPG category		TOTAL #	TOTAL # (ALL Hospitals)
procedure EAPG			
	198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	132	1,494
	199 DILATION AND CURETTAGE	75	551
	200 HYSTEROSCOPY	225	2,251
	201 COLPOSCOPY	51	234
11	NEUROLOGIC SYSTEM PROCEDURES	2,153	24,377
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	52	2,913
	215 LEVEL I REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	21	155
	216 LEVEL II REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	38	148
	217 LEVEL I NERVE PROCEDURES	488	4,031
	218 LEVEL II NERVE PROCEDURES	97	793
	219 SPINAL TAP	9	470
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	117	11,868
	221 LAMINOTOMY AND LAMINECTOMY	1,236	3,173
	223 LEVEL III NERVE PROCEDURES	95	825
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	3,748	12,275
	230 MINOR OPHTHALMOLOGICAL TESTS AND PROCEDURES	4	41
	232 LASER EYE PROCEDURES	15	418
	233 CATARACT PROCEDURES	2,076	5,365
	234 LEVEL I ANTERIOR SEGMENT EYE PROCEDURES	141	265
	235 LEVEL II ANTERIOR SEGMENT EYE PROCEDURES	81	285
	236 LEVEL III ANTERIOR SEGMENT EYE PROCEDURES	105	209
	237 LEVEL I POSTERIOR SEGMENT EYE PROCEDURES	100	390
	238 LEVEL II POSTERIOR SEGMENT EYE PROCEDURES	844	1,912
	239 STRABISMUS AND MUSCLE EYE PROCEDURES	174	1,026
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	54	895
	241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	154	1,469
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	1,949	28,739
	251 OTORHINOLARYNGOLOGIC FUNCTION TESTS	1	37
	252 LEVEL I FACIAL AND ENT PROCEDURES	638	12,362
	253 LEVEL II FACIAL AND ENT PROCEDURES	124	1,405
	254 LEVEL III FACIAL AND ENT PROCEDURES	398	3,429
	255 LEVEL IV FACIAL AND ENT PROCEDURES	369	2,922
	256 TONSIL AND ADENOID PROCEDURES	419	8,493

SOURCE: Utah Ambulatory Surgery Database
 Utah Health Data Committee/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, 2009
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, SINGLE EAPG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

146 Intermountain Medical Center

Procedure EAPG category	Procedure EAPG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
01	SKIN & INTEGUMENTARY SYSTEM PROCEDURES	477	\$3,182	\$3,762
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	50	\$3,100	\$3,254
	003 LEVEL I SKIN INCISION AND DRAINAGE	4	\$4,500	\$2,833
	004 LEVEL II SKIN INCISION AND DRAINAGE	8	\$4,707	\$4,409
	006 LEVEL I SKIN DEBRIDEMENT AND DESTRUCTION	1	\$1,297	\$2,173
	007 LEVEL II SKIN DEBRIDEMENT AND DESTRUCTION	10	\$1,812	\$2,829
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	47	\$3,136	\$3,664
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	325	\$3,026	\$3,677
	011 LEVEL III EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	10	\$6,510	\$6,037
	012 LEVEL I SKIN REPAIR	1	\$4,268	\$3,957
	013 LEVEL II SKIN REPAIR	16	\$3,888	\$4,883
	014 LEVEL III SKIN REPAIR	5	\$5,100	\$5,455
02	BREAST PROCEDURES	356	\$3,203	\$3,802
	020 LEVEL I BREAST PROCEDURES	346	\$3,017	\$3,688
	021 LEVEL II BREAST PROCEDURES	10	\$9,668	\$7,371
03	MUSCULOSKELETAL SYSTEM PROCEDURES	1,334	\$4,818	\$5,044
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	65	\$4,348	\$4,534
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	71	\$4,858	\$5,458
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	30	\$8,823	\$9,791
	033 LEVEL I HAND PROCEDURES	132	\$2,275	\$2,835
	034 LEVEL II HAND PROCEDURES	42	\$5,246	\$5,167
	035 LEVEL I FOOT PROCEDURES	194	\$2,700	\$3,748
	036 LEVEL II FOOT PROCEDURES	40	\$5,478	\$6,617
	037 LEVEL I ARTHROSCOPY	240	\$3,732	\$4,492
	038 LEVEL II ARTHROSCOPY	45	\$7,705	\$10,734
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	19	\$6,450	\$6,442
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	21	\$4,358	\$3,754
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	299	\$6,938	\$7,392
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	5	\$7,650	\$3,553
	045 BUNION PROCEDURES	107	\$3,902	\$5,191
	046 LEVEL I ARTHROPLASTY	8	\$7,134	\$8,302
	047 LEVEL II ARTHROPLASTY	10	\$21,090	\$20,732
	048 HAND AND FOOT TENOTOMY	1	\$1,601	\$2,527
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	5	\$3,105	\$1,227
04	RESPIRATORY PROCEDURES	239	\$2,648	\$2,975
	061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	144	\$2,461	\$2,594
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	11	\$2,552	\$4,027
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	34	\$2,808	\$4,474
	064 ENDOSCOPY OF THE LOWER AIRWAY	50	\$3,097	\$2,794
05	CARDIOVASCULAR PROCEDURES	272	\$10,538	\$14,627
	083 PLACEMENT OF TRANSVENOUS CATHETERS	16	\$5,786	\$6,140
	084 DIAGNOSTIC CARDIAC CATHETERIZATION	9	\$6,132	\$8,441
	085 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	26	\$20,910	\$36,706
	086 PACEMAKER INSERTION AND REPLACEMENT	19	\$20,972	\$31,576
	087 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	5	\$12,644	\$9,181

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, SINGLE EAPG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

146 Intermountain Medical Center

procedure EAPG category	Procedure EAPG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
	088 LEVEL I CARDIOTHORACIC PROCEDURES	29	\$6,874	\$7,678
	089 LEVEL II CARDIOTHORACIC PROCEDURES	154	\$7,598	\$8,023
	090 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	3	\$5,708	\$7,639
	091 VASCULAR LIGATION AND RECONSTRUCTION	6	\$9,139	\$6,688
	092 RESUSCITATION	2	\$53,957	\$20,978
	097 AICD IMPLANT	3	\$54,612	\$46,919
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	67	\$5,431	\$4,547
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	67	\$5,431	\$5,995
07	GASTROINTESTINAL SYSTEM PROCEDURES	8,305	\$2,330	\$3,055
	130 ALIMENTARY TESTS AND SIMPLE TUBE PLACEMENT	1	\$3,432	\$1,670
	131 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	2	\$1,120	\$2,353
	132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	29	\$764	\$1,232
	133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	32	\$940	\$1,718
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	1,860	\$1,200	\$1,516
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	160	\$1,778	\$2,214
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	3,820	\$1,008	\$1,271
	137 THERAPEUTIC COLONOSCOPY	207	\$1,264	\$1,695
	138 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	56	\$3,494	\$4,271
	139 LEVEL I HERNIA REPAIR	351	\$3,593	\$4,486
	140 LEVEL II HERNIA REPAIR	47	\$4,068	\$5,242
	141 LEVEL I ANAL AND RECTAL PROCEDURES	69	\$2,052	\$3,138
	142 LEVEL II ANAL AND RECTAL PROCEDURES	120	\$2,211	\$3,733
	143 LEVEL I GASTROINTESTINAL PROCEDURES	22	\$2,990	\$3,742
	144 LEVEL II GASTROINTESTINAL PROCEDURES	3	\$11,407	\$8,218
	145 LEVEL I LAPAROSCOPY	94	\$4,205	\$5,295
	146 LEVEL II LAPAROSCOPY	1,194	\$7,019	\$8,314
	147 LEVEL III LAPAROSCOPY	237	\$7,272	\$8,305
	148 LEVEL IV LAPAROSCOPY	1	\$12,079	\$13,004
08	GENITOURINARY SYSTEM PROCEDURES	298	\$6,222	\$6,135
	160 EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	3	\$7,365	\$9,938
	162 URINARY CATHETERIZATION AND DILATATION	11	\$7,082	\$5,868
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	147	\$4,633	\$4,353
	164 LEVEL II BLADDER AND KIDNEY PROCEDURES	101	\$4,170	\$5,221
	165 LEVEL III BLADDER AND KIDNEY PROCEDURES	1	\$33,754	\$17,334
	166 LEVEL I URETHRA AND PROSTATE PROCEDURES	5	\$2,866	\$1,346
	167 LEVEL II URETHRA AND PROSTATE PROCEDURES	30	\$20,122	\$11,236
09	MALE REPRODUCTIVE SYSTEM	140	\$5,898	\$4,630
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	56	\$4,141	\$3,299
	181 CIRCUMCISION	28	\$3,081	\$2,418
	182 INSERTION OF PENILE PROSTHESIS	7	\$26,590	\$27,785
	184 LEVEL II PENILE AND PROSTATE PROCEDURES	46	\$6,666	\$6,666
	185 PROSTATE NEEDLE AND PUNCH BIOPSY	3	\$4,949	\$3,010
10	FEMALE REPRODUCTIVE SYSTEM	427	\$4,405	\$5,236
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	90	\$2,735	\$3,258
	197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	64	\$4,870	\$5,190

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, SINGLE EAPG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

146 Intermountain Medical Center

procedure EAPG category	Procedure EAPG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
	198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	84	\$6,968	\$7,456
	199 DILATION AND CURETTAGE	60	\$2,608	\$3,266
	200 HYSTEROSCOPY	110	\$4,435	\$5,384
	201 COLPOSCOPY	19	\$4,913	\$4,443
11	NEUROLOGIC SYSTEM PROCEDURES	534	\$6,343	\$4,849
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	44	\$1,489	\$1,315
	215 LEVEL I REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	3	\$6,875	\$13,624
	216 LEVEL II REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	17	\$11,701	\$14,328
	217 LEVEL I NERVE PROCEDURES	144	\$2,021	\$3,161
	218 LEVEL II NERVE PROCEDURES	12	\$10,802	\$11,142
	219 SPINAL TAP	9	\$1,684	\$2,509
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	31	\$2,068	\$1,563
	221 LAMINOTOMY AND LAMINECTOMY	246	\$8,565	\$10,583
	223 LEVEL III NERVE PROCEDURES	28	\$17,682	\$34,351
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	2,500	\$3,693	\$3,703
	230 MINOR OPHTHALMOLOGICAL TESTS AND PROCEDURES	2	\$1,106	\$1,324
	233 CATARACT PROCEDURES	1,899	\$3,409	\$3,686
	234 LEVEL I ANTERIOR SEGMENT EYE PROCEDURES	11	\$4,086	\$2,924
	235 LEVEL II ANTERIOR SEGMENT EYE PROCEDURES	29	\$2,874	\$3,596
	236 LEVEL III ANTERIOR SEGMENT EYE PROCEDURES	83	\$8,410	\$8,638
	237 LEVEL I POSTERIOR SEGMENT EYE PROCEDURES	12	\$3,429	\$7,096
	238 LEVEL II POSTERIOR SEGMENT EYE PROCEDURES	373	\$4,496	\$5,867
	239 STRABISMUS AND MUSCLE EYE PROCEDURES	21	\$2,002	\$2,734
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	14	\$1,694	\$2,293
	241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	56	\$2,625	\$3,623
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	841	\$3,452	\$3,605
	252 LEVEL I FACIAL AND ENT PROCEDURES	190	\$2,020	\$2,195
	253 LEVEL II FACIAL AND ENT PROCEDURES	36	\$2,679	\$3,352
	254 LEVEL III FACIAL AND ENT PROCEDURES	66	\$5,718	\$6,442
	255 LEVEL IV FACIAL AND ENT PROCEDURES	235	\$6,019	\$8,243
	256 TONSIL AND ADENOID PROCEDURES	314	\$2,010	\$2,817

SOURCE: Utah Ambulatory Surgery Database
Utah Health Data Committee/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, 2009
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

146 Intermountain Medical Center

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
GENDER				
Female	15,102	54.9	122,959	54.1
Male	12,403	45.1	104,281	45.9
Unknown	0	0.0	4	0.0
Not Reported	0	0.0	0	0.0
AGE				
1-28 days	0	0.0	1,731	0.8
29-365 days	27	0.1	2,897	1.3
1-4 years	178	0.6	10,813	4.8
5-9	160	0.6	6,381	2.8
10-14	288	1.0	5,066	2.2
15-17	416	1.5	5,130	2.3
18-19	363	1.3	3,775	1.7
20-24	1,190	4.3	10,184	4.5
25-29	1,506	5.5	12,684	5.6
30-34	1,669	6.1	13,594	6.0
35-39	1,625	5.9	13,012	5.7
40-44	1,688	6.1	13,141	5.8
45-49	2,281	8.3	16,564	7.3
50-54	3,522	12.8	24,353	10.7
55-59	3,150	11.5	21,093	9.3
60-64	2,781	10.1	18,280	8.0
65-69	2,229	8.1	15,480	6.8
70-74	1,720	6.3	12,653	5.6
75-79	1,313	4.8	9,821	4.3
80-84	894	3.3	6,574	2.9
85-89	393	1.4	3,084	1.4
90 +	112	0.4	933	0.4
Not Reported	0	0.0	1	0.0
SOURCE OF ADMISSION				
Physician Referral	26,743	97.2	205,377	90.4
Clinic Referral	10	0.0	2,930	1.3
HMO Referral	1	0.0	2,930	1.3
Other Hospital	45	0.2	184	0.1
Skilled Nursing Facility	5	0.0	36	0.0
Other Health Care Facility	4	0.0	18	0.0
Emergency Room	696	2.5	5,340	2.3
Court/Law Enforcement	0	0.0	3	0.0
Unknown	1	0.0	11	0.0
Not Reported	0	0.0	10,415	4.6

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

146 Intermountain Medical Center

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	27,444	99.8	226,589	99.7
Another Hospital	4	0.0	102	0.0
Skilled Nursing Facility	17	0.1	137	0.1
Intermediate Care Facility	5	0.0	20	0.0
Another Type of Institution	8	0.0	68	0.0
Under Care of Home Service	18	0.1	270	0.1
Left Against Medical Advice	5	0.0	22	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	4	0.0	13	0.0
Unknown	0	0.0	22	0.0
Not Reported	0	0.0	1	0.0
PRIMARY PAYER				
Medicare	5,912	21.5	45,456	20.0
Medicaid	1,063	3.9	15,975	7.0
Other government	299	1.1	4,287	1.9
Blue Cross/Blue Shield	1,055	3.8	29,948	13.2
Other Commercial	1,521	5.5	16,378	7.2
Managed Care(HMO, PPO)	16,615	60.4	106,245	46.8
Self Pay	311	1.1	2,816	1.2
Industrial & Worker Comp	343	1.2	3,291	1.4
Charity and Unclassified	315	1.1	1,613	0.7
Childrens Health Insurance	13	0.0	129	0.1
Unknown	58	0.2	1,046	0.5
Not Reported	0	0.0	60	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	280	1.0	16,751	7.4
Central Utah	171	0.6	8,412	3.7
Davis County	2,133	7.8	23,806	10.5
Salt Lake County	20,478	74.5	77,342	34.0
Southeastern Utah	138	0.5	4,701	2.1
Southwest Utah	277	1.0	14,188	6.2
Summit County	424	1.5	2,798	1.2
Tooele County	593	2.2	4,137	1.8
Tri-County	242	0.9	6,035	2.7
Utah County	1,197	4.4	37,226	16.4
Wasatch County	131	0.5	1,669	0.7
Weber County	371	1.3	20,181	8.9
Unknown Utah	4	0.0	27	0.0
Outside Utah	1,059	3.9	9,882	4.3
Unknown, Not Reported	7	0.0	89	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, 2009
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)	8,377	100.0	320,509	100.0
Mastectomy (85.0-85.99)	250	3.0	8,217	2.6
Musculoskeletal (76.0-84.99)	2,232	26.6	69,555	21.7
Respiratory (30.0-34.99)	90	1.1	3,320	1.0
Cardiovascular (35.0-39.99)	220	2.6	22,400	7.0
Lymphatic/Hemetic (40.0-41.99)	47	0.6	2,804	0.9
Digestive System (42.0-54.99)	3,053	36.4	98,678	30.8
Urinary (55.0-59.99)	165	2.0	10,902	3.4
Male Genital (60.0-64.99)	51	0.6	3,817	1.2
Female Genital (65.0-71.99)	544	6.5	14,786	4.6
Endocrine/Nervous (01.0-07.99)	329	3.9	23,111	7.2
Eye (08.0-16.99)	156	1.9	21,114	6.6
Ear (18.0-20.99)	393	4.7	12,945	4.0
Nose, Mouth, Pharynx (21.0-29.99)	847	10.1	28,860	9.0
Reporting Category(CPT-4 CODES)	8,622	100.0	299,107	100.0
Mastectomy (19120-19220)	59	0.7	2,014	0.7
Musculoskeletal (20000-29909)	2,517	29.2	75,301	25.2
Respiratory (30000-32999 & 39501-39599)	621	7.2	14,568	4.9
Cardiovascular (33010-37799 & 93501-93660)	716	8.3	24,369	8.1
Lymphatic/Hemetic (38100-38999)	46	0.5	2,630	0.9
Digestive (40490-49999)	3,303	38.3	109,341	36.6
Urinary (50010-53899)	296	3.4	10,457	3.5
Male Genital (54000-55899)	45	0.5	3,299	1.1
Female Genital (56405-58999)	382	4.4	12,326	4.1
Endocrine/Nervous (60000-64999)	340	3.9	24,781	8.3
Eye (65091-68899)	79	0.9	12,489	4.2
Ear (69000-69979)	218	2.5	7,532	2.5

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

AMB ST 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
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		8,377	100.0	100.0
4523	COLONOSCOPY	676	8.1	6.09
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	670	8.0	5.75
4542	ENDO POLYPECTOMY LG INTESTINE	347	4.1	3.35
2001	MYRINGOTOMY W/INSRT TUBE	272	3.2	3.18
5123	LAP CHOLEY	233	2.8	2.26
806	EXC SEMILUNAR CARTILAGE-KNEE	225	2.7	1.86
4292	DILAT ESOPH	211	2.5	1.44
4525	CLO [ENDO] BX LG INTESTINE	195	2.3	2.33
4513	OTH ENDO SM INTESTINE	191	2.3	1.71
8147	OTH REPR KNEE	176	2.1	0.94
283	TONSILLECTOMY W/ADENOIDECTOMY	138	1.6	1.80
6952	ASPIR CURET FOLLOWING DELIV/AB	129	1.5	0.44
8363	ROTATOR CUFF REPR	122	1.5	0.76
2169	OTH TURBINECTOMY	117	1.4	0.78
7781	OTH PART OSTEC-SCAPULA-CLAV-THOR	109	1.3	0.58
8145	OTH REPR CRUCIATE LIGAMNT	105	1.3	0.57
8183	OTH REPR SHLDR	97	1.2	0.82
4836	[ENDO] POLYPECTOMY RECTUM	90	1.1	0.95
2188	OTH SEPTOPLASTY	87	1.0	0.50
0443	RELEASE CARPAL TUNNEL	83	1.0	0.98

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		8,622	100.0	100.0
45378	COLONOSCOPY FLEX; DX-SEP PROC	676	7.8	6.11
43239	UGI ENDO; W/BX 1/MX	672	7.8	6.06
45380	COLONOSCOPY FLEX; W/BX 1/MX	459	5.3	5.24
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	206	2.4	0.96
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	202	2.3	1.50
29826	SCOPE SHOULDER; DECOMP SUBACROM	170	2.0	1.21
29881	SCOPE KNEE SURG;W/MENISCECT MED/	163	1.9	1.64
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	163	1.9	1.49
69436	TYMPANOSTOMY GENERAL ANESTHESIA	140	1.6	1.75
23350	INJ SHLDR ARTHROGRPH/ENHNCD CT/M	136	1.6	0.20
29827	SCOPE SHLDR SURG; W/ROTOR CUFF R	112	1.3	0.65
30140	SUBMUCOS RES TURBINATE PART/CMPL	106	1.2	0.74
29824	SCOPE SHLDR SURG;DIST CLAVICULEC	105	1.2	0.54
50590	LITHOTRIPSY XTRACORP SHOCK WAVE	104	1.2	0.23
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	103	1.2	1.25
29888	ARTHSCPY AIDED ACL REPR/AUG/RECO	102	1.2	0.65
30520	SEPTOPLASTY/SUBMUCOS RES W/GFT	92	1.1	0.78
42820	T&A; UNDER AGE 12	90	1.0	1.47
93545	INJ PROC-CATH; SELECT CORONRY AN	90	1.0	0.71
93556	IMAG SUPERVS I&R-CATH; PULM ANGI	85	1.0	0.60

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

AMB ST 1-3

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
 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		3,574	\$6,092	\$4,501
4523	COLONOSCOPY	503	\$2,450	\$1,087
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	296	\$3,104	\$1,581
4542	ENDO POLYPECTOMY LG INTESTINE	233	\$3,226	\$1,547
5123	LAP CHOLEY	213	\$11,774	\$7,426
6952	ASPIR CURET FOLLOWING DELIV/AB	127	\$4,045	\$3,269
283	TONSILLECTOMY W/ADENOIDECTOMY	112	\$4,355	\$2,850
4525	CLO [ENDO] BX LG INTESTINE	91	\$3,240	\$1,709
4513	OTH ENDO SM INTESTINE	81	\$2,552	\$1,334
806	EXC SEMILUNAR CARTILAGE-KNEE	65	\$7,096	\$4,537
3722	LT HEART CARD CATH	60	\$10,725	\$8,426
0443	RELEASE CARPAL TUNNEL	50	\$4,352	\$2,540
282	TONSILLECTOMY WO ADENOIDECTOMY	50	\$4,421	\$2,868
3324	CLO [ENDO] BX BRONCHUS	48	\$2,413	\$2,948
8192	INJ THERAP SUBSTANCE JT/LIGAMNT	45	\$1,379	\$1,414
6629	OTH BIL ENDO DESTRUC FALLOP TUBES	43	\$5,857	\$4,724
6823	ENDOMETRIAL ABLATION	43	\$7,163	\$6,213
5011	CLO [PERCUT] [NEEDLE] BX LIVER	41	\$2,529	\$2,654
4836	[ENDO] POLYPECTOMY RECTUM	36	\$2,888	\$1,394
8051	EXC INTERVERTEBRAL DISC	34	\$13,955	\$10,068
8521	LOC EXC LES BREAST	34	\$4,889	\$3,374

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
CPT-4 Procedures		4,029	\$5,498	\$3,915
45378	COLONOSCOPY FLEX; DX-SEP PROC	504	\$2,450	\$1,090
43239	UGI ENDO; W/BX 1/MX	297	\$3,108	\$1,548
45380	COLONOSCOPY FLEX; W/BX 1/MX	281	\$3,105	\$1,526
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	186	\$11,955	\$7,842
23350	INJ SHLDR ARTHROGRPH/ENHNCD CT/M	136	\$3,369	\$3,591
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	90	\$3,040	\$1,661
29881	SCOPE KNEE SURG;W/MENISCECT MED/	85	\$6,936	\$4,457
69436	TYMPANOSTOMY GENERAL ANESTHESIA	82	\$2,780	\$1,499
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	76	\$2,539	\$1,234
50590	LITHOTRIPSY XTRACORE SHOCK WAVE	69	\$9,977	\$9,938
42820	T&A; UNDER AGE 12	68	\$3,972	\$2,701
66984	EXTRACAPSULAR CATARACT REMV IOL	67	\$6,146	\$3,678
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	63	\$1,215	\$1,220
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	61	\$3,244	\$1,913
20680	REMOVAL OF IMPLANT; DEEP	59	\$5,001	\$3,558
49505	REPR INIT ING HERNIA 5YR/MORE; R	59	\$8,991	\$4,721
47000	BIOPSY LIVER NEEDLE; PERCUTANEOU	47	\$2,491	\$2,653
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	44	\$4,593	\$2,928
31624	BRNCHSCPY; W/BRONCH ALVEOL LAVAG	42	\$2,440	\$2,773
42821	T&A; AGE 12 OR OVER	42	\$4,877	\$3,195

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, 2009
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE* CPT-4 PROCEDURES

117 Jordan Valley Medical Center

Procedure EAPG category	TOTAL #	TOTAL # (ALL Hospitals)
Procedure EAPG		
01 SKIN & INTEGUMENTARY SYSTEM PROCEDURES	236	8,192
002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	36	1,091
004 LEVEL II SKIN INCISION AND DRAINAGE	4	95
007 LEVEL II SKIN DEBRIDEMENT AND DESTRUCTION	2	128
009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	18	503
010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	126	5,031
012 LEVEL I SKIN REPAIR	2	35
013 LEVEL II SKIN REPAIR	44	792
014 LEVEL III SKIN REPAIR	4	220
02 BREAST PROCEDURES	60	2,075
020 LEVEL I BREAST PROCEDURES	59	2,014
021 LEVEL II BREAST PROCEDURES	1	61
03 MUSCULOSKELETAL SYSTEM PROCEDURES	2,155	64,806
030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	62	2,405
031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	95	4,694
032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	32	2,234
033 LEVEL I HAND PROCEDURES	111	3,780
034 LEVEL II HAND PROCEDURES	38	1,278
035 LEVEL I FOOT PROCEDURES	214	6,264
036 LEVEL II FOOT PROCEDURES	36	1,682
037 LEVEL I ARTHROSCOPY	864	22,184
038 LEVEL II ARTHROSCOPY	301	5,320
040 SPLINT, STRAPPING AND CAST REMOVAL	1	1,672
041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	5	717
042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	12	628
043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	202	5,752
044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	40	490
045 BUNION PROCEDURES	58	1,791
046 LEVEL I ARTHROPLASTY	18	634
047 LEVEL II ARTHROPLASTY	5	148
048 HAND AND FOOT TENOTOMY	6	386
049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	55	2,678
04 RESPIRATORY PROCEDURES	426	9,066
061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	75	1,396
062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	50	1,436
063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	222	4,402
064 ENDOSCOPY OF THE LOWER AIRWAY	79	1,832
05 CARDIOVASCULAR PROCEDURES	221	9,325
082 CARDIAC ELECTROPHYSIOLOGIC TESTS	2	1,153
083 PLACEMENT OF TRANSVENOUS CATHETERS	11	941
084 DIAGNOSTIC CARDIAC CATHETERIZATION	93	2,404
085 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	64	1,497
086 PACEMAKER INSERTION AND REPLACEMENT	9	259
087 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	27	809
089 LEVEL II CARDIOTHORACIC PROCEDURES	3	1,625
090 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	9	53

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE* CPT-4 PROCEDURES

117 Jordan Valley Medical Center

procedure EAPG category	procedure EAPG	TOTAL #	TOTAL # (ALL Hospitals)
	091 VASCULAR LIGATION AND RECONSTRUCTION	1	124
	097 AICD IMPLANT	2	200
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	53	2,884
	113 LEVEL I BLOOD AND BLOOD PRODUCT EXCHANGE	27	1,308
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	26	1,491
07	GASTROINTESTINAL SYSTEM PROCEDURES	3,113	99,755
	131 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	3	1,379
	132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	13	502
	133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	6	422
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	777	22,635
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	240	4,688
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	1,136	34,149
	137 THERAPEUTIC COLONOSCOPY	188	5,727
	138 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	90	1,937
	139 LEVEL I HERNIA REPAIR	142	5,573
	140 LEVEL II HERNIA REPAIR	25	1,193
	141 LEVEL I ANAL AND RECTAL PROCEDURES	5	782
	142 LEVEL II ANAL AND RECTAL PROCEDURES	9	1,145
	143 LEVEL I GASTROINTESTINAL PROCEDURES	2	405
	144 LEVEL II GASTROINTESTINAL PROCEDURES	1	226
	145 LEVEL I LAPAROSCOPY	72	2,675
	146 LEVEL II LAPAROSCOPY	138	8,847
	147 LEVEL III LAPAROSCOPY	266	7,203
08	GENITOURINARY SYSTEM PROCEDURES	287	8,962
	160 EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	104	697
	162 URINARY CATHETERIZATION AND DILATATION	2	238
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	95	3,932
	164 LEVEL II BLADDER AND KIDNEY PROCEDURES	77	3,413
	166 LEVEL I URETHRA AND PROSTATE PROCEDURES	2	180
	167 LEVEL II URETHRA AND PROSTATE PROCEDURES	7	444
09	MALE REPRODUCTIVE SYSTEM	46	3,509
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	17	1,431
	181 CIRCUMCISION	16	822
	182 INSERTION OF PENILE PROSTHESIS	1	32
	184 LEVEL II PENILE AND PROSTATE PROCEDURES	12	1,167
10	FEMALE REPRODUCTIVE SYSTEM	196	7,180
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	31	1,292
	197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	16	1,355
	198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	27	1,494
	199 DILATION AND CURETTAGE	11	551
	200 HYSTEROSCOPY	106	2,251
	201 COLPOSCOPY	5	234
11	NEUROLOGIC SYSTEM PROCEDURES	311	24,377
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	68	2,913
	215 LEVEL I REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	3	155
	217 LEVEL I NERVE PROCEDURES	122	4,031

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE* CPT-4 PROCEDURES

117 Jordan Valley Medical Center

procedure EAPG category	procedure EAPG	TOTAL #	TOTAL # (ALL Hospitals)
	218 LEVEL II NERVE PROCEDURES	6	793
	219 SPINAL TAP	22	470
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	34	11,868
	221 LAMINOTOMY AND LAMINECTOMY	48	3,173
	223 LEVEL III NERVE PROCEDURES	8	825
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	79	12,275
	233 CATARACT PROCEDURES	68	5,365
	235 LEVEL II ANTERIOR SEGMENT EYE PROCEDURES	1	285
	236 LEVEL III ANTERIOR SEGMENT EYE PROCEDURES	1	209
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	5	895
	241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	4	1,469
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	790	28,739
	252 LEVEL I FACIAL AND ENT PROCEDURES	334	12,362
	253 LEVEL II FACIAL AND ENT PROCEDURES	40	1,405
	254 LEVEL III FACIAL AND ENT PROCEDURES	116	3,429
	255 LEVEL IV FACIAL AND ENT PROCEDURES	45	2,922
	256 TONSIL AND ADENOID PROCEDURES	255	8,493

SOURCE: Utah Ambulatory Surgery Database
 Utah Health Data Committee/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, 2009
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, SINGLE EAPG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

117 Jordan Valley Medical Center

Procedure EAPG category	Procedure EAPG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
01	SKIN & INTEGUMENTARY SYSTEM PROCEDURES	174	\$3,960	\$3,762
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	34	\$1,625	\$3,254
	004 LEVEL II SKIN INCISION AND DRAINAGE	4	\$4,355	\$4,409
	007 LEVEL II SKIN DEBRIDEMENT AND DESTRUCTION	1	\$4,726	\$2,829
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	9	\$4,000	\$3,664
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	90	\$5,079	\$3,677
	013 LEVEL II SKIN REPAIR	36	\$3,295	\$4,883
02	BREAST PROCEDURES	53	\$5,770	\$3,802
	020 LEVEL I BREAST PROCEDURES	52	\$5,672	\$3,688
	021 LEVEL II BREAST PROCEDURES	1	\$10,826	\$7,371
03	MUSCULOSKELETAL SYSTEM PROCEDURES	690	\$8,123	\$5,044
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	17	\$4,944	\$4,534
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	32	\$8,818	\$5,458
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	9	\$14,467	\$9,791
	033 LEVEL I HAND PROCEDURES	48	\$4,171	\$2,835
	034 LEVEL II HAND PROCEDURES	7	\$12,684	\$5,167
	035 LEVEL I FOOT PROCEDURES	84	\$5,814	\$3,748
	036 LEVEL II FOOT PROCEDURES	15	\$10,221	\$6,617
	037 LEVEL I ARTHROSCOPY	218	\$7,324	\$4,492
	038 LEVEL II ARTHROSCOPY	51	\$17,064	\$10,734
	040 SPLINT, STRAPPING AND CAST REMOVAL	1	\$2,290	\$1,380
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	2	\$3,890	\$6,442
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	6	\$2,992	\$3,754
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	129	\$10,431	\$7,392
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	13	\$3,082	\$3,553
	045 BUNION PROCEDURES	24	\$9,492	\$5,191
	046 LEVEL I ARTHROPLASTY	3	\$5,788	\$8,302
	047 LEVEL II ARTHROPLASTY	1	\$23,700	\$20,732
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	30	\$952	\$1,227
04	RESPIRATORY PROCEDURES	141	\$2,510	\$2,975
	061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	71	\$2,146	\$2,594
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	7	\$6,347	\$4,474
	064 ENDOSCOPY OF THE LOWER AIRWAY	63	\$2,493	\$2,794
05	CARDIOVASCULAR PROCEDURES	28	\$18,408	\$14,627
	082 CARDIAC ELECTROPHYSIOLOGIC TESTS	2	\$3,762	\$16,299
	083 PLACEMENT OF TRANSVENOUS CATHETERS	9	\$7,863	\$6,140
	084 DIAGNOSTIC CARDIAC CATHETERIZATION	1	\$7,046	\$8,441
	085 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	1	\$29,839	\$36,706
	086 PACEMAKER INSERTION AND REPLACEMENT	8	\$32,301	\$31,576
	087 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	2	\$6,682	\$9,181
	089 LEVEL II CARDIOTHORACIC PROCEDURES	3	\$9,480	\$8,023
	090 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	1	\$8,601	\$7,639
	097 AICD IMPLANT	1	\$91,449	\$46,919
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	37	\$4,661	\$4,547
	113 LEVEL I BLOOD AND BLOOD PRODUCT EXCHANGE	25	\$3,527	\$3,316

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, SINGLE EAPG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

117 Jordan Valley Medical Center

procedure EAPG category	Procedure EAPG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	12	\$7,026	\$5,995
07	GASTROINTESTINAL SYSTEM PROCEDURES	1,830	\$4,637	\$3,055
	132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	9	\$1,897	\$1,232
	133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	3	\$3,108	\$1,718
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	373	\$2,992	\$1,516
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	80	\$3,216	\$2,214
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	785	\$2,684	\$1,271
	137 THERAPEUTIC COLONOSCOPY	93	\$3,045	\$1,695
	138 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	16	\$6,200	\$4,271
	139 LEVEL I HERNIA REPAIR	109	\$8,818	\$4,486
	140 LEVEL II HERNIA REPAIR	10	\$11,250	\$5,242
	141 LEVEL I ANAL AND RECTAL PROCEDURES	2	\$3,564	\$3,138
	142 LEVEL II ANAL AND RECTAL PROCEDURES	8	\$6,904	\$3,733
	143 LEVEL I GASTROINTESTINAL PROCEDURES	1	\$712	\$3,742
	145 LEVEL I LAPAROSCOPY	36	\$5,894	\$5,295
	146 LEVEL II LAPAROSCOPY	92	\$9,027	\$8,314
	147 LEVEL III LAPAROSCOPY	213	\$11,349	\$8,305
08	GENITOURINARY SYSTEM PROCEDURES	130	\$8,632	\$6,135
	160 EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	69	\$9,977	\$9,938
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	30	\$6,452	\$4,353
	164 LEVEL II BLADDER AND KIDNEY PROCEDURES	22	\$6,124	\$5,221
	166 LEVEL I URETHRA AND PROSTATE PROCEDURES	2	\$2,282	\$1,346
	167 LEVEL II URETHRA AND PROSTATE PROCEDURES	7	\$14,423	\$11,236
09	MALE REPRODUCTIVE SYSTEM	34	\$7,501	\$4,630
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	10	\$5,705	\$3,299
	181 CIRCUMCISION	14	\$5,547	\$2,418
	182 INSERTION OF PENILE PROSTHESIS	1	\$41,208	\$27,785
	184 LEVEL II PENILE AND PROSTATE PROCEDURES	9	\$8,791	\$6,666
10	FEMALE REPRODUCTIVE SYSTEM	104	\$6,830	\$5,236
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	7	\$4,637	\$3,258
	197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	9	\$6,239	\$5,190
	198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	17	\$10,100	\$7,456
	199 DILATION AND CURETTAGE	7	\$4,710	\$3,266
	200 HYSTEROSCOPY	63	\$6,514	\$5,384
	201 COLPOSCOPY	1	\$6,711	\$4,443
11	NEUROLOGIC SYSTEM PROCEDURES	198	\$5,331	\$4,849
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	68	\$1,195	\$1,315
	215 LEVEL I REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	1	\$50,681	\$13,624
	217 LEVEL I NERVE PROCEDURES	41	\$4,972	\$3,161
	218 LEVEL II NERVE PROCEDURES	3	\$16,109	\$11,142
	219 SPINAL TAP	22	\$2,821	\$2,509
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	26	\$1,400	\$1,563
	221 LAMINOTOMY AND LAMINECTOMY	31	\$13,755	\$10,583
	223 LEVEL III NERVE PROCEDURES	6	\$24,445	\$34,351
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	75	\$6,101	\$3,703

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, SINGLE EAPG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

117 Jordan Valley Medical Center

procedure EAPG category	Procedure EAPG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
	233 CATARACT PROCEDURES	68	\$6,180	\$3,686
	235 LEVEL II ANTERIOR SEGMENT EYE PROCEDURES	1	\$7,156	\$3,596
	236 LEVEL III ANTERIOR SEGMENT EYE PROCEDURES	1	\$8,452	\$8,638
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	3	\$4,689	\$2,293
	241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	2	\$3,824	\$3,623
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	338	\$5,067	\$3,605
	252 LEVEL I FACIAL AND ENT PROCEDURES	117	\$3,160	\$2,195
	253 LEVEL II FACIAL AND ENT PROCEDURES	16	\$3,564	\$3,352
	254 LEVEL III FACIAL AND ENT PROCEDURES	12	\$11,097	\$6,442
	255 LEVEL IV FACIAL AND ENT PROCEDURES	30	\$14,843	\$8,243
	256 TONSIL AND ADENOID PROCEDURES	163	\$4,340	\$2,817

SOURCE: Utah Ambulatory Surgery Database
 Utah Health Data Committee/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, 2009
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

117 Jordan Valley Medical Center

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
GENDER				
Female	3,504	57.7	122,959	54.1
Male	2,565	42.3	104,281	45.9
Unknown	0	0.0	4	0.0
Not Reported	0	0.0	0	0.0
AGE				
1-28 days	1	0.0	1,731	0.8
29-365 days	32	0.5	2,897	1.3
1-4 years	121	2.0	10,813	4.8
5-9	92	1.5	6,381	2.8
10-14	119	2.0	5,066	2.2
15-17	154	2.5	5,130	2.3
18-19	119	2.0	3,775	1.7
20-24	310	5.1	10,184	4.5
25-29	494	8.1	12,684	5.6
30-34	523	8.6	13,594	6.0
35-39	449	7.4	13,012	5.7
40-44	441	7.3	13,141	5.8
45-49	463	7.6	16,564	7.3
50-54	641	10.6	24,353	10.7
55-59	520	8.6	21,093	9.3
60-64	452	7.4	18,280	8.0
65-69	422	7.0	15,480	6.8
70-74	278	4.6	12,653	5.6
75-79	225	3.7	9,821	4.3
80-84	129	2.1	6,574	2.9
85-89	62	1.0	3,084	1.4
90 +	22	0.4	933	0.4
Not Reported	0	0.0	1	0.0
SOURCE OF ADMISSION				
Physician Referral	6,065	99.9	205,377	90.4
Clinic Referral	1	0.0	2,930	1.3
HMO Referral	0	0.0	2,930	1.3
Other Hospital	0	0.0	184	0.1
Skilled Nursing Facility	0	0.0	36	0.0
Other Health Care Facility	0	0.0	18	0.0
Emergency Room	1	0.0	5,340	2.3
Court/Law Enforcement	1	0.0	3	0.0
Unknown	1	0.0	11	0.0
Not Reported	0	0.0	10,415	4.6

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

117 Jordan Valley Medical Center

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	6,053	99.7	226,589	99.7
Another Hospital	1	0.0	102	0.0
Skilled Nursing Facility	2	0.0	137	0.1
Intermediate Care Facility	0	0.0	20	0.0
Another Type of Institution	0	0.0	68	0.0
Under Care of Home Service	3	0.0	270	0.1
Left Against Medical Advice	0	0.0	22	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	1	0.0	13	0.0
Unknown	9	0.1	22	0.0
Not Reported	0	0.0	1	0.0
PRIMARY PAYER				
Medicare	1,117	18.4	45,456	20.0
Medicaid	370	6.1	15,975	7.0
Other government	191	3.1	4,287	1.9
Blue Cross/Blue Shield	1,925	31.7	29,948	13.2
Other Commercial	889	14.6	16,378	7.2
Managed Care(HMO, PPO)	1,490	24.6	106,245	46.8
Self Pay	32	0.5	2,816	1.2
Industrial & Worker Comp	41	0.7	3,291	1.4
Charity and Unclassified	4	0.1	1,613	0.7
Childrens Health Insurance	0	0.0	129	0.1
Unknown	10	0.2	1,046	0.5
Not Reported	0	0.0	60	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	14	0.2	16,751	7.4
Central Utah	16	0.3	8,412	3.7
Davis County	67	1.1	23,806	10.5
Salt Lake County	5,360	88.3	77,342	34.0
Southeastern Utah	39	0.6	4,701	2.1
Southwest Utah	5	0.1	14,188	6.2
Summit County	42	0.7	2,798	1.2
Tooele County	97	1.6	4,137	1.8
Tri-County	17	0.3	6,035	2.7
Utah County	287	4.7	37,226	16.4
Wasatch County	6	0.1	1,669	0.7
Weber County	23	0.4	20,181	8.9
Unknown Utah	1	0.0	27	0.0
Outside Utah	89	1.5	9,882	4.3
Unknown, Not Reported	6	0.1	89	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, 2009
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)	329	100.0	320,509	100.0
Mastectomy (85.0-85.99)	0	0.0	8,217	2.6
Musculoskeletal (76.0-84.99)	7	2.1	69,555	21.7
Respiratory (30.0-34.99)	0	0.0	3,320	1.0
Cardiovascular (35.0-39.99)	0	0.0	22,400	7.0
Lymphatic/Hemetic (40.0-41.99)	0	0.0	2,804	0.9
Digestive System (42.0-54.99)	206	62.6	98,678	30.8
Urinary (55.0-59.99)	0	0.0	10,902	3.4
Male Genital (60.0-64.99)	0	0.0	3,817	1.2
Female Genital (65.0-71.99)	3	0.9	14,786	4.6
Endocrine/Nervous (01.0-07.99)	14	4.3	23,111	7.2
Eye (08.0-16.99)	99	30.1	21,114	6.6
Ear (18.0-20.99)	0	0.0	12,945	4.0
Nose, Mouth, Pharynx (21.0-29.99)	0	0.0	28,860	9.0
Reporting Category(CPT-4 CODES)	299	100.0	299,107	100.0
Mastectomy (19120-19220)	0	0.0	2,014	0.7
Musculoskeletal (20000-29909)	14	4.7	75,301	25.2
Respiratory (30000-32999 & 39501-39599)	1	0.3	14,568	4.9
Cardiovascular (33010-37799 & 93501-93660)	0	0.0	24,369	8.1
Lymphatic/Hemetic (38100-38999)	0	0.0	2,630	0.9
Digestive (40490-49999)	210	70.2	109,341	36.6
Urinary (50010-53899)	0	0.0	10,457	3.5
Male Genital (54000-55899)	0	0.0	3,299	1.1
Female Genital (56405-58999)	4	1.3	12,326	4.1
Endocrine/Nervous (60000-64999)	12	4.0	24,781	8.3
Eye (65091-68899)	58	19.4	12,489	4.2
Ear (69000-69979)	0	0.0	7,532	2.5

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

AMB ST 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES

114 Kane County Hospital - CAH

ICD-9 CODE	ICD-9 DESCRIPTION	#	%	% ALL Hospitals
All ICD-9 Procedures		329	100.0	100.0
4523	COLONOSCOPY	50	15.2	6.09
1341	PHACOEMULSIFICATION-ASPIR CATARACT	47	14.3	1.58
1371	IOL PROSTH-CATARACT EXTRACT-1-STAGE	47	14.3	1.59
4542	ENDO POLYPECTOMY LG INTESTINE	46	14.0	3.35
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	38	11.6	5.75
4525	CLO [ENDO] BX LG INTESTINE	22	6.7	2.33
4836	[ENDO] POLYPECTOMY RECTUM	22	6.7	0.95
4513	OTH ENDO SM INTESTINE	10	3.0	1.71
0392	INJ OTH AGENT SPINAL CANAL	6	1.8	1.98
0391	INJ ANES SPINAL CANAL-ANALGESIA	5	1.5	1.76
4543	ENDO DEST OTH LES/TISS LG INTEST	5	1.5	0.04
4824	CLO [ENDO] BX RECTUM	5	1.5	0.41
1364	DISCISSION SECNDRY MEMBRN	4	1.2	0.10
4341	ENDO EXC/DESTRUC LES/TISS STOMACH	4	1.2	0.08
0443	RELEASE CARPAL TUNNEL	2	0.6	0.98
8339	EXC LES OTH SOFT TISS	2	0.6	0.31
0331	SPINAL TAP	1	0.3	0.16
1372	SECNDRY INSRT IOL PROSTH	1	0.3	0.03
4233	ENDO EXC/DESTRUC LES/TISS ESOPH	1	0.3	0.05
4292	DILAT ESOPH	1	0.3	1.44

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		299	100.0	100.0
45380	COLONOSCOPY FLEX; W/BX 1/MX	84	28.1	5.24
45378	COLONOSCOPY FLEX; DX-SEP PROC	56	18.7	6.11
66984	EXTRACAPSULAR CATARACT REMV IOL	53	17.7	1.64
43239	UGI ENDO; W/BX 1/MX	39	13.0	6.06
43235	UGI ENDO; DX W/VO CLCT SPECMN-SP	10	3.3	1.25
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	9	3.0	1.49
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	9	3.0	0.70
28285	CORRECTION HAMMERTOES	6	2.0	0.62
43258	UGI ENDO; W/ABLAT LES NOT SNARE	6	2.0	0.04
66821	DISCISSION 2ND CATARACT; LASER S	4	1.3	0.12
57267	INSRT MESH REPR PLV FLR EA SITE	2	0.7	0.07
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	2	0.7	0.64
20680	REMOVAL OF IMPLANT; DEEP	1	0.3	1.04
20694	REMOVAL UNDER ANES-EXT FIX SYSTE	1	0.3	0.03
25565	CLOS TX RADIAL & ULNA FX; W/MANI	1	0.3	0.02
26115	EXC TMR/MALF SFT TISS HND/FNGR;S	1	0.3	0.04
27301	I&D DP ABSC BURSA/HEMAT THIGH/KN	1	0.3	0.01
27530	CLOS TX TIBIAL FX PROX; W/O MANI	1	0.3	0.00
28043	EXCISION TUMOR FOOT; SUBCUT TISS	1	0.3	0.04
28045	EXCISION TUMR FOOT; DP SUBFASCL	1	0.3	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, 2009
 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	150	\$1,531	\$4,501
4523	COLONOSCOPY	39	\$1,176	\$1,087
4542	ENDO POLYPECTOMY LG INTESTINE	28	\$1,568	\$1,547
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	25	\$1,641	\$1,581
4525	CLO [ENDO] BX LG INTESTINE	18	\$1,547	\$1,709
4513	OTH ENDO SM INTESTINE	5	\$1,165	\$1,334
4836	[ENDO] POLYPECTOMY RECTUM	5	\$1,225	\$1,394
1364	DISCISSION SECNDRY MEMBRN	4	\$444	\$785
4824	CLO [ENDO] BX RECTUM	4	\$1,578	\$1,513
4341	ENDO EXC/DESTRUC LES/TISS STOMACH	3	\$1,988	\$1,798
4543	ENDO DEST OTH LES/TISS LG INTEST	3	\$1,784	\$2,211
0392	INJ OTH AGENT SPINAL CANAL	2	\$805	\$1,084
0443	RELEASE CARPAL TUNNEL	2	\$2,761	\$2,540
8339	EXC LES OTH SOFT TISS	2	\$3,106	\$3,741
0331	SPINAL TAP	1	\$1,201	\$2,508
0391	INJ ANES SPINAL CANAL-ANALGESIA	1	\$758	\$4,315
1372	SECNDRY INSRT IOL PROSTH	1	\$3,312	\$3,846
5303	UNILAT REPR DIRECT ING HERN-GFT	1	\$5,100	\$4,986
6959	OTH ASPIR CURET UTERUS	1	\$2,710	\$2,928
7756	REPR HAMMER TOE	1	\$3,259	\$4,168
7863	REMOV IMPLNT DEVICE-RADIUS & ULNA	1	\$3,230	\$3,359

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
CPT-4	Procedures	242	\$1,920	\$3,915
45380	COLONOSCOPY FLEX; W/BX 1/MX	75	\$1,538	\$1,526
66984	EXTRACAPSULAR CATARACT REMV IOL	53	\$3,434	\$3,678
45378	COLONOSCOPY FLEX; DX-SEP PROC	43	\$1,197	\$1,090
43239	UGI ENDO; W/BX 1/MX	24	\$1,636	\$1,548
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	9	\$769	\$1,220
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	8	\$1,724	\$1,661
43235	UGI ENDO; DX W/VO CLCT SPECMN-SP	6	\$1,193	\$1,234
66821	DISCISSION 2ND CATARACT; LASER S	4	\$444	\$766
43258	UGI ENDO; W/ABLAT LES NOT SNARE	3	\$1,740	\$2,736
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	2	\$2,761	\$2,624
20680	REMOVAL OF IMPLANT; DEEP	1	\$3,230	\$3,558
20694	REMOVAL UNDER ANES-EXT FIX SYSTE	1	\$2,107	\$2,569
25565	CLOS TX RADIAL & ULNA FX; W/MANI	1	\$1,393	\$3,413
26115	EXC TMR/MALF SFT TISS HND/FNGR;S	1	\$2,136	\$2,857
28043	EXCISION TUMOR FOOT; SUBCUT TISS	1	\$2,964	\$3,109
28045	EXCISION TUMR FOOT; DP SUBFASCL	1	\$3,249	\$4,312
30310	REMV FB INTRANASAL; RQR GEN ANES	1	\$1,144	\$2,197
43248	UGI ENDO; W/INSRT GUIDE WIRE	1	\$1,866	\$1,661
45331	SIGMOIDOSCOPY FLXIBLE; W/BX 1/MX	1	\$1,453	\$1,380
45383	COLONOSCOPY FLEX; W/ABLAT LES	1	\$1,952	\$1,824

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, 2009
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE* CPT-4 PROCEDURES

114 Kane County Hospital - CAH

Procedure EAPG category	Procedure EAPG	TOTAL #	TOTAL # (ALL Hospitals)
01	SKIN & INTEGUMENTARY SYSTEM PROCEDURES	4	8,192
	004 LEVEL II SKIN INCISION AND DRAINAGE	1	95
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	3	5,031
03	MUSCULOSKELETAL SYSTEM PROCEDURES	10	64,806
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	1	2,405
	035 LEVEL I FOOT PROCEDURES	7	6,264
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	2	628
07	GASTROINTESTINAL SYSTEM PROCEDURES	210	99,755
	133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	1	422
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	49	22,635
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	8	4,688
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	140	34,149
	137 THERAPEUTIC COLONOSCOPY	11	5,727
	140 LEVEL II HERNIA REPAIR	1	1,193
10	FEMALE REPRODUCTIVE SYSTEM	4	7,180
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	2	1,292
	197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	1	1,355
	199 DILATION AND CURETTAGE	1	551
11	NEUROLOGIC SYSTEM PROCEDURES	12	24,377
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	9	2,913
	217 LEVEL I NERVE PROCEDURES	2	4,031
	219 SPINAL TAP	1	470
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	58	12,275
	232 LASER EYE PROCEDURES	4	418
	233 CATARACT PROCEDURES	54	5,365
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	1	28,739
	253 LEVEL II FACIAL AND ENT PROCEDURES	1	1,405

SOURCE: Utah Ambulatory Surgery Database
Utah Health Data Committee/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, 2009
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, SINGLE EAPG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

114 Kane County Hospital - CAH

Procedure EAPG category	Procedure EAPG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
01	SKIN & INTEGUMENTARY SYSTEM PROCEDURES	3	\$2,776	\$3,762
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	3	\$2,776	\$3,677
03	MUSCULOSKELETAL SYSTEM PROCEDURES	3	\$2,250	\$5,044
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	1	\$2,107	\$4,534
	035 LEVEL I FOOT PROCEDURES	1	\$3,249	\$3,748
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	1	\$1,393	\$3,754
07	GASTROINTESTINAL SYSTEM PROCEDURES	164	\$1,493	\$3,055
	133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	1	\$1,453	\$1,718
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	30	\$1,547	\$1,516
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	4	\$1,772	\$2,214
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	118	\$1,414	\$1,271
	137 THERAPEUTIC COLONOSCOPY	10	\$1,797	\$1,695
	140 LEVEL II HERNIA REPAIR	1	\$5,100	\$5,242
10	FEMALE REPRODUCTIVE SYSTEM	1	\$2,710	\$5,236
	199 DILATION AND CURETTAGE	1	\$2,710	\$3,266
11	NEUROLOGIC SYSTEM PROCEDURES	12	\$1,137	\$4,849
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	9	\$769	\$1,315
	217 LEVEL I NERVE PROCEDURES	2	\$2,761	\$3,161
	219 SPINAL TAP	1	\$1,201	\$2,509
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	58	\$3,226	\$3,703
	232 LASER EYE PROCEDURES	4	\$444	\$787
	233 CATARACT PROCEDURES	54	\$3,432	\$3,686
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	1	\$1,144	\$3,605
	253 LEVEL II FACIAL AND ENT PROCEDURES	1	\$1,144	\$3,352

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

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

114 Kane County Hospital - CAH

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
GENDER				
Female	150	56.0	122,959	54.1
Male	118	44.0	104,281	45.9
Unknown	0	0.0	4	0.0
Not Reported	0	0.0	0	0.0
AGE				
1-28 days	0	0.0	1,731	0.8
29-365 days	0	0.0	2,897	1.3
1-4 years	0	0.0	10,813	4.8
5-9	1	0.4	6,381	2.8
10-14	1	0.4	5,066	2.2
15-17	1	0.4	5,130	2.3
18-19	0	0.0	3,775	1.7
20-24	4	1.5	10,184	4.5
25-29	6	2.2	12,684	5.6
30-34	5	1.9	13,594	6.0
35-39	6	2.2	13,012	5.7
40-44	11	4.1	13,141	5.8
45-49	13	4.9	16,564	7.3
50-54	35	13.1	24,353	10.7
55-59	35	13.1	21,093	9.3
60-64	28	10.4	18,280	8.0
65-69	52	19.4	15,480	6.8
70-74	38	14.2	12,653	5.6
75-79	16	6.0	9,821	4.3
80-84	9	3.4	6,574	2.9
85-89	4	1.5	3,084	1.4
90 +	3	1.1	933	0.4
Not Reported	0	0.0	1	0.0
SOURCE OF ADMISSION				
Physician Referral	268	100.0	205,377	90.4
Clinic Referral	0	0.0	2,930	1.3
HMO Referral	0	0.0	2,930	1.3
Other Hospital	0	0.0	184	0.1
Skilled Nursing Facility	0	0.0	36	0.0
Other Health Care Facility	0	0.0	18	0.0
Emergency Room	0	0.0	5,340	2.3
Court/Law Enforcement	0	0.0	3	0.0
Unknown	0	0.0	11	0.0
Not Reported	0	0.0	10,415	4.6

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

114 Kane County Hospital - CAH

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	268	100.0	226,589	99.7
Another Hospital	0	0.0	102	0.0
Skilled Nursing Facility	0	0.0	137	0.1
Intermediate Care Facility	0	0.0	20	0.0
Another Type of Institution	0	0.0	68	0.0
Under Care of Home Service	0	0.0	270	0.1
Left Against Medical Advice	0	0.0	22	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	0	0.0	13	0.0
Unknown	0	0.0	22	0.0
Not Reported	0	0.0	1	0.0
PRIMARY PAYER				
Medicare	118	44.0	45,456	20.0
Medicaid	7	2.6	15,975	7.0
Other government	8	3.0	4,287	1.9
Blue Cross/Blue Shield	27	10.1	29,948	13.2
Other Commercial	97	36.2	16,378	7.2
Managed Care(HMO, PPO)	0	0.0	106,245	46.8
Self Pay	10	3.7	2,816	1.2
Industrial & Worker Comp	1	0.4	3,291	1.4
Charity and Unclassified	0	0.0	1,613	0.7
Childrens Health Insurance	0	0.0	129	0.1
Unknown	0	0.0	1,046	0.5
Not Reported	0	0.0	60	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	0	0.0	16,751	7.4
Central Utah	1	0.4	8,412	3.7
Davis County	0	0.0	23,806	10.5
Salt Lake County	0	0.0	77,342	34.0
Southeastern Utah	0	0.0	4,701	2.1
Southwest Utah	219	81.7	14,188	6.2
Summit County	0	0.0	2,798	1.2
Tooele County	0	0.0	4,137	1.8
Tri-County	0	0.0	6,035	2.7
Utah County	0	0.0	37,226	16.4
Wasatch County	0	0.0	1,669	0.7
Weber County	0	0.0	20,181	8.9
Unknown Utah	0	0.0	27	0.0
Outside Utah	47	17.5	9,882	4.3
Unknown, Not Reported	1	0.4	89	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, 2009
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)	4,353	100.0	320,509	100.0
Mastectomy (85.0-85.99)	321	7.4	8,217	2.6
Musculoskeletal (76.0-84.99)	1,633	37.5	69,555	21.7
Respiratory (30.0-34.99)	72	1.7	3,320	1.0
Cardiovascular (35.0-39.99)	251	5.8	22,400	7.0
Lymphatic/Hemetic (40.0-41.99)	28	0.6	2,804	0.9
Digestive System (42.0-54.99)	697	16.0	98,678	30.8
Urinary (55.0-59.99)	284	6.5	10,902	3.4
Male Genital (60.0-64.99)	69	1.6	3,817	1.2
Female Genital (65.0-71.99)	192	4.4	14,786	4.6
Endocrine/Nervous (01.0-07.99)	247	5.7	23,111	7.2
Eye (08.0-16.99)	217	5.0	21,114	6.6
Ear (18.0-20.99)	76	1.7	12,945	4.0
Nose, Mouth, Pharynx (21.0-29.99)	266	6.1	28,860	9.0
Reporting Category(CPT-4 CODES)	5,357	100.0	299,107	100.0
Mastectomy (19120-19220)	53	1.0	2,014	0.7
Musculoskeletal (20000-29909)	2,249	42.0	75,301	25.2
Respiratory (30000-32999 & 39501-39599)	170	3.2	14,568	4.9
Cardiovascular (33010-37799 & 93501-93660)	937	17.5	24,369	8.1
Lymphatic/Hemetic (38100-38999)	15	0.3	2,630	0.9
Digestive (40490-49999)	850	15.9	109,341	36.6
Urinary (50010-53899)	419	7.8	10,457	3.5
Male Genital (54000-55899)	38	0.7	3,299	1.1
Female Genital (56405-58999)	191	3.6	12,326	4.1
Endocrine/Nervous (60000-64999)	298	5.6	24,781	8.3
Eye (65091-68899)	101	1.9	12,489	4.2
Ear (69000-69979)	36	0.7	7,532	2.5

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

AMB ST 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
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		4,353	100.0	100.0
5123	LAP CHOLEY	178	4.1	2.26
806	EXC SEMILUNAR CARTILAGE-KNEE	162	3.7	1.86
8086	OTH LOC EXC/DESTRUC JT LES-KNEE	144	3.3	0.68
4701	LAP APPENDECTOMY	86	2.0	0.78
8192	INJ THERAP SUBSTANCE JT/LIGAMNT	84	1.9	0.42
7781	OTH PART OSTEC-SCAPULA-CLAV-THOR	77	1.8	0.58
1341	PHACOEMULSIFICATION-ASPIR CATARACT	75	1.7	1.58
1371	IOL PROSTH-CATARACT EXTRACT-1-STAGE	74	1.7	1.59
598	URETERAL CATH	74	1.7	0.72
0443	RELEASE CARPAL TUNNEL	71	1.6	0.98
8521	LOC EXC LES BREAST	69	1.6	0.73
3722	LT HEART CARD CATH	68	1.6	1.34
8076	SYNOVECT-KNEE	66	1.5	0.38
8363	ROTATOR CUFF REPR	64	1.5	0.76
0309	OTH EXPLOR & DECOMP SPINAL CANAL	60	1.4	0.13
8051	EXC INTERVERTEBRAL DISC	58	1.3	0.45
560	TRANSURETH REMOV OBST URETER-PELV	55	1.3	0.46
8183	OTH REPR SHLDR	49	1.1	0.82
8145	OTH REPR CRUCIATE LIGAMNT	42	1.0	0.57
3324	CLO [ENDO] BX BRONCHUS	39	0.9	0.26

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		5,357	100.0	100.0
29580	STRAPPING; UNNA BOOT	636	11.9	0.48
36416	COLLECTON CAPILLARY BLOOD SPECIM	164	3.1	0.94
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	161	3.0	1.50
29881	SCOPE KNEE SURG;W/MENISCECT MED/	137	2.6	1.64
36430	TRANSFUSION BLOOD/BLOOD COMPONENT	107	2.0	0.42
93545	INJ PROC-CATH; SELECT CORONRY AN	89	1.7	0.71
44970	LAPAROSCOPY SURGICAL APPENDECTOM	88	1.6	0.85
29826	SCOPE SHOULDER; DECOMP SUBACROM	87	1.6	1.21
93543	INJ PROC-CATH; LT VENT/ATRIAL AN	85	1.6	0.65
50590	LITHOTRIPSY XTRACORP SHOCK WAVE	82	1.5	0.23
93555	IMAG SUPERVS I&R-CATH; VENT/ATRI	76	1.4	0.58
66984	EXTRACAPSULAR CATARACT REMV IOL	73	1.4	1.64
93556	IMAG SUPERVS I&R-CATH; PULM ANGI	70	1.3	0.60
51610	INJ PROC RETRO URETHROCYSTOGRAPH	68	1.3	0.05
93510	LT HRT CATH RETRO-BRACH/FEM; PER	67	1.3	0.57
28285	CORRECTION HAMMERTO	65	1.2	0.62
29824	SCOPE SHLDR SURG;DIST CLAVICULEC	60	1.1	0.54
49505	REPR INIT ING HERNIA 5YR/MORE; R	58	1.1	0.82
63030	LAMINOT W/ DECOMP; 1 INTERSPACE	58	1.1	0.31
43239	UGI ENDO; W/BX 1/MX	55	1.0	6.06

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

AMB ST 1-3

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
 AVERAGE TOTAL CHARGES FOR MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES, SINGLE ICD-9 OR CPT-4 ONLY

107 Lakeview Hospital

ICD-9 CODE	ICD-9 DESCRIPTION	#	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
ICD-9 Procedures		1,639	\$8,931	\$4,501
5123	LAP CHOLEY	156	\$10,669	\$7,426
4701	LAP APPENDECTOMY	76	\$13,804	\$10,907
8051	EXC INTERVERTEBRAL DISC	47	\$12,999	\$10,068
3722	LT HEART CARD CATH	38	\$13,267	\$8,426
8521	LOC EXC LES BREAST	36	\$6,631	\$3,374
283	TONSILLECTOMY W/ADENOIDECTOMY	35	\$5,259	\$2,850
8192	INJ THERAP SUBSTANCE JT/LIGAMNT	34	\$1,159	\$1,414
806	EXC SEMILUNAR CARTILAGE-KNEE	30	\$7,551	\$4,537
3893	VENOUS CATH-NEC	29	\$5,368	\$5,074
5305	UNILAT REPR ING HERN-GFT-NOS	26	\$6,998	\$5,406
5749	OTH TRANSURETH EXC/DEST LES BLADDER	25	\$6,695	\$4,567
6029	OTH TRANSURETHRAL PROSTATECTOMY	24	\$9,965	\$7,189
8147	OTH REPR KNEE	23	\$8,128	\$6,092
2189	OTH REPR & PLSTC OPER NOSE	20	\$8,098	\$4,877
282	TONSILLECTOMY WO ADENOIDECTOMY	20	\$5,364	\$2,868
8511	CLO [PERCUT] [NEEDLE] BX BREAST	19	\$3,329	\$1,944
3723	COMBO RT & LT HEART CARD CATH	18	\$14,800	\$8,968
594	SUPRAPUBIC SLING OPER	18	\$11,943	\$9,435
8145	OTH REPR CRUCIATE LIGAMNT	18	\$12,488	\$11,541
0309	OTH EXPLOR & DECOMP SPINAL CANAL	17	\$11,411	\$10,605

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
CPT-4 Procedures		2,767	\$6,073	\$3,915
29580	STRAPPING; UNNA BOOT	616	\$1,107	\$1,492
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	148	\$10,692	\$7,842
36416	COLLECTON CAPILLARY BLOOD SPECIM	140	\$65	\$145
29881	SCOPE KNEE SURG;W/MENISCECT MED/	100	\$7,583	\$4,457
36430	TRANSFUSION BLOOD/BLOOD COMPONEN	89	\$3,265	\$3,294
44970	LAPAROSCOPY SURGICAL APPENDECTOM	76	\$13,835	\$10,914
66984	EXTRACAPSULAR CATARACT REMV IOL	69	\$7,483	\$3,678
50590	LITHOTRIPSY XTRACORP SHOCK WAVE	67	\$11,969	\$9,938
49505	REPR INIT ING HERNIA 5YR/MORE; R	45	\$7,153	\$4,721
63030	LAMINOT W/ DECOMP; 1 INTERSPACE	38	\$13,158	\$10,547
20610	ARTHROCENTESIS ASPIR&/INJ; MAJ J	35	\$772	\$1,197
62284	INJ PROC MYELGRPH &/CT SPINAL	35	\$2,862	\$4,314
19120	EXC BRST CYST TUMR/LES OPN M/F 1	34	\$7,733	\$3,487
29875	SCOPE KNEE; SYNOVECT LTD SEP PRO	31	\$7,470	\$4,288
29880	SCOPE KNEE SURG;W/MENISCECT MED&	30	\$7,642	\$4,800
42820	T&A; UNDER AGE 12	27	\$5,264	\$2,701
36569	INSERT PICC W/O PORT/PUMP; 5 YR/	26	\$5,001	\$4,871
29873	SCOPE KNEE SURGICAL; W/LAT RELEA	20	\$8,063	\$4,970
29888	ARTHSCPY AIDED ACL REPR/AUG/RECO	20	\$12,553	\$11,211
20680	REMOVAL OF IMPLANT; DEEP	19	\$6,200	\$3,558

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, 2009
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE* CPT-4 PROCEDURES

107 Lakeview Hospital

Procedure EAPG category	Procedure EAPG	TOTAL #	TOTAL # (ALL Hospitals)
01	SKIN & INTEGUMENTARY SYSTEM PROCEDURES	124	8,192
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	4	1,091
	003 LEVEL I SKIN INCISION AND DRAINAGE	5	189
	004 LEVEL II SKIN INCISION AND DRAINAGE	11	95
	007 LEVEL II SKIN DEBRIDEMENT AND DESTRUCTION	1	128
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	8	503
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	59	5,031
	011 LEVEL III EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	2	82
	013 LEVEL II SKIN REPAIR	34	792
02	BREAST PROCEDURES	53	2,075
	020 LEVEL I BREAST PROCEDURES	53	2,014
03	MUSCULOSKELETAL SYSTEM PROCEDURES	2,104	64,806
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	45	2,405
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	76	4,694
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	36	2,234
	033 LEVEL I HAND PROCEDURES	93	3,780
	034 LEVEL II HAND PROCEDURES	42	1,278
	035 LEVEL I FOOT PROCEDURES	130	6,264
	036 LEVEL II FOOT PROCEDURES	16	1,682
	037 LEVEL I ARTHROSCOPY	531	22,184
	038 LEVEL II ARTHROSCOPY	99	5,320
	039 REPLACEMENT OF CAST	21	69
	040 SPLINT, STRAPPING AND CAST REMOVAL	640	1,672
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	23	717
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	21	628
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	62	5,752
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	33	490
	045 BUNION PROCEDURES	37	1,791
	046 LEVEL I ARTHROPLASTY	45	634
	047 LEVEL II ARTHROPLASTY	6	148
	048 HAND AND FOOT TENOTOMY	8	386
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	140	2,678
04	RESPIRATORY PROCEDURES	117	9,066
	061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	44	1,396
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	5	1,436
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	14	4,402
	064 ENDOSCOPY OF THE LOWER AIRWAY	54	1,832
05	CARDIOVASCULAR PROCEDURES	219	9,325
	081 ECHOCARDIOGRAPHY	12	23
	083 PLACEMENT OF TRANSVENOUS CATHETERS	21	941
	084 DIAGNOSTIC CARDIAC CATHETERIZATION	89	2,404
	085 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	53	1,497
	086 PACEMAKER INSERTION AND REPLACEMENT	11	259
	087 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	15	809
	088 LEVEL I CARDIOTHORACIC PROCEDURES	4	225
	089 LEVEL II CARDIOTHORACIC PROCEDURES	3	1,625

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE* CPT-4 PROCEDURES

107 Lakeview Hospital

procedure EAPG category	procedure EAPG	TOTAL #	TOTAL # (ALL Hospitals)
	090 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	6	53
	091 VASCULAR LIGATION AND RECONSTRUCTION	4	124
	092 RESUSCITATION	1	12
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	120	2,884
	113 LEVEL I BLOOD AND BLOOD PRODUCT EXCHANGE	107	1,308
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	13	1,491
07	GASTROINTESTINAL SYSTEM PROCEDURES	775	99,755
	130 ALIMENTARY TESTS AND SIMPLE TUBE PLACEMENT	29	179
	132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	2	502
	133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	8	422
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	67	22,635
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	30	4,688
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	39	34,149
	137 THERAPEUTIC COLONOSCOPY	10	5,727
	138 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	42	1,937
	139 LEVEL I HERNIA REPAIR	108	5,573
	140 LEVEL II HERNIA REPAIR	35	1,193
	141 LEVEL I ANAL AND RECTAL PROCEDURES	6	782
	142 LEVEL II ANAL AND RECTAL PROCEDURES	14	1,145
	143 LEVEL I GASTROINTESTINAL PROCEDURES	9	405
	144 LEVEL II GASTROINTESTINAL PROCEDURES	3	226
	145 LEVEL I LAPAROSCOPY	51	2,675
	146 LEVEL II LAPAROSCOPY	141	8,847
	147 LEVEL III LAPAROSCOPY	181	7,203
08	GENITOURINARY SYSTEM PROCEDURES	312	8,962
	160 EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	82	697
	162 URINARY CATHETERIZATION AND DILATATION	25	238
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	73	3,932
	164 LEVEL II BLADDER AND KIDNEY PROCEDURES	108	3,413
	165 LEVEL III BLADDER AND KIDNEY PROCEDURES	1	55
	167 LEVEL II URETHRA AND PROSTATE PROCEDURES	23	444
09	MALE REPRODUCTIVE SYSTEM	54	3,509
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	21	1,431
	181 CIRCUMCISION	12	822
	182 INSERTION OF PENILE PROSTHESIS	1	32
	184 LEVEL II PENILE AND PROSTATE PROCEDURES	19	1,167
	185 PROSTATE NEEDLE AND PUNCH BIOPSY	1	47
10	FEMALE REPRODUCTIVE SYSTEM	123	7,180
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	17	1,292
	197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	27	1,355
	198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	36	1,494
	199 DILATION AND CURETTAGE	7	551
	200 HYSTEROSCOPY	24	2,251
	201 COLPOSCOPY	12	234
11	NEUROLOGIC SYSTEM PROCEDURES	248	24,377
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	15	2,913

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE* CPT-4 PROCEDURES

107 Lakeview Hospital

procedure EAPG category	procedure EAPG	TOTAL #	TOTAL # (ALL Hospitals)
	215 LEVEL I REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	1	155
	216 LEVEL II REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	4	148
	217 LEVEL I NERVE PROCEDURES	49	4,031
	218 LEVEL II NERVE PROCEDURES	6	793
	219 SPINAL TAP	10	470
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	19	11,868
	221 LAMINOTOMY AND LAMINECTOMY	128	3,173
	223 LEVEL III NERVE PROCEDURES	16	825
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	101	12,275
	232 LASER EYE PROCEDURES	14	418
	233 CATARACT PROCEDURES	75	5,365
	234 LEVEL I ANTERIOR SEGMENT EYE PROCEDURES	4	265
	235 LEVEL II ANTERIOR SEGMENT EYE PROCEDURES	3	285
	236 LEVEL III ANTERIOR SEGMENT EYE PROCEDURES	2	209
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	1	895
	241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	2	1,469
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	250	28,739
	251 OTORHINOLARYNGOLOGIC FUNCTION TESTS	1	37
	252 LEVEL I FACIAL AND ENT PROCEDURES	80	12,362
	253 LEVEL II FACIAL AND ENT PROCEDURES	29	1,405
	254 LEVEL III FACIAL AND ENT PROCEDURES	37	3,429
	255 LEVEL IV FACIAL AND ENT PROCEDURES	43	2,922
	256 TONSIL AND ADENOID PROCEDURES	60	8,493

SOURCE: Utah Ambulatory Surgery Database
 Utah Health Data Committee/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, 2009
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, SINGLE EAPG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

107 Lakeview Hospital

Procedure EAPG category	Procedure EAPG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
01	SKIN & INTEGUMENTARY SYSTEM PROCEDURES	75	\$5,508	\$3,762
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	4	\$2,038	\$3,254
	003 LEVEL I SKIN INCISION AND DRAINAGE	4	\$2,869	\$2,833
	004 LEVEL II SKIN INCISION AND DRAINAGE	7	\$5,943	\$4,409
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	5	\$6,539	\$3,664
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	28	\$6,491	\$3,677
	011 LEVEL III EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	1	\$7,413	\$6,037
	013 LEVEL II SKIN REPAIR	26	\$5,001	\$4,883
02	BREAST PROCEDURES	43	\$7,695	\$3,802
	020 LEVEL I BREAST PROCEDURES	43	\$7,695	\$3,688
03	MUSCULOSKELETAL SYSTEM PROCEDURES	1,133	\$4,231	\$5,044
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	12	\$7,843	\$4,534
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	23	\$8,348	\$5,458
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	9	\$15,895	\$9,791
	033 LEVEL I HAND PROCEDURES	22	\$5,774	\$2,835
	034 LEVEL II HAND PROCEDURES	6	\$8,973	\$5,167
	035 LEVEL I FOOT PROCEDURES	32	\$6,740	\$3,748
	036 LEVEL II FOOT PROCEDURES	7	\$8,475	\$6,617
	037 LEVEL I ARTHROSCOPY	229	\$7,704	\$4,492
	038 LEVEL II ARTHROSCOPY	33	\$12,535	\$10,734
	039 REPLACEMENT OF CAST	4	\$721	\$5,172
	040 SPLINT, STRAPPING AND CAST REMOVAL	617	\$1,112	\$1,380
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	5	\$11,989	\$6,442
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	10	\$7,552	\$3,754
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	36	\$11,800	\$7,392
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	23	\$4,263	\$3,553
	045 BUNION PROCEDURES	13	\$9,289	\$5,191
	046 LEVEL I ARTHROPLASTY	9	\$10,553	\$8,302
	047 LEVEL II ARTHROPLASTY	5	\$27,429	\$20,732
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	38	\$817	\$1,227
04	RESPIRATORY PROCEDURES	53	\$3,622	\$2,975
	061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	38	\$2,930	\$2,594
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	1	\$8,732	\$4,027
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	1	\$7,160	\$4,474
	064 ENDOSCOPY OF THE LOWER AIRWAY	13	\$4,982	\$2,794
05	CARDIOVASCULAR PROCEDURES	39	\$15,912	\$14,627
	081 ECHOCARDIOGRAPHY	1	\$66,961	\$66,961
	083 PLACEMENT OF TRANSVENOUS CATHETERS	20	\$8,427	\$6,140
	086 PACEMAKER INSERTION AND REPLACEMENT	8	\$34,207	\$31,576
	087 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	1	\$6,655	\$9,181
	088 LEVEL I CARDIOTHORACIC PROCEDURES	1	\$12,379	\$7,678
	089 LEVEL II CARDIOTHORACIC PROCEDURES	3	\$9,503	\$8,023
	090 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	3	\$13,794	\$7,639
	091 VASCULAR LIGATION AND RECONSTRUCTION	1	\$10,991	\$6,688
	092 RESUSCITATION	1	\$11,480	\$20,978

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, SINGLE EAPG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

107 Lakeview Hospital

procedure EAPG category	Procedure EAPG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	98	\$3,809	\$4,547
	113 LEVEL I BLOOD AND BLOOD PRODUCT EXCHANGE	89	\$3,265	\$3,316
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	9	\$9,187	\$5,995
07	GASTROINTESTINAL SYSTEM PROCEDURES	493	\$8,992	\$3,055
	130 ALIMENTARY TESTS AND SIMPLE TUBE PLACEMENT	24	\$1,441	\$1,670
	132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	2	\$5,514	\$1,232
	133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	7	\$4,940	\$1,718
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	18	\$4,464	\$1,516
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	17	\$5,251	\$2,214
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	25	\$4,672	\$1,271
	137 THERAPEUTIC COLONOSCOPY	8	\$5,681	\$1,695
	138 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	6	\$9,750	\$4,271
	139 LEVEL I HERNIA REPAIR	61	\$7,703	\$4,486
	140 LEVEL II HERNIA REPAIR	14	\$8,367	\$5,242
	141 LEVEL I ANAL AND RECTAL PROCEDURES	4	\$5,821	\$3,138
	142 LEVEL II ANAL AND RECTAL PROCEDURES	12	\$8,480	\$3,733
	143 LEVEL I GASTROINTESTINAL PROCEDURES	4	\$5,230	\$3,742
	144 LEVEL II GASTROINTESTINAL PROCEDURES	1	\$10,452	\$8,218
	145 LEVEL I LAPAROSCOPY	22	\$7,514	\$5,295
	146 LEVEL II LAPAROSCOPY	108	\$12,519	\$8,314
	147 LEVEL III LAPAROSCOPY	160	\$10,636	\$8,305
08	GENITOURINARY SYSTEM PROCEDURES	149	\$10,374	\$6,135
	160 EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	67	\$11,969	\$9,938
	162 URINARY CATHETERIZATION AND DILATATION	15	\$10,278	\$5,868
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	22	\$6,870	\$4,353
	164 LEVEL II BLADDER AND KIDNEY PROCEDURES	24	\$7,777	\$5,221
	165 LEVEL III BLADDER AND KIDNEY PROCEDURES	1	\$36,843	\$17,334
	167 LEVEL II URETHRA AND PROSTATE PROCEDURES	20	\$10,750	\$11,236
09	MALE REPRODUCTIVE SYSTEM	37	\$8,289	\$4,630
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	9	\$6,456	\$3,299
	181 CIRCUMCISION	11	\$5,491	\$2,418
	182 INSERTION OF PENILE PROSTHESIS	1	\$55,258	\$27,785
	184 LEVEL II PENILE AND PROSTATE PROCEDURES	16	\$8,309	\$6,666
10	FEMALE REPRODUCTIVE SYSTEM	56	\$7,800	\$5,236
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	7	\$3,264	\$3,258
	197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	5	\$10,176	\$5,190
	198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	24	\$9,021	\$7,456
	199 DILATION AND CURETTAGE	6	\$5,364	\$3,266
	200 HYSTEROSCOPY	12	\$8,465	\$5,384
	201 COLPOSCOPY	2	\$6,419	\$4,443
11	NEUROLOGIC SYSTEM PROCEDURES	123	\$11,544	\$4,849
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	12	\$1,690	\$1,315
	215 LEVEL I REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	1	\$11,521	\$13,624
	216 LEVEL II REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	2	\$35,421	\$14,328
	217 LEVEL I NERVE PROCEDURES	17	\$7,096	\$3,161

**AMB ST 1-5
 UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
 PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, SINGLE EAPG ONLY
 BASED ON REPORTABLE* CPT-4 PROCEDURES**

107 Lakeview Hospital

procedure EAPG category Procedure EAPG	TOTAL #	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
218 LEVEL II NERVE PROCEDURES	2	\$16,652	\$11,142
219 SPINAL TAP	10	\$1,328	\$2,509
220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	10	\$2,320	\$1,563
221 LAMINOTOMY AND LAMINECTOMY	62	\$12,862	\$10,583
223 LEVEL III NERVE PROCEDURES	7	\$47,053	\$34,351
12 OPTHALMOLOGIC SYSTEM PROCEDURES	93	\$6,773	\$3,703
232 LASER EYE PROCEDURES	14	\$1,639	\$787
233 CATARACT PROCEDURES	71	\$7,524	\$3,686
235 LEVEL II ANTERIOR SEGMENT EYE PROCEDURES	3	\$5,780	\$3,596
236 LEVEL III ANTERIOR SEGMENT EYE PROCEDURES	2	\$7,561	\$8,638
240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	1	\$14,835	\$2,293
241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	2	\$12,710	\$3,623
13 EAR, NOSE, MOUTH, & THROAT PROCEDURES	133	\$7,195	\$3,605
252 LEVEL I FACIAL AND ENT PROCEDURES	35	\$5,051	\$2,195
253 LEVEL II FACIAL AND ENT PROCEDURES	13	\$6,873	\$3,352
254 LEVEL III FACIAL AND ENT PROCEDURES	11	\$11,919	\$6,442
255 LEVEL IV FACIAL AND ENT PROCEDURES	21	\$13,265	\$8,243
256 TONSIL AND ADENOID PROCEDURES	53	\$5,304	\$2,817

SOURCE: Utah Ambulatory Surgery Database
 Utah Health Data Committee/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, 2009
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

107 Lakeview Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
GENDER				
Female	2,104	53.6	122,959	54.1
Male	1,820	46.4	104,281	45.9
Unknown	0	0.0	4	0.0
Not Reported	0	0.0	0	0.0
AGE				
1-28 days	135	3.4	1,731	0.8
29-365 days	18	0.5	2,897	1.3
1-4 years	27	0.7	10,813	4.8
5-9	34	0.9	6,381	2.8
10-14	43	1.1	5,066	2.2
15-17	76	1.9	5,130	2.3
18-19	60	1.5	3,775	1.7
20-24	157	4.0	10,184	4.5
25-29	175	4.5	12,684	5.6
30-34	243	6.2	13,594	6.0
35-39	200	5.1	13,012	5.7
40-44	179	4.6	13,141	5.8
45-49	230	5.9	16,564	7.3
50-54	311	7.9	24,353	10.7
55-59	285	7.3	21,093	9.3
60-64	293	7.5	18,280	8.0
65-69	327	8.3	15,480	6.8
70-74	364	9.3	12,653	5.6
75-79	295	7.5	9,821	4.3
80-84	266	6.8	6,574	2.9
85-89	149	3.8	3,084	1.4
90 +	57	1.5	933	0.4
Not Reported	0	0.0	1	0.0
SOURCE OF ADMISSION				
Physician Referral	3,697	94.2	205,377	90.4
Clinic Referral	0	0.0	2,930	1.3
HMO Referral	0	0.0	2,930	1.3
Other Hospital	2	0.1	184	0.1
Skilled Nursing Facility	15	0.4	36	0.0
Other Health Care Facility	0	0.0	18	0.0
Emergency Room	209	5.3	5,340	2.3
Court/Law Enforcement	1	0.0	3	0.0
Unknown	0	0.0	11	0.0
Not Reported	0	0.0	10,415	4.6

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

107 Lakeview Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	3,899	99.4	226,589	99.7
Another Hospital	2	0.1	102	0.0
Skilled Nursing Facility	5	0.1	137	0.1
Intermediate Care Facility	0	0.0	20	0.0
Another Type of Institution	7	0.2	68	0.0
Under Care of Home Service	11	0.3	270	0.1
Left Against Medical Advice	0	0.0	22	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	0	0.0	13	0.0
Unknown	0	0.0	22	0.0
Not Reported	0	0.0	1	0.0
PRIMARY PAYER				
Medicare	1,377	35.1	45,456	20.0
Medicaid	182	4.6	15,975	7.0
Other government	48	1.2	4,287	1.9
Blue Cross/Blue Shield	563	14.3	29,948	13.2
Other Commercial	139	3.5	16,378	7.2
Managed Care(HMO, PPO)	1,450	37.0	106,245	46.8
Self Pay	92	2.3	2,816	1.2
Industrial & Worker Comp	62	1.6	3,291	1.4
Charity and Unclassified	9	0.2	1,613	0.7
Childrens Health Insurance	2	0.1	129	0.1
Unknown	0	0.0	1,046	0.5
Not Reported	0	0.0	60	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	37	0.9	16,751	7.4
Central Utah	3	0.1	8,412	3.7
Davis County	3,214	81.9	23,806	10.5
Salt Lake County	340	8.7	77,342	34.0
Southeastern Utah	5	0.1	4,701	2.1
Southwest Utah	2	0.1	14,188	6.2
Summit County	6	0.2	2,798	1.2
Tooele County	49	1.2	4,137	1.8
Tri-County	8	0.2	6,035	2.7
Utah County	38	1.0	37,226	16.4
Wasatch County	1	0.0	1,669	0.7
Weber County	153	3.9	20,181	8.9
Unknown Utah	0	0.0	27	0.0
Outside Utah	67	1.7	9,882	4.3
Unknown, Not Reported	1	0.0	89	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, 2009
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)	17,360	100.0	320,509	100.0
Mastectomy (85.0-85.99)	494	2.8	8,217	2.6
Musculoskeletal (76.0-84.99)	2,012	11.6	69,555	21.7
Respiratory (30.0-34.99)	632	3.6	3,320	1.0
Cardiovascular (35.0-39.99)	139	0.8	22,400	7.0
Lymphatic/Hemetic (40.0-41.99)	305	1.8	2,804	0.9
Digestive System (42.0-54.99)	8,511	49.0	98,678	30.8
Urinary (55.0-59.99)	1,018	5.9	10,902	3.4
Male Genital (60.0-64.99)	138	0.8	3,817	1.2
Female Genital (65.0-71.99)	1,328	7.6	14,786	4.6
Endocrine/Nervous (01.0-07.99)	521	3.0	23,111	7.2
Eye (08.0-16.99)	448	2.6	21,114	6.6
Ear (18.0-20.99)	314	1.8	12,945	4.0
Nose, Mouth, Pharynx (21.0-29.99)	1,500	8.6	28,860	9.0
Reporting Category(CPT-4 CODES)	15,652	100.0	299,107	100.0
Mastectomy (19120-19220)	284	1.8	2,014	0.7
Musculoskeletal (20000-29909)	1,815	11.6	75,301	25.2
Respiratory (30000-32999 & 39501-39599)	1,441	9.2	14,568	4.9
Cardiovascular (33010-37799 & 93501-93660)	61	0.4	24,369	8.1
Lymphatic/Hemetic (38100-38999)	251	1.6	2,630	0.9
Digestive (40490-49999)	8,620	55.1	109,341	36.6
Urinary (50010-53899)	886	5.7	10,457	3.5
Male Genital (54000-55899)	83	0.5	3,299	1.1
Female Genital (56405-58999)	1,091	7.0	12,326	4.1
Endocrine/Nervous (60000-64999)	618	3.9	24,781	8.3
Eye (65091-68899)	288	1.8	12,489	4.2
Ear (69000-69979)	214	1.4	7,532	2.5

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

AMB ST 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES

121 LDS Hospital

ICD-9 CODE	ICD-9 DESCRIPTION	#	%	% ALL Hospitals
All ICD-9 Procedures				
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	1,856	10.7	5.75
4523	COLONOSCOPY	1,478	8.5	6.09
4542	ENDO POLYPECTOMY LG INTESTINE	1,003	5.8	3.35
5123	LAP CHOLEY	563	3.2	2.26
4525	CLO [ENDO] BX LG INTESTINE	551	3.2	2.33
4513	OTH ENDO SM INTESTINE	486	2.8	1.71
2169	OTH TURBINECTOMY	355	2.0	0.78
8521	LOC EXC LES BREAST	344	2.0	0.73
4836	[ENDO] POLYPECTOMY RECTUM	325	1.9	0.95
4292	DILAT ESOPH	261	1.5	1.44
598	URETERAL CATH	253	1.5	0.72
560	TRANSURETH REMOV OBST URETER-PELV	191	1.1	0.46
2263	ETHMOIDECTOMY	186	1.1	0.55
806	EXC SEMILUNAR CARTILAGE-KNEE	167	1.0	1.86
4824	CLO [ENDO] BX RECTUM	165	1.0	0.41
4701	LAP APPENDECTOMY	159	0.9	0.78
215	SUBMUCOUS RESECT NASAL SEPTUM	152	0.9	0.27
3322	FIBER-OPTIC BRONCHOSCOPY	139	0.8	0.07
5732	OTH CYSTOSCOPY	134	0.8	0.47
1474	OTH MECH VITRECTOMY	133	0.8	0.41

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures				
43239	UGI ENDO; W/BX 1/MX	1,642	10.5	6.06
45380	COLONOSCOPY FLEX; W/BX 1/MX	1,376	8.8	5.24
45378	COLONOSCOPY FLEX; DX-SEP PROC	1,312	8.4	6.11
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	420	2.7	1.50
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	315	2.0	1.49
43259	UGI ENDO; W/ENDO UNTRASOUND EXAM	256	1.6	0.10
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	249	1.6	0.96
30140	SUBMUCOS RES TURBINATE PART/CMPL	231	1.5	0.74
49650	LAPARSCPY SURG; REPR INIT ING HE	221	1.4	0.32
52332	CYSTOURETHROSCOPY W/INSRT STENT	221	1.4	0.66
43242	UGI ENDO; W/US GUID ASPIR/BX	201	1.3	0.07
30520	SEPTOPLASTY/SUBMUCOS RES W/GFT	198	1.3	0.78
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	184	1.2	1.25
44970	LAPAROSCOPY SURGICAL APPENDECTOM	160	1.0	0.85
29881	SCOPE KNEE SURG;W/MENISCECT MED/	149	1.0	1.64
19120	EXC BRST CYST TUMR/LES OPN M/F 1	145	0.9	0.42
29826	SCOPE SHOULDER; DECOMP SUBACROM	139	0.9	1.21
57288	SLING OPERATION STRESS INCONTINE	134	0.9	0.36
19125	EXC BRST LES ID RAD MARKR OPN;1	131	0.8	0.24
47562	LAPAROSCOPY SURGICAL; CHOLECT	128	0.8	0.94

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, 2009
 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		7,814	\$3,198	\$4,501
4523	COLONOSCOPY	1,220	\$784	\$1,087
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	1,084	\$1,395	\$1,581
4542	ENDO POLYPECTOMY LG INTESTINE	607	\$1,200	\$1,547
5123	LAP CHOLEY	497	\$5,626	\$7,426
4513	OTH ENDO SM INTESTINE	326	\$1,390	\$1,334
4525	CLO [ENDO] BX LG INTESTINE	227	\$1,164	\$1,709
8521	LOC EXC LES BREAST	206	\$2,901	\$3,374
4701	LAP APPENDECTOMY	146	\$9,589	\$10,907
4836	[ENDO] POLYPECTOMY RECTUM	115	\$1,038	\$1,394
6952	ASPIR CURET FOLLOWING DELIV/AB	109	\$2,858	\$3,269
3322	FIBER-OPTIC BRONCHOSCOPY	102	\$1,478	\$1,590
5011	CLO [PERCUT] [NEEDLE] BX LIVER	99	\$2,347	\$2,654
0443	RELEASE CARPAL TUNNEL	88	\$2,004	\$2,540
283	TONSILLECTOMY W/ADENOIDECTOMY	83	\$2,748	\$2,850
4524	FLEX SIGMOIDOSCOPY	75	\$1,243	\$1,036
6823	ENDOMETRIAL ABLATION	64	\$5,819	\$6,213
062	UNILAT THYROID LOBEC	60	\$6,359	\$8,329
3324	CLO [ENDO] BX BRONCHUS	60	\$2,593	\$2,948
5979	OTH REPR URIN STRESS INCONT	55	\$6,463	\$7,606
282	TONSILLECTOMY WO ADENOIDECTOMY	54	\$2,780	\$2,868

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
CPT-4 Procedures		7,845	\$3,172	\$3,915
45378	COLONOSCOPY FLEX; DX-SEP PROC	1,072	\$772	\$1,090
45380	COLONOSCOPY FLEX; W/BX 1/MX	941	\$1,126	\$1,526
43239	UGI ENDO; W/BX 1/MX	854	\$1,055	\$1,548
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	380	\$5,708	\$7,842
43259	UGI ENDO; W/ENDO UNTRASOUND EXAM	191	\$1,683	\$1,816
49650	LAPARSCPY SURG; REPR INIT ING HE	188	\$4,956	\$7,028
43242	UGI ENDO; W/US GUID ASPIR/BX	180	\$2,844	\$2,967
44970	LAPAROSCOPY SURGICAL APPENDECTOM	143	\$9,568	\$10,914
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	127	\$1,185	\$1,661
47562	LAPAROSCOPY SURGICAL; CHOLECT	115	\$5,164	\$6,606
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	114	\$821	\$1,234
19120	EXC BRST CYST TUMR/LES OPN M/F 1	107	\$2,842	\$3,487
19125	EXC BRST LES ID RAD MARKR OPN;1	92	\$3,345	\$4,092
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	87	\$1,977	\$2,624
57288	SLING OPERATION STRESS INCONTINE	72	\$6,415	\$7,512
58563	HYSTEROSC SURG; W/ENDOMETRIAL AB	66	\$5,885	\$6,668
58558	HYSTEROSCOPY SURG; W/BX &/ POLYPE	61	\$3,107	\$3,984
45341	SIGMOIDOSCOPY FLXIBLE; W/ENDO US	59	\$1,378	\$1,416
49505	REPR INIT ING HERNIA 5YR/MORE; R	55	\$3,724	\$4,721
42821	T&A; AGE 12 OR OVER	54	\$2,840	\$3,195

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, 2009
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE* CPT-4 PROCEDURES

121 LDS Hospital

Procedure EAPG category	Procedure EAPG	TOTAL #	TOTAL # (ALL Hospitals)
01	SKIN & INTEGUMENTARY SYSTEM PROCEDURES	258	8,192
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	26	1,091
	003 LEVEL I SKIN INCISION AND DRAINAGE	4	189
	004 LEVEL II SKIN INCISION AND DRAINAGE	6	95
	006 LEVEL I SKIN DEBRIDEMENT AND DESTRUCTION	1	23
	007 LEVEL II SKIN DEBRIDEMENT AND DESTRUCTION	24	128
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	32	503
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	138	5,031
	011 LEVEL III EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	2	82
	013 LEVEL II SKIN REPAIR	13	792
	014 LEVEL III SKIN REPAIR	12	220
02	BREAST PROCEDURES	289	2,075
	020 LEVEL I BREAST PROCEDURES	284	2,014
	021 LEVEL II BREAST PROCEDURES	5	61
03	MUSCULOSKELETAL SYSTEM PROCEDURES	1,495	64,806
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	48	2,405
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	88	4,694
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	57	2,234
	033 LEVEL I HAND PROCEDURES	125	3,780
	034 LEVEL II HAND PROCEDURES	52	1,278
	035 LEVEL I FOOT PROCEDURES	25	6,264
	036 LEVEL II FOOT PROCEDURES	9	1,682
	037 LEVEL I ARTHROSCOPY	698	22,184
	038 LEVEL II ARTHROSCOPY	126	5,320
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	9	717
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	9	628
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	154	5,752
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	14	490
	045 BUNION PROCEDURES	11	1,791
	046 LEVEL I ARTHROPLASTY	23	634
	047 LEVEL II ARTHROPLASTY	10	148
	048 HAND AND FOOT TENOTOMY	1	386
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	36	2,678
04	RESPIRATORY PROCEDURES	912	9,066
	061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	61	1,396
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	106	1,436
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	344	4,402
	064 ENDOSCOPY OF THE LOWER AIRWAY	401	1,832
05	CARDIOVASCULAR PROCEDURES	31	9,325
	083 PLACEMENT OF TRANSVENOUS CATHETERS	7	941
	085 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	11	1,497
	088 LEVEL I CARDIOTHORACIC PROCEDURES	3	225
	089 LEVEL II CARDIOTHORACIC PROCEDURES	1	1,625
	091 VASCULAR LIGATION AND RECONSTRUCTION	8	124
	092 RESUSCITATION	1	12
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	164	2,884

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE* CPT-4 PROCEDURES

121 LDS Hospital

procedure EAPG category		TOTAL #	TOTAL # (ALL Hospitals)
procedure EAPG			
	113 LEVEL I BLOOD AND BLOOD PRODUCT EXCHANGE	3	1,308
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	161	1,491
07	GASTROINTESTINAL SYSTEM PROCEDURES	8,594	99,755
	131 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	1	1,379
	132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	111	502
	133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	66	422
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	2,328	22,635
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	378	4,688
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	2,726	34,149
	137 THERAPEUTIC COLONOSCOPY	444	5,727
	138 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	269	1,937
	139 LEVEL I HERNIA REPAIR	190	5,573
	140 LEVEL II HERNIA REPAIR	45	1,193
	141 LEVEL I ANAL AND RECTAL PROCEDURES	114	782
	142 LEVEL II ANAL AND RECTAL PROCEDURES	161	1,145
	143 LEVEL I GASTROINTESTINAL PROCEDURES	38	405
	144 LEVEL II GASTROINTESTINAL PROCEDURES	7	226
	145 LEVEL I LAPAROSCOPY	216	2,675
	146 LEVEL II LAPAROSCOPY	783	8,847
	147 LEVEL III LAPAROSCOPY	709	7,203
	148 LEVEL IV LAPAROSCOPY	8	88
08	GENITOURINARY SYSTEM PROCEDURES	831	8,962
	160 EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	26	697
	162 URINARY CATHETERIZATION AND DILATATION	18	238
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	393	3,932
	164 LEVEL II BLADDER AND KIDNEY PROCEDURES	366	3,413
	165 LEVEL III BLADDER AND KIDNEY PROCEDURES	9	55
	167 LEVEL II URETHRA AND PROSTATE PROCEDURES	19	444
09	MALE REPRODUCTIVE SYSTEM	105	3,509
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	39	1,431
	181 CIRCUMCISION	4	822
	182 INSERTION OF PENILE PROSTHESIS	1	32
	183 LEVEL I PENILE AND PROSTATE PROCEDURES	1	10
	184 LEVEL II PENILE AND PROSTATE PROCEDURES	58	1,167
	185 PROSTATE NEEDLE AND PUNCH BIOPSY	2	47
10	FEMALE REPRODUCTIVE SYSTEM	712	7,180
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	119	1,292
	197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	94	1,355
	198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	163	1,494
	199 DILATION AND CURETTAGE	48	551
	200 HYSTEROSCOPY	272	2,251
	201 COLPOSCOPY	16	234
11	NEUROLOGIC SYSTEM PROCEDURES	521	24,377
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	11	2,913
	215 LEVEL I REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	9	155
	216 LEVEL II REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	4	148

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE* CPT-4 PROCEDURES

121 LDS Hospital

procedure EAPG category	procedure EAPG	TOTAL #	TOTAL # (ALL Hospitals)
	217 LEVEL I NERVE PROCEDURES	152	4,031
	218 LEVEL II NERVE PROCEDURES	43	793
	219 SPINAL TAP	9	470
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	69	11,868
	221 LAMINOTOMY AND LAMINECTOMY	192	3,173
	223 LEVEL III NERVE PROCEDURES	32	825
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	260	12,275
	232 LASER EYE PROCEDURES	35	418
	233 CATARACT PROCEDURES	8	5,365
	234 LEVEL I ANTERIOR SEGMENT EYE PROCEDURES	1	265
	236 LEVEL III ANTERIOR SEGMENT EYE PROCEDURES	7	209
	237 LEVEL I POSTERIOR SEGMENT EYE PROCEDURES	14	390
	238 LEVEL II POSTERIOR SEGMENT EYE PROCEDURES	185	1,912
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	7	895
	241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	3	1,469
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	1,231	28,739
	250 COCHLEAR DEVICE IMPLANTATION	18	91
	252 LEVEL I FACIAL AND ENT PROCEDURES	401	12,362
	253 LEVEL II FACIAL AND ENT PROCEDURES	69	1,405
	254 LEVEL III FACIAL AND ENT PROCEDURES	264	3,429
	255 LEVEL IV FACIAL AND ENT PROCEDURES	273	2,922
	256 TONSIL AND ADENOID PROCEDURES	206	8,493

SOURCE: Utah Ambulatory Surgery Database
 Utah Health Data Committee/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, 2009
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, SINGLE EAPG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

121 LDS Hospital

Procedure EAPG category	Procedure EAPG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
01	SKIN & INTEGUMENTARY SYSTEM PROCEDURES	143	\$2,908	\$3,762
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	18	\$2,761	\$3,254
	003 LEVEL I SKIN INCISION AND DRAINAGE	2	\$2,781	\$2,833
	004 LEVEL II SKIN INCISION AND DRAINAGE	6	\$3,502	\$4,409
	006 LEVEL I SKIN DEBRIDEMENT AND DESTRUCTION	1	\$1,981	\$2,173
	007 LEVEL II SKIN DEBRIDEMENT AND DESTRUCTION	15	\$1,921	\$2,829
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	18	\$2,842	\$3,664
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	79	\$3,037	\$3,677
	011 LEVEL III EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	1	\$5,925	\$6,037
	013 LEVEL II SKIN REPAIR	2	\$5,162	\$4,883
	014 LEVEL III SKIN REPAIR	1	\$1,386	\$5,455
02	BREAST PROCEDURES	204	\$3,132	\$3,802
	020 LEVEL I BREAST PROCEDURES	199	\$3,074	\$3,688
	021 LEVEL II BREAST PROCEDURES	5	\$5,407	\$7,371
03	MUSCULOSKELETAL SYSTEM PROCEDURES	433	\$5,168	\$5,044
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	13	\$4,405	\$4,534
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	33	\$3,839	\$5,458
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	23	\$13,342	\$9,791
	033 LEVEL I HAND PROCEDURES	54	\$2,126	\$2,835
	034 LEVEL II HAND PROCEDURES	19	\$3,493	\$5,167
	035 LEVEL I FOOT PROCEDURES	5	\$4,625	\$3,748
	036 LEVEL II FOOT PROCEDURES	4	\$3,981	\$6,617
	037 LEVEL I ARTHROSCOPY	137	\$3,541	\$4,492
	038 LEVEL II ARTHROSCOPY	26	\$8,610	\$10,734
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	3	\$5,432	\$6,442
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	6	\$2,730	\$3,754
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	94	\$6,736	\$7,392
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	3	\$6,237	\$3,553
	045 BUNION PROCEDURES	2	\$3,859	\$5,191
	046 LEVEL I ARTHROPLASTY	5	\$4,434	\$8,302
	047 LEVEL II ARTHROPLASTY	5	\$20,354	\$20,732
	048 HAND AND FOOT TENOTOMY	1	\$1,683	\$2,527
04	RESPIRATORY PROCEDURES	256	\$2,532	\$2,975
	061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	42	\$2,973	\$2,594
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	20	\$3,145	\$4,027
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	34	\$3,764	\$4,474
	064 ENDOSCOPY OF THE LOWER AIRWAY	160	\$2,078	\$2,794
05	CARDIOVASCULAR PROCEDURES	9	\$5,539	\$14,627
	083 PLACEMENT OF TRANSVENOUS CATHETERS	5	\$3,621	\$6,140
	088 LEVEL I CARDIOTHORACIC PROCEDURES	1	\$11,240	\$7,678
	089 LEVEL II CARDIOTHORACIC PROCEDURES	1	\$2,753	\$8,023
	091 VASCULAR LIGATION AND RECONSTRUCTION	2	\$8,874	\$6,688
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	86	\$5,548	\$4,547
	113 LEVEL I BLOOD AND BLOOD PRODUCT EXCHANGE	3	\$7,401	\$3,316
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	83	\$5,481	\$5,995

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, SINGLE EAPG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

121 LDS Hospital

procedure EAPG category	Procedure EAPG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
07	GASTROINTESTINAL SYSTEM PROCEDURES	5,309	\$2,549	\$3,055
	132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	84	\$1,379	\$1,232
	133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	32	\$1,224	\$1,718
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	1,365	\$1,369	\$1,516
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	93	\$2,322	\$2,214
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	2,026	\$939	\$1,271
	137 THERAPEUTIC COLONOSCOPY	151	\$1,303	\$1,695
	138 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	18	\$3,637	\$4,271
	139 LEVEL I HERNIA REPAIR	129	\$3,537	\$4,486
	140 LEVEL II HERNIA REPAIR	21	\$4,188	\$5,242
	141 LEVEL I ANAL AND RECTAL PROCEDURES	35	\$2,400	\$3,138
	142 LEVEL II ANAL AND RECTAL PROCEDURES	98	\$2,742	\$3,733
	143 LEVEL I GASTROINTESTINAL PROCEDURES	25	\$2,621	\$3,742
	144 LEVEL II GASTROINTESTINAL PROCEDURES	2	\$3,783	\$8,218
	145 LEVEL I LAPAROSCOPY	81	\$4,509	\$5,295
	146 LEVEL II LAPAROSCOPY	613	\$6,651	\$8,314
	147 LEVEL III LAPAROSCOPY	531	\$6,876	\$8,305
	148 LEVEL IV LAPAROSCOPY	5	\$12,582	\$13,004
08	GENITOURINARY SYSTEM PROCEDURES	140	\$5,765	\$6,135
	160 EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	1	\$3,214	\$9,938
	162 URINARY CATHETERIZATION AND DILATATION	5	\$5,599	\$5,868
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	69	\$3,594	\$4,353
	164 LEVEL II BLADDER AND KIDNEY PROCEDURES	43	\$4,913	\$5,221
	165 LEVEL III BLADDER AND KIDNEY PROCEDURES	3	\$17,041	\$17,334
	167 LEVEL II URETHRA AND PROSTATE PROCEDURES	19	\$13,978	\$11,236
09	MALE REPRODUCTIVE SYSTEM	69	\$5,078	\$4,630
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	20	\$4,168	\$3,299
	181 CIRCUMCISION	3	\$2,610	\$2,418
	183 LEVEL I PENILE AND PROSTATE PROCEDURES	1	\$3,679	\$2,153
	184 LEVEL II PENILE AND PROSTATE PROCEDURES	45	\$5,678	\$6,666
10	FEMALE REPRODUCTIVE SYSTEM	311	\$4,736	\$5,236
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	42	\$2,463	\$3,258
	197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	25	\$4,933	\$5,190
	198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	87	\$6,586	\$7,456
	199 DILATION AND CURETTAGE	21	\$2,912	\$3,266
	200 HYSTEROSCOPY	131	\$4,504	\$5,384
	201 COLPOSCOPY	5	\$4,376	\$4,443
11	NEUROLOGIC SYSTEM PROCEDURES	153	\$3,603	\$4,849
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	7	\$2,072	\$1,315
	215 LEVEL I REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	1	\$1,765	\$13,624
	217 LEVEL I NERVE PROCEDURES	99	\$2,055	\$3,161
	218 LEVEL II NERVE PROCEDURES	5	\$6,788	\$11,142
	219 SPINAL TAP	6	\$1,462	\$2,509
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	9	\$2,624	\$1,563
	221 LAMINOTOMY AND LAMINECTOMY	24	\$9,295	\$10,583

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, SINGLE EAPG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

121 LDS Hospital

procedure	EAPG category		TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
	Procedure EAPG				
	223 LEVEL III NERVE PROCEDURES		2	\$21,085	\$34,351
12	OPHTHALMOLOGIC SYSTEM PROCEDURES		145	\$4,677	\$3,703
	232 LASER EYE PROCEDURES		32	\$619	\$787
	236 LEVEL III ANTERIOR SEGMENT EYE PROCEDURES		3	\$6,024	\$8,638
	237 LEVEL I POSTERIOR SEGMENT EYE PROCEDURES		5	\$5,280	\$7,096
	238 LEVEL II POSTERIOR SEGMENT EYE PROCEDURES		102	\$5,846	\$5,867
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE		1	\$5,483	\$2,293
	241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE		2	\$6,003	\$3,623
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES		549	\$5,009	\$3,605
	250 COCHLEAR DEVICE IMPLANTATION		18	\$27,652	\$50,592
	252 LEVEL I FACIAL AND ENT PROCEDURES		114	\$1,680	\$2,195
	253 LEVEL II FACIAL AND ENT PROCEDURES		26	\$3,479	\$3,352
	254 LEVEL III FACIAL AND ENT PROCEDURES		40	\$5,688	\$6,442
	255 LEVEL IV FACIAL AND ENT PROCEDURES		215	\$6,353	\$8,243
	256 TONSIL AND ADENOID PROCEDURES		136	\$2,769	\$2,817

SOURCE: Utah Ambulatory Surgery Database
Utah Health Data Committee/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, 2009
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

121 LDS Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
GENDER				
Female	6,866	58.0	122,959	54.1
Male	4,979	42.0	104,281	45.9
Unknown	0	0.0	4	0.0
Not Reported	0	0.0	0	0.0
AGE				
1-28 days	0	0.0	1,731	0.8
29-365 days	9	0.1	2,897	1.3
1-4 years	37	0.3	10,813	4.8
5-9	43	0.4	6,381	2.8
10-14	99	0.8	5,066	2.2
15-17	147	1.2	5,130	2.3
18-19	169	1.4	3,775	1.7
20-24	568	4.8	10,184	4.5
25-29	752	6.3	12,684	5.6
30-34	844	7.1	13,594	6.0
35-39	795	6.7	13,012	5.7
40-44	850	7.2	13,141	5.8
45-49	989	8.3	16,564	7.3
50-54	1,579	13.3	24,353	10.7
55-59	1,303	11.0	21,093	9.3
60-64	1,134	9.6	18,280	8.0
65-69	862	7.3	15,480	6.8
70-74	646	5.5	12,653	5.6
75-79	537	4.5	9,821	4.3
80-84	296	2.5	6,574	2.9
85-89	141	1.2	3,084	1.4
90 +	45	0.4	933	0.4
Not Reported	0	0.0	1	0.0
SOURCE OF ADMISSION				
Physician Referral	11,562	97.6	205,377	90.4
Clinic Referral	3	0.0	2,930	1.3
HMO Referral	0	0.0	2,930	1.3
Other Hospital	6	0.1	184	0.1
Skilled Nursing Facility	2	0.0	36	0.0
Other Health Care Facility	0	0.0	18	0.0
Emergency Room	272	2.3	5,340	2.3
Court/Law Enforcement	0	0.0	3	0.0
Unknown	0	0.0	11	0.0
Not Reported	0	0.0	10,415	4.6

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

121 LDS Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	11,827	99.8	226,589	99.7
Another Hospital	3	0.0	102	0.0
Skilled Nursing Facility	5	0.0	137	0.1
Intermediate Care Facility	1	0.0	20	0.0
Another Type of Institution	0	0.0	68	0.0
Under Care of Home Service	7	0.1	270	0.1
Left Against Medical Advice	2	0.0	22	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	0	0.0	13	0.0
Unknown	0	0.0	22	0.0
Not Reported	0	0.0	1	0.0
PRIMARY PAYER				
Medicare	2,224	18.8	45,456	20.0
Medicaid	530	4.5	15,975	7.0
Other government	97	0.8	4,287	1.9
Blue Cross/Blue Shield	455	3.8	29,948	13.2
Other Commercial	554	4.7	16,378	7.2
Managed Care(HMO, PPO)	7,422	62.7	106,245	46.8
Self Pay	154	1.3	2,816	1.2
Industrial & Worker Comp	78	0.7	3,291	1.4
Charity and Unclassified	305	2.6	1,613	0.7
Childrens Health Insurance	8	0.1	129	0.1
Unknown	18	0.2	1,046	0.5
Not Reported	0	0.0	60	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	168	1.4	16,751	7.4
Central Utah	74	0.6	8,412	3.7
Davis County	2,030	17.1	23,806	10.5
Salt Lake County	7,465	63.0	77,342	34.0
Southeastern Utah	49	0.4	4,701	2.1
Southwest Utah	59	0.5	14,188	6.2
Summit County	274	2.3	2,798	1.2
Tooele County	354	3.0	4,137	1.8
Tri-County	79	0.7	6,035	2.7
Utah County	576	4.9	37,226	16.4
Wasatch County	85	0.7	1,669	0.7
Weber County	253	2.1	20,181	8.9
Unknown Utah	0	0.0	27	0.0
Outside Utah	373	3.1	9,882	4.3
Unknown, Not Reported	6	0.1	89	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, 2009
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)	14,465	100.0	320,509	100.0
Mastectomy (85.0-85.99)	517	3.6	8,217	2.6
Musculoskeletal (76.0-84.99)	2,321	16.0	69,555	21.7
Respiratory (30.0-34.99)	63	0.4	3,320	1.0
Cardiovascular (35.0-39.99)	316	2.2	22,400	7.0
Lymphatic/Hemetic (40.0-41.99)	87	0.6	2,804	0.9
Digestive System (42.0-54.99)	4,276	29.6	98,678	30.8
Urinary (55.0-59.99)	616	4.3	10,902	3.4
Male Genital (60.0-64.99)	207	1.4	3,817	1.2
Female Genital (65.0-71.99)	553	3.8	14,786	4.6
Endocrine/Nervous (01.0-07.99)	2,273	15.7	23,111	7.2
Eye (08.0-16.99)	1,364	9.4	21,114	6.6
Ear (18.0-20.99)	445	3.1	12,945	4.0
Nose, Mouth, Pharynx (21.0-29.99)	1,427	9.9	28,860	9.0
Reporting Category(CPT-4 CODES)	11,124	100.0	299,107	100.0
Mastectomy (19120-19220)	89	0.8	2,014	0.7
Musculoskeletal (20000-29909)	2,479	22.3	75,301	25.2
Respiratory (30000-32999 & 39501-39599)	395	3.6	14,568	4.9
Cardiovascular (33010-37799 & 93501-93660)	291	2.6	24,369	8.1
Lymphatic/Hemetic (38100-38999)	51	0.5	2,630	0.9
Digestive (40490-49999)	4,981	44.8	109,341	36.6
Urinary (50010-53899)	615	5.5	10,457	3.5
Male Genital (54000-55899)	134	1.2	3,299	1.1
Female Genital (56405-58999)	462	4.2	12,326	4.1
Endocrine/Nervous (60000-64999)	598	5.4	24,781	8.3
Eye (65091-68899)	770	6.9	12,489	4.2
Ear (69000-69979)	259	2.3	7,532	2.5

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

AMB ST 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES

105 Logan Regional Hospital

ICD-9 CODE	ICD-9 DESCRIPTION	#	%	% ALL Hospitals
All ICD-9 Procedures				
4542	ENDO POLYPECTOMY LG INTESTINE	1,034	7.1	3.35
0391	INJ ANES SPINAL CANAL-ANALGESIA	895	6.2	1.76
0392	INJ OTH AGENT SPINAL CANAL	893	6.2	1.98
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	685	4.7	5.75
1341	PHACOEMULSIFICATION-ASPIR CATARACT	537	3.7	1.58
1371	IOL PROSTH-CATARACT EXTRACT-1-STAGE	535	3.7	1.59
4523	COLONOSCOPY	460	3.2	6.09
4292	DILAT ESOPH	335	2.3	1.44
2001	MYRINGOTOMY W/INSRT TUBE	326	2.3	3.18
5123	LAP CHOLEY	287	2.0	2.26
8511	CLO [PERCUT] [NEEDLE] BX BREAST	264	1.8	0.44
8147	OTH REPR KNEE	231	1.6	0.94
4836	[ENDO] POLYPECTOMY RECTUM	225	1.6	0.95
4525	CLO [ENDO] BX LG INTESTINE	218	1.5	2.33
283	TONSILLECTOMY W/ADENOIDECTOMY	206	1.4	1.80
598	URETERAL CATH	196	1.4	0.72
2341	APPLIC CROWN	193	1.3	0.43
232	RESTORATION TOOTH-FILLING	188	1.3	0.55
0611	CLO PERCUT NEEDLE BX THYROID GLAND	180	1.2	0.16
4701	LAP APPENDECTOMY	170	1.2	0.78

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures				
45380	COLONOSCOPY FLEX; W/BX 1/MX	954	8.6	5.24
43239	UGI ENDO; W/BX 1/MX	684	6.1	6.06
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	663	6.0	1.49
66984	EXTRACAPSULAR CATARACT REMV IOL	499	4.5	1.64
45378	COLONOSCOPY FLEX; DX-SEP PROC	458	4.1	6.11
41899	UNLIST PROC DENTOALVEOL STRUCTUR	242	2.2	0.91
47562	LAPAROSCOPY SURGICAL; CHOLECT	240	2.2	0.94
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	213	1.9	0.96
29826	SCOPE SHOULDER; DECOMP SUBACROM	197	1.8	1.21
52332	CYSTOURETHROSCOPY W/INSRT STENT	175	1.6	0.66
29877	SCOPE KNEE SURG; DEBRID/SHAVE CA	172	1.5	1.00
42820	T&A; UNDER AGE 12	171	1.5	1.47
29881	SCOPE KNEE SURG;W/MENISCECT MED/	170	1.5	1.64
44970	LAPAROSCOPY SURGICAL APPENDECTOM	170	1.5	0.85
69436	TYMPANOSTOMY GENERAL ANESTHESIA	166	1.5	1.75
49505	REPR INIT ING HERNIA 5YR/MORE; R	159	1.4	0.82
64483	INJ ANES EPIDURL; LUMB/SAC 1 LEV	136	1.2	1.07
66821	DISCISSION 2ND CATARACT; LASER S	136	1.2	0.12
43450	DILAT ESOPH-SOUND/BOUGIE-1/MX PA	106	1.0	0.44
29827	SCOPE SHLDR SURG; W/ROTOR CUFF R	105	0.9	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, 2009
 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	5,738	\$2,908	\$4,501
4542	ENDO POLYPECTOMY LG INTESTINE	757	\$1,168	\$1,547
4523	COLONOSCOPY	450	\$803	\$1,087
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	346	\$1,083	\$1,581
5123	LAP CHOLEY	250	\$4,693	\$7,426
8511	CLO [PERCUT] [NEEDLE] BX BREAST	224	\$1,813	\$1,944
283	TONSILLECTOMY W/ADENOIDECTOMY	155	\$1,458	\$2,850
8147	OTH REPR KNEE	154	\$5,307	\$6,092
3722	LT HEART CARD CATH	147	\$5,152	\$8,426
0611	CLO PERCUT NEEDLE BX THYROID GLAND	146	\$772	\$980
4701	LAP APPENDECTOMY	140	\$8,350	\$10,907
1364	DISCISSION SECNDRY MEMBRN	134	\$625	\$785
8183	OTH REPR SHLDR	121	\$6,396	\$8,523
4525	CLO [ENDO] BX LG INTESTINE	105	\$1,150	\$1,709
5304	UNILAT REPR INDIRECT ING HERN-GFT	94	\$2,787	\$4,709
282	TONSILLECTOMY WO ADENOIDECTOMY	91	\$1,820	\$2,868
0443	RELEASE CARPAL TUNNEL	78	\$1,715	\$2,540
8521	LOC EXC LES BREAST	70	\$2,681	\$3,374
6952	ASPIR CURET FOLLOWING DELIV/AB	64	\$1,907	\$3,269
806	EXC SEMILUNAR CARTILAGE-KNEE	52	\$3,222	\$4,537
598	URETERAL CATH	46	\$5,195	\$6,660

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
CPT-4	Procedures	5,512	\$2,733	\$3,915
45380	COLONOSCOPY FLEX; W/BX 1/MX	517	\$1,103	\$1,526
66984	EXTRACAPSULAR CATARACT REMV IOL	494	\$2,670	\$3,678
45378	COLONOSCOPY FLEX; DX-SEP PROC	448	\$803	\$1,090
43239	UGI ENDO; W/BX 1/MX	342	\$1,079	\$1,548
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	239	\$1,158	\$1,661
41899	UNLIST PROC DENTOALVEOL STRUCTUR	228	\$2,441	\$2,871
47562	LAPAROSCOPY SURGICAL; CHOLECT	213	\$4,553	\$6,606
44970	LAPAROSCOPY SURGICAL APPENDECTOM	141	\$8,380	\$10,914
49505	REPR INIT ING HERNIA 5YR/MORE; R	139	\$2,808	\$4,721
66821	DISCISSION 2ND CATARACT; LASER S	136	\$625	\$766
42820	T&A; UNDER AGE 12	125	\$1,414	\$2,701
69436	TYMPANOSTOMY GENERAL ANESTHESIA	105	\$940	\$1,499
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	83	\$1,875	\$2,928
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	66	\$1,704	\$2,624
29881	SCOPE KNEE SURG;W/MENISCECT MED/	63	\$3,363	\$4,457
64483	INJ ANES EPIDURL; LUMB/SAC 1 LEV	55	\$1,526	\$1,475
20680	REMOVAL OF IMPLANT; DEEP	54	\$2,467	\$3,558
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	46	\$5,640	\$7,842
29880	SCOPE KNEE SURG;W/MENISCECT MED&	43	\$3,412	\$4,800
19120	EXC BRST CYST TUMR/LES OPN M/F 1	37	\$2,450	\$3,487

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, 2009
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE* CPT-4 PROCEDURES

105 Logan Regional Hospital

Procedure EAPG category	Procedure EAPG	TOTAL #	TOTAL # (ALL Hospitals)
01	SKIN & INTEGUMENTARY SYSTEM PROCEDURES	142	8,192
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	5	1,091
	003 LEVEL I SKIN INCISION AND DRAINAGE	7	189
	004 LEVEL II SKIN INCISION AND DRAINAGE	1	95
	007 LEVEL II SKIN DEBRIDEMENT AND DESTRUCTION	1	128
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	5	503
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	107	5,031
	011 LEVEL III EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	1	82
	012 LEVEL I SKIN REPAIR	2	35
	013 LEVEL II SKIN REPAIR	8	792
	014 LEVEL III SKIN REPAIR	5	220
02	BREAST PROCEDURES	89	2,075
	020 LEVEL I BREAST PROCEDURES	89	2,014
03	MUSCULOSKELETAL SYSTEM PROCEDURES	2,302	64,806
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	94	2,405
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	111	4,694
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	52	2,234
	033 LEVEL I HAND PROCEDURES	102	3,780
	034 LEVEL II HAND PROCEDURES	30	1,278
	035 LEVEL I FOOT PROCEDURES	233	6,264
	036 LEVEL II FOOT PROCEDURES	43	1,682
	037 LEVEL I ARTHROSCOPY	987	22,184
	038 LEVEL II ARTHROSCOPY	272	5,320
	040 SPLINT, STRAPPING AND CAST REMOVAL	1	1,672
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	21	717
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	12	628
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	198	5,752
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	7	490
	045 BUNION PROCEDURES	92	1,791
	046 LEVEL I ARTHROPLASTY	7	634
	047 LEVEL II ARTHROPLASTY	4	148
	048 HAND AND FOOT TENOTOMY	3	386
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	33	2,678
04	RESPIRATORY PROCEDURES	194	9,066
	061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	23	1,396
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	37	1,436
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	126	4,402
	064 ENDOSCOPY OF THE LOWER AIRWAY	8	1,832
05	CARDIOVASCULAR PROCEDURES	134	9,325
	083 PLACEMENT OF TRANSVENOUS CATHETERS	30	941
	084 DIAGNOSTIC CARDIAC CATHETERIZATION	40	2,404
	085 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	10	1,497
	086 PACEMAKER INSERTION AND REPLACEMENT	4	259
	087 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	12	809
	088 LEVEL I CARDIOTHORACIC PROCEDURES	14	225
	089 LEVEL II CARDIOTHORACIC PROCEDURES	22	1,625

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE* CPT-4 PROCEDURES

105 Logan Regional Hospital

procedure EAPG category	procedure EAPG	TOTAL #	TOTAL # (ALL Hospitals)
	090 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	1	53
	092 RESUSCITATION	1	12
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	48	2,884
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	48	1,491
07	GASTROINTESTINAL SYSTEM PROCEDURES	4,465	99,755
	131 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	110	1,379
	132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	15	502
	133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	6	422
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	748	22,635
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	333	4,688
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	1,414	34,149
	137 THERAPEUTIC COLONOSCOPY	711	5,727
	138 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	45	1,937
	139 LEVEL I HERNIA REPAIR	273	5,573
	140 LEVEL II HERNIA REPAIR	54	1,193
	141 LEVEL I ANAL AND RECTAL PROCEDURES	11	782
	142 LEVEL II ANAL AND RECTAL PROCEDURES	24	1,145
	143 LEVEL I GASTROINTESTINAL PROCEDURES	19	405
	144 LEVEL II GASTROINTESTINAL PROCEDURES	8	226
	145 LEVEL I LAPAROSCOPY	107	2,675
	146 LEVEL II LAPAROSCOPY	467	8,847
	147 LEVEL III LAPAROSCOPY	120	7,203
08	GENITOURINARY SYSTEM PROCEDURES	546	8,962
	160 EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	10	697
	162 URINARY CATHETERIZATION AND DILATATION	17	238
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	219	3,932
	164 LEVEL II BLADDER AND KIDNEY PROCEDURES	272	3,413
	165 LEVEL III BLADDER AND KIDNEY PROCEDURES	2	55
	166 LEVEL I URETHRA AND PROSTATE PROCEDURES	9	180
	167 LEVEL II URETHRA AND PROSTATE PROCEDURES	17	444
09	MALE REPRODUCTIVE SYSTEM	168	3,509
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	70	1,431
	181 CIRCUMCISION	21	822
	182 INSERTION OF PENILE PROSTHESIS	3	32
	183 LEVEL I PENILE AND PROSTATE PROCEDURES	1	10
	184 LEVEL II PENILE AND PROSTATE PROCEDURES	68	1,167
	185 PROSTATE NEEDLE AND PUNCH BIOPSY	5	47
10	FEMALE REPRODUCTIVE SYSTEM	291	7,180
	193 TREATMENT OF INCOMPLETE ABORTION	1	1
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	71	1,292
	197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	50	1,355
	198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	58	1,494
	199 DILATION AND CURETTAGE	15	551
	200 HYSTEROSCOPY	82	2,251
	201 COLPOSCOPY	14	234
11	NEUROLOGIC SYSTEM PROCEDURES	556	24,377

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE* CPT-4 PROCEDURES

105 Logan Regional Hospital

procedure EAPG category	procedure EAPG	TOTAL #	TOTAL # (ALL Hospitals)
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	52	2,913
	215 LEVEL I REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	5	155
	217 LEVEL I NERVE PROCEDURES	123	4,031
	218 LEVEL II NERVE PROCEDURES	13	793
	219 SPINAL TAP	2	470
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	275	11,868
	221 LAMINOTOMY AND LAMINECTOMY	73	3,173
	223 LEVEL III NERVE PROCEDURES	13	825
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	768	12,275
	230 MINOR OPHTHALMOLOGICAL TESTS AND PROCEDURES	7	41
	232 LASER EYE PROCEDURES	141	418
	233 CATARACT PROCEDURES	538	5,365
	234 LEVEL I ANTERIOR SEGMENT EYE PROCEDURES	14	265
	235 LEVEL II ANTERIOR SEGMENT EYE PROCEDURES	9	285
	236 LEVEL III ANTERIOR SEGMENT EYE PROCEDURES	6	209
	237 LEVEL I POSTERIOR SEGMENT EYE PROCEDURES	1	390
	238 LEVEL II POSTERIOR SEGMENT EYE PROCEDURES	1	1,912
	239 STRABISMUS AND MUSCLE EYE PROCEDURES	1	1,026
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	27	895
	241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	23	1,469
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	1,196	28,739
	252 LEVEL I FACIAL AND ENT PROCEDURES	566	12,362
	253 LEVEL II FACIAL AND ENT PROCEDURES	82	1,405
	254 LEVEL III FACIAL AND ENT PROCEDURES	104	3,429
	255 LEVEL IV FACIAL AND ENT PROCEDURES	92	2,922
	256 TONSIL AND ADENOID PROCEDURES	352	8,493

SOURCE: Utah Ambulatory Surgery Database
Utah Health Data Committee/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, 2009
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, SINGLE EAPG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

105 Logan Regional Hospital

Procedure EAPG category	Procedure EAPG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
01	SKIN & INTEGUMENTARY SYSTEM PROCEDURES	90	\$2,415	\$3,762
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	5	\$2,884	\$3,254
	003 LEVEL I SKIN INCISION AND DRAINAGE	3	\$2,581	\$2,833
	004 LEVEL II SKIN INCISION AND DRAINAGE	1	\$2,300	\$4,409
	007 LEVEL II SKIN DEBRIDEMENT AND DESTRUCTION	1	\$2,355	\$2,829
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	5	\$2,059	\$3,664
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	73	\$2,398	\$3,677
	012 LEVEL I SKIN REPAIR	1	\$3,421	\$3,957
	013 LEVEL II SKIN REPAIR	1	\$1,825	\$4,883
02	BREAST PROCEDURES	72	\$2,802	\$3,802
	020 LEVEL I BREAST PROCEDURES	72	\$2,802	\$3,688
03	MUSCULOSKELETAL SYSTEM PROCEDURES	718	\$4,235	\$5,044
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	30	\$4,188	\$4,534
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	37	\$3,635	\$5,458
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	9	\$7,708	\$9,791
	033 LEVEL I HAND PROCEDURES	55	\$1,897	\$2,835
	034 LEVEL II HAND PROCEDURES	16	\$3,740	\$5,167
	035 LEVEL I FOOT PROCEDURES	80	\$2,368	\$3,748
	036 LEVEL II FOOT PROCEDURES	14	\$4,366	\$6,617
	037 LEVEL I ARTHROSCOPY	222	\$3,381	\$4,492
	038 LEVEL II ARTHROSCOPY	59	\$9,378	\$10,734
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	4	\$2,791	\$6,442
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	11	\$2,936	\$3,754
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	125	\$5,639	\$7,392
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	1	\$4,212	\$3,553
	045 BUNION PROCEDURES	45	\$4,033	\$5,191
	046 LEVEL I ARTHROPLASTY	3	\$6,207	\$8,302
	047 LEVEL II ARTHROPLASTY	3	\$11,745	\$20,732
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	4	\$1,191	\$1,227
04	RESPIRATORY PROCEDURES	33	\$2,423	\$2,975
	061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	17	\$1,799	\$2,594
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	4	\$3,154	\$4,027
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	7	\$3,003	\$4,474
	064 ENDOSCOPY OF THE LOWER AIRWAY	5	\$3,151	\$2,794
05	CARDIOVASCULAR PROCEDURES	53	\$6,087	\$14,627
	083 PLACEMENT OF TRANSVENOUS CATHETERS	16	\$5,816	\$6,140
	084 DIAGNOSTIC CARDIAC CATHETERIZATION	2	\$4,606	\$8,441
	085 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	1	\$3,775	\$36,706
	086 PACEMAKER INSERTION AND REPLACEMENT	3	\$21,079	\$31,576
	087 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	2	\$12,495	\$9,181
	088 LEVEL I CARDIOTHORACIC PROCEDURES	10	\$3,896	\$7,678
	089 LEVEL II CARDIOTHORACIC PROCEDURES	18	\$4,697	\$8,023
	090 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	1	\$4,848	\$7,639
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	26	\$5,812	\$4,547
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	26	\$5,812	\$5,995

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, SINGLE EAPG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

105 Logan Regional Hospital

procedure EAPG category	Procedure EAPG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
07	GASTROINTESTINAL SYSTEM PROCEDURES	2,427	\$2,169	\$3,055
	132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	13	\$650	\$1,232
	133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	4	\$991	\$1,718
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	376	\$1,062	\$1,516
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	58	\$1,746	\$2,214
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	965	\$964	\$1,271
	137 THERAPEUTIC COLONOSCOPY	241	\$1,161	\$1,695
	138 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	12	\$2,737	\$4,271
	139 LEVEL I HERNIA REPAIR	208	\$2,878	\$4,486
	140 LEVEL II HERNIA REPAIR	22	\$2,976	\$5,242
	141 LEVEL I ANAL AND RECTAL PROCEDURES	8	\$1,946	\$3,138
	142 LEVEL II ANAL AND RECTAL PROCEDURES	20	\$2,331	\$3,733
	143 LEVEL I GASTROINTESTINAL PROCEDURES	10	\$2,425	\$3,742
	144 LEVEL II GASTROINTESTINAL PROCEDURES	5	\$5,835	\$8,218
	145 LEVEL I LAPAROSCOPY	44	\$3,118	\$5,295
	146 LEVEL II LAPAROSCOPY	377	\$6,010	\$8,314
	147 LEVEL III LAPAROSCOPY	64	\$5,109	\$8,305
08	GENITOURINARY SYSTEM PROCEDURES	119	\$5,088	\$6,135
	162 URINARY CATHETERIZATION AND DILATATION	8	\$4,860	\$5,868
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	51	\$3,838	\$4,353
	164 LEVEL II BLADDER AND KIDNEY PROCEDURES	43	\$4,118	\$5,221
	165 LEVEL III BLADDER AND KIDNEY PROCEDURES	1	\$3,656	\$17,334
	166 LEVEL I URETHRA AND PROSTATE PROCEDURES	3	\$1,500	\$1,346
	167 LEVEL II URETHRA AND PROSTATE PROCEDURES	13	\$14,282	\$11,236
09	MALE REPRODUCTIVE SYSTEM	112	\$4,689	\$4,630
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	32	\$2,852	\$3,299
	181 CIRCUMCISION	16	\$1,879	\$2,418
	182 INSERTION OF PENILE PROSTHESIS	3	\$16,936	\$27,785
	184 LEVEL II PENILE AND PROSTATE PROCEDURES	58	\$5,991	\$6,666
	185 PROSTATE NEEDLE AND PUNCH BIOPSY	3	\$1,856	\$3,010
10	FEMALE REPRODUCTIVE SYSTEM	131	\$3,547	\$5,236
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	29	\$1,806	\$3,258
	197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	15	\$4,251	\$5,190
	198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	33	\$4,883	\$7,456
	199 DILATION AND CURETTAGE	10	\$1,624	\$3,266
	200 HYSTEROSCOPY	42	\$3,992	\$5,384
	201 COLPOSCOPY	2	\$1,752	\$4,443
11	NEUROLOGIC SYSTEM PROCEDURES	251	\$3,005	\$4,849
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	51	\$884	\$1,315
	217 LEVEL I NERVE PROCEDURES	83	\$2,018	\$3,161
	218 LEVEL II NERVE PROCEDURES	7	\$12,776	\$11,142
	219 SPINAL TAP	2	\$2,217	\$2,509
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	69	\$1,436	\$1,563
	221 LAMINOTOMY AND LAMINECTOMY	36	\$8,492	\$10,583
	223 LEVEL III NERVE PROCEDURES	3	\$14,330	\$34,351

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, SINGLE EAPG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

105 Logan Regional Hospital

procedure EAPG category	Procedure EAPG	TOTAL #	AVE TOT CHR	AVE TOT CHRG(ALL Hospitals)
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	744	\$2,212	\$3,703
	230 MINOR OPHTHALMOLOGICAL TESTS AND PROCEDURES	7	\$784	\$1,324
	232 LASER EYE PROCEDURES	141	\$617	\$787
	233 CATARACT PROCEDURES	530	\$2,704	\$3,686
	234 LEVEL I ANTERIOR SEGMENT EYE PROCEDURES	11	\$1,737	\$2,924
	235 LEVEL II ANTERIOR SEGMENT EYE PROCEDURES	6	\$2,674	\$3,596
	236 LEVEL III ANTERIOR SEGMENT EYE PROCEDURES	4	\$3,301	\$8,638
	237 LEVEL I POSTERIOR SEGMENT EYE PROCEDURES	1	\$612	\$7,096
	239 STRABISMUS AND MUSCLE EYE PROCEDURES	1	\$4,211	\$2,734
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	22	\$1,324	\$2,293
	241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	21	\$1,804	\$3,623
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	711	\$2,328	\$3,605
	252 LEVEL I FACIAL AND ENT PROCEDURES	355	\$1,966	\$2,195
	253 LEVEL II FACIAL AND ENT PROCEDURES	38	\$2,385	\$3,352
	254 LEVEL III FACIAL AND ENT PROCEDURES	16	\$4,384	\$6,442
	255 LEVEL IV FACIAL AND ENT PROCEDURES	61	\$6,724	\$8,243
	256 TONSIL AND ADENOID PROCEDURES	241	\$1,602	\$2,817

SOURCE: Utah Ambulatory Surgery Database
 Utah Health Data Committee/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, 2009
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

105 Logan Regional Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
GENDER				
Female	5,343	55.5	122,959	54.1
Male	4,287	44.5	104,281	45.9
Unknown	0	0.0	4	0.0
Not Reported	0	0.0	0	0.0
AGE				
1-28 days	1	0.0	1,731	0.8
29-365 days	74	0.8	2,897	1.3
1-4 years	401	4.2	10,813	4.8
5-9	212	2.2	6,381	2.8
10-14	135	1.4	5,066	2.2
15-17	192	2.0	5,130	2.3
18-19	170	1.8	3,775	1.7
20-24	541	5.6	10,184	4.5
25-29	550	5.7	12,684	5.6
30-34	539	5.6	13,594	6.0
35-39	496	5.2	13,012	5.7
40-44	531	5.5	13,141	5.8
45-49	734	7.6	16,564	7.3
50-54	1,073	11.1	24,353	10.7
55-59	999	10.4	21,093	9.3
60-64	723	7.5	18,280	8.0
65-69	685	7.1	15,480	6.8
70-74	545	5.7	12,653	5.6
75-79	461	4.8	9,821	4.3
80-84	348	3.6	6,574	2.9
85-89	162	1.7	3,084	1.4
90 +	58	0.6	933	0.4
Not Reported	0	0.0	1	0.0
SOURCE OF ADMISSION				
Physician Referral	9,348	97.1	205,377	90.4
Clinic Referral	3	0.0	2,930	1.3
HMO Referral	2	0.0	2,930	1.3
Other Hospital	2	0.0	184	0.1
Skilled Nursing Facility	0	0.0	36	0.0
Other Health Care Facility	0	0.0	18	0.0
Emergency Room	275	2.9	5,340	2.3
Court/Law Enforcement	0	0.0	3	0.0
Unknown	0	0.0	11	0.0
Not Reported	0	0.0	10,415	4.6

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

105 Logan Regional Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	9,604	99.7	226,589	99.7
Another Hospital	18	0.2	102	0.0
Skilled Nursing Facility	2	0.0	137	0.1
Intermediate Care Facility	0	0.0	20	0.0
Another Type of Institution	0	0.0	68	0.0
Under Care of Home Service	5	0.1	270	0.1
Left Against Medical Advice	0	0.0	22	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	1	0.0	13	0.0
Unknown	0	0.0	22	0.0
Not Reported	0	0.0	1	0.0
PRIMARY PAYER				
Medicare	2,032	21.1	45,456	20.0
Medicaid	576	6.0	15,975	7.0
Other government	136	1.4	4,287	1.9
Blue Cross/Blue Shield	1,612	16.7	29,948	13.2
Other Commercial	826	8.6	16,378	7.2
Managed Care(HMO, PPO)	4,147	43.1	106,245	46.8
Self Pay	89	0.9	2,816	1.2
Industrial & Worker Comp	125	1.3	3,291	1.4
Charity and Unclassified	24	0.2	1,613	0.7
Childrens Health Insurance	10	0.1	129	0.1
Unknown	53	0.6	1,046	0.5
Not Reported	0	0.0	60	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	8,480	88.1	16,751	7.4
Central Utah	6	0.1	8,412	3.7
Davis County	48	0.5	23,806	10.5
Salt Lake County	44	0.5	77,342	34.0
Southeastern Utah	4	0.0	4,701	2.1
Southwest Utah	16	0.2	14,188	6.2
Summit County	4	0.0	2,798	1.2
Tooele County	6	0.1	4,137	1.8
Tri-County	3	0.0	6,035	2.7
Utah County	16	0.2	37,226	16.4
Wasatch County	1	0.0	1,669	0.7
Weber County	68	0.7	20,181	8.9
Unknown Utah	0	0.0	27	0.0
Outside Utah	933	9.7	9,882	4.3
Unknown, Not Reported	1	0.0	89	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, 2009
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)	20,359	100.0	320,509	100.0
Mastectomy (85.0-85.99)	477	2.3	8,217	2.6
Musculoskeletal (76.0-84.99)	3,543	17.4	69,555	21.7
Respiratory (30.0-34.99)	199	1.0	3,320	1.0
Cardiovascular (35.0-39.99)	1,573	7.7	22,400	7.0
Lymphatic/Hemetic (40.0-41.99)	208	1.0	2,804	0.9
Digestive System (42.0-54.99)	10,622	52.2	98,678	30.8
Urinary (55.0-59.99)	625	3.1	10,902	3.4
Male Genital (60.0-64.99)	176	0.9	3,817	1.2
Female Genital (65.0-71.99)	987	4.8	14,786	4.6
Endocrine/Nervous (01.0-07.99)	842	4.1	23,111	7.2
Eye (08.0-16.99)	251	1.2	21,114	6.6
Ear (18.0-20.99)	183	0.9	12,945	4.0
Nose, Mouth, Pharynx (21.0-29.99)	673	3.3	28,860	9.0
Reporting Category(CPT-4 CODES)	17,175	100.0	299,107	100.0
Mastectomy (19120-19220)	101	0.6	2,014	0.7
Musculoskeletal (20000-29909)	3,278	19.1	75,301	25.2
Respiratory (30000-32999 & 39501-39599)	401	2.3	14,568	4.9
Cardiovascular (33010-37799 & 93501-93660)	334	1.9	24,369	8.1
Lymphatic/Hemetic (38100-38999)	134	0.8	2,630	0.9
Digestive (40490-49999)	10,557	61.5	109,341	36.6
Urinary (50010-53899)	477	2.8	10,457	3.5
Male Genital (54000-55899)	124	0.7	3,299	1.1
Female Genital (56405-58999)	744	4.3	12,326	4.1
Endocrine/Nervous (60000-64999)	761	4.4	24,781	8.3
Eye (65091-68899)	171	1.0	12,489	4.2
Ear (69000-69979)	93	0.5	7,532	2.5

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

AMB ST 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES

141 McKay Dee Hospital Center

ICD-9 CODE	ICD-9 DESCRIPTION	#	%	% ALL Hospitals
All ICD-9 Procedures				
4523	COLONOSCOPY	2,442	12.0	6.09
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	2,394	11.8	5.75
4292	DILAT ESOPH	942	4.6	1.44
4525	CLO [ENDO] BX LG INTESTINE	904	4.4	2.33
4542	ENDO POLYPECTOMY LG INTESTINE	659	3.2	3.35
5123	LAP CHOLEY	657	3.2	2.26
3722	LT HEART CARD CATH	503	2.5	1.34
4513	OTH ENDO SM INTESTINE	338	1.7	1.71
4701	LAP APPENDECTOMY	270	1.3	0.78
4836	[ENDO] POLYPECTOMY RECTUM	243	1.2	0.95
0392	INJ OTH AGENT SPINAL CANAL	238	1.2	1.98
0391	INJ ANES SPINAL CANAL-ANALGESIA	186	0.9	1.76
806	EXC SEMILUNAR CARTILAGE-KNEE	173	0.8	1.86
283	TONSILLECTOMY W/ADENOIDECTOMY	150	0.7	1.80
3950	ANGIOPLSTY/ARTHERECT NON-CORNON	147	0.7	0.29
8521	LOC EXC LES BREAST	142	0.7	0.73
8051	EXC INTERVERTEBRAL DISC	140	0.7	0.45
3607	INSERTION RX-ELUTING COR ART STENT	139	0.7	0.49
2001	MYRINGOTOMY W/INSRT TUBE	131	0.6	3.18
5732	OTH CYSTOSCOPY	127	0.6	0.47

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures				
43239	UGI ENDO; W/BX 1/MX	17,175	100.0	100.0
45378	COLONOSCOPY FLEX; DX-SEP PROC	2,396	14.0	6.06
45380	COLONOSCOPY FLEX; W/BX 1/MX	2,325	13.5	6.11
45380	COLONOSCOPY FLEX; W/BX 1/MX	1,228	7.1	5.24
43450	DILAT ESOPH-SOUND/BOUGIE-1/MX PA	739	4.3	0.44
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	501	2.9	1.50
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	297	1.7	1.49
44970	LAPAROSCOPY SURGICAL APPENDECTOM	276	1.6	0.85
49505	REPR INIT ING HERNIA 5YR/MORE; R	252	1.5	0.82
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	229	1.3	1.25
20680	REMOVAL OF IMPLANT; DEEP	223	1.3	1.04
45384	COLONOSCOPY FLEX; REMV LES-FORCE	211	1.2	0.20
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	190	1.1	0.96
47562	LAPAROSCOPY SURGICAL; CHOLECT	157	0.9	0.94
28285	CORRECTION HAMMERTO	129	0.8	0.62
49585	REPR UMBIL HERNIA 5YR/OVER; RDUC	129	0.8	0.37
29881	SCOPE KNEE SURG;W/MENISCECT MED/	128	0.7	1.64
58662	LAP SURG; W/FULG/EXCIS LES-OVARY	123	0.7	0.56
42820	T&A; UNDER AGE 12	119	0.7	1.47
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	109	0.6	0.70
63030	LAMINOT W/ DECOMP; 1 INTERSPACE	93	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, 2009
 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	9,678	\$3,938	\$4,501
4523	COLONOSCOPY	2,131	\$833	\$1,087
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	1,117	\$1,178	\$1,581
5123	LAP CHOLEY	581	\$6,698	\$7,426
4525	CLO [ENDO] BX LG INTESTINE	536	\$1,288	\$1,709
4542	ENDO POLYPECTOMY LG INTESTINE	464	\$1,231	\$1,547
3722	LT HEART CARD CATH	390	\$6,950	\$8,426
4701	LAP APPENDECTOMY	235	\$10,368	\$10,907
4513	OTH ENDO SM INTESTINE	187	\$1,079	\$1,334
4836	[ENDO] POLYPECTOMY RECTUM	129	\$1,169	\$1,394
283	TONSILLECTOMY W/ADENOIDECTOMY	117	\$2,676	\$2,850
5304	UNILAT REPR INDIRECT ING HERN-GFT	95	\$3,957	\$4,709
6952	ASPIR CURET FOLLOWING DELIV/AB	82	\$2,614	\$3,269
3950	ANGIOPLSTY/ARTHERECT NON-CORNON	76	\$9,836	\$19,332
5303	UNILAT REPR DIRECT ING HERN-GFT	75	\$4,029	\$4,986
7936	OP REDUC FX W/INT FIX-TIBIA & FIB	68	\$9,085	\$8,524
3895	VENOUS CATH-RENAL DIALYSIS	67	\$3,535	\$4,676
4709	OTH APPENDECTOMY	66	\$8,468	\$8,657
8521	LOC EXC LES BREAST	64	\$3,193	\$3,374
3723	COMBO RT & LT HEART CARD CATH	62	\$7,482	\$8,968
7867	REMOV IMPLNT DEVICE-TIBIA & FIB	59	\$3,303	\$3,508

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
CPT-4	Procedures	9,058	\$3,416	\$3,915
45378	COLONOSCOPY FLEX; DX-SEP PROC	2,026	\$833	\$1,090
43239	UGI ENDO; W/BX 1/MX	1,109	\$1,191	\$1,548
45380	COLONOSCOPY FLEX; W/BX 1/MX	877	\$1,277	\$1,526
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	444	\$6,731	\$7,842
44970	LAPAROSCOPY SURGICAL APPENDECTOM	237	\$10,356	\$10,914
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	214	\$1,255	\$1,661
49505	REPR INIT ING HERNIA 5YR/MORE; R	213	\$4,072	\$4,721
45384	COLONOSCOPY FLEX; REMV LES-FORCE	142	\$1,236	\$1,693
47562	LAPAROSCOPY SURGICAL; CHOLECT	140	\$6,628	\$6,606
20680	REMOVAL OF IMPLANT; DEEP	137	\$3,429	\$3,558
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	135	\$872	\$1,234
42820	T&A; UNDER AGE 12	92	\$2,583	\$2,701
29881	SCOPE KNEE SURG;W/MENISCECT MED/	90	\$4,304	\$4,457
44950	APPENDECTOMY;	66	\$8,468	\$8,606
49585	REPR UMBIL HERNIA 5YR/OVER; RDUC	63	\$3,606	\$4,469
63030	LAMINOT W/ DECOMP; 1 INTERSPACE	60	\$10,219	\$10,547
19125	EXC BRST LES ID RAD MARKR OPN;1	54	\$4,023	\$4,092
43247	UGI ENDO; W/REMOVAL FB	51	\$1,560	\$2,221
58558	HYSTEROSCPY SURG; W/BX &/ POLYPE	50	\$3,080	\$3,984
58662	LAP SURG; W/FULG/EXCIS LES-OVARY	50	\$5,106	\$6,123

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, 2009
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE* CPT-4 PROCEDURES

141 McKay Dee Hospital Center

Procedure EAPG category	Procedure EAPG	TOTAL #	TOTAL # (ALL Hospitals)
01	SKIN & INTEGUMENTARY SYSTEM PROCEDURES	393	8,192
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	32	1,091
	003 LEVEL I SKIN INCISION AND DRAINAGE	8	189
	004 LEVEL II SKIN INCISION AND DRAINAGE	7	95
	007 LEVEL II SKIN DEBRIDEMENT AND DESTRUCTION	5	128
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	24	503
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	306	5,031
	013 LEVEL II SKIN REPAIR	5	792
	014 LEVEL III SKIN REPAIR	6	220
02	BREAST PROCEDURES	101	2,075
	020 LEVEL I BREAST PROCEDURES	101	2,014
03	MUSCULOSKELETAL SYSTEM PROCEDURES	2,600	64,806
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	104	2,405
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	309	4,694
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	185	2,234
	033 LEVEL I HAND PROCEDURES	140	3,780
	034 LEVEL II HAND PROCEDURES	83	1,278
	035 LEVEL I FOOT PROCEDURES	350	6,264
	036 LEVEL II FOOT PROCEDURES	139	1,682
	037 LEVEL I ARTHROSCOPY	534	22,184
	038 LEVEL II ARTHROSCOPY	82	5,320
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	53	717
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	35	628
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	399	5,752
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	22	490
	045 BUNION PROCEDURES	62	1,791
	046 LEVEL I ARTHROPLASTY	54	634
	047 LEVEL II ARTHROPLASTY	12	148
	048 HAND AND FOOT TENOTOMY	19	386
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	18	2,678
04	RESPIRATORY PROCEDURES	288	9,066
	061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	51	1,396
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	21	1,436
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	104	4,402
	064 ENDOSCOPY OF THE LOWER AIRWAY	112	1,832
05	CARDIOVASCULAR PROCEDURES	230	9,325
	082 CARDIAC ELECTROPHYSIOLOGIC TESTS	8	1,153
	083 PLACEMENT OF TRANSVENOUS CATHETERS	45	941
	084 DIAGNOSTIC CARDIAC CATHETERIZATION	26	2,404
	085 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	36	1,497
	086 PACEMAKER INSERTION AND REPLACEMENT	1	259
	087 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	9	809
	088 LEVEL I CARDIOTHORACIC PROCEDURES	20	225
	089 LEVEL II CARDIOTHORACIC PROCEDURES	70	1,625
	090 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	3	53
	091 VASCULAR LIGATION AND RECONSTRUCTION	8	124

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE* CPT-4 PROCEDURES

141 McKay Dee Hospital Center

procedure EAPG category	procedure EAPG	TOTAL #	TOTAL # (ALL Hospitals)
	097 AICD IMPLANT	4	200
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	114	2,884
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	114	1,491
07	GASTROINTESTINAL SYSTEM PROCEDURES	10,553	99,755
	131 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	744	1,379
	132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	45	502
	133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	21	422
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	2,635	22,635
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	346	4,688
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	3,575	34,149
	137 THERAPEUTIC COLONOSCOPY	541	5,727
	138 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	226	1,937
	139 LEVEL I HERNIA REPAIR	511	5,573
	140 LEVEL II HERNIA REPAIR	150	1,193
	141 LEVEL I ANAL AND RECTAL PROCEDURES	78	782
	142 LEVEL II ANAL AND RECTAL PROCEDURES	126	1,145
	143 LEVEL I GASTROINTESTINAL PROCEDURES	20	405
	144 LEVEL II GASTROINTESTINAL PROCEDURES	71	226
	145 LEVEL I LAPAROSCOPY	158	2,675
	146 LEVEL II LAPAROSCOPY	560	8,847
	147 LEVEL III LAPAROSCOPY	733	7,203
	148 LEVEL IV LAPAROSCOPY	13	88
08	GENITOURINARY SYSTEM PROCEDURES	423	8,962
	160 EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	11	697
	162 URINARY CATHETERIZATION AND DILATATION	20	238
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	209	3,932
	164 LEVEL II BLADDER AND KIDNEY PROCEDURES	151	3,413
	165 LEVEL III BLADDER AND KIDNEY PROCEDURES	2	55
	166 LEVEL I URETHRA AND PROSTATE PROCEDURES	2	180
	167 LEVEL II URETHRA AND PROSTATE PROCEDURES	28	444
09	MALE REPRODUCTIVE SYSTEM	151	3,509
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	66	1,431
	181 CIRCUMCISION	16	822
	182 INSERTION OF PENILE PROSTHESIS	1	32
	184 LEVEL II PENILE AND PROSTATE PROCEDURES	61	1,167
	185 PROSTATE NEEDLE AND PUNCH BIOPSY	7	47
10	FEMALE REPRODUCTIVE SYSTEM	383	7,180
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	62	1,292
	197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	64	1,355
	198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	108	1,494
	199 DILATION AND CURETTAGE	23	551
	200 HYSTEROSCOPY	117	2,251
	201 COLPOSCOPY	9	234
11	NEUROLOGIC SYSTEM PROCEDURES	826	24,377
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	120	2,913
	215 LEVEL I REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	2	155

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE* CPT-4 PROCEDURES

141 McKay Dee Hospital Center

procedure EAPG category		TOTAL #	TOTAL # (ALL Hospitals)
procedure EAPG			
	216 LEVEL II REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	2	148
	217 LEVEL I NERVE PROCEDURES	164	4,031
	218 LEVEL II NERVE PROCEDURES	64	793
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	129	11,868
	221 LAMINOTOMY AND LAMINECTOMY	267	3,173
	223 LEVEL III NERVE PROCEDURES	78	825
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	163	12,275
	233 CATARACT PROCEDURES	4	5,365
	234 LEVEL I ANTERIOR SEGMENT EYE PROCEDURES	5	265
	236 LEVEL III ANTERIOR SEGMENT EYE PROCEDURES	3	209
	237 LEVEL I POSTERIOR SEGMENT EYE PROCEDURES	44	390
	238 LEVEL II POSTERIOR SEGMENT EYE PROCEDURES	102	1,912
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	4	895
	241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	1	1,469
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	771	28,739
	252 LEVEL I FACIAL AND ENT PROCEDURES	225	12,362
	253 LEVEL II FACIAL AND ENT PROCEDURES	54	1,405
	254 LEVEL III FACIAL AND ENT PROCEDURES	95	3,429
	255 LEVEL IV FACIAL AND ENT PROCEDURES	216	2,922
	256 TONSIL AND ADENOID PROCEDURES	181	8,493

SOURCE: Utah Ambulatory Surgery Database
Utah Health Data Committee/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, 2009
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, SINGLE EAPG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

141 McKay Dee Hospital Center

Procedure EAPG category	Procedure EAPG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
01	SKIN & INTEGUMENTARY SYSTEM PROCEDURES	232	\$3,477	\$3,762
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	12	\$3,426	\$3,254
	003 LEVEL I SKIN INCISION AND DRAINAGE	5	\$2,995	\$2,833
	004 LEVEL II SKIN INCISION AND DRAINAGE	4	\$5,851	\$4,409
	007 LEVEL II SKIN DEBRIDEMENT AND DESTRUCTION	4	\$1,763	\$2,829
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	14	\$2,848	\$3,664
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	191	\$3,521	\$3,677
	013 LEVEL II SKIN REPAIR	1	\$2,523	\$4,883
	014 LEVEL III SKIN REPAIR	1	\$5,350	\$5,455
02	BREAST PROCEDURES	92	\$3,505	\$3,802
	020 LEVEL I BREAST PROCEDURES	92	\$3,505	\$3,688
03	MUSCULOSKELETAL SYSTEM PROCEDURES	897	\$6,732	\$5,044
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	27	\$5,045	\$4,534
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	92	\$4,410	\$5,458
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	28	\$13,161	\$9,791
	033 LEVEL I HAND PROCEDURES	43	\$3,527	\$2,835
	034 LEVEL II HAND PROCEDURES	15	\$5,940	\$5,167
	035 LEVEL I FOOT PROCEDURES	87	\$3,871	\$3,748
	036 LEVEL II FOOT PROCEDURES	29	\$11,258	\$6,617
	037 LEVEL I ARTHROSCOPY	195	\$4,381	\$4,492
	038 LEVEL II ARTHROSCOPY	9	\$11,292	\$10,734
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	23	\$9,897	\$6,442
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	15	\$4,271	\$3,754
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	280	\$8,757	\$7,392
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	1	\$2,549	\$3,553
	045 BUNION PROCEDURES	34	\$6,019	\$5,191
	046 LEVEL I ARTHROPLASTY	5	\$12,281	\$8,302
	047 LEVEL II ARTHROPLASTY	11	\$22,315	\$20,732
	048 HAND AND FOOT TENOTOMY	1	\$1,443	\$2,527
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	2	\$4,320	\$1,227
04	RESPIRATORY PROCEDURES	109	\$1,996	\$2,975
	061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	51	\$2,250	\$2,594
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	4	\$4,872	\$4,027
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	2	\$2,848	\$4,474
	064 ENDOSCOPY OF THE LOWER AIRWAY	52	\$1,492	\$2,794
05	CARDIOVASCULAR PROCEDURES	97	\$7,878	\$14,627
	082 CARDIAC ELECTROPHYSIOLOGIC TESTS	1	\$2,086	\$16,299
	083 PLACEMENT OF TRANSVENOUS CATHETERS	21	\$7,015	\$6,140
	084 DIAGNOSTIC CARDIAC CATHETERIZATION	6	\$12,030	\$8,441
	088 LEVEL I CARDIOTHORACIC PROCEDURES	5	\$8,641	\$7,678
	089 LEVEL II CARDIOTHORACIC PROCEDURES	60	\$6,895	\$8,023
	091 VASCULAR LIGATION AND RECONSTRUCTION	3	\$6,038	\$6,688
	097 AICD IMPLANT	1	\$67,518	\$46,919
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	86	\$7,190	\$4,547
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	86	\$7,190	\$5,995

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, SINGLE EAPG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

141 McKay Dee Hospital Center

procedure EAPG category	Procedure EAPG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
07	GASTROINTESTINAL SYSTEM PROCEDURES	6,368	\$2,413	\$3,055
	131 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	1	\$867	\$2,353
	132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	34	\$1,192	\$1,232
	133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	16	\$1,603	\$1,718
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	1,249	\$1,158	\$1,516
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	122	\$1,689	\$2,214
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	2,915	\$967	\$1,271
	137 THERAPEUTIC COLONOSCOPY	369	\$1,247	\$1,695
	138 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	70	\$3,437	\$4,271
	139 LEVEL I HERNIA REPAIR	319	\$3,975	\$4,486
	140 LEVEL II HERNIA REPAIR	51	\$4,510	\$5,242
	141 LEVEL I ANAL AND RECTAL PROCEDURES	45	\$2,648	\$3,138
	142 LEVEL II ANAL AND RECTAL PROCEDURES	81	\$2,810	\$3,733
	143 LEVEL I GASTROINTESTINAL PROCEDURES	7	\$3,672	\$3,742
	144 LEVEL II GASTROINTESTINAL PROCEDURES	66	\$8,468	\$8,218
	145 LEVEL I LAPAROSCOPY	41	\$4,333	\$5,295
	146 LEVEL II LAPAROSCOPY	439	\$8,677	\$8,314
	147 LEVEL III LAPAROSCOPY	532	\$6,763	\$8,305
	148 LEVEL IV LAPAROSCOPY	11	\$10,348	\$13,004
08	GENITOURINARY SYSTEM PROCEDURES	141	\$5,313	\$6,135
	160 EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	2	\$7,246	\$9,938
	162 URINARY CATHETERIZATION AND DILATATION	4	\$4,403	\$5,868
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	53	\$3,906	\$4,353
	164 LEVEL II BLADDER AND KIDNEY PROCEDURES	57	\$3,861	\$5,221
	167 LEVEL II URETHRA AND PROSTATE PROCEDURES	25	\$11,597	\$11,236
09	MALE REPRODUCTIVE SYSTEM	92	\$5,175	\$4,630
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	31	\$3,125	\$3,299
	181 CIRCUMCISION	13	\$2,475	\$2,418
	184 LEVEL II PENILE AND PROSTATE PROCEDURES	46	\$7,432	\$6,666
	185 PROSTATE NEEDLE AND PUNCH BIOPSY	2	\$2,597	\$3,010
10	FEMALE REPRODUCTIVE SYSTEM	187	\$4,314	\$5,236
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	32	\$2,710	\$3,258
	197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	21	\$4,005	\$5,190
	198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	39	\$6,510	\$7,456
	199 DILATION AND CURETTAGE	13	\$3,060	\$3,266
	200 HYSTEROSCOPY	80	\$4,105	\$5,384
	201 COLPOSCOPY	2	\$6,879	\$4,443
11	NEUROLOGIC SYSTEM PROCEDURES	235	\$7,841	\$4,849
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	52	\$1,160	\$1,315
	216 LEVEL II REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	2	\$14,206	\$14,328
	217 LEVEL I NERVE PROCEDURES	61	\$2,794	\$3,161
	218 LEVEL II NERVE PROCEDURES	9	\$8,149	\$11,142
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	4	\$3,704	\$1,563
	221 LAMINOTOMY AND LAMINECTOMY	70	\$10,835	\$10,583
	223 LEVEL III NERVE PROCEDURES	37	\$19,914	\$34,351

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, SINGLE EAPG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

141 McKay Dee Hospital Center

procedure EAPG category	Procedure EAPG	TOTAL #	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	39	\$6,576	\$3,703
	234 LEVEL I ANTERIOR SEGMENT EYE PROCEDURES	1	\$7,393	\$2,924
	236 LEVEL III ANTERIOR SEGMENT EYE PROCEDURES	2	\$5,644	\$8,638
	237 LEVEL I POSTERIOR SEGMENT EYE PROCEDURES	1	\$5,025	\$7,096
	238 LEVEL II POSTERIOR SEGMENT EYE PROCEDURES	35	\$6,650	\$5,867
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	443	\$5,248	\$3,605
	252 LEVEL I FACIAL AND ENT PROCEDURES	97	\$2,428	\$2,195
	253 LEVEL II FACIAL AND ENT PROCEDURES	21	\$4,140	\$3,352
	254 LEVEL III FACIAL AND ENT PROCEDURES	28	\$7,476	\$6,442
	255 LEVEL IV FACIAL AND ENT PROCEDURES	168	\$8,645	\$8,243
	256 TONSIL AND ADENOID PROCEDURES	129	\$2,643	\$2,817

SOURCE: Utah Ambulatory Surgery Database
Utah Health Data Committee/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, 2009
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

141 McKay Dee Hospital Center

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
GENDER				
Female	7,798	55.1	122,959	54.1
Male	6,350	44.9	104,281	45.9
Unknown	0	0.0	4	0.0
Not Reported	0	0.0	0	0.0
AGE				
1-28 days	0	0.0	1,731	0.8
29-365 days	18	0.1	2,897	1.3
1-4 years	156	1.1	10,813	4.8
5-9	115	0.8	6,381	2.8
10-14	184	1.3	5,066	2.2
15-17	214	1.5	5,130	2.3
18-19	233	1.6	3,775	1.7
20-24	571	4.0	10,184	4.5
25-29	774	5.5	12,684	5.6
30-34	900	6.4	13,594	6.0
35-39	848	6.0	13,012	5.7
40-44	845	6.0	13,141	5.8
45-49	1,121	7.9	16,564	7.3
50-54	1,973	13.9	24,353	10.7
55-59	1,439	10.2	21,093	9.3
60-64	1,231	8.7	18,280	8.0
65-69	1,129	8.0	15,480	6.8
70-74	911	6.4	12,653	5.6
75-79	789	5.6	9,821	4.3
80-84	433	3.1	6,574	2.9
85-89	211	1.5	3,084	1.4
90 +	53	0.4	933	0.4
Not Reported	0	0.0	1	0.0
SOURCE OF ADMISSION				
Physician Referral	11,339	80.1	205,377	90.4
Clinic Referral	2,229	15.8	2,930	1.3
HMO Referral	2	0.0	2,930	1.3
Other Hospital	7	0.0	184	0.1
Skilled Nursing Facility	2	0.0	36	0.0
Other Health Care Facility	1	0.0	18	0.0
Emergency Room	567	4.0	5,340	2.3
Court/Law Enforcement	0	0.0	3	0.0
Unknown	1	0.0	11	0.0
Not Reported	0	0.0	10,415	4.6

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

141 McKay Dee Hospital Center

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	14,088	99.6	226,589	99.7
Another Hospital	8	0.1	102	0.0
Skilled Nursing Facility	14	0.1	137	0.1
Intermediate Care Facility	2	0.0	20	0.0
Another Type of Institution	8	0.1	68	0.0
Under Care of Home Service	24	0.2	270	0.1
Left Against Medical Advice	2	0.0	22	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	1	0.0	13	0.0
Unknown	1	0.0	22	0.0
Not Reported	0	0.0	1	0.0
PRIMARY PAYER				
Medicare	3,507	24.8	45,456	20.0
Medicaid	857	6.1	15,975	7.0
Other government	449	3.2	4,287	1.9
Blue Cross/Blue Shield	1,301	9.2	29,948	13.2
Other Commercial	757	5.4	16,378	7.2
Managed Care(HMO, PPO)	6,843	48.4	106,245	46.8
Self Pay	96	0.7	2,816	1.2
Industrial & Worker Comp	157	1.1	3,291	1.4
Charity and Unclassified	145	1.0	1,613	0.7
Childrens Health Insurance	8	0.1	129	0.1
Unknown	28	0.2	1,046	0.5
Not Reported	0	0.0	60	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	742	5.2	16,751	7.4
Central Utah	5	0.0	8,412	3.7
Davis County	3,320	23.5	23,806	10.5
Salt Lake County	110	0.8	77,342	34.0
Southeastern Utah	4	0.0	4,701	2.1
Southwest Utah	10	0.1	14,188	6.2
Summit County	53	0.4	2,798	1.2
Tooele County	8	0.1	4,137	1.8
Tri-County	11	0.1	6,035	2.7
Utah County	26	0.2	37,226	16.4
Wasatch County	6	0.0	1,669	0.7
Weber County	9,570	67.6	20,181	8.9
Unknown Utah	1	0.0	27	0.0
Outside Utah	279	2.0	9,882	4.3
Unknown, Not Reported	3	0.0	89	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, 2009
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)	4,243	100.0	320,509	100.0
Mastectomy (85.0-85.99)	105	2.5	8,217	2.6
Musculoskeletal (76.0-84.99)	702	16.5	69,555	21.7
Respiratory (30.0-34.99)	97	2.3	3,320	1.0
Cardiovascular (35.0-39.99)	298	7.0	22,400	7.0
Lymphatic/Hemetic (40.0-41.99)	24	0.6	2,804	0.9
Digestive System (42.0-54.99)	1,621	38.2	98,678	30.8
Urinary (55.0-59.99)	246	5.8	10,902	3.4
Male Genital (60.0-64.99)	29	0.7	3,817	1.2
Female Genital (65.0-71.99)	231	5.4	14,786	4.6
Endocrine/Nervous (01.0-07.99)	185	4.4	23,111	7.2
Eye (08.0-16.99)	85	2.0	21,114	6.6
Ear (18.0-20.99)	172	4.1	12,945	4.0
Nose, Mouth, Pharynx (21.0-29.99)	448	10.6	28,860	9.0
Reporting Category(CPT-4 CODES)	4,711	100.0	299,107	100.0
Mastectomy (19120-19220)	12	0.3	2,014	0.7
Musculoskeletal (20000-29909)	665	14.1	75,301	25.2
Respiratory (30000-32999 & 39501-39599)	416	8.8	14,568	4.9
Cardiovascular (33010-37799 & 93501-93660)	1,003	21.3	24,369	8.1
Lymphatic/Hemetic (38100-38999)	18	0.4	2,630	0.9
Digestive (40490-49999)	1,799	38.2	109,341	36.6
Urinary (50010-53899)	252	5.3	10,457	3.5
Male Genital (54000-55899)	26	0.6	3,299	1.1
Female Genital (56405-58999)	197	4.2	12,326	4.1
Endocrine/Nervous (60000-64999)	178	3.8	24,781	8.3
Eye (65091-68899)	42	0.9	12,489	4.2
Ear (69000-69979)	103	2.2	7,532	2.5

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

AMB ST 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
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		4,243	100.0	100.0
4523	COLONOSCOPY	467	11.0	6.09
4513	OTH ENDO SM INTESTINE	297	7.0	1.71
4542	ENDO POLYPECTOMY LG INTESTINE	156	3.7	3.35
5123	LAP CHOLEY	154	3.6	2.26
283	TONSILLECTOMY W/ADENOIDECTOMY	150	3.5	1.80
2001	MYRINGOTOMY W/INSRT TUBE	149	3.5	3.18
3722	LT HEART CARD CATH	136	3.2	1.34
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	122	2.9	5.75
806	EXC SEMILUNAR CARTILAGE-KNEE	118	2.8	1.86
0392	INJ OTH AGENT SPINAL CANAL	108	2.5	1.98
4292	DILAT ESOPH	103	2.4	1.44
8147	OTH REPR KNEE	70	1.6	0.94
8511	CLO [PERCUT] [NEEDLE] BX BREAST	63	1.5	0.44
4525	CLO [ENDO] BX LG INTESTINE	60	1.4	2.33
598	URETERAL CATH	59	1.4	0.72
3607	INSERTION RX-ELUTING COR ART STENT	56	1.3	0.49
8363	ROTATOR CUFF REPR	55	1.3	0.76
3324	CLO [ENDO] BX BRONCHUS	45	1.1	0.26
1371	IOL PROSTH-CATARACT EXTRACT-1-STAGE	41	1.0	1.59
1341	PHACOEMULSIFICATION-ASPIR CATARACT	40	0.9	1.58

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		4,711	100.0	100.0
45378	COLONOSCOPY FLEX; DX-SEP PROC	439	9.3	6.11
43235	UGI ENDO; DX W/VO CLCT SPECMN-SP	212	4.5	1.25
93545	INJ PROC-CATH; SELECT CORONRY AN	174	3.7	0.71
93543	INJ PROC-CATH; LT VENT/ATRIAL AN	165	3.5	0.65
93556	IMAG SUPERVS I&R-CATH; PULM ANGI	163	3.5	0.60
93555	IMAG SUPERVS I&R-CATH; VENT/ATRI	160	3.4	0.58
31720	CATHETER ASPIR; NASOTRACH SEP PR	155	3.3	0.09
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	146	3.1	1.50
45380	COLONOSCOPY FLEX; W/BX 1/MX	144	3.1	5.24
93510	LT HRT CATH RETRO-BRACH/FEM; PER	134	2.8	0.57
43239	UGI ENDO; W/BX 1/MX	120	2.5	6.06
42820	T&A; UNDER AGE 12	104	2.2	1.47
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	101	2.1	0.70
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	99	2.1	1.49
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	97	2.1	0.96
29881	SCOPE KNEE SURG;W/MENISCECT MED/	89	1.9	1.64
69436	TYMPANOSTOMY GENERAL ANESTHESIA	81	1.7	1.75
29826	SCOPE SHOULDER; DECOMP SUBACROM	63	1.3	1.21
52332	CYSTOURETHROSCOPY W/INSRT STENT	49	1.0	0.66
29827	SCOPE SHLDR SURG; W/ROTOR CUFF R	48	1.0	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, 2009
 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	2,280	\$3,978	\$4,501
4523	COLONOSCOPY	417	\$1,491	\$1,087
4513	OTH ENDO SM INTESTINE	163	\$1,362	\$1,334
5123	LAP CHOLEY	137	\$7,949	\$7,426
4542	ENDO POLYPECTOMY LG INTESTINE	130	\$2,123	\$1,547
283	TONSILLECTOMY W/ADENOIDECTOMY	119	\$3,261	\$2,850
0392	INJ OTH AGENT SPINAL CANAL	102	\$930	\$1,084
3722	LT HEART CARD CATH	78	\$12,262	\$8,426
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	76	\$1,687	\$1,581
8511	CLO [PERCUT] [NEEDLE] BX BREAST	57	\$2,622	\$1,944
4525	CLO [ENDO] BX LG INTESTINE	40	\$1,861	\$1,709
2349	OTH DENTAL RESTORATION	37	\$3,863	\$2,856
4701	LAP APPENDECTOMY	36	\$10,949	\$10,907
6902	D&C FOLLOWING DELIV/AB	36	\$3,224	\$3,011
806	EXC SEMILUNAR CARTILAGE-KNEE	34	\$4,172	\$4,537
3723	COMBO RT & LT HEART CARD CATH	29	\$12,431	\$8,968
6823	ENDOMETRIAL ABLATION	26	\$6,308	\$6,213
8192	INJ THERAP SUBSTANCE JT/LIGAMNT	25	\$1,280	\$1,414
4836	[ENDO] POLYPECTOMY RECTUM	22	\$1,877	\$1,394
282	TONSILLECTOMY WO ADENOIDECTOMY	19	\$3,599	\$2,868
4519	OTH DX PROC SM INTESTINE	18	\$2,290	\$2,290

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
CPT-4	Procedures	2,648	\$3,485	\$3,915
45378	COLONOSCOPY FLEX; DX-SEP PROC	389	\$1,466	\$1,090
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	166	\$1,430	\$1,234
31720	CATHETER ASPIR; NASOTRACH SEP PR	152	\$475	\$805
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	132	\$7,975	\$7,842
45380	COLONOSCOPY FLEX; W/BX 1/MX	113	\$1,922	\$1,526
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	100	\$932	\$1,220
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	85	\$2,337	\$1,661
43239	UGI ENDO; W/BX 1/MX	77	\$1,566	\$1,548
42820	T&A; UNDER AGE 12	76	\$3,127	\$2,701
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	75	\$1,812	\$1,913
29881	SCOPE KNEE SURG;W/MENISCECT MED/	70	\$4,355	\$4,457
69436	TYMPANOSTOMY GENERAL ANESTHESIA	55	\$2,167	\$1,499
49650	LAPARSCPY SURG; REPR INIT ING HE	45	\$8,698	\$7,028
41899	UNLIST PROC DENTOALVEOL STRUCTUR	44	\$3,842	\$2,871
66984	EXTRACAPSULAR CATARACT REMV IOL	41	\$2,626	\$3,678
42821	T&A; AGE 12 OR OVER	38	\$3,538	\$3,195
44970	LAPAROSCOPY SURGICAL APPENDECTOM	36	\$10,949	\$10,914
36430	TRANSFUSION BLOOD/BLOOD COMPONENT	34	\$3,812	\$3,294
20610	ARTHROCENTESIS ASPIR&/INJ; MAJ J	27	\$1,662	\$1,197
51600	INJ PROC-CYSTOGRAPHY	26	\$1,239	\$1,655

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, 2009
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE* CPT-4 PROCEDURES

137 Mountain View Hospital

Procedure EAPG category	Procedure EAPG	TOTAL #	TOTAL # (ALL Hospitals)
01	SKIN & INTEGUMENTARY SYSTEM PROCEDURES	67	8,192
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	12	1,091
	003 LEVEL I SKIN INCISION AND DRAINAGE	4	189
	004 LEVEL II SKIN INCISION AND DRAINAGE	1	95
	006 LEVEL I SKIN DEBRIDEMENT AND DESTRUCTION	1	23
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	2	503
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	27	5,031
	012 LEVEL I SKIN REPAIR	1	35
	013 LEVEL II SKIN REPAIR	19	792
02	BREAST PROCEDURES	13	2,075
	020 LEVEL I BREAST PROCEDURES	12	2,014
	021 LEVEL II BREAST PROCEDURES	1	61
03	MUSCULOSKELETAL SYSTEM PROCEDURES	587	64,806
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	28	2,405
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	16	4,694
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	15	2,234
	033 LEVEL I HAND PROCEDURES	2	3,780
	035 LEVEL I FOOT PROCEDURES	61	6,264
	036 LEVEL II FOOT PROCEDURES	14	1,682
	037 LEVEL I ARTHROSCOPY	283	22,184
	038 LEVEL II ARTHROSCOPY	82	5,320
	040 SPLINT, STRAPPING AND CAST REMOVAL	1	1,672
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	4	628
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	22	5,752
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	10	490
	045 BUNION PROCEDURES	14	1,791
	048 HAND AND FOOT TENOTOMY	1	386
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	34	2,678
04	RESPIRATORY PROCEDURES	173	9,066
	061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	27	1,396
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	17	1,436
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	50	4,402
	064 ENDOSCOPY OF THE LOWER AIRWAY	79	1,832
05	CARDIOVASCULAR PROCEDURES	230	9,325
	083 PLACEMENT OF TRANSVENOUS CATHETERS	23	941
	084 DIAGNOSTIC CARDIAC CATHETERIZATION	174	2,404
	086 PACEMAKER INSERTION AND REPLACEMENT	8	259
	087 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	20	809
	088 LEVEL I CARDIOTHORACIC PROCEDURES	1	225
	091 VASCULAR LIGATION AND RECONSTRUCTION	4	124
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	56	2,884
	113 LEVEL I BLOOD AND BLOOD PRODUCT EXCHANGE	41	1,308
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	15	1,491
07	GASTROINTESTINAL SYSTEM PROCEDURES	1,587	99,755
	130 ALIMENTARY TESTS AND SIMPLE TUBE PLACEMENT	3	179
	131 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	1	1,379

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE* CPT-4 PROCEDURES

137 Mountain View Hospital

procedure EAPG category procedure EAPG	TOTAL #	TOTAL # (ALL Hospitals)
132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	9	502
133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	2	422
134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	333	22,635
135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	117	4,688
136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	584	34,149
137 THERAPEUTIC COLONOSCOPY	106	5,727
138 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	10	1,937
139 LEVEL I HERNIA REPAIR	41	5,573
140 LEVEL II HERNIA REPAIR	14	1,193
142 LEVEL II ANAL AND RECTAL PROCEDURES	2	1,145
143 LEVEL I GASTROINTESTINAL PROCEDURES	11	405
144 LEVEL II GASTROINTESTINAL PROCEDURES	3	226
145 LEVEL I LAPAROSCOPY	38	2,675
146 LEVEL II LAPAROSCOPY	141	8,847
147 LEVEL III LAPAROSCOPY	172	7,203
08 GENITOURINARY SYSTEM PROCEDURES	189	8,962
160 EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	1	697
162 URINARY CATHETERIZATION AND DILATATION	8	238
163 LEVEL I BLADDER AND KIDNEY PROCEDURES	102	3,932
164 LEVEL II BLADDER AND KIDNEY PROCEDURES	72	3,413
165 LEVEL III BLADDER AND KIDNEY PROCEDURES	2	55
166 LEVEL I URETHRA AND PROSTATE PROCEDURES	2	180
167 LEVEL II URETHRA AND PROSTATE PROCEDURES	2	444
09 MALE REPRODUCTIVE SYSTEM	28	3,509
180 TESTICULAR AND EPIDIDYMAL PROCEDURES	13	1,431
181 CIRCUMCISION	8	822
184 LEVEL II PENILE AND PROSTATE PROCEDURES	7	1,167
10 FEMALE REPRODUCTIVE SYSTEM	115	7,180
196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	24	1,292
197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	36	1,355
198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	13	1,494
199 DILATION AND CURETTAGE	12	551
200 HYSTEROSCOPY	26	2,251
201 COLPOSCOPY	4	234
11 NEUROLOGIC SYSTEM PROCEDURES	149	24,377
214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	107	2,913
217 LEVEL I NERVE PROCEDURES	8	4,031
219 SPINAL TAP	18	470
220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	16	11,868
12 OPHTHALMOLOGIC SYSTEM PROCEDURES	42	12,275
233 CATARACT PROCEDURES	41	5,365
241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	1	1,469
13 EAR, NOSE, MOUTH, & THROAT PROCEDURES	475	28,739
251 OTORHINOLARYNGOLOGIC FUNCTION TESTS	1	37
252 LEVEL I FACIAL AND ENT PROCEDURES	199	12,362
253 LEVEL II FACIAL AND ENT PROCEDURES	19	1,405

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE* CPT-4 PROCEDURES

137 Mountain View Hospital

procedure EAPG category procedure EAPG	TOTAL #	TOTAL # (ALL Hospitals)
254 LEVEL III FACIAL AND ENT PROCEDURES	47	3,429
255 LEVEL IV FACIAL AND ENT PROCEDURES	21	2,922
256 TONSIL AND ADENOID PROCEDURES	188	8,493

SOURCE: Utah Ambulatory Surgery Database
 Utah Health Data Committee/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, 2009
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, SINGLE EAPG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

137 Mountain View Hospital

Procedure EAPG category	Procedure EAPG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
01	SKIN & INTEGUMENTARY SYSTEM PROCEDURES	53	\$3,269	\$3,762
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	12	\$2,369	\$3,254
	003 LEVEL I SKIN INCISION AND DRAINAGE	1	\$4,075	\$2,833
	004 LEVEL II SKIN INCISION AND DRAINAGE	1	\$6,192	\$4,409
	006 LEVEL I SKIN DEBRIDEMENT AND DESTRUCTION	1	\$3,511	\$2,173
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	2	\$6,302	\$3,664
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	20	\$3,905	\$3,677
	012 LEVEL I SKIN REPAIR	1	\$5,535	\$3,957
	013 LEVEL II SKIN REPAIR	15	\$2,321	\$4,883
02	BREAST PROCEDURES	8	\$4,352	\$3,802
	020 LEVEL I BREAST PROCEDURES	7	\$3,876	\$3,688
	021 LEVEL II BREAST PROCEDURES	1	\$7,688	\$7,371
03	MUSCULOSKELETAL SYSTEM PROCEDURES	289	\$5,409	\$5,044
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	13	\$8,064	\$4,534
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	9	\$6,627	\$5,458
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	1	\$8,341	\$9,791
	033 LEVEL I HAND PROCEDURES	1	\$5,254	\$2,835
	035 LEVEL I FOOT PROCEDURES	27	\$4,554	\$3,748
	036 LEVEL II FOOT PROCEDURES	9	\$5,033	\$6,617
	037 LEVEL I ARTHROSCOPY	141	\$4,621	\$4,492
	038 LEVEL II ARTHROSCOPY	24	\$11,518	\$10,734
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	2	\$3,091	\$3,754
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	16	\$9,182	\$7,392
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	8	\$3,331	\$3,553
	045 BUNION PROCEDURES	8	\$7,736	\$5,191
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	30	\$1,579	\$1,227
04	RESPIRATORY PROCEDURES	38	\$2,628	\$2,975
	061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	23	\$2,122	\$2,594
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	4	\$5,011	\$4,027
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	1	\$3,603	\$4,474
	064 ENDOSCOPY OF THE LOWER AIRWAY	10	\$2,742	\$2,794
05	CARDIOVASCULAR PROCEDURES	29	\$14,194	\$14,627
	083 PLACEMENT OF TRANSVENOUS CATHETERS	11	\$6,882	\$6,140
	084 DIAGNOSTIC CARDIAC CATHETERIZATION	1	\$6,499	\$8,441
	086 PACEMAKER INSERTION AND REPLACEMENT	7	\$31,773	\$31,576
	087 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	5	\$15,848	\$9,181
	088 LEVEL I CARDIOTHORACIC PROCEDURES	1	\$10,365	\$7,678
	091 VASCULAR LIGATION AND RECONSTRUCTION	4	\$4,350	\$6,688
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	43	\$4,028	\$4,547
	113 LEVEL I BLOOD AND BLOOD PRODUCT EXCHANGE	34	\$3,812	\$3,316
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	9	\$4,843	\$5,995
07	GASTROINTESTINAL SYSTEM PROCEDURES	1,281	\$3,237	\$3,055
	130 ALIMENTARY TESTS AND SIMPLE TUBE PLACEMENT	3	\$1,045	\$1,670
	132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	9	\$1,015	\$1,232
	133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	2	\$3,850	\$1,718

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, SINGLE EAPG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

137 Mountain View Hospital

procedure EAPG category	Procedure EAPG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	244	\$1,472	\$1,516
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	93	\$1,906	\$2,214
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	503	\$1,568	\$1,271
	137 THERAPEUTIC COLONOSCOPY	90	\$2,299	\$1,695
	139 LEVEL I HERNIA REPAIR	30	\$4,820	\$4,486
	140 LEVEL II HERNIA REPAIR	9	\$5,022	\$5,242
	142 LEVEL II ANAL AND RECTAL PROCEDURES	2	\$6,699	\$3,733
	143 LEVEL I GASTROINTESTINAL PROCEDURES	8	\$1,773	\$3,742
	144 LEVEL II GASTROINTESTINAL PROCEDURES	1	\$11,179	\$8,218
	145 LEVEL I LAPAROSCOPY	23	\$5,186	\$5,295
	146 LEVEL II LAPAROSCOPY	112	\$9,490	\$8,314
	147 LEVEL III LAPAROSCOPY	152	\$7,793	\$8,305
08	GENITOURINARY SYSTEM PROCEDURES	64	\$4,872	\$6,135
	162 URINARY CATHETERIZATION AND DILATATION	3	\$6,877	\$5,868
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	42	\$4,883	\$4,353
	164 LEVEL II BLADDER AND KIDNEY PROCEDURES	18	\$4,381	\$5,221
	167 LEVEL II URETHRA AND PROSTATE PROCEDURES	1	\$7,231	\$11,236
09	MALE REPRODUCTIVE SYSTEM	21	\$4,991	\$4,630
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	9	\$4,524	\$3,299
	181 CIRCUMCISION	5	\$5,005	\$2,418
	184 LEVEL II PENILE AND PROSTATE PROCEDURES	7	\$5,581	\$6,666
10	FEMALE REPRODUCTIVE SYSTEM	92	\$5,186	\$5,236
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	19	\$3,335	\$3,258
	197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	26	\$6,176	\$5,190
	198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	10	\$7,605	\$7,456
	199 DILATION AND CURETTAGE	11	\$3,222	\$3,266
	200 HYSTEROSCOPY	24	\$5,406	\$5,384
	201 COLPOSCOPY	2	\$5,989	\$4,443
11	NEUROLOGIC SYSTEM PROCEDURES	134	\$1,314	\$4,849
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	106	\$909	\$1,315
	217 LEVEL I NERVE PROCEDURES	4	\$5,471	\$3,161
	219 SPINAL TAP	18	\$2,926	\$2,509
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	6	\$869	\$1,563
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	41	\$2,626	\$3,703
	233 CATARACT PROCEDURES	41	\$2,626	\$3,686
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	295	\$3,770	\$3,605
	252 LEVEL I FACIAL AND ENT PROCEDURES	118	\$3,142	\$2,195
	253 LEVEL II FACIAL AND ENT PROCEDURES	11	\$4,773	\$3,352
	254 LEVEL III FACIAL AND ENT PROCEDURES	14	\$6,491	\$6,442
	255 LEVEL IV FACIAL AND ENT PROCEDURES	18	\$8,576	\$8,243
	256 TONSIL AND ADENOID PROCEDURES	134	\$3,312	\$2,817

SOURCE: Utah Ambulatory Surgery Database
Utah Health Data Committee/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, 2009
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

137 Mountain View Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
GENDER				
Female	1,972	55.8	122,959	54.1
Male	1,559	44.2	104,281	45.9
Unknown	0	0.0	4	0.0
Not Reported	0	0.0	0	0.0
AGE				
1-28 days	5	0.1	1,731	0.8
29-365 days	52	1.5	2,897	1.3
1-4 years	168	4.8	10,813	4.8
5-9	100	2.8	6,381	2.8
10-14	92	2.6	5,066	2.2
15-17	83	2.4	5,130	2.3
18-19	73	2.1	3,775	1.7
20-24	152	4.3	10,184	4.5
25-29	172	4.9	12,684	5.6
30-34	171	4.8	13,594	6.0
35-39	140	4.0	13,012	5.7
40-44	171	4.8	13,141	5.8
45-49	193	5.5	16,564	7.3
50-54	324	9.2	24,353	10.7
55-59	276	7.8	21,093	9.3
60-64	246	7.0	18,280	8.0
65-69	341	9.7	15,480	6.8
70-74	307	8.7	12,653	5.6
75-79	225	6.4	9,821	4.3
80-84	175	5.0	6,574	2.9
85-89	46	1.3	3,084	1.4
90 +	19	0.5	933	0.4
Not Reported	0	0.0	1	0.0
SOURCE OF ADMISSION				
Physician Referral	3,417	96.8	205,377	90.4
Clinic Referral	0	0.0	2,930	1.3
HMO Referral	0	0.0	2,930	1.3
Other Hospital	0	0.0	184	0.1
Skilled Nursing Facility	1	0.0	36	0.0
Other Health Care Facility	0	0.0	18	0.0
Emergency Room	113	3.2	5,340	2.3
Court/Law Enforcement	0	0.0	3	0.0
Unknown	0	0.0	11	0.0
Not Reported	0	0.0	10,415	4.6

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

137 Mountain View Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	3,519	99.7	226,589	99.7
Another Hospital	2	0.1	102	0.0
Skilled Nursing Facility	1	0.0	137	0.1
Intermediate Care Facility	0	0.0	20	0.0
Another Type of Institution	4	0.1	68	0.0
Under Care of Home Service	4	0.1	270	0.1
Left Against Medical Advice	1	0.0	22	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	0	0.0	13	0.0
Unknown	0	0.0	22	0.0
Not Reported	0	0.0	1	0.0
PRIMARY PAYER				
Medicare	1,074	30.4	45,456	20.0
Medicaid	377	10.7	15,975	7.0
Other government	37	1.0	4,287	1.9
Blue Cross/Blue Shield	592	16.8	29,948	13.2
Other Commercial	203	5.7	16,378	7.2
Managed Care(HMO, PPO)	1,162	32.9	106,245	46.8
Self Pay	56	1.6	2,816	1.2
Industrial & Worker Comp	23	0.7	3,291	1.4
Charity and Unclassified	7	0.2	1,613	0.7
Childrens Health Insurance	0	0.0	129	0.1
Unknown	0	0.0	1,046	0.5
Not Reported	0	0.0	60	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	1	0.0	16,751	7.4
Central Utah	450	12.7	8,412	3.7
Davis County	8	0.2	23,806	10.5
Salt Lake County	14	0.4	77,342	34.0
Southeastern Utah	105	3.0	4,701	2.1
Southwest Utah	11	0.3	14,188	6.2
Summit County	0	0.0	2,798	1.2
Tooele County	8	0.2	4,137	1.8
Tri-County	4	0.1	6,035	2.7
Utah County	2,909	82.4	37,226	16.4
Wasatch County	3	0.1	1,669	0.7
Weber County	0	0.0	20,181	8.9
Unknown Utah	2	0.1	27	0.0
Outside Utah	15	0.4	9,882	4.3
Unknown, Not Reported	1	0.0	89	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, 2009
NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

133 Mountain West Medical Center

Reporting Category(ICD-9-CM CODES)	Procedures Performed		Procedures Performed-All Hospitals	
	(#)	(%)	(#)	(%)
Reporting Category(ICD-9-CM CODES)	2,202	100.0	320,509	100.0
Mastectomy (85.0-85.99)	37	1.7	8,217	2.6
Musculoskeletal (76.0-84.99)	437	19.8	69,555	21.7
Respiratory (30.0-34.99)	4	0.2	3,320	1.0
Cardiovascular (35.0-39.99)	26	1.2	22,400	7.0
Lymphatic/Hemetic (40.0-41.99)	10	0.5	2,804	0.9
Digestive System (42.0-54.99)	579	26.3	98,678	30.8
Urinary (55.0-59.99)	28	1.3	10,902	3.4
Male Genital (60.0-64.99)	24	1.1	3,817	1.2
Female Genital (65.0-71.99)	115	5.2	14,786	4.6
Endocrine/Nervous (01.0-07.99)	51	2.3	23,111	7.2
Eye (08.0-16.99)	172	7.8	21,114	6.6
Ear (18.0-20.99)	165	7.5	12,945	4.0
Nose, Mouth, Pharynx (21.0-29.99)	554	25.2	28,860	9.0
Reporting Category(CPT-4 CODES)	968	100.0	299,107	100.0
Mastectomy (19120-19220)	1	0.1	2,014	0.7
Musculoskeletal (20000-29909)	236	24.4	75,301	25.2
Respiratory (30000-32999 & 39501-39599)	173	17.9	14,568	4.9
Cardiovascular (33010-37799 & 93501-93660)	38	3.9	24,369	8.1
Lymphatic/Hemetic (38100-38999)	4	0.4	2,630	0.9
Digestive (40490-49999)	364	37.6	109,341	36.6
Urinary (50010-53899)	4	0.4	10,457	3.5
Male Genital (54000-55899)	0	0.0	3,299	1.1
Female Genital (56405-58999)	31	3.2	12,326	4.1
Endocrine/Nervous (60000-64999)	15	1.5	24,781	8.3
Eye (65091-68899)	55	5.7	12,489	4.2
Ear (69000-69979)	47	4.9	7,532	2.5

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

AMB ST 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES

133 Mountain West Medical Center

ICD-9 CODE	ICD-9 DESCRIPTION	#	%	% ALL Hospitals
All ICD-9 Procedures		2,202	100.0	100.0
4523	COLONOSCOPY	175	7.9	6.09
2001	MYRINGOTOMY W/INSRT TUBE	144	6.5	3.18
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	132	6.0	5.75
2188	OTH SEPTOPLASTY	109	5.0	0.50
283	TONSILLECTOMY W/ADENOIDECTOMY	106	4.8	1.80
1341	PHACOEMLUSIFICATION-ASPIR CATARACT	74	3.4	1.58
1371	IOL PROSTH-CATARACT EXTRACT-1-STAGE	74	3.4	1.59
2169	OTH TURBINECTOMY	67	3.0	0.78
5123	LAP CHOLEY	65	3.0	2.26
2263	ETHMOIDECTOMY	58	2.6	0.55
2252	SPHENOIDOTOMY	51	2.3	0.14
2262	EXC LES MAXIL SINUS W/OTH APPRCH	50	2.3	0.25
4542	ENDO POLYPECTOMY LG INTESTINE	42	1.9	3.35
8147	OTH REPR KNEE	41	1.9	0.94
282	TONSILLECTOMY WO ADENOIDECTOMY	32	1.5	0.53
8183	OTH REPR SHLDR	31	1.4	0.82
0443	RELEASE CARPAL TUNNEL	22	1.0	0.98
6909	OTH D&C UTERUS	21	1.0	0.42
4525	CLO [ENDO] BX LG INTESTINE	19	0.9	2.33
8363	ROTATOR CUFF REPR	19	0.9	0.76

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		968	100.0	100.0
45378	COLONOSCOPY FLEX; DX-SEP PROC	85	8.8	6.11
43239	UGI ENDO; W/BX 1/MX	74	7.6	6.06
30520	SEPTOPLASTY/SUBMUCOS RES W/GFT	53	5.5	0.78
66984	EXTRACAPSULAR CATARACT REMV IOL	48	5.0	1.64
69436	TYMPANOSTOMY GENERAL ANESTHESIA	41	4.2	1.75
42820	T&A; UNDER AGE 12	33	3.4	1.47
30140	SUBMUCOS RES TURBINATE PART/CMPL	32	3.3	0.74
31255	NASAL/SINUS ENDO; W/TOT ETHMOECT	28	2.9	0.39
45380	COLONOSCOPY FLEX; W/BX 1/MX	26	2.7	5.24
31267	NASL/SINUS ENDO; W/TISS REMV MAX	21	2.2	0.24
31287	NASL/SINUS ENDO SURG W/SPHENOIDO	21	2.2	0.15
47562	LAPAROSCOPY SURGICAL; CHOLECT	21	2.2	0.94
42821	T&A; AGE 12 OR OVER	15	1.5	0.44
29876	SCOPE KNEE SURG; SYNOVECTOMY MAJ	14	1.4	0.10
23350	INJ SHLDR ARTHROGRPH/ENHNCD CT/M	13	1.3	0.20
29826	SCOPE SHOULDER; DECOMP SUBACROM	13	1.3	1.21
29823	SCOPE SHOULDER SURGICAL; DEBRID	12	1.2	0.22
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	11	1.1	0.49
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	11	1.1	1.49
28285	CORRECTION HAMMERTO	10	1.0	0.62

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, 2009
 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		947	\$7,173	\$4,501
4523	COLONOSCOPY	132	\$1,377	\$1,087
283	TONSILLECTOMY W/ADENOIDECTOMY	93	\$5,716	\$2,850
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	80	\$1,732	\$1,581
5123	LAP CHOLEY	61	\$14,572	\$7,426
8147	OTH REPR KNEE	36	\$12,818	\$6,092
4542	ENDO POLYPECTOMY LG INTESTINE	28	\$2,421	\$1,547
8183	OTH REPR SHLDR	24	\$21,568	\$8,523
7936	OP REDUC FX W/INT FIX-TIBIA & FIB	16	\$18,859	\$8,524
6909	OTH D&C UTERUS	15	\$6,961	\$3,420
282	TONSILLECTOMY WO ADENOIDECTOMY	12	\$5,840	\$2,868
6823	ENDOMETRIAL ABLATION	12	\$9,922	\$6,213
8511	CLO [PERCUT] [NEEDLE] BX BREAST	12	\$1,820	\$1,944
0443	RELEASE CARPAL TUNNEL	11	\$6,141	\$2,540
3722	LT HEART CARD CATH	11	\$14,629	\$8,426
4836	[ENDO] POLYPECTOMY RECTUM	11	\$2,371	\$1,394
5304	UNILAT REPR INDIRECT ING HERN-GFT	11	\$12,442	\$4,709
5341	REPR UMB HERN W/PROSTH	11	\$8,499	\$5,183
1364	DISCISSION SECNDRY MEMBRN	10	\$1,326	\$785
4525	CLO [ENDO] BX LG INTESTINE	10	\$1,930	\$1,709
6011	CLO [PERCUT] [NEEDLE] BX PROSTATE	10	\$1,538	\$2,676

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
CPT-4 Procedures		486	\$5,340	\$3,915
45378	COLONOSCOPY FLEX; DX-SEP PROC	61	\$1,441	\$1,090
43239	UGI ENDO; W/BX 1/MX	48	\$1,725	\$1,548
66984	EXTRACAPSULAR CATARACT REMV IOL	48	\$3,831	\$3,678
42820	T&A; UNDER AGE 12	28	\$5,256	\$2,701
69436	TYMPANOSTOMY GENERAL ANESTHESIA	28	\$3,684	\$1,499
47562	LAPAROSCOPY SURGICAL; CHOLECT	21	\$13,543	\$6,606
45380	COLONOSCOPY FLEX; W/BX 1/MX	19	\$2,207	\$1,526
23350	INJ SHLDR ARTHROGRPH/ENHNC D CT/M	13	\$2,767	\$3,591
42821	T&A; AGE 12 OR OVER	13	\$5,666	\$3,195
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	9	\$2,489	\$1,661
49505	REPR INIT ING HERNIA 5YR/MORE; R	7	\$11,669	\$4,721
58558	HYSTEROSCPY SURG; W/BX &/ POLYPE	7	\$7,079	\$3,984
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	7	\$5,743	\$2,624
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	6	\$1,126	\$1,234
27814	OPEN TX BIMALLEOLAR ANK FX W/WO	5	\$17,537	\$8,742
66821	DISCISSION 2ND CATARACT; LASER S	5	\$1,280	\$766
24359	24359	4	\$9,162	\$4,246
25111	EXCISION OF GANGLION WRIST; PRIM	4	\$7,461	\$2,784
27570	MANIP KNEE JNT UNDER GEN ANESTHE	4	\$3,502	\$3,191
28296	HALLUX VALGUS; W/METATARSAL OSTE	4	\$13,768	\$5,339

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, 2009
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE* CPT-4 PROCEDURES

133 Mountain West Medical Center

Procedure EAPG category	Procedure EAPG	TOTAL #	TOTAL # (ALL Hospitals)
01	SKIN & INTEGUMENTARY SYSTEM PROCEDURES	16	8,192
	003 LEVEL I SKIN INCISION AND DRAINAGE	1	189
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	6	503
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	7	5,031
	013 LEVEL II SKIN REPAIR	2	792
02	BREAST PROCEDURES	1	2,075
	020 LEVEL I BREAST PROCEDURES	1	2,014
03	MUSCULOSKELETAL SYSTEM PROCEDURES	210	64,806
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	4	2,405
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	18	4,694
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	7	2,234
	033 LEVEL I HAND PROCEDURES	15	3,780
	034 LEVEL II HAND PROCEDURES	4	1,278
	035 LEVEL I FOOT PROCEDURES	27	6,264
	036 LEVEL II FOOT PROCEDURES	7	1,682
	037 LEVEL I ARTHROSCOPY	77	22,184
	038 LEVEL II ARTHROSCOPY	6	5,320
	040 SPLINT, STRAPPING AND CAST REMOVAL	1	1,672
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	1	717
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	3	628
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	17	5,752
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	8	490
	045 BUNION PROCEDURES	9	1,791
	046 LEVEL I ARTHROPLASTY	3	634
	047 LEVEL II ARTHROPLASTY	1	148
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	2	2,678
04	RESPIRATORY PROCEDURES	85	9,066
	061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	2	1,396
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	22	1,436
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	61	4,402
05	CARDIOVASCULAR PROCEDURES	7	9,325
	084 DIAGNOSTIC CARDIAC CATHETERIZATION	7	2,404
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	2	2,884
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	2	1,491
07	GASTROINTESTINAL SYSTEM PROCEDURES	291	99,755
	131 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	1	1,379
	132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	4	502
	133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	1	422
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	85	22,635
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	1	4,688
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	116	34,149
	137 THERAPEUTIC COLONOSCOPY	16	5,727
	139 LEVEL I HERNIA REPAIR	21	5,573
	140 LEVEL II HERNIA REPAIR	5	1,193
	141 LEVEL I ANAL AND RECTAL PROCEDURES	3	782
	143 LEVEL I GASTROINTESTINAL PROCEDURES	1	405

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE* CPT-4 PROCEDURES

133 Mountain West Medical Center

procedure EAPG category	procedure EAPG	TOTAL #	TOTAL # (ALL Hospitals)
	144 LEVEL II GASTROINTESTINAL PROCEDURES	3	226
	145 LEVEL I LAPAROSCOPY	2	2,675
	146 LEVEL II LAPAROSCOPY	29	8,847
	147 LEVEL III LAPAROSCOPY	3	7,203
08	GENITOURINARY SYSTEM PROCEDURES	2	8,962
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	2	3,932
09	MALE REPRODUCTIVE SYSTEM	2	3,509
	184 LEVEL II PENILE AND PROSTATE PROCEDURES	2	1,167
10	FEMALE REPRODUCTIVE SYSTEM	19	7,180
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	4	1,292
	197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	1	1,355
	198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	1	1,494
	200 HYSTEROSCOPY	13	2,251
11	NEUROLOGIC SYSTEM PROCEDURES	14	24,377
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	2	2,913
	217 LEVEL I NERVE PROCEDURES	11	4,031
	219 SPINAL TAP	1	470
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	55	12,275
	232 LASER EYE PROCEDURES	5	418
	233 CATARACT PROCEDURES	48	5,365
	241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	2	1,469
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	214	28,739
	252 LEVEL I FACIAL AND ENT PROCEDURES	82	12,362
	253 LEVEL II FACIAL AND ENT PROCEDURES	9	1,405
	254 LEVEL III FACIAL AND ENT PROCEDURES	53	3,429
	255 LEVEL IV FACIAL AND ENT PROCEDURES	2	2,922
	256 TONSIL AND ADENOID PROCEDURES	68	8,493

SOURCE: Utah Ambulatory Surgery Database
 Utah Health Data Committee/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, 2009
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, SINGLE EAPG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

133 Mountain West Medical Center

Procedure EAPG category	Procedure EAPG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
01	SKIN & INTEGUMENTARY SYSTEM PROCEDURES	10	\$5,136	\$3,762
	003 LEVEL I SKIN INCISION AND DRAINAGE	1	\$5,035	\$2,833
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	3	\$4,975	\$3,664
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	4	\$7,337	\$3,677
	013 LEVEL II SKIN REPAIR	2	\$1,028	\$4,883
02	BREAST PROCEDURES	1	\$6,014	\$3,802
	020 LEVEL I BREAST PROCEDURES	1	\$6,014	\$3,688
03	MUSCULOSKELETAL SYSTEM PROCEDURES	78	\$10,651	\$5,044
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	2	\$7,995	\$4,534
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	7	\$9,155	\$5,458
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	1	\$16,035	\$9,791
	033 LEVEL I HAND PROCEDURES	10	\$6,398	\$2,835
	035 LEVEL I FOOT PROCEDURES	12	\$8,536	\$3,748
	036 LEVEL II FOOT PROCEDURES	6	\$12,345	\$6,617
	037 LEVEL I ARTHROSCOPY	9	\$13,396	\$4,492
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	1	\$5,346	\$6,442
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	3	\$7,904	\$3,754
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	16	\$15,006	\$7,392
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	5	\$3,498	\$3,553
	045 BUNION PROCEDURES	4	\$13,768	\$5,191
	046 LEVEL I ARTHROPLASTY	1	\$12,925	\$8,302
	047 LEVEL II ARTHROPLASTY	1	\$19,021	\$20,732
04	RESPIRATORY PROCEDURES	3	\$3,656	\$2,975
	061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	2	\$891	\$2,594
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	1	\$9,187	\$4,474
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	1	\$9,598	\$4,547
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	1	\$9,598	\$5,995
07	GASTROINTESTINAL SYSTEM PROCEDURES	205	\$3,968	\$3,055
	132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	4	\$1,733	\$1,232
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	54	\$1,658	\$1,516
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	1	\$5,328	\$2,214
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	84	\$1,618	\$1,271
	137 THERAPEUTIC COLONOSCOPY	13	\$2,540	\$1,695
	139 LEVEL I HERNIA REPAIR	14	\$9,828	\$4,486
	141 LEVEL I ANAL AND RECTAL PROCEDURES	3	\$5,963	\$3,138
	143 LEVEL I GASTROINTESTINAL PROCEDURES	1	\$3,177	\$3,742
	144 LEVEL II GASTROINTESTINAL PROCEDURES	3	\$6,453	\$8,218
	145 LEVEL I LAPAROSCOPY	1	\$8,441	\$5,295
	146 LEVEL II LAPAROSCOPY	25	\$13,235	\$8,314
	147 LEVEL III LAPAROSCOPY	2	\$12,612	\$8,305
08	GENITOURINARY SYSTEM PROCEDURES	2	\$9,001	\$6,135
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	2	\$9,001	\$4,353
09	MALE REPRODUCTIVE SYSTEM	2	\$14,770	\$4,630
	184 LEVEL II PENILE AND PROSTATE PROCEDURES	2	\$14,770	\$6,666
10	FEMALE REPRODUCTIVE SYSTEM	13	\$7,354	\$5,236
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	1	\$5,198	\$3,258

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, SINGLE EAPG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

133 Mountain West Medical Center

procedure EAPG category	Procedure EAPG	TOTAL #	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
	197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	1	\$6,820	\$5,190
	198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	1	\$10,818	\$7,456
	200 HYSTEROSCOPY	10	\$7,277	\$5,384
11	NEUROLOGIC SYSTEM PROCEDURES	11	\$4,668	\$4,849
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	2	\$1,309	\$1,315
	217 LEVEL I NERVE PROCEDURES	8	\$5,933	\$3,161
	219 SPINAL TAP	1	\$1,268	\$2,509
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	55	\$3,616	\$3,703
	232 LASER EYE PROCEDURES	5	\$1,280	\$787
	233 CATARACT PROCEDURES	48	\$3,831	\$3,686
	241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	2	\$4,286	\$3,623
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	87	\$4,971	\$3,605
	252 LEVEL I FACIAL AND ENT PROCEDURES	32	\$3,823	\$2,195
	253 LEVEL II FACIAL AND ENT PROCEDURES	5	\$5,439	\$3,352
	254 LEVEL III FACIAL AND ENT PROCEDURES	3	\$6,766	\$6,442
	255 LEVEL IV FACIAL AND ENT PROCEDURES	1	\$14,913	\$8,243
	256 TONSIL AND ADENOID PROCEDURES	46	\$5,385	\$2,817

SOURCE: Utah Ambulatory Surgery Database
Utah Health Data Committee/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, 2009
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

133 Mountain West Medical Center

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
GENDER				
Female	831	55.4	122,959	54.1
Male	668	44.6	104,281	45.9
Unknown	0	0.0	4	0.0
Not Reported	0	0.0	0	0.0
AGE				
1-28 days	5	0.3	1,731	0.8
29-365 days	28	1.9	2,897	1.3
1-4 years	74	4.9	10,813	4.8
5-9	58	3.9	6,381	2.8
10-14	47	3.1	5,066	2.2
15-17	50	3.3	5,130	2.3
18-19	22	1.5	3,775	1.7
20-24	58	3.9	10,184	4.5
25-29	91	6.1	12,684	5.6
30-34	124	8.3	13,594	6.0
35-39	118	7.9	13,012	5.7
40-44	89	5.9	13,141	5.8
45-49	137	9.1	16,564	7.3
50-54	161	10.7	24,353	10.7
55-59	128	8.5	21,093	9.3
60-64	120	8.0	18,280	8.0
65-69	66	4.4	15,480	6.8
70-74	60	4.0	12,653	5.6
75-79	34	2.3	9,821	4.3
80-84	22	1.5	6,574	2.9
85-89	5	0.3	3,084	1.4
90 +	2	0.1	933	0.4
Not Reported	0	0.0	1	0.0
SOURCE OF ADMISSION				
Physician Referral	1,498	99.9	205,377	90.4
Clinic Referral	0	0.0	2,930	1.3
HMO Referral	0	0.0	2,930	1.3
Other Hospital	0	0.0	184	0.1
Skilled Nursing Facility	0	0.0	36	0.0
Other Health Care Facility	0	0.0	18	0.0
Emergency Room	1	0.1	5,340	2.3
Court/Law Enforcement	0	0.0	3	0.0
Unknown	0	0.0	11	0.0
Not Reported	0	0.0	10,415	4.6

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

133 Mountain West Medical Center

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	1,497	99.9	226,589	99.7
Another Hospital	1	0.1	102	0.0
Skilled Nursing Facility	0	0.0	137	0.1
Intermediate Care Facility	0	0.0	20	0.0
Another Type of Institution	1	0.1	68	0.0
Under Care of Home Service	0	0.0	270	0.1
Left Against Medical Advice	0	0.0	22	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	0	0.0	13	0.0
Unknown	0	0.0	22	0.0
Not Reported	0	0.0	1	0.0
PRIMARY PAYER				
Medicare	131	8.7	45,456	20.0
Medicaid	115	7.7	15,975	7.0
Other government	40	2.7	4,287	1.9
Blue Cross/Blue Shield	377	25.2	29,948	13.2
Other Commercial	136	9.1	16,378	7.2
Managed Care(HMO, PPO)	658	43.9	106,245	46.8
Self Pay	12	0.8	2,816	1.2
Industrial & Worker Comp	29	1.9	3,291	1.4
Charity and Unclassified	0	0.0	1,613	0.7
Childrens Health Insurance	1	0.1	129	0.1
Unknown	0	0.0	1,046	0.5
Not Reported	0	0.0	60	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	0	0.0	16,751	7.4
Central Utah	1	0.1	8,412	3.7
Davis County	3	0.2	23,806	10.5
Salt Lake County	27	1.8	77,342	34.0
Southeastern Utah	0	0.0	4,701	2.1
Southwest Utah	0	0.0	14,188	6.2
Summit County	0	0.0	2,798	1.2
Tooele County	1,435	95.7	4,137	1.8
Tri-County	0	0.0	6,035	2.7
Utah County	2	0.1	37,226	16.4
Wasatch County	0	0.0	1,669	0.7
Weber County	2	0.1	20,181	8.9
Unknown Utah	0	0.0	27	0.0
Outside Utah	29	1.9	9,882	4.3
Unknown, Not Reported	0	0.0	89	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, 2009
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)	11,981	100.0	320,509	100.0
Mastectomy (85.0-85.99)	198	1.7	8,217	2.6
Musculoskeletal (76.0-84.99)	2,786	23.3	69,555	21.7
Respiratory (30.0-34.99)	111	0.9	3,320	1.0
Cardiovascular (35.0-39.99)	939	7.8	22,400	7.0
Lymphatic/Hemetic (40.0-41.99)	92	0.8	2,804	0.9
Digestive System (42.0-54.99)	3,522	29.4	98,678	30.8
Urinary (55.0-59.99)	216	1.8	10,902	3.4
Male Genital (60.0-64.99)	64	0.5	3,817	1.2
Female Genital (65.0-71.99)	837	7.0	14,786	4.6
Endocrine/Nervous (01.0-07.99)	478	4.0	23,111	7.2
Eye (08.0-16.99)	778	6.5	21,114	6.6
Ear (18.0-20.99)	561	4.7	12,945	4.0
Nose, Mouth, Pharynx (21.0-29.99)	1,399	11.7	28,860	9.0
Reporting Category(CPT-4 CODES)	13,965	100.0	299,107	100.0
Mastectomy (19120-19220)	34	0.2	2,014	0.7
Musculoskeletal (20000-29909)	3,646	26.1	75,301	25.2
Respiratory (30000-32999 & 39501-39599)	999	7.2	14,568	4.9
Cardiovascular (33010-37799 & 93501-93660)	2,731	19.6	24,369	8.1
Lymphatic/Hemetic (38100-38999)	122	0.9	2,630	0.9
Digestive (40490-49999)	4,132	29.6	109,341	36.6
Urinary (50010-53899)	269	1.9	10,457	3.5
Male Genital (54000-55899)	52	0.4	3,299	1.1
Female Genital (56405-58999)	717	5.1	12,326	4.1
Endocrine/Nervous (60000-64999)	540	3.9	24,781	8.3
Eye (65091-68899)	406	2.9	12,489	4.2
Ear (69000-69979)	317	2.3	7,532	2.5

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

AMB ST 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
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		11,981	100.0	100.0
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	774	6.5	5.75
4523	COLONOSCOPY	732	6.1	6.09
2001	MYRINGOTOMY W/INSRT TUBE	464	3.9	3.18
4542	ENDO POLYPECTOMY LG INTESTINE	424	3.5	3.35
283	TONSILLECTOMY W/ADENOIDECTOMY	291	2.4	1.80
1371	IOL PROSTH-CATARACT EXTRACT-1-STAGE	260	2.2	1.59
1341	PHACOEMULSIFICATION-ASPIR CATARACT	259	2.2	1.58
5123	LAP CHOLEY	255	2.1	2.26
4525	CLO [ENDO] BX LG INTESTINE	229	1.9	2.33
2169	OTH TURBINECTOMY	220	1.8	0.78
3722	LT HEART CARD CATH	212	1.8	1.34
806	EXC SEMILUNAR CARTILAGE-KNEE	207	1.7	1.86
4292	DILAT ESOPH	188	1.6	1.44
3893	VENOUS CATH-NEC	187	1.6	0.26
2188	OTH SEPTOPLASTY	180	1.5	0.50
7768	LOC EXC LES/TISS-TARS-METATARS	119	1.0	0.28
4836	[ENDO] POLYPECTOMY RECTUM	109	0.9	0.95
282	TONSILLECTOMY WO ADENOIDECTOMY	106	0.9	0.53
4701	LAP APPENDECTOMY	99	0.8	0.78
8363	ROTATOR CUFF REPR	95	0.8	0.76

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		13,965	100.0	100.0
43239	UGI ENDO; W/BX 1/MX	771	5.5	6.06
45378	COLONOSCOPY FLEX; DX-SEP PROC	729	5.2	6.11
29580	STRAPPING; UNNA BOOT	597	4.3	0.48
45380	COLONOSCOPY FLEX; W/BX 1/MX	502	3.6	5.24
66984	EXTRACAPSULAR CATARACT REMV IOL	260	1.9	1.64
93545	INJ PROC-CATH; SELECT CORONRY AN	258	1.8	0.71
93556	IMAG SUPERVS I&R-CATH; PULM ANGI	244	1.7	0.60
69436	TYMPANOSTOMY GENERAL ANESTHESIA	238	1.7	1.75
93543	INJ PROC-CATH; LT VENT/ATRIAL AN	225	1.6	0.65
93555	IMAG SUPERVS I&R-CATH; VENT/ATRI	222	1.6	0.58
93510	LT HRT CATH RETRO-BRACH/FEM; PER	212	1.5	0.57
30140	SUBMUCOS RES TURBINATE PART/CMPL	210	1.5	0.74
36430	TRANSFUSION BLOOD/BLOOD COMPONENT	209	1.5	0.42
42820	T&A; UNDER AGE 12	186	1.3	1.47
30520	SEPTOPLASTY/SUBMUCOS RES W/GFT	184	1.3	0.78
29881	SCOPE KNEE SURG;W/MENISCECT MED/	161	1.2	1.64
58662	LAP SURG; W/FULG/EXCIS LES-OVARY	140	1.0	0.56
28285	CORRECTION HAMMERTO	138	1.0	0.62
28104	EXC BN CYST TARSAL/MT NO TALUS;	133	1.0	0.11
47562	LAPAROSCOPY SURGICAL; CHOLECT	133	1.0	0.94

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, 2009
 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	4,992	\$6,924	\$4,501
4523	COLONOSCOPY	640	\$1,414	\$1,087
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	449	\$2,213	\$1,581
4542	ENDO POLYPECTOMY LG INTESTINE	315	\$2,850	\$1,547
283	TONSILLECTOMY W/ADENOIDECTOMY	240	\$5,468	\$2,850
5123	LAP CHOLEY	232	\$11,943	\$7,426
3893	VENOUS CATH-NEC	170	\$8,189	\$5,074
3722	LT HEART CARD CATH	164	\$12,176	\$8,426
4525	CLO [ENDO] BX LG INTESTINE	141	\$3,033	\$1,709
806	EXC SEMILUNAR CARTILAGE-KNEE	94	\$6,229	\$4,537
4701	LAP APPENDECTOMY	89	\$18,080	\$10,907
282	TONSILLECTOMY WO ADENOIDECTOMY	75	\$5,560	\$2,868
6952	ASPIR CURET FOLLOWING DELIV/AB	60	\$4,339	\$3,269
4836	[ENDO] POLYPECTOMY RECTUM	51	\$2,628	\$1,394
5304	UNILAT REPR INDIRECT ING HERN-GFT	51	\$6,672	\$4,709
8051	EXC INTERVERTEBRAL DISC	50	\$16,965	\$10,068
4513	OTH ENDO SM INTESTINE	49	\$1,489	\$1,334
3927	ARTERIOVENOSTOMY-RENAL DIALYSIS	46	\$13,269	\$7,568
6629	OTH BIL ENDO DESTRUC FALLOP TUBES	46	\$7,019	\$4,724
0443	RELEASE CARPAL TUNNEL	41	\$3,839	\$2,540
8221	EXC LES TENDON SHEATH HAND	39	\$4,408	\$2,755

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
CPT-4	Procedures	6,185	\$5,875	\$3,915
45378	COLONOSCOPY FLEX; DX-SEP PROC	639	\$1,412	\$1,090
43239	UGI ENDO; W/BX 1/MX	446	\$2,186	\$1,548
45380	COLONOSCOPY FLEX; W/BX 1/MX	359	\$2,942	\$1,526
66984	EXTRACAPSULAR CATARACT REMV IOL	258	\$6,189	\$3,678
69436	TYMPANOSTOMY GENERAL ANESTHESIA	180	\$3,345	\$1,499
42820	T&A; UNDER AGE 12	150	\$5,196	\$2,701
47562	LAPAROSCOPY SURGICAL; CHOLECT	128	\$11,480	\$6,606
36430	TRANSFUSION BLOOD/BLOOD COMPONEN	113	\$4,159	\$3,294
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	106	\$12,537	\$7,842
31720	CATHETER ASPIR; NASOTRACH SEP PR	101	\$1,299	\$805
49505	REPR INIT ING HERNIA 5YR/MORE; R	92	\$6,819	\$4,721
36569	INSERT PICC W/O PORT/PUMP; 5 YR/	90	\$8,434	\$4,871
29881	SCOPE KNEE SURG;W/MENISCECT MED/	89	\$6,327	\$4,457
44970	LAPAROSCOPY SURGICAL APPENDECTOM	89	\$18,080	\$10,914
42821	T&A; AGE 12 OR OVER	86	\$5,950	\$3,195
23350	INJ SHLDR ARTHROGRPH/ENHNCN CT/M	84	\$4,640	\$3,591
45384	COLONOSCOPY FLEX; REMV LES-FORCE	84	\$2,209	\$1,693
58662	LAP SURG; W/FULG/EXCIS LES-OVARY	75	\$8,123	\$6,123
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	72	\$2,581	\$1,661
20680	REMOVAL OF IMPLANT; DEEP	70	\$5,617	\$3,558

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, 2009
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE* CPT-4 PROCEDURES

142 Ogden Regional Medical Center

Procedure EAPG category	Procedure EAPG	TOTAL #	TOTAL # (ALL Hospitals)
01	SKIN & INTEGUMENTARY SYSTEM PROCEDURES	430	8,192
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	58	1,091
	003 LEVEL I SKIN INCISION AND DRAINAGE	4	189
	004 LEVEL II SKIN INCISION AND DRAINAGE	5	95
	006 LEVEL I SKIN DEBRIDEMENT AND DESTRUCTION	1	23
	007 LEVEL II SKIN DEBRIDEMENT AND DESTRUCTION	3	128
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	20	503
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	198	5,031
	012 LEVEL I SKIN REPAIR	9	35
	013 LEVEL II SKIN REPAIR	123	792
	014 LEVEL III SKIN REPAIR	9	220
02	BREAST PROCEDURES	34	2,075
	020 LEVEL I BREAST PROCEDURES	34	2,014
03	MUSCULOSKELETAL SYSTEM PROCEDURES	3,110	64,806
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	80	2,405
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	239	4,694
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	106	2,234
	033 LEVEL I HAND PROCEDURES	131	3,780
	034 LEVEL II HAND PROCEDURES	82	1,278
	035 LEVEL I FOOT PROCEDURES	534	6,264
	036 LEVEL II FOOT PROCEDURES	114	1,682
	037 LEVEL I ARTHROSCOPY	628	22,184
	038 LEVEL II ARTHROSCOPY	151	5,320
	040 SPLINT, STRAPPING AND CAST REMOVAL	610	1,672
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	34	717
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	13	628
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	140	5,752
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	26	490
	045 BUNION PROCEDURES	123	1,791
	046 LEVEL I ARTHROPLASTY	29	634
	047 LEVEL II ARTHROPLASTY	2	148
	048 HAND AND FOOT TENOTOMY	9	386
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	59	2,678
04	RESPIRATORY PROCEDURES	532	9,066
	061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	120	1,396
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	60	1,436
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	282	4,402
	064 ENDOSCOPY OF THE LOWER AIRWAY	70	1,832
05	CARDIOVASCULAR PROCEDURES	1,030	9,325
	082 CARDIAC ELECTROPHYSIOLOGIC TESTS	197	1,153
	083 PLACEMENT OF TRANSVENOUS CATHETERS	112	941
	084 DIAGNOSTIC CARDIAC CATHETERIZATION	275	2,404
	085 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	75	1,497
	086 PACEMAKER INSERTION AND REPLACEMENT	21	259
	087 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	92	809
	088 LEVEL I CARDIOTHORACIC PROCEDURES	20	225

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE* CPT-4 PROCEDURES

142 Ogden Regional Medical Center

procedure EAPG category	procedure EAPG	TOTAL #	TOTAL # (ALL Hospitals)
	089 LEVEL II CARDIOTHORACIC PROCEDURES	190	1,625
	090 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	2	53
	091 VASCULAR LIGATION AND RECONSTRUCTION	11	124
	097 AICD IMPLANT	35	200
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	257	2,884
	111 PHARMACOTHERAPY EXCEPT BY EXTENDED INFUSION	4	17
	113 LEVEL I BLOOD AND BLOOD PRODUCT EXCHANGE	209	1,308
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	44	1,491
07	GASTROINTESTINAL SYSTEM PROCEDURES	3,835	99,755
	130 ALIMENTARY TESTS AND SIMPLE TUBE PLACEMENT	24	179
	131 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	123	1,379
	132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	14	502
	133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	12	422
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	832	22,635
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	97	4,688
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	1,236	34,149
	137 THERAPEUTIC COLONOSCOPY	275	5,727
	138 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	37	1,937
	139 LEVEL I HERNIA REPAIR	195	5,573
	140 LEVEL II HERNIA REPAIR	27	1,193
	141 LEVEL I ANAL AND RECTAL PROCEDURES	36	782
	142 LEVEL II ANAL AND RECTAL PROCEDURES	75	1,145
	143 LEVEL I GASTROINTESTINAL PROCEDURES	8	405
	144 LEVEL II GASTROINTESTINAL PROCEDURES	2	226
	145 LEVEL I LAPAROSCOPY	126	2,675
	146 LEVEL II LAPAROSCOPY	361	8,847
	147 LEVEL III LAPAROSCOPY	334	7,203
	148 LEVEL IV LAPAROSCOPY	21	88
08	GENITOURINARY SYSTEM PROCEDURES	123	8,962
	160 EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	5	697
	162 URINARY CATHETERIZATION AND DILATATION	6	238
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	65	3,932
	164 LEVEL II BLADDER AND KIDNEY PROCEDURES	41	3,413
	166 LEVEL I URETHRA AND PROSTATE PROCEDURES	1	180
	167 LEVEL II URETHRA AND PROSTATE PROCEDURES	5	444
09	MALE REPRODUCTIVE SYSTEM	58	3,509
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	44	1,431
	181 CIRCUMCISION	4	822
	184 LEVEL II PENILE AND PROSTATE PROCEDURES	9	1,167
	185 PROSTATE NEEDLE AND PUNCH BIOPSY	1	47
10	FEMALE REPRODUCTIVE SYSTEM	322	7,180
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	54	1,292
	197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	38	1,355
	198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	105	1,494
	199 DILATION AND CURETTAGE	14	551
	200 HYSTEROSCOPY	108	2,251

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE* CPT-4 PROCEDURES

142 Ogden Regional Medical Center

procedure EAPG category	procedure EAPG	TOTAL #	TOTAL # (ALL Hospitals)
	201 COLPOSCOPY	3	234
11	NEUROLOGIC SYSTEM PROCEDURES	597	24,377
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	94	2,913
	215 LEVEL I REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	5	155
	217 LEVEL I NERVE PROCEDURES	193	4,031
	218 LEVEL II NERVE PROCEDURES	23	793
	219 SPINAL TAP	40	470
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	48	11,868
	221 LAMINOTOMY AND LAMINECTOMY	175	3,173
	223 LEVEL III NERVE PROCEDURES	19	825
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	406	12,275
	232 LASER EYE PROCEDURES	39	418
	233 CATARACT PROCEDURES	267	5,365
	235 LEVEL II ANTERIOR SEGMENT EYE PROCEDURES	14	285
	236 LEVEL III ANTERIOR SEGMENT EYE PROCEDURES	12	209
	237 LEVEL I POSTERIOR SEGMENT EYE PROCEDURES	3	390
	238 LEVEL II POSTERIOR SEGMENT EYE PROCEDURES	10	1,912
	239 STRABISMUS AND MUSCLE EYE PROCEDURES	8	1,026
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	16	895
	241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	37	1,469
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	1,354	28,739
	252 LEVEL I FACIAL AND ENT PROCEDURES	556	12,362
	253 LEVEL II FACIAL AND ENT PROCEDURES	64	1,405
	254 LEVEL III FACIAL AND ENT PROCEDURES	232	3,429
	255 LEVEL IV FACIAL AND ENT PROCEDURES	68	2,922
	256 TONSIL AND ADENOID PROCEDURES	434	8,493

SOURCE: Utah Ambulatory Surgery Database
 Utah Health Data Committee/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, 2009
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, SINGLE EAPG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

142 Ogden Regional Medical Center

Procedure EAPG category	Procedure EAPG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
01	SKIN & INTEGUMENTARY SYSTEM PROCEDURES	283	\$6,027	\$3,762
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	40	\$4,778	\$3,254
	004 LEVEL II SKIN INCISION AND DRAINAGE	2	\$5,535	\$4,409
	007 LEVEL II SKIN DEBRIDEMENT AND DESTRUCTION	3	\$3,674	\$2,829
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	12	\$4,821	\$3,664
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	116	\$5,004	\$3,677
	012 LEVEL I SKIN REPAIR	5	\$3,841	\$3,957
	013 LEVEL II SKIN REPAIR	99	\$8,142	\$4,883
	014 LEVEL III SKIN REPAIR	6	\$4,819	\$5,455
02	BREAST PROCEDURES	29	\$4,884	\$3,802
	020 LEVEL I BREAST PROCEDURES	29	\$4,884	\$3,688
03	MUSCULOSKELETAL SYSTEM PROCEDURES	711	\$7,947	\$5,044
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	11	\$10,600	\$4,534
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	54	\$8,528	\$5,458
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	11	\$14,196	\$9,791
	033 LEVEL I HAND PROCEDURES	64	\$4,512	\$2,835
	034 LEVEL II HAND PROCEDURES	12	\$9,016	\$5,167
	035 LEVEL I FOOT PROCEDURES	88	\$5,393	\$3,748
	036 LEVEL II FOOT PROCEDURES	15	\$9,079	\$6,617
	037 LEVEL I ARTHROSCOPY	216	\$6,651	\$4,492
	038 LEVEL II ARTHROSCOPY	27	\$18,669	\$10,734
	040 SPLINT, STRAPPING AND CAST REMOVAL	38	\$4,419	\$1,380
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	13	\$12,951	\$6,442
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	8	\$10,098	\$3,754
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	84	\$13,690	\$7,392
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	8	\$4,754	\$3,553
	045 BUNION PROCEDURES	40	\$7,069	\$5,191
	046 LEVEL I ARTHROPLASTY	3	\$7,207	\$8,302
	047 LEVEL II ARTHROPLASTY	1	\$46,268	\$20,732
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	18	\$734	\$1,227
04	RESPIRATORY PROCEDURES	150	\$4,030	\$2,975
	061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	102	\$3,376	\$2,594
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	9	\$5,374	\$4,027
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	13	\$6,902	\$4,474
	064 ENDOSCOPY OF THE LOWER AIRWAY	26	\$4,692	\$2,794
05	CARDIOVASCULAR PROCEDURES	199	\$11,818	\$14,627
	083 PLACEMENT OF TRANSVENOUS CATHETERS	95	\$7,810	\$6,140
	084 DIAGNOSTIC CARDIAC CATHETERIZATION	13	\$6,037	\$8,441
	085 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	12	\$11,929	\$36,706
	086 PACEMAKER INSERTION AND REPLACEMENT	14	\$37,153	\$31,576
	087 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	3	\$1,574	\$9,181
	088 LEVEL I CARDIOTHORACIC PROCEDURES	8	\$13,302	\$7,678
	089 LEVEL II CARDIOTHORACIC PROCEDURES	49	\$13,074	\$8,023
	091 VASCULAR LIGATION AND RECONSTRUCTION	4	\$11,634	\$6,688
	097 AICD IMPLANT	1	\$69,699	\$46,919

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, SINGLE EAPG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

142 Ogden Regional Medical Center

procedure EAPG category	Procedure EAPG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	130	\$4,394	\$4,547
	111 PHARMACOTHERAPY EXCEPT BY EXTENDED INFUSION	1	\$4,337	\$15,993
	113 LEVEL I BLOOD AND BLOOD PRODUCT EXCHANGE	113	\$4,159	\$3,316
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	16	\$6,054	\$5,995
07	GASTROINTESTINAL SYSTEM PROCEDURES	2,590	\$5,042	\$3,055
	130 ALIMENTARY TESTS AND SIMPLE TUBE PLACEMENT	18	\$3,574	\$1,670
	131 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	1	\$4,236	\$2,353
	132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	11	\$1,773	\$1,232
	133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	11	\$2,158	\$1,718
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	491	\$2,107	\$1,516
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	40	\$3,034	\$2,214
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	1,002	\$1,965	\$1,271
	137 THERAPEUTIC COLONOSCOPY	164	\$2,374	\$1,695
	138 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	13	\$5,785	\$4,271
	139 LEVEL I HERNIA REPAIR	133	\$6,932	\$4,486
	140 LEVEL II HERNIA REPAIR	10	\$7,896	\$5,242
	141 LEVEL I ANAL AND RECTAL PROCEDURES	33	\$3,992	\$3,138
	142 LEVEL II ANAL AND RECTAL PROCEDURES	53	\$5,173	\$3,733
	143 LEVEL I GASTROINTESTINAL PROCEDURES	6	\$5,619	\$3,742
	145 LEVEL I LAPAROSCOPY	57	\$7,585	\$5,295
	146 LEVEL II LAPAROSCOPY	305	\$14,157	\$8,314
	147 LEVEL III LAPAROSCOPY	230	\$12,759	\$8,305
	148 LEVEL IV LAPAROSCOPY	12	\$19,207	\$13,004
08	GENITOURINARY SYSTEM PROCEDURES	48	\$7,614	\$6,135
	160 EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	4	\$18,312	\$9,938
	162 URINARY CATHETERIZATION AND DILATATION	1	\$4,910	\$5,868
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	25	\$6,099	\$4,353
	164 LEVEL II BLADDER AND KIDNEY PROCEDURES	14	\$6,969	\$5,221
	167 LEVEL II URETHRA AND PROSTATE PROCEDURES	4	\$9,323	\$11,236
09	MALE REPRODUCTIVE SYSTEM	22	\$5,970	\$4,630
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	12	\$5,345	\$3,299
	181 CIRCUMCISION	3	\$3,577	\$2,418
	184 LEVEL II PENILE AND PROSTATE PROCEDURES	6	\$8,672	\$6,666
	185 PROSTATE NEEDLE AND PUNCH BIOPSY	1	\$4,438	\$3,010
10	FEMALE REPRODUCTIVE SYSTEM	174	\$6,921	\$5,236
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	32	\$4,455	\$3,258
	197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	9	\$6,918	\$5,190
	198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	54	\$9,134	\$7,456
	199 DILATION AND CURETTAGE	9	\$4,817	\$3,266
	200 HYSTEROSCOPY	69	\$6,592	\$5,384
	201 COLPOSCOPY	1	\$7,917	\$4,443
11	NEUROLOGIC SYSTEM PROCEDURES	270	\$7,316	\$4,849
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	78	\$1,130	\$1,315
	215 LEVEL I REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	1	\$10,881	\$13,624
	217 LEVEL I NERVE PROCEDURES	69	\$5,056	\$3,161

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, SINGLE EAPG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

142 Ogden Regional Medical Center

procedure EAPG category	Procedure EAPG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
	218 LEVEL II NERVE PROCEDURES	3	\$12,530	\$11,142
	219 SPINAL TAP	40	\$3,592	\$2,509
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	11	\$1,557	\$1,563
	221 LAMINOTOMY AND LAMINECTOMY	55	\$17,081	\$10,583
	223 LEVEL III NERVE PROCEDURES	13	\$29,956	\$34,351
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	381	\$5,721	\$3,703
	232 LASER EYE PROCEDURES	39	\$880	\$787
	233 CATARACT PROCEDURES	265	\$6,212	\$3,686
	235 LEVEL II ANTERIOR SEGMENT EYE PROCEDURES	14	\$4,769	\$3,596
	236 LEVEL III ANTERIOR SEGMENT EYE PROCEDURES	10	\$13,935	\$8,638
	238 LEVEL II POSTERIOR SEGMENT EYE PROCEDURES	7	\$12,549	\$5,867
	239 STRABISMUS AND MUSCLE EYE PROCEDURES	8	\$5,737	\$2,734
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	13	\$3,002	\$2,293
	241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	25	\$4,806	\$3,623
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	661	\$5,665	\$3,605
	252 LEVEL I FACIAL AND ENT PROCEDURES	228	\$3,743	\$2,195
	253 LEVEL II FACIAL AND ENT PROCEDURES	37	\$5,797	\$3,352
	254 LEVEL III FACIAL AND ENT PROCEDURES	36	\$10,469	\$6,442
	255 LEVEL IV FACIAL AND ENT PROCEDURES	42	\$13,459	\$8,243
	256 TONSIL AND ADENOID PROCEDURES	318	\$5,455	\$2,817

SOURCE: Utah Ambulatory Surgery Database
 Utah Health Data Committee/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, 2009
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

142 Ogden Regional Medical Center

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
GENDER				
Female	5,177	56.9	122,959	54.1
Male	3,916	43.1	104,281	45.9
Unknown	0	0.0	4	0.0
Not Reported	0	0.0	0	0.0
AGE				
1-28 days	2	0.0	1,731	0.8
29-365 days	109	1.2	2,897	1.3
1-4 years	310	3.4	10,813	4.8
5-9	193	2.1	6,381	2.8
10-14	174	1.9	5,066	2.2
15-17	200	2.2	5,130	2.3
18-19	152	1.7	3,775	1.7
20-24	419	4.6	10,184	4.5
25-29	535	5.9	12,684	5.6
30-34	598	6.6	13,594	6.0
35-39	546	6.0	13,012	5.7
40-44	582	6.4	13,141	5.8
45-49	718	7.9	16,564	7.3
50-54	1,132	12.4	24,353	10.7
55-59	977	10.7	21,093	9.3
60-64	825	9.1	18,280	8.0
65-69	460	5.1	15,480	6.8
70-74	431	4.7	12,653	5.6
75-79	343	3.8	9,821	4.3
80-84	239	2.6	6,574	2.9
85-89	123	1.4	3,084	1.4
90 +	25	0.3	933	0.4
Not Reported	0	0.0	1	0.0
SOURCE OF ADMISSION				
Physician Referral	8,616	94.8	205,377	90.4
Clinic Referral	211	2.3	2,930	1.3
HMO Referral	0	0.0	2,930	1.3
Other Hospital	2	0.0	184	0.1
Skilled Nursing Facility	0	0.0	36	0.0
Other Health Care Facility	0	0.0	18	0.0
Emergency Room	264	2.9	5,340	2.3
Court/Law Enforcement	0	0.0	3	0.0
Unknown	0	0.0	11	0.0
Not Reported	0	0.0	10,415	4.6

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

142 Ogden Regional Medical Center

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	9,071	99.8	226,589	99.7
Another Hospital	0	0.0	102	0.0
Skilled Nursing Facility	5	0.1	137	0.1
Intermediate Care Facility	0	0.0	20	0.0
Another Type of Institution	1	0.0	68	0.0
Under Care of Home Service	13	0.1	270	0.1
Left Against Medical Advice	1	0.0	22	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	0	0.0	13	0.0
Unknown	2	0.0	22	0.0
Not Reported	0	0.0	1	0.0
PRIMARY PAYER				
Medicare	1,568	17.2	45,456	20.0
Medicaid	487	5.4	15,975	7.0
Other government	207	2.3	4,287	1.9
Blue Cross/Blue Shield	1,948	21.4	29,948	13.2
Other Commercial	535	5.9	16,378	7.2
Managed Care(HMO, PPO)	4,203	46.2	106,245	46.8
Self Pay	74	0.8	2,816	1.2
Industrial & Worker Comp	58	0.6	3,291	1.4
Charity and Unclassified	13	0.1	1,613	0.7
Childrens Health Insurance	0	0.0	129	0.1
Unknown	0	0.0	1,046	0.5
Not Reported	0	0.0	60	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	547	6.0	16,751	7.4
Central Utah	1	0.0	8,412	3.7
Davis County	1,802	19.8	23,806	10.5
Salt Lake County	53	0.6	77,342	34.0
Southeastern Utah	4	0.0	4,701	2.1
Southwest Utah	5	0.1	14,188	6.2
Summit County	24	0.3	2,798	1.2
Tooele County	3	0.0	4,137	1.8
Tri-County	4	0.0	6,035	2.7
Utah County	8	0.1	37,226	16.4
Wasatch County	2	0.0	1,669	0.7
Weber County	6,429	70.7	20,181	8.9
Unknown Utah	1	0.0	27	0.0
Outside Utah	208	2.3	9,882	4.3
Unknown, Not Reported	2	0.0	89	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, 2009
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)	4,872	100.0	320,509	100.0
Mastectomy (85.0-85.99)	138	2.8	8,217	2.6
Musculoskeletal (76.0-84.99)	817	16.8	69,555	21.7
Respiratory (30.0-34.99)	1	0.0	3,320	1.0
Cardiovascular (35.0-39.99)	3	0.1	22,400	7.0
Lymphatic/Hemetic (40.0-41.99)	2	0.0	2,804	0.9
Digestive System (42.0-54.99)	27	0.6	98,678	30.8
Urinary (55.0-59.99)	6	0.1	10,902	3.4
Male Genital (60.0-64.99)	1	0.0	3,817	1.2
Female Genital (65.0-71.99)	256	5.3	14,786	4.6
Endocrine/Nervous (01.0-07.99)	2,160	44.3	23,111	7.2
Eye (08.0-16.99)	414	8.5	21,114	6.6
Ear (18.0-20.99)	21	0.4	12,945	4.0
Nose, Mouth, Pharynx (21.0-29.99)	1,026	21.1	28,860	9.0
Reporting Category(CPT-4 CODES)	4,539	100.0	299,107	100.0
Mastectomy (19120-19220)	16	0.4	2,014	0.7
Musculoskeletal (20000-29909)	868	19.1	75,301	25.2
Respiratory (30000-32999 & 39501-39599)	11	0.2	14,568	4.9
Cardiovascular (33010-37799 & 93501-93660)	4	0.1	24,369	8.1
Lymphatic/Hemetic (38100-38999)	1	0.0	2,630	0.9
Digestive (40490-49999)	506	11.1	109,341	36.6
Urinary (50010-53899)	5	0.1	10,457	3.5
Male Genital (54000-55899)	1	0.0	3,299	1.1
Female Genital (56405-58999)	149	3.3	12,326	4.1
Endocrine/Nervous (60000-64999)	2,763	60.9	24,781	8.3
Eye (65091-68899)	204	4.5	12,489	4.2
Ear (69000-69979)	11	0.2	7,532	2.5

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

AMB ST 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
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		4,872	100.0	100.0
0391	INJ ANES SPINAL CANAL-ANALGESIA	975	20.0	1.76
0392	INJ OTH AGENT SPINAL CANAL	883	18.1	1.98
232	RESTORATION TOOTH-FILLING	352	7.2	0.55
2341	APPLIC CROWN	260	5.3	0.43
2370	ROOT CANAL-NOS	211	4.3	0.31
1371	IOL PROSTH-CATARACT EXTRACT-1-STAGE	194	4.0	1.59
1341	PHACOEMULSIFICATION-ASPIR CATARACT	193	4.0	1.58
042	DESTRUC CRANIAL & PERIPH NERV	133	2.7	0.14
6952	ASPIR CURET FOLLOWING DELIV/AB	72	1.5	0.44
2309	EXTRACT OTH TOOTH	67	1.4	0.15
0443	RELEASE CARPAL TUNNEL	57	1.2	0.98
8192	INJ THERAP SUBSTANCE JT/LIGAMNT	43	0.9	0.42
7756	REPR HAMMER TOE	35	0.7	0.40
7751	BUNIONEC SOFT-OSTEOT 1ST METATARS	34	0.7	0.31
2349	OTH DENTAL RESTORATION	31	0.6	0.17
8201	EXPLOR TENDON SHEATH HAND	30	0.6	0.37
8221	EXC LES TENDON SHEATH HAND	27	0.6	0.27
7768	LOC EXC LES/TISS-TARS-METATARS	26	0.5	0.28
2319	OTH SURG TOOTH EXTRACT	22	0.5	0.07
806	EXC SEMILUNAR CARTILAGE-KNEE	22	0.5	1.86

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		4,539	100.0	100.0
64484	INJ ANES EPIDURL; LUMB/SAC-EA AD	800	17.6	0.82
64483	INJ ANES EPIDURL; LUMB/SAC 1 LEV	701	15.4	1.07
41899	UNLIST PROC DENTOALVEOL STRUCTUR	431	9.5	0.91
64623	DESTRUC FACET JT NRV; L/S-EA AD	247	5.4	0.33
64476	INJ ANES FACET JT; LUMB/SAC-EA A	237	5.2	0.41
66984	EXTRACAPSULAR CATARACT REMV IOL	193	4.3	1.64
64475	INJ ANES FACET JT; LUMB/SAC-1LEV	117	2.6	0.25
64627	DESTRUC FACET NRV; CRV/THOR-EA A	116	2.6	0.11
64622	DESTRUC FACET JT NRV; L/S-1 LEVE	99	2.2	0.14
64472	INJ ANES FACET JT; CERV/THOR-EA	87	1.9	0.20
62310	INJ 1 NOT NEUROLYTIC-EPID;CERV/T	82	1.8	0.16
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	52	1.1	0.70
28285	CORRECTION HAMMERTOE	45	1.0	0.62
64626	DESTRUC FACET NRV; CERV/THOR 1 L	38	0.8	0.04
64470	INJ ANES FACET JT; CERV/THOR-1LE	37	0.8	0.09
20610	ARTHROCENTESIS ASPIR&/INJ; MAJ J	36	0.8	0.53
26055	TENDON SHEATH INCISION	33	0.7	0.43
20680	REMOVAL OF IMPLANT; DEEP	27	0.6	1.04
28296	HALLUX VALGUS; W/METATARSAL OSTE	27	0.6	0.27
29848	ENDO WRST SURG REL TRNS CARP LIG	26	0.6	0.39

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, 2009
 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		1,000	\$3,783	\$4,501
042	DESTRUC CRANIAL & PERIPH NERV	128	\$1,905	\$3,389
0391	INJ ANES SPINAL CANAL-ANALGESIA	103	\$1,881	\$4,315
232	RESTORATION TOOTH-FILLING	98	\$2,221	\$2,448
6952	ASPIR CURET FOLLOWING DELIV/AB	71	\$2,430	\$3,269
0443	RELEASE CARPAL TUNNEL	26	\$2,460	\$2,540
8221	EXC LES TENDON SHEATH HAND	23	\$2,510	\$2,755
7751	BUNIONEC SOFT-OSTEOT 1ST METATARS	22	\$4,390	\$5,128
8192	INJ THERAP SUBSTANCE JT/LIGAMNT	22	\$1,954	\$1,414
0393	INSRT/REPLCMT SPINAL NEUROSTIM	20	\$36,614	\$39,035
8201	EXPLOR TENDON SHEATH HAND	19	\$2,148	\$2,331
6909	OTH D&C UTERUS	17	\$2,682	\$3,420
7933	OP REDUC W/INT FIX-CARP-METACARP	15	\$5,184	\$5,982
0392	INJ OTH AGENT SPINAL CANAL	14	\$1,850	\$1,084
283	TONSILLECTOMY W/ADENOIDECTOMY	13	\$2,406	\$2,850
6629	OTH BIL ENDO DESTRUC FALLOP TUBES	13	\$4,723	\$4,724
6959	OTH ASPIR CURET UTERUS	13	\$2,228	\$2,928
6759	OTHER REPAIR OF CERVICAL OS	12	\$2,413	\$2,715
8532	BILAT REDUC MAMMO	12	\$9,768	\$9,078
282	TONSILLECTOMY WO ADENOIDECTOMY	11	\$3,031	\$2,868
7932	OP REDUC FX W/INT FIX-RADIUS & ULNA	11	\$8,932	\$9,418

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
CPT-4 Procedures		1,362	\$2,917	\$3,915
41899	UNLIST PROC DENTOALVEOL STRUCTUR	408	\$2,338	\$2,871
66984	EXTRACAPSULAR CATARACT REMV IOL	193	\$3,449	\$3,678
64483	INJ ANES EPIDURL; LUMB/SAC 1 LEV	114	\$1,221	\$1,475
62310	INJ 1 NOT NEUROLYTIC-EPID;CERV/T	76	\$1,784	\$1,593
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	37	\$1,348	\$1,220
29848	ENDO WRST SURG REL TRNS CARP LIG	24	\$2,996	\$2,666
28296	HALLUX VALGUS; W/METATARSAL OSTE	18	\$4,429	\$5,339
26055	TENDON SHEATH INCISION	16	\$2,607	\$2,135
20610	ARTHROCENTESIS ASPIR&/INJ; MAJ J	15	\$2,041	\$1,197
25111	EXCISION OF GANGLION WRIST; PRIM	15	\$2,500	\$2,784
20680	REMOVAL OF IMPLANT; DEEP	13	\$3,369	\$3,558
26615	OPEN TX MC FX 1 W/WO INTRL/EXT F	13	\$4,571	\$5,605
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	12	\$2,652	\$2,624
19120	EXC BRST CYST TUMR/LES OPN M/F 1	11	\$5,940	\$3,487
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	11	\$3,031	\$2,928
58120	DILATION & CURET DX &/ THERAPEUT	11	\$2,208	\$3,266
58558	HYSTEROSCPY SURG; W/BX &/ POLYPE	11	\$3,071	\$3,984
64475	INJ ANES FACET JT; LUMB/SAC-1LEV	11	\$1,276	\$1,368
29881	SCOPE KNEE SURG;W/MENISCECT MED/	10	\$4,113	\$4,457
42820	T&A; UNDER AGE 12	10	\$2,462	\$2,701

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, 2009
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE* CPT-4 PROCEDURES

135 Orem Community Hospital

Procedure EAPG category	TOTAL #	TOTAL # (ALL Hospitals)
Procedure EAPG		
01 SKIN & INTEGUMENTARY SYSTEM PROCEDURES	68	8,192
002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	2	1,091
003 LEVEL I SKIN INCISION AND DRAINAGE	2	189
004 LEVEL II SKIN INCISION AND DRAINAGE	1	95
009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	4	503
010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	57	5,031
014 LEVEL III SKIN REPAIR	2	220
02 BREAST PROCEDURES	16	2,075
020 LEVEL I BREAST PROCEDURES	16	2,014
03 MUSCULOSKELETAL SYSTEM PROCEDURES	798	64,806
030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	42	2,405
031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	58	4,694
032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	18	2,234
033 LEVEL I HAND PROCEDURES	106	3,780
034 LEVEL II HAND PROCEDURES	21	1,278
035 LEVEL I FOOT PROCEDURES	163	6,264
036 LEVEL II FOOT PROCEDURES	47	1,682
037 LEVEL I ARTHROSCOPY	107	22,184
038 LEVEL II ARTHROSCOPY	11	5,320
041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	10	717
042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	4	628
043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	96	5,752
044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	4	490
045 BUNION PROCEDURES	51	1,791
046 LEVEL I ARTHROPLASTY	5	634
048 HAND AND FOOT TENOTOMY	10	386
049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	45	2,678
04 RESPIRATORY PROCEDURES	1	9,066
061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	1	1,396
05 CARDIOVASCULAR PROCEDURES	2	9,325
088 LEVEL I CARDIOTHORACIC PROCEDURES	1	225
091 VASCULAR LIGATION AND RECONSTRUCTION	1	124
06 HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	1	2,884
115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	1	1,491
07 GASTROINTESTINAL SYSTEM PROCEDURES	66	99,755
139 LEVEL I HERNIA REPAIR	4	5,573
140 LEVEL II HERNIA REPAIR	1	1,193
143 LEVEL I GASTROINTESTINAL PROCEDURES	1	405
145 LEVEL I LAPAROSCOPY	22	2,675
146 LEVEL II LAPAROSCOPY	20	8,847
147 LEVEL III LAPAROSCOPY	16	7,203
148 LEVEL IV LAPAROSCOPY	2	88
08 GENITOURINARY SYSTEM PROCEDURES	5	8,962
163 LEVEL I BLADDER AND KIDNEY PROCEDURES	3	3,932
164 LEVEL II BLADDER AND KIDNEY PROCEDURES	2	3,413
09 MALE REPRODUCTIVE SYSTEM	1	3,509
181 CIRCUMCISION	1	822

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE* CPT-4 PROCEDURES

135 Orem Community Hospital

procedure EAPG category	procedure EAPG	TOTAL #	TOTAL # (ALL Hospitals)
10	FEMALE REPRODUCTIVE SYSTEM	83	7,180
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	13	1,292
	197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	8	1,355
	198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	10	1,494
	199 DILATION AND CURETTAGE	13	551
	200 HYSTEROSCOPY	38	2,251
	201 COLPOSCOPY	1	234
11	NEUROLOGIC SYSTEM PROCEDURES	2,766	24,377
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	149	2,913
	215 LEVEL I REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	9	155
	217 LEVEL I NERVE PROCEDURES	44	4,031
	218 LEVEL II NERVE PROCEDURES	4	793
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	2,527	11,868
	221 LAMINOTOMY AND LAMINECTOMY	16	3,173
	223 LEVEL III NERVE PROCEDURES	17	825
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	203	12,275
	233 CATARACT PROCEDURES	196	5,365
	234 LEVEL I ANTERIOR SEGMENT EYE PROCEDURES	1	265
	235 LEVEL II ANTERIOR SEGMENT EYE PROCEDURES	6	285
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	512	28,739
	252 LEVEL I FACIAL AND ENT PROCEDURES	468	12,362
	253 LEVEL II FACIAL AND ENT PROCEDURES	10	1,405
	254 LEVEL III FACIAL AND ENT PROCEDURES	6	3,429
	255 LEVEL IV FACIAL AND ENT PROCEDURES	2	2,922
	256 TONSIL AND ADENOID PROCEDURES	26	8,493

SOURCE: Utah Ambulatory Surgery Database
 Utah Health Data Committee/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, 2009
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, SINGLE EAPG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

135 Orem Community Hospital

Procedure EAPG category	Procedure EAPG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
01	SKIN & INTEGUMENTARY SYSTEM PROCEDURES	36	\$3,220	\$3,762
	004 LEVEL II SKIN INCISION AND DRAINAGE	1	\$3,827	\$4,409
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	2	\$1,987	\$3,664
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	33	\$3,276	\$3,677
02	BREAST PROCEDURES	11	\$5,940	\$3,802
	020 LEVEL I BREAST PROCEDURES	11	\$5,940	\$3,688
03	MUSCULOSKELETAL SYSTEM PROCEDURES	310	\$4,061	\$5,044
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	5	\$4,506	\$4,534
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	17	\$5,489	\$5,458
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	5	\$8,798	\$9,791
	033 LEVEL I HAND PROCEDURES	54	\$2,671	\$2,835
	034 LEVEL II HAND PROCEDURES	9	\$4,725	\$5,167
	035 LEVEL I FOOT PROCEDURES	40	\$3,217	\$3,748
	036 LEVEL II FOOT PROCEDURES	12	\$4,611	\$6,617
	037 LEVEL I ARTHROSCOPY	53	\$3,827	\$4,492
	038 LEVEL II ARTHROSCOPY	3	\$12,680	\$10,734
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	4	\$4,582	\$6,442
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	2	\$2,865	\$3,754
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	58	\$5,016	\$7,392
	045 BUNION PROCEDURES	29	\$4,529	\$5,191
	046 LEVEL I ARTHROPLASTY	1	\$5,084	\$8,302
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	18	\$2,001	\$1,227
05	CARDIOVASCULAR PROCEDURES	1	\$3,088	\$14,627
	091 VASCULAR LIGATION AND RECONSTRUCTION	1	\$3,088	\$6,688
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	1	\$3,067	\$4,547
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	1	\$3,067	\$5,995
07	GASTROINTESTINAL SYSTEM PROCEDURES	22	\$5,793	\$3,055
	139 LEVEL I HERNIA REPAIR	2	\$4,874	\$4,486
	143 LEVEL I GASTROINTESTINAL PROCEDURES	1	\$4,321	\$3,742
	145 LEVEL I LAPAROSCOPY	9	\$4,543	\$5,295
	146 LEVEL II LAPAROSCOPY	6	\$6,373	\$8,314
	147 LEVEL III LAPAROSCOPY	3	\$7,716	\$8,305
	148 LEVEL IV LAPAROSCOPY	1	\$11,095	\$13,004
09	MALE REPRODUCTIVE SYSTEM	1	\$1,771	\$4,630
	181 CIRCUMCISION	1	\$1,771	\$2,418
10	FEMALE REPRODUCTIVE SYSTEM	48	\$4,090	\$5,236
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	5	\$2,374	\$3,258
	197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	4	\$4,374	\$5,190
	198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	6	\$6,847	\$7,456
	199 DILATION AND CURETTAGE	11	\$2,208	\$3,266
	200 HYSTEROSCOPY	22	\$4,617	\$5,384
11	NEUROLOGIC SYSTEM PROCEDURES	280	\$1,617	\$4,849
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	115	\$1,643	\$1,315
	215 LEVEL I REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	1	\$15,997	\$13,624
	217 LEVEL I NERVE PROCEDURES	19	\$3,107	\$3,161

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, SINGLE EAPG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

135 Orem Community Hospital

procedure EAPG category	Procedure EAPG	TOTAL #	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
	218 LEVEL II NERVE PROCEDURES	1	\$5,101	\$11,142
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	144	\$1,275	\$1,563
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	203	\$3,443	\$3,703
	233 CATARACT PROCEDURES	196	\$3,446	\$3,686
	234 LEVEL I ANTERIOR SEGMENT EYE PROCEDURES	1	\$1,771	\$2,924
	235 LEVEL II ANTERIOR SEGMENT EYE PROCEDURES	6	\$3,611	\$3,596
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	448	\$2,340	\$3,605
	252 LEVEL I FACIAL AND ENT PROCEDURES	419	\$2,320	\$2,195
	253 LEVEL II FACIAL AND ENT PROCEDURES	4	\$2,163	\$3,352
	255 LEVEL IV FACIAL AND ENT PROCEDURES	1	\$2,961	\$8,243
	256 TONSIL AND ADENOID PROCEDURES	24	\$2,692	\$2,817

SOURCE: Utah Ambulatory Surgery Database
Utah Health Data Committee/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, 2009
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

135 Orem Community Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
GENDER				
Female	1,583	58.5	122,959	54.1
Male	1,122	41.5	104,281	45.9
Unknown	0	0.0	4	0.0
Not Reported	0	0.0	0	0.0
AGE				
1-28 days	0	0.0	1,731	0.8
29-365 days	2	0.1	2,897	1.3
1-4 years	318	11.8	10,813	4.8
5-9	69	2.6	6,381	2.8
10-14	49	1.8	5,066	2.2
15-17	37	1.4	5,130	2.3
18-19	38	1.4	3,775	1.7
20-24	122	4.5	10,184	4.5
25-29	150	5.5	12,684	5.6
30-34	163	6.0	13,594	6.0
35-39	169	6.2	13,012	5.7
40-44	177	6.5	13,141	5.8
45-49	197	7.3	16,564	7.3
50-54	215	7.9	24,353	10.7
55-59	264	9.8	21,093	9.3
60-64	223	8.2	18,280	8.0
65-69	140	5.2	15,480	6.8
70-74	165	6.1	12,653	5.6
75-79	101	3.7	9,821	4.3
80-84	79	2.9	6,574	2.9
85-89	24	0.9	3,084	1.4
90 +	3	0.1	933	0.4
Not Reported	0	0.0	1	0.0
SOURCE OF ADMISSION				
Physician Referral	2,694	99.6	205,377	90.4
Clinic Referral	3	0.1	2,930	1.3
HMO Referral	0	0.0	2,930	1.3
Other Hospital	0	0.0	184	0.1
Skilled Nursing Facility	0	0.0	36	0.0
Other Health Care Facility	0	0.0	18	0.0
Emergency Room	8	0.3	5,340	2.3
Court/Law Enforcement	0	0.0	3	0.0
Unknown	0	0.0	11	0.0
Not Reported	0	0.0	10,415	4.6

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

135 Orem Community Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	2,703	99.9	226,589	99.7
Another Hospital	1	0.0	102	0.0
Skilled Nursing Facility	0	0.0	137	0.1
Intermediate Care Facility	0	0.0	20	0.0
Another Type of Institution	1	0.0	68	0.0
Under Care of Home Service	0	0.0	270	0.1
Left Against Medical Advice	0	0.0	22	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	0	0.0	13	0.0
Unknown	0	0.0	22	0.0
Not Reported	0	0.0	1	0.0
PRIMARY PAYER				
Medicare	451	16.7	45,456	20.0
Medicaid	251	9.3	15,975	7.0
Other government	14	0.5	4,287	1.9
Blue Cross/Blue Shield	34	1.3	29,948	13.2
Other Commercial	137	5.1	16,378	7.2
Managed Care(HMO, PPO)	1,598	59.1	106,245	46.8
Self Pay	16	0.6	2,816	1.2
Industrial & Worker Comp	135	5.0	3,291	1.4
Charity and Unclassified	8	0.3	1,613	0.7
Childrens Health Insurance	0	0.0	129	0.1
Unknown	61	2.3	1,046	0.5
Not Reported	0	0.0	60	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	2	0.1	16,751	7.4
Central Utah	305	11.3	8,412	3.7
Davis County	4	0.1	23,806	10.5
Salt Lake County	65	2.4	77,342	34.0
Southeastern Utah	81	3.0	4,701	2.1
Southwest Utah	17	0.6	14,188	6.2
Summit County	12	0.4	2,798	1.2
Tooele County	7	0.3	4,137	1.8
Tri-County	24	0.9	6,035	2.7
Utah County	2,126	78.6	37,226	16.4
Wasatch County	47	1.7	1,669	0.7
Weber County	1	0.0	20,181	8.9
Unknown Utah	1	0.0	27	0.0
Outside Utah	12	0.4	9,882	4.3
Unknown, Not Reported	1	0.0	89	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, 2009
NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

307 The Orthopedic Specialty Hospital

Reporting Category(ICD-9-CM CODES)	Procedures Performed		Procedures Performed-All Hospitals	
	(#)	(%)	(#)	(%)
Reporting Category(ICD-9-CM CODES)	11,416	100.0	320,509	100.0
Mastectomy (85.0-85.99)	0	0.0	8,217	2.6
Musculoskeletal (76.0-84.99)	10,557	92.5	69,555	21.7
Respiratory (30.0-34.99)	1	0.0	3,320	1.0
Cardiovascular (35.0-39.99)	7	0.1	22,400	7.0
Lymphatic/Hemetic (40.0-41.99)	17	0.1	2,804	0.9
Digestive System (42.0-54.99)	0	0.0	98,678	30.8
Urinary (55.0-59.99)	0	0.0	10,902	3.4
Male Genital (60.0-64.99)	0	0.0	3,817	1.2
Female Genital (65.0-71.99)	0	0.0	14,786	4.6
Endocrine/Nervous (01.0-07.99)	833	7.3	23,111	7.2
Eye (08.0-16.99)	0	0.0	21,114	6.6
Ear (18.0-20.99)	0	0.0	12,945	4.0
Nose, Mouth, Pharynx (21.0-29.99)	1	0.0	28,860	9.0
Reporting Category(CPT-4 CODES)	10,808	100.0	299,107	100.0
Mastectomy (19120-19220)	0	0.0	2,014	0.7
Musculoskeletal (20000-29909)	10,546	97.6	75,301	25.2
Respiratory (30000-32999 & 39501-39599)	0	0.0	14,568	4.9
Cardiovascular (33010-37799 & 93501-93660)	6	0.1	24,369	8.1
Lymphatic/Hemetic (38100-38999)	11	0.1	2,630	0.9
Digestive (40490-49999)	0	0.0	109,341	36.6
Urinary (50010-53899)	0	0.0	10,457	3.5
Male Genital (54000-55899)	0	0.0	3,299	1.1
Female Genital (56405-58999)	0	0.0	12,326	4.1
Endocrine/Nervous (60000-64999)	245	2.3	24,781	8.3
Eye (65091-68899)	0	0.0	12,489	4.2
Ear (69000-69979)	0	0.0	7,532	2.5

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

AMB ST 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES

307 The Orthopedic Specialty Hospital

ICD-9 CODE	ICD-9 DESCRIPTION	#	%	% ALL Hospitals
All ICD-9 Procedures		11,416	100.0	100.0
806	EXC SEMILUNAR CARTILAGE-KNEE	991	8.7	1.86
0443	RELEASE CARPAL TUNNEL	608	5.3	0.98
8086	OTH LOC EXC/DESTRUC JT LES-KNEE	596	5.2	0.68
8147	OTH REPR KNEE	554	4.9	0.94
8183	OTH REPR SHLDR	459	4.0	0.82
7781	OTH PART OSTEC-SCAPULA-CLAV-THOR	452	4.0	0.58
8145	OTH REPR CRUCIATE LIGAMNT	437	3.8	0.57
8363	ROTATOR CUFF REPR	401	3.5	0.76
8081	OTH LOC EXC/DESTRUC JT LES-SHLDR	291	2.5	0.47
8026	ARTHSCPY-KNEE	217	1.9	0.54
8201	EXPLOR TENDON SHEATH HAND	187	1.6	0.37
7867	REMOV IMPLNT DEVICE-TIBIA & FIB	178	1.6	0.30
7868	REMOV IMPLNT DEVICE-TARS-METATARS	176	1.5	0.17
8076	SYNOVECT-KNEE	174	1.5	0.38
8046	DIVIS JT CAP-LIGAMNT/CART-KNEE	171	1.5	0.25
7757	REPR CLAW TOE	162	1.4	0.07
8388	OTH PLSTC OPER TENDON	158	1.4	0.31
8221	EXC LES TENDON SHEATH HAND	154	1.3	0.27
8182	REPR RECUR DISLOC SHLDR	149	1.3	0.15
7768	LOC EXC LES/TISS-TARS-METATARS	133	1.2	0.28

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		10,808	100.0	100.0
29881	SCOPE KNEE SURG;W/MENISCECT MED/	851	7.9	1.64
29877	SCOPE KNEE SURG; DEBRID/SHAVE CA	775	7.2	1.00
29826	SCOPE SHOULDER; DECOMP SUBACROM	703	6.5	1.21
20680	REMOVAL OF IMPLANT; DEEP	498	4.6	1.04
29848	ENDO WRST SURG REL TRNS CARP LIG	478	4.4	0.39
29824	SCOPE SHLDR SURG;DIST CLAVICULEC	437	4.0	0.54
29888	ARTHSCPY AIDED ACL REPR/AUG/RECO	430	4.0	0.65
29827	SCOPE SHLDR SURG; W/ROTOR CUFF R	397	3.7	0.65
20900	BONE GRAFT ANY DONOR AREA; MINOR	211	2.0	0.12
29806	SCOPE SHOULDER SURGICAL; CPSLORR	175	1.6	0.21
26055	TENDON SHEATH INCISION	164	1.5	0.43
29822	SCOPE SHOULDER SURGICAL; DEBRID	142	1.3	0.28
29880	SCOPE KNEE SURG;W/MENISCECT MED&	131	1.2	0.50
29823	SCOPE SHOULDER SURGICAL; DEBRID	130	1.2	0.22
28899	UNLISTED PROCEDURE FOOT OR TOES	120	1.1	0.15
29875	SCOPE KNEE; SYNOVECT LTD SEP PRO	118	1.1	0.24
29873	SCOPE KNEE SURGICAL; W/LAT RELEA	115	1.1	0.24
25111	EXCISION OF GANGLION WRIST; PRIM	108	1.0	0.19
28270	CAPSULOT; MTP JNT EA JT SEP PROC	101	0.9	0.10
29882	SCOPE KNEE; W/MENISCUS REPR MED/	94	0.9	0.12

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

AMB ST 1-3

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
 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		2,578	\$4,484	\$4,501
806	EXC SEMILUNAR CARTILAGE-KNEE	281	\$3,338	\$4,537
0443	RELEASE CARPAL TUNNEL	250	\$2,367	\$2,540
8086	OTH LOC EXC/DESTRUC JT LES-KNEE	193	\$3,436	\$4,122
8145	OTH REPR CRUCIATE LIGAMNT	119	\$10,424	\$11,541
8147	OTH REPR KNEE	116	\$4,150	\$6,092
8182	REPR RECUR DISLOC SHLDR	105	\$8,657	\$10,070
8221	EXC LES TENDON SHEATH HAND	100	\$2,173	\$2,755
8363	ROTATOR CUFF REPR	95	\$8,382	\$10,303
8201	EXPLOR TENDON SHEATH HAND	84	\$2,101	\$2,331
7867	REMOV IMPLNT DEVICE-TIBIA & FIB	60	\$2,058	\$3,508
8183	OTH REPR SHLDR	58	\$5,941	\$8,523
8076	SYNOVECT-KNEE	57	\$3,190	\$4,279
7932	OP REDUC FX W/INT FIX-RADIUS & ULNA	55	\$8,679	\$9,418
7868	REMOV IMPLNT DEVICE-TARS-METATARS	46	\$2,086	\$3,292
7933	OP REDUC W/INT FIX-CARP-METACARP	45	\$6,749	\$5,982
8364	OTH SUT TENDON	44	\$4,413	\$5,655
7936	OP REDUC FX W/INT FIX-TIBIA & FIB	42	\$4,432	\$8,524
7939	OP REDUC FX W/INT FIX-OTH BONE	38	\$7,976	\$9,919
7937	OP REDUC W/INT FIX-TARS-METATARS	36	\$7,504	\$7,976
8388	OTH PLSTC OPER TENDON	36	\$5,291	\$6,867

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
CPT-4 Procedures		2,915	\$4,425	\$3,915
29881	SCOPE KNEE SURG;W/MENISCECT MED/	346	\$3,327	\$4,457
29877	SCOPE KNEE SURG; DEBRID/SHAVE CA	317	\$3,384	\$4,015
29848	ENDO WRST SURG REL TRNS CARP LIG	293	\$2,453	\$2,666
29888	ARTHSCPY AIDED ACL REPR/AUG/RECO	157	\$10,184	\$11,211
29806	SCOPE SHOULDER SURGICAL; CPSLORR	140	\$8,607	\$9,617
20680	REMOVAL OF IMPLANT; DEEP	127	\$2,432	\$3,558
25111	EXCISION OF GANGLION WRIST; PRIM	69	\$2,175	\$2,784
29875	SCOPE KNEE; SYNOVECT LTD SEP PRO	66	\$3,134	\$4,288
29826	SCOPE SHOULDER; DECOMP SUBACROM	48	\$5,099	\$6,135
26055	TENDON SHEATH INCISION	46	\$2,035	\$2,135
29880	SCOPE KNEE SURG;W/MENISCECT MED&	43	\$3,482	\$4,800
29827	SCOPE SHLDR SURG; W/ROTOR CUFF R	37	\$8,933	\$10,875
23515	OPEN TX CLAV FX W/WO INTRL/EXT F	35	\$7,518	\$9,944
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	35	\$2,449	\$2,624
27650	REPR PRIM OPN/PERQ RUP ACHILLES	34	\$3,600	\$5,449
29873	SCOPE KNEE SURGICAL; W/LAT RELEA	32	\$3,808	\$4,970
24342	REINS RUP BICEPS/TRICEPS TEND DI	31	\$5,712	\$6,863
29879	SCOPE KNEE SURG; ABRASION ARTHPL	28	\$3,908	\$4,669
25000	INCISION EXT TENDON SHEATH WRIST	26	\$1,964	\$2,190
26615	OPEN TX MC FX 1 W/WO INTRL/EXT F	24	\$6,324	\$5,605

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, 2009
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE* CPT-4 PROCEDURES

307 The Orthopedic Specialty Hospital

Procedure EAPG category	Procedure EAPG	TOTAL #	TOTAL # (ALL Hospitals)
01	SKIN & INTEGUMENTARY SYSTEM PROCEDURES	584	8,192
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	5	1,091
	004 LEVEL II SKIN INCISION AND DRAINAGE	3	95
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	6	503
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	562	5,031
	014 LEVEL III SKIN REPAIR	8	220
03	MUSCULOSKELETAL SYSTEM PROCEDURES	9,919	64,806
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	353	2,405
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	853	4,694
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	294	2,234
	033 LEVEL I HAND PROCEDURES	523	3,780
	034 LEVEL II HAND PROCEDURES	121	1,278
	035 LEVEL I FOOT PROCEDURES	508	6,264
	036 LEVEL II FOOT PROCEDURES	319	1,682
	037 LEVEL I ARTHROSCOPY	4,561	22,184
	038 LEVEL II ARTHROSCOPY	1,051	5,320
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	194	717
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	40	628
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	683	5,752
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	19	490
	045 BUNION PROCEDURES	96	1,791
	046 LEVEL I ARTHROPLASTY	110	634
	047 LEVEL II ARTHROPLASTY	9	148
	048 HAND AND FOOT TENOTOMY	87	386
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	98	2,678
05	CARDIOVASCULAR PROCEDURES	3	9,325
	088 LEVEL I CARDIOTHORACIC PROCEDURES	1	225
	089 LEVEL II CARDIOTHORACIC PROCEDURES	2	1,625
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	6	2,884
	113 LEVEL I BLOOD AND BLOOD PRODUCT EXCHANGE	3	1,308
	114 LEVEL II BLOOD AND BLOOD PRODUCT EXCHANGE	2	4
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	1	1,491
11	NEUROLOGIC SYSTEM PROCEDURES	271	24,377
	217 LEVEL I NERVE PROCEDURES	196	4,031
	218 LEVEL II NERVE PROCEDURES	5	793
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	23	11,868
	221 LAMINOTOMY AND LAMINECTOMY	47	3,173

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, 2009
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, SINGLE EAPG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

307 The Orthopedic Specialty Hospital

Procedure EAPG category	Procedure EAPG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
01	SKIN & INTEGUMENTARY SYSTEM PROCEDURES	153	\$2,528	\$3,762
	004 LEVEL II SKIN INCISION AND DRAINAGE	3	\$6,247	\$4,409
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	2	\$2,556	\$3,664
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	148	\$2,452	\$3,677
03	MUSCULOSKELETAL SYSTEM PROCEDURES	2,671	\$4,562	\$5,044
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	79	\$3,082	\$4,534
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	161	\$4,329	\$5,458
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	38	\$9,526	\$9,791
	033 LEVEL I HAND PROCEDURES	208	\$2,424	\$2,835
	034 LEVEL II HAND PROCEDURES	36	\$4,780	\$5,167
	035 LEVEL I FOOT PROCEDURES	55	\$2,641	\$3,748
	036 LEVEL II FOOT PROCEDURES	28	\$5,606	\$6,617
	037 LEVEL I ARTHROSCOPY	1,388	\$3,425	\$4,492
	038 LEVEL II ARTHROSCOPY	350	\$9,323	\$10,734
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	15	\$6,333	\$6,442
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	16	\$2,658	\$3,754
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	265	\$6,049	\$7,392
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	4	\$3,218	\$3,553
	045 BUNION PROCEDURES	20	\$3,119	\$5,191
	046 LEVEL I ARTHROPLASTY	6	\$5,048	\$8,302
	047 LEVEL II ARTHROPLASTY	2	\$19,843	\$20,732
05	CARDIOVASCULAR PROCEDURES	2	\$2,404	\$14,627
	089 LEVEL II CARDIOTHORACIC PROCEDURES	2	\$2,404	\$8,023
11	NEUROLOGIC SYSTEM PROCEDURES	84	\$3,520	\$4,849
	217 LEVEL I NERVE PROCEDURES	67	\$2,779	\$3,161
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	3	\$2,663	\$1,563
	221 LAMINOTOMY AND LAMINECTOMY	14	\$7,250	\$10,583

SOURCE: Utah Ambulatory Surgery Database
Utah Health Data Committee/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, 2009
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

307 The Orthopedic Specialty Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
GENDER				
Female	2,754	46.3	122,959	54.1
Male	3,193	53.7	104,281	45.9
Unknown	0	0.0	4	0.0
Not Reported	0	0.0	0	0.0
AGE				
1-28 days	0	0.0	1,731	0.8
29-365 days	0	0.0	2,897	1.3
1-4 years	0	0.0	10,813	4.8
5-9	3	0.1	6,381	2.8
10-14	80	1.3	5,066	2.2
15-17	259	4.4	5,130	2.3
18-19	170	2.9	3,775	1.7
20-24	383	6.4	10,184	4.5
25-29	466	7.8	12,684	5.6
30-34	474	8.0	13,594	6.0
35-39	485	8.2	13,012	5.7
40-44	480	8.1	13,141	5.8
45-49	620	10.4	16,564	7.3
50-54	694	11.7	24,353	10.7
55-59	671	11.3	21,093	9.3
60-64	439	7.4	18,280	8.0
65-69	322	5.4	15,480	6.8
70-74	185	3.1	12,653	5.6
75-79	125	2.1	9,821	4.3
80-84	64	1.1	6,574	2.9
85-89	19	0.3	3,084	1.4
90 +	8	0.1	933	0.4
Not Reported	0	0.0	1	0.0
SOURCE OF ADMISSION				
Physician Referral	5,941	99.9	205,377	90.4
Clinic Referral	3	0.1	2,930	1.3
HMO Referral	1	0.0	2,930	1.3
Other Hospital	2	0.0	184	0.1
Skilled Nursing Facility	0	0.0	36	0.0
Other Health Care Facility	0	0.0	18	0.0
Emergency Room	0	0.0	5,340	2.3
Court/Law Enforcement	0	0.0	3	0.0
Unknown	0	0.0	11	0.0
Not Reported	0	0.0	10,415	4.6

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

307 The Orthopedic Specialty Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	5,889	99.0	226,589	99.7
Another Hospital	8	0.1	102	0.0
Skilled Nursing Facility	9	0.2	137	0.1
Intermediate Care Facility	0	0.0	20	0.0
Another Type of Institution	2	0.0	68	0.0
Under Care of Home Service	39	0.7	270	0.1
Left Against Medical Advice	0	0.0	22	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	0	0.0	13	0.0
Unknown	0	0.0	22	0.0
Not Reported	0	0.0	1	0.0
PRIMARY PAYER				
Medicare	632	10.6	45,456	20.0
Medicaid	111	1.9	15,975	7.0
Other government	80	1.3	4,287	1.9
Blue Cross/Blue Shield	821	13.8	29,948	13.2
Other Commercial	317	5.3	16,378	7.2
Managed Care(HMO, PPO)	3,337	56.1	106,245	46.8
Self Pay	60	1.0	2,816	1.2
Industrial & Worker Comp	506	8.5	3,291	1.4
Charity and Unclassified	70	1.2	1,613	0.7
Childrens Health Insurance	3	0.1	129	0.1
Unknown	10	0.2	1,046	0.5
Not Reported	0	0.0	60	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	47	0.8	16,751	7.4
Central Utah	44	0.7	8,412	3.7
Davis County	313	5.3	23,806	10.5
Salt Lake County	4,553	76.6	77,342	34.0
Southeastern Utah	19	0.3	4,701	2.1
Southwest Utah	38	0.6	14,188	6.2
Summit County	197	3.3	2,798	1.2
Tooele County	81	1.4	4,137	1.8
Tri-County	37	0.6	6,035	2.7
Utah County	357	6.0	37,226	16.4
Wasatch County	33	0.6	1,669	0.7
Weber County	62	1.0	20,181	8.9
Unknown Utah	1	0.0	27	0.0
Outside Utah	160	2.7	9,882	4.3
Unknown, Not Reported	5	0.1	89	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, 2009
NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

147 Park City Medical Center

Reporting Category(ICD-9-CM CODES)	Procedures Performed		Procedures Performed-All Hospitals	
	(#)	(%)	(#)	(%)
Reporting Category(ICD-9-CM CODES)	1,248	100.0	320,509	100.0
Mastectomy (85.0-85.99)	7	0.6	8,217	2.6
Musculoskeletal (76.0-84.99)	1,061	85.0	69,555	21.7
Respiratory (30.0-34.99)	0	0.0	3,320	1.0
Cardiovascular (35.0-39.99)	0	0.0	22,400	7.0
Lymphatic/Hemetic (40.0-41.99)	0	0.0	2,804	0.9
Digestive System (42.0-54.99)	137	11.0	98,678	30.8
Urinary (55.0-59.99)	0	0.0	10,902	3.4
Male Genital (60.0-64.99)	0	0.0	3,817	1.2
Female Genital (65.0-71.99)	5	0.4	14,786	4.6
Endocrine/Nervous (01.0-07.99)	27	2.2	23,111	7.2
Eye (08.0-16.99)	5	0.4	21,114	6.6
Ear (18.0-20.99)	4	0.3	12,945	4.0
Nose, Mouth, Pharynx (21.0-29.99)	2	0.2	28,860	9.0
Reporting Category(CPT-4 CODES)	1,139	100.0	299,107	100.0
Mastectomy (19120-19220)	0	0.0	2,014	0.7
Musculoskeletal (20000-29909)	972	85.3	75,301	25.2
Respiratory (30000-32999 & 39501-39599)	0	0.0	14,568	4.9
Cardiovascular (33010-37799 & 93501-93660)	0	0.0	24,369	8.1
Lymphatic/Hemetic (38100-38999)	0	0.0	2,630	0.9
Digestive (40490-49999)	131	11.5	109,341	36.6
Urinary (50010-53899)	0	0.0	10,457	3.5
Male Genital (54000-55899)	0	0.0	3,299	1.1
Female Genital (56405-58999)	2	0.2	12,326	4.1
Endocrine/Nervous (60000-64999)	33	2.9	24,781	8.3
Eye (65091-68899)	1	0.1	12,489	4.2
Ear (69000-69979)	0	0.0	7,532	2.5

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

AMB ST 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES

147 Park City Medical Center

ICD-9 CODE	ICD-9 DESCRIPTION	#	%	% ALL Hospitals
All ICD-9 Procedures		1,248	100.0	100.0
806	EXC SEMILUNAR CARTILAGE-KNEE	197	15.8	1.86
8086	OTH LOC EXC/DESTRUC JT LES-KNEE	158	12.7	0.68
8145	OTH REPR CRUCIATE LIGAMNT	68	5.4	0.57
8076	SYNOVECT-KNEE	66	5.3	0.38
8183	OTH REPR SHLDR	61	4.9	0.82
7781	OTH PART OSTEC-SCAPULA-CLAV-THOR	56	4.5	0.58
8147	OTH REPR KNEE	48	3.8	0.94
8363	ROTATOR CUFF REPR	40	3.2	0.76
4523	COLONOSCOPY	36	2.9	6.09
8081	OTH LOC EXC/DESTRUC JT LES-SHLDR	27	2.2	0.47
8388	OTH PLSTC OPER TENDON	25	2.0	0.31
8046	DIVIS JT CAP-LIGAMNT/CART-KNEE	24	1.9	0.25
0443	RELEASE CARPAL TUNNEL	19	1.5	0.98
7766	LOC EXC LES/TISS-PATELLA	19	1.5	0.12
4542	ENDO POLYPECTOMY LG INTESTINE	18	1.4	3.35
8016	OTH ARTHROT-KNEE	18	1.4	0.13
7867	REMOV IMPLNT DEVICE-TIBIA & FIB	17	1.4	0.30
5123	LAP CHOLEY	15	1.2	2.26
8193	SUT CAPSULE/LIGAMNT UPPER EXTREM	15	1.2	0.08
7939	OP REDUC FX W/INT FIX-OTH BONE	12	1.0	0.14

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		1,139	100.0	100.0
29881	SCOPE KNEE SURG;W/MENISSECT MED/	154	13.5	1.64
29877	SCOPE KNEE SURG; DEBRID/SHAVE CA	137	12.0	1.00
29826	SCOPE SHOULDER; DECOMP SUBACROM	84	7.4	1.21
29888	ARTHSCPY AIDED ACL REPR/AUG/RECO	66	5.8	0.65
29824	SCOPE SHLDR SURG;DIST CLAVICULEC	59	5.2	0.54
29880	SCOPE KNEE SURG;W/MENISSECT MED&	44	3.9	0.50
29827	SCOPE SHLDR SURG; W/ROTOR CUFF R	38	3.3	0.65
45378	COLONOSCOPY FLEX; DX-SEP PROC	35	3.1	6.11
29875	SCOPE KNEE; SYNOVECT LTD SEP PRO	30	2.6	0.24
45380	COLONOSCOPY FLEX; W/BX 1/MX	26	2.3	5.24
20680	REMOVAL OF IMPLANT; DEEP	22	1.9	1.04
29828	29828	20	1.8	0.14
29876	SCOPE KNEE SURG; SYNOVECTOMY MAJ	18	1.6	0.10
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	18	1.6	0.64
29873	SCOPE KNEE SURGICAL; W/LAT RELEA	17	1.5	0.24
29806	SCOPE SHOULDER SURGICAL; CPSLORR	16	1.4	0.21
29807	SCOPE SHLDR SURG; REPR SLAP LESI	16	1.4	0.23
29879	SCOPE KNEE SURG; ABRASION ARTHPL	14	1.2	0.19
47562	LAPAROSCOPY SURGICAL; CHOLECT	14	1.2	0.94
23515	OPEN TX CLAV FX W/VO INTRL/EXT F	12	1.1	0.14

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

AMB ST 1-3

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
 AVERAGE TOTAL CHARGES FOR MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES, SINGLE ICD-9 OR CPT-4 ONLY

147 Park City Medical Center

ICD-9 CODE	ICD-9 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
ICD-9 Procedures		363	\$5,347	\$4,501
8086	OTH LOC EXC/DESTRUC JT LES-KNEE	36	\$3,948	\$4,122
4523	COLONOSCOPY	35	\$1,153	\$1,087
806	EXC SEMILUNAR CARTILAGE-KNEE	33	\$4,536	\$4,537
8145	OTH REPR CRUCIATE LIGAMNT	20	\$11,305	\$11,541
5123	LAP CHOLEY	15	\$7,637	\$7,426
0443	RELEASE CARPAL TUNNEL	14	\$3,012	\$2,540
8183	OTH REPR SHLDR	13	\$6,933	\$8,523
4542	ENDO POLYPECTOMY LG INTESTINE	12	\$1,366	\$1,547
8076	SYNOVECT-KNEE	12	\$4,563	\$4,279
8193	SUT CAPSULE/LIGAMNT UPPER EXTREM	11	\$10,956	\$8,824
4701	LAP APPENDECTOMY	8	\$10,694	\$10,907
8363	ROTATOR CUFF REPR	8	\$10,046	\$10,303
4525	CLO [ENDO] BX LG INTESTINE	7	\$1,439	\$1,709
7939	OP REDUC FX W/INT FIX-OTH BONE	7	\$10,467	\$9,919
8201	EXPLOR TENDON SHEATH HAND	7	\$2,498	\$2,331
7867	REMOV IMPLNT DEVICE-TIBIA & FIB	6	\$4,191	\$3,508
8221	EXC LES TENDON SHEATH HAND	6	\$3,110	\$2,755
8364	OTH SUT TENDON	6	\$5,954	\$5,655
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	5	\$4,116	\$1,581
5303	UNILAT REPR DIRECT ING HERN-GFT	5	\$5,046	\$4,986

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
CPT-4 Procedures		419	\$5,157	\$3,915
29881	SCOPE KNEE SURG;W/MENISCECT MED/	62	\$4,293	\$4,457
29877	SCOPE KNEE SURG; DEBRID/SHAVE CA	48	\$4,209	\$4,015
45378	COLONOSCOPY FLEX; DX-SEP PROC	34	\$1,153	\$1,090
29888	ARTHSCPY AIDED ACL REPR/AUG/RECO	23	\$11,013	\$11,211
45380	COLONOSCOPY FLEX; W/BX 1/MX	21	\$1,420	\$1,526
29880	SCOPE KNEE SURG;W/MENISCECT MED&	15	\$4,604	\$4,800
47562	LAPAROSCOPY SURGICAL; CHOLECT	14	\$7,643	\$6,606
29806	SCOPE SHOULDER SURGICAL; CPSLORR	13	\$11,049	\$9,617
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	13	\$3,056	\$2,624
29875	SCOPE KNEE; SYNOVECT LTD SEP PRO	12	\$4,414	\$4,288
20680	REMOVAL OF IMPLANT; DEEP	11	\$4,890	\$3,558
49505	REPR INIT ING HERNIA 5YR/MORE; R	10	\$5,201	\$4,721
44970	LAPAROSCOPY SURGICAL APPENDECTOM	8	\$10,694	\$10,914
23515	OPEN TX CLAV FX W/WO INTRL/EXT F	7	\$10,467	\$9,944
29873	SCOPE KNEE SURGICAL; W/LAT RELEA	5	\$5,977	\$4,970
29876	SCOPE KNEE SURG; SYNOVECTOMY MAJ	5	\$5,220	\$4,656
43239	UGI ENDO; W/BX 1/MX	5	\$4,116	\$1,548
25111	EXCISION OF GANGLION WRIST; PRIM	4	\$3,063	\$2,784
26055	TENDON SHEATH INCISION	4	\$2,238	\$2,135
26115	EXC TMR/MALF SFT TISS HND/FNGR;S	4	\$2,736	\$2,857

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

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE* CPT-4 PROCEDURES

147 Park City Medical Center

Procedure EAPG category	Procedure EAPG	TOTAL #	TOTAL # (ALL Hospitals)
01	SKIN & INTEGUMENTARY SYSTEM PROCEDURES	31	8,192
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	1	503
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	30	5,031
03	MUSCULOSKELETAL SYSTEM PROCEDURES	933	64,806
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	32	2,405
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	30	4,694
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	12	2,234
	033 LEVEL I HAND PROCEDURES	23	3,780
	034 LEVEL II HAND PROCEDURES	14	1,278
	035 LEVEL I FOOT PROCEDURES	3	6,264
	036 LEVEL II FOOT PROCEDURES	1	1,682
	037 LEVEL I ARTHROSCOPY	623	22,184
	038 LEVEL II ARTHROSCOPY	139	5,320
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	2	717
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	4	628
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	32	5,752
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	8	490
	046 LEVEL I ARTHROPLASTY	5	634
	047 LEVEL II ARTHROPLASTY	2	148
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	3	2,678
07	GASTROINTESTINAL SYSTEM PROCEDURES	132	99,755
	133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	1	422
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	13	22,635
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	1	4,688
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	61	34,149
	137 THERAPEUTIC COLONOSCOPY	8	5,727
	139 LEVEL I HERNIA REPAIR	16	5,573
	140 LEVEL II HERNIA REPAIR	1	1,193
	143 LEVEL I GASTROINTESTINAL PROCEDURES	1	405
	145 LEVEL I LAPAROSCOPY	3	2,675
	146 LEVEL II LAPAROSCOPY	26	8,847
	147 LEVEL III LAPAROSCOPY	1	7,203
10	FEMALE REPRODUCTIVE SYSTEM	1	7,180
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	1	1,292
11	NEUROLOGIC SYSTEM PROCEDURES	38	24,377
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	1	2,913
	217 LEVEL I NERVE PROCEDURES	27	4,031
	221 LAMINOTOMY AND LAMINECTOMY	10	3,173
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	1	12,275
	241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	1	1,469
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	1	28,739
	252 LEVEL I FACIAL AND ENT PROCEDURES	1	12,362

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/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, 2009
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, SINGLE EAPG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

147 Park City Medical Center

Procedure EAPG category	Procedure EAPG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
01	SKIN & INTEGUMENTARY SYSTEM PROCEDURES	16	\$4,183	\$3,762
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	16	\$4,183	\$3,677
03	MUSCULOSKELETAL SYSTEM PROCEDURES	269	\$6,012	\$5,044
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	11	\$5,426	\$4,534
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	12	\$5,701	\$5,458
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	4	\$12,037	\$9,791
	033 LEVEL I HAND PROCEDURES	13	\$3,297	\$2,835
	034 LEVEL II HAND PROCEDURES	2	\$6,394	\$5,167
	035 LEVEL I FOOT PROCEDURES	1	\$3,460	\$3,748
	036 LEVEL II FOOT PROCEDURES	1	\$4,103	\$6,617
	037 LEVEL I ARTHROSCOPY	164	\$4,588	\$4,492
	038 LEVEL II ARTHROSCOPY	41	\$10,703	\$10,734
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	1	\$4,410	\$6,442
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	2	\$4,885	\$3,754
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	17	\$10,143	\$7,392
07	GASTROINTESTINAL SYSTEM PROCEDURES	112	\$3,588	\$3,055
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	7	\$3,216	\$1,516
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	1	\$1,672	\$2,214
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	55	\$1,255	\$1,271
	137 THERAPEUTIC COLONOSCOPY	5	\$1,357	\$1,695
	139 LEVEL I HERNIA REPAIR	16	\$4,740	\$4,486
	140 LEVEL II HERNIA REPAIR	1	\$8,548	\$5,242
	143 LEVEL I GASTROINTESTINAL PROCEDURES	1	\$1,002	\$3,742
	145 LEVEL I LAPAROSCOPY	2	\$3,127	\$5,295
	146 LEVEL II LAPAROSCOPY	23	\$8,810	\$8,314
	147 LEVEL III LAPAROSCOPY	1	\$7,554	\$8,305
10	FEMALE REPRODUCTIVE SYSTEM	1	\$3,128	\$5,236
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	1	\$3,128	\$3,258
11	NEUROLOGIC SYSTEM PROCEDURES	19	\$3,504	\$4,849
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	1	\$158	\$1,315
	217 LEVEL I NERVE PROCEDURES	16	\$3,340	\$3,161
	221 LAMINOTOMY AND LAMINECTOMY	2	\$6,495	\$10,583
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	1	\$2,448	\$3,703
	241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	1	\$2,448	\$3,623
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	1	\$2,435	\$3,605
	252 LEVEL I FACIAL AND ENT PROCEDURES	1	\$2,435	\$2,195

SOURCE: Utah Ambulatory Surgery Database
Utah Health Data Committee/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, 2009
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

147 Park City Medical Center

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
GENDER				
Female	326	44.8	122,959	54.1
Male	402	55.2	104,281	45.9
Unknown	0	0.0	4	0.0
Not Reported	0	0.0	0	0.0
AGE				
1-28 days	0	0.0	1,731	0.8
29-365 days	0	0.0	2,897	1.3
1-4 years	0	0.0	10,813	4.8
5-9	0	0.0	6,381	2.8
10-14	12	1.6	5,066	2.2
15-17	35	4.8	5,130	2.3
18-19	15	2.1	3,775	1.7
20-24	32	4.4	10,184	4.5
25-29	34	4.7	12,684	5.6
30-34	48	6.6	13,594	6.0
35-39	60	8.2	13,012	5.7
40-44	91	12.5	13,141	5.8
45-49	86	11.8	16,564	7.3
50-54	106	14.6	24,353	10.7
55-59	79	10.9	21,093	9.3
60-64	60	8.2	18,280	8.0
65-69	40	5.5	15,480	6.8
70-74	21	2.9	12,653	5.6
75-79	4	0.5	9,821	4.3
80-84	4	0.5	6,574	2.9
85-89	1	0.1	3,084	1.4
90 +	0	0.0	933	0.4
Not Reported	0	0.0	1	0.0
SOURCE OF ADMISSION				
Physician Referral	713	97.9	205,377	90.4
Clinic Referral	1	0.1	2,930	1.3
HMO Referral	0	0.0	2,930	1.3
Other Hospital	0	0.0	184	0.1
Skilled Nursing Facility	0	0.0	36	0.0
Other Health Care Facility	0	0.0	18	0.0
Emergency Room	12	1.6	5,340	2.3
Court/Law Enforcement	0	0.0	3	0.0
Unknown	2	0.3	11	0.0
Not Reported	0	0.0	10,415	4.6

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

147 Park City Medical Center

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	727	99.9	226,589	99.7
Another Hospital	0	0.0	102	0.0
Skilled Nursing Facility	0	0.0	137	0.1
Intermediate Care Facility	0	0.0	20	0.0
Another Type of Institution	0	0.0	68	0.0
Under Care of Home Service	1	0.1	270	0.1
Left Against Medical Advice	0	0.0	22	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	0	0.0	13	0.0
Unknown	0	0.0	22	0.0
Not Reported	0	0.0	1	0.0
PRIMARY PAYER				
Medicare	60	8.2	45,456	20.0
Medicaid	7	1.0	15,975	7.0
Other government	8	1.1	4,287	1.9
Blue Cross/Blue Shield	166	22.8	29,948	13.2
Other Commercial	61	8.4	16,378	7.2
Managed Care(HMO, PPO)	389	53.4	106,245	46.8
Self Pay	6	0.8	2,816	1.2
Industrial & Worker Comp	27	3.7	3,291	1.4
Charity and Unclassified	0	0.0	1,613	0.7
Childrens Health Insurance	3	0.4	129	0.1
Unknown	1	0.1	1,046	0.5
Not Reported	0	0.0	60	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	3	0.4	16,751	7.4
Central Utah	3	0.4	8,412	3.7
Davis County	17	2.3	23,806	10.5
Salt Lake County	139	19.1	77,342	34.0
Southeastern Utah	0	0.0	4,701	2.1
Southwest Utah	1	0.1	14,188	6.2
Summit County	350	48.1	2,798	1.2
Tooele County	4	0.5	4,137	1.8
Tri-County	32	4.4	6,035	2.7
Utah County	34	4.7	37,226	16.4
Wasatch County	77	10.6	1,669	0.7
Weber County	6	0.8	20,181	8.9
Unknown Utah	0	0.0	27	0.0
Outside Utah	61	8.4	9,882	4.3
Unknown, Not Reported	1	0.1	89	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, 2009
NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

126 Pioneer Valley Hospital

Reporting Category(ICD-9-CM CODES)	Procedures Performed		Procedures Performed-All Hospitals	
	(#)	(%)	(#)	(%)
Reporting Category(ICD-9-CM CODES)	3,859	100.0	320,509	100.0
Mastectomy (85.0-85.99)	58	1.5	8,217	2.6
Musculoskeletal (76.0-84.99)	1,214	31.5	69,555	21.7
Respiratory (30.0-34.99)	16	0.4	3,320	1.0
Cardiovascular (35.0-39.99)	61	1.6	22,400	7.0
Lymphatic/Hemetic (40.0-41.99)	20	0.5	2,804	0.9
Digestive System (42.0-54.99)	1,708	44.3	98,678	30.8
Urinary (55.0-59.99)	151	3.9	10,902	3.4
Male Genital (60.0-64.99)	39	1.0	3,817	1.2
Female Genital (65.0-71.99)	60	1.6	14,786	4.6
Endocrine/Nervous (01.0-07.99)	480	12.4	23,111	7.2
Eye (08.0-16.99)	0	0.0	21,114	6.6
Ear (18.0-20.99)	10	0.3	12,945	4.0
Nose, Mouth, Pharynx (21.0-29.99)	42	1.1	28,860	9.0
Reporting Category(CPT-4 CODES)	4,203	100.0	299,107	100.0
Mastectomy (19120-19220)	27	0.6	2,014	0.7
Musculoskeletal (20000-29909)	1,352	32.2	75,301	25.2
Respiratory (30000-32999 & 39501-39599)	40	1.0	14,568	4.9
Cardiovascular (33010-37799 & 93501-93660)	185	4.4	24,369	8.1
Lymphatic/Hemetic (38100-38999)	20	0.5	2,630	0.9
Digestive (40490-49999)	1,739	41.4	109,341	36.6
Urinary (50010-53899)	210	5.0	10,457	3.5
Male Genital (54000-55899)	25	0.6	3,299	1.1
Female Genital (56405-58999)	45	1.1	12,326	4.1
Endocrine/Nervous (60000-64999)	553	13.2	24,781	8.3
Eye (65091-68899)	0	0.0	12,489	4.2
Ear (69000-69979)	7	0.2	7,532	2.5

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

AMB ST 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES

126 Pioneer Valley Hospital

ICD-9 CODE	ICD-9 DESCRIPTION	#	%	% ALL Hospitals
All ICD-9 Procedures		3,859	100.0	100.0
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	431	11.2	5.75
4523	COLONOSCOPY	403	10.4	6.09
4525	CLO [ENDO] BX LG INTESTINE	282	7.3	2.33
0392	INJ OTH AGENT SPINAL CANAL	124	3.2	1.98
0391	INJ ANES SPINAL CANAL-ANALGESIA	119	3.1	1.76
0443	RELEASE CARPAL TUNNEL	106	2.7	0.98
806	EXC SEMILUNAR CARTILAGE-KNEE	106	2.7	1.86
5123	LAP CHOLEY	91	2.4	2.26
4542	ENDO POLYPECTOMY LG INTESTINE	77	2.0	3.35
8201	EXPLOR TENDON SHEATH HAND	77	2.0	0.37
4513	OTH ENDO SM INTESTINE	67	1.7	1.71
4514	CLO [ENDO] BX SM INTESTINE	51	1.3	0.05
598	URETERAL CATH	50	1.3	0.72
4292	DILAT ESOPH	44	1.1	1.44
5011	CLO [PERCUT] [NEEDLE] BX LIVER	42	1.1	0.28
8183	OTH REPR SHLDR	39	1.0	0.82
560	TRANSURETH REMOV OBST URETER-PELV	37	1.0	0.46
8521	LOC EXC LES BREAST	35	0.9	0.73
8147	OTH REPR KNEE	34	0.9	0.94
0449	OTH PERIPH NERV/GANGL DECOMP/LYSIS	33	0.9	0.21

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		4,203	100.0	100.0
43239	UGI ENDO; W/BX 1/MX	429	10.2	6.06
45378	COLONOSCOPY FLEX; DX-SEP PROC	402	9.6	6.11
45380	COLONOSCOPY FLEX; W/BX 1/MX	318	7.6	5.24
64483	INJ ANES EPIDURL; LUMB/SAC 1 LEV	134	3.2	1.07
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	104	2.5	0.64
29881	SCOPE KNEE SURG;W/MENISCECT MED/	90	2.1	1.64
47562	LAPAROSCOPY SURGICAL; CHOLECT	82	2.0	0.94
64484	INJ ANES EPIDURL; LUMB/SAC-EA AD	82	2.0	0.82
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	74	1.8	1.49
20670	REMOVAL OF IMPLANT; SUP SEP PROC	58	1.4	0.04
26055	TENDON SHEATH INCISION	49	1.2	0.43
27096	INJ SI JNT ARTHRGRPH &/ANES/STER	49	1.2	0.04
64550	APPLICATION SURFACE NEUROSTIMULA	47	1.1	0.03
25000	INCISION EXT TENDON SHEATH WRIST	43	1.0	0.09
28285	CORRECTION HAMMERTOE	43	1.0	0.62
44377	SM INTEST ENDO W/ILEUM; W/BX 1/M	43	1.0	0.03
47000	BIOPSY LIVER NEEDLE; PERCUTANEOU	43	1.0	0.18
50590	LITHOTRIPSY XTRACORP SHOCK WAVE	42	1.0	0.23
64623	DESTRUC FACET JT NRV; L/S-EA AD	40	1.0	0.33
52332	CYSTOURETHROSCOPY W/INSRT STENT	35	0.8	0.66

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, 2009
 AVERAGE TOTAL CHARGES FOR MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES, SINGLE ICD-9 OR CPT-4 ONLY

126 Pioneer Valley Hospital

ICD-9 CODE	ICD-9 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
ICD-9	Procedures	1,857	\$5,934	\$4,501
4523	COLONOSCOPY	310	\$2,526	\$1,087
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	210	\$3,194	\$1,581
4525	CLO [ENDO] BX LG INTESTINE	176	\$3,163	\$1,709
5123	LAP CHOLEY	81	\$10,299	\$7,426
4542	ENDO POLYPECTOMY LG INTESTINE	58	\$3,736	\$1,547
4513	OTH ENDO SM INTESTINE	49	\$2,462	\$1,334
806	EXC SEMILUNAR CARTILAGE-KNEE	45	\$6,502	\$4,537
4514	CLO [ENDO] BX SM INTESTINE	41	\$3,018	\$2,092
5011	CLO [PERCUT] [NEEDLE] BX LIVER	41	\$2,923	\$2,654
0443	RELEASE CARPAL TUNNEL	36	\$4,436	\$2,540
8183	OTH REPR SHLDR	21	\$9,795	\$8,523
5303	UNILAT REPR DIRECT ING HERN-GFT	20	\$8,060	\$4,986
6952	ASPIR CURET FOLLOWING DELIV/AB	20	\$4,145	\$3,269
8192	INJ THERAP SUBSTANCE JT/LIGAMNT	20	\$1,898	\$1,414
7863	REMOV IMPLNT DEVICE-RADIUS & ULNA	19	\$5,393	\$3,359
8521	LOC EXC LES BREAST	19	\$5,021	\$3,374
0492	IMPLNT/REPLCMT PERIPH NEUROSTIM	18	\$37,644	\$34,267
598	URETERAL CATH	17	\$9,181	\$6,660
042	DESTRUC CRANIAL & PERIPH NERV	16	\$6,709	\$3,389
7933	OP REDUC W/INT FIX-CARP-METACARP	16	\$10,715	\$5,982

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
CPT-4	Procedures	1,976	\$5,200	\$3,915
45378	COLONOSCOPY FLEX; DX-SEP PROC	311	\$2,518	\$1,090
43239	UGI ENDO; W/BX 1/MX	211	\$3,193	\$1,548
45380	COLONOSCOPY FLEX; W/BX 1/MX	190	\$3,160	\$1,526
47562	LAPAROSCOPY SURGICAL; CHOLECT	74	\$9,933	\$6,606
29881	SCOPE KNEE SURG;W/MENISCECT MED/	49	\$6,416	\$4,457
64550	APPLICATION SURFACE NEUROSTIMULA	47	\$1,198	\$1,037
27096	INJ SI JNT ARTHRGRPH &/ANES/STER	45	\$1,565	\$1,287
47000	BIOPSY LIVER NEEDLE; PERCUTANEOU	42	\$2,974	\$2,653
20670	REMOVAL OF IMPLANT; SUP SEP PROC	39	\$5,461	\$3,504
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	38	\$4,447	\$2,624
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	36	\$2,837	\$1,661
44377	SM INTEST ENDO W/ILEUM; W/BX 1/M	34	\$2,944	\$2,226
50590	LITHOTRIPSY XTRACORP SHOCK WAVE	28	\$9,323	\$9,938
23350	INJ SHLDR ARTHROGRPH/ENHNCD CT/M	26	\$3,887	\$3,591
49505	REPR INIT ING HERNIA 5YR/MORE; R	26	\$8,411	\$4,721
64483	INJ ANES EPIDURL; LUMB/SAC 1 LEV	24	\$1,959	\$1,475
19120	EXC BRST CYST TUMR/LES OPN M/F 1	19	\$5,021	\$3,487
25246	INJECTION PROC WRIST ARTHROGRAPH	19	\$3,329	\$3,163
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	19	\$2,746	\$1,234
20680	REMOVAL OF IMPLANT; DEEP	18	\$4,643	\$3,558

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, 2009
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE* CPT-4 PROCEDURES

126 Pioneer Valley Hospital

Procedure EAPG category	Procedure EAPG	TOTAL #	TOTAL # (ALL Hospitals)
01	SKIN & INTEGUMENTARY SYSTEM PROCEDURES	145	8,192
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	6	1,091
	003 LEVEL I SKIN INCISION AND DRAINAGE	8	189
	007 LEVEL II SKIN DEBRIDEMENT AND DESTRUCTION	1	128
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	3	503
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	114	5,031
	013 LEVEL II SKIN REPAIR	5	792
	014 LEVEL III SKIN REPAIR	8	220
02	BREAST PROCEDURES	27	2,075
	020 LEVEL I BREAST PROCEDURES	27	2,014
03	MUSCULOSKELETAL SYSTEM PROCEDURES	1,175	64,806
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	66	2,405
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	97	4,694
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	61	2,234
	033 LEVEL I HAND PROCEDURES	123	3,780
	034 LEVEL II HAND PROCEDURES	44	1,278
	035 LEVEL I FOOT PROCEDURES	125	6,264
	036 LEVEL II FOOT PROCEDURES	10	1,682
	037 LEVEL I ARTHROSCOPY	288	22,184
	038 LEVEL II ARTHROSCOPY	43	5,320
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	10	717
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	13	628
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	153	5,752
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	7	490
	045 BUNION PROCEDURES	33	1,791
	046 LEVEL I ARTHROPLASTY	22	634
	047 LEVEL II ARTHROPLASTY	2	148
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	78	2,678
04	RESPIRATORY PROCEDURES	77	9,066
	061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	59	1,396
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	2	1,436
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	7	4,402
	064 ENDOSCOPY OF THE LOWER AIRWAY	9	1,832
05	CARDIOVASCULAR PROCEDURES	74	9,325
	083 PLACEMENT OF TRANSVENOUS CATHETERS	2	941
	084 DIAGNOSTIC CARDIAC CATHETERIZATION	18	2,404
	085 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	25	1,497
	086 PACEMAKER INSERTION AND REPLACEMENT	4	259
	087 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	20	809
	089 LEVEL II CARDIOTHORACIC PROCEDURES	4	1,625
	097 AICD IMPLANT	1	200
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	15	2,884
	113 LEVEL I BLOOD AND BLOOD PRODUCT EXCHANGE	4	1,308
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	11	1,491
07	GASTROINTESTINAL SYSTEM PROCEDURES	1,680	99,755
	130 ALIMENTARY TESTS AND SIMPLE TUBE PLACEMENT	2	179

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE* CPT-4 PROCEDURES

126 Pioneer Valley Hospital

procedure EAPG category		TOTAL #	TOTAL # (ALL Hospitals)
procedure EAPG			
131	ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	12	1,379
132	ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	1	502
133	PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	1	422
134	DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	468	22,635
135	THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	55	4,688
136	DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	722	34,149
137	THERAPEUTIC COLONOSCOPY	94	5,727
138	ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	99	1,937
139	LEVEL I HERNIA REPAIR	66	5,573
140	LEVEL II HERNIA REPAIR	28	1,193
141	LEVEL I ANAL AND RECTAL PROCEDURES	2	782
142	LEVEL II ANAL AND RECTAL PROCEDURES	8	1,145
145	LEVEL I LAPAROSCOPY	15	2,675
146	LEVEL II LAPAROSCOPY	89	8,847
147	LEVEL III LAPAROSCOPY	18	7,203
08	GENITOURINARY SYSTEM PROCEDURES	192	8,962
160	EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	42	697
162	URINARY CATHETERIZATION AND DILATATION	5	238
163	LEVEL I BLADDER AND KIDNEY PROCEDURES	67	3,932
164	LEVEL II BLADDER AND KIDNEY PROCEDURES	74	3,413
167	LEVEL II URETHRA AND PROSTATE PROCEDURES	4	444
09	MALE REPRODUCTIVE SYSTEM	37	3,509
180	TESTICULAR AND EPIDIDYMAL PROCEDURES	11	1,431
181	CIRCUMCISION	5	822
184	LEVEL II PENILE AND PROSTATE PROCEDURES	17	1,167
185	PROSTATE NEEDLE AND PUNCH BIOPSY	4	47
10	FEMALE REPRODUCTIVE SYSTEM	27	7,180
196	LEVEL I FEMALE REPRODUCTIVE PROCEDURES	4	1,292
197	LEVEL II FEMALE REPRODUCTIVE PROCEDURES	3	1,355
198	LEVEL III FEMALE REPRODUCTIVE PROCEDURES	10	1,494
199	DILATION AND CURETTAGE	1	551
200	HYSTEROSCOPY	9	2,251
11	NEUROLOGIC SYSTEM PROCEDURES	542	24,377
214	NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	48	2,913
215	LEVEL I REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	2	155
217	LEVEL I NERVE PROCEDURES	178	4,031
218	LEVEL II NERVE PROCEDURES	2	793
219	SPINAL TAP	6	470
220	INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	290	11,868
221	LAMINOTOMY AND LAMINECTOMY	2	3,173
223	LEVEL III NERVE PROCEDURES	14	825
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	48	28,739
252	LEVEL I FACIAL AND ENT PROCEDURES	12	12,362
253	LEVEL II FACIAL AND ENT PROCEDURES	2	1,405
254	LEVEL III FACIAL AND ENT PROCEDURES	11	3,429
255	LEVEL IV FACIAL AND ENT PROCEDURES	10	2,922

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE* CPT-4 PROCEDURES

126 Pioneer Valley Hospital

procedure EAPG category procedure EAPG	TOTAL #	TOTAL # (ALL Hospitals)
256 TONSIL AND ADENOID PROCEDURES	13	8,493

SOURCE: Utah Ambulatory Surgery Database
 Utah Health Data Committee/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, 2009
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, SINGLE EAPG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

126 Pioneer Valley Hospital

Procedure EAPG category	Procedure EAPG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
01	SKIN & INTEGUMENTARY SYSTEM PROCEDURES	93	\$5,317	\$3,762
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	6	\$1,648	\$3,254
	003 LEVEL I SKIN INCISION AND DRAINAGE	2	\$4,561	\$2,833
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	3	\$6,950	\$3,664
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	73	\$5,587	\$3,677
	013 LEVEL II SKIN REPAIR	5	\$4,409	\$4,883
	014 LEVEL III SKIN REPAIR	4	\$6,181	\$5,455
02	BREAST PROCEDURES	27	\$5,816	\$3,802
	020 LEVEL I BREAST PROCEDURES	27	\$5,816	\$3,688
03	MUSCULOSKELETAL SYSTEM PROCEDURES	404	\$7,847	\$5,044
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	7	\$6,607	\$4,534
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	21	\$8,195	\$5,458
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	11	\$14,631	\$9,791
	033 LEVEL I HAND PROCEDURES	40	\$5,670	\$2,835
	034 LEVEL II HAND PROCEDURES	13	\$9,464	\$5,167
	035 LEVEL I FOOT PROCEDURES	18	\$6,077	\$3,748
	036 LEVEL II FOOT PROCEDURES	2	\$13,088	\$6,617
	037 LEVEL I ARTHROSCOPY	107	\$7,013	\$4,492
	038 LEVEL II ARTHROSCOPY	12	\$16,178	\$10,734
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	6	\$10,803	\$6,442
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	6	\$3,243	\$3,754
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	89	\$11,537	\$7,392
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	5	\$3,592	\$3,553
	045 BUNION PROCEDURES	14	\$9,587	\$5,191
	046 LEVEL I ARTHROPLASTY	1	\$12,012	\$8,302
	047 LEVEL II ARTHROPLASTY	1	\$7,244	\$20,732
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	51	\$1,540	\$1,227
04	RESPIRATORY PROCEDURES	66	\$2,943	\$2,975
	061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	58	\$2,836	\$2,594
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	1	\$6,025	\$4,474
	064 ENDOSCOPY OF THE LOWER AIRWAY	7	\$3,394	\$2,794
05	CARDIOVASCULAR PROCEDURES	7	\$21,973	\$14,627
	083 PLACEMENT OF TRANSVENOUS CATHETERS	2	\$9,041	\$6,140
	086 PACEMAKER INSERTION AND REPLACEMENT	3	\$35,232	\$31,576
	089 LEVEL II CARDIOTHORACIC PROCEDURES	2	\$15,016	\$8,023
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	8	\$5,964	\$4,547
	113 LEVEL I BLOOD AND BLOOD PRODUCT EXCHANGE	4	\$2,390	\$3,316
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	4	\$9,537	\$5,995
07	GASTROINTESTINAL SYSTEM PROCEDURES	1,008	\$3,949	\$3,055
	130 ALIMENTARY TESTS AND SIMPLE TUBE PLACEMENT	2	\$406	\$1,670
	132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	1	\$1,603	\$1,232
	133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	1	\$3,029	\$1,718
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	240	\$3,160	\$1,516
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	16	\$3,224	\$2,214
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	502	\$2,761	\$1,271

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, SINGLE EAPG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

126 Pioneer Valley Hospital

procedure EAPG category Procedure EAPG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
137 THERAPEUTIC COLONOSCOPY	46	\$2,963	\$1,695
138 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	47	\$3,260	\$4,271
139 LEVEL I HERNIA REPAIR	38	\$8,631	\$4,486
140 LEVEL II HERNIA REPAIR	9	\$10,264	\$5,242
142 LEVEL II ANAL AND RECTAL PROCEDURES	4	\$6,006	\$3,733
145 LEVEL I LAPAROSCOPY	11	\$6,005	\$5,295
146 LEVEL II LAPAROSCOPY	77	\$10,222	\$8,314
147 LEVEL III LAPAROSCOPY	14	\$13,695	\$8,305
08 GENITOURINARY SYSTEM PROCEDURES	93	\$6,767	\$6,135
160 EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	28	\$9,323	\$9,938
162 URINARY CATHETERIZATION AND DILATATION	3	\$5,564	\$5,868
163 LEVEL I BLADDER AND KIDNEY PROCEDURES	24	\$5,515	\$4,353
164 LEVEL II BLADDER AND KIDNEY PROCEDURES	34	\$5,727	\$5,221
167 LEVEL II URETHRA AND PROSTATE PROCEDURES	4	\$6,136	\$11,236
09 MALE REPRODUCTIVE SYSTEM	35	\$6,623	\$4,630
180 TESTICULAR AND EPIDIDYMAL PROCEDURES	9	\$7,174	\$3,299
181 CIRCUMCISION	5	\$5,782	\$2,418
184 LEVEL II PENILE AND PROSTATE PROCEDURES	17	\$6,838	\$6,666
185 PROSTATE NEEDLE AND PUNCH BIOPSY	4	\$5,521	\$3,010
10 FEMALE REPRODUCTIVE SYSTEM	16	\$8,720	\$5,236
196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	1	\$6,170	\$3,258
197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	1	\$7,046	\$5,190
198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	8	\$10,271	\$7,456
199 DILATION AND CURETTAGE	1	\$6,638	\$3,266
200 HYSTEROSCOPY	5	\$7,500	\$5,384
11 NEUROLOGIC SYSTEM PROCEDURES	137	\$4,125	\$4,849
214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	48	\$1,178	\$1,315
215 LEVEL I REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	2	\$11,062	\$13,624
217 LEVEL I NERVE PROCEDURES	50	\$6,162	\$3,161
218 LEVEL II NERVE PROCEDURES	1	\$12,733	\$11,142
219 SPINAL TAP	6	\$2,174	\$2,509
220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	26	\$1,928	\$1,563
221 LAMINOTOMY AND LAMINECTOMY	2	\$14,569	\$10,583
223 LEVEL III NERVE PROCEDURES	2	\$36,614	\$34,351
13 EAR, NOSE, MOUTH, & THROAT PROCEDURES	23	\$10,289	\$3,605
252 LEVEL I FACIAL AND ENT PROCEDURES	3	\$2,913	\$2,195
253 LEVEL II FACIAL AND ENT PROCEDURES	1	\$7,666	\$3,352
254 LEVEL III FACIAL AND ENT PROCEDURES	4	\$16,545	\$6,442
255 LEVEL IV FACIAL AND ENT PROCEDURES	7	\$16,557	\$8,243
256 TONSIL AND ADENOID PROCEDURES	8	\$4,771	\$2,817

SOURCE: Utah Ambulatory Surgery Database
Utah Health Data Committee/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, 2009
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

126 Pioneer Valley Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
GENDER				
Female	1,675	57.0	122,959	54.1
Male	1,265	43.0	104,281	45.9
Unknown	0	0.0	4	0.0
Not Reported	0	0.0	0	0.0
AGE				
1-28 days	0	0.0	1,731	0.8
29-365 days	1	0.0	2,897	1.3
1-4 years	1	0.0	10,813	4.8
5-9	11	0.4	6,381	2.8
10-14	31	1.1	5,066	2.2
15-17	41	1.4	5,130	2.3
18-19	53	1.8	3,775	1.7
20-24	138	4.7	10,184	4.5
25-29	226	7.7	12,684	5.6
30-34	198	6.7	13,594	6.0
35-39	231	7.9	13,012	5.7
40-44	210	7.1	13,141	5.8
45-49	282	9.6	16,564	7.3
50-54	363	12.3	24,353	10.7
55-59	330	11.2	21,093	9.3
60-64	224	7.6	18,280	8.0
65-69	207	7.0	15,480	6.8
70-74	163	5.5	12,653	5.6
75-79	124	4.2	9,821	4.3
80-84	62	2.1	6,574	2.9
85-89	36	1.2	3,084	1.4
90 +	8	0.3	933	0.4
Not Reported	0	0.0	1	0.0
SOURCE OF ADMISSION				
Physician Referral	2,934	99.8	205,377	90.4
Clinic Referral	0	0.0	2,930	1.3
HMO Referral	0	0.0	2,930	1.3
Other Hospital	1	0.0	184	0.1
Skilled Nursing Facility	0	0.0	36	0.0
Other Health Care Facility	0	0.0	18	0.0
Emergency Room	4	0.1	5,340	2.3
Court/Law Enforcement	0	0.0	3	0.0
Unknown	1	0.0	11	0.0
Not Reported	0	0.0	10,415	4.6

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

126 Pioneer Valley Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	2,934	99.8	226,589	99.7
Another Hospital	2	0.1	102	0.0
Skilled Nursing Facility	1	0.0	137	0.1
Intermediate Care Facility	0	0.0	20	0.0
Another Type of Institution	0	0.0	68	0.0
Under Care of Home Service	1	0.0	270	0.1
Left Against Medical Advice	0	0.0	22	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	1	0.0	13	0.0
Unknown	1	0.0	22	0.0
Not Reported	0	0.0	1	0.0
PRIMARY PAYER				
Medicare	642	21.8	45,456	20.0
Medicaid	299	10.2	15,975	7.0
Other government	80	2.7	4,287	1.9
Blue Cross/Blue Shield	702	23.9	29,948	13.2
Other Commercial	400	13.6	16,378	7.2
Managed Care(HMO, PPO)	607	20.6	106,245	46.8
Self Pay	51	1.7	2,816	1.2
Industrial & Worker Comp	148	5.0	3,291	1.4
Charity and Unclassified	2	0.1	1,613	0.7
Childrens Health Insurance	1	0.0	129	0.1
Unknown	8	0.3	1,046	0.5
Not Reported	0	0.0	60	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	3	0.1	16,751	7.4
Central Utah	6	0.2	8,412	3.7
Davis County	46	1.6	23,806	10.5
Salt Lake County	2,643	89.9	77,342	34.0
Southeastern Utah	8	0.3	4,701	2.1
Southwest Utah	1	0.0	14,188	6.2
Summit County	7	0.2	2,798	1.2
Tooele County	143	4.9	4,137	1.8
Tri-County	6	0.2	6,035	2.7
Utah County	33	1.1	37,226	16.4
Wasatch County	1	0.0	1,669	0.7
Weber County	14	0.5	20,181	8.9
Unknown Utah	0	0.0	27	0.0
Outside Utah	25	0.9	9,882	4.3
Unknown, Not Reported	4	0.1	89	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, 2009
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)	20,235	100.0	320,509	100.0
Mastectomy (85.0-85.99)	10	0.0	8,217	2.6
Musculoskeletal (76.0-84.99)	2,367	11.7	69,555	21.7
Respiratory (30.0-34.99)	549	2.7	3,320	1.0
Cardiovascular (35.0-39.99)	1,014	5.0	22,400	7.0
Lymphatic/Hemetic (40.0-41.99)	242	1.2	2,804	0.9
Digestive System (42.0-54.99)	2,289	11.3	98,678	30.8
Urinary (55.0-59.99)	832	4.1	10,902	3.4
Male Genital (60.0-64.99)	1,292	6.4	3,817	1.2
Female Genital (65.0-71.99)	66	0.3	14,786	4.6
Endocrine/Nervous (01.0-07.99)	659	3.3	23,111	7.2
Eye (08.0-16.99)	1,456	7.2	21,114	6.6
Ear (18.0-20.99)	4,033	19.9	12,945	4.0
Nose, Mouth, Pharynx (21.0-29.99)	5,426	26.8	28,860	9.0
Reporting Category(CPT-4 CODES)	14,896	100.0	299,107	100.0
Mastectomy (19120-19220)	6	0.0	2,014	0.7
Musculoskeletal (20000-29909)	2,337	15.7	75,301	25.2
Respiratory (30000-32999 & 39501-39599)	899	6.0	14,568	4.9
Cardiovascular (33010-37799 & 93501-93660)	157	1.1	24,369	8.1
Lymphatic/Hemetic (38100-38999)	234	1.6	2,630	0.9
Digestive (40490-49999)	5,656	38.0	109,341	36.6
Urinary (50010-53899)	555	3.7	10,457	3.5
Male Genital (54000-55899)	1,456	9.8	3,299	1.1
Female Genital (56405-58999)	51	0.3	12,326	4.1
Endocrine/Nervous (60000-64999)	229	1.5	24,781	8.3
Eye (65091-68899)	1,157	7.8	12,489	4.2
Ear (69000-69979)	2,159	14.5	7,532	2.5

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

AMB ST 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES

122 Primary Childrens Medical Center

ICD-9 CODE	ICD-9 DESCRIPTION	#	%	% ALL Hospitals
All ICD-9 Procedures				
		20,235	100.0	100.0
2001	MYRINGOTOMY W/INSRT TUBE	3,266	16.1	3.18
283	TONSILLECTOMY W/ADENOIDECTOMY	1,580	7.8	1.80
232	RESTORATION TOOTH-FILLING	862	4.3	0.55
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	684	3.4	5.75
2341	APPLIC CROWN	678	3.4	0.43
1511	RECESSION 1 EXTRAOCULAR MUSC	542	2.7	0.22
2370	ROOT CANAL-NOS	506	2.5	0.31
0392	INJ OTH AGENT SPINAL CANAL	451	2.2	1.98
640	CIRCUMCISION	350	1.7	0.21
286	ADENOIDECTOMY WO TONSILLECTOMY	321	1.6	0.33
2309	EXTRACT OTH TOOTH	317	1.6	0.15
625	ORCHIOPEXY	310	1.5	0.13
3723	COMBO RT & LT HEART CARD CATH	286	1.4	0.59
153	>=2 EXTRAOC MUSC-TEMP DETCH-1/BOTH	268	1.3	0.10
5845	REPR HYPOSPADIAS/EPISPADIAS	241	1.2	0.08
7911	CLO REDUC FX W/INT FIX-HUMERUS	222	1.1	0.10
5300	UNILAT REPR ING HERN-NOS	219	1.1	0.10
4131	BX BONE MARROW	196	1.0	0.20
3142	LARYNGOSCOPY & OTH TRACHEOSCOPY	191	0.9	0.11
3323	OTH BRONCHOSCOPY	185	0.9	0.07

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures				
		14,896	100.0	100.0
69436	TYMPANOSTOMY GENERAL ANESTHESIA	1,664	11.2	1.75
42820	T&A; UNDER AGE 12	1,464	9.8	1.47
41899	UNLIST PROC DENTOALVEOL STRUCTUR	1,056	7.1	0.91
43239	UGI ENDO; W/BX 1/MX	678	4.6	6.06
67311	STRABISMUS SURG; 1 HORIZONTAL MU	350	2.3	0.16
54161	CIRC NO CLAMP/DORSL SLIT; NOT NB	336	2.3	0.19
20680	REMOVAL OF IMPLANT; DEEP	301	2.0	1.04
42830	ADENOIDECTOMY PRIMARY; UNDER AGE	301	2.0	0.32
54640	ORCHIPXY ING APPRCH W/WO HERN RE	244	1.6	0.10
24538	PERQ FIX SPRCOND FX W/WO EXTENSI	214	1.4	0.10
31622	BRNCHSCPY;DX W/WO CELL WASH SP P	184	1.2	0.13
49500	REPR INIT ING HERNIA 6MO-<5YR; R	169	1.1	0.08
38221	BONE MARROW; BIOPSY NEEDLE/TROCA	168	1.1	0.12
67312	STRABISMUS SURG; 2 HORIZONTAL MU	167	1.1	0.07
49505	REPR INIT ING HERNIA 5YR/MORE; R	154	1.0	0.82
49320	LAP-ABD DX-W/WO SPECMN-SEP PROC	141	0.9	0.20
45380	COLONOSCOPY FLEX; W/BX 1/MX	137	0.9	5.24
42821	T&A; AGE 12 OR OVER	116	0.8	0.44
49580	REPR UMBILIC HERNIA <5YR; REDUCI	113	0.8	0.05
53020	MEATOTOMY CUT MEATUS; EXCEPT INF	112	0.8	0.05

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

AMB ST 1-3

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
 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		7,201	\$3,322	\$4,501
283	TONSILLECTOMY W/ADENOIDECTOMY	1,218	\$2,529	\$2,850
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	530	\$2,251	\$1,581
0392	INJ OTH AGENT SPINAL CANAL	356	\$740	\$1,084
7911	CLO REDUC FX W/INT FIX-HUMERUS	210	\$3,790	\$4,096
640	CIRCUMCISION	204	\$2,186	\$2,488
5845	REPR HYPOSPADIAS/EPISPADIAS	197	\$3,570	\$3,580
625	ORCHIOPEXY	160	\$2,489	\$2,596
153	>=2 EXTRAOC MUSC-TEMP DETCH-1/BOTH	147	\$2,679	\$2,625
232	RESTORATION TOOTH-FILLING	146	\$2,563	\$2,448
5300	UNILAT REPR ING HERN-NOS	110	\$2,320	\$2,986
5349	OTH UMB HERNIORRHAPHY	110	\$2,354	\$3,750
3723	COMBO RT & LT HEART CARD CATH	100	\$12,091	\$8,968
0943	PROBE NASOLACRML DUCT	95	\$2,143	\$1,861
6493	DIVIS PENILE ADHES	90	\$1,120	\$1,336
5302	UNILAT REPR INDIRECT ING HERN	88	\$2,402	\$3,140
581	URETHRAL MEATOTOMY	86	\$541	\$790
7865	REMOV IMPLNT DEVICE-FEM	84	\$3,127	\$4,281
631	EXC VARICOCELE-HYDROCELE SPERM CORD	79	\$2,354	\$3,199
4131	BX BONE MARROW	76	\$2,415	\$4,486
0331	SPINAL TAP	73	\$2,117	\$2,508

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
CPT-4 Procedures		8,939	\$2,882	\$3,915
69436	TYMPANOSTOMY GENERAL ANESTHESIA	1,110	\$1,083	\$1,499
42820	T&A; UNDER AGE 12	1,104	\$2,539	\$2,701
41899	UNLIST PROC DENTOALVEOL STRUCTUR	963	\$3,001	\$2,871
43239	UGI ENDO; W/BX 1/MX	531	\$2,284	\$1,548
67311	STRABISMUS SURG; 1 HORIZONTAL MU	236	\$2,643	\$2,804
54161	CIRC NO CLAMP/DORSL SLIT; NOT NB	201	\$2,186	\$2,824
20680	REMOVAL OF IMPLANT; DEEP	177	\$3,018	\$3,558
24538	PERQ FIX SPRCOND FX W/WO EXTENSI	167	\$3,715	\$3,806
54640	ORCHIPXY ING APPRCH W/WO HERN RE	165	\$2,494	\$2,617
38221	BONE MARROW; BIOPSY NEEDLE/TROCA	154	\$1,879	\$3,255
67312	STRABISMUS SURG; 2 HORIZONTAL MU	132	\$2,687	\$2,692
49505	REPR INIT ING HERNIA 5YR/MORE; R	111	\$2,284	\$4,721
42821	T&A; AGE 12 OR OVER	102	\$2,480	\$3,195
53020	MEATOTOMY CUT MEATUS; EXCEPT INF	88	\$551	\$784
49500	REPR INIT ING HERNIA 6MO-<5YR; R	84	\$2,310	\$3,487
54322	1 STAGE DSTL REPR; W/SMPL MEATL	83	\$3,256	\$3,257
49580	REPR UMBILIC HERNIA <5YR; REDUCI	80	\$2,333	\$2,481
55500	EXC HYDROCEL SPERM CRD UNI-SEP P	77	\$2,333	\$2,586
42830	ADENOIDECTOMY PRIMARY; UNDER AGE	67	\$1,942	\$2,138
62270	SPINAL PUNCTURE LUMBAR DIAGNOSTI	67	\$1,905	\$2,523

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, 2009
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE* CPT-4 PROCEDURES

122 Primary Childrens Medical Center

Procedure EAPG category	Procedure EAPG	TOTAL #	TOTAL # (ALL Hospitals)
01	SKIN & INTEGUMENTARY SYSTEM PROCEDURES	752	8,192
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	233	1,091
	003 LEVEL I SKIN INCISION AND DRAINAGE	49	189
	004 LEVEL II SKIN INCISION AND DRAINAGE	2	95
	006 LEVEL I SKIN DEBRIDEMENT AND DESTRUCTION	4	23
	007 LEVEL II SKIN DEBRIDEMENT AND DESTRUCTION	2	128
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	25	503
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	395	5,031
	011 LEVEL III EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	11	82
	012 LEVEL I SKIN REPAIR	1	35
	013 LEVEL II SKIN REPAIR	14	792
	014 LEVEL III SKIN REPAIR	13	220
	015 LEVEL IV SKIN REPAIR	3	3
02	BREAST PROCEDURES	6	2,075
	020 LEVEL I BREAST PROCEDURES	6	2,014
03	MUSCULOSKELETAL SYSTEM PROCEDURES	1,584	64,806
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	122	2,405
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	159	4,694
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	96	2,234
	033 LEVEL I HAND PROCEDURES	99	3,780
	034 LEVEL II HAND PROCEDURES	59	1,278
	035 LEVEL I FOOT PROCEDURES	71	6,264
	036 LEVEL II FOOT PROCEDURES	29	1,682
	037 LEVEL I ARTHROSCOPY	72	22,184
	038 LEVEL II ARTHROSCOPY	25	5,320
	039 REPLACEMENT OF CAST	5	69
	040 SPLINT, STRAPPING AND CAST REMOVAL	1	1,672
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	26	717
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	129	628
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	429	5,752
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	17	490
	045 BUNION PROCEDURES	5	1,791
	046 LEVEL I ARTHROPLASTY	3	634
	048 HAND AND FOOT TENOTOMY	94	386
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	143	2,678
04	RESPIRATORY PROCEDURES	640	9,066
	061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	30	1,396
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	209	1,436
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	147	4,402
	064 ENDOSCOPY OF THE LOWER AIRWAY	254	1,832
05	CARDIOVASCULAR PROCEDURES	114	9,325
	082 CARDIAC ELECTROPHYSIOLOGIC TESTS	14	1,153
	083 PLACEMENT OF TRANSVENOUS CATHETERS	43	941
	084 DIAGNOSTIC CARDIAC CATHETERIZATION	3	2,404
	085 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	1	1,497
	086 PACEMAKER INSERTION AND REPLACEMENT	2	259

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE* CPT-4 PROCEDURES

122 Primary Childrens Medical Center

procedure EAPG category	procedure EAPG	TOTAL #	TOTAL # (ALL Hospitals)
	087 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	20	809
	088 LEVEL I CARDIOTHORACIC PROCEDURES	2	225
	089 LEVEL II CARDIOTHORACIC PROCEDURES	27	1,625
	090 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	1	53
	097 AICD IMPLANT	1	200
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	35	2,884
	113 LEVEL I BLOOD AND BLOOD PRODUCT EXCHANGE	4	1,308
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	31	1,491
07	GASTROINTESTINAL SYSTEM PROCEDURES	2,263	99,755
	131 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	35	1,379
	132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	15	502
	133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	48	422
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	761	22,635
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	99	4,688
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	144	34,149
	137 THERAPEUTIC COLONOSCOPY	8	5,727
	138 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	6	1,937
	139 LEVEL I HERNIA REPAIR	692	5,573
	140 LEVEL II HERNIA REPAIR	30	1,193
	141 LEVEL I ANAL AND RECTAL PROCEDURES	46	782
	142 LEVEL II ANAL AND RECTAL PROCEDURES	32	1,145
	143 LEVEL I GASTROINTESTINAL PROCEDURES	41	405
	144 LEVEL II GASTROINTESTINAL PROCEDURES	12	226
	145 LEVEL I LAPAROSCOPY	146	2,675
	146 LEVEL II LAPAROSCOPY	139	8,847
	147 LEVEL III LAPAROSCOPY	9	7,203
08	GENITOURINARY SYSTEM PROCEDURES	442	8,962
	160 EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	1	697
	161 URINARY STUDIES AND PROCEDURES	1	3
	162 URINARY CATHETERIZATION AND DILATATION	17	238
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	140	3,932
	164 LEVEL II BLADDER AND KIDNEY PROCEDURES	106	3,413
	165 LEVEL III BLADDER AND KIDNEY PROCEDURES	3	55
	166 LEVEL I URETHRA AND PROSTATE PROCEDURES	117	180
	167 LEVEL II URETHRA AND PROSTATE PROCEDURES	57	444
09	MALE REPRODUCTIVE SYSTEM	1,396	3,509
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	527	1,431
	181 CIRCUMCISION	476	822
	183 LEVEL I PENILE AND PROSTATE PROCEDURES	4	10
	184 LEVEL II PENILE AND PROSTATE PROCEDURES	389	1,167
10	FEMALE REPRODUCTIVE SYSTEM	36	7,180
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	15	1,292
	198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	2	1,494
	201 COLPOSCOPY	19	234
11	NEUROLOGIC SYSTEM PROCEDURES	192	24,377
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	8	2,913

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE* CPT-4 PROCEDURES

122 Primary Childrens Medical Center

procedure EAPG category	procedure EAPG	TOTAL #	TOTAL # (ALL Hospitals)
	215 LEVEL I REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	1	155
	216 LEVEL II REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	13	148
	217 LEVEL I NERVE PROCEDURES	31	4,031
	218 LEVEL II NERVE PROCEDURES	13	793
	219 SPINAL TAP	100	470
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	16	11,868
	221 LAMINOTOMY AND LAMINECTOMY	1	3,173
	223 LEVEL III NERVE PROCEDURES	9	825
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	1,148	12,275
	230 MINOR OPHTHALMOLOGICAL TESTS AND PROCEDURES	14	41
	232 LASER EYE PROCEDURES	6	418
	233 CATARACT PROCEDURES	52	5,365
	234 LEVEL I ANTERIOR SEGMENT EYE PROCEDURES	22	265
	235 LEVEL II ANTERIOR SEGMENT EYE PROCEDURES	18	285
	236 LEVEL III ANTERIOR SEGMENT EYE PROCEDURES	8	209
	237 LEVEL I POSTERIOR SEGMENT EYE PROCEDURES	1	390
	238 LEVEL II POSTERIOR SEGMENT EYE PROCEDURES	7	1,912
	239 STRABISMUS AND MUSCLE EYE PROCEDURES	707	1,026
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	225	895
	241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	88	1,469
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	5,941	28,739
	250 COCHLEAR DEVICE IMPLANTATION	33	91
	251 OTORHINOLARYNGOLOGIC FUNCTION TESTS	26	37
	252 LEVEL I FACIAL AND ENT PROCEDURES	3,263	12,362
	253 LEVEL II FACIAL AND ENT PROCEDURES	219	1,405
	254 LEVEL III FACIAL AND ENT PROCEDURES	184	3,429
	255 LEVEL IV FACIAL AND ENT PROCEDURES	240	2,922
	256 TONSIL AND ADENOID PROCEDURES	1,976	8,493

SOURCE: Utah Ambulatory Surgery Database
Utah Health Data Committee/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, 2009
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, SINGLE EAPG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

122 Primary Childrens Medical Center

Procedure EAPG category	Procedure EAPG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
01	SKIN & INTEGUMENTARY SYSTEM PROCEDURES	501	\$2,634	\$3,762
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	193	\$1,990	\$3,254
	003 LEVEL I SKIN INCISION AND DRAINAGE	34	\$2,539	\$2,833
	004 LEVEL II SKIN INCISION AND DRAINAGE	2	\$3,465	\$4,409
	006 LEVEL I SKIN DEBRIDEMENT AND DESTRUCTION	1	\$1,716	\$2,173
	007 LEVEL II SKIN DEBRIDEMENT AND DESTRUCTION	2	\$1,794	\$2,829
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	16	\$2,975	\$3,664
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	241	\$3,070	\$3,677
	011 LEVEL III EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	6	\$4,821	\$6,037
	013 LEVEL II SKIN REPAIR	3	\$1,842	\$4,883
	014 LEVEL III SKIN REPAIR	1	\$4,629	\$5,455
	015 LEVEL IV SKIN REPAIR	2	\$5,335	\$5,336
02	BREAST PROCEDURES	5	\$2,354	\$3,802
	020 LEVEL I BREAST PROCEDURES	5	\$2,354	\$3,688
03	MUSCULOSKELETAL SYSTEM PROCEDURES	806	\$4,240	\$5,044
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	69	\$3,205	\$4,534
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	63	\$4,632	\$5,458
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	67	\$6,627	\$9,791
	033 LEVEL I HAND PROCEDURES	41	\$2,309	\$2,835
	034 LEVEL II HAND PROCEDURES	17	\$3,026	\$5,167
	035 LEVEL I FOOT PROCEDURES	25	\$3,594	\$3,748
	036 LEVEL II FOOT PROCEDURES	12	\$4,155	\$6,617
	037 LEVEL I ARTHROSCOPY	27	\$5,965	\$4,492
	038 LEVEL II ARTHROSCOPY	15	\$8,253	\$10,734
	040 SPLINT, STRAPPING AND CAST REMOVAL	1	\$2,055	\$1,380
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	17	\$4,445	\$6,442
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	58	\$4,682	\$3,754
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	322	\$4,493	\$7,392
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	5	\$3,637	\$3,553
	045 BUNION PROCEDURES	2	\$5,984	\$5,191
	046 LEVEL I ARTHROPLASTY	1	\$3,566	\$8,302
	048 HAND AND FOOT TENOTOMY	8	\$2,449	\$2,527
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	56	\$729	\$1,227
04	RESPIRATORY PROCEDURES	118	\$3,487	\$2,975
	061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	23	\$4,186	\$2,594
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	18	\$2,746	\$4,027
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	15	\$3,491	\$4,474
	064 ENDOSCOPY OF THE LOWER AIRWAY	62	\$3,441	\$2,794
05	CARDIOVASCULAR PROCEDURES	18	\$7,638	\$14,627
	082 CARDIAC ELECTROPHYSIOLOGIC TESTS	1	\$1,870	\$16,299
	083 PLACEMENT OF TRANSVENOUS CATHETERS	13	\$4,655	\$6,140
	084 DIAGNOSTIC CARDIAC CATHETERIZATION	1	\$10,287	\$8,441
	088 LEVEL I CARDIOTHORACIC PROCEDURES	1	\$3,731	\$7,678
	089 LEVEL II CARDIOTHORACIC PROCEDURES	2	\$30,547	\$8,023
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	33	\$3,422	\$4,547

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, SINGLE EAPG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

122 Primary Childrens Medical Center

procedure EAPG category	Procedure EAPG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
	113 LEVEL I BLOOD AND BLOOD PRODUCT EXCHANGE	4	\$6,235	\$3,316
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	29	\$3,034	\$5,995
07	GASTROINTESTINAL SYSTEM PROCEDURES	1,399	\$2,708	\$3,055
	131 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	10	\$2,774	\$2,353
	132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	9	\$2,096	\$1,232
	133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	11	\$1,716	\$1,718
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	568	\$2,343	\$1,516
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	68	\$3,297	\$2,214
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	60	\$2,439	\$1,271
	137 THERAPEUTIC COLONOSCOPY	4	\$2,815	\$1,695
	139 LEVEL I HERNIA REPAIR	427	\$2,435	\$4,486
	140 LEVEL II HERNIA REPAIR	20	\$2,553	\$5,242
	141 LEVEL I ANAL AND RECTAL PROCEDURES	17	\$2,107	\$3,138
	142 LEVEL II ANAL AND RECTAL PROCEDURES	28	\$1,515	\$3,733
	143 LEVEL I GASTROINTESTINAL PROCEDURES	31	\$3,434	\$3,742
	144 LEVEL II GASTROINTESTINAL PROCEDURES	11	\$4,646	\$8,218
	145 LEVEL I LAPAROSCOPY	19	\$2,873	\$5,295
	146 LEVEL II LAPAROSCOPY	111	\$5,324	\$8,314
	147 LEVEL III LAPAROSCOPY	5	\$7,593	\$8,305
08	GENITOURINARY SYSTEM PROCEDURES	251	\$3,451	\$6,135
	162 URINARY CATHETERIZATION AND DILATATION	9	\$4,670	\$5,868
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	55	\$2,695	\$4,353
	164 LEVEL II BLADDER AND KIDNEY PROCEDURES	66	\$6,756	\$5,221
	165 LEVEL III BLADDER AND KIDNEY PROCEDURES	2	\$3,145	\$17,334
	166 LEVEL I URETHRA AND PROSTATE PROCEDURES	89	\$564	\$1,346
	167 LEVEL II URETHRA AND PROSTATE PROCEDURES	30	\$5,788	\$11,236
09	MALE REPRODUCTIVE SYSTEM	868	\$2,500	\$4,630
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	318	\$2,277	\$3,299
	181 CIRCUMCISION	295	\$2,014	\$2,418
	183 LEVEL I PENILE AND PROSTATE PROCEDURES	2	\$1,497	\$2,153
	184 LEVEL II PENILE AND PROSTATE PROCEDURES	253	\$3,356	\$6,666
10	FEMALE REPRODUCTIVE SYSTEM	25	\$2,000	\$5,236
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	14	\$1,124	\$3,258
	198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	1	\$5,917	\$7,456
	201 COLPOSCOPY	10	\$2,835	\$4,443
11	NEUROLOGIC SYSTEM PROCEDURES	97	\$3,207	\$4,849
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	6	\$1,856	\$1,315
	215 LEVEL I REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	1	\$16,292	\$13,624
	216 LEVEL II REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	11	\$9,038	\$14,328
	217 LEVEL I NERVE PROCEDURES	6	\$5,653	\$3,161
	218 LEVEL II NERVE PROCEDURES	1	\$3,508	\$11,142
	219 SPINAL TAP	67	\$1,905	\$2,509
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	5	\$3,842	\$1,563
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	671	\$2,637	\$3,703
	230 MINOR OPHTHALMOLOGICAL TESTS AND PROCEDURES	10	\$1,906	\$1,324

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, SINGLE EAPG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

122 Primary Childrens Medical Center

procedure	EAPG category		TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
	Procedure EAPG				
	232	LASER EYE PROCEDURES	5	\$2,681	\$787
	233	CATARACT PROCEDURES	31	\$4,394	\$3,686
	234	LEVEL I ANTERIOR SEGMENT EYE PROCEDURES	19	\$2,919	\$2,924
	235	LEVEL II ANTERIOR SEGMENT EYE PROCEDURES	2	\$3,019	\$3,596
	236	LEVEL III ANTERIOR SEGMENT EYE PROCEDURES	6	\$5,002	\$8,638
	237	LEVEL I POSTERIOR SEGMENT EYE PROCEDURES	1	\$5,871	\$7,096
	238	LEVEL II POSTERIOR SEGMENT EYE PROCEDURES	1	\$6,026	\$5,867
	239	STRABISMUS AND MUSCLE EYE PROCEDURES	402	\$2,646	\$2,734
	240	LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	139	\$2,080	\$2,293
	241	LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	55	\$2,621	\$3,623
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES		3,983	\$2,673	\$3,605
	250	COCHLEAR DEVICE IMPLANTATION	32	\$37,566	\$50,592
	251	OTORHINOLARYNGOLOGIC FUNCTION TESTS	21	\$2,860	\$3,204
	252	LEVEL I FACIAL AND ENT PROCEDURES	2,290	\$2,056	\$2,195
	253	LEVEL II FACIAL AND ENT PROCEDURES	118	\$2,493	\$3,352
	254	LEVEL III FACIAL AND ENT PROCEDURES	87	\$4,839	\$6,442
	255	LEVEL IV FACIAL AND ENT PROCEDURES	107	\$6,019	\$8,243
	256	TONSIL AND ADENOID PROCEDURES	1,328	\$2,499	\$2,817

SOURCE: Utah Ambulatory Surgery Database
Utah Health Data Committee/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, 2009
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

122 Primary Childrens Medical Center

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
GENDER				
Female	4,928	39.0	122,959	54.1
Male	7,708	61.0	104,281	45.9
Unknown	0	0.0	4	0.0
Not Reported	0	0.0	0	0.0
AGE				
1-28 days	20	0.2	1,731	0.8
29-365 days	1,505	11.9	2,897	1.3
1-4 years	5,214	41.3	10,813	4.8
5-9	3,092	24.5	6,381	2.8
10-14	1,795	14.2	5,066	2.2
15-17	720	5.7	5,130	2.3
18-19	159	1.3	3,775	1.7
20-24	94	0.7	10,184	4.5
25-29	18	0.1	12,684	5.6
30-34	7	0.1	13,594	6.0
35-39	11	0.1	13,012	5.7
40-44	1	0.0	13,141	5.8
45-49	0	0.0	16,564	7.3
50-54	0	0.0	24,353	10.7
55-59	0	0.0	21,093	9.3
60-64	0	0.0	18,280	8.0
65-69	0	0.0	15,480	6.8
70-74	0	0.0	12,653	5.6
75-79	0	0.0	9,821	4.3
80-84	0	0.0	6,574	2.9
85-89	0	0.0	3,084	1.4
90 +	0	0.0	933	0.4
Not Reported	0	0.0	1	0.0
SOURCE OF ADMISSION				
Physician Referral	12,077	95.6	205,377	90.4
Clinic Referral	16	0.1	2,930	1.3
HMO Referral	1	0.0	2,930	1.3
Other Hospital	52	0.4	184	0.1
Skilled Nursing Facility	0	0.0	36	0.0
Other Health Care Facility	1	0.0	18	0.0
Emergency Room	488	3.9	5,340	2.3
Court/Law Enforcement	0	0.0	3	0.0
Unknown	1	0.0	11	0.0
Not Reported	0	0.0	10,415	4.6

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

122 Primary Childrens Medical Center

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	12,621	99.9	226,589	99.7
Another Hospital	3	0.0	102	0.0
Skilled Nursing Facility	1	0.0	137	0.1
Intermediate Care Facility	1	0.0	20	0.0
Another Type of Institution	0	0.0	68	0.0
Under Care of Home Service	10	0.1	270	0.1
Left Against Medical Advice	0	0.0	22	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	0	0.0	13	0.0
Unknown	0	0.0	22	0.0
Not Reported	0	0.0	1	0.0
PRIMARY PAYER				
Medicare	10	0.1	45,456	20.0
Medicaid	3,133	24.8	15,975	7.0
Other government	258	2.0	4,287	1.9
Blue Cross/Blue Shield	2,163	17.1	29,948	13.2
Other Commercial	808	6.4	16,378	7.2
Managed Care(HMO, PPO)	5,712	45.2	106,245	46.8
Self Pay	206	1.6	2,816	1.2
Industrial & Worker Comp	0	0.0	3,291	1.4
Charity and Unclassified	47	0.4	1,613	0.7
Childrens Health Insurance	37	0.3	129	0.1
Unknown	262	2.1	1,046	0.5
Not Reported	0	0.0	60	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	316	2.5	16,751	7.4
Central Utah	194	1.5	8,412	3.7
Davis County	1,487	11.8	23,806	10.5
Salt Lake County	6,064	48.0	77,342	34.0
Southeastern Utah	123	1.0	4,701	2.1
Southwest Utah	190	1.5	14,188	6.2
Summit County	196	1.6	2,798	1.2
Tooele County	340	2.7	4,137	1.8
Tri-County	140	1.1	6,035	2.7
Utah County	1,691	13.4	37,226	16.4
Wasatch County	114	0.9	1,669	0.7
Weber County	678	5.4	20,181	8.9
Unknown Utah	1	0.0	27	0.0
Outside Utah	1,091	8.6	9,882	4.3
Unknown, Not Reported	11	0.1	89	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, 2009
NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

148 Riverton Hospital

Reporting Category(ICD-9-CM CODES)	Procedures Performed		Procedures Performed-All Hospitals	
	(#)	(%)	(#)	(%)
Reporting Category(ICD-9-CM CODES)	888	100.0	320,509	100.0
Mastectomy (85.0-85.99)	8	0.9	8,217	2.6
Musculoskeletal (76.0-84.99)	224	25.2	69,555	21.7
Respiratory (30.0-34.99)	0	0.0	3,320	1.0
Cardiovascular (35.0-39.99)	0	0.0	22,400	7.0
Lymphatic/Hemetic (40.0-41.99)	1	0.1	2,804	0.9
Digestive System (42.0-54.99)	257	28.9	98,678	30.8
Urinary (55.0-59.99)	10	1.1	10,902	3.4
Male Genital (60.0-64.99)	6	0.7	3,817	1.2
Female Genital (65.0-71.99)	117	13.2	14,786	4.6
Endocrine/Nervous (01.0-07.99)	17	1.9	23,111	7.2
Eye (08.0-16.99)	31	3.5	21,114	6.6
Ear (18.0-20.99)	51	5.7	12,945	4.0
Nose, Mouth, Pharynx (21.0-29.99)	166	18.7	28,860	9.0
Reporting Category(CPT-4 CODES)	751	100.0	299,107	100.0
Mastectomy (19120-19220)	1	0.1	2,014	0.7
Musculoskeletal (20000-29909)	189	25.2	75,301	25.2
Respiratory (30000-32999 & 39501-39599)	111	14.8	14,568	4.9
Cardiovascular (33010-37799 & 93501-93660)	0	0.0	24,369	8.1
Lymphatic/Hemetic (38100-38999)	1	0.1	2,630	0.9
Digestive (40490-49999)	303	40.3	109,341	36.6
Urinary (50010-53899)	7	0.9	10,457	3.5
Male Genital (54000-55899)	6	0.8	3,299	1.1
Female Genital (56405-58999)	76	10.1	12,326	4.1
Endocrine/Nervous (60000-64999)	11	1.5	24,781	8.3
Eye (65091-68899)	16	2.1	12,489	4.2
Ear (69000-69979)	30	4.0	7,532	2.5

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

AMB ST 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES

148 Riverton Hospital

ICD-9 CODE	ICD-9 DESCRIPTION	#	%	% ALL Hospitals
All ICD-9 Procedures		888	100.0	100.0
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	57	6.4	5.75
4523	COLONOSCOPY	41	4.6	6.09
4542	ENDO POLYPECTOMY LG INTESTINE	36	4.1	3.35
2001	MYRINGOTOMY W/INSRT TUBE	32	3.6	3.18
8026	ARTHSCPY-KNEE	27	3.0	0.54
2169	OTH TURBINECTOMY	26	2.9	0.78
283	TONSILLECTOMY W/ADENOIDECTOMY	25	2.8	1.80
215	SUBMUCOUS RESECT NASAL SEPTUM	24	2.7	0.27
806	EXC SEMILUNAR CARTILAGE-KNEE	21	2.4	1.86
5123	LAP CHOLEY	17	1.9	2.26
4525	CLO [ENDO] BX LG INTESTINE	16	1.8	2.33
5421	LAPAROSCOPY	16	1.8	0.34
1341	PHACOEMULSIFICATION-ASPIR CATARACT	15	1.7	1.58
1371	IOL PROSTH-CATARACT EXTRACT-1-STAGE	15	1.7	1.59
6909	OTH D&C UTERUS	15	1.7	0.42
282	TONSILLECTOMY WO ADENOIDECTOMY	14	1.6	0.53
6952	ASPIR CURET FOLLOWING DELIV/AB	14	1.6	0.44
8147	OTH REPR KNEE	14	1.6	0.94
222	INTRANASAL ANTROTOMY	13	1.5	0.34
2263	ETHMOIDECTOMY	12	1.4	0.55

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		751	100.0	100.0
43239	UGI ENDO; W/BX 1/MX	57	7.6	6.06
45378	COLONOSCOPY FLEX; DX-SEP PROC	38	5.1	6.11
45380	COLONOSCOPY FLEX; W/BX 1/MX	38	5.1	5.24
30140	SUBMUCOS RES TURBINATE PART/CMPL	28	3.7	0.74
30520	SEPTOPLASTY/SUBMUCOS RES W/GFT	27	3.6	0.78
47562	LAPAROSCOPY SURGICAL; CHOLECT	17	2.3	0.94
69436	TYMPANOSTOMY GENERAL ANESTHESIA	17	2.3	1.75
29881	SCOPE KNEE SURG;W/MENISCECT MED/	16	2.1	1.64
58662	LAP SURG; W/FULG/EXCIS LES-OVARY	16	2.1	0.56
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	14	1.9	0.49
42821	T&A; AGE 12 OR OVER	13	1.7	0.44
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	13	1.7	1.49
42820	T&A; UNDER AGE 12	12	1.6	1.47
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	11	1.5	0.96
31020	SINUSOTOMY MAXILLARY; INTRANASAL	10	1.3	0.02
58661	LAP SURG; W/REMV ADNEXAL STRUCT	9	1.2	0.24
66982	EXTRACAP CATARACT REMV W/IOL-CMP	9	1.2	0.07
31255	NASAL/SINUS ENDO; W/TOT ETHMOECT	8	1.1	0.39
42830	ADENOIDECTOMY PRIMARY; UNDER AGE	8	1.1	0.32
43235	UGI ENDO; DX W/VO CLCT SPECMN-SP	8	1.1	1.25

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, 2009
 AVERAGE TOTAL CHARGES FOR MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES, SINGLE ICD-9 OR CPT-4 ONLY

148 Riverton Hospital

ICD-9 CODE	ICD-9 DESCRIPTION	#	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
ICD-9 Procedures		280	\$2,947	\$4,501
4523	COLONOSCOPY	32	\$863	\$1,087
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	30	\$1,124	\$1,581
4542	ENDO POLYPECTOMY LG INTESTINE	24	\$1,272	\$1,547
283	TONSILLECTOMY W/ADENOIDECTOMY	17	\$2,720	\$2,850
5123	LAP CHOLEY	15	\$6,477	\$7,426
6952	ASPIR CURET FOLLOWING DELIV/AB	14	\$2,316	\$3,269
282	TONSILLECTOMY WO ADENOIDECTOMY	10	\$2,797	\$2,868
4525	CLO [ENDO] BX LG INTESTINE	10	\$1,210	\$1,709
6902	D&C FOLLOWING DELIV/AB	6	\$2,423	\$3,011
4513	OTH ENDO SM INTESTINE	5	\$819	\$1,334
4836	[ENDO] POLYPECTOMY RECTUM	5	\$905	\$1,394
6909	OTH D&C UTERUS	4	\$2,491	\$3,420
8201	EXPLOR TENDON SHEATH HAND	4	\$1,298	\$2,331
8221	EXC LES TENDON SHEATH HAND	4	\$1,433	\$2,755
4701	LAP APPENDECTOMY	3	\$12,023	\$10,907
4946	EXC HEMORRHOIDS	3	\$5,839	\$3,574
5341	REPR UMB HERN W/PROSTH	3	\$4,081	\$5,183
5349	OTH UMB HERNIORRHAPHY	3	\$2,221	\$3,750
5421	LAPAROSCOPY	3	\$3,060	\$4,515
6629	OTH BIL ENDO DESTRUC FALLOP TUBES	3	\$3,558	\$4,724

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
CPT-4 Procedures		318	\$3,113	\$3,915
43239	UGI ENDO; W/BX 1/MX	30	\$1,124	\$1,548
45378	COLONOSCOPY FLEX; DX-SEP PROC	30	\$867	\$1,090
45380	COLONOSCOPY FLEX; W/BX 1/MX	27	\$1,183	\$1,526
47562	LAPAROSCOPY SURGICAL; CHOLECT	15	\$6,477	\$6,606
29881	SCOPE KNEE SURG;W/MENISCECT MED/	10	\$3,352	\$4,457
42820	T&A; UNDER AGE 12	10	\$2,648	\$2,701
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	10	\$2,797	\$2,928
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	9	\$1,271	\$1,661
66982	EXTRACAP CATARACT REMV W/IOL-CMP	9	\$3,130	\$3,704
69436	TYMPANOSTOMY GENERAL ANESTHESIA	8	\$1,654	\$1,499
42821	T&A; AGE 12 OR OVER	7	\$2,823	\$3,195
66984	EXTRACAPSULAR CATARACT REMV IOL	6	\$2,664	\$3,678
29848	ENDO WRST SURG REL TRNS CARP LIG	5	\$1,650	\$2,666
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	5	\$819	\$1,234
28296	HALLUX VALGUS; W/METATARSAL OSTE	4	\$3,607	\$5,339
45383	COLONOSCOPY FLEX; W/ABLAT LES	4	\$1,330	\$1,824
49585	REPR UMBIL HERNIA 5YR/OVER; RDOC	4	\$3,276	\$4,469
58120	DILATION & CURET DX &/ THERAPEUT	4	\$3,147	\$3,266
58558	HYSTEROSCPY SURG; W/BX &/ POLYPE	4	\$2,178	\$3,984
25111	EXCISION OF GANGLION WRIST; PRIM	3	\$1,517	\$2,784

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, 2009
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE* CPT-4 PROCEDURES

148 Riverton Hospital

Procedure EAPG category	Procedure EAPG	TOTAL #	TOTAL # (ALL Hospitals)
01	SKIN & INTEGUMENTARY SYSTEM PROCEDURES	15	8,192
	003 LEVEL I SKIN INCISION AND DRAINAGE	1	189
	006 LEVEL I SKIN DEBRIDEMENT AND DESTRUCTION	1	23
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	3	503
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	8	5,031
	014 LEVEL III SKIN REPAIR	2	220
02	BREAST PROCEDURES	1	2,075
	020 LEVEL I BREAST PROCEDURES	1	2,014
03	MUSCULOSKELETAL SYSTEM PROCEDURES	174	64,806
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	13	2,405
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	15	4,694
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	7	2,234
	033 LEVEL I HAND PROCEDURES	25	3,780
	034 LEVEL II HAND PROCEDURES	4	1,278
	035 LEVEL I FOOT PROCEDURES	10	6,264
	036 LEVEL II FOOT PROCEDURES	5	1,682
	037 LEVEL I ARTHROSCOPY	52	22,184
	038 LEVEL II ARTHROSCOPY	12	5,320
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	1	717
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	2	628
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	8	5,752
	045 BUNION PROCEDURES	9	1,791
	046 LEVEL I ARTHROPLASTY	9	634
	048 HAND AND FOOT TENOTOMY	1	386
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	1	2,678
04	RESPIRATORY PROCEDURES	35	9,066
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	8	1,436
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	27	4,402
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	1	2,884
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	1	1,491
07	GASTROINTESTINAL SYSTEM PROCEDURES	282	99,755
	132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	1	502
	133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	1	422
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	65	22,635
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	14	4,688
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	79	34,149
	137 THERAPEUTIC COLONOSCOPY	22	5,727
	139 LEVEL I HERNIA REPAIR	10	5,573
	140 LEVEL II HERNIA REPAIR	3	1,193
	141 LEVEL I ANAL AND RECTAL PROCEDURES	1	782
	142 LEVEL II ANAL AND RECTAL PROCEDURES	3	1,145
	143 LEVEL I GASTROINTESTINAL PROCEDURES	1	405
	145 LEVEL I LAPAROSCOPY	18	2,675
	146 LEVEL II LAPAROSCOPY	48	8,847
	147 LEVEL III LAPAROSCOPY	16	7,203
08	GENITOURINARY SYSTEM PROCEDURES	7	8,962
	160 EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	1	697

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE* CPT-4 PROCEDURES

148 Riverton Hospital

procedure EAPG category procedure EAPG	TOTAL #	TOTAL # (ALL Hospitals)
162 URINARY CATHETERIZATION AND DILATATION	1	238
163 LEVEL I BLADDER AND KIDNEY PROCEDURES	5	3,932
09 MALE REPRODUCTIVE SYSTEM	4	3,509
180 TESTICULAR AND EPIDIDYMAL PROCEDURES	4	1,431
10 FEMALE REPRODUCTIVE SYSTEM	38	7,180
196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	9	1,292
197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	6	1,355
198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	1	1,494
199 DILATION AND CURETTAGE	5	551
200 HYSTEROSCOPY	13	2,251
201 COLPOSCOPY	4	234
11 NEUROLOGIC SYSTEM PROCEDURES	7	24,377
217 LEVEL I NERVE PROCEDURES	4	4,031
220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	2	11,868
221 LAMINOTOMY AND LAMINECTOMY	1	3,173
12 OPHTHALMOLOGIC SYSTEM PROCEDURES	16	12,275
233 CATARACT PROCEDURES	15	5,365
240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	1	895
13 EAR, NOSE, MOUTH, & THROAT PROCEDURES	166	28,739
252 LEVEL I FACIAL AND ENT PROCEDURES	71	12,362
253 LEVEL II FACIAL AND ENT PROCEDURES	4	1,405
254 LEVEL III FACIAL AND ENT PROCEDURES	32	3,429
255 LEVEL IV FACIAL AND ENT PROCEDURES	12	2,922
256 TONSIL AND ADENOID PROCEDURES	47	8,493

SOURCE: Utah Ambulatory Surgery Database
Utah Health Data Committee/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, 2009
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, SINGLE EAPG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

148 Riverton Hospital

Procedure EAPG category	Procedure EAPG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
01	SKIN & INTEGUMENTARY SYSTEM PROCEDURES	4	\$1,993	\$3,762
	003 LEVEL I SKIN INCISION AND DRAINAGE	1	\$1,624	\$2,833
	006 LEVEL I SKIN DEBRIDEMENT AND DESTRUCTION	1	\$2,221	\$2,173
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	1	\$2,489	\$3,664
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	1	\$1,638	\$3,677
02	BREAST PROCEDURES	1	\$2,896	\$3,802
	020 LEVEL I BREAST PROCEDURES	1	\$2,896	\$3,688
03	MUSCULOSKELETAL SYSTEM PROCEDURES	62	\$4,332	\$5,044
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	3	\$4,525	\$4,534
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	3	\$4,908	\$5,458
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	2	\$8,384	\$9,791
	033 LEVEL I HAND PROCEDURES	7	\$1,396	\$2,835
	034 LEVEL II HAND PROCEDURES	2	\$2,361	\$5,167
	035 LEVEL I FOOT PROCEDURES	3	\$1,961	\$3,748
	036 LEVEL II FOOT PROCEDURES	1	\$2,808	\$6,617
	037 LEVEL I ARTHROSCOPY	24	\$3,558	\$4,492
	038 LEVEL II ARTHROSCOPY	3	\$11,412	\$10,734
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	1	\$1,979	\$3,754
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	8	\$7,173	\$7,392
	045 BUNION PROCEDURES	4	\$3,607	\$5,191
	048 HAND AND FOOT TENOTOMY	1	\$6,881	\$2,527
04	RESPIRATORY PROCEDURES	1	\$5,781	\$2,975
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	1	\$5,781	\$4,027
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	1	\$3,143	\$4,547
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	1	\$3,143	\$5,995
07	GASTROINTESTINAL SYSTEM PROCEDURES	158	\$2,500	\$3,055
	133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	1	\$2,155	\$1,718
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	35	\$1,080	\$1,516
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	2	\$2,068	\$2,214
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	57	\$1,016	\$1,271
	137 THERAPEUTIC COLONOSCOPY	14	\$1,306	\$1,695
	139 LEVEL I HERNIA REPAIR	6	\$3,151	\$4,486
	142 LEVEL II ANAL AND RECTAL PROCEDURES	3	\$5,839	\$3,733
	145 LEVEL I LAPAROSCOPY	7	\$3,688	\$5,295
	146 LEVEL II LAPAROSCOPY	30	\$6,641	\$8,314
	147 LEVEL III LAPAROSCOPY	3	\$4,419	\$8,305
08	GENITOURINARY SYSTEM PROCEDURES	3	\$6,725	\$6,135
	162 URINARY CATHETERIZATION AND DILATATION	1	\$10,790	\$5,868
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	2	\$4,692	\$4,353
09	MALE REPRODUCTIVE SYSTEM	1	\$2,715	\$4,630
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	1	\$2,715	\$3,299
10	FEMALE REPRODUCTIVE SYSTEM	17	\$2,809	\$5,236
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	5	\$2,042	\$3,258
	197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	2	\$4,130	\$5,190
	198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	1	\$3,209	\$7,456

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, SINGLE EAPG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

148 Riverton Hospital

procedure EAPG category	Procedure EAPG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
	199 DILATION AND CURETTAGE	4	\$3,147	\$3,266
	200 HYSTEROSCOPY	5	\$2,697	\$5,384
11	NEUROLOGIC SYSTEM PROCEDURES	3	\$4,341	\$4,849
	217 LEVEL I NERVE PROCEDURES	1	\$2,389	\$3,161
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	1	\$2,460	\$1,563
	221 LAMINOTOMY AND LAMINECTOMY	1	\$8,175	\$10,583
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	16	\$2,897	\$3,703
	233 CATARACT PROCEDURES	15	\$2,944	\$3,686
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	1	\$2,194	\$2,293
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	51	\$3,461	\$3,605
	252 LEVEL I FACIAL AND ENT PROCEDURES	11	\$1,664	\$2,195
	254 LEVEL III FACIAL AND ENT PROCEDURES	3	\$4,115	\$6,442
	255 LEVEL IV FACIAL AND ENT PROCEDURES	9	\$7,676	\$8,243
	256 TONSIL AND ADENOID PROCEDURES	28	\$2,742	\$2,817

SOURCE: Utah Ambulatory Surgery Database
 Utah Health Data Committee/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, 2009
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

148 Riverton Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
GENDER				
Female	302	57.6	122,959	54.1
Male	222	42.4	104,281	45.9
Unknown	0	0.0	4	0.0
Not Reported	0	0.0	0	0.0
AGE				
1-28 days	0	0.0	1,731	0.8
29-365 days	3	0.6	2,897	1.3
1-4 years	15	2.9	10,813	4.8
5-9	12	2.3	6,381	2.8
10-14	18	3.4	5,066	2.2
15-17	25	4.8	5,130	2.3
18-19	12	2.3	3,775	1.7
20-24	32	6.1	10,184	4.5
25-29	55	10.5	12,684	5.6
30-34	50	9.5	13,594	6.0
35-39	51	9.7	13,012	5.7
40-44	37	7.1	13,141	5.8
45-49	32	6.1	16,564	7.3
50-54	81	15.5	24,353	10.7
55-59	43	8.2	21,093	9.3
60-64	23	4.4	18,280	8.0
65-69	16	3.1	15,480	6.8
70-74	9	1.7	12,653	5.6
75-79	8	1.5	9,821	4.3
80-84	1	0.2	6,574	2.9
85-89	0	0.0	3,084	1.4
90 +	1	0.2	933	0.4
Not Reported	0	0.0	1	0.0
SOURCE OF ADMISSION				
Physician Referral	515	98.3	205,377	90.4
Clinic Referral	0	0.0	2,930	1.3
HMO Referral	0	0.0	2,930	1.3
Other Hospital	0	0.0	184	0.1
Skilled Nursing Facility	0	0.0	36	0.0
Other Health Care Facility	0	0.0	18	0.0
Emergency Room	9	1.7	5,340	2.3
Court/Law Enforcement	0	0.0	3	0.0
Unknown	0	0.0	11	0.0
Not Reported	0	0.0	10,415	4.6

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

148 Riverton Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	524	100.0	226,589	99.7
Another Hospital	0	0.0	102	0.0
Skilled Nursing Facility	0	0.0	137	0.1
Intermediate Care Facility	0	0.0	20	0.0
Another Type of Institution	0	0.0	68	0.0
Under Care of Home Service	0	0.0	270	0.1
Left Against Medical Advice	0	0.0	22	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	0	0.0	13	0.0
Unknown	0	0.0	22	0.0
Not Reported	0	0.0	1	0.0
PRIMARY PAYER				
Medicare	30	5.7	45,456	20.0
Medicaid	23	4.4	15,975	7.0
Other government	2	0.4	4,287	1.9
Blue Cross/Blue Shield	12	2.3	29,948	13.2
Other Commercial	30	5.7	16,378	7.2
Managed Care(HMO, PPO)	414	79.0	106,245	46.8
Self Pay	6	1.1	2,816	1.2
Industrial & Worker Comp	3	0.6	3,291	1.4
Charity and Unclassified	2	0.4	1,613	0.7
Childrens Health Insurance	1	0.2	129	0.1
Unknown	1	0.2	1,046	0.5
Not Reported	0	0.0	60	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	1	0.2	16,751	7.4
Central Utah	3	0.6	8,412	3.7
Davis County	4	0.8	23,806	10.5
Salt Lake County	466	88.9	77,342	34.0
Southeastern Utah	6	1.1	4,701	2.1
Southwest Utah	1	0.2	14,188	6.2
Summit County	3	0.6	2,798	1.2
Tooele County	4	0.8	4,137	1.8
Tri-County	0	0.0	6,035	2.7
Utah County	33	6.3	37,226	16.4
Wasatch County	0	0.0	1,669	0.7
Weber County	0	0.0	20,181	8.9
Unknown Utah	0	0.0	27	0.0
Outside Utah	3	0.6	9,882	4.3
Unknown, Not Reported	0	0.0	89	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, 2009
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)	700	100.0	320,509	100.0
Mastectomy (85.0-85.99)	8	1.1	8,217	2.6
Musculoskeletal (76.0-84.99)	9	1.3	69,555	21.7
Respiratory (30.0-34.99)	0	0.0	3,320	1.0
Cardiovascular (35.0-39.99)	6	0.9	22,400	7.0
Lymphatic/Hemetic (40.0-41.99)	0	0.0	2,804	0.9
Digestive System (42.0-54.99)	267	38.1	98,678	30.8
Urinary (55.0-59.99)	2	0.3	10,902	3.4
Male Genital (60.0-64.99)	5	0.7	3,817	1.2
Female Genital (65.0-71.99)	34	4.9	14,786	4.6
Endocrine/Nervous (01.0-07.99)	168	24.0	23,111	7.2
Eye (08.0-16.99)	0	0.0	21,114	6.6
Ear (18.0-20.99)	24	3.4	12,945	4.0
Nose, Mouth, Pharynx (21.0-29.99)	177	25.3	28,860	9.0
Reporting Category(CPT-4 CODES)	420	100.0	299,107	100.0
Mastectomy (19120-19220)	0	0.0	2,014	0.7
Musculoskeletal (20000-29909)	1	0.2	75,301	25.2
Respiratory (30000-32999 & 39501-39599)	7	1.7	14,568	4.9
Cardiovascular (33010-37799 & 93501-93660)	2	0.5	24,369	8.1
Lymphatic/Hemetic (38100-38999)	0	0.0	2,630	0.9
Digestive (40490-49999)	262	62.4	109,341	36.6
Urinary (50010-53899)	0	0.0	10,457	3.5
Male Genital (54000-55899)	1	0.2	3,299	1.1
Female Genital (56405-58999)	43	10.2	12,326	4.1
Endocrine/Nervous (60000-64999)	93	22.1	24,781	8.3
Eye (65091-68899)	0	0.0	12,489	4.2
Ear (69000-69979)	11	2.6	7,532	2.5

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

AMB ST 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES

128 San Juan Hospital - CAH

ICD-9 CODE	ICD-9 DESCRIPTION	#	%	% ALL Hospitals
All ICD-9 Procedures		700	100.0	100.0
0391	INJ ANES SPINAL CANAL-ANALGESIA	78	11.1	1.76
0392	INJ OTH AGENT SPINAL CANAL	78	11.1	1.98
2341	APPLIC CROWN	65	9.3	0.43
4523	COLONOSCOPY	59	8.4	6.09
4542	ENDO POLYPECTOMY LG INTESTINE	52	7.4	3.35
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	50	7.1	5.75
2499	OTH DENTAL OOPER	43	6.1	0.01
2301	EXTRACT DECIDUOUS TOOTH	34	4.9	0.04
4525	CLO [ENDO] BX LG INTESTINE	30	4.3	2.33
2001	MYRINGOTOMY W/INSRT TUBE	22	3.1	3.18
247	APPLIC ORTHODONTIC APPLIANCE	13	1.9	0.00
5123	LAP CHOLEY	13	1.9	2.26
6909	OTH D&C UTERUS	12	1.7	0.42
283	TONSILLECTOMY W/ADENOIDECTOMY	10	1.4	1.80
5304	UNILAT REPR INDIRECT ING HERN-GFT	10	1.4	0.34
0443	RELEASE CARPAL TUNNEL	7	1.0	0.98
4292	DILAT ESOPH	6	0.9	1.44
4513	OTH ENDO SM INTESTINE	6	0.9	1.71
6902	D&C FOLLOWING DELIV/AB	6	0.9	0.22
8521	LOC EXC LES BREAST	6	0.9	0.73

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		420	100.0	100.0
45380	COLONOSCOPY FLEX; W/BX 1/MX	145	34.5	5.24
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	66	15.7	0.70
43239	UGI ENDO; W/BX 1/MX	64	15.2	6.06
49500	REPR INIT ING HERNIA 6MO-<5YR; R	26	6.2	0.08
58120	DILATION & CURET DX &/ THERAPEUT	18	4.3	0.18
58545	LAP MYOMCT;1-4 MYOM 250 GM/<&/SU	17	4.0	0.02
42820	T&A; UNDER AGE 12	12	2.9	1.47
47600	CHOLECYSTECTOMY;	11	2.6	0.01
64483	INJ ANES EPIDURL; LUMB/SAC 1 LEV	11	2.6	1.07
69436	TYMPANOSTOMY GENERAL ANESTHESIA	11	2.6	1.75
64484	INJ ANES EPIDURL; LUMB/SAC-EA AD	8	1.9	0.82
31526	LARYNGOSCOPY DIRECT; DX W/OP MIC	7	1.7	0.03
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	6	1.4	0.64
58940	OOPHORECTOMY PART/TOTAL UNI/BIL;	5	1.2	0.01
58600	LIG FALLOPION TUBE ABD/VAG UNI/B	3	0.7	0.01
36569	INSERT PICC W/O PORT/PUMP; 5 YR/	2	0.5	0.19
25605	CLOS TX DIST RADIAL FX; REQ MANI	1	0.2	0.05
43232	ESOPHSCOPY; US GUIDE NDLE ASPIR/	1	0.2	0.00
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	1	0.2	0.96
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	1	0.2	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, 2009
 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	270	\$3,802	\$4,501
4523	COLONOSCOPY	53	\$2,178	\$1,087
4542	ENDO POLYPECTOMY LG INTESTINE	36	\$2,515	\$1,547
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	35	\$2,410	\$1,581
4525	CLO [ENDO] BX LG INTESTINE	18	\$2,816	\$1,709
6909	OTH D&C UTERUS	10	\$4,393	\$3,420
2341	APPLIC CROWN	9	\$2,647	\$2,853
5304	UNILAT REPR INDIRECT ING HERN-GFT	9	\$6,775	\$4,709
283	TONSILLECTOMY W/ADENOIDECTOMY	8	\$5,181	\$2,850
5123	LAP CHOLEY	8	\$14,703	\$7,426
6902	D&C FOLLOWING DELIV/AB	6	\$5,001	\$3,011
8521	LOC EXC LES BREAST	6	\$1,862	\$3,374
0443	RELEASE CARPAL TUNNEL	5	\$4,078	\$2,540
0611	CLO PERCUT NEEDLE BX THYROID GLAND	4	\$582	\$980
5341	REPR UMB HERN W/PROSTH	4	\$8,357	\$5,183
4513	OTH ENDO SM INTESTINE	3	\$1,843	\$1,334
4836	[ENDO] POLYPECTOMY RECTUM	3	\$3,081	\$1,394
4943	CAUT HEMORRHOIDS	3	\$2,679	\$2,980
5369	REPR OTH HERN ANT ABD WALL W/PROSTH	3	\$7,388	\$6,243
6632	OTH BILAT LIG-DIVIS FALLOPIAN TUBES	3	\$7,562	\$7,111
2001	MYRINGOTOMY W/INSRT TUBE	2	\$4,334	\$1,869

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
CPT-4	Procedures	302	\$3,253	\$3,915
45380	COLONOSCOPY FLEX; W/BX 1/MX	119	\$2,452	\$1,526
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	61	\$1,490	\$1,220
43239	UGI ENDO; W/BX 1/MX	41	\$2,368	\$1,548
49500	REPR INIT ING HERNIA 6MO-<5YR; R	26	\$7,540	\$3,487
58120	DILATION & CURET DX &/ THERAPEUT	17	\$4,548	\$3,266
42820	T&A; UNDER AGE 12	9	\$5,121	\$2,701
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	6	\$4,158	\$2,624
47600	CHOLECYSTECTOMY;	3	\$14,550	\$7,092
58545	LAP MYOMCT;1-4 MYOM 250 GM/<&/SU	3	\$12,961	\$13,381
58600	LIG FALLOPION TUBE ABD/VAG UNI/B	3	\$7,562	\$5,073
69436	TYMPANOSTOMY GENERAL ANESTHESIA	3	\$3,737	\$1,499
36569	INSERT PICC W/O PORT/PUMP; 5 YR/	2	\$2,311	\$4,871
64483	INJ ANES EPIDURL; LUMB/SAC 1 LEV	2	\$2,753	\$1,475
25605	CLOS TX DIST RADIAL FX; REQ MANI	1	\$1,658	\$3,065
31526	LARYNGOSCOPY DIRECT; DX W/OP MIC	1	\$4,445	\$3,461
43232	ESOPHSCOPY; US GUIDE NDLE ASPIR/	1	\$437	\$1,442
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	1	\$17,033	\$7,842
54161	CIRC NO CLAMP/DORSL SLIT; NOT NB	1	\$3,823	\$2,824
62310	INJ 1 NOT NEUROLYTIC-EPID;CERV/T	1	\$2,341	\$1,593
64470	INJ ANES FACET JT; CERV/THOR-1LE	1	\$1,813	\$1,555

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, 2009
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE* CPT-4 PROCEDURES

128 San Juan Hospital - CAH

Procedure EAPG category	Procedure EAPG	TOTAL #	TOTAL # (ALL Hospitals)
01	SKIN & INTEGUMENTARY SYSTEM PROCEDURES	2	8,192
	013 LEVEL II SKIN REPAIR	2	792
03	MUSCULOSKELETAL SYSTEM PROCEDURES	1	64,806
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	1	628
04	RESPIRATORY PROCEDURES	7	9,066
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	7	1,436
07	GASTROINTESTINAL SYSTEM PROCEDURES	256	99,755
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	65	22,635
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	1	4,688
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	145	34,149
	139 LEVEL I HERNIA REPAIR	26	5,573
	147 LEVEL III LAPAROSCOPY	19	7,203
09	MALE REPRODUCTIVE SYSTEM	1	3,509
	181 CIRCUMCISION	1	822
10	FEMALE REPRODUCTIVE SYSTEM	21	7,180
	197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	3	1,355
	199 DILATION AND CURETTAGE	18	551
11	NEUROLOGIC SYSTEM PROCEDURES	93	24,377
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	67	2,913
	217 LEVEL I NERVE PROCEDURES	6	4,031
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	20	11,868
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	23	28,739
	252 LEVEL I FACIAL AND ENT PROCEDURES	11	12,362
	256 TONSIL AND ADENOID PROCEDURES	12	8,493

SOURCE: Utah Ambulatory Surgery Database
Utah Health Data Committee/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, 2009
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, SINGLE EAPG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

128 San Juan Hospital - CAH

Procedure EAPG category	Procedure EAPG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
01	SKIN & INTEGUMENTARY SYSTEM PROCEDURES	2	\$2,311	\$3,762
	013 LEVEL II SKIN REPAIR	2	\$2,311	\$4,883
03	MUSCULOSKELETAL SYSTEM PROCEDURES	1	\$1,658	\$5,044
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	1	\$1,658	\$3,754
04	RESPIRATORY PROCEDURES	1	\$4,445	\$2,975
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	1	\$4,445	\$4,027
07	GASTROINTESTINAL SYSTEM PROCEDURES	191	\$3,358	\$3,055
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	42	\$2,322	\$1,516
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	119	\$2,452	\$1,271
	139 LEVEL I HERNIA REPAIR	26	\$7,540	\$4,486
	147 LEVEL III LAPAROSCOPY	4	\$13,979	\$8,305
09	MALE REPRODUCTIVE SYSTEM	1	\$3,823	\$4,630
	181 CIRCUMCISION	1	\$3,823	\$2,418
10	FEMALE REPRODUCTIVE SYSTEM	20	\$5,000	\$5,236
	197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	3	\$7,562	\$5,190
	199 DILATION AND CURETTAGE	17	\$4,548	\$3,266
11	NEUROLOGIC SYSTEM PROCEDURES	71	\$1,768	\$4,849
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	62	\$1,504	\$1,315
	217 LEVEL I NERVE PROCEDURES	6	\$4,158	\$3,161
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	3	\$2,440	\$1,563
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	12	\$4,775	\$3,605
	252 LEVEL I FACIAL AND ENT PROCEDURES	3	\$3,737	\$2,195
	256 TONSIL AND ADENOID PROCEDURES	9	\$5,121	\$2,817

SOURCE: Utah Ambulatory Surgery Database
Utah Health Data Committee/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, 2009
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

128 San Juan Hospital - CAH

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
GENDER				
Female	243	52.7	122,959	54.1
Male	215	46.6	104,281	45.9
Unknown	3	0.7	4	0.0
Not Reported	0	0.0	0	0.0
AGE				
1-28 days	0	0.0	1,731	0.8
29-365 days	1	0.2	2,897	1.3
1-4 years	67	14.5	10,813	4.8
5-9	20	4.3	6,381	2.8
10-14	1	0.2	5,066	2.2
15-17	2	0.4	5,130	2.3
18-19	2	0.4	3,775	1.7
20-24	8	1.7	10,184	4.5
25-29	19	4.1	12,684	5.6
30-34	16	3.5	13,594	6.0
35-39	14	3.0	13,012	5.7
40-44	28	6.1	13,141	5.8
45-49	38	8.2	16,564	7.3
50-54	50	10.8	24,353	10.7
55-59	57	12.4	21,093	9.3
60-64	44	9.5	18,280	8.0
65-69	33	7.2	15,480	6.8
70-74	15	3.3	12,653	5.6
75-79	26	5.6	9,821	4.3
80-84	9	2.0	6,574	2.9
85-89	8	1.7	3,084	1.4
90 +	3	0.7	933	0.4
Not Reported	0	0.0	1	0.0
SOURCE OF ADMISSION				
Physician Referral	455	98.7	205,377	90.4
Clinic Referral	0	0.0	2,930	1.3
HMO Referral	0	0.0	2,930	1.3
Other Hospital	0	0.0	184	0.1
Skilled Nursing Facility	0	0.0	36	0.0
Other Health Care Facility	0	0.0	18	0.0
Emergency Room	6	1.3	5,340	2.3
Court/Law Enforcement	0	0.0	3	0.0
Unknown	0	0.0	11	0.0
Not Reported	0	0.0	10,415	4.6

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

128 San Juan Hospital - CAH

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	457	99.1	226,589	99.7
Another Hospital	0	0.0	102	0.0
Skilled Nursing Facility	1	0.2	137	0.1
Intermediate Care Facility	0	0.0	20	0.0
Another Type of Institution	0	0.0	68	0.0
Under Care of Home Service	0	0.0	270	0.1
Left Against Medical Advice	0	0.0	22	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	0	0.0	13	0.0
Unknown	3	0.7	22	0.0
Not Reported	0	0.0	1	0.0
PRIMARY PAYER				
Medicare	77	16.7	45,456	20.0
Medicaid	84	18.2	15,975	7.0
Other government	6	1.3	4,287	1.9
Blue Cross/Blue Shield	80	17.4	29,948	13.2
Other Commercial	59	12.8	16,378	7.2
Managed Care(HMO, PPO)	129	28.0	106,245	46.8
Self Pay	17	3.7	2,816	1.2
Industrial & Worker Comp	9	2.0	3,291	1.4
Charity and Unclassified	0	0.0	1,613	0.7
Childrens Health Insurance	0	0.0	129	0.1
Unknown	0	0.0	1,046	0.5
Not Reported	0	0.0	60	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	0	0.0	16,751	7.4
Central Utah	0	0.0	8,412	3.7
Davis County	0	0.0	23,806	10.5
Salt Lake County	0	0.0	77,342	34.0
Southeastern Utah	354	76.8	4,701	2.1
Southwest Utah	4	0.9	14,188	6.2
Summit County	0	0.0	2,798	1.2
Tooele County	0	0.0	4,137	1.8
Tri-County	0	0.0	6,035	2.7
Utah County	0	0.0	37,226	16.4
Wasatch County	0	0.0	1,669	0.7
Weber County	0	0.0	20,181	8.9
Unknown Utah	0	0.0	27	0.0
Outside Utah	103	22.3	9,882	4.3
Unknown, Not Reported	0	0.0	89	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, 2009
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)	678	100.0	320,509	100.0
Mastectomy (85.0-85.99)	11	1.6	8,217	2.6
Musculoskeletal (76.0-84.99)	36	5.3	69,555	21.7
Respiratory (30.0-34.99)	1	0.1	3,320	1.0
Cardiovascular (35.0-39.99)	1	0.1	22,400	7.0
Lymphatic/Hemetic (40.0-41.99)	4	0.6	2,804	0.9
Digestive System (42.0-54.99)	439	64.7	98,678	30.8
Urinary (55.0-59.99)	1	0.1	10,902	3.4
Male Genital (60.0-64.99)	5	0.7	3,817	1.2
Female Genital (65.0-71.99)	16	2.4	14,786	4.6
Endocrine/Nervous (01.0-07.99)	7	1.0	23,111	7.2
Eye (08.0-16.99)	139	20.5	21,114	6.6
Ear (18.0-20.99)	8	1.2	12,945	4.0
Nose, Mouth, Pharynx (21.0-29.99)	10	1.5	28,860	9.0
Reporting Category(CPT-4 CODES)	583	100.0	299,107	100.0
Mastectomy (19120-19220)	9	1.5	2,014	0.7
Musculoskeletal (20000-29909)	40	6.9	75,301	25.2
Respiratory (30000-32999 & 39501-39599)	1	0.2	14,568	4.9
Cardiovascular (33010-37799 & 93501-93660)	1	0.2	24,369	8.1
Lymphatic/Hemetic (38100-38999)	1	0.2	2,630	0.9
Digestive (40490-49999)	430	73.8	109,341	36.6
Urinary (50010-53899)	0	0.0	10,457	3.5
Male Genital (54000-55899)	5	0.9	3,299	1.1
Female Genital (56405-58999)	5	0.9	12,326	4.1
Endocrine/Nervous (60000-64999)	8	1.4	24,781	8.3
Eye (65091-68899)	79	13.6	12,489	4.2
Ear (69000-69979)	4	0.7	7,532	2.5

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

AMB ST 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
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		678	100.0	100.0
4523	COLONOSCOPY	131	19.3	6.09
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	87	12.8	5.75
1371	IOL PROSTH-CATARACT EXTRACT-1-STAGE	60	8.8	1.59
1341	PHACOEMULSIFICATION-ASPIR CATARACT	59	8.7	1.58
4542	ENDO POLYPECTOMY LG INTESTINE	48	7.1	3.35
5123	LAP CHOLEY	47	6.9	2.26
4513	OTH ENDO SM INTESTINE	23	3.4	1.71
4525	CLO [ENDO] BX LG INTESTINE	22	3.2	2.33
6902	D&C FOLLOWING DELIV/AB	10	1.5	0.22
7756	REPR HAMMER TOE	10	1.5	0.40
4701	LAP APPENDECTOMY	9	1.3	0.78
5304	UNILAT REPR INDIRECT ING HERN-GFT	9	1.3	0.34
8521	LOC EXC LES BREAST	9	1.3	0.73
4292	DILAT ESOPH	8	1.2	1.44
1364	DISCISSION SECNDRY MEMBRN	7	1.0	0.10
2001	MYRINGOTOMY W/INSRT TUBE	7	1.0	3.18
283	TONSILLECTOMY W/ADENOIDECTOMY	7	1.0	1.80
4836	[ENDO] POLYPECTOMY RECTUM	7	1.0	0.95
5341	REPR UMB HERN W/PROSTH	7	1.0	0.22
5303	UNILAT REPR DIRECT ING HERN-GFT	6	0.9	0.23

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		583	100.0	100.0
45378	COLONOSCOPY FLEX; DX-SEP PROC	118	20.2	6.11
43239	UGI ENDO; W/BX 1/MX	88	15.1	6.06
66984	EXTRACAPSULAR CATARACT REMV IOL	57	9.8	1.64
45380	COLONOSCOPY FLEX; W/BX 1/MX	37	6.3	5.24
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	24	4.1	1.50
47562	LAPAROSCOPY SURGICAL; CHOLECT	23	3.9	0.94
45383	COLONOSCOPY FLEX; W/ABLAT LES	18	3.1	0.06
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	17	2.9	1.49
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	15	2.6	1.25
49505	REPR INIT ING HERNIA 5YR/MORE; R	15	2.6	0.82
66821	DISCISSION 2ND CATARACT; LASER S	14	2.4	0.12
28285	CORRECTION HAMMERTOE	12	2.1	0.62
44970	LAPAROSCOPY SURGICAL APPENDECTOM	9	1.5	0.85
19120	EXC BRST CYST TUMR/LES OPN M/F 1	8	1.4	0.42
28296	HALLUX VALGUS; W/METATARSAL OSTE	7	1.2	0.27
49568	IMPLNT MESH/OTH-INCS/VENT HERN R	6	1.0	0.19
42820	T&A; UNDER AGE 12	5	0.9	1.47
45384	COLONOSCOPY FLEX; REMV LES-FORCE	5	0.9	0.20
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	4	0.7	0.96
49560	REPR INIT INCS/VENT HERNIA; RDOC	4	0.7	0.16

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

AMB ST 1-3

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
 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	382	\$3,143	\$4,501
4523	COLONOSCOPY	98	\$1,807	\$1,087
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	45	\$1,853	\$1,581
5123	LAP CHOLEY	43	\$6,182	\$7,426
4542	ENDO POLYPECTOMY LG INTESTINE	33	\$2,213	\$1,547
4525	CLO [ENDO] BX LG INTESTINE	15	\$2,214	\$1,709
6902	D&C FOLLOWING DELIV/AB	10	\$3,054	\$3,011
4701	LAP APPENDECTOMY	9	\$11,043	\$10,907
8521	LOC EXC LES BREAST	9	\$3,937	\$3,374
5304	UNILAT REPR INDIRECT ING HERN-GFT	8	\$5,767	\$4,709
1364	DISCISSION SECNDRY MEMBRN	7	\$612	\$785
283	TONSILLECTOMY W/ADENOIDECTOMY	7	\$2,564	\$2,850
4513	OTH ENDO SM INTESTINE	6	\$1,627	\$1,334
5361	INCIS HERN REPR W/PROSTH	6	\$7,744	\$7,624
1359	OTH EXTRACAPSUL LENS EXTRACT	5	\$612	\$1,592
5303	UNILAT REPR DIRECT ING HERN-GFT	5	\$5,652	\$4,986
5341	REPR UMB HERN W/PROSTH	5	\$5,758	\$5,183
7751	BUNIONEC SOFT-OSTEOT 1ST METATARS	5	\$3,077	\$5,128
1369	OTH CATARACT EXTRACT	4	\$917	\$717
4836	[ENDO] POLYPECTOMY RECTUM	4	\$2,437	\$1,394
5122	CHOLECYSTECTOMY	3	\$5,814	\$6,619

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
CPT-4	Procedures	419	\$2,938	\$3,915
45378	COLONOSCOPY FLEX; DX-SEP PROC	85	\$1,813	\$1,090
66984	EXTRACAPSULAR CATARACT REMV IOL	56	\$1,912	\$3,678
43239	UGI ENDO; W/BX 1/MX	47	\$1,898	\$1,548
45380	COLONOSCOPY FLEX; W/BX 1/MX	25	\$2,293	\$1,526
47562	LAPAROSCOPY SURGICAL; CHOLECT	22	\$5,812	\$6,606
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	22	\$6,383	\$7,842
49505	REPR INIT ING HERNIA 5YR/MORE; R	14	\$6,142	\$4,721
66821	DISCISSION 2ND CATARACT; LASER S	14	\$699	\$766
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	13	\$2,506	\$1,661
45383	COLONOSCOPY FLEX; W/ABLAT LES	12	\$2,044	\$1,824
44970	LAPAROSCOPY SURGICAL APPENDECTOM	9	\$11,043	\$10,914
19120	EXC BRST CYST TUMR/LES OPN M/F 1	8	\$3,838	\$3,487
28296	HALLUX VALGUS; W/METATARSAL OSTE	5	\$3,077	\$5,339
42820	T&A; UNDER AGE 12	5	\$2,359	\$2,701
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	5	\$1,473	\$1,234
45384	COLONOSCPY FLEX; REMV LES-FORCE	4	\$1,975	\$1,693
69436	TYMPANOSTOMY GENERAL ANESTHESIA	4	\$1,238	\$1,499
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	3	\$1,733	\$1,913
49585	REPR UMBIL HERNIA 5YR/OVER; RUC	3	\$4,989	\$4,469
49587	REPR UMBIL HERNIA 5YR/OVER; INCA	3	\$4,829	\$4,844

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

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE* CPT-4 PROCEDURES

130 Sanpete Valley Hospital - CAH

Procedure EAPG category	TOTAL #	TOTAL # (ALL Hospitals)
Procedure EAPG		
01 SKIN & INTEGUMENTARY SYSTEM PROCEDURES	7	8,192
002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	1	1,091
003 LEVEL I SKIN INCISION AND DRAINAGE	2	189
004 LEVEL II SKIN INCISION AND DRAINAGE	1	95
010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	3	5,031
02 BREAST PROCEDURES	9	2,075
020 LEVEL I BREAST PROCEDURES	9	2,014
03 MUSCULOSKELETAL SYSTEM PROCEDURES	36	64,806
033 LEVEL I HAND PROCEDURES	1	3,780
035 LEVEL I FOOT PROCEDURES	17	6,264
036 LEVEL II FOOT PROCEDURES	2	1,682
041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	2	717
042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	1	628
045 BUNION PROCEDURES	10	1,791
048 HAND AND FOOT TENOTOMY	3	386
04 RESPIRATORY PROCEDURES	1	9,066
061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	1	1,396
05 CARDIOVASCULAR PROCEDURES	2	9,325
083 PLACEMENT OF TRANSVENOUS CATHETERS	1	941
092 RESUSCITATION	1	12
06 HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	1	2,884
115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	1	1,491
07 GASTROINTESTINAL SYSTEM PROCEDURES	420	99,755
131 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	1	1,379
132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	1	502
134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	103	22,635
135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	6	4,688
136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	155	34,149
137 THERAPEUTIC COLONOSCOPY	40	5,727
139 LEVEL I HERNIA REPAIR	33	5,573
140 LEVEL II HERNIA REPAIR	11	1,193
142 LEVEL II ANAL AND RECTAL PROCEDURES	2	1,145
143 LEVEL I GASTROINTESTINAL PROCEDURES	3	405
144 LEVEL II GASTROINTESTINAL PROCEDURES	1	226
145 LEVEL I LAPAROSCOPY	1	2,675
146 LEVEL II LAPAROSCOPY	39	8,847
147 LEVEL III LAPAROSCOPY	24	7,203
09 MALE REPRODUCTIVE SYSTEM	3	3,509
180 TESTICULAR AND EPIDIDYMAL PROCEDURES	3	1,431
10 FEMALE REPRODUCTIVE SYSTEM	2	7,180
196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	1	1,292
199 DILATION AND CURETTAGE	1	551
11 NEUROLOGIC SYSTEM PROCEDURES	7	24,377
214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	4	2,913
219 SPINAL TAP	3	470
12 OPHTHALMOLOGIC SYSTEM PROCEDURES	79	12,275

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE* CPT-4 PROCEDURES

130 Sanpete Valley Hospital - CAH

procedure EAPG category		TOTAL #	TOTAL # (ALL Hospitals)
procedure EAPG			
232	LASER EYE PROCEDURES	15	418
233	CATARACT PROCEDURES	62	5,365
236	LEVEL III ANTERIOR SEGMENT EYE PROCEDURES	1	209
241	LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	1	1,469
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	13	28,739
252	LEVEL I FACIAL AND ENT PROCEDURES	4	12,362
255	LEVEL IV FACIAL AND ENT PROCEDURES	1	2,922
256	TONSIL AND ADENOID PROCEDURES	8	8,493

SOURCE: Utah Ambulatory Surgery Database
Utah Health Data Committee/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, 2009
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, SINGLE EAPG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

130 Sanpete Valley Hospital - CAH

Procedure EAPG category	Procedure EAPG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
01	SKIN & INTEGUMENTARY SYSTEM PROCEDURES	6	\$3,307	\$3,762
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	1	\$2,542	\$3,254
	003 LEVEL I SKIN INCISION AND DRAINAGE	2	\$3,511	\$2,833
	004 LEVEL II SKIN INCISION AND DRAINAGE	1	\$3,319	\$4,409
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	2	\$3,481	\$3,677
02	BREAST PROCEDURES	9	\$3,937	\$3,802
	020 LEVEL I BREAST PROCEDURES	9	\$3,937	\$3,688
03	MUSCULOSKELETAL SYSTEM PROCEDURES	18	\$2,467	\$5,044
	033 LEVEL I HAND PROCEDURES	1	\$4,290	\$2,835
	035 LEVEL I FOOT PROCEDURES	6	\$2,558	\$3,748
	036 LEVEL II FOOT PROCEDURES	2	\$1,381	\$6,617
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	2	\$1,503	\$6,442
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	1	\$1,095	\$3,754
	045 BUNION PROCEDURES	6	\$2,984	\$5,191
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	1	\$5,127	\$4,547
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	1	\$5,127	\$5,995
07	GASTROINTESTINAL SYSTEM PROCEDURES	284	\$3,273	\$3,055
	132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	1	\$2,280	\$1,232
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	52	\$1,857	\$1,516
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	5	\$2,013	\$2,214
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	110	\$1,922	\$1,271
	137 THERAPEUTIC COLONOSCOPY	29	\$2,242	\$1,695
	139 LEVEL I HERNIA REPAIR	22	\$5,614	\$4,486
	140 LEVEL II HERNIA REPAIR	3	\$5,483	\$5,242
	142 LEVEL II ANAL AND RECTAL PROCEDURES	1	\$5,835	\$3,733
	143 LEVEL I GASTROINTESTINAL PROCEDURES	2	\$1,790	\$3,742
	144 LEVEL II GASTROINTESTINAL PROCEDURES	1	\$7,925	\$8,218
	146 LEVEL II LAPAROSCOPY	36	\$6,845	\$8,314
	147 LEVEL III LAPAROSCOPY	22	\$6,383	\$8,305
09	MALE REPRODUCTIVE SYSTEM	1	\$4,598	\$4,630
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	1	\$4,598	\$3,299
10	FEMALE REPRODUCTIVE SYSTEM	2	\$3,802	\$5,236
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	1	\$5,613	\$3,258
	199 DILATION AND CURETTAGE	1	\$1,992	\$3,266
11	NEUROLOGIC SYSTEM PROCEDURES	5	\$181	\$4,849
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	4	\$116	\$1,315
	219 SPINAL TAP	1	\$438	\$2,509
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	77	\$1,683	\$3,703
	232 LASER EYE PROCEDURES	15	\$693	\$787
	233 CATARACT PROCEDURES	61	\$1,886	\$3,686
	236 LEVEL III ANTERIOR SEGMENT EYE PROCEDURES	1	\$4,180	\$8,638
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	13	\$2,805	\$3,605
	252 LEVEL I FACIAL AND ENT PROCEDURES	4	\$1,238	\$2,195
	255 LEVEL IV FACIAL AND ENT PROCEDURES	1	\$11,295	\$8,243
	256 TONSIL AND ADENOID PROCEDURES	8	\$2,526	\$2,817

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/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, 2009
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

130 Sanpete Valley Hospital - CAH

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
GENDER				
Female	290	55.1	122,959	54.1
Male	236	44.9	104,281	45.9
Unknown	0	0.0	4	0.0
Not Reported	0	0.0	0	0.0
AGE				
1-28 days	0	0.0	1,731	0.8
29-365 days	0	0.0	2,897	1.3
1-4 years	5	1.0	10,813	4.8
5-9	7	1.3	6,381	2.8
10-14	6	1.1	5,066	2.2
15-17	23	4.4	5,130	2.3
18-19	13	2.5	3,775	1.7
20-24	17	3.2	10,184	4.5
25-29	13	2.5	12,684	5.6
30-34	25	4.8	13,594	6.0
35-39	25	4.8	13,012	5.7
40-44	21	4.0	13,141	5.8
45-49	28	5.3	16,564	7.3
50-54	60	11.4	24,353	10.7
55-59	42	8.0	21,093	9.3
60-64	44	8.4	18,280	8.0
65-69	70	13.3	15,480	6.8
70-74	66	12.5	12,653	5.6
75-79	26	4.9	9,821	4.3
80-84	22	4.2	6,574	2.9
85-89	11	2.1	3,084	1.4
90 +	2	0.4	933	0.4
Not Reported	0	0.0	1	0.0
SOURCE OF ADMISSION				
Physician Referral	420	79.8	205,377	90.4
Clinic Referral	93	17.7	2,930	1.3
HMO Referral	0	0.0	2,930	1.3
Other Hospital	0	0.0	184	0.1
Skilled Nursing Facility	0	0.0	36	0.0
Other Health Care Facility	0	0.0	18	0.0
Emergency Room	13	2.5	5,340	2.3
Court/Law Enforcement	0	0.0	3	0.0
Unknown	0	0.0	11	0.0
Not Reported	0	0.0	10,415	4.6

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

130 Sanpete Valley Hospital - CAH

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	525	99.8	226,589	99.7
Another Hospital	1	0.2	102	0.0
Skilled Nursing Facility	0	0.0	137	0.1
Intermediate Care Facility	0	0.0	20	0.0
Another Type of Institution	0	0.0	68	0.0
Under Care of Home Service	0	0.0	270	0.1
Left Against Medical Advice	0	0.0	22	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	0	0.0	13	0.0
Unknown	0	0.0	22	0.0
Not Reported	0	0.0	1	0.0
PRIMARY PAYER				
Medicare	196	37.3	45,456	20.0
Medicaid	76	14.4	15,975	7.0
Other government	3	0.6	4,287	1.9
Blue Cross/Blue Shield	39	7.4	29,948	13.2
Other Commercial	48	9.1	16,378	7.2
Managed Care(HMO, PPO)	139	26.4	106,245	46.8
Self Pay	9	1.7	2,816	1.2
Industrial & Worker Comp	2	0.4	3,291	1.4
Charity and Unclassified	11	2.1	1,613	0.7
Childrens Health Insurance	2	0.4	129	0.1
Unknown	1	0.2	1,046	0.5
Not Reported	0	0.0	60	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	1	0.2	16,751	7.4
Central Utah	503	95.6	8,412	3.7
Davis County	0	0.0	23,806	10.5
Salt Lake County	5	1.0	77,342	34.0
Southeastern Utah	0	0.0	4,701	2.1
Southwest Utah	0	0.0	14,188	6.2
Summit County	0	0.0	2,798	1.2
Tooele County	0	0.0	4,137	1.8
Tri-County	2	0.4	6,035	2.7
Utah County	4	0.8	37,226	16.4
Wasatch County	0	0.0	1,669	0.7
Weber County	0	0.0	20,181	8.9
Unknown Utah	0	0.0	27	0.0
Outside Utah	11	2.1	9,882	4.3
Unknown, Not Reported	0	0.0	89	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, 2009
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)	2,126	100.0	320,509	100.0
Mastectomy (85.0-85.99)	18	0.8	8,217	2.6
Musculoskeletal (76.0-84.99)	192	9.0	69,555	21.7
Respiratory (30.0-34.99)	4	0.2	3,320	1.0
Cardiovascular (35.0-39.99)	3	0.1	22,400	7.0
Lymphatic/Hemetic (40.0-41.99)	7	0.3	2,804	0.9
Digestive System (42.0-54.99)	997	46.9	98,678	30.8
Urinary (55.0-59.99)	27	1.3	10,902	3.4
Male Genital (60.0-64.99)	14	0.7	3,817	1.2
Female Genital (65.0-71.99)	43	2.0	14,786	4.6
Endocrine/Nervous (01.0-07.99)	27	1.3	23,111	7.2
Eye (08.0-16.99)	439	20.6	21,114	6.6
Ear (18.0-20.99)	116	5.5	12,945	4.0
Nose, Mouth, Pharynx (21.0-29.99)	239	11.2	28,860	9.0
Reporting Category(CPT-4 CODES)	1,791	100.0	299,107	100.0
Mastectomy (19120-19220)	11	0.6	2,014	0.7
Musculoskeletal (20000-29909)	187	10.4	75,301	25.2
Respiratory (30000-32999 & 39501-39599)	32	1.8	14,568	4.9
Cardiovascular (33010-37799 & 93501-93660)	3	0.2	24,369	8.1
Lymphatic/Hemetic (38100-38999)	8	0.4	2,630	0.9
Digestive (40490-49999)	1,156	64.5	109,341	36.6
Urinary (50010-53899)	21	1.2	10,457	3.5
Male Genital (54000-55899)	12	0.7	3,299	1.1
Female Genital (56405-58999)	21	1.2	12,326	4.1
Endocrine/Nervous (60000-64999)	26	1.5	24,781	8.3
Eye (65091-68899)	255	14.2	12,489	4.2
Ear (69000-69979)	59	3.3	7,532	2.5

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

AMB ST 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
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		2,126	100.0	100.0
4523	COLONOSCOPY	263	12.4	6.09
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	194	9.1	5.75
1371	IOL PROSTH-CATARACT EXTRACT-1-STAGE	184	8.7	1.59
1341	PHACOEMULSIFICATION-ASPIR CATARACT	181	8.5	1.58
2001	MYRINGOTOMY W/INSRT TUBE	113	5.3	3.18
4542	ENDO POLYPECTOMY LG INTESTINE	101	4.8	3.35
5123	LAP CHOLEY	100	4.7	2.26
4525	CLO [ENDO] BX LG INTESTINE	74	3.5	2.33
232	RESTORATION TOOTH-FILLING	69	3.2	0.55
283	TONSILLECTOMY W/ADENOIDECTOMY	65	3.1	1.80
1364	DISCISSION SECNDRY MEMBRN	60	2.8	0.10
4513	OTH ENDO SM INTESTINE	59	2.8	1.71
4292	DILAT ESOPH	55	2.6	1.44
7756	REPR HAMMER TOE	38	1.8	0.40
282	TONSILLECTOMY WO ADENOIDECTOMY	35	1.6	0.53
0443	RELEASE CARPAL TUNNEL	26	1.2	0.98
2370	ROOT CANAL-NOS	16	0.8	0.31
806	EXC SEMILUNAR CARTILAGE-KNEE	16	0.8	1.86
4836	[ENDO] POLYPECTOMY RECTUM	13	0.6	0.95
7751	BUNIONEC SOFT-OSTEOT 1ST METATARS	13	0.6	0.31

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		1,791	100.0	100.0
45378	COLONOSCOPY FLEX; DX-SEP PROC	259	14.5	6.11
43239	UGI ENDO; W/BX 1/MX	193	10.8	6.06
66984	EXTRACAPSULAR CATARACT REMV IOL	181	10.1	1.64
45380	COLONOSCOPY FLEX; W/BX 1/MX	122	6.8	5.24
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	89	5.0	1.50
41899	UNLIST PROC DENTOALVEOL STRUCTUR	69	3.9	0.91
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	67	3.7	1.49
66821	DISCISSION 2ND CATARACT; LASER S	63	3.5	0.12
69436	TYMPANOSTOMY GENERAL ANESTHESIA	58	3.2	1.75
42820	T&A; UNDER AGE 12	54	3.0	1.47
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	51	2.8	0.96
28285	CORRECTION HAMMERTOES	38	2.1	0.62
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	38	2.1	1.25
49505	REPR INIT ING HERNIA 5YR/MORE; R	32	1.8	0.82
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	26	1.5	0.49
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	26	1.5	0.64
28296	HALLUX VALGUS; W/METATARSAL OSTE	14	0.8	0.27
29877	SCOPE KNEE SURG; DEBRID/SHAVE CA	13	0.7	1.00
47562	LAPAROSCOPY SURGICAL; CHOLECT	13	0.7	0.94
26055	TENDON SHEATH INCISION	11	0.6	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, 2009
 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		1,001	\$2,813	\$4,501
4523	COLONOSCOPY	207	\$1,466	\$1,087
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	81	\$1,815	\$1,581
5123	LAP CHOLEY	79	\$7,340	\$7,426
4542	ENDO POLYPECTOMY LG INTESTINE	72	\$1,841	\$1,547
283	TONSILLECTOMY W/ADENOIDECTOMY	60	\$2,812	\$2,850
1364	DISCISSION SECNDRY MEMBRN	58	\$889	\$785
232	RESTORATION TOOTH-FILLING	45	\$3,260	\$2,448
4525	CLO [ENDO] BX LG INTESTINE	42	\$1,773	\$1,709
282	TONSILLECTOMY WO ADENOIDECTOMY	34	\$2,834	\$2,868
0443	RELEASE CARPAL TUNNEL	23	\$2,170	\$2,540
4513	OTH ENDO SM INTESTINE	20	\$1,659	\$1,334
5303	UNILAT REPR DIRECT ING HERN-GFT	10	\$4,979	\$4,986
5304	UNILAT REPR INDIRECT ING HERN-GFT	10	\$5,161	\$4,709
6902	D&C FOLLOWING DELIV/AB	10	\$2,336	\$3,011
8201	EXPLOR TENDON SHEATH HAND	9	\$2,155	\$2,331
8521	LOC EXC LES BREAST	9	\$2,896	\$3,374
4836	[ENDO] POLYPECTOMY RECTUM	8	\$1,610	\$1,394
4701	LAP APPENDECTOMY	7	\$10,642	\$10,907
5342	5342	7	\$9,304	\$8,323
5349	OTH UMB HERNIORRHAPHY	7	\$2,749	\$3,750

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
CPT-4 Procedures		1,254	\$2,760	\$3,915
45378	COLONOSCOPY FLEX; DX-SEP PROC	205	\$1,473	\$1,090
66984	EXTRACAPSULAR CATARACT REMV IOL	174	\$2,781	\$3,678
43239	UGI ENDO; W/BX 1/MX	82	\$1,818	\$1,548
45380	COLONOSCOPY FLEX; W/BX 1/MX	79	\$1,774	\$1,526
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	73	\$7,339	\$7,842
41899	UNLIST PROC DENTOALVEOL STRUCTUR	69	\$3,467	\$2,871
66821	DISCISSION 2ND CATARACT; LASER S	61	\$896	\$766
69436	TYMPANOSTOMY GENERAL ANESTHESIA	52	\$1,087	\$1,499
42820	T&A; UNDER AGE 12	49	\$2,752	\$2,701
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	46	\$1,851	\$1,661
49505	REPR INIT ING HERNIA 5YR/MORE; R	29	\$5,388	\$4,721
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	25	\$2,803	\$2,928
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	23	\$2,170	\$2,624
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	19	\$1,508	\$1,234
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	15	\$2,203	\$1,913
42821	T&A; AGE 12 OR OVER	11	\$3,078	\$3,195
19120	EXC BRST CYST TUMR/LES OPN M/F 1	10	\$2,984	\$3,487
47562	LAPAROSCOPY SURGICAL; CHOLECT	10	\$7,250	\$6,606
26055	TENDON SHEATH INCISION	9	\$2,155	\$2,135
42825	TONSILLECT PRIM/SEC; UNDER AGE 1	9	\$2,921	\$2,604

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, 2009
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE* CPT-4 PROCEDURES

132 Sevier Valley Medical Center

Procedure EAPG category	Procedure EAPG	TOTAL #	TOTAL # (ALL Hospitals)
01	SKIN & INTEGUMENTARY SYSTEM PROCEDURES	21	8,192
	003 LEVEL I SKIN INCISION AND DRAINAGE	2	189
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	2	503
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	16	5,031
	013 LEVEL II SKIN REPAIR	1	792
02	BREAST PROCEDURES	11	2,075
	020 LEVEL I BREAST PROCEDURES	11	2,014
03	MUSCULOSKELETAL SYSTEM PROCEDURES	168	64,806
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	4	4,694
	033 LEVEL I HAND PROCEDURES	21	3,780
	034 LEVEL II HAND PROCEDURES	2	1,278
	035 LEVEL I FOOT PROCEDURES	66	6,264
	036 LEVEL II FOOT PROCEDURES	5	1,682
	037 LEVEL I ARTHROSCOPY	28	22,184
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	1	717
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	3	628
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	13	5,752
	045 BUNION PROCEDURES	20	1,791
	048 HAND AND FOOT TENOTOMY	5	386
04	RESPIRATORY PROCEDURES	18	9,066
	061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	6	1,396
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	12	4,402
05	CARDIOVASCULAR PROCEDURES	2	9,325
	083 PLACEMENT OF TRANSVENOUS CATHETERS	2	941
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	7	2,884
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	7	1,491
07	GASTROINTESTINAL SYSTEM PROCEDURES	988	99,755
	131 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	1	1,379
	132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	4	502
	133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	2	422
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	231	22,635
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	66	4,688
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	381	34,149
	137 THERAPEUTIC COLONOSCOPY	70	5,727
	139 LEVEL I HERNIA REPAIR	49	5,573
	140 LEVEL II HERNIA REPAIR	7	1,193
	141 LEVEL I ANAL AND RECTAL PROCEDURES	1	782
	142 LEVEL II ANAL AND RECTAL PROCEDURES	11	1,145
	143 LEVEL I GASTROINTESTINAL PROCEDURES	3	405
	145 LEVEL I LAPAROSCOPY	12	2,675
	146 LEVEL II LAPAROSCOPY	58	8,847
	147 LEVEL III LAPAROSCOPY	92	7,203
08	GENITOURINARY SYSTEM PROCEDURES	13	8,962
	162 URINARY CATHETERIZATION AND DILATATION	1	238
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	10	3,932
	164 LEVEL II BLADDER AND KIDNEY PROCEDURES	1	3,413

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE* CPT-4 PROCEDURES

132 Sevier Valley Medical Center

procedure EAPG category procedure EAPG	TOTAL #	TOTAL # (ALL Hospitals)
166 LEVEL I URETHRA AND PROSTATE PROCEDURES	1	180
09 MALE REPRODUCTIVE SYSTEM	8	3,509
180 TESTICULAR AND EPIDIDYMAL PROCEDURES	4	1,431
181 CIRCUMCISION	4	822
10 FEMALE REPRODUCTIVE SYSTEM	9	7,180
196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	2	1,292
197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	1	1,355
199 DILATION AND CURETTAGE	6	551
11 NEUROLOGIC SYSTEM PROCEDURES	26	24,377
217 LEVEL I NERVE PROCEDURES	26	4,031
12 OPHTHALMOLOGIC SYSTEM PROCEDURES	255	12,275
232 LASER EYE PROCEDURES	63	418
233 CATARACT PROCEDURES	187	5,365
234 LEVEL I ANTERIOR SEGMENT EYE PROCEDURES	2	265
236 LEVEL III ANTERIOR SEGMENT EYE PROCEDURES	3	209
13 EAR, NOSE, MOUTH, & THROAT PROCEDURES	254	28,739
252 LEVEL I FACIAL AND ENT PROCEDURES	137	12,362
253 LEVEL II FACIAL AND ENT PROCEDURES	4	1,405
254 LEVEL III FACIAL AND ENT PROCEDURES	12	3,429
256 TONSIL AND ADENOID PROCEDURES	101	8,493

SOURCE: Utah Ambulatory Surgery Database
Utah Health Data Committee/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, 2009
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, SINGLE EAPG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

132 Sevier Valley Medical Center

Procedure EAPG category	Procedure EAPG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
01	SKIN & INTEGUMENTARY SYSTEM PROCEDURES	17	\$2,872	\$3,762
	003 LEVEL I SKIN INCISION AND DRAINAGE	2	\$3,417	\$2,833
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	2	\$4,301	\$3,664
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	12	\$2,613	\$3,677
	013 LEVEL II SKIN REPAIR	1	\$2,034	\$4,883
02	BREAST PROCEDURES	10	\$2,984	\$3,802
	020 LEVEL I BREAST PROCEDURES	10	\$2,984	\$3,688
03	MUSCULOSKELETAL SYSTEM PROCEDURES	73	\$2,912	\$5,044
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	1	\$3,733	\$5,458
	033 LEVEL I HAND PROCEDURES	16	\$2,215	\$2,835
	035 LEVEL I FOOT PROCEDURES	23	\$2,605	\$3,748
	036 LEVEL II FOOT PROCEDURES	5	\$2,706	\$6,617
	037 LEVEL I ARTHROSCOPY	9	\$3,618	\$4,492
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	3	\$2,264	\$3,754
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	6	\$3,827	\$7,392
	045 BUNION PROCEDURES	10	\$3,765	\$5,191
04	RESPIRATORY PROCEDURES	6	\$1,677	\$2,975
	061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	6	\$1,677	\$2,594
05	CARDIOVASCULAR PROCEDURES	2	\$5,285	\$14,627
	083 PLACEMENT OF TRANSVENOUS CATHETERS	2	\$5,285	\$6,140
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	5	\$3,489	\$4,547
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	5	\$3,489	\$5,995
07	GASTROINTESTINAL SYSTEM PROCEDURES	624	\$3,039	\$3,055
	132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	2	\$2,809	\$1,232
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	101	\$1,759	\$1,516
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	20	\$2,326	\$2,214
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	284	\$1,557	\$1,271
	137 THERAPEUTIC COLONOSCOPY	49	\$1,838	\$1,695
	139 LEVEL I HERNIA REPAIR	44	\$4,773	\$4,486
	140 LEVEL II HERNIA REPAIR	5	\$6,922	\$5,242
	141 LEVEL I ANAL AND RECTAL PROCEDURES	1	\$1,483	\$3,138
	142 LEVEL II ANAL AND RECTAL PROCEDURES	7	\$4,406	\$3,733
	143 LEVEL I GASTROINTESTINAL PROCEDURES	1	\$1,952	\$3,742
	145 LEVEL I LAPAROSCOPY	1	\$5,003	\$5,295
	146 LEVEL II LAPAROSCOPY	35	\$8,587	\$8,314
	147 LEVEL III LAPAROSCOPY	74	\$7,434	\$8,305
08	GENITOURINARY SYSTEM PROCEDURES	9	\$1,600	\$6,135
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	8	\$1,207	\$4,353
	164 LEVEL II BLADDER AND KIDNEY PROCEDURES	1	\$4,744	\$5,221
09	MALE REPRODUCTIVE SYSTEM	6	\$2,344	\$4,630
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	2	\$3,256	\$3,299
	181 CIRCUMCISION	4	\$1,888	\$2,418
10	FEMALE REPRODUCTIVE SYSTEM	7	\$2,560	\$5,236
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	1	\$4,434	\$3,258
	197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	1	\$3,921	\$5,190

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, SINGLE EAPG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

132 Sevier Valley Medical Center

procedure EAPG category	Procedure EAPG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
	199 DILATION AND CURETTAGE	5	\$1,914	\$3,266
11	NEUROLOGIC SYSTEM PROCEDURES	23	\$2,170	\$4,849
	217 LEVEL I NERVE PROCEDURES	23	\$2,170	\$3,161
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	241	\$2,285	\$3,703
	232 LASER EYE PROCEDURES	61	\$896	\$787
	233 CATARACT PROCEDURES	180	\$2,755	\$3,686
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	221	\$2,589	\$3,605
	252 LEVEL I FACIAL AND ENT PROCEDURES	123	\$2,426	\$2,195
	253 LEVEL II FACIAL AND ENT PROCEDURES	1	\$1,150	\$3,352
	254 LEVEL III FACIAL AND ENT PROCEDURES	3	\$2,511	\$6,442
	256 TONSIL AND ADENOID PROCEDURES	94	\$2,820	\$2,817

SOURCE: Utah Ambulatory Surgery Database
 Utah Health Data Committee/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, 2009
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

132 Sevier Valley Medical Center

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
GENDER				
Female	841	54.8	122,959	54.1
Male	695	45.2	104,281	45.9
Unknown	0	0.0	4	0.0
Not Reported	0	0.0	0	0.0
AGE				
1-28 days	2	0.1	1,731	0.8
29-365 days	12	0.8	2,897	1.3
1-4 years	105	6.8	10,813	4.8
5-9	64	4.2	6,381	2.8
10-14	37	2.4	5,066	2.2
15-17	39	2.5	5,130	2.3
18-19	26	1.7	3,775	1.7
20-24	57	3.7	10,184	4.5
25-29	58	3.8	12,684	5.6
30-34	45	2.9	13,594	6.0
35-39	69	4.5	13,012	5.7
40-44	58	3.8	13,141	5.8
45-49	87	5.7	16,564	7.3
50-54	114	7.4	24,353	10.7
55-59	109	7.1	21,093	9.3
60-64	152	9.9	18,280	8.0
65-69	130	8.5	15,480	6.8
70-74	125	8.1	12,653	5.6
75-79	127	8.3	9,821	4.3
80-84	80	5.2	6,574	2.9
85-89	27	1.8	3,084	1.4
90 +	13	0.8	933	0.4
Not Reported	0	0.0	1	0.0
SOURCE OF ADMISSION				
Physician Referral	1,513	98.5	205,377	90.4
Clinic Referral	6	0.4	2,930	1.3
HMO Referral	1	0.1	2,930	1.3
Other Hospital	0	0.0	184	0.1
Skilled Nursing Facility	0	0.0	36	0.0
Other Health Care Facility	0	0.0	18	0.0
Emergency Room	16	1.0	5,340	2.3
Court/Law Enforcement	0	0.0	3	0.0
Unknown	0	0.0	11	0.0
Not Reported	0	0.0	10,415	4.6

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

132 Sevier Valley Medical Center

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	1,536	100.0	226,589	99.7
Another Hospital	0	0.0	102	0.0
Skilled Nursing Facility	0	0.0	137	0.1
Intermediate Care Facility	0	0.0	20	0.0
Another Type of Institution	0	0.0	68	0.0
Under Care of Home Service	0	0.0	270	0.1
Left Against Medical Advice	0	0.0	22	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	0	0.0	13	0.0
Unknown	0	0.0	22	0.0
Not Reported	0	0.0	1	0.0
PRIMARY PAYER				
Medicare	513	33.4	45,456	20.0
Medicaid	187	12.2	15,975	7.0
Other government	24	1.6	4,287	1.9
Blue Cross/Blue Shield	116	7.6	29,948	13.2
Other Commercial	100	6.5	16,378	7.2
Managed Care(HMO, PPO)	529	34.4	106,245	46.8
Self Pay	7	0.5	2,816	1.2
Industrial & Worker Comp	12	0.8	3,291	1.4
Charity and Unclassified	35	2.3	1,613	0.7
Childrens Health Insurance	0	0.0	129	0.1
Unknown	13	0.8	1,046	0.5
Not Reported	0	0.0	60	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	1	0.1	16,751	7.4
Central Utah	1,487	96.8	8,412	3.7
Davis County	0	0.0	23,806	10.5
Salt Lake County	1	0.1	77,342	34.0
Southeastern Utah	12	0.8	4,701	2.1
Southwest Utah	24	1.6	14,188	6.2
Summit County	0	0.0	2,798	1.2
Tooele County	1	0.1	4,137	1.8
Tri-County	0	0.0	6,035	2.7
Utah County	2	0.1	37,226	16.4
Wasatch County	0	0.0	1,669	0.7
Weber County	0	0.0	20,181	8.9
Unknown Utah	1	0.1	27	0.0
Outside Utah	7	0.5	9,882	4.3
Unknown, Not Reported	0	0.0	89	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, 2009
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)	7,488	100.0	320,509	100.0
Mastectomy (85.0-85.99)	290	3.9	8,217	2.6
Musculoskeletal (76.0-84.99)	1,599	21.4	69,555	21.7
Respiratory (30.0-34.99)	61	0.8	3,320	1.0
Cardiovascular (35.0-39.99)	882	11.8	22,400	7.0
Lymphatic/Hemetic (40.0-41.99)	41	0.5	2,804	0.9
Digestive System (42.0-54.99)	925	12.4	98,678	30.8
Urinary (55.0-59.99)	278	3.7	10,902	3.4
Male Genital (60.0-64.99)	61	0.8	3,817	1.2
Female Genital (65.0-71.99)	512	6.8	14,786	4.6
Endocrine/Nervous (01.0-07.99)	501	6.7	23,111	7.2
Eye (08.0-16.99)	1,470	19.6	21,114	6.6
Ear (18.0-20.99)	110	1.5	12,945	4.0
Nose, Mouth, Pharynx (21.0-29.99)	758	10.1	28,860	9.0
Reporting Category(CPT-4 CODES)	8,427	100.0	299,107	100.0
Mastectomy (19120-19220)	48	0.6	2,014	0.7
Musculoskeletal (20000-29909)	1,784	21.2	75,301	25.2
Respiratory (30000-32999 & 39501-39599)	603	7.2	14,568	4.9
Cardiovascular (33010-37799 & 93501-93660)	2,234	26.5	24,369	8.1
Lymphatic/Hemetic (38100-38999)	37	0.4	2,630	0.9
Digestive (40490-49999)	1,114	13.2	109,341	36.6
Urinary (50010-53899)	347	4.1	10,457	3.5
Male Genital (54000-55899)	39	0.5	3,299	1.1
Female Genital (56405-58999)	494	5.9	12,326	4.1
Endocrine/Nervous (60000-64999)	676	8.0	24,781	8.3
Eye (65091-68899)	984	11.7	12,489	4.2
Ear (69000-69979)	67	0.8	7,532	2.5

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

AMB ST 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
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		7,488	100.0	100.0
0844	REPR ENTROPION/ECTROP-LID RECON	312	4.2	0.15
3722	LT HEART CARD CATH	254	3.4	1.34
0833	REPR BLEPHAROPT-RESECT/ADVANC LEVAT	217	2.9	0.12
0887	UPPER EYELID RHYTIDECTOMY	210	2.8	0.22
806	EXC SEMILUNAR CARTILAGE-KNEE	192	2.6	1.86
2169	OTH TURBINECTOMY	150	2.0	0.78
8511	CLO [PERCUT] [NEEDLE] BX BREAST	148	2.0	0.44
4495	4495	135	1.8	0.09
3726	CARD ELECTROPHYSIO STIMUL-RECORD	114	1.5	0.48
2188	OTH SEPTOPLASTY	112	1.5	0.50
5123	LAP CHOLEY	109	1.5	2.26
3727	CARD MAPPING	106	1.4	0.44
3734	EXC/DESTRUC OTH LES/TISS HRT OTH	106	1.4	0.47
2263	ETHMOIDECTOMY	102	1.4	0.55
598	URETERAL CATH	88	1.2	0.72
8363	ROTATOR CUFF REPR	84	1.1	0.76
4513	OTH ENDO SM INTESTINE	83	1.1	1.71
6823	ENDOMETRIAL ABLATION	81	1.1	0.47
8086	OTH LOC EXC/DESTRUC JT LES-KNEE	80	1.1	0.68
8183	OTH REPR SHLDR	76	1.0	0.82

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		8,427	100.0	100.0
93545	INJ PROC-CATH; SELECT CORONRY AN	291	3.5	0.71
93510	LT HRT CATH RETRO-BRACH/FEM; PER	254	3.0	0.57
93543	INJ PROC-CATH; LT VENT/ATRIAL AN	253	3.0	0.65
93556	IMAG SUPERVS I&R-CATH; PULM ANGI	252	3.0	0.60
93555	IMAG SUPERVS I&R-CATH; VENT/ATRI	247	2.9	0.58
67917	REPAIR OF ECTROPION; EXTENSIVE	182	2.2	0.10
29881	SCOPE KNEE SURG;W/MENISCECT MED/	147	1.7	1.64
43770	43770	135	1.6	0.09
30140	SUBMUCOS RES TURBINATE PART/CMPL	130	1.5	0.74
30520	SEPTOPLASTY/SUBMUCOS RES W/GFT	123	1.5	0.78
67904	REPR BLEPHAROPTOSIS; RESECT-EXT	121	1.4	0.06
93620	COMP EP EVAL;RT ATRIAL VENT HIS	108	1.3	0.17
29826	SCOPE SHOULDER; DECOMP SUBACROM	102	1.2	1.21
93651	INTRACARD CATH ABLAT ARRHY; TX T	102	1.2	0.16
93623	PROGRAM STIM & PACE AFTER IV DRU	79	0.9	0.13
93621	COMP EP EVAL;LT ATRIAL COR SINUS	78	0.9	0.14
58563	HYSTEROSC SURG; W/ENDOMETRIAL AB	76	0.9	0.34
52332	CYSTOURETHROSCOPY W/INSRT STENT	75	0.9	0.66
68760	CLO LACRIMAL PUNCTUM; THERMOCAUT	75	0.9	0.03
29827	SCOPE SHLDR SURG; W/ROTOR CUFF R	69	0.8	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, 2009
 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	2,273	\$9,308	\$4,501
3722	LT HEART CARD CATH	201	\$11,179	\$8,426
5123	LAP CHOLEY	94	\$10,194	\$7,426
4495	4495	71	\$18,213	\$15,778
4513	OTH ENDO SM INTESTINE	65	\$1,773	\$1,334
283	TONSILLECTOMY W/ADENOIDECTOMY	59	\$3,665	\$2,850
8511	CLO [PERCUT] [NEEDLE] BX BREAST	54	\$3,096	\$1,944
6823	ENDOMETRIAL ABLATION	52	\$6,835	\$6,213
806	EXC SEMILUNAR CARTILAGE-KNEE	51	\$6,806	\$4,537
6952	ASPIR CURET FOLLOWING DELIV/AB	38	\$3,389	\$3,269
8521	LOC EXC LES BREAST	38	\$3,862	\$3,374
0331	SPINAL TAP	37	\$3,115	\$2,508
0393	INSRT/REPLCMT SPINAL NEUROSTIM	36	\$34,499	\$39,035
5304	UNILAT REPR INDIRECT ING HERN-GFT	34	\$5,896	\$4,709
3723	COMBO RT & LT HEART CARD CATH	32	\$11,301	\$8,968
282	TONSILLECTOMY WO ADENOIDECTOMY	28	\$4,271	\$2,868
0390	INSRT SPINAL CANAL INFUS CATH	27	\$29,686	\$22,100
0443	RELEASE CARPAL TUNNEL	27	\$3,607	\$2,540
0492	IMPLNT/REPLCMT PERIPH NEUROSTIM	25	\$66,579	\$34,267
0611	CLO PERCUT NEEDLE BX THYROID GLAND	23	\$1,725	\$980
598	URETERAL CATH	23	\$7,903	\$6,660

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
CPT-4	Procedures	2,622	\$7,691	\$3,915
29881	SCOPE KNEE SURG;W/MENISCECT MED/	88	\$6,879	\$4,457
43770	43770	71	\$18,213	\$15,778
23350	INJ SHLDR ARTHROGRPH/ENHNCD CT/M	66	\$4,517	\$3,591
49505	REPR INIT ING HERNIA 5YR/MORE; R	62	\$5,915	\$4,721
58563	HYSTEROSC SURG; W/ENDOMETRIAL AB	59	\$6,969	\$6,668
29505	APPLICATION OF LONG LEG SPLINT	58	\$468	\$468
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	58	\$1,761	\$1,234
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	55	\$11,287	\$7,842
58340	CATH&INTRO SALINE/CONTRAST SIS/H	48	\$1,129	\$1,013
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	44	\$1,887	\$1,220
47562	LAPAROSCOPY SURGICAL; CHOLECT	40	\$8,710	\$6,606
36430	TRANSFUSION BLOOD/BLOOD COMPONENT	38	\$3,346	\$3,294
62270	SPINAL PUNCTURE LUMBAR DIAGNOSTI	37	\$3,115	\$2,523
42821	T&A; AGE 12 OR OVER	36	\$3,556	\$3,195
50590	LITHOTRIPSY XTRACORP SHOCK WAVE	34	\$8,440	\$9,938
58558	HYSTEROSCPY SURG; W/BX &/ POLYPE	33	\$5,062	\$3,984
62284	INJ PROC MYELGRPH &/CT SPINAL	31	\$7,408	\$4,314
29880	SCOPE KNEE SURG;W/MENISCECT MED&	27	\$6,661	\$4,800
19120	EXC BRST CYST TUMR/LES OPN M/F 1	26	\$3,413	\$3,487
29445	APPLIC RIGID TOTAL CNTC LEG CAST	26	\$5,857	\$5,172

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, 2009
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE* CPT-4 PROCEDURES

120 Salt Lake Regional Medical Center

Procedure EAPG category	Procedure EAPG	TOTAL #	TOTAL # (ALL Hospitals)
01	SKIN & INTEGUMENTARY SYSTEM PROCEDURES	208	8,192
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	39	1,091
	003 LEVEL I SKIN INCISION AND DRAINAGE	1	189
	004 LEVEL II SKIN INCISION AND DRAINAGE	5	95
	007 LEVEL II SKIN DEBRIDEMENT AND DESTRUCTION	5	128
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	21	503
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	99	5,031
	011 LEVEL III EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	2	82
	013 LEVEL II SKIN REPAIR	33	792
	014 LEVEL III SKIN REPAIR	3	220
02	BREAST PROCEDURES	48	2,075
	020 LEVEL I BREAST PROCEDURES	48	2,014
03	MUSCULOSKELETAL SYSTEM PROCEDURES	1,468	64,806
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	67	2,405
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	63	4,694
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	37	2,234
	033 LEVEL I HAND PROCEDURES	46	3,780
	034 LEVEL II HAND PROCEDURES	22	1,278
	035 LEVEL I FOOT PROCEDURES	116	6,264
	036 LEVEL II FOOT PROCEDURES	23	1,682
	037 LEVEL I ARTHROSCOPY	522	22,184
	038 LEVEL II ARTHROSCOPY	196	5,320
	039 REPLACEMENT OF CAST	41	69
	040 SPLINT, STRAPPING AND CAST REMOVAL	155	1,672
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	16	717
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	4	628
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	89	5,752
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	8	490
	045 BUNION PROCEDURES	25	1,791
	046 LEVEL I ARTHROPLASTY	8	634
	047 LEVEL II ARTHROPLASTY	8	148
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	22	2,678
04	RESPIRATORY PROCEDURES	294	9,066
	061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	51	1,396
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	61	1,436
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	164	4,402
	064 ENDOSCOPY OF THE LOWER AIRWAY	18	1,832
05	CARDIOVASCULAR PROCEDURES	920	9,325
	082 CARDIAC ELECTROPHYSIOLOGIC TESTS	223	1,153
	083 PLACEMENT OF TRANSVENOUS CATHETERS	10	941
	084 DIAGNOSTIC CARDIAC CATHETERIZATION	306	2,404
	085 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	25	1,497
	086 PACEMAKER INSERTION AND REPLACEMENT	21	259
	087 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	78	809
	088 LEVEL I CARDIOTHORACIC PROCEDURES	7	225
	089 LEVEL II CARDIOTHORACIC PROCEDURES	217	1,625

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE* CPT-4 PROCEDURES

120 Salt Lake Regional Medical Center

procedure EAPG category	procedure EAPG	TOTAL #	TOTAL # (ALL Hospitals)
	090 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	1	53
	097 AICD IMPLANT	32	200
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	60	2,884
	113 LEVEL I BLOOD AND BLOOD PRODUCT EXCHANGE	40	1,308
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	20	1,491
07	GASTROINTESTINAL SYSTEM PROCEDURES	1,045	99,755
	130 ALIMENTARY TESTS AND SIMPLE TUBE PLACEMENT	37	179
	131 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	1	1,379
	132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	1	502
	133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	1	422
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	80	22,635
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	48	4,688
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	10	34,149
	137 THERAPEUTIC COLONOSCOPY	2	5,727
	138 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	42	1,937
	139 LEVEL I HERNIA REPAIR	130	5,573
	140 LEVEL II HERNIA REPAIR	42	1,193
	141 LEVEL I ANAL AND RECTAL PROCEDURES	17	782
	142 LEVEL II ANAL AND RECTAL PROCEDURES	45	1,145
	143 LEVEL I GASTROINTESTINAL PROCEDURES	24	405
	144 LEVEL II GASTROINTESTINAL PROCEDURES	5	226
	145 LEVEL I LAPAROSCOPY	160	2,675
	146 LEVEL II LAPAROSCOPY	128	8,847
	147 LEVEL III LAPAROSCOPY	271	7,203
	148 LEVEL IV LAPAROSCOPY	1	88
08	GENITOURINARY SYSTEM PROCEDURES	306	8,962
	160 EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	47	697
	162 URINARY CATHETERIZATION AND DILATATION	2	238
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	128	3,932
	164 LEVEL II BLADDER AND KIDNEY PROCEDURES	121	3,413
	165 LEVEL III BLADDER AND KIDNEY PROCEDURES	2	55
	166 LEVEL I URETHRA AND PROSTATE PROCEDURES	3	180
	167 LEVEL II URETHRA AND PROSTATE PROCEDURES	3	444
09	MALE REPRODUCTIVE SYSTEM	49	3,509
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	22	1,431
	181 CIRCUMCISION	3	822
	184 LEVEL II PENILE AND PROSTATE PROCEDURES	23	1,167
	185 PROSTATE NEEDLE AND PUNCH BIOPSY	1	47
10	FEMALE REPRODUCTIVE SYSTEM	298	7,180
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	48	1,292
	197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	48	1,355
	198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	55	1,494
	199 DILATION AND CURETTAGE	5	551
	200 HYSTEROSCOPY	139	2,251
	201 COLPOSCOPY	3	234
11	NEUROLOGIC SYSTEM PROCEDURES	552	24,377

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE* CPT-4 PROCEDURES

120 Salt Lake Regional Medical Center

procedure EAPG category	procedure EAPG	TOTAL #	TOTAL # (ALL Hospitals)
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	69	2,913
	215 LEVEL I REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	28	155
	216 LEVEL II REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	28	148
	217 LEVEL I NERVE PROCEDURES	96	4,031
	218 LEVEL II NERVE PROCEDURES	86	793
	219 SPINAL TAP	39	470
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	54	11,868
	221 LAMINOTOMY AND LAMINECTOMY	44	3,173
	223 LEVEL III NERVE PROCEDURES	108	825
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	980	12,275
	230 MINOR OPHTHALMOLOGICAL TESTS AND PROCEDURES	1	41
	234 LEVEL I ANTERIOR SEGMENT EYE PROCEDURES	7	265
	235 LEVEL II ANTERIOR SEGMENT EYE PROCEDURES	79	285
	239 STRABISMUS AND MUSCLE EYE PROCEDURES	16	1,026
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	265	895
	241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	612	1,469
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	718	28,739
	252 LEVEL I FACIAL AND ENT PROCEDURES	214	12,362
	253 LEVEL II FACIAL AND ENT PROCEDURES	104	1,405
	254 LEVEL III FACIAL AND ENT PROCEDURES	148	3,429
	255 LEVEL IV FACIAL AND ENT PROCEDURES	129	2,922
	256 TONSIL AND ADENOID PROCEDURES	123	8,493

SOURCE: Utah Ambulatory Surgery Database
Utah Health Data Committee/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, 2009
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, SINGLE EAPG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

120 Salt Lake Regional Medical Center

Procedure EAPG category	Procedure EAPG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
01	SKIN & INTEGUMENTARY SYSTEM PROCEDURES	123	\$4,816	\$3,762
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	32	\$3,311	\$3,254
	004 LEVEL II SKIN INCISION AND DRAINAGE	5	\$4,471	\$4,409
	007 LEVEL II SKIN DEBRIDEMENT AND DESTRUCTION	3	\$2,318	\$2,829
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	11	\$3,519	\$3,664
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	46	\$6,001	\$3,677
	011 LEVEL III EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	2	\$6,438	\$6,037
	013 LEVEL II SKIN REPAIR	24	\$5,396	\$4,883
02	BREAST PROCEDURES	39	\$3,836	\$3,802
	020 LEVEL I BREAST PROCEDURES	39	\$3,836	\$3,688
03	MUSCULOSKELETAL SYSTEM PROCEDURES	620	\$6,588	\$5,044
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	21	\$5,997	\$4,534
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	25	\$11,246	\$5,458
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	10	\$15,942	\$9,791
	033 LEVEL I HAND PROCEDURES	28	\$3,349	\$2,835
	034 LEVEL II HAND PROCEDURES	6	\$12,386	\$5,167
	035 LEVEL I FOOT PROCEDURES	34	\$6,522	\$3,748
	036 LEVEL II FOOT PROCEDURES	7	\$10,970	\$6,617
	037 LEVEL I ARTHROSCOPY	174	\$6,983	\$4,492
	038 LEVEL II ARTHROSCOPY	35	\$16,224	\$10,734
	039 REPLACEMENT OF CAST	26	\$5,857	\$5,172
	040 SPLINT, STRAPPING AND CAST REMOVAL	153	\$792	\$1,380
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	10	\$1,148	\$6,442
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	2	\$4,103	\$3,754
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	61	\$11,039	\$7,392
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	3	\$3,105	\$3,553
	045 BUNION PROCEDURES	7	\$9,052	\$5,191
	046 LEVEL I ARTHROPLASTY	1	\$9,917	\$8,302
	047 LEVEL II ARTHROPLASTY	5	\$39,315	\$20,732
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	12	\$1,910	\$1,227
04	RESPIRATORY PROCEDURES	70	\$3,050	\$2,975
	061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	44	\$3,289	\$2,594
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	7	\$3,829	\$4,027
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	2	\$3,249	\$4,474
	064 ENDOSCOPY OF THE LOWER AIRWAY	17	\$2,088	\$2,794
05	CARDIOVASCULAR PROCEDURES	59	\$23,192	\$14,627
	082 CARDIAC ELECTROPHYSIOLOGIC TESTS	1	\$3,048	\$16,299
	083 PLACEMENT OF TRANSVENOUS CATHETERS	10	\$7,484	\$6,140
	084 DIAGNOSTIC CARDIAC CATHETERIZATION	2	\$5,553	\$8,441
	085 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	18	\$33,417	\$36,706
	086 PACEMAKER INSERTION AND REPLACEMENT	14	\$31,657	\$31,576
	087 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	2	\$6,117	\$9,181
	088 LEVEL I CARDIOTHORACIC PROCEDURES	5	\$17,246	\$7,678
	089 LEVEL II CARDIOTHORACIC PROCEDURES	4	\$26,911	\$8,023
	090 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	1	\$6,189	\$7,639

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, SINGLE EAPG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

120 Salt Lake Regional Medical Center

procedure EAPG category	Procedure EAPG	TOTAL #	AVE TOT CHR	AVE TOT CHRG(ALL Hospitals)
	097 AICD IMPLANT	2	\$11,173	\$46,919
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	48	\$4,172	\$4,547
	113 LEVEL I BLOOD AND BLOOD PRODUCT EXCHANGE	38	\$3,346	\$3,316
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	10	\$7,310	\$5,995
07	GASTROINTESTINAL SYSTEM PROCEDURES	599	\$7,717	\$3,055
	130 ALIMENTARY TESTS AND SIMPLE TUBE PLACEMENT	37	\$1,349	\$1,670
	132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	1	\$743	\$1,232
	133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	1	\$1,035	\$1,718
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	69	\$1,885	\$1,516
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	46	\$2,766	\$2,214
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	5	\$1,727	\$1,271
	137 THERAPEUTIC COLONOSCOPY	1	\$4,492	\$1,695
	138 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	5	\$5,957	\$4,271
	139 LEVEL I HERNIA REPAIR	95	\$5,905	\$4,486
	140 LEVEL II HERNIA REPAIR	14	\$5,575	\$5,242
	141 LEVEL I ANAL AND RECTAL PROCEDURES	13	\$2,784	\$3,138
	142 LEVEL II ANAL AND RECTAL PROCEDURES	40	\$4,057	\$3,733
	143 LEVEL I GASTROINTESTINAL PROCEDURES	9	\$5,408	\$3,742
	144 LEVEL II GASTROINTESTINAL PROCEDURES	1	\$7,301	\$8,218
	145 LEVEL I LAPAROSCOPY	22	\$6,744	\$5,295
	146 LEVEL II LAPAROSCOPY	78	\$9,482	\$8,314
	147 LEVEL III LAPAROSCOPY	161	\$15,303	\$8,305
	148 LEVEL IV LAPAROSCOPY	1	\$25,092	\$13,004
08	GENITOURINARY SYSTEM PROCEDURES	131	\$6,486	\$6,135
	160 EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	34	\$8,440	\$9,938
	162 URINARY CATHETERIZATION AND DILATATION	1	\$2,819	\$5,868
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	40	\$5,179	\$4,353
	164 LEVEL II BLADDER AND KIDNEY PROCEDURES	48	\$5,611	\$5,221
	165 LEVEL III BLADDER AND KIDNEY PROCEDURES	2	\$7,495	\$17,334
	166 LEVEL I URETHRA AND PROSTATE PROCEDURES	3	\$2,241	\$1,346
	167 LEVEL II URETHRA AND PROSTATE PROCEDURES	3	\$20,540	\$11,236
09	MALE REPRODUCTIVE SYSTEM	38	\$8,678	\$4,630
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	17	\$6,631	\$3,299
	181 CIRCUMCISION	2	\$4,955	\$2,418
	184 LEVEL II PENILE AND PROSTATE PROCEDURES	19	\$10,901	\$6,666
10	FEMALE REPRODUCTIVE SYSTEM	139	\$6,784	\$5,236
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	13	\$4,097	\$3,258
	197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	7	\$9,928	\$5,190
	198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	20	\$10,199	\$7,456
	199 DILATION AND CURETTAGE	3	\$4,033	\$3,266
	200 HYSTEROSCOPY	95	\$6,316	\$5,384
	201 COLPOSCOPY	1	\$4,124	\$4,443
11	NEUROLOGIC SYSTEM PROCEDURES	242	\$16,743	\$4,849
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	59	\$2,954	\$1,315
	215 LEVEL I REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	8	\$19,094	\$13,624

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, SINGLE EAPG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

120 Salt Lake Regional Medical Center

procedure EAPG category	Procedure EAPG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
	216 LEVEL II REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	12	\$8,571	\$14,328
	217 LEVEL I NERVE PROCEDURES	37	\$4,742	\$3,161
	218 LEVEL II NERVE PROCEDURES	8	\$18,839	\$11,142
	219 SPINAL TAP	38	\$3,074	\$2,509
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	8	\$5,673	\$1,563
	221 LAMINOTOMY AND LAMINECTOMY	16	\$11,514	\$10,583
	223 LEVEL III NERVE PROCEDURES	56	\$52,665	\$34,351
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	66	\$5,453	\$3,703
	234 LEVEL I ANTERIOR SEGMENT EYE PROCEDURES	1	\$3,609	\$2,924
	235 LEVEL II ANTERIOR SEGMENT EYE PROCEDURES	1	\$2,564	\$3,596
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	8	\$4,046	\$2,293
	241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	56	\$5,739	\$3,623
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	213	\$6,554	\$3,605
	252 LEVEL I FACIAL AND ENT PROCEDURES	31	\$3,950	\$2,195
	253 LEVEL II FACIAL AND ENT PROCEDURES	13	\$5,821	\$3,352
	254 LEVEL III FACIAL AND ENT PROCEDURES	14	\$8,245	\$6,442
	255 LEVEL IV FACIAL AND ENT PROCEDURES	70	\$10,805	\$8,243
	256 TONSIL AND ADENOID PROCEDURES	85	\$3,836	\$2,817

SOURCE: Utah Ambulatory Surgery Database
 Utah Health Data Committee/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, 2009
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

120 Salt Lake Regional Medical Center

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
GENDER				
Female	2,698	57.1	122,959	54.1
Male	2,030	42.9	104,281	45.9
Unknown	0	0.0	4	0.0
Not Reported	0	0.0	0	0.0
AGE				
1-28 days	23	0.5	1,731	0.8
29-365 days	6	0.1	2,897	1.3
1-4 years	51	1.1	10,813	4.8
5-9	38	0.8	6,381	2.8
10-14	54	1.1	5,066	2.2
15-17	73	1.5	5,130	2.3
18-19	78	1.6	3,775	1.7
20-24	185	3.9	10,184	4.5
25-29	278	5.9	12,684	5.6
30-34	337	7.1	13,594	6.0
35-39	334	7.1	13,012	5.7
40-44	347	7.3	13,141	5.8
45-49	423	8.9	16,564	7.3
50-54	462	9.8	24,353	10.7
55-59	438	9.3	21,093	9.3
60-64	381	8.1	18,280	8.0
65-69	386	8.2	15,480	6.8
70-74	298	6.3	12,653	5.6
75-79	227	4.8	9,821	4.3
80-84	162	3.4	6,574	2.9
85-89	111	2.3	3,084	1.4
90 +	35	0.7	933	0.4
Not Reported	1	0.0	1	0.0
SOURCE OF ADMISSION				
Physician Referral	4,689	99.2	205,377	90.4
Clinic Referral	0	0.0	2,930	1.3
HMO Referral	0	0.0	2,930	1.3
Other Hospital	10	0.2	184	0.1
Skilled Nursing Facility	1	0.0	36	0.0
Other Health Care Facility	1	0.0	18	0.0
Emergency Room	26	0.5	5,340	2.3
Court/Law Enforcement	0	0.0	3	0.0
Unknown	0	0.0	11	0.0
Not Reported	1	0.0	10,415	4.6

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

120 Salt Lake Regional Medical Center

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	4,716	99.7	226,589	99.7
Another Hospital	0	0.0	102	0.0
Skilled Nursing Facility	4	0.1	137	0.1
Intermediate Care Facility	1	0.0	20	0.0
Another Type of Institution	4	0.1	68	0.0
Under Care of Home Service	1	0.0	270	0.1
Left Against Medical Advice	1	0.0	22	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	0	0.0	13	0.0
Unknown	1	0.0	22	0.0
Not Reported	0	0.0	1	0.0
PRIMARY PAYER				
Medicare	1,170	24.7	45,456	20.0
Medicaid	189	4.0	15,975	7.0
Other government	145	3.1	4,287	1.9
Blue Cross/Blue Shield	1,289	27.3	29,948	13.2
Other Commercial	758	16.0	16,378	7.2
Managed Care(HMO, PPO)	1,080	22.8	106,245	46.8
Self Pay	31	0.7	2,816	1.2
Industrial & Worker Comp	64	1.4	3,291	1.4
Charity and Unclassified	0	0.0	1,613	0.7
Childrens Health Insurance	0	0.0	129	0.1
Unknown	2	0.0	1,046	0.5
Not Reported	0	0.0	60	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	62	1.3	16,751	7.4
Central Utah	25	0.5	8,412	3.7
Davis County	423	8.9	23,806	10.5
Salt Lake County	2,920	61.8	77,342	34.0
Southeastern Utah	24	0.5	4,701	2.1
Southwest Utah	22	0.5	14,188	6.2
Summit County	152	3.2	2,798	1.2
Tooele County	158	3.3	4,137	1.8
Tri-County	134	2.8	6,035	2.7
Utah County	140	3.0	37,226	16.4
Wasatch County	28	0.6	1,669	0.7
Weber County	106	2.2	20,181	8.9
Unknown Utah	0	0.0	27	0.0
Outside Utah	532	11.3	9,882	4.3
Unknown, Not Reported	2	0.0	89	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, 2009
NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

124 St. Marks Hospital

Reporting Category(ICD-9-CM CODES)	Procedures Performed		Procedures Performed-All Hospitals	
	(#)	(%)	(#)	(%)
Reporting Category(ICD-9-CM CODES)	13,057	100.0	320,509	100.0
Mastectomy (85.0-85.99)	1,358	10.4	8,217	2.6
Musculoskeletal (76.0-84.99)	1,838	14.1	69,555	21.7
Respiratory (30.0-34.99)	235	1.8	3,320	1.0
Cardiovascular (35.0-39.99)	1,705	13.1	22,400	7.0
Lymphatic/Hemetic (40.0-41.99)	305	2.3	2,804	0.9
Digestive System (42.0-54.99)	2,459	18.8	98,678	30.8
Urinary (55.0-59.99)	1,026	7.9	10,902	3.4
Male Genital (60.0-64.99)	183	1.4	3,817	1.2
Female Genital (65.0-71.99)	1,012	7.8	14,786	4.6
Endocrine/Nervous (01.0-07.99)	2,175	16.7	23,111	7.2
Eye (08.0-16.99)	688	5.3	21,114	6.6
Ear (18.0-20.99)	17	0.1	12,945	4.0
Nose, Mouth, Pharynx (21.0-29.99)	56	0.4	28,860	9.0
Reporting Category(CPT-4 CODES)	13,892	100.0	299,107	100.0
Mastectomy (19120-19220)	36	0.3	2,014	0.7
Musculoskeletal (20000-29909)	1,787	12.9	75,301	25.2
Respiratory (30000-32999 & 39501-39599)	234	1.7	14,568	4.9
Cardiovascular (33010-37799 & 93501-93660)	4,010	28.9	24,369	8.1
Lymphatic/Hemetic (38100-38999)	287	2.1	2,630	0.9
Digestive (40490-49999)	2,476	17.8	109,341	36.6
Urinary (50010-53899)	743	5.3	10,457	3.5
Male Genital (54000-55899)	77	0.6	3,299	1.1
Female Genital (56405-58999)	864	6.2	12,326	4.1
Endocrine/Nervous (60000-64999)	2,665	19.2	24,781	8.3
Eye (65091-68899)	523	3.8	12,489	4.2
Ear (69000-69979)	190	1.4	7,532	2.5

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

AMB ST 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES

124 St. Marks Hospital

ICD-9 CODE	ICD-9 DESCRIPTION	#	%	% ALL Hospitals
All ICD-9 Procedures		13,057	100.0	100.0
0391	INJ ANES SPINAL CANAL-ANALGESIA	714	5.5	1.76
0392	INJ OTH AGENT SPINAL CANAL	627	4.8	1.98
8511	CLO [PERCUT] [NEEDLE] BX BREAST	519	4.0	0.44
8519	OTH DX PROC BREAST	519	4.0	0.34
5123	LAP CHOLEY	447	3.4	2.26
3552	REPR ATRIAL SEPTL DEFEC-PROSTH-CLO	295	2.3	0.32
5732	OTH CYSTOSCOPY	263	2.0	0.47
1474	OTH MECH VITRECTOMY	218	1.7	0.41
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	214	1.6	5.75
8192	INJ THERAP SUBSTANCE JT/LIGAMNT	208	1.6	0.42
598	URETERAL CATH	185	1.4	0.72
3893	VENOUS CATH-NEC	180	1.4	0.26
042	DESTRUC CRANIAL & PERIPH NERV	172	1.3	0.14
3726	CARD ELECTROPHYSIO STIMUL-RECORD	169	1.3	0.48
3734	EXC/DESTRUC OTH LES/TISS HRT OTH	161	1.2	0.47
3727	CARD MAPPING	160	1.2	0.44
8051	EXC INTERVERTEBRAL DISC	154	1.2	0.45
3607	INSERTION RX-ELUTING COR ART STENT	149	1.1	0.49
0611	CLO PERCUT NEEDLE BX THYROID GLAND	148	1.1	0.16
3722	LT HEART CARD CATH	147	1.1	1.34

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		13,892	100.0	100.0
36416	COLLECTON CAPILLARY BLOOD SPECIM	704	5.1	0.94
36430	TRANSFUSION BLOOD/BLOOD COMPONEN	364	2.6	0.42
64623	DESTRUC FACET JT NRV; L/S-EA AD	364	2.6	0.33
64476	INJ ANES FACET JT; LUMB/SAC-EA A	332	2.4	0.41
93580	PERQ TRNSCATH CLO INTERATRIAL CM	300	2.2	0.11
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	283	2.0	0.70
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	257	1.8	1.50
64483	INJ ANES EPIDURL; LUMB/SAC 1 LEV	246	1.8	1.07
64484	INJ ANES EPIDURL; LUMB/SAC-EA AD	198	1.4	0.82
43239	UGI ENDO; W/BX 1/MX	192	1.4	6.06
69210	REMOVAL IMPACT CERUMEN 1/BOTH EA	185	1.3	0.11
47562	LAPAROSCOPY SURGICAL; CHOLECT	183	1.3	0.94
93545	INJ PROC-CATH; SELECT CORONRY AN	172	1.2	0.71
36569	INSERT PICC W/O PORT/PUMP; 5 YR/	171	1.2	0.19
93620	COMP EP EVAL;RT ATRIAL VENT HIS	166	1.2	0.17
20610	ARTHROCENTESIS ASPIR&/INJ; MAJ J	154	1.1	0.53
52332	CYSTOURETHROSCOPY W/INSRT STENT	147	1.1	0.66
93510	LT HRT CATH RETRO-BRACH/FEM; PER	147	1.1	0.57
93621	COMP EP EVAL;LT ATRIAL COR SINUS	147	1.1	0.14
93651	INTRACARD CATH ABLAT ARRHY; TX T	146	1.1	0.16

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

AMB ST 1-3

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
 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		5,164	\$10,089	\$4,501
5123	LAP CHOLEY	383	\$9,946	\$7,426
3552	REPR ATRIAL SEPTL DEFEC-PROSTH-CLO	292	\$40,852	\$36,685
8192	INJ THERAP SUBSTANCE JT/LIGAMNT	201	\$1,602	\$1,414
3893	VENOUS CATH-NEC	174	\$3,425	\$5,074
042	DESTRUC CRANIAL & PERIPH NERV	166	\$4,158	\$3,389
8511	CLO [PERCUT] [NEEDLE] BX BREAST	152	\$1,073	\$1,944
0611	CLO PERCUT NEEDLE BX THYROID GLAND	147	\$789	\$980
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	146	\$3,637	\$1,581
6952	ASPIR CURET FOLLOWING DELIV/AB	123	\$5,457	\$3,269
8051	EXC INTERVERTEBRAL DISC	116	\$14,325	\$10,068
8519	OTH DX PROC BREAST	115	\$1,203	\$1,233
4701	LAP APPENDECTOMY	113	\$16,876	\$10,907
5011	CLO [PERCUT] [NEEDLE] BX LIVER	111	\$2,419	\$2,654
3607	INSERTION RX-ELUTING COR ART STENT	109	\$42,584	\$33,420
3722	LT HEART CARD CATH	107	\$14,603	\$8,426
0391	INJ ANES SPINAL CANAL-ANALGESIA	94	\$4,090	\$4,315
4131	BX BONE MARROW	93	\$4,065	\$4,486
5491	PERCUT ABD DRAIN	88	\$1,786	\$2,156
4513	OTH ENDO SM INTESTINE	79	\$3,720	\$1,334
0331	SPINAL TAP	66	\$2,825	\$2,508

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
CPT-4 Procedures		6,067	\$7,852	\$3,915
36416	COLLECTON CAPILLARY BLOOD SPECIM	303	\$107	\$145
93580	PERQ TRNSCATH CLO INTERATRIAL CM	298	\$40,658	\$39,672
36430	TRANSFUSION BLOOD/BLOOD COMPONENT	295	\$3,319	\$3,294
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	238	\$1,732	\$1,220
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	225	\$10,087	\$7,842
69210	REMOVAL IMPACT CERUMEN 1/BOTH EA	185	\$395	\$461
36569	INSERT PICC W/O PORT/PUMP; 5 YR/	164	\$3,084	\$4,871
47562	LAPAROSCOPY SURGICAL; CHOLECT	157	\$9,740	\$6,606
20610	ARTHROCENTESIS ASPIR&/INJ; MAJ J	146	\$1,710	\$1,197
58340	CATH&INTRO SALINE/CONTRAST SIS/H	127	\$853	\$1,013
63030	LAMINOT W/ DECOMP; 1 INTERSPACE	126	\$14,793	\$10,547
43239	UGI ENDO; W/BX 1/MX	113	\$3,191	\$1,548
44970	LAPAROSCOPY SURGICAL APPENDECTOM	111	\$16,904	\$10,914
47000	BIOPSY LIVER NEEDLE; PERCUTANEOU	111	\$2,419	\$2,653
20552	INJ; SINGLE/MX TRIG POINT 1/2 MU	102	\$1,670	\$1,623
36561	INSRT TUNNL CNTRL CVAD PORT; 5 Y	85	\$9,633	\$6,238
38221	BONE MARROW; BIOPSY NEEDLE/TROCA	84	\$4,063	\$3,255
45380	COLONOSCOPY FLEX; W/BX 1/MX	84	\$3,524	\$1,526
62310	INJ 1 NOT NEUROLYTIC-EPID;CERV/T	77	\$2,010	\$1,593
62270	SPINAL PUNCTURE LUMBAR DIAGNOSTI	67	\$2,803	\$2,523

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, 2009
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE* CPT-4 PROCEDURES

124 St. Marks Hospital

Procedure EAPG category	Procedure EAPG	TOTAL #	TOTAL # (ALL Hospitals)
01	SKIN & INTEGUMENTARY SYSTEM PROCEDURES	640	8,192
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	244	1,091
	003 LEVEL I SKIN INCISION AND DRAINAGE	2	189
	006 LEVEL I SKIN DEBRIDEMENT AND DESTRUCTION	2	23
	007 LEVEL II SKIN DEBRIDEMENT AND DESTRUCTION	9	128
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	56	503
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	138	5,031
	011 LEVEL III EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	3	82
	012 LEVEL I SKIN REPAIR	2	35
	013 LEVEL II SKIN REPAIR	179	792
	014 LEVEL III SKIN REPAIR	5	220
02	BREAST PROCEDURES	38	2,075
	020 LEVEL I BREAST PROCEDURES	36	2,014
	021 LEVEL II BREAST PROCEDURES	2	61
03	MUSCULOSKELETAL SYSTEM PROCEDURES	1,342	64,806
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	51	2,405
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	121	4,694
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	45	2,234
	033 LEVEL I HAND PROCEDURES	26	3,780
	034 LEVEL II HAND PROCEDURES	4	1,278
	035 LEVEL I FOOT PROCEDURES	246	6,264
	036 LEVEL II FOOT PROCEDURES	91	1,682
	037 LEVEL I ARTHROSCOPY	103	22,184
	038 LEVEL II ARTHROSCOPY	26	5,320
	040 SPLINT, STRAPPING AND CAST REMOVAL	10	1,672
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	17	717
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	9	628
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	79	5,752
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	22	490
	045 BUNION PROCEDURES	70	1,791
	046 LEVEL I ARTHROPLASTY	9	634
	047 LEVEL II ARTHROPLASTY	13	148
	048 HAND AND FOOT TENOTOMY	27	386
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	373	2,678
04	RESPIRATORY PROCEDURES	457	9,066
	061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	318	1,396
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	4	4,402
	064 ENDOSCOPY OF THE LOWER AIRWAY	135	1,832
05	CARDIOVASCULAR PROCEDURES	1,762	9,325
	082 CARDIAC ELECTROPHYSIOLOGIC TESTS	401	1,153
	083 PLACEMENT OF TRANSVENOUS CATHETERS	109	941
	084 DIAGNOSTIC CARDIAC CATHETERIZATION	179	2,404
	085 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	388	1,497
	086 PACEMAKER INSERTION AND REPLACEMENT	54	259
	087 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	188	809
	088 LEVEL I CARDIOTHORACIC PROCEDURES	17	225

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE* CPT-4 PROCEDURES

124 St. Marks Hospital

procedure EAPG category	procedure EAPG	TOTAL #	TOTAL # (ALL Hospitals)
	089 LEVEL II CARDIOTHORACIC PROCEDURES	354	1,625
	090 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	5	53
	091 VASCULAR LIGATION AND RECONSTRUCTION	12	124
	097 AICD IMPLANT	55	200
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	443	2,884
	111 PHARMACOTHERAPY EXCEPT BY EXTENDED INFUSION	7	17
	113 LEVEL I BLOOD AND BLOOD PRODUCT EXCHANGE	368	1,308
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	68	1,491
07	GASTROINTESTINAL SYSTEM PROCEDURES	2,434	99,755
	130 ALIMENTARY TESTS AND SIMPLE TUBE PLACEMENT	59	179
	132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	52	502
	133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	60	422
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	317	22,635
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	107	4,688
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	199	34,149
	137 THERAPEUTIC COLONOSCOPY	32	5,727
	138 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	78	1,937
	139 LEVEL I HERNIA REPAIR	148	5,573
	140 LEVEL II HERNIA REPAIR	77	1,193
	141 LEVEL I ANAL AND RECTAL PROCEDURES	61	782
	142 LEVEL II ANAL AND RECTAL PROCEDURES	98	1,145
	143 LEVEL I GASTROINTESTINAL PROCEDURES	18	405
	144 LEVEL II GASTROINTESTINAL PROCEDURES	22	226
	145 LEVEL I LAPAROSCOPY	155	2,675
	146 LEVEL II LAPAROSCOPY	534	8,847
	147 LEVEL III LAPAROSCOPY	417	7,203
08	GENITOURINARY SYSTEM PROCEDURES	513	8,962
	160 EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	5	697
	162 URINARY CATHETERIZATION AND DILATATION	9	238
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	233	3,932
	164 LEVEL II BLADDER AND KIDNEY PROCEDURES	242	3,413
	165 LEVEL III BLADDER AND KIDNEY PROCEDURES	8	55
	166 LEVEL I URETHRA AND PROSTATE PROCEDURES	2	180
	167 LEVEL II URETHRA AND PROSTATE PROCEDURES	14	444
09	MALE REPRODUCTIVE SYSTEM	163	3,509
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	40	1,431
	181 CIRCUMCISION	6	822
	182 INSERTION OF PENILE PROSTHESIS	5	32
	184 LEVEL II PENILE AND PROSTATE PROCEDURES	110	1,167
	185 PROSTATE NEEDLE AND PUNCH BIOPSY	2	47
10	FEMALE REPRODUCTIVE SYSTEM	459	7,180
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	106	1,292
	197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	40	1,355
	198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	77	1,494
	199 DILATION AND CURETTAGE	65	551
	200 HYSTEROSCOPY	165	2,251

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE* CPT-4 PROCEDURES

124 St. Marks Hospital

procedure EAPG category	procedure EAPG	TOTAL #	TOTAL # (ALL Hospitals)
	201 COLPOSCOPY	6	234
11	NEUROLOGIC SYSTEM PROCEDURES	2,765	24,377
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	384	2,913
	215 LEVEL I REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	3	155
	217 LEVEL I NERVE PROCEDURES	88	4,031
	218 LEVEL II NERVE PROCEDURES	80	793
	219 SPINAL TAP	69	470
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	1,762	11,868
	221 LAMINOTOMY AND LAMINECTOMY	310	3,173
	223 LEVEL III NERVE PROCEDURES	69	825
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	522	12,275
	233 CATARACT PROCEDURES	8	5,365
	234 LEVEL I ANTERIOR SEGMENT EYE PROCEDURES	6	265
	235 LEVEL II ANTERIOR SEGMENT EYE PROCEDURES	6	285
	236 LEVEL III ANTERIOR SEGMENT EYE PROCEDURES	3	209
	237 LEVEL I POSTERIOR SEGMENT EYE PROCEDURES	142	390
	238 LEVEL II POSTERIOR SEGMENT EYE PROCEDURES	353	1,912
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	3	895
	241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	1	1,469
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	172	28,739
	252 LEVEL I FACIAL AND ENT PROCEDURES	25	12,362
	253 LEVEL II FACIAL AND ENT PROCEDURES	4	1,405
	254 LEVEL III FACIAL AND ENT PROCEDURES	22	3,429
	255 LEVEL IV FACIAL AND ENT PROCEDURES	119	2,922
	256 TONSIL AND ADENOID PROCEDURES	2	8,493

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/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, 2009
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, SINGLE EAPG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

124 St. Marks Hospital

Procedure EAPG category	Procedure EAPG	TOTAL #	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
01	SKIN & INTEGUMENTARY SYSTEM PROCEDURES	484	\$3,965	\$3,762
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	181	\$4,009	\$3,254
	003 LEVEL I SKIN INCISION AND DRAINAGE	1	\$6,880	\$2,833
	006 LEVEL I SKIN DEBRIDEMENT AND DESTRUCTION	1	\$4,702	\$2,173
	007 LEVEL II SKIN DEBRIDEMENT AND DESTRUCTION	3	\$4,858	\$2,829
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	44	\$4,203	\$3,664
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	78	\$4,923	\$3,677
	011 LEVEL III EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	3	\$7,514	\$6,037
	012 LEVEL I SKIN REPAIR	1	\$8,105	\$3,957
	013 LEVEL II SKIN REPAIR	168	\$3,231	\$4,883
	014 LEVEL III SKIN REPAIR	4	\$6,244	\$5,455
02	BREAST PROCEDURES	26	\$5,907	\$3,802
	020 LEVEL I BREAST PROCEDURES	24	\$5,652	\$3,688
	021 LEVEL II BREAST PROCEDURES	2	\$8,964	\$7,371
03	MUSCULOSKELETAL SYSTEM PROCEDURES	581	\$5,553	\$5,044
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	19	\$8,403	\$4,534
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	24	\$8,247	\$5,458
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	12	\$12,834	\$9,791
	033 LEVEL I HAND PROCEDURES	5	\$6,171	\$2,835
	034 LEVEL II HAND PROCEDURES	2	\$5,870	\$5,167
	035 LEVEL I FOOT PROCEDURES	38	\$7,187	\$3,748
	036 LEVEL II FOOT PROCEDURES	3	\$14,936	\$6,617
	037 LEVEL I ARTHROSCOPY	34	\$8,182	\$4,492
	038 LEVEL II ARTHROSCOPY	12	\$17,398	\$10,734
	040 SPLINT, STRAPPING AND CAST REMOVAL	3	\$5,803	\$1,380
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	1	\$12,797	\$6,442
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	2	\$4,587	\$3,754
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	56	\$11,035	\$7,392
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	14	\$4,908	\$3,553
	045 BUNION PROCEDURES	24	\$8,168	\$5,191
	046 LEVEL I ARTHROPLASTY	4	\$15,846	\$8,302
	047 LEVEL II ARTHROPLASTY	12	\$30,046	\$20,732
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	316	\$1,650	\$1,227
04	RESPIRATORY PROCEDURES	343	\$2,659	\$2,975
	061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	281	\$2,425	\$2,594
	064 ENDOSCOPY OF THE LOWER AIRWAY	62	\$3,720	\$2,794
05	CARDIOVASCULAR PROCEDURES	494	\$31,028	\$14,627
	082 CARDIAC ELECTROPHYSIOLOGIC TESTS	2	\$3,422	\$16,299
	083 PLACEMENT OF TRANSVENOUS CATHETERS	98	\$9,205	\$6,140
	084 DIAGNOSTIC CARDIAC CATHETERIZATION	9	\$30,189	\$8,441
	085 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	299	\$40,580	\$36,706
	086 PACEMAKER INSERTION AND REPLACEMENT	41	\$39,155	\$31,576
	087 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	2	\$6,861	\$9,181
	088 LEVEL I CARDIOTHORACIC PROCEDURES	6	\$7,637	\$7,678
	089 LEVEL II CARDIOTHORACIC PROCEDURES	25	\$9,843	\$8,023

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, SINGLE EAPG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

124 St. Marks Hospital

procedure EAPG category	Procedure EAPG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
	090 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	2	\$5,973	\$7,639
	091 VASCULAR LIGATION AND RECONSTRUCTION	8	\$8,545	\$6,688
	097 AICD IMPLANT	2	\$11,290	\$46,919
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	304	\$3,427	\$4,547
	111 PHARMACOTHERAPY EXCEPT BY EXTENDED INFUSION	1	\$27,648	\$15,993
	113 LEVEL I BLOOD AND BLOOD PRODUCT EXCHANGE	299	\$3,322	\$3,316
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	4	\$5,216	\$5,995
07	GASTROINTESTINAL SYSTEM PROCEDURES	1,570	\$7,959	\$3,055
	130 ALIMENTARY TESTS AND SIMPLE TUBE PLACEMENT	56	\$1,509	\$1,670
	132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	39	\$1,862	\$1,232
	133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	47	\$2,914	\$1,718
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	203	\$3,217	\$1,516
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	66	\$5,471	\$2,214
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	127	\$3,250	\$1,271
	137 THERAPEUTIC COLONOSCOPY	9	\$4,433	\$1,695
	138 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	19	\$11,620	\$4,271
	139 LEVEL I HERNIA REPAIR	63	\$7,109	\$4,486
	140 LEVEL II HERNIA REPAIR	25	\$8,337	\$5,242
	141 LEVEL I ANAL AND RECTAL PROCEDURES	31	\$5,245	\$3,138
	142 LEVEL II ANAL AND RECTAL PROCEDURES	65	\$6,581	\$3,733
	143 LEVEL I GASTROINTESTINAL PROCEDURES	11	\$9,962	\$3,742
	144 LEVEL II GASTROINTESTINAL PROCEDURES	17	\$13,954	\$8,218
	145 LEVEL I LAPAROSCOPY	69	\$7,609	\$5,295
	146 LEVEL II LAPAROSCOPY	402	\$12,435	\$8,314
	147 LEVEL III LAPAROSCOPY	321	\$10,583	\$8,305
08	GENITOURINARY SYSTEM PROCEDURES	172	\$9,798	\$6,135
	160 EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	5	\$13,962	\$9,938
	162 URINARY CATHETERIZATION AND DILATATION	1	\$6,157	\$5,868
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	74	\$7,645	\$4,353
	164 LEVEL II BLADDER AND KIDNEY PROCEDURES	76	\$8,674	\$5,221
	165 LEVEL III BLADDER AND KIDNEY PROCEDURES	6	\$19,557	\$17,334
	166 LEVEL I URETHRA AND PROSTATE PROCEDURES	1	\$8,429	\$1,346
	167 LEVEL II URETHRA AND PROSTATE PROCEDURES	9	\$28,736	\$11,236
09	MALE REPRODUCTIVE SYSTEM	129	\$10,502	\$4,630
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	25	\$6,115	\$3,299
	181 CIRCUMCISION	6	\$5,066	\$2,418
	182 INSERTION OF PENILE PROSTHESIS	4	\$33,557	\$27,785
	184 LEVEL II PENILE AND PROSTATE PROCEDURES	94	\$11,035	\$6,666
10	FEMALE REPRODUCTIVE SYSTEM	258	\$7,279	\$5,236
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	51	\$5,945	\$3,258
	197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	16	\$6,798	\$5,190
	198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	64	\$9,652	\$7,456
	199 DILATION AND CURETTAGE	28	\$5,441	\$3,266
	200 HYSTEROSCOPY	96	\$7,034	\$5,384
	201 COLPOSCOPY	3	\$6,889	\$4,443

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, SINGLE EAPG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

124 St. Marks Hospital

procedure EAPG category Procedure EAPG	TOTAL #	AVE TOT CHRGR	AVE TOT CHRGR(ALL Hospitals)
11 NEUROLOGIC SYSTEM PROCEDURES	758	\$5,985	\$4,849
214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	337	\$1,815	\$1,315
215 LEVEL I REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	1	\$4,541	\$13,624
217 LEVEL I NERVE PROCEDURES	19	\$5,903	\$3,161
218 LEVEL II NERVE PROCEDURES	20	\$13,735	\$11,142
219 SPINAL TAP	68	\$2,800	\$2,509
220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	123	\$2,020	\$1,563
221 LAMINOTOMY AND LAMINECTOMY	149	\$14,748	\$10,583
223 LEVEL III NERVE PROCEDURES	41	\$21,891	\$34,351
12 OPHTHALMOLOGIC SYSTEM PROCEDURES	72	\$12,334	\$3,703
233 CATARACT PROCEDURES	1	\$5,630	\$3,686
236 LEVEL III ANTERIOR SEGMENT EYE PROCEDURES	1	\$17,441	\$8,638
237 LEVEL I POSTERIOR SEGMENT EYE PROCEDURES	6	\$17,574	\$7,096
238 LEVEL II POSTERIOR SEGMENT EYE PROCEDURES	62	\$11,947	\$5,867
240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	1	\$9,936	\$2,293
241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	1	\$8,857	\$3,623
13 EAR, NOSE, MOUTH, & THROAT PROCEDURES	96	\$9,963	\$3,605
252 LEVEL I FACIAL AND ENT PROCEDURES	7	\$8,353	\$2,195
253 LEVEL II FACIAL AND ENT PROCEDURES	3	\$5,510	\$3,352
254 LEVEL III FACIAL AND ENT PROCEDURES	6	\$12,278	\$6,442
255 LEVEL IV FACIAL AND ENT PROCEDURES	79	\$10,156	\$8,243
256 TONSIL AND ADENOID PROCEDURES	1	\$5,535	\$2,817

SOURCE: Utah Ambulatory Surgery Database
Utah Health Data Committee/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, 2009
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

124 St. Marks Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
GENDER				
Female	6,308	63.0	122,959	54.1
Male	3,710	37.0	104,281	45.9
Unknown	0	0.0	4	0.0
Not Reported	0	0.0	0	0.0
AGE				
1-28 days	346	3.5	1,731	0.8
29-365 days	98	1.0	2,897	1.3
1-4 years	0	0.0	10,813	4.8
5-9	1	0.0	6,381	2.8
10-14	26	0.3	5,066	2.2
15-17	92	0.9	5,130	2.3
18-19	83	0.8	3,775	1.7
20-24	346	3.5	10,184	4.5
25-29	562	5.6	12,684	5.6
30-34	634	6.3	13,594	6.0
35-39	615	6.1	13,012	5.7
40-44	669	6.7	13,141	5.8
45-49	832	8.3	16,564	7.3
50-54	913	9.1	24,353	10.7
55-59	961	9.6	21,093	9.3
60-64	877	8.8	18,280	8.0
65-69	787	7.9	15,480	6.8
70-74	690	6.9	12,653	5.6
75-79	554	5.5	9,821	4.3
80-84	510	5.1	6,574	2.9
85-89	309	3.1	3,084	1.4
90 +	113	1.1	933	0.4
Not Reported	0	0.0	1	0.0
SOURCE OF ADMISSION				
Physician Referral	9,631	96.1	205,377	90.4
Clinic Referral	77	0.8	2,930	1.3
HMO Referral	0	0.0	2,930	1.3
Other Hospital	8	0.1	184	0.1
Skilled Nursing Facility	2	0.0	36	0.0
Other Health Care Facility	1	0.0	18	0.0
Emergency Room	298	3.0	5,340	2.3
Court/Law Enforcement	1	0.0	3	0.0
Unknown	0	0.0	11	0.0
Not Reported	0	0.0	10,415	4.6

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

124 St. Marks Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	9,986	99.7	226,589	99.7
Another Hospital	0	0.0	102	0.0
Skilled Nursing Facility	6	0.1	137	0.1
Intermediate Care Facility	0	0.0	20	0.0
Another Type of Institution	6	0.1	68	0.0
Under Care of Home Service	15	0.1	270	0.1
Left Against Medical Advice	4	0.0	22	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	1	0.0	13	0.0
Unknown	0	0.0	22	0.0
Not Reported	0	0.0	1	0.0
PRIMARY PAYER				
Medicare	2,938	29.3	45,456	20.0
Medicaid	528	5.3	15,975	7.0
Other government	106	1.1	4,287	1.9
Blue Cross/Blue Shield	2,739	27.3	29,948	13.2
Other Commercial	525	5.2	16,378	7.2
Managed Care(HMO, PPO)	2,876	28.7	106,245	46.8
Self Pay	169	1.7	2,816	1.2
Industrial & Worker Comp	123	1.2	3,291	1.4
Charity and Unclassified	8	0.1	1,613	0.7
Childrens Health Insurance	4	0.0	129	0.1
Unknown	2	0.0	1,046	0.5
Not Reported	0	0.0	60	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	65	0.6	16,751	7.4
Central Utah	39	0.4	8,412	3.7
Davis County	468	4.7	23,806	10.5
Salt Lake County	7,831	78.2	77,342	34.0
Southeastern Utah	52	0.5	4,701	2.1
Southwest Utah	48	0.5	14,188	6.2
Summit County	159	1.6	2,798	1.2
Tooele County	317	3.2	4,137	1.8
Tri-County	85	0.8	6,035	2.7
Utah County	338	3.4	37,226	16.4
Wasatch County	38	0.4	1,669	0.7
Weber County	114	1.1	20,181	8.9
Unknown Utah	4	0.0	27	0.0
Outside Utah	458	4.6	9,882	4.3
Unknown, Not Reported	2	0.0	89	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, 2009
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)	6,710	100.0	320,509	100.0
Mastectomy (85.0-85.99)	248	3.7	8,217	2.6
Musculoskeletal (76.0-84.99)	745	11.1	69,555	21.7
Respiratory (30.0-34.99)	47	0.7	3,320	1.0
Cardiovascular (35.0-39.99)	978	14.6	22,400	7.0
Lymphatic/Hemetic (40.0-41.99)	29	0.4	2,804	0.9
Digestive System (42.0-54.99)	2,026	30.2	98,678	30.8
Urinary (55.0-59.99)	64	1.0	10,902	3.4
Male Genital (60.0-64.99)	25	0.4	3,817	1.2
Female Genital (65.0-71.99)	288	4.3	14,786	4.6
Endocrine/Nervous (01.0-07.99)	1,839	27.4	23,111	7.2
Eye (08.0-16.99)	78	1.2	21,114	6.6
Ear (18.0-20.99)	219	3.3	12,945	4.0
Nose, Mouth, Pharynx (21.0-29.99)	124	1.8	28,860	9.0
Reporting Category(CPT-4 CODES)	8,034	100.0	299,107	100.0
Mastectomy (19120-19220)	16	0.2	2,014	0.7
Musculoskeletal (20000-29909)	860	10.7	75,301	25.2
Respiratory (30000-32999 & 39501-39599)	60	0.7	14,568	4.9
Cardiovascular (33010-37799 & 93501-93660)	2,332	29.0	24,369	8.1
Lymphatic/Hemetic (38100-38999)	21	0.3	2,630	0.9
Digestive (40490-49999)	2,126	26.5	109,341	36.6
Urinary (50010-53899)	93	1.2	10,457	3.5
Male Genital (54000-55899)	21	0.3	3,299	1.1
Female Genital (56405-58999)	269	3.3	12,326	4.1
Endocrine/Nervous (60000-64999)	2,089	26.0	24,781	8.3
Eye (65091-68899)	44	0.5	12,489	4.2
Ear (69000-69979)	103	1.3	7,532	2.5

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

AMB ST 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
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		6,710	100.0	100.0
0391	INJ ANES SPINAL CANAL-ANALGESIA	785	11.7	1.76
0392	INJ OTH AGENT SPINAL CANAL	730	10.9	1.98
4523	COLONOSCOPY	419	6.2	6.09
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	341	5.1	5.75
4542	ENDO POLYPECTOMY LG INTESTINE	290	4.3	3.35
2001	MYRINGOTOMY W/INSRT TUBE	189	2.8	3.18
3722	LT HEART CARD CATH	182	2.7	1.34
5123	LAP CHOLEY	168	2.5	2.26
4513	OTH ENDO SM INTESTINE	164	2.4	1.71
3726	CARD ELECTROPHYSIO STIMUL-RECORD	114	1.7	0.48
3734	EXC/DESTRUC OTH LES/TISS HRT OTH	112	1.7	0.47
3727	CARD MAPPING	110	1.6	0.44
4525	CLO [ENDO] BX LG INTESTINE	108	1.6	2.33
4292	DILAT ESOPH	94	1.4	1.44
4701	LAP APPENDECTOMY	93	1.4	0.78
3607	INSERTION RX-ELUTING COR ART STENT	74	1.1	0.49
3723	COMBO RT & LT HEART CARD CATH	69	1.0	0.59
4836	[ENDO] POLYPECTOMY RECTUM	59	0.9	0.95
031	DIVIS INTRASPINAL NERV ROOT	57	0.8	0.02
0443	RELEASE CARPAL TUNNEL	52	0.8	0.98

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		8,034	100.0	100.0
64484	INJ ANES EPIDURL; LUMB/SAC-EA AD	584	7.3	0.82
64483	INJ ANES EPIDURL; LUMB/SAC 1 LEV	565	7.0	1.07
45378	COLONOSCOPY FLEX; DX-SEP PROC	408	5.1	6.11
45380	COLONOSCOPY FLEX; W/BX 1/MX	357	4.4	5.24
43239	UGI ENDO; W/BX 1/MX	342	4.3	6.06
93545	INJ PROC-CATH; SELECT CORONRY AN	251	3.1	0.71
93555	IMAG SUPERVS I&R-CATH; VENT/ATRI	237	2.9	0.58
93556	IMAG SUPERVS I&R-CATH; PULM ANGI	233	2.9	0.60
93543	INJ PROC-CATH; LT VENT/ATRIAL AN	226	2.8	0.65
93510	LT HRT CATH RETRO-BRACH/FEM; PER	182	2.3	0.57
64476	INJ ANES FACET JT; LUMB/SAC-EA A	159	2.0	0.41
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	154	1.9	1.50
43235	UGI ENDO; DX W/VO CLCT SPECMN-SP	117	1.5	1.25
93620	COMP EP EVAL;RT ATRIAL VENT HIS	114	1.4	0.17
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	112	1.4	1.49
64623	DESTRUC FACET JT NRV; L/S-EA AD	100	1.2	0.33
93621	COMP EP EVAL;LT ATRIAL COR SINUS	100	1.2	0.14
93651	INTRACARD CATH ABLAT ARRHY; TX T	98	1.2	0.16
69436	TYMPANOSTOMY GENERAL ANESTHESIA	95	1.2	1.75
93623	PROGRAM STIM & PACE AFTER IV DRU	95	1.2	0.13

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

AMB ST 1-3

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
 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		2,719	\$7,689	\$4,501
4523	COLONOSCOPY	345	\$2,055	\$1,087
4542	ENDO POLYPECTOMY LG INTESTINE	220	\$2,805	\$1,547
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	198	\$2,377	\$1,581
5123	LAP CHOLEY	127	\$10,046	\$7,426
3722	LT HEART CARD CATH	118	\$11,144	\$8,426
4701	LAP APPENDECTOMY	85	\$14,141	\$10,907
4513	OTH ENDO SM INTESTINE	77	\$2,448	\$1,334
4525	CLO [ENDO] BX LG INTESTINE	71	\$2,490	\$1,709
0391	INJ ANES SPINAL CANAL-ANALGESIA	66	\$9,719	\$4,315
031	DIVIS INTRASPINAL NERV ROOT	55	\$13,752	\$12,922
3723	COMBO RT & LT HEART CARD CATH	54	\$14,895	\$8,968
3721	RT HEART CARD CATH	46	\$5,662	\$5,649
6902	D&C FOLLOWING DELIV/AB	44	\$4,216	\$3,011
3787	REPLCE PACEMAKER W/2 CHAMBR DEVICE	43	\$29,489	\$22,750
0331	SPINAL TAP	35	\$3,122	\$2,508
8192	INJ THERAP SUBSTANCE JT/LIGAMNT	34	\$1,678	\$1,414
4836	[ENDO] POLYPECTOMY RECTUM	28	\$2,458	\$1,394
806	EXC SEMILUNAR CARTILAGE-KNEE	25	\$6,770	\$4,537
0393	INSRT/REPLCMT SPINAL NEUROSTIM	23	\$60,877	\$39,035
0443	RELEASE CARPAL TUNNEL	23	\$3,933	\$2,540

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
CPT-4 Procedures		2,802	\$5,352	\$3,915
45378	COLONOSCOPY FLEX; DX-SEP PROC	336	\$2,058	\$1,090
45380	COLONOSCOPY FLEX; W/BX 1/MX	257	\$2,465	\$1,526
43239	UGI ENDO; W/BX 1/MX	198	\$2,376	\$1,548
64483	INJ ANES EPIDURL; LUMB/SAC 1 LEV	127	\$2,820	\$1,475
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	116	\$10,114	\$7,842
44970	LAPAROSCOPY SURGICAL APPENDECTOM	85	\$14,141	\$10,914
43235	UGI ENDO; DX W/VO CLCT SPECMN-SP	76	\$2,450	\$1,234
69436	TYMPANOSTOMY GENERAL ANESTHESIA	74	\$2,723	\$1,499
58340	CATH&INTRO SALINE/CONTRAST SIS/H	52	\$1,781	\$1,013
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	51	\$2,734	\$1,661
62310	INJ 1 NOT NEUROLYTIC-EPID;CERV/T	46	\$2,110	\$1,593
93501	RIGHT HEART CATHETERIZATION	45	\$5,542	\$6,750
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	41	\$2,906	\$1,913
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	41	\$1,977	\$1,220
62270	SPINAL PUNCTURE LUMBAR DIAGNOSTI	35	\$3,122	\$2,523
20610	ARTHROCENTESIS ASPIR&/INJ; MAJ J	32	\$1,555	\$1,197
51600	INJ PROC-CYSTOGRAPHY	32	\$1,718	\$1,655
33208	INSRT/REPL PACEMKR; ATRIAL&VENT	30	\$32,360	\$31,753
36430	TRANSFUSION BLOOD/BLOOD COMPONEN	30	\$2,066	\$3,294
49650	LAPARSCPY SURG; REPR INIT ING HE	27	\$10,286	\$7,028

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, 2009
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE* CPT-4 PROCEDURES

144 Timpanogos Regional Hospital

Procedure EAPG category	Procedure EAPG	TOTAL #	TOTAL # (ALL Hospitals)
01	SKIN & INTEGUMENTARY SYSTEM PROCEDURES	117	8,192
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	9	1,091
	003 LEVEL I SKIN INCISION AND DRAINAGE	1	189
	004 LEVEL II SKIN INCISION AND DRAINAGE	1	95
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	5	503
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	69	5,031
	011 LEVEL III EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	1	82
	013 LEVEL II SKIN REPAIR	29	792
	014 LEVEL III SKIN REPAIR	2	220
02	BREAST PROCEDURES	16	2,075
	020 LEVEL I BREAST PROCEDURES	16	2,014
03	MUSCULOSKELETAL SYSTEM PROCEDURES	669	64,806
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	14	2,405
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	41	4,694
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	13	2,234
	033 LEVEL I HAND PROCEDURES	37	3,780
	034 LEVEL II HAND PROCEDURES	6	1,278
	035 LEVEL I FOOT PROCEDURES	183	6,264
	036 LEVEL II FOOT PROCEDURES	40	1,682
	037 LEVEL I ARTHROSCOPY	143	22,184
	038 LEVEL II ARTHROSCOPY	31	5,320
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	5	717
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	6	628
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	48	5,752
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	12	490
	045 BUNION PROCEDURES	38	1,791
	047 LEVEL II ARTHROPLASTY	1	148
	048 HAND AND FOOT TENOTOMY	2	386
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	49	2,678
04	RESPIRATORY PROCEDURES	65	9,066
	061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	37	1,396
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	2	1,436
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	2	4,402
	064 ENDOSCOPY OF THE LOWER AIRWAY	24	1,832
05	CARDIOVASCULAR PROCEDURES	1,065	9,325
	081 ECHOCARDIOGRAPHY	3	23
	082 CARDIAC ELECTROPHYSIOLOGIC TESTS	248	1,153
	083 PLACEMENT OF TRANSVENOUS CATHETERS	8	941
	084 DIAGNOSTIC CARDIAC CATHETERIZATION	299	2,404
	085 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	21	1,497
	086 PACEMAKER INSERTION AND REPLACEMENT	48	259
	087 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	146	809
	088 LEVEL I CARDIOTHORACIC PROCEDURES	12	225
	089 LEVEL II CARDIOTHORACIC PROCEDURES	234	1,625
	090 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	1	53
	091 VASCULAR LIGATION AND RECONSTRUCTION	4	124

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE* CPT-4 PROCEDURES

144 Timpanogos Regional Hospital

procedure EAPG category	procedure EAPG	TOTAL #	TOTAL # (ALL Hospitals)
	097 AICD IMPLANT	41	200
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	52	2,884
	113 LEVEL I BLOOD AND BLOOD PRODUCT EXCHANGE	38	1,308
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	14	1,491
07	GASTROINTESTINAL SYSTEM PROCEDURES	2,108	99,755
	130 ALIMENTARY TESTS AND SIMPLE TUBE PLACEMENT	8	179
	132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	8	502
	133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	2	422
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	459	22,635
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	107	4,688
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	765	34,149
	137 THERAPEUTIC COLONOSCOPY	116	5,727
	138 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	93	1,937
	139 LEVEL I HERNIA REPAIR	62	5,573
	140 LEVEL II HERNIA REPAIR	13	1,193
	141 LEVEL I ANAL AND RECTAL PROCEDURES	2	782
	142 LEVEL II ANAL AND RECTAL PROCEDURES	2	1,145
	143 LEVEL I GASTROINTESTINAL PROCEDURES	2	405
	144 LEVEL II GASTROINTESTINAL PROCEDURES	3	226
	145 LEVEL I LAPAROSCOPY	52	2,675
	146 LEVEL II LAPAROSCOPY	199	8,847
	147 LEVEL III LAPAROSCOPY	215	7,203
08	GENITOURINARY SYSTEM PROCEDURES	48	8,962
	162 URINARY CATHETERIZATION AND DILATATION	3	238
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	23	3,932
	164 LEVEL II BLADDER AND KIDNEY PROCEDURES	20	3,413
	167 LEVEL II URETHRA AND PROSTATE PROCEDURES	2	444
09	MALE REPRODUCTIVE SYSTEM	24	3,509
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	6	1,431
	181 CIRCUMCISION	2	822
	184 LEVEL II PENILE AND PROSTATE PROCEDURES	16	1,167
10	FEMALE REPRODUCTIVE SYSTEM	120	7,180
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	15	1,292
	197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	28	1,355
	198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	20	1,494
	199 DILATION AND CURETTAGE	14	551
	200 HYSTEROSCOPY	42	2,251
	201 COLPOSCOPY	1	234
11	NEUROLOGIC SYSTEM PROCEDURES	2,087	24,377
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	113	2,913
	215 LEVEL I REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	17	155
	216 LEVEL II REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	1	148
	217 LEVEL I NERVE PROCEDURES	54	4,031
	218 LEVEL II NERVE PROCEDURES	19	793
	219 SPINAL TAP	36	470
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	1,743	11,868

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE* CPT-4 PROCEDURES

144 Timpanogos Regional Hospital

procedure EAPG category	procedure EAPG	TOTAL #	TOTAL # (ALL Hospitals)
	221 LAMINOTOMY AND LAMINECTOMY	81	3,173
	223 LEVEL III NERVE PROCEDURES	23	825
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	44	12,275
	233 CATARACT PROCEDURES	21	5,365
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	8	895
	241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	15	1,469
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	245	28,739
	252 LEVEL I FACIAL AND ENT PROCEDURES	113	12,362
	253 LEVEL II FACIAL AND ENT PROCEDURES	14	1,405
	254 LEVEL III FACIAL AND ENT PROCEDURES	12	3,429
	255 LEVEL IV FACIAL AND ENT PROCEDURES	47	2,922
	256 TONSIL AND ADENOID PROCEDURES	59	8,493

SOURCE: Utah Ambulatory Surgery Database
 Utah Health Data Committee/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, 2009
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, SINGLE EAPG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

144 Timpanogos Regional Hospital

Procedure EAPG category	Procedure EAPG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
01	SKIN & INTEGUMENTARY SYSTEM PROCEDURES	75	\$5,436	\$3,762
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	8	\$4,498	\$3,254
	004 LEVEL II SKIN INCISION AND DRAINAGE	1	\$5,956	\$4,409
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	5	\$3,468	\$3,664
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	32	\$5,711	\$3,677
	011 LEVEL III EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	1	\$8,267	\$6,037
	013 LEVEL II SKIN REPAIR	27	\$5,643	\$4,883
	014 LEVEL III SKIN REPAIR	1	\$5,055	\$5,455
02	BREAST PROCEDURES	11	\$6,440	\$3,802
	020 LEVEL I BREAST PROCEDURES	11	\$6,440	\$3,688
03	MUSCULOSKELETAL SYSTEM PROCEDURES	330	\$6,452	\$5,044
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	8	\$6,917	\$4,534
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	17	\$7,152	\$5,458
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	6	\$14,041	\$9,791
	033 LEVEL I HAND PROCEDURES	22	\$3,787	\$2,835
	034 LEVEL II HAND PROCEDURES	1	\$3,760	\$5,167
	035 LEVEL I FOOT PROCEDURES	59	\$4,803	\$3,748
	036 LEVEL II FOOT PROCEDURES	12	\$7,882	\$6,617
	037 LEVEL I ARTHROSCOPY	82	\$6,266	\$4,492
	038 LEVEL II ARTHROSCOPY	15	\$15,784	\$10,734
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	4	\$4,266	\$6,442
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	3	\$4,512	\$3,754
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	37	\$9,609	\$7,392
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	7	\$3,476	\$3,553
	045 BUNION PROCEDURES	23	\$8,191	\$5,191
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	34	\$1,569	\$1,227
04	RESPIRATORY PROCEDURES	44	\$3,727	\$2,975
	061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	36	\$3,422	\$2,594
	064 ENDOSCOPY OF THE LOWER AIRWAY	8	\$5,102	\$2,794
05	CARDIOVASCULAR PROCEDURES	111	\$17,845	\$14,627
	083 PLACEMENT OF TRANSVENOUS CATHETERS	8	\$9,952	\$6,140
	084 DIAGNOSTIC CARDIAC CATHETERIZATION	45	\$5,542	\$8,441
	086 PACEMAKER INSERTION AND REPLACEMENT	34	\$32,610	\$31,576
	087 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	1	\$1,899	\$9,181
	088 LEVEL I CARDIOTHORACIC PROCEDURES	3	\$10,489	\$7,678
	089 LEVEL II CARDIOTHORACIC PROCEDURES	8	\$7,935	\$8,023
	090 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	1	\$10,071	\$7,639
	091 VASCULAR LIGATION AND RECONSTRUCTION	2	\$9,302	\$6,688
	097 AICD IMPLANT	9	\$46,393	\$46,919
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	39	\$3,442	\$4,547
	113 LEVEL I BLOOD AND BLOOD PRODUCT EXCHANGE	30	\$2,066	\$3,316
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	9	\$8,029	\$5,995
07	GASTROINTESTINAL SYSTEM PROCEDURES	1,372	\$4,614	\$3,055
	130 ALIMENTARY TESTS AND SIMPLE TUBE PLACEMENT	8	\$2,558	\$1,670
	132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	4	\$838	\$1,232

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, SINGLE EAPG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

144 Timpanogos Regional Hospital

procedure EAPG category	Procedure EAPG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
	133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	2	\$1,163	\$1,718
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	274	\$2,397	\$1,516
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	51	\$2,856	\$2,214
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	593	\$2,234	\$1,271
	137 THERAPEUTIC COLONOSCOPY	54	\$2,728	\$1,695
	138 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	16	\$5,648	\$4,271
	139 LEVEL I HERNIA REPAIR	41	\$7,002	\$4,486
	140 LEVEL II HERNIA REPAIR	3	\$6,620	\$5,242
	141 LEVEL I ANAL AND RECTAL PROCEDURES	1	\$3,802	\$3,138
	142 LEVEL II ANAL AND RECTAL PROCEDURES	2	\$5,145	\$3,733
	144 LEVEL II GASTROINTESTINAL PROCEDURES	1	\$8,916	\$8,218
	145 LEVEL I LAPAROSCOPY	18	\$6,289	\$5,295
	146 LEVEL II LAPAROSCOPY	157	\$12,483	\$8,314
	147 LEVEL III LAPAROSCOPY	147	\$10,454	\$8,305
08	GENITOURINARY SYSTEM PROCEDURES	18	\$7,734	\$6,135
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	8	\$5,322	\$4,353
	164 LEVEL II BLADDER AND KIDNEY PROCEDURES	8	\$5,419	\$5,221
	167 LEVEL II URETHRA AND PROSTATE PROCEDURES	2	\$26,647	\$11,236
09	MALE REPRODUCTIVE SYSTEM	22	\$14,438	\$4,630
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	4	\$4,272	\$3,299
	181 CIRCUMCISION	2	\$3,752	\$2,418
	184 LEVEL II PENILE AND PROSTATE PROCEDURES	16	\$18,315	\$6,666
10	FEMALE REPRODUCTIVE SYSTEM	68	\$6,680	\$5,236
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	7	\$3,822	\$3,258
	197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	14	\$7,021	\$5,190
	198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	11	\$8,846	\$7,456
	199 DILATION AND CURETTAGE	12	\$4,016	\$3,266
	200 HYSTEROSCOPY	23	\$7,777	\$5,384
	201 COLPOSCOPY	1	\$4,803	\$4,443
11	NEUROLOGIC SYSTEM PROCEDURES	356	\$3,627	\$4,849
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	98	\$1,924	\$1,315
	215 LEVEL I REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	1	\$5,813	\$13,624
	216 LEVEL II REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	1	\$6,442	\$14,328
	217 LEVEL I NERVE PROCEDURES	17	\$4,387	\$3,161
	218 LEVEL II NERVE PROCEDURES	8	\$7,865	\$11,142
	219 SPINAL TAP	36	\$3,131	\$2,509
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	167	\$2,725	\$1,563
	221 LAMINOTOMY AND LAMINECTOMY	26	\$12,562	\$10,583
	223 LEVEL III NERVE PROCEDURES	2	\$29,169	\$34,351
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	24	\$5,381	\$3,703
	233 CATARACT PROCEDURES	21	\$5,132	\$3,686
	241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	3	\$7,124	\$3,623
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	168	\$5,303	\$3,605
	252 LEVEL I FACIAL AND ENT PROCEDURES	81	\$2,823	\$2,195
	253 LEVEL II FACIAL AND ENT PROCEDURES	8	\$4,795	\$3,352

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, SINGLE EAPG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

144 Timpanogos Regional Hospital

procedure EAPG category Procedure EAPG	TOTAL #	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
254 LEVEL III FACIAL AND ENT PROCEDURES	6	\$10,006	\$6,442
255 LEVEL IV FACIAL AND ENT PROCEDURES	40	\$10,890	\$8,243
256 TONSIL AND ADENOID PROCEDURES	33	\$3,885	\$2,817

SOURCE: Utah Ambulatory Surgery Database
 Utah Health Data Committee/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, 2009
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

144 Timpanogos Regional Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
GENDER				
Female	2,735	57.2	122,959	54.1
Male	2,044	42.8	104,281	45.9
Unknown	0	0.0	4	0.0
Not Reported	0	0.0	0	0.0
AGE				
1-28 days	0	0.0	1,731	0.8
29-365 days	32	0.7	2,897	1.3
1-4 years	97	2.0	10,813	4.8
5-9	39	0.8	6,381	2.8
10-14	50	1.0	5,066	2.2
15-17	58	1.2	5,130	2.3
18-19	60	1.3	3,775	1.7
20-24	223	4.7	10,184	4.5
25-29	275	5.8	12,684	5.6
30-34	315	6.6	13,594	6.0
35-39	299	6.3	13,012	5.7
40-44	291	6.1	13,141	5.8
45-49	324	6.8	16,564	7.3
50-54	543	11.4	24,353	10.7
55-59	418	8.7	21,093	9.3
60-64	404	8.5	18,280	8.0
65-69	378	7.9	15,480	6.8
70-74	358	7.5	12,653	5.6
75-79	275	5.8	9,821	4.3
80-84	217	4.5	6,574	2.9
85-89	97	2.0	3,084	1.4
90 +	26	0.5	933	0.4
Not Reported	0	0.0	1	0.0
SOURCE OF ADMISSION				
Physician Referral	4,653	97.4	205,377	90.4
Clinic Referral	3	0.1	2,930	1.3
HMO Referral	0	0.0	2,930	1.3
Other Hospital	0	0.0	184	0.1
Skilled Nursing Facility	0	0.0	36	0.0
Other Health Care Facility	2	0.0	18	0.0
Emergency Room	121	2.5	5,340	2.3
Court/Law Enforcement	0	0.0	3	0.0
Unknown	0	0.0	11	0.0
Not Reported	0	0.0	10,415	4.6

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

144 Timpanogos Regional Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	4,764	99.7	226,589	99.7
Another Hospital	1	0.0	102	0.0
Skilled Nursing Facility	1	0.0	137	0.1
Intermediate Care Facility	0	0.0	20	0.0
Another Type of Institution	1	0.0	68	0.0
Under Care of Home Service	12	0.3	270	0.1
Left Against Medical Advice	0	0.0	22	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	0	0.0	13	0.0
Unknown	0	0.0	22	0.0
Not Reported	0	0.0	1	0.0
PRIMARY PAYER				
Medicare	1,345	28.1	45,456	20.0
Medicaid	165	3.5	15,975	7.0
Other government	31	0.6	4,287	1.9
Blue Cross/Blue Shield	1,254	26.2	29,948	13.2
Other Commercial	300	6.3	16,378	7.2
Managed Care(HMO, PPO)	1,574	32.9	106,245	46.8
Self Pay	37	0.8	2,816	1.2
Industrial & Worker Comp	70	1.5	3,291	1.4
Charity and Unclassified	2	0.0	1,613	0.7
Childrens Health Insurance	1	0.0	129	0.1
Unknown	0	0.0	1,046	0.5
Not Reported	0	0.0	60	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	4	0.1	16,751	7.4
Central Utah	361	7.6	8,412	3.7
Davis County	13	0.3	23,806	10.5
Salt Lake County	104	2.2	77,342	34.0
Southeastern Utah	181	3.8	4,701	2.1
Southwest Utah	17	0.4	14,188	6.2
Summit County	5	0.1	2,798	1.2
Tooele County	6	0.1	4,137	1.8
Tri-County	87	1.8	6,035	2.7
Utah County	3,833	80.2	37,226	16.4
Wasatch County	87	1.8	1,669	0.7
Weber County	4	0.1	20,181	8.9
Unknown Utah	1	0.0	27	0.0
Outside Utah	75	1.6	9,882	4.3
Unknown, Not Reported	1	0.0	89	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, 2009
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)	3,022	100.0	320,509	100.0
Mastectomy (85.0-85.99)	53	1.8	8,217	2.6
Musculoskeletal (76.0-84.99)	363	12.0	69,555	21.7
Respiratory (30.0-34.99)	14	0.5	3,320	1.0
Cardiovascular (35.0-39.99)	47	1.6	22,400	7.0
Lymphatic/Hemetic (40.0-41.99)	13	0.4	2,804	0.9
Digestive System (42.0-54.99)	1,379	45.6	98,678	30.8
Urinary (55.0-59.99)	12	0.4	10,902	3.4
Male Genital (60.0-64.99)	42	1.4	3,817	1.2
Female Genital (65.0-71.99)	156	5.2	14,786	4.6
Endocrine/Nervous (01.0-07.99)	98	3.2	23,111	7.2
Eye (08.0-16.99)	281	9.3	21,114	6.6
Ear (18.0-20.99)	274	9.1	12,945	4.0
Nose, Mouth, Pharynx (21.0-29.99)	290	9.6	28,860	9.0
Reporting Category(CPT-4 CODES)	2,490	100.0	299,107	100.0
Mastectomy (19120-19220)	24	1.0	2,014	0.7
Musculoskeletal (20000-29909)	367	14.7	75,301	25.2
Respiratory (30000-32999 & 39501-39599)	137	5.5	14,568	4.9
Cardiovascular (33010-37799 & 93501-93660)	32	1.3	24,369	8.1
Lymphatic/Hemetic (38100-38999)	11	0.4	2,630	0.9
Digestive (40490-49999)	1,381	55.5	109,341	36.6
Urinary (50010-53899)	5	0.2	10,457	3.5
Male Genital (54000-55899)	36	1.4	3,299	1.1
Female Genital (56405-58999)	119	4.8	12,326	4.1
Endocrine/Nervous (60000-64999)	80	3.2	24,781	8.3
Eye (65091-68899)	150	6.0	12,489	4.2
Ear (69000-69979)	148	5.9	7,532	2.5

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

AMB ST 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
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		3,022	100.0	100.0
4523	COLONOSCOPY	446	14.8	6.09
2001	MYRINGOTOMY W/INSRT TUBE	246	8.1	3.18
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	207	6.8	5.75
4513	OTH ENDO SM INTESTINE	182	6.0	1.71
1341	PHACOEMULSIFICATION-ASPIR CATARACT	129	4.3	1.58
1371	IOL PROSTH-CATARACT EXTRACT-1-STAGE	127	4.2	1.59
4542	ENDO POLYPECTOMY LG INTESTINE	113	3.7	3.35
283	TONSILLECTOMY W/ADENOIDECTOMY	106	3.5	1.80
4525	CLO [ENDO] BX LG INTESTINE	76	2.5	2.33
5123	LAP CHOLEY	66	2.2	2.26
0443	RELEASE CARPAL TUNNEL	54	1.8	0.98
4836	[ENDO] POLYPECTOMY RECTUM	45	1.5	0.95
640	CIRCUMCISION	39	1.3	0.21
806	EXC SEMILUNAR CARTILAGE-KNEE	37	1.2	1.86
2263	ETHMOIDECTOMY	32	1.1	0.55
2262	EXC LES MAXIL SINUS W/OTH APPRCH	31	1.0	0.25
8183	OTH REPR SHLDR	31	1.0	0.82
286	ADENOIDECTOMY WO TONSILLECTOMY	26	0.9	0.33
4701	LAP APPENDECTOMY	26	0.9	0.78
8521	LOC EXC LES BREAST	25	0.8	0.73

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		2,490	100.0	100.0
45378	COLONOSCOPY FLEX; DX-SEP PROC	348	14.0	6.11
43239	UGI ENDO; W/BX 1/MX	207	8.3	6.06
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	160	6.4	1.25
69436	TYMPANOSTOMY GENERAL ANESTHESIA	126	5.1	1.75
66984	EXTRACAPSULAR CATARACT REMV IOL	123	4.9	1.64
45380	COLONOSCOPY FLEX; W/BX 1/MX	121	4.9	5.24
42820	T&A; UNDER AGE 12	61	2.4	1.47
45384	COLONOSCOPY FLEX; REMV LES-FORCE	59	2.4	0.20
47562	LAPAROSCOPY SURGICAL; CHOLECT	57	2.3	0.94
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	54	2.2	0.64
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	45	1.8	1.49
42821	T&A; AGE 12 OR OVER	41	1.6	0.44
23130	ACROMPLSTY/ACROMNECT PART W/WO R	34	1.4	0.04
29881	SCOPE KNEE SURG;W/MENISCECT MED/	32	1.3	1.64
31267	NASL/SINUS ENDO; W/TISS REMV MAX	32	1.3	0.24
54150	CIRC USING CLAMP/OTH DEVICE; NB	31	1.2	0.02
45383	COLONOSCOPY FLEX; W/ABLAT LES	30	1.2	0.06
58662	LAP SURG; W/FULG/EXCIS LES-OVARY	29	1.2	0.56
31255	NASAL/SINUS ENDO; W/TOT ETHMOECT	28	1.1	0.39
44970	LAPAROSCOPY SURGICAL APPENDECTOM	26	1.0	0.85

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, 2009
 AVERAGE TOTAL CHARGES FOR MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES, SINGLE ICD-9 OR CPT-4 ONLY

109 Uintah Basin Medical Center

ICD-9 CODE	ICD-9 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
ICD-9	Procedures	1,433	\$2,932	\$4,501
4523	COLONOSCOPY	305	\$1,366	\$1,087
4513	OTH ENDO SM INTESTINE	95	\$1,399	\$1,334
283	TONSILLECTOMY W/ADENOIDECTOMY	91	\$3,453	\$2,850
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	81	\$1,739	\$1,581
4542	ENDO POLYPECTOMY LG INTESTINE	65	\$1,635	\$1,547
5123	LAP CHOLEY	62	\$6,780	\$7,426
0443	RELEASE CARPAL TUNNEL	42	\$1,898	\$2,540
640	CIRCUMCISION	39	\$224	\$2,488
4525	CLO [ENDO] BX LG INTESTINE	38	\$1,713	\$1,709
806	EXC SEMILUNAR CARTILAGE-KNEE	29	\$3,909	\$4,537
4701	LAP APPENDECTOMY	26	\$9,819	\$10,907
4836	[ENDO] POLYPECTOMY RECTUM	26	\$1,551	\$1,394
5304	UNILAT REPR INDIRECT ING HERN-GFT	20	\$5,823	\$4,709
6952	ASPIR CURET FOLLOWING DELIV/AB	19	\$3,044	\$3,269
6902	D&C FOLLOWING DELIV/AB	16	\$3,210	\$3,011
6823	ENDOMETRIAL ABLATION	14	\$4,552	\$6,213
8521	LOC EXC LES BREAST	14	\$3,355	\$3,374
6629	OTH BIL ENDO DESTRUC FALLOP TUBES	13	\$4,644	\$4,724
194	MYRINGOPLASTY	12	\$2,416	\$4,016
5341	REPR UMB HERN W/PROSTH	12	\$4,635	\$5,183

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
CPT-4	Procedures	1,553	\$3,053	\$3,915
45378	COLONOSCOPY FLEX; DX-SEP PROC	234	\$1,382	\$1,090
66984	EXTRACAPSULAR CATARACT REMV IOL	122	\$3,874	\$3,678
43235	UGI ENDO; DX W/VO CLCT SPECMN-SP	101	\$1,491	\$1,234
69436	TYMPANOSTOMY GENERAL ANESTHESIA	99	\$2,442	\$1,499
43239	UGI ENDO; W/BX 1/MX	96	\$1,887	\$1,548
45380	COLONOSCOPY FLEX; W/BX 1/MX	79	\$1,710	\$1,526
42820	T&A; UNDER AGE 12	54	\$3,333	\$2,701
47562	LAPAROSCOPY SURGICAL; CHOLECT	54	\$6,599	\$6,606
45384	COLONOSCOPY FLEX; REMV LES-FORCE	43	\$1,629	\$1,693
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	42	\$1,898	\$2,624
42821	T&A; AGE 12 OR OVER	37	\$3,628	\$3,195
54150	CIRC USING CLAMP/OTH DEVICE; NB	31	\$78	\$855
44970	LAPAROSCOPY SURGICAL APPENDECTOM	26	\$9,819	\$10,914
29881	SCOPE KNEE SURG;W/MENISCECT MED/	24	\$3,782	\$4,457
49505	REPR INIT ING HERNIA 5YR/MORE; R	23	\$5,716	\$4,721
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	22	\$1,935	\$1,661
45383	COLONOSCOPY FLEX; W/ABLAT LES	19	\$1,590	\$1,824
58662	LAP SURG; W/FULG/EXCIS LES-OVARY	19	\$5,824	\$6,123
43248	UGI ENDO; W/INSRT GUIDE WIRE	16	\$1,478	\$1,661
20680	REMOVAL OF IMPLANT; DEEP	15	\$2,839	\$3,558

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, 2009
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE* CPT-4 PROCEDURES

109 Uintah Basin Medical Center

Procedure EAPG category	Procedure EAPG	TOTAL #	TOTAL # (ALL Hospitals)
01	SKIN & INTEGUMENTARY SYSTEM PROCEDURES	57	8,192
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	2	1,091
	003 LEVEL I SKIN INCISION AND DRAINAGE	3	189
	004 LEVEL II SKIN INCISION AND DRAINAGE	1	95
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	1	503
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	36	5,031
	012 LEVEL I SKIN REPAIR	2	35
	013 LEVEL II SKIN REPAIR	12	792
02	BREAST PROCEDURES	24	2,075
	020 LEVEL I BREAST PROCEDURES	24	2,014
03	MUSCULOSKELETAL SYSTEM PROCEDURES	325	64,806
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	13	2,405
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	59	4,694
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	37	2,234
	033 LEVEL I HAND PROCEDURES	23	3,780
	034 LEVEL II HAND PROCEDURES	6	1,278
	035 LEVEL I FOOT PROCEDURES	48	6,264
	036 LEVEL II FOOT PROCEDURES	5	1,682
	037 LEVEL I ARTHROSCOPY	71	22,184
	038 LEVEL II ARTHROSCOPY	10	5,320
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	6	717
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	7	628
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	23	5,752
	045 BUNION PROCEDURES	8	1,791
	046 LEVEL I ARTHROPLASTY	3	634
	047 LEVEL II ARTHROPLASTY	1	148
	048 HAND AND FOOT TENOTOMY	4	386
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	1	2,678
04	RESPIRATORY PROCEDURES	80	9,066
	061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	4	1,396
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	10	1,436
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	65	4,402
	064 ENDOSCOPY OF THE LOWER AIRWAY	1	1,832
05	CARDIOVASCULAR PROCEDURES	17	9,325
	083 PLACEMENT OF TRANSVENOUS CATHETERS	6	941
	086 PACEMAKER INSERTION AND REPLACEMENT	5	259
	087 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	1	809
	088 LEVEL I CARDIOTHORACIC PROCEDURES	1	225
	092 RESUSCITATION	2	12
	097 AICD IMPLANT	2	200
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	9	2,884
	113 LEVEL I BLOOD AND BLOOD PRODUCT EXCHANGE	2	1,308
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	7	1,491
07	GASTROINTESTINAL SYSTEM PROCEDURES	1,283	99,755
	132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	1	502
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	368	22,635

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE* CPT-4 PROCEDURES

109 Uintah Basin Medical Center

procedure EAPG category		TOTAL #	TOTAL # (ALL Hospitals)
procedure EAPG			
135	THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	39	4,688
136	DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	469	34,149
137	THERAPEUTIC COLONOSCOPY	136	5,727
139	LEVEL I HERNIA REPAIR	65	5,573
140	LEVEL II HERNIA REPAIR	6	1,193
141	LEVEL I ANAL AND RECTAL PROCEDURES	5	782
142	LEVEL II ANAL AND RECTAL PROCEDURES	5	1,145
143	LEVEL I GASTROINTESTINAL PROCEDURES	2	405
144	LEVEL II GASTROINTESTINAL PROCEDURES	6	226
145	LEVEL I LAPAROSCOPY	45	2,675
146	LEVEL II LAPAROSCOPY	98	8,847
147	LEVEL III LAPAROSCOPY	38	7,203
08	GENITOURINARY SYSTEM PROCEDURES	5	8,962
163	LEVEL I BLADDER AND KIDNEY PROCEDURES	4	3,932
164	LEVEL II BLADDER AND KIDNEY PROCEDURES	1	3,413
09	MALE REPRODUCTIVE SYSTEM	34	3,509
180	TESTICULAR AND EPIDIDYMAL PROCEDURES	1	1,431
181	CIRCUMCISION	33	822
10	FEMALE REPRODUCTIVE SYSTEM	60	7,180
196	LEVEL I FEMALE REPRODUCTIVE PROCEDURES	16	1,292
197	LEVEL II FEMALE REPRODUCTIVE PROCEDURES	11	1,355
198	LEVEL III FEMALE REPRODUCTIVE PROCEDURES	7	1,494
199	DILATION AND CURETTAGE	15	551
200	HYSTEROSCOPY	9	2,251
201	COLPOSCOPY	2	234
11	NEUROLOGIC SYSTEM PROCEDURES	79	24,377
217	LEVEL I NERVE PROCEDURES	76	4,031
219	SPINAL TAP	3	470
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	149	12,275
230	MINOR OPHTHALMOLOGICAL TESTS AND PROCEDURES	1	41
233	CATARACT PROCEDURES	131	5,365
235	LEVEL II ANTERIOR SEGMENT EYE PROCEDURES	4	285
240	LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	10	895
241	LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	3	1,469
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	354	28,739
252	LEVEL I FACIAL AND ENT PROCEDURES	164	12,362
253	LEVEL II FACIAL AND ENT PROCEDURES	23	1,405
254	LEVEL III FACIAL AND ENT PROCEDURES	27	3,429
255	LEVEL IV FACIAL AND ENT PROCEDURES	4	2,922
256	TONSIL AND ADENOID PROCEDURES	136	8,493

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/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, 2009
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, SINGLE EAPG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

109 Uintah Basin Medical Center

Procedure EAPG category	Procedure EAPG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
01	SKIN & INTEGUMENTARY SYSTEM PROCEDURES	41	\$2,750	\$3,762
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	2	\$3,258	\$3,254
	003 LEVEL I SKIN INCISION AND DRAINAGE	2	\$3,107	\$2,833
	004 LEVEL II SKIN INCISION AND DRAINAGE	1	\$4,008	\$4,409
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	25	\$3,437	\$3,677
	013 LEVEL II SKIN REPAIR	11	\$915	\$4,883
02	BREAST PROCEDURES	18	\$3,681	\$3,802
	020 LEVEL I BREAST PROCEDURES	18	\$3,681	\$3,688
03	MUSCULOSKELETAL SYSTEM PROCEDURES	152	\$3,976	\$5,044
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	10	\$2,719	\$4,534
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	9	\$3,742	\$5,458
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	10	\$5,502	\$9,791
	033 LEVEL I HAND PROCEDURES	19	\$2,002	\$2,835
	034 LEVEL II HAND PROCEDURES	4	\$2,967	\$5,167
	035 LEVEL I FOOT PROCEDURES	15	\$3,798	\$3,748
	036 LEVEL II FOOT PROCEDURES	1	\$6,005	\$6,617
	037 LEVEL I ARTHROSCOPY	44	\$3,714	\$4,492
	038 LEVEL II ARTHROSCOPY	5	\$8,335	\$10,734
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	2	\$8,031	\$6,442
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	7	\$3,179	\$3,754
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	21	\$4,642	\$7,392
	045 BUNION PROCEDURES	3	\$4,407	\$5,191
	046 LEVEL I ARTHROPLASTY	1	\$3,740	\$8,302
	047 LEVEL II ARTHROPLASTY	1	\$17,784	\$20,732
04	RESPIRATORY PROCEDURES	3	\$4,085	\$2,975
	061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	2	\$4,495	\$2,594
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	1	\$3,266	\$4,027
05	CARDIOVASCULAR PROCEDURES	11	\$13,282	\$14,627
	083 PLACEMENT OF TRANSVENOUS CATHETERS	5	\$6,121	\$6,140
	086 PACEMAKER INSERTION AND REPLACEMENT	5	\$15,689	\$31,576
	097 AICD IMPLANT	1	\$37,056	\$46,919
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	6	\$5,859	\$4,547
	113 LEVEL I BLOOD AND BLOOD PRODUCT EXCHANGE	1	\$4,650	\$3,316
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	5	\$6,101	\$5,995
07	GASTROINTESTINAL SYSTEM PROCEDURES	830	\$2,769	\$3,055
	132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	1	\$2,705	\$1,232
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	197	\$1,684	\$1,516
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	24	\$1,850	\$2,214
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	313	\$1,464	\$1,271
	137 THERAPEUTIC COLONOSCOPY	86	\$1,694	\$1,695
	139 LEVEL I HERNIA REPAIR	49	\$5,143	\$4,486
	140 LEVEL II HERNIA REPAIR	1	\$4,136	\$5,242
	141 LEVEL I ANAL AND RECTAL PROCEDURES	5	\$2,898	\$3,138
	142 LEVEL II ANAL AND RECTAL PROCEDURES	4	\$3,949	\$3,733
	143 LEVEL I GASTROINTESTINAL PROCEDURES	2	\$2,982	\$3,742

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, SINGLE EAPG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

109 Uintah Basin Medical Center

procedure EAPG category Procedure EAPG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
144 LEVEL II GASTROINTESTINAL PROCEDURES	5	\$7,835	\$8,218
145 LEVEL I LAPAROSCOPY	28	\$4,922	\$5,295
146 LEVEL II LAPAROSCOPY	88	\$7,628	\$8,314
147 LEVEL III LAPAROSCOPY	27	\$6,470	\$8,305
08 GENITOURINARY SYSTEM PROCEDURES	1	\$4,558	\$6,135
164 LEVEL II BLADDER AND KIDNEY PROCEDURES	1	\$4,558	\$5,221
09 MALE REPRODUCTIVE SYSTEM	33	\$259	\$4,630
181 CIRCUMCISION	33	\$259	\$2,418
10 FEMALE REPRODUCTIVE SYSTEM	28	\$3,776	\$5,236
196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	12	\$2,656	\$3,258
197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	1	\$4,348	\$5,190
198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	4	\$6,463	\$7,456
199 DILATION AND CURETTAGE	5	\$3,707	\$3,266
200 HYSTEROSCOPY	5	\$4,472	\$5,384
201 COLPOSCOPY	1	\$2,753	\$4,443
11 NEUROLOGIC SYSTEM PROCEDURES	55	\$2,246	\$4,849
217 LEVEL I NERVE PROCEDURES	52	\$2,135	\$3,161
219 SPINAL TAP	3	\$4,171	\$2,509
12 OPHTHALMOLOGIC SYSTEM PROCEDURES	141	\$3,733	\$3,703
230 MINOR OPHTHALMOLOGICAL TESTS AND PROCEDURES	1	\$1,653	\$1,324
233 CATARACT PROCEDURES	129	\$3,867	\$3,686
235 LEVEL II ANTERIOR SEGMENT EYE PROCEDURES	1	\$3,693	\$3,596
240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	9	\$1,961	\$2,293
241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	1	\$4,446	\$3,623
13 EAR, NOSE, MOUTH, & THROAT PROCEDURES	231	\$2,974	\$3,605
252 LEVEL I FACIAL AND ENT PROCEDURES	110	\$2,479	\$2,195
253 LEVEL II FACIAL AND ENT PROCEDURES	16	\$2,364	\$3,352
254 LEVEL III FACIAL AND ENT PROCEDURES	6	\$4,790	\$6,442
255 LEVEL IV FACIAL AND ENT PROCEDURES	1	\$10,163	\$8,243
256 TONSIL AND ADENOID PROCEDURES	98	\$3,445	\$2,817

SOURCE: Utah Ambulatory Surgery Database
Utah Health Data Committee/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, 2009
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

109 Uintah Basin Medical Center

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
GENDER				
Female	1,217	56.2	122,959	54.1
Male	948	43.8	104,281	45.9
Unknown	1	0.0	4	0.0
Not Reported	0	0.0	0	0.0
AGE				
1-28 days	29	1.3	1,731	0.8
29-365 days	33	1.5	2,897	1.3
1-4 years	108	5.0	10,813	4.8
5-9	67	3.1	6,381	2.8
10-14	56	2.6	5,066	2.2
15-17	59	2.7	5,130	2.3
18-19	29	1.3	3,775	1.7
20-24	114	5.3	10,184	4.5
25-29	155	7.2	12,684	5.6
30-34	136	6.3	13,594	6.0
35-39	97	4.5	13,012	5.7
40-44	121	5.6	13,141	5.8
45-49	148	6.8	16,564	7.3
50-54	239	11.0	24,353	10.7
55-59	168	7.8	21,093	9.3
60-64	166	7.7	18,280	8.0
65-69	122	5.6	15,480	6.8
70-74	149	6.9	12,653	5.6
75-79	87	4.0	9,821	4.3
80-84	56	2.6	6,574	2.9
85-89	20	0.9	3,084	1.4
90 +	7	0.3	933	0.4
Not Reported	0	0.0	1	0.0
SOURCE OF ADMISSION				
Physician Referral	2,149	99.2	205,377	90.4
Clinic Referral	0	0.0	2,930	1.3
HMO Referral	0	0.0	2,930	1.3
Other Hospital	0	0.0	184	0.1
Skilled Nursing Facility	2	0.1	36	0.0
Other Health Care Facility	0	0.0	18	0.0
Emergency Room	15	0.7	5,340	2.3
Court/Law Enforcement	0	0.0	3	0.0
Unknown	0	0.0	11	0.0
Not Reported	0	0.0	10,415	4.6

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

109 Uintah Basin Medical Center

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	2,151	99.3	226,589	99.7
Another Hospital	10	0.5	102	0.0
Skilled Nursing Facility	1	0.0	137	0.1
Intermediate Care Facility	0	0.0	20	0.0
Another Type of Institution	1	0.0	68	0.0
Under Care of Home Service	1	0.0	270	0.1
Left Against Medical Advice	0	0.0	22	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	2	0.1	13	0.0
Unknown	0	0.0	22	0.0
Not Reported	0	0.0	1	0.0
PRIMARY PAYER				
Medicare	417	19.3	45,456	20.0
Medicaid	193	8.9	15,975	7.0
Other government	45	2.1	4,287	1.9
Blue Cross/Blue Shield	334	15.4	29,948	13.2
Other Commercial	296	13.7	16,378	7.2
Managed Care(HMO, PPO)	747	34.5	106,245	46.8
Self Pay	100	4.6	2,816	1.2
Industrial & Worker Comp	22	1.0	3,291	1.4
Charity and Unclassified	0	0.0	1,613	0.7
Childrens Health Insurance	0	0.0	129	0.1
Unknown	12	0.6	1,046	0.5
Not Reported	0	0.0	60	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	2	0.1	16,751	7.4
Central Utah	1	0.0	8,412	3.7
Davis County	1	0.0	23,806	10.5
Salt Lake County	7	0.3	77,342	34.0
Southeastern Utah	5	0.2	4,701	2.1
Southwest Utah	1	0.0	14,188	6.2
Summit County	0	0.0	2,798	1.2
Tooele County	1	0.0	4,137	1.8
Tri-County	2,120	97.9	6,035	2.7
Utah County	5	0.2	37,226	16.4
Wasatch County	0	0.0	1,669	0.7
Weber County	1	0.0	20,181	8.9
Unknown Utah	0	0.0	27	0.0
Outside Utah	22	1.0	9,882	4.3
Unknown, Not Reported	0	0.0	89	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, 2009
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)	202	100.0	320,509	100.0
Mastectomy (85.0-85.99)	4	2.0	8,217	2.6
Musculoskeletal (76.0-84.99)	28	13.9	69,555	21.7
Respiratory (30.0-34.99)	2	1.0	3,320	1.0
Cardiovascular (35.0-39.99)	28	13.9	22,400	7.0
Lymphatic/Hemetic (40.0-41.99)	2	1.0	2,804	0.9
Digestive System (42.0-54.99)	79	39.1	98,678	30.8
Urinary (55.0-59.99)	17	8.4	10,902	3.4
Male Genital (60.0-64.99)	0	0.0	3,817	1.2
Female Genital (65.0-71.99)	15	7.4	14,786	4.6
Endocrine/Nervous (01.0-07.99)	7	3.5	23,111	7.2
Eye (08.0-16.99)	9	4.5	21,114	6.6
Ear (18.0-20.99)	2	1.0	12,945	4.0
Nose, Mouth, Pharynx (21.0-29.99)	9	4.5	28,860	9.0
Reporting Category(CPT-4 CODES)	5,768	100.0	299,107	100.0
Mastectomy (19120-19220)	35	0.6	2,014	0.7
Musculoskeletal (20000-29909)	894	15.5	75,301	25.2
Respiratory (30000-32999 & 39501-39599)	636	11.0	14,568	4.9
Cardiovascular (33010-37799 & 93501-93660)	409	7.1	24,369	8.1
Lymphatic/Hemetic (38100-38999)	49	0.8	2,630	0.9
Digestive (40490-49999)	931	16.1	109,341	36.6
Urinary (50010-53899)	443	7.7	10,457	3.5
Male Genital (54000-55899)	54	0.9	3,299	1.1
Female Genital (56405-58999)	514	8.9	12,326	4.1
Endocrine/Nervous (60000-64999)	1,481	25.7	24,781	8.3
Eye (65091-68899)	17	0.3	12,489	4.2
Ear (69000-69979)	305	5.3	7,532	2.5

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

AMB ST 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
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		202	100.0	100.0
5123	LAP CHOLEY	17	8.4	2.26
5341	REPR UMB HERN W/PROSTH	9	4.5	0.22
4701	LAP APPENDECTOMY	6	3.0	0.78
5303	UNILAT REPR DIRECT ING HERN-GFT	5	2.5	0.23
5304	UNILAT REPR INDIRECT ING HERN-GFT	5	2.5	0.34
5362	5362	5	2.5	0.08
5979	OTH REPR URIN STRESS INCONT	5	2.5	0.24
6902	D&C FOLLOWING DELIV/AB	5	2.5	0.22
7936	OP REDUC FX W/INT FIX-TIBIA & FIB	5	2.5	0.31
3893	VENOUS CATH-NEC	4	2.0	0.26
5349	OTH UMB HERNIORRHAPHY	4	2.0	0.28
5363	5363	4	2.0	0.04
7931	OP REDUC FX W/INT FIX-HUMERUS	4	2.0	0.09
7932	OP REDUC FX W/INT FIX-RADIUS & ULNA	4	2.0	0.30
2171	CLO REDUC NASAL FX	3	1.5	0.14
282	TONSILLECTOMY WO ADENOIDECTOMY	3	1.5	0.53
3722	LT HEART CARD CATH	3	1.5	1.34
3891	ART CATH	3	1.5	0.01
5011	CLO [PERCUT] [NEEDLE] BX LIVER	3	1.5	0.28
5305	UNILAT REPR ING HERN-GFT-NOS	3	1.5	0.10

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		5,768	100.0	100.0
64483	INJ ANES EPIDURL; LUMB/SAC 1 LEV	208	3.6	1.07
36561	INSRT TUNNL CNTRL CVAD PORT; 5 Y	159	2.8	0.19
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	153	2.7	0.70
64484	INJ ANES EPIDURL; LUMB/SAC-EA AD	115	2.0	0.82
49505	REPR INIT ING HERNIA 5YR/MORE; R	105	1.8	0.82
64476	INJ ANES FACET JT; LUMB/SAC-EA A	105	1.8	0.41
52332	CYSTOURETHROSCOPY W/INSRT STENT	102	1.8	0.66
47562	LAPAROSCOPY SURGICAL; CHOLECT	100	1.7	0.94
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	100	1.7	1.50
64472	INJ ANES FACET JT; CERV/THOR-EA	97	1.7	0.20
20680	REMOVAL OF IMPLANT; DEEP	91	1.6	1.04
57288	SLING OPERATION STRESS INCONTINE	85	1.5	0.36
61886	INSRT/REPL CRAN NEUROSTM; 2/>ARR	69	1.2	0.03
41899	UNLIST PROC DENTOALVEOL STRUCTUR	68	1.2	0.91
63030	LAMINOT W/ DECOMP; 1 INTERSPACE	67	1.2	0.31
63650	PERQ IMPLANT ELECT ARRAY EPIDURA	64	1.1	0.11
31255	NASAL/SINUS ENDO; W/TOT ETHMOECT	61	1.1	0.39
31256	NASL/SINUS ENDO SURG W/MAX ANTRO	60	1.0	0.33
20205	BIOPSY MUSCLE; DEEP	59	1.0	0.05
30520	SEPTOPLASTY/SUBMUCOS RES W/GFT	57	1.0	0.78

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

AMB ST 1-3

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
 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		147	\$7,078	\$4,501
5123	LAP CHOLEY	16	\$7,258	\$7,426
5341	REPR UMB HERN W/PROSTH	9	\$5,742	\$5,183
4701	LAP APPENDECTOMY	6	\$10,526	\$10,907
5303	UNILAT REPR DIRECT ING HERN-GFT	5	\$4,804	\$4,986
5304	UNILAT REPR INDIRECT ING HERN-GFT	5	\$4,434	\$4,709
5362	5362	5	\$9,832	\$12,799
5979	OTH REPR URIN STRESS INCONT	5	\$7,524	\$7,606
6902	D&C FOLLOWING DELIV/AB	5	\$4,715	\$3,011
7936	OP REDUC FX W/INT FIX-TIBIA & FIB	5	\$8,392	\$8,524
7931	OP REDUC FX W/INT FIX-HUMERUS	4	\$10,739	\$10,316
7932	OP REDUC FX W/INT FIX-RADIUS & ULNA	4	\$10,096	\$9,418
2171	CLO REDUC NASAL FX	3	\$5,178	\$2,438
282	TONSILLECTOMY WO ADENOIDECTOMY	3	\$3,748	\$2,868
3893	VENOUS CATH-NEC	3	\$6,125	\$5,074
5011	CLO [PERCUT] [NEEDLE] BX LIVER	3	\$1,457	\$2,654
5305	UNILAT REPR ING HERN-GFT-NOS	3	\$5,793	\$5,406
5349	OTH UMB HERNIORRHAPHY	3	\$2,784	\$3,750
5363	5363	3	\$8,083	\$10,528
6952	ASPIR CURET FOLLOWING DELIV/AB	3	\$5,639	\$3,269
0481	INJ ANES PERIPH NERV-ANALGESIA	2	\$1,325	\$3,244

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
CPT-4 Procedures		2,934	\$8,560	\$3,915
36561	INSRT TUNNL CNTRL CVAD PORT; 5 Y	154	\$4,144	\$6,238
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	150	\$1,471	\$1,220
47562	LAPAROSCOPY SURGICAL; CHOLECT	97	\$6,981	\$6,606
49505	REPR INIT ING HERNIA 5YR/MORE; R	97	\$4,970	\$4,721
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	96	\$6,949	\$7,842
64483	INJ ANES EPIDURL; LUMB/SAC 1 LEV	87	\$1,436	\$1,475
41899	UNLIST PROC DENTOALVEOL STRUCTUR	68	\$5,416	\$2,871
61886	INSRT/REPL CRAN NEUROSTM; 2/>ARR	63	\$48,650	\$51,709
63030	LAMINOT W/ DECOMP; 1 INTERSPACE	59	\$9,507	\$10,547
20205	BIOPSY MUSCLE; DEEP	55	\$3,810	\$3,290
20680	REMOVAL OF IMPLANT; DEEP	52	\$4,493	\$3,558
36821	AV ANASTOM OPN; DIR ANY SITE-SP	49	\$6,470	\$6,573
57288	SLING OPERATION STRESS INCONTINE	47	\$7,706	\$7,512
49585	REPR UMBIL HERNIA 5YR/OVER; RDOC	46	\$4,686	\$4,469
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	41	\$3,910	\$2,928
58558	HYSTEROSCPY SURG; W/BX &/ POLYPE	39	\$4,347	\$3,984
69930	COCHLEAR DEVICE IMPL W/WO MASTOI	39	\$72,375	\$50,592
50590	LITHOTRIPSY XTRACORP SHOCK WAVE	28	\$9,362	\$9,938
61885	INSRT/REPL CRAN NEUROSTIM; 1 ARR	28	\$41,075	\$45,963
69631	TYMP NO MASTOIDEA; NO OSSICUL CH	28	\$8,361	\$5,543

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, 2009
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE* CPT-4 PROCEDURES

125 UHC Hospital

Procedure EAPG category	Procedure EAPG	TOTAL #	TOTAL # (ALL Hospitals)
01	SKIN & INTEGUMENTARY SYSTEM PROCEDURES	327	8,192
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	79	1,091
	003 LEVEL I SKIN INCISION AND DRAINAGE	5	189
	004 LEVEL II SKIN INCISION AND DRAINAGE	3	95
	007 LEVEL II SKIN DEBRIDEMENT AND DESTRUCTION	14	128
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	22	503
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	169	5,031
	012 LEVEL I SKIN REPAIR	1	35
	013 LEVEL II SKIN REPAIR	22	792
	014 LEVEL III SKIN REPAIR	12	220
02	BREAST PROCEDURES	37	2,075
	020 LEVEL I BREAST PROCEDURES	35	2,014
	021 LEVEL II BREAST PROCEDURES	2	61
03	MUSCULOSKELETAL SYSTEM PROCEDURES	466	64,806
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	42	2,405
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	48	4,694
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	15	2,234
	033 LEVEL I HAND PROCEDURES	76	3,780
	034 LEVEL II HAND PROCEDURES	17	1,278
	035 LEVEL I FOOT PROCEDURES	6	6,264
	036 LEVEL II FOOT PROCEDURES	13	1,682
	037 LEVEL I ARTHROSCOPY	46	22,184
	038 LEVEL II ARTHROSCOPY	18	5,320
	040 SPLINT, STRAPPING AND CAST REMOVAL	1	1,672
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	10	717
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	5	628
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	136	5,752
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	5	490
	045 BUNION PROCEDURES	1	1,791
	046 LEVEL I ARTHROPLASTY	5	634
	047 LEVEL II ARTHROPLASTY	4	148
	048 HAND AND FOOT TENOTOMY	1	386
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	17	2,678
04	RESPIRATORY PROCEDURES	460	9,066
	061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	28	1,396
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	117	1,436
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	280	4,402
	064 ENDOSCOPY OF THE LOWER AIRWAY	35	1,832
05	CARDIOVASCULAR PROCEDURES	368	9,325
	083 PLACEMENT OF TRANSVENOUS CATHETERS	202	941
	085 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	5	1,497
	087 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	7	809
	088 LEVEL I CARDIOTHORACIC PROCEDURES	13	225
	089 LEVEL II CARDIOTHORACIC PROCEDURES	120	1,625
	090 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	6	53
	091 VASCULAR LIGATION AND RECONSTRUCTION	10	124

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE* CPT-4 PROCEDURES

125 UHC Hospital

procedure EAPG category		TOTAL #	TOTAL # (ALL Hospitals)
procedure EAPG			
	097 AICD IMPLANT	5	200
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	56	2,884
	110 PHARMACOTHERAPY BY EXTENDED INFUSION	19	64
	114 LEVEL II BLOOD AND BLOOD PRODUCT EXCHANGE	1	4
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	36	1,491
07	GASTROINTESTINAL SYSTEM PROCEDURES	858	99,755
	130 ALIMENTARY TESTS AND SIMPLE TUBE PLACEMENT	4	179
	131 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	3	1,379
	132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	2	502
	133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	1	422
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	6	22,635
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	3	4,688
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	1	34,149
	138 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	1	1,937
	139 LEVEL I HERNIA REPAIR	202	5,573
	140 LEVEL II HERNIA REPAIR	39	1,193
	141 LEVEL I ANAL AND RECTAL PROCEDURES	34	782
	142 LEVEL II ANAL AND RECTAL PROCEDURES	42	1,145
	143 LEVEL I GASTROINTESTINAL PROCEDURES	3	405
	144 LEVEL II GASTROINTESTINAL PROCEDURES	6	226
	145 LEVEL I LAPAROSCOPY	104	2,675
	146 LEVEL II LAPAROSCOPY	249	8,847
	147 LEVEL III LAPAROSCOPY	158	7,203
08	GENITOURINARY SYSTEM PROCEDURES	408	8,962
	160 EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	31	697
	161 URINARY STUDIES AND PROCEDURES	2	3
	162 URINARY CATHETERIZATION AND DILATATION	3	238
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	165	3,932
	164 LEVEL II BLADDER AND KIDNEY PROCEDURES	195	3,413
	165 LEVEL III BLADDER AND KIDNEY PROCEDURES	2	55
	166 LEVEL I URETHRA AND PROSTATE PROCEDURES	1	180
	167 LEVEL II URETHRA AND PROSTATE PROCEDURES	9	444
09	MALE REPRODUCTIVE SYSTEM	63	3,509
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	26	1,431
	181 CIRCUMCISION	7	822
	182 INSERTION OF PENILE PROSTHESIS	3	32
	184 LEVEL II PENILE AND PROSTATE PROCEDURES	26	1,167
	185 PROSTATE NEEDLE AND PUNCH BIOPSY	1	47
10	FEMALE REPRODUCTIVE SYSTEM	375	7,180
	190 ARTIFICIAL FERTILIZATION	1	2
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	41	1,292
	197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	104	1,355
	198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	106	1,494
	199 DILATION AND CURETTAGE	19	551
	200 HYSTEROSCOPY	101	2,251
	201 COLPOSCOPY	3	234

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE* CPT-4 PROCEDURES

125 UHC Hospital

procedure EAPG category	procedure EAPG	TOTAL #	TOTAL # (ALL Hospitals)
11	NEUROLOGIC SYSTEM PROCEDURES	1,391	24,377
	213 NERVE AND MUSCLE TESTS	1	1
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	182	2,913
	215 LEVEL I REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	14	155
	216 LEVEL II REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	48	148
	217 LEVEL I NERVE PROCEDURES	72	4,031
	218 LEVEL II NERVE PROCEDURES	89	793
	219 SPINAL TAP	4	470
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	678	11,868
	221 LAMINOTOMY AND LAMINECTOMY	106	3,173
	223 LEVEL III NERVE PROCEDURES	197	825
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	17	12,275
	234 LEVEL I ANTERIOR SEGMENT EYE PROCEDURES	3	265
	235 LEVEL II ANTERIOR SEGMENT EYE PROCEDURES	1	285
	236 LEVEL III ANTERIOR SEGMENT EYE PROCEDURES	1	209
	239 STRABISMUS AND MUSCLE EYE PROCEDURES	1	1,026
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	6	895
	241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	5	1,469
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	763	28,739
	250 COCHLEAR DEVICE IMPLANTATION	39	91
	251 OTORHINOLARYNGOLOGIC FUNCTION TESTS	1	37
	252 LEVEL I FACIAL AND ENT PROCEDURES	167	12,362
	253 LEVEL II FACIAL AND ENT PROCEDURES	28	1,405
	254 LEVEL III FACIAL AND ENT PROCEDURES	174	3,429
	255 LEVEL IV FACIAL AND ENT PROCEDURES	306	2,922
	256 TONSIL AND ADENOID PROCEDURES	48	8,493

SOURCE: Utah Ambulatory Surgery Database
Utah Health Data Committee/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, 2009
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, SINGLE EAPG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

125 UHC Hospital

Procedure EAPG category	Procedure EAPG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
01	SKIN & INTEGUMENTARY SYSTEM PROCEDURES	200	\$4,123	\$3,762
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	65	\$3,604	\$3,254
	003 LEVEL I SKIN INCISION AND DRAINAGE	3	\$2,936	\$2,833
	004 LEVEL II SKIN INCISION AND DRAINAGE	2	\$3,821	\$4,409
	007 LEVEL II SKIN DEBRIDEMENT AND DESTRUCTION	12	\$3,929	\$2,829
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	15	\$4,482	\$3,664
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	96	\$4,391	\$3,677
	013 LEVEL II SKIN REPAIR	4	\$5,718	\$4,883
	014 LEVEL III SKIN REPAIR	3	\$5,025	\$5,455
02	BREAST PROCEDURES	30	\$3,413	\$3,802
	020 LEVEL I BREAST PROCEDURES	29	\$3,354	\$3,688
	021 LEVEL II BREAST PROCEDURES	1	\$5,122	\$7,371
03	MUSCULOSKELETAL SYSTEM PROCEDURES	148	\$7,254	\$5,044
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	17	\$7,844	\$4,534
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	13	\$5,111	\$5,458
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	3	\$21,113	\$9,791
	033 LEVEL I HAND PROCEDURES	8	\$3,941	\$2,835
	034 LEVEL II HAND PROCEDURES	3	\$6,699	\$5,167
	035 LEVEL I FOOT PROCEDURES	3	\$3,491	\$3,748
	036 LEVEL II FOOT PROCEDURES	1	\$3,787	\$6,617
	037 LEVEL I ARTHROSCOPY	15	\$6,282	\$4,492
	038 LEVEL II ARTHROSCOPY	3	\$17,331	\$10,734
	040 SPLINT, STRAPPING AND CAST REMOVAL	1	\$2,096	\$1,380
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	2	\$4,710	\$6,442
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	2	\$6,032	\$3,754
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	56	\$8,615	\$7,392
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	3	\$2,861	\$3,553
	047 LEVEL II ARTHROPLASTY	4	\$16,598	\$20,732
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	14	\$1,235	\$1,227
04	RESPIRATORY PROCEDURES	103	\$5,469	\$2,975
	061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	21	\$2,994	\$2,594
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	32	\$6,347	\$4,027
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	37	\$6,375	\$4,474
	064 ENDOSCOPY OF THE LOWER AIRWAY	13	\$4,730	\$2,794
05	CARDIOVASCULAR PROCEDURES	325	\$5,575	\$14,627
	083 PLACEMENT OF TRANSVENOUS CATHETERS	190	\$4,146	\$6,140
	085 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	1	\$9,303	\$36,706
	087 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	1	\$6,459	\$9,181
	088 LEVEL I CARDIOTHORACIC PROCEDURES	12	\$4,804	\$7,678
	089 LEVEL II CARDIOTHORACIC PROCEDURES	113	\$7,387	\$8,023
	090 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	3	\$5,173	\$7,639
	091 VASCULAR LIGATION AND RECONSTRUCTION	4	\$6,098	\$6,688
	097 AICD IMPLANT	1	\$75,969	\$46,919
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	30	\$5,463	\$4,547
	110 PHARMACOTHERAPY BY EXTENDED INFUSION	1	\$5,190	\$3,438

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, SINGLE EAPG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

125 UHC Hospital

procedure EAPG category	Procedure EAPG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	29	\$5,472	\$5,995
07	GASTROINTESTINAL SYSTEM PROCEDURES	649	\$6,763	\$3,055
	130 ALIMENTARY TESTS AND SIMPLE TUBE PLACEMENT	4	\$896	\$1,670
	132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	1	\$2,953	\$1,232
	133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	1	\$9,812	\$1,718
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	1	\$3,646	\$1,516
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	3	\$5,256	\$2,214
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	1	\$4,397	\$1,271
	138 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	1	\$9,427	\$4,271
	139 LEVEL I HERNIA REPAIR	165	\$4,881	\$4,486
	140 LEVEL II HERNIA REPAIR	20	\$6,582	\$5,242
	141 LEVEL I ANAL AND RECTAL PROCEDURES	29	\$4,478	\$3,138
	142 LEVEL II ANAL AND RECTAL PROCEDURES	34	\$4,131	\$3,733
	143 LEVEL I GASTROINTESTINAL PROCEDURES	2	\$5,451	\$3,742
	144 LEVEL II GASTROINTESTINAL PROCEDURES	4	\$7,289	\$8,218
	145 LEVEL I LAPAROSCOPY	49	\$6,630	\$5,295
	146 LEVEL II LAPAROSCOPY	206	\$8,750	\$8,314
	147 LEVEL III LAPAROSCOPY	128	\$7,536	\$8,305
08	GENITOURINARY SYSTEM PROCEDURES	152	\$5,888	\$6,135
	160 EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	28	\$9,362	\$9,938
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	46	\$4,666	\$4,353
	164 LEVEL II BLADDER AND KIDNEY PROCEDURES	73	\$5,046	\$5,221
	167 LEVEL II URETHRA AND PROSTATE PROCEDURES	5	\$9,954	\$11,236
09	MALE REPRODUCTIVE SYSTEM	51	\$7,801	\$4,630
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	21	\$5,067	\$3,299
	181 CIRCUMCISION	6	\$4,386	\$2,418
	182 INSERTION OF PENILE PROSTHESIS	3	\$29,662	\$27,785
	184 LEVEL II PENILE AND PROSTATE PROCEDURES	20	\$8,661	\$6,666
	185 PROSTATE NEEDLE AND PUNCH BIOPSY	1	\$2,902	\$3,010
10	FEMALE REPRODUCTIVE SYSTEM	188	\$5,614	\$5,236
	190 ARTIFICIAL FERTILIZATION	1	\$2,107	\$2,107
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	14	\$3,981	\$3,258
	197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	41	\$4,842	\$5,190
	198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	58	\$7,566	\$7,456
	199 DILATION AND CURETTAGE	10	\$4,038	\$3,266
	200 HYSTEROSCOPY	63	\$4,992	\$5,384
	201 COLPOSCOPY	1	\$5,328	\$4,443
11	NEUROLOGIC SYSTEM PROCEDURES	570	\$13,199	\$4,849
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	178	\$1,556	\$1,315
	215 LEVEL I REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	2	\$21,451	\$13,624
	216 LEVEL II REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	19	\$22,868	\$14,328
	217 LEVEL I NERVE PROCEDURES	37	\$5,699	\$3,161
	218 LEVEL II NERVE PROCEDURES	6	\$11,523	\$11,142
	219 SPINAL TAP	4	\$830	\$2,509
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	124	\$1,721	\$1,563

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, SINGLE EAPG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

125 UHC Hospital

procedure	EAPG category	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
Procedure	EAPG			
	221 LAMINOTOMY AND LAMINECTOMY	69	\$10,542	\$10,583
	223 LEVEL III NERVE PROCEDURES	131	\$42,325	\$34,351
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	9	\$3,831	\$3,703
	234 LEVEL I ANTERIOR SEGMENT EYE PROCEDURES	3	\$1,275	\$2,924
	235 LEVEL II ANTERIOR SEGMENT EYE PROCEDURES	1	\$1,260	\$3,596
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	3	\$4,191	\$2,293
	241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	2	\$8,410	\$3,623
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	448	\$13,398	\$3,605
	250 COCHLEAR DEVICE IMPLANTATION	39	\$72,375	\$50,592
	252 LEVEL I FACIAL AND ENT PROCEDURES	103	\$5,712	\$2,195
	253 LEVEL II FACIAL AND ENT PROCEDURES	13	\$6,569	\$3,352
	254 LEVEL III FACIAL AND ENT PROCEDURES	57	\$7,946	\$6,442
	255 LEVEL IV FACIAL AND ENT PROCEDURES	193	\$9,765	\$8,243
	256 TONSIL AND ADENOID PROCEDURES	43	\$3,914	\$2,817

SOURCE: Utah Ambulatory Surgery Database
Utah Health Data Committee/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, 2009
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

125 UHC Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
GENDER				
Female	2,120	51.7	122,959	54.1
Male	1,978	48.3	104,281	45.9
Unknown	0	0.0	4	0.0
Not Reported	0	0.0	0	0.0
AGE				
1-28 days	0	0.0	1,731	0.8
29-365 days	0	0.0	2,897	1.3
1-4 years	6	0.1	10,813	4.8
5-9	20	0.5	6,381	2.8
10-14	39	1.0	5,066	2.2
15-17	78	1.9	5,130	2.3
18-19	73	1.8	3,775	1.7
20-24	240	5.9	10,184	4.5
25-29	331	8.1	12,684	5.6
30-34	344	8.4	13,594	6.0
35-39	327	8.0	13,012	5.7
40-44	334	8.2	13,141	5.8
45-49	373	9.1	16,564	7.3
50-54	401	9.8	24,353	10.7
55-59	388	9.5	21,093	9.3
60-64	320	7.8	18,280	8.0
65-69	345	8.4	15,480	6.8
70-74	191	4.7	12,653	5.6
75-79	166	4.1	9,821	4.3
80-84	75	1.8	6,574	2.9
85-89	40	1.0	3,084	1.4
90 +	7	0.2	933	0.4
Not Reported	0	0.0	1	0.0
SOURCE OF ADMISSION				
Physician Referral	0	0.0	205,377	90.4
Clinic Referral	0	0.0	2,930	1.3
HMO Referral	0	0.0	2,930	1.3
Other Hospital	0	0.0	184	0.1
Skilled Nursing Facility	0	0.0	36	0.0
Other Health Care Facility	0	0.0	18	0.0
Emergency Room	0	0.0	5,340	2.3
Court/Law Enforcement	0	0.0	3	0.0
Unknown	0	0.0	11	0.0
Not Reported	4,098	100.0	10,415	4.6

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

125 UHC Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	4,080	99.6	226,589	99.7
Another Hospital	4	0.1	102	0.0
Skilled Nursing Facility	6	0.1	137	0.1
Intermediate Care Facility	0	0.0	20	0.0
Another Type of Institution	3	0.1	68	0.0
Under Care of Home Service	3	0.1	270	0.1
Left Against Medical Advice	0	0.0	22	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	0	0.0	13	0.0
Unknown	2	0.0	22	0.0
Not Reported	0	0.0	1	0.0
PRIMARY PAYER				
Medicare	977	23.8	45,456	20.0
Medicaid	490	12.0	15,975	7.0
Other government	131	3.2	4,287	1.9
Blue Cross/Blue Shield	1,004	24.5	29,948	13.2
Other Commercial	383	9.3	16,378	7.2
Managed Care(HMO, PPO)	946	23.1	106,245	46.8
Self Pay	99	2.4	2,816	1.2
Industrial & Worker Comp	63	1.5	3,291	1.4
Charity and Unclassified	0	0.0	1,613	0.7
Childrens Health Insurance	4	0.1	129	0.1
Unknown	1	0.0	1,046	0.5
Not Reported	0	0.0	60	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	78	1.9	16,751	7.4
Central Utah	37	0.9	8,412	3.7
Davis County	389	9.5	23,806	10.5
Salt Lake County	2,122	51.8	77,342	34.0
Southeastern Utah	80	2.0	4,701	2.1
Southwest Utah	43	1.0	14,188	6.2
Summit County	123	3.0	2,798	1.2
Tooele County	132	3.2	4,137	1.8
Tri-County	78	1.9	6,035	2.7
Utah County	204	5.0	37,226	16.4
Wasatch County	38	0.9	1,669	0.7
Weber County	157	3.8	20,181	8.9
Unknown Utah	0	0.0	27	0.0
Outside Utah	617	15.1	9,882	4.3
Unknown, Not Reported	0	0.0	89	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, 2009
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)	64	100.0	320,509	100.0
Mastectomy (85.0-85.99)	13	20.3	8,217	2.6
Musculoskeletal (76.0-84.99)	2	3.1	69,555	21.7
Respiratory (30.0-34.99)	0	0.0	3,320	1.0
Cardiovascular (35.0-39.99)	1	1.6	22,400	7.0
Lymphatic/Hemetic (40.0-41.99)	9	14.1	2,804	0.9
Digestive System (42.0-54.99)	4	6.3	98,678	30.8
Urinary (55.0-59.99)	16	25.0	10,902	3.4
Male Genital (60.0-64.99)	1	1.6	3,817	1.2
Female Genital (65.0-71.99)	6	9.4	14,786	4.6
Endocrine/Nervous (01.0-07.99)	3	4.7	23,111	7.2
Eye (08.0-16.99)	2	3.1	21,114	6.6
Ear (18.0-20.99)	4	6.3	12,945	4.0
Nose, Mouth, Pharynx (21.0-29.99)	3	4.7	28,860	9.0
Reporting Category(CPT-4 CODES)	1,633	100.0	299,107	100.0
Mastectomy (19120-19220)	124	7.6	2,014	0.7
Musculoskeletal (20000-29909)	282	17.3	75,301	25.2
Respiratory (30000-32999 & 39501-39599)	91	5.6	14,568	4.9
Cardiovascular (33010-37799 & 93501-93660)	108	6.6	24,369	8.1
Lymphatic/Hemetic (38100-38999)	370	22.7	2,630	0.9
Digestive (40490-49999)	153	9.4	109,341	36.6
Urinary (50010-53899)	180	11.0	10,457	3.5
Male Genital (54000-55899)	59	3.6	3,299	1.1
Female Genital (56405-58999)	147	9.0	12,326	4.1
Endocrine/Nervous (60000-64999)	86	5.3	24,781	8.3
Eye (65091-68899)	18	1.1	12,489	4.2
Ear (69000-69979)	15	0.9	7,532	2.5

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics.

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

AMB ST 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
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				
5749	OTH TRANSURETH EXC/DEST LES BLADDER	12	18.8	0.22
8521	LOC EXC LES BREAST	12	18.8	0.73
403	REGIONAL LYMPH NODE EXC	3	4.7	0.04
062	UNILAT THYROID LOBEC	2	3.1	0.16
1831	RAD EXC LES EXT EAR	2	3.1	0.02
4011	BX LYMPHATIC STRUCT	2	3.1	0.21
6553	LAP REMOV 2 OVARIES @ SAME SURG	2	3.1	0.00
042	DESTRUC CRANIAL & PERIPH NERV	1	1.6	0.14
0820	REMOV LES EYELID-NOS	1	1.6	0.04
0861	RECON EYELID W/SKIN FLAP/GFT	1	1.6	0.04
1829	EXC/DESTRUC OTH LES EXT EAR	1	1.6	0.08
186	RECON EXT AUDITORY CANAL	1	1.6	0.01
2132	LOC EXC/DESTRUC OTH LES NOSE	1	1.6	0.07
2319	OTH SURG TOOTH EXTRACT	1	1.6	0.07
282	TONSILLECTOMY WO ADENOIDECTOMY	1	1.6	0.53
387	INTERRUPTION VENA CAVA	1	1.6	0.03
4023	EXC AX LYMPH NODE	1	1.6	0.18
4041	RAD NECK DISSECTION-UNILAT	1	1.6	0.01
4051	RAD EXC AX LYMPH NODES	1	1.6	0.01
4131	BX BONE MARROW	1	1.6	0.20

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures				
38525	BX/EXC LYMPH NODE; OPN DP AX NOD	1,633	100.0	100.0
36561	INSRT TUNNL CNTRL CVAD PORT; 5 Y	133	8.1	0.25
38510	BX/EXC LYMPH NODE; OPN DP CERV N	82	5.0	0.19
19120	EXC BRST CYST TUMR/LES OPN M/F 1	69	4.2	0.11
19125	EXC BRST LES ID RAD MARKR OPN;1	63	3.9	0.42
38500	BX/EXCISION LYMPH NODE; OPEN SUP	57	3.5	0.24
55875	55875	47	2.9	0.10
52235	CYSTOURETHROSCOPY W/FULG; MED TU	43	2.6	0.04
52332	CYSTOURETHROSCOPY W/INSRT STENT	31	1.9	0.06
58661	LAP SURG; W/REMV ADNEXAL STRUCT	31	1.9	0.66
60500	PARATHYROIDECTOMY/EXPL PARATHYRO	29	1.8	0.24
21930	EXC TUMR SOFT TISSUE BACK/FLANK	27	1.7	0.11
38745	AXILLARY LYMPHADENECTOMY; COMPLE	25	1.5	0.05
52240	CYSTOURETHROSCOPY W/FULG; LG TUM	22	1.3	0.02
38760	INGUINOFEM LYMPHADENECT-SEP PROC	20	1.2	0.04
38792	INJECTION PROC; ID SENTINEL NODE	19	1.2	0.01
52234	CYSTOURETHROSCOPY W/FULG; SM TUM	19	1.2	0.12
24076	EXC TUMR SFT TISS UP ARM/ELB; DE	19	1.2	0.06
38724	CERV LYMPH MOD RADL NECK DISSECT	17	1.0	0.02
56620	VULVECTOMY SIMPLE; PARTIAL	17	1.0	0.01
		16	1.0	0.04

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

AMB ST 1-3

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
 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	52	\$5,706	\$4,501
5749	OTH TRANSURETH EXC/DEST LES BLADDER	12	\$5,061	\$4,567
8521	LOC EXC LES BREAST	9	\$4,491	\$3,374
062	UNILAT THYROID LOBEC	2	\$9,565	\$8,329
4011	BX LYMPHATIC STRUCT	2	\$3,966	\$3,978
6553	LAP REMOV 2 OVARIES @ SAME SURG	2	\$8,918	\$7,867
042	DESTRUC CRANIAL & PERIPH NERV	1	\$6,684	\$3,389
1829	EXC/DESTRUC OTH LES EXT EAR	1	\$3,930	\$3,068
1831	RAD EXC LES EXT EAR	1	\$6,022	\$3,706
2132	LOC EXC/DESTRUC OTH LES NOSE	1	\$3,085	\$3,254
2319	OTH SURG TOOTH EXTRACT	1	\$3,855	\$3,419
282	TONSILLECTOMY WO ADENOIDECTOMY	1	\$3,867	\$2,868
403	REGIONAL LYMPH NODE EXC	1	\$4,967	\$5,627
4041	RAD NECK DISSECTION-UNILAT	1	\$5,658	\$7,224
4051	RAD EXC AX LYMPH NODES	1	\$7,578	\$7,674
4131	BX BONE MARROW	1	\$9,327	\$4,486
4923	BX ANUS	1	\$4,792	\$4,155
5094	OTH INJ THERAP SUBSTANCE LIVER	1	\$18,300	\$18,117
5123	LAP CHOLEY	1	\$8,143	\$7,426
5329	OTH UNILAT FEM HERNIORRHAPHY	1	\$6,171	\$4,531
5593	REPLCMT NEPHROSTOMY TUBE	1	\$3,388	\$2,782

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
CPT-4	Procedures	926	\$5,900	\$3,915
36561	INSRT TUNNL CNTRL CVAD PORT; 5 Y	81	\$4,357	\$6,238
19120	EXC BRST CYST TUMR/LES OPN M/F 1	56	\$3,190	\$3,487
38525	BX/EXC LYMPH NODE; OPN DP AX NOD	45	\$6,989	\$7,292
38510	BX/EXC LYMPH NODE; OPN DP CERV N	43	\$6,123	\$5,003
55875	55875	43	\$9,903	\$12,223
19125	EXC BRST LES ID RAD MARKR OPN;1	38	\$3,959	\$4,092
52235	CYSTOURETHROSCOPY W/FULG; MED TU	25	\$4,725	\$4,976
38500	BX/EXCISION LYMPH NODE; OPEN SUP	23	\$6,166	\$5,341
60500	PARATHYROIDECTOMY/EXPL PARATHYRO	23	\$6,994	\$8,216
38745	AXILLARY LYMPHADENECTOMY; COMPLE	20	\$7,405	\$7,765
58661	LAP SURG; W/REMV ADNEXAL STRUCT	20	\$9,455	\$8,285
52332	CYSTOURETHROSCOPY W/INSRT STENT	19	\$4,471	\$5,273
38760	INGUINOFEM LYMPHADENECT-SEP PROC	16	\$8,089	\$7,577
52240	CYSTOURETHROSCOPY W/FULG; LG TUM	14	\$5,198	\$6,400
56620	VULVECTOMY SIMPLE; PARTIAL	13	\$3,669	\$3,715
38724	CERV LYMPH MOD RADL NECK DISSECT	12	\$7,194	\$7,503
31536	LARYNGSCPY DIRECT OP W/BX; W/OP	10	\$4,701	\$3,441
52234	CYSTOURETHROSCOPY W/FULG; SM TUM	10	\$4,843	\$4,306
58120	DILATION & CURET DX &/ THERAPEUT	10	\$3,089	\$3,266
60220	TOT THYRD LOBECT UNI;W/WO ISTHMS	10	\$9,177	\$8,014

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, 2009
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE* CPT-4 PROCEDURES

310 University of Utah Huntsman Cancer Hospital

Procedure EAPG category	Procedure EAPG	TOTAL #	TOTAL # (ALL Hospitals)
01	SKIN & INTEGUMENTARY SYSTEM PROCEDURES	227	8,192
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	17	1,091
	003 LEVEL I SKIN INCISION AND DRAINAGE	1	189
	007 LEVEL II SKIN DEBRIDEMENT AND DESTRUCTION	5	128
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	25	503
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	150	5,031
	011 LEVEL III EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	23	82
	013 LEVEL II SKIN REPAIR	3	792
	014 LEVEL III SKIN REPAIR	3	220
02	BREAST PROCEDURES	152	2,075
	020 LEVEL I BREAST PROCEDURES	124	2,014
	021 LEVEL II BREAST PROCEDURES	28	61
03	MUSCULOSKELETAL SYSTEM PROCEDURES	75	64,806
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	7	2,405
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	21	4,694
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	9	2,234
	033 LEVEL I HAND PROCEDURES	11	3,780
	034 LEVEL II HAND PROCEDURES	6	1,278
	035 LEVEL I FOOT PROCEDURES	10	6,264
	036 LEVEL II FOOT PROCEDURES	3	1,682
	037 LEVEL I ARTHROSCOPY	4	22,184
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	1	717
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	1	490
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	2	2,678
04	RESPIRATORY PROCEDURES	66	9,066
	061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	4	1,396
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	45	1,436
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	16	4,402
	064 ENDOSCOPY OF THE LOWER AIRWAY	1	1,832
05	CARDIOVASCULAR PROCEDURES	95	9,325
	083 PLACEMENT OF TRANSVENOUS CATHETERS	94	941
	091 VASCULAR LIGATION AND RECONSTRUCTION	1	124
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	283	2,884
	110 PHARMACOTHERAPY BY EXTENDED INFUSION	1	64
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	282	1,491
07	GASTROINTESTINAL SYSTEM PROCEDURES	158	99,755
	131 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	13	1,379
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	18	22,635
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	7	4,688
	139 LEVEL I HERNIA REPAIR	4	5,573
	140 LEVEL II HERNIA REPAIR	1	1,193
	141 LEVEL I ANAL AND RECTAL PROCEDURES	8	782
	142 LEVEL II ANAL AND RECTAL PROCEDURES	8	1,145
	143 LEVEL I GASTROINTESTINAL PROCEDURES	2	405
	144 LEVEL II GASTROINTESTINAL PROCEDURES	3	226
	145 LEVEL I LAPAROSCOPY	24	2,675

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE* CPT-4 PROCEDURES

310 University of Utah Huntsman Cancer Hospital

procedure EAPG category procedure EAPG	TOTAL #	TOTAL # (ALL Hospitals)
146 LEVEL II LAPAROSCOPY	41	8,847
147 LEVEL III LAPAROSCOPY	28	7,203
148 LEVEL IV LAPAROSCOPY	1	88
08 GENITOURINARY SYSTEM PROCEDURES	224	8,962
162 URINARY CATHETERIZATION AND DILATATION	3	238
163 LEVEL I BLADDER AND KIDNEY PROCEDURES	129	3,932
164 LEVEL II BLADDER AND KIDNEY PROCEDURES	41	3,413
166 LEVEL I URETHRA AND PROSTATE PROCEDURES	5	180
167 LEVEL II URETHRA AND PROSTATE PROCEDURES	46	444
09 MALE REPRODUCTIVE SYSTEM	14	3,509
180 TESTICULAR AND EPIDIDYMAL PROCEDURES	4	1,431
184 LEVEL II PENILE AND PROSTATE PROCEDURES	9	1,167
185 PROSTATE NEEDLE AND PUNCH BIOPSY	1	47
10 FEMALE REPRODUCTIVE SYSTEM	81	7,180
196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	29	1,292
197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	22	1,355
198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	1	1,494
199 DILATION AND CURETTAGE	13	551
200 HYSTEROSCOPY	13	2,251
201 COLPOSCOPY	3	234
11 NEUROLOGIC SYSTEM PROCEDURES	35	24,377
214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	1	2,913
217 LEVEL I NERVE PROCEDURES	22	4,031
218 LEVEL II NERVE PROCEDURES	3	793
220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	8	11,868
223 LEVEL III NERVE PROCEDURES	1	825
12 OPHTHALMOLOGIC SYSTEM PROCEDURES	18	12,275
240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	6	895
241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	12	1,469
13 EAR, NOSE, MOUTH, & THROAT PROCEDURES	148	28,739
251 OTORHINOLARYNGOLOGIC FUNCTION TESTS	6	37
252 LEVEL I FACIAL AND ENT PROCEDURES	30	12,362
253 LEVEL II FACIAL AND ENT PROCEDURES	12	1,405
254 LEVEL III FACIAL AND ENT PROCEDURES	27	3,429
255 LEVEL IV FACIAL AND ENT PROCEDURES	68	2,922
256 TONSIL AND ADENOID PROCEDURES	5	8,493

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/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, 2009
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, SINGLE EAPG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

310 University of Utah Huntsman Cancer Hospital

Procedure EAPG category	Procedure EAPG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
01	SKIN & INTEGUMENTARY SYSTEM PROCEDURES	110	\$5,792	\$3,762
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	6	\$5,407	\$3,254
	003 LEVEL I SKIN INCISION AND DRAINAGE	1	\$1,610	\$2,833
	007 LEVEL II SKIN DEBRIDEMENT AND DESTRUCTION	3	\$4,568	\$2,829
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	15	\$6,831	\$3,664
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	70	\$5,714	\$3,677
	011 LEVEL III EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	11	\$6,022	\$6,037
	013 LEVEL II SKIN REPAIR	2	\$3,891	\$4,883
	014 LEVEL III SKIN REPAIR	2	\$6,453	\$5,455
02	BREAST PROCEDURES	119	\$4,234	\$3,802
	020 LEVEL I BREAST PROCEDURES	94	\$3,501	\$3,688
	021 LEVEL II BREAST PROCEDURES	25	\$6,988	\$7,371
03	MUSCULOSKELETAL SYSTEM PROCEDURES	32	\$5,747	\$5,044
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	2	\$4,765	\$4,534
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	11	\$8,004	\$5,458
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	2	\$6,754	\$9,791
	033 LEVEL I HAND PROCEDURES	5	\$3,797	\$2,835
	034 LEVEL II HAND PROCEDURES	2	\$3,863	\$5,167
	035 LEVEL I FOOT PROCEDURES	4	\$6,021	\$3,748
	037 LEVEL I ARTHROSCOPY	2	\$6,953	\$4,492
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	1	\$4,365	\$6,442
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	1	\$2,217	\$3,553
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	2	\$765	\$1,227
04	RESPIRATORY PROCEDURES	32	\$4,996	\$2,975
	061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	1	\$2,458	\$2,594
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	22	\$4,644	\$4,027
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	9	\$6,138	\$4,474
05	CARDIOVASCULAR PROCEDURES	91	\$4,386	\$14,627
	083 PLACEMENT OF TRANSVENOUS CATHETERS	91	\$4,386	\$6,140
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	139	\$6,641	\$4,547
	110 PHARMACOTHERAPY BY EXTENDED INFUSION	1	\$8,218	\$3,438
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	138	\$6,630	\$5,995
07	GASTROINTESTINAL SYSTEM PROCEDURES	74	\$7,874	\$3,055
	131 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	1	\$4,535	\$2,353
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	2	\$2,108	\$1,516
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	5	\$3,494	\$2,214
	139 LEVEL I HERNIA REPAIR	2	\$6,041	\$4,486
	141 LEVEL I ANAL AND RECTAL PROCEDURES	7	\$4,797	\$3,138
	142 LEVEL II ANAL AND RECTAL PROCEDURES	5	\$6,521	\$3,733
	144 LEVEL II GASTROINTESTINAL PROCEDURES	2	\$5,453	\$8,218
	145 LEVEL I LAPAROSCOPY	10	\$6,777	\$5,295
	146 LEVEL II LAPAROSCOPY	25	\$9,331	\$8,314
	147 LEVEL III LAPAROSCOPY	14	\$10,101	\$8,305
	148 LEVEL IV LAPAROSCOPY	1	\$24,817	\$13,004
08	GENITOURINARY SYSTEM PROCEDURES	139	\$6,571	\$6,135

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, SINGLE EAPG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

310 University of Utah Huntsman Cancer Hospital

procedure EAPG category	Procedure EAPG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	66	\$4,636	\$4,353
	164 LEVEL II BLADDER AND KIDNEY PROCEDURES	26	\$5,405	\$5,221
	166 LEVEL I URETHRA AND PROSTATE PROCEDURES	3	\$11,881	\$1,346
	167 LEVEL II URETHRA AND PROSTATE PROCEDURES	44	\$9,799	\$11,236
09	MALE REPRODUCTIVE SYSTEM	11	\$4,116	\$4,630
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	2	\$4,648	\$3,299
	184 LEVEL II PENILE AND PROSTATE PROCEDURES	8	\$4,162	\$6,666
	185 PROSTATE NEEDLE AND PUNCH BIOPSY	1	\$2,683	\$3,010
10	FEMALE REPRODUCTIVE SYSTEM	52	\$3,952	\$5,236
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	19	\$4,123	\$3,258
	197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	15	\$3,938	\$5,190
	198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	1	\$5,757	\$7,456
	199 DILATION AND CURETTAGE	10	\$3,089	\$3,266
	200 HYSTEROSCOPY	6	\$4,032	\$5,384
	201 COLPOSCOPY	1	\$7,278	\$4,443
11	NEUROLOGIC SYSTEM PROCEDURES	16	\$4,143	\$4,849
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	1	\$1,558	\$1,315
	217 LEVEL I NERVE PROCEDURES	10	\$4,186	\$3,161
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	5	\$4,574	\$1,563
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	4	\$8,710	\$3,703
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	3	\$10,660	\$2,293
	241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	1	\$2,858	\$3,623
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	84	\$7,046	\$3,605
	251 OTORHINOLARYNGOLOGIC FUNCTION TESTS	2	\$7,559	\$3,204
	252 LEVEL I FACIAL AND ENT PROCEDURES	15	\$4,733	\$2,195
	253 LEVEL II FACIAL AND ENT PROCEDURES	9	\$6,082	\$3,352
	254 LEVEL III FACIAL AND ENT PROCEDURES	8	\$8,093	\$6,442
	255 LEVEL IV FACIAL AND ENT PROCEDURES	46	\$8,019	\$8,243
	256 TONSIL AND ADENOID PROCEDURES	4	\$4,357	\$2,817

SOURCE: Utah Ambulatory Surgery Database
Utah Health Data Committee/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, 2009
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

310 University of Utah Huntsman Cancer Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
GENDER				
Female	678	53.7	122,959	54.1
Male	584	46.3	104,281	45.9
Unknown	0	0.0	4	0.0
Not Reported	0	0.0	0	0.0
AGE				
1-28 days	0	0.0	1,731	0.8
29-365 days	0	0.0	2,897	1.3
1-4 years	0	0.0	10,813	4.8
5-9	1	0.1	6,381	2.8
10-14	1	0.1	5,066	2.2
15-17	9	0.7	5,130	2.3
18-19	8	0.6	3,775	1.7
20-24	40	3.2	10,184	4.5
25-29	68	5.4	12,684	5.6
30-34	91	7.2	13,594	6.0
35-39	92	7.3	13,012	5.7
40-44	92	7.3	13,141	5.8
45-49	111	8.8	16,564	7.3
50-54	133	10.5	24,353	10.7
55-59	134	10.6	21,093	9.3
60-64	154	12.2	18,280	8.0
65-69	118	9.4	15,480	6.8
70-74	71	5.6	12,653	5.6
75-79	71	5.6	9,821	4.3
80-84	49	3.9	6,574	2.9
85-89	12	1.0	3,084	1.4
90 +	7	0.6	933	0.4
Not Reported	0	0.0	1	0.0
SOURCE OF ADMISSION				
Physician Referral	0	0.0	205,377	90.4
Clinic Referral	0	0.0	2,930	1.3
HMO Referral	0	0.0	2,930	1.3
Other Hospital	0	0.0	184	0.1
Skilled Nursing Facility	0	0.0	36	0.0
Other Health Care Facility	0	0.0	18	0.0
Emergency Room	0	0.0	5,340	2.3
Court/Law Enforcement	0	0.0	3	0.0
Unknown	0	0.0	11	0.0
Not Reported	1,262	100.0	10,415	4.6

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

310 University of Utah Huntsman Cancer Hospital

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	1,256	99.5	226,589	99.7
Another Hospital	0	0.0	102	0.0
Skilled Nursing Facility	0	0.0	137	0.1
Intermediate Care Facility	0	0.0	20	0.0
Another Type of Institution	0	0.0	68	0.0
Under Care of Home Service	5	0.4	270	0.1
Left Against Medical Advice	0	0.0	22	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	0	0.0	13	0.0
Unknown	1	0.1	22	0.0
Not Reported	0	0.0	1	0.0
PRIMARY PAYER				
Medicare	290	23.0	45,456	20.0
Medicaid	77	6.1	15,975	7.0
Other government	51	4.0	4,287	1.9
Blue Cross/Blue Shield	320	25.4	29,948	13.2
Other Commercial	133	10.5	16,378	7.2
Managed Care(HMO, PPO)	340	26.9	106,245	46.8
Self Pay	45	3.6	2,816	1.2
Industrial & Worker Comp	3	0.2	3,291	1.4
Charity and Unclassified	2	0.2	1,613	0.7
Childrens Health Insurance	1	0.1	129	0.1
Unknown	0	0.0	1,046	0.5
Not Reported	0	0.0	60	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	35	2.8	16,751	7.4
Central Utah	17	1.3	8,412	3.7
Davis County	127	10.1	23,806	10.5
Salt Lake County	512	40.6	77,342	34.0
Southeastern Utah	19	1.5	4,701	2.1
Southwest Utah	28	2.2	14,188	6.2
Summit County	27	2.1	2,798	1.2
Tooele County	33	2.6	4,137	1.8
Tri-County	31	2.5	6,035	2.7
Utah County	104	8.2	37,226	16.4
Wasatch County	16	1.3	1,669	0.7
Weber County	88	7.0	20,181	8.9
Unknown Utah	0	0.0	27	0.0
Outside Utah	224	17.7	9,882	4.3
Unknown, Not Reported	1	0.1	89	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, 2009
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)	128	100.0	320,509	100.0
Mastectomy (85.0-85.99)	0	0.0	8,217	2.6
Musculoskeletal (76.0-84.99)	93	72.7	69,555	21.7
Respiratory (30.0-34.99)	0	0.0	3,320	1.0
Cardiovascular (35.0-39.99)	0	0.0	22,400	7.0
Lymphatic/Hemetic (40.0-41.99)	0	0.0	2,804	0.9
Digestive System (42.0-54.99)	0	0.0	98,678	30.8
Urinary (55.0-59.99)	0	0.0	10,902	3.4
Male Genital (60.0-64.99)	0	0.0	3,817	1.2
Female Genital (65.0-71.99)	0	0.0	14,786	4.6
Endocrine/Nervous (01.0-07.99)	35	27.3	23,111	7.2
Eye (08.0-16.99)	0	0.0	21,114	6.6
Ear (18.0-20.99)	0	0.0	12,945	4.0
Nose, Mouth, Pharynx (21.0-29.99)	0	0.0	28,860	9.0
Reporting Category(CPT-4 CODES)	8,198	100.0	299,107	100.0
Mastectomy (19120-19220)	0	0.0	2,014	0.7
Musculoskeletal (20000-29909)	5,211	63.6	75,301	25.2
Respiratory (30000-32999 & 39501-39599)	18	0.2	14,568	4.9
Cardiovascular (33010-37799 & 93501-93660)	3	0.0	24,369	8.1
Lymphatic/Hemetic (38100-38999)	1	0.0	2,630	0.9
Digestive (40490-49999)	0	0.0	109,341	36.6
Urinary (50010-53899)	0	0.0	10,457	3.5
Male Genital (54000-55899)	0	0.0	3,299	1.1
Female Genital (56405-58999)	0	0.0	12,326	4.1
Endocrine/Nervous (60000-64999)	2,965	36.2	24,781	8.3
Eye (65091-68899)	0	0.0	12,489	4.2
Ear (69000-69979)	0	0.0	7,532	2.5

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics.

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

AMB ST 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
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		128	100.0	100.0
0443	RELEASE CARPAL TUNNEL	24	18.8	0.98
7932	OP REDUC FX W/INT FIX-RADIUS & ULNA	14	10.9	0.30
806	EXC SEMILUNAR CARTILAGE-KNEE	13	10.2	1.86
8201	EXPLOR TENDON SHEATH HAND	13	10.2	0.37
0481	INJ ANES PERIPH NERV-ANALGESIA	10	7.8	0.40
8147	OTH REPR KNEE	5	3.9	0.94
7936	OP REDUC FX W/INT FIX-TIBIA & FIB	4	3.1	0.31
7937	OP REDUC W/INT FIX-TARS-METATARS	4	3.1	0.14
7933	OP REDUC W/INT FIX-CARP-METACARP	3	2.3	0.15
7939	OP REDUC FX W/INT FIX-OTH BONE	3	2.3	0.14
7751	BUNIONEC SOFT-OSTEOT 1ST METATARS	2	1.6	0.31
7756	REPR HAMMER TOE	2	1.6	0.40
7779	EXC BONE GFT-OTH BONE	2	1.6	0.08
7803	BONE GFT-RADIUS & ULNA	2	1.6	0.03
7804	BONE GFT-CARPALS & METACARPALS	2	1.6	0.03
7934	OP REDUC W/INT FIX-PHALANGES HAND	2	1.6	0.09
8313	OTH TENOT	2	1.6	0.22
8339	EXC LES OTH SOFT TISS	2	1.6	0.31
8388	OTH PLSTC OPER TENDON	2	1.6	0.31
0391	INJ ANES SPINAL CANAL-ANALGESIA	1	0.8	1.76

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		8,198	100.0	100.0
64483	INJ ANES EPIDURL; LUMB/SAC 1 LEV	810	9.9	1.07
20610	ARTHROCENTESIS ASPIR&/INJ; MAJ J	692	8.4	0.53
64484	INJ ANES EPIDURL; LUMB/SAC-EA AD	379	4.6	0.82
29881	SCOPE KNEE SURG;W/MENISCECT MED/	266	3.2	1.64
20680	REMOVAL OF IMPLANT; DEEP	257	3.1	1.04
20605	ARTHROCN ASPIR &/INJ;INTRMD JNT/	242	3.0	0.16
26055	TENDON SHEATH INCISION	174	2.1	0.43
29888	ARTHSCPY AIDED ACL REPR/AUG/RECO	167	2.0	0.65
64445	INJ ANESAGT; SCIATIC NERVE SINGL	156	1.9	0.06
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	150	1.8	0.64
64415	INJ ANESAGT; BRACH PLEXUS SINGLE	145	1.8	0.10
29826	SCOPE SHOULDER; DECOMP SUBACROM	135	1.6	1.21
64475	INJ ANES FACET JT; LUMB/SAC-1LEV	124	1.5	0.25
64447	INJ ANES AGT; FEMORAL NERVE SING	111	1.4	0.05
29827	SCOPE SHLDR SURG; W/ROTOR CUFF R	110	1.3	0.65
64417	INJECTION ANESTHETIC AGT; AX NER	107	1.3	0.04
29848	ENDO WRST SURG REL TRNS CARP LIG	103	1.3	0.39
64479	INJ ANES EPIDURL; CERV/THOR 1 LE	103	1.3	0.08
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	81	1.0	0.70
23350	INJ SHLDR ARTHROGRPH/ENHNCD CT/M	79	1.0	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, 2009
 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	78	\$5,408	\$4,501
0443	RELEASE CARPAL TUNNEL	16	\$2,592	\$2,540
7932	OP REDUC FX W/INT FIX-RADIUS & ULNA	12	\$10,200	\$9,418
8201	EXPLOR TENDON SHEATH HAND	12	\$1,811	\$2,331
806	EXC SEMILUNAR CARTILAGE-KNEE	10	\$4,303	\$4,537
0481	INJ ANES PERIPH NERV-ANALGESIA	6	\$6,212	\$3,244
7936	OP REDUC FX W/INT FIX-TIBIA & FIB	3	\$7,647	\$8,524
7937	OP REDUC W/INT FIX-TARS-METATARS	3	\$9,562	\$7,976
7939	OP REDUC FX W/INT FIX-OTH BONE	2	\$9,303	\$9,919
0391	INJ ANES SPINAL CANAL-ANALGESIA	1	\$838	\$4,315
7751	BUNIONEC SOFT-OSTEOT 1ST METATARS	1	\$6,975	\$5,128
7752	BUNIONEC-SOFT TIS-ARTHRODESIS	1	\$9,553	\$9,916
7756	REPR HAMMER TOE	1	\$2,082	\$4,168
7803	BONE GFT-RADIUS & ULNA	1	\$5,003	\$4,635
7854	INT FIX WO REDUC-CARPAL-METACARPAL	1	\$5,366	\$4,946
7914	CLO REDUC W/INT FIX-PHALANGES HAND	1	\$4,012	\$3,123
7933	OP REDUC W/INT FIX-CARP-METACARP	1	\$4,691	\$5,982
7934	OP REDUC W/INT FIX-PHALANGES HAND	1	\$4,571	\$4,956
7988	OP REDUC DISLOC-FT & TOE	1	\$8,346	\$5,460
8147	OTH REPR KNEE	1	\$21,441	\$6,092
8172	ARTHROPLSTY MCP-IP JT WO IMPLNT	1	\$5,234	\$4,333

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
CPT-4	Procedures	3,073	\$2,773	\$3,915
20610	ARTHROCENTESIS ASPIR&/INJ; MAJ J	655	\$1,070	\$1,197
64483	INJ ANES EPIDURL; LUMB/SAC 1 LEV	311	\$1,014	\$1,475
20605	ARTHROCN ASPIR &/INJ;INTRMD JNT/	208	\$1,088	\$1,130
29881	SCOPE KNEE SURG;W/MENISCECT MED/	188	\$3,776	\$4,457
20680	REMOVAL OF IMPLANT; DEEP	106	\$3,252	\$3,558
64479	INJ ANES EPIDURL; CERV/THOR 1 LE	97	\$1,023	\$1,516
23350	INJ SHLDR ARTHROGRPH/ENHNCD CT/M	79	\$2,152	\$3,591
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	76	\$1,483	\$1,220
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	73	\$1,942	\$2,624
62319	INJ NOT NEUROLYTIC-EPID; LUMB/SA	66	\$1,731	\$1,961
29848	ENDO WRST SURG REL TRNS CARP LIG	65	\$2,417	\$2,666
26055	TENDON SHEATH INCISION	60	\$1,569	\$2,135
27093	INJ PROC HIP ARTHROGRAPHY; WO AN	50	\$2,321	\$2,435
29877	SCOPE KNEE SURG; DEBRID/SHAVE CA	40	\$3,705	\$4,015
29862	SCOPE HIP SURG; DEBRID/SHAV CART	39	\$11,023	\$9,904
25111	EXCISION OF GANGLION WRIST; PRIM	34	\$2,280	\$2,784
64718	NEUROPLASTY; ULNAR NERV AT ELBOW	33	\$3,427	\$4,137
29888	ARTHSCPY AIDED ACL REPR/AUG/RECO	32	\$10,720	\$11,211
64475	INJ ANES FACET JT; LUMB/SAC-1LEV	28	\$954	\$1,368
27095	INJ PROC HIP ARTHROGRAPHY; W/ANE	27	\$2,418	\$2,168

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, 2009
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE* CPT-4 PROCEDURES

309 University of Utah Orthopaedic Center

Procedure EAPG category	Procedure EAPG	TOTAL #	TOTAL # (ALL Hospitals)
01	SKIN & INTEGUMENTARY SYSTEM PROCEDURES	350	8,192
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	1	1,091
	003 LEVEL I SKIN INCISION AND DRAINAGE	1	189
	004 LEVEL II SKIN INCISION AND DRAINAGE	8	95
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	7	503
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	313	5,031
	011 LEVEL III EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	4	82
	013 LEVEL II SKIN REPAIR	8	792
	014 LEVEL III SKIN REPAIR	8	220
03	MUSCULOSKELETAL SYSTEM PROCEDURES	4,654	64,806
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	200	2,405
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	360	4,694
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	200	2,234
	033 LEVEL I HAND PROCEDURES	425	3,780
	034 LEVEL II HAND PROCEDURES	139	1,278
	035 LEVEL I FOOT PROCEDURES	321	6,264
	036 LEVEL II FOOT PROCEDURES	107	1,682
	037 LEVEL I ARTHROSCOPY	1,075	22,184
	038 LEVEL II ARTHROSCOPY	356	5,320
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	21	717
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	7	628
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	231	5,752
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	37	490
	045 BUNION PROCEDURES	64	1,791
	046 LEVEL I ARTHROPLASTY	93	634
	047 LEVEL II ARTHROPLASTY	11	148
	048 HAND AND FOOT TENOTOMY	22	386
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	985	2,678
05	CARDIOVASCULAR PROCEDURES	2	9,325
	088 LEVEL I CARDIOTHORACIC PROCEDURES	1	225
	089 LEVEL II CARDIOTHORACIC PROCEDURES	1	1,625
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	44	2,884
	110 PHARMACOTHERAPY BY EXTENDED INFUSION	44	64
11	NEUROLOGIC SYSTEM PROCEDURES	2,921	24,377
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	154	2,913
	215 LEVEL I REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	5	155
	216 LEVEL II REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	3	148
	217 LEVEL I NERVE PROCEDURES	358	4,031
	218 LEVEL II NERVE PROCEDURES	57	793
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	2,305	11,868
	221 LAMINOTOMY AND LAMINECTOMY	10	3,173
	223 LEVEL III NERVE PROCEDURES	29	825
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	23	28,739
	252 LEVEL I FACIAL AND ENT PROCEDURES	4	12,362
	254 LEVEL III FACIAL AND ENT PROCEDURES	8	3,429

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/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, 2009
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, SINGLE EAPG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

309 University of Utah Orthopaedic Center

Procedure EAPG category	Procedure EAPG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
01	SKIN & INTEGUMENTARY SYSTEM PROCEDURES	147	\$2,961	\$3,762
	003 LEVEL I SKIN INCISION AND DRAINAGE	1	\$1,133	\$2,833
	004 LEVEL II SKIN INCISION AND DRAINAGE	5	\$2,706	\$4,409
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	3	\$2,045	\$3,664
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	136	\$3,014	\$3,677
	014 LEVEL III SKIN REPAIR	2	\$2,347	\$5,455
03	MUSCULOSKELETAL SYSTEM PROCEDURES	1,929	\$3,152	\$5,044
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	72	\$3,207	\$4,534
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	55	\$5,559	\$5,458
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	37	\$7,584	\$9,791
	033 LEVEL I HAND PROCEDURES	164	\$2,197	\$2,835
	034 LEVEL II HAND PROCEDURES	37	\$4,738	\$5,167
	035 LEVEL I FOOT PROCEDURES	18	\$3,960	\$3,748
	036 LEVEL II FOOT PROCEDURES	10	\$5,761	\$6,617
	037 LEVEL I ARTHROSCOPY	478	\$4,544	\$4,492
	038 LEVEL II ARTHROSCOPY	49	\$11,203	\$10,734
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	4	\$7,152	\$6,442
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	2	\$3,507	\$3,754
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	96	\$7,664	\$7,392
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	7	\$3,377	\$3,553
	045 BUNION PROCEDURES	6	\$6,147	\$5,191
	046 LEVEL I ARTHROPLASTY	4	\$7,822	\$8,302
	047 LEVEL II ARTHROPLASTY	4	\$16,447	\$20,732
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	886	\$1,070	\$1,227
05	CARDIOVASCULAR PROCEDURES	2	\$4,955	\$14,627
	088 LEVEL I CARDIOTHORACIC PROCEDURES	1	\$3,223	\$7,678
	089 LEVEL II CARDIOTHORACIC PROCEDURES	1	\$6,687	\$8,023
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	2	\$172	\$4,547
	110 PHARMACOTHERAPY BY EXTENDED INFUSION	2	\$172	\$3,438
11	NEUROLOGIC SYSTEM PROCEDURES	811	\$1,909	\$4,849
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	146	\$1,593	\$1,315
	215 LEVEL I REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	1	\$4,811	\$13,624
	216 LEVEL II REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	1	\$5,463	\$14,328
	217 LEVEL I NERVE PROCEDURES	123	\$2,532	\$3,161
	218 LEVEL II NERVE PROCEDURES	6	\$14,262	\$11,142
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	516	\$950	\$1,563
	221 LAMINOTOMY AND LAMINECTOMY	8	\$7,849	\$10,583
	223 LEVEL III NERVE PROCEDURES	10	\$35,516	\$34,351
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	2	\$9,079	\$3,605
	252 LEVEL I FACIAL AND ENT PROCEDURES	1	\$824	\$2,195
	254 LEVEL III FACIAL AND ENT PROCEDURES	1	\$17,333	\$6,442

SOURCE: Utah Ambulatory Surgery Database
 Utah Health Data Committee/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, 2009
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

309 University of Utah Orthopaedic Center

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
GENDER				
Female	2,525	50.0	122,959	54.1
Male	2,529	50.0	104,281	45.9
Unknown	0	0.0	4	0.0
Not Reported	0	0.0	0	0.0
AGE				
1-28 days	0	0.0	1,731	0.8
29-365 days	0	0.0	2,897	1.3
1-4 years	4	0.1	10,813	4.8
5-9	8	0.2	6,381	2.8
10-14	42	0.8	5,066	2.2
15-17	135	2.7	5,130	2.3
18-19	108	2.1	3,775	1.7
20-24	328	6.5	10,184	4.5
25-29	365	7.2	12,684	5.6
30-34	388	7.7	13,594	6.0
35-39	367	7.3	13,012	5.7
40-44	437	8.6	13,141	5.8
45-49	511	10.1	16,564	7.3
50-54	582	11.5	24,353	10.7
55-59	510	10.1	21,093	9.3
60-64	362	7.2	18,280	8.0
65-69	341	6.7	15,480	6.8
70-74	227	4.5	12,653	5.6
75-79	146	2.9	9,821	4.3
80-84	108	2.1	6,574	2.9
85-89	58	1.1	3,084	1.4
90 +	27	0.5	933	0.4
Not Reported	0	0.0	1	0.0
SOURCE OF ADMISSION				
Physician Referral	0	0.0	205,377	90.4
Clinic Referral	0	0.0	2,930	1.3
HMO Referral	0	0.0	2,930	1.3
Other Hospital	0	0.0	184	0.1
Skilled Nursing Facility	0	0.0	36	0.0
Other Health Care Facility	0	0.0	18	0.0
Emergency Room	0	0.0	5,340	2.3
Court/Law Enforcement	0	0.0	3	0.0
Unknown	0	0.0	11	0.0
Not Reported	5,054	100.0	10,415	4.6

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

309 University of Utah Orthopaedic Center

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	5,046	99.8	226,589	99.7
Another Hospital	1	0.0	102	0.0
Skilled Nursing Facility	1	0.0	137	0.1
Intermediate Care Facility	0	0.0	20	0.0
Another Type of Institution	1	0.0	68	0.0
Under Care of Home Service	5	0.1	270	0.1
Left Against Medical Advice	0	0.0	22	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	0	0.0	13	0.0
Unknown	0	0.0	22	0.0
Not Reported	0	0.0	1	0.0
PRIMARY PAYER				
Medicare	878	17.4	45,456	20.0
Medicaid	296	5.9	15,975	7.0
Other government	157	3.1	4,287	1.9
Blue Cross/Blue Shield	1,577	31.2	29,948	13.2
Other Commercial	530	10.5	16,378	7.2
Managed Care(HMO, PPO)	1,275	25.2	106,245	46.8
Self Pay	68	1.3	2,816	1.2
Industrial & Worker Comp	267	5.3	3,291	1.4
Charity and Unclassified	4	0.1	1,613	0.7
Childrens Health Insurance	1	0.0	129	0.1
Unknown	1	0.0	1,046	0.5
Not Reported	0	0.0	60	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	66	1.3	16,751	7.4
Central Utah	42	0.8	8,412	3.7
Davis County	457	9.0	23,806	10.5
Salt Lake County	3,183	63.0	77,342	34.0
Southeastern Utah	72	1.4	4,701	2.1
Southwest Utah	72	1.4	14,188	6.2
Summit County	186	3.7	2,798	1.2
Tooele County	141	2.8	4,137	1.8
Tri-County	36	0.7	6,035	2.7
Utah County	165	3.3	37,226	16.4
Wasatch County	37	0.7	1,669	0.7
Weber County	147	2.9	20,181	8.9
Unknown Utah	0	0.0	27	0.0
Outside Utah	449	8.9	9,882	4.3
Unknown, Not Reported	1	0.0	89	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, 2009
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)	26,949	100.0	320,509	100.0
Mastectomy (85.0-85.99)	208	0.8	8,217	2.6
Musculoskeletal (76.0-84.99)	5,911	21.9	69,555	21.7
Respiratory (30.0-34.99)	190	0.7	3,320	1.0
Cardiovascular (35.0-39.99)	2,704	10.0	22,400	7.0
Lymphatic/Hemetic (40.0-41.99)	188	0.7	2,804	0.9
Digestive System (42.0-54.99)	7,526	27.9	98,678	30.8
Urinary (55.0-59.99)	741	2.7	10,902	3.4
Male Genital (60.0-64.99)	216	0.8	3,817	1.2
Female Genital (65.0-71.99)	966	3.6	14,786	4.6
Endocrine/Nervous (01.0-07.99)	1,901	7.1	23,111	7.2
Eye (08.0-16.99)	2,405	8.9	21,114	6.6
Ear (18.0-20.99)	1,001	3.7	12,945	4.0
Nose, Mouth, Pharynx (21.0-29.99)	2,992	11.1	28,860	9.0
Reporting Category(CPT-4 CODES)	20,981	100.0	299,107	100.0
Mastectomy (19120-19220)	75	0.4	2,014	0.7
Musculoskeletal (20000-29909)	5,479	26.1	75,301	25.2
Respiratory (30000-32999 & 39501-39599)	1,757	8.4	14,568	4.9
Cardiovascular (33010-37799 & 93501-93660)	580	2.8	24,369	8.1
Lymphatic/Hemetic (38100-38999)	127	0.6	2,630	0.9
Digestive (40490-49999)	8,250	39.3	109,341	36.6
Urinary (50010-53899)	631	3.0	10,457	3.5
Male Genital (54000-55899)	189	0.9	3,299	1.1
Female Genital (56405-58999)	794	3.8	12,326	4.1
Endocrine/Nervous (60000-64999)	964	4.6	24,781	8.3
Eye (65091-68899)	1,582	7.5	12,489	4.2
Ear (69000-69979)	553	2.6	7,532	2.5

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

AMB ST 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES

138 Utah Valley Regional Medical Center

ICD-9 CODE	ICD-9 DESCRIPTION	#	%	% ALL Hospitals
All ICD-9 Procedures				
4523	COLONOSCOPY	2,137	7.9	6.09
4513	OTH ENDO SM INTESTINE	1,305	4.8	1.71
0481	INJ ANES PERIPH NERV-ANALGESIA	990	3.7	0.40
2001	MYRINGOTOMY W/INSRT TUBE	783	2.9	3.18
806	EXC SEMILUNAR CARTILAGE-KNEE	742	2.8	1.86
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	664	2.5	5.75
5123	LAP CHOLEY	631	2.3	2.26
283	TONSILLECTOMY W/ADENOIDECTOMY	585	2.2	1.80
3722	LT HEART CARD CATH	584	2.2	1.34
4542	ENDO POLYPECTOMY LG INTESTINE	500	1.9	3.35
4292	DILAT ESOPH	448	1.7	1.44
8183	OTH REPR SHLDR	346	1.3	0.82
4525	CLO [ENDO] BX LG INTESTINE	324	1.2	2.33
8147	OTH REPR KNEE	286	1.1	0.94
4701	LAP APPENDECTOMY	283	1.1	0.78
0443	RELEASE CARPAL TUNNEL	272	1.0	0.98
1474	OTH MECH VITRECTOMY	272	1.0	0.41
2169	OTH TURBINECTOMY	266	1.0	0.78
8363	ROTATOR CUFF REPR	264	1.0	0.76
2263	ETHMOIDECTOMY	246	0.9	0.55

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures				
45378	COLONOSCOPY FLEX; DX-SEP PROC	1,977	9.4	6.11
43235	UGI ENDO; DX W/VO CLCT SPECMN-SP	921	4.4	1.25
43239	UGI ENDO; W/BX 1/MX	652	3.1	6.06
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	615	2.9	1.50
45380	COLONOSCOPY FLEX; W/BX 1/MX	612	2.9	5.24
29881	SCOPE KNEE SURG;W/MENISCECT MED/	574	2.7	1.64
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	438	2.1	0.96
29826	SCOPE SHOULDER; DECOMP SUBACROM	433	2.1	1.21
69436	TYMPANOSTOMY GENERAL ANESTHESIA	410	2.0	1.75
42820	T&A; UNDER AGE 12	398	1.9	1.47
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	334	1.6	1.49
44970	LAPAROSCOPY SURGICAL APPENDECTOM	288	1.4	0.85
29877	SCOPE KNEE SURG; DEBRID/SHAVE CA	277	1.3	1.00
66984	EXTRACAPSULAR CATARACT REMV IOL	241	1.1	1.64
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	239	1.1	0.64
30520	SEPTOPLASTY/SUBMUCOS RES W/GFT	229	1.1	0.78
29827	SCOPE SHLDR SURG; W/ROTOR CUFF R	225	1.1	0.65
20680	REMOVAL OF IMPLANT; DEEP	223	1.1	1.04
31255	NASAL/SINUS ENDO; W/TOT ETHMOECT	205	1.0	0.39
30140	SUBMUCOS RES TURBINATE PART/CMPL	202	1.0	0.74

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

AMB ST 1-3

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
 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	10,232	\$3,876	\$4,501
4523	COLONOSCOPY	1,918	\$779	\$1,087
4513	OTH ENDO SM INTESTINE	770	\$797	\$1,334
5123	LAP CHOLEY	522	\$7,060	\$7,426
283	TONSILLECTOMY W/ADENOIDECTOMY	469	\$2,455	\$2,850
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	421	\$1,079	\$1,581
4542	ENDO POLYPECTOMY LG INTESTINE	386	\$1,197	\$1,547
3722	LT HEART CARD CATH	335	\$7,781	\$8,426
4701	LAP APPENDECTOMY	251	\$10,227	\$10,907
806	EXC SEMILUNAR CARTILAGE-KNEE	243	\$3,492	\$4,537
4525	CLO [ENDO] BX LG INTESTINE	211	\$1,109	\$1,709
3723	COMBO RT & LT HEART CARD CATH	166	\$7,195	\$8,968
0443	RELEASE CARPAL TUNNEL	142	\$2,205	\$2,540
6952	ASPIR CURET FOLLOWING DELIV/AB	109	\$2,884	\$3,269
282	TONSILLECTOMY WO ADENOIDECTOMY	103	\$2,618	\$2,868
3950	ANGIOPLSTY/ARTHERECT NON-CORNON	88	\$15,884	\$19,332
4836	[ENDO] POLYPECTOMY RECTUM	78	\$1,120	\$1,394
4131	BX BONE MARROW	75	\$5,170	\$4,486
8147	OTH REPR KNEE	75	\$3,803	\$6,092
598	URETERAL CATH	64	\$5,570	\$6,660
5349	OTH UMB HERNIORRHAPHY	63	\$4,546	\$3,750

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
CPT-4	Procedures	10,601	\$3,379	\$3,915
45378	COLONOSCOPY FLEX; DX-SEP PROC	1,769	\$787	\$1,090
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	752	\$987	\$1,234
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	517	\$7,085	\$7,842
45380	COLONOSCOPY FLEX; W/BX 1/MX	473	\$1,117	\$1,526
43239	UGI ENDO; W/BX 1/MX	416	\$1,180	\$1,548
29881	SCOPE KNEE SURG;W/MENISCECT MED/	325	\$3,524	\$4,457
42820	T&A; UNDER AGE 12	312	\$2,410	\$2,701
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	294	\$1,456	\$1,913
69436	TYMPANOSTOMY GENERAL ANESTHESIA	275	\$1,151	\$1,499
44970	LAPAROSCOPY SURGICAL APPENDECTOM	252	\$10,215	\$10,914
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	245	\$1,251	\$1,661
66984	EXTRACAPSULAR CATARACT REMV IOL	229	\$3,911	\$3,678
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	170	\$2,315	\$2,624
20680	REMOVAL OF IMPLANT; DEEP	150	\$3,727	\$3,558
42821	T&A; AGE 12 OR OVER	150	\$2,551	\$3,195
29877	SCOPE KNEE SURG; DEBRID/SHAVE CA	119	\$3,507	\$4,015
49505	REPR INIT ING HERNIA 5YR/MORE; R	98	\$4,630	\$4,721
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	95	\$2,665	\$2,928
29880	SCOPE KNEE SURG;W/MENISCECT MED&	90	\$3,682	\$4,800
49650	LAPARSCPY SURG; REPR INIT ING HE	86	\$6,903	\$7,028

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, 2009
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE* CPT-4 PROCEDURES

138 Utah Valley Regional Medical Center

Procedure EAPG category	Procedure EAPG	TOTAL #	TOTAL # (ALL Hospitals)
01	SKIN & INTEGUMENTARY SYSTEM PROCEDURES	479	8,192
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	63	1,091
	003 LEVEL I SKIN INCISION AND DRAINAGE	20	189
	004 LEVEL II SKIN INCISION AND DRAINAGE	2	95
	007 LEVEL II SKIN DEBRIDEMENT AND DESTRUCTION	3	128
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	31	503
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	304	5,031
	011 LEVEL III EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	5	82
	013 LEVEL II SKIN REPAIR	27	792
	014 LEVEL III SKIN REPAIR	24	220
02	BREAST PROCEDURES	75	2,075
	020 LEVEL I BREAST PROCEDURES	75	2,014
03	MUSCULOSKELETAL SYSTEM PROCEDURES	4,878	64,806
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	184	2,405
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	271	4,694
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	153	2,234
	033 LEVEL I HAND PROCEDURES	199	3,780
	034 LEVEL II HAND PROCEDURES	90	1,278
	035 LEVEL I FOOT PROCEDURES	243	6,264
	036 LEVEL II FOOT PROCEDURES	78	1,682
	037 LEVEL I ARTHROSCOPY	2,136	22,184
	038 LEVEL II ARTHROSCOPY	620	5,320
	039 REPLACEMENT OF CAST	1	69
	040 SPLINT, STRAPPING AND CAST REMOVAL	1	1,672
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	30	717
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	50	628
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	525	5,752
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	65	490
	045 BUNION PROCEDURES	67	1,791
	046 LEVEL I ARTHROPLASTY	58	634
	047 LEVEL II ARTHROPLASTY	8	148
	048 HAND AND FOOT TENOTOMY	18	386
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	81	2,678
04	RESPIRATORY PROCEDURES	1,153	9,066
	061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	15	1,396
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	265	1,436
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	758	4,402
	064 ENDOSCOPY OF THE LOWER AIRWAY	115	1,832
05	CARDIOVASCULAR PROCEDURES	374	9,325
	082 CARDIAC ELECTROPHYSIOLOGIC TESTS	13	1,153
	083 PLACEMENT OF TRANSVENOUS CATHETERS	28	941
	084 DIAGNOSTIC CARDIAC CATHETERIZATION	84	2,404
	085 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	62	1,497
	086 PACEMAKER INSERTION AND REPLACEMENT	4	259
	087 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	43	809
	088 LEVEL I CARDIOTHORACIC PROCEDURES	24	225

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE* CPT-4 PROCEDURES

138 Utah Valley Regional Medical Center

procedure EAPG category		TOTAL #	TOTAL # (ALL Hospitals)
procedure EAPG			
	089 LEVEL II CARDIOTHORACIC PROCEDURES	105	1,625
	090 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	1	53
	091 VASCULAR LIGATION AND RECONSTRUCTION	7	124
	092 RESUSCITATION	1	12
	097 AICD IMPLANT	2	200
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	75	2,884
	111 PHARMACOTHERAPY EXCEPT BY EXTENDED INFUSION	1	17
	113 LEVEL I BLOOD AND BLOOD PRODUCT EXCHANGE	4	1,308
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	70	1,491
07	GASTROINTESTINAL SYSTEM PROCEDURES	7,323	99,755
	130 ALIMENTARY TESTS AND SIMPLE TUBE PLACEMENT	2	179
	131 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	3	1,379
	132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	36	502
	133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	19	422
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	1,593	22,635
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	556	4,688
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	2,608	34,149
	137 THERAPEUTIC COLONOSCOPY	360	5,727
	138 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	133	1,937
	139 LEVEL I HERNIA REPAIR	399	5,573
	140 LEVEL II HERNIA REPAIR	80	1,193
	141 LEVEL I ANAL AND RECTAL PROCEDURES	11	782
	142 LEVEL II ANAL AND RECTAL PROCEDURES	16	1,145
	143 LEVEL I GASTROINTESTINAL PROCEDURES	23	405
	144 LEVEL II GASTROINTESTINAL PROCEDURES	16	226
	145 LEVEL I LAPAROSCOPY	161	2,675
	146 LEVEL II LAPAROSCOPY	576	8,847
	147 LEVEL III LAPAROSCOPY	730	7,203
	148 LEVEL IV LAPAROSCOPY	1	88
08	GENITOURINARY SYSTEM PROCEDURES	590	8,962
	160 EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	37	697
	162 URINARY CATHETERIZATION AND DILATATION	11	238
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	282	3,932
	164 LEVEL II BLADDER AND KIDNEY PROCEDURES	241	3,413
	165 LEVEL III BLADDER AND KIDNEY PROCEDURES	2	55
	166 LEVEL I URETHRA AND PROSTATE PROCEDURES	4	180
	167 LEVEL II URETHRA AND PROSTATE PROCEDURES	13	444
09	MALE REPRODUCTIVE SYSTEM	178	3,509
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	99	1,431
	181 CIRCUMCISION	43	822
	182 INSERTION OF PENILE PROSTHESIS	1	32
	184 LEVEL II PENILE AND PROSTATE PROCEDURES	33	1,167
	185 PROSTATE NEEDLE AND PUNCH BIOPSY	2	47
10	FEMALE REPRODUCTIVE SYSTEM	555	7,180
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	103	1,292
	197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	128	1,355

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE* CPT-4 PROCEDURES

138 Utah Valley Regional Medical Center

procedure EAPG category procedure EAPG	TOTAL #	TOTAL # (ALL Hospitals)
198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	118	1,494
199 DILATION AND CURETTAGE	34	551
200 HYSTEROSCOPY	161	2,251
201 COLPOSCOPY	11	234
11 NEUROLOGIC SYSTEM PROCEDURES	694	24,377
214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	17	2,913
215 LEVEL I REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	8	155
216 LEVEL II REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	4	148
217 LEVEL I NERVE PROCEDURES	343	4,031
218 LEVEL II NERVE PROCEDURES	29	793
219 SPINAL TAP	12	470
220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	237	11,868
221 LAMINOTOMY AND LAMINECTOMY	14	3,173
223 LEVEL III NERVE PROCEDURES	30	825
12 OPHTHALMOLOGIC SYSTEM PROCEDURES	1,500	12,275
230 MINOR OPHTHALMOLOGICAL TESTS AND PROCEDURES	7	41
232 LASER EYE PROCEDURES	26	418
233 CATARACT PROCEDURES	288	5,365
234 LEVEL I ANTERIOR SEGMENT EYE PROCEDURES	26	265
235 LEVEL II ANTERIOR SEGMENT EYE PROCEDURES	33	285
236 LEVEL III ANTERIOR SEGMENT EYE PROCEDURES	45	209
237 LEVEL I POSTERIOR SEGMENT EYE PROCEDURES	84	390
238 LEVEL II POSTERIOR SEGMENT EYE PROCEDURES	408	1,912
239 STRABISMUS AND MUSCLE EYE PROCEDURES	100	1,026
240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	162	895
241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	321	1,469
13 EAR, NOSE, MOUTH, & THROAT PROCEDURES	2,610	28,739
252 LEVEL I FACIAL AND ENT PROCEDURES	987	12,362
253 LEVEL II FACIAL AND ENT PROCEDURES	105	1,405
254 LEVEL III FACIAL AND ENT PROCEDURES	341	3,429
255 LEVEL IV FACIAL AND ENT PROCEDURES	352	2,922
256 TONSIL AND ADENOID PROCEDURES	825	8,493

SOURCE: Utah Ambulatory Surgery Database
Utah Health Data Committee/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, 2009
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, SINGLE EAPG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

138 Utah Valley Regional Medical Center

Procedure EAPG category	Procedure EAPG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
01	SKIN & INTEGUMENTARY SYSTEM PROCEDURES	293	\$4,012	\$3,762
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	54	\$5,070	\$3,254
	003 LEVEL I SKIN INCISION AND DRAINAGE	4	\$2,653	\$2,833
	004 LEVEL II SKIN INCISION AND DRAINAGE	2	\$2,400	\$4,409
	007 LEVEL II SKIN DEBRIDEMENT AND DESTRUCTION	1	\$7,291	\$2,829
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	18	\$3,562	\$3,664
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	202	\$3,768	\$3,677
	011 LEVEL III EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	5	\$4,556	\$6,037
	013 LEVEL II SKIN REPAIR	5	\$3,724	\$4,883
	014 LEVEL III SKIN REPAIR	2	\$6,181	\$5,455
02	BREAST PROCEDURES	60	\$3,430	\$3,802
	020 LEVEL I BREAST PROCEDURES	60	\$3,430	\$3,688
03	MUSCULOSKELETAL SYSTEM PROCEDURES	1,793	\$5,150	\$5,044
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	59	\$4,344	\$4,534
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	93	\$4,381	\$5,458
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	41	\$8,438	\$9,791
	033 LEVEL I HAND PROCEDURES	83	\$2,650	\$2,835
	034 LEVEL II HAND PROCEDURES	29	\$4,862	\$5,167
	035 LEVEL I FOOT PROCEDURES	55	\$3,379	\$3,748
	036 LEVEL II FOOT PROCEDURES	25	\$6,291	\$6,617
	037 LEVEL I ARTHROSCOPY	828	\$3,912	\$4,492
	038 LEVEL II ARTHROSCOPY	158	\$9,901	\$10,734
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	10	\$5,524	\$6,442
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	37	\$2,798	\$3,754
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	319	\$7,164	\$7,392
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	19	\$3,671	\$3,553
	045 BUNION PROCEDURES	23	\$4,353	\$5,191
	046 LEVEL I ARTHROPLASTY	5	\$9,824	\$8,302
	047 LEVEL II ARTHROPLASTY	3	\$14,816	\$20,732
	048 HAND AND FOOT TENOTOMY	1	\$3,234	\$2,527
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	5	\$1,233	\$1,227
04	RESPIRATORY PROCEDURES	100	\$3,170	\$2,975
	061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	3	\$7,415	\$2,594
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	18	\$2,419	\$4,027
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	28	\$4,052	\$4,474
	064 ENDOSCOPY OF THE LOWER AIRWAY	51	\$2,700	\$2,794
05	CARDIOVASCULAR PROCEDURES	148	\$8,584	\$14,627
	082 CARDIAC ELECTROPHYSIOLOGIC TESTS	3	\$47,205	\$16,299
	083 PLACEMENT OF TRANSVENOUS CATHETERS	12	\$7,205	\$6,140
	084 DIAGNOSTIC CARDIAC CATHETERIZATION	29	\$7,029	\$8,441
	085 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	5	\$13,232	\$36,706
	086 PACEMAKER INSERTION AND REPLACEMENT	4	\$20,745	\$31,576
	088 LEVEL I CARDIOTHORACIC PROCEDURES	9	\$6,559	\$7,678
	089 LEVEL II CARDIOTHORACIC PROCEDURES	83	\$6,819	\$8,023
	090 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	1	\$7,435	\$7,639

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, SINGLE EAPG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

138 Utah Valley Regional Medical Center

procedure	EAPG category		TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
	Procedure EAPG				
	091	VASCULAR LIGATION AND RECONSTRUCTION	1	\$6,903	\$6,688
	097	AICD IMPLANT	1	\$50,074	\$46,919
06		HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	45	\$5,507	\$4,547
	113	LEVEL I BLOOD AND BLOOD PRODUCT EXCHANGE	1	\$9,930	\$3,316
	115	DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	44	\$5,406	\$5,995
07		GASTROINTESTINAL SYSTEM PROCEDURES	5,425	\$2,428	\$3,055
	132	ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	26	\$834	\$1,232
	133	PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	14	\$962	\$1,718
	134	DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	1,183	\$1,060	\$1,516
	135	THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	383	\$1,485	\$2,214
	136	DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	2,245	\$856	\$1,271
	137	THERAPEUTIC COLONOSCOPY	253	\$1,250	\$1,695
	138	ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	34	\$3,628	\$4,271
	139	LEVEL I HERNIA REPAIR	217	\$4,219	\$4,486
	140	LEVEL II HERNIA REPAIR	21	\$4,405	\$5,242
	141	LEVEL I ANAL AND RECTAL PROCEDURES	6	\$3,611	\$3,138
	142	LEVEL II ANAL AND RECTAL PROCEDURES	13	\$4,517	\$3,733
	143	LEVEL I GASTROINTESTINAL PROCEDURES	11	\$3,697	\$3,742
	144	LEVEL II GASTROINTESTINAL PROCEDURES	8	\$6,239	\$8,218
	145	LEVEL I LAPAROSCOPY	38	\$4,357	\$5,295
	146	LEVEL II LAPAROSCOPY	401	\$8,978	\$8,314
	147	LEVEL III LAPAROSCOPY	571	\$6,992	\$8,305
	148	LEVEL IV LAPAROSCOPY	1	\$13,594	\$13,004
08		GENITOURINARY SYSTEM PROCEDURES	142	\$4,102	\$6,135
	160	EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	2	\$6,560	\$9,938
	162	URINARY CATHETERIZATION AND DILATATION	5	\$4,124	\$5,868
	163	LEVEL I BLADDER AND KIDNEY PROCEDURES	66	\$3,485	\$4,353
	164	LEVEL II BLADDER AND KIDNEY PROCEDURES	56	\$3,546	\$5,221
	165	LEVEL III BLADDER AND KIDNEY PROCEDURES	1	\$8,319	\$17,334
	166	LEVEL I URETHRA AND PROSTATE PROCEDURES	2	\$1,740	\$1,346
	167	LEVEL II URETHRA AND PROSTATE PROCEDURES	10	\$10,843	\$11,236
09		MALE REPRODUCTIVE SYSTEM	116	\$4,428	\$4,630
	180	TESTICULAR AND EPIDIDYMAL PROCEDURES	55	\$2,848	\$3,299
	181	CIRCUMCISION	36	\$2,227	\$2,418
	184	LEVEL II PENILE AND PROSTATE PROCEDURES	24	\$11,462	\$6,666
	185	PROSTATE NEEDLE AND PUNCH BIOPSY	1	\$1,819	\$3,010
10		FEMALE REPRODUCTIVE SYSTEM	228	\$4,930	\$5,236
	196	LEVEL I FEMALE REPRODUCTIVE PROCEDURES	32	\$2,792	\$3,258
	197	LEVEL II FEMALE REPRODUCTIVE PROCEDURES	24	\$5,201	\$5,190
	198	LEVEL III FEMALE REPRODUCTIVE PROCEDURES	43	\$6,527	\$7,456
	199	DILATION AND CURETTAGE	25	\$3,269	\$3,266
	200	HYSTEROSCOPY	101	\$5,265	\$5,384
	201	COLPOSCOPY	3	\$5,243	\$4,443
11		NEUROLOGIC SYSTEM PROCEDURES	282	\$4,337	\$4,849
	214	NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	13	\$1,530	\$1,315

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, SINGLE EAPG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

138 Utah Valley Regional Medical Center

procedure EAPG category Procedure EAPG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
216 LEVEL II REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	2	\$6,585	\$14,328
217 LEVEL I NERVE PROCEDURES	205	\$2,780	\$3,161
218 LEVEL II NERVE PROCEDURES	16	\$12,451	\$11,142
219 SPINAL TAP	11	\$2,098	\$2,509
220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	13	\$3,347	\$1,563
221 LAMINOTOMY AND LAMINECTOMY	7	\$6,172	\$10,583
223 LEVEL III NERVE PROCEDURES	15	\$20,724	\$34,351
12 OPTHALMOLOGIC SYSTEM PROCEDURES	637	\$3,898	\$3,703
230 MINOR OPTHALMOLOGICAL TESTS AND PROCEDURES	3	\$678	\$1,324
232 LASER EYE PROCEDURES	17	\$538	\$787
233 CATARACT PROCEDURES	238	\$3,892	\$3,686
234 LEVEL I ANTERIOR SEGMENT EYE PROCEDURES	10	\$2,814	\$2,924
235 LEVEL II ANTERIOR SEGMENT EYE PROCEDURES	11	\$3,018	\$3,596
236 LEVEL III ANTERIOR SEGMENT EYE PROCEDURES	19	\$8,486	\$8,638
238 LEVEL II POSTERIOR SEGMENT EYE PROCEDURES	116	\$6,411	\$5,867
239 STRABISMUS AND MUSCLE EYE PROCEDURES	66	\$2,666	\$2,734
240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	49	\$1,576	\$2,293
241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	108	\$3,021	\$3,623
13 EAR, NOSE, MOUTH, & THROAT PROCEDURES	1,287	\$3,034	\$3,605
252 LEVEL I FACIAL AND ENT PROCEDURES	433	\$1,661	\$2,195
253 LEVEL II FACIAL AND ENT PROCEDURES	40	\$2,432	\$3,352
254 LEVEL III FACIAL AND ENT PROCEDURES	51	\$5,398	\$6,442
255 LEVEL IV FACIAL AND ENT PROCEDURES	182	\$7,540	\$8,243
256 TONSIL AND ADENOID PROCEDURES	581	\$2,479	\$2,817

SOURCE: Utah Ambulatory Surgery Database
Utah Health Data Committee/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, 2009
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

138 Utah Valley Regional Medical Center

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
GENDER				
Female	8,677	51.4	122,959	54.1
Male	8,201	48.6	104,281	45.9
Unknown	0	0.0	4	0.0
Not Reported	0	0.0	0	0.0
AGE				
1-28 days	1	0.0	1,731	0.8
29-365 days	132	0.8	2,897	1.3
1-4 years	675	4.0	10,813	4.8
5-9	413	2.4	6,381	2.8
10-14	356	2.1	5,066	2.2
15-17	450	2.7	5,130	2.3
18-19	416	2.5	3,775	1.7
20-24	1,061	6.3	10,184	4.5
25-29	1,138	6.7	12,684	5.6
30-34	1,042	6.2	13,594	6.0
35-39	999	5.9	13,012	5.7
40-44	917	5.4	13,141	5.8
45-49	1,188	7.0	16,564	7.3
50-54	1,888	11.2	24,353	10.7
55-59	1,595	9.5	21,093	9.3
60-64	1,416	8.4	18,280	8.0
65-69	1,060	6.3	15,480	6.8
70-74	817	4.8	12,653	5.6
75-79	645	3.8	9,821	4.3
80-84	404	2.4	6,574	2.9
85-89	201	1.2	3,084	1.4
90 +	64	0.4	933	0.4
Not Reported	0	0.0	1	0.0
SOURCE OF ADMISSION				
Physician Referral	16,387	97.1	205,377	90.4
Clinic Referral	4	0.0	2,930	1.3
HMO Referral	0	0.0	2,930	1.3
Other Hospital	28	0.2	184	0.1
Skilled Nursing Facility	1	0.0	36	0.0
Other Health Care Facility	2	0.0	18	0.0
Emergency Room	456	2.7	5,340	2.3
Court/Law Enforcement	0	0.0	3	0.0
Unknown	0	0.0	11	0.0
Not Reported	0	0.0	10,415	4.6

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

138 Utah Valley Regional Medical Center

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	16,824	99.7	226,589	99.7
Another Hospital	1	0.0	102	0.0
Skilled Nursing Facility	9	0.1	137	0.1
Intermediate Care Facility	2	0.0	20	0.0
Another Type of Institution	12	0.1	68	0.0
Under Care of Home Service	28	0.2	270	0.1
Left Against Medical Advice	1	0.0	22	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	0	0.0	13	0.0
Unknown	0	0.0	22	0.0
Not Reported	1	0.0	1	0.0
PRIMARY PAYER				
Medicare	2,759	16.3	45,456	20.0
Medicaid	1,042	6.2	15,975	7.0
Other government	159	0.9	4,287	1.9
Blue Cross/Blue Shield	422	2.5	29,948	13.2
Other Commercial	1,078	6.4	16,378	7.2
Managed Care(HMO, PPO)	10,695	63.4	106,245	46.8
Self Pay	157	0.9	2,816	1.2
Industrial & Worker Comp	198	1.2	3,291	1.4
Charity and Unclassified	211	1.3	1,613	0.7
Childrens Health Insurance	9	0.1	129	0.1
Unknown	148	0.9	1,046	0.5
Not Reported	0	0.0	60	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	18	0.1	16,751	7.4
Central Utah	1,414	8.4	8,412	3.7
Davis County	33	0.2	23,806	10.5
Salt Lake County	247	1.5	77,342	34.0
Southeastern Utah	474	2.8	4,701	2.1
Southwest Utah	87	0.5	14,188	6.2
Summit County	28	0.2	2,798	1.2
Tooele County	21	0.1	4,137	1.8
Tri-County	180	1.1	6,035	2.7
Utah County	13,821	81.9	37,226	16.4
Wasatch County	258	1.5	1,669	0.7
Weber County	19	0.1	20,181	8.9
Unknown Utah	1	0.0	27	0.0
Outside Utah	272	1.6	9,882	4.3
Unknown, Not Reported	5	0.0	89	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, 2009
NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

112 Valley View Medical Center

Reporting Category(ICD-9-CM CODES)	Procedures Performed		Procedures Performed-All Hospitals	
	(#)	(%)	(#)	(%)
Reporting Category(ICD-9-CM CODES)	4,796	100.0	320,509	100.0
Mastectomy (85.0-85.99)	49	1.0	8,217	2.6
Musculoskeletal (76.0-84.99)	892	18.6	69,555	21.7
Respiratory (30.0-34.99)	15	0.3	3,320	1.0
Cardiovascular (35.0-39.99)	11	0.2	22,400	7.0
Lymphatic/Hemetic (40.0-41.99)	42	0.9	2,804	0.9
Digestive System (42.0-54.99)	2,216	46.2	98,678	30.8
Urinary (55.0-59.99)	200	4.2	10,902	3.4
Male Genital (60.0-64.99)	79	1.6	3,817	1.2
Female Genital (65.0-71.99)	400	8.3	14,786	4.6
Endocrine/Nervous (01.0-07.99)	125	2.6	23,111	7.2
Eye (08.0-16.99)	8	0.2	21,114	6.6
Ear (18.0-20.99)	175	3.6	12,945	4.0
Nose, Mouth, Pharynx (21.0-29.99)	584	12.2	28,860	9.0
Reporting Category(CPT-4 CODES)	4,339	100.0	299,107	100.0
Mastectomy (19120-19220)	15	0.3	2,014	0.7
Musculoskeletal (20000-29909)	975	22.5	75,301	25.2
Respiratory (30000-32999 & 39501-39599)	141	3.2	14,568	4.9
Cardiovascular (33010-37799 & 93501-93660)	13	0.3	24,369	8.1
Lymphatic/Hemetic (38100-38999)	20	0.5	2,630	0.9
Digestive (40490-49999)	2,361	54.4	109,341	36.6
Urinary (50010-53899)	187	4.3	10,457	3.5
Male Genital (54000-55899)	50	1.2	3,299	1.1
Female Genital (56405-58999)	350	8.1	12,326	4.1
Endocrine/Nervous (60000-64999)	127	2.9	24,781	8.3
Eye (65091-68899)	4	0.1	12,489	4.2
Ear (69000-69979)	96	2.2	7,532	2.5

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

AMB ST 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES

112 Valley View Medical Center

ICD-9 CODE	ICD-9 DESCRIPTION	#	%	% ALL Hospitals
All ICD-9 Procedures		4,796	100.0	100.0
4523	COLONOSCOPY	477	9.9	6.09
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	311	6.5	5.75
4542	ENDO POLYPECTOMY LG INTESTINE	299	6.2	3.35
5123	LAP CHOLEY	232	4.8	2.26
2001	MYRINGOTOMY W/INSRT TUBE	148	3.1	3.18
4836	[ENDO] POLYPECTOMY RECTUM	127	2.6	0.95
283	TONSILLECTOMY W/ADENOIDECTOMY	121	2.5	1.80
4513	OTH ENDO SM INTESTINE	107	2.2	1.71
4525	CLO [ENDO] BX LG INTESTINE	107	2.2	2.33
0443	RELEASE CARPAL TUNNEL	90	1.9	0.98
806	EXC SEMILUNAR CARTILAGE-KNEE	88	1.8	1.86
4292	DILAT ESOPH	87	1.8	1.44
232	RESTORATION TOOTH-FILLING	82	1.7	0.55
282	TONSILLECTOMY WO ADENOIDECTOMY	62	1.3	0.53
4701	LAP APPENDECTOMY	60	1.3	0.78
8147	OTH REPR KNEE	57	1.2	0.94
2188	OTH SEPTOPLASTY	54	1.1	0.50
8363	ROTATOR CUFF REPR	51	1.1	0.76
2370	ROOT CANAL-NOS	49	1.0	0.31
2341	APPLIC CROWN	44	0.9	0.43

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL Hospitals
All CPT-4 Procedures		4,339	100.0	100.0
45378	COLONOSCOPY FLEX; DX-SEP PROC	414	9.5	6.11
45380	COLONOSCOPY FLEX; W/BX 1/MX	375	8.6	5.24
43239	UGI ENDO; W/BX 1/MX	312	7.2	6.06
47562	LAPAROSCOPY SURGICAL; CHOLECT	135	3.1	0.94
42820	T&A; UNDER AGE 12	108	2.5	1.47
41899	UNLIST PROC DENTOALVEOL STRUCTUR	105	2.4	0.91
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	104	2.4	1.49
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	92	2.1	1.50
29881	SCOPE KNEE SURG;W/MENISCECT MED/	91	2.1	1.64
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	89	2.1	0.64
49505	REPR INIT ING HERNIA 5YR/MORE; R	83	1.9	0.82
69436	TYMPANOSTOMY GENERAL ANESTHESIA	75	1.7	1.75
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	71	1.6	1.25
29826	SCOPE SHOULDER; DECOMP SUBACROM	69	1.6	1.21
44970	LAPAROSCOPY SURGICAL APPENDECTOM	67	1.5	0.85
58662	LAP SURG; W/FULG/EXCIS LES-OVARY	55	1.3	0.56
30520	SEPTOPLASTY/SUBMUCOS RES W/GFT	54	1.2	0.78
29827	SCOPE SHLDR SURG; W/ROTOR CUFF R	50	1.2	0.65
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	48	1.1	0.49
20680	REMOVAL OF IMPLANT; DEEP	43	1.0	1.04

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

AMB ST 1-3

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
 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	2,671	\$2,929	\$4,501
4523	COLONOSCOPY	436	\$802	\$1,087
4542	ENDO POLYPECTOMY LG INTESTINE	208	\$1,160	\$1,547
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	187	\$1,091	\$1,581
5123	LAP CHOLEY	178	\$5,650	\$7,426
283	TONSILLECTOMY W/ADENOIDECTOMY	114	\$2,150	\$2,850
0443	RELEASE CARPAL TUNNEL	78	\$1,887	\$2,540
4525	CLO [ENDO] BX LG INTESTINE	65	\$1,160	\$1,709
282	TONSILLECTOMY WO ADENOIDECTOMY	58	\$2,286	\$2,868
4513	OTH ENDO SM INTESTINE	58	\$842	\$1,334
4836	[ENDO] POLYPECTOMY RECTUM	52	\$1,075	\$1,394
4701	LAP APPENDECTOMY	46	\$7,583	\$10,907
8147	OTH REPR KNEE	42	\$4,345	\$6,092
806	EXC SEMILUNAR CARTILAGE-KNEE	38	\$3,892	\$4,537
6902	D&C FOLLOWING DELIV/AB	36	\$2,579	\$3,011
232	RESTORATION TOOTH-FILLING	33	\$1,811	\$2,448
5304	UNILAT REPR INDIRECT ING HERN-GFT	30	\$4,359	\$4,709
2188	OTH SEPTOPLASTY	29	\$3,370	\$3,792
8183	OTH REPR SHLDR	27	\$6,543	\$8,523
5303	UNILAT REPR DIRECT ING HERN-GFT	26	\$4,304	\$4,986
7936	OP REDUC FX W/INT FIX-TIBIA & FIB	26	\$5,056	\$8,524

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
CPT-4	Procedures	2,757	\$2,814	\$3,915
45378	COLONOSCOPY FLEX; DX-SEP PROC	379	\$802	\$1,090
45380	COLONOSCOPY FLEX; W/BX 1/MX	317	\$1,150	\$1,526
43239	UGI ENDO; W/BX 1/MX	189	\$1,093	\$1,548
42820	T&A; UNDER AGE 12	103	\$2,151	\$2,701
47562	LAPAROSCOPY SURGICAL; CHOLECT	103	\$5,284	\$6,606
41899	UNLIST PROC DENTOALVEOL STRUCTUR	100	\$1,850	\$2,871
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	78	\$1,886	\$2,624
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	76	\$1,292	\$1,661
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	76	\$6,150	\$7,842
49505	REPR INIT ING HERNIA 5YR/MORE; R	65	\$4,246	\$4,721
69436	TYMPANOSTOMY GENERAL ANESTHESIA	63	\$676	\$1,499
29881	SCOPE KNEE SURG;W/MENISCECT MED/	57	\$4,028	\$4,457
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	51	\$710	\$1,234
44970	LAPAROSCOPY SURGICAL APPENDECTOM	46	\$7,583	\$10,914
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	45	\$2,317	\$2,928
30520	SEPTOPLASTY/SUBMUCOS RES W/GFT	29	\$3,314	\$3,853
20680	REMOVAL OF IMPLANT; DEEP	28	\$3,256	\$3,558
29880	SCOPE KNEE SURG;W/MENISCECT MED&	24	\$4,058	\$4,800
58541	58541	23	\$10,559	\$12,423
26055	TENDON SHEATH INCISION	22	\$2,146	\$2,135

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, 2009
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE* CPT-4 PROCEDURES

112 Valley View Medical Center

Procedure EAPG category	Procedure EAPG	TOTAL #	TOTAL # (ALL Hospitals)
01	SKIN & INTEGUMENTARY SYSTEM PROCEDURES	109	8,192
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	3	1,091
	003 LEVEL I SKIN INCISION AND DRAINAGE	4	189
	004 LEVEL II SKIN INCISION AND DRAINAGE	3	95
	006 LEVEL I SKIN DEBRIDEMENT AND DESTRUCTION	4	23
	007 LEVEL II SKIN DEBRIDEMENT AND DESTRUCTION	1	128
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	6	503
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	77	5,031
	011 LEVEL III EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	2	82
	012 LEVEL I SKIN REPAIR	1	35
	013 LEVEL II SKIN REPAIR	3	792
	014 LEVEL III SKIN REPAIR	5	220
02	BREAST PROCEDURES	17	2,075
	020 LEVEL I BREAST PROCEDURES	15	2,014
	021 LEVEL II BREAST PROCEDURES	2	61
03	MUSCULOSKELETAL SYSTEM PROCEDURES	863	64,806
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	27	2,405
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	45	4,694
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	19	2,234
	033 LEVEL I HAND PROCEDURES	72	3,780
	034 LEVEL II HAND PROCEDURES	23	1,278
	035 LEVEL I FOOT PROCEDURES	59	6,264
	036 LEVEL II FOOT PROCEDURES	15	1,682
	037 LEVEL I ARTHROSCOPY	291	22,184
	038 LEVEL II ARTHROSCOPY	107	5,320
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	12	717
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	33	628
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	125	5,752
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	3	490
	045 BUNION PROCEDURES	18	1,791
	046 LEVEL I ARTHROPLASTY	7	634
	047 LEVEL II ARTHROPLASTY	1	148
	048 HAND AND FOOT TENOTOMY	6	386
04	RESPIRATORY PROCEDURES	60	9,066
	061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	4	1,396
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	12	1,436
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	44	4,402
05	CARDIOVASCULAR PROCEDURES	9	9,325
	083 PLACEMENT OF TRANSVENOUS CATHETERS	4	941
	088 LEVEL I CARDIOTHORACIC PROCEDURES	1	225
	089 LEVEL II CARDIOTHORACIC PROCEDURES	2	1,625
	090 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	1	53
	091 VASCULAR LIGATION AND RECONSTRUCTION	1	124
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	14	2,884
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	14	1,491
07	GASTROINTESTINAL SYSTEM PROCEDURES	2,198	99,755

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE* CPT-4 PROCEDURES

112 Valley View Medical Center

procedure EAPG category		TOTAL #	TOTAL # (ALL Hospitals)
procedure EAPG			
131	ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	19	1,379
132	ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	11	502
133	PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	11	422
134	DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	384	22,635
135	THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	89	4,688
136	DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	789	34,149
137	THERAPEUTIC COLONOSCOPY	116	5,727
138	ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	12	1,937
139	LEVEL I HERNIA REPAIR	148	5,573
140	LEVEL II HERNIA REPAIR	20	1,193
141	LEVEL I ANAL AND RECTAL PROCEDURES	9	782
142	LEVEL II ANAL AND RECTAL PROCEDURES	17	1,145
143	LEVEL I GASTROINTESTINAL PROCEDURES	10	405
144	LEVEL II GASTROINTESTINAL PROCEDURES	11	226
145	LEVEL I LAPAROSCOPY	72	2,675
146	LEVEL II LAPAROSCOPY	296	8,847
147	LEVEL III LAPAROSCOPY	180	7,203
148	LEVEL IV LAPAROSCOPY	4	88
08	GENITOURINARY SYSTEM PROCEDURES	163	8,962
160	EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	6	697
162	URINARY CATHETERIZATION AND DILATATION	8	238
163	LEVEL I BLADDER AND KIDNEY PROCEDURES	87	3,932
164	LEVEL II BLADDER AND KIDNEY PROCEDURES	56	3,413
165	LEVEL III BLADDER AND KIDNEY PROCEDURES	1	55
166	LEVEL I URETHRA AND PROSTATE PROCEDURES	4	180
167	LEVEL II URETHRA AND PROSTATE PROCEDURES	1	444
09	MALE REPRODUCTIVE SYSTEM	65	3,509
180	TESTICULAR AND EPIDIDYMAL PROCEDURES	22	1,431
181	CIRCUMCISION	12	822
183	LEVEL I PENILE AND PROSTATE PROCEDURES	1	10
184	LEVEL II PENILE AND PROSTATE PROCEDURES	26	1,167
185	PROSTATE NEEDLE AND PUNCH BIOPSY	4	47
10	FEMALE REPRODUCTIVE SYSTEM	177	7,180
196	LEVEL I FEMALE REPRODUCTIVE PROCEDURES	42	1,292
197	LEVEL II FEMALE REPRODUCTIVE PROCEDURES	27	1,355
198	LEVEL III FEMALE REPRODUCTIVE PROCEDURES	52	1,494
199	DILATION AND CURETTAGE	15	551
200	HYSTEROSCOPY	14	2,251
201	COLPOSCOPY	27	234
11	NEUROLOGIC SYSTEM PROCEDURES	112	24,377
215	LEVEL I REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	1	155
217	LEVEL I NERVE PROCEDURES	101	4,031
218	LEVEL II NERVE PROCEDURES	3	793
220	INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	2	11,868
221	LAMINOTOMY AND LAMINECTOMY	4	3,173
223	LEVEL III NERVE PROCEDURES	1	825

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE* CPT-4 PROCEDURES

112 Valley View Medical Center

procedure EAPG category	procedure EAPG	TOTAL #	TOTAL # (ALL Hospitals)
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	4	12,275
	239 STRABISMUS AND MUSCLE EYE PROCEDURES	3	1,026
	241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	1	1,469
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	536	28,739
	252 LEVEL I FACIAL AND ENT PROCEDURES	233	12,362
	253 LEVEL II FACIAL AND ENT PROCEDURES	7	1,405
	254 LEVEL III FACIAL AND ENT PROCEDURES	72	3,429
	255 LEVEL IV FACIAL AND ENT PROCEDURES	34	2,922
	256 TONSIL AND ADENOID PROCEDURES	190	8,493

SOURCE: Utah Ambulatory Surgery Database
 Utah Health Data Committee/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, 2009
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, SINGLE EAPG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

112 Valley View Medical Center

Procedure EAPG category	Procedure EAPG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL Hospitals)
01	SKIN & INTEGUMENTARY SYSTEM PROCEDURES	66	\$3,285	\$3,762
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	3	\$3,047	\$3,254
	003 LEVEL I SKIN INCISION AND DRAINAGE	1	\$3,853	\$2,833
	004 LEVEL II SKIN INCISION AND DRAINAGE	3	\$3,655	\$4,409
	006 LEVEL I SKIN DEBRIDEMENT AND DESTRUCTION	1	\$706	\$2,173
	007 LEVEL II SKIN DEBRIDEMENT AND DESTRUCTION	1	\$3,675	\$2,829
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	5	\$1,919	\$3,664
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	49	\$3,541	\$3,677
	013 LEVEL II SKIN REPAIR	1	\$610	\$4,883
	014 LEVEL III SKIN REPAIR	2	\$2,374	\$5,455
02	BREAST PROCEDURES	15	\$3,408	\$3,802
	020 LEVEL I BREAST PROCEDURES	13	\$3,088	\$3,688
	021 LEVEL II BREAST PROCEDURES	2	\$5,492	\$7,371
03	MUSCULOSKELETAL SYSTEM PROCEDURES	372	\$4,438	\$5,044
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	12	\$3,913	\$4,534
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	15	\$4,514	\$5,458
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	10	\$8,840	\$9,791
	033 LEVEL I HAND PROCEDURES	42	\$2,514	\$2,835
	034 LEVEL II HAND PROCEDURES	1	\$2,468	\$5,167
	035 LEVEL I FOOT PROCEDURES	19	\$3,324	\$3,748
	036 LEVEL II FOOT PROCEDURES	5	\$5,217	\$6,617
	037 LEVEL I ARTHROSCOPY	112	\$4,334	\$4,492
	038 LEVEL II ARTHROSCOPY	19	\$9,298	\$10,734
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	8	\$3,028	\$6,442
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	28	\$2,046	\$3,754
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	89	\$5,162	\$7,392
	045 BUNION PROCEDURES	6	\$4,057	\$5,191
	046 LEVEL I ARTHROPLASTY	2	\$5,572	\$8,302
	047 LEVEL II ARTHROPLASTY	1	\$6,680	\$20,732
	048 HAND AND FOOT TENOTOMY	3	\$1,799	\$2,527
04	RESPIRATORY PROCEDURES	12	\$3,736	\$2,975
	061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	3	\$1,828	\$2,594
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	7	\$3,843	\$4,027
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	2	\$6,224	\$4,474
05	CARDIOVASCULAR PROCEDURES	5	\$5,193	\$14,627
	083 PLACEMENT OF TRANSVENOUS CATHETERS	2	\$5,969	\$6,140
	089 LEVEL II CARDIOTHORACIC PROCEDURES	1	\$4,819	\$8,023
	090 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	1	\$6,756	\$7,639
	091 VASCULAR LIGATION AND RECONSTRUCTION	1	\$2,452	\$6,688
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	11	\$5,387	\$4,547
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	11	\$5,387	\$5,995
07	GASTROINTESTINAL SYSTEM PROCEDURES	1,520	\$2,371	\$3,055
	131 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	2	\$736	\$2,353
	132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	9	\$715	\$1,232
	133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	9	\$1,329	\$1,718

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, SINGLE EAPG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

112 Valley View Medical Center

procedure EAPG category	Procedure EAPG	TOTAL #	AVE TOT CHR	AVE TOT CHRG(ALL Hospitals)
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	241	\$1,012	\$1,516
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	34	\$1,608	\$2,214
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	696	\$960	\$1,271
	137 THERAPEUTIC COLONOSCOPY	79	\$1,295	\$1,695
	138 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	2	\$3,578	\$4,271
	139 LEVEL I HERNIA REPAIR	101	\$4,134	\$4,486
	140 LEVEL II HERNIA REPAIR	9	\$4,640	\$5,242
	141 LEVEL I ANAL AND RECTAL PROCEDURES	6	\$2,714	\$3,138
	142 LEVEL II ANAL AND RECTAL PROCEDURES	12	\$3,201	\$3,733
	143 LEVEL I GASTROINTESTINAL PROCEDURES	1	\$1,476	\$3,742
	144 LEVEL II GASTROINTESTINAL PROCEDURES	2	\$4,187	\$8,218
	145 LEVEL I LAPAROSCOPY	21	\$4,728	\$5,295
	146 LEVEL II LAPAROSCOPY	168	\$5,925	\$8,314
	147 LEVEL III LAPAROSCOPY	126	\$6,945	\$8,305
	148 LEVEL IV LAPAROSCOPY	2	\$7,213	\$13,004
08	GENITOURINARY SYSTEM PROCEDURES	107	\$3,244	\$6,135
	162 URINARY CATHETERIZATION AND DILATATION	6	\$2,308	\$5,868
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	52	\$2,870	\$4,353
	164 LEVEL II BLADDER AND KIDNEY PROCEDURES	44	\$3,943	\$5,221
	166 LEVEL I URETHRA AND PROSTATE PROCEDURES	4	\$1,833	\$1,346
	167 LEVEL II URETHRA AND PROSTATE PROCEDURES	1	\$3,208	\$11,236
09	MALE REPRODUCTIVE SYSTEM	53	\$3,895	\$4,630
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	16	\$3,296	\$3,299
	181 CIRCUMCISION	10	\$1,725	\$2,418
	183 LEVEL I PENILE AND PROSTATE PROCEDURES	1	\$942	\$2,153
	184 LEVEL II PENILE AND PROSTATE PROCEDURES	23	\$5,511	\$6,666
	185 PROSTATE NEEDLE AND PUNCH BIOPSY	3	\$2,913	\$3,010
10	FEMALE REPRODUCTIVE SYSTEM	71	\$4,942	\$5,236
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	6	\$2,659	\$3,258
	197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	3	\$6,481	\$5,190
	198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	31	\$6,654	\$7,456
	199 DILATION AND CURETTAGE	9	\$1,994	\$3,266
	200 HYSTEROSCOPY	7	\$3,193	\$5,384
	201 COLPOSCOPY	15	\$4,596	\$4,443
11	NEUROLOGIC SYSTEM PROCEDURES	85	\$2,244	\$4,849
	215 LEVEL I REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	1	\$3,235	\$13,624
	217 LEVEL I NERVE PROCEDURES	81	\$2,116	\$3,161
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	1	\$4,299	\$1,563
	221 LAMINOTOMY AND LAMINECTOMY	2	\$5,910	\$10,583
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	4	\$3,543	\$3,703
	239 STRABISMUS AND MUSCLE EYE PROCEDURES	3	\$2,907	\$2,734
	241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	1	\$5,451	\$3,623
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	429	\$2,230	\$3,605
	252 LEVEL I FACIAL AND ENT PROCEDURES	183	\$1,482	\$2,195
	253 LEVEL II FACIAL AND ENT PROCEDURES	4	\$3,043	\$3,352

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, SINGLE EAPG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

112 Valley View Medical Center

procedure EAPG category Procedure EAPG	TOTAL #	AVE TOT CHRG	AVE TOT CHRG(ALL Hospitals)
254 LEVEL III FACIAL AND ENT PROCEDURES	40	\$3,424	\$6,442
255 LEVEL IV FACIAL AND ENT PROCEDURES	29	\$5,397	\$8,243
256 TONSIL AND ADENOID PROCEDURES	173	\$2,196	\$2,817

SOURCE: Utah Ambulatory Surgery Database
 Utah Health Data Committee/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, 2009
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

112 Valley View Medical Center

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
GENDER				
Female	1,976	54.6	122,959	54.1
Male	1,641	45.4	104,281	45.9
Unknown	0	0.0	4	0.0
Not Reported	0	0.0	0	0.0
AGE				
1-28 days	4	0.1	1,731	0.8
29-365 days	21	0.6	2,897	1.3
1-4 years	229	6.3	10,813	4.8
5-9	108	3.0	6,381	2.8
10-14	88	2.4	5,066	2.2
15-17	106	2.9	5,130	2.3
18-19	77	2.1	3,775	1.7
20-24	236	6.5	10,184	4.5
25-29	210	5.8	12,684	5.6
30-34	234	6.5	13,594	6.0
35-39	160	4.4	13,012	5.7
40-44	173	4.8	13,141	5.8
45-49	218	6.0	16,564	7.3
50-54	357	9.9	24,353	10.7
55-59	312	8.6	21,093	9.3
60-64	278	7.7	18,280	8.0
65-69	292	8.1	15,480	6.8
70-74	232	6.4	12,653	5.6
75-79	156	4.3	9,821	4.3
80-84	85	2.4	6,574	2.9
85-89	33	0.9	3,084	1.4
90 +	8	0.2	933	0.4
Not Reported	0	0.0	1	0.0
SOURCE OF ADMISSION				
Physician Referral	3,497	96.7	205,377	90.4
Clinic Referral	1	0.0	2,930	1.3
HMO Referral	1	0.0	2,930	1.3
Other Hospital	8	0.2	184	0.1
Skilled Nursing Facility	0	0.0	36	0.0
Other Health Care Facility	0	0.0	18	0.0
Emergency Room	110	3.0	5,340	2.3
Court/Law Enforcement	0	0.0	3	0.0
Unknown	0	0.0	11	0.0
Not Reported	0	0.0	10,415	4.6

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

112 Valley View Medical Center

Patient Profile	Patient Visits		Patient Visits-All Hospitals	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	3,612	99.9	226,589	99.7
Another Hospital	0	0.0	102	0.0
Skilled Nursing Facility	3	0.1	137	0.1
Intermediate Care Facility	1	0.0	20	0.0
Another Type of Institution	0	0.0	68	0.0
Under Care of Home Service	1	0.0	270	0.1
Left Against Medical Advice	0	0.0	22	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	0	0.0	13	0.0
Unknown	0	0.0	22	0.0
Not Reported	0	0.0	1	0.0
PRIMARY PAYER				
Medicare	802	22.2	45,456	20.0
Medicaid	422	11.7	15,975	7.0
Other government	83	2.3	4,287	1.9
Blue Cross/Blue Shield	477	13.2	29,948	13.2
Other Commercial	356	9.8	16,378	7.2
Managed Care(HMO, PPO)	1,299	35.9	106,245	46.8
Self Pay	41	1.1	2,816	1.2
Industrial & Worker Comp	61	1.7	3,291	1.4
Charity and Unclassified	35	1.0	1,613	0.7
Childrens Health Insurance	3	0.1	129	0.1
Unknown	38	1.1	1,046	0.5
Not Reported	0	0.0	60	0.0
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	4	0.1	16,751	7.4
Central Utah	217	6.0	8,412	3.7
Davis County	4	0.1	23,806	10.5
Salt Lake County	7	0.2	77,342	34.0
Southeastern Utah	7	0.2	4,701	2.1
Southwest Utah	3,196	88.4	14,188	6.2
Summit County	0	0.0	2,798	1.2
Tooele County	1	0.0	4,137	1.8
Tri-County	1	0.0	6,035	2.7
Utah County	10	0.3	37,226	16.4
Wasatch County	0	0.0	1,669	0.7
Weber County	0	0.0	20,181	8.9
Unknown Utah	0	0.0	27	0.0
Outside Utah	167	4.6	9,882	4.3
Unknown, Not Reported	3	0.1	89	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, 2009
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)	.	.	60,592	100.0
Musculoskeletal (76.0-84.99)	.	.	1,095	1.8
Respiratory (30.0-34.99)	.	.	13,858	22.9
Cardiovascular (35.0-39.99)	.	.	108	0.2
Lymphatic/Hemetic (40.0-41.99)	.	.	31	0.1
Digestive System (42.0-54.99)	.	.	81	0.1
Urinary (55.0-59.99)	.	.	17,733	29.3
Male Genital (60.0-64.99)	.	.	403	0.7
Female Genital (65.0-71.99)	.	.	212	0.3
Endocrine/Nervous (01.0-07.99)	.	.	920	1.5
Eye (08.0-16.99)	.	.	4,252	7.0
Ear (18.0-20.99)	.	.	8,739	14.4
Nose, Mouth, Pharynx (21.0-29.99)	.	.	3,390	5.6
	.	.	9,770	16.1
Reporting Category(CPT-4 CODES)	15,055	100.0	111,661	100.0
Mastectomy (19120-19220)	0	0.0	388	0.3
Musculoskeletal (20000-29909)	5,321	35.3	25,619	22.9
Respiratory (30000-32999 & 39501-39599)	1,004	6.7	9,048	8.1
Cardiovascular (33010-37799 & 93501-93660)	27	0.2	115	0.1
Lymphatic/Hemetic (38100-38999)	22	0.1	131	0.1
Digestive (40490-49999)	3,555	23.6	38,377	34.4
Urinary (50010-53899)	789	5.2	2,161	1.9
Male Genital (54000-55899)	104	0.7	759	0.7
Female Genital (56405-58999)	78	0.5	1,473	1.3
Endocrine/Nervous (60000-64999)	1,425	9.5	11,321	10.1
Eye (65091-68899)	2,133	14.2	18,003	16.1
Ear (69000-69979)	597	4.0	4,266	3.8

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 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
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		15,055	100.0	100.0
66984	EXTRACAPSULAR CATARACT REMV IOL	1,136	7.5	8.81
29881	SCOPE KNEE SURG;W/MENISCECT MED/	565	3.8	2.03
43235	UGI ENDO; DX W/VO CLCT SPECMN-SP	547	3.6	1.23
69436	TYMPANOSTOMY GENERAL ANESTHESIA	511	3.4	3.22
64483	INJ ANES EPIDURL; LUMB/SAC 1 LEV	461	3.1	1.29
43239	UGI ENDO; W/BX 1/MX	424	2.8	6.74
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	388	2.6	1.15
29826	SCOPE SHOULDER; DECOMP SUBACROM	387	2.6	1.48
45378	COLONOSCOPY FLEX; DX-SEP PROC	374	2.5	6.32
45380	COLONOSCOPY FLEX; W/BX 1/MX	369	2.5	5.96
50590	LITHOTRIPSY XTRACORP SHOCK WAVE	336	2.2	0.76
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	311	2.1	1.40
41899	UNLIST PROC DENTOALVEOL STRUCTUR	306	2.0	2.67
66821	DISCISSION 2ND CATARACT; LASER S	227	1.5	1.55
64484	INJ ANES EPIDURL; LUMB/SAC-EA AD	223	1.5	0.64
42820	T&A; UNDER AGE 12	218	1.4	1.25
29877	SCOPE KNEE SURG; DEBRID/SHAVE CA	217	1.4	0.87
29827	SCOPE SHLDR SURG; W/ROTOR CUFF R	208	1.4	0.75
29888	ARTHSCPY AIDED ACL REPR/AUG/RECO	207	1.4	0.53
30520	SEPTOPLASTY/SUBMUCOS RES W/GFT	190	1.3	1.42

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

AMB ST 1-3

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
 AVERAGE TOTAL CHARGES FOR MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES, SINGLE ICD-9 OR CPT-4 ONLY

401 Central Utah Surgical Center

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

Does not report ICDS

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHR	AVE TOT CHR(ALL FASCs)
CPT-4 Procedures				
66984	EXTRACAPSULAR CATARACT REMV IOL	7,445	\$3,279	\$2,105
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	1,105	\$3,579	\$2,480
29881	SCOPE KNEE SURG;W/MENISCECT MED/	443	\$1,106	\$1,020
41899	UNLIST PROC DENTOALVEOL STRUCTUR	392	\$4,992	\$3,535
43239	UGI ENDO; W/BX 1/MX	297	\$2,437	\$2,074
45380	COLONOSCOPY FLEX; W/BX 1/MX	286	\$956	\$1,605
45378	COLONOSCOPY FLEX; DX-SEP PROC	267	\$1,139	\$1,432
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	258	\$1,112	\$1,642
50590	LITHOTRIPSY XTRACORP SHOCK WAVE	237	\$1,086	\$1,381
66821	DISCISSION 2ND CATARACT; LASER S	226	\$7,680	\$7,701
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	221	\$1,270	\$881
42820	T&A; UNDER AGE 12	188	\$2,252	\$1,675
29877	SCOPE KNEE SURG; DEBRID/SHAVE CA	178	\$1,775	\$1,582
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	170	\$5,091	\$4,439
29880	SCOPE KNEE SURG;W/MENISCECT MED&	124	\$6,126	\$4,965
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	111	\$4,980	\$4,128
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	109	\$1,254	\$1,474
29826	SCOPE SHOULDER; DECOMP SUBACROM	109	\$940	\$701
42821	T&A; AGE 12 OR OVER	98	\$6,030	\$4,685
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	92	\$1,792	\$1,587
		91	\$1,748	\$1,458

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, 2009
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE* CPT-4 PROCEDURES

401 Central Utah Surgical Center

Procedure EAPG category	Procedure EAPG	TOTAL #	TOTAL # (ALL FASCs)
01	SKIN & INTEGUMENTARY SYSTEM PROCEDURES	326	1,972
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	2	17
	003 LEVEL I SKIN INCISION AND DRAINAGE	5	31
	004 LEVEL II SKIN INCISION AND DRAINAGE	5	37
	006 LEVEL I SKIN DEBRIDEMENT AND DESTRUCTION	1	7
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	29	143
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	261	1,515
	011 LEVEL III EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	3	4
	012 LEVEL I SKIN REPAIR	1	5
	013 LEVEL II SKIN REPAIR	4	88
	014 LEVEL III SKIN REPAIR	15	76
03	MUSCULOSKELETAL SYSTEM PROCEDURES	4,946	22,713
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	123	596
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	306	1,597
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	116	814
	033 LEVEL I HAND PROCEDURES	339	1,543
	034 LEVEL II HAND PROCEDURES	78	369
	035 LEVEL I FOOT PROCEDURES	531	2,537
	036 LEVEL II FOOT PROCEDURES	131	566
	037 LEVEL I ARTHROSCOPY	1,842	8,908
	038 LEVEL II ARTHROSCOPY	555	1,927
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	5	109
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	33	89
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	361	1,363
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	62	197
	045 BUNION PROCEDURES	157	892
	046 LEVEL I ARTHROPLASTY	48	223
	047 LEVEL II ARTHROPLASTY	3	15
	048 HAND AND FOOT TENOTOMY	39	138
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	217	830
04	RESPIRATORY PROCEDURES	507	4,018
	061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	2	43
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	49	544
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	451	3,422
	064 ENDOSCOPY OF THE LOWER AIRWAY	5	9
05	CARDIOVASCULAR PROCEDURES	6	43
	083 PLACEMENT OF TRANSVENOUS CATHETERS	6	21
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	21	129
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	21	116
07	GASTROINTESTINAL SYSTEM PROCEDURES	2,743	31,840
	131 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	1	704
	132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	19	76
	133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	9	83
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	973	8,893
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	329	2,107
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	749	13,783

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE* CPT-4 PROCEDURES

401 Central Utah Surgical Center

procedure EAPG category		TOTAL #	TOTAL # (ALL FASCs)
procedure EAPG			
	137 THERAPEUTIC COLONOSCOPY	186	2,374
	139 LEVEL I HERNIA REPAIR	178	1,123
	140 LEVEL II HERNIA REPAIR	16	255
	141 LEVEL I ANAL AND RECTAL PROCEDURES	8	240
	142 LEVEL II ANAL AND RECTAL PROCEDURES	15	352
	144 LEVEL II GASTROINTESTINAL PROCEDURES	4	10
	145 LEVEL I LAPAROSCOPY	14	271
	146 LEVEL II LAPAROSCOPY	81	650
	147 LEVEL III LAPAROSCOPY	161	902
08	GENITOURINARY SYSTEM PROCEDURES	786	2,351
	160 EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	336	846
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	230	719
	164 LEVEL II BLADDER AND KIDNEY PROCEDURES	209	510
	166 LEVEL I URETHRA AND PROSTATE PROCEDURES	5	26
	167 LEVEL II URETHRA AND PROSTATE PROCEDURES	6	244
09	MALE REPRODUCTIVE SYSTEM	96	486
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	61	320
	181 CIRCUMCISION	22	104
	184 LEVEL II PENILE AND PROSTATE PROCEDURES	12	42
	185 PROSTATE NEEDLE AND PUNCH BIOPSY	1	20
10	FEMALE REPRODUCTIVE SYSTEM	50	857
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	10	184
	197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	13	97
	198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	13	136
	199 DILATION AND CURETTAGE	2	42
	200 HYSTEROSCOPY	12	363
11	NEUROLOGIC SYSTEM PROCEDURES	1,423	11,107
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	109	2,809
	215 LEVEL I REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	3	26
	217 LEVEL I NERVE PROCEDURES	484	1,933
	218 LEVEL II NERVE PROCEDURES	2	192
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	806	5,899
	221 LAMINOTOMY AND LAMINECTOMY	15	160
	223 LEVEL III NERVE PROCEDURES	4	73
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	2,126	17,880
	232 LASER EYE PROCEDURES	231	1,864
	233 CATARACT PROCEDURES	1,197	10,500
	234 LEVEL I ANTERIOR SEGMENT EYE PROCEDURES	24	1,183
	235 LEVEL II ANTERIOR SEGMENT EYE PROCEDURES	54	334
	236 LEVEL III ANTERIOR SEGMENT EYE PROCEDURES	46	169
	237 LEVEL I POSTERIOR SEGMENT EYE PROCEDURES	7	624
	238 LEVEL II POSTERIOR SEGMENT EYE PROCEDURES	13	454
	239 STRABISMUS AND MUSCLE EYE PROCEDURES	24	362
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	106	560
	241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	424	1,650
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	1,962	16,324

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE* CPT-4 PROCEDURES

401 Central Utah Surgical Center

procedure EAPG category procedure EAPG	TOTAL #	TOTAL # (ALL FASCs)
252 LEVEL I FACIAL AND ENT PROCEDURES	1,078	9,824
253 LEVEL II FACIAL AND ENT PROCEDURES	69	588
254 LEVEL III FACIAL AND ENT PROCEDURES	239	1,930
255 LEVEL IV FACIAL AND ENT PROCEDURES	95	583
256 TONSIL AND ADENOID PROCEDURES	481	3,399

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

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, SINGLE EAPG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

401 Central Utah Surgical Center

Procedure EAPG category	Procedure EAPG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL FASCs)
01	SKIN & INTEGUMENTARY SYSTEM PROCEDURES	159	\$3,248	\$1,788
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	2	\$1,728	\$1,370
	003 LEVEL I SKIN INCISION AND DRAINAGE	1	\$2,329	\$940
	004 LEVEL II SKIN INCISION AND DRAINAGE	1	\$3,566	\$1,746
	006 LEVEL I SKIN DEBRIDEMENT AND DESTRUCTION	1	\$3,253	\$2,767
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	21	\$2,362	\$1,574
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	129	\$3,400	\$1,779
	011 LEVEL III EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	1	\$4,801	\$2,820
	014 LEVEL III SKIN REPAIR	3	\$3,618	\$3,390
03	MUSCULOSKELETAL SYSTEM PROCEDURES	2,106	\$4,850	\$3,403
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	43	\$3,275	\$2,294
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	110	\$4,807	\$3,362
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	43	\$5,572	\$4,007
	033 LEVEL I HAND PROCEDURES	132	\$3,309	\$2,070
	034 LEVEL II HAND PROCEDURES	22	\$3,756	\$2,648
	035 LEVEL I FOOT PROCEDURES	109	\$3,751	\$2,266
	036 LEVEL II FOOT PROCEDURES	40	\$4,907	\$3,355
	037 LEVEL I ARTHROSCOPY	945	\$5,136	\$4,027
	038 LEVEL II ARTHROSCOPY	235	\$7,122	\$5,840
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	3	\$2,411	\$2,091
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	30	\$2,533	\$2,109
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	252	\$4,369	\$3,198
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	32	\$2,356	\$1,754
	045 BUNION PROCEDURES	66	\$4,406	\$2,834
	046 LEVEL I ARTHROPLASTY	16	\$4,070	\$3,436
	047 LEVEL II ARTHROPLASTY	2	\$4,725	\$3,211
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	26	\$1,110	\$717
04	RESPIRATORY PROCEDURES	26	\$3,059	\$3,092
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	13	\$3,010	\$2,100
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	13	\$3,107	\$2,006
05	CARDIOVASCULAR PROCEDURES	6	\$4,428	\$2,181
	083 PLACEMENT OF TRANSVENOUS CATHETERS	6	\$4,428	\$2,123
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	15	\$3,428	\$1,995
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	15	\$3,428	\$2,003
07	GASTROINTESTINAL SYSTEM PROCEDURES	1,946	\$1,748	\$1,702
	131 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	1	\$903	\$1,341
	132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	10	\$853	\$1,232
	133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	6	\$944	\$1,079
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	729	\$1,047	\$1,498
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	249	\$1,080	\$1,341
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	526	\$1,125	\$1,544
	137 THERAPEUTIC COLONOSCOPY	119	\$1,242	\$1,642
	139 LEVEL I HERNIA REPAIR	108	\$4,667	\$2,519
	140 LEVEL II HERNIA REPAIR	13	\$6,526	\$2,000
	141 LEVEL I ANAL AND RECTAL PROCEDURES	5	\$1,263	\$847

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, SINGLE EAPG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

401 Central Utah Surgical Center

procedure EAPG category	Procedure EAPG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL FASCs)
	142 LEVEL II ANAL AND RECTAL PROCEDURES	10	\$1,973	\$1,249
	145 LEVEL I LAPAROSCOPY	8	\$3,657	\$2,220
	146 LEVEL II LAPAROSCOPY	27	\$5,489	\$3,971
	147 LEVEL III LAPAROSCOPY	135	\$6,096	\$4,503
08	GENITOURINARY SYSTEM PROCEDURES	359	\$6,161	\$4,648
	160 EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	226	\$7,680	\$7,715
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	62	\$3,521	\$2,101
	164 LEVEL II BLADDER AND KIDNEY PROCEDURES	60	\$3,847	\$2,630
	166 LEVEL I URETHRA AND PROSTATE PROCEDURES	5	\$2,824	\$1,815
	167 LEVEL II URETHRA AND PROSTATE PROCEDURES	6	\$2,116	\$1,608
09	MALE REPRODUCTIVE SYSTEM	55	\$3,599	\$2,334
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	22	\$3,980	\$2,474
	181 CIRCUMCISION	21	\$2,723	\$1,830
	184 LEVEL II PENILE AND PROSTATE PROCEDURES	11	\$4,615	\$3,059
	185 PROSTATE NEEDLE AND PUNCH BIOPSY	1	\$2,439	\$1,411
10	FEMALE REPRODUCTIVE SYSTEM	31	\$3,754	\$2,701
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	5	\$1,460	\$1,706
	197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	8	\$2,869	\$1,914
	198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	8	\$5,086	\$3,089
	199 DILATION AND CURETTAGE	1	\$2,718	\$1,137
	200 HYSTEROSCOPY	9	\$4,746	\$3,343
11	NEUROLOGIC SYSTEM PROCEDURES	411	\$2,046	\$1,085
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	109	\$940	\$677
	215 LEVEL I REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	3	\$1,963	\$2,630
	217 LEVEL I NERVE PROCEDURES	226	\$2,473	\$1,887
	218 LEVEL II NERVE PROCEDURES	1	\$3,856	\$2,252
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	57	\$828	\$887
	221 LAMINOTOMY AND LAMINECTOMY	15	\$8,160	\$4,441
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	1,511	\$3,271	\$2,213
	232 LASER EYE PROCEDURES	224	\$1,270	\$906
	233 CATARACT PROCEDURES	1,155	\$3,591	\$2,474
	234 LEVEL I ANTERIOR SEGMENT EYE PROCEDURES	13	\$2,947	\$1,238
	235 LEVEL II ANTERIOR SEGMENT EYE PROCEDURES	23	\$3,221	\$2,125
	236 LEVEL III ANTERIOR SEGMENT EYE PROCEDURES	23	\$4,987	\$3,691
	237 LEVEL I POSTERIOR SEGMENT EYE PROCEDURES	2	\$2,111	\$992
	239 STRABISMUS AND MUSCLE EYE PROCEDURES	3	\$3,698	\$2,125
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	14	\$2,651	\$1,193
	241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	54	\$4,268	\$2,042
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	808	\$2,219	\$1,871
	252 LEVEL I FACIAL AND ENT PROCEDURES	347	\$2,382	\$1,941
	253 LEVEL II FACIAL AND ENT PROCEDURES	25	\$2,460	\$1,836
	254 LEVEL III FACIAL AND ENT PROCEDURES	30	\$3,527	\$3,090
	255 LEVEL IV FACIAL AND ENT PROCEDURES	34	\$4,146	\$2,605
	256 TONSIL AND ADENOID PROCEDURES	372	\$1,769	\$1,559

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/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, 2009
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

401 Central Utah Surgical Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
GENDER				
Female	5,450	51.4	45,625	54.2
Male	5,161	48.6	38,545	45.8
Unknown	2	0.0	6	0.0
Not Reported	0	0.0	22	0.0
AGE				
1-28 days	0	0.0	0	0.0
29-365 days	56	0.5	664	0.8
1-4 years	514	4.8	4,619	5.5
5-9	268	2.5	2,203	2.6
10-14	196	1.8	1,176	1.4
15-17	270	2.5	1,480	1.8
18-19	301	2.8	1,225	1.5
20-24	696	6.6	3,040	3.6
25-29	527	5.0	3,416	4.1
30-34	500	4.7	3,538	4.2
35-39	476	4.5	3,688	4.4
40-44	474	4.5	3,659	4.3
45-49	534	5.0	4,841	5.7
50-54	710	6.7	7,274	8.6
55-59	714	6.7	6,789	8.1
60-64	698	6.6	6,791	8.1
65-69	1,049	9.9	8,522	10.1
70-74	953	9.0	7,887	9.4
75-79	859	8.1	6,673	7.9
80-84	546	5.1	4,368	5.2
85-89	206	1.9	1,871	2.2
90 +	66	0.6	472	0.6
Not Reported	0	0.0	2	0.0
SOURCE OF ADMISSION				
Physician Referral	10,613	100.0	70,785	84.1
Clinic Referral	0	0.0	1,276	1.5
HMO Referral	0	0.0	4	0.0
Other Hospital	0	0.0	1	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	6,047	7.2
Not Reported	0	0.0	6,083	7.2

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

401 Central Utah Surgical Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	10,612	100.0	75,308	89.4
Another Hospital	0	0.0	69	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	7	0.0
Under Care of Home Service	0	0.0	0	0.0
Left Against Medical Advice	0	0.0	0	0.0
Under Care of Home IV Provider	0	0.0	0	0.0
Expired	0	0.0	0	0.0
Unknown	1	0.0	8,814	10.5
Not Reported	0	0.0	0	0.0
PRIMARY PAYER				
Medicare	2,924	27.6	23,656	28.1
Medicaid	584	5.5	5,431	6.5
Other government	192	1.8	2,708	3.2
Blue Cross/Blue Shield	1,869	17.6	17,610	20.9
Other Commercial	1,238	11.7	7,300	8.7
Managed Care(HMO, PPO)	3,161	29.8	23,018	27.3
Self Pay	223	2.1	1,018	1.2
Industrial & Worker Comp	417	3.9	1,691	2.0
Charity and Unclassified	4	0.0	348	0.4
Childrens Health Insurance	1	0.0	107	0.1
Unknown	0	0.0	85	0.1
Not Reported	0	0.0	1,226	1.5
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	20	0.2	3,400	4.0
Central Utah	1,023	9.6	1,399	1.7
Davis County	29	0.3	14,894	17.7
Salt Lake County	189	1.8	23,285	27.7
Southeastern Utah	567	5.3	873	1.0
Southwest Utah	59	0.6	8,567	10.2
Summit County	14	0.1	753	0.9
Tooele County	24	0.2	1,210	1.4
Tri-County	92	0.9	383	0.5
Utah County	8,108	76.4	10,987	13.0
Wasatch County	135	1.3	337	0.4
Weber County	18	0.2	13,857	16.5
Unknown Utah	6	0.1	17	0.0
Outside Utah	327	3.1	4,218	5.0
Unknown, Not Reported	2	0.0	18	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, 2009
NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

423 Coral Desert Surgery Center

Reporting Category(ICD-9-CM CODES)	Procedures Performed		Procedures Performed-All FASCs	
	(#)	(%)	(#)	(%)
Reporting Category(ICD-9-CM CODES)	7,719	100.0	60,592	100.0
Mastectomy (85.0-85.99)	23	0.3	1,095	1.8
Musculoskeletal (76.0-84.99)	1,486	19.3	13,858	22.9
Respiratory (30.0-34.99)	1	0.0	108	0.2
Cardiovascular (35.0-39.99)	1	0.0	31	0.1
Lymphatic/Hemetic (40.0-41.99)	11	0.1	81	0.1
Digestive System (42.0-54.99)	866	11.2	17,733	29.3
Urinary (55.0-59.99)	129	1.7	403	0.7
Male Genital (60.0-64.99)	63	0.8	212	0.3
Female Genital (65.0-71.99)	29	0.4	920	1.5
Endocrine/Nervous (01.0-07.99)	1,964	25.4	4,252	7.0
Eye (08.0-16.99)	2,181	28.3	8,739	14.4
Ear (18.0-20.99)	440	5.7	3,390	5.6
Nose, Mouth, Pharynx (21.0-29.99)	525	6.8	9,770	16.1
Reporting Category(CPT-4 CODES)	8,186	100.0	111,661	100.0
Mastectomy (19120-19220)	1	0.0	388	0.3
Musculoskeletal (20000-29909)	1,854	22.6	25,619	22.9
Respiratory (30000-32999 & 39501-39599)	273	3.3	9,048	8.1
Cardiovascular (33010-37799 & 93501-93660)	5	0.1	115	0.1
Lymphatic/Hemetic (38100-38999)	11	0.1	131	0.1
Digestive (40490-49999)	1,145	14.0	38,377	34.4
Urinary (50010-53899)	298	3.6	2,161	1.9
Male Genital (54000-55899)	295	3.6	759	0.7
Female Genital (56405-58999)	55	0.7	1,473	1.3
Endocrine/Nervous (60000-64999)	2,527	30.9	11,321	10.1
Eye (65091-68899)	1,265	15.5	18,003	16.1
Ear (69000-69979)	457	5.6	4,266	3.8

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 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES

423 Coral Desert Surgery Center

ICD-9 CODE	ICD-9 DESCRIPTION	#	%	% ALL FASCs
All ICD-9 Procedures				
1371	IOL PROSTH-CATARACT EXTRACT-1-STAGE	1,413	18.3	7.55
0392	INJ OTH AGENT SPINAL CANAL	1,336	17.3	2.55
2001	MYRINGOTOMY W/INSRT TUBE	403	5.2	4.77
1364	DISCISSION SECNDRY MEMBRN	242	3.1	0.80
4523	COLONOSCOPY	229	3.0	6.21
042	DESTRUC CRANIAL & PERIPH NERV	211	2.7	0.80
806	EXC SEMILUNAR CARTILAGE-KNEE	205	2.7	3.08
283	TONSILLECTOMY W/ADENOIDECTOMY	184	2.4	2.35
0870	RECON EYELID-NOS	178	2.3	0.31
0481	INJ ANES PERIPH NERV-ANALGESIA	146	1.9	0.50
0844	REPR ENTROPION/ECTROP-LID RECON	126	1.6	0.29
8081	OTH LOC EXC/DESTRUC JT LES-SHLDR	124	1.6	0.71
8183	OTH REPR SHLDR	121	1.6	1.72
4525	CLO [ENDO] BX LG INTESTINE	119	1.5	6.55
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	118	1.5	6.57
8086	OTH LOC EXC/DESTRUC JT LES-KNEE	94	1.2	1.29
0443	RELEASE CARPAL TUNNEL	91	1.2	1.42
0393	INSRT/REPLCMT SPINAL NEUROSTIM	83	1.1	0.15
4513	OTH ENDO SM INTESTINE	83	1.1	0.99
5305	UNILAT REPR ING HERN-GFT-NOS	81	1.0	0.14

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL FASCs
All CPT-4 Procedures				
66984	EXTRACAPSULAR CATARACT REMV IOL	8,186	100.0	100.0
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	701	8.6	8.81
64483	INJ ANES EPIDURL; LUMB/SAC 1 LEV	607	7.4	2.00
69436	TYMPANOSTOMY GENERAL ANESTHESIA	478	5.8	1.29
64484	INJ ANES EPIDURL; LUMB/SAC-EA AD	403	4.9	3.22
62310	INJ 1 NOT NEUROLYTIC-EPID;CERV/T	343	4.2	0.64
66821	DISCISSION 2ND CATARACT; LASER S	251	3.1	0.51
55875	55875	242	3.0	1.55
45378	COLONOSCOPY FLEX; DX-SEP PROC	233	2.8	0.21
50590	LITHOTRIPSY XTRACORP SHOCK WAVE	209	2.6	6.32
42820	T&A; UNDER AGE 12	164	2.0	0.76
29881	SCOPE KNEE SURG;W/MENISCECT MED/	155	1.9	1.25
67917	REPAIR OF ECTROPION; EXTENSIVE	132	1.6	2.03
45380	COLONOSCOPY FLEX; W/BX 1/MX	120	1.5	0.32
43239	UGI ENDO; W/BX 1/MX	119	1.5	5.96
64622	DESTRUC FACET JT NRV; L/S-1 LEVE	118	1.4	6.74
64623	DESTRUC FACET JT NRV; L/S-EA AD	104	1.3	0.37
29826	SCOPE SHOULDER; DECOMP SUBACROM	104	1.3	0.46
29823	SCOPE SHOULDER SURGICAL; DEBRID	103	1.3	1.48
64475	INJ ANES FACET JT; LUMB/SAC-1LEV	92	1.1	0.27
		89	1.1	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, 2009
 AVERAGE TOTAL CHARGES FOR MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES, SINGLE ICD-9 OR CPT-4 ONLY

423 Coral Desert Surgery Center

ICD-9 CODE	ICD-9 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL FASCs)
ICD-9	Procedures	3,512	\$1,132	\$1,375
0392	INJ OTH AGENT SPINAL CANAL	1,327	\$478	\$503
1364	DISCISSION SECNDRY MEMBRN	234	\$347	\$527
4523	COLONOSCOPY	186	\$542	\$1,016
0481	INJ ANES PERIPH NERV-ANALGESIA	142	\$1,754	\$1,736
283	TONSILLECTOMY W/ADENOIDECTOMY	133	\$1,493	\$1,593
806	EXC SEMILUNAR CARTILAGE-KNEE	99	\$1,971	\$2,019
4525	CLO [ENDO] BX LG INTESTINE	87	\$549	\$800
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	86	\$579	\$972
2001	MYRINGOTOMY W/INSRT TUBE	82	\$1,095	\$1,505
0443	RELEASE CARPAL TUNNEL	69	\$1,290	\$1,455
5123	LAP CHOLEY	64	\$3,351	\$3,947
4513	OTH ENDO SM INTESTINE	52	\$542	\$694
7863	REMOV IMPLNT DEVICE-RADIUS & ULNA	50	\$1,619	\$1,737
5304	UNILAT REPR INDIRECT ING HERN-GFT	44	\$2,215	\$2,438
5305	UNILAT REPR ING HERN-GFT-NOS	42	\$3,315	\$3,201
0531	INJ ANES SYMPATHETIC NERV-ANALGES	30	\$485	\$453
8211	TENOT HAND	28	\$1,297	\$1,071
640	CIRCUMCISION	26	\$1,394	\$1,294
8221	EXC LES TENDON SHEATH HAND	25	\$1,248	\$1,228
598	URETERAL CATH	23	\$4,870	\$3,914

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL FASCs)
CPT-4	Procedures	4,140	\$1,254	\$2,105
66984	EXTRACAPSULAR CATARACT REMV IOL	699	\$1,186	\$2,480
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	575	\$392	\$701
62310	INJ 1 NOT NEUROLYTIC-EPID;CERV/T	246	\$408	\$575
66821	DISCISSION 2ND CATARACT; LASER S	234	\$347	\$881
55875	55875	233	\$1,597	\$1,597
45378	COLONOSCOPY FLEX; DX-SEP PROC	167	\$544	\$1,642
64483	INJ ANES EPIDURL; LUMB/SAC 1 LEV	130	\$468	\$747
50590	LITHOTRIPSY XTRACORP SHOCK WAVE	124	\$4,650	\$7,701
42820	T&A; UNDER AGE 12	107	\$1,500	\$1,582
43239	UGI ENDO; W/BX 1/MX	86	\$579	\$1,605
45380	COLONOSCOPY FLEX; W/BX 1/MX	84	\$534	\$1,432
69436	TYMPANOSTOMY GENERAL ANESTHESIA	80	\$1,065	\$1,364
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	64	\$3,351	\$4,965
29881	SCOPE KNEE SURG;W/MENISCECT MED/	59	\$2,152	\$3,535
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	52	\$542	\$1,020
20680	REMOVAL OF IMPLANT; DEEP	46	\$1,568	\$2,113
49505	REPR INIT ING HERNIA 5YR/MORE; R	43	\$2,243	\$2,331
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	41	\$1,049	\$1,675
29880	SCOPE KNEE SURG;W/MENISCECT MED&	36	\$1,589	\$4,128
49650	LAPARSCPY SURG; REPR INIT ING HE	28	\$1,669	\$3,851

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, 2009
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE* CPT-4 PROCEDURES

423 Coral Desert Surgery Center

Procedure EAPG category Procedure EAPG	TOTAL #	TOTAL # (ALL FASCs)
01 SKIN & INTEGUMENTARY SYSTEM PROCEDURES	168	1,972
003 LEVEL I SKIN INCISION AND DRAINAGE	2	31
004 LEVEL II SKIN INCISION AND DRAINAGE	6	37
009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	15	143
010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	138	1,515
011 LEVEL III EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	1	4
013 LEVEL II SKIN REPAIR	2	88
014 LEVEL III SKIN REPAIR	4	76
02 BREAST PROCEDURES	1	367
020 LEVEL I BREAST PROCEDURES	1	367
03 MUSCULOSKELETAL SYSTEM PROCEDURES	1,586	22,713
030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	57	596
031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	77	1,597
032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	100	814
033 LEVEL I HAND PROCEDURES	112	1,543
034 LEVEL II HAND PROCEDURES	32	369
035 LEVEL I FOOT PROCEDURES	180	2,537
036 LEVEL II FOOT PROCEDURES	23	566
037 LEVEL I ARTHROSCOPY	658	8,908
038 LEVEL II ARTHROSCOPY	47	1,927
041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	1	109
042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	7	89
043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	72	1,363
044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	12	197
045 BUNION PROCEDURES	49	892
046 LEVEL I ARTHROPLASTY	15	223
048 HAND AND FOOT TENOTOMY	24	138
049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	120	830
04 RESPIRATORY PROCEDURES	160	4,018
061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	1	43
062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	13	544
063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	146	3,422
05 CARDIOVASCULAR PROCEDURES	1	43
088 LEVEL I CARDIOTHORACIC PROCEDURES	1	4
06 HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	10	129
115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	10	116
07 GASTROINTESTINAL SYSTEM PROCEDURES	916	31,840
131 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	1	704
134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	200	8,893
135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	15	2,107
136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	349	13,783
137 THERAPEUTIC COLONOSCOPY	38	2,374
139 LEVEL I HERNIA REPAIR	109	1,123
140 LEVEL II HERNIA REPAIR	8	255
141 LEVEL I ANAL AND RECTAL PROCEDURES	3	240
142 LEVEL II ANAL AND RECTAL PROCEDURES	7	352

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE* CPT-4 PROCEDURES

423 Coral Desert Surgery Center

procedure EAPG category		TOTAL #	TOTAL # (ALL FASCs)
procedure EAPG			
	145 LEVEL I LAPAROSCOPY	6	271
	146 LEVEL II LAPAROSCOPY	110	650
	147 LEVEL III LAPAROSCOPY	70	902
08	GENITOURINARY SYSTEM PROCEDURES	524	2,351
	160 EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	163	846
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	100	719
	164 LEVEL II BLADDER AND KIDNEY PROCEDURES	21	510
	166 LEVEL I URETHRA AND PROSTATE PROCEDURES	6	26
	167 LEVEL II URETHRA AND PROSTATE PROCEDURES	234	244
09	MALE REPRODUCTIVE SYSTEM	53	486
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	11	320
	181 CIRCUMCISION	33	104
	184 LEVEL II PENILE AND PROSTATE PROCEDURES	7	42
	185 PROSTATE NEEDLE AND PUNCH BIOPSY	2	20
10	FEMALE REPRODUCTIVE SYSTEM	36	857
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	3	184
	197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	6	97
	198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	8	136
	199 DILATION AND CURETTAGE	2	42
	200 HYSTEROSCOPY	17	363
11	NEUROLOGIC SYSTEM PROCEDURES	2,572	11,107
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	863	2,809
	215 LEVEL I REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	5	26
	216 LEVEL II REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	2	14
	217 LEVEL I NERVE PROCEDURES	103	1,933
	218 LEVEL II NERVE PROCEDURES	103	192
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	1,453	5,899
	221 LAMINOTOMY AND LAMINECTOMY	1	160
	223 LEVEL III NERVE PROCEDURES	42	73
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	1,250	17,880
	232 LASER EYE PROCEDURES	244	1,864
	233 CATARACT PROCEDURES	731	10,500
	234 LEVEL I ANTERIOR SEGMENT EYE PROCEDURES	4	1,183
	235 LEVEL II ANTERIOR SEGMENT EYE PROCEDURES	16	334
	236 LEVEL III ANTERIOR SEGMENT EYE PROCEDURES	2	169
	239 STRABISMUS AND MUSCLE EYE PROCEDURES	18	362
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	46	560
	241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	189	1,650
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	835	16,324
	252 LEVEL I FACIAL AND ENT PROCEDURES	489	9,824
	253 LEVEL II FACIAL AND ENT PROCEDURES	43	588
	254 LEVEL III FACIAL AND ENT PROCEDURES	60	1,930
	255 LEVEL IV FACIAL AND ENT PROCEDURES	9	583
	256 TONSIL AND ADENOID PROCEDURES	234	3,399

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

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

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, SINGLE EAPG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

423 Coral Desert Surgery Center

Procedure EAPG category	Procedure EAPG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL FASCs)
01	SKIN & INTEGUMENTARY SYSTEM PROCEDURES	107	\$1,370	\$1,788
	003 LEVEL I SKIN INCISION AND DRAINAGE	2	\$181	\$940
	004 LEVEL II SKIN INCISION AND DRAINAGE	5	\$2,168	\$1,746
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	11	\$1,206	\$1,574
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	88	\$1,378	\$1,779
	011 LEVEL III EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	1	\$838	\$2,820
02	BREAST PROCEDURES	1	\$2,638	\$1,351
	020 LEVEL I BREAST PROCEDURES	1	\$2,638	\$1,351
03	MUSCULOSKELETAL SYSTEM PROCEDURES	473	\$1,883	\$3,403
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	22	\$1,428	\$2,294
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	34	\$2,363	\$3,362
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	12	\$2,231	\$4,007
	033 LEVEL I HAND PROCEDURES	63	\$1,410	\$2,070
	034 LEVEL II HAND PROCEDURES	13	\$3,351	\$2,648
	035 LEVEL I FOOT PROCEDURES	38	\$1,517	\$2,266
	036 LEVEL II FOOT PROCEDURES	8	\$1,933	\$3,355
	037 LEVEL I ARTHROSCOPY	146	\$2,034	\$4,027
	038 LEVEL II ARTHROSCOPY	10	\$3,515	\$5,840
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	3	\$887	\$2,109
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	49	\$2,875	\$3,198
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	12	\$976	\$1,754
	045 BUNION PROCEDURES	13	\$2,195	\$2,834
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	50	\$616	\$717
05	CARDIOVASCULAR PROCEDURES	1	\$3,363	\$2,181
	088 LEVEL I CARDIOTHORACIC PROCEDURES	1	\$3,363	\$3,363
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	6	\$1,376	\$1,995
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	6	\$1,376	\$2,003
07	GASTROINTESTINAL SYSTEM PROCEDURES	658	\$1,312	\$1,702
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	138	\$565	\$1,498
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	12	\$449	\$1,341
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	271	\$537	\$1,544
	137 THERAPEUTIC COLONOSCOPY	15	\$618	\$1,642
	139 LEVEL I HERNIA REPAIR	76	\$2,530	\$2,519
	140 LEVEL II HERNIA REPAIR	6	\$1,102	\$2,000
	141 LEVEL I ANAL AND RECTAL PROCEDURES	1	\$1,286	\$847
	142 LEVEL II ANAL AND RECTAL PROCEDURES	7	\$1,088	\$1,249
	145 LEVEL I LAPAROSCOPY	4	\$2,599	\$2,220
	146 LEVEL II LAPAROSCOPY	61	\$3,128	\$3,971
	147 LEVEL III LAPAROSCOPY	67	\$3,230	\$4,503
08	GENITOURINARY SYSTEM PROCEDURES	427	\$2,523	\$4,648
	160 EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	123	\$4,675	\$7,715
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	48	\$1,604	\$2,101
	164 LEVEL II BLADDER AND KIDNEY PROCEDURES	16	\$2,910	\$2,630
	166 LEVEL I URETHRA AND PROSTATE PROCEDURES	6	\$1,052	\$1,815
	167 LEVEL II URETHRA AND PROSTATE PROCEDURES	234	\$1,592	\$1,608

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, SINGLE EAPG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

423 Coral Desert Surgery Center

procedure EAPG category	Procedure EAPG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL FASCs)
09	MALE REPRODUCTIVE SYSTEM	45	\$1,632	\$2,334
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	8	\$2,173	\$2,474
	181 CIRCUMCISION	30	\$1,458	\$1,830
	184 LEVEL II PENILE AND PROSTATE PROCEDURES	6	\$1,989	\$3,059
	185 PROSTATE NEEDLE AND PUNCH BIOPSY	1	\$382	\$1,411
10	FEMALE REPRODUCTIVE SYSTEM	21	\$2,450	\$2,701
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	3	\$2,008	\$1,706
	198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	2	\$1,253	\$3,089
	199 DILATION AND CURETTAGE	2	\$1,117	\$1,137
	200 HYSTEROSCOPY	14	\$2,906	\$3,343
11	NEUROLOGIC SYSTEM PROCEDURES	1,074	\$510	\$1,085
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	826	\$398	\$677
	215 LEVEL I REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	1	\$531	\$2,630
	217 LEVEL I NERVE PROCEDURES	55	\$1,263	\$1,887
	218 LEVEL II NERVE PROCEDURES	20	\$2,082	\$2,252
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	169	\$464	\$887
	221 LAMINOTOMY AND LAMINECTOMY	1	\$1,311	\$4,441
	223 LEVEL III NERVE PROCEDURES	2	\$13,921	\$7,506
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	1,009	\$1,041	\$2,213
	232 LASER EYE PROCEDURES	236	\$361	\$906
	233 CATARACT PROCEDURES	729	\$1,182	\$2,474
	234 LEVEL I ANTERIOR SEGMENT EYE PROCEDURES	2	\$956	\$1,238
	235 LEVEL II ANTERIOR SEGMENT EYE PROCEDURES	4	\$1,214	\$2,125
	236 LEVEL III ANTERIOR SEGMENT EYE PROCEDURES	2	\$4,615	\$3,691
	239 STRABISMUS AND MUSCLE EYE PROCEDURES	6	\$2,543	\$2,125
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	18	\$3,227	\$1,193
	241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	12	\$1,149	\$2,042
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	277	\$1,562	\$1,871
	252 LEVEL I FACIAL AND ENT PROCEDURES	92	\$1,120	\$1,941
	253 LEVEL II FACIAL AND ENT PROCEDURES	13	\$938	\$1,836
	254 LEVEL III FACIAL AND ENT PROCEDURES	12	\$5,814	\$3,090
	255 LEVEL IV FACIAL AND ENT PROCEDURES	5	\$3,408	\$2,605
	256 TONSIL AND ADENOID PROCEDURES	155	\$1,488	\$1,559

SOURCE: Utah Ambulatory Surgery Database
 Utah Health Data Committee/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, 2009
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

423 Coral Desert Surgery Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
GENDER				
Female	2,981	50.2	45,625	54.2
Male	2,953	49.7	38,545	45.8
Unknown	0	0.0	6	0.0
Not Reported	6	0.1	22	0.0
AGE				
1-28 days	0	0.0	0	0.0
29-365 days	80	1.3	664	0.8
1-4 years	251	4.2	4,619	5.5
5-9	137	2.3	2,203	2.6
10-14	73	1.2	1,176	1.4
15-17	58	1.0	1,480	1.8
18-19	39	0.7	1,225	1.5
20-24	72	1.2	3,040	3.6
25-29	132	2.2	3,416	4.1
30-34	123	2.1	3,538	4.2
35-39	161	2.7	3,688	4.4
40-44	127	2.1	3,659	4.3
45-49	198	3.3	4,841	5.7
50-54	252	4.2	7,274	8.6
55-59	345	5.8	6,789	8.1
60-64	435	7.3	6,791	8.1
65-69	999	16.8	8,522	10.1
70-74	1,005	16.9	7,887	9.4
75-79	758	12.8	6,673	7.9
80-84	465	7.8	4,368	5.2
85-89	187	3.1	1,871	2.2
90 +	43	0.7	472	0.6
Not Reported	0	0.0	2	0.0
SOURCE OF ADMISSION				
Physician Referral	5,940	100.0	70,785	84.1
Clinic Referral	0	0.0	1,276	1.5
HMO Referral	0	0.0	4	0.0
Other Hospital	0	0.0	1	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	6,047	7.2
Not Reported	0	0.0	6,083	7.2

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

423 Coral Desert Surgery Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	5,940	100.0	75,308	89.4
Another Hospital	0	0.0	69	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	7	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	8,814	10.5
Not Reported	0	0.0	0	0.0
PRIMARY PAYER				
Medicare	2,765	46.5	23,656	28.1
Medicaid	352	5.9	5,431	6.5
Other government	83	1.4	2,708	3.2
Blue Cross/Blue Shield	1,204	20.3	17,610	20.9
Other Commercial	562	9.5	7,300	8.7
Managed Care(HMO, PPO)	590	9.9	23,018	27.3
Self Pay	1	0.0	1,018	1.2
Industrial & Worker Comp	144	2.4	1,691	2.0
Charity and Unclassified	2	0.0	348	0.4
Childrens Health Insurance	0	0.0	107	0.1
Unknown	0	0.0	85	0.1
Not Reported	237	4.0	1,226	1.5
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	3	0.1	3,400	4.0
Central Utah	42	0.7	1,399	1.7
Davis County	11	0.2	14,894	17.7
Salt Lake County	12	0.2	23,285	27.7
Southeastern Utah	2	0.0	873	1.0
Southwest Utah	4,959	83.5	8,567	10.2
Summit County	4	0.1	753	0.9
Tooele County	1	0.0	1,210	1.4
Tri-County	4	0.1	383	0.5
Utah County	15	0.3	10,987	13.0
Wasatch County	3	0.1	337	0.4
Weber County	6	0.1	13,857	16.5
Unknown Utah	0	0.0	17	0.0
Outside Utah	878	14.8	4,218	5.0
Unknown, Not Reported	0	0.0	18	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, 2009
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)	68	100.0	60,592	100.0
Mastectomy (85.0-85.99)	0	0.0	1,095	1.8
Musculoskeletal (76.0-84.99)	9	13.2	13,858	22.9
Respiratory (30.0-34.99)	0	0.0	108	0.2
Cardiovascular (35.0-39.99)	0	0.0	31	0.1
Lymphatic/Hemetic (40.0-41.99)	0	0.0	81	0.1
Digestive System (42.0-54.99)	4	5.9	17,733	29.3
Urinary (55.0-59.99)	0	0.0	403	0.7
Male Genital (60.0-64.99)	0	0.0	212	0.3
Female Genital (65.0-71.99)	15	22.1	920	1.5
Endocrine/Nervous (01.0-07.99)	2	2.9	4,252	7.0
Eye (08.0-16.99)	0	0.0	8,739	14.4
Ear (18.0-20.99)	20	29.4	3,390	5.6
Nose, Mouth, Pharynx (21.0-29.99)	18	26.5	9,770	16.1
Reporting Category(CPT-4 CODES)	6,537	100.0	111,661	100.0
Mastectomy (19120-19220)	33	0.5	388	0.3
Musculoskeletal (20000-29909)	1,965	30.1	25,619	22.9
Respiratory (30000-32999 & 39501-39599)	599	9.2	9,048	8.1
Cardiovascular (33010-37799 & 93501-93660)	3	0.0	115	0.1
Lymphatic/Hemetic (38100-38999)	17	0.3	131	0.1
Digestive (40490-49999)	1,477	22.6	38,377	34.4
Urinary (50010-53899)	1	0.0	2,161	1.9
Male Genital (54000-55899)	1	0.0	759	0.7
Female Genital (56405-58999)	593	9.1	1,473	1.3
Endocrine/Nervous (60000-64999)	232	3.5	11,321	10.1
Eye (65091-68899)	1,086	16.6	18,003	16.1
Ear (69000-69979)	530	8.1	4,266	3.8

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 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
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		68	100.0	100.0
2001	MYRINGOTOMY W/INSRT TUBE	18	26.5	4.77
283	TONSILLECTOMY W/ADENOIDECTOMY	7	10.3	2.35
6902	D&C FOLLOWING DELIV/AB	5	7.4	0.12
2169	OTH TURBINECTOMY	4	5.9	2.63
286	ADENOIDECTOMY WO TONSILLECTOMY	3	4.4	0.55
6732	DESTRUC LES CERV-CAUT	3	4.4	0.02
6823	ENDOMETRIAL ABLATION	3	4.4	0.16
043	SUT CRANIAL & PERIPH NERV	2	2.9	0.05
2103	CNTRL EPISTAXIS-CAUT (& PACKING)	2	2.9	0.07
4523	COLONOSCOPY	2	2.9	6.21
5123	LAP CHOLEY	2	2.9	0.55
6629	OTH BIL ENDO DESTRUC FALLOP TUBES	2	2.9	0.10
7769	LOC EXC LES/TISS-OTH BONE	2	2.9	0.14
7868	REMOV IMPLNT DEVICE-TARS-METATARS	2	2.9	0.07
1829	EXC/DESTRUC OTH LES EXT EAR	1	1.5	0.05
201	REMOV TYMPANOSTOMY TUBE	1	1.5	0.30
2171	CLO REDUC NASAL FX	1	1.5	0.15
282	TONSILLECTOMY WO ADENOIDECTOMY	1	1.5	0.87
6662	SALPINGECTOMY W/REMOV TUBAL PG	1	1.5	0.00
6919	OTH EXC/DEST UTERUS-SUPPORT STRUCT	1	1.5	0.06

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL FASCs
All CPT-4 Procedures		6,537	100.0	100.0
66984	EXTRACAPSULAR CATARACT REMV IOL	712	10.9	8.81
69436	TYMPANOSTOMY GENERAL ANESTHESIA	454	6.9	3.22
45378	COLONOSCOPY FLEX; DX-SEP PROC	276	4.2	6.32
66821	DISCISSION 2ND CATARACT; LASER S	213	3.3	1.55
29881	SCOPE KNEE SURG;W/MENISCECT MED/	182	2.8	2.03
43239	UGI ENDO; W/BX 1/MX	168	2.6	6.74
30140	SUBMUCOS RES TURBINATE PART/CMPL	160	2.4	2.06
58662	LAP SURG; W/FULG/EXCIS LES-OVARY	153	2.3	0.28
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	142	2.2	1.15
42820	T&A; UNDER AGE 12	139	2.1	1.25
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	110	1.7	0.62
29826	SCOPE SHOULDER; DECOMP SUBACROM	106	1.6	1.48
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	104	1.6	0.43
58558	HYSTEROSCPY SURG; W/BX &/ POLYPE	102	1.6	0.16
28285	CORRECTION HAMMERTO	100	1.5	0.70
30520	SEPTOPLASTY/SUBMUCOS RES W/GFT	96	1.5	1.42
31255	NASAL/SINUS ENDO; W/TOT ETHMOECT	95	1.5	0.97
45384	COLONOSCPY FLEX; REMV LES-FORCE	83	1.3	0.36
28296	HALLUX VALGUS; W/METATARSAL OSTE	79	1.2	0.38
20680	REMOVAL OF IMPLANT; DEEP	72	1.1	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, 2009
 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		27	\$2,543	\$1,375
283	TONSILLECTOMY W/ADENOIDECTOMY	6	\$1,900	\$1,593
6902	D&C FOLLOWING DELIV/AB	4	\$1,966	\$1,005
4523	COLONOSCOPY	2	\$1,300	\$1,016
5123	LAP CHOLEY	2	\$5,422	\$3,947
6629	OTH BIL ENDO DESTRUC FALLOP TUBES	2	\$2,774	\$2,097
7769	LOC EXC LES/TISS-OTH BONE	2	\$2,345	\$1,219
1829	EXC/DESTRUC OTH LES EXT EAR	1	\$1,023	\$1,606
201	REMOV TYMPANOSTOMY TUBE	1	\$913	\$690
2171	CLO REDUC NASAL FX	1	\$2,646	\$1,218
282	TONSILLECTOMY WO ADENOIDECTOMY	1	\$1,727	\$1,293
6823	ENDOMETRIAL ABLATION	1	\$5,598	\$3,906
6919	OTH EXC/DEST UTERUS-SUPPORT STRUCT	1	\$3,751	\$3,524
7937	OP REDUC W/INT FIX-TARS-METATARS	1	\$3,735	\$1,744
7938	OP REDUC FX W/INT FIX-PHALANGES FT	1	\$1,676	\$1,941
806	EXC SEMILUNAR CARTILAGE-KNEE	1	\$4,638	\$2,019

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL FASCs)
CPT-4 Procedures		3,466	\$2,629	\$2,105
66984	EXTRACAPSULAR CATARACT REMV IOL	709	\$2,919	\$2,480
45378	COLONOSCOPY FLEX; DX-SEP PROC	231	\$1,307	\$1,642
66821	DISCISSION 2ND CATARACT; LASER S	210	\$1,133	\$881
29881	SCOPE KNEE SURG;W/MENISCECT MED/	138	\$4,398	\$3,535
42820	T&A; UNDER AGE 12	116	\$1,930	\$1,582
43239	UGI ENDO; W/BX 1/MX	116	\$1,598	\$1,605
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	102	\$5,419	\$4,965
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	100	\$1,849	\$1,458
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	78	\$1,915	\$1,675
45384	COLONOSCPY FLEX; REMV LES-FORCE	72	\$1,301	\$2,111
58662	LAP SURG; W/FULG/EXCIS LES-OVARY	70	\$3,577	\$3,241
29880	SCOPE KNEE SURG;W/MENISCECT MED&	53	\$5,341	\$4,128
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	53	\$1,305	\$1,474
45380	COLONOSCOPY FLEX; W/BX 1/MX	49	\$1,319	\$1,432
28296	HALLUX VALGUS; W/METATARSAL OSTE	47	\$3,890	\$2,692
29877	SCOPE KNEE SURG; DEBRID/SHAVE CA	43	\$5,474	\$4,439
69436	TYMPANOSTOMY GENERAL ANESTHESIA	41	\$2,674	\$1,364
58558	HYSTEROSCPY SURG; W/BX &/ POLYPE	38	\$3,283	\$2,552
49505	REPR INIT ING HERNIA 5YR/MORE; R	34	\$3,416	\$2,331
20680	REMOVAL OF IMPLANT; DEEP	33	\$1,759	\$2,113

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, 2009
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE* CPT-4 PROCEDURES

415 Davis Surgical Center

Procedure EAPG category	Procedure EAPG	TOTAL #	TOTAL # (ALL FASCs)
01	SKIN & INTEGUMENTARY SYSTEM PROCEDURES	177	1,972
	004 LEVEL II SKIN INCISION AND DRAINAGE	4	37
	007 LEVEL II SKIN DEBRIDEMENT AND DESTRUCTION	3	49
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	15	143
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	149	1,515
	013 LEVEL II SKIN REPAIR	4	88
	014 LEVEL III SKIN REPAIR	2	76
02	BREAST PROCEDURES	33	367
	020 LEVEL I BREAST PROCEDURES	33	367
03	MUSCULOSKELETAL SYSTEM PROCEDURES	1,773	22,713
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	49	596
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	134	1,597
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	35	814
	033 LEVEL I HAND PROCEDURES	163	1,543
	034 LEVEL II HAND PROCEDURES	38	369
	035 LEVEL I FOOT PROCEDURES	248	2,537
	036 LEVEL II FOOT PROCEDURES	84	566
	037 LEVEL I ARTHROSCOPY	599	8,908
	038 LEVEL II ARTHROSCOPY	109	1,927
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	8	89
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	78	1,363
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	14	197
	045 BUNION PROCEDURES	138	892
	046 LEVEL I ARTHROPLASTY	16	223
	047 LEVEL II ARTHROPLASTY	1	15
	048 HAND AND FOOT TENOTOMY	9	138
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	50	830
04	RESPIRATORY PROCEDURES	307	4,018
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	44	544
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	262	3,422
	064 ENDOSCOPY OF THE LOWER AIRWAY	1	9
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	17	129
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	17	116
07	GASTROINTESTINAL SYSTEM PROCEDURES	1,348	31,840
	131 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	2	704
	132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	2	76
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	199	8,893
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	32	2,107
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	333	13,783
	137 THERAPEUTIC COLONOSCOPY	143	2,374
	139 LEVEL I HERNIA REPAIR	99	1,123
	140 LEVEL II HERNIA REPAIR	43	255
	141 LEVEL I ANAL AND RECTAL PROCEDURES	8	240
	142 LEVEL II ANAL AND RECTAL PROCEDURES	14	352
	145 LEVEL I LAPAROSCOPY	70	271
	146 LEVEL II LAPAROSCOPY	145	650

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE* CPT-4 PROCEDURES

415 Davis Surgical Center

procedure EAPG category	procedure EAPG	TOTAL #	TOTAL # (ALL FASCs)
	147 LEVEL III LAPAROSCOPY	258	902
08	GENITOURINARY SYSTEM PROCEDURES	1	2,351
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	1	719
09	MALE REPRODUCTIVE SYSTEM	1	486
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	1	320
10	FEMALE REPRODUCTIVE SYSTEM	315	857
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	81	184
	197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	14	97
	198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	24	136
	199 DILATION AND CURETTAGE	9	42
	200 HYSTEROSCOPY	158	363
	201 COLPOSCOPY	29	35
11	NEUROLOGIC SYSTEM PROCEDURES	238	11,107
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	1	2,809
	217 LEVEL I NERVE PROCEDURES	234	1,933
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	3	5,899
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	1,085	17,880
	230 MINOR OPHTHALMOLOGICAL TESTS AND PROCEDURES	17	180
	232 LASER EYE PROCEDURES	216	1,864
	233 CATARACT PROCEDURES	747	10,500
	234 LEVEL I ANTERIOR SEGMENT EYE PROCEDURES	4	1,183
	235 LEVEL II ANTERIOR SEGMENT EYE PROCEDURES	20	334
	236 LEVEL III ANTERIOR SEGMENT EYE PROCEDURES	2	169
	237 LEVEL I POSTERIOR SEGMENT EYE PROCEDURES	1	624
	238 LEVEL II POSTERIOR SEGMENT EYE PROCEDURES	2	454
	239 STRABISMUS AND MUSCLE EYE PROCEDURES	22	362
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	20	560
	241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	34	1,650
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	1,221	16,324
	252 LEVEL I FACIAL AND ENT PROCEDURES	664	9,824
	253 LEVEL II FACIAL AND ENT PROCEDURES	42	588
	254 LEVEL III FACIAL AND ENT PROCEDURES	132	1,930
	255 LEVEL IV FACIAL AND ENT PROCEDURES	24	583
	256 TONSIL AND ADENOID PROCEDURES	359	3,399

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

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

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, SINGLE EAPG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

415 Davis Surgical Center

Procedure EAPG category	Procedure EAPG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL FASCs)
01	SKIN & INTEGUMENTARY SYSTEM PROCEDURES	94	\$1,594	\$1,788
	004 LEVEL II SKIN INCISION AND DRAINAGE	2	\$1,371	\$1,746
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	9	\$1,404	\$1,574
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	83	\$1,620	\$1,779
02	BREAST PROCEDURES	28	\$2,411	\$1,351
	020 LEVEL I BREAST PROCEDURES	28	\$2,411	\$1,351
03	MUSCULOSKELETAL SYSTEM PROCEDURES	755	\$3,533	\$3,403
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	25	\$1,876	\$2,294
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	33	\$1,837	\$3,362
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	3	\$2,498	\$4,007
	033 LEVEL I HAND PROCEDURES	103	\$2,511	\$2,070
	034 LEVEL II HAND PROCEDURES	16	\$2,314	\$2,648
	035 LEVEL I FOOT PROCEDURES	81	\$2,336	\$2,266
	036 LEVEL II FOOT PROCEDURES	36	\$2,998	\$3,355
	037 LEVEL I ARTHROSCOPY	303	\$4,810	\$4,027
	038 LEVEL II ARTHROSCOPY	18	\$5,465	\$5,840
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	7	\$1,222	\$2,109
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	45	\$2,188	\$3,198
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	6	\$1,393	\$1,754
	045 BUNION PROCEDURES	77	\$3,662	\$2,834
	046 LEVEL I ARTHROPLASTY	1	\$3,945	\$3,436
	047 LEVEL II ARTHROPLASTY	1	\$2,202	\$3,211
04	RESPIRATORY PROCEDURES	12	\$1,926	\$3,092
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	5	\$1,373	\$2,100
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	7	\$2,321	\$2,006
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	14	\$1,505	\$1,995
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	14	\$1,505	\$2,003
07	GASTROINTESTINAL SYSTEM PROCEDURES	924	\$2,350	\$1,702
	131 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	1	\$1,023	\$1,341
	132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	1	\$1,023	\$1,232
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	136	\$1,555	\$1,498
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	25	\$1,351	\$1,341
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	280	\$1,309	\$1,544
	137 THERAPEUTIC COLONOSCOPY	125	\$1,303	\$1,642
	139 LEVEL I HERNIA REPAIR	51	\$3,335	\$2,519
	140 LEVEL II HERNIA REPAIR	7	\$3,291	\$2,000
	141 LEVEL I ANAL AND RECTAL PROCEDURES	6	\$1,316	\$847
	142 LEVEL II ANAL AND RECTAL PROCEDURES	13	\$1,407	\$1,249
	145 LEVEL I LAPAROSCOPY	32	\$2,498	\$2,220
	146 LEVEL II LAPAROSCOPY	75	\$3,896	\$3,971
	147 LEVEL III LAPAROSCOPY	172	\$4,669	\$4,503
10	FEMALE REPRODUCTIVE SYSTEM	129	\$3,460	\$2,701
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	30	\$1,831	\$1,706
	198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	15	\$4,312	\$3,089
	199 DILATION AND CURETTAGE	3	\$1,224	\$1,137

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, SINGLE EAPG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

415 Davis Surgical Center

procedure EAPG category	Procedure EAPG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL FASCs)
	200 HYSTEROSCOPY	71	\$4,313	\$3,343
	201 COLPOSCOPY	10	\$1,685	\$1,486
11	NEUROLOGIC SYSTEM PROCEDURES	105	\$2,176	\$1,085
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	1	\$1,023	\$677
	217 LEVEL I NERVE PROCEDURES	104	\$2,187	\$1,887
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	1,009	\$2,480	\$2,213
	230 MINOR OPHTHALMOLOGICAL TESTS AND PROCEDURES	9	\$1,076	\$387
	232 LASER EYE PROCEDURES	211	\$1,134	\$906
	233 CATARACT PROCEDURES	736	\$2,906	\$2,474
	234 LEVEL I ANTERIOR SEGMENT EYE PROCEDURES	4	\$1,261	\$1,238
	235 LEVEL II ANTERIOR SEGMENT EYE PROCEDURES	15	\$2,691	\$2,125
	236 LEVEL III ANTERIOR SEGMENT EYE PROCEDURES	2	\$1,727	\$3,691
	238 LEVEL II POSTERIOR SEGMENT EYE PROCEDURES	1	\$1,934	\$4,477
	239 STRABISMUS AND MUSCLE EYE PROCEDURES	2	\$1,727	\$2,125
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	9	\$2,652	\$1,193
	241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	20	\$1,799	\$2,042
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	395	\$2,098	\$1,871
	252 LEVEL I FACIAL AND ENT PROCEDURES	65	\$2,339	\$1,941
	253 LEVEL II FACIAL AND ENT PROCEDURES	23	\$1,308	\$1,836
	254 LEVEL III FACIAL AND ENT PROCEDURES	31	\$3,737	\$3,090
	255 LEVEL IV FACIAL AND ENT PROCEDURES	9	\$2,640	\$2,605
	256 TONSIL AND ADENOID PROCEDURES	267	\$1,899	\$1,559

SOURCE: Utah Ambulatory Surgery Database
Utah Health Data Committee/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, 2009
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

415 Davis Surgical Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
GENDER				
Female	2,707	57.7	45,625	54.2
Male	1,980	42.2	38,545	45.8
Unknown	0	0.0	6	0.0
Not Reported	2	0.0	22	0.0
AGE				
1-28 days	0	0.0	0	0.0
29-365 days	67	1.4	664	0.8
1-4 years	237	5.1	4,619	5.5
5-9	148	3.2	2,203	2.6
10-14	83	1.8	1,176	1.4
15-17	123	2.6	1,480	1.8
18-19	109	2.3	1,225	1.5
20-24	236	5.0	3,040	3.6
25-29	249	5.3	3,416	4.1
30-34	250	5.3	3,538	4.2
35-39	269	5.7	3,688	4.4
40-44	232	4.9	3,659	4.3
45-49	298	6.4	4,841	5.7
50-54	417	8.9	7,274	8.6
55-59	367	7.8	6,789	8.1
60-64	365	7.8	6,791	8.1
65-69	327	7.0	8,522	10.1
70-74	351	7.5	7,887	9.4
75-79	284	6.1	6,673	7.9
80-84	204	4.4	4,368	5.2
85-89	59	1.3	1,871	2.2
90 +	12	0.3	472	0.6
Not Reported	2	0.0	2	0.0
SOURCE OF ADMISSION				
Physician Referral	4,689	100.0	70,785	84.1
Clinic Referral	0	0.0	1,276	1.5
HMO Referral	0	0.0	4	0.0
Other Hospital	0	0.0	1	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	6,047	7.2
Not Reported	0	0.0	6,083	7.2

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

415 Davis Surgical Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	4,660	99.4	75,308	89.4
Another Hospital	25	0.5	69	0.1
Skilled Nursing Facility	0	0.0	0	0.0
Intermediate Care Facility	0	0.0	0	0.0
Another Type of Institution	4	0.1	7	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	8,814	10.5
Not Reported	0	0.0	0	0.0
PRIMARY PAYER				
Medicare	1,029	21.9	23,656	28.1
Medicaid	329	7.0	5,431	6.5
Other government	376	8.0	2,708	3.2
Blue Cross/Blue Shield	1,071	22.8	17,610	20.9
Other Commercial	396	8.4	7,300	8.7
Managed Care(HMO, PPO)	1,417	30.2	23,018	27.3
Self Pay	37	0.8	1,018	1.2
Industrial & Worker Comp	34	0.7	1,691	2.0
Charity and Unclassified	0	0.0	348	0.4
Childrens Health Insurance	0	0.0	107	0.1
Unknown	0	0.0	85	0.1
Not Reported	0	0.0	1,226	1.5
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	53	1.1	3,400	4.0
Central Utah	2	0.0	1,399	1.7
Davis County	3,637	77.6	14,894	17.7
Salt Lake County	50	1.1	23,285	27.7
Southeastern Utah	3	0.1	873	1.0
Southwest Utah	3	0.1	8,567	10.2
Summit County	3	0.1	753	0.9
Tooele County	12	0.3	1,210	1.4
Tri-County	3	0.1	383	0.5
Utah County	10	0.2	10,987	13.0
Wasatch County	0	0.0	337	0.4
Weber County	865	18.4	13,857	16.5
Unknown Utah	0	0.0	17	0.0
Outside Utah	48	1.0	4,218	5.0
Unknown, Not Reported	0	0.0	18	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, 2009
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)	9,299	100.0	60,592	100.0
Mastectomy (85.0-85.99)	250	2.7	1,095	1.8
Musculoskeletal (76.0-84.99)	2,029	21.8	13,858	22.9
Respiratory (30.0-34.99)	15	0.2	108	0.2
Cardiovascular (35.0-39.99)	17	0.2	31	0.1
Lymphatic/Hemetic (40.0-41.99)	7	0.1	81	0.1
Digestive System (42.0-54.99)	48	0.5	17,733	29.3
Urinary (55.0-59.99)	119	1.3	403	0.7
Male Genital (60.0-64.99)	41	0.4	212	0.3
Female Genital (65.0-71.99)	7	0.1	920	1.5
Endocrine/Nervous (01.0-07.99)	233	2.5	4,252	7.0
Eye (08.0-16.99)	1,797	19.3	8,739	14.4
Ear (18.0-20.99)	518	5.6	3,390	5.6
Nose, Mouth, Pharynx (21.0-29.99)	4,218	45.4	9,770	16.1
Reporting Category(CPT-4 CODES)	7,143	100.0	111,661	100.0
Mastectomy (19120-19220)	16	0.2	388	0.3
Musculoskeletal (20000-29909)	2,021	28.3	25,619	22.9
Respiratory (30000-32999 & 39501-39599)	2,974	41.6	9,048	8.1
Cardiovascular (33010-37799 & 93501-93660)	16	0.2	115	0.1
Lymphatic/Hemetic (38100-38999)	8	0.1	131	0.1
Digestive (40490-49999)	616	8.6	38,377	34.4
Urinary (50010-53899)	122	1.7	2,161	1.9
Male Genital (54000-55899)	28	0.4	759	0.7
Female Genital (56405-58999)	20	0.3	1,473	1.3
Endocrine/Nervous (60000-64999)	174	2.4	11,321	10.1
Eye (65091-68899)	845	11.8	18,003	16.1
Ear (69000-69979)	303	4.2	4,266	3.8

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 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
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		9,299	100.0	100.0
2263	ETHMOIDECTOMY	899	9.7	1.98
2262	EXC LES MAXIL SINUS W/OTH APPRCH	768	8.3	1.67
2169	OTH TURBINECTOMY	578	6.2	2.63
1371	IOL PROSTH-CATARACT EXTRACT-1-STAGE	477	5.1	7.55
1341	PHACOEMULSIFICATION-ASPIR CATARACT	476	5.1	2.63
2001	MYRINGOTOMY W/INSRT TUBE	410	4.4	4.77
215	SUBMUCOUS RESECT NASAL SEPTUM	399	4.3	1.28
283	TONSILLECTOMY W/ADENOIDECTOMY	273	2.9	2.35
0887	UPPER EYELID RHYTIDECTOMY	232	2.5	0.71
2131	LOC EXC/DESTRUC INTRANASAL LES	162	1.7	0.37
2188	OTH SEPTOPLASTY	162	1.7	0.73
806	EXC SEMILUNAR CARTILAGE-KNEE	156	1.7	3.08
222	INTRANASAL ANTROTOMY	150	1.6	0.45
2242	FRONTAL SINUSECTOMY	144	1.5	0.26
2219	OTH DX PROC NASAL SINUSES	130	1.4	0.37
0443	RELEASE CARPAL TUNNEL	116	1.2	1.42
0833	REPR BLEPHAROPT-RESECT/ADVANC LEVAT	110	1.2	0.29
286	ADENOIDECTOMY WO TONSILLECTOMY	100	1.1	0.55
8201	EXPLOR TENDON SHEATH HAND	89	1.0	0.26
8086	OTH LOC EXC/DESTRUC JT LES-KNEE	84	0.9	1.29

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL FASCs
All CPT-4 Procedures		7,143	100.0	100.0
30140	SUBMUCOS RES TURBINATE PART/CMPL	641	9.0	2.06
30520	SEPTOPLASTY/SUBMUCOS RES W/GFT	560	7.8	1.42
66984	EXTRACAPSULAR CATARACT REMV IOL	475	6.6	8.81
31255	NASAL/SINUS ENDO; W/TOT ETHMOECT	445	6.2	0.97
31267	NASL/SINUS ENDO; W/TISS REMV MAX	434	6.1	0.87
69436	TYMPANOSTOMY GENERAL ANESTHESIA	212	3.0	3.22
30115	EXCISION NASAL POLYP EXTENSIVE	176	2.5	0.17
31276	NASL/SINUS ENDO W/FRNTL SINUS EX	168	2.4	0.44
42821	T&A; AGE 12 OR OVER	165	2.3	0.58
31240	NASL/SINUS ENDO; CONCHA BULLOSA	160	2.2	0.22
29881	SCOPE KNEE SURG;W/MENISCECT MED/	133	1.9	2.03
42820	T&A; UNDER AGE 12	112	1.6	1.25
31288	NASAL ENDO W/SPHENOIDOT; REMV TI	110	1.5	0.17
42831	ADENOIDECTOMY PRIMARY; AGE 12/OV	104	1.5	0.11
29877	SCOPE KNEE SURG; DEBRID/SHAVE CA	90	1.3	0.87
31256	NASL/SINUS ENDO SURG W/MAX ANTRO	87	1.2	0.35
26055	TENDON SHEATH INCISION	81	1.1	0.57
28285	CORRECTION HAMMERTO	80	1.1	0.70
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	80	1.1	1.15
67904	REPR BLEPHAROPTOSIS; RESECT-EXT	71	1.0	0.42

SOURCE: Utah Ambulatory Surgery Database
 Utah Health Data Committee/Office of Health Care Statistics
 Reportable* excludes codes in the former "Other" category 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, 2009
 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 CHR	AVE TOT CHR
ICD-9 Procedures		1,187	\$1,954	\$1,375
283	TONSILLECTOMY W/ADENOIDECTOMY	185	\$963	\$1,593
0443	RELEASE CARPAL TUNNEL	52	\$1,219	\$1,455
806	EXC SEMILUNAR CARTILAGE-KNEE	51	\$1,969	\$2,019
7932	OP REDUC FX W/INT FIX-RADIUS & ULNA	46	\$6,415	\$3,922
282	TONSILLECTOMY WO ADENOIDECTOMY	42	\$917	\$1,293
8554	BILAT BREAST IMPLNT	35	\$920	\$888
8221	EXC LES TENDON SHEATH HAND	30	\$1,089	\$1,228
7751	BUNIONEC SOFT-OSTEOT 1ST METATARS	29	\$1,833	\$2,016
8201	EXPLOR TENDON SHEATH HAND	29	\$1,291	\$1,391
0407	OTH EXC/AVUL CRANIAL & PERIPH NERV	24	\$1,349	\$1,474
7933	OP REDUC W/INT FIX-CARP-METACARP	21	\$3,957	\$2,537
194	MYRINGOPLASTY	19	\$2,233	\$2,200
8532	BILAT REDUC MAMMO	16	\$2,177	\$2,177
7913	CLO REDUC-/INT FIX-CARP-METACARP	14	\$2,249	\$1,802
2171	CLO REDUC NASAL FX	13	\$1,187	\$1,218
8521	LOC EXC LES BREAST	13	\$1,216	\$1,124
586	DILAT URETHRA	11	\$1,254	\$1,758
7768	LOC EXC LES/TISS-TARS-METATARS	11	\$1,726	\$1,295
7914	CLO REDUC W/INT FIX-PHALANGES HAND	11	\$2,156	\$1,755
7936	OP REDUC FX W/INT FIX-TIBIA & FIB	11	\$4,734	\$2,302

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHR	AVE TOT CHR
CPT-4 Procedures		1,871	\$1,803	\$2,105
66984	EXTRACAPSULAR CATARACT REMV IOL	475	\$1,532	\$2,480
69436	TYMPANOSTOMY GENERAL ANESTHESIA	122	\$998	\$1,364
42821	T&A; AGE 12 OR OVER	98	\$996	\$1,587
42820	T&A; UNDER AGE 12	82	\$908	\$1,582
29881	SCOPE KNEE SURG;W/MENISCECT MED/	63	\$1,968	\$3,535
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	46	\$1,102	\$1,675
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	39	\$924	\$1,458
67904	REPR BLEPHAROPTOSIS; RESECT-EXT	33	\$2,553	\$1,397
28296	HALLUX VALGUS; W/METATARSAL OSTE	25	\$1,983	\$2,692
28080	EXC INTERDIGITL NEUROMA SINGLE EA	24	\$1,322	\$1,984
69631	TYMP NO MASTOIDEA; NO OSSICUL CH	23	\$2,327	\$3,094
26055	TENDON SHEATH INCISION	22	\$1,078	\$2,128
25111	EXCISION OF GANGLION WRIST; PRIM	21	\$1,112	\$2,046
20680	REMOVAL OF IMPLANT; DEEP	20	\$1,313	\$2,113
25609	25609	19	\$6,283	\$4,537
29877	SCOPE KNEE SURG; DEBRID/SHAVE CA	18	\$2,369	\$4,439
19120	EXC BRST CYST TUMR/LES OPN M/F 1	16	\$1,647	\$1,590
25607	25607	16	\$6,286	\$3,718
29888	ARTHSCPY AIDED ACL REPR/AUG/RECO	16	\$9,516	\$6,805
28299	CORR HALLUX VALGUS; DBL OSTEOT	15	\$1,968	\$3,157

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

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE* CPT-4 PROCEDURES

403 Intermountain Avenues Surgical Center

Procedure EAPG category	Procedure EAPG	TOTAL #	TOTAL # (ALL FASCs)
01	SKIN & INTEGUMENTARY SYSTEM PROCEDURES	133	1,972
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	1	17
	003 LEVEL I SKIN INCISION AND DRAINAGE	1	31
	006 LEVEL I SKIN DEBRIDEMENT AND DESTRUCTION	1	7
	007 LEVEL II SKIN DEBRIDEMENT AND DESTRUCTION	1	49
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	6	143
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	97	1,515
	012 LEVEL I SKIN REPAIR	2	5
	013 LEVEL II SKIN REPAIR	20	88
	014 LEVEL III SKIN REPAIR	4	76
02	BREAST PROCEDURES	16	367
	020 LEVEL I BREAST PROCEDURES	16	367
03	MUSCULOSKELETAL SYSTEM PROCEDURES	1,773	22,713
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	63	596
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	133	1,597
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	22	814
	033 LEVEL I HAND PROCEDURES	179	1,543
	034 LEVEL II HAND PROCEDURES	36	369
	035 LEVEL I FOOT PROCEDURES	251	2,537
	036 LEVEL II FOOT PROCEDURES	35	566
	037 LEVEL I ARTHROSCOPY	536	8,908
	038 LEVEL II ARTHROSCOPY	103	1,927
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	58	109
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	10	89
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	183	1,363
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	3	197
	045 BUNION PROCEDURES	106	892
	046 LEVEL I ARTHROPLASTY	18	223
	047 LEVEL II ARTHROPLASTY	1	15
	048 HAND AND FOOT TENOTOMY	13	138
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	23	830
04	RESPIRATORY PROCEDURES	1,513	4,018
	061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	1	43
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	233	544
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	1,278	3,422
	064 ENDOSCOPY OF THE LOWER AIRWAY	1	9
05	CARDIOVASCULAR PROCEDURES	11	43
	085 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	2	3
	087 REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	1	1
	090 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	4	6
	091 VASCULAR LIGATION AND RECONSTRUCTION	4	6
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	8	129
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	8	116
07	GASTROINTESTINAL SYSTEM PROCEDURES	64	31,840
	131 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	1	704
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	1	8,893

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE* CPT-4 PROCEDURES

403 Intermountain Avenues Surgical Center

procedure EAPG category procedure EAPG	TOTAL #	TOTAL # (ALL FASCs)
139 LEVEL I HERNIA REPAIR	22	1,123
140 LEVEL II HERNIA REPAIR	5	255
141 LEVEL I ANAL AND RECTAL PROCEDURES	1	240
142 LEVEL II ANAL AND RECTAL PROCEDURES	5	352
143 LEVEL I GASTROINTESTINAL PROCEDURES	2	11
145 LEVEL I LAPAROSCOPY	1	271
146 LEVEL II LAPAROSCOPY	22	650
147 LEVEL III LAPAROSCOPY	4	902
08 GENITOURINARY SYSTEM PROCEDURES	117	2,351
160 EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	9	846
162 URINARY CATHETERIZATION AND DILATATION	3	6
163 LEVEL I BLADDER AND KIDNEY PROCEDURES	57	719
164 LEVEL II BLADDER AND KIDNEY PROCEDURES	47	510
166 LEVEL I URETHRA AND PROSTATE PROCEDURES	1	26
09 MALE REPRODUCTIVE SYSTEM	25	486
180 TESTICULAR AND EPIDIDYMAL PROCEDURES	20	320
181 CIRCUMCISION	1	104
184 LEVEL II PENILE AND PROSTATE PROCEDURES	3	42
185 PROSTATE NEEDLE AND PUNCH BIOPSY	1	20
10 FEMALE REPRODUCTIVE SYSTEM	18	857
197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	4	97
198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	14	136
11 NEUROLOGIC SYSTEM PROCEDURES	135	11,107
217 LEVEL I NERVE PROCEDURES	129	1,933
218 LEVEL II NERVE PROCEDURES	3	192
220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	3	5,899
12 OPHTHALMOLOGIC SYSTEM PROCEDURES	842	17,880
230 MINOR OPHTHALMOLOGICAL TESTS AND PROCEDURES	1	180
232 LASER EYE PROCEDURES	1	1,864
233 CATARACT PROCEDURES	480	10,500
234 LEVEL I ANTERIOR SEGMENT EYE PROCEDURES	9	1,183
235 LEVEL II ANTERIOR SEGMENT EYE PROCEDURES	25	334
236 LEVEL III ANTERIOR SEGMENT EYE PROCEDURES	7	169
237 LEVEL I POSTERIOR SEGMENT EYE PROCEDURES	1	624
238 LEVEL II POSTERIOR SEGMENT EYE PROCEDURES	15	454
239 STRABISMUS AND MUSCLE EYE PROCEDURES	4	362
240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	73	560
241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	226	1,650
13 EAR, NOSE, MOUTH, & THROAT PROCEDURES	2,429	16,324
252 LEVEL I FACIAL AND ENT PROCEDURES	1,096	9,824
253 LEVEL II FACIAL AND ENT PROCEDURES	81	588
254 LEVEL III FACIAL AND ENT PROCEDURES	656	1,930
255 LEVEL IV FACIAL AND ENT PROCEDURES	86	583
256 TONSIL AND ADENOID PROCEDURES	510	3,399

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

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

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, SINGLE EAPG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

403 Intermountain Avenues Surgical Center

Procedure EAPG category	Procedure EAPG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL FASCs)
01	SKIN & INTEGUMENTARY SYSTEM PROCEDURES	47	\$1,366	\$1,788
	003 LEVEL I SKIN INCISION AND DRAINAGE	1	\$400	\$940
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	4	\$1,073	\$1,574
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	42	\$1,417	\$1,779
02	BREAST PROCEDURES	16	\$1,647	\$1,351
	020 LEVEL I BREAST PROCEDURES	16	\$1,647	\$1,351
03	MUSCULOSKELETAL SYSTEM PROCEDURES	571	\$2,505	\$3,403
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	15	\$1,531	\$2,294
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	42	\$2,068	\$3,362
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	3	\$4,245	\$4,007
	033 LEVEL I HAND PROCEDURES	71	\$1,115	\$2,070
	034 LEVEL II HAND PROCEDURES	8	\$1,574	\$2,648
	035 LEVEL I FOOT PROCEDURES	64	\$1,435	\$2,266
	036 LEVEL II FOOT PROCEDURES	9	\$2,929	\$3,355
	037 LEVEL I ARTHROSCOPY	142	\$2,214	\$4,027
	038 LEVEL II ARTHROSCOPY	24	\$7,174	\$5,840
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	20	\$1,195	\$2,091
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	5	\$1,245	\$2,109
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	119	\$4,102	\$3,198
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	1	\$400	\$1,754
	045 BUNION PROCEDURES	44	\$1,963	\$2,834
	046 LEVEL I ARTHROPLASTY	2	\$2,060	\$3,436
	048 HAND AND FOOT TENOTOMY	2	\$1,079	\$2,411
04	RESPIRATORY PROCEDURES	8	\$1,333	\$3,092
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	2	\$2,172	\$2,100
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	6	\$1,053	\$2,006
05	CARDIOVASCULAR PROCEDURES	2	\$2,280	\$2,181
	085 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	2	\$2,280	\$2,251
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	4	\$2,616	\$1,995
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	4	\$2,616	\$2,003
07	GASTROINTESTINAL SYSTEM PROCEDURES	40	\$3,557	\$1,702
	139 LEVEL I HERNIA REPAIR	16	\$1,639	\$2,519
	140 LEVEL II HERNIA REPAIR	1	\$2,518	\$2,000
	141 LEVEL I ANAL AND RECTAL PROCEDURES	1	\$1,148	\$847
	142 LEVEL II ANAL AND RECTAL PROCEDURES	2	\$1,307	\$1,249
	143 LEVEL I GASTROINTESTINAL PROCEDURES	1	\$665	\$1,530
	146 LEVEL II LAPAROSCOPY	17	\$5,729	\$3,971
	147 LEVEL III LAPAROSCOPY	2	\$5,856	\$4,503
08	GENITOURINARY SYSTEM PROCEDURES	42	\$1,313	\$4,648
	162 URINARY CATHETERIZATION AND DILATATION	1	\$400	\$1,283
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	21	\$1,297	\$2,101
	164 LEVEL II BLADDER AND KIDNEY PROCEDURES	20	\$1,376	\$2,630
09	MALE REPRODUCTIVE SYSTEM	17	\$982	\$2,334
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	15	\$933	\$2,474
	181 CIRCUMCISION	1	\$1,253	\$1,830

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, SINGLE EAPG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

403 Intermountain Avenues Surgical Center

procedure	EAPG category	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL FASCs)
	Procedure EAPG			
	184 LEVEL II PENILE AND PROSTATE PROCEDURES	1	\$1,447	\$3,059
10	FEMALE REPRODUCTIVE SYSTEM	14	\$2,231	\$2,701
	197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	3	\$912	\$1,914
	198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	11	\$2,590	\$3,089
11	NEUROLOGIC SYSTEM PROCEDURES	57	\$1,152	\$1,085
	217 LEVEL I NERVE PROCEDURES	56	\$1,144	\$1,887
	218 LEVEL II NERVE PROCEDURES	1	\$1,644	\$2,252
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	591	\$1,639	\$2,213
	233 CATARACT PROCEDURES	479	\$1,530	\$2,474
	234 LEVEL I ANTERIOR SEGMENT EYE PROCEDURES	4	\$1,159	\$1,238
	235 LEVEL II ANTERIOR SEGMENT EYE PROCEDURES	15	\$1,531	\$2,125
	236 LEVEL III ANTERIOR SEGMENT EYE PROCEDURES	6	\$5,794	\$3,691
	238 LEVEL II POSTERIOR SEGMENT EYE PROCEDURES	7	\$2,055	\$4,477
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	9	\$1,397	\$1,193
	241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	71	\$2,064	\$2,042
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	459	\$1,189	\$1,871
	252 LEVEL I FACIAL AND ENT PROCEDURES	149	\$1,013	\$1,941
	253 LEVEL II FACIAL AND ENT PROCEDURES	15	\$2,554	\$1,836
	254 LEVEL III FACIAL AND ENT PROCEDURES	31	\$2,270	\$3,090
	255 LEVEL IV FACIAL AND ENT PROCEDURES	38	\$1,896	\$2,605
	256 TONSIL AND ADENOID PROCEDURES	226	\$948	\$1,559

SOURCE: Utah Ambulatory Surgery Database
Utah Health Data Committee/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, 2009
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

403 Intermountain Avenues Surgical Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
GENDER				
Female	1,911	52.9	45,625	54.2
Male	1,703	47.1	38,545	45.8
Unknown	0	0.0	6	0.0
Not Reported	0	0.0	22	0.0
AGE				
1-28 days	0	0.0	0	0.0
29-365 days	41	1.1	664	0.8
1-4 years	162	4.5	4,619	5.5
5-9	122	3.4	2,203	2.6
10-14	98	2.7	1,176	1.4
15-17	107	3.0	1,480	1.8
18-19	92	2.5	1,225	1.5
20-24	221	6.1	3,040	3.6
25-29	244	6.8	3,416	4.1
30-34	226	6.3	3,538	4.2
35-39	230	6.4	3,688	4.4
40-44	204	5.6	3,659	4.3
45-49	277	7.7	4,841	5.7
50-54	318	8.8	7,274	8.6
55-59	292	8.1	6,789	8.1
60-64	297	8.2	6,791	8.1
65-69	199	5.5	8,522	10.1
70-74	176	4.9	7,887	9.4
75-79	151	4.2	6,673	7.9
80-84	100	2.8	4,368	5.2
85-89	47	1.3	1,871	2.2
90 +	10	0.3	472	0.6
Not Reported	0	0.0	2	0.0
SOURCE OF ADMISSION				
Physician Referral	3,607	99.8	70,785	84.1
Clinic Referral	3	0.1	1,276	1.5
HMO Referral	1	0.0	4	0.0
Other Hospital	1	0.0	1	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	6,047	7.2
Not Reported	0	0.0	6,083	7.2

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

403 Intermountain Avenues Surgical Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	3,612	99.9	75,308	89.4
Another Hospital	2	0.1	69	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	7	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	8,814	10.5
Not Reported	0	0.0	0	0.0
PRIMARY PAYER				
Medicare	583	16.1	23,656	28.1
Medicaid	148	4.1	5,431	6.5
Other government	25	0.7	2,708	3.2
Blue Cross/Blue Shield	323	8.9	17,610	20.9
Other Commercial	303	8.4	7,300	8.7
Managed Care(HMO, PPO)	2,074	57.4	23,018	27.3
Self Pay	41	1.1	1,018	1.2
Industrial & Worker Comp	50	1.4	1,691	2.0
Charity and Unclassified	55	1.5	348	0.4
Childrens Health Insurance	1	0.0	107	0.1
Unknown	11	0.3	85	0.1
Not Reported	0	0.0	1,226	1.5
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	27	0.7	3,400	4.0
Central Utah	12	0.3	1,399	1.7
Davis County	525	14.5	14,894	17.7
Salt Lake County	2,564	70.9	23,285	27.7
Southeastern Utah	9	0.2	873	1.0
Southwest Utah	10	0.3	8,567	10.2
Summit County	75	2.1	753	0.9
Tooele County	72	2.0	1,210	1.4
Tri-County	18	0.5	383	0.5
Utah County	108	3.0	10,987	13.0
Wasatch County	21	0.6	337	0.4
Weber County	46	1.3	13,857	16.5
Unknown Utah	0	0.0	17	0.0
Outside Utah	127	3.5	4,218	5.0
Unknown, Not Reported	0	0.0	18	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, 2009
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)	658	100.0	60,592	100.0
Mastectomy (85.0-85.99)	25	3.8	1,095	1.8
Musculoskeletal (76.0-84.99)	525	79.8	13,858	22.9
Respiratory (30.0-34.99)	0	0.0	108	0.2
Cardiovascular (35.0-39.99)	1	0.2	31	0.1
Lymphatic/Hemetic (40.0-41.99)	0	0.0	81	0.1
Digestive System (42.0-54.99)	70	10.6	17,733	29.3
Urinary (55.0-59.99)	0	0.0	403	0.7
Male Genital (60.0-64.99)	0	0.0	212	0.3
Female Genital (65.0-71.99)	0	0.0	920	1.5
Endocrine/Nervous (01.0-07.99)	15	2.3	4,252	7.0
Eye (08.0-16.99)	13	2.0	8,739	14.4
Ear (18.0-20.99)	1	0.2	3,390	5.6
Nose, Mouth, Pharynx (21.0-29.99)	8	1.2	9,770	16.1
Reporting Category(CPT-4 CODES)	645	100.0	111,661	100.0
Mastectomy (19120-19220)	1	0.2	388	0.3
Musculoskeletal (20000-29909)	559	86.7	25,619	22.9
Respiratory (30000-32999 & 39501-39599)	3	0.5	9,048	8.1
Cardiovascular (33010-37799 & 93501-93660)	1	0.2	115	0.1
Lymphatic/Hemetic (38100-38999)	0	0.0	131	0.1
Digestive (40490-49999)	71	11.0	38,377	34.4
Urinary (50010-53899)	0	0.0	2,161	1.9
Male Genital (54000-55899)	0	0.0	759	0.7
Female Genital (56405-58999)	0	0.0	1,473	1.3
Endocrine/Nervous (60000-64999)	8	1.2	11,321	10.1
Eye (65091-68899)	1	0.2	18,003	16.1
Ear (69000-69979)	1	0.2	4,266	3.8

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 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
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		658	100.0	100.0
806	EXC SEMILUNAR CARTILAGE-KNEE	92	14.0	3.08
8363	ROTATOR CUFF REPR	48	7.3	1.03
8086	OTH LOC EXC/DESTRUC JT LES-KNEE	47	7.1	1.29
4523	COLONOSCOPY	36	5.5	6.21
7781	OTH PART OSTEC-SCAPULA-CLAV-THOR	28	4.3	0.84
8183	OTH REPR SHLDR	26	4.0	1.72
4542	ENDO POLYPECTOMY LG INTESTINE	25	3.8	2.83
8145	OTH REPR CRUCIATE LIGAMNT	22	3.3	0.58
8076	SYNOVECT-KNEE	21	3.2	0.62
8081	OTH LOC EXC/DESTRUC JT LES-SHLDR	18	2.7	0.71
8388	OTH PLSTC OPER TENDON	15	2.3	0.31
8193	SUT CAPSULE/LIGAMNT UPPER EXTREM	12	1.8	0.04
8201	EXPLOR TENDON SHEATH HAND	11	1.7	0.26
0443	RELEASE CARPAL TUNNEL	10	1.5	1.42
7867	REMOV IMPLNT DEVICE-TIBIA & FIB	10	1.5	0.09
8554	BILAT BREAST IMPLNT	9	1.4	0.13
7933	OP REDUC W/INT FIX-CARP-METACARP	8	1.2	0.16
8221	EXC LES TENDON SHEATH HAND	8	1.2	0.38
7936	OP REDUC FX W/INT FIX-TIBIA & FIB	7	1.1	0.14
8021	ARTHSCPY-SHLDR	7	1.1	0.62

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL FASCs
All CPT-4 Procedures		645	100.0	100.0
29881	SCOPE KNEE SURG;W/MENISCECT MED/	65	10.1	2.03
29826	SCOPE SHOULDER; DECOMP SUBACROM	62	9.6	1.48
29827	SCOPE SHLDR SURG; W/ROTOR CUFF R	45	7.0	0.75
29877	SCOPE KNEE SURG; DEBRID/SHAVE CA	39	6.0	0.87
45378	COLONOSCOPY FLEX; DX-SEP PROC	35	5.4	6.32
45380	COLONOSCOPY FLEX; W/BX 1/MX	31	4.8	5.96
29880	SCOPE KNEE SURG;W/MENISCECT MED&	28	4.3	0.60
29824	SCOPE SHLDR SURG;DIST CLAVICULEC	26	4.0	0.58
29888	ARTHSCPY AIDED ACL REPR/AUG/RECO	19	2.9	0.53
20680	REMOVAL OF IMPLANT; DEEP	15	2.3	0.65
29875	SCOPE KNEE; SYNOVECT LTD SEP PRO	15	2.3	0.27
26055	TENDON SHEATH INCISION	14	2.2	0.57
29806	SCOPE SHOULDER SURGICAL; CPSLORR	14	2.2	0.24
29828	29828	14	2.2	0.10
29807	SCOPE SHLDR SURG; REPR SLAP LESI	10	1.6	0.22
29823	SCOPE SHOULDER SURGICAL; DEBRID	8	1.2	0.27
29825	SCOPE SHOULDER; W/LYSIS ADHESION	7	1.1	0.02
26160	EXC LES TEND SHETH/JNT CAP HND/F	6	0.9	0.18
26615	OPEN TX MC FX 1 W/WO INTRL/EXT F	6	0.9	0.11
27328	EXC TUMOR THIGH/KNEE; DEEP/IM	6	0.9	0.02

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

AMB ST 1-3

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
 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	294	\$3,022	\$1,375
4523	COLONOSCOPY	36	\$1,063	\$1,016
806	EXC SEMILUNAR CARTILAGE-KNEE	33	\$3,415	\$2,019
4542	ENDO POLYPECTOMY LG INTESTINE	23	\$1,373	\$1,510
8183	OTH REPR SHLDR	18	\$5,266	\$3,933
8363	ROTATOR CUFF REPR	16	\$8,637	\$5,985
8086	OTH LOC EXC/DESTRUC JT LES-KNEE	14	\$2,932	\$2,061
0443	RELEASE CARPAL TUNNEL	9	\$2,226	\$1,455
8201	EXPLOR TENDON SHEATH HAND	8	\$1,756	\$1,391
8145	OTH REPR CRUCIATE LIGAMNT	7	\$7,755	\$4,971
8193	SUT CAPSULE/LIGAMNT UPPER EXTREM	7	\$6,959	\$5,828
8554	BILAT BREAST IMPLNT	7	\$728	\$888
4525	CLO [ENDO] BX LG INTESTINE	6	\$1,215	\$800
7933	OP REDUC W/INT FIX-CARP-METACARP	6	\$2,710	\$2,537
8076	SYNOVECT-KNEE	6	\$2,621	\$2,300
8084	OTH LOC EXC/DEST JT LES-HND-FINGR	6	\$1,533	\$1,422
8364	OTH SUT TENDON	6	\$4,180	\$2,218
7867	REMOV IMPLNT DEVICE-TIBIA & FIB	5	\$2,529	\$1,962
7936	OP REDUC FX W/INT FIX-TIBIA & FIB	5	\$3,444	\$2,302
7781	OTH PART OSTECL-SCAPULA-CLAV-THOR	4	\$2,114	\$1,997
7939	OP REDUC FX W/INT FIX-OTH BONE	4	\$3,659	\$2,193

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL FASCs)
CPT-4	Procedures	270	\$2,730	\$2,105
45378	COLONOSCOPY FLEX; DX-SEP PROC	35	\$1,063	\$1,642
45380	COLONOSCOPY FLEX; W/BX 1/MX	28	\$1,258	\$1,432
29881	SCOPE KNEE SURG;W/MENISCECT MED/	27	\$3,545	\$3,535
29826	SCOPE SHOULDER; DECOMP SUBACROM	13	\$4,481	\$4,685
29877	SCOPE KNEE SURG; DEBRID/SHAVE CA	13	\$3,076	\$4,439
29880	SCOPE KNEE SURG;W/MENISCECT MED&	11	\$3,086	\$4,128
20680	REMOVAL OF IMPLANT; DEEP	9	\$2,364	\$2,113
29806	SCOPE SHOULDER SURGICAL; CPSLORR	7	\$6,959	\$5,401
26615	OPEN TX MC FX 1 W/VO INTRL/EXT F	6	\$2,523	\$2,797
27650	REPR PRIM OPN/PERQ RUP ACHILLES	6	\$4,180	\$2,767
29888	ARTHSCPY AIDED ACL REPR/AUG/RECO	6	\$7,755	\$6,805
26055	TENDON SHEATH INCISION	5	\$1,489	\$2,128
29875	SCOPE KNEE; SYNOVECT LTD SEP PRO	5	\$2,859	\$4,344
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	5	\$2,015	\$1,675
23515	OPEN TX CLAV FX W/VO INTRL/EXT F	4	\$3,659	\$3,813
26116	EXC TMR/MALF SFT TISS HND/FNGR;D	4	\$1,550	\$1,478
26160	EXC LES TEND SHETH/JNT CAP HND/F	4	\$1,913	\$1,906
29807	SCOPE SHLDR SURG; REPR SLAP LESI	4	\$6,959	\$5,393
29824	SCOPE SHLDR SURG;DIST CLAVICULEC	4	\$2,114	\$3,929
29825	SCOPE SHOULDER; W/LYSIS ADHESION	4	\$2,144	\$3,037

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, 2009
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE* CPT-4 PROCEDURES

425 Intermountain Park City Surgical Center

Procedure EAPG category Procedure EAPG	TOTAL #	TOTAL # (ALL FASCs)
01 SKIN & INTEGUMENTARY SYSTEM PROCEDURES	44	1,972
004 LEVEL II SKIN INCISION AND DRAINAGE	1	37
009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	1	143
010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	41	1,515
013 LEVEL II SKIN REPAIR	1	88
02 BREAST PROCEDURES	1	367
020 LEVEL I BREAST PROCEDURES	1	367
03 MUSCULOSKELETAL SYSTEM PROCEDURES	513	22,713
030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	16	596
031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	17	1,597
032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	14	814
033 LEVEL I HAND PROCEDURES	27	1,543
034 LEVEL II HAND PROCEDURES	2	369
035 LEVEL I FOOT PROCEDURES	6	2,537
036 LEVEL II FOOT PROCEDURES	3	566
037 LEVEL I ARTHROSCOPY	297	8,908
038 LEVEL II ARTHROSCOPY	91	1,927
041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	1	109
043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	29	1,363
044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	5	197
046 LEVEL I ARTHROPLASTY	3	223
047 LEVEL II ARTHROPLASTY	1	15
049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	1	830
05 CARDIOVASCULAR PROCEDURES	1	43
089 LEVEL II CARDIOTHORACIC PROCEDURES	1	2
07 GASTROINTESTINAL SYSTEM PROCEDURES	70	31,840
136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	66	13,783
137 THERAPEUTIC COLONOSCOPY	4	2,374
11 NEUROLOGIC SYSTEM PROCEDURES	8	11,107
217 LEVEL I NERVE PROCEDURES	8	1,933
12 OPHTHALMOLOGIC SYSTEM PROCEDURES	1	17,880
240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	1	560
13 EAR, NOSE, MOUTH, & THROAT PROCEDURES	7	16,324
253 LEVEL II FACIAL AND ENT PROCEDURES	2	588
255 LEVEL IV FACIAL AND ENT PROCEDURES	5	583

SOURCE: Utah Ambulatory Surgery Database
Utah Health Data Committee/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, 2009
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, SINGLE EAPG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

425 Intermountain Park City Surgical Center

Procedure EAPG category	Procedure EAPG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL FASCs)
01	SKIN & INTEGUMENTARY SYSTEM PROCEDURES	18	\$1,905	\$1,788
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	18	\$1,905	\$1,779
03	MUSCULOSKELETAL SYSTEM PROCEDURES	173	\$3,492	\$3,403
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	2	\$1,674	\$2,294
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	10	\$3,374	\$3,362
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	7	\$3,543	\$4,007
	033 LEVEL I HAND PROCEDURES	14	\$1,750	\$2,070
	034 LEVEL II HAND PROCEDURES	1	\$3,168	\$2,648
	035 LEVEL I FOOT PROCEDURES	3	\$1,335	\$2,266
	036 LEVEL II FOOT PROCEDURES	2	\$3,258	\$3,355
	037 LEVEL I ARTHROSCOPY	90	\$3,291	\$4,027
	038 LEVEL II ARTHROSCOPY	17	\$7,240	\$5,840
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	1	\$3,168	\$2,091
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	24	\$3,214	\$3,198
	046 LEVEL I ARTHROPLASTY	2	\$2,168	\$3,436
05	CARDIOVASCULAR PROCEDURES	1	\$1,901	\$2,181
	089 LEVEL II CARDIOTHORACIC PROCEDURES	1	\$1,901	\$1,901
07	GASTROINTESTINAL SYSTEM PROCEDURES	64	\$1,151	\$1,702
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	63	\$1,150	\$1,544
	137 THERAPEUTIC COLONOSCOPY	1	\$1,215	\$1,642
11	NEUROLOGIC SYSTEM PROCEDURES	7	\$2,096	\$1,085
	217 LEVEL I NERVE PROCEDURES	7	\$2,096	\$1,887
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	1	\$675	\$2,213
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	1	\$675	\$1,193
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	6	\$1,294	\$1,871
	253 LEVEL II FACIAL AND ENT PROCEDURES	2	\$860	\$1,836
	255 LEVEL IV FACIAL AND ENT PROCEDURES	4	\$1,510	\$2,605

SOURCE: Utah Ambulatory Surgery Database
 Utah Health Data Committee/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, 2009
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

425 Intermountain Park City Surgical Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
GENDER				
Female	185	40.9	45,625	54.2
Male	267	59.1	38,545	45.8
Unknown	0	0.0	6	0.0
Not Reported	0	0.0	22	0.0
AGE				
1-28 days	0	0.0	0	0.0
29-365 days	0	0.0	664	0.8
1-4 years	0	0.0	4,619	5.5
5-9	0	0.0	2,203	2.6
10-14	9	2.0	1,176	1.4
15-17	25	5.5	1,480	1.8
18-19	20	4.4	1,225	1.5
20-24	27	6.0	3,040	3.6
25-29	27	6.0	3,416	4.1
30-34	16	3.5	3,538	4.2
35-39	28	6.2	3,688	4.4
40-44	31	6.9	3,659	4.3
45-49	36	8.0	4,841	5.7
50-54	71	15.7	7,274	8.6
55-59	55	12.2	6,789	8.1
60-64	41	9.1	6,791	8.1
65-69	39	8.6	8,522	10.1
70-74	15	3.3	7,887	9.4
75-79	7	1.5	6,673	7.9
80-84	3	0.7	4,368	5.2
85-89	0	0.0	1,871	2.2
90 +	2	0.4	472	0.6
Not Reported	0	0.0	2	0.0
SOURCE OF ADMISSION				
Physician Referral	452	100.0	70,785	84.1
Clinic Referral	0	0.0	1,276	1.5
HMO Referral	0	0.0	4	0.0
Other Hospital	0	0.0	1	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	6,047	7.2
Not Reported	0	0.0	6,083	7.2

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

425 Intermountain Park City Surgical Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	452	100.0	75,308	89.4
Another Hospital	0	0.0	69	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	7	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	8,814	10.5
Not Reported	0	0.0	0	0.0
PRIMARY PAYER				
Medicare	58	12.8	23,656	28.1
Medicaid	3	0.7	5,431	6.5
Other government	4	0.9	2,708	3.2
Blue Cross/Blue Shield	123	27.2	17,610	20.9
Other Commercial	21	4.6	7,300	8.7
Managed Care(HMO, PPO)	177	39.2	23,018	27.3
Self Pay	30	6.6	1,018	1.2
Industrial & Worker Comp	34	7.5	1,691	2.0
Charity and Unclassified	0	0.0	348	0.4
Childrens Health Insurance	1	0.2	107	0.1
Unknown	1	0.2	85	0.1
Not Reported	0	0.0	1,226	1.5
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	5	1.1	3,400	4.0
Central Utah	2	0.4	1,399	1.7
Davis County	2	0.4	14,894	17.7
Salt Lake County	63	13.9	23,285	27.7
Southeastern Utah	1	0.2	873	1.0
Southwest Utah	1	0.2	8,567	10.2
Summit County	239	52.9	753	0.9
Tooele County	0	0.0	1,210	1.4
Tri-County	10	2.2	383	0.5
Utah County	16	3.5	10,987	13.0
Wasatch County	41	9.1	337	0.4
Weber County	2	0.4	13,857	16.5
Unknown Utah	0	0.0	17	0.0
Outside Utah	68	15.0	4,218	5.0
Unknown, Not Reported	2	0.4	18	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, 2009
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)	3,127	100.0	60,592	100.0
Mastectomy (85.0-85.99)	0	0.0	1,095	1.8
Musculoskeletal (76.0-84.99)	0	0.0	13,858	22.9
Respiratory (30.0-34.99)	0	0.0	108	0.2
Cardiovascular (35.0-39.99)	0	0.0	31	0.1
Lymphatic/Hemetic (40.0-41.99)	0	0.0	81	0.1
Digestive System (42.0-54.99)	3,127	100.0	17,733	29.3
Urinary (55.0-59.99)	0	0.0	403	0.7
Male Genital (60.0-64.99)	0	0.0	212	0.3
Female Genital (65.0-71.99)	0	0.0	920	1.5
Endocrine/Nervous (01.0-07.99)	0	0.0	4,252	7.0
Eye (08.0-16.99)	0	0.0	8,739	14.4
Ear (18.0-20.99)	0	0.0	3,390	5.6
Nose, Mouth, Pharynx (21.0-29.99)	0	0.0	9,770	16.1
Reporting Category(CPT-4 CODES)	3,255	100.0	111,661	100.0
Mastectomy (19120-19220)	0	0.0	388	0.3
Musculoskeletal (20000-29909)	0	0.0	25,619	22.9
Respiratory (30000-32999 & 39501-39599)	0	0.0	9,048	8.1
Cardiovascular (33010-37799 & 93501-93660)	0	0.0	115	0.1
Lymphatic/Hemetic (38100-38999)	0	0.0	131	0.1
Digestive (40490-49999)	3,255	100.0	38,377	34.4
Urinary (50010-53899)	0	0.0	2,161	1.9
Male Genital (54000-55899)	0	0.0	759	0.7
Female Genital (56405-58999)	0	0.0	1,473	1.3
Endocrine/Nervous (60000-64999)	0	0.0	11,321	10.1
Eye (65091-68899)	0	0.0	18,003	16.1
Ear (69000-69979)	0	0.0	4,266	3.8

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 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
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		3,127	100.0	100.0
4525	CLO [ENDO] BX LG INTESTINE	1,011	32.3	6.55
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	917	29.3	6.57
4523	COLONOSCOPY	520	16.6	6.21
4292	DILAT ESOPH	231	7.4	1.93
4542	ENDO POLYPECTOMY LG INTESTINE	231	7.4	2.83
4513	OTH ENDO SM INTESTINE	105	3.4	0.99
4543	ENDO DEST OTH LES/TISS LG INTEST	91	2.9	0.22
4443	ENDO CNTRL GASTRIC/DUODENAL HEMORR	8	0.3	0.02
4341	ENDO EXC/DESTRUC LES/TISS STOMACH	5	0.2	0.03
4514	CLO [ENDO] BX SM INTESTINE	3	0.1	0.06
4422	ENDO DILAT PYLORUS	2	0.1	0.10
4685	DILAT INTESTINE	2	0.1	0.02
4945	LIG HEMORRHIDS	1	0.0	0.03

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL FASCs
All CPT-4 Procedures		3,255	100.0	100.0
45380	COLONOSCOPY FLEX; W/BX 1/MX	1,009	31.0	5.96
43239	UGI ENDO; W/BX 1/MX	917	28.2	6.74
45378	COLONOSCOPY FLEX; DX-SEP PROC	520	16.0	6.32
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	230	7.1	1.47
43248	UGI ENDO; W/INSRT GUIDE WIRE	179	5.5	0.23
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	105	3.2	1.23
45381	COLNSCP PROX SPLENC FLXR;SUBMUC	102	3.1	0.18
45384	COLONOSCOPY FLEX; REMV LES-FORCE	78	2.4	0.36
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	51	1.6	1.40
45383	COLONOSCOPY FLEX; W/ABLAT LES	11	0.3	0.07
43258	UGI ENDO; W/ABLAT LES NOT SNARE	10	0.3	0.02
43255	UGI ENDO; W/CONTRL BLEED ANY MET	8	0.2	0.03
43250	UGI ENDO; W/REMV TUMOR/POLYP/LES	6	0.2	0.01
43251	UGI ENDO; W/REMV TUMOR/LES-SNARE	5	0.2	0.04
43244	UGI ENDO; W/BAND LIG VARICES	4	0.1	0.02
43236	UP GI ENDO ESOPH STOMCH;SUBMCOS	3	0.1	0.01
43245	UP GI ENDO;W/DILAT GASTR OUTLT O	2	0.1	0.07
43247	UGI ENDO; W/REMOVAL FB	2	0.1	0.03
44389	COLONOSCPY THRU STOMA; W/BX 1/MX	2	0.1	0.01
45382	COLNSCPY FLEX SPLENIC; CNTRL BLE	2	0.1	0.02

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

AMB ST 1-3

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
 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		2,223	\$829	\$1,375
4525	CLO [ENDO] BX LG INTESTINE	814	\$815	\$800
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	627	\$863	\$972
4523	COLONOSCOPY	485	\$864	\$1,016
4513	OTH ENDO SM INTESTINE	98	\$897	\$694
4542	ENDO POLYPECTOMY LG INTESTINE	92	\$737	\$1,510
4292	DILAT ESOPH	50	\$525	\$970
4543	ENDO DEST OTH LES/TISS LG INTEST	50	\$671	\$744
4443	ENDO CNTRL GASTRIC/DUODENAL HEMORR	3	\$375	\$375
4341	ENDO EXC/DESTRUC LES/TISS STOMACH	2	\$375	\$1,105
4514	CLO [ENDO] BX SM INTESTINE	2	\$770	\$490

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL FASCs)
CPT-4 Procedures		2,178	\$821	\$2,105
45380	COLONOSCOPY FLEX; W/BX 1/MX	800	\$812	\$1,432
43239	UGI ENDO; W/BX 1/MX	619	\$853	\$1,605
45378	COLONOSCOPY FLEX; DX-SEP PROC	485	\$864	\$1,642
43235	UGI ENDO; DX W/VO CLCT SPECMN-SP	98	\$897	\$1,020
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	57	\$623	\$1,474
45384	COLONOSCOPY FLEX; REMV LES-FORCE	47	\$675	\$2,111
43248	UGI ENDO; W/INSRT GUIDE WIRE	37	\$500	\$655
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	12	\$600	\$1,381
43258	UGI ENDO; W/ABLAT LES NOT SNARE	7	\$570	\$1,529
43244	UGI ENDO; W/BAND LIG VARICES	3	\$375	\$1,632
43255	UGI ENDO; W/CONTRL BLEED ANY MET	3	\$375	\$2,405
43250	UGI ENDO; W/REMV TUMOR/POLYP/LES	2	\$388	\$1,284
43251	UGI ENDO; W/REMV TUMOR/LES-SNARE	2	\$375	\$1,583
43236	UP GI ENDO ESOPH STOMCH;SUBMCOS	1	\$375	\$601
44360	SM INTEST ENDO NOT ILEUM; DX-SP	1	\$1,146	\$1,146
44361	SM INTEST ENDO NOT ILEUM; W/BX 1	1	\$393	\$393
44386	ENDO EVAL SM INTST POUCH; W/BX 1	1	\$329	\$452
44389	COLNSCPY THRU STOMA; W/BX 1/MX	1	\$329	\$503
45382	COLNSCPY FLEX SPLENIC; CNTRL BLE	1	\$682	\$2,305

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, 2009
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE* CPT-4 PROCEDURES

426 Lakeview Endoscopy Center

Procedure EAPG category	Procedure EAPG	TOTAL #	TOTAL # (ALL FASCs)
01	SKIN & INTEGUMENTARY SYSTEM PROCEDURES	1	1,972
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	1	143
07	GASTROINTESTINAL SYSTEM PROCEDURES	3,239	31,840
	131 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	1	704
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	1,017	8,893
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	269	2,107
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	1,526	13,783
	137 THERAPEUTIC COLONOSCOPY	426	2,374

SOURCE: Utah Ambulatory Surgery Database
Utah Health Data Committee/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, 2009
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, SINGLE EAPG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

426 Lakeview Endoscopy Center

Procedure EAPG category	Procedure EAPG	TOTAL #	AVE TOT CHRG	AVE TOT CHRG(ALL FASCs)
07	GASTROINTESTINAL SYSTEM PROCEDURES	2,163	\$823	\$1,702
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	712	\$862	\$1,498
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	66	\$507	\$1,341
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	1,280	\$832	\$1,544
	137 THERAPEUTIC COLONOSCOPY	105	\$647	\$1,642

SOURCE: Utah Ambulatory Surgery Database
 Utah Health Data Committee/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, 2009
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

426 Lakeview Endoscopy Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
GENDER				
Female	1,391	52.0	45,625	54.2
Male	1,276	47.7	38,545	45.8
Unknown	0	0.0	6	0.0
Not Reported	9	0.3	22	0.0
AGE				
1-28 days	0	0.0	0	0.0
29-365 days	0	0.0	664	0.8
1-4 years	0	0.0	4,619	5.5
5-9	0	0.0	2,203	2.6
10-14	0	0.0	1,176	1.4
15-17	9	0.3	1,480	1.8
18-19	27	1.0	1,225	1.5
20-24	48	1.8	3,040	3.6
25-29	80	3.0	3,416	4.1
30-34	87	3.3	3,538	4.2
35-39	93	3.5	3,688	4.4
40-44	101	3.8	3,659	4.3
45-49	147	5.5	4,841	5.7
50-54	411	15.4	7,274	8.6
55-59	290	10.8	6,789	8.1
60-64	329	12.3	6,791	8.1
65-69	347	13.0	8,522	10.1
70-74	274	10.2	7,887	9.4
75-79	251	9.4	6,673	7.9
80-84	120	4.5	4,368	5.2
85-89	54	2.0	1,871	2.2
90 +	8	0.3	472	0.6
Not Reported	0	0.0	2	0.0
SOURCE OF ADMISSION				
Physician Referral	2,676	100.0	70,785	84.1
Clinic Referral	0	0.0	1,276	1.5
HMO Referral	0	0.0	4	0.0
Other Hospital	0	0.0	1	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	6,047	7.2
Not Reported	0	0.0	6,083	7.2

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

426 Lakeview Endoscopy Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	2,670	99.8	75,308	89.4
Another Hospital	4	0.1	69	0.1
Skilled Nursing Facility	0	0.0	0	0.0
Intermediate Care Facility	0	0.0	0	0.0
Another Type of Institution	2	0.1	7	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	8,814	10.5
Not Reported	0	0.0	0	0.0
PRIMARY PAYER				
Medicare	669	25.0	23,656	28.1
Medicaid	29	1.1	5,431	6.5
Other government	66	2.5	2,708	3.2
Blue Cross/Blue Shield	656	24.5	17,610	20.9
Other Commercial	107	4.0	7,300	8.7
Managed Care(HMO, PPO)	1,085	40.5	23,018	27.3
Self Pay	0	0.0	1,018	1.2
Industrial & Worker Comp	0	0.0	1,691	2.0
Charity and Unclassified	62	2.3	348	0.4
Childrens Health Insurance	0	0.0	107	0.1
Unknown	0	0.0	85	0.1
Not Reported	2	0.1	1,226	1.5
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	10	0.4	3,400	4.0
Central Utah	2	0.1	1,399	1.7
Davis County	2,380	88.9	14,894	17.7
Salt Lake County	177	6.6	23,285	27.7
Southeastern Utah	1	0.0	873	1.0
Southwest Utah	1	0.0	8,567	10.2
Summit County	2	0.1	753	0.9
Tooele County	28	1.0	1,210	1.4
Tri-County	4	0.1	383	0.5
Utah County	2	0.1	10,987	13.0
Wasatch County	0	0.0	337	0.4
Weber County	44	1.6	13,857	16.5
Unknown Utah	0	0.0	17	0.0
Outside Utah	25	0.9	4,218	5.0
Unknown, Not Reported	0	0.0	18	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, 2009
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)	4	100.0	60,592	100.0
Mastectomy (85.0-85.99)	2	50.0	1,095	1.8
Musculoskeletal (76.0-84.99)	0	0.0	13,858	22.9
Respiratory (30.0-34.99)	0	0.0	108	0.2
Cardiovascular (35.0-39.99)	0	0.0	31	0.1
Lymphatic/Hemetic (40.0-41.99)	0	0.0	81	0.1
Digestive System (42.0-54.99)	0	0.0	17,733	29.3
Urinary (55.0-59.99)	0	0.0	403	0.7
Male Genital (60.0-64.99)	0	0.0	212	0.3
Female Genital (65.0-71.99)	0	0.0	920	1.5
Endocrine/Nervous (01.0-07.99)	0	0.0	4,252	7.0
Eye (08.0-16.99)	2	50.0	8,739	14.4
Ear (18.0-20.99)	0	0.0	3,390	5.6
Nose, Mouth, Pharynx (21.0-29.99)	0	0.0	9,770	16.1
Reporting Category(CPT-4 CODES)	192	100.0	111,661	100.0
Mastectomy (19120-19220)	5	2.6	388	0.3
Musculoskeletal (20000-29909)	90	46.9	25,619	22.9
Respiratory (30000-32999 & 39501-39599)	22	11.5	9,048	8.1
Cardiovascular (33010-37799 & 93501-93660)	2	1.0	115	0.1
Lymphatic/Hemetic (38100-38999)	0	0.0	131	0.1
Digestive (40490-49999)	8	4.2	38,377	34.4
Urinary (50010-53899)	0	0.0	2,161	1.9
Male Genital (54000-55899)	0	0.0	759	0.7
Female Genital (56405-58999)	35	18.2	1,473	1.3
Endocrine/Nervous (60000-64999)	23	12.0	11,321	10.1
Eye (65091-68899)	1	0.5	18,003	16.1
Ear (69000-69979)	6	3.1	4,266	3.8

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 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
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				
0870	RECON EYELID-NOS	2	50.0	0.31
8594	REMOV IMPLNT BREAST	2	50.0	0.24

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL FASCs
All CPT-4 Procedures				
58750	TUBOTUBAL ANASTOMOSIS	14	7.3	0.02
25075	EXC TUMR SFT TISS FORARM&/WRST;S	11	5.7	0.04
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	7	3.6	1.15
30410	RHINO PRIM; CMLPT EXTERNAL PARTS	6	3.1	0.06
30520	SEPTOPLASTY/SUBMUCOS RES W/GFT	6	3.1	1.42
69300	OTPLSTY PROTRUDING EAR W/NO SZ R	6	3.1	0.03
19120	EXC BRST CYST TUMR/LES OPN M/F 1	5	2.6	0.22
26615	OPEN TX MC FX 1 W/NO INTRL/EXT F	5	2.6	0.11
26735	OPEN TX PHALANGEAL FX W/NO FIX E	5	2.6	0.05
30930	FRACTURE NASL TURBINATE THERAPEU	5	2.6	0.10
49320	LAP-ABD DX-W/NO SPECMN-SEP PROC	5	2.6	0.08
20670	REMOVAL OF IMPLANT; SUP SEP PROC	4	2.1	0.02
21320	CLOS TX NASL BONE FRACTURE; W/ST	4	2.1	0.13
26418	REPR EXT TEND FNGR PRIM/SEC;W/O	4	2.1	0.05
26440	TENOLYS FLX TEND; PALM/FNGR EA T	4	2.1	0.03
56700	PART HYMENECTOMY/REV HYMENAL RIN	4	2.1	0.03
27047	EXC TUMR PELV&HIP AREA;SUBQTISSU	3	1.6	0.02
56620	VULVECTOMY SIMPLE; PARTIAL	3	1.6	0.03
64702	NEURPLSTY; DIGTL 1/BOTH SAME DIG	3	1.6	0.00
64719	NEUROPLASTY; ULNAR NERV AT WRIST	3	1.6	0.04

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

AMB ST 1-3

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
 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 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		89	\$2,501	\$2,105
58750	TUBOTUBAL ANASTOMOSIS	10	\$1,933	\$2,466
69300	OTPLSTY PROTRUDING EAR W/WO SZ R	5	\$663	\$1,257
20670	REMOVAL OF IMPLANT; SUP SEP PROC	4	\$1,678	\$1,781
21320	CLOS TX NASL BONE FRACTURE; W/ST	4	\$1,576	\$1,878
56700	PART HYMENECTOMY/REV HYMENAL RIN	4	\$1,401	\$1,591
19120	EXC BRST CYST TUMR/LES OPN M/F 1	3	\$2,033	\$1,590
26735	OPEN TX PHALANGEAL FX W/WO FIX E	3	\$4,253	\$2,581
30410	RHINO PRIM; CMPLT EXTERNAL PARTS	3	\$825	\$2,149
56620	VULVECTOMY SIMPLE; PARTIAL	3	\$2,382	\$1,614
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	3	\$1,698	\$1,675
26055	TENDON SHEATH INCISION	2	\$1,361	\$2,128
26115	EXC TMR/MALF SFT TISS HND/FNGR;S	2	\$3,085	\$1,922
26160	EXC LES TEND SHETH/JNT CAP HND/F	2	\$2,003	\$1,906
26952	AMP FNGR/THUMB ANY JNT; W/ADV FL	2	\$2,199	\$2,598
49320	LAP-ABD DX-W/WO SPECMN-SEP PROC	2	\$1,509	\$1,458
58565	HYSTEROSEC;BIL FALLP TUBE PLCMT I	2	\$5,188	\$5,188
20926	TISSUE GRAFTS OTHER	1	\$6,287	\$3,402
21181	RECON CONTOUR BEN TUMOR CRAN BON	1	\$3,418	\$3,418
21337	CLOS TX NASL SEPTAL FX W/WO STBL	1	\$1,482	\$1,204
21390	OPEN TX ORB BLOWOUT FX; W/IMPLAN	1	\$5,575	\$3,853

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, 2009
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE* CPT-4 PROCEDURES

412 Madsen Surgery Center

Procedure EAPG category Procedure EAPG	TOTAL #	TOTAL # (ALL FASCs)
01 SKIN & INTEGUMENTARY SYSTEM PROCEDURES	29	1,972
003 LEVEL I SKIN INCISION AND DRAINAGE	1	31
010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	26	1,515
013 LEVEL II SKIN REPAIR	1	88
014 LEVEL III SKIN REPAIR	1	76
02 BREAST PROCEDURES	5	367
020 LEVEL I BREAST PROCEDURES	5	367
03 MUSCULOSKELETAL SYSTEM PROCEDURES	53	22,713
030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	2	596
031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	1	1,597
033 LEVEL I HAND PROCEDURES	19	1,543
034 LEVEL II HAND PROCEDURES	9	369
035 LEVEL I FOOT PROCEDURES	1	2,537
041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	2	109
043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	17	1,363
044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	1	197
048 HAND AND FOOT TENOTOMY	1	138
04 RESPIRATORY PROCEDURES	1	4,018
061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	1	43
07 GASTROINTESTINAL SYSTEM PROCEDURES	8	31,840
143 LEVEL I GASTROINTESTINAL PROCEDURES	1	11
145 LEVEL I LAPAROSCOPY	6	271
146 LEVEL II LAPAROSCOPY	1	650
10 FEMALE REPRODUCTIVE SYSTEM	32	857
196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	6	184
197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	4	97
198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	17	136
200 HYSTEROSCOPY	5	363
11 NEUROLOGIC SYSTEM PROCEDURES	22	11,107
217 LEVEL I NERVE PROCEDURES	22	1,933
12 OPHTHALMOLOGIC SYSTEM PROCEDURES	1	17,880
240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	1	560
13 EAR, NOSE, MOUTH, & THROAT PROCEDURES	38	16,324
252 LEVEL I FACIAL AND ENT PROCEDURES	11	9,824
253 LEVEL II FACIAL AND ENT PROCEDURES	7	588
254 LEVEL III FACIAL AND ENT PROCEDURES	6	1,930
255 LEVEL IV FACIAL AND ENT PROCEDURES	14	583

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/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, 2009
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, SINGLE EAPG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

412 Madsen Surgery Center

Procedure EAPG category	Procedure EAPG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL FASCs)
01	SKIN & INTEGUMENTARY SYSTEM PROCEDURES	12	\$3,333	\$1,788
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	11	\$3,064	\$1,779
	014 LEVEL III SKIN REPAIR	1	\$6,287	\$3,390
02	BREAST PROCEDURES	3	\$2,033	\$1,351
	020 LEVEL I BREAST PROCEDURES	3	\$2,033	\$1,351
03	MUSCULOSKELETAL SYSTEM PROCEDURES	24	\$2,893	\$3,403
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	2	\$3,186	\$2,294
	033 LEVEL I HAND PROCEDURES	9	\$1,935	\$2,070
	034 LEVEL II HAND PROCEDURES	5	\$3,465	\$2,648
	035 LEVEL I FOOT PROCEDURES	1	\$3,581	\$2,266
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	2	\$1,613	\$2,091
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	5	\$4,301	\$3,198
04	RESPIRATORY PROCEDURES	1	\$1,659	\$3,092
	061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	1	\$1,659	\$7,072
07	GASTROINTESTINAL SYSTEM PROCEDURES	4	\$2,133	\$1,702
	143 LEVEL I GASTROINTESTINAL PROCEDURES	1	\$3,398	\$1,530
	145 LEVEL I LAPAROSCOPY	2	\$1,509	\$2,220
	146 LEVEL II LAPAROSCOPY	1	\$2,117	\$3,971
10	FEMALE REPRODUCTIVE SYSTEM	21	\$2,306	\$2,701
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	4	\$1,401	\$1,706
	197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	3	\$2,382	\$1,914
	198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	10	\$1,933	\$3,089
	200 HYSTEROSCOPY	4	\$4,084	\$3,343
11	NEUROLOGIC SYSTEM PROCEDURES	3	\$1,698	\$1,085
	217 LEVEL I NERVE PROCEDURES	3	\$1,698	\$1,887
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	1	\$2,009	\$2,213
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	1	\$2,009	\$1,193
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	19	\$1,884	\$1,871
	252 LEVEL I FACIAL AND ENT PROCEDURES	4	\$1,576	\$1,941
	253 LEVEL II FACIAL AND ENT PROCEDURES	6	\$799	\$1,836
	254 LEVEL III FACIAL AND ENT PROCEDURES	1	\$2,780	\$3,090
	255 LEVEL IV FACIAL AND ENT PROCEDURES	8	\$2,739	\$2,605

SOURCE: Utah Ambulatory Surgery Database
Utah Health Data Committee/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, 2009
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

412 Madsen Surgery Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
GENDER				
Female	76	57.6	45,625	54.2
Male	56	42.4	38,545	45.8
Unknown	0	0.0	6	0.0
Not Reported	0	0.0	22	0.0
AGE				
1-28 days	0	0.0	0	0.0
29-365 days	0	0.0	664	0.8
1-4 years	2	1.5	4,619	5.5
5-9	3	2.3	2,203	2.6
10-14	2	1.5	1,176	1.4
15-17	8	6.1	1,480	1.8
18-19	3	2.3	1,225	1.5
20-24	15	11.4	3,040	3.6
25-29	19	14.4	3,416	4.1
30-34	23	17.4	3,538	4.2
35-39	18	13.6	3,688	4.4
40-44	5	3.8	3,659	4.3
45-49	13	9.8	4,841	5.7
50-54	5	3.8	7,274	8.6
55-59	6	4.5	6,789	8.1
60-64	6	4.5	6,791	8.1
65-69	3	2.3	8,522	10.1
70-74	1	0.8	7,887	9.4
75-79	0	0.0	6,673	7.9
80-84	0	0.0	4,368	5.2
85-89	0	0.0	1,871	2.2
90 +	0	0.0	472	0.6
Not Reported	0	0.0	2	0.0
SOURCE OF ADMISSION				
Physician Referral	0	0.0	70,785	84.1
Clinic Referral	0	0.0	1,276	1.5
HMO Referral	0	0.0	4	0.0
Other Hospital	0	0.0	1	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	6,047	7.2
Not Reported	132	100.0	6,083	7.2

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

412 Madsen Surgery Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	132	100.0	75,308	89.4
Another Hospital	0	0.0	69	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	7	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	8,814	10.5
Not Reported	0	0.0	0	0.0
PRIMARY PAYER				
Medicare	3	2.3	23,656	28.1
Medicaid	6	4.5	5,431	6.5
Other government	12	9.1	2,708	3.2
Blue Cross/Blue Shield	32	24.2	17,610	20.9
Other Commercial	9	6.8	7,300	8.7
Managed Care(HMO, PPO)	24	18.2	23,018	27.3
Self Pay	37	28.0	1,018	1.2
Industrial & Worker Comp	9	6.8	1,691	2.0
Charity and Unclassified	0	0.0	348	0.4
Childrens Health Insurance	0	0.0	107	0.1
Unknown	0	0.0	85	0.1
Not Reported	0	0.0	1,226	1.5
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	3	2.3	3,400	4.0
Central Utah	1	0.8	1,399	1.7
Davis County	10	7.6	14,894	17.7
Salt Lake County	70	53.0	23,285	27.7
Southeastern Utah	1	0.8	873	1.0
Southwest Utah	0	0.0	8,567	10.2
Summit County	6	4.5	753	0.9
Tooele County	4	3.0	1,210	1.4
Tri-County	2	1.5	383	0.5
Utah County	3	2.3	10,987	13.0
Wasatch County	2	1.5	337	0.4
Weber County	5	3.8	13,857	16.5
Unknown Utah	0	0.0	17	0.0
Outside Utah	25	18.9	4,218	5.0
Unknown, Not Reported	0	0.0	18	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, 2009
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)	11,657	100.0	60,592	100.0
Mastectomy (85.0-85.99)	20	0.2	1,095	1.8
Musculoskeletal (76.0-84.99)	3,504	30.1	13,858	22.9
Respiratory (30.0-34.99)	43	0.4	108	0.2
Cardiovascular (35.0-39.99)	3	0.0	31	0.1
Lymphatic/Hemetic (40.0-41.99)	28	0.2	81	0.1
Digestive System (42.0-54.99)	483	4.1	17,733	29.3
Urinary (55.0-59.99)	9	0.1	403	0.7
Male Genital (60.0-64.99)	2	0.0	212	0.3
Female Genital (65.0-71.99)	607	5.2	920	1.5
Endocrine/Nervous (01.0-07.99)	361	3.1	4,252	7.0
Eye (08.0-16.99)	2,770	23.8	8,739	14.4
Ear (18.0-20.99)	1,629	14.0	3,390	5.6
Nose, Mouth, Pharynx (21.0-29.99)	2,198	18.9	9,770	16.1
Reporting Category(CPT-4 CODES)	3,283	100.0	111,661	100.0
Mastectomy (19120-19220)	4	0.1	388	0.3
Musculoskeletal (20000-29909)	1,401	42.7	25,619	22.9
Respiratory (30000-32999 & 39501-39599)	431	13.1	9,048	8.1
Cardiovascular (33010-37799 & 93501-93660)	0	0.0	115	0.1
Lymphatic/Hemetic (38100-38999)	15	0.5	131	0.1
Digestive (40490-49999)	420	12.8	38,377	34.4
Urinary (50010-53899)	4	0.1	2,161	1.9
Male Genital (54000-55899)	2	0.1	759	0.7
Female Genital (56405-58999)	116	3.5	1,473	1.3
Endocrine/Nervous (60000-64999)	60	1.8	11,321	10.1
Eye (65091-68899)	390	11.9	18,003	16.1
Ear (69000-69979)	440	13.4	4,266	3.8

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 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES

404 McKay-Dee Surgical Center

ICD-9 CODE	ICD-9 DESCRIPTION	#	%	% ALL FASCs
All ICD-9 Procedures				
2001	MYRINGOTOMY W/INSRT TUBE	1,356	11.6	4.77
1341	PHACOEMULSIFICATION-ASPIR CATARACT	1,100	9.4	2.63
1371	IOL PROSTH-CATARACT EXTRACT-1-STAGE	1,100	9.4	7.55
283	TONSILLECTOMY W/ADENOIDECTOMY	656	5.6	2.35
806	EXC SEMILUNAR CARTILAGE-KNEE	446	3.8	3.08
2169	OTH TURBINECTOMY	344	3.0	2.63
8026	ARTHSCPY-KNEE	321	2.8	0.75
2188	OTH SEPTOPLASTY	267	2.3	0.73
0443	RELEASE CARPAL TUNNEL	237	2.0	1.42
8183	OTH REPR SHLDR	229	2.0	1.72
8363	ROTATOR CUFF REPR	202	1.7	1.03
8021	ARTHSCPY-SHLDR	166	1.4	0.62
7781	OTH PART OSTEC-SCAPULA-CLAV-THOR	157	1.3	0.84
8086	OTH LOC EXC/DESTRUC JT LES-KNEE	156	1.3	1.29
201	REMOV TYMPANOSTOMY TUBE	153	1.3	0.30
282	TONSILLECTOMY WO ADENOIDECTOMY	151	1.3	0.87
0887	UPPER EYELID RHYTIDECTOMY	128	1.1	0.71
8145	OTH REPR CRUCIATE LIGAMNT	124	1.1	0.58
1364	DISCISSION SECNDRY MEMBRN	121	1.0	0.80
2263	ETHMOIDECTOMY	117	1.0	1.98

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL FASCs
All CPT-4 Procedures				
69436	TYMPANOSTOMY GENERAL ANESTHESIA	3,283	100.0	100.0
66984	EXTRACAPSULAR CATARACT REMV IOL	370	11.3	3.22
30140	SUBMUCOS RES TURBINATE PART/CMPL	234	7.1	8.81
42820	T&A; UNDER AGE 12	154	4.7	2.06
42820	T&A; UNDER AGE 12	104	3.2	1.25
28122	PART EXC BONE; TARSAL/MT EX TALU	69	2.1	0.18
29881	SCOPE KNEE SURG;W/MENISCECT MED/	60	1.8	2.03
30520	SEPTOPLASTY/SUBMUCOS RES W/GFT	58	1.8	1.42
29879	SCOPE KNEE SURG; ABRASION ARTHPL	48	1.5	0.30
23430	TENODESIS OF LONG TENDON OF BICE	47	1.4	0.09
29826	SCOPE SHOULDER; DECOMP SUBACROM	47	1.4	1.48
42821	T&A; AGE 12 OR OVER	46	1.4	0.58
31256	NASL/SINUS ENDO SURG W/MAX ANTRO	40	1.2	0.35
29848	ENDO WRST SURG REL TRNS CARP LIG	37	1.1	0.24
29880	SCOPE KNEE SURG;W/MENISCECT MED&	37	1.1	0.60
42830	ADENOIDECTOMY PRIMARY; UNDER AGE	34	1.0	0.39
58662	LAP SURG; W/FULG/EXCIS LES-OVARY	34	1.0	0.28
31267	NASL/SINUS ENDO; W/TISS REMV MAX	31	0.9	0.87
66821	DISCISSION 2ND CATARACT; LASER S	31	0.9	1.55
31254	NASAL/SINUS ENDO; W/PART ETHMOEC	30	0.9	0.27
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	28	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, 2009
 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		2,396	\$2,415	\$1,375
283	TONSILLECTOMY W/ADENOIDECTOMY	560	\$2,076	\$1,593
1364	DISCISSION SECNDRY MEMBRN	121	\$1,044	\$527
282	TONSILLECTOMY WO ADENOIDECTOMY	111	\$2,032	\$1,293
5123	LAP CHOLEY	95	\$3,799	\$3,947
806	EXC SEMILUNAR CARTILAGE-KNEE	90	\$3,258	\$2,019
0443	RELEASE CARPAL TUNNEL	73	\$2,598	\$1,455
8339	EXC LES OTH SOFT TISS	50	\$1,680	\$1,654
7751	BUNIONEC SOFT-OSTEOT 1ST METATARS	41	\$2,954	\$2,016
6952	ASPIR CURET FOLLOWING DELIV/AB	32	\$2,064	\$2,064
4951	LT LAT ANAL SPHINCTEROTOMY	30	\$1,721	\$1,703
5304	UNILAT REPR INDIRECT ING HERN-GFT	28	\$2,701	\$2,438
5303	UNILAT REPR DIRECT ING HERN-GFT	26	\$2,675	\$2,611
2171	CLO REDUC NASAL FX	25	\$1,692	\$1,218
8183	OTH REPR SHLDR	25	\$6,316	\$3,933
194	MYRINGOPLASTY	23	\$3,034	\$2,200
8363	ROTATOR CUFF REPR	23	\$6,342	\$5,985
5341	REPR UMB HERN W/PROSTH	21	\$2,265	\$2,447
2169	OTH TURBINECTOMY	20	\$2,495	\$2,932
8221	EXC LES TENDON SHEATH HAND	20	\$1,924	\$1,228
0407	OTH EXC/AVUL CRANIAL & PERIPH NERV	19	\$2,216	\$1,474

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL FASCs)
CPT-4 Procedures		1,810	\$3,468	\$2,105
66984	EXTRACAPSULAR CATARACT REMV IOL	232	\$3,905	\$2,480
42820	T&A; UNDER AGE 12	93	\$2,120	\$1,582
29881	SCOPE KNEE SURG;W/MENISCECT MED/	47	\$3,240	\$3,535
29879	SCOPE KNEE SURG; ABRASION ARTHPL	45	\$5,588	\$4,629
23430	TENODESIS OF LONG TENDON OF BICE	43	\$7,533	\$6,931
42821	T&A; AGE 12 OR OVER	40	\$2,089	\$1,587
29880	SCOPE KNEE SURG;W/MENISCECT MED&	36	\$5,122	\$4,128
66821	DISCISSION 2ND CATARACT; LASER S	31	\$1,041	\$881
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	28	\$3,804	\$4,965
58662	LAP SURG; W/FULG/EXCIS LES-OVARY	28	\$4,095	\$3,241
29848	ENDO WRST SURG REL TRNS CARP LIG	25	\$2,934	\$3,249
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	22	\$2,040	\$1,458
58563	HYSTEROSC SURG; W/ENDOMETRIAL AB	22	\$4,581	\$4,191
21555	EXC TUMR SFT TISSUE NCK/THOR; SU	21	\$1,644	\$1,182
69210	REMOVAL IMPACT CERUMEN 1/BOTH EA	19	\$2,166	\$1,868
29822	SCOPE SHOULDER SURGICAL; DEBRID	18	\$7,367	\$6,098
49505	REPR INIT ING HERNIA 5YR/MORE; R	18	\$2,675	\$2,331
29882	SCOPE KNEE; W/MENISCUS REPR MED/	17	\$8,974	\$6,131
29823	SCOPE SHOULDER SURGICAL; DEBRID	16	\$6,207	\$5,185
28122	PART EXC BONE; TARSAL/MT EX TALU	15	\$4,780	\$3,143

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, 2009
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE* CPT-4 PROCEDURES

404 McKay-Dee Surgical Center

Procedure EAPG category	Procedure EAPG	TOTAL #	TOTAL # (ALL FASCs)
01	SKIN & INTEGUMENTARY SYSTEM PROCEDURES	147	1,972
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	4	17
	003 LEVEL I SKIN INCISION AND DRAINAGE	11	31
	004 LEVEL II SKIN INCISION AND DRAINAGE	8	37
	007 LEVEL II SKIN DEBRIDEMENT AND DESTRUCTION	2	49
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	14	143
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	99	1,515
	013 LEVEL II SKIN REPAIR	7	88
	014 LEVEL III SKIN REPAIR	2	76
02	BREAST PROCEDURES	4	367
	020 LEVEL I BREAST PROCEDURES	4	367
03	MUSCULOSKELETAL SYSTEM PROCEDURES	1,237	22,713
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	31	596
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	215	1,597
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	66	814
	033 LEVEL I HAND PROCEDURES	38	1,543
	034 LEVEL II HAND PROCEDURES	27	369
	035 LEVEL I FOOT PROCEDURES	138	2,537
	036 LEVEL II FOOT PROCEDURES	95	566
	037 LEVEL I ARTHROSCOPY	400	8,908
	038 LEVEL II ARTHROSCOPY	60	1,927
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	5	109
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	10	89
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	97	1,363
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	9	197
	045 BUNION PROCEDURES	21	892
	046 LEVEL I ARTHROPLASTY	3	223
	047 LEVEL II ARTHROPLASTY	1	15
	048 HAND AND FOOT TENOTOMY	14	138
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	7	830
04	RESPIRATORY PROCEDURES	170	4,018
	061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	1	43
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	28	544
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	139	3,422
	064 ENDOSCOPY OF THE LOWER AIRWAY	2	9
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	12	129
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	12	116
07	GASTROINTESTINAL SYSTEM PROCEDURES	198	31,840
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	1	8,893
	139 LEVEL I HERNIA REPAIR	49	1,123
	140 LEVEL II HERNIA REPAIR	5	255
	141 LEVEL I ANAL AND RECTAL PROCEDURES	23	240
	142 LEVEL II ANAL AND RECTAL PROCEDURES	18	352
	145 LEVEL I LAPAROSCOPY	12	271
	146 LEVEL II LAPAROSCOPY	27	650
	147 LEVEL III LAPAROSCOPY	63	902

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE* CPT-4 PROCEDURES

404 McKay-Dee Surgical Center

procedure EAPG category procedure EAPG	TOTAL #	TOTAL # (ALL FASCs)
08 GENITOURINARY SYSTEM PROCEDURES	3	2,351
163 LEVEL I BLADDER AND KIDNEY PROCEDURES	3	719
09 MALE REPRODUCTIVE SYSTEM	2	486
180 TESTICULAR AND EPIDIDYMAL PROCEDURES	2	320
10 FEMALE REPRODUCTIVE SYSTEM	58	857
196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	12	184
198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	10	136
200 HYSTEROSCOPY	36	363
11 NEUROLOGIC SYSTEM PROCEDURES	62	11,107
214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	1	2,809
217 LEVEL I NERVE PROCEDURES	34	1,933
218 LEVEL II NERVE PROCEDURES	9	192
220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	18	5,899
12 OPHTHALMOLOGIC SYSTEM PROCEDURES	388	17,880
230 MINOR OPHTHALMOLOGICAL TESTS AND PROCEDURES	2	180
232 LASER EYE PROCEDURES	34	1,864
233 CATARACT PROCEDURES	244	10,500
234 LEVEL I ANTERIOR SEGMENT EYE PROCEDURES	5	1,183
235 LEVEL II ANTERIOR SEGMENT EYE PROCEDURES	16	334
236 LEVEL III ANTERIOR SEGMENT EYE PROCEDURES	12	169
237 LEVEL I POSTERIOR SEGMENT EYE PROCEDURES	2	624
239 STRABISMUS AND MUSCLE EYE PROCEDURES	8	362
240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	18	560
241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	47	1,650
13 EAR, NOSE, MOUTH, & THROAT PROCEDURES	944	16,324
252 LEVEL I FACIAL AND ENT PROCEDURES	584	9,824
253 LEVEL II FACIAL AND ENT PROCEDURES	39	588
254 LEVEL III FACIAL AND ENT PROCEDURES	79	1,930
255 LEVEL IV FACIAL AND ENT PROCEDURES	18	583
256 TONSIL AND ADENOID PROCEDURES	224	3,399

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

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, SINGLE EAPG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

404 McKay-Dee Surgical Center

Procedure EAPG category	Procedure EAPG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL FASCs)
01	SKIN & INTEGUMENTARY SYSTEM PROCEDURES	104	\$2,127	\$1,788
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	2	\$2,003	\$1,370
	003 LEVEL I SKIN INCISION AND DRAINAGE	8	\$1,372	\$940
	004 LEVEL II SKIN INCISION AND DRAINAGE	5	\$1,361	\$1,746
	007 LEVEL II SKIN DEBRIDEMENT AND DESTRUCTION	2	\$1,565	\$750
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	14	\$2,421	\$1,574
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	65	\$2,040	\$1,779
	013 LEVEL II SKIN REPAIR	6	\$3,694	\$3,063
	014 LEVEL III SKIN REPAIR	2	\$3,815	\$3,390
02	BREAST PROCEDURES	4	\$1,894	\$1,351
	020 LEVEL I BREAST PROCEDURES	4	\$1,894	\$1,351
03	MUSCULOSKELETAL SYSTEM PROCEDURES	718	\$4,384	\$3,403
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	23	\$2,625	\$2,294
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	119	\$4,765	\$3,362
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	35	\$3,824	\$4,007
	033 LEVEL I HAND PROCEDURES	25	\$2,016	\$2,070
	034 LEVEL II HAND PROCEDURES	16	\$2,620	\$2,648
	035 LEVEL I FOOT PROCEDURES	67	\$2,941	\$2,266
	036 LEVEL II FOOT PROCEDURES	28	\$3,849	\$3,355
	037 LEVEL I ARTHROSCOPY	270	\$5,217	\$4,027
	038 LEVEL II ARTHROSCOPY	30	\$7,839	\$5,840
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	3	\$4,488	\$2,091
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	10	\$2,780	\$2,109
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	71	\$2,853	\$3,198
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	7	\$6,219	\$1,754
	045 BUNION PROCEDURES	10	\$3,741	\$2,834
	046 LEVEL I ARTHROPLASTY	1	\$9,138	\$3,436
	047 LEVEL II ARTHROPLASTY	1	\$5,657	\$3,211
	048 HAND AND FOOT TENOTOMY	1	\$3,746	\$2,411
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	1	\$2,118	\$717
04	RESPIRATORY PROCEDURES	35	\$2,267	\$3,092
	061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	1	\$4,684	\$7,072
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	10	\$2,467	\$2,100
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	22	\$2,069	\$2,006
	064 ENDOSCOPY OF THE LOWER AIRWAY	2	\$2,230	\$2,230
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	9	\$1,738	\$1,995
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	9	\$1,738	\$2,003
07	GASTROINTESTINAL SYSTEM PROCEDURES	164	\$3,161	\$1,702
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	1	\$674	\$1,498
	139 LEVEL I HERNIA REPAIR	37	\$2,732	\$2,519
	140 LEVEL II HERNIA REPAIR	1	\$2,672	\$2,000
	141 LEVEL I ANAL AND RECTAL PROCEDURES	22	\$1,705	\$847
	142 LEVEL II ANAL AND RECTAL PROCEDURES	16	\$1,540	\$1,249
	145 LEVEL I LAPAROSCOPY	10	\$3,584	\$2,220
	146 LEVEL II LAPAROSCOPY	20	\$4,509	\$3,971

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, SINGLE EAPG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

404 McKay-Dee Surgical Center

procedure	EAPG category	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL FASCs)
Procedure	EAPG			
	147 LEVEL III LAPAROSCOPY	57	\$3,960	\$4,503
09	MALE REPRODUCTIVE SYSTEM	2	\$2,685	\$2,334
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	2	\$2,685	\$2,474
10	FEMALE REPRODUCTIVE SYSTEM	51	\$3,285	\$2,701
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	9	\$1,592	\$1,706
	198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	9	\$3,309	\$3,089
	200 HYSTEROSCOPY	33	\$3,740	\$3,343
11	NEUROLOGIC SYSTEM PROCEDURES	36	\$4,458	\$1,085
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	1	\$819	\$677
	217 LEVEL I NERVE PROCEDURES	21	\$2,320	\$1,887
	218 LEVEL II NERVE PROCEDURES	3	\$3,272	\$2,252
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	11	\$9,193	\$887
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	357	\$3,367	\$2,213
	230 MINOR OPHTHALMOLOGICAL TESTS AND PROCEDURES	1	\$2,069	\$387
	232 LASER EYE PROCEDURES	34	\$1,073	\$906
	233 CATARACT PROCEDURES	242	\$3,872	\$2,474
	234 LEVEL I ANTERIOR SEGMENT EYE PROCEDURES	3	\$2,089	\$1,238
	235 LEVEL II ANTERIOR SEGMENT EYE PROCEDURES	16	\$2,359	\$2,125
	236 LEVEL III ANTERIOR SEGMENT EYE PROCEDURES	10	\$3,835	\$3,691
	237 LEVEL I POSTERIOR SEGMENT EYE PROCEDURES	2	\$4,410	\$992
	239 STRABISMUS AND MUSCLE EYE PROCEDURES	2	\$3,924	\$2,125
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	11	\$821	\$1,193
	241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	36	\$3,293	\$2,042
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	283	\$2,313	\$1,871
	252 LEVEL I FACIAL AND ENT PROCEDURES	55	\$1,949	\$1,941
	253 LEVEL II FACIAL AND ENT PROCEDURES	25	\$2,743	\$1,836
	254 LEVEL III FACIAL AND ENT PROCEDURES	20	\$3,456	\$3,090
	255 LEVEL IV FACIAL AND ENT PROCEDURES	11	\$4,316	\$2,605
	256 TONSIL AND ADENOID PROCEDURES	172	\$2,106	\$1,559

SOURCE: Utah Ambulatory Surgery Database
Utah Health Data Committee/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, 2009
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

404 McKay-Dee Surgical Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
GENDER				
Female	3,360	53.6	45,625	54.2
Male	2,905	46.4	38,545	45.8
Unknown	0	0.0	6	0.0
Not Reported	0	0.0	22	0.0
AGE				
1-28 days	0	0.0	0	0.0
29-365 days	154	2.5	664	0.8
1-4 years	630	10.1	4,619	5.5
5-9	377	6.0	2,203	2.6
10-14	213	3.4	1,176	1.4
15-17	235	3.8	1,480	1.8
18-19	118	1.9	1,225	1.5
20-24	307	4.9	3,040	3.6
25-29	339	5.4	3,416	4.1
30-34	365	5.8	3,538	4.2
35-39	350	5.6	3,688	4.4
40-44	313	5.0	3,659	4.3
45-49	364	5.8	4,841	5.7
50-54	454	7.2	7,274	8.6
55-59	358	5.7	6,789	8.1
60-64	386	6.2	6,791	8.1
65-69	361	5.8	8,522	10.1
70-74	299	4.8	7,887	9.4
75-79	351	5.6	6,673	7.9
80-84	203	3.2	4,368	5.2
85-89	72	1.1	1,871	2.2
90 +	16	0.3	472	0.6
Not Reported	0	0.0	2	0.0
SOURCE OF ADMISSION				
Physician Referral	6,262	100.0	70,785	84.1
Clinic Referral	0	0.0	1,276	1.5
HMO Referral	3	0.0	4	0.0
Other Hospital	0	0.0	1	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	6,047	7.2
Not Reported	0	0.0	6,083	7.2

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

404 McKay-Dee Surgical Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	6,252	99.8	75,308	89.4
Another Hospital	13	0.2	69	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	7	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	8,814	10.5
Not Reported	0	0.0	0	0.0
PRIMARY PAYER				
Medicare	1,182	18.9	23,656	28.1
Medicaid	404	6.4	5,431	6.5
Other government	175	2.8	2,708	3.2
Blue Cross/Blue Shield	453	7.2	17,610	20.9
Other Commercial	230	3.7	7,300	8.7
Managed Care(HMO, PPO)	3,554	56.7	23,018	27.3
Self Pay	45	0.7	1,018	1.2
Industrial & Worker Comp	120	1.9	1,691	2.0
Charity and Unclassified	31	0.5	348	0.4
Childrens Health Insurance	3	0.0	107	0.1
Unknown	68	1.1	85	0.1
Not Reported	0	0.0	1,226	1.5
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	362	5.8	3,400	4.0
Central Utah	1	0.0	1,399	1.7
Davis County	1,429	22.8	14,894	17.7
Salt Lake County	65	1.0	23,285	27.7
Southeastern Utah	1	0.0	873	1.0
Southwest Utah	1	0.0	8,567	10.2
Summit County	19	0.3	753	0.9
Tooele County	1	0.0	1,210	1.4
Tri-County	3	0.0	383	0.5
Utah County	17	0.3	10,987	13.0
Wasatch County	1	0.0	337	0.4
Weber County	4,280	68.3	13,857	16.5
Unknown Utah	1	0.0	17	0.0
Outside Utah	84	1.3	4,218	5.0
Unknown, Not Reported	0	0.0	18	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, 2009
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)	4,730	100.0	60,592	100.0
Mastectomy (85.0-85.99)	34	0.7	1,095	1.8
Musculoskeletal (76.0-84.99)	2,491	52.7	13,858	22.9
Respiratory (30.0-34.99)	5	0.1	108	0.2
Cardiovascular (35.0-39.99)	0	0.0	31	0.1
Lymphatic/Hemetic (40.0-41.99)	7	0.1	81	0.1
Digestive System (42.0-54.99)	65	1.4	17,733	29.3
Urinary (55.0-59.99)	69	1.5	403	0.7
Male Genital (60.0-64.99)	56	1.2	212	0.3
Female Genital (65.0-71.99)	0	0.0	920	1.5
Endocrine/Nervous (01.0-07.99)	440	9.3	4,252	7.0
Eye (08.0-16.99)	895	18.9	8,739	14.4
Ear (18.0-20.99)	168	3.6	3,390	5.6
Nose, Mouth, Pharynx (21.0-29.99)	500	10.6	9,770	16.1
Reporting Category(CPT-4 CODES)	6,533	100.0	111,661	100.0
Mastectomy (19120-19220)	5	0.1	388	0.3
Musculoskeletal (20000-29909)	2,961	45.3	25,619	22.9
Respiratory (30000-32999 & 39501-39599)	482	7.4	9,048	8.1
Cardiovascular (33010-37799 & 93501-93660)	4	0.1	115	0.1
Lymphatic/Hemetic (38100-38999)	7	0.1	131	0.1
Digestive (40490-49999)	613	9.4	38,377	34.4
Urinary (50010-53899)	115	1.8	2,161	1.9
Male Genital (54000-55899)	65	1.0	759	0.7
Female Genital (56405-58999)	0	0.0	1,473	1.3
Endocrine/Nervous (60000-64999)	1,195	18.3	11,321	10.1
Eye (65091-68899)	908	13.9	18,003	16.1
Ear (69000-69979)	178	2.7	4,266	3.8

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 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
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		4,730	100.0	100.0
1371	IOL PROSTH-CATARACT EXTRACT-1-STAGE	752	15.9	7.55
806	EXC SEMILUNAR CARTILAGE-KNEE	366	7.7	3.08
8183	OTH REPR SHLDR	277	5.9	1.72
8086	OTH LOC EXC/DESTRUC JT LES-KNEE	263	5.6	1.29
7781	OTH PART OSTEC-SCAPULA-CLAV-THOR	183	3.9	0.84
8363	ROTATOR CUFF REPR	159	3.4	1.03
2001	MYRINGOTOMY W/INSRT TUBE	152	3.2	4.77
0481	INJ ANES PERIPH NERV-ANALGESIA	143	3.0	0.50
8076	SYNOVECT-KNEE	143	3.0	0.62
2169	OTH TURBINECTOMY	140	3.0	2.63
0443	RELEASE CARPAL TUNNEL	129	2.7	1.42
1364	DISCISSION SECNDRY MEMBRN	121	2.6	0.80
215	SUBMUCOUS RESECT NASAL SEPTUM	113	2.4	1.28
8081	OTH LOC EXC/DESTRUC JT LES-SHLDR	107	2.3	0.71
282	TONSILLECTOMY WO ADENOIDECTOMY	94	2.0	0.87
8211	TENOT HAND	79	1.7	0.39
8145	OTH REPR CRUCIATE LIGAMNT	74	1.6	0.58
042	DESTRUC CRANIAL & PERIPH NERV	65	1.4	0.80
7756	REPR HAMMER TOE	64	1.4	0.71
7860	REMOV IMPLNT DEVICE-UNS SITE	64	1.4	0.30

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL FASCs
All CPT-4 Procedures		6,533	100.0	100.0
66984	EXTRACAPSULAR CATARACT REMV IOL	752	11.5	8.81
29881	SCOPE KNEE SURG;W/MENISCECT MED/	282	4.3	2.03
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	275	4.2	2.00
29826	SCOPE SHOULDER; DECOMP SUBACROM	269	4.1	1.48
29877	SCOPE KNEE SURG; DEBRID/SHAVE CA	234	3.6	0.87
64476	INJ ANES FACET JT; LUMB/SAC-EA A	162	2.5	0.53
29824	SCOPE SHLDR SURG;DIST CLAVICULEC	157	2.4	0.58
69436	TYMPANOSTOMY GENERAL ANESTHESIA	152	2.3	3.22
64415	INJ ANESAGT; BRACH PLEXUS SINGLE	142	2.2	0.39
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	129	2.0	1.15
66821	DISCISSION 2ND CATARACT; LASER S	121	1.9	1.55
29827	SCOPE SHLDR SURG; W/ROTOR CUFF R	118	1.8	0.75
30520	SEPTOPLASTY/SUBMUCOS RES W/GFT	112	1.7	1.42
41899	UNLIST PROC DENTOALVEOL STRUCTUR	110	1.7	2.67
42820	T&A; UNDER AGE 12	108	1.7	1.25
64475	INJ ANES FACET JT; LUMB/SAC-1LEV	103	1.6	0.51
30140	SUBMUCOS RES TURBINATE PART/CMPL	102	1.6	2.06
42999	UNLISTED PROC PHARYNX/ADENOID/TO	95	1.5	0.09
29875	SCOPE KNEE; SYNOVECT LTD SEP PRO	94	1.4	0.27
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	94	1.4	0.62

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, 2009
 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		2,058	\$1,547	\$1,375
1371	IOL PROSTH-CATARACT EXTRACT-1-STAGE	744	\$1,275	\$1,525
2001	MYRINGOTOMY W/INSRT TUBE	108	\$1,995	\$1,505
1364	DISCISSION SECNDRY MEMBRN	103	\$331	\$527
806	EXC SEMILUNAR CARTILAGE-KNEE	101	\$1,503	\$2,019
0443	RELEASE CARPAL TUNNEL	76	\$1,558	\$1,455
282	TONSILLECTOMY WO ADENOIDECTOMY	73	\$964	\$1,293
8086	OTH LOC EXC/DESTRUC JT LES-KNEE	51	\$2,155	\$2,061
8076	SYNOVECT-KNEE	47	\$2,575	\$2,300
7860	REMOV IMPLNT DEVICE-UNS SITE	31	\$1,568	\$1,180
283	TONSILLECTOMY W/ADENOIDECTOMY	29	\$1,350	\$1,593
5300	UNILAT REPR ING HERN-NOS	28	\$1,850	\$1,125
8221	EXC LES TENDON SHEATH HAND	28	\$1,181	\$1,228
0449	OTH PERIPH NERV/GANGL DECOMP/LYSIS	25	\$2,370	\$1,980
8183	OTH REPR SHLDR	22	\$2,831	\$3,933
8145	OTH REPR CRUCIATE LIGAMNT	21	\$2,477	\$4,971
2187	OTH RHINOPLASTY	19	\$1,383	\$1,446
8182	REPR RECUR DISLOC SHLDR	18	\$2,597	\$3,159
2169	OTH TURBINECTOMY	17	\$3,446	\$2,932
8211	TENOT HAND	15	\$1,483	\$1,071
2171	CLO REDUC NASAL FX	13	\$686	\$1,218

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL FASCs)
CPT-4 Procedures		2,497	\$1,327	\$2,105
66984	EXTRACAPSULAR CATARACT REMV IOL	738	\$1,278	\$2,480
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	266	\$368	\$701
41899	UNLIST PROC DENTOALVEOL STRUCTUR	107	\$1,822	\$2,074
66821	DISCISSION 2ND CATARACT; LASER S	103	\$331	\$881
69436	TYMPANOSTOMY GENERAL ANESTHESIA	76	\$1,764	\$1,364
29881	SCOPE KNEE SURG;W/MENISCECT MED/	68	\$1,590	\$3,535
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	65	\$1,372	\$1,675
42820	T&A; UNDER AGE 12	56	\$830	\$1,582
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	55	\$806	\$1,458
29877	SCOPE KNEE SURG; DEBRID/SHAVE CA	40	\$2,039	\$4,439
50590	LITHOTRIPSY XTRACORP SHOCK WAVE	37	\$2,542	\$7,701
29875	SCOPE KNEE; SYNOVECT LTD SEP PRO	36	\$2,680	\$4,344
29880	SCOPE KNEE SURG;W/MENISCECT MED&	28	\$1,322	\$4,128
64483	INJ ANES EPIDURL; LUMB/SAC 1 LEV	28	\$479	\$747
20680	REMOVAL OF IMPLANT; DEEP	27	\$1,400	\$2,113
62310	INJ 1 NOT NEUROLYTIC-EPID;CERV/T	27	\$380	\$575
49505	REPR INIT ING HERNIA 5YR/MORE; R	24	\$1,845	\$2,331
29826	SCOPE SHOULDER; DECOMP SUBACROM	20	\$2,953	\$4,685
29806	SCOPE SHOULDER SURGICAL; CPSLORR	18	\$2,597	\$5,401
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	16	\$3,357	\$4,965

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, 2009
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE* CPT-4 PROCEDURES

424 Mountain West Surgical Center

Procedure EAPG category	Procedure EAPG	TOTAL #	TOTAL # (ALL FASCs)
01	SKIN & INTEGUMENTARY SYSTEM PROCEDURES	112	1,972
	003 LEVEL I SKIN INCISION AND DRAINAGE	1	31
	004 LEVEL II SKIN INCISION AND DRAINAGE	1	37
	006 LEVEL I SKIN DEBRIDEMENT AND DESTRUCTION	1	7
	007 LEVEL II SKIN DEBRIDEMENT AND DESTRUCTION	1	49
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	7	143
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	96	1,515
	013 LEVEL II SKIN REPAIR	4	88
	014 LEVEL III SKIN REPAIR	1	76
02	BREAST PROCEDURES	5	367
	020 LEVEL I BREAST PROCEDURES	5	367
03	MUSCULOSKELETAL SYSTEM PROCEDURES	2,827	22,713
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	56	596
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	133	1,597
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	110	814
	033 LEVEL I HAND PROCEDURES	163	1,543
	034 LEVEL II HAND PROCEDURES	24	369
	035 LEVEL I FOOT PROCEDURES	172	2,537
	036 LEVEL II FOOT PROCEDURES	44	566
	037 LEVEL I ARTHROSCOPY	1,457	8,908
	038 LEVEL II ARTHROSCOPY	251	1,927
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	12	109
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	2	89
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	92	1,363
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	30	197
	045 BUNION PROCEDURES	56	892
	046 LEVEL I ARTHROPLASTY	47	223
	047 LEVEL II ARTHROPLASTY	6	15
	048 HAND AND FOOT TENOTOMY	6	138
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	166	830
04	RESPIRATORY PROCEDURES	159	4,018
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	20	544
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	139	3,422
05	CARDIOVASCULAR PROCEDURES	3	43
	083 PLACEMENT OF TRANSVENOUS CATHETERS	1	21
	088 LEVEL I CARDIOTHORACIC PROCEDURES	2	4
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	7	129
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	7	116
07	GASTROINTESTINAL SYSTEM PROCEDURES	97	31,840
	131 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	2	704
	139 LEVEL I HERNIA REPAIR	58	1,123
	140 LEVEL II HERNIA REPAIR	8	255
	141 LEVEL I ANAL AND RECTAL PROCEDURES	1	240
	142 LEVEL II ANAL AND RECTAL PROCEDURES	7	352
	144 LEVEL II GASTROINTESTINAL PROCEDURES	1	10
	145 LEVEL I LAPAROSCOPY	1	271

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE* CPT-4 PROCEDURES

424 Mountain West Surgical Center

procedure EAPG category	procedure EAPG	TOTAL #	TOTAL # (ALL FASCs)
	146 LEVEL II LAPAROSCOPY	3	650
	147 LEVEL III LAPAROSCOPY	16	902
08	GENITOURINARY SYSTEM PROCEDURES	114	2,351
	160 EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	40	846
	162 URINARY CATHETERIZATION AND DILATATION	1	6
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	45	719
	164 LEVEL II BLADDER AND KIDNEY PROCEDURES	26	510
	166 LEVEL I URETHRA AND PROSTATE PROCEDURES	2	26
09	MALE REPRODUCTIVE SYSTEM	62	486
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	45	320
	181 CIRCUMCISION	7	104
	184 LEVEL II PENILE AND PROSTATE PROCEDURES	1	42
	185 PROSTATE NEEDLE AND PUNCH BIOPSY	9	20
11	NEUROLOGIC SYSTEM PROCEDURES	1,183	11,107
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	303	2,809
	217 LEVEL I NERVE PROCEDURES	195	1,933
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	685	5,899
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	907	17,880
	232 LASER EYE PROCEDURES	121	1,864
	233 CATARACT PROCEDURES	762	10,500
	234 LEVEL I ANTERIOR SEGMENT EYE PROCEDURES	8	1,183
	235 LEVEL II ANTERIOR SEGMENT EYE PROCEDURES	4	334
	236 LEVEL III ANTERIOR SEGMENT EYE PROCEDURES	5	169
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	4	560
	241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	3	1,650
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	1,034	16,324
	252 LEVEL I FACIAL AND ENT PROCEDURES	565	9,824
	253 LEVEL II FACIAL AND ENT PROCEDURES	28	588
	254 LEVEL III FACIAL AND ENT PROCEDURES	130	1,930
	255 LEVEL IV FACIAL AND ENT PROCEDURES	40	583
	256 TONSIL AND ADENOID PROCEDURES	271	3,399

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

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, SINGLE EAPG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

424 Mountain West Surgical Center

Procedure EAPG category	Procedure EAPG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL FASCs)
01	SKIN & INTEGUMENTARY SYSTEM PROCEDURES	57	\$1,180	\$1,788
	004 LEVEL II SKIN INCISION AND DRAINAGE	1	\$863	\$1,746
	007 LEVEL II SKIN DEBRIDEMENT AND DESTRUCTION	1	\$856	\$750
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	5	\$948	\$1,574
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	49	\$1,222	\$1,779
	013 LEVEL II SKIN REPAIR	1	\$968	\$3,063
02	BREAST PROCEDURES	5	\$1,970	\$1,351
	020 LEVEL I BREAST PROCEDURES	5	\$1,970	\$1,351
03	MUSCULOSKELETAL SYSTEM PROCEDURES	589	\$1,899	\$3,403
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	13	\$1,919	\$2,294
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	35	\$2,234	\$3,362
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	14	\$2,278	\$4,007
	033 LEVEL I HAND PROCEDURES	66	\$1,283	\$2,070
	034 LEVEL II HAND PROCEDURES	10	\$1,864	\$2,648
	035 LEVEL I FOOT PROCEDURES	41	\$1,520	\$2,266
	036 LEVEL II FOOT PROCEDURES	21	\$2,766	\$3,355
	037 LEVEL I ARTHROSCOPY	246	\$2,041	\$4,027
	038 LEVEL II ARTHROSCOPY	37	\$2,351	\$5,840
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	3	\$2,005	\$2,091
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	2	\$1,050	\$2,109
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	57	\$1,899	\$3,198
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	14	\$986	\$1,754
	045 BUNION PROCEDURES	15	\$1,493	\$2,834
	046 LEVEL I ARTHROPLASTY	5	\$2,427	\$3,436
	047 LEVEL II ARTHROPLASTY	3	\$1,303	\$3,211
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	7	\$350	\$717
04	RESPIRATORY PROCEDURES	6	\$1,090	\$3,092
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	2	\$1,296	\$2,100
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	4	\$987	\$2,006
05	CARDIOVASCULAR PROCEDURES	1	\$1,930	\$2,181
	083 PLACEMENT OF TRANSVENOUS CATHETERS	1	\$1,930	\$2,123
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	7	\$1,170	\$1,995
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	7	\$1,170	\$2,003
07	GASTROINTESTINAL SYSTEM PROCEDURES	58	\$2,183	\$1,702
	131 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	1	\$905	\$1,341
	139 LEVEL I HERNIA REPAIR	29	\$1,978	\$2,519
	140 LEVEL II HERNIA REPAIR	6	\$1,829	\$2,000
	142 LEVEL II ANAL AND RECTAL PROCEDURES	4	\$649	\$1,249
	144 LEVEL II GASTROINTESTINAL PROCEDURES	1	\$0	\$0
	146 LEVEL II LAPAROSCOPY	1	\$1,070	\$3,971
	147 LEVEL III LAPAROSCOPY	16	\$3,357	\$4,503
08	GENITOURINARY SYSTEM PROCEDURES	76	\$2,069	\$4,648
	160 EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	37	\$2,542	\$7,715
	162 URINARY CATHETERIZATION AND DILATATION	1	\$555	\$1,283
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	24	\$1,406	\$2,101

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, SINGLE EAPG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

424 Mountain West Surgical Center

procedure	EAPG category	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL FASCs)
Procedure	EAPG			
	164 LEVEL II BLADDER AND KIDNEY PROCEDURES	13	\$2,208	\$2,630
	166 LEVEL I URETHRA AND PROSTATE PROCEDURES	1	\$191	\$1,815
09	MALE REPRODUCTIVE SYSTEM	15	\$1,725	\$2,334
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	13	\$1,661	\$2,474
	181 CIRCUMCISION	1	\$426	\$1,830
	184 LEVEL II PENILE AND PROSTATE PROCEDURES	1	\$3,854	\$3,059
11	NEUROLOGIC SYSTEM PROCEDURES	421	\$593	\$1,085
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	294	\$369	\$677
	217 LEVEL I NERVE PROCEDURES	83	\$1,456	\$1,887
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	44	\$464	\$887
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	861	\$1,154	\$2,213
	232 LASER EYE PROCEDURES	103	\$331	\$906
	233 CATARACT PROCEDURES	748	\$1,272	\$2,474
	234 LEVEL I ANTERIOR SEGMENT EYE PROCEDURES	2	\$550	\$1,238
	235 LEVEL II ANTERIOR SEGMENT EYE PROCEDURES	3	\$1,028	\$2,125
	236 LEVEL III ANTERIOR SEGMENT EYE PROCEDURES	2	\$624	\$3,691
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	2	\$788	\$1,193
	241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	1	\$863	\$2,042
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	394	\$1,378	\$1,871
	252 LEVEL I FACIAL AND ENT PROCEDURES	216	\$1,665	\$1,941
	253 LEVEL II FACIAL AND ENT PROCEDURES	17	\$1,445	\$1,836
	254 LEVEL III FACIAL AND ENT PROCEDURES	14	\$2,018	\$3,090
	255 LEVEL IV FACIAL AND ENT PROCEDURES	23	\$1,218	\$2,605
	256 TONSIL AND ADENOID PROCEDURES	124	\$827	\$1,559

SOURCE: Utah Ambulatory Surgery Database
Utah Health Data Committee/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, 2009
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

424 Mountain West Surgical Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
GENDER				
Female	2,049	50.8	45,625	54.2
Male	1,982	49.1	38,545	45.8
Unknown	0	0.0	6	0.0
Not Reported	2	0.0	22	0.0
AGE				
1-28 days	0	0.0	0	0.0
29-365 days	24	0.6	664	0.8
1-4 years	181	4.5	4,619	5.5
5-9	121	3.0	2,203	2.6
10-14	67	1.7	1,176	1.4
15-17	120	3.0	1,480	1.8
18-19	60	1.5	1,225	1.5
20-24	175	4.3	3,040	3.6
25-29	155	3.8	3,416	4.1
30-34	191	4.7	3,538	4.2
35-39	221	5.5	3,688	4.4
40-44	179	4.4	3,659	4.3
45-49	256	6.3	4,841	5.7
50-54	267	6.6	7,274	8.6
55-59	263	6.5	6,789	8.1
60-64	267	6.6	6,791	8.1
65-69	390	9.7	8,522	10.1
70-74	403	10.0	7,887	9.4
75-79	362	9.0	6,673	7.9
80-84	201	5.0	4,368	5.2
85-89	106	2.6	1,871	2.2
90 +	24	0.6	472	0.6
Not Reported	0	0.0	2	0.0
SOURCE OF ADMISSION				
Physician Referral	4,033	100.0	70,785	84.1
Clinic Referral	0	0.0	1,276	1.5
HMO Referral	0	0.0	4	0.0
Other Hospital	0	0.0	1	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	6,047	7.2
Not Reported	0	0.0	6,083	7.2

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

424 Mountain West Surgical Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	4,033	100.0	75,308	89.4
Another Hospital	0	0.0	69	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	7	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	8,814	10.5
Not Reported	0	0.0	0	0.0
PRIMARY PAYER				
Medicare	1,022	25.3	23,656	28.1
Medicaid	109	2.7	5,431	6.5
Other government	237	5.9	2,708	3.2
Blue Cross/Blue Shield	796	19.7	17,610	20.9
Other Commercial	529	13.1	7,300	8.7
Managed Care(HMO, PPO)	999	24.8	23,018	27.3
Self Pay	37	0.9	1,018	1.2
Industrial & Worker Comp	201	5.0	1,691	2.0
Charity and Unclassified	2	0.0	348	0.4
Childrens Health Insurance	0	0.0	107	0.1
Unknown	0	0.0	85	0.1
Not Reported	101	2.5	1,226	1.5
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	59	1.5	3,400	4.0
Central Utah	7	0.2	1,399	1.7
Davis County	2,847	70.6	14,894	17.7
Salt Lake County	364	9.0	23,285	27.7
Southeastern Utah	7	0.2	873	1.0
Southwest Utah	14	0.3	8,567	10.2
Summit County	5	0.1	753	0.9
Tooele County	243	6.0	1,210	1.4
Tri-County	3	0.1	383	0.5
Utah County	29	0.7	10,987	13.0
Wasatch County	4	0.1	337	0.4
Weber County	360	8.9	13,857	16.5
Unknown Utah	0	0.0	17	0.0
Outside Utah	88	2.2	4,218	5.0
Unknown, Not Reported	3	0.1	18	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, 2009
NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

414 Mount Ogden Surgical Center

Reporting Category(ICD-9-CM CODES)	Procedures Performed		Procedures Performed-All FASCs	
	(#)	(%)	(#)	(%)
Reporting Category(ICD-9-CM CODES)	.	.	60,592	100.0
Mastectomy (85.0-85.99)	.	.	1,095	1.8
Musculoskeletal (76.0-84.99)	.	.	13,858	22.9
Respiratory (30.0-34.99)	.	.	108	0.2
Cardiovascular (35.0-39.99)	.	.	31	0.1
Lymphatic/Hemetic (40.0-41.99)	.	.	81	0.1
Digestive System (42.0-54.99)	.	.	17,733	29.3
Urinary (55.0-59.99)	.	.	403	0.7
Male Genital (60.0-64.99)	.	.	212	0.3
Female Genital (65.0-71.99)	.	.	920	1.5
Endocrine/Nervous (01.0-07.99)	.	.	4,252	7.0
Eye (08.0-16.99)	.	.	8,739	14.4
Ear (18.0-20.99)	.	.	3,390	5.6
Nose, Mouth, Pharynx (21.0-29.99)	.	.	9,770	16.1
Reporting Category(CPT-4 CODES)	8,657	100.0	111,661	100.0
Mastectomy (19120-19220)	0	0.0	388	0.3
Musculoskeletal (20000-29909)	2,823	32.6	25,619	22.9
Respiratory (30000-32999 & 39501-39599)	504	5.8	9,048	8.1
Cardiovascular (33010-37799 & 93501-93660)	1	0.0	115	0.1
Lymphatic/Hemetic (38100-38999)	7	0.1	131	0.1
Digestive (40490-49999)	1,383	16.0	38,377	34.4
Urinary (50010-53899)	490	5.7	2,161	1.9
Male Genital (54000-55899)	76	0.9	759	0.7
Female Genital (56405-58999)	131	1.5	1,473	1.3
Endocrine/Nervous (60000-64999)	906	10.5	11,321	10.1
Eye (65091-68899)	1,868	21.6	18,003	16.1
Ear (69000-69979)	468	5.4	4,266	3.8

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 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES

414 Mount Ogden Surgical Center

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

Does not report ICDs

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL FASCs
All CPT-4 Procedures				
66984	EXTRACAPSULAR CATARACT REMV IOL	8,657	100.0	100.0
41899	UNLIST PROC DENTOALVEOL STRUCTUR	1,470	17.0	8.81
69436	TYMPANOSTOMY GENERAL ANESTHESIA	538	6.2	2.67
64415	INJ ANESAGT; BRACH PLEXUS SINGLE	392	4.5	3.22
29826	SCOPE SHOULDER; DECOMP SUBACROM	288	3.3	0.39
29881	SCOPE KNEE SURG;W/MENISCECT MED/	243	2.8	1.48
50590	LITHOTRIPSY XTRACORP SHOCK WAVE	235	2.7	2.03
30140	SUBMUCOS RES TURBINATE PART/CMPL	212	2.4	0.76
45378	COLONOSCOPY FLEX; DX-SEP PROC	184	2.1	2.06
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	175	2.0	6.32
29877	SCOPE KNEE SURG; DEBRID/SHAVE CA	155	1.8	1.15
20680	REMOVAL OF IMPLANT; DEEP	146	1.7	0.87
42820	T&A; UNDER AGE 12	139	1.6	0.65
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	135	1.6	1.25
29827	SCOPE SHLDR SURG; W/ROTOR CUFF R	135	1.6	2.00
43239	UGI ENDO; W/BX 1/MX	116	1.3	0.75
64417	INJECTION ANESTHETIC AGT; AX NER	103	1.2	6.74
30520	SEPTOPLASTY/SUBMUCOS RES W/GFT	98	1.1	0.09
29824	SCOPE SHLDR SURG;DIST CLAVICULEC	94	1.1	1.42
27687	GASTROCNEMIUS RECESSION	92	1.1	0.58
		91	1.1	0.11

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

AMB ST 1-3

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
 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 CHRGE	AVE TOT CHRGE(ALL FASCs)
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ICD-9 Procedures

Does not report ICDS

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRGE	AVE TOT CHRGE(ALL FASCs)
CPT-4 Procedures				
66984	EXTRACAPSULAR CATARACT REMV IOL	4,234	\$3,627	\$2,105
41899	UNLIST PROC DENTOALVEOL STRUCTUR	1,456	\$3,237	\$2,480
50590	LITHOTRIPSY XTRACORP SHOCK WAVE	533	\$3,098	\$2,074
45378	COLONOSCOPY FLEX; DX-SEP PROC	182	\$11,674	\$7,701
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	160	\$1,394	\$1,642
42820	T&A; UNDER AGE 12	135	\$1,542	\$701
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	96	\$2,301	\$1,582
66821	DISCISSION 2ND CATARACT; LASER S	90	\$2,064	\$1,675
29881	SCOPE KNEE SURG;W/MENISCECT MED/	89	\$882	\$881
45380	COLONOSCOPY FLEX; W/BX 1/MX	84	\$5,168	\$3,535
43239	UGI ENDO; W/BX 1/MX	71	\$1,514	\$1,432
42821	T&A; AGE 12 OR OVER	67	\$2,064	\$1,605
27687	GASTROCNEMIUS RECESSION	49	\$2,322	\$1,587
20680	REMOVAL OF IMPLANT; DEEP	46	\$3,378	\$3,354
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	38	\$2,208	\$2,113
29848	ENDO WRST SURG REL TRNS CARP LIG	35	\$2,268	\$1,458
29880	SCOPE KNEE SURG;W/MENISCECT MED&	33	\$5,335	\$3,249
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	30	\$7,371	\$4,128
67041	67041	29	\$1,190	\$1,020
65426	EXC/TRANSPOSITION PTERYGIUM; W/G	27	\$5,004	\$4,478
		26	\$3,578	\$2,131

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, 2009
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE* CPT-4 PROCEDURES

414 Mount Ogden Surgical Center

Procedure EAPG category	Procedure EAPG	TOTAL #	TOTAL # (ALL FASCs)
01	SKIN & INTEGUMENTARY SYSTEM PROCEDURES	189	1,972
	003 LEVEL I SKIN INCISION AND DRAINAGE	1	31
	004 LEVEL II SKIN INCISION AND DRAINAGE	3	37
	006 LEVEL I SKIN DEBRIDEMENT AND DESTRUCTION	1	7
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	8	143
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	173	1,515
	014 LEVEL III SKIN REPAIR	3	76
03	MUSCULOSKELETAL SYSTEM PROCEDURES	2,613	22,713
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	61	596
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	202	1,597
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	184	814
	033 LEVEL I HAND PROCEDURES	128	1,543
	034 LEVEL II HAND PROCEDURES	49	369
	035 LEVEL I FOOT PROCEDURES	146	2,537
	036 LEVEL II FOOT PROCEDURES	29	566
	037 LEVEL I ARTHROSCOPY	1,240	8,908
	038 LEVEL II ARTHROSCOPY	288	1,927
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	13	109
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	5	89
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	128	1,363
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	8	197
	045 BUNION PROCEDURES	41	892
	046 LEVEL I ARTHROPLASTY	45	223
	047 LEVEL II ARTHROPLASTY	1	15
	048 HAND AND FOOT TENOTOMY	9	138
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	36	830
04	RESPIRATORY PROCEDURES	188	4,018
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	31	544
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	157	3,422
05	CARDIOVASCULAR PROCEDURES	1	43
	088 LEVEL I CARDIOTHORACIC PROCEDURES	1	4
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	7	129
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	7	116
07	GASTROINTESTINAL SYSTEM PROCEDURES	575	31,840
	131 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	30	704
	132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	1	76
	133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	1	83
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	148	8,893
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	11	2,107
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	265	13,783
	137 THERAPEUTIC COLONOSCOPY	38	2,374
	139 LEVEL I HERNIA REPAIR	13	1,123
	140 LEVEL II HERNIA REPAIR	1	255
	145 LEVEL I LAPAROSCOPY	36	271
	146 LEVEL II LAPAROSCOPY	11	650
	147 LEVEL III LAPAROSCOPY	20	902

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE* CPT-4 PROCEDURES

414 Mount Ogden Surgical Center

procedure EAPG category procedure EAPG	TOTAL #	TOTAL # (ALL FASCs)
08 GENITOURINARY SYSTEM PROCEDURES	486	2,351
160 EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	212	846
162 URINARY CATHETERIZATION AND DILATATION	2	6
163 LEVEL I BLADDER AND KIDNEY PROCEDURES	148	719
164 LEVEL II BLADDER AND KIDNEY PROCEDURES	116	510
166 LEVEL I URETHRA AND PROSTATE PROCEDURES	6	26
167 LEVEL II URETHRA AND PROSTATE PROCEDURES	2	244
09 MALE REPRODUCTIVE SYSTEM	66	486
180 TESTICULAR AND EPIDIDYMAL PROCEDURES	40	320
181 CIRCUMCISION	15	104
184 LEVEL II PENILE AND PROSTATE PROCEDURES	6	42
185 PROSTATE NEEDLE AND PUNCH BIOPSY	5	20
10 FEMALE REPRODUCTIVE SYSTEM	76	857
196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	22	184
198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	6	136
199 DILATION AND CURETTAGE	2	42
200 HYSTEROSCOPY	46	363
11 NEUROLOGIC SYSTEM PROCEDURES	901	11,107
214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	140	2,809
217 LEVEL I NERVE PROCEDURES	237	1,933
218 LEVEL II NERVE PROCEDURES	4	192
220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	517	5,899
223 LEVEL III NERVE PROCEDURES	3	73
12 OPHTHALMOLOGIC SYSTEM PROCEDURES	1,858	17,880
230 MINOR OPHTHALMOLOGICAL TESTS AND PROCEDURES	2	180
232 LASER EYE PROCEDURES	89	1,864
233 CATARACT PROCEDURES	1,512	10,500
234 LEVEL I ANTERIOR SEGMENT EYE PROCEDURES	7	1,183
235 LEVEL II ANTERIOR SEGMENT EYE PROCEDURES	35	334
236 LEVEL III ANTERIOR SEGMENT EYE PROCEDURES	20	169
237 LEVEL I POSTERIOR SEGMENT EYE PROCEDURES	1	624
238 LEVEL II POSTERIOR SEGMENT EYE PROCEDURES	91	454
239 STRABISMUS AND MUSCLE EYE PROCEDURES	11	362
240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	13	560
241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	77	1,650
13 EAR, NOSE, MOUTH, & THROAT PROCEDURES	1,658	16,324
252 LEVEL I FACIAL AND ENT PROCEDURES	1,193	9,824
253 LEVEL II FACIAL AND ENT PROCEDURES	54	588
254 LEVEL III FACIAL AND ENT PROCEDURES	102	1,930
255 LEVEL IV FACIAL AND ENT PROCEDURES	24	583
256 TONSIL AND ADENOID PROCEDURES	285	3,399

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

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

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, SINGLE EAPG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

414 Mount Ogden Surgical Center

Procedure EAPG category	Procedure EAPG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL FASCs)
01	SKIN & INTEGUMENTARY SYSTEM PROCEDURES	69	\$2,675	\$1,788
	003 LEVEL I SKIN INCISION AND DRAINAGE	1	\$2,772	\$940
	004 LEVEL II SKIN INCISION AND DRAINAGE	3	\$2,972	\$1,746
	006 LEVEL I SKIN DEBRIDEMENT AND DESTRUCTION	1	\$2,280	\$2,767
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	4	\$1,998	\$1,574
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	59	\$2,717	\$1,779
	014 LEVEL III SKIN REPAIR	1	\$2,280	\$3,390
03	MUSCULOSKELETAL SYSTEM PROCEDURES	581	\$5,385	\$3,403
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	19	\$3,700	\$2,294
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	79	\$3,680	\$3,362
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	10	\$7,427	\$4,007
	033 LEVEL I HAND PROCEDURES	57	\$4,087	\$2,070
	034 LEVEL II HAND PROCEDURES	10	\$5,238	\$2,648
	035 LEVEL I FOOT PROCEDURES	54	\$3,758	\$2,266
	036 LEVEL II FOOT PROCEDURES	9	\$5,439	\$3,355
	037 LEVEL I ARTHROSCOPY	229	\$6,231	\$4,027
	038 LEVEL II ARTHROSCOPY	25	\$10,924	\$5,840
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	2	\$7,444	\$2,091
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	5	\$3,447	\$2,109
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	57	\$5,629	\$3,198
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	3	\$3,148	\$1,754
	045 BUNION PROCEDURES	19	\$4,126	\$2,834
	046 LEVEL I ARTHROPLASTY	2	\$5,768	\$3,436
	048 HAND AND FOOT TENOTOMY	1	\$3,739	\$2,411
04	RESPIRATORY PROCEDURES	10	\$3,772	\$3,092
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	5	\$3,990	\$2,100
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	5	\$3,555	\$2,006
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	5	\$3,204	\$1,995
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	5	\$3,204	\$2,003
07	GASTROINTESTINAL SYSTEM PROCEDURES	403	\$1,803	\$1,702
	132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	1	\$689	\$1,232
	133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	1	\$833	\$1,079
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	96	\$1,800	\$1,498
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	8	\$1,633	\$1,341
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	231	\$1,431	\$1,544
	137 THERAPEUTIC COLONOSCOPY	24	\$1,798	\$1,642
	139 LEVEL I HERNIA REPAIR	6	\$3,750	\$2,519
	140 LEVEL II HERNIA REPAIR	1	\$4,140	\$2,000
	145 LEVEL I LAPAROSCOPY	18	\$3,692	\$2,220
	146 LEVEL II LAPAROSCOPY	4	\$4,050	\$3,971
	147 LEVEL III LAPAROSCOPY	13	\$4,338	\$4,503
08	GENITOURINARY SYSTEM PROCEDURES	302	\$8,159	\$4,648
	160 EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	182	\$11,674	\$7,715
	162 URINARY CATHETERIZATION AND DILATATION	1	\$2,894	\$1,283
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	62	\$2,330	\$2,101

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, SINGLE EAPG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

414 Mount Ogden Surgical Center

procedure EAPG category	Procedure EAPG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL FASCs)
	164 LEVEL II BLADDER AND KIDNEY PROCEDURES	54	\$3,417	\$2,630
	166 LEVEL I URETHRA AND PROSTATE PROCEDURES	2	\$2,763	\$1,815
	167 LEVEL II URETHRA AND PROSTATE PROCEDURES	1	\$1,833	\$1,608
09	MALE REPRODUCTIVE SYSTEM	29	\$3,283	\$2,334
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	14	\$3,673	\$2,474
	181 CIRCUMCISION	11	\$2,232	\$1,830
	184 LEVEL II PENILE AND PROSTATE PROCEDURES	4	\$4,808	\$3,059
10	FEMALE REPRODUCTIVE SYSTEM	47	\$4,499	\$2,701
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	16	\$3,064	\$1,706
	198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	5	\$8,475	\$3,089
	199 DILATION AND CURETTAGE	2	\$2,496	\$1,137
	200 HYSTEROSCOPY	24	\$4,794	\$3,343
11	NEUROLOGIC SYSTEM PROCEDURES	255	\$1,955	\$1,085
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	140	\$1,528	\$677
	217 LEVEL I NERVE PROCEDURES	114	\$2,492	\$1,887
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	1	\$622	\$887
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	1,722	\$3,267	\$2,213
	230 MINOR OPHTHALMOLOGICAL TESTS AND PROCEDURES	1	\$3,113	\$387
	232 LASER EYE PROCEDURES	89	\$882	\$906
	233 CATARACT PROCEDURES	1,482	\$3,266	\$2,474
	234 LEVEL I ANTERIOR SEGMENT EYE PROCEDURES	5	\$2,893	\$1,238
	235 LEVEL II ANTERIOR SEGMENT EYE PROCEDURES	28	\$3,481	\$2,125
	236 LEVEL III ANTERIOR SEGMENT EYE PROCEDURES	15	\$5,048	\$3,691
	238 LEVEL II POSTERIOR SEGMENT EYE PROCEDURES	78	\$4,995	\$4,477
	239 STRABISMUS AND MUSCLE EYE PROCEDURES	1	\$4,772	\$2,125
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	7	\$3,151	\$1,193
	241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	16	\$6,275	\$2,042
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	806	\$2,919	\$1,871
	252 LEVEL I FACIAL AND ENT PROCEDURES	578	\$3,067	\$1,941
	253 LEVEL II FACIAL AND ENT PROCEDURES	18	\$3,095	\$1,836
	254 LEVEL III FACIAL AND ENT PROCEDURES	6	\$3,951	\$3,090
	255 LEVEL IV FACIAL AND ENT PROCEDURES	13	\$4,570	\$2,605
	256 TONSIL AND ADENOID PROCEDURES	191	\$2,308	\$1,559

SOURCE: Utah Ambulatory Surgery Database
Utah Health Data Committee/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, 2009
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

414 Mount Ogden Surgical Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
GENDER				
Female	3,097	52.0	45,625	54.2
Male	2,853	47.9	38,545	45.8
Unknown	1	0.0	6	0.0
Not Reported	0	0.0	22	0.0
AGE				
1-28 days	0	0.0	0	0.0
29-365 days	46	0.8	664	0.8
1-4 years	562	9.4	4,619	5.5
5-9	239	4.0	2,203	2.6
10-14	108	1.8	1,176	1.4
15-17	108	1.8	1,480	1.8
18-19	76	1.3	1,225	1.5
20-24	158	2.7	3,040	3.6
25-29	239	4.0	3,416	4.1
30-34	239	4.0	3,538	4.2
35-39	265	4.5	3,688	4.4
40-44	252	4.2	3,659	4.3
45-49	308	5.2	4,841	5.7
50-54	425	7.1	7,274	8.6
55-59	412	6.9	6,789	8.1
60-64	416	7.0	6,791	8.1
65-69	601	10.1	8,522	10.1
70-74	606	10.2	7,887	9.4
75-79	450	7.6	6,673	7.9
80-84	268	4.5	4,368	5.2
85-89	138	2.3	1,871	2.2
90 +	35	0.6	472	0.6
Not Reported	0	0.0	2	0.0
SOURCE OF ADMISSION				
Physician Referral	0	0.0	70,785	84.1
Clinic Referral	0	0.0	1,276	1.5
HMO Referral	0	0.0	4	0.0
Other Hospital	0	0.0	1	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	6,047	7.2
Not Reported	5,951	100.0	6,083	7.2

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

414 Mount Ogden Surgical Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	0	0.0	75,308	89.4
Another Hospital	0	0.0	69	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	7	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	5,951	100.0	8,814	10.5
Not Reported	0	0.0	0	0.0
PRIMARY PAYER				
Medicare	1,489	25.0	23,656	28.1
Medicaid	652	11.0	5,431	6.5
Other government	137	2.3	2,708	3.2
Blue Cross/Blue Shield	1,537	25.8	17,610	20.9
Other Commercial	1,200	20.2	7,300	8.7
Managed Care(HMO, PPO)	758	12.7	23,018	27.3
Self Pay	71	1.2	1,018	1.2
Industrial & Worker Comp	107	1.8	1,691	2.0
Charity and Unclassified	0	0.0	348	0.4
Childrens Health Insurance	0	0.0	107	0.1
Unknown	0	0.0	85	0.1
Not Reported	0	0.0	1,226	1.5
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	334	5.6	3,400	4.0
Central Utah	2	0.0	1,399	1.7
Davis County	1,234	20.7	14,894	17.7
Salt Lake County	63	1.1	23,285	27.7
Southeastern Utah	3	0.1	873	1.0
Southwest Utah	2	0.0	8,567	10.2
Summit County	17	0.3	753	0.9
Tooele County	8	0.1	1,210	1.4
Tri-County	8	0.1	383	0.5
Utah County	5	0.1	10,987	13.0
Wasatch County	5	0.1	337	0.4
Weber County	4,057	68.2	13,857	16.5
Unknown Utah	6	0.1	17	0.0
Outside Utah	202	3.4	4,218	5.0
Unknown, Not Reported	5	0.1	18	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, 2009
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)	3,358	100.0	60,592	100.0
Mastectomy (85.0-85.99)	0	0.0	1,095	1.8
Musculoskeletal (76.0-84.99)	0	0.0	13,858	22.9
Respiratory (30.0-34.99)	0	0.0	108	0.2
Cardiovascular (35.0-39.99)	0	0.0	31	0.1
Lymphatic/Hemetic (40.0-41.99)	0	0.0	81	0.1
Digestive System (42.0-54.99)	3,358	100.0	17,733	29.3
Urinary (55.0-59.99)	0	0.0	403	0.7
Male Genital (60.0-64.99)	0	0.0	212	0.3
Female Genital (65.0-71.99)	0	0.0	920	1.5
Endocrine/Nervous (01.0-07.99)	0	0.0	4,252	7.0
Eye (08.0-16.99)	0	0.0	8,739	14.4
Ear (18.0-20.99)	0	0.0	3,390	5.6
Nose, Mouth, Pharynx (21.0-29.99)	0	0.0	9,770	16.1
Reporting Category(CPT-4 CODES)	3,378	100.0	111,661	100.0
Mastectomy (19120-19220)	0	0.0	388	0.3
Musculoskeletal (20000-29909)	0	0.0	25,619	22.9
Respiratory (30000-32999 & 39501-39599)	0	0.0	9,048	8.1
Cardiovascular (33010-37799 & 93501-93660)	0	0.0	115	0.1
Lymphatic/Hemetic (38100-38999)	0	0.0	131	0.1
Digestive (40490-49999)	3,378	100.0	38,377	34.4
Urinary (50010-53899)	0	0.0	2,161	1.9
Male Genital (54000-55899)	0	0.0	759	0.7
Female Genital (56405-58999)	0	0.0	1,473	1.3
Endocrine/Nervous (60000-64999)	0	0.0	11,321	10.1
Eye (65091-68899)	0	0.0	18,003	16.1
Ear (69000-69979)	0	0.0	4,266	3.8

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 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
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		3,358	100.0	100.0
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	944	28.1	6.57
4542	ENDO POLYPECTOMY LG INTESTINE	859	25.6	2.83
4292	DILAT ESOPH	697	20.8	1.93
4523	COLONOSCOPY	653	19.4	6.21
4513	OTH ENDO SM INTESTINE	114	3.4	0.99
4525	CLO [ENDO] BX LG INTESTINE	25	0.7	6.55
4422	ENDO DILAT PYLORUS	19	0.6	0.10
4225	OP BX ESOPH	15	0.4	0.02
4696	LOC PERFUSION LG INTESTINE	9	0.3	0.01
4543	ENDO DEST OTH LES/TISS LG INTEST	8	0.2	0.22
4233	ENDO EXC/DESTRUC LES/TISS ESOPH	4	0.1	0.01
4341	ENDO EXC/DESTRUC LES/TISS STOMACH	4	0.1	0.03
4685	DILAT INTESTINE	4	0.1	0.02
4224	CLO [ENDO] BX ESOPH	2	0.1	0.00
4512	ENDO SM INTEST THRU ARTIFICL STOMA	1	0.0	0.01

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL FASCs
All CPT-4 Procedures		3,378	100.0	100.0
43239	UGI ENDO; W/BX 1/MX	944	27.9	6.74
45380	COLONOSCOPY FLEX; W/BX 1/MX	719	21.3	5.96
45378	COLONOSCOPY FLEX; DX-SEP PROC	652	19.3	6.32
43450	DILAT ESOPH-SOUND/BOUGIE-1/MX PA	583	17.3	0.63
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	138	4.1	1.47
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	114	3.4	1.23
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	97	2.9	1.40
45331	SIGMOIDOSCOPY FLXIBLE; W/BX 1/MX	24	0.7	0.05
43245	UP GI ENDO;W/DILAT GASTR OUTLT O	19	0.6	0.07
43247	UGI ENDO; W/REMOVAL FB	16	0.5	0.03
45330	SIGMOIDOSCOPY FLEX; DX-SEP PROC	15	0.4	0.06
43248	UGI ENDO; W/INSRT GUIDE WIRE	10	0.3	0.23
43258	UGI ENDO; W/ABLAT LES NOT SNARE	9	0.3	0.02
45381	COLNSCP PROX SPLENC FLXR;SUBMUC	9	0.3	0.18
45339	SIGMOIDOS FLEX; ABLAT LES-NOT AM	6	0.2	0.01
43251	UGI ENDO; W/REMV TUMOR/LES-SNARE	4	0.1	0.04
45386	COLNSCP PROX SPLENC FLXR; DILAT	4	0.1	0.01
43202	ESOPHGSCPY RIGD/FLXIBLE; W/BX 1/	2	0.1	0.00
43226	ESOPHAGOSCOPY; W/INSRT GUIDE WIR	2	0.1	0.00
43236	UP GI ENDO ESOPH STOMCH;SUBMCOS	1	0.0	0.01

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

AMB ST 1-3

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
 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		1,934	\$1,785	\$1,375
4542	ENDO POLYPECTOMY LG INTESTINE	731	\$1,818	\$1,510
4523	COLONOSCOPY	644	\$1,817	\$1,016
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	385	\$1,823	\$972
4292	DILAT ESOPH	72	\$1,615	\$970
4513	OTH ENDO SM INTESTINE	47	\$1,210	\$694
4525	CLO [ENDO] BX LG INTESTINE	22	\$1,213	\$800
4225	OP BX ESOPH	13	\$1,118	\$1,118
4422	ENDO DILAT PYLORUS	8	\$1,838	\$1,032
4233	ENDO EXC/DESTRUC LES/TISS ESOPH	4	\$2,515	\$1,799
4543	ENDO DEST OTH LES/TISS LG INTEST	4	\$1,350	\$744
4341	ENDO EXC/DESTRUC LES/TISS STOMACH	2	\$1,800	\$1,105
4224	CLO [ENDO] BX ESOPH	1	\$1,200	\$1,200
4685	DILAT INTESTINE	1	\$1,800	\$1,233

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL FASCs)
CPT-4 Procedures		1,933	\$1,780	\$2,105
45380	COLONOSCOPY FLEX; W/BX 1/MX	647	\$1,818	\$1,432
45378	COLONOSCOPY FLEX; DX-SEP PROC	643	\$1,818	\$1,642
43239	UGI ENDO; W/BX 1/MX	382	\$1,814	\$1,605
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	81	\$1,810	\$1,474
43235	UGI ENDO; DX W/VO CLCT SPECMN-SP	47	\$1,210	\$1,020
43450	DILAT ESOPH-SOUND/BOUGIE-1/MX PA	32	\$1,204	\$1,302
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	28	\$1,821	\$1,381
45331	SIGMOIDOSCOPY FLXIBLE; W/BX 1/MX	21	\$1,213	\$1,039
45330	SIGMOIDOSCOPY FLEX; DX-SEP PROC	13	\$1,118	\$1,274
43245	UP GI ENDO;W/DILAT GASTR OUTLT O	8	\$1,838	\$1,024
43258	UGI ENDO; W/ABLAT LES NOT SNARE	7	\$2,487	\$1,529
43248	UGI ENDO; W/INSRT GUIDE WIRE	6	\$1,800	\$655
43247	UGI ENDO; W/REMOVAL FB	4	\$1,800	\$1,929
45339	SIGMOIDOS FLEX; ABLAT LES-NOT AM	3	\$1,200	\$1,200
43251	UGI ENDO; W/REMV TUMOR/LES-SNARE	2	\$1,800	\$1,583
43202	ESOPHGSCPY RIGD/FLXIBLE; W/BX 1/	1	\$1,200	\$1,200
43226	ESOPHAGOSCOPY; W/INSRT GUIDE WIR	1	\$1,200	\$1,200
44388	COLONOSCOPY-STOMA; DX-SEP PROC	1	\$1,270	\$541
44389	COLONSCPY THRU STOMA; W/BX 1/MX	1	\$1,200	\$503
45333	SIGMOIDOSCPY FLEX; W/REMV LES-CA	1	\$1,270	\$2,057

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, 2009
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE* CPT-4 PROCEDURES

419 Northern Utah Endoscopy Center

Procedure EAPG category	TOTAL #	TOTAL # (ALL FASCs)
Procedure EAPG		
07 GASTROINTESTINAL SYSTEM PROCEDURES	3,378	31,840
131 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	583	704
132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	15	76
133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	32	83
134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	1,060	8,893
135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	159	2,107
136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	1,374	13,783
137 THERAPEUTIC COLONOSCOPY	155	2,374

SOURCE: Utah Ambulatory Surgery Database
Utah Health Data Committee/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, 2009
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, SINGLE EAPG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

419 Northern Utah Endoscopy Center

Procedure EAPG category	Procedure EAPG	TOTAL #	AVE TOT CHRG	AVE TOT CHRG(ALL FASCs)
07	GASTROINTESTINAL SYSTEM PROCEDURES	1,933	\$1,780	\$1,702
	131 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	32	\$1,204	\$1,341
	132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	13	\$1,118	\$1,232
	133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	26	\$1,213	\$1,079
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	430	\$1,746	\$1,498
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	56	\$1,891	\$1,341
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	1,292	\$1,817	\$1,544
	137 THERAPEUTIC COLONOSCOPY	84	\$1,810	\$1,642

SOURCE: Utah Ambulatory Surgery Database
 Utah Health Data Committee/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, 2009
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

419 Northern Utah Endoscopy Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
GENDER				
Female	1,455	55.0	45,625	54.2
Male	1,190	45.0	38,545	45.8
Unknown	0	0.0	6	0.0
Not Reported	0	0.0	22	0.0
AGE				
1-28 days	0	0.0	0	0.0
29-365 days	0	0.0	664	0.8
1-4 years	0	0.0	4,619	5.5
5-9	0	0.0	2,203	2.6
10-14	0	0.0	1,176	1.4
15-17	16	0.6	1,480	1.8
18-19	34	1.3	1,225	1.5
20-24	77	2.9	3,040	3.6
25-29	98	3.7	3,416	4.1
30-34	67	2.5	3,538	4.2
35-39	92	3.5	3,688	4.4
40-44	102	3.9	3,659	4.3
45-49	189	7.1	4,841	5.7
50-54	394	14.9	7,274	8.6
55-59	292	11.0	6,789	8.1
60-64	283	10.7	6,791	8.1
65-69	318	12.0	8,522	10.1
70-74	276	10.4	7,887	9.4
75-79	222	8.4	6,673	7.9
80-84	120	4.5	4,368	5.2
85-89	54	2.0	1,871	2.2
90 +	11	0.4	472	0.6
Not Reported	0	0.0	2	0.0
SOURCE OF ADMISSION				
Physician Referral	2,645	100.0	70,785	84.1
Clinic Referral	0	0.0	1,276	1.5
HMO Referral	0	0.0	4	0.0
Other Hospital	0	0.0	1	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	6,047	7.2
Not Reported	0	0.0	6,083	7.2

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

419 Northern Utah Endoscopy Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	2,644	100.0	75,308	89.4
Another Hospital	1	0.0	69	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	7	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	8,814	10.5
Not Reported	0	0.0	0	0.0
PRIMARY PAYER				
Medicare	885	33.5	23,656	28.1
Medicaid	67	2.5	5,431	6.5
Other government	53	2.0	2,708	3.2
Blue Cross/Blue Shield	698	26.4	17,610	20.9
Other Commercial	256	9.7	7,300	8.7
Managed Care(HMO, PPO)	644	24.3	23,018	27.3
Self Pay	0	0.0	1,018	1.2
Industrial & Worker Comp	1	0.0	1,691	2.0
Charity and Unclassified	3	0.1	348	0.4
Childrens Health Insurance	0	0.0	107	0.1
Unknown	0	0.0	85	0.1
Not Reported	38	1.4	1,226	1.5
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	2,220	83.9	3,400	4.0
Central Utah	4	0.2	1,399	1.7
Davis County	7	0.3	14,894	17.7
Salt Lake County	7	0.3	23,285	27.7
Southeastern Utah	0	0.0	873	1.0
Southwest Utah	3	0.1	8,567	10.2
Summit County	2	0.1	753	0.9
Tooele County	1	0.0	1,210	1.4
Tri-County	0	0.0	383	0.5
Utah County	5	0.2	10,987	13.0
Wasatch County	0	0.0	337	0.4
Weber County	6	0.2	13,857	16.5
Unknown Utah	0	0.0	17	0.0
Outside Utah	389	14.7	4,218	5.0
Unknown, Not Reported	1	0.0	18	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, 2009
NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

420 Ridgeline Endoscopy Center

Reporting Category(ICD-9-CM CODES)	Procedures Performed		Procedures Performed-All FASCs	
	(#)	(%)	(#)	(%)
Reporting Category(ICD-9-CM CODES)	.	.	60,592	100.0
Mastectomy (85.0-85.99)	.	.	1,095	1.8
Musculoskeletal (76.0-84.99)	.	.	13,858	22.9
Respiratory (30.0-34.99)	.	.	108	0.2
Cardiovascular (35.0-39.99)	.	.	31	0.1
Lymphatic/Hemetic (40.0-41.99)	.	.	81	0.1
Digestive System (42.0-54.99)	.	.	17,733	29.3
Urinary (55.0-59.99)	.	.	403	0.7
Male Genital (60.0-64.99)	.	.	212	0.3
Female Genital (65.0-71.99)	.	.	920	1.5
Endocrine/Nervous (01.0-07.99)	.	.	4,252	7.0
Eye (08.0-16.99)	.	.	8,739	14.4
Ear (18.0-20.99)	.	.	3,390	5.6
Nose, Mouth, Pharynx (21.0-29.99)	.	.	9,770	16.1
Reporting Category(CPT-4 CODES)	7,541	100.0	111,661	100.0
Mastectomy (19120-19220)	0	0.0	388	0.3
Musculoskeletal (20000-29909)	0	0.0	25,619	22.9
Respiratory (30000-32999 & 39501-39599)	0	0.0	9,048	8.1
Cardiovascular (33010-37799 & 93501-93660)	0	0.0	115	0.1
Lymphatic/Hemetic (38100-38999)	0	0.0	131	0.1
Digestive (40490-49999)	7,541	100.0	38,377	34.4
Urinary (50010-53899)	0	0.0	2,161	1.9
Male Genital (54000-55899)	0	0.0	759	0.7
Female Genital (56405-58999)	0	0.0	1,473	1.3
Endocrine/Nervous (60000-64999)	0	0.0	11,321	10.1
Eye (65091-68899)	0	0.0	18,003	16.1
Ear (69000-69979)	0	0.0	4,266	3.8

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 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES

420 Ridgeline Endoscopy Center

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

Does not report ICDs

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL FASCs
All CPT-4 Procedures				
43239	UGI ENDO; W/BX 1/MX	7,541	100.0	100.0
45378	COLONOSCOPY FLEX; DX-SEP PROC	2,562	34.0	6.74
45380	COLONOSCOPY FLEX; W/BX 1/MX	2,097	27.8	6.32
45380	COLONOSCOPY FLEX; W/BX 1/MX	1,243	16.5	5.96
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	878	11.6	1.40
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	250	3.3	1.47
45384	COLONOSCOPY FLEX; REMV LES-FORCE	190	2.5	0.36
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	58	0.8	1.23
43450	DILAT ESOPH-SOUND/BOUGIE-1/MX PA	52	0.7	0.63
47000	BIOPSY LIVER NEEDLE; PERCUTANEOU	34	0.5	0.03
45381	COLNSCP PROX SPLENC FLXR;SUBMUC	30	0.4	0.18
43255	UGI ENDO; W/CONTRL BLEED ANY MET	26	0.3	0.03
45330	SIGMOIDOSCOPY FLEX; DX-SEP PROC	15	0.2	0.06
45382	COLNSCPY FLEX SPLENIC; CNTRL BLE	12	0.2	0.02
45383	COLONOSCOPY FLEX; W/ABLAT LES	12	0.2	0.07
43246	UGI ENDO; W/PLCMT GASTROSTOMY TU	11	0.1	0.01
43244	UGI ENDO; W/BAND LIG VARICES	10	0.1	0.02
43251	UGI ENDO; W/REMV TUMOR/LES-SNARE	9	0.1	0.04
45331	SIGMOIDOSCOPY FLXIBLE; W/BX 1/MX	9	0.1	0.05
43247	UGI ENDO; W/REMOVAL FB	8	0.1	0.03
G0121	COLOREC CNCR SCR;COLNSCPY NO HI	5	0.1	0.03

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

AMB ST 1-3

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
 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 CHRGE	AVE TOT CHRGE(ALL FASCs)
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ICD-9 Procedures

Does not report ICDS

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRGE	AVE TOT CHRGE(ALL FASCs)
CPT-4 Procedures				
45378	COLONOSCOPY FLEX; DX-SEP PROC	5,207	\$2,878	\$2,105
43239	UGI ENDO; W/BX 1/MX	2,027	\$2,885	\$1,642
45380	COLONOSCOPY FLEX; W/BX 1/MX	1,564	\$2,671	\$1,605
45384	COLONOSCOPY FLEX; REMV LES-FORCE	1,079	\$2,994	\$1,432
45385	COLONOSCOPY FLEX; REMV LES-SNA	163	\$3,043	\$2,111
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	131	\$3,055	\$1,474
43235	UGI ENDO; DX W/VO CLCT SPECMN-SP	69	\$2,825	\$1,381
47000	BIOPSY LIVER NEEDLE; PERCUTANEOU	54	\$2,477	\$1,020
43255	UGI ENDO; W/CONTRL BLEED ANY MET	34	\$7,302	\$7,227
45330	SIGMOIDOSCOPY FLEX; DX-SEP PROC	18	\$2,890	\$2,405
43244	UGI ENDO; W/BAND LIG VARICES	12	\$2,458	\$1,274
43246	UGI ENDO; W/PLCMT GASTROSTOMY TU	7	\$2,791	\$1,632
45382	COLNSCPY FLEX SPLENIC; CNTRL BLE	6	\$2,700	\$2,700
43247	UGI ENDO; W/REMOVAL FB	6	\$3,157	\$2,305
45331	SIGMOIDOSCOPY FLXIBLE; W/BX 1/MX	5	\$2,700	\$1,929
45381	COLNSCP PROX SPLENC FLXR;SUBMUC	4	\$2,450	\$1,039
43251	UGI ENDO; W/REMV TUMOR/LES-SNARE	4	\$2,831	\$2,341
43450	DILAT ESOPH-SOUND/BOUGIE-1/MX PA	3	\$2,800	\$1,583
43458	DILAT ESOPHAGUS W/BALLOON ACHALA	3	\$2,700	\$1,302
43760	CHANGE OF GASTROSTOMY TUBE	2	\$2,075	\$2,075
		2	\$2,700	\$2,700

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

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE* CPT-4 PROCEDURES

420 Ridgeline Endoscopy Center

Procedure EAPG category	Procedure EAPG	TOTAL #	TOTAL # (ALL FASCs)
04	RESPIRATORY PROCEDURES	34	4,018
	061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	34	43
07	GASTROINTESTINAL SYSTEM PROCEDURES	7,505	31,840
	131 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	55	704
	132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	15	76
	133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	16	83
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	2,620	8,893
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	950	2,107
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	3,348	13,783
	137 THERAPEUTIC COLONOSCOPY	495	2,374
	138 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	6	6

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

**AMB ST 1-5
 UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
 PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, SINGLE EAPG ONLY
 BASED ON REPORTABLE* CPT-4 PROCEDURES**

420 Ridgeline Endoscopy Center

Procedure EAPG category	Procedure EAPG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL FASCs)
04	RESPIRATORY PROCEDURES	34	\$7,302	\$3,092
	061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	34	\$7,302	\$7,072
07	GASTROINTESTINAL SYSTEM PROCEDURES	5,171	\$2,849	\$1,702
	131 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	5	\$2,450	\$1,341
	132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	12	\$2,458	\$1,232
	133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	7	\$2,450	\$1,079
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	1,618	\$2,664	\$1,498
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	112	\$2,800	\$1,341
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	3,108	\$2,923	\$1,544
	137 THERAPEUTIC COLONOSCOPY	307	\$3,048	\$1,642
	138 ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	2	\$15,300	\$15,300

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

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

420 Ridgeline Endoscopy Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
GENDER				
Female	3,490	55.0	45,625	54.2
Male	2,857	45.0	38,545	45.8
Unknown	1	0.0	6	0.0
Not Reported	0	0.0	22	0.0
AGE				
1-28 days	0	0.0	0	0.0
29-365 days	0	0.0	664	0.8
1-4 years	0	0.0	4,619	5.5
5-9	0	0.0	2,203	2.6
10-14	10	0.2	1,176	1.4
15-17	60	0.9	1,480	1.8
18-19	42	0.7	1,225	1.5
20-24	152	2.4	3,040	3.6
25-29	182	2.9	3,416	4.1
30-34	195	3.1	3,538	4.2
35-39	210	3.3	3,688	4.4
40-44	285	4.5	3,659	4.3
45-49	403	6.3	4,841	5.7
50-54	727	11.5	7,274	8.6
55-59	616	9.7	6,789	8.1
60-64	667	10.5	6,791	8.1
65-69	824	13.0	8,522	10.1
70-74	776	12.2	7,887	9.4
75-79	597	9.4	6,673	7.9
80-84	372	5.9	4,368	5.2
85-89	185	2.9	1,871	2.2
90 +	45	0.7	472	0.6
Not Reported	0	0.0	2	0.0
SOURCE OF ADMISSION				
Physician Referral	6,348	100.0	70,785	84.1
Clinic Referral	0	0.0	1,276	1.5
HMO Referral	0	0.0	4	0.0
Other Hospital	0	0.0	1	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	6,047	7.2
Not Reported	0	0.0	6,083	7.2

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

420 Ridgeline Endoscopy Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	6,348	100.0	75,308	89.4
Another Hospital	0	0.0	69	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	7	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	8,814	10.5
Not Reported	0	0.0	0	0.0
PRIMARY PAYER				
Medicare	2,663	42.0	23,656	28.1
Medicaid	164	2.6	5,431	6.5
Other government	1,015	16.0	2,708	3.2
Blue Cross/Blue Shield	910	14.3	17,610	20.9
Other Commercial	540	8.5	7,300	8.7
Managed Care(HMO, PPO)	988	15.6	23,018	27.3
Self Pay	47	0.7	1,018	1.2
Industrial & Worker Comp	0	0.0	1,691	2.0
Charity and Unclassified	20	0.3	348	0.4
Childrens Health Insurance	0	0.0	107	0.1
Unknown	1	0.0	85	0.1
Not Reported	0	0.0	1,226	1.5
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	224	3.5	3,400	4.0
Central Utah	3	0.0	1,399	1.7
Davis County	1,884	29.7	14,894	17.7
Salt Lake County	24	0.4	23,285	27.7
Southeastern Utah	5	0.1	873	1.0
Southwest Utah	7	0.1	8,567	10.2
Summit County	18	0.3	753	0.9
Tooele County	4	0.1	1,210	1.4
Tri-County	9	0.1	383	0.5
Utah County	8	0.1	10,987	13.0
Wasatch County	1	0.0	337	0.4
Weber County	3,980	62.7	13,857	16.5
Unknown Utah	0	0.0	17	0.0
Outside Utah	181	2.9	4,218	5.0
Unknown, Not Reported	0	0.0	18	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, 2009
NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

427 Riverwoods Surgery Center

Reporting Category(ICD-9-CM CODES)	Procedures Performed		Procedures Performed-All FASCs	
	(#)	(%)	(#)	(%)
Reporting Category(ICD-9-CM CODES)	.	.	60,592	100.0
Mastectomy (85.0-85.99)	.	.	1,095	1.8
Musculoskeletal (76.0-84.99)	.	.	13,858	22.9
Respiratory (30.0-34.99)	.	.	108	0.2
Cardiovascular (35.0-39.99)	.	.	31	0.1
Lymphatic/Hemetic (40.0-41.99)	.	.	81	0.1
Digestive System (42.0-54.99)	.	.	17,733	29.3
Urinary (55.0-59.99)	.	.	403	0.7
Male Genital (60.0-64.99)	.	.	212	0.3
Female Genital (65.0-71.99)	.	.	920	1.5
Endocrine/Nervous (01.0-07.99)	.	.	4,252	7.0
Eye (08.0-16.99)	.	.	8,739	14.4
Ear (18.0-20.99)	.	.	3,390	5.6
Nose, Mouth, Pharynx (21.0-29.99)	.	.	9,770	16.1
Reporting Category(CPT-4 CODES)	2,597	100.0	111,661	100.0
Mastectomy (19120-19220)	12	0.5	388	0.3
Musculoskeletal (20000-29909)	221	8.5	25,619	22.9
Respiratory (30000-32999 & 39501-39599)	80	3.1	9,048	8.1
Cardiovascular (33010-37799 & 93501-93660)	0	0.0	115	0.1
Lymphatic/Hemetic (38100-38999)	0	0.0	131	0.1
Digestive (40490-49999)	1,297	49.9	38,377	34.4
Urinary (50010-53899)	3	0.1	2,161	1.9
Male Genital (54000-55899)	2	0.1	759	0.7
Female Genital (56405-58999)	4	0.2	1,473	1.3
Endocrine/Nervous (60000-64999)	44	1.7	11,321	10.1
Eye (65091-68899)	667	25.7	18,003	16.1
Ear (69000-69979)	267	10.3	4,266	3.8

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 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES

427 Riverwoods Surgery Center

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

Does not report ICDs

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL FASCs
All CPT-4 Procedures				
41899	UNLIST PROC DENTOALVEOL STRUCTUR	2,597	100.0	100.0
69436	TYMPANOSTOMY GENERAL ANESTHESIA	1,038	40.0	2.67
66984	EXTRACAPSULAR CATARACT REMV IOL	239	9.2	3.22
67311	STRABISMUS SURG; 1 HORIZONTAL MU	229	8.8	8.81
42820	T&A; UNDER AGE 12	113	4.4	0.17
66821	DISCISSION 2ND CATARACT; LASER S	71	2.7	1.25
42830	ADENOIDECTOMY PRIMARY; UNDER AGE	70	2.7	1.55
49600	REPR SMALL OMPHALOCELE W/PRIM CL	55	2.1	0.39
67028	INTRAVITREAL INJ PHARMACOLOGIC A	49	1.9	0.04
30400	RHINO PRIM; LAT&ALAR CART&/ELEV	48	1.8	0.54
40819	EXCISION OF FRENUM LABIAL OR BUC	43	1.7	0.07
28124	PARTIAL EXCISION BONE; PHALANX T	29	1.1	0.03
65426	EXC/TRANSPOSITION PTERYGIUM; W/G	27	1.0	0.09
67314	STRAB SURG R/R PROC; 1 VERTICL M	24	0.9	0.19
28285	CORRECTION HAMMERTO	24	0.9	0.05
63030	LAMINOT W/ DECOMP; 1 INTERSPACE	23	0.9	0.70
67108	REPR RETINAL DETACH; W/VITRECTOM	23	0.9	0.13
28296	HALLUX VALGUS; W/METATARSAL OSTE	21	0.8	0.07
68811	PROBE NASOLACRIM DUCT; REQ GEN A	19	0.7	0.38
42821	T&A; AGE 12 OR OVER	19	0.7	0.09
		18	0.7	0.58

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

AMB ST 1-3

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
 AVERAGE TOTAL CHARGES FOR MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES, SINGLE ICD-9 OR CPT-4 ONLY

427 Riverwoods Surgery Center

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

Does not report ICDS

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHR	AVE TOT CHR(ALL FASCs)
CPT-4 Procedures		2,017	\$1,736	\$2,105
41899	UNLIST PROC DENTOALVEOL STRUCTUR	993	\$1,760	\$2,074
66984	EXTRACAPSULAR CATARACT REMV IOL	223	\$2,315	\$2,480
69436	TYMPANOSTOMY GENERAL ANESTHESIA	188	\$1,297	\$1,364
66821	DISCISSION 2ND CATARACT; LASER S	70	\$825	\$881
42820	T&A; UNDER AGE 12	61	\$1,775	\$1,582
49600	REPR SMALL OMPHALOCELE W/PRIM CL	40	\$1,183	\$1,183
30400	RHINO PRIM; LAT&ALAR CART&/ELEV	38	\$1,055	\$1,472
63030	LAMINOT W/ DECOMP; 1 INTERSPACE	23	\$3,469	\$4,610
67028	INTRAVITREAL INJ PHARMACOLOGIC A	23	\$424	\$973
65426	EXC/TRANSPOSITION PTERYGIUM; W/G	20	\$1,589	\$2,131
68811	PROBE NASOLACRIM DUCT; REQ GEN A	18	\$1,473	\$1,643
66982	EXTRACAP CATARACT REMV W/IOL-CMP	17	\$2,530	\$2,486
42830	ADENOIDECTOMY PRIMARY; UNDER AGE	16	\$1,692	\$1,569
67108	REPR RETINAL DETACH; W/VITRECTOM	16	\$3,254	\$4,581
42821	T&A; AGE 12 OR OVER	15	\$1,775	\$1,587
28296	HALLUX VALGUS; W/METATARSAL OSTE	14	\$2,167	\$2,692
68815	PROBE NASOLAC DUCT; W/INSERT TUB	12	\$1,473	\$2,208
68530	REMOVAL FB/DACRYOLITH LAC PASSAG	10	\$1,473	\$1,690
28285	CORRECTION HAMMERTO	9	\$1,576	\$2,297
19140	MASTECTOMY FOR GYNECOMASTIA	8	\$791	\$791

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, 2009
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE* CPT-4 PROCEDURES

427 Riverwoods Surgery Center

Procedure EAPG category	Procedure EAPG	TOTAL #	TOTAL # (ALL FASCs)
01	SKIN & INTEGUMENTARY SYSTEM PROCEDURES	12	1,972
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	11	1,515
	013 LEVEL II SKIN REPAIR	1	88
02	BREAST PROCEDURES	4	367
	020 LEVEL I BREAST PROCEDURES	4	367
03	MUSCULOSKELETAL SYSTEM PROCEDURES	203	22,713
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	2	596
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	10	1,597
	033 LEVEL I HAND PROCEDURES	22	1,543
	034 LEVEL II HAND PROCEDURES	8	369
	035 LEVEL I FOOT PROCEDURES	93	2,537
	036 LEVEL II FOOT PROCEDURES	12	566
	037 LEVEL I ARTHROSCOPY	19	8,908
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	1	109
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	7	1,363
	045 BUNION PROCEDURES	27	892
	046 LEVEL I ARTHROPLASTY	1	223
	048 HAND AND FOOT TENOTOMY	1	138
04	RESPIRATORY PROCEDURES	8	4,018
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	8	3,422
07	GASTROINTESTINAL SYSTEM PROCEDURES	60	31,840
	139 LEVEL I HERNIA REPAIR	8	1,123
	140 LEVEL II HERNIA REPAIR	49	255
	145 LEVEL I LAPAROSCOPY	1	271
	147 LEVEL III LAPAROSCOPY	2	902
08	GENITOURINARY SYSTEM PROCEDURES	1	2,351
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	1	719
09	MALE REPRODUCTIVE SYSTEM	4	486
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	2	320
	184 LEVEL II PENILE AND PROSTATE PROCEDURES	2	42
10	FEMALE REPRODUCTIVE SYSTEM	4	857
	197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	4	97
11	NEUROLOGIC SYSTEM PROCEDURES	44	11,107
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	1	2,809
	215 LEVEL I REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	3	26
	217 LEVEL I NERVE PROCEDURES	12	1,933
	218 LEVEL II NERVE PROCEDURES	1	192
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	4	5,899
	221 LAMINOTOMY AND LAMINECTOMY	23	160
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	665	17,880
	232 LASER EYE PROCEDURES	81	1,864
	233 CATARACT PROCEDURES	257	10,500
	235 LEVEL II ANTERIOR SEGMENT EYE PROCEDURES	25	334
	237 LEVEL I POSTERIOR SEGMENT EYE PROCEDURES	54	624
	238 LEVEL II POSTERIOR SEGMENT EYE PROCEDURES	48	454
	239 STRABISMUS AND MUSCLE EYE PROCEDURES	146	362

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE* CPT-4 PROCEDURES

427 Riverwoods Surgery Center

procedure EAPG category		TOTAL #	TOTAL # (ALL FASCs)
procedure EAPG			
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	33	560
	241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	21	1,650
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	1,579	16,324
	252 LEVEL I FACIAL AND ENT PROCEDURES	1,303	9,824
	253 LEVEL II FACIAL AND ENT PROCEDURES	55	588
	254 LEVEL III FACIAL AND ENT PROCEDURES	17	1,930
	255 LEVEL IV FACIAL AND ENT PROCEDURES	46	583
	256 TONSIL AND ADENOID PROCEDURES	158	3,399

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

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, SINGLE EAPG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

427 Riverwoods Surgery Center

Procedure EAPG category	Procedure EAPG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL FASCs)
01	SKIN & INTEGUMENTARY SYSTEM PROCEDURES	7	\$1,410	\$1,788
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	7	\$1,410	\$1,779
02	BREAST PROCEDURES	4	\$1,848	\$1,351
	020 LEVEL I BREAST PROCEDURES	4	\$1,848	\$1,351
03	MUSCULOSKELETAL SYSTEM PROCEDURES	103	\$1,822	\$3,403
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	2	\$1,647	\$2,294
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	3	\$2,311	\$3,362
	033 LEVEL I HAND PROCEDURES	19	\$1,414	\$2,070
	034 LEVEL II HAND PROCEDURES	5	\$1,691	\$2,648
	035 LEVEL I FOOT PROCEDURES	41	\$1,692	\$2,266
	036 LEVEL II FOOT PROCEDURES	5	\$1,694	\$3,355
	037 LEVEL I ARTHROSCOPY	6	\$2,285	\$4,027
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	3	\$3,081	\$3,198
	045 BUNION PROCEDURES	19	\$2,176	\$2,834
04	RESPIRATORY PROCEDURES	1	\$1,706	\$3,092
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	1	\$1,706	\$2,006
07	GASTROINTESTINAL SYSTEM PROCEDURES	49	\$1,571	\$1,702
	139 LEVEL I HERNIA REPAIR	6	\$3,172	\$2,519
	140 LEVEL II HERNIA REPAIR	40	\$1,210	\$2,000
	145 LEVEL I LAPAROSCOPY	1	\$2,583	\$2,220
	147 LEVEL III LAPAROSCOPY	2	\$3,485	\$4,503
08	GENITOURINARY SYSTEM PROCEDURES	1	\$553	\$4,648
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	1	\$553	\$2,101
09	MALE REPRODUCTIVE SYSTEM	3	\$1,952	\$2,334
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	2	\$1,990	\$2,474
	184 LEVEL II PENILE AND PROSTATE PROCEDURES	1	\$1,877	\$3,059
10	FEMALE REPRODUCTIVE SYSTEM	4	\$1,377	\$2,701
	197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	4	\$1,377	\$1,914
11	NEUROLOGIC SYSTEM PROCEDURES	36	\$2,910	\$1,085
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	1	\$550	\$677
	215 LEVEL I REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	3	\$2,446	\$2,630
	217 LEVEL I NERVE PROCEDURES	6	\$1,792	\$1,887
	218 LEVEL II NERVE PROCEDURES	1	\$2,973	\$2,252
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	2	\$1,672	\$887
	221 LAMINOTOMY AND LAMINECTOMY	23	\$3,469	\$4,441
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	444	\$1,860	\$2,213
	232 LASER EYE PROCEDURES	76	\$808	\$906
	233 CATARACT PROCEDURES	244	\$2,319	\$2,474
	235 LEVEL II ANTERIOR SEGMENT EYE PROCEDURES	20	\$1,589	\$2,125
	237 LEVEL I POSTERIOR SEGMENT EYE PROCEDURES	26	\$617	\$992
	238 LEVEL II POSTERIOR SEGMENT EYE PROCEDURES	21	\$3,020	\$4,477
	239 STRABISMUS AND MUSCLE EYE PROCEDURES	13	\$1,833	\$2,125
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	31	\$1,473	\$1,193
	241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	13	\$1,382	\$2,042
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	1,353	\$1,672	\$1,871

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, SINGLE EAPG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

427 Riverwoods Surgery Center

procedure EAPG category Procedure EAPG	TOTAL #	AVE TOT CHRG	AVE TOT CHRG(ALL FASCs)
252 LEVEL I FACIAL AND ENT PROCEDURES	1,189	\$1,687	\$1,941
253 LEVEL II FACIAL AND ENT PROCEDURES	17	\$1,291	\$1,836
254 LEVEL III FACIAL AND ENT PROCEDURES	3	\$1,700	\$3,090
255 LEVEL IV FACIAL AND ENT PROCEDURES	40	\$1,171	\$2,605
256 TONSIL AND ADENOID PROCEDURES	104	\$1,762	\$1,559

SOURCE: Utah Ambulatory Surgery Database
 Utah Health Data Committee/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, 2009
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

427 Riverwoods Surgery Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
GENDER				
Female	1,169	51.3	45,625	54.2
Male	1,110	48.7	38,545	45.8
Unknown	0	0.0	6	0.0
Not Reported	0	0.0	22	0.0
AGE				
1-28 days	0	0.0	0	0.0
29-365 days	86	3.8	664	0.8
1-4 years	1,014	44.5	4,619	5.5
5-9	273	12.0	2,203	2.6
10-14	55	2.4	1,176	1.4
15-17	31	1.4	1,480	1.8
18-19	25	1.1	1,225	1.5
20-24	41	1.8	3,040	3.6
25-29	35	1.5	3,416	4.1
30-34	50	2.2	3,538	4.2
35-39	43	1.9	3,688	4.4
40-44	49	2.2	3,659	4.3
45-49	41	1.8	4,841	5.7
50-54	47	2.1	7,274	8.6
55-59	40	1.8	6,789	8.1
60-64	55	2.4	6,791	8.1
65-69	106	4.7	8,522	10.1
70-74	90	3.9	7,887	9.4
75-79	104	4.6	6,673	7.9
80-84	61	2.7	4,368	5.2
85-89	28	1.2	1,871	2.2
90 +	5	0.2	472	0.6
Not Reported	0	0.0	2	0.0
SOURCE OF ADMISSION				
Physician Referral	2,279	100.0	70,785	84.1
Clinic Referral	0	0.0	1,276	1.5
HMO Referral	0	0.0	4	0.0
Other Hospital	0	0.0	1	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	6,047	7.2
Not Reported	0	0.0	6,083	7.2

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

427 Riverwoods Surgery Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	2,279	100.0	75,308	89.4
Another Hospital	0	0.0	69	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	7	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	8,814	10.5
Not Reported	0	0.0	0	0.0
PRIMARY PAYER				
Medicare	286	12.5	23,656	28.1
Medicaid	987	43.3	5,431	6.5
Other government	30	1.3	2,708	3.2
Blue Cross/Blue Shield	218	9.6	17,610	20.9
Other Commercial	163	7.2	7,300	8.7
Managed Care(HMO, PPO)	367	16.1	23,018	27.3
Self Pay	215	9.4	1,018	1.2
Industrial & Worker Comp	12	0.5	1,691	2.0
Charity and Unclassified	0	0.0	348	0.4
Childrens Health Insurance	0	0.0	107	0.1
Unknown	1	0.0	85	0.1
Not Reported	0	0.0	1,226	1.5
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	2	0.1	3,400	4.0
Central Utah	150	6.6	1,399	1.7
Davis County	4	0.2	14,894	17.7
Salt Lake County	43	1.9	23,285	27.7
Southeastern Utah	108	4.7	873	1.0
Southwest Utah	14	0.6	8,567	10.2
Summit County	6	0.3	753	0.9
Tooele County	1	0.0	1,210	1.4
Tri-County	39	1.7	383	0.5
Utah County	1,852	81.3	10,987	13.0
Wasatch County	31	1.4	337	0.4
Weber County	4	0.2	13,857	16.5
Unknown Utah	0	0.0	17	0.0
Outside Utah	24	1.1	4,218	5.0
Unknown, Not Reported	1	0.0	18	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, 2009
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	
	(#)	(%)	(#)	(%)
Reporting Category(ICD-9-CM CODES)	.	.	60,592	100.0
Mastectomy (85.0-85.99)	.	.	1,095	1.8
Musculoskeletal (76.0-84.99)	.	.	13,858	22.9
Respiratory (30.0-34.99)	.	.	108	0.2
Cardiovascular (35.0-39.99)	.	.	31	0.1
Lymphatic/Hemetic (40.0-41.99)	.	.	81	0.1
Digestive System (42.0-54.99)	.	.	17,733	29.3
Urinary (55.0-59.99)	.	.	403	0.7
Male Genital (60.0-64.99)	.	.	212	0.3
Female Genital (65.0-71.99)	.	.	920	1.5
Endocrine/Nervous (01.0-07.99)	.	.	4,252	7.0
Eye (08.0-16.99)	.	.	8,739	14.4
Ear (18.0-20.99)	.	.	3,390	5.6
Nose, Mouth, Pharynx (21.0-29.99)	.	.	9,770	16.1
Reporting Category(CPT-4 CODES)	2,872	100.0	111,661	100.0
Mastectomy (19120-19220)	0	0.0	388	0.3
Musculoskeletal (20000-29909)	435	15.1	25,619	22.9
Respiratory (30000-32999 & 39501-39599)	269	9.4	9,048	8.1
Cardiovascular (33010-37799 & 93501-93660)	0	0.0	115	0.1
Lymphatic/Hemetic (38100-38999)	4	0.1	131	0.1
Digestive (40490-49999)	741	25.8	38,377	34.4
Urinary (50010-53899)	217	7.6	2,161	1.9
Male Genital (54000-55899)	87	3.0	759	0.7
Female Genital (56405-58999)	32	1.1	1,473	1.3
Endocrine/Nervous (60000-64999)	525	18.3	11,321	10.1
Eye (65091-68899)	398	13.9	18,003	16.1
Ear (69000-69979)	164	5.7	4,266	3.8

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 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
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	2,872	100.0	100.0
66984	EXTRACAPSULAR CATARACT REMV IOL	567	19.7	2.67
69436	TYMPANOSTOMY GENERAL ANESTHESIA	176	6.1	8.81
30140	SUBMUCOS RES TURBINATE PART/CMPL	131	4.6	3.22
64483	INJ ANES EPIDURL; LUMB/SAC 1 LEV	95	3.3	2.06
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	75	2.6	1.29
64623	DESTRUC FACET JT NRV; L/S-EA AD	66	2.3	2.00
28285	CORRECTION HAMMERTOES	62	2.2	0.46
50590	LITHOTRIPSY XTRACORP SHOCK WAVE	59	2.1	0.70
42820	T&A; UNDER AGE 12	58	2.0	0.76
64484	INJ ANES EPIDURL; LUMB/SAC-EA AD	56	1.9	1.25
30520	SEPTOPLASTY/SUBMUCOS RES W/GFT	53	1.8	0.64
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	50	1.7	1.42
28296	HALLUX VALGUS; W/METATARSAL OSTE	43	1.5	0.62
52332	CYSTOURETHROSCOPY W/INSRT STENT	41	1.4	0.38
62310	INJ 1 NOT NEUROLYTIC-EPID;CERV/T	40	1.4	0.30
67904	REPR BLEPHAROPTOSIS; RESECT-EXT	40	1.4	0.51
64622	DESTRUC FACET JT NRV; L/S-1 LEVE	40	1.4	0.42
28080	EXC INTERDIGITL NEUROMA SINGLE EA	33	1.1	0.37
31267	NASL/SINUS ENDO; W/TISS REMV MAX	31	1.1	0.28
		26	0.9	0.87

SOURCE: Utah Ambulatory Surgery Database
 Utah Health Data Committee/Office of Health Care Statistics
 Reportable* excludes codes in the former "Other" category 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, 2009
 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		1,441	\$2,096	\$2,105
41899	UNLIST PROC DENTOALVEOL STRUCTUR	566	\$2,241	\$2,074
66984	EXTRACAPSULAR CATARACT REMV IOL	175	\$1,822	\$2,480
50590	LITHOTRIPSY XTRACORP SHOCK WAVE	45	\$6,209	\$7,701
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	45	\$901	\$701
42820	T&A; UNDER AGE 12	44	\$1,550	\$1,582
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	34	\$1,621	\$1,458
28296	HALLUX VALGUS; W/METATARSAL OSTE	28	\$1,689	\$2,692
42821	T&A; AGE 12 OR OVER	22	\$2,028	\$1,587
52260	CYSTOURETHROSCOPY W/DILAT; GEN AN	21	\$1,811	\$1,879
55530	EXC VARICOCL/LIG SPERM VN;SEP PR	15	\$2,170	\$2,354
52276	CYSTURETHRSCOPY W/DIR INTRL URETH	14	\$1,246	\$1,749
62310	INJ 1 NOT NEUROLYTIC-EPID;CERV/T	14	\$1,019	\$575
54161	CIRC NO CLAMP/DORSL SLIT; NOT NB	12	\$1,214	\$1,802
52332	CYSTOURETHROSCOPY W/INSRT STENT	11	\$2,075	\$2,774
55400	VASOVASOSTOMY VASOVASORRHAPHY	11	\$2,310	\$2,316
28080	EXC INTERDIGTL NEUROMA SINGLE EA	10	\$1,935	\$1,984
28285	CORRECTION HAMMERTO	10	\$1,233	\$2,297
20926	TISSUE GRAFTS OTHER	9	\$1,749	\$3,402
69436	TYMPANOSTOMY GENERAL ANESTHESIA	9	\$953	\$1,364
64483	INJ ANES EPIDURL; LUMB/SAC 1 LEV	8	\$951	\$747

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, 2009
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE* CPT-4 PROCEDURES

407 Salt Lake Surgical Center

Procedure EAPG category	Procedure EAPG	TOTAL #	TOTAL # (ALL FASCs)
01	SKIN & INTEGUMENTARY SYSTEM PROCEDURES	53	1,972
	004 LEVEL II SKIN INCISION AND DRAINAGE	1	37
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	4	143
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	32	1,515
	013 LEVEL II SKIN REPAIR	5	88
	014 LEVEL III SKIN REPAIR	11	76
03	MUSCULOSKELETAL SYSTEM PROCEDURES	344	22,713
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	4	596
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	14	1,597
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	3	814
	033 LEVEL I HAND PROCEDURES	13	1,543
	035 LEVEL I FOOT PROCEDURES	176	2,537
	036 LEVEL II FOOT PROCEDURES	9	566
	037 LEVEL I ARTHROSCOPY	19	8,908
	038 LEVEL II ARTHROSCOPY	1	1,927
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	18	1,363
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	2	197
	045 BUNION PROCEDURES	73	892
	046 LEVEL I ARTHROPLASTY	1	223
	048 HAND AND FOOT TENOTOMY	2	138
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	9	830
04	RESPIRATORY PROCEDURES	86	4,018
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	15	544
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	71	3,422
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	3	129
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	3	116
07	GASTROINTESTINAL SYSTEM PROCEDURES	42	31,840
	139 LEVEL I HERNIA REPAIR	12	1,123
	140 LEVEL II HERNIA REPAIR	3	255
	143 LEVEL I GASTROINTESTINAL PROCEDURES	1	11
	145 LEVEL I LAPAROSCOPY	3	271
	146 LEVEL II LAPAROSCOPY	11	650
	147 LEVEL III LAPAROSCOPY	12	902
08	GENITOURINARY SYSTEM PROCEDURES	205	2,351
	160 EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	56	846
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	90	719
	164 LEVEL II BLADDER AND KIDNEY PROCEDURES	53	510
	166 LEVEL I URETHRA AND PROSTATE PROCEDURES	5	26
	167 LEVEL II URETHRA AND PROSTATE PROCEDURES	1	244
09	MALE REPRODUCTIVE SYSTEM	84	486
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	57	320
	181 CIRCUMCISION	19	104
	184 LEVEL II PENILE AND PROSTATE PROCEDURES	7	42
	185 PROSTATE NEEDLE AND PUNCH BIOPSY	1	20
10	FEMALE REPRODUCTIVE SYSTEM	19	857
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	5	184

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE* CPT-4 PROCEDURES

407 Salt Lake Surgical Center

procedure EAPG category	procedure EAPG	TOTAL #	TOTAL # (ALL FASCs)
	197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	1	97
	198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	3	136
	200 HYSTEROSCOPY	10	363
11	NEUROLOGIC SYSTEM PROCEDURES	523	11,107
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	110	2,809
	215 LEVEL I REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	13	26
	216 LEVEL II REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	12	14
	217 LEVEL I NERVE PROCEDURES	24	1,933
	218 LEVEL II NERVE PROCEDURES	16	192
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	337	5,899
	223 LEVEL III NERVE PROCEDURES	11	73
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	387	17,880
	233 CATARACT PROCEDURES	183	10,500
	234 LEVEL I ANTERIOR SEGMENT EYE PROCEDURES	1	1,183
	235 LEVEL II ANTERIOR SEGMENT EYE PROCEDURES	8	334
	236 LEVEL III ANTERIOR SEGMENT EYE PROCEDURES	5	169
	237 LEVEL I POSTERIOR SEGMENT EYE PROCEDURES	2	624
	239 STRABISMUS AND MUSCLE EYE PROCEDURES	68	362
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	7	560
	241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	113	1,650
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	1,080	16,324
	252 LEVEL I FACIAL AND ENT PROCEDURES	811	9,824
	253 LEVEL II FACIAL AND ENT PROCEDURES	38	588
	254 LEVEL III FACIAL AND ENT PROCEDURES	64	1,930
	255 LEVEL IV FACIAL AND ENT PROCEDURES	30	583
	256 TONSIL AND ADENOID PROCEDURES	137	3,399

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

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, SINGLE EAPG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

407 Salt Lake Surgical Center

Procedure EAPG category	Procedure EAPG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL FASCs)
01	SKIN & INTEGUMENTARY SYSTEM PROCEDURES	30	\$1,652	\$1,788
	004 LEVEL II SKIN INCISION AND DRAINAGE	1	\$1,394	\$1,746
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	3	\$1,252	\$1,574
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	17	\$1,687	\$1,779
	014 LEVEL III SKIN REPAIR	9	\$1,749	\$3,390
03	MUSCULOSKELETAL SYSTEM PROCEDURES	137	\$2,004	\$3,403
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	3	\$2,224	\$2,294
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	5	\$4,191	\$3,362
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	1	\$6,606	\$4,007
	033 LEVEL I HAND PROCEDURES	5	\$1,133	\$2,070
	035 LEVEL I FOOT PROCEDURES	62	\$1,896	\$2,266
	036 LEVEL II FOOT PROCEDURES	5	\$2,447	\$3,355
	037 LEVEL I ARTHROSCOPY	4	\$2,530	\$4,027
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	13	\$2,089	\$3,198
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	1	\$1,170	\$1,754
	045 BUNION PROCEDURES	38	\$1,748	\$2,834
04	RESPIRATORY PROCEDURES	6	\$1,646	\$3,092
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	3	\$1,930	\$2,100
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	3	\$1,362	\$2,006
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	2	\$1,960	\$1,995
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	2	\$1,960	\$2,003
07	GASTROINTESTINAL SYSTEM PROCEDURES	27	\$3,109	\$1,702
	139 LEVEL I HERNIA REPAIR	12	\$2,310	\$2,519
	140 LEVEL II HERNIA REPAIR	3	\$4,275	\$2,000
	145 LEVEL I LAPAROSCOPY	1	\$1,725	\$2,220
	146 LEVEL II LAPAROSCOPY	3	\$3,638	\$3,971
	147 LEVEL III LAPAROSCOPY	8	\$3,845	\$4,503
08	GENITOURINARY SYSTEM PROCEDURES	119	\$3,267	\$4,648
	160 EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	43	\$6,209	\$7,715
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	32	\$1,619	\$2,101
	164 LEVEL II BLADDER AND KIDNEY PROCEDURES	43	\$1,580	\$2,630
	167 LEVEL II URETHRA AND PROSTATE PROCEDURES	1	\$2,067	\$1,608
09	MALE REPRODUCTIVE SYSTEM	53	\$1,854	\$2,334
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	33	\$2,146	\$2,474
	181 CIRCUMCISION	13	\$1,233	\$1,830
	184 LEVEL II PENILE AND PROSTATE PROCEDURES	7	\$1,635	\$3,059
10	FEMALE REPRODUCTIVE SYSTEM	14	\$2,175	\$2,701
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	3	\$1,724	\$1,706
	197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	1	\$2,978	\$1,914
	198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	3	\$3,044	\$3,089
	200 HYSTEROSCOPY	7	\$1,881	\$3,343
11	NEUROLOGIC SYSTEM PROCEDURES	115	\$1,202	\$1,085
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	62	\$926	\$677
	215 LEVEL I REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	6	\$3,401	\$2,630
	216 LEVEL II REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	3	\$2,258	\$2,258

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, SINGLE EAPG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

407 Salt Lake Surgical Center

procedure	EAPG category	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL FASCs)
	Procedure EAPG			
	217 LEVEL I NERVE PROCEDURES	11	\$1,578	\$1,887
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	33	\$1,100	\$887
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	211	\$1,924	\$2,213
	233 CATARACT PROCEDURES	181	\$1,815	\$2,474
	234 LEVEL I ANTERIOR SEGMENT EYE PROCEDURES	1	\$1,733	\$1,238
	235 LEVEL II ANTERIOR SEGMENT EYE PROCEDURES	5	\$1,919	\$2,125
	236 LEVEL III ANTERIOR SEGMENT EYE PROCEDURES	5	\$6,250	\$3,691
	239 STRABISMUS AND MUSCLE EYE PROCEDURES	2	\$1,981	\$2,125
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	3	\$1,773	\$1,193
	241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	14	\$1,828	\$2,042
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	703	\$2,111	\$1,871
	252 LEVEL I FACIAL AND ENT PROCEDURES	579	\$2,201	\$1,941
	253 LEVEL II FACIAL AND ENT PROCEDURES	6	\$1,493	\$1,836
	254 LEVEL III FACIAL AND ENT PROCEDURES	6	\$2,253	\$3,090
	255 LEVEL IV FACIAL AND ENT PROCEDURES	13	\$1,646	\$2,605
	256 TONSIL AND ADENOID PROCEDURES	99	\$1,677	\$1,559

SOURCE: Utah Ambulatory Surgery Database
 Utah Health Data Committee/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, 2009
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

407 Salt Lake Surgical Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
GENDER				
Female	1,067	54.2	45,625	54.2
Male	900	45.8	38,545	45.8
Unknown	0	0.0	6	0.0
Not Reported	0	0.0	22	0.0
AGE				
1-28 days	0	0.0	0	0.0
29-365 days	16	0.8	664	0.8
1-4 years	419	21.3	4,619	5.5
5-9	164	8.3	2,203	2.6
10-14	42	2.1	1,176	1.4
15-17	26	1.3	1,480	1.8
18-19	34	1.7	1,225	1.5
20-24	63	3.2	3,040	3.6
25-29	82	4.2	3,416	4.1
30-34	82	4.2	3,538	4.2
35-39	81	4.1	3,688	4.4
40-44	85	4.3	3,659	4.3
45-49	85	4.3	4,841	5.7
50-54	94	4.8	7,274	8.6
55-59	110	5.6	6,789	8.1
60-64	91	4.6	6,791	8.1
65-69	122	6.2	8,522	10.1
70-74	126	6.4	7,887	9.4
75-79	115	5.8	6,673	7.9
80-84	88	4.5	4,368	5.2
85-89	28	1.4	1,871	2.2
90 +	14	0.7	472	0.6
Not Reported	0	0.0	2	0.0
SOURCE OF ADMISSION				
Physician Referral	1,967	100.0	70,785	84.1
Clinic Referral	0	0.0	1,276	1.5
HMO Referral	0	0.0	4	0.0
Other Hospital	0	0.0	1	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	6,047	7.2
Not Reported	0	0.0	6,083	7.2

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

407 Salt Lake Surgical Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	1,967	100.0	75,308	89.4
Another Hospital	0	0.0	69	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	7	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	8,814	10.5
Not Reported	0	0.0	0	0.0
PRIMARY PAYER				
Medicare	372	18.9	23,656	28.1
Medicaid	556	28.3	5,431	6.5
Other government	20	1.0	2,708	3.2
Blue Cross/Blue Shield	622	31.6	17,610	20.9
Other Commercial	87	4.4	7,300	8.7
Managed Care(HMO, PPO)	179	9.1	23,018	27.3
Self Pay	0	0.0	1,018	1.2
Industrial & Worker Comp	53	2.7	1,691	2.0
Charity and Unclassified	0	0.0	348	0.4
Childrens Health Insurance	0	0.0	107	0.1
Unknown	0	0.0	85	0.1
Not Reported	78	4.0	1,226	1.5
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	10	0.5	3,400	4.0
Central Utah	9	0.5	1,399	1.7
Davis County	93	4.7	14,894	17.7
Salt Lake County	1,442	73.3	23,285	27.7
Southeastern Utah	9	0.5	873	1.0
Southwest Utah	13	0.7	8,567	10.2
Summit County	47	2.4	753	0.9
Tooele County	95	4.8	1,210	1.4
Tri-County	29	1.5	383	0.5
Utah County	52	2.6	10,987	13.0
Wasatch County	21	1.1	337	0.4
Weber County	21	1.1	13,857	16.5
Unknown Utah	0	0.0	17	0.0
Outside Utah	126	6.4	4,218	5.0
Unknown, Not Reported	0	0.0	18	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, 2009
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)	5,298	100.0	60,592	100.0
Mastectomy (85.0-85.99)	424	8.0	1,095	1.8
Musculoskeletal (76.0-84.99)	1,704	32.2	13,858	22.9
Respiratory (30.0-34.99)	0	0.0	108	0.2
Cardiovascular (35.0-39.99)	3	0.1	31	0.1
Lymphatic/Hemetic (40.0-41.99)	0	0.0	81	0.1
Digestive System (42.0-54.99)	1,157	21.8	17,733	29.3
Urinary (55.0-59.99)	77	1.5	403	0.7
Male Genital (60.0-64.99)	42	0.8	212	0.3
Female Genital (65.0-71.99)	49	0.9	920	1.5
Endocrine/Nervous (01.0-07.99)	683	12.9	4,252	7.0
Eye (08.0-16.99)	53	1.0	8,739	14.4
Ear (18.0-20.99)	349	6.6	3,390	5.6
Nose, Mouth, Pharynx (21.0-29.99)	757	14.3	9,770	16.1
Reporting Category(CPT-4 CODES)	5,064	100.0	111,661	100.0
Mastectomy (19120-19220)	9	0.2	388	0.3
Musculoskeletal (20000-29909)	1,815	35.8	25,619	22.9
Respiratory (30000-32999 & 39501-39599)	132	2.6	9,048	8.1
Cardiovascular (33010-37799 & 93501-93660)	3	0.1	115	0.1
Lymphatic/Hemetic (38100-38999)	1	0.0	131	0.1
Digestive (40490-49999)	1,826	36.1	38,377	34.4
Urinary (50010-53899)	115	2.3	2,161	1.9
Male Genital (54000-55899)	43	0.8	759	0.7
Female Genital (56405-58999)	67	1.3	1,473	1.3
Endocrine/Nervous (60000-64999)	685	13.5	11,321	10.1
Eye (65091-68899)	16	0.3	18,003	16.1
Ear (69000-69979)	352	7.0	4,266	3.8

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 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
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		5,298	100.0	100.0
4523	COLONOSCOPY	382	7.2	6.21
2499	OTH DENTAL OPER	364	6.9	0.60
2001	MYRINGOTOMY W/INSRT TUBE	326	6.2	4.77
806	EXC SEMILUNAR CARTILAGE-KNEE	248	4.7	3.08
042	DESTRUC CRANIAL & PERIPH NERV	206	3.9	0.80
8553	UNILAT BREAST IMPLNT	204	3.9	0.38
4525	CLO [ENDO] BX LG INTESTINE	181	3.4	6.55
283	TONSILLECTOMY W/ADENOIDECTOMY	121	2.3	2.35
8183	OTH REPR SHLDR	106	2.0	1.72
0339	OTH DX SPINAL CORD-CANAL STRUCT	104	2.0	0.17
8081	OTH LOC EXC/DESTRUC JT LES-SHLDR	94	1.8	0.71
8076	SYNOVECT-KNEE	91	1.7	0.62
4495	4495	90	1.7	0.15
8086	OTH LOC EXC/DESTRUC JT LES-KNEE	90	1.7	1.29
0309	OTH EXPLOR & DECOMP SPINAL CANAL	87	1.6	0.14
8363	ROTATOR CUFF REPR	84	1.6	1.03
4949	OTH PROC HEMORRHOIDS	77	1.5	0.17
7756	REPR HAMMER TOE	72	1.4	0.71
7781	OTH PART OSTEC-SCAPULA-CLAV-THOR	65	1.2	0.84
8594	REMOV IMPLNT BREAST	65	1.2	0.24

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL FASCs
All CPT-4 Procedures		5,064	100.0	100.0
45378	COLONOSCOPY FLEX; DX-SEP PROC	382	7.5	6.32
41899	UNLIST PROC DENTOALVEOL STRUCTUR	364	7.2	2.67
69436	TYMPANOSTOMY GENERAL ANESTHESIA	326	6.4	3.22
45380	COLONOSCOPY FLEX; W/BX 1/MX	172	3.4	5.96
29881	SCOPE KNEE SURG;W/MENISCECT MED/	171	3.4	2.03
64623	DESTRUC FACET JT NRV; L/S-EA AD	121	2.4	0.46
62290	INJ PROC DISKOGRAPHY EA LEVL; LU	104	2.1	0.11
42820	T&A; UNDER AGE 12	95	1.9	1.25
29823	SCOPE SHOULDER SURGICAL; DEBRID	93	1.8	0.27
43770	43770	90	1.8	0.08
29826	SCOPE SHOULDER; DECOMP SUBACROM	88	1.7	1.48
29876	SCOPE KNEE SURG; SYNOVECTOMY MAJ	87	1.7	0.21
64622	DESTRUC FACET JT NRV; L/S-1 LEVE	85	1.7	0.37
29879	SCOPE KNEE SURG; ABRASION ARTHPL	82	1.6	0.30
46947	HEMORRHOIDOPEXY BY STAPLING	77	1.5	0.11
28285	CORRECTION HAMMERTOE	72	1.4	0.70
63030	LAMINOT W/ DECOMP; 1 INTERSPACE	69	1.4	0.13
29880	SCOPE KNEE SURG;W/MENISCECT MED&	66	1.3	0.60
23120	CLAVICULECTOMY; PARTIAL	63	1.2	0.17
42830	ADENOIDECTOMY PRIMARY; UNDER AGE	60	1.2	0.39

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, 2009
 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		2,128	\$1,231	\$1,375
2499	OTH DENTAL OPER	364	\$1,059	\$1,059
4523	COLONOSCOPY	338	\$810	\$1,016
4525	CLO [ENDO] BX LG INTESTINE	156	\$788	\$800
283	TONSILLECTOMY W/ADENOIDECTOMY	96	\$1,027	\$1,593
4495	4495	90	\$4,665	\$4,665
806	EXC SEMILUNAR CARTILAGE-KNEE	85	\$1,336	\$2,019
0309	OTH EXPLOR & DECOMP SPINAL CANAL	51	\$3,242	\$3,242
4949	OTH PROC HEMORRHOIDS	51	\$1,397	\$1,712
282	TONSILLECTOMY WO ADENOIDECTOMY	44	\$1,037	\$1,293
4912	ANAL FISTULECTOMY	29	\$865	\$838
4959	OTH ANAL SPHINCTEROTOMY	29	\$824	\$679
0392	INJ OTH AGENT SPINAL CANAL	25	\$693	\$503
5123	LAP CHOLEY	24	\$1,721	\$3,947
8076	SYNOVECT-KNEE	24	\$1,125	\$2,300
7751	BUNIONEC SOFT-OSTEOT 1ST METATARS	22	\$1,108	\$2,016
594	SUPRAPUBIC SLING OPER	21	\$1,381	\$1,481
7936	OP REDUC FX W/INT FIX-TIBIA & FIB	21	\$920	\$2,302
4542	ENDO POLYPECTOMY LG INTESTINE	20	\$892	\$1,510
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	19	\$681	\$972
7939	OP REDUC FX W/INT FIX-OTH BONE	19	\$1,414	\$2,193

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL FASCs)
CPT-4 Procedures		2,150	\$1,192	\$2,105
41899	UNLIST PROC DENTOALVEOL STRUCTUR	364	\$1,059	\$2,074
45378	COLONOSCOPY FLEX; DX-SEP PROC	337	\$809	\$1,642
45380	COLONOSCOPY FLEX; W/BX 1/MX	148	\$809	\$1,432
42820	T&A; UNDER AGE 12	71	\$984	\$1,582
29881	SCOPE KNEE SURG;W/MENISCECT MED/	66	\$1,405	\$3,535
43770	43770	55	\$4,810	\$4,885
46947	HEMORRHOIDOPEXY BY STAPLING	51	\$1,397	\$1,488
63030	LAMINOT W/ DECOMP; 1 INTERSPACE	48	\$3,271	\$4,610
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	38	\$1,041	\$1,458
46080	SPHINCTEROT ANAL DIV SPHINCTER-S	29	\$824	\$957
29880	SCOPE KNEE SURG;W/MENISCECT MED&	25	\$1,249	\$4,128
50590	LITHOTRIPSY XTRACORP SHOCK WAVE	23	\$4,125	\$7,701
29876	SCOPE KNEE SURG; SYNOVECTOMY MAJ	22	\$1,117	\$2,952
42821	T&A; AGE 12 OR OVER	22	\$1,134	\$1,587
47562	LAPAROSCOPY SURGICAL; CHOLECT	22	\$1,726	\$4,760
57288	SLING OPERATION STRESS INCONTINE	21	\$1,381	\$3,374
43239	UGI ENDO; W/BX 1/MX	19	\$681	\$1,605
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	19	\$882	\$1,474
52260	CYSTOURETHROSCOPY W/DILAT; GEN AN	19	\$775	\$1,879
23515	OPEN TX CLAV FX W/WO INTRL/EXT F	18	\$1,399	\$3,813

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, 2009
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE* CPT-4 PROCEDURES

417 South Towne Surgical Center

Procedure EAPG category	Procedure EAPG	TOTAL #	TOTAL # (ALL FASCs)
01	SKIN & INTEGUMENTARY SYSTEM PROCEDURES	120	1,972
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	2	17
	003 LEVEL I SKIN INCISION AND DRAINAGE	1	31
	004 LEVEL II SKIN INCISION AND DRAINAGE	3	37
	007 LEVEL II SKIN DEBRIDEMENT AND DESTRUCTION	23	49
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	9	143
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	77	1,515
	014 LEVEL III SKIN REPAIR	5	76
02	BREAST PROCEDURES	9	367
	020 LEVEL I BREAST PROCEDURES	9	367
03	MUSCULOSKELETAL SYSTEM PROCEDURES	1,703	22,713
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	50	596
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	196	1,597
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	83	814
	033 LEVEL I HAND PROCEDURES	65	1,543
	034 LEVEL II HAND PROCEDURES	6	369
	035 LEVEL I FOOT PROCEDURES	226	2,537
	036 LEVEL II FOOT PROCEDURES	37	566
	037 LEVEL I ARTHROSCOPY	704	8,908
	038 LEVEL II ARTHROSCOPY	92	1,927
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	1	109
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	5	89
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	120	1,363
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	12	197
	045 BUNION PROCEDURES	84	892
	046 LEVEL I ARTHROPLASTY	6	223
	048 HAND AND FOOT TENOTOMY	8	138
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	8	830
04	RESPIRATORY PROCEDURES	12	4,018
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	3	544
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	9	3,422
05	CARDIOVASCULAR PROCEDURES	3	43
	085 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	1	3
	090 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	1	6
	091 VASCULAR LIGATION AND RECONSTRUCTION	1	6
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	1	129
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	1	116
07	GASTROINTESTINAL SYSTEM PROCEDURES	1,208	31,840
	132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	7	76
	133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	10	83
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	52	8,893
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	1	2,107
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	568	13,783
	137 THERAPEUTIC COLONOSCOPY	58	2,374
	139 LEVEL I HERNIA REPAIR	59	1,123
	140 LEVEL II HERNIA REPAIR	11	255

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE* CPT-4 PROCEDURES

417 South Towne Surgical Center

procedure EAPG category	procedure EAPG	TOTAL #	TOTAL # (ALL FASCs)
	141 LEVEL I ANAL AND RECTAL PROCEDURES	99	240
	142 LEVEL II ANAL AND RECTAL PROCEDURES	141	352
	143 LEVEL I GASTROINTESTINAL PROCEDURES	5	11
	145 LEVEL I LAPAROSCOPY	47	271
	146 LEVEL II LAPAROSCOPY	36	650
	147 LEVEL III LAPAROSCOPY	114	902
08	GENITOURINARY SYSTEM PROCEDURES	112	2,351
	160 EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	29	846
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	43	719
	164 LEVEL II BLADDER AND KIDNEY PROCEDURES	38	510
	166 LEVEL I URETHRA AND PROSTATE PROCEDURES	1	26
	167 LEVEL II URETHRA AND PROSTATE PROCEDURES	1	244
09	MALE REPRODUCTIVE SYSTEM	40	486
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	31	320
	181 CIRCUMCISION	4	104
	184 LEVEL II PENILE AND PROSTATE PROCEDURES	4	42
	185 PROSTATE NEEDLE AND PUNCH BIOPSY	1	20
10	FEMALE REPRODUCTIVE SYSTEM	43	857
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	2	184
	197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	6	97
	198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	28	136
	199 DILATION AND CURETTAGE	1	42
	200 HYSTEROSCOPY	5	363
	201 COLPOSCOPY	1	35
11	NEUROLOGIC SYSTEM PROCEDURES	587	11,107
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	35	2,809
	215 LEVEL I REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	2	26
	217 LEVEL I NERVE PROCEDURES	88	1,933
	218 LEVEL II NERVE PROCEDURES	27	192
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	335	5,899
	221 LAMINOTOMY AND LAMINECTOMY	88	160
	223 LEVEL III NERVE PROCEDURES	12	73
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	16	17,880
	235 LEVEL II ANTERIOR SEGMENT EYE PROCEDURES	1	334
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	3	560
	241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	12	1,650
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	1,093	16,324
	252 LEVEL I FACIAL AND ENT PROCEDURES	798	9,824
	253 LEVEL II FACIAL AND ENT PROCEDURES	24	588
	254 LEVEL III FACIAL AND ENT PROCEDURES	26	1,930
	255 LEVEL IV FACIAL AND ENT PROCEDURES	7	583
	256 TONSIL AND ADENOID PROCEDURES	238	3,399

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

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

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, SINGLE EAPG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

417 South Towne Surgical Center

Procedure EAPG category	Procedure EAPG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL FASCs)
01	SKIN & INTEGUMENTARY SYSTEM PROCEDURES	40	\$866	\$1,788
	003 LEVEL I SKIN INCISION AND DRAINAGE	1	\$291	\$940
	004 LEVEL II SKIN INCISION AND DRAINAGE	3	\$761	\$1,746
	007 LEVEL II SKIN DEBRIDEMENT AND DESTRUCTION	6	\$624	\$750
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	27	\$877	\$1,779
	014 LEVEL III SKIN REPAIR	3	\$1,549	\$3,390
02	BREAST PROCEDURES	9	\$1,319	\$1,351
	020 LEVEL I BREAST PROCEDURES	9	\$1,319	\$1,351
03	MUSCULOSKELETAL SYSTEM PROCEDURES	458	\$1,147	\$3,403
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	9	\$894	\$2,294
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	45	\$1,084	\$3,362
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	9	\$1,356	\$4,007
	033 LEVEL I HAND PROCEDURES	36	\$849	\$2,070
	034 LEVEL II HAND PROCEDURES	1	\$641	\$2,648
	035 LEVEL I FOOT PROCEDURES	48	\$913	\$2,266
	036 LEVEL II FOOT PROCEDURES	6	\$830	\$3,355
	037 LEVEL I ARTHROSCOPY	154	\$1,333	\$4,027
	038 LEVEL II ARTHROSCOPY	17	\$1,579	\$5,840
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	1	\$1,241	\$2,091
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	3	\$597	\$2,109
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	96	\$1,150	\$3,198
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	8	\$552	\$1,754
	045 BUNION PROCEDURES	25	\$1,063	\$2,834
05	CARDIOVASCULAR PROCEDURES	1	\$2,193	\$2,181
	085 ANGIOPLASTY AND TRANSCATHETER PROCEDURES	1	\$2,193	\$2,251
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	1	\$1,031	\$1,995
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	1	\$1,031	\$2,003
07	GASTROINTESTINAL SYSTEM PROCEDURES	860	\$1,160	\$1,702
	132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	5	\$525	\$1,232
	133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	8	\$322	\$1,079
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	21	\$647	\$1,498
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	494	\$803	\$1,544
	137 THERAPEUTIC COLONOSCOPY	36	\$861	\$1,642
	139 LEVEL I HERNIA REPAIR	28	\$1,231	\$2,519
	140 LEVEL II HERNIA REPAIR	6	\$1,324	\$2,000
	141 LEVEL I ANAL AND RECTAL PROCEDURES	56	\$715	\$847
	142 LEVEL II ANAL AND RECTAL PROCEDURES	92	\$1,166	\$1,249
	143 LEVEL I GASTROINTESTINAL PROCEDURES	4	\$1,279	\$1,530
	145 LEVEL I LAPAROSCOPY	5	\$1,254	\$2,220
	146 LEVEL II LAPAROSCOPY	30	\$1,796	\$3,971
	147 LEVEL III LAPAROSCOPY	75	\$3,946	\$4,503
08	GENITOURINARY SYSTEM PROCEDURES	69	\$1,918	\$4,648
	160 EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	23	\$4,125	\$7,715
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	20	\$746	\$2,101
	164 LEVEL II BLADDER AND KIDNEY PROCEDURES	25	\$859	\$2,630

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, SINGLE EAPG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

417 South Towne Surgical Center

procedure	EAPG category	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL FASCs)
Procedure	EAPG			
09	166 LEVEL I URETHRA AND PROSTATE PROCEDURES	1	\$1,086	\$1,815
	MALE REPRODUCTIVE SYSTEM	15	\$1,290	\$2,334
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	8	\$1,200	\$2,474
	181 CIRCUMCISION	3	\$1,080	\$1,830
	184 LEVEL II PENILE AND PROSTATE PROCEDURES	4	\$1,628	\$3,059
10	FEMALE REPRODUCTIVE SYSTEM	33	\$1,259	\$2,701
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	2	\$816	\$1,706
	197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	3	\$1,108	\$1,914
	198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	23	\$1,346	\$3,089
	199 DILATION AND CURETTAGE	1	\$591	\$1,137
	200 HYSTEROSCOPY	4	\$1,260	\$3,343
11	NEUROLOGIC SYSTEM PROCEDURES	122	\$1,905	\$1,085
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	22	\$609	\$677
	215 LEVEL I REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	1	\$2,654	\$2,630
	217 LEVEL I NERVE PROCEDURES	20	\$1,338	\$1,887
	218 LEVEL II NERVE PROCEDURES	1	\$1,888	\$2,252
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	26	\$647	\$887
	221 LAMINOTOMY AND LAMINECTOMY	49	\$3,205	\$4,441
	223 LEVEL III NERVE PROCEDURES	3	\$4,615	\$7,506
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	3	\$791	\$2,213
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	1	\$248	\$1,193
	241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	2	\$1,063	\$2,042
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	538	\$1,044	\$1,871
	252 LEVEL I FACIAL AND ENT PROCEDURES	382	\$1,049	\$1,941
	253 LEVEL II FACIAL AND ENT PROCEDURES	8	\$828	\$1,836
	254 LEVEL III FACIAL AND ENT PROCEDURES	5	\$1,255	\$3,090
	255 LEVEL IV FACIAL AND ENT PROCEDURES	4	\$1,369	\$2,605
	256 TONSIL AND ADENOID PROCEDURES	139	\$1,026	\$1,559

SOURCE: Utah Ambulatory Surgery Database
Utah Health Data Committee/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, 2009
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

417 South Towne Surgical Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
GENDER				
Female	1,884	54.8	45,625	54.2
Male	1,557	45.2	38,545	45.8
Unknown	0	0.0	6	0.0
Not Reported	0	0.0	22	0.0
AGE				
1-28 days	0	0.0	0	0.0
29-365 days	41	1.2	664	0.8
1-4 years	418	12.1	4,619	5.5
5-9	150	4.4	2,203	2.6
10-14	63	1.8	1,176	1.4
15-17	71	2.1	1,480	1.8
18-19	44	1.3	1,225	1.5
20-24	163	4.7	3,040	3.6
25-29	177	5.1	3,416	4.1
30-34	239	6.9	3,538	4.2
35-39	223	6.5	3,688	4.4
40-44	227	6.6	3,659	4.3
45-49	316	9.2	4,841	5.7
50-54	355	10.3	7,274	8.6
55-59	296	8.6	6,789	8.1
60-64	227	6.6	6,791	8.1
65-69	198	5.8	8,522	10.1
70-74	115	3.3	7,887	9.4
75-79	60	1.7	6,673	7.9
80-84	47	1.4	4,368	5.2
85-89	10	0.3	1,871	2.2
90 +	1	0.0	472	0.6
Not Reported	0	0.0	2	0.0
SOURCE OF ADMISSION				
Physician Referral	3,441	100.0	70,785	84.1
Clinic Referral	0	0.0	1,276	1.5
HMO Referral	0	0.0	4	0.0
Other Hospital	0	0.0	1	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	6,047	7.2
Not Reported	0	0.0	6,083	7.2

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

417 South Towne Surgical Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	3,441	100.0	75,308	89.4
Another Hospital	0	0.0	69	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	7	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	8,814	10.5
Not Reported	0	0.0	0	0.0
PRIMARY PAYER				
Medicare	285	8.3	23,656	28.1
Medicaid	417	12.1	5,431	6.5
Other government	96	2.8	2,708	3.2
Blue Cross/Blue Shield	1,165	33.9	17,610	20.9
Other Commercial	167	4.9	7,300	8.7
Managed Care(HMO, PPO)	838	24.4	23,018	27.3
Self Pay	0	0.0	1,018	1.2
Industrial & Worker Comp	53	1.5	1,691	2.0
Charity and Unclassified	88	2.6	348	0.4
Childrens Health Insurance	101	2.9	107	0.1
Unknown	0	0.0	85	0.1
Not Reported	231	6.7	1,226	1.5
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	13	0.4	3,400	4.0
Central Utah	21	0.6	1,399	1.7
Davis County	160	4.6	14,894	17.7
Salt Lake County	2,685	78.0	23,285	27.7
Southeastern Utah	17	0.5	873	1.0
Southwest Utah	18	0.5	8,567	10.2
Summit County	42	1.2	753	0.9
Tooele County	63	1.8	1,210	1.4
Tri-County	29	0.8	383	0.5
Utah County	259	7.5	10,987	13.0
Wasatch County	13	0.4	337	0.4
Weber County	29	0.8	13,857	16.5
Unknown Utah	0	0.0	17	0.0
Outside Utah	92	2.7	4,218	5.0
Unknown, Not Reported	0	0.0	18	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, 2009
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)	.	.	60,592	100.0
Musculoskeletal (76.0-84.99)	.	.	1,095	1.8
Respiratory (30.0-34.99)	.	.	13,858	22.9
Cardiovascular (35.0-39.99)	.	.	108	0.2
Lymphatic/Hemetic (40.0-41.99)	.	.	31	0.1
Digestive System (42.0-54.99)	.	.	81	0.1
Urinary (55.0-59.99)	.	.	17,733	29.3
Male Genital (60.0-64.99)	.	.	403	0.7
Female Genital (65.0-71.99)	.	.	212	0.3
Endocrine/Nervous (01.0-07.99)	.	.	920	1.5
Eye (08.0-16.99)	.	.	4,252	7.0
Ear (18.0-20.99)	.	.	8,739	14.4
Nose, Mouth, Pharynx (21.0-29.99)	.	.	3,390	5.6
			9,770	16.1
Reporting Category(CPT-4 CODES)	3,883	100.0	111,661	100.0
Mastectomy (19120-19220)	4	0.1	388	0.3
Musculoskeletal (20000-29909)	160	4.1	25,619	22.9
Respiratory (30000-32999 & 39501-39599)	18	0.5	9,048	8.1
Cardiovascular (33010-37799 & 93501-93660)	13	0.3	115	0.1
Lymphatic/Hemetic (38100-38999)	0	0.0	131	0.1
Digestive (40490-49999)	388	10.0	38,377	34.4
Urinary (50010-53899)	3	0.1	2,161	1.9
Male Genital (54000-55899)	3	0.1	759	0.7
Female Genital (56405-58999)	132	3.4	1,473	1.3
Endocrine/Nervous (60000-64999)	2,094	53.9	11,321	10.1
Eye (65091-68899)	1,068	27.5	18,003	16.1
Ear (69000-69979)	0	0.0	4,266	3.8

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 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES

408 St. George Surgical Center

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

Does not report ICDs

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL FASCs
All CPT-4 Procedures				
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	3,883	100.0	100.0
66984	EXTRACAPSULAR CATARACT REMV IOL	704	18.1	2.00
64475	INJ ANES FACET JT; LUMB/SAC-1LEV	644	16.6	8.81
62310	INJ 1 NOT NEUROLYTIC-EPID;CERV/T	239	6.2	0.51
64476	INJ ANES FACET JT; LUMB/SAC-EA A	222	5.7	0.51
64623	DESTRUC FACET JT NRV; L/S-EA AD	215	5.5	0.53
64622	DESTRUC FACET JT NRV; L/S-1 LEVE	164	4.2	0.46
45378	COLONOSCOPY FLEX; DX-SEP PROC	162	4.2	0.37
66821	DISCISSION 2ND CATARACT; LASER S	142	3.7	6.32
64483	INJ ANES EPIDURL; LUMB/SAC 1 LEV	118	3.0	1.55
41899	UNLIST PROC DENTOALVEOL STRUCTUR	98	2.5	1.29
64472	INJ ANES FACET JT; CERV/THOR-EA	47	1.2	2.67
66982	EXTRACAP CATARACT REMV W/IOL-CMP	43	1.1	0.15
20552	INJ; SINGLE/MX TRIG POINT 1/2 MU	43	1.1	0.40
64484	INJ ANES EPIDURL; LUMB/SAC-EA AD	42	1.1	0.07
43239	UGI ENDO; W/BX 1/MX	38	1.0	0.64
58662	LAP SURG; W/FULG/EXCIS LES-OVARY	36	0.9	6.74
45383	COLONOSCOPY FLEX; W/ABLAT LES	35	0.9	0.28
64470	INJ ANES FACET JT; CERV/THOR-1LE	31	0.8	0.07
66999	UNLISTED PROC ANTERIOR SEGMENT E	30	0.8	0.13
		28	0.7	0.49

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

AMB ST 1-3

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
 AVERAGE TOTAL CHARGES FOR MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES, SINGLE ICD-9 OR CPT-4 ONLY

408 St. George Surgical Center

ICD-9 CODE	ICD-9 DESCRIPTION	#	AVE TOT CHR	AVE TOT CHR(ALL FASCs)
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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				
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	2,331	\$1,051	\$2,105
66984	EXTRACAPSULAR CATARACT REMV IOL	653	\$723	\$701
62310	INJ 1 NOT NEUROLYTIC-EPID;CERV/T	631	\$1,490	\$2,480
45378	COLONOSCOPY FLEX; DX-SEP PROC	210	\$741	\$575
66821	DISCISSION 2ND CATARACT; LASER S	122	\$799	\$1,642
64483	INJ ANES EPIDURL; LUMB/SAC 1 LEV	111	\$613	\$881
41899	UNLIST PROC DENTOALVEOL STRUCTUR	46	\$678	\$747
66982	EXTRACAP CATARACT REMV W/IOL-CMP	45	\$1,194	\$2,074
67028	INTRAVITREAL INJ PHARMACOLOGIC A	43	\$1,578	\$2,486
45383	COLONOSCOPY FLEX; W/ABLAT LES	28	\$2,276	\$973
43239	UGI ENDO; W/BX 1/MX	26	\$895	\$963
46947	HEMORRHIDOPEXY BY STAPLING	20	\$795	\$1,605
45380	COLONOSCOPY FLEX; W/BX 1/MX	20	\$1,975	\$1,488
58662	LAP SURG; W/FULG/EXCIS LES-OVARY	19	\$786	\$1,432
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	18	\$2,326	\$3,241
20553	INJ; SINGLE/MX TRIG POINT 3/> MU	16	\$895	\$1,474
67820	CORRECT TRICHIASIS; EPILAT-FORCE	15	\$313	\$312
30400	RHINO PRIM; LAT&ALAR CART&/ELEV	12	\$200	\$209
27096	INJ SI JNT ARTHRGRPH &/ANES/STER	11	\$1,262	\$1,472
58670	LAPARSCPY SURGICAL; W/FULG OVIDU	10	\$573	\$627
		9	\$1,920	\$1,935

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, 2009
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE* CPT-4 PROCEDURES

408 St. George Surgical Center

Procedure EAPG category	TOTAL #	TOTAL # (ALL FASCs)
Procedure EAPG		
01 SKIN & INTEGUMENTARY SYSTEM PROCEDURES	21	1,972
002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	1	17
007 LEVEL II SKIN DEBRIDEMENT AND DESTRUCTION	7	49
009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	1	143
010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	7	1,515
012 LEVEL I SKIN REPAIR	1	5
013 LEVEL II SKIN REPAIR	1	88
014 LEVEL III SKIN REPAIR	3	76
02 BREAST PROCEDURES	4	367
020 LEVEL I BREAST PROCEDURES	4	367
03 MUSCULOSKELETAL SYSTEM PROCEDURES	139	22,713
030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	1	596
033 LEVEL I HAND PROCEDURES	9	1,543
034 LEVEL II HAND PROCEDURES	3	369
035 LEVEL I FOOT PROCEDURES	22	2,537
043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	1	1,363
045 BUNION PROCEDURES	6	892
046 LEVEL I ARTHROPLASTY	1	223
048 HAND AND FOOT TENOTOMY	2	138
049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	94	830
06 HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	13	129
113 LEVEL I BLOOD AND BLOOD PRODUCT EXCHANGE	13	13
07 GASTROINTESTINAL SYSTEM PROCEDURES	391	31,840
132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	6	76
134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	45	8,893
136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	170	13,783
137 THERAPEUTIC COLONOSCOPY	50	2,374
139 LEVEL I HERNIA REPAIR	4	1,123
140 LEVEL II HERNIA REPAIR	3	255
141 LEVEL I ANAL AND RECTAL PROCEDURES	16	240
142 LEVEL II ANAL AND RECTAL PROCEDURES	31	352
144 LEVEL II GASTROINTESTINAL PROCEDURES	1	10
145 LEVEL I LAPAROSCOPY	6	271
146 LEVEL II LAPAROSCOPY	18	650
147 LEVEL III LAPAROSCOPY	41	902
08 GENITOURINARY SYSTEM PROCEDURES	2	2,351
160 EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	1	846
163 LEVEL I BLADDER AND KIDNEY PROCEDURES	1	719
09 MALE REPRODUCTIVE SYSTEM	3	486
181 CIRCUMCISION	3	104
10 FEMALE REPRODUCTIVE SYSTEM	70	857
196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	13	184
197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	29	97
198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	13	136
199 DILATION AND CURETTAGE	8	42
200 HYSTEROSCOPY	7	363

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE* CPT-4 PROCEDURES

408 St. George Surgical Center

procedure EAPG category procedure EAPG	TOTAL #	TOTAL # (ALL FASCs)
11 NEUROLOGIC SYSTEM PROCEDURES	2,086	11,107
214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	926	2,809
217 LEVEL I NERVE PROCEDURES	8	1,933
218 LEVEL II NERVE PROCEDURES	27	192
219 SPINAL TAP	1	1
220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	1,124	5,899
12 OPHTHALMOLOGIC SYSTEM PROCEDURES	1,048	17,880
230 MINOR OPHTHALMOLOGICAL TESTS AND PROCEDURES	51	180
232 LASER EYE PROCEDURES	132	1,864
233 CATARACT PROCEDURES	700	10,500
234 LEVEL I ANTERIOR SEGMENT EYE PROCEDURES	32	1,183
236 LEVEL III ANTERIOR SEGMENT EYE PROCEDURES	3	169
237 LEVEL I POSTERIOR SEGMENT EYE PROCEDURES	28	624
238 LEVEL II POSTERIOR SEGMENT EYE PROCEDURES	1	454
239 STRABISMUS AND MUSCLE EYE PROCEDURES	2	362
240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	71	560
241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	28	1,650
13 EAR, NOSE, MOUTH, & THROAT PROCEDURES	75	16,324
252 LEVEL I FACIAL AND ENT PROCEDURES	49	9,824
253 LEVEL II FACIAL AND ENT PROCEDURES	9	588
254 LEVEL III FACIAL AND ENT PROCEDURES	2	1,930
255 LEVEL IV FACIAL AND ENT PROCEDURES	15	583

SOURCE: Utah Ambulatory Surgery Database
Utah Health Data Committee/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, 2009
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, SINGLE EAPG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

408 St. George Surgical Center

Procedure EAPG category	Procedure EAPG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL FASCs)
01	SKIN & INTEGUMENTARY SYSTEM PROCEDURES	10	\$1,724	\$1,788
	007 LEVEL II SKIN DEBRIDEMENT AND DESTRUCTION	1	\$1,888	\$750
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	1	\$331	\$1,574
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	4	\$1,388	\$1,779
	012 LEVEL I SKIN REPAIR	1	\$650	\$650
	014 LEVEL III SKIN REPAIR	3	\$2,939	\$3,390
02	BREAST PROCEDURES	4	\$947	\$1,351
	020 LEVEL I BREAST PROCEDURES	4	\$947	\$1,351
03	MUSCULOSKELETAL SYSTEM PROCEDURES	54	\$954	\$3,403
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	1	\$1,320	\$2,294
	033 LEVEL I HAND PROCEDURES	4	\$1,344	\$2,070
	034 LEVEL II HAND PROCEDURES	3	\$2,420	\$2,648
	035 LEVEL I FOOT PROCEDURES	9	\$1,507	\$2,266
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	1	\$1,550	\$3,198
	045 BUNION PROCEDURES	1	\$1,450	\$2,834
	046 LEVEL I ARTHROPLASTY	1	\$5,467	\$3,436
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	34	\$457	\$717
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	7	\$1,900	\$1,995
	113 LEVEL I BLOOD AND BLOOD PRODUCT EXCHANGE	7	\$1,900	\$1,900
07	GASTROINTESTINAL SYSTEM PROCEDURES	283	\$1,101	\$1,702
	132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	5	\$735	\$1,232
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	26	\$795	\$1,498
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	141	\$797	\$1,544
	137 THERAPEUTIC COLONOSCOPY	42	\$895	\$1,642
	139 LEVEL I HERNIA REPAIR	2	\$2,480	\$2,519
	140 LEVEL II HERNIA REPAIR	1	\$1,897	\$2,000
	141 LEVEL I ANAL AND RECTAL PROCEDURES	8	\$1,065	\$847
	142 LEVEL II ANAL AND RECTAL PROCEDURES	25	\$1,818	\$1,249
	145 LEVEL I LAPAROSCOPY	3	\$2,775	\$2,220
	146 LEVEL II LAPAROSCOPY	11	\$2,100	\$3,971
	147 LEVEL III LAPAROSCOPY	19	\$2,365	\$4,503
08	GENITOURINARY SYSTEM PROCEDURES	1	\$1,327	\$4,648
	163 LEVEL I BLADDER AND KIDNEY PROCEDURES	1	\$1,327	\$2,101
10	FEMALE REPRODUCTIVE SYSTEM	24	\$1,914	\$2,701
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	6	\$883	\$1,706
	197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	7	\$2,835	\$1,914
	198 LEVEL III FEMALE REPRODUCTIVE PROCEDURES	5	\$2,622	\$3,089
	199 DILATION AND CURETTAGE	2	\$1,095	\$1,137
	200 HYSTEROSCOPY	4	\$1,375	\$3,343
11	NEUROLOGIC SYSTEM PROCEDURES	941	\$734	\$1,085
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	861	\$727	\$677
	217 LEVEL I NERVE PROCEDURES	3	\$1,333	\$1,887
	218 LEVEL II NERVE PROCEDURES	7	\$2,108	\$2,252
	219 SPINAL TAP	1	\$620	\$620
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	69	\$656	\$887

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, SINGLE EAPG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

408 St. George Surgical Center

procedure	EAPG category	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL FASCs)
Procedure	EAPG			
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	927	\$1,320	\$2,213
	230 MINOR OPHTHALMOLOGICAL TESTS AND PROCEDURES	21	\$299	\$387
	232 LASER EYE PROCEDURES	125	\$652	\$906
	233 CATARACT PROCEDURES	686	\$1,492	\$2,474
	234 LEVEL I ANTERIOR SEGMENT EYE PROCEDURES	10	\$581	\$1,238
	236 LEVEL III ANTERIOR SEGMENT EYE PROCEDURES	1	\$1,350	\$3,691
	237 LEVEL I POSTERIOR SEGMENT EYE PROCEDURES	28	\$2,276	\$992
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	40	\$393	\$1,193
	241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	16	\$1,634	\$2,042
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	65	\$1,317	\$1,871
	252 LEVEL I FACIAL AND ENT PROCEDURES	45	\$1,194	\$1,941
	253 LEVEL II FACIAL AND ENT PROCEDURES	6	\$2,337	\$1,836
	254 LEVEL III FACIAL AND ENT PROCEDURES	1	\$1,925	\$3,090
	255 LEVEL IV FACIAL AND ENT PROCEDURES	13	\$1,224	\$2,605

SOURCE: Utah Ambulatory Surgery Database
 Utah Health Data Committee/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, 2009
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

408 St. George Surgical Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
GENDER				
Female	1,727	60.3	45,625	54.2
Male	1,135	39.7	38,545	45.8
Unknown	0	0.0	6	0.0
Not Reported	0	0.0	22	0.0
AGE				
1-28 days	0	0.0	0	0.0
29-365 days	7	0.2	664	0.8
1-4 years	27	0.9	4,619	5.5
5-9	14	0.5	2,203	2.6
10-14	6	0.2	1,176	1.4
15-17	15	0.5	1,480	1.8
18-19	11	0.4	1,225	1.5
20-24	47	1.6	3,040	3.6
25-29	71	2.5	3,416	4.1
30-34	108	3.8	3,538	4.2
35-39	68	2.4	3,688	4.4
40-44	111	3.9	3,659	4.3
45-49	139	4.9	4,841	5.7
50-54	156	5.5	7,274	8.6
55-59	236	8.2	6,789	8.1
60-64	226	7.9	6,791	8.1
65-69	409	14.3	8,522	10.1
70-74	399	13.9	7,887	9.4
75-79	392	13.7	6,673	7.9
80-84	285	10.0	4,368	5.2
85-89	116	4.1	1,871	2.2
90 +	19	0.7	472	0.6
Not Reported	0	0.0	2	0.0
SOURCE OF ADMISSION				
Physician Referral	0	0.0	70,785	84.1
Clinic Referral	0	0.0	1,276	1.5
HMO Referral	0	0.0	4	0.0
Other Hospital	0	0.0	1	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	2,862	100.0	6,047	7.2
Not Reported	0	0.0	6,083	7.2

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

408 St. George Surgical Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	0	0.0	75,308	89.4
Another Hospital	0	0.0	69	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	7	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	2,862	100.0	8,814	10.5
Not Reported	0	0.0	0	0.0
PRIMARY PAYER				
Medicare	1,520	53.1	23,656	28.1
Medicaid	95	3.3	5,431	6.5
Other government	26	0.9	2,708	3.2
Blue Cross/Blue Shield	380	13.3	17,610	20.9
Other Commercial	243	8.5	7,300	8.7
Managed Care(HMO, PPO)	448	15.7	23,018	27.3
Self Pay	90	3.1	1,018	1.2
Industrial & Worker Comp	42	1.5	1,691	2.0
Charity and Unclassified	0	0.0	348	0.4
Childrens Health Insurance	0	0.0	107	0.1
Unknown	0	0.0	85	0.1
Not Reported	18	0.6	1,226	1.5
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	0	0.0	3,400	4.0
Central Utah	18	0.6	1,399	1.7
Davis County	5	0.2	14,894	17.7
Salt Lake County	8	0.3	23,285	27.7
Southeastern Utah	2	0.1	873	1.0
Southwest Utah	2,364	82.6	8,567	10.2
Summit County	2	0.1	753	0.9
Tooele County	2	0.1	1,210	1.4
Tri-County	3	0.1	383	0.5
Utah County	10	0.3	10,987	13.0
Wasatch County	0	0.0	337	0.4
Weber County	0	0.0	13,857	16.5
Unknown Utah	4	0.1	17	0.0
Outside Utah	442	15.4	4,218	5.0
Unknown, Not Reported	2	0.1	18	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, 2009
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)	6,892	100.0	60,592	100.0
Mastectomy (85.0-85.99)	305	4.4	1,095	1.8
Musculoskeletal (76.0-84.99)	2,072	30.1	13,858	22.9
Respiratory (30.0-34.99)	44	0.6	108	0.2
Cardiovascular (35.0-39.99)	5	0.1	31	0.1
Lymphatic/Hemetic (40.0-41.99)	27	0.4	81	0.1
Digestive System (42.0-54.99)	860	12.5	17,733	29.3
Urinary (55.0-59.99)	0	0.0	403	0.7
Male Genital (60.0-64.99)	8	0.1	212	0.3
Female Genital (65.0-71.99)	203	2.9	920	1.5
Endocrine/Nervous (01.0-07.99)	549	8.0	4,252	7.0
Eye (08.0-16.99)	1,021	14.8	8,739	14.4
Ear (18.0-20.99)	260	3.8	3,390	5.6
Nose, Mouth, Pharynx (21.0-29.99)	1,538	22.3	9,770	16.1
Reporting Category(CPT-4 CODES)	7,539	100.0	111,661	100.0
Mastectomy (19120-19220)	281	3.7	388	0.3
Musculoskeletal (20000-29909)	2,646	35.1	25,619	22.9
Respiratory (30000-32999 & 39501-39599)	1,271	16.9	9,048	8.1
Cardiovascular (33010-37799 & 93501-93660)	34	0.5	115	0.1
Lymphatic/Hemetic (38100-38999)	28	0.4	131	0.1
Digestive (40490-49999)	1,271	16.9	38,377	34.4
Urinary (50010-53899)	1	0.0	2,161	1.9
Male Genital (54000-55899)	8	0.1	759	0.7
Female Genital (56405-58999)	158	2.1	1,473	1.3
Endocrine/Nervous (60000-64999)	568	7.5	11,321	10.1
Eye (65091-68899)	1,003	13.3	18,003	16.1
Ear (69000-69979)	270	3.6	4,266	3.8

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 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
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		6,892	100.0	100.0
1371	IOL PROSTH-CATARACT EXTRACT-1-STAGE	833	12.1	7.55
2169	OTH TURBINECTOMY	430	6.2	2.63
806	EXC SEMILUNAR CARTILAGE-KNEE	350	5.1	3.08
5300	UNILAT REPR ING HERN-NOS	289	4.2	0.63
8521	LOC EXC LES BREAST	281	4.1	0.60
0443	RELEASE CARPAL TUNNEL	241	3.5	1.42
8183	OTH REPR SHLDR	238	3.5	1.72
2001	MYRINGOTOMY W/INSRT TUBE	224	3.3	4.77
215	SUBMUCOUS RESECT NASAL SEPTUM	194	2.8	1.28
2262	EXC LES MAXIL SINUS W/OTH APPRCH	170	2.5	1.67
283	TONSILLECTOMY W/ADENOIDECTOMY	150	2.2	2.35
0392	INJ OTH AGENT SPINAL CANAL	146	2.1	2.55
282	TONSILLECTOMY WO ADENOIDECTOMY	133	1.9	0.87
5123	LAP CHOLEY	128	1.9	0.55
8021	ARTHSCPY-SHLDR	122	1.8	0.62
5349	OTH UMB HERNIORRHAPHY	121	1.8	0.30
2263	ETHMOIDECTOMY	113	1.6	1.98
7756	REPR HAMMER TOE	92	1.3	0.71
7751	BUNIONEC SOFT-OSTEOT 1ST METATARS	86	1.2	0.59
4946	EXC HEMORRHOIDS	76	1.1	0.22

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL FASCs
All CPT-4 Procedures		7,539	100.0	100.0
66984	EXTRACAPSULAR CATARACT REMV IOL	833	11.0	8.81
30140	SUBMUCOS RES TURBINATE PART/CMPL	421	5.6	2.06
29881	SCOPE KNEE SURG;W/MENISCECT MED/	327	4.3	2.03
49505	REPR INIT ING HERNIA 5YR/MORE; R	252	3.3	0.59
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	241	3.2	1.15
29826	SCOPE SHOULDER; DECOMP SUBACROM	238	3.2	1.48
69436	TYMPANOSTOMY GENERAL ANESTHESIA	224	3.0	3.22
29827	SCOPE SHLDR SURG; W/ROTOR CUFF R	197	2.6	0.75
30520	SEPTOPLASTY/SUBMUCOS RES W/GFT	186	2.5	1.42
31267	NASL/SINUS ENDO; W/TISS REMV MAX	170	2.3	0.87
19120	EXC BRST CYST TUMR/LES OPN M/F 1	157	2.1	0.22
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	126	1.7	0.62
19125	EXC BRST LES ID RAD MARKR OPN;1	117	1.6	0.11
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	114	1.5	0.43
31255	NASAL/SINUS ENDO; W/TOT ETHMOECT	113	1.5	0.97
42820	T&A; UNDER AGE 12	108	1.4	1.25
31254	NASAL/SINUS ENDO; W/PART ETHMOEC	105	1.4	0.27
28285	CORRECTION HAMMERTOE	92	1.2	0.70
64483	INJ ANES EPIDURL; LUMB/SAC 1 LEV	79	1.0	1.29
29824	SCOPE SHLDR SURG;DIST CLAVICULEC	77	1.0	0.58

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

AMB ST 1-3

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
 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		3,771	\$1,440	\$1,375
1371	IOL PROSTH-CATARACT EXTRACT-1-STAGE	821	\$1,753	\$1,525
806	EXC SEMILUNAR CARTILAGE-KNEE	287	\$1,869	\$2,019
8521	LOC EXC LES BREAST	207	\$932	\$1,124
5300	UNILAT REPR ING HERN-NOS	192	\$982	\$1,125
8183	OTH REPR SHLDR	141	\$3,454	\$3,933
283	TONSILLECTOMY W/ADENOIDECTOMY	134	\$983	\$1,593
0392	INJ OTH AGENT SPINAL CANAL	132	\$721	\$503
5123	LAP CHOLEY	124	\$4,709	\$3,947
0443	RELEASE CARPAL TUNNEL	113	\$821	\$1,455
282	TONSILLECTOMY WO ADENOIDECTOMY	98	\$930	\$1,293
5349	OTH UMB HERNIORRHAPHY	97	\$1,194	\$1,491
4946	EXC HEMORRHOIDS	70	\$961	\$1,024
8221	EXC LES TENDON SHEATH HAND	53	\$1,034	\$1,228
6902	D&C FOLLOWING DELIV/AB	52	\$852	\$1,005
8332	EXC LES MUSC	46	\$815	\$1,030
7860	REMOV IMPLNT DEVICE-UNS SITE	44	\$916	\$1,180
7751	BUNIONEC SOFT-OSTEOT 1ST METATARS	34	\$1,483	\$2,016
8021	ARTHSCPY-SHLDR	34	\$2,592	\$2,425
5359	REPR OTH HERN ANT ABD WALL	33	\$603	\$993
5421	LAPAROSCOPY	30	\$357	\$1,076

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL FASCs)
CPT-4 Procedures		3,840	\$1,385	\$2,105
66984	EXTRACAPSULAR CATARACT REMV IOL	820	\$1,752	\$2,480
29881	SCOPE KNEE SURG;W/MENISCECT MED/	267	\$1,862	\$3,535
49505	REPR INIT ING HERNIA 5YR/MORE; R	164	\$996	\$2,331
19120	EXC BRST CYST TUMR/LES OPN M/F 1	120	\$1,023	\$1,590
64721	NEUROPLASTY; MEDIAN CARPAL TUNNE	109	\$812	\$1,675
47563	LAPARSCPY SURG; CHOLECT W/CHOLAN	108	\$4,748	\$4,965
42820	T&A; UNDER AGE 12	93	\$1,034	\$1,582
19125	EXC BRST LES ID RAD MARKR OPN;1	92	\$791	\$809
42826	TONSILLECTOMY PRIM/SEC; AGE 12/O	92	\$934	\$1,458
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	67	\$599	\$701
64483	INJ ANES EPIDURL; LUMB/SAC 1 LEV	65	\$847	\$747
49585	REPR UMBIL HERNIA 5YR/OVER; RDOC	58	\$758	\$2,496
46260	HEMORRHOIDECT INTRL&EXT CMLPX/EX	44	\$1,157	\$1,232
29827	SCOPE SHLDR SURG; W/ROTOR CUFF R	43	\$1,512	\$4,944
29826	SCOPE SHOULDER; DECOMP SUBACROM	42	\$2,667	\$4,685
20680	REMOVAL OF IMPLANT; DEEP	41	\$935	\$2,113
42821	T&A; AGE 12 OR OVER	37	\$765	\$1,587
49587	REPR UMBIL HERNIA 5YR/OVER; INCA	36	\$1,838	\$2,967
63030	LAMINOT W/ DECOMP; 1 INTERSPACE	36	\$5,643	\$4,610
49320	LAP-ABD DX-W/WO SPECMN-SEP PROC	30	\$332	\$1,458

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, 2009
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE* CPT-4 PROCEDURES

409 St. Marks Outpatient Surgical Center

Procedure EAPG category	Procedure EAPG	TOTAL #	TOTAL # (ALL FASCs)
01	SKIN & INTEGUMENTARY SYSTEM PROCEDURES	331	1,972
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	4	17
	003 LEVEL I SKIN INCISION AND DRAINAGE	7	31
	004 LEVEL II SKIN INCISION AND DRAINAGE	4	37
	006 LEVEL I SKIN DEBRIDEMENT AND DESTRUCTION	3	7
	007 LEVEL II SKIN DEBRIDEMENT AND DESTRUCTION	11	49
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	26	143
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	255	1,515
	012 LEVEL I SKIN REPAIR	1	5
	013 LEVEL II SKIN REPAIR	9	88
	014 LEVEL III SKIN REPAIR	11	76
02	BREAST PROCEDURES	269	367
	020 LEVEL I BREAST PROCEDURES	269	367
03	MUSCULOSKELETAL SYSTEM PROCEDURES	2,006	22,713
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	48	596
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	97	1,597
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	50	814
	033 LEVEL I HAND PROCEDURES	176	1,543
	034 LEVEL II HAND PROCEDURES	37	369
	035 LEVEL I FOOT PROCEDURES	277	2,537
	036 LEVEL II FOOT PROCEDURES	59	566
	037 LEVEL I ARTHROSCOPY	701	8,908
	038 LEVEL II ARTHROSCOPY	260	1,927
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	3	109
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	4	89
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	111	1,363
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	32	197
	045 BUNION PROCEDURES	105	892
	046 LEVEL I ARTHROPLASTY	15	223
	048 HAND AND FOOT TENOTOMY	10	138
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	21	830
04	RESPIRATORY PROCEDURES	534	4,018
	061 NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	3	43
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	40	544
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	491	3,422
05	CARDIOVASCULAR PROCEDURES	16	43
	083 PLACEMENT OF TRANSVENOUS CATHETERS	14	21
	090 SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	1	6
	091 VASCULAR LIGATION AND RECONSTRUCTION	1	6
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	22	129
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	22	116
07	GASTROINTESTINAL SYSTEM PROCEDURES	851	31,840
	132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	3	76
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	3	8,893
	139 LEVEL I HERNIA REPAIR	378	1,123
	140 LEVEL II HERNIA REPAIR	78	255

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE* CPT-4 PROCEDURES

409 St. Marks Outpatient Surgical Center

procedure EAPG category procedure EAPG	TOTAL #	TOTAL # (ALL FASCs)
141 LEVEL I ANAL AND RECTAL PROCEDURES	75	240
142 LEVEL II ANAL AND RECTAL PROCEDURES	106	352
144 LEVEL II GASTROINTESTINAL PROCEDURES	4	10
145 LEVEL I LAPAROSCOPY	37	271
146 LEVEL II LAPAROSCOPY	41	650
147 LEVEL III LAPAROSCOPY	126	902
09 MALE REPRODUCTIVE SYSTEM	7	486
180 TESTICULAR AND EPIDIDYMAL PROCEDURES	7	320
10 FEMALE REPRODUCTIVE SYSTEM	117	857
196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	27	184
197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	14	97
199 DILATION AND CURETTAGE	15	42
200 HYSTEROSCOPY	58	363
201 COLPOSCOPY	3	35
11 NEUROLOGIC SYSTEM PROCEDURES	517	11,107
214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	65	2,809
217 LEVEL I NERVE PROCEDURES	310	1,933
220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	108	5,899
221 LAMINOTOMY AND LAMINECTOMY	33	160
223 LEVEL III NERVE PROCEDURES	1	73
12 OPHTHALMOLOGIC SYSTEM PROCEDURES	986	17,880
232 LASER EYE PROCEDURES	1	1,864
233 CATARACT PROCEDURES	856	10,500
234 LEVEL I ANTERIOR SEGMENT EYE PROCEDURES	4	1,183
235 LEVEL II ANTERIOR SEGMENT EYE PROCEDURES	24	334
236 LEVEL III ANTERIOR SEGMENT EYE PROCEDURES	29	169
237 LEVEL I POSTERIOR SEGMENT EYE PROCEDURES	1	624
239 STRABISMUS AND MUSCLE EYE PROCEDURES	53	362
240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	7	560
241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	11	1,650
13 EAR, NOSE, MOUTH, & THROAT PROCEDURES	1,340	16,324
252 LEVEL I FACIAL AND ENT PROCEDURES	688	9,824
253 LEVEL II FACIAL AND ENT PROCEDURES	46	588
254 LEVEL III FACIAL AND ENT PROCEDURES	234	1,930
255 LEVEL IV FACIAL AND ENT PROCEDURES	74	583
256 TONSIL AND ADENOID PROCEDURES	298	3,399

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

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

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, SINGLE EAPG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

409 St. Marks Outpatient Surgical Center

Procedure EAPG category	Procedure EAPG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL FASCs)
01	SKIN & INTEGUMENTARY SYSTEM PROCEDURES	215	\$610	\$1,788
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	3	\$386	\$1,370
	003 LEVEL I SKIN INCISION AND DRAINAGE	5	\$249	\$940
	004 LEVEL II SKIN INCISION AND DRAINAGE	2	\$579	\$1,746
	007 LEVEL II SKIN DEBRIDEMENT AND DESTRUCTION	6	\$397	\$750
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	16	\$410	\$1,574
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	180	\$646	\$1,779
	014 LEVEL III SKIN REPAIR	3	\$764	\$3,390
02	BREAST PROCEDURES	202	\$907	\$1,351
	020 LEVEL I BREAST PROCEDURES	202	\$907	\$1,351
03	MUSCULOSKELETAL SYSTEM PROCEDURES	867	\$1,502	\$3,403
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	28	\$747	\$2,294
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	39	\$1,172	\$3,362
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	17	\$1,864	\$4,007
	033 LEVEL I HAND PROCEDURES	107	\$905	\$2,070
	034 LEVEL II HAND PROCEDURES	22	\$921	\$2,648
	035 LEVEL I FOOT PROCEDURES	69	\$940	\$2,266
	036 LEVEL II FOOT PROCEDURES	11	\$814	\$3,355
	037 LEVEL I ARTHROSCOPY	335	\$1,950	\$4,027
	038 LEVEL II ARTHROSCOPY	84	\$2,150	\$5,840
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	1	\$0	\$2,091
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	3	\$880	\$2,109
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	86	\$1,167	\$3,198
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	21	\$752	\$1,754
	045 BUNION PROCEDURES	35	\$1,451	\$2,834
	046 LEVEL I ARTHROPLASTY	6	\$1,312	\$3,436
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	3	\$710	\$717
04	RESPIRATORY PROCEDURES	31	\$845	\$3,092
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	13	\$456	\$2,100
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	18	\$1,125	\$2,006
05	CARDIOVASCULAR PROCEDURES	12	\$986	\$2,181
	083 PLACEMENT OF TRANSVENOUS CATHETERS	12	\$986	\$2,123
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	17	\$535	\$1,995
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	17	\$535	\$2,003
07	GASTROINTESTINAL SYSTEM PROCEDURES	638	\$1,609	\$1,702
	132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	3	\$339	\$1,232
	139 LEVEL I HERNIA REPAIR	259	\$1,035	\$2,519
	140 LEVEL II HERNIA REPAIR	54	\$748	\$2,000
	141 LEVEL I ANAL AND RECTAL PROCEDURES	43	\$315	\$847
	142 LEVEL II ANAL AND RECTAL PROCEDURES	87	\$978	\$1,249
	144 LEVEL II GASTROINTESTINAL PROCEDURES	3	\$0	\$0
	145 LEVEL I LAPAROSCOPY	33	\$401	\$2,220
	146 LEVEL II LAPAROSCOPY	36	\$2,289	\$3,971
	147 LEVEL III LAPAROSCOPY	120	\$4,355	\$4,503
10	FEMALE REPRODUCTIVE SYSTEM	84	\$1,028	\$2,701

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, SINGLE EAPG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

409 St. Marks Outpatient Surgical Center

procedure	EAPG category	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL FASCs)
Procedure	EAPG			
196	LEVEL I FEMALE REPRODUCTIVE PROCEDURES	19	\$841	\$1,706
197	LEVEL II FEMALE REPRODUCTIVE PROCEDURES	10	\$920	\$1,914
199	DILATION AND CURETTAGE	7	\$465	\$1,137
200	HYSTEROSCOPY	47	\$1,232	\$3,343
201	COLPOSCOPY	1	\$0	\$1,486
11	NEUROLOGIC SYSTEM PROCEDURES	295	\$1,278	\$1,085
214	NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	65	\$601	\$677
217	LEVEL I NERVE PROCEDURES	130	\$824	\$1,887
220	INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	68	\$875	\$887
221	LAMINOTOMY AND LAMINECTOMY	31	\$5,417	\$4,441
223	LEVEL III NERVE PROCEDURES	1	\$3,348	\$7,506
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	890	\$1,705	\$2,213
233	CATARACT PROCEDURES	839	\$1,743	\$2,474
235	LEVEL II ANTERIOR SEGMENT EYE PROCEDURES	21	\$1,023	\$2,125
236	LEVEL III ANTERIOR SEGMENT EYE PROCEDURES	20	\$1,481	\$3,691
239	STRABISMUS AND MUSCLE EYE PROCEDURES	2	\$0	\$2,125
240	LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	4	\$527	\$1,193
241	LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	4	\$483	\$2,042
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	311	\$966	\$1,871
252	LEVEL I FACIAL AND ENT PROCEDURES	28	\$721	\$1,941
253	LEVEL II FACIAL AND ENT PROCEDURES	20	\$990	\$1,836
254	LEVEL III FACIAL AND ENT PROCEDURES	18	\$1,106	\$3,090
255	LEVEL IV FACIAL AND ENT PROCEDURES	23	\$1,311	\$2,605
256	TONSIL AND ADENOID PROCEDURES	222	\$947	\$1,559

SOURCE: Utah Ambulatory Surgery Database
Utah Health Data Committee/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, 2009
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

409 St. Marks Outpatient Surgical Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
GENDER				
Female	2,969	56.2	45,625	54.2
Male	2,310	43.7	38,545	45.8
Unknown	0	0.0	6	0.0
Not Reported	2	0.0	22	0.0
AGE				
1-28 days	0	0.0	0	0.0
29-365 days	20	0.4	664	0.8
1-4 years	112	2.1	4,619	5.5
5-9	90	1.7	2,203	2.6
10-14	80	1.5	1,176	1.4
15-17	99	1.9	1,480	1.8
18-19	79	1.5	1,225	1.5
20-24	220	4.2	3,040	3.6
25-29	300	5.7	3,416	4.1
30-34	323	6.1	3,538	4.2
35-39	339	6.4	3,688	4.4
40-44	318	6.0	3,659	4.3
45-49	389	7.4	4,841	5.7
50-54	512	9.7	7,274	8.6
55-59	568	10.8	6,789	8.1
60-64	578	10.9	6,791	8.1
65-69	417	7.9	8,522	10.1
70-74	336	6.4	7,887	9.4
75-79	252	4.8	6,673	7.9
80-84	168	3.2	4,368	5.2
85-89	70	1.3	1,871	2.2
90 +	11	0.2	472	0.6
Not Reported	0	0.0	2	0.0
SOURCE OF ADMISSION				
Physician Referral	5,281	100.0	70,785	84.1
Clinic Referral	0	0.0	1,276	1.5
HMO Referral	0	0.0	4	0.0
Other Hospital	0	0.0	1	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	6,047	7.2
Not Reported	0	0.0	6,083	7.2

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

409 St. Marks Outpatient Surgical Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	5,273	99.8	75,308	89.4
Another Hospital	7	0.1	69	0.1
Skilled Nursing Facility	0	0.0	0	0.0
Intermediate Care Facility	0	0.0	0	0.0
Another Type of Institution	1	0.0	7	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	8,814	10.5
Not Reported	0	0.0	0	0.0
PRIMARY PAYER				
Medicare	800	15.1	23,656	28.1
Medicaid	138	2.6	5,431	6.5
Other government	47	0.9	2,708	3.2
Blue Cross/Blue Shield	1,800	34.1	17,610	20.9
Other Commercial	349	6.6	7,300	8.7
Managed Care(HMO, PPO)	1,891	35.8	23,018	27.3
Self Pay	0	0.0	1,018	1.2
Industrial & Worker Comp	196	3.7	1,691	2.0
Charity and Unclassified	4	0.1	348	0.4
Childrens Health Insurance	0	0.0	107	0.1
Unknown	0	0.0	85	0.1
Not Reported	56	1.1	1,226	1.5
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	16	0.3	3,400	4.0
Central Utah	28	0.5	1,399	1.7
Davis County	203	3.8	14,894	17.7
Salt Lake County	4,313	81.7	23,285	27.7
Southeastern Utah	24	0.5	873	1.0
Southwest Utah	15	0.3	8,567	10.2
Summit County	79	1.5	753	0.9
Tooele County	175	3.3	1,210	1.4
Tri-County	35	0.7	383	0.5
Utah County	159	3.0	10,987	13.0
Wasatch County	23	0.4	337	0.4
Weber County	50	0.9	13,857	16.5
Unknown Utah	0	0.0	17	0.0
Outside Utah	161	3.0	4,218	5.0
Unknown, Not Reported	0	0.0	18	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, 2009
NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

410 SurgiCare Center of Utah

Reporting Category(ICD-9-CM CODES)	Procedures Performed		Procedures Performed-All FASCs	
	(#)	(%)	(#)	(%)
Reporting Category(ICD-9-CM CODES)	.	.	60,592	100.0
Mastectomy (85.0-85.99)	.	.	1,095	1.8
Musculoskeletal (76.0-84.99)	.	.	13,858	22.9
Respiratory (30.0-34.99)	.	.	108	0.2
Cardiovascular (35.0-39.99)	.	.	31	0.1
Lymphatic/Hemetic (40.0-41.99)	.	.	81	0.1
Digestive System (42.0-54.99)	.	.	17,733	29.3
Urinary (55.0-59.99)	.	.	403	0.7
Male Genital (60.0-64.99)	.	.	212	0.3
Female Genital (65.0-71.99)	.	.	920	1.5
Endocrine/Nervous (01.0-07.99)	.	.	4,252	7.0
Eye (08.0-16.99)	.	.	8,739	14.4
Ear (18.0-20.99)	.	.	3,390	5.6
Nose, Mouth, Pharynx (21.0-29.99)	.	.	9,770	16.1
Reporting Category(CPT-4 CODES)	4,288	100.0	111,661	100.0
Mastectomy (19120-19220)	0	0.0	388	0.3
Musculoskeletal (20000-29909)	178	4.2	25,619	22.9
Respiratory (30000-32999 & 39501-39599)	28	0.7	9,048	8.1
Cardiovascular (33010-37799 & 93501-93660)	2	0.0	115	0.1
Lymphatic/Hemetic (38100-38999)	0	0.0	131	0.1
Digestive (40490-49999)	27	0.6	38,377	34.4
Urinary (50010-53899)	3	0.1	2,161	1.9
Male Genital (54000-55899)	0	0.0	759	0.7
Female Genital (56405-58999)	0	0.0	1,473	1.3
Endocrine/Nervous (60000-64999)	143	3.3	11,321	10.1
Eye (65091-68899)	3,907	91.1	18,003	16.1
Ear (69000-69979)	0	0.0	4,266	3.8

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 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
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	4,288	100.0	100.0
65760	KERATOMILEUSIS	1,317	30.7	8.81
67028	INTRAVITREAL INJ PHARMACOLOGIC A	525	12.2	0.47
66999	UNLISTED PROC ANTERIOR SEGMENT E	512	11.9	0.54
66821	DISCISSION 2ND CATARACT; LASER S	500	11.7	0.49
64612	CHEMODENERV MUSC; INNERV FACIAL	199	4.6	1.55
67904	REPR BLEPHAROPTOSIS; RESECT-EXT	143	3.3	0.13
2019F	2019F	106	2.5	0.42
68761	CLOSURE LACRIMAL PUNCTUM; PLUG E	98	2.3	0.09
66982	EXTRACAP CATARACT REMV W/IOL-CMP	90	2.1	0.10
2027F	2027F	81	1.9	0.40
67840	EXC LES LID NO CLOS/W SMPL DIR C	53	1.2	0.05
66986	EXCHANGE OF INTRAOCULAR LENS	41	1.0	0.06
67917	REPAIR OF ECTROPION; EXTENSIVE	33	0.8	0.08
65426	EXC/TRANSPOSITION PTERYGIUM; W/G	32	0.7	0.32
67036	VITRECTOMY MECH PARS PLANA APPRC	31	0.7	0.19
4177F	4177F	31	0.7	0.06
67228	DESTRCT RETINOPATHY; PHOTOCOAGUL	27	0.6	0.02
67041	67041	26	0.6	0.03
67820	CORRECT TRICHIASIS; EPILAT-FORCE	21	0.5	0.10
		19	0.4	0.04

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

AMB ST 1-3

UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
 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		2,160	\$1,597	\$2,105
66984	EXTRACAPSULAR CATARACT REMV IOL	893	\$2,280	\$2,480
67028	INTRAVITREAL INJ PHARMACOLOGIC A	485	\$909	\$973
66821	DISCISSION 2ND CATARACT; LASER S	134	\$701	\$881
68761	CLOSURE LACRIMAL PUNCTUM; PLUG E	64	\$263	\$277
66982	EXTRACAP CATARACT REMV W/IOL-CMP	59	\$2,545	\$2,486
2019F	2019F	45	\$144	\$144
65760	KERATOMILEUSIS	45	\$924	\$924
2027F	2027F	30	\$126	\$126
65426	EXC/TRANSPOSITION PTERYGIUM; W/G	29	\$1,695	\$2,131
66986	EXCHANGE OF INTRAOCULAR LENS	26	\$2,012	\$2,172
67840	EXC LES LID NO CLOS/W SMPL DIR C	26	\$484	\$881
67228	DESTRCT RETINOPATHY; PHOTOCOAGUL	24	\$1,493	\$1,499
67036	VITRECTOMY MECH PARS PLANA APPRC	21	\$3,369	\$3,883
67820	CORRECT TRICHIASIS; EPILAT-FORCE	19	\$214	\$209
2022F	2022F	14	\$119	\$119
67041	67041	14	\$3,816	\$4,478
67210	DESTRCT LES RETINA; PHOTOCOAGULA	13	\$1,225	\$1,172
67042	67042	12	\$4,445	\$4,676
67801	EXCISION CHALAZION; MX SAME LID	12	\$328	\$315
65222	REMV FB EXT EYE; CORNEAL W/LAMP	11	\$177	\$256

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, 2009
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE* CPT-4 PROCEDURES

410 SurgiCare Center of Utah

Procedure EAPG category	Procedure EAPG	TOTAL #	TOTAL # (ALL FASCs)
01	SKIN & INTEGUMENTARY SYSTEM PROCEDURES	2	1,972
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	2	143
11	NEUROLOGIC SYSTEM PROCEDURES	143	11,107
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	143	5,899
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	3,885	17,880
	230 MINOR OPHTHALMOLOGICAL TESTS AND PROCEDURES	105	180
	232 LASER EYE PROCEDURES	277	1,864
	233 CATARACT PROCEDURES	1,454	10,500
	234 LEVEL I ANTERIOR SEGMENT EYE PROCEDURES	1,061	1,183
	235 LEVEL II ANTERIOR SEGMENT EYE PROCEDURES	49	334
	236 LEVEL III ANTERIOR SEGMENT EYE PROCEDURES	29	169
	237 LEVEL I POSTERIOR SEGMENT EYE PROCEDURES	514	624
	238 LEVEL II POSTERIOR SEGMENT EYE PROCEDURES	83	454
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	114	560
	241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	199	1,650
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	10	16,324
	253 LEVEL II FACIAL AND ENT PROCEDURES	10	588

SOURCE: Utah Ambulatory Surgery Database
 Utah Health Data Committee/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, 2009
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, SINGLE EAPG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

410 SurgiCare Center of Utah

Procedure EAPG category	Procedure EAPG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL FASCs)
11	NEUROLOGIC SYSTEM PROCEDURES	9	\$694	\$1,085
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	9	\$694	\$887
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	2,030	\$1,688	\$2,213
	230 MINOR OPHTHALMOLOGICAL TESTS AND PROCEDURES	75	\$270	\$387
	232 LASER EYE PROCEDURES	203	\$928	\$906
	233 CATARACT PROCEDURES	989	\$2,282	\$2,474
	234 LEVEL I ANTERIOR SEGMENT EYE PROCEDURES	61	\$909	\$1,238
	235 LEVEL II ANTERIOR SEGMENT EYE PROCEDURES	31	\$1,666	\$2,125
	236 LEVEL III ANTERIOR SEGMENT EYE PROCEDURES	16	\$2,474	\$3,691
	237 LEVEL I POSTERIOR SEGMENT EYE PROCEDURES	486	\$910	\$992
	238 LEVEL II POSTERIOR SEGMENT EYE PROCEDURES	63	\$3,951	\$4,477
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	73	\$347	\$1,193
	241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	33	\$2,951	\$2,042

SOURCE: Utah Ambulatory Surgery Database
 Utah Health Data Committee/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, 2009
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

410 SurgiCare Center of Utah

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
GENDER				
Female	1,846	58.0	45,625	54.2
Male	1,337	42.0	38,545	45.8
Unknown	2	0.1	6	0.0
Not Reported	0	0.0	22	0.0
AGE				
1-28 days	0	0.0	0	0.0
29-365 days	0	0.0	664	0.8
1-4 years	0	0.0	4,619	5.5
5-9	3	0.1	2,203	2.6
10-14	2	0.1	1,176	1.4
15-17	8	0.3	1,480	1.8
18-19	3	0.1	1,225	1.5
20-24	38	1.2	3,040	3.6
25-29	65	2.0	3,416	4.1
30-34	67	2.1	3,538	4.2
35-39	63	2.0	3,688	4.4
40-44	68	2.1	3,659	4.3
45-49	116	3.6	4,841	5.7
50-54	117	3.7	7,274	8.6
55-59	202	6.3	6,789	8.1
60-64	225	7.1	6,791	8.1
65-69	402	12.6	8,522	10.1
70-74	428	13.4	7,887	9.4
75-79	511	16.0	6,673	7.9
80-84	491	15.4	4,368	5.2
85-89	279	8.8	1,871	2.2
90 +	97	3.0	472	0.6
Not Reported	0	0.0	2	0.0
SOURCE OF ADMISSION				
Physician Referral	0	0.0	70,785	84.1
Clinic Referral	0	0.0	1,276	1.5
HMO Referral	0	0.0	4	0.0
Other Hospital	0	0.0	1	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	3,185	100.0	6,047	7.2
Not Reported	0	0.0	6,083	7.2

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

410 SurgiCare Center of Utah

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	3,185	100.0	75,308	89.4
Another Hospital	0	0.0	69	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	7	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	8,814	10.5
Not Reported	0	0.0	0	0.0
PRIMARY PAYER				
Medicare	1,678	52.7	23,656	28.1
Medicaid	19	0.6	5,431	6.5
Other government	26	0.8	2,708	3.2
Blue Cross/Blue Shield	544	17.1	17,610	20.9
Other Commercial	127	4.0	7,300	8.7
Managed Care(HMO, PPO)	363	11.4	23,018	27.3
Self Pay	0	0.0	1,018	1.2
Industrial & Worker Comp	3	0.1	1,691	2.0
Charity and Unclassified	0	0.0	348	0.4
Childrens Health Insurance	0	0.0	107	0.1
Unknown	0	0.0	85	0.1
Not Reported	425	13.3	1,226	1.5
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	26	0.8	3,400	4.0
Central Utah	32	1.0	1,399	1.7
Davis County	142	4.5	14,894	17.7
Salt Lake County	2,033	63.8	23,285	27.7
Southeastern Utah	54	1.7	873	1.0
Southwest Utah	13	0.4	8,567	10.2
Summit County	44	1.4	753	0.9
Tooele County	126	4.0	1,210	1.4
Tri-County	39	1.2	383	0.5
Utah County	153	4.8	10,987	13.0
Wasatch County	8	0.3	337	0.4
Weber County	32	1.0	13,857	16.5
Unknown Utah	0	0.0	17	0.0
Outside Utah	482	15.1	4,218	5.0
Unknown, Not Reported	1	0.0	18	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, 2009
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)	99	100.0	60,592	100.0
Mastectomy (85.0-85.99)	12	12.1	1,095	1.8
Musculoskeletal (76.0-84.99)	38	38.4	13,858	22.9
Respiratory (30.0-34.99)	0	0.0	108	0.2
Cardiovascular (35.0-39.99)	1	1.0	31	0.1
Lymphatic/Hemetic (40.0-41.99)	1	1.0	81	0.1
Digestive System (42.0-54.99)	12	12.1	17,733	29.3
Urinary (55.0-59.99)	0	0.0	403	0.7
Male Genital (60.0-64.99)	0	0.0	212	0.3
Female Genital (65.0-71.99)	10	10.1	920	1.5
Endocrine/Nervous (01.0-07.99)	5	5.1	4,252	7.0
Eye (08.0-16.99)	7	7.1	8,739	14.4
Ear (18.0-20.99)	5	5.1	3,390	5.6
Nose, Mouth, Pharynx (21.0-29.99)	8	8.1	9,770	16.1
Reporting Category(CPT-4 CODES)	6,038	100.0	111,661	100.0
Mastectomy (19120-19220)	17	0.3	388	0.3
Musculoskeletal (20000-29909)	1,168	19.3	25,619	22.9
Respiratory (30000-32999 & 39501-39599)	952	15.8	9,048	8.1
Cardiovascular (33010-37799 & 93501-93660)	4	0.1	115	0.1
Lymphatic/Hemetic (38100-38999)	11	0.2	131	0.1
Digestive (40490-49999)	1,663	27.5	38,377	34.4
Urinary (50010-53899)	0	0.0	2,161	1.9
Male Genital (54000-55899)	45	0.7	759	0.7
Female Genital (56405-58999)	52	0.9	1,473	1.3
Endocrine/Nervous (60000-64999)	712	11.8	11,321	10.1
Eye (65091-68899)	1,181	19.6	18,003	16.1
Ear (69000-69979)	233	3.9	4,266	3.8

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 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
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		99	100.0	100.0
8339	EXC LES OTH SOFT TISS	6	6.1	0.24
8521	LOC EXC LES BREAST	5	5.1	0.60
0449	OTH PERIPH NERV/GANGL DECOMP/LYSIS	4	4.0	0.34
5421	LAPAROSCOPY	4	4.0	0.17
8221	EXC LES TENDON SHEATH HAND	4	4.0	0.38
8520	EXC/DESTRUC BREAST TISS-NOS	4	4.0	0.01
6902	D&C FOLLOWING DELIV/AB	3	3.0	0.12
8183	OTH REPR SHLDR	3	3.0	1.72
0886	LOWER EYELID RHYTIDECTOMY	2	2.0	0.27
194	MYRINGOPLASTY	2	2.0	0.28
2009	OTH MYRINGOTOMY	2	2.0	0.04
2187	OTH RHINOPLASTY	2	2.0	0.09
286	ADENOIDECTOMY WO TONSILLECTOMY	2	2.0	0.55
4701	LAP APPENDECTOMY	2	2.0	0.02
6581	LAP LYSIS OVARY-FALLOP TUBE ADHES	2	2.0	0.03
6823	ENDOMETRIAL ABLATION	2	2.0	0.16
7914	CLO REDUC W/INT FIX-PHALANGES HAND	2	2.0	0.08
8043	DIVIS JT CAP-LIGAMNT/CART-WRIST	2	2.0	0.00
8175	ARTHROPLSTY CARPOCARPAL JT WO IMPLNT	2	2.0	0.19
8593	REVIS IMPLNT BREAST	2	2.0	0.01

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL FASCs
All CPT-4 Procedures		6,038	100.0	100.0
66984	EXTRACAPSULAR CATARACT REMV IOL	593	9.8	8.81
45378	COLONOSCOPY FLEX; DX-SEP PROC	294	4.9	6.32
30140	SUBMUCOS RES TURBINATE PART/CMPL	269	4.5	2.06
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	258	4.3	2.00
43239	UGI ENDO; W/BX 1/MX	250	4.1	6.74
66821	DISCISSION 2ND CATARACT; LASER S	209	3.5	1.55
45380	COLONOSCOPY FLEX; W/BX 1/MX	207	3.4	5.96
69436	TYMPANOSTOMY GENERAL ANESTHESIA	187	3.1	3.22
64483	INJ ANES EPIDURL; LUMB/SAC 1 LEV	179	3.0	1.29
30520	SEPTOPLASTY/SUBMUCOS RES W/GFT	160	2.6	1.42
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	138	2.3	1.47
29881	SCOPE KNEE SURG;W/MENISCECT MED/	109	1.8	2.03
47562	LAPAROSCOPY SURGICAL; CHOLECT	99	1.6	0.15
42820	T&A; UNDER AGE 12	93	1.5	1.25
31255	NASAL/SINUS ENDO; W/TOT ETHMOECT	85	1.4	0.97
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	81	1.3	1.23
42821	T&A; AGE 12 OR OVER	78	1.3	0.58
49505	REPR INIT ING HERNIA 5YR/MORE; R	73	1.2	0.59
31276	NASL/SINUS ENDO W/FRNTL SINUS EX	72	1.2	0.44
29877	SCOPE KNEE SURG; DEBRID/SHAVE CA	64	1.1	0.87

SOURCE: Utah Ambulatory Surgery Database
 Utah Health Data Committee/Office of Health Care Statistics
 Reportable* excludes codes in the former "Other" category 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, 2009
 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		79	\$5,316	\$1,375
8521	LOC EXC LES BREAST	5	\$6,583	\$1,124
5421	LAPAROSCOPY	4	\$3,344	\$1,076
6902	D&C FOLLOWING DELIV/AB	3	\$2,016	\$1,005
8183	OTH REPR SHLDR	3	\$15,673	\$3,933
0449	OTH PERIPH NERV/GANGL DECOMP/LYSIS	2	\$10,922	\$1,980
194	MYRINGOPLASTY	2	\$756	\$2,200
2187	OTH RHINOPLASTY	2	\$5,082	\$1,446
286	ADENOIDECTOMY WO TONSILLECTOMY	2	\$5,095	\$1,667
4701	LAP APPENDECTOMY	2	\$5,204	\$5,204
6581	LAP LYSIS OVARY-FALLOP TUBE ADHES	2	\$1,977	\$2,561
6823	ENDOMETRIAL ABLATION	2	\$4,497	\$3,906
7914	CLO REDUC W/INT FIX-PHALANGES HAND	2	\$2,920	\$1,755
8043	DIVIS JT CAP-LIGAMNT/CART-WRIST	2	\$6,836	\$6,836
8221	EXC LES TENDON SHEATH HAND	2	\$2,463	\$1,228
8339	EXC LES OTH SOFT TISS	2	\$3,564	\$1,654
8520	EXC/DESTRUC BREAST TISS-NOS	2	\$11,304	\$11,304
043	SUT CRANIAL & PERIPH NERV	1	\$7,262	\$1,451
0861	RECON EYELID W/SKIN FLAP/GFT	1	\$7,382	\$4,741
1200	REMOV INTRAOCU FB ANT SEGMENT-NOS	1	\$1,907	\$1,218
1299	OTH OPER ANT CHAMBR	1	\$3,390	\$3,390

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL FASCs)
CPT-4 Procedures		2,933	\$2,881	\$2,105
66984	EXTRACAPSULAR CATARACT REMV IOL	585	\$4,237	\$2,480
45378	COLONOSCOPY FLEX; DX-SEP PROC	246	\$1,296	\$1,642
62311	INJ 1 NOT NEUROLYTIC-EPID; LUMB/	240	\$1,164	\$701
66821	DISCISSION 2ND CATARACT; LASER S	149	\$1,712	\$881
45380	COLONOSCOPY FLEX; W/BX 1/MX	131	\$1,380	\$1,432
43239	UGI ENDO; W/BX 1/MX	110	\$1,380	\$1,605
64483	INJ ANES EPIDURL; LUMB/SAC 1 LEV	93	\$1,097	\$747
47562	LAPAROSCOPY SURGICAL; CHOLECT	87	\$5,465	\$4,760
42820	T&A; UNDER AGE 12	80	\$1,524	\$1,582
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	78	\$1,380	\$1,474
43235	UGI ENDO; DX W/WO CLCT SPECIMN-SP	73	\$1,137	\$1,020
29881	SCOPE KNEE SURG;W/MENISCECT MED/	61	\$4,940	\$3,535
42821	T&A; AGE 12 OR OVER	60	\$1,738	\$1,587
67042	67042	51	\$4,760	\$4,676
67041	67041	48	\$4,661	\$4,478
49505	REPR INIT ING HERNIA 5YR/MORE; R	47	\$3,857	\$2,331
29848	ENDO WRST SURG REL TRNS CARP LIG	28	\$3,529	\$3,249
45384	COLONOSCOPY FLEX; REMV LES-FORCE	24	\$1,340	\$2,111
29880	SCOPE KNEE SURG;W/MENISCECT MED&	23	\$5,085	\$4,128
49587	REPR UMBIL HERNIA 5YR/OVER; INCA	22	\$4,677	\$2,967

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, 2009
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE* CPT-4 PROCEDURES

422 Utah Surgical Center

Procedure EAPG category	Procedure EAPG	TOTAL #	TOTAL # (ALL FASCs)
01	SKIN & INTEGUMENTARY SYSTEM PROCEDURES	107	1,972
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	3	17
	003 LEVEL I SKIN INCISION AND DRAINAGE	1	31
	004 LEVEL II SKIN INCISION AND DRAINAGE	1	37
	007 LEVEL II SKIN DEBRIDEMENT AND DESTRUCTION	1	49
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	5	143
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	53	1,515
	013 LEVEL II SKIN REPAIR	29	88
	014 LEVEL III SKIN REPAIR	14	76
02	BREAST PROCEDURES	16	367
	020 LEVEL I BREAST PROCEDURES	16	367
03	MUSCULOSKELETAL SYSTEM PROCEDURES	997	22,713
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	33	596
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	62	1,597
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	31	814
	033 LEVEL I HAND PROCEDURES	90	1,543
	034 LEVEL II HAND PROCEDURES	20	369
	035 LEVEL I FOOT PROCEDURES	70	2,537
	036 LEVEL II FOOT PROCEDURES	5	566
	037 LEVEL I ARTHROSCOPY	436	8,908
	038 LEVEL II ARTHROSCOPY	70	1,927
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	7	109
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	5	89
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	49	1,363
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	7	197
	045 BUNION PROCEDURES	29	892
	046 LEVEL I ARTHROPLASTY	4	223
	047 LEVEL II ARTHROPLASTY	1	15
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	78	830
04	RESPIRATORY PROCEDURES	339	4,018
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	68	544
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	271	3,422
05	CARDIOVASCULAR PROCEDURES	1	43
	089 LEVEL II CARDIOTHORACIC PROCEDURES	1	2
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	8	129
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	8	116
07	GASTROINTESTINAL SYSTEM PROCEDURES	1,445	31,840
	131 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	26	704
	132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	2	76
	133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	1	83
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	320	8,893
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	55	2,107
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	492	13,783
	137 THERAPEUTIC COLONOSCOPY	185	2,374
	139 LEVEL I HERNIA REPAIR	134	1,123
	140 LEVEL II HERNIA REPAIR	25	255

AMB ST 1-4
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE* CPT-4 PROCEDURES

422 Utah Surgical Center

procedure EAPG category procedure EAPG	TOTAL #	TOTAL # (ALL FASCs)
141 LEVEL I ANAL AND RECTAL PROCEDURES	5	240
142 LEVEL II ANAL AND RECTAL PROCEDURES	8	352
143 LEVEL I GASTROINTESTINAL PROCEDURES	2	11
145 LEVEL I LAPAROSCOPY	31	271
146 LEVEL II LAPAROSCOPY	144	650
147 LEVEL III LAPAROSCOPY	15	902
09 MALE REPRODUCTIVE SYSTEM	43	486
180 TESTICULAR AND EPIDIDYMAL PROCEDURES	43	320
10 FEMALE REPRODUCTIVE SYSTEM	19	857
196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	3	184
197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	2	97
199 DILATION AND CURETTAGE	3	42
200 HYSTEROSCOPY	9	363
201 COLPOSCOPY	2	35
11 NEUROLOGIC SYSTEM PROCEDURES	663	11,107
214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	255	2,809
217 LEVEL I NERVE PROCEDURES	45	1,933
220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	363	5,899
12 OPHTHALMOLOGIC SYSTEM PROCEDURES	1,170	17,880
230 MINOR OPHTHALMOLOGICAL TESTS AND PROCEDURES	2	180
232 LASER EYE PROCEDURES	221	1,864
233 CATARACT PROCEDURES	615	10,500
234 LEVEL I ANTERIOR SEGMENT EYE PROCEDURES	10	1,183
235 LEVEL II ANTERIOR SEGMENT EYE PROCEDURES	17	334
236 LEVEL III ANTERIOR SEGMENT EYE PROCEDURES	7	169
237 LEVEL I POSTERIOR SEGMENT EYE PROCEDURES	13	624
238 LEVEL II POSTERIOR SEGMENT EYE PROCEDURES	191	454
240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	30	560
241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	64	1,650
13 EAR, NOSE, MOUTH, & THROAT PROCEDURES	1,012	16,324
252 LEVEL I FACIAL AND ENT PROCEDURES	493	9,824
253 LEVEL II FACIAL AND ENT PROCEDURES	36	588
254 LEVEL III FACIAL AND ENT PROCEDURES	183	1,930
255 LEVEL IV FACIAL AND ENT PROCEDURES	96	583
256 TONSIL AND ADENOID PROCEDURES	204	3,399

SOURCE: Utah Ambulatory Surgery Database

Utah Health Data Committee/Office of Health Care Statistics

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

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, SINGLE EAPG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

422 Utah Surgical Center

Procedure EAPG category	Procedure EAPG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL FASCs)
01	SKIN & INTEGUMENTARY SYSTEM PROCEDURES	52	\$3,047	\$1,788
	002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	3	\$1,695	\$1,370
	003 LEVEL I SKIN INCISION AND DRAINAGE	1	\$414	\$940
	004 LEVEL II SKIN INCISION AND DRAINAGE	1	\$3,331	\$1,746
	009 LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	5	\$1,862	\$1,574
	010 LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	33	\$2,594	\$1,779
	013 LEVEL II SKIN REPAIR	1	\$1,377	\$3,063
	014 LEVEL III SKIN REPAIR	8	\$6,663	\$3,390
02	BREAST PROCEDURES	13	\$4,935	\$1,351
	020 LEVEL I BREAST PROCEDURES	13	\$4,935	\$1,351
03	MUSCULOSKELETAL SYSTEM PROCEDURES	323	\$4,267	\$3,403
	030 LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	11	\$4,773	\$2,294
	031 LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	13	\$4,413	\$3,362
	032 LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	6	\$6,537	\$4,007
	033 LEVEL I HAND PROCEDURES	29	\$3,227	\$2,070
	034 LEVEL II HAND PROCEDURES	3	\$3,852	\$2,648
	035 LEVEL I FOOT PROCEDURES	23	\$3,579	\$2,266
	036 LEVEL II FOOT PROCEDURES	1	\$5,235	\$3,355
	037 LEVEL I ARTHROSCOPY	160	\$4,774	\$4,027
	038 LEVEL II ARTHROSCOPY	16	\$5,665	\$5,840
	041 CLOSED TREATMENT FX AND DISLOCATION OF FINGER, TOE AND TRUNK	1	\$4,246	\$2,091
	042 CLOSED TREATMENT FX AND DISLOCATION EXC FINGER, TOE AND TRUNK	4	\$1,705	\$2,109
	043 OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	34	\$3,223	\$3,198
	044 BONE OR JOINT MANIPULATION UNDER ANESTHESIA	2	\$1,827	\$1,754
	045 BUNION PROCEDURES	10	\$4,188	\$2,834
	047 LEVEL II ARTHROPLASTY	1	\$4,469	\$3,211
	049 ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	9	\$1,269	\$717
04	RESPIRATORY PROCEDURES	3	\$3,453	\$3,092
	062 LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	1	\$4,144	\$2,100
	063 LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	2	\$3,108	\$2,006
06	HEMATOLOGIC, LYMPHATIC, & ENDOCRINE PROCEDURES	4	\$5,785	\$1,995
	115 DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	4	\$5,785	\$2,003
07	GASTROINTESTINAL SYSTEM PROCEDURES	891	\$2,206	\$1,702
	132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	2	\$1,233	\$1,232
	133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	1	\$449	\$1,079
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	171	\$1,373	\$1,498
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	9	\$1,284	\$1,341
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	368	\$1,358	\$1,544
	137 THERAPEUTIC COLONOSCOPY	102	\$1,371	\$1,642
	139 LEVEL I HERNIA REPAIR	88	\$4,327	\$2,519
	140 LEVEL II HERNIA REPAIR	9	\$5,518	\$2,000
	141 LEVEL I ANAL AND RECTAL PROCEDURES	4	\$1,863	\$847
	142 LEVEL II ANAL AND RECTAL PROCEDURES	7	\$2,153	\$1,249
	145 LEVEL I LAPAROSCOPY	14	\$2,409	\$2,220
	146 LEVEL II LAPAROSCOPY	108	\$5,151	\$3,971

AMB ST 1-5
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, SINGLE EAPG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

422 Utah Surgical Center

procedure	EAPG category	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL FASCs)
Procedure	EAPG			
	147 LEVEL III LAPAROSCOPY	8	\$4,249	\$4,503
09	MALE REPRODUCTIVE SYSTEM	2	\$6,367	\$2,334
	180 TESTICULAR AND EPIDIDYMAL PROCEDURES	2	\$6,367	\$2,474
10	FEMALE REPRODUCTIVE SYSTEM	11	\$2,265	\$2,701
	196 LEVEL I FEMALE REPRODUCTIVE PROCEDURES	1	\$1,847	\$1,706
	197 LEVEL II FEMALE REPRODUCTIVE PROCEDURES	2	\$2,401	\$1,914
	199 DILATION AND CURETTAGE	2	\$1,549	\$1,137
	200 HYSTEROSCOPY	4	\$3,174	\$3,343
	201 COLPOSCOPY	2	\$1,239	\$1,486
11	NEUROLOGIC SYSTEM PROCEDURES	352	\$1,243	\$1,085
	214 NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	239	\$1,182	\$677
	217 LEVEL I NERVE PROCEDURES	13	\$3,694	\$1,887
	220 INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	100	\$1,072	\$887
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	965	\$3,903	\$2,213
	232 LASER EYE PROCEDURES	155	\$1,711	\$906
	233 CATARACT PROCEDURES	603	\$4,247	\$2,474
	234 LEVEL I ANTERIOR SEGMENT EYE PROCEDURES	5	\$2,702	\$1,238
	235 LEVEL II ANTERIOR SEGMENT EYE PROCEDURES	15	\$2,910	\$2,125
	236 LEVEL III ANTERIOR SEGMENT EYE PROCEDURES	2	\$3,703	\$3,691
	237 LEVEL I POSTERIOR SEGMENT EYE PROCEDURES	3	\$2,659	\$992
	238 LEVEL II POSTERIOR SEGMENT EYE PROCEDURES	169	\$4,871	\$4,477
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	5	\$2,517	\$1,193
	241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	8	\$4,010	\$2,042
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	255	\$2,357	\$1,871
	252 LEVEL I FACIAL AND ENT PROCEDURES	33	\$2,100	\$1,941
	253 LEVEL II FACIAL AND ENT PROCEDURES	11	\$2,100	\$1,836
	254 LEVEL III FACIAL AND ENT PROCEDURES	16	\$4,193	\$3,090
	255 LEVEL IV FACIAL AND ENT PROCEDURES	41	\$4,640	\$2,605
	256 TONSIL AND ADENOID PROCEDURES	154	\$1,632	\$1,559

SOURCE: Utah Ambulatory Surgery Database
Utah Health Data Committee/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, 2009
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

422 Utah Surgical Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
GENDER				
Female	2,233	54.0	45,625	54.2
Male	1,901	46.0	38,545	45.8
Unknown	0	0.0	6	0.0
Not Reported	1	0.0	22	0.0
AGE				
1-28 days	0	0.0	0	0.0
29-365 days	26	0.6	664	0.8
1-4 years	86	2.1	4,619	5.5
5-9	83	2.0	2,203	2.6
10-14	47	1.1	1,176	1.4
15-17	75	1.8	1,480	1.8
18-19	72	1.7	1,225	1.5
20-24	141	3.4	3,040	3.6
25-29	206	5.0	3,416	4.1
30-34	200	4.8	3,538	4.2
35-39	197	4.8	3,688	4.4
40-44	214	5.2	3,659	4.3
45-49	253	6.1	4,841	5.7
50-54	385	9.3	7,274	8.6
55-59	371	9.0	6,789	8.1
60-64	303	7.3	6,791	8.1
65-69	461	11.1	8,522	10.1
70-74	394	9.5	7,887	9.4
75-79	338	8.2	6,673	7.9
80-84	198	4.8	4,368	5.2
85-89	73	1.8	1,871	2.2
90 +	12	0.3	472	0.6
Not Reported	0	0.0	2	0.0
SOURCE OF ADMISSION				
Physician Referral	4,135	100.0	70,785	84.1
Clinic Referral	0	0.0	1,276	1.5
HMO Referral	0	0.0	4	0.0
Other Hospital	0	0.0	1	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	6,047	7.2
Not Reported	0	0.0	6,083	7.2

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

422 Utah Surgical Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	4,126	99.8	75,308	89.4
Another Hospital	9	0.2	69	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	7	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	8,814	10.5
Not Reported	0	0.0	0	0.0
PRIMARY PAYER				
Medicare	1,076	26.0	23,656	28.1
Medicaid	215	5.2	5,431	6.5
Other government	48	1.2	2,708	3.2
Blue Cross/Blue Shield	801	19.4	17,610	20.9
Other Commercial	353	8.5	7,300	8.7
Managed Care(HMO, PPO)	1,230	29.7	23,018	27.3
Self Pay	144	3.5	1,018	1.2
Industrial & Worker Comp	214	5.2	1,691	2.0
Charity and Unclassified	53	1.3	348	0.4
Childrens Health Insurance	0	0.0	107	0.1
Unknown	0	0.0	85	0.1
Not Reported	1	0.0	1,226	1.5
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	5	0.1	3,400	4.0
Central Utah	12	0.3	1,399	1.7
Davis County	121	2.9	14,894	17.7
Salt Lake County	3,551	85.9	23,285	27.7
Southeastern Utah	12	0.3	873	1.0
Southwest Utah	16	0.4	8,567	10.2
Summit County	14	0.3	753	0.9
Tooele County	205	5.0	1,210	1.4
Tri-County	9	0.2	383	0.5
Utah County	71	1.7	10,987	13.0
Wasatch County	7	0.2	337	0.4
Weber County	25	0.6	13,857	16.5
Unknown Utah	0	0.0	17	0.0
Outside Utah	87	2.1	4,218	5.0
Unknown, Not Reported	0	0.0	18	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, 2009
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)	7,683	100.0	60,592	100.0
Mastectomy (85.0-85.99)	0	0.0	1,095	1.8
Musculoskeletal (76.0-84.99)	0	0.0	13,858	22.9
Respiratory (30.0-34.99)	0	0.0	108	0.2
Cardiovascular (35.0-39.99)	0	0.0	31	0.1
Lymphatic/Hemetic (40.0-41.99)	0	0.0	81	0.1
Digestive System (42.0-54.99)	7,683	100.0	17,733	29.3
Urinary (55.0-59.99)	0	0.0	403	0.7
Male Genital (60.0-64.99)	0	0.0	212	0.3
Female Genital (65.0-71.99)	0	0.0	920	1.5
Endocrine/Nervous (01.0-07.99)	0	0.0	4,252	7.0
Eye (08.0-16.99)	0	0.0	8,739	14.4
Ear (18.0-20.99)	0	0.0	3,390	5.6
Nose, Mouth, Pharynx (21.0-29.99)	0	0.0	9,770	16.1
Reporting Category(CPT-4 CODES)	7,702	100.0	111,661	100.0
Mastectomy (19120-19220)	0	0.0	388	0.3
Musculoskeletal (20000-29909)	0	0.0	25,619	22.9
Respiratory (30000-32999 & 39501-39599)	0	0.0	9,048	8.1
Cardiovascular (33010-37799 & 93501-93660)	0	0.0	115	0.1
Lymphatic/Hemetic (38100-38999)	0	0.0	131	0.1
Digestive (40490-49999)	7,702	100.0	38,377	34.4
Urinary (50010-53899)	0	0.0	2,161	1.9
Male Genital (54000-55899)	0	0.0	759	0.7
Female Genital (56405-58999)	0	0.0	1,473	1.3
Endocrine/Nervous (60000-64999)	0	0.0	11,321	10.1
Eye (65091-68899)	0	0.0	18,003	16.1
Ear (69000-69979)	0	0.0	4,266	3.8

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 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES

411 Wasatch Endoscopy Center

ICD-9 CODE	ICD-9 DESCRIPTION	#	%	% ALL FASCs
All ICD-9 Procedures				
4525	CLO [ENDO] BX LG INTESTINE	2,625	34.2	6.55
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	1,958	25.5	6.57
4523	COLONOSCOPY	1,942	25.3	6.21
4542	ENDO POLYPECTOMY LG INTESTINE	539	7.0	2.83
4513	OTH ENDO SM INTESTINE	291	3.8	0.99
4292	DILAT ESOPH	221	2.9	1.93
4422	ENDO DILAT PYLORUS	41	0.5	0.10
4514	CLO [ENDO] BX SM INTESTINE	24	0.3	0.06
4543	ENDO DEST OTH LES/TISS LG INTEST	9	0.1	0.22
4341	ENDO EXC/DESTRUC LES/TISS STOMACH	7	0.1	0.03
4522	ENDO LG INTEST THRU ARTIFICL STOMA	6	0.1	0.01
4524	FLEX SIGMOIDOSCOPY	6	0.1	0.02
4233	ENDO EXC/DESTRUC LES/TISS ESOPH	4	0.1	0.01
4685	DILAT INTESTINE	3	0.0	0.02
4223	OTH ESOPHAGOSCOPY	2	0.0	0.01
4443	ENDO CNTRL GASTRIC/DUODENAL HEMORR	2	0.0	0.02
4512	ENDO SM INTEST THRU ARTIFICL STOMA	2	0.0	0.01
4836	[ENDO] POLYPECTOMY RECTUM	1	0.0	0.01

CPT-4 CODE	CPT-4 DESCRIPTION	#	%	% ALL FASCs
All CPT-4 Procedures				
45380	COLONOSCOPY FLEX; W/BX 1/MX	2,609	33.9	5.96
43239	UGI ENDO; W/BX 1/MX	1,958	25.4	6.74
45378	COLONOSCOPY FLEX; DX-SEP PROC	1,897	24.6	6.32
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	538	7.0	1.47
43235	UGI ENDO; DX W/VO CLCT SPECMN-SP	291	3.8	1.23
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	165	2.1	1.40
43248	UGI ENDO; W/INSRT GUIDE WIRE	52	0.7	0.23
45381	COLNSCP PROX SPLENC FLXR;SUBMUC	45	0.6	0.18
43245	UP GI ENDO;W/DILAT GASTR OUTLT O	41	0.5	0.07
44382	ILESOPY THRU STOMA; W/BX SINGLE/	21	0.3	0.02
45331	SIGMOIDOSCOPY FLXIBLE; W/BX 1/MX	11	0.1	0.05
43251	UGI ENDO; W/REMV TUMOR/LES-SNARE	7	0.1	0.04
43247	UGI ENDO; W/REMOVAL FB	6	0.1	0.03
44388	COLONOSCOPY-STOMA; DX-SEP PROC	6	0.1	0.01
45330	SIGMOIDOSCOPY FLEX; DX-SEP PROC	6	0.1	0.06
43236	UP GI ENDO ESOPH STOMCH;SUBMCOS	5	0.1	0.01
44389	COLONOSCPY THRU STOMA; W/BX 1/MX	5	0.1	0.01
45383	COLONOSCOPY FLEX; W/ABLAT LES	4	0.1	0.07
43244	UGI ENDO; W/BAND LIG VARICES	3	0.0	0.02
44361	SM INTEST ENDO NOT ILEUM; W/BX 1	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, 2009
 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		5,237	\$796	\$1,375
4525	CLO [ENDO] BX LG INTESTINE	1,866	\$800	\$800
4523	COLONOSCOPY	1,667	\$844	\$1,016
4516	ESOPHAGOGASTRODUODENOSCPY-CLO BX	1,199	\$789	\$972
4513	OTH ENDO SM INTESTINE	217	\$533	\$694
4542	ENDO POLYPECTOMY LG INTESTINE	169	\$753	\$1,510
4292	DILAT ESOPH	57	\$651	\$970
4422	ENDO DILAT PYLORUS	33	\$836	\$1,032
4514	CLO [ENDO] BX SM INTESTINE	18	\$444	\$490
4233	ENDO EXC/DESTRUC LES/TISS ESOPH	3	\$845	\$1,799
4512	ENDO SM INTEST THRU ARTIFICL STOMA	2	\$519	\$604
4522	ENDO LG INTEST THRU ARTIFICL STOMA	2	\$165	\$298
4223	OTH ESOPHAGOSCOPY	1	\$323	\$498
4443	ENDO CNTRL GASTRIC/DUODENAL HEMORR	1	\$376	\$375
4543	ENDO DEST OTH LES/TISS LG INTEST	1	\$707	\$744
4836	[ENDO] POLYPECTOMY RECTUM	1	\$332	\$697

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHRG	AVE TOT CHRG(ALL FASCs)
CPT-4 Procedures		5,239	\$794	\$2,105
45380	COLONOSCOPY FLEX; W/BX 1/MX	1,857	\$801	\$1,432
45378	COLONOSCOPY FLEX; DX-SEP PROC	1,664	\$845	\$1,642
43239	UGI ENDO; W/BX 1/MX	1,196	\$788	\$1,605
43235	UGI ENDO; DX W/WO CLCT SPECMN-SP	217	\$533	\$1,020
45385	COLONOSCOPY FLEX; W/REMV LES-SNA	169	\$753	\$1,474
43249	UGI ENDO; W/BALLOON DILAT ESOPHA	40	\$572	\$1,381
43245	UP GI ENDO;W/DILAT GASTR OUTLT O	31	\$739	\$1,024
44382	ILESCPY THRU STOMA; W/BX SINGLE/	18	\$444	\$445
43248	UGI ENDO; W/INSRT GUIDE WIRE	14	\$680	\$655
45331	SIGMOIDOSCOPY FLXIBLE; W/BX 1/MX	7	\$520	\$1,039
43244	UGI ENDO; W/BAND LIG VARICES	3	\$845	\$1,632
43220	ESOPHAGOSCOPY; W/BALLOON DILAT	2	\$645	\$771
43236	UP GI ENDO ESOPH STOMCH;SUBMCOS	2	\$694	\$601
43247	UGI ENDO; W/REMOVAL FB	2	\$736	\$1,929
44380	ILEOSCPY-STOMA; DX-SEP PROC	2	\$519	\$1,185
44386	ENDO EVAL SM INTST POUCH; W/BX 1	2	\$264	\$452
44388	COLONOSCOPY-STOMA; DX-SEP PROC	2	\$165	\$541
44389	COLONOSCPY THRU STOMA; W/BX 1/MX	2	\$329	\$503
45335	SIGMOIDSCPY FLX; DIR SUBMUCOS IN	2	\$721	\$723
43200	ESOPHAGOSCOPY; DX-SEP PROC	1	\$323	\$498

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, 2009
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE* CPT-4 PROCEDURES

411 Wasatch Endoscopy Center

Procedure EAPG category	TOTAL #	TOTAL # (ALL FASCs)
Procedure EAPG		
07 GASTROINTESTINAL SYSTEM PROCEDURES	7,702	31,840
131 ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	2	704
132 ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	6	76
133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	14	83
134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	2,254	8,893
135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	286	2,107
136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	4,543	13,783
137 THERAPEUTIC COLONOSCOPY	596	2,374
141 LEVEL I ANAL AND RECTAL PROCEDURES	1	240

SOURCE: Utah Ambulatory Surgery Database
 Utah Health Data Committee/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, 2009
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, SINGLE EAPG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

411 Wasatch Endoscopy Center

Procedure EAPG category	Procedure EAPG	TOTAL #	AVE TOT CHRG	AVE TOT CHRG(ALL FASCs)
07	GASTROINTESTINAL SYSTEM PROCEDURES	5,239	\$794	\$1,702
	133 PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	10	\$541	\$1,079
	134 DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	1,414	\$749	\$1,498
	135 THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	96	\$655	\$1,341
	136 DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	3,548	\$819	\$1,544
	137 THERAPEUTIC COLONOSCOPY	171	\$751	\$1,642

SOURCE: Utah Ambulatory Surgery Database
 Utah Health Data Committee/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, 2009
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

411 Wasatch Endoscopy Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
GENDER				
Female	3,871	60.3	45,625	54.2
Male	2,546	39.7	38,545	45.8
Unknown	0	0.0	6	0.0
Not Reported	0	0.0	22	0.0
AGE				
1-28 days	0	0.0	0	0.0
29-365 days	0	0.0	664	0.8
1-4 years	0	0.0	4,619	5.5
5-9	6	0.1	2,203	2.6
10-14	21	0.3	1,176	1.4
15-17	15	0.2	1,480	1.8
18-19	34	0.5	1,225	1.5
20-24	137	2.1	3,040	3.6
25-29	187	2.9	3,416	4.1
30-34	183	2.9	3,538	4.2
35-39	253	3.9	3,688	4.4
40-44	271	4.2	3,659	4.3
45-49	464	7.2	4,841	5.7
50-54	1,115	17.4	7,274	8.6
55-59	908	14.1	6,789	8.1
60-64	802	12.5	6,791	8.1
65-69	702	10.9	8,522	10.1
70-74	576	9.0	7,887	9.4
75-79	404	6.3	6,673	7.9
80-84	236	3.7	4,368	5.2
85-89	79	1.2	1,871	2.2
90 +	24	0.4	472	0.6
Not Reported	0	0.0	2	0.0
SOURCE OF ADMISSION				
Physician Referral	6,417	100.0	70,785	84.1
Clinic Referral	0	0.0	1,276	1.5
HMO Referral	0	0.0	4	0.0
Other Hospital	0	0.0	1	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	6,047	7.2
Not Reported	0	0.0	6,083	7.2

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

411 Wasatch Endoscopy Center

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	6,409	99.9	75,308	89.4
Another Hospital	8	0.1	69	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	7	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	8,814	10.5
Not Reported	0	0.0	0	0.0
PRIMARY PAYER				
Medicare	1,478	23.0	23,656	28.1
Medicaid	153	2.4	5,431	6.5
Other government	30	0.5	2,708	3.2
Blue Cross/Blue Shield	2,356	36.7	17,610	20.9
Other Commercial	300	4.7	7,300	8.7
Managed Care(HMO, PPO)	2,037	31.7	23,018	27.3
Self Pay	0	0.0	1,018	1.2
Industrial & Worker Comp	0	0.0	1,691	2.0
Charity and Unclassified	24	0.4	348	0.4
Childrens Health Insurance	0	0.0	107	0.1
Unknown	0	0.0	85	0.1
Not Reported	39	0.6	1,226	1.5
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	8	0.1	3,400	4.0
Central Utah	16	0.2	1,399	1.7
Davis County	170	2.6	14,894	17.7
Salt Lake County	5,559	86.6	23,285	27.7
Southeastern Utah	44	0.7	873	1.0
Southwest Utah	14	0.2	8,567	10.2
Summit County	115	1.8	753	0.9
Tooele County	145	2.3	1,210	1.4
Tri-County	44	0.7	383	0.5
Utah County	100	1.6	10,987	13.0
Wasatch County	21	0.3	337	0.4
Weber County	27	0.4	13,857	16.5
Unknown Utah	0	0.0	17	0.0
Outside Utah	153	2.4	4,218	5.0
Unknown, Not Reported	1	0.0	18	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, 2009
NUMBER OF CPT-4 AND ICD-9 REPORTABLE* PROCEDURES BY SELECTED AMBULATORY SURGERY REPORTING CATEGORY

421 Zion Eye Institute

Reporting Category(ICD-9-CM CODES)	Procedures Performed		Procedures Performed-All FASCs	
	(#)	(%)	(#)	(%)
Reporting Category(ICD-9-CM CODES)	.	.	60,592	100.0
Mastectomy (85.0-85.99)	.	.	1,095	1.8
Musculoskeletal (76.0-84.99)	.	.	13,858	22.9
Respiratory (30.0-34.99)	.	.	108	0.2
Cardiovascular (35.0-39.99)	.	.	31	0.1
Lymphatic/Hemetic (40.0-41.99)	.	.	81	0.1
Digestive System (42.0-54.99)	.	.	17,733	29.3
Urinary (55.0-59.99)	.	.	403	0.7
Male Genital (60.0-64.99)	.	.	212	0.3
Female Genital (65.0-71.99)	.	.	920	1.5
Endocrine/Nervous (01.0-07.99)	.	.	4,252	7.0
Eye (08.0-16.99)	.	.	8,739	14.4
Ear (18.0-20.99)	.	.	3,390	5.6
Nose, Mouth, Pharynx (21.0-29.99)	.	.	9,770	16.1
Reporting Category(CPT-4 CODES)	1,273	100.0	111,661	100.0
Mastectomy (19120-19220)	0	0.0	388	0.3
Musculoskeletal (20000-29909)	1	0.1	25,619	22.9
Respiratory (30000-32999 & 39501-39599)	6	0.5	9,048	8.1
Cardiovascular (33010-37799 & 93501-93660)	0	0.0	115	0.1
Lymphatic/Hemetic (38100-38999)	0	0.0	131	0.1
Digestive (40490-49999)	0	0.0	38,377	34.4
Urinary (50010-53899)	0	0.0	2,161	1.9
Male Genital (54000-55899)	0	0.0	759	0.7
Female Genital (56405-58999)	0	0.0	1,473	1.3
Endocrine/Nervous (60000-64999)	0	0.0	11,321	10.1
Eye (65091-68899)	1,266	99.5	18,003	16.1
Ear (69000-69979)	0	0.0	4,266	3.8

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 1-2
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
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		1,273	100.0	100.0
66984	EXTRACAPSULAR CATARACT REMV IOL	569	44.7	8.81
66821	DISCISSION 2ND CATARACT; LASER S	210	16.5	1.55
66982	EXTRACAP CATARACT REMV W/IOL-CMP	179	14.1	0.40
67904	REPR BLEPHAROPTOSIS; RESECT-EXT	113	8.9	0.42
67917	REPAIR OF ECTROPION; EXTENSIVE	40	3.1	0.32
65426	EXC/TRANSPOSITION PTERYGIUM; W/G	22	1.7	0.19
67005	REMV VITREOUS ANT APPROACH; PART	13	1.0	0.02
67900	REPAIR OF BROW PTOSIS	13	1.0	0.12
66999	UNLISTED PROC ANTERIOR SEGMENT E	12	0.9	0.49
67999	UNLISTED PROCEDURE EYELIDS	8	0.6	0.02
68815	PROBE NASOLAC DUCT; W/INSERT TUB	8	0.6	0.14
66762	IRIDOPLASTY BY PHOTOCOAGULATION	6	0.5	0.01
66825	REPSTN IO LENS REQ INCI-SEP PROC	6	0.5	0.04
67041	67041	6	0.5	0.10
67924	REPAIR OF ENTROPION; EXTENSIVE	6	0.5	0.06
31200	ETHMOIDECTOMY; INTRANASAL ANTERI	4	0.3	0.03
66986	EXCHANGE OF INTRAOCULAR LENS	4	0.3	0.08
67911	CORRECTION OF LID RETRACTION	4	0.3	0.03
68320	CONJUNCTIVOPLASTY; W/CONJUNC GFT	4	0.3	0.04
68720	DACRYOCYSTORHINOSTOMY	4	0.3	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, 2009
 AVERAGE TOTAL CHARGES FOR MOST COMMONLY PERFORMED CPT-4 AND ICD-9 REPORTABLE* PROCEDURES, SINGLE ICD-9 OR CPT-4 ONLY

421 Zion Eye Institute

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

Does not report ICDS

CPT-4 CODE	CPT-4 DESCRIPTION	#	AVE TOT CHR	AVE TOT CHR(ALL FASCs)
CPT-4 Procedures		1,273	\$1,637	\$2,105
66984	EXTRACAPSULAR CATARACT REMV IOL	569	\$2,133	\$2,480
66821	DISCISSION 2ND CATARACT; LASER S	210	\$745	\$881
66982	EXTRACAP CATARACT REMV W/IOL-CMP	179	\$2,127	\$2,486
67904	REPR BLEPHAROPTOSIS; RESECT-EXT	113	\$763	\$1,397
67917	REPAIR OF ECTROPION; EXTENSIVE	40	\$980	\$1,776
65426	EXC/TRANSPOSITION PTERYGIUM; W/G	22	\$1,500	\$2,131
67005	REMV VITREOUS ANT APPROACH; PART	13	\$1,750	\$1,750
67900	REPAIR OF BROW PTOSIS	13	\$677	\$2,235
66999	UNLISTED PROC ANTERIOR SEGMENT E	12	\$235	\$651
67999	UNLISTED PROCEDURE EYELIDS	8	\$1,237	\$1,394
68815	PROBE NASOLAC DUCT; W/INSERT TUB	8	\$1,113	\$2,208
66762	IRIDOPLASTY BY PHOTOCOAGULATION	6	\$750	\$750
66825	REPSTN IO LENS REQ INCI-SEP PROC	6	\$1,700	\$1,806
67041	67041	6	\$2,200	\$4,478
67924	REPAIR OF ENTROPION; EXTENSIVE	6	\$1,167	\$1,896
31200	ETHMOIDECTOMY; INTRANASAL ANTERI	4	\$1,250	\$1,250
66986	EXCHANGE OF INTRAOCULAR LENS	4	\$2,125	\$2,172
67911	CORRECTION OF LID RETRACTION	4	\$1,250	\$1,250
68320	CONJUNCTIVOPLASTY; W/CONJUNC GFT	4	\$1,400	\$2,197
68720	DACRYOCYSTORHINOSTOMY	4	\$1,400	\$1,992

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, 2009
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, BASED ON REPORTABLE* CPT-4 PROCEDURES

421 Zion Eye Institute

Procedure EAPG category	Procedure EAPG	TOTAL #	TOTAL # (ALL FASCs)
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	1,265	17,880
	232 LASER EYE PROCEDURES	216	1,864
	233 CATARACT PROCEDURES	762	10,500
	234 LEVEL I ANTERIOR SEGMENT EYE PROCEDURES	14	1,183
	235 LEVEL II ANTERIOR SEGMENT EYE PROCEDURES	40	334
	236 LEVEL III ANTERIOR SEGMENT EYE PROCEDURES	2	169
	238 LEVEL II POSTERIOR SEGMENT EYE PROCEDURES	10	454
	239 STRABISMUS AND MUSCLE EYE PROCEDURES	6	362
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	13	560
	241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	202	1,650
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	7	16,324
	252 LEVEL I FACIAL AND ENT PROCEDURES	2	9,824
	253 LEVEL II FACIAL AND ENT PROCEDURES	5	588

SOURCE: Utah Ambulatory Surgery Database
 Utah Health Data Committee/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, 2009
PROCEDURE EAPG CATEGORY, PROCEDURE EAPG, SINGLE EAPG ONLY
BASED ON REPORTABLE* CPT-4 PROCEDURES

421 Zion Eye Institute

Procedure EAPG category	Procedure EAPG	TOTAL #	AVE TOT CHR	AVE TOT CHR(ALL FASCs)
12	OPHTHALMOLOGIC SYSTEM PROCEDURES	1,265	\$1,639	\$2,213
	232 LASER EYE PROCEDURES	216	\$746	\$906
	233 CATARACT PROCEDURES	762	\$2,126	\$2,474
	234 LEVEL I ANTERIOR SEGMENT EYE PROCEDURES	14	\$380	\$1,238
	235 LEVEL II ANTERIOR SEGMENT EYE PROCEDURES	40	\$1,571	\$2,125
	236 LEVEL III ANTERIOR SEGMENT EYE PROCEDURES	2	\$2,313	\$3,691
	238 LEVEL II POSTERIOR SEGMENT EYE PROCEDURES	10	\$2,100	\$4,477
	239 STRABISMUS AND MUSCLE EYE PROCEDURES	6	\$1,400	\$2,125
	240 LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	13	\$1,127	\$1,193
	241 LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	202	\$868	\$2,042
13	EAR, NOSE, MOUTH, & THROAT PROCEDURES	7	\$1,450	\$1,871
	252 LEVEL I FACIAL AND ENT PROCEDURES	2	\$1,825	\$1,941
	253 LEVEL II FACIAL AND ENT PROCEDURES	5	\$1,300	\$1,836

SOURCE: Utah Ambulatory Surgery Database
Utah Health Data Committee/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, 2009
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

421 Zion Eye Institute

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
GENDER				
Female	707	55.5	45,625	54.2
Male	566	44.5	38,545	45.8
Unknown	0	0.0	6	0.0
Not Reported	0	0.0	22	0.0
AGE				
1-28 days	0	0.0	0	0.0
29-365 days	0	0.0	664	0.8
1-4 years	4	0.3	4,619	5.5
5-9	5	0.4	2,203	2.6
10-14	1	0.1	1,176	1.4
15-17	1	0.1	1,480	1.8
18-19	2	0.2	1,225	1.5
20-24	6	0.5	3,040	3.6
25-29	2	0.2	3,416	4.1
30-34	4	0.3	3,538	4.2
35-39	8	0.6	3,688	4.4
40-44	11	0.9	3,659	4.3
45-49	15	1.2	4,841	5.7
50-54	42	3.3	7,274	8.6
55-59	48	3.8	6,789	8.1
60-64	94	7.4	6,791	8.1
65-69	248	19.5	8,522	10.1
70-74	288	22.6	7,887	9.4
75-79	205	16.1	6,673	7.9
80-84	192	15.1	4,368	5.2
85-89	80	6.3	1,871	2.2
90 +	17	1.3	472	0.6
Not Reported	0	0.0	2	0.0
SOURCE OF ADMISSION				
Physician Referral	0	0.0	70,785	84.1
Clinic Referral	1,273	100.0	1,276	1.5
HMO Referral	0	0.0	4	0.0
Other Hospital	0	0.0	1	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	6,047	7.2
Not Reported	0	0.0	6,083	7.2

(Continued)

AMB ST 1-6
UTAH HOSPITAL AND FREESTANDING AMBULATORY SURGERY CENTER (FASC) UTILIZATION AND CHARGE PROFILE OF OUTPATIENT SURGERY, 2009
NUMBER OF SELECTED AMBULATORY SURGERY PATIENT VISITS BY PATIENT PROFILE

421 Zion Eye Institute

Patient Profile	Patient Visits		Patient Visits-All FASCs	
	(#)	(%)	(#)	(%)
DISCHARGE STATUS				
Home or Self Care	1,273	100.0	75,308	89.4
Another Hospital	0	0.0	69	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	7	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	8,814	10.5
Not Reported	0	0.0	0	0.0
PRIMARY PAYER				
Medicare	889	69.8	23,656	28.1
Medicaid	4	0.3	5,431	6.5
Other government	10	0.8	2,708	3.2
Blue Cross/Blue Shield	52	4.1	17,610	20.9
Other Commercial	120	9.4	7,300	8.7
Managed Care(HMO, PPO)	194	15.2	23,018	27.3
Self Pay	0	0.0	1,018	1.2
Industrial & Worker Comp	1	0.1	1,691	2.0
Charity and Unclassified	0	0.0	348	0.4
Childrens Health Insurance	0	0.0	107	0.1
Unknown	3	0.2	85	0.1
Not Reported	0	0.0	1,226	1.5
LOCAL HEALTH DISTRICT OF PATIENT RESIDENCE				
Bear River	0	0.0	3,400	4.0
Central Utah	12	0.9	1,399	1.7
Davis County	1	0.1	14,894	17.7
Salt Lake County	3	0.2	23,285	27.7
Southeastern Utah	3	0.2	873	1.0
Southwest Utah	1,040	81.7	8,567	10.2
Summit County	0	0.0	753	0.9
Tooele County	0	0.0	1,210	1.4
Tri-County	0	0.0	383	0.5
Utah County	5	0.4	10,987	13.0
Wasatch County	0	0.0	337	0.4
Weber County	0	0.0	13,857	16.5
Unknown Utah	0	0.0	17	0.0
Outside Utah	209	16.4	4,218	5.0
Unknown, Not Reported	0	0.0	18	0.0

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